



NATIONAL
QUALITY FORUM

Perinatal and Women's Health

Standing Committee Web Meeting

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Welcome and Review of Meeting Objectives

Project Team



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Agenda for the Call

- Welcome and review of meeting objectives
- Finalize balancing measures for the Perinatal and Women's Health Committee measure portfolio
- Opportunity for public comment
- Next steps

Perinatal & Women's Health Standing Committee

- **Kimberly Gregory, MD, MPH** (Co-Chair)
- **Carol Sakala, PhD, MSPH** (Co-Chair)
- J. Matthew Austin, PhD
- Jennifer Bailit, MD, MPH
- Amy Bell, MSN, RNC-OB, NEA-BC, CPHQ
- Tracy Flanagan, MD
- Gregory Goyert, MD
- Ashley Hirai, PhD
- Mambarambath Jaleel, MD
- Diana Jolles, CNM, MS, PhD (c)
- John Keats, MD, CPE, CPPS, FACOG, FAAPL
- Deborah Kilday, MS
- Sarah McNeil, MD
- Jennifer Moore, PhD, RN
- Kristi Nelson, MBA, BSN
- Juliet M Nevins, MD, MPA
- Sheila Owens-Collins, MD, MPH, MBA
- Cynthia Pellegrini
- Diana E. Ramos, MD, MPH, FACOG
- Naomi Schapiro, RN, PhD, CPNP
- Karen Shea, RN, MSN
- Marisa “Mimi” Spalding, JD, MPH
- Sindhu Srinivas, MD, MSCE
- Rajan Wadhawan, MD, MMM, CPE, FAAP
- Carolyn Westhoff, MD, MSc
- Janet Young, MD

Finalize Balancing Measures for the Perinatal and Women's Health Committee Measure Portfolio

Balancing Measure Portfolio Process

- During the 2015-2016 phase of work, the Committee noted the need for “balancing” measures, i.e., measures that can potentially mitigate an unintended or adverse consequence of a specific measurement focus.
- Balancing measures can ensure that changes made in response to improve on one measure do not worsen outcomes in a separate or related area of care.
- Today, the Committee will finalize the review of each measure in the portfolio
 - *It will identify whether it recommends a balancing measure*
 - *If so, whether one exists or what the measure should/could be*

Perinatal and Women's Health Committee Portfolio

Currently 18 endorsed measures

Reproductive Health

- **0033** Chlamydia Screening in Women (CHL)
- **2902** Contraceptive Care – Postpartum
- **2903** Contraceptive Care – Most & Moderately Effective Methods
- **2904** Contraceptive Care – Access to LARC (Long Acting Reversible Contraception)

Labor and Delivery

- **0469** PC-01 Elective Delivery
- **0469e** PC-01 Elective Delivery [eMeasure]
- **0470** Incidence of Episiotomy
- **0471** PC-02 Cesarean Section

Labor and Delivery High-Risk Pregnancy

- **0476** PC-03 Antenatal Steroids

Newborn

- **0716** Unexpected Complications in Term Newborns
- **0475** Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Center Discharge

More→

Perinatal and Women's Health Committee Portfolio (continued) *Currently 18 endorsed measures*

Newborn: Premature/Low Birthweight

- **1382** Percentage of Low Birthweight Births
- **0304** Late sepsis or meningitis in Very Low Birth Weight (VLBW) neonates (risk-adjusted)
- **0478** Neonatal Blood Stream Infection Rate (NQI #3)
- **1731** PC-04 Health Care-Associated Bloodstream Infections in Newborns
- **0483** Proportion of Infants 22 to 29 Weeks Gestation Screened for Retinopathy of Prematurity

Postpartum

- **0480** PC-05 Exclusive Breast Milk Feeding
- **0480e** PC-05 Exclusive Breast Milk Feeding [eMeasure]

Previous Work on Balancing Measures

- During the February 9, 2018 web meeting, the Committee reviewed 9 of the 18 measures in the portfolio.
- Of the 9 measures reviewed, the Committee identified 7 that it recommended have balancing measures.

Previous Work on Balancing Measures – Recommendations

Measure	Did the Committee Recommend a Balancing Measure?	Balancing Measure/Concept Identified
0033 Chlamydia Screening in Women (CHL)	No	
0469 PC-01 Elective Delivery	Yes	Measure: 0716 Unexpected Complications in Term Newborns Concept: measure addressing maternal morbidity and mortality
0469e PC-01 Elective Delivery (eMeasure)	Yes	Measure: 0716 Unexpected Complications in Term Newborns Concept: measure addressing maternal morbidity and mortality
0470 Incidence of Episiotomy	Yes	Measure: 0716 Unexpected Complications in Term Newborns
0471 PC-02 Cesarean Birth	Yes	Measure: 0716 Unexpected Complications in Term Newborns Concept: measure assessing maternal complications

Previous Work on Balancing Measures – Recommendations (continued)

Measure	Did the Committee Recommend a Balancing Measure?	Balancing Measure/Concept Identified
0476 PC-03 Antenatal Steroids	No	
2902 Contraceptive Care – Postpartum	Yes	Measure under development: patient reported measure of experience of contraceptive care
2903 Contraceptive Care – Most & Moderately Effective Methods	Yes	Measure under development: patient reported measure of experience of contraceptive care
2904 Contraceptive Care - Access to LARC	Yes	Measure under development: patient reported measure of experience of contraceptive care

0716 Unexpected Complications in Term Newborns

- **Measure Description:** This is a hospital level performance score reported as the percent of infants with Unexpected Newborn Complications among full term newborns with no preexisting conditions, typically calculated per year.
- **Numerator Statement:** The numerator is divided into two categories:
 - *Severe complications: include neonatal death, transfer to another hospital for higher level of care, extremely low Apgar Scores (=3 at either 5 or 10 minutes of life), severe birth injuries such as intracranial hemorrhage or nerve injury, neurologic damage, severe respiratory and infectious complications such as sepsis. Parents of such babies may often worry about short or long term infant outcomes.*
 - *Moderate complications: include diagnoses or procedures that raise concern but at a lower level than the list for severe (e.g. use of CPAP or bone fracture). For inclusion in the numerator, most require an infant length of stay that exceeds that of the mother, validating that these are indeed significant complications. Examples include less severe respiratory complications (e.g. Transient Tachypnea of the Newborn), or infections with a longer length of stay not including sepsis. As a “safety net” to capture cases who were under-coded, the numerator also includes infants who have a prolonged length of stay of over 5 days to capture the “seemingly normal” infants with neither any form of jaundice nor a social reason for staying in the hospital (e.g. family disruption or adoption).*
- **Denominator Statement:** The denominator is comprised of singleton, live born babies who are at least 37.0 weeks of gestation, and over 2500g in birth weight. The denominator excludes most serious fetal conditions that are “preexisting” (present before labor), including prematurity, multiple gestations, poor fetal growth, congenital malformations, genetic disorders, other specified fetal and maternal conditions and infants exposed to maternal drug use in-utero. The final denominator population consists of babies who are expected to do well following labor and delivery and go home routinely with their mothers.
- **Level of Analysis:** Facility, Integrated Delivery System, Population: Regional and State
- **Exclusions:** Babies not born in hospitals are excluded as this is a hospital quality performance measure; Babies who are part of multiple gestation pregnancies are excluded; Premature infants (babies born before 37 weeks gestational age) are excluded; Low birth weight babies ($\leq 2500\text{g}$) are excluded; Babies with congenital malformations and genetic diseases are excluded; Babies with pre-existing fetal conditions such as IUGR are excluded; Babies who were exposed to maternal drug use in-utero are excluded

0475 Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Center Discharge

- **Measure Description:** Percent of live newborn infants that receive Hepatitis B vaccination before discharge (or within 1 month of life, if the infant had an extended hospital stay) at each single hospital/birthing facility during given time period (one year).
- **Numerator Statement:** The number of live newborn infants administered Hepatitis B vaccine prior to discharge (or within 1 month of life, if the infant had an extended hospital stay) from the hospital/birthing facility ("birth dose" of Hepatitis B vaccine).
- **Denominator Statement:** The number of live newborn infants born at the hospital/birthing facility during the reporting window (one calendar year).
- **Level of Analysis:** Facility
- **Exclusions:** None

1382 Percentage of Low Birthweight Births

- **Measure Description:** The percentage of births with birthweight <2,500 grams
- **Numerator Statement:** The number of babies born weighing <2,500 grams at birth in the study population
- **Denominator Statement:** All births in the study population
- **Level of Analysis:** Other, Population: Community, County or City, Population: Regional and State
- **Exclusions:** None

0304 Late Sepsis or meningitis in Very Low Birth Weight (VLBW) Neonates (risk-adjusted)

- **Measure Description:** Standardized morbidity ratio and observed minus expected measure for nosocomial bacterial infection after day 3 of life in very low birth weight infants
- **Numerator Statement:** Eligible infants with one or more of the following criteria:
 - *Criterion 1: Bacterial Pathogen. A bacterial pathogen is recovered from a blood and/or cerebral spinal fluid culture obtained after Day 3 of life.*
 - OR
 - *Criterion 2: Coagulase Negative Staphylococcus. The infant has all 3 of the following:*
 - » Coagulase negative staphylococcus is recovered from a blood culture obtained from either a central line, or peripheral blood sample and/or is recovered from cerebrospinal fluid obtained by lumbar puncture, ventricular tap or ventricular drain.
 - » One or more signs of generalized infection (such as apnea, temperature instability, feeding intolerance, worsening respiratory distress or hemodynamic instability).
 - » Treatment with 5 or more days of intravenous antibiotics after the above cultures were obtained. If the infant died, was discharged, or transferred prior to the completion of 5 days of intravenous antibiotics, this condition would still be met if the intention were to treat for 5 or more days.
- **Denominator Statement:** Eligible infants who are in the reporting hospital after day 3 of life.
- **Level of Analysis:** Facility
- **Exclusions:** Infants who do not meet eligibility criteria for birth weight, gestational age or hospital admission, or if the infant is discharged home, is transferred or dies prior to day 3 of life.

0478 Neonatal Blood Stream Infection Rate

- **Measure Description:** Discharges with healthcare-associated blood stream infection per 1,000 discharges for newborns and outborns with birth weight of 500 grams or more but less than 1,500 grams; with gestational age between 24 and 30 weeks; or with birth weight of 1,500 grams or more and death, an operating room procedure, mechanical ventilation, or transferring from another hospital within two days of birth. Excludes discharges with a length of stay less than 3 days and discharges with a principal diagnosis of sepsis, sepsis or bacteremia, or newborn bacteremia.
- **Numerator Statement:** Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with either: any secondary ICD-9-CM or ICD-10 CM diagnosis codes for other septicemia; or any secondary ICD-9-CM or ICD-10 CM diagnosis codes for newborn septicemia or bacteremia and any secondary ICD-9-CM or ICD-10 CM diagnosis codes for staphylococcal or Gram-negative bacterial infection
- **Denominator Statement:** All newborns and outborns with either: a birth weight of 500 to 1,499 grams (Birth Weight Categories 2, 3, 4 and 5); or any-listed ICD-9-CM or ICD-10 CM diagnosis codes for gestational age between 24 and 30 weeks; or a birth weight greater than or equal to 1,500 grams (Birth Weight Category 6, 7, 8, or 9) and death (DISP=20); or a birth weight greater than or equal to 1,500 grams (Birth Weight Category 6, 7, 8, or 9) and any-listed ICD-9-CM or ICD-10 PCS procedure codes for operating room procedure; or a birth weight greater than or equal to 1,500 grams (Birth Weight Category 6, 7, 8, or 9) and any-listed ICD-9-CM or ICD-10 PCS procedure codes for mechanical ventilation; or a birth weight greater than or equal to 1,500 grams (Birth Weight Category 6, 7, 8, or 9) and transferring from another health care facility within two days of birth
- **Level of Analysis:** Facility
- **Exclusions:** Exclude cases: with a principal ICD-9-CM or ICD-10-CM diagnosis code (or secondary diagnosis present on admission†) for sepsis; with a principal ICD-9-CM or ICD-10-CM diagnosis code (or secondary diagnosis present on admission†) for sepsis or bacteremia; with a principal ICD-9-CM or ICD-10-CM diagnosis code (or secondary diagnosis present on admission) for staphylococcal or Gram-negative bacterial infection; with birth weight less than 500 grams (Birth Weight Category 1); with length of stay less than 3 days with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing) or principal diagnosis (DX1=missing)

1731 PC-04 Health Care-Associated Bloodstream Infections in Newborns

- **Measure Description:** This measure assesses the number of staphylococcal and gram negative septicemias or bacteremias in high-risk newborns. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-02: Cesarean Birth, PC-03: Antenatal Steroids, PC-05: Exclusive Breast Milk Feeding).
- **Numerator Statement:** The outcome being measured is: Newborns with septicemia or bacteremia with ICD-10-CM Other Diagnosis Codes for newborn septicemia or bacteremia as defined in Appendix A, Table 11.10 with a Bloodstream Infection Confirmed OR ICD-10-CM Other Diagnosis Codes for sepsis as defined in Appendix A, Table 11.10.1 with a Bloodstream Infection Confirmed available at: <http://manual.jointcommission.org/releases/TJC2016A/>. The only national hospital quality measure currently requiring patient-level risk adjustment is the Health Care-Associated Bloodstream Infections in Newborns (PC-04) outcome measure in the perinatal care measure set.
- **Denominator Statement:** The outcome target population being measured is: Liveborn newborns with ICD-10-CM Other Diagnosis Codes for birth weight between 500 and 1499g as defined in Appendix A, Table 11.12, 11.13 or 11.14 OR Birth Weight between 500 and 1499g OR ICD-10-CM Other Diagnosis Codes for birth weight = > 1500g as defined in Appendix A, Table 11.15 or 11.16 OR Birth Weight = > 1500g who experienced one or more of the following: Experienced death; ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes for major surgery as defined in Appendix A, Table 11.18; ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes for mechanical ventilation as defined in Appendix A, Table 11.19; Transferred in from another acute care hospital or health care setting within 2 days of birth.
- **Level of Analysis:** Facility, Other
- **Exclusions:** ICD-10-CM Principal Diagnosis Code for septicemias or bacteremias as defined in Appendix A, Table 11.10.2; ICD-10-CM Other Diagnosis Codes for septicemias or bacteremias as defined in Appendix A, Table 11.10.2 or ICD-10-CM Principal or Other Diagnosis Codes for newborn septicemia or bacteremia as defined in Appendix A, Table 11.10 with a Bloodstream Infection Present on Admission; ICD-10-CM Other Diagnosis Codes for birth weight < 500g as defined in Appendix A, Table 11.20 OR Birth Weight < 500g; Length of Stay < 2 days

0483 Proportion of Infants 22 to 29 Weeks Gestation Screened for Retinopathy of Prematurity

- **Measure Description:** Proportion of infants born from 22 weeks, 0 days to 29 weeks, 6 days gestational age who were in the reporting hospital at the postnatal age recommended for screening for retinopathy of prematurity (ROP) by the American Academy of Pediatrics (AAP) and who received a retinal examination for ROP prior to discharge.
- **Numerator Statement:** Number of infants born from 22 weeks, 0 days to 29 weeks, 6 days gestational age who were in the reporting hospital at the postnatal age recommended for ROP screening by the AAP and who received a retinal exam for ROP prior to discharge
- **Denominator Statement:** All eligible infants born from 22 weeks, 0 days to 29 weeks, 6 days gestational age who were in the reporting hospital at the postnatal age recommended for ROP screening by the AAP
- **Level of Analysis:** Facility
- **Exclusions:** Infants outside the gestational age range of 22 to 29 weeks; Outborn infants admitted to the reporting hospital more than 28 days after birth; Outborn infants who have been home prior to admission; Infants who die in the delivery room or initial resuscitation area prior to admission to the neonatal intensive care unit; Infants not in the reporting hospital at the postnatal age recommended for ROP screening by the AAP

0480 PC-05 Exclusive Breast Milk Feeding

- **Measure Description:** PC-05 assesses the rate of newborns exclusively fed breast milk during the newborn's entire hospitalization. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-02: Cesarean Birth, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns).
- **Numerator Statement:** Newborns that were fed breast milk only since birth
- **Denominator Statement:** Single term liveborn newborns discharged alive from the hospital with ICD-10-CM Principal Diagnosis Code for single liveborn newborn as defined in Appendix A, Table 11.20.1.
- **Level of Analysis:** Facility, Other
- **Exclusions:** Admitted to the Neonatal Intensive Care Unit (NICU) at this hospital during the hospitalization; ICD-10-CM Other Diagnosis Codes for galactosemia as defined in Appendix A, Table 11.21; ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes for parenteral infusion as defined in Appendix A, Table 11.22; Experienced death; Length of Stay >120 days; Patients transferred to another hospital; Patients who are not term or with < 37 weeks gestation completed

0480e PC-05 Exclusive Breast Milk Feeding [eMeasure]

- **Measure Description:** PC-05 assesses the rate of newborns exclusively fed breast milk during the newborn's entire hospitalization. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-02: Cesarean Section, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns). PC-05, Exclusive Breast Milk Feeding, is one of two measures in this set that have been reengineered as eCQMs and are included in the EHR Incentive Program and Hospital Inpatient Quality Reporting Program.
- **Numerator Statement:** Newborns that were fed breast milk only since birth
- **Denominator Statement:** Single newborns with an estimated gestational age at birth of ≥ 37 weeks who are born in the hospital and who did not have a diagnosis of galactosemia, were not subject to parenteral nutrition, and had a length of stay of less than or equal to 120 days.
- **Level of Analysis:** Facility, Other
- **Exclusions:** Newborns who were admitted to the Neonatal Intensive Care Unit (NICU); Newborns who were transferred to an acute care facility; Newborns who expired during the hospitalization

Opportunity for Public Comment

Next Steps

Next Steps

- Committee Web Meeting – June 20, 2-4pm ET
- Contact Information
 - *Email: perinatal@qualityforum.org*
 - *Phone: 202-781-1300*

Thank You!