In an effort to expedite implementation of the new Perinatal Care (PC) measure set, The Joint Commission convened an expert panel to review and identify from among existing National Quality Forum-endorsed measures, those most pertinent to perinatal care for use in accreditation. This was a new and different model used in an effort to reduce development time. However, as these measures, derived from different developers, were implemented nationally, we have identified several issues that require resolution.

As you already know, time-sensitive modifications were included with the most recent release notes communicated to you in the V2010B2 addendum to the specifications manual. We appreciate your concerns over the short notice regarding the need to implement the necessary changes to the measure specifications by October 1, 2010 and apply them to October 1, 2010 discharges.

We have now communicated with our listed ORYX vendors that implemented the perinatal care measure set and have active clients submitting ORYX data, and have been assured these changes can be implemented to accommodate the submission of 4th Quarter 2010 data to The Joint Commission by the April 30, 2011 transmission deadline. Please know that we are most grateful for your willingness to invest the resources necessary to implement these changes. Additional non-time sensitive modifications will be included in the 2011A manual release of the Specifications Manual for Joint Commission National Quality Measures.

Specifically, the following issues were identified in V2010B1 of the Specifications Manual for Joint Commission National Quality Measures:

- The data element *Newborn Admission Source* was implemented in V2010B to replace the data elements *Admission Type* and *Point of Origin for Admission or Visit* in an attempt to maintain alignment with the Specifications Manual for National Hospital Quality Measures. However, feedback has indicated that this is problematic due to the need to perform manual chart abstraction. Therefore, the determination has been made to revert to the two original data elements, *Admission Type* and *Point of Origin for Admission or Visit* **for the PC measure set only**.

- PC-02 (Cesarean Section): It was intended that the stratum portion of the PC-02 algorithm would be implemented with 4Q10 data collection. However, implementation will now be delayed until the 2011A manual release (beginning with 2Q11 data collection) wherein the errors in the strata portion of the algorithm will be corrected. The overall measure algorithm for PC-02(a) is correct and should continue to be submitted. Vendors should continue to perform the direct standardization risk adjustment methodology that they currently have in place. A follow-up list serve will provide the technical details.

- PC-04 (Health Care-Associated Bloodstream Infections in Newborns):
  - The *ICD-9 Principal Diagnosis Code* Table 11.10.2 did not exclude newborns born with infection at the reporting hospital from the initial patient population. In order to correct this, the following tables have been added: *ICD-9-CM Principal*

Diagnosis Code for liveborn newborn, Appendix A, Table 11.10.3 AND *ICD-9-CM Other Diagnosis Codes* for newborn septicemia or bacteremia, Appendix A, Table 11.10. This issue was corrected in V2010B2 addendum to the manual, released on September 3, 2010.

- The sampling section was changed from "yes" to "no" and under the "data reported as" section, the statement was changed from "Aggregate rate generated from count data reported as a proportion. per 1,000 newborns" to "Aggregate rate generated from count data reported as a proportion. (The Joint Commission's) control chart and target analysis will be performed as per 1,000 newborns." This is unrelated to the transmission of proportion measure data to The Joint Commission, rather, it relates to the analysis and reporting of PC-04 data to clients by ORYX vendors. This clarification was added in V2010B2 addendum to the manual, released on September 21, 2010. A follow-up list serve will provide the technical reporting details.

- While the PC-04 algorithm is correct, ambiguous language relative to the initial patient population statement and the measure denominator inclusion statement have been identified and will be corrected in the 2011A version of the manual beginning with 2Q11 data collection.

- PC-05 (Exclusive Breast Milk Feeding): The *ICD-9 Principal Diagnosis Code* for term gestation as defined in Appendix A, Table 11.20.1 included an incorrect code (765.29). In order to correctly identify single term newborns, the table has been changed to include *ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes* for single liveborn newborn. This issue was corrected in V2010B2 addendum to the manual, released on September 3, 2010.

As a result of these issues, The Joint Commission will not use the data received for PC-04 and PC-05 for 2nd and 3rd quarters 2010 for public reporting or accreditation-related purposes, nor will they be used for vendor quarterly data quality audit activities. Data received for PC-01, PC-02 (overall only) and PC-03, however, will continue to be used for all of these activities. Beginning with October 1, 2010 discharges, data for PC-04 and PC-05 will be fully utilized and included for public reporting and accreditation-related purposes as well as in The Joint Commission's vendor data quality audit activities. PC-02 stratum data will not be used until the 2011A manual release (beginning with 2Q11 data collection).

We again apologize for any inconvenience to you and your client hospitals, and remain committed to working with you to rectify these issues.