

# Calendar Year 2017 Quality Blue Hospital Perinatal Open Mic Session

Prepared by  
Sabrina Esenbock  
Clinical Transformation Consultant, Hospital Program  
Highmark Provider Engagement, Performance and Partnerships

**CONFIDENTIAL & PROPRIETARY**

# Hospital Program Metric Update : CY 2016 to CY 2017

	CY 2016 Metrics	CY 2017 Metric Updates
Quality	<ul style="list-style-type: none"> <li>• Readmissions</li> </ul>	<ul style="list-style-type: none"> <li>• Same measure – updated targets</li> </ul>
	<ul style="list-style-type: none"> <li>• Healthcare associated adverse events (HAAE)                             <ul style="list-style-type: none"> <li>– HAI (CLABSI, CAUTI, CDI); Surgical Site Infections</li> <li>– VTE</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Same focus; Use qualitative assessment as reported on Hospital Compare</li> </ul>
	<ul style="list-style-type: none"> <li>• Quality Bundle</li> </ul>	<ul style="list-style-type: none"> <li>• Same measure- updated targets</li> <li>• Same/ one new Star measure</li> </ul>
	<ul style="list-style-type: none"> <li>• Palliative Care</li> </ul>	<ul style="list-style-type: none"> <li>• Same measure - updated targets</li> </ul>
	<ul style="list-style-type: none"> <li>• Perinatal</li> </ul>	<ul style="list-style-type: none"> <li>• Same measure - updated targets</li> </ul>
	<ul style="list-style-type: none"> <li>• 3-day Return to ED (<i>Profiled</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• Added to scoring</li> </ul>
Cost and Utilization	<ul style="list-style-type: none"> <li>• Ave. Episode Cost (<i>Profiled</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• Added 3 episodes to Scoring (Pneumonia, COPD, Major Joints)</li> </ul>
	<ul style="list-style-type: none"> <li>• MSPB</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Removed from Scoring</i></li> </ul>
	<ul style="list-style-type: none"> <li>• Transition of Care Metrics(Innovations)</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Removed from scoring</i></li> </ul>
	<ul style="list-style-type: none"> <li>• Evidence Care Pathways (Innovations)</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Removed from scoring</i></li> </ul>
	<ul style="list-style-type: none"> <li>• Follow-up Visit Within 7 Days (Innovations)</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Removed from scoring</i></li> </ul>

# Perinatal – 10 points

## ▶ Metric

- AHRQ IQI 33: Primary Cesarean Delivery Rate, Uncomplicated
- Percentage of Low-risk birth women who deliver by Cesarean delivery (10 points)

## Scoring

- Hospitals are scored compared to the overall Highmark network performance
- Measurement Period: January 2017-December 2017
- Minimum Denominator Volume 25

C-Section Rate – Primary, Uncomplicated	POINTS	Percentile
≤ 13.33%	10	70 <sup>th</sup>
>13.33 % ≤ 14.29%	8	55 <sup>th</sup>
>14.29% ≤ 17.46%	5	35 <sup>th</sup>
>17.46 %	0	<35 <sup>th</sup>

# Perinatal-AHRQ IQI 33

- AHRQ Inpatient Quality Indicator 33 (primary cesarean section rate, uncomplicated) assesses c-section rates for all deliveries that are at term, live, singleton, and in a vertex position.
- Claims-based methodology (all hospitals in our program are scored using the same administrative claims data)
- Denominator and Numerator Exclusions:
  - abnormal presentation
  - Preterm
  - fetal death
  - multiple gestation
  - any breech procedure
  - previous c-section
  - Hysterotomy
- [http://www.qualityindicators.ahrq.gov/Downloads/Modules/IQI/V60-ICD10/TechSpecs/IQI\\_33\\_Primary\\_Cesarean\\_Delivery\\_Rate\\_Uncomplicated.p](http://www.qualityindicators.ahrq.gov/Downloads/Modules/IQI/V60-ICD10/TechSpecs/IQI_33_Primary_Cesarean_Delivery_Rate_Uncomplicated.pdf)

# Perinatal

Providers may assess clinical situations which indicate primary cesarean delivery for the best outcome for the mother and infant (based on AHRQ IQI 33 these are NOT exclusions from the numerator or denominator):

- Abnormal or indeterminate fetal heart tracings
- Labor arrest/dystocia
- Suspected fetal Macrosomia
- Preeclampsia
- Placental implantation issues: placenta previa
- Nuchal cord with compression

*Cesarean delivery on maternal request* is defined as a primary pre-labor cesarean delivery on maternal request in the absence of any maternal or fetal indications. This is not an exclusion in AHRQ IQI 33 metric.

Clinical situations outlined within other national guidelines may not align with the AHRQ IQI 33 metric.

Only exceptions listed in the AHRQ IQI technical specifications are excluded from the denominator.

# Patient Level Detail Report on Navinet User Interface

**QUALITY BLUE**

[HOME](#) | [REPORTS](#) | [REPORT MEASURE DATA](#) | [RESOURCES](#)

## REPORTS

### ALL REPORTS

**View:**  
 Current Reports    All Reports

	Report Name	Detail Level	Type	Period Ending	Date Posted	Delete
	<input type="text"/>	Select	Select	Select		
<i>New!</i>	<a href="#">Hospital Comm Episode Detail (Excel)</a>	Hospital	Episodes	12/2016	01/23/2017	
<i>New!</i> Monthly	<a href="#">Hospital Component Patient Level Detail Report (Excel)</a>	Hospital	Hospital Component	12/2016	01/23/2017	
<i>New!</i>	<a href="#">Hospital MA Episode Detail (Excel)</a>	Hospital	Episodes	12/2016	01/23/2017	
Quarterly	<a href="#">Quality Blue Hospital Measures</a>	Hospital	Hospital Component	09/2016	12/15/2016	
	<a href="#">Quality Blue Hospital Score</a>	Hospital	Performance Summary	09/2016	12/15/2016	
	<a href="#">Quarterly Hospital Episodes Report (PDF)</a>	Hospital	Episodes	09/2016	12/15/2016	
	<a href="#">2015 Final Patient Level Detail (Excel)</a>	Hospital	Hospital Component	12/2015	07/01/2016	
	<a href="#">2015 Final QB Hospital Measures (Excel)</a>	Hospital	Hospital Component	2015	06/15/2016	
	<a href="#">2015 Final QB Hospital Measures (PDF)</a>	Hospital	Hospital Component	2015	06/15/2016	
	<a href="#">2015 Final QB Hospital Score (Excel)</a>	Hospital	Performance Summary	2015	06/15/2016	

# Quarterly Hospital Score Report

	A	B	C	D	E	F	G	H
1	Hospital Name- 000123456   QB HOSPITAL CY 2017							
2	QB HOSPITAL SCORING REPORT FOR Preliminary							
3	<b>Metrics</b>		<b>Points Available</b>	<b>Target</b>	<b>Preliminary</b>	<b>Current</b>	<b>Points Earned</b>	
4	<b>Quality Bundle</b>							
5		Aggregate Quality Bundle Rating		>= 4.0				
6		Bonus Points						
7								
8	<b>Readmissions</b>		<b>25</b>				<b>12</b>	
9		30 day readmission (Commercial)	12.5	<= 6.17%	7.17%		8	
10		30 day readmission (Medicare)	12.5	<= 11.97%	14.63%		4	
11								
12	<b>HAAE</b>		<b>10</b>				<b>5</b>	
13		CDI	2	Better than National	Better		2	
14		CLABSI	2	Better than National	Better		2	
15		CAUTI	2	Better than National	Same		1	
16		SSI: Colon	1	Better than National	Worse		0	
17		SSI: Hysterectomy	1	Better than National	Same		0	
18		VTE: index and post-discharge	2	<= 0.66% or <= 1 VTE	1.09%		0	
19								
20	<b>Palliative Care Consults</b>		<b>5</b>				<b>3</b>	
21		Palliative Care consult rate	5	>= 17.22%	15.83%		3	
22								
23	<b>Perinatal</b>		<b>10</b>				<b>5</b>	
24		Low-risk C-section Rate	10	<= 13.33%	14.84%		5	
25								
26	<b>3-Day ED return</b>		<b>10</b>				<b>1</b>	
27		3-Day return (Medicare)	5	<= 4.91%	11.46%		0	
28		3-Day return (Commercial)	5	<= 4.54%	5.11%		1	
29								

# Quarterly Hospital Measure Report

Category	Scored	Description	Type	Preliminary	Target	Q1	Q2	Q3	Q4	Final
HOSPITAL NAME - 000123456   QB HOSPITAL CY 2017										
QB HOSPITAL MEASURES REPORT FOR Preliminary										
Palliative Care Consults		Palliative Care Complex Patients (Medicare and Commercial)								
		Complex patients	Volume	120		.	.	.	.	.
		Palliative Care consults	Volume	19		.	.	.	.	.
	Palliative Care consult rate		%	15.83%	>= 17.22%	.	.	.	.	.
		Palliative Care Complex Patients (Medicare)								
		Complex patients	Volume	22		.	.	.	.	.
		Palliative Care consults	Volume	7		.	.	.	.	.
	Palliative Care consult rate		%	31.82%	>= 17.22%	.	.	.	.	.
Perinatal	Primary Cesarean Delivery Rate, Uncomplicated									
		Uncomplicated deliveries	Volume	256		.	.	.	.	.
		C-sections (uncomplicated deliveries)	Volume	38		.	.	.	.	.
	Primary C-section Delivery Rate, Uncomplicated Rate		%	14.84%	<= 13.33%	.	.	.	.	.
3-Day ED return	3-Day ED return	ED visits (Medicare)	Volume	96		.	.	.	.	.
		3-day ED return (Medicare)	Volume	11		.	.	.	.	.
		% ED return within 3-day (Medicare)	%	11.46%	<= 4.91%	.	.	.	.	.
		ED visits (Commercial)	Volume	4133		.	.	.	.	.
		3-day ED return (Commercial)	Volume	211		.	.	.	.	.
		% ED return within 3-day (Commercial)	%	5.11%	<= 4.54%	.	.	.	.	.
Major Joint Replacement Lower		Episode Volume (Medicare)	Volume	2		.	.	.	.	.
		Episode Volume (Commercial)	Volume	51		.	.	.	.	.
		Average Cost of Care (Medicare)	\$	\$18,672.00		.	.	.	.	.



# Monthly Patient Level Detail Report-Perinatal

	A	B	C	D	E	F	G	H	I	J	K	L
1	QB Hospital	Component	Scored measures	Unique ID#	Patient numb	Last name	First name	D	Admit da	Discharge da	Paid through	Numerator
2	Hospital Name, 000123456	Quality: Perinatal	Primary Cesarean Delivery Rate, Uncomplicated						01/04/2016	01/07/2016	12/31/2016	1
3	Hospital Name, 000123456	Quality: Perinatal	Primary Cesarean Delivery Rate, Uncomplicated						Non-Compliant			1
4	Hospital Name, 000123456	Quality: Perinatal	Primary Cesarean Delivery Rate, Uncomplicated						01/09/2016	01/14/2016	12/31/2016	1
5	Hospital Name, 000123456	Quality: Perinatal	Primary Cesarean Delivery Rate, Uncomplicated						01/12/2016	01/15/2016	12/31/2016	1
6	Hospital Name, 000123456	Quality: Perinatal	Primary Cesarean Delivery Rate, Uncomplicated						Compliant			0
7	Hospital Name, 000123456	Quality: Perinatal	Primary Cesarean Delivery Rate, Uncomplicated						01/28/2016	01/30/2016	12/31/2016	0
8	Hospital Name, 000123456	Quality: Perinatal	Primary Cesarean Delivery Rate, Uncomplicated						01/29/2016	01/31/2016	12/31/2016	0
9	Hospital Name, 000123456	Quality: Perinatal	Primary Cesarean Delivery Rate, Uncomplicated						01/30/2016	02/01/2016	12/31/2016	0
10	Hospital Name, 000123456	Quality: Perinatal	Primary Cesarean Delivery Rate, Uncomplicated						02/01/2016	02/04/2016	12/31/2016	0
11	Hospital Name, 000123456	Quality: Perinatal	Primary Cesarean Delivery Rate, Uncomplicated						02/02/2016	02/04/2016	12/31/2016	0
12	Hospital Name, 000123456	Quality: Perinatal	Primary Cesarean Delivery Rate, Uncomplicated						02/03/2016	02/07/2016	12/31/2016	0

# Why do we continue to evaluate low risk cesarean delivery rates?

- C-sections are the most common surgical procedure in the US.
- 1:3 women give birth via c-section in the U.S.
- Performing a surgical birth when it isn't necessary poses avoidable risks to the mother and her child.
- The associated cost/financial burden for the patients: vaginal births are more cost effective than cesarean births. Average cost of a hospital stay resulting in c-section over 50% higher than a stay involving vaginal delivery.

Source: Katy Backes Kozhimannil, Michael R. Law and Beth A. Virnig, Cesarean Delivery Rates Vary Tenfold Among US Hospitals; Reducing Variation May Address Quality and Cost Issues; Health Affairs 32, no. 3 (2013):527-535

# Risk of Adverse Maternal and Neonatal Outcomes by Delivery Mode

Outcome	Risks	
	Vaginal Delivery	Cesarean Delivery
<b>Maternal</b>		
Overall severe morbidity and mortality	0.9%	2.7%
Maternal mortality	3:6:100,000	13.3:100,000
Amniotic fluid embolism	3.3-7.7:100,000	15.8:100,000
<b>Neonatal</b>		
Laceration	NA	1.0-2.0%
Respiratory morbidity	<1.0%	1.0-4.0%(without labor)

Source: Obstetric Care Consensus: Safe Prevention of the Primary Cesarean Delivery  
<https://www.acog.org/>  
 Your Biggest C-Section Risk may be Your Hospital, Consumer Reports.  
<http://www.consumerreports.org/doctors-hospitals/your-biggest-c-section-risk-may-be-your-hospital/>

# Preventing and Decreasing Cesarean Deliveries on Low Risk Patients

# Strategies to prevent and/or decrease Cesarean Deliveries on Low- Risk Patients

## Proactive Strategies:

- Review Hospital Perinatal Policies and Procedures and revise to focus on decreasing low-risk cesarean deliveries
- Educate patients on the risks of c-sections via pre-natal care and Lamaze classes
- Provide correct coding education for identifying program related exclusion codes
- “Gate keeper” to review & approve cesarean deliveries
- Hemorrhage risk assessment protocol, embed into EMR
- Develop an external cephalic version assessment tool
- Increase women’s access to nonmedical interventions during labor
- Develop the role of the Obstetric Laborist
- Embed into the EMR the L & D record to record Bishop score & all elements of the augmentation and induction bundles
- Reporting at daily shift huddles, staff meetings and weekly email updates with nursing

## Retrospective Strategies:

- Identify or create a process identifying physicians who induce early & perform c-sections
- Review numerator cases in a timely fashion to identify opportunities for improved documentation and exclusion coding
- Report perinatal rates and progress at monthly meetings: Administrative, OB, Monthly OB section meetings, etc.

# Where to start?

## Strategies for impacting the Perinatal metric

- Leadership Commitment and Engagement
- Physician Engagement
- Create an engaged Perinatal Team
  - Physician Champion, Team Lead, coding, OB nurse, individual from OBGYN practice, IT expert, quality individual, community etc.
- Performance Tracking: Review and analyze monthly Highmark patient detail reports to identify trends or patterns in patients who had cesarean deliveries performed.
- Care Redesign: Identify gaps in the system that may be barriers for decreasing low risk cesarean deliveries and take corrective actions.
- Care Coordination: Make care coordinator as the patient's single point of contact. He/she reaches out to the patient before, during and after a hospital stay, and follows the patient through the care continuum.
- Continuous Program Evaluation

# Resources

- American Congress of Obstetricians and Gynecologists (ACOG)  
<http://www.acog.org/>
- Births: Final Data for 2015.  
[https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66\\_01\\_tables.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01_tables.pdf)
- Cherouney PH, Federico FA, Haraden C, Leavitt Gullo S, Resar R. *Idealized Design of Perinatal Care*. IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2005  
<http://www.ihl.org/resources/Pages/IHIWhitePapers/IdealizedDesignofPerinatalCareWhitePaper.aspx>
- Cesarean versus Vaginal Delivery: Long term infant outcomes and the Hygiene Hypothesis  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3110651/>
- Elective induction of labor at term compared with expectant management: maternal and neonatal outcomes.  
<https://www.ncbi.nlm.nih.gov/pubmed/24084532>
- First Do No Harm: Interventions During Childbirth  
Lauren Jansen, Martha Gibson, Betty Carlson Bowles, Jane Leach  
J Perinat Educ. 2013 Spring; 22(2): 83–92. doi: 10.1891/1058-1243.22.2.83  
PMCID: PMC3647734
- How-to Guide: Prevent Obstetrical Adverse Events.  
<http://www.ihl.org/resources/Pages/Tools/HowtoGuidePreventObstetricalAdverseEvents.aspx>
- IHI Improving Perinatal Care Driver Diagram.  
<http://www.ihl.org/resources/Pages/Changes/IHIImprovingPerinatalCareDriverDiagram.aspx>
- IHI Perinatal Trigger Tool.  
<http://www.ihl.org/resources/Pages/Tools/PerinatalTriggerTool.aspx>

# Resources

- Improving Perinatal Care: A Focus on Patient-Centered Care and Evidenced-Based Measures.  
<http://www.ih.org/resources/Pages/ImprovementStories/ImprovingPerinatalCareAFocusonPatientCenteredCareandEvidencedBasedMeasures.aspx>
- Inpatient Quality Indicator 33 (IQI 33) Primary Cesarean Delivery Rate, Uncomplicated  
[http://www.qualityindicators.ahrq.gov/Downloads/Modules/IQI/V60-ICD10/TechSpecs/IQI\\_33\\_Primary\\_Cesarean\\_Delivery\\_Rate\\_Uncomplicated.pdf](http://www.qualityindicators.ahrq.gov/Downloads/Modules/IQI/V60-ICD10/TechSpecs/IQI_33_Primary_Cesarean_Delivery_Rate_Uncomplicated.pdf)
- Mistry K(AHRQ), Fingar KR (Truven), Elixhauser A (AHRQ). Variation in the Rate of Cesarean Section Across U.S. Hospitals, 2013. HCUP Statistical Brief #211. September 2016. Agency for Healthcare Research and Quality, Rockville, MD.  
<http://www.hcup-us.ahrq.gov/reports/statbriefs/sb211-Hospital-Variation-C-sections-2013.pdf>
- Maternal and Neonatal Outcomes of Elective Induction of Labor.  
<https://www.ncbi.nlm.nih.gov/books/NBK38683/>
- Preventing the first cesarean delivery: summary of a joint Eunice Kennedy Shriver National Institute of Child Health and Human Development, Society for Maternal-Fetal Medicine, and American College of Obstetricians and Gynecologists Workshop.  
<https://www.ncbi.nlm.nih.gov/pubmed/23090537>
- Scheduling induction of labor. Patient Safety Checklist No. 5. American College of Obstetricians and Gynecologists. Obstet Gynecol 2011;118:1473-4.  
<http://www.acog.org/About-ACOG/ACOG-Departments/Deliveries-Before-39-Weeks/ACOG-Clinical-Guidelines>



# Resources

- Steep Drop Seen in Medically Unnecessary C-Sections.

<http://www.healthleadersmedia.com/quality/steep-drop-seen-medically-unnecessary-c-sections##Cheryl>

- Vaginal Birth After Cesarean.

<https://archive.ahrq.gov/research/findings/evidence-based-reports/er191-abstract.html>

- The 10 Most Common Surgeries in the US

<https://www.healthgrades.com/explore/the-10-most-common-surgeries-in-the-us>

- Trends in Low-risk Cesarean Delivery in the United States, 1990–2013. Michelle J.K. Osterman, M.H.S.; and Joyce A. Martin, M.P.H., Division of Vital Statistics

[https://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63\\_06.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_06.pdf)

# 2017 Calendar Year-Quality Blue Hospital Open Mic Schedule

Date	Topic	Time
Wednesday March 1, 2017	Palliative Care	12 Noon – 1:00 PM
Wednesday March 8, 2017	Quality Bundle	12 Noon – 1:00 PM

# Questions