

CBE ID

0469

Title

PC-01 Elective Delivery

Endorsement Status

Endorsement Removed

E&M Committee Rationale/Justification

Steward no longer pursuing endorsement

Is Under Review

No

Previous Endorsement Cycle

Spring 2020

Removal Date

Wed, 04/16/2025 - 12:48

Initial Endorsement

Thu, 10/23/2008 - 20:00

Steward

The Joint Commission

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

This measure assesses patients with elective vaginal deliveries or elective cesarean births at ≥ 37 and < 39 weeks of gestation completed. This measure is part of a set of four nationally implemented measures that address perinatal care (PC-01: Elective Delivery, ePC-01: Elective Delivery; PC-02: Cesarean Birth, ePC-02: Cesarean Birth will be added as an eCQM 1/1/2020; PC-05: Exclusive Breast Milk Feeding, ePC-05: Exclusive Breast Milk Feeding; PC-06 Unexpected Complications in Term Newborns was added 1/1/2019).

PC-01: Elective Delivery is one of three measures in this set that have been re-engineered as

eCQMs (ePC-01 Elective Delivery, ePC-02 Cesarean Birth and ePC-05 Exclusive Breast Milk Feeding).

A reduction in the number of non-medically indicated elective deliveries at ≥ 37 to < 39 weeks gestation results in a substantial decrease in neonatal morbidity and mortality, as well as a significant savings in health care costs. In addition, the rate of cesarean sections should decrease with fewer elective inductions resulting in decreased length of stay and health care costs (AAFP, 2000).

The measure will assist health care organizations (HCOs) to track non-medically indicated early term elective deliveries and reduce the occurrence.

American Academy of Family Physicians. (2000). Tips from Other Journals: Elective induction doubles cesarean delivery rate, 61, 4. Retrieved December 29, 2008 at: <http://www.aafp.org/afp/20000215/tips/39.html>.

1.7 Measure Type

Process

1.8 Level of Analysis

Facility, Other

1.13 Data Dictionary

Not attached. I attest that all information will be provided where codes and/or value sets are needed (1.14a - 1.15c).

1.14 Numerator

Patients with elective deliveries with ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes for one or more of the following: • Medical induction of labor as defined in Appendix A, Table 11.05 while not in Labor prior to the procedure • Cesarean birth as defined in Appendix A, Table 11.06 and all of the following: • not in Labor • no history of a Prior Uterine Surgery

1.15 Denominator

Patients delivering newborns with ≥ 37 and < 39 weeks of gestation completed with ICD-10-PCS Principal or Other Procedure Codes for delivery as defined in Appendix A, Table 11.01.1 and with ICD-10-CM Principal Diagnosis Code or ICD-10-CM Other Diagnosis Codes for planned cesarean birth in labor as defined in Appendix A, Table 11.06.1.

1.20 Types of Data Sources

Paper Patient Medical Records, Other

6.1.2 Current or Planned Use(s)

Public Reporting, Regulatory and Accreditation Programs

6.1.3 Current Use(s)

Public Reporting, Regulatory and Accreditation Programs

Exclusions

ICD-10-CM Principal Diagnosis Code or ICD-10-CM Other Diagnosis Codes for conditions possibly justifying elective delivery prior to 39 weeks gestation as defined in Appendix A, Table 11.07 include the following:

- History of prior stillbirth
- Less than 8 years of age
- Greater than or equal to 65 years of age
- Length of Stay >120 days
- Gestational Age < 37 or >= 39 weeks or UTD

Risk Adjustment

No risk adjustment or risk stratification

Target Population

Women

The measure developer is different from the measure steward

No

Steward Organization

The Joint Commission

Steward POC email

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