



On Demand Joint Commission Pioneers in Quality Expert to Expert Webinar Series 2024 Reporting Year Annual Updates for ePC-01, ePC-05, and ePC-06

Broadcast date: August 2023

00:00:01

Welcome and thank you for joining us for this Pioneers in Quality On Demand Expert to Expert Series Webinar 2024 Reporting Year Annual Updates for ePC-01, 05 and 06.

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We have captioned this recording and the slides are designed to follow Americans with Disabilities Act rules.

00:01:05

We would like to welcome you to our webinar. Before we get started, we do want to explain that this webinar is fairly technical in nature and requires a baseline understanding of eQMs. Participant feedback from previous webinars indicated that the content may have been too technical for individuals that are new to eQMs. If you are new to eQMs. Before continuing with this webinar, please visit the eCQI Resource Center at the hyperlink listed on this slide. You will find a collection of resources to help you get started with eQMs. After reviewing these resources, come on back and watch our webinar.

00:01:45

If you'd like to follow along and take notes, you can access the slides now within the viewing platform. See the left side of your navigation pane and select the icon that looks like a document. A new pop-up window will open, and you can select the name of the file. A new browser window will open and from it you can download or print the PDF of the slides. After the CE period expires, slides will remain accessible on The Joint Commission's website at the link displayed at the bottom of this screen.

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00:04:29

The learning objectives are: 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, and 06 eCQMs. Prepare to implement the PC-01, 05, and 06 eCQMs for the 2024 eCQM reporting period and identify common issues and questions regarding the PC-01, 05, and 06 eCQMs.

00:05:06

These topics will not be addressed during this webinar. Basic eCQM Concepts. Topics related to chart abstracted measures. Process improvement efforts related to this measure and eCQM validation.

00:05:23

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 today's webinar content.

Raquel Belarmino, Kelley Franklin, Susan Funk, And Marilyn Parenzan.

00:05:52

The agenda for this webinar follows. Demonstrate Joint Commission Website navigation to measure specifications, value sets, measure flow diagrams and technical release notes. Review the measure flow and algorithm. Review changes made to ePC-01, 05, and 06 and review Frequently Asked Questions.

00:06:16

We'll now provide a short navigational demo to locate resources regarding these eQMs on The Joint Commission's website.

00:06:26

This video will demonstrate how to navigate to the TJC Electronic Clinical Quality Measure web page to locate the measure specifications, value sets and Technical Release Notes, TRN's.

00:06:40

From the Jointcommission.org website. Click the measurement tab. And to the left, click the Specifications Manual to locate the Electronic Clinical Quality Measure link. Click once and this will take us to the TJC Electronic Clinical Quality Measure webpage. From the TJC eCQM landing page, you will see five reporting years ranging from 2020 to 2024. Click the plus sign corresponding to the year you wish to view to expand.

00:07:20

For this demo, I will select a 2024 reporting period. Here you will see a narrative that explains measures that are accepted by TJC and are in alignment with CMS. Those measures can be found on the eCQI Resource Center by clicking the Yellow eCQI Resource Center Box.

00:07:44

Since we are focusing on PC-01, PC-05, and PC-06 we will stay on the TJC web page. Here you will see the list of TJC measures with their short name and eCQM ID for reference. Scrolling down to the bottom, we will see links to the Measure Specifications, Measure Flows, Value Sets and TRNs. By clicking on the first link eCQM Specifications 2024 Reporting Period, a zip file will open. Direct your attention to the lower left-hand corner of the screen. Open the zip file. And you will see ePC-01, ePC-05, and ePC-06. Let us take a quick look at ePC-01 by opening the next two folders.

00:08:47

Now you see all the files in the measure package. I will not go into detail on all these files listed, but if you want to know more, go to the Get Started with eQMS site on the eCQI Resource Center. Let's go ahead and take a quick look at the HTML document. Which is also referred to as the Human Readable File. By double clicking on the file name. The HTML file opens. This is where you will find all details related to the measure. The top portion of the document highlighted in gray is referred to as the Metadata or Header Information. This is where you will see various sections such as the eCQM title, the Version Number, the Measure Developer, Description, Rationale, Clinical Recommendation Statement and References. Scrolling down, we will see helpful Guidance. And Population Definitions in an easy to understand language.

00:10:18

Let us continue to scroll down and you will see the population criteria. And further down the definitions making up the Logic. Let us continue scrolling through and please note definitions are listed in alphabetical order.

00:10:41

Next we will see a list of functions, terminology and example, Direct Reference Codes or Value Sets. Next we will see Data Criteria or also called QDM Data Elements, Supplemental Data Elements and Risk Adjustment variables if applicable. This is your go to document for all measure details. I went through this very quickly but wanted you to be aware of how to locate this document and to have a basic understanding of its contents. Going back to the TJC website. The next link is the Measure Flows. We will review this document in more detail later in the presentation, but wanted to show you how to locate these documents.

00:11:25

Next, let us look at the Value Sets. Click once on the Value Set link to download the Value Sets. For PC-01, PC-05, and PC-06. The first PDF document we see is the Download VS Expansion XML Education. Let us go ahead and double click the PDF to open.

00:11:57

This document shows you step by step and how to search the VSAC by Steward and Expansion Version. To download The Joint Commission measure only value sets and codes. Scrolling through the document, you can see that the Steward and Expansion version that is provided in the Value Set Zip file is needed to download the TJC only value set and codes. We will review how to locate the Expansion versions and Steward shortly when we look at the Value Set Zip files. I will not go into detail on this document, but wanted to point out that there is a step-by-step guide on how to download The Joint Commission measure only value sets and codes.

00:12:47

Back to our downloaded Value Set Zip file. You can either open the PDF or Excel version of the file. I'll open the Excel version now. You will see a complete list of all the value sets used by the measure, including the OID, Value set Name, Expansion Version, and Steward. As previously discussed on the step-by-step guide, the Expansion Version and Steward info are needed to download the TJC measure only value set and codes and this is where you can locate both.

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Moving along. You see the Code System and other useful information. If the measure uses direct reference codes, they will be listed on the tab with the same name. Here you see that PC-01 uses two direct reference codes. Let us go back to the TJC Web page to look at the Technical Release Notes. Click once on the Technical Release Notes and open the downloaded folder. Double click the PC-01 PDF file. Here is a nice, concise list of all the changes to the measure for the 2024 reporting year. Participant feedback from previous webinars asked for a concise list of changes to the measures. So, we hope this meets your needs in addition to the information we will cover in this webinar. Back to the TJC web page. If applicable for the reporting year, you will find an eCQM known issues log to view any known issues. This concludes our TJC eCQM web page navigation demo.

00:14:53

I'll now turn things over to Kelley, who will begin your presentation. Kelley, take it away.

Thanks, Susan. Now we will introduce ePC-01 Elective Delivery. PC-01 Elective Delivery is a measure that looks at elective, vaginal or cesarean deliveries that occur greater than or equal to 37 weeks and less than 39 weeks gestation. The intent of this measure is to avoid elective vaginal deliveries or cesarean births prior to 39 weeks. The goal is for patients to remain pregnant until at least 39 weeks unless it is medically necessary for them to be delivered. Compared to spontaneous labor, elective inductions result in more cesarean births and longer maternal lengths of stay. Repeat elective caesarean births before 39 weeks gestation also result in higher rates of adverse respiratory outcomes, mechanical ventilation, sepsis, and hypoglycemia for the newborns.

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Early elective deliveries can result in significant short term neonatal morbidity such as adverse respiratory issues, needing medical intervention, infection, and hypoglycemia. Focus on efforts to reduce early elective deliveries has led to Quality Improvement activities and changes in practice, resulting in significant reductions in births at 37 and 38 weeks. ePC-01 will remain available for organizations to submit for their eCQM ORYX requirements.

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ePC-01 allows for hospitals to establish baseline Performance Rates and monitor their Quality Improvement efforts for effectiveness. For this measure, the lower the Numerator rate, the better. However, this rate is not expected to reach 0% consistently as every conceivable justification for an Elective Delivery is not able to be accounted for. The codes used to exclude cases from the Denominator are selected with Guidance from ACOG's Committee Opinion, Medically Indicated Late-Preterm and Early-Term Deliveries. As stated previously, the PC-01 rate is not expected to consistently reach 0% as every conceivable justification for an Elective Delivery is not able to be accounted for. Part of this reason is that not all conditions have codes which are specific enough to include the condition as an exclusion. For example, the range of severity of the condition which indicates the medical justification for early delivery is not always able to be determined in the codes. Conditions that would be included in the code may range from mild to severe, in which only the severe conditions would indicate a medical justification. Also, some conditions are rare and should not greatly impact the hospital rates. The Technical Advisory Panel concluded approximately 98% of the total number of medical indications were included.

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The measure description for ePC-01 is patients with elective vaginal deliveries or elective caesarean births at greater than or equal to 37 and less than 39 weeks of gestation completed. There are no changes to the population descriptions this year. The Initial Population is Inpatient Hospitalizations for patients aged greater than or equal to 8 years and less than 65 years admitted to the hospital for inpatient acute care who undergo a delivery procedure with the discharge date that ends during the Measurement Period.

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The Denominator is Inpatient Hospitalizations for patients, delivering newborns with greater than or equal to 37 and less than 39 weeks of gestation completed. The Denominator Exclusion is Inpatient hospitalizations for patients with conditions possibly justifying Elective Delivery prior to 39 weeks gestation. And the Numerator reads Inpatient Hospitalizations for patients with elective deliveries by either medical induction of labor while not in labor prior to the induction or cesarean birth. While not in labor and with no history of a prior uterine surgery.

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This year we are introducing a new approach to determine Gestational Age. The Logic will evaluate ICD10 and SNOMED codes to determine weeks gestation, but only if the first two approaches are not available. Therefore, Gestational Age will be determined in the following order of precedence. One the Gestational Age is calculated using the American College of Obstetricians and Gynecologists Revitalize guidelines. Two, the Gestational Age is obtained from a discrete field within the electronic health record. This option is only used when the Calculated Gestational Age is not available.

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Three, the Gestational Age is based on ICD10 or SNOMED codes indicative of weeks gestation. This option is only used when results from items number one and number two are not available. I'll now turn the presentation over to Marilyn, who will cover the technical changes.

00:21:03

Thank you Kelley. We added as DateTime Logic to the last Estimated Delivery Date function. Therefore, the TJC.TruncateTime and formatted last estimated delivery functions are no longer necessary and therefore were removed. A value set for 37 to 38 weeks gestation has been added. Multiple value sets with code additions or deletions. Due to terminology, updates were made. See Value Sets and the Technical Release Notes for more details. Next, we would like to share the Measure Flow Diagram with you. The Measure Flow Diagram provide a high-level overview of the algorithm flows and can be found on the TJC Electronic Clinical Quality Measure web page that you just saw in the demo we presented. The measure specifications are the source of truth, but the Measure Flow Diagrams can be helpful in understanding the main concepts.

00:22:12

Let's review the Measure Flow Diagram for ePC-01. We start with the Initial Population, which is Delivery Encounter with Age Range. Three conditions must be met to meet this definition. First, an inpatient encounter that ends during the Measurement Period must be present. Second, the patient must be greater than or equal to 8 and less than 65 years of age. And third, there must be a procedure code from the delivery procedure value set with a start date during the hospitalization encounter. If the criteria is met, the patient is in the Initial Population and the processing proceeds to the Denominator. If any of the criteria is not present, the patient is not in the Initial Population and processing ends.

00:23:07

Next in the flow is the Denominator for ePC-01 that now has three different approaches to evaluate the Gestational Age. First is the Calculated gestational age greater than or equal to 37 weeks and less than 39 weeks. Second is the estimated Gestational Age. If the Calculated Gestational Age is null, the estimated Gestational Age is the next preferred method in the hierarchy to determine gestational age. Third, and the last way to determine Gestational Age is based on ICD10 or SNOMED codes. This is the lowest in the hierarchy. Calculated an estimated Gestational Age must be null to invoke this Logic. If for each of the three decision points criteria is not met, processing ends in the case is not in the measure. If the criteria is met, the case is included in the Denominator.

00:24:11

Next in the process flow Denominator Exclusions are determined. The Logic will evaluate for inpatient hospitalizations for patients with conditions that could possibly justify Elective Delivery prior to 39 weeks gestation, such as Placenta Previa or Eclampsia. If a patient has any of the conditions to possibly justify Elective Delivery prior to 39 weeks, follow the algorithm to yes, the patient is then excluded from the Denominator and the processing ends for that patient. If the patient does not have any of these conditions, you will follow the algorithm to no and the Logic proceeds to the Numerator Evaluation.

00:24:58

To determine the Numerator. The Logic will evaluate if the patient had an elective caesarean birth. If yes, and the patient was in labor for 24 hours or less prior to the C-section. Or the patient has a prior history of uterine surgery. The patient is not included in the Numerator and the process ends there. Whereas if the patient had a C-section but was not in labor for 24 hours or does not have a history of uterine surgery, then the patient is included in the Numerator. If the patient did not have a C-section and was not medically induced, the patient is not in the Numerator. A patient that did not have a C-section and was medically induced 24 hours or less prior to labor starting meets criteria and is included in the Numerator.

00:25:56

At the bottom of the flow diagram, you will see the formula for the overall Performance Rate. The Numerator A is divided by the Denominator, B minus the Denominator Exclusions.

00:26:11

Now we will review the Logic together. The main Initial Population definition is Delivery Encounter with Age Range, which is stored in the PCMaternal library. The PCMaternal library stores, definitions and functions which are used by both Maternal measures in the CMS program that is PC-02 and PC-07, as well as PC-01 which is in The Joint Commission ORYX program. This definition identifies patients that had a qualifying delivery procedure during this hospitalization. Recall that the hospitalization function returns the total interval from the start of any immediately prior emergency department visit or OB Triage visit through the Observation visit to the discharge of the given encounter.

00:27:04

Note that day of accounts for delivery procedures that may not have times. I will illustrate the impact of the day of Logic on the next slide.

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This definition calls the definition entitled Encounter with Age Range, which is also stored in the PCMaternal library. The AgeInYearsAt function is a built in CQL operator that calculates the patient's age at the time designated in the Logic. In this case, at the start of the encounter.

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Let's take a deeper look at the day of Logic to understand its application. The Delivery Encounter with Age Range definition is looking for a delivery procedure that starts during the encounter. Now focus your attention on the table. In the first column, you see the data elements of Encounter Start Date/Time and Delivery Procedure relevantDateTime. The Outcome of the day of Logic is indicated here. Also in the middle column, you see a scenario where day of operator is absent from the Logic. The Encounter Start date/time is January 15th at 0400. The delivery procedure relevant date time is January 15th, and no time was indicated as the hospital pulled the data from the ICD10 procedure coding. This scenario would not meet the definition as January 15th with no time is in a different level of precision, comparing to January 15th with a time which may result in a null outcome.

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Now look at the third column in the table. We have the same dates and times, but by applying the day of operator, the Logic only evaluates the date and not the time. So, the procedure of 1/15 is considered to be during the hospitalization with the start date of 1/15.

00:29:14

Let's move on to the Denominator. The Denominator definition is Delivery Encounter. Near Term. Three definitions are unioned here to reflect the three approaches to determine Gestational Age. Recall that throughout this presentation, red font indicates changes to the Logic this year. Therefore, you see, the third definition has been added to identify patients with a Gestational Age greater than or equal to 37 weeks and less than 39 Weeks Based on Coding.

00:29:48

Let's start with the first definition in the union statement. Delivery Encounter with Calculated Gestational Age Greater Than or Equal to 37 Weeks and Less Than 39 Weeks. This definition calls the Calculated Gestational Age function. This function is stored in the PCMaternal library. It calculates the gestational age based on ACOG's Revitalize definition. The function calculates the difference in days between the time of delivery and the estimated Delivery Date subtracts that from 280 and divides by 7. This year we removed formatted from the LastEstimatedDeliveryDate. We will come back to this in the next slide.

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Next, let's talk about the LastTimeOfDelivery function. This function's purpose is to gather all assessments that document delivery date and time during the encounter, then sort these items by the relevantDateTime the assessment was performed and identify the last assessment. It then stores the result of that assessment as the last time of delivery. No changes to this function this year. If you would like to learn more about the EarliestOf function, please go to the eCQI Resource Center. Teach Me CQL Video Series. This link is provided on the resources page at the end of this presentation.

00:31:19

A Frequently Asked Question relates to the Logic just presented the LastTimeOfDelivery function uses the EarliestOfFunction. "Why is this when we are trying to identify the last time of delivery assessed?"

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So, the answer to that is the Last and EarliestOf operators may seem contradictory in this Logic. The EarliestOf operator evaluates the time of delivery, relevant date/time and relevantPeriod for every assessment of time of delivery. If both the relevant date and time and relevantPeriod are present, we choose the relevantdate/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 in the last one is chosen.

00:32:21

The last EstimatedDeliveryDate function identifies the last time the Estimated Delivery Date or due date was assessed 42 weeks or less prior to or on delivery and stores the result of that assessment. The only change made to this function is the addition of as date and time to constrain the function's final result as a date or a DateTime as Estimated Delivery Date will be reported as a date only.

Two functions were removed from this measure this year. Since we added as DateTime to the LastEstimatedDeliveryDate function, we found these functions were no longer needed.

00:33:08

Now that we have defined the LastTimeOfDelivery and the LastEstimatedDeliveryDate, we can plug those values into the equation to arrive at the CalculatedGestationalAge. Now the Logic determines if the CalculatedGestationalAge is greater than or equal to 37 and less than 39 weeks. This definition establishes a variable of Calculated Gestational Age. CGA is a supplemental data element to store the CalculatedGestationalAge result from the CGA function. The data element enables the capturing and saving of the CGA for data analysis post data receipt. Hospitals do not need to submit any additional data to comply with this definition.

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The second definition calls the PCMaternal Variable CalculatedGestationalAge. This Logic was necessary as the measure authoring tool measure packager does not allow library definitions as supplemental data elements.

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Let's turn our attention to the second definition of the union statement. Delivery Encounter With estimated Gestational Age Greater Than or Equal to 37 Weeks and Less Than 39 weeks. This definition calls the CalculatedGestationalAge function that we just covered to determine if the CGA is null. Next, it calls the LastEstimatedGestationalAge function from the PCMaternal library.

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The LastEstimatedGestationalAge function is constructed similarly to the LastEDD and the LastTimeOfDelivery functions that we just covered. This function's purpose is to gather all assessments that document the patient's estimated Gestational Age. Sort these items by the relevant date time that the assessment was performed and identify the last assessment. It then stores the result of that assessment as a quantity representing estimated weeks gestation. Note that the EGA assessments relevantDatetime must be 24 hours or less before or on the LastTimeofDelivery.

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So, this brings us to another Frequently Asked 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."

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So, the answer to that question is really we have two responses.

First, the Logic distinguishes between when an assessment is documented in the EHR, i.e., the author, date/time, and when an assessment is performed, i.e., the relevant date/time. So, if you assess a patient's Gestational Age at 0200, the patient delivers at 0230 and you don't document until 0300. The assessment relevantdateTime should be mapped to 0200, which is prior to the delivery time. Second, some EHRs calculate Gestational Age automatically whereby the Gestational Age may continue to advance after delivery. Therefore, the Logic specifically looks for a time prior to delivery.

00:37:08

So now that we have the Last Estimated Gestational Age, we go back to the higher-level definition. If the Calculated Gestational Age is null and the EstimatedGestationalAge is greater than or equal to 37 weeks and less than 39 weeks, the definition is met.

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As mentioned earlier, a third definition was added to the union statement Delivery Encounter with a Gestational Age Greater Than or Equal to 37 Weeks and Less Than 39 Weeks Based on Coding. This definition is new this year and was added to provide more flexibility for hospitals to identify patients with the desired Gestational Age based on coding.

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If the CalculatedGestationalAge is null and the EstimatedGestationalAge is null, then the diagnosis codes are evaluated. So, circling back to the highest-level Denominator definition, we union the CalculatedGestationalAge, the EstimatedGestationalAge, and the GestationalAgeBasedOnCoding definitions to identify the Delivery Encounters greater than or equal to 37 and less than 39 weeks.

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Next we move on to our Denominator Exclusions, which are Inpatient Hospitalizations for Patients with Conditions Possibly Justifying Elective Delivery prior to 39 weeks. Example of such conditions include HIV, Eclampsia, Gestational Hypertension and Gestational Diabetes. There are no changes to this population this year.

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To review the diagnosis datatype is used to determine if a patient has a diagnosis code in the conditions, possibly justifying Elective Delivery value set, which overlaps the HospitalizationWithEDOBTriageObservation encounter. This means that the condition can be present prior to the encounter. The union operator is stated. And in the second condition, the Logic is looking for an inpatient encounter that has a diagnosis in the same value set. This portion evaluates the encounter perform datatypes attribute of diagnosis. Timing does not need to be specified as when using the encounter perform datatype with the diagnosis attribute. The diagnosis is already tied to the current encounter.

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So, the Denominator Exclusion is looking for Delivery Encounters with either one of two datatypes containing codes in the conditions possibly justifying Elective Delivery Prior to 39 weeks value set.

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Lastly, our Numerator includes patients with elective deliveries by either Medical Induction of Labor While Not in Labor Prior to the Procedure or Cesarean Birth While Not in Labor and With No History of a Prior Uterine Surgery. Please note PC-01 is an inverted measure. In other words, a lower calculated Performance Rate indicates better clinical care, so the less patients in the Numerator improves the Performance Rate. There are no changes to the Numerator this year.

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Let's start with the first definition in the union statement. Delivery Encounter with Medical Induction, Started While Not in Labor. This definition is looking for either an induction by a procedure such as artificial rupture of membranes or by medication, i.e., Oxytocin that was started 24 hours or less before labor. The medication and procedure value sets are combined into one definition, which simplifies the Logic.

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Coming back to our main definition, we have two timing relationships to consider. First, this Logic is looking for Labor is documented during the hospitalization encounter. And second, the Logic is also looking for induction was started 24 hours or less before Labor. Now on to the second definition of the union statement. Delivery Encounter with Cesarean Birth without Labor or History of Uterine Surgery.

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First, you might notice that this definition has three conditions expressed by, with and without clauses. The Logic looks for uterine procedure or diagnosis codes to be present prior to the start of the hospitalization, which ensures the patient has a history of these procedures or diagnoses.

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Let's look at the first definition cesarean birth procedure, while not in labor in greater detail. This definition calls in another definition In Labor, which is a very simple definition that looks for any assessment of labor, then back up to the cesarean birth procedure while not in labor definition. We use Procedure, Perform datatype to determine if a patient had a cesarean birth on this encounter, we then want to remove patients whose labor started 24 hours or less before the start of the cesarean birth and therefore the without keyword is used. The second condition is without uterine procedure, where combines all the surgical procedures listed into one list. We take the list of cesarean births while not in labor that we just described, and now we want to assure they are without history of prior uterine surgery. If any of these procedures are present in the EHR and have a start date prior to the start of this encounter, the patient will not make the Numerator. Remember that this is an inverted measure. In other words, a lower calculated Performance Rate indicates better clinical care. So, removing these procedures from the Numerator improves the Performance Rate.

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The third condition is without uterine surgery diagnosis, where it combines all these diagnoses into one list. We take the list of cesarean births while not in labor and without history of uterine surgery that we just described. And now we want to ensure they are without history of prior uterine diagnosis. So that if any of these diagnoses' codes are present in the EHR, the patient will not be included in the Numerator and the diagnosis prevalence period must start before the hospitalization, which refers to the history of diagnosis.

To sum up the Numerator, the two definitions just described are Unioned within the main definition.

00:44:45

Now, Kelley will introduce ePC-05. Exclusive Human Milk Feeding. Thank you Marilyn, Exclusive Human Milk Feeding for the first six months of life is recommended by many health organizations such as the American Academy of Pediatrics and the Department of Health and Human Services. There are documented health benefits for both infants and mothers, including a decreased risk of diabetes. Increasing the rates of Exclusive Human Milk Feeding has long been a goal by the World Health Organization, the CDC, and the Healthy People Initiative.

00:45:30

We continue to see room for improvement in Exclusive Human Milk Feeding rates. The average national rates were 53.9 54.6, 51.9 respectively for years 2019 through 2021. Due to the limited exclusion criteria and support for maternal feeding choice. The measure is not expected to reach 100%. A 70% threshold is a more reasonable target, which has been reached by many organizations. For calendar year 2024, CMS will be retiring ePC-05. The Joint Commission continues to support Exclusive Human Milk Feeding for the first six months of life and will be keeping ePC-05 for optional use in ORYX reporting.

00:46:28

Let's take a quick overview of the populations for the ePC-05 measure. The Initial Population is 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: An estimated gestational age at birth greater or equal to 37 weeks, or a birth weight greater or equal to 3000g when estimated Gestational Age is not available. Data shows that a majority of newborns with Gestational Age 37 weeks or more have a birth weight 3000g or more. Birth weight 3000g or more is a proxy to capture term newborns without Gestational Age recorded in the EHR system.

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The Denominator equals the Initial Population. The Denominator Exclusion criteria is inpatient hospitalizations for newborns who were with any of the following conditions admitted to the NICU or transferred to a regular Intensive Care Unit or ICU transferred to an acute care facility or other health care facility expired during the hospitalization. Had a diagnosis of Galactosemia or received Parenteral Nutrition, which is captured by procedure or medication codes. The Numerator is inpatient hospitalization for newborns who were fed human milk only since birth. Please note this also includes human donor milk.

00:48:15

Now we will summarize the major, measure changes for 2024. Please note that throughout the presentation we use red font to highlight changes from last year. We're reporting year 2020 for all references of breast milk was changed to human milk per recommendations from Subject Matter Experts. This change is seen in multiple sections throughout the measure. The Initial Population description was updated to include with the discharge date to provide more clarity. Please note that these changes have no impact to the measure outcomes.

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For reporting year 2024, equals has been added to the Denominator description to clarify the Denominator Population is equal to the Initial Population. For the Denominator Exclusion admitted or transferred has been added for NICU and ICU to provide more clarity that newborns either admitted or transferred to these locations will be excluded from the measure. Also, a Length of Stay greater than 120 days that ends during the Measurement Period was removed from the Denominator Exclusion. In order to align with the chart abstracted measure. The intent of the measure is to evaluate for healthy newborns. If newborns require admission or transfer to the NICU, this will exclude the newborn from the measure.

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Please note that these changes have no impact to the measure outcome. I now turn the presentation over to Marilyn to cover the technical aspects of ePC-05.

00:50:04

Thanks Kelley. I will now present some of the technical changes to the measure. For the Initial Population, relevant period ends during day of Measurement Period. Logic was removed. For 2023 reporting year, this Logic would evaluate patients during the Measurement Period after patients have met either the Gestational Age of 37 weeks or birth weight of 3000g criteria. This Logic was moved to the PCNewborn single live birth encounter definition so that the relevant period will be evaluated earlier in the algorithm. On the next slide we will see how that will look.

00:50:46

Additionally, the definition name has been updated. The Ends During Measurement Period has been removed to align with the new Logic change.

00:50:58

The PCNewborn.SingleLiveBirthEncounter definition from the PCNewborn library was updated to include relevantPeriod ends during day of Measurement Period. This is the Logic that was mentioned on the previous slide that was removed from the Initial Population definition. Note that this definition PCNewborn single live birth encounter is stored in the PCNewborn library as evidenced by the prefix PCNewborn. As a refresher, the newborn library is a shared library that houses common Logic that all newborn measures use.

00:51:40

For the PCNewborn single live birth encounter with birth weight 3000g or more without Gestational Age definition. First birth weight function was added to capture the first birth weight for newborns with multiple birth weights. We will look at the details of this function later in the presentation.

00:52:05

Next. The Length of Stay more than 120 days was removed from the Denominator Exclusion to align with PC chart abstracted measures. The intent of the measure is to evaluate for healthy newborns. Clinically, if newborns are not healthy and require a Length of Stay, more than 120 days, newborns would be transferred to the NICU, and the newborn will be excluded from the measure. The value set name of Neonatal Intensive Care, NICU was updated to remove the abbreviation of NICU to align with the reporting year 2024 value set naming convention.

00:52:49

Let's review the Measure. Flow Diagram for ePC-05. As previously mentioned, the TJC measure flows can be found on the TJC website. On the document header, you will see that this is the Measure Flow Diagram for 2024 and the version number of the measure is indicated. As you can see, this is version 12 for 2024. The description of the measure is provided as well on the top right-hand corner of the document. So, let's start with the Initial Population. The first decision point evaluates single live newborn in hospital that ends during the Measurement Period. If the patient is not a single live newborn born in the hospital with a discharge date during the Measurement Period, you will follow the algorithm to no and see that the patient is not in the Initial Population and therefore processing would stop here. If the answer is yes, then we ask if there is a Gestational Age at birth greater than or equal to 37 weeks.

00:53:58

If the answer is yes, then the patient is in the Initial Population and processing proceeds to the Denominator. If the Gestational Age is not greater than or equal to 37 weeks and the Gestational Age is null. Evaluate if birth weight is greater or equal to 3000g. If the birth weight is greater than or equal to 3000g, then the patient is in the Initial Population and processing proceeds to the Denominator. If the birth weight is not greater than or equal to 3000g, the patient is not in the Initial Population.

00:54:40

Moving along the algorithm, the patient will meet the Denominator criteria as well, since the Denominator is equal to the Initial Population.

00:54:51

Then we move on to the Denominator Exclusion processing. The Logic will evaluate for inpatient hospitalizations for newborns who were with any of the following conditions: admitted to the NICU or transferred to a regular Intensive Care Unit, transfer to an acute care facility or other acute care facility. Or expired during the hospitalization. A diagnosis of Galactosemia or Parenteral Nutrition administration. If the patient meets any of the conditions, you will follow the algorithm to yes and see that the patient meets the Denominator Exclusion and the processing ends there. If the patient does not have any of these conditions, you will follow the algorithm to no and the Numerator Logic is evaluated.

00:55:45

The Numerator Logic will evaluate for inpatient hospitalizations for Newborns Who Were Fed Human Milk Only Since Birth. If the answer is yes, patient will meet the Numerator and process ends there. If the answer is no, the patient will not be in the Numerator and process ends there.

00:56:09

At the bottom of page two on the flow diagram, you will see the calculations for the overall Performance Rate. The Numerator is divided by the Denominator minus the Denominator Exclusions.

00:56:25

Now that we have completed an overview of the flow diagram, we will review the Logic in detail. We will start by reviewing the Initial Population. The Initial Population definition is Single Live Term Newborn Encounter, which is stored in the PCNewborn library. As previously mentioned, the PCNewborn library stores, definitions and functions which are used by both ePC-05 and ePC-06. On the Initial Population name Ends During Measurement Period was removed to align with the new Logic change as mentioned previously. As a reminder, new changes for reporting year 2024 will be indicated by red font throughout the presentation.

00:57:13

The Initial Population has two definitions listed and constructed with a union single live birth encounter with gestational age of 37 weeks or more. Union Single live birth encounter with birth weight 3000g or more without Gestational Age. Union means or. This means the Logic will look to see if the newborn either has a Gestational Age greater than 37 weeks or more, or a birth weight greater than or equal to 3000g. If no estimated Gestational Age is available. The Logic that indicates the encounter must end during the day of the Measurement Period was removed for reporting year 2024 and added to the PCNewborn. Single Live Encounter definition to evaluate the relevantPeriod earlier in the algorithm.

00:58:09

Let's look at the two union definitions within the Initial Population in greater detail. The first union definition is Single Live Birth Encounter with Gestational Age 37 Weeks or More. This will evaluate for Single Live Newborns with an Estimated Gestational Age at Birth of Greater Than or Equal to 37 Weeks. Note that a direct reference code is used to capture Gestational Age at birth instead of a value set. This is because when a concept can be adequately captured with only one code, value sets are not to be used and the direct reference code is called directly. The Logic uses the EarliestOf function from the Global Common library. As mentioned during the PC-01 presentation, if both the relevant date/time and relevantPeriod are present, we choose the relevant date and time. If only the relevantPeriod is specified, the starting point of the period is used. Otherwise, the end of the period is used.

00:59:18

As you can see within the Logic, this definition is calling out the single live encounter definition, where the EncounterDiagnoses attribute identifies the single live born newborn born in hospital value set. This way evaluate the newborn status of an inpatient encounter with a diagnosis indicating a single live newborn.

00:59:42

The last point was added for reporting year 2024. This indicates that the encounter must end during the day of the Measurement Period. By adding this to the definition, the Logic will evaluate the relevant period earlier in the algorithm to improve measure execution efficiency.

1:00:03

A Frequently Asked Question related to the Logic just presented. "When is the Estimated Gestational Age date/time assessed for the newborn to populate into the Initial Population?"

1:00:17

And a simple answer for that is the Estimated Gestational Age is evaluated after the newborn is delivered and is assessed any time during the newborn inpatient encounter.

1:00:31

Next, let's discuss the second union definition for the Initial Population. This is single live birth encounter with birth weight, 3000g or more without Gestational Age. Here you see the live birth encounter called again, as we saw previously. Now we are trying to identify patients who do not have a Gestational Age on the EHR. So, we use similar Logic that we saw previously as if we are looking for a Gestational Age and then the operator without to capture those newborns without a Gestational Age. If there is no Gestational Age, we then evaluate if there is a birth weight greater than or equal to 3000g during the encounter. Please note this Logic uses the FirstBirthWeight function. This is new for reporting year 2024 and we will discuss more on the next couple of slides.

1:01:34

But first, a Frequently Asked Question related to birth weight.” How does the Logic evaluate the birth weight when there are multiple birth weights present?”

1:01:43

And the answer is we have added Logic to address this concern for reporting year 2024 the Logic uses the FirstBirthWeight function to capture the first birth weight when there are multiple birth weights present. We will discuss this in more detail on the next slide.

1:02:03

Note that this function FirstBirthWeight is stored in the PCNewborn library as evidenced by the prefix PCNewborn. The FirstBirthWeight function was added to the Logic to capture the first birthweight for newborns when multiple birth weights are present. This function will sort the birthweight assessments by relevant date/time to identify the first assessment of birthweight, and the result will be considered the first birthweight. As we mentioned earlier, the Denominator equals the Initial Population. The definition is simply called Initial Population. So, then the Initial Population definition, which is PCNewborn Single Live Term Newborn, becomes the Qualifying Encounter to continue moving through the measure algorithm.

1:03:00

The Denominator Exclusion has two definitions and they are Single Live Term Newborn Encounter with NICU or ICU Admission or Selected Discharge Disposition. Or Single Live Term Newborn Encounter with Galactosemia or Parenteral Nutrition. The two definitions are joined by a union, which means if the newborn meets either of these definitions, they will be excluded from the Denominator. Note that the Length of Stay more than 120 days definition has been removed from the Denominator Exclusion as previously discussed. We will now look at the Denominator Exclusion definitions one at a time.

1:03:49

The first definition Single Live Term Newborn Encounter with NICU or ICU Admission or Selected Discharge Disposition covers the first three Denominator Exclusions. Admitted to the NICU or transfer to a regular intensive care unit. As a reminder, the intensive care unit was added as an exclusion in order to capture a newborn who was transferred to a general ICU. In addition to NICUs, for special care or temporary stay, this change was based on feedback from hospitals. If you recall earlier, we used Single Live Term Newborn as the Qualifying Encounter to continue moving through

the measure. We use the encounter, perform attributes or facility locations and code to identify a NICU or ICU.

1:04:45

The other two exclusions. This definition covers are expired during the hospitalization and transferred to an acute care facility or other health care facility. We use the attribute discharge disposition to identify Patient Expired or Discharged To Acute Care Facility or Other Health Care Facility. Any newborns transferred or discharge to any one of these locations will be excluded from the Denominator.

1:05:19

The second definition single live term newborn encounter with Galactosemia or Parenteral Nutrition covers the last two Denominator Exclusions of newborn with a diagnosis of Galactosemia or subject to Parenteral Nutrition. The first portion of this definition will exclude encounters where the newborn receives Parenteral Nutrition. The Logic will capture this by looking at either a procedure or medication administered indicative of Parenteral Nutrition during the encounter. The procedure performed and medication performed datatypes both have relevant date/time and relevantPeriod timing attributes. This Logic applies the NormalizeInterval function to the Parenteral Nutrition collection to normalize the timing elements. The NormalizeInterval function's purpose, is to help simplify Logic that may have either a date/time or an interval associated with it. It allows more flexibility on the reporting of the measure. The measure can accommodate institutions that use an interval or a date/time to represent the time that the Parenteral Nutrition was performed. The normalized interval function will take the data and normalize or convert it so that it can be used in the measure for calculation. The second portion will exclude newborns with an encounter. Diagnosis of Galactosemia. Patients with a diagnosis of Galactosemia during the encounter will be excluded from the Denominator.

1:07:06

Next we will discuss the Numerator. The Numerator is Single Live Term Newborns who were fed Human Milk Only Since Birth. We start with our Qualifying Encounter, as you have seen previously. Next, we look for documentation of human milk feeding that starts during the encounter. The Logic uses the breast milk value set to capture this. The intent of the breast milk value set is to capture newborns who receive breast milk only. And then we look to see that there was no other dietary intake except breast milk. The dietary intake other than breast milk value set includes substances such as water formula and glucose. This Logic also applies the NormalizeInterval function to the substance administered datatype. Timing attributes to assess either relevant date/time or relevantPeriod.

That is it for ePC-05. Kelley will now introduce ePC-06 Unexpected Complications in Term Newborns.

1:08:20

Thank you, Marilyn. ePC-06 Unexpected Complications in Term Newborns assesses the health Outcomes of term infants who represent over 90% of all births. This measure addresses the gap related to term newborn measures and gauges adverse outcomes, resulting in severe or moderate morbidity in otherwise healthy term infants without pre-existing conditions. Importantly, this metric also serves as a balancing measure for other Maternal measures such as Nulliparous Term Singleton Vertex or NTSV Cesarean Rates and Early Elective Delivery Rates. The purpose of a balancing measure is to guard against any unanticipated or unintended consequences of Quality Improvement activities for these measures. ePC-06 is an optional measure for accreditation for The Joint Commission for calendar year 2024.

1:09:27

This measure is useful for identifying potential Quality Improvement opportunities. The measure can be categorized into diagnosis buckets such as those on the slide to help facilitate QI projects by understanding the specific drivers behind the rates. The complications are divided into overall, severe, and moderate rates. Severe unexpected newborn complications are where most attention should be focused. However, review of all Numerator cases can help identify QI opportunities for both clinical and coding practices.

1:10:10

ePC-06 is reported as a rate per 1000 live births. As more data is collected, we will be able to determine trends for ePC-06. Currently there is no target rate. However, 0% is not the goal and is unlikely to be achieved over a quarter or annual period. Hospitals should use this measure to monitor their own rates and be alert to any substantive increases. They should also use ePC-06 as a balancing measure looking for trends along with PC-01 early Elective Delivery rates and PC-02 Cesarean Birth rates.

1:10:57

Let us take a quick overview of the populations for the ePC-06 measure. This metric focuses on full term single newborns who otherwise would be expected to be healthy. As such, the following exclusions are made from this newborn population. Preterm small for dates. Multiple Gestations. Congenital Malformations. Fetal diagnoses and exposure to Maternal Drug Use. Let's discuss how the populations are determined.

1:11:33

The Initial Population is Inpatient Hospitalizations for Single Live Newborns who are born in the hospital with the discharge date that ends during the Measurement Period and with either of the following conditions: An estimated gestational age at birth of greater or equal to 37 weeks or a birth weight greater or equal to 3000g when estimated Gestational Age is not available. The Denominator equals the Initial Population. The Denominator Exclusion criteria is inpatient hospitalizations for newborns who were born with Congenital Malformations or genetic diseases, Pre-existing fetal conditions, or Maternal Drug Use exposure in-utero. Each code is vetted through our Perinatal Technical Advisory Panel, and not every conceivable code could be added to the table as these conditions are rare. Examples of pre-existing fetal conditions include Congenital Viral diseases, Hemolytic diseases of the newborn and Newborn affected by intrauterine fetal blood loss. Exclusions for Maternal Drug Use exposure are determined by codes in the value set, which represent the newborn was affected by the drug exposure. For example, they exhibited withdrawal symptoms. Maternal Drug Use or history of drug use alone is not an exclusion criteria. The Numerator is inpatient hospitalizations for newborns with severe or moderate complications. If a case falls into more than one complication bucket, the case will be considered severe complication only to prevent double counting.

1:13:30

Let's take a closer look at what constitutes a severe or moderate complication. A newborn with the discharge status of expired or discharge to an acute care facility will be included in the severe complication category. Other severe complications are made up of diagnoses and procedure codes related to severe birth injuries such as: Intracranial hemorrhage, severe respiratory, neurologic, and infectious complications. Cases which have codes in the Neonatal Severe Septicemia value set will be included as a severe complication Numerator case. If the Length of Stay is greater than four days, regardless of delivery type. The moderate complication Numerator cases include diagnoses or procedures that raise concern but at a lower level than the list for severe complications. The categories of Moderate Complications include birth trauma and respiratory complications. Other moderate complication cases require a Length of Stay modifier, which we will discuss on the next slide.

1:14:46

The moderate complication categories for birth trauma, respiratory complications and procedures, infections and neurological complication procedures include a Length of Stay modifier based on the type of delivery, a Length of Stay greater than two days for vaginal deliveries and greater than four days for cesarean deliveries. Only cases which have the moderate complication codes and meet the Length of Stay criteria will be included as a moderate complication Numerator case.

1:15:21

The last condition to constitute a moderate complication is the length of stay greater than five days in which no codes for Jaundice or social indications are found. Cases which have no other complication codes and a length of stay greater than five days will count as a moderate complication Numerator case unless they have a code in the Value Set Neonatal Jaundice, Phototherapy or Social Indications. Length of Stay is used to guard against over coding and under coding for conditions.

1:15:59

Now we will summarize the major, measure changes for 2024. Recall that throughout this presentation we use red font to highlight changes from last year. The Initial Population description was updated to include with the discharge date. Also equals has been added to the Denominator description for Denominators that are the same as the Initial Population to provide more clarity. These are the same changes we discussed with ePC-05.

1:16:35

Next, let us look at the value set changes based on review from Technical Experts, Subject Matter Experts and or Public Feedback. For the Maternal Drug Use value set. SNOMED Code 206154006. Fetal or neonatal effect of Maternal use of tobacco disorder was removed based on clinical review and tobacco, not meeting the value set intent. ICD10 codes, P55.8. Other Hemolytic diseases of newborn and P55.9. Hemolytic disease of newborn unspecified. Was removed from the fetal conditions value set and added to the neonatal Jaundice value set based on clinical review and expert panel feedback.

1:17:31

After a suggestion from the field and based upon clinical review and feedback from our technical expert panel. We added ICD10 Code K56 .609 Unspecified Intestinal obstruction, unspecified as two partial versus complete obstruction to the fetal conditions value set.

For the Congenital Malformations Value Set, two ICD10 codes CM codes, D82.1 and Q55.2 were identified as Congenital Malformations. That should exclude the newborn. The first DiGeorge's syndrome. D82.1 is a chromosomal abnormality and would often require transfer to a higher level of care. Q55.20, Unspecified congenital malformation of testes and scrotum often leads to transfer for surgical intervention. After reviewing these cases, the technical expert panel felt it was reasonable to exclude these diagnoses. For the severe birth trauma value set 2 SNOMED. CT codes listed were deleted based on public feedback and clinical review that the Cephalohematoma and Cappa Secundum is not considered a severe birth trauma. Please reference the Technical Release Notes for more details.

I now turn the presentation over to Marilyn to cover the technical aspects of ePC-06.

1:19:17

Thanks Kelley. I will now present some of the technical changes to the measure. Since ePC-05 and ePC-06 share the same Initial Population and definitions from the PCNewborn library. The next few slides will cover the same changes that were discussed previously for ePC-05.

1:19:40

For the Initial Population, relevantPeriod ends during day of Measurement Period. Logic was removed, hence the name changes also. The PCNewborn Single Live Birth Encounter Definition from the PCNewborn library was updated to include relevantPeriod ends during the day of Measurement Period. This is the same change as was discussed with ePC-05. For the PCNewborn single live birth encounter with birth weight 3000g or more without Gestational Age definition. First birth weight function was added to capture the first birth weight for newborns with multiple birth weights. This is the same change as was discussed with the ePC-05.

1:20:31

Next, the value set. Neonatal Intensive Care Unit was updated to review the NICU abbreviation to align with the reporting year 2024 value set naming convention. There are many value set changes made for reporting year 2024 with additions or deletions of codes. These changes were made based on terminology updates. Please see the eCQM value sets and Technical Release Notes on the TJC eCQM web page for more details.

1:21:08

Let's review the Measure Flow Diagram for ePC-06 as ePC-05 and PC-06 Share the same Initial Population, we will move on to the Denominator.

1:21:23

And again, just like PC-05, the patient will meet the Denominator criteria as well since the Denominator is equal to the Initial Population.

1:21:34

Then we move on to the Denominator Exclusion processing. If there is a diagnosis of congenital malformation fetal conditions or Maternal Drug Use exposure in utero, the patient will be excluded from the Denominator and processing stops there. If there is no such diagnoses, the Numerator Logic is evaluated.

1:21:59

If the newborn meets any of the selected discharge dispositions, severe morbidity diagnoses or procedures, or has a diagnosis of Severe Septicemia and a Length of Stay greater than four days followed with Yes, on the algorithm. And the patient is in severe complications and will be in the Numerator. This is Stratification one of the Numerator. If the newborn does not meet any of the severe complication conditions. We continue to move along the algorithm.

1:22:36

If the newborn meets any one of the following conditions of having moderate complication diagnoses or procedures or with cesarean birth, with Length of Stay greater than four days or vaginal birth with Length of Stay greater than two days, that also has a moderate complication, diagnosis or procedure code or a Length of Stay greater than five days without Jaundice or social indications for a prolonged stay. Follow the yes on the algorithm and see the patient is in the Moderate Complications and will be in the Numerator. This is Stratification two of the Numerator.

1:23:18

If the patient does not meet any of the conditions listed for severe or moderate complications, follow the no on the algorithm and see the patient is not in the Numerator and the processing will stop there.

1:23:34

At the bottom of the Measure Flow Diagram you will see the calculations for the Overall Performance Rate and the two Stratifications. The Numerator is divided by the Denominator minus the Denominator Exclusions and the quotient is multiplied by 1000 to arrive at a rate per 1000 live births.

1:23:59

Now that we have completed an overview of the flow diagram, let's review the measured Logic in detail. The Initial Population definition is single live term newborn encounter, which is stored in the PCNewborn library. As noted, PC-05 and PC-06 share the same Initial Population, so we will not go into further detail. Similar to PC-05, the Denominator is equal to the Initial Population. The Denominator Exclusion definition is Single Live Term Newborn Encounter with Congenital Malformation on or Fetal Conditions or Maternal Drug Use.

1:24:46

We use the encounter Single Live Term Newborn Encounter as the qualifying encounter to continue moving through the measure. The Denominator Exclusions will be evaluated. The Denominator Exclusion will look for a single live term newborn encounter that contains diagnosis codes that are listed in the Congenital Malformations fetal conditions or Maternal Drug Use value sets. The newborn will be excluded from the Denominator if the newborn meets any of those diagnoses.

1:25:22

The Numerator is looking for newborns with severe or moderate complications. There are two definitions in the Numerator that is constructed by a union, which means that newborns with any complications from the severe or moderate list will be included in the Numerator.

1:25:43

Let's look at the two definitions within the Numerator. The first definition Single Live Term Newborn Encounter with Severe Complications that has three conditions listed. Single Live Term Newborn Encounter was Selected Discharge Disposition or with Severe Morbidities or with Sepsis and Length of Stay more than four days. By using union in the Logic, a newborn that meets any one of three conditions will be in the Numerator for severe complications.

1:26:18

The first condition for severe complications is Single Live Term Newborn Encounter with Selected Discharge Disposition. The Logic is looking for the discharge disposition in Patient Expired or Discharge to Acute Care Facility or other health care facility or discharge to other Health Care Facility for Hospice care.

1:26:43

The second condition for severe complications is Single Live Term Newborn Encounter with Severe Morbidities. The Logic uses Encounter Diagnoses to identify if newborns have any diagnosis codes that are found within the six value sets listed here. The Logic also looks for severe complication procedures.

1:27:08

The third condition for severe complications is Single Live Term Newborn Encounter with Sepsis and Length of Stay More than Four Days. The Logic identifies if newborns have an encounter diagnosis code from the Neonatal Severe Septicemia value set. We call out the Global function length in days to calculate Length of Stay. Therefore, newborns with a diagnosis in Severe Septicemia and Length of Stay greater than four days will be in the Numerator.

1:27:44

The second definition of the Numerator is Single Live Term Newborn Encounter with Moderate Complications or Length of Stay Criteria Met. By using union in the Logic. A newborn that meets any one of three conditions listed will be in the Numerator for Moderate Complications. Please note the Except Severe Complications portion. The Except Operator returns the difference of two arguments. It is used to ensure that a moderate complication encounter does not also satisfy a severe complication condition. Therefore, if a newborn has both severe and moderate complications, the case will not be in the moderate complication category.

1:28:34

The first condition for Moderate Complications is Single Live Term Newborn Encounter with Moderate Complications. The Logic is looking for an EncounterDiagnoses code in moderate birth trauma or moderate Respiratory Complications or moderate complication procedure value sets for moderate complication procedures. The Logic is looking at procedures performed that starts during any day of the encounter.

1:29:06

The second condition for Moderate Complications is Single Live Term Newborn Encounter with Moderate Complications by Caesarean Birth with Length of Stay More Than Four Days or by Vaginal Birth with Length of Stay More than Two Days. The Logic identifies if a newborn has an EncounterDiagnoses code from either of the three values sets Moderate Birth Trauma with Length of Stay, Moderate Respiratory Complications with Length of Stay, or Moderate Infection with Length of Stay, or Any Diagnostic Procedure from the Moderate Neurological Complications with Length of Stay Procedures Values Set.

1:29:50

For the procedures, the Logic looks at the procedure performed that starts during the day of the encounter. Newborns with any EncounterDiagnoses code or procedures in these value sets will satisfy the Numerator for Moderate Complications.

1:30:10

The third condition for Moderate Complications is Single Live Term Newborn Encounter Length of Stay More than Five Days without Jaundice and Social Indications. The Logic is looking for single live term newborns without any Moderate Complications and also without Jaundice or social indications are given any Phototherapy if their Length of Stay is greater than five days. If the newborn meets any of the conditions, the newborn will be considered in the Moderate Complications category. The Logic checks if any newborns have EncounterDiagnoses codes in the Neonatal Jaundice or Social Indications values set. The Logic will also identify Phototherapy procedures that start during the encounter as this procedure is indicative of Jaundice.

1:31:07

Now that we have reviewed both the Severe and Moderate Complications in the Numerator to recap, newborns with any conditions in either severe or moderate complication categories will be in the Numerator population.

1:31:25

A Frequently Asked Question related to value sets mentioned on the previous slides is, “Moderate infection with Length of Stay. Value set has the same codes as Neonatal Severe Septicemia. How does the measure Logic evaluate this?”

1:31:43

So, the answer to this question is yes. There are overlapping codes on the neonatal Severe Septicemia and moderate infection with Length of Stay value sets. Those codes are listed on both value sets because of the clinical intent. However, when you follow the algorithm, you will get to a severe complication before you would have to account for a moderate complication. Cases with a Length of Stay greater than four days with a diagnosis of Septicemia would therefore be in the severe complication category.

1:32:21

Now let's talk about Stratification. As you can recall, we mentioned this during the flow diagram review. ePC-06 measure contains two Stratifications. Stratification One is for severe complications and Stratification Two is for moderate complications. In the eCQM, Stratification can occur at any population level. In ePC-06 defining the Stratification encounter assures that any Denominator Exclusion case that is also satisfying Numerator conditions will not be stratified. Therefore, when Stratification encounter intersects severe complications, encounters only satisfying severe complications will be counted in Stratification One. And the same applies for Stratification Two for moderate complications.

1:33:20

A Frequently Asked Question related to Stratification. “What if a case has both severe and moderate complications? How does this case get stratified?”

1:33:30

The answer is the case falls into severe complications. The severe and moderate strata are mutually exclusive. If a newborn has both severe and moderate complications, the case will not satisfy the moderate complication category because the newborn is already included in the severe complications category.

I will now turn the presentation back to Susan to close out our webinar.

1:33:59

Thank you to our presenters for your parts in the presentation. We've included an additional resource slide here to direct our audience to the eCQI Resource Center, Eligible Hospital Measures Page. Teach Me Clinical Quality Language Video series, which offers video shorts on CQL concepts. Pioneers in Quality landing page. Expert to Expert Webinar Series landing Page. A link to locate the specifications for the measures featured in this webinar and The Joint Commission eCQM Question Tracking System.

1:34:39

We wanted to guide you to submit questions following the webinar. For questions regarding the Clinical Quality Measures, use the Joint Commission eCQM Question tracking system at the link on this slide. Questions regarding on demand webinar operations and CE inquiries can be submitted via email to PioneersinQuality@jointcommission.org. When available all Expert to Expert webinar, recording links, slides, transcripts, and Q&A documents can be accessed for previous and On Demand webinars on The Joint Commission's web page via this link shown on the slide. After the CE opportunity expires, the recording and slides will remain accessible on that page.

1:35:30

Before this webinar. Concludes, just a few reminders about the CE survey. We use your feedback to inform future content and assess the quality of our educational programs. As explained earlier in the webinar, you can access the CE survey link one of three ways. See the next slide for the QR code to complete the survey via your mobile device. Stay tuned. A few more moments after recording completes and a pop-up window will include the link to the survey. Just cut and paste that link into your internet browser.

1:36:05

Finally, if you miss the QR code or the pop-up screen, you will also receive an automated email tomorrow that includes the survey link. To obtain your certificate, after you click SUBMIT at the end of the survey, you will be redirected to a URL from which you can print or download and save a PDF CE Certificate. An automated email sent the day after you complete the webinar will also deliver the same PDF certificate link.

1:36:39

Thank you to the presenters and audience. Thanks for your attendance for this On Demand webinar. Use the QR code on this slide with your mobile device or wait a few seconds for the pop-up message with the survey link.