Understanding The Joint Commission's Perinatal Care Core Measure Set: A Toolkit for Hospitals in Your State

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Disclosure

- We have no real or apparent conflicts of interest that have a direct bearing on the subject matter, such as relationships with pharmaceutical companies, biomedical device manufacturers, or corporations whose products or services are related to the subject of the presentation topic.

Outline

- About The Joint Commission and how the Core Measures work
- How Exclusive Breast Milk Feeding is defined and measured
- USBC Toolkit part 1: Data Collection
- USBC Toolkit part 2: Best Practices
- Take-home points for Coalitions
The Joint Commission

- What is it?

- Why is it important?

The Joint Commission (TJC)

- An independent, not-for-profit organization

- Accredits and certifies more than 17,000 health care organizations and programs in the US

- 47 states require TJC accreditation for hospital licensure and Medicaid reimbursement

- Ensures a standard of quality
Joint Commission Accreditation

- Hospital is surveyed once every 3 years
- Surveyors can show up with little warning
- Look at many aspects of how hospital runs

Benchmarks

- TJC measures hospital’s improvement over time
- And compares one hospital to similar hospitals
- Private companies may publicly report how hospitals compare
Benefits

**HOSPITAL REPUTATION**
- **External** – Recruiting physicians and patients, payer association, watchdog websites, RHIO/HIE/ACOs
- **Internal** – physician reputation, employee satisfaction, performance

**PATIENT SATISFACTION**
- **Shorter recovery** / less frustration
- Establish **trust** with clinicians
- Word of mouth advertising: **positive brand** within healthcare
- **Improved outcomes** post-discharge

**FINANCIAL RETURNS**
- **Reimbursement** – higher levels from higher quality of care
- **Avoided Costs** – high compliance reduces costs from avoidable errors
- **Avoid Non-Payment** for mistakes

**QUALITY OF CARE**
- **Evidence-based**, best practice care
- **Lower rate**: mortality, complication, co-morbidities, infections, re-admits
- Improved outcomes, **shorter LOS**
- **Enhanced patient experience**

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The Joint Commission

- Hospitals have to pick at least 4 Core Measure sets for accreditation

- Perinatal Care (PC) Core Measure Set is just one of 10

- They are only expected to pick this if you are primarily a maternity facility
Core Measure Sets

- Surgical Care Improvement Project
- Heart Failure
- Acute Myocardial Infarction
- Pneumonia
- Perinatal Care
- Hospital Based Inpatient Psychiatric Services
- Hospital Outpatient Department Measures
- Stroke
- Children’s Asthma Care
- Venous Thromboembolism

Hospitals have competing priorities—may commonly choose MI, Pneumonia, Heart failure, etc— not Perinatal Care

- They would have to have achieved sustained quality in a measure set in order to discontinue it
- They would be expected to choose PC measure set if they are a women’s specialty hospital
If you don’t pick Perinatal Care?

- TJC surveyors may choose to ask about issues related to breastfeeding, even if it’s not one of the 4 core measures the hospital chose.

- It would be in a facility’s best interest to look toward The Joint Commission as a model of quality around perinatal care.

Perinatal Care Core Measure Set

- Replaces previous set “Pregnancy and Related Conditions”

- Went live April 2010, revised Dec 2010

- The Joint Commission selected 5 of the 17 National Quality Forum perinatal measures for the Core Measure Set.
Perinatal Care Core Measures

- PC-01 Elective delivery
- PC-02 Cesarean section
- PC-03 Antenatal steroids
- PC-04 Health care-associated bloodstream infections in newborns
- PC-05 **Exclusive breast milk feeding**

*Hospitals who pick PC set must do all 5 above*

http://manual.jointcommission.org/releases/TJC2011A/PerinatalCare.html

The nuts and bolts of the Perinatal Care Core Measure set
TJC defines Exclusive Breast Milk Feeding as…

…a newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.

Exclusive Breast Milk Feeding

- Feeding at the breast
- Expressed mother’s milk
- Donor human milk fed by other means than suckling at the breast
Sweet-Ease & Glucose Water

- Sweet-Ease (24% sucrose)-solution given for analgesia-classified as a medication
- Glucose water (5% glucose)-There is no medical reason for a hospital to carry glucose water—classified as a supplement

Why this measure works:

The measure is not examining medically acceptable reasons to supplement a breastfed infant, but . . .

- Hospitals that implement the Ten Steps are likely to have fewer infants who require supplementation for medical reasons like dehydration
- Thus, this is an outcome measure that reflects use of other best practices (e.g., Ten Steps)
Ratio TJC wants to know

# of term singleton newborns
that were fed only breast milk since birth
# term singleton newborns discharged from the
table (of non-excluded categories)
Acceptable reasons to be excluded from the denominator*

- HIV infection
- Human t-lymphotrophic virus type I/II
- Substance abuse and/or alcohol abuse
- Active, untreated tuberculosis
- Active untreated varicella
- Mother undergoing radiation
- Active herpes simplex with breast lesions

*must be documented in medical record
Other exclusions from denominator

- Ever admitted to NICU
- Infant galactosemia
- Experienced death
- Length of stay >120 days
- Any parenteral infusion of “concentrated nutritional substances”
- Enrolled in clinical trials that affect infant feeding

Note:

- TJC’s reasons for exclusion do NOT mean an infant can’t be exclusively breast milk fed
- Herpes lesions on one breast only
- Active TB fed expressed mother’s milk
- NICU or preterm infant exclusively breastfed

But you don’t get any TJC credit for these!
NOT excluded

- Mother’s choice to give formula - **not** an acceptable reason for exclusion.

- Medical reason for supplementation (e.g., excessive weight loss) - **not** an acceptable reason for exclusion

Examples

- 36 week infant in not in NICU -> excluded (preterm)

- Healthy term infant who gets dehydrated from poor milk transfer -> not excluded

- Mom who is only formula-feeding -> not excluded
Examples

- Healthy term infant who gets dehydrated from poor milk transfer -> not excluded

- If gets supplemented with expressed milk or donor milk -> counts as exclusively breast milk fed

- If gets formula -> doesn’t count as exclusively fed

Hospital example

- 200 births total:

- 20 born to substance abuse mothers
- 5 born to HIV+ mothers
- 10 born before 37 weeks
- 10 who are multiples
- 5 spent time in NICU

Denominator = 150
Hospital example

- Of 150 in denominator:
  - 50 moms don’t want to breastfeed at all
  - 20 get formula at mother’s request
  - 10 get formula for medical reason (e.g., dehydration)
  - Numerator: 70

Hospital example

- Percentage of infants exclusively breastfed:
  - =70/150 or 47%
The Toolkit

- Part 1, *Guidelines for Data Collection* - released January 2010

Part 1: Data Collection

USBC Toolkit: Part 1

- TJC cares about data collection at baseline, to track quality improvement

- Toolkit Part 1 has examples of paper and electronic charting to collect data

- Although sampling is allowed by TJC, we recommend all infants be measured
Suggested Data Sources from TJC

- Feeding flow sheets
- Intake and output sheets
- Discharge summary
- Individual treatment plan
- Nursing notes
- Physician progress notes

Data Sampling

- Sampling size is permitted - see TJC manual for specifics
- USBC recommends that all infants be included, not just a representative sample
Documentation for TJC vs. Baby-Friendly

- They are different but related
- TJC doesn’t specify route, amount, or most reasons
- TJC only requires documentation of accepted exclusions

Creating Charting Tools.

- Paper/electronic
- Section on Breastfeeding
- Section on Supplementation
  - Formula
  - Expressed Mother’s Milk
  - Donor Milk
Charting Tips

Avoid using “Bottle” as synonym for formula

Charting Examples in Toolkit

Electronic medical record from Clarion Health, IN.

The best place to view type, amount, and length of feeding is on the Nutrition tab within Results Review, above.
Charting Examples in Toolkit

Adapted from University of California, San Diego, a Baby-Friendly facility.

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>RN/LC/MD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 1: Implementation initiated for

- New maternal medication contraindicated in breastfeeding
- Development of untreated varicella or herpes simplex w/ breast lesions
- New enrollment in a clinical trial

Other reasons:
- Hypoglycemia: glucose ___ mg%
- Excessive wt loss: ___% or ___ hours of age
- Failure to latch at ___ hours
- Delayed lactogenesis
- Jaundice related to decreased intake [per MD]
- L/S/B requiring caloric suppl. [per MD or LC]
- Mother/baby separation; explain
- Maternal illness
- Other

Education provided re: risks & benefits of formula: Yes No
If No, explain:

Supplement route (check all that apply):
- SNS (at breast)
- Finger
- Cup
- Bottle

Note: medical indications for supplement are listed as is route, although neither is a TJC requirement.

Part 2: Implementing Change
USBC Toolkit: Part 2

- Nitty-gritty guidance on implementing best practices
- Goal is improve your rates of exclusive breast milk feeding
- Organized like the CDC mPINC survey

Each recommendation is formatted as:

- “Practice” - description of our recommendation
- “Rationale” - with references
- “Who” - key actors to effect change
USBC Toolkit: Part 2

Examples of recommended practices

- Control formula and pacifier distribution by storing in locked medication dispensing machines
USBC Toolkit: Part 2

- Skin to skin contact including c-sections

Photo courtesy of Cindy Curtis

USBC Toolkit: Part 2

- Do not remove infant from mother’s body before first breastfeed (WHO recommendations)
USBC Toolkit: Part 2

Routine procedures performed skin-to-skin
- Apgars, heelsticks, painful procedures

USBC Toolkit: Part 2

- Include ventral positioning as an option in charting (this is described)
USBC Toolkit: Part 2

- Develop a policy and procedure for using expressed mothers’ milk and donor milk if one doesn’t already exist

USBC Toolkit: Part 2

- Eliminate formula company discharge bags
Take Home Points

- Exclusive Breast Milk Feeding likely will require changes in most hospitals’ current documentation practices

- EBMF rates will improve as hospitals move toward implementing Baby-Friendly practices

- Use the Toolkit as a resource and blueprint

Action for Coalitions

- Know your state/hospitals mPINC scores and ask hospitals to examine areas where they can increase their future scores.

- Generate consumer demand for Baby-Friendly and evidence-based maternity practices

- Use the Joint Commission and Toolkit to leverage change in the community and in hospitals- the references in toolkit may help!
Acknowledgements

Thanks to the USBC Core Measures Task Force, Kinga Szucs, Roger Edwards, Genevieve Preer, Cindy Curtis

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We Need Your Support!

- Join the Friends of USBC today: www.usbreastfeeding.org/donate
- Become our “fan” on Facebook: www.facebook.com/usbreastfeeding

Thank you!

Babies are born to breastfeed!