

Pioneers in Quality

Expert to Expert Webinar Series

2024 Reporting Year Annual Updates

ePC-01 Elective Delivery

ePC-05 Exclusive Human Milk Feeding

ePC-06 Unexpected Complications in Term
Newborns

On Demand Webinar

August 2023 (CE Credit Available 6 weeks post-release)

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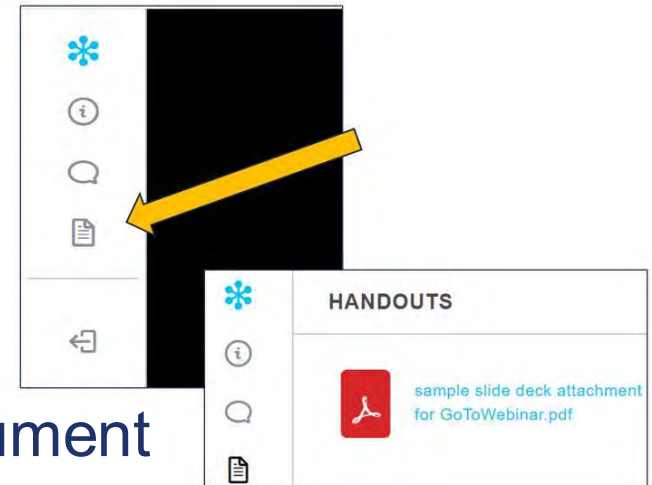
But first things first...

**"Get Started with
eCQMs"**

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Learning Objectives:

- ✔ Navigate to the measure specifications, value sets, measure flow diagrams and technical release notes
- ✔ Apply concepts learned about the logic and intent for the PC-01, -05, -06 eCQMs
- ✔ Prepare to implement the PC-01, -05, -06 eCQMs for the 2024 eCQM reporting period
- ✔ Identify common issues and questions regarding the PC-01, -05, -06 eCQMs

Topics Not Covered in Webinar

- ✘ Basic eCQM concepts
- ✘ Topics related to chart abstracted measures
- ✘ Process improvement efforts related to this measure
- ✘ eCQM validation

Disclosure Statement

These staff and speakers have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with, or ownership of organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact the presentation of this webinar content.

- Raquel Belarmino, MSN, RN, Associate Project Director, Clinical Quality Informatics
- Kelley Franklin, MSN, RN, Associate Project Director, Clinical Quality Measures
- Susan Funk, MPH, LSSGB, Associate Project Director, Engagement in Quality Improvement Programs (EQIP)
- Marilyn Parenzan, MBA, RHIA, CPHQ, Project Director, Clinical Informatics

Pioneers in Quality Expert to Expert Webinar Agenda: PC-01,-05,-06 eCQMs

- Demonstrate Joint Commission website navigation to measure specifications, value sets, measure flow diagrams and technical release notes
- Review the measure flow/algorithm
- Review changes made to PC-01, -05, -06 eCQMs
- Review FAQs

Joint Commission website demo to access
measure specifications, measure flow
diagrams, value sets and technical release
notes

TJC eCQM Website Demo

<https://www.jointcommission.org/measurement/specification-manuals/electronic-clinical-quality-measures/>

- 2024 Reporting Period
- eCQM Specifications
- eCQM Measure Flows
- eCQM Value Sets
- Technical Release Notes

ePC-01 Elective Delivery

Rationale

- Measure focuses on elective vaginal deliveries or elective cesarean births at ≥ 37 and < 39 weeks of gestation completed
- Compared to spontaneous labor, elective inductions result in more cesarean births and longer maternal length of stay
- Repeat elective cesarean births before 39 weeks gestation also result in higher rates of adverse respiratory outcomes, mechanical ventilation, sepsis and hypoglycemia for the newborns

Rationale (continued)

- Most early elective deliveries are for convenience, and result in significant short-term neonatal morbidity
- National effort to reduce early elective delivery has led to significant changes in obstetrics practice and a significant reduction in births at 37 and 38 weeks
- Recent data show sustained improvement, with most hospitals having low numbers of elective inductions prior to 39 weeks
- ePC01 will remain available for organizations to submit to TJC to meet ORYX requirements

Measure Considerations

- Enables hospitals to establish a baseline for their performance
- Determine if QI efforts are effective over time
- Measure rates not expected to consistently reach 0% as conditions which are rare, or in which management should be individualized based on variability of conditions, may not be able to be accounted for

Clinical Intent of Codes Justifying Early Delivery

- Codes selected with guidance from Medically Indicated Late-Preterm and Early-Term Deliveries (American College of Obstetricians and Gynecologists Committee Opinion)
- Not all conditions have codes that are specific enough to use for exclusion
- Some conditions rare - TAP concluded approximately 98% of the total number of medical indications were included

ePC-01 Measure Specifications

Description: Patients with elective vaginal deliveries or elective cesarean births at ≥ 37 and < 39 weeks of gestation completed

Initial Population	Denominator	Denominator Exclusion	Numerator
Inpatient hospitalization	Inpatient hospitalization	Inpatient hospitalization	Inpatient hospitalization
Age: ≥ 8 and < 65 years	Delivery of newborn with ≥ 37 and < 39 weeks gestation completed	Conditions possibly justifying elective delivery prior to 39 weeks gestation	Patients with elective deliveries by either: <ul style="list-style-type: none"> • Medical induction of labor while not in labor prior to the induction or • Cesarean birth while not in labor and with no history of prior uterine surgery
Delivery procedure with a discharge date that ends during measurement period			

Measure Changes from 2023 to 2024 - Clinical

Measure Components	2023 Reporting Year	2024 Reporting Year
Guidance	<p>The measure allowed for 2 approaches to determine gestational age (GA):</p> <ol style="list-style-type: none">1. Using the ACOG ReVITALize guidelines.2. A discrete field in the EHR	<p>The measure allows for 3 approaches to determine GA:</p> <ol style="list-style-type: none">1. Using the ACOG ReVITALize guidelines.2. A discrete field in the EHR3. ICD10 or SNOMED codes indicative of weeks gestation.

Measure Changes from 2023 to 2024 - Technical

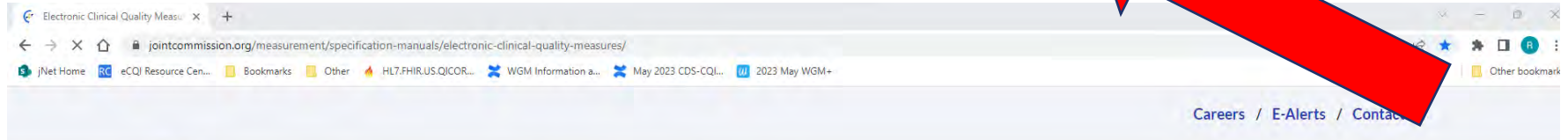
Measure Components	2023 Reporting Year	2024 Reporting Year
Functions	Last Estimated Delivery Date logic did not include 'as DateTime' on the .result logic	Added 'as DateTime' logic:
Functions	'TJC.TruncateTime' and 'FormattedLastEstimatedDeliveryDate' functions were present to eliminate the time if submitted.	Removed both functions since no longer needed due to the addition of 'as DateTime' logic.
Terminology	Not addressed	Added valueset "37 to 38 Weeks Gestation" (2.16.840.1.113762.1.4.1110.69) based on change in measure specification.

Measure Changes from 2023 to 2024 - Technical

Measure Components	2023 Reporting Year	2024 Reporting Year
Value Set	NA	Multiple value sets with code additions/deletions due to terminology updates. See value sets for more details.

Navigation to the Measure Flow Diagrams

<https://www.jointcommission.org/measurement/specification-manuals/electronic-clinical-quality-measures/>



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Electronic Clinical Quality Measures

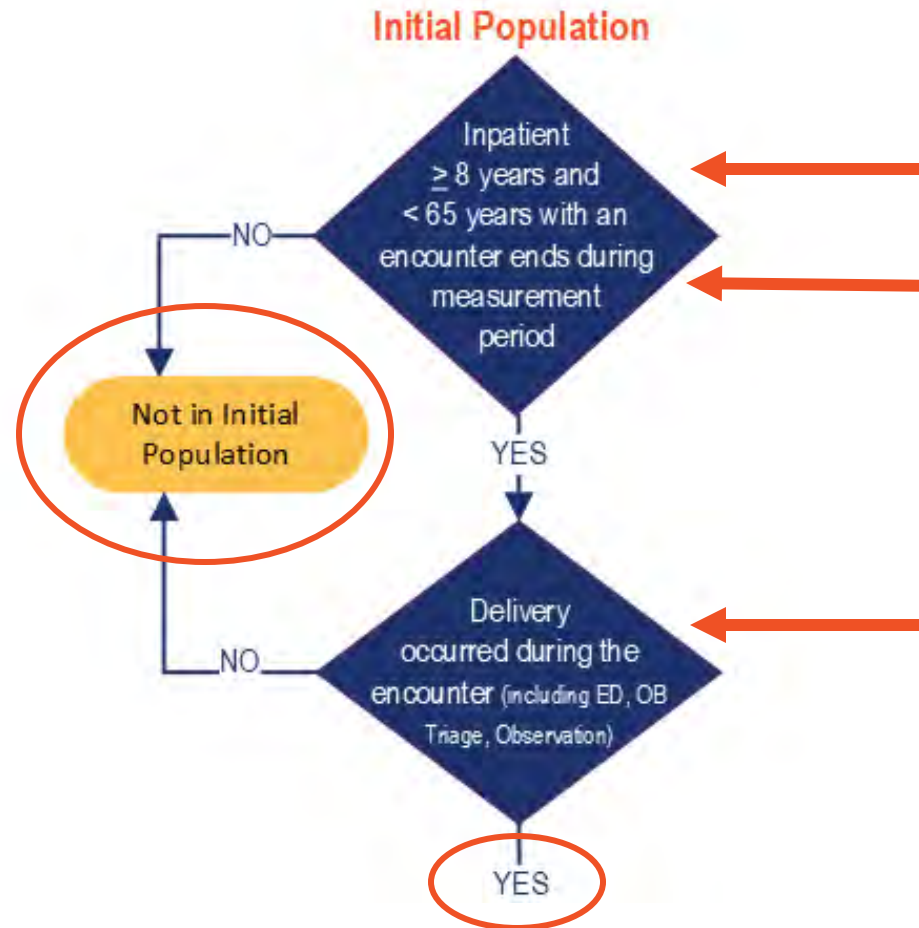
Electronic clinical quality measures (eCQMs) are measures specified in a standard electronic format that use data electronically extracted from electronic health records (EHR) and/or health information technology (IT) systems to measure the quality of health care provided. The eCQMs used by The Joint Commission are updated on an annual basis to account for changes in clinical evidence, measure logic, and coding updates. The Joint Commission maintains close alignment with CMS measures where possible and continues to advance eCQM development to drive quality improvement. The following sections provides links to eCQM specifications used by The Joint Commission and access to support resources.

Specifications Manuals

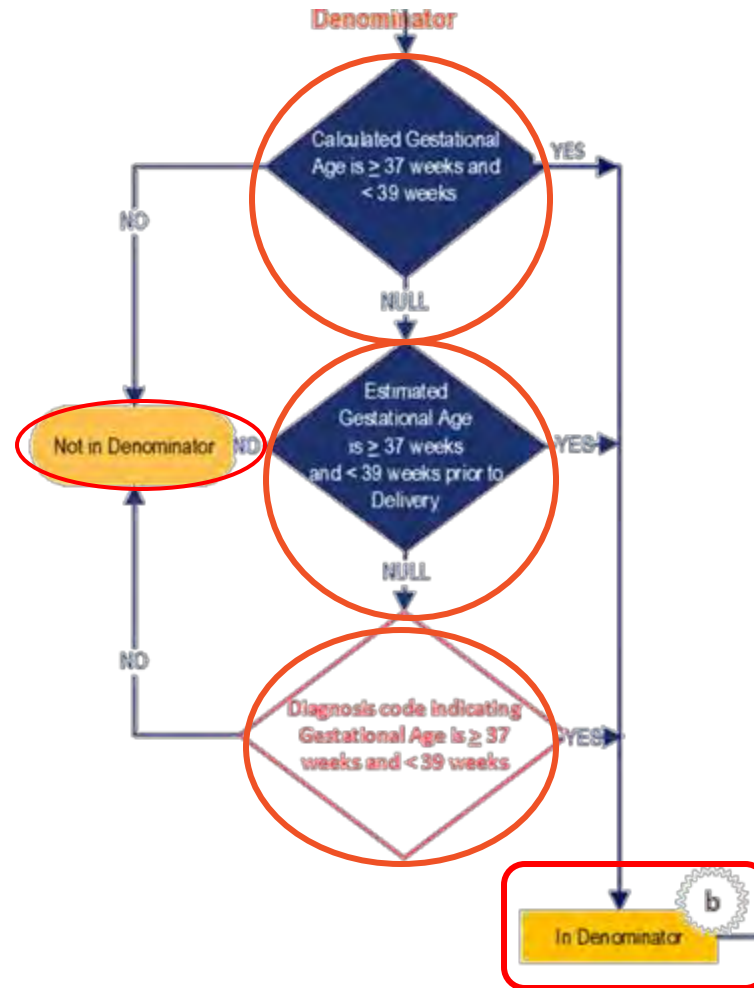
▶ Electronic Clinical Quality Measures

Chart Abstracted Measures

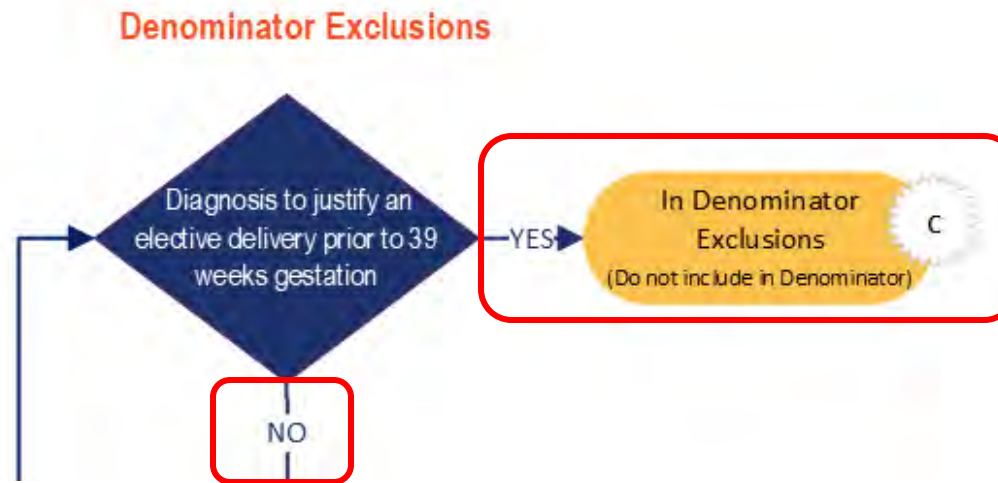
ePC-01 Measure Flow Diagram



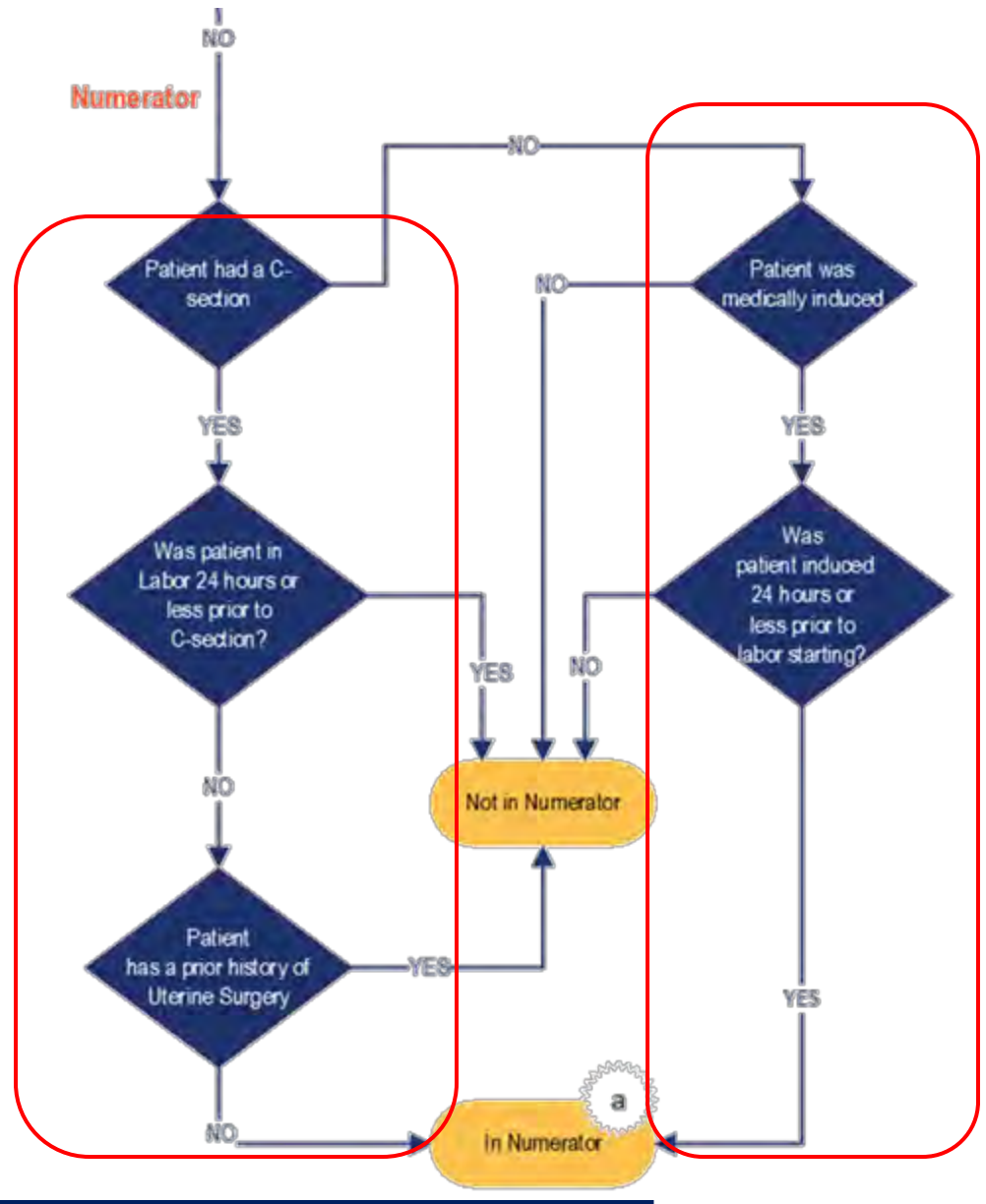
ePC-01 Measure Flow Diagram (continued)



ePC-01 Measure Flow Diagram (continued)



ePC-01 Measure Flow Diagram (continued)



ePC-01 Measure Flow Diagram (continued)

Sample Calculation

$$\text{Performance Rate} = \frac{\text{Numerator (a=9 patients)}}{\text{Denominator (b=100 patients) - Denominator Exclusions (c=10 patients)}} = 10\%$$



Initial Population

PCMaternal."Delivery Encounter with Age Range"

PCMaternal.Delivery Encounter with Age Range

"Encounter with Age Range" EncounterWithAge
with ["Procedure, Performed": "Delivery Procedures"] DeliveryProcedure
such that Global."NormalizeInterval" (
DeliveryProcedure.relevantDatetime, DeliveryProcedure.relevantPeriod)
starts during day of "HospitalizationWithEDOBTriageObservation"
(EncounterWithAge)

PCMaternal.Encounter with Age Range

["Encounter, Performed": "Encounter Inpatient"] EncounterInpatient
where AgeInYearsAt(date from start of
EncounterInpatient.relevantPeriod)>= 8
and AgeInYearsAt(date from start of EncounterInpatient.relevantPeriod)< 65
and EncounterInpatient.relevantPeriod ends during day of "Measurement
Period"

Understanding “Day Of” Logic

PCMaternal.Delivery Encounter with Age Range

"Encounter with Age Range" EncounterWithAge

with ["Procedure, Performed": "Delivery Procedures"] DeliveryProcedure
such that Global."NormalizeInterval" (DeliveryProcedure.relevantDatetime,
DeliveryProcedure.relevantPeriod)

starts during **day of**

"HospitalizationWithEDOBTriageObservation"(EncounterWithAge)

Data Element	Without “day of”	With “day of”
Encounter Start Date/Time	1/15/2024 0400	1/15/2024 0400
Delivery Procedure relevantDateTime	1/15/2024 (no time stated)	1/15/2024 (no time stated)
Outcome	Does not meet definition as 1/15/2024 (no time) is in different level of precision comparing to 1/15/2024 with time, which may result in null.	Meets definition as “day of” logic only evaluates the date and not the time.

Denominator

"Delivery Encounter Near Term"

"Delivery Encounter with Calculated
Gestational Age Greater than or Equal to 37
Weeks and Less than 39 Weeks"

union "Delivery Encounter with Estimated
Gestational Age Greater than or Equal to 37
Weeks and Less than 39 Weeks"

union "Delivery Encounter with Gestational
Age Greater than or Equal to 37 Weeks and
Less than 39 Weeks Based on Coding"

Denominator (continued)

Delivery Encounter with Calculated Gestational Age Greater than or Equal to 37 Weeks and Less than 39 Weeks

PCMaternal."Delivery Encounter with Age Range" DeliveryEncounter
where PCMaternal."CalculatedGestationalAge" (DeliveryEncounter) >= 37
and PCMaternal."CalculatedGestationalAge" (DeliveryEncounter) < 39

PCMaternal.CalculatedGestationalAge(Encounter "Encounter, Performed")

(280 - (difference in days between "LastTimeOfDelivery"(Encounter)
and "**Formatted**LastEstimatedDeliveryDate"(Encounter))) div 7

Denominator (continued)

PCMaternal.LastTimeOfDelivery(Encounter "Encounter, Performed")

Last

(["Assessment, Performed": "Date and time of obstetric delivery"]
TimeOfDelivery

where Global."EarliestOf"

(TimeOfDelivery.relevantDatetime,

TimeOfDelivery.relevantPeriod) during

"HospitalizationWithEDOBTriageObservation"(Encounter)

and TimeOfDelivery.result as DateTime during

"HospitalizationWithEDOBTriageObservation"(Encounter)

sort by Global."EarliestOf"

(relevantDatetime, relevantPeriod))

.result as DateTime

ePC-01 Frequently Asked Question

Question:

The LastTimeOfDelivery function uses the EarliestOf function. Why is this when we are trying to identify the LAST time of delivery assessed?

Answer:

The **“last”** and **“EarliestOf”** operators may seem contradictory in this logic. The **“Earliest Of”** operator evaluates the time of delivery relevant date/time and relevant period for every assessment of time of delivery.

If both the relevant date/time and relevant period are present, we choose the relevant date/time. If only the relevantPeriod is specified, the starting point of the period is used. Otherwise, the end point of the period is used. Then all of the results of **“earliest of”** dates are sorted and the **“Last”** one is chosen.

Denominator (continued)

PCMaternal.LastEstimatedDeliveryDate

```
Last(["Assessment, Performed": "Delivery date Estimated"]
EstimatedDateOfDelivery
  where Global."EarliestOf"
(EstimatedDateOfDelivery.relevantDatetime,
EstimatedDateOfDelivery.relevantPeriod)42 weeks or less
before or on
"LastTimeOfDelivery"(Encounter)
  and EstimatedDateOfDelivery.result is not null
  sort by Global."EarliestOf"
(relevantDatetime, relevantPeriod)
).result as DateTime
```

Denominator (continued)

~~PCMaternal.FormattedLastEstimatedDeliveryDate~~

```
if "LastEstimatedDeliveryDate"(Encounter)is not null then  
——TJC."TruncateTime"(  
"LastEstimatedDeliveryDate"(Encounter))  
else null
```

~~TJC.TruncateTime~~

```
DateTime(year from Value, month from Value, day from  
Value, 0, 0, 0, 0, timezoneoffset from Value)
```

Denominator (continued)

Delivery Encounter with Calculated Gestational Age Greater than or Equal to 37 Weeks and Less than 39 Weeks

PCMaternal."Delivery Encounter with Age Range" DeliveryEncounter
where PCMaternal."CalculatedGestationalAge" (DeliveryEncounter) >= 37
and PCMaternal."CalculatedGestationalAge" (DeliveryEncounter) < 39

PCMaternal.CalculatedGestationalAge(Encounter "Encounter, Performed")

(280 - (difference in days between "LastTimeOfDelivery"(Encounter) and "FormattedLastEstimatedDeliveryDate"(Encounter))) div 7

Denominator (continued)

PCMaternal.Variable Calculated Gestational Age

```
"Delivery Encounter with Age Range" QualifyingEncounter  
let CGA:  
    "CalculatedGestationalAge"(QualifyingEncounter)  
return { QualifyingEncounter, CGA }
```

Variable Calculated Gestational Age

```
PCMaternal."Variable Calculated Gestational Age"
```

Denominator (continued)

Delivery Encounter with Estimated Gestational Age Greater than or Equal to 37 Weeks and Less than 39 Weeks

PCMaternal."Delivery Encounter with Age Range"

DeliveryEncounter

where PCMaternal."CalculatedGestationalAge"

(DeliveryEncounter) is null

and

(PCMaternal."LastEstimatedGestationalAge"

(DeliveryEncounter) \geq 37 weeks

and

PCMaternal."LastEstimatedGestationalAge"

(DeliveryEncounter) $<$ 39 weeks)

Denominator (continued)

PCMaternal.LastEstimatedGestationalAge

Last

(["Assessment, Performed": "Estimated Gestational Age at Delivery"] EstimatedGestationalAge

where Global."EarliestOf"

(EstimatedGestationalAge.relevantDatetime,
EstimatedGestationalAge.relevantPeriod)24

hours or less before or on

"LastTimeOfDelivery"(Encounter)

and EstimatedGestationalAge.result is not null

sort by Global."EarliestOf"

(relevantDatetime, relevantPeriod)).result

as Quantity

ePC-01 Frequently Asked Question

Question:

The Last Estimated Gestational Age function requires that the estimated gestational age relevant date/time be performed 24 hours or less before or on the time of delivery. Depending on the circumstances, we sometimes document gestational age after the delivery date/time.

Answer:

We have 2 responses to this question. First, the logic distinguishes between when an assessment is documented in the EHR (author dateTime) and when an assessment is performed (relevant dateTime). So if you assess a patient's gestational age at 0200, patient delivers at 0230, and you don't document until 0300, the assessment relevant dateTime should be mapped to 0200 which is prior to the delivery time. Second, some EHR's calculate gestational age automatically whereby the gestational age may continue to advance after delivery. Therefore, the logic specifically looks for a time prior to or on delivery.

Denominator (continued)

Delivery Encounter with Estimated Gestational Age Greater than or Equal to 37 Weeks and Less than 39 Weeks

PCMaternal."Delivery Encounter with Age Range"

DeliveryEncounter

where PCMaternal."CalculatedGestationalAge"
(DeliveryEncounter) is null

and

(PCMaternal."LastEstimatedGestationalAge"

(DeliveryEncounter) \geq 37 weeks

and

PCMaternal."LastEstimatedGestationalAge"

(DeliveryEncounter) $<$ 39 weeks)

Denominator (continued)

Delivery Encounter with Gestational Age Greater than or Equal to 37 Weeks and Less than 39 Weeks Based on Coding

PCMaternal."Delivery Encounter with Age Range" DeliveryEncounter
let CGA:

PCMaternal."CalculatedGestationalAge" (DeliveryEncounter),
EGA:

PCMaternal."LastEstimatedGestationalAge" (DeliveryEncounter)
where CGA is null
and EGA is null
and exists (DeliveryEncounter.diagnoses

EncounterDiagnoses

where EncounterDiagnoses.code in "37 to 38 Weeks Gestation")

Denominator (continued)

Delivery Encounter Near Term

"Delivery Encounter with Calculated Gestational Age Greater than or Equal to 37 Weeks and Less than 39 Weeks"

union

"Delivery Encounter with Estimated Gestational Age Greater than or Equal to 37 Weeks and Less than 39 Weeks"

union

"Delivery Encounter with Gestational Age Greater than or Equal to 37 Weeks and Less than 39 Weeks Based on Coding"

Denominator Exclusions

Denominator Exclusions: "Delivery Encounter with Conditions Justifying Elective Delivery"

("Delivery Encounter Near Term" NearTermEncounter
with ["Diagnosis": "Conditions Possibly Justifying Elective Delivery
Prior to 39 Weeks Gestation"] DiagnosisElectiveDelivery
such that DiagnosisElectiveDelivery.prevalencePeriod overlaps
PCMaternal."HospitalizationWithEDOBTriageObservation"
(NearTermEncounter))

Union

("Delivery Encounter Near Term" NearTermEncounter
where exists (NearTermEncounter.diagnoses EncounterDiagnoses
where EncounterDiagnoses.code in "Conditions Possibly Justifying
Elective Delivery Prior to 39 Weeks Gestation"))

Numerator

"Delivery Encounter with Medical Induction Started While Not In Labor"

union

"Delivery Encounter with Cesarean Birth without Labor or History of Uterine Surgery"

Numerator (continued)

Delivery Encounter with Medical Induction Started While Not In Labor

from

"Delivery Encounter Near Term" NearTermEncounter,
"Medical Induction" Induction,
"In Labor" Labor

where Global."EarliestOf" (Labor.relevantDatetime, Labor.relevantPeriod)
during PCMaternal."HospitalizationWithEDOBTriageObservation"
(NearTermEncounter)

and Global."NormalizeInterval" (Induction.relevantDatetime,
Induction.relevantPeriod) starts 24 hours or less before
Global."EarliestOf" (Labor.relevantDatetime, Labor.relevantPeriod)
return NearTermEncounter

Medical Induction

["Medication, Administered": "Oxytocin"]
union ["Medication, Administered": "Dinoprostone"]
union ["Procedure, Performed": "Medical Induction of Labor"]

Numerator (continued)

Delivery Encounter with Medical Induction Started While Not In Labor

from

"Delivery Encounter Near Term" NearTermEncounter,

"Medical Induction" Induction,

"In Labor" Labor

where Global."EarliestOf" (Labor.relevantDatetime,
Labor.relevantPeriod) during

PCMaternal."HospitalizationWithEDOBTriageObservation"

(NearTermEncounter)

and Global."NormalizeInterval" (Induction.relevantDatetime,
Induction.relevantPeriod) starts 24 hours or less before
Global."EarliestOf" (Labor.relevantDatetime,
Labor.relevantPeriod)

return NearTermEncounter

Numerator (continued)

Delivery Encounter with Cesarean Birth Without Labor or History of Uterine Surgery

"Delivery Encounter Near Term" NearTermEncounter
with "Cesarean Birth Procedure While Not in Labor" CSectionNoLabor
such that Global."NormalizeInterval" (
CSectionNoLabor.relevantDatetime,
CSectionNoLabor.relevantPeriod) starts during
PCMaternal."HospitalizationWithEDOBTriageObservation"
(NearTermEncounter)
without "Uterine Surgery Procedure" UterineProcedure
such that Global."NormalizeInterval" (
UterineProcedure.relevantDatetime, UterineProcedure.relevantPeriod) starts
before start of
PCMaternal."HospitalizationWithEDOBTriageObservation"
(NearTermEncounter)
without "Uterine Surgery Diagnosis" UterineDiagnosis
such that UterineDiagnosis.prevalencePeriod starts before start of
PCMaternal."HospitalizationWithEDOBTriageObservation"
(NearTermEncounter)

Numerator (continued)

Cesarean Birth Procedure While Not in Labor

["Procedure, Performed": "Cesarean Birth"] Csection
without "In Labor" Labor
such that Global."EarliestOf" (Labor.relevantDatetime,
Labor.relevantPeriod) 24 hours or less before start
of Global."NormalizeInterval"

CSection.relevantDatetime,CSection.relevantPeriod)

In Labor

["Assessment, Performed": "Labor"]

Numerator (continued)

Delivery Encounter with Cesarean Birth Without Labor or History of Uterine Surgery

..... without

“Uterine Surgery Procedure” UterineProcedure

such that Global."NormalizeInterval"

(UterineProcedure.relevantDatetime,

UterineProcedure.relevantPeriod)

starts before start of

PCMaternal."HospitalizationWithEDOBTriageObservation“

(NearTermEncounter)

Uterine Surgery Procedure

[“Procedure, Performed”: “Classical Cesarean Birth”]

union [“Procedure, Performed”: “Myomectomy”]

union [“Procedure, Performed”: “Transabdominal Cerclage”]

union [“Procedure, Performed”: “Metroplasty”]

union [“Procedure, Performed”: “Uterine Horn”]

Numerator (continued)

Delivery Encounter with Cesarean Birth Without Labor or History of Uterine Surgery

..... without

“Uterine Surgery Diagnosis” UterineDiagnosis
such that UterineDiagnosis.relevantPeriod)

starts before start of

PCMaternal."HospitalizationWithEDOBTriageObservation"
(NearTermEncounter)

Uterine Surgery Diagnosis

"Diagnosis": "Perforation of Uterus"]

union ["Diagnosis": "Uterine Window"]

union ["Diagnosis": "Uterine Rupture"]

union ["Diagnosis": "Cornual Ectopic Pregnancy"]

Numerator (continued)

"Delivery Encounter with Medical Induction Started While Not In Labor"

union

"Delivery Encounter with Cesarean Birth without Labor or History of Uterine Surgery"

ePC-05 Exclusive Human Milk Feeding

ePC-05 Rationale

- The intent of the measure is to increase the number of newborns who are exclusively fed human milk during the birth hospitalization
- Human milk feeding is the recommended standard for infant feeding
- Well documented short- and long-term medical and developmental advantages of breastfeeding exist
- Healthy People, CDC and many other organizations actively promote this goal

ePC-05 Rationale (continued)

- Continue to see an opportunity for improvement
- The annual national rates for accredited organizations submitting the eCQM were at 53.9, 54.6, and 51.9% from 2019-2021.
- It is not anticipated or expected that measure rates will reach 100% numerator compliance.
- Evidence suggests that a 70% threshold is a more reasonable target for many organizations.
- For CY2024 CMS is retiring ePC-05. The Joint Commission is keeping it as an optional measure for accreditation.

ePC-05 Measure Specifications

Description: ePC-05 Exclusive human milk feeding during the newborn's entire hospitalization

Initial Population	Denominator or	Denominator Exclusion	Numerator
<p>Inpatient hospitalizations for single newborns born in the hospital with a discharge date that ends during the measurement period with either of the following conditions:</p> <ul style="list-style-type: none">• An estimated gestation age at birth ≥ 37 weeks <p>OR</p> <ul style="list-style-type: none">• Birth weight ≥ 3000 grams without an estimated gestational age at birth	<p>Equals Initial Population</p>	<p>Inpatient hospitalization with any of the following conditions:</p> <ul style="list-style-type: none">• Admitted/transferred to the NICU or admitted/transferred to a regular ICU• Transferred to an acute care facility, or other health care facility• Expired during hospitalization• Galactosemia• Parenteral nutrition	<p>Inpatient hospitalization for newborns who were fed human milk only since birth</p>

ePC-05 Measure Changes from 2023 to 2024 - Clinical

Measure Components	2023 Reporting Year	2024 Reporting Year
Header Multiple Sections	Exclusive Breast Milk Feeding	Exclusive Human Milk Feeding
Header Initial Population	Inpatient hospitalization for single newborns who were born in the hospital that ends during the measurement period	Inpatient hospitalization for single newborns who were born in the hospital with a discharge date that ends during the measurement period

ePC-05 Measure Changes from 2023 to 2024 – Clinical

Measure Components	2023 Reporting Year	2024 Reporting Year
Header Denominator	Initial Population	Equals Initial Population
Header Denominator Exclusion	Admitted to the Neonatal Intensive Care Unit (NICU) or transferred to a regular intensive care unit (ICU)	admitted/ transferred to the Neonatal Intensive Care Unit (NICU) or admitted /transferred to a regular intensive care unit (ICU)
Header Denominator Exclusion	a length of stay greater than 120 days that ends during the measurement period	Removed

ePC-05 Measure Changes from 2023 to 2024 - Technical

Measure Components	2023 Reporting Year	2024 Reporting Year
Initial Population Logic	<p>PCNewborn.Single Live Term Newborn Encounter Ends During Measurement Period:</p> <p>("Single Live Birth Encounter with Gestational Age 37 Weeks or More" union "Single Live Birth Encounter with Birth Weight 3000 grams or More without Gestational Age") SingleLiveTermEncounter where SingleLiveTermEncounter.relevantPeriod ends during day of "Measurement Period"</p>	<p>PCNewborn.Single Live Term Newborn Encounter Ends During Measurement Period</p> <p>("Single Live Birth Encounter with Gestational Age 37 Weeks or More" union "Single Live Birth Encounter with Birth Weight 3000 grams or More without Gestational Age") SingleLiveTermEncounter where SingleLiveTermEncounter.relevantPeriod ends during day of "Measurement Period"</p>

ePC-05 Measure Changes from 2023 to 2024 - Technical

Measure Components	2023 Reporting Year	2024 Reporting Year
PCNewborn Library Logic	<p>PCNewborn.Single Live Birth Encounter</p> <p>["Encounter, Performed": "Encounter Inpatient"] InpatientEncounter where exists (InpatientEncounter.diagnoses EncounterDiagnoses where EncounterDiagnoses.code in "Single Live Born Newborn Born in Hospital")</p>	<p>PCNewborn.Single Live Birth Encounter</p> <p>["Encounter, Performed": "Encounter Inpatient"] InpatientEncounter where exists (InpatientEncounter.diagnoses EncounterDiagnoses where EncounterDiagnoses.code in "Single Live Born Newborn Born in Hospital") and InpatientEncounter.relevantPeriod ends during day of "Measurement Period"</p>

ePC-05 Measure Changes from 2023 to 2024 - Technical

Measure Components	2023 Reporting Year	2024 Reporting Year
Initial Population Logic, PCNewborn Library	<p>PCNewborn.Single Live Birth Encounter with Birth Weight 3000 grams or More without Gestational Age</p> <p>"Single Live Birth Encounter" SingleLiveBornEncounter without ["Assessment, Performed": "Gestational age--at birth"] GestationalAge such that Global."EarliestOf" (GestationalAge.relevantDatetime, GestationalAge.relevantPeriod) during SingleLiveBornEncounter.relevantPeriod and GestationalAge.result is not null with ["Assessment, Performed": "Birth Weight"] BirthWeight such that Global."EarliestOf" (BirthWeight.relevantDatetime, BirthWeight.relevantPeriod) during SingleLiveBornEncounter.relevantPeriod and BirthWeight.result >= 3000 'g'</p>	<p>PCNewborn.Single Live Birth Encounter with Birth Weight 3000 grams or More without Gestational Age</p> <p>"Single Live Birth Encounter" SingleLiveBornEncounter without ["Assessment, Performed": "Gestational age--at birth"] GestationalAge such that Global."EarliestOf" (GestationalAge.relevantDatetime, GestationalAge.relevantPeriod) during SingleLiveBornEncounter.relevantPeriod and GestationalAge.result is not null where "FirstBirthWeight"(SingleLiveBornEncounter)>= 3000 'g'</p>

ePC-05 Measure Changes from 2023 to 2024 - Technical

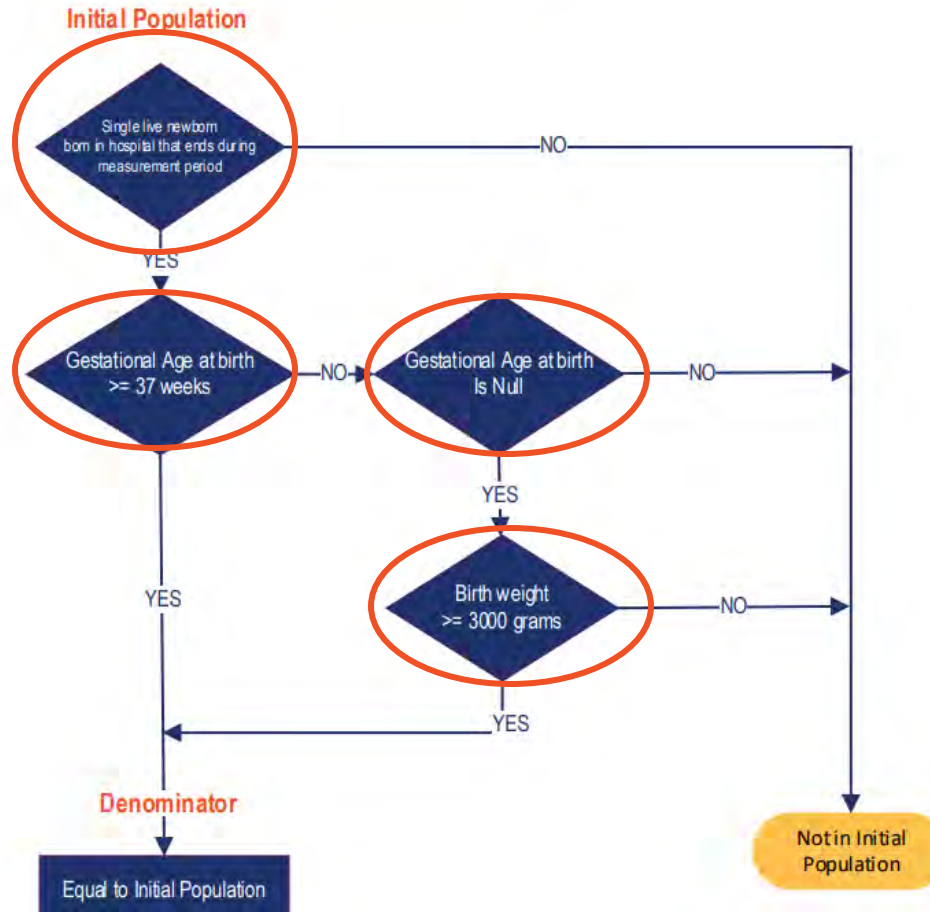
Measure Components	2023 Reporting Year	2024 Reporting Year
Denominator Exclusion Logic	"Single Live Term Newborn Encounter with NICU or ICU Admission or Selected Discharge Disposition" union "Single Live Term Newborn Encounter with Length of Stay More Than 120 days" union "Single Live Term Newborn Encounter with Galactosemia or Parenteral Nutrition"	"Single Live Term Newborn Encounter with NICU or ICU Admission or Selected Discharge Disposition" union "Single Live Term Newborn Encounter with Length of Stay More Than 120 days" union "Single Live Term Newborn Encounter with Galactosemia or Parenteral Nutrition"
Value Set	Neonatal Intensive Care Unit (NICU)	Neonatal Intensive Care Unit (NICU)

ePC-05 Measure Flow Diagram

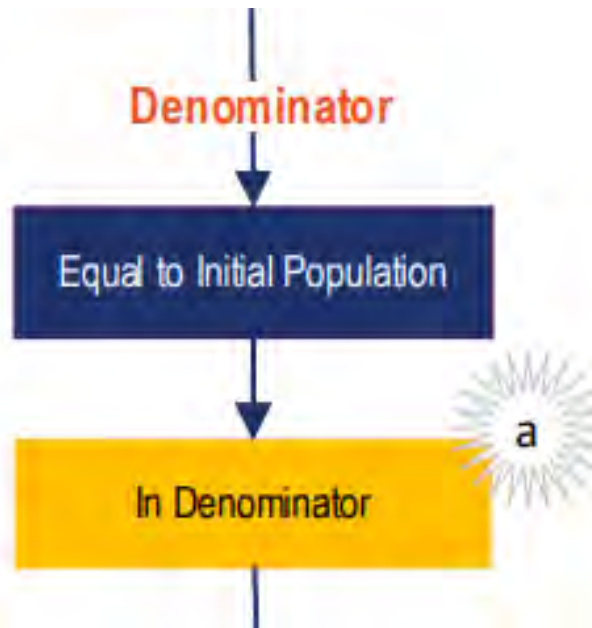
2024 eCQM Flow
Identifier: PC-05 v12

Exclusive Human Milk Feeding

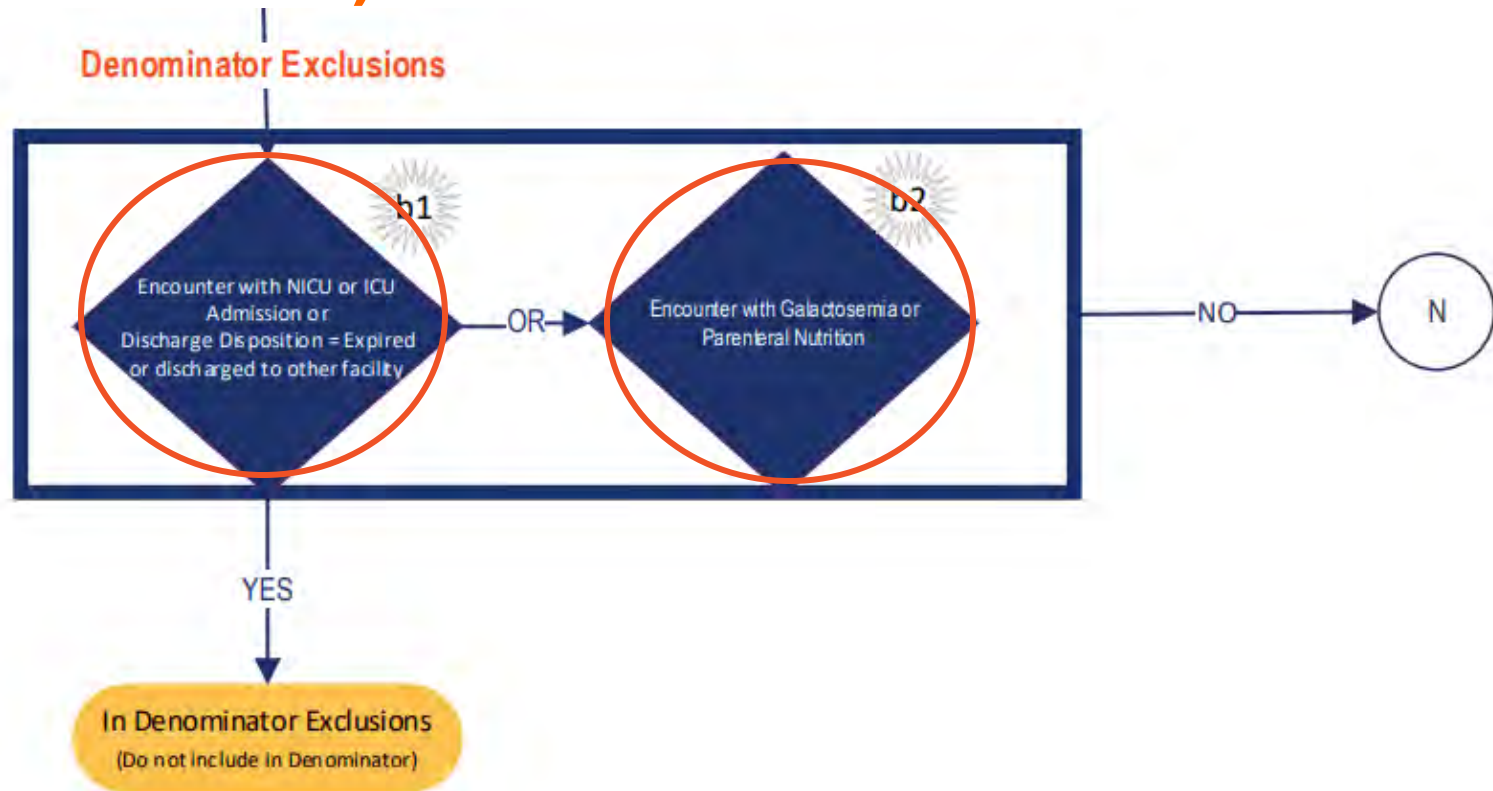
Newborns that were fed human milk only since birth.



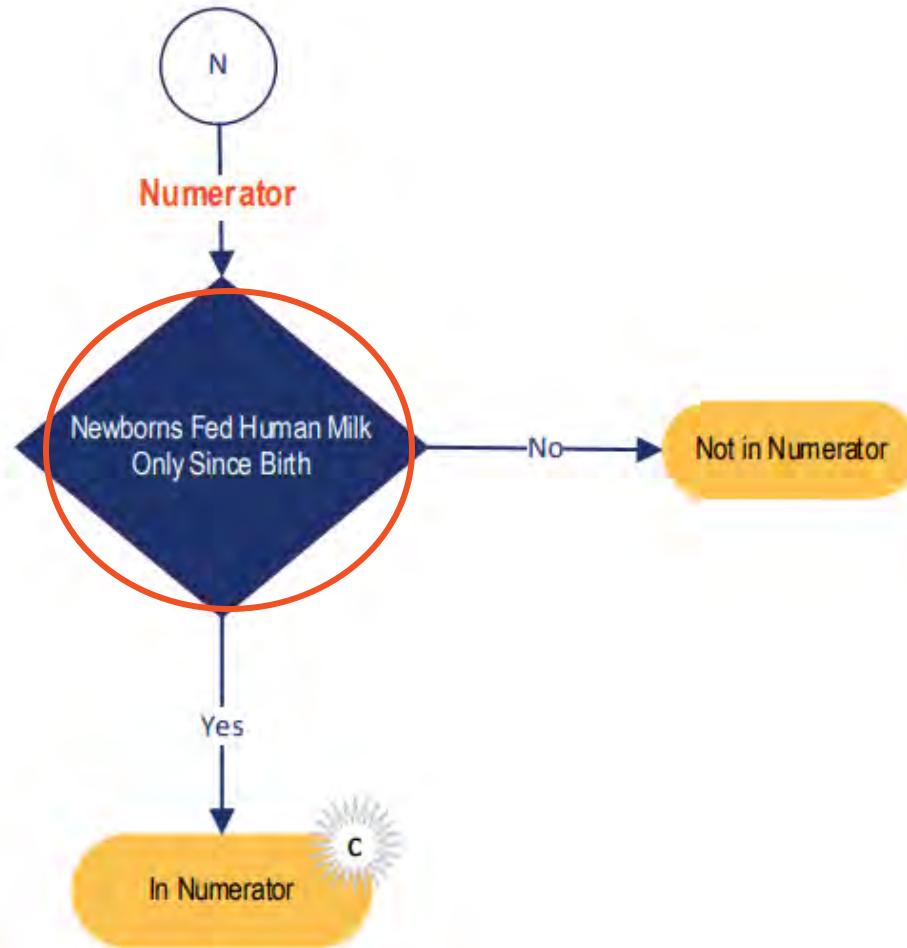
ePC-05 Measure Flow Diagram (continued)



ePC-05 Measure Flow Diagram (continued)



ePC-05 Measure Flow Diagram (continued)



ePC-05 Measure Flow Diagram (continued)

Sample Calculation

$$\text{Performance Rate} = \frac{\text{Numerator } (c = 60)}{\text{Denominator } (a=100) - \text{Denominator Exclusions } (b1 + b2 = 20)} = 75\%$$



ePC-05 Initial Population

PCNewborn."Single Live Term Newborn Encounter
~~Ends During Measurement Period~~"

PCNewborn.Single Live Term Newborn Encounter **Ends**
During Measurement Period

("Single Live Birth Encounter with Gestational Age 37
Weeks or More"

union

"Single Live Birth Encounter with Birth Weight 3000 grams or
More without Gestational Age") SingleLiveTermEncounter

where

~~SingleLiveTermEncounter.relevantPeriod ends during day of~~
~~"Measurement Period"~~

ePC-05 Initial Population (continued)

Single Live Birth Encounter with Gestational Age 37 Weeks or More

"Single Live Birth Encounter" SingleLiveBornEncounter
with ["Assessment, Performed": "Gestational age--at birth"]
GestationalAge
such that GestationalAge.result >= 37 weeks
and Global."EarliestOf"(GestationalAge.relevantDatetime,
GestationalAge.relevantPeriod) during
SingleLiveBornEncounter.relevantPeriod

PCNewborn.Single Live Birth Encounter

["Encounter, Performed": "Encounter Inpatient"] InpatientEncounter
where exists (InpatientEncounter.diagnoses EncounterDiagnoses
where EncounterDiagnoses.code in "Single Live Born Newborn Born
in Hospital")
and InpatientEncounter.relevantPeriod ends during day of
"Measurement Period"

ePC-05 Frequently Asked Question

Question: When is the estimated gestational age (EGA) date/time assessed for the newborn to populate into the initial population?

Answer: The EGA is evaluated after newborn is delivered and is assessed anytime during the newborn inpatient encounter.

ePC-05 Initial Population (continued)

Single Live Birth Encounter with Birth Weight 3000 grams or More without Gestational Age

"Single Live Birth Encounter" SingleLiveBornEncounter
without

["Assessment, Performed": "Gestational age--at birth"] GestationalAge
such that Global."EarliestOf" (GestationalAge.relevantDatetime,
GestationalAge.relevantPeriod) during
SingleLiveBornEncounter.relevantPeriod
and GestationalAge.result is not null

where "FirstBirthWeight" (SingleLiveBornEncounter) > = 3000 'g'

ePC-05 Frequently Asked Question

Question: How does the logic evaluate the birthweight when there are multiple birthweights available?

Answer: The logic uses the “FirstBirthWeight” function to capture the first birthweight for newborns with multiple birthweights.

ePC-05 Initial Population (continued)

PCNewborn.FirstBirthWeight (Encounter "Encounter, Performed")

First(["Assessment, Performed": "Birth Weight"] BirthWeight
where Global."EarliestOf"(BirthWeight.relevantDatetime,
BirthWeight.relevantPeriod)during Encounter.relevantPeriod
and BirthWeight.result is not null
sort by Global."EarliestOf"(relevantDatetime, relevantPeriod)
).result as Quantity

ePC-05 Denominator

“Initial Population”

ePC-05 Denominator Exclusions

"Single Live Term Newborn Encounter with NICU or ICU Admission or Selected Discharge Disposition"

union

~~"Single Live Term Newborn Encounter with Length of Stay More Than 120 days"~~

union

"Single Live Term Newborn Encounter with Galactosemia or Parenteral Nutrition"

ePC-05 Denominator Exclusions (continued)

Single Live Term Newborn Encounter with NICU or ICU Admission or Selected Discharge Disposition

PCNewborn."Single Live Term Newborn Encounter ~~Ends During Measurement Period~~" QualifyingEncounter

where exists (QualifyingEncounter.facilityLocations Location

where Location.code in "Neonatal Intensive Care Unit (NICU)"
or Location.code in "Intensive Care Unit")

or QualifyingEncounter.dischargeDisposition in "Patient Expired"

or QualifyingEncounter.dischargeDisposition in "Discharge To Acute
Care Facility"

or QualifyingEncounter.dischargeDisposition in "Other Health Care
Facility"

ePC-05 Denominator Exclusions (continued)

Single Live Term Newborn Encounter with Galactosemia or Parenteral Nutrition

(PCNewborn."Single Live Term Newborn Encounter Ends During Measurement Period" QualifyingEncounter
with (["Procedure, Performed": "Parenteral Nutrition"]
union ["Medication, Administered": "Total Parenteral Nutrition"])
ParenteralNutrition
such that Global."NormalizeInterval" (ParenteralNutrition.relevantDatetime,
ParenteralNutrition.relevantPeriod) starts during
QualifyingEncounter.relevantPeriod)
union
(PCNewborn."Single Live Term Newborn Encounter Ends During Measurement Period" QualifyingEncounter
where exists (QualifyingEncounter.diagnoses BirthEncounterDiagnoses
where BirthEncounterDiagnoses.code in "Galactosemia"))

ePC-05 Numerator

Single Live Term Newborn Encounter with Newborn Fed
Human Milk Only Since Birth

PCNewborn."Single Live Term Newborn Encounter ~~Ends During Measurement Period~~" Qualifying Encounter

with ["Substance, Administered": "Breast Milk"] BreastMilkFeeding
such that Global."NormalizeInterval" (BreastMilkFeeding.relevantDatetime,
BreastMilkFeeding.relevantPeriod) starts during
QualifyingEncounter.relevantPeriod

without ["Substance, Administered": "Dietary Intake Other than Breast Milk"]
OtherFeeding
such that Global."NormalizeInterval" (OtherFeeding.relevantDatetime,
OtherFeeding.relevantPeriod) starts during
QualifyingEncounter.relevantPeriod

ePC-06 Unexpected Complications in Term Newborns

Rationale

- Addresses the lack of metrics that assess the health outcomes of term infants who represent over 90% of all births.
- Addresses the gap and gauges adverse outcomes resulting in severe or moderate morbidity in otherwise healthy term infants without preexisting conditions.
- Serves as a balancing measure for other maternal measures such as NTSV Cesarean rates and early elective delivery rates.
- For CY2024 ePC-06 is an optional measure for The Joint Commission for accreditation.

Rationale (continued)

There are significant opportunities to improve care for healthy term infants. Labor, birth management and delivery type can lead to:

- Birth Injuries
- Trauma
- Respiratory Complications
- Hypoxia/Asphyxia Events
- Neurologic Complications

Measure Considerations

- PC06 is reported as a rate per 1000 live births.
- No current target rate; not expected to be 0%
- Trends in measure rates should be looked at with PC-01 Early Elective Delivery and PC-02 Cesarean Birth rates



ePC-06 Measure Specifications

Description: ePC-06 assesses the unexpected complications among full term single newborns with no preexisting conditions.

Initial Population	Denominator	Denominator Exclusion	Numerator
<p>Inpatient hospitalizations for single newborns born in the hospital with a discharge date that ends during the measurement period with either of the following conditions:</p> <ul style="list-style-type: none"> An estimated gestation age at birth ≥ 37 weeks <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> Birth weight ≥ 3000 grams without an estimated gestational age at birth 	<p>Equals Initial Population</p>	<p>Inpatient hospitalization for newborns who were born with either of the following conditions:</p> <ul style="list-style-type: none"> Congenital malformations Pre-existing fetal conditions Maternal drug use exposure in-utero 	<p>Inpatient hospitalization for newborns with severe complications or moderate complications</p>

Numerator: Severe & Moderate Complications

	Severe	Moderate
Discharge Status	Expired or discharged to acute care facility	NA
Diagnoses	Severe: <ul style="list-style-type: none"> • Birth trauma • Hypoxia/asphyxia • Shock and resuscitation • Respiratory complications • Infection • Neurological Complications 	Moderate: <ul style="list-style-type: none"> • Birth trauma • Respiratory complications
Procedures	Severe: <ul style="list-style-type: none"> • Shock and resuscitation procedures • Respiratory procedures • Neurological procedures 	Moderate respiratory complication procedures
LOS	Severe septicemia with LOS > 4 days	* See next slide

Numerator: Moderate Complications (continued)

	Moderate
LOS	<p>Vaginal delivery with LOS > 2 days OR Cesarean birth with LOS > 4 days with any of the following:</p> <p>Moderate complications:</p> <ul style="list-style-type: none">• Birth trauma• Respiratory complications• Infection <p>Moderate complications procedure:</p> <ul style="list-style-type: none">• Neurological• Respiratory <p style="text-align: center;">OR</p> <p>LOS > 5 days without jaundice or social indications</p>

Measure Changes from 2023 to 2024 - Clinical

Measure Components	2023 Reporting Year	2024 Reporting Year
Header Initial Population	Inpatient hospitalization for single newborns who were born in the hospital that ends during the measurement period	Inpatient hospitalization for single newborns who were born in the hospital with a discharge date that ends during the measurement period
Header Denominator	Initial Population	Equals Initial Population

Measure Changes from 2023 to 2024 - Clinical

Measure Components	2023 Reporting Year	2024 Reporting Year
Value Set	-	<p>“Maternal Drug Use”</p> <ul style="list-style-type: none">Removed SNOMED code 206154006, Fetal or neonatal effect of maternal use of tobacco (disorder)
Value Set	-	<p>Removed the following ICD-10 Codes from “Fetal Conditions” and added to “Neonatal Jaundice” value set.</p> <ul style="list-style-type: none">P55.8 Other hemolytic diseases of newbornP55.9 Hemolytic disease of newborn, unspecified.
Value Set	-	<p>“Fetal Conditions”</p> <ul style="list-style-type: none">Added ICD-10 code K56.609 Unspecified intestinal obstruction, unspecified as to partial versus complete obstruction

Measure Changes from 2023 to 2024 - Clinical

Measure Components	2023 Reporting Year	2024 Reporting Year
Value Set	-	"Congenital Malformations" <ul style="list-style-type: none">• Added 2 ICD-10-CM codes (D82.1, Q55.20)
Value Set	-	"Severe Birth Trauma" <ul style="list-style-type: none">• Deleted 2 SNOMED CT codes: 206200000 82729001

ePC-06 Measure Changes from 2023 to 2024 - Technical

Measure Components	2023 Reporting Year	2024 Reporting Year
Initial Population Logic	<p>PCNewborn.Single Live Term Newborn Encounter Ends During Measurement Period</p> <p>("Single Live Birth Encounter with Gestational Age 37 Weeks or More" union "Single Live Birth Encounter with Birth Weight 3000 grams or More without Gestational Age") SingleLiveTermEncounter where SingleLiveTermEncounter.relevantPeriod ends during day of "Measurement Period"</p>	<p>PCNewborn.Single Live Term Newborn Encounter Ends During Measurement Period</p> <p>("Single Live Birth Encounter with Gestational Age 37 Weeks or More" union "Single Live Birth Encounter with Birth Weight 3000 grams or More without Gestational Age") SingleLiveTermEncounter where SingleLiveTermEncounter.relevantPeriod ends during day of "Measurement Period"</p>

ePC-06 Measure Changes from 2023 to 2024 - Technical

Measure Components	2023 Reporting Year	2024 Reporting Year
PCNewborn Library Logic	<p>PCNewborn.Single Live Birth Encounter</p> <p>["Encounter, Performed": "Encounter Inpatient"] InpatientEncounter where exists (InpatientEncounter.diagnoses EncounterDiagnoses where EncounterDiagnoses.code in "Single Live Born Newborn Born in Hospital")</p>	<p>PCNewborn.Single Live Birth Encounter</p> <p>["Encounter, Performed": "Encounter Inpatient"] InpatientEncounter where exists (InpatientEncounter.diagnoses EncounterDiagnoses where EncounterDiagnoses.code in "Single Live Born Newborn Born in Hospital") and InpatientEncounter.relevantPeriod ends during day of "Measurement Period"</p>

ePC-06 Measure Changes from 2023 to 2024 - Technical

Measure Components	2023 Reporting Year	2024 Reporting Year
Initial Population Logic, PCNewborn Library	<p>PCNewborn.Single Live Birth Encounter with Birth Weight 3000 grams or More without Gestational Age</p> <p>"Single Live Birth Encounter" SingleLiveBornEncounter without ["Assessment, Performed": "Gestational age--at birth"] GestationalAge such that Global."EarliestOf" (GestationalAge.relevantDatetime, GestationalAge.relevantPeriod) during SingleLiveBornEncounter.relevantPeriod and GestationalAge.result is not null with ["Assessment, Performed": "Birth Weight"] BirthWeight such that Global."EarliestOf" (BirthWeight.relevantDatetime, BirthWeight.relevantPeriod) during SingleLiveBornEncounter.relevantPeriod and BirthWeight.result >= 3000 'g'</p>	<p>PCNewborn.Single Live Birth Encounter with Birth Weight 3000 grams or More without Gestational Age</p> <p>"Single Live Birth Encounter" SingleLiveBornEncounter without ["Assessment, Performed": "Gestational age--at birth"] GestationalAge such that Global."EarliestOf" (GestationalAge.relevantDatetime, GestationalAge.relevantPeriod) during SingleLiveBornEncounter.relevantPeriod and GestationalAge.result is not null where "FirstBirthWeight"(SingleLiveBornEncounter)>= 3000 'g'</p>

ePC-06 Measure Changes from 2023 to 2024 - Technical

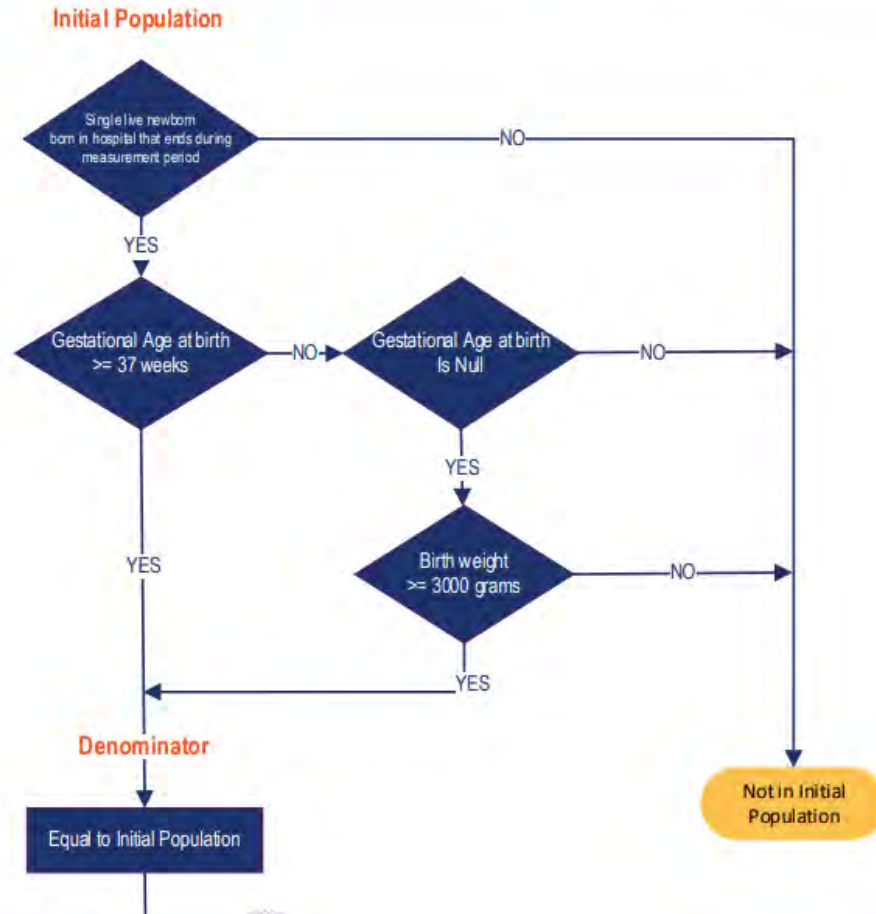
Measure Components	2023 Reporting Year	2024 Reporting Year
Value Set	Neonatal Intensive Care Unit (NICU)	Neonatal Intensive Care Unit (NICU)
Value Set	N/A	Multiple value sets with code additions/deletions due to terminology updates. See eCQM value sets and Technical Release Notes for more details.

Measure Flow Diagram

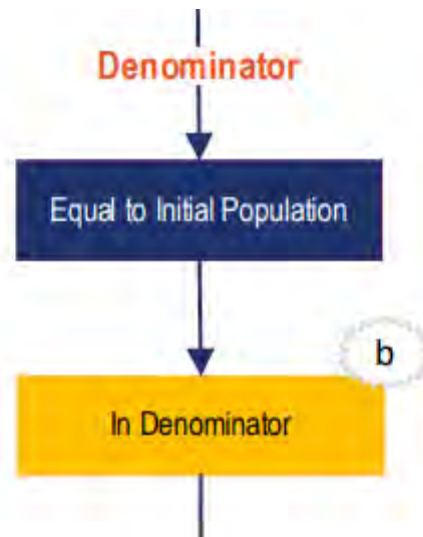
2024 eCQM Flow
Identifier: PC-06 v4

Unexpected Complications in Term Newborns

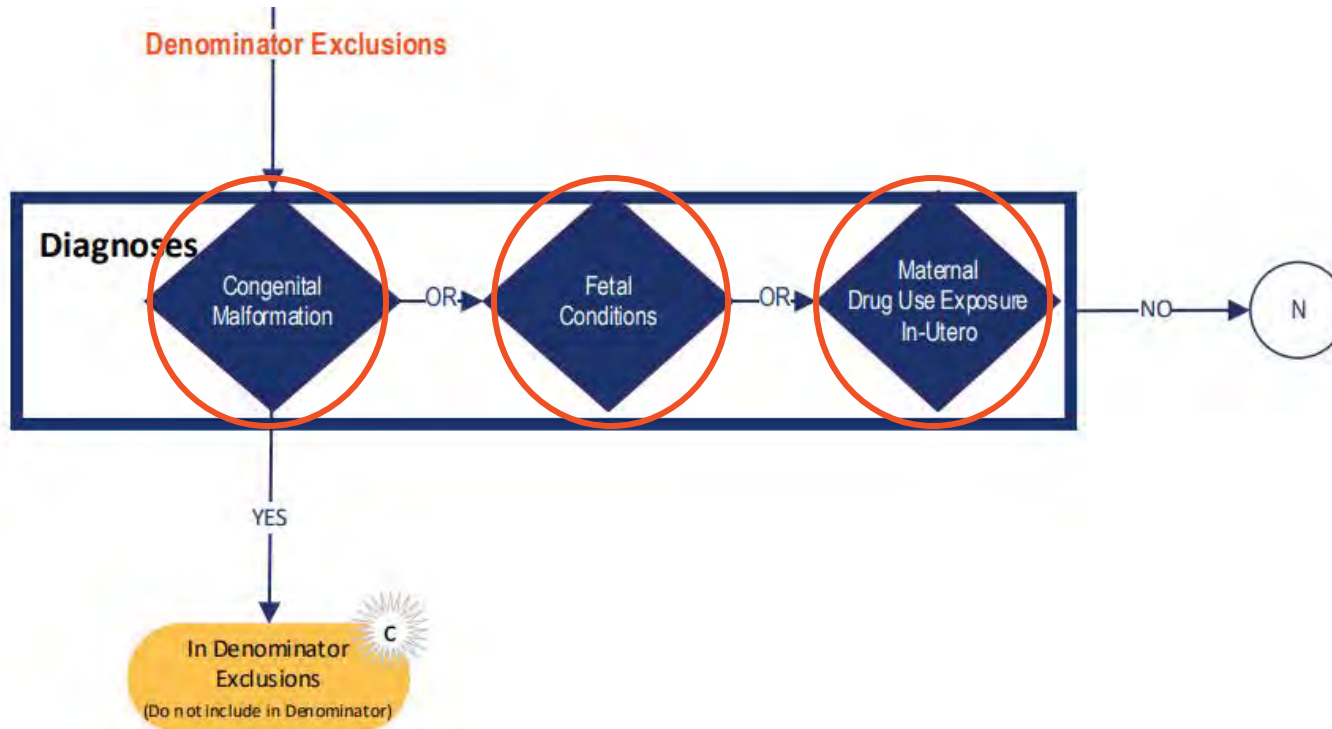
Unexpected complications among full term newborns with no preexisting conditions.



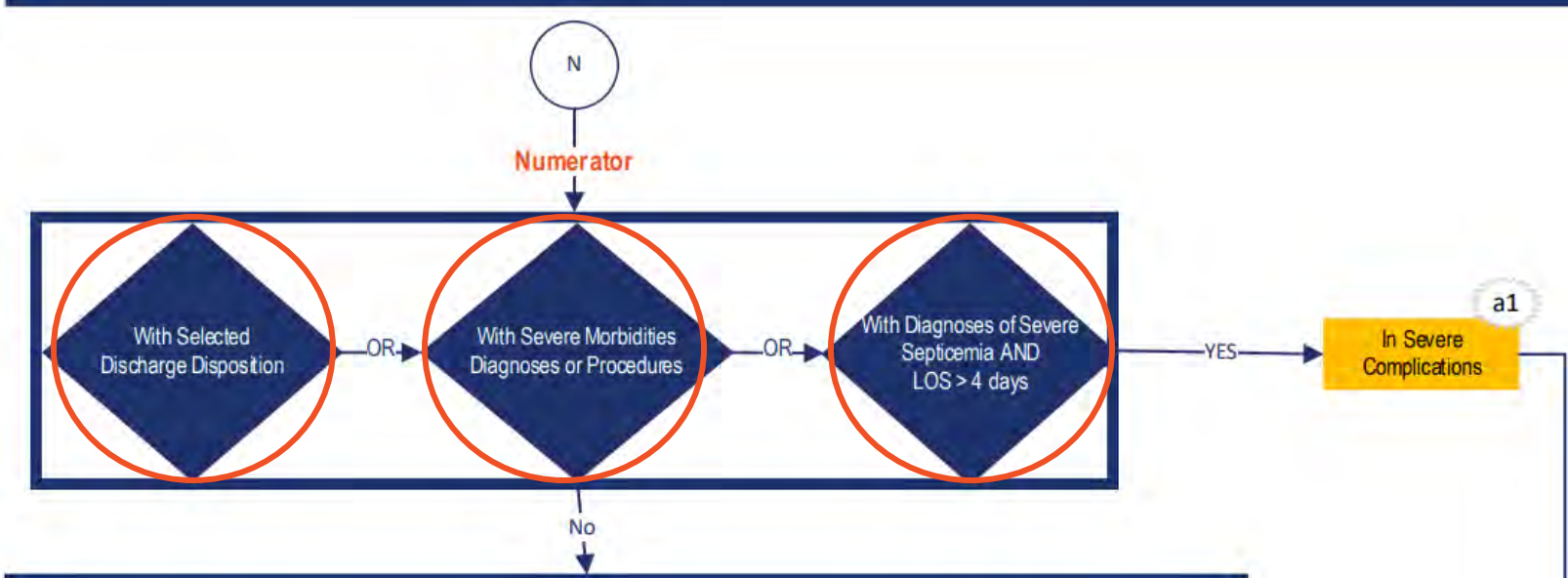
Measure Flow Diagram (continued)



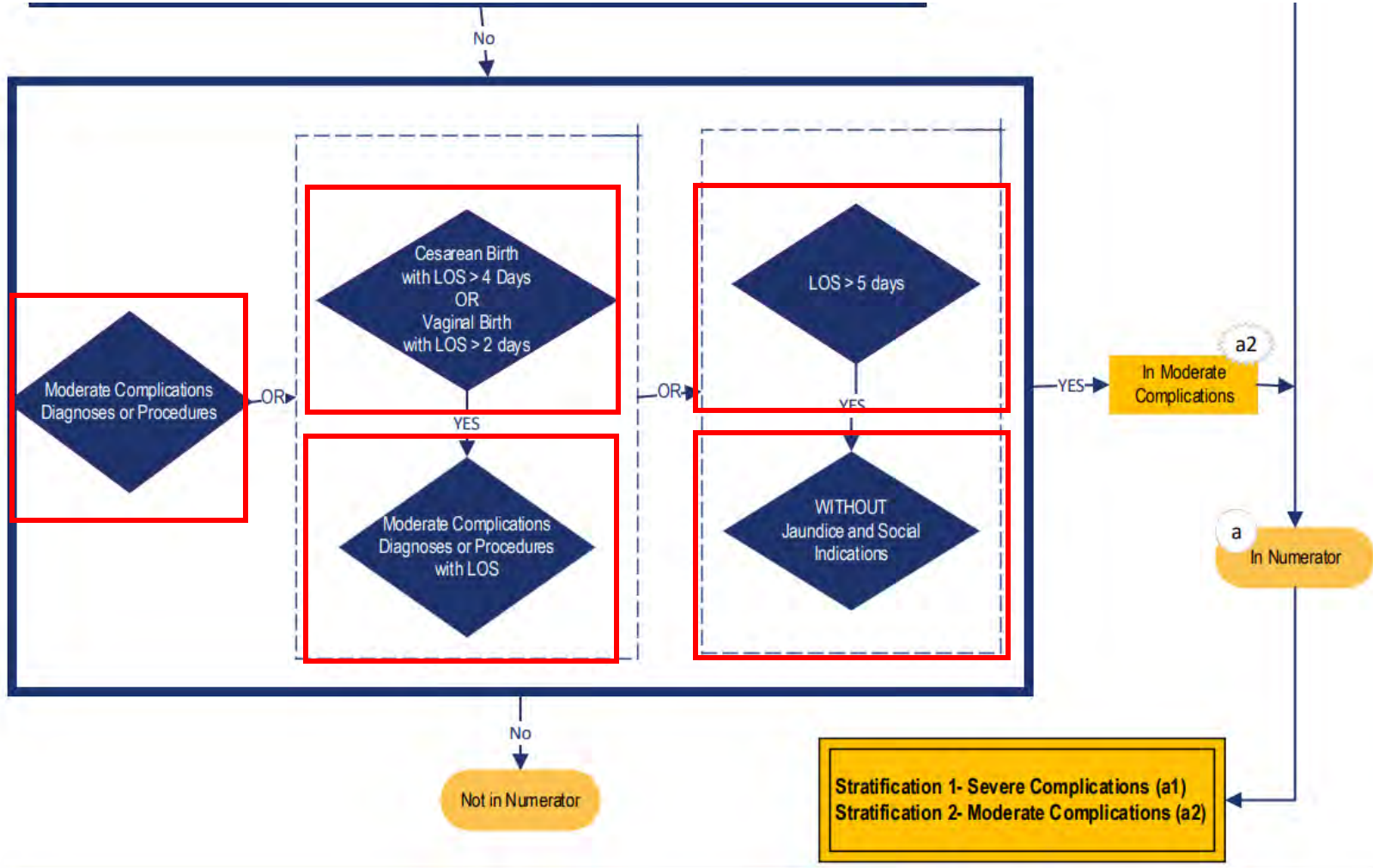
Measure Flow Diagram (continued)



Measure Flow Diagram (continued)



Measure Flow Diagram (continued)



Measure Flow Diagram (continued)

Sample Calculation (a rate per 1000 livebirths)

$$\text{Performance Rate} = \frac{\text{Numerator (a = 10 patients)}}{\text{Denominator (b=1000 patients) - Denominator Exclusions (c=10 patients)}} * 1000 = 10.1 \text{ per thousand livebirths}$$

$$\text{Stratification 1} = \frac{\text{Numerator (a1 = 3 patients)}}{\text{Denominator (b=1000 patients) - Denominator Exclusions (c=10 patients)}} * 1000 = 3.0 \text{ per thousand livebirths}$$

$$\text{Stratification 2} = \frac{\text{Numerator (a2 = 7 patients)}}{\text{Denominator (b=1000 patients) - Denominator Exclusions (c=10 patients)}} * 1000 = 7.1 \text{ per thousand livebirths}$$

ePC-06 Initial Population

PCNewborn."Single Live Term Newborn Encounter
~~Ends During Measurement Period~~"

PCNewborn.Single Live Term Newborn Encounter **Ends**
During Measurement Period

("Single Live Birth Encounter with Gestational Age 37
Weeks or More"

union

"Single Live Birth Encounter with Birth Weight 3000 grams or
More without Gestational Age") SingleLiveTermEncounter

where

~~SingleLiveTermEncounter.relevantPeriod ends during day of~~
~~"Measurement Period"~~

ePC-06 Denominator

“Initial Population”

Denominator Exclusion

“Single Live Term Newborn Encounter with Congenital Malformation or Fetal Conditions or Maternal Drug Use”

PCNewborn."Single Live Term Newborn Encounter ~~Ends During Measurement Period~~" QualifyingEncounter
where exists (QualifyingEncounter.diagnoses
EncounterDiagnoses
where EncounterDiagnoses.code in "Congenital Malformations"
or EncounterDiagnoses.code in "Fetal Conditions"
or EncounterDiagnoses.code in "Maternal Drug Use“)

Numerator

“Single Live Term Newborn Encounter with Severe Complications”

Union

“Single Live Term Newborn Encounter with Moderate Complications or Length of Stay Criteria Met”

Numerator: Severe Complication (continued)

Single Live Term Newborn Encounter with Severe Complications

"Single Live Term Newborn Encounter with Selected Discharge Disposition"
union

"Single Live Term Newborn Encounter with Severe Morbidities"
union

"Single Live Term Newborn Encounter with Sepsis and Length of Stay More Than 4 Days"

Numerator: Severe Complication (continued)

Single Live Term Newborn Encounter With Selected Discharge Disposition

PCNewborn. "Single Live Term Newborn Encounter ~~Ends During Measurement Period~~" Qualifying Encounter

where

Qualifying Encounter.dischargeDisposition in "Patient Expired"

or

Qualifying Encounter.dischargeDisposition in "Discharge To Acute Care Facility"

or

Qualifying Encounter.dischargeDisposition in "Other Health Care Facility"

or

Qualifying Encounter.dischargeDisposition in "Discharged to Health Care Facility for Hospice Care"

Numerator: Severe Complication (continued)

Single Live Term Newborn Encounter With Severe Morbidities

PCNewborn.“Single Live Term Newborn Encounter ~~Ends During Measurement~~
~~—Period~~” QualifyingEncounter

where exists (QualifyingEncounter.diagnoses EncounterDiagnoses
where EncounterDiagnoses.code in "**Severe Birth Trauma**"
or EncounterDiagnoses.code in "**Severe Hypoxia or Asphyxia**"
or EncounterDiagnoses.code in "**Severe Shock and Resuscitation**"
or EncounterDiagnoses.code in "**Neonatal Severe Respiratory Complications**"
or EncounterDiagnoses.code in "**Neonatal Severe Infection**"
or EncounterDiagnoses.code in "**Neonatal Severe Neurological
Complications**")

or exists ("Severe Complication Procedures“ SevereComplicationProcedure
where Global.”NormalizeInterval"
(SevereComplicationProcedure.relevantDatetime,
SevereComplicationProcedure.relevantPeriod) starts during day of
QualifyingEncounter.relevantPeriod)

Numerator: Severe Complication (continued)

Single Live Term Newborn Encounter with Sepsis and Length of Stay More Than 4 Days

PCNewborn. "Single Live Term Newborn Encounter ~~Ends During Measurement Period~~" QualifyingEncounter

where

(exists (QualifyingEncounter.diagnoses
EncounterDiagnoses

where EncounterDiagnoses.code in "**Neonatal Severe
Septicemia**")

and

Global."**LengthInDays**" (QualifyingEncounter.relevantPeriod)
> 4

Numerator: Moderate Complication (continued)

Single Live Term Newborn Encounter with Moderate Complications or Length of Stay Criteria Met

("Single Live Term Newborn Encounter with Moderate Complications"

union

"Single Live Term Newborn Encounter with Moderate Complications by Cesarean Birth with Length of Stay More Than 4 Days Or by Vaginal Birth with Length of Stay More Than 2 Days"

union

"Single Live Term Newborn Encounter Length of Stay More Than 5 Days without Jaundice and Social Indications")

except

"Single Live Term Newborn Encounter with Severe Complications"

Numerator: Moderate Complication (continued)

Single Live Term Newborn Encounter with Moderate Complications

PCNewborn."Single Live Term Newborn Encounter ~~Ends During Measurement Period~~" QualifyingEncounter

where exists

(QualifyingEncounter.diagnoses EncounterDiagnoses

where EncounterDiagnoses.code in "**Moderate Birth Trauma**"

or EncounterDiagnoses.code in "**Moderate Respiratory**

Complications")

or exists

("**Moderate Complication Procedures**" ModerateComplicationProcedure

where Global."NormalizeInterval"

(ModerateComplicationProcedure.relevantDatetime,

ModerateComplicationProcedure.relevantPeriod) starts during day of QualifyingEncounter.relevantPeriod)

Numerator: Moderate Complication (continued)

Single Live Term Newborn Encounter with Moderate Complications by Cesarean Birth with Length of Stay More Than 4 Days Or by Vaginal Birth with Length of Stay More Than 2 Days

"Single Live Term Newborn Encounter by Cesarean Birth with Length of Stay More Than 4 Days Or by Vaginal Birth with Length of Stay More Than 2 Days" NewbornDeliveryWithLOS where exists (NewbornDeliveryWithLOS.diagnoses EncounterDiagnoses where EncounterDiagnoses.code in **"Moderate Birth Trauma with LOS"** or EncounterDiagnoses.code in **"Moderate Respiratory Complications with LOS"** or EncounterDiagnoses.code in **"Moderate Infection with LOS"**) or exists (["Diagnostic Study, Performed": **"Moderate Neurological Complications with LOS Procedures"**] ModerateNeuroProcedureLOS where Global."NormalizeInterval" (ModerateNeuroProcedureLOS.relevantDatetime, ModerateNeuroProcedureLOS.relevantPeriod) starts during NewbornDeliveryWithLOS.relevantPeriod) or exists (**"Moderate Complication Procedures with LOS"** ModerateProcedureLOS where Global."NormalizeInterval" (ModerateProcedureLOS.relevantDatetime, ModerateProcedureLOS.relevantPeriod) starts during day of NewbornDeliveryWithLOS.relevantPeriod)

Numerator: Moderate Complication (continued)

Single Live Term Newborn Encounter Length of Stay More than 5 Days without Jaundice and Social Indications

(PCNewborn."Single Live Term Newborn Encounter **Ends** During Measurement Period"

except "Single Live Term Newborn Encounter with Moderate Complications"

except "Single Live Term Newborn Encounter with Moderate Complications by Cesarean Birth with Length of Stay More Than 4 Days Or by Vaginal Birth with Length of Stay More Than 2 Days") **QualifyingEncWithExceptions**

where not (exists (QualifyingEncWithExceptions.diagnoses EncounterDiagnoses

where EncounterDiagnoses.code in "**Neonatal Jaundice**"

or EncounterDiagnoses.code in "**Social Indications**")

or exists ("**Moderate Complication Procedures for Jaundice**"

JaundiceProcedure

where Global."NormalizeInterval" (JaundiceProcedure.relevantDatetime,
JaundiceProcedure.relevantPeriod) starts during day of

QualifyingEncWithExceptions.relevantPeriod)

and Global."LengthInDays" (QualifyingEncWithExceptions.relevantPeriod) > 5

ePC-06 Frequently Asked Question

Question: Moderate Infection with LOS value set has the same codes as Neonatal Severe Septicemia. How does the measure logic evaluate this?

Answer: Yes, there are overlapping codes on the Neonatal Severe Septicemia and Moderate Infection with LOS value sets. Those codes are listed in both value sets because of the clinical intent. However, when you follow the algorithm, you would get to a severe complication before you would have to account for moderate complication codes. Cases with LOS > 4 days would therefore be in the severe complication category.

Numerator: Stratification (continued)

Stratification 1 – Severe Complications

Stratification 2 – Moderate Complications

Stratification 1

“Stratification Encounter”

Intersect “Single Live Term Newborn Encounter with Severe Complications”

Stratification 2

Stratification Encounter

Intersects “Single Live Term Newborn Encounter with Moderate Complications or Length of Stay Criteria Met”

Stratification Encounter

“Numerator”

except “Denominator Exclusions”

ePC-06 Frequently Asked Question

Question: What if a case has both Severe and Moderate complications? How does this case get stratified?

Answer: The case falls into Severe Complications.

Additional Resources

eCQI Resource Center – Eligible Hospital Measures:

[Eligible Hospital / Critical Access Hospital eCQMs | eCQI Resource Center \(healthit.gov\)](#)

Teach Me Clinical Quality Language (CQL) Video Series

https://ecqi.healthit.gov/cql?qt-tabs_cql=2

- [Coalesce](#)
- [Normalize Interval](#)
- [Time Zone Considerations](#)
- [Latest, LatestOf, Earliest, EarliestOf, HasStart, HasEnd](#)

Pioneers In Quality

<https://www.jointcommission.org/measurement/pioneers-in-quality/>

Expert to Expert

<https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/expert-to-expert-webinars/>

Find the Specifications

<https://www.jointcommission.org/measurement/specification-manuals/electronic-clinical-quality-measures/>

Joint Commission eCQM Question Tracking System

<https://manual.jointcommission.org/Home/Questions/AskQuestion?t=1641562520>

Submitting Questions

- Regarding the clinical quality measures, via the Joint Commission eCQM Question Tracking System:
<https://manual.jointcommission.org/Home/Questions/AskQuestion?t=1641562520>

- Regarding On Demand webinar operations and CE inquiries:
pioneersinquality@jointcommission.org



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All Expert to Expert webinar recording links, slides, transcripts, and Q&A documents can be accessed within several weeks of the live event on the Joint Commission's webpage via this link:

<https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/expert-to-expert-webinars/>

Expert to Expert Webinars

The Joint Commission's Expert to Expert (EtoE) Webinar Series provides a deep-dive into measure intent, logic, and other clinical/technical aspects of electronic clinical quality measures (eCQMs) to assist hospitals and health systems in their efforts to improve eCQM data use for quality improvement. This series incorporates expertise from Joint Commission and other key stakeholders.

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Clicking the links for the follow-up documents may automatically download the PDF rather than open a new internet browser window.

Expert to Expert Status	
<input type="checkbox"/> EtoE Current	7
<input type="checkbox"/> EtoE Past	1

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<https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/expert-to-expert-webinars/>

Acronyms

ACOG	American College of Obstetricians and Gynecologists
CBE	Consensus Based Entity
CDC	Center for Disease Control
CGA	Calculated Gestational Age
CMQCC	California Maternal Quality Care Collaborative
CORE	Center for Outcomes Research and Evaluation
CY	Calendar Year
eCQM	Electronic Clinical Quality Measure
ED	Emergency Department
EGA	Estimated Gestational Age
EHR	Electronic Health Record
FY	Fiscal Year
GA	Gestational Age
GE	Greater Than or Equal To
HIQR	Hospital Inpatient Quality Reporting

Acronyms (continued)

ICD10	International Classification of Diseases, Tenth Revision
IP	Initial Population
LOS	Length of Stay
NQF	National Quality Forum
NTSV	Nulliparous Term Singleton Vertex
ORYX	The Joint Commission's ORYX initiative integrates performance measurement data into the accreditation process.
PC	Perinatal Care
reVITALize	Obstetric data definitions endorsed by ACOG and others
SDOH	Social Determinants of Health
SME	Subject Matter Expert
SMFM	Society for Maternal Fetal Medicine
SMM	Severe Maternal Morbidity
SNOMED CT	Systematized Nomenclature of Medicine - Clinical Terms
SOC	Severe Obstetric Complication
VSAC	Value Set Authority Center