NATIONAL QUALITY FORUM
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Meeting Summary

Perinatal and Women's Health Standing Committee – Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Perinatal and Women's Health Standing Committee for a web meeting on February 12, 2021, to evaluate one measure. The meeting was led by NQF Director Chelsea Lynch, NQF Consultant Dr. Sharon Hibay, NQF Manager Erin Buchanan, and NQF Senior Analyst Hannah Ingber (link to slide deck).

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web meeting and reviewed the meeting objectives. Each Standing Committee member introduced themselves and disclosed any conflicts of interest.

Quorum (17 Standing Committee members) was met and maintained for the entirety of the meeting, although some Standing Committee members were unable to attend the entire meeting due to early departures and late arrivals. The vote totals reflect members present and eligible to vote at the time of the vote.

Topic Area Introduction and Overview of Evaluation Process

NQF staff provided an overview of the Consensus Development Process (CDP) and the measure evaluation criteria.

Measure Evaluation

During the meeting, the Perinatal and Women's Health Standing Committee evaluated one submitted maintenance measure for endorsement consideration. A detailed summary of the Standing Committee's deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on March 30, 2021, for public comment on the NQF website. The draft technical report will be posted for 30 calendar days until April 28, 2021.

A measure is recommended for endorsement by the Standing Committee when the vote margin on all must-pass criteria (Importance, Scientific Acceptability, Use), and overall, is greater than 60 percent of voting members in favor of endorsement. A measure is not recommended for endorsement when the vote margin on any must-pass criterion or overall is less than 40 percent of voting members in favor of endorsement. The Standing Committee has not reached consensus if the vote margin on any must-pass criterion or overall is between 40 and 60 percent, inclusive, in favor of endorsement. When the Standing Committee has not reached consensus, all measures for which consensus was not reached will be released for NQF member and public comment. The Standing Committee will consider the comments and re-vote on those measures during a webinar convened after the commenting period closes.

Rating Scale: H—High; M—Moderate; L—Low; I—Insufficient; NA—Not Applicable

#0470 Incidence of Episiotomy (Christiana Care Health System/National Perinatal Information Center)

Description: Percentage of vaginal deliveries (excluding those coded with shoulder dystocia) during which an episiotomy is performed.; **Measure Type**: Process; **Level of Analysis**: Facility; **Setting of Care**: Inpatient/Hospital; **Data Source**: Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records

Measure Steward/Developer Representatives at the Meeting

- Sandra Boyle, National Perinatal Information Center
- Linda Daniel, Christiana Healthcare
- Matthew Hoffman, Christiana Healthcare
- Elizabeth Rochin, National Perinatal Information Center
- Andrew Rosa, National Perinatal Information Center

Standing Committee Votes

- Evidence: H-12; M-5; L-0; I-0 (Pass 17/17, 100 percent)
- Performance Gap: H-16; M-1; L-0; I-0 (Pass 17/17, 100 percent)
- Reliability: H-14; M-3; L-0; I-0 (Pass 17/17, 100 percent)
- Validity: H-0; M-17; L-0; I-0 (Pass 17/17, 100 percent)
- Feasibility: H-15; M-2; L-0; I-0 (Pass 17/17, 100 percent)
- Use: Pass-17; No Pass-0 (Pass 17/17, 100 percent)
- Usability: H-16; M-1; L-0; I-0 (Pass 17/17, 100 percent)

Standing Committee Recommendation for Endorsement: Yes-17; No-0

The Standing Committee recommended the measure for continued endorsement.

Most recently endorsed in 2016, the focus of this measure is patients who undergo routine vaginal deliveries during which an episiotomy is performed (excluding those coded with shoulder dystocia). In July 2016, the American College of Obstetricians and Gynecologists (ACOG) updated its Practice Bulletin (no. 165), which called for the restricted use of episiotomy as a best practice due to increased complications to the mother, including perineal tears, blood loss, pain, and urinary and anal morbidities. During the measure evaluation meeting, Standing Committee members agreed that although episiotomy rates have steadily declined since the measure's implementation, further reduction in episiotomies during routine vaginal deliveries is warranted. Standing Committee members also reported increasing episiotomy trends when the measure was not consistently monitored in practice, reinforcing that continued use is beneficial. For the evidence criterion, the Standing Committee determined that although the rates have steadily decreased over time, disparities by race and age remain. The Standing Committee recommended that the developers provide performance based on social risks (e.g., race, ethnicity, geography, payer, and hospital characteristics) to differentiate outcomes in varied populations. The Standing Committee agreed that this is an important focus area of measurement, given the positive impacts the use of the measure has made. The Standing Committee also suggested that future measure advances could show performance stratification by episiotomy type (e.g., midline (vertical) versus mediolateral (angled) incision), given the potential for different outcomes, although available outcomes research on differences based on episiotomy type is unclear. Other members viewed stratification by episiotomy type as unnecessary because episiotomy rates continue to decrease, and providers no longer learn episiotomy as a standard practice during vaginal delivery. Regarding scientific acceptability, the Standing Committee agreed that the developer presented acceptable results for both reliability and validity testing for facility-level measurement and expressed no concerns. The Standing Committee regarded the measure as highly feasible with no concerns. In their discussions related to use

and usability, the Standing Committee noted that the measure is used by the National Perinatal Information Center (NPIC) and The Leapfrog Group with no recognized harms from unintended consequences. The Standing Committee observed that there are no related or competing measures. All 17 Standing Committee members present voted to recommend the measure for overall suitability of endorsement.

Public Comment

No public or NQF member comments were provided before or during the measure evaluation meeting.

Next Steps

NQF will post the draft technical report on March 30, 2021, for public comment for 30 calendar days. The continuous public commenting period with NQF member support will close on April 28, 2021. If comments are received, NQF will reconvene the Standing Committee for the post-comment web meeting on June 2, 2021.