



Measure Information

This document contains the information submitted by measure developers/stewards, but is organized according to NQF's measure evaluation criteria and process. The item numbers refer to those in the submission form but may be in a slightly different order here. In general, the item numbers also reference the related criteria (e.g., item 1b.1 relates to sub criterion 1b).

Brief Measure Information

NQF #: 0476

Corresponding Measures:

De.2. Measure Title: PC-03 Antenatal Steroids

Co.1.1. Measure Steward: The Joint Commission

De.3. Brief Description of Measure: This measure assesses patients at risk of preterm delivery at ≥ 24 and < 34 weeks gestation receiving antenatal steroids prior to delivering preterm 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-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding; Beginning 1/1/2019 PC-06 Unexpected Complications in Term Newborns will be added).

1b.1. Developer Rationale: Antenatal corticosteroids are indicated for women at risk of premature delivery with few exceptions and will result in a substantial decrease in neonatal morbidity and mortality, as well as substantial savings in health care costs. The use of antenatal corticosteroids for fetal maturation is a rare example of a technology that yields substantial cost savings in addition to improving health. The Royal College of Obstetricians and Gynaecologists (RCOG) calculated that an increase in use from 15% to 60% in newborns with a birth weight less than 2000 gms born in the US would result in an annual savings of \$157 million.

The measure will assist health care organizations (HCOs) to track evidence of an increase in the appropriate use of antenatal steroids prior to preterm deliveries.

S.4. Numerator Statement: Patients with antenatal steroids initiated prior to delivering preterm newborns (refer to Appendix C, Table 11.0, antenatal steroid medications).

S.6. Denominator Statement: Patients delivering live preterm newborns with ≥ 24 and < 34 weeks gestation completed with ICD-10-PCS Principal or Other Procedure Codes for delivery as defined in Appendix A, Table 11.01.1.

S.8. Denominator Exclusions:

- Less than 8 years of age

- Greater than or equal to 65 years of age
- Length of Stay > 120 days
- Documented Reason for Not Initiating Antenatal Steroids
- ICD-10-CM Principal Diagnosis Code or ICD-10-CM Other Diagnosis Codes for fetal demise as defined in Appendix A, Table 11.09.1.
- Gestational Age < 24 or ≥ 34 weeks or UTD

De.1. Measure Type: Process

S.17. Data Source: Electronic Health Records, Other, Paper Medical Records

S.20. Level of Analysis: Facility, Other

IF Endorsement Maintenance – Original Endorsement Date: Oct 24, 2008 **Most Recent Endorsement Date:** Oct 25, 2016

IF this measure is included in a composite, NQF Composite#/title:

IF this measure is paired/grouped, NQF#/title:

De.4. IF PAIRED/GROUPED, what is the reason this measure must be reported with other measures to appropriately interpret results? Not Applicable

1. Evidence, Performance Gap, Priority – Importance to Measure and Report

Extent to which the specific measure focus is evidence-based, important to making significant gains in healthcare quality, and improving health outcomes for a specific high-priority (high-impact) aspect of healthcare where there is variation in or overall less-than-optimal performance. ***Measures must be judged to meet all sub criteria to pass this criterion and be evaluated against the remaining criteria.***

1a. Evidence to Support the Measure Focus – See attached Evidence Submission Form

[0476_Evidence_MSF5.0_Data-635787040704713660.doc](#)

1a.1 For Maintenance of Endorsement: Is there new evidence about the measure since the last update/submission?

Do not remove any existing information. If there have been any changes to evidence, the Committee will consider the new evidence. Please use the most current version of the evidence attachment (v7.1). Please use red font to indicate updated evidence.

1b. Performance Gap

Demonstration of quality problems and opportunity for improvement, i.e., data demonstrating:

- considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or
- Disparities in care across population groups.

1b.1. Briefly explain the rationale for this measure (e.g., how the measure will improve the quality of care, the benefits or improvements in quality envisioned by use of this measure)

If a COMPOSITE (e.g., combination of component measure scores, all-or-none, any-or-none), SKIP this question and answer the composite questions.

Antenatal corticosteroids are indicated for women at risk of premature delivery with few exceptions and will result in a substantial decrease in neonatal morbidity and mortality, as well as substantial savings in health care costs. The use of antenatal corticosteroids for fetal maturation is a rare example of a technology that yields substantial cost savings in addition to improving health. The Royal College of Obstetricians and Gynaecologists (RCOG) calculated that an increase in use from 15% to 60% in newborns with a birth weight less than 2000 gms born in the US would result in an annual savings of \$157 million.

The measure will assist health care organizations (HCOs) to track evidence of an increase in the appropriate use of antenatal steroids prior to preterm deliveries.

1b.2. Provide performance scores on the measure as specified (current and over time) at the specified level of analysis. *(This is required for maintenance of endorsement. Include mean, std dev, min, max, interquartile range, scores by decile. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities include.) This information also will be used to address the sub-criterion on improvement (4b1) under Usability and Use.*

Administration of antenatal steroids prior to premature deliveries continues to improve; however, a performance gap still exists. Based on recommendations from the 1994 National Institutes of Health (NIH) consensus panel, a goal of 100% should be achievable. The Perinatal Care (PC) core measures were added as a new core measure set in 2010 for hospitals to select in order to meet their ORYX performance measurement requirement for Joint Commission accreditation purposes. At that time, approximately 114 hospitals reported the data with an average measure rate of 63.3% (n=1225 patients). In January 2014, The Joint Commission required mandatory reporting of the PC measure set for all accredited hospitals with 1100 births or more annually. 1133 hospitals reported the data with an average rate of 91.6% (n=13,343 patients). It is important to note that a performance gap of 62.6% exists for the 10th percentile of hospitals performing at 37.8% (if 100% is considered goal performance). Below is the specified level of analysis for PC-01 beginning with discharges April 1, 2010 through December 31, 2014.

2Q 2010: 1225 denominator cases; 776 numerator cases; 114 hospitals; 63.3% national aggregate rate; 0.53806 mean of hospital rates; 0.36806 standard deviation; 100% 90th percentile rate; 86.3% 75th percentile rate/upper quartile; 62.2% 50th percentile rate/median rate; 14.2% 25th percentile rate/lower quartile; and 0% 10th percentile rate.

CY 2011: 1351 denominator cases; 995 numerator cases; 115 hospitals; 73.6% national aggregate rate; 0.56437 mean of hospital rates; 0.39983 standard deviation; 100% 90th percentile rate; 100% 75th percentile rate/upper quartile; 68.7% 50th percentile rate/median rate; 0% 25th percentile rate/lower quartile; and 0% 10th percentile rate.

CY 2012: 1157 denominator cases; 947 numerator cases; 122 hospitals; 66.4% national aggregate rate; 0.66441 mean of hospital rates; 0.39206 standard deviation; 100% 90th percentile rate; 100% 75th percentile rate/upper quartile; 85.1% 50th percentile rate/median rate; 40.0% 25th percentile rate/lower quartile; and 0% 10th percentile rate.

CY 2013: 1436 denominator cases; 1271 numerator cases; 146 hospitals; 88.5% national aggregate rate; 0.73069 mean of hospital rates; 0.37887 standard deviation; 100% 90th percentile rate; 100% 75th percentile rate/upper quartile; 99.0% 50th percentile

rate/median rate; 58.6% 25th percentile rate/lower quartile; and 45.3% 10th percentile rate.

CY 2014: 13,343 denominator cases; 12,235 numerator cases; 1133 hospitals; 91.6% national aggregate rate; 0.82072 mean of hospital rates; 0.30696 standard deviation; 100% 90th percentile rate; 100% 75th percentile rate/upper quartile; 100% 50th percentile rate/median rate; 52.3% 25th percentile rate/lower quartile; and 37.8% 10th percentile rate.

1b.3. If no or limited performance data on the measure as specified is reported in 1b2, then provide a summary of data from the literature that indicates opportunity for improvement or overall less than optimal performance on the specific focus of measurement.

Not Applicable

1b.4. Provide disparities data from the measure as specified (current and over time) by population group, e.g., by race/ethnicity, gender, age, insurance status, socioeconomic status, and/or disability. (*This is required for maintenance of endorsement. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included.*) For measures that show high levels of performance, i.e., "topped out", disparities data may demonstrate an opportunity for improvement/gap in care for certain sub-populations. This information also will be used to address the sub-criterion on improvement (4b1) under Usability and Use.

No national data were available to report disparities; however, clinical data for premature newborns born in 2005-2007 in California for antenatal steroid administration for newborns with a birth weight of less than 1500 gms or gestational age less than 34 weeks was reviewed by the California Perinatal Quality Care Collaborative. They collect data on more than 90% of newborn admissions in California. Hispanic mothers (25.6%), mothers younger than age 20 (27.6%), and those without prenatal care (52.2%) were less likely to receive antenatal steroids. Mothers giving birth vaginally (26.8%) and mothers with a diagnosis of fetal distress (26.5%) were also less likely to receive antenatal steroids. After risk adjustment, the most prominent factors noted were neonatal level of care and lack of prenatal care (Lee et. al., 2011).

Shankaran, et al. (2015) conducted a case control study at 24 university hospitals in the U.S. and found that mothers of African American descent were less to have more than one prenatal visit and receive antenatal steroids prior to a premature delivery than White mothers. As a result, the risk of developing intraventricular hemorrhage (IVH) was higher among African American newborns. The authors concluded the risk for IVH differed between African American newborns and White newborns, possibly attributable to both race and health care disparities.

1b.5. If no or limited data on disparities from the measure as specified is reported in 1b.4, then provide a summary of data from the literature that addresses disparities in care on the specific focus of measurement. Include citations. Not necessary if performance data provided in 1b.4

- Lee, H.C., Lyndon, A., Blumenfeld, Y.J., Dudley, R.A. & Gould, J.B. (2011). Antenatal steroid administration for premature neonates in California. *Obstetrics & Gynecology*, 117(3), 603-9.
- Shankaran, S., Lin, A., Maller-Kesselman, J., Zhang, H., O'Shea, T., et al. (2015). Maternal race, demography and health care disparities impact risk for IVH in preterm neonates. *J Pediatr*. 2014 May;164(5):1005-1011.e3. doi: 10.1016

2. Reliability and Validity—Scientific Acceptability of Measure Properties

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. **Measures must be judged to meet the sub criteria for both reliability and validity to pass this criterion and be evaluated against the remaining criteria.**

2a.1. Specifications The measure is well defined and precisely specified so it can be implemented consistently within and across organizations and allows for comparability. eMeasures should be specified in the Health Quality Measures Format (HQMF) and the Quality Data Model (QDM).

De.5. Subject/Topic Area (check all the areas that apply):

Perinatal Health

De.6. Non-Condition Specific(check all the areas that apply):

Disparities Sensitive, Health and Functional Status : Change, Safety, Safety : Complications

De.7. Target Population Category (Check all the populations for which the measure is specified and tested if any):

Women

S.1. Measure-specific Web Page (Provide a URL link to a web page specific for this measure that contains current detailed specifications including code lists, risk model details, and supplemental materials. Do not enter a URL linking to a home page or to general information.)

<https://manual.jointcommission.org/releases/TJC2018B1/PerinatalCare.html>

S.2a. If this is an eMeasure, HQMF specifications must be attached. Attach the zipped output from the eMeasure authoring tool (MAT) - if the MAT was not used, contact staff. (Use the specification fields in this online form for the plain-language description of the specifications)

This is not an eMeasure Attachment:

S.2b. Data Dictionary, Code Table, or Value Sets (and risk model codes and coefficients when applicable) must be attached. (Excel or csv file in the suggested format preferred - if not, contact staff)

Attachment Attachment: [PC-03_Code_Tables.xlsx](#)

S.2c. Is this an instrument-based measure (i.e., data collected via instruments, surveys, tools, questionnaires, scales, etc.)? Attach copy of instrument if available.

No, this is not an instrument-based measure Attachment:

S.2d. Is this an instrument-based measure (i.e., data collected via instruments, surveys, tools, questionnaires, scales, etc.)? Attach copy of instrument if available.

Not an instrument-based measure

S.3.1. For maintenance of endorsement: Are there changes to the specifications since the last updates/submission. If yes, update the specifications for S1-2 and S4-22 and explain reasons for the changes in S3.2.

Yes

S.3.2. For maintenance of endorsement, please briefly describe any important changes to the measure specifications since last measure update and explain the reasons.

- Updated data element Antenatal Steroids Initiated: Notes for abstraction have been updated to clarify abstraction of antenatal steroid initiation.

- Updated data element Gestational Age: Notes for abstraction and Suggested Data Sources have been updated and reordered to clarify, reduce burden of abstraction and align with the eCQM measure specifications.

- Appendix A - ICD-10 Code Tables: Revised to reflect the ICD-10 code updates for Fiscal Year (FY) 2019, effective for discharges October 1, 2018

S.4. Numerator Statement (Brief, narrative description of the measure focus or what is being measured about the target population, i.e., cases from the target population with the target process, condition, event, or outcome) DO NOT include the rationale for the measure.

IF an OUTCOME MEASURE, state the outcome being measured. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).

[Patients with antenatal steroids initiated prior to delivering preterm newborns \(refer to Appendix C, Table 11.0, antenatal steroid medications\).](#)

S.5. Numerator Details (All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)

IF an OUTCOME MEASURE, describe how the observed outcome is identified/counted. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).

One data element is used to calculate the numerator:

1. Antenatal Steroids Initiated- Documentation that antenatal steroids were initiated before delivery. Initial antenatal steroids are

12mg betamethasone IM or 6mg dexamethasone IM. Allowable values: Yes or No/UTD. Cases are eligible for the numerator population when allowable value = Yes is selected.

S.6. Denominator Statement (Brief, narrative description of the target population being measured)

Patients delivering live preterm newborns with ≥ 24 and < 34 weeks gestation completed with ICD-10-PCS Principal or Other Procedure Codes for delivery as defined in Appendix A, Table 11.01.1.

S.7. Denominator Details (All information required to identify and calculate the target population/denominator such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b.)

IF an OUTCOME MEASURE, describe how the target population is identified. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).

Seven data elements are used to calculate the denominator:

1. Admission Date – The month, day and year of admission to acute inpatient care.
2. Birthdate - The month, day and year the patient was born.
3. Discharge Date – The month, day, and year the patient was discharged from acute care, left against medical advice, or expired during the stay.
4. Gestational Age – Documentation of the weeks of gestation completed at the time of delivery. Allowable Values: 1-50 or UTD.
5. ICD-10-CM Other Diagnosis Codes - The International Classification of Diseases, Tenth Revision, Clinical Modification codes associated with the other or secondary diagnoses for this hospitalization.
6. ICD-10-CM Principal Diagnosis Code - The International Classification of Diseases, Tenth Revision, Clinical Modification diagnosis code that is primarily responsible for the admission of the patient to the hospital for care during this hospitalization.
7. Reason for Not Initiating Antenatal Steroids - Reasons for not initiating antenatal steroids before delivery are clearly documented in the medical record. Reasons for not initiating antenatal steroids may include fetal distress, imminent delivery or other reasons documented by physician/APN/PA/CNM. Allowable Values: Yes or No/UTD.

S.8. Denominator Exclusions (Brief narrative description of exclusions from the target population)

- Less than 8 years of age
- Greater than or equal to 65 years of age
- Length of Stay > 120 days
- Documented Reason for Not Initiating Antenatal Steroids
- ICD-10-CM Principal Diagnosis Code or ICD-10-CM Other Diagnosis Codes for fetal demise as defined in Appendix A, Table 11.09.1.
- Gestational Age < 24 or ≥ 34 weeks or UTD

S.9. Denominator Exclusion Details (All information required to identify and calculate exclusions from the denominator such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b.)

- The patient age in years is equal to the Admission Date minus the Birthdate. Patients less than 8 years of age or greater or equal to 65 years of age are excluded.
- Length of stay (LOS) in days is equal to the Discharge Date minus the Admission Date. If the LOS is greater than 120 days, the patient is excluded.
- The data element Reason for Not Initiating Antenatal Steroids is used to determine if the patient had a documented reason for not receiving antenatal steroids.
- Patients with ICD-10-CM Principal Diagnosis Code or ICD-10-CM Other Diagnosis Codes for fetal demise are excluded.
- Patients with a Gestational Age less than 24 weeks or greater than or equal to 34 weeks or UTD are excluded from the measure.

S.10. Stratification Information (Provide all information required to stratify the measure results, if necessary, including the stratification variables, definitions, specific data collection items/responses, code/value sets, and the risk-model covariates and coefficients for the clinically-adjusted version of the measure when appropriate – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format with at S.2b.)

Not applicable, the measure is not stratified.

S.11. Risk Adjustment Type (Select type. Provide specifications for risk stratification in measure testing attachment)

No risk adjustment or risk stratification

If other:

S.12. Type of score:

Rate/proportion

If other:

S.13. Interpretation of Score (Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score)

Better quality = Higher score

S.14. Calculation Algorithm/Measure Logic (Diagram or describe the calculation of the measure score as an ordered sequence of steps including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; time period for data, aggregating data; risk adjustment; etc.)

1. Start processing. Run cases that are included in the PC-Mother Initial Patient Population and pass the edits defined in the Transmission Data Processing Flow: Clinical through this measure.
2. Check ICD-10-CM Principal or Other Diagnosis Codes
 - a. If at least one of the ICD-10-CM Principal or Other Diagnosis Codes is on Table 11.09.1, the case will proceed to a Measure Category Assignment of B and will not be in the measure population. Stop processing.
 - b. If none of the ICD-10-CM Principal or Other Diagnosis Codes is on Table 11.09.1, continue processing and proceed to Gestational Age.
3. Check Gestational Age
 - a. If Gestational Age is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. Stop processing.
 - b. If Gestational Age is less than 24 or greater than or equal to 34 or equal to an Unable to Determine Value, the case will proceed to a Measure Category Assignment of B and will not be in the measure population. Stop processing.
 - c. If Gestational Age is greater than or equal to 24 and less than 34, continue processing and proceed to Antenatal Steroids Initiated.
4. Check Antenatal Steroids Initiated
 - a. If Antenatal Steroids Initiated is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. Stop processing.
 - b. If Antenatal Steroids Initiated equals Yes, the case will proceed to a Measure Category Assignment of E and will be in the Numerator Population. Stop processing.
 - c. If Antenatal Steroids Initiated equals No, continue processing and proceed to Reason for Not Initiating Antenatal Steroids.
5. Check Reason for Not Initiating Antenatal Steroids
 - a. If Reason for Not Initiating Antenatal Steroids is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. Stop processing.
 - b. If Reason for Initiating Antenatal Steroids equals Yes, the case will proceed to a Measure Category Assignment of B and will not be in the measure population. Stop processing.
 - c. If Reason for Not Initiating Antenatal Steroids equals No, the case will proceed to a Measure Category Assignment of D and will be in the measure population. Stop processing.

S.15. Sampling (If measure is based on a sample, provide instructions for obtaining the sample and guidance on minimum sample size.)

If an instrument-based performance measure (e.g., PRO-PM), identify whether (and how) proxy responses are allowed.

The initial patient population includes patients admitted to the hospital for inpatient acute care are included if they have: ICD-10-PCS Principal or Other Procedure Code as defined in Appendix A, Table 11.01.1, a Patient Age (Admission Date – Birthdate) ≥ 8 years and < 65 and a Length of Stay (Discharge Date - Admission Date) = 120 days. The sample is taken randomly as follows for a monthly sample:

- Average monthly Initial Patient Population ≥ 501 results in a minimum random sample size of 101.

- Average monthly Initial Patient Population 126 – 500 results in a minimum random sample size of 20% of the population size.
- Average monthly Initial Patient Population 25 – 125 results in a minimum random sample size of 25.
- Average monthly Initial Patient Population < 25 results in no sampling; 100% Initial Patient Population required

S.16. Survey/Patient-reported data (If measure is based on a survey or instrument, provide instructions for data collection and guidance on minimum response rate.)

Specify calculation of response rates to be reported with performance measure results.

Not Applicable

S.17. Data Source (Check ONLY the sources for which the measure is SPECIFIED AND TESTED).

If other, please describe in S.18.

Electronic Health Records, Other, Paper Medical Records

S.18. Data Source or Collection Instrument (Identify the specific data source/data collection instrument (e.g. name of database, clinical registry, collection instrument, etc., and describe how data are collected.)

If instrument-based, identify the specific instrument(s) and standard methods, modes, and languages of administration.

Each data element in the data dictionary includes suggested data sources. The data are collected using contracted Performance Measurement Systems (vendors) that develop data collection tools based on the measure specifications. The tools are verified and tested by Joint Commission staff to confirm the accuracy and conformance of the data collection tool with the measure specifications. The vendor may not offer the measure set to hospitals until verification has been passed.

S.19. Data Source or Collection Instrument (available at measure-specific Web page URL identified in S.1 OR in attached appendix at A.1)

No data collection instrument provided

S.20. Level of Analysis (Check ONLY the levels of analysis for which the measure is SPECIFIED AND TESTED)

Facility, Other

S.21. Care Setting (Check ONLY the settings for which the measure is SPECIFIED AND TESTED)

Inpatient/Hospital

If other:

S.22. COMPOSITE Performance Measure - Additional Specifications (Use this section as needed for aggregation and weighting rules, or calculation of individual performance measures if not individually endorsed.)

Not Applicable

2. Validity – See attached Measure Testing Submission Form

PC-03_0476_MeasureTesting_MSf5.0_Data-635787040707209660.doc

2.1 For maintenance of endorsement

Reliability testing: If testing of reliability of the measure score was not presented in prior submission(s), has reliability testing of the measure score been conducted? If yes, please provide results in the Testing attachment. Please use the most current version of the testing attachment (v7.1). Include information on all testing conducted (prior testing as well as any new testing); use red font to indicate updated testing.

2.2 For maintenance of endorsement

Has additional empirical validity testing of the measure score been conducted? If yes, please provide results in the Testing attachment. Please use the most current version of the testing attachment (v7.1). Include information on all testing conducted (prior testing as well as any new testing); use red font to indicate updated testing.

2.3 For maintenance of endorsement

Risk adjustment: For outcome, resource use, cost, and some process measures, risk-adjustment that includes social risk factors is not prohibited at present. Please update sections 1.8, 2a2, 2b1,2b4.3 and 2b5 in the Testing attachment and S.140 and S.11 in the online submission form. NOTE: These sections must be updated even if social risk factors are not included in the risk-adjustment strategy.

You **MUST** use the most current version of the Testing Attachment (v7.1) -- older versions of the form will not have all required questions.

3. Feasibility

Extent to which the specifications including measure logic, require data that are readily available or could be captured without undue burden and can be implemented for performance measurement.

3a. Byproduct of Care Processes

For clinical measures, the required data elements are routinely generated and used during care delivery (e.g., blood pressure, lab test, diagnosis, medication order).

3a.1. Data Elements Generated as Byproduct of Care Processes.

generated by and used by healthcare personnel during the provision of care, e.g., blood pressure, lab value, medical condition, Coded by someone other than person obtaining original information (e.g., DRG, ICD-9 codes on claims), Abstracted from a record by someone other than person obtaining original information (e.g., chart abstraction for quality measure or registry)

If other:

3b. Electronic Sources

The required data elements are available in electronic health records or other electronic sources. If the required data are not in electronic health records or existing electronic sources, a credible, near-term path to electronic collection is specified.

3b.1. To what extent are the specified data elements available electronically in defined fields (i.e., data elements that are needed to compute the performance measure score are in defined, computer-readable fields) Update this field for maintenance of endorsement.

Some data elements are in defined fields in electronic sources

3b.2. If ALL the data elements needed to compute the performance measure score are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using other than electronic sources. For maintenance of endorsement, if this measure is not an eMeasure (eCQM), please describe any efforts to develop an eMeasure (eCQM).

PC-03 is in the queue to be re-engineered as an eCQM as resources permit in the future.

3b.3. If this is an eMeasure, provide a summary of the feasibility assessment in an attached file or make available at a measure-specific URL. Please also complete and attach the NQF Feasibility Score Card.

Attachment:

3c. Data Collection Strategy

Demonstration that the data collection strategy (e.g., source, timing, frequency, sampling, patient confidentiality, costs associated with fees/licensing of proprietary measures) can be implemented (e.g., already in operational use, or testing demonstrates that it is ready to put into operational use). For eMeasures, a feasibility assessment addresses the data elements and measure logic and demonstrates the eMeasure can be implemented or feasibility concerns can be adequately addressed.

3c.1. Required for maintenance of endorsement. Describe difficulties (as a result of testing and/or operational use of the measure) regarding data collection, availability of data, missing data, timing and frequency of data collection, sampling, patient confidentiality, time and cost of data collection, other feasibility/implementation issues.

IF instrument-based, consider implications for both individuals providing data (patients, service recipients, respondents) and those whose performance is being measured.

At the present time, hospitals using this performance measure generally collect measure data via manual review of the paper medical record, the EMR or a combination of both. Collected data are submitted to The Joint Commission on a quarterly basis, by way of contracted performance measurement system vendors, as described previously. Specifications for this measure are freely available to anyone who wishes to use the measure. Feedback from hospitals using this measure indicates that required data elements are generally available in the medical record, and measure specifications are robust and easy to understand. As described above, as feedback from measure users has indicated the need for clarification or revision of measure specifications, this has taken place.

3c.2. Describe any fees, licensing, or other requirements to use any aspect of the measure as specified (e.g., value/code set, risk model, programming code, algorithm).

There are no fees or licensing requirements to use the Joint Commission performance measures, all of which are in the public domain.

4. Usability and Use

Extent to which potential audiences (e.g., consumers, purchasers, providers, policy makers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

4a. Accountability and Transparency

Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement (or the data on performance results are available). If not in use at the time of initial endorsement, then a credible plan for implementation within the specified timeframes is provided.

4.1. Current and Planned Use

NQF-endorsed measures are expected to be used in at least one accountability application within 3 years and publicly reported within 6 years of initial endorsement in addition to performance improvement.

Specific Plan for Use	Current Use (for current use provide URL)
	<p>Public Reporting Quality Check® http://www.qualitycheck.org/consumer/searchQCR.aspx</p> <p>Regulatory and Accreditation Programs Hospital Accreditation Program http://jointcommission.org</p> <p>Quality Improvement (Internal to the specific organization) Perinatal Care Certification http://www.jointcommission.org/certification/perinatal_care_certification.aspx</p>

4a1.1 For each CURRENT use, checked above (update for maintenance of endorsement), provide:

- Name of program and sponsor
- Purpose
- Geographic area and number and percentage of accountable entities and patients included
- Level of measurement and setting
- Name of program and sponsor: Quality Check®; The Joint Commission
- Purpose: A public website that allows consumers to: search for accredited and certified organizations by city and state, by name or by zip code (up to 250 miles); find organizations by type of service provided within a geographic area; download free hospital performance measure results; and, print a list of Joint Commission certified disease-specific care programs and health care staffing firms.
- Geographic area and number and percentage of accountable entities and patients included: Nationwide; 3300 Joint Commission-accredited hospitals (2014)
- Name of program and sponsor: Hospital Accreditation Program; The Joint Commission
- Purpose: An accreditation program that recognizes hospitals that meet standard requirements to provide safe and effective patient care.
- Geographic area and number and percentage of accountable entities and patients included: Nationwide; 3300 Joint Commission-accredited hospitals (2014)
- Name of program and sponsor: America's Hospitals: Improving Quality and Safety – The Joint Commission's Annual Report ;

The Joint Commission

- Purpose: The annual report summarizes the performance of Joint Commission-accredited hospitals on 46 accountability measures of evidence-based care processes closely linked to positive patient outcomes, and provides benchmarks from Top Performer on Key Quality Measures® hospitals.
- Geographic area and number and percentage of accountable entities and patients included Nationwide; 3300 Joint Commission-accredited hospitals (2014)
- Name of program and sponsor Perinatal Care Certification; The Joint Commission
- Purpose: A certification program that recognizes hospitals that have achieved integrated, coordinated, patient-centered care for clinically uncomplicated pregnancies and births.
- Geographic area and number and percentage of accountable entities and patients included Nationwide; Twelve Joint Commission-accredited hospitals (2016)

4a1.2. If not currently publicly reported OR used in at least one other accountability application (e.g., payment program, certification, licensing) what are the reasons? (e.g., Do policies or actions of the developer/steward or accountable entities restrict access to performance results or impede implementation?)

Not Applicable

4a1.3. If not currently publicly reported OR used in at least one other accountability application, provide a credible plan for implementation within the expected timeframes -- any accountability application within 3 years and publicly reported within 6 years of initial endorsement. (Credible plan includes the specific program, purpose, intended audience, and timeline for implementing the measure within the specified timeframes. A plan for accountability applications addresses mechanisms for data aggregation and reporting.)

Not Applicable

4a2.1.1. Describe how performance results, data, and assistance with interpretation have been provided to those being measured or other users during development or implementation.

How many and which types of measured entities and/or others were included? If only a sample of measured entities were included, describe the full population and how the sample was selected.

Not applicable. Not seeking endorsement + designation at this time.

4a2.1.2. Describe the process(es) involved, including when/how often results were provided, what data were provided, what educational/explanatory efforts were made, etc.

Not applicable. Not seeking endorsement + designation at this time.

4a2.2.1. Summarize the feedback on measure performance and implementation from the measured entities and others described in 4d.1.

Describe how feedback was obtained.

Not applicable. Not seeking endorsement + designation at this time.

4a2.2.2. Summarize the feedback obtained from those being measured.

Not applicable. Not seeking endorsement + designation at this time.

4a2.2.3. Summarize the feedback obtained from other users

Not applicable. Not seeking endorsement + designation at this time.

4a2.3. Describe how the feedback described in 4a2.2.1 has been considered when developing or revising the measure specifications or implementation, including whether the measure was modified and why or why not.

Not applicable. Not seeking endorsement + designation at this time.

Improvement

Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated. If not in use for performance improvement at the time of initial endorsement, then a credible rationale describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

4b1. Refer to data provided in 1b but do not repeat here. Discuss any progress on improvement (trends in performance results, number and percentage of people receiving high-quality healthcare; Geographic area and number and percentage of accountable entities and patients included.)

If no improvement was demonstrated, what are the reasons? If not in use for performance improvement at the time of initial endorsement, provide a credible rationale that describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

Not Applicable

4b2. Unintended Consequences

The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).

4b2.1. Please explain any unexpected findings (positive or negative) during implementation of this measure including unintended impacts on patients.

Unintended Consequence:

Cases were inappropriately failing when the repeat dose of antenatal steroids was not given due to the delivery occurring prior to the routinely scheduled repeat dose being ordered at the time the first dose was given.

Mitigating Action:

The data element Antenatal Steroids Administered was changed to Antenatal Steroids Initiated to capture initiation of antenatal steroids instead of a full course.

Unintended Consequence:

Patients who did not receive prenatal care were inappropriately included in the measure denominator, as the gestational age data element was abstracted as unable to be determined (UTD).

Mitigating Action:

In order to avoid penalizing hospitals, cases with UTD were removed from the measure population.

Unintended Consequence:

Some hospitals have reported lower rates due to small denominator populations as a result of sampling.

Mitigating Action:

Vital Records reports, delivery logs and clinical information systems were added as acceptable data sources to help hospitals identify all cases with 24 and less than 34 weeks gestation, so that 100% of these cases could be reviewed to increase the denominator population size.

4b2.2. Please explain any unexpected benefits from implementation of this measure.

5. Comparison to Related or Competing Measures

If a measure meets the above criteria and there are endorsed or new related measures (either the same measure focus or the same target population) or competing measures (both the same measure focus and the same target population), the measures are compared to address harmonization and/or selection of the best measure.

5. Relation to Other NQF-endorsed Measures

Are there related measures (conceptually, either same measure focus or target population) or competing measures (conceptually both the same measure focus and same target population)? If yes, list the NQF # and title of all related and/or competing measures.

No

5.1a. List of related or competing measures (selected from NQF-endorsed measures)

5.1b. If related or competing measures are not NQF endorsed please indicate measure title and steward.

5a. Harmonization of Related Measures

The measure specifications are harmonized with related measures;

OR

The differences in specifications are justified

5a.1. If this measure conceptually addresses EITHER the same measure focus OR the same target population as NQF-endorsed measure(s):

Are the measure specifications harmonized to the extent possible?

5a.2. If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden.

[Not Applicable](#)

5b. Competing Measures

The measure is superior to competing measures (e.g., is a more valid or efficient way to measure);

OR

Multiple measures are justified.

5b.1. If this measure conceptually addresses both the same measure focus and the same target population as NQF-endorsed measure(s):

Describe why this measure is superior to competing measures (e.g., a more valid or efficient way to measure quality); OR provide a rationale for the additive value of endorsing an additional measure. (Provide analyses when possible.)

[Not Applicable](#)

Appendix

A.1 Supplemental materials may be provided in an appendix. All supplemental materials (such as data collection instrument or methodology reports) should be organized in one file with a table of contents or bookmarks. If material pertains to a specific submission form number, that should be indicated. Requested information should be provided in the submission form and required attachments. There is no guarantee that supplemental materials will be reviewed.

[Available at measure-specific web page URL identified in S.1 Attachment:](#)

Contact Information

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Co.2 Point of Contact: [John Marc Alban, jalban@jointcommission.org, 630-792-5304-](#)

Co.3 Measure Developer if different from Measure Steward: [The Joint Commission](#)

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Additional Information

Ad.1 Workgroup/Expert Panel involved in measure development

Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.

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The technical advisory panel (TAP) members determined priority areas that could be evaluated to improve care related to perinatal care during the development timeframe. After implementation, minor revisions, acknowledged by TAP representatives, were made to improve clarity. Hospital feedback will be reviewed during the reliability testing phase of the project to assist the TAP in making the final measure recommendations.

Measure Developer/Steward Updates and Ongoing Maintenance

Ad.2 Year the measure was first released: 2010

Ad.3 Month and Year of most recent revision: 10, 2015

Ad.4 What is your frequency for review/update of this measure? Biannual

Ad.5 When is the next scheduled review/update for this measure? 02, 2016

Ad.6 Copyright statement: No royalty or use fee is required for copying or reprinting this manual, but the following are required as a condition of usage: 1) disclosure that the Specifications Manual is periodically updated, and that the version being copied or reprinted may not be up-to-date when used unless the copier or printer has verified the version to be up-to-date and affirms that, and 2) users participating in Joint Commission accreditation, including ORYX® vendors, are required to update their software and associated documentation based on the published manual production timelines.

Ad.7 Disclaimers:

Ad.8 Additional Information/Comments: