



PROPOSED ADDITION TO THE 2014 LEAPFROG HOSPITAL SURVEY: PC-02 NTSV CESAREAN SECTION MEASURE

The Leapfrog Group (Leapfrog) is proposing to add a measure of a hospital's nulliparous term singleton vertex (NTSV) cesarean section delivery rate to the Maternity Care section of the 2014 Leapfrog Hospital Survey. This NTSV cesarean section measure has been endorsed by the National Quality Forum and has been a part of The Joint Commission's Perinatal Care Measure Set since 2010. Beginning January 2014, the Joint Commission will require all hospitals with 1,100 or more births per year to report on this measure.

Due to the variability with which hospitals collect and maintain the requisite data (i.e., birth records) to report for the NTSV cesarean section measure, Leapfrog is announcing this proposed survey change outside of its regularly scheduled Public Comment Period for Proposed Changes to the 2014 Leapfrog Hospital Survey. With this advance notice, hospitals will not only have the opportunity to offer feedback on the proposed change, but also to implement and refine their data collection and reporting protocols in preparation for the 2015 public release of a hospital's NTSV cesarean section delivery rates.

Leapfrog has developed this short guide to assist hospitals with data collection and accurate reporting of their NTSV cesarean section delivery rates.

PROPOSED CHANGES TO SECTION 4 OF THE 2014 LEAPFROG HOSPITAL SURVEY

Leapfrog proposes the following:

1. The NTSV cesarean section delivery rate measure will be added to Section 4: Maternity Care of the 2014 Leapfrog Hospital Survey. With this addition, Section 4 will include five measures: three outcome measures (rate of early elective deliveries, rate of episiotomies and rate of NTSV cesarean deliveries); and two process measures (percentage of newborns screened for Hyperbilirubinemia and percentage of women undergoing cesarean section receiving appropriate DVT prophylaxis).
2. All hospitals reporting at least 50 births annually will be asked to provide their NTSV cesarean section delivery data on the Maternity Care section.
3. Leapfrog will collect hospital responses to the new NTSV cesarean section delivery measure and score hospitals accordingly. However, individual hospital rates will not be publicly reported on the Leapfrog's Hospital Survey Results website (www.leapfroggroup.org/cp) until 2015. In 2014, hospitals will only be able to view their results for this measure on their password-protected "Details" page.
4. In 2015, Leapfrog plans to publicly report individual hospital results on the NTSV cesarean section delivery rate measure on the Leapfrog Hospital Survey Results website.

RATIONALE

According to a report issued by the California Maternal Quality Care Collaborative, the rate of cesarean deliveries in the United States as a whole rose by 50 percent between 1998 and 2008. This upward trend has been observed among women of all demographics and shows no signs of improving, with a rate upwards of 33 percent in 2011, as reported by the Centers for Disease Control and Prevention (CDC). The increasing rate of cesarean deliveries in the United States is attributed to an increase in first-birth cesareans done in the course of labor as well as a decline in vaginal births after a prior cesarean (VBAC).

Cesarean sections are not a safer alternative to vaginal birth in many instances. The risks to women and babies associated with cesarean delivery are numerous and well documented. The increase in the number of neonatal complications due to cesarean births is typically two-fold when compared with that of vaginal births. Babies born by scheduled cesarean delivery have significantly higher rates of respiratory complications, infections and prolonged length of stay in neonatal intensive care units compared to babies delivered vaginally.ⁱ The health risks to women undergoing a cesarean delivery include increased rates of infection, hemorrhage and hospital readmission. In fact, when compared to women who deliver vaginally, hospital readmission in the first 30 days after cesarean delivery increased two- to four-fold due to complications such as infection and surgical incision complications.

In addition to the considerable health risks associated with cesarean delivery, there are also associated increased health costs. As labor and delivery account for nearly a quarter of all hospitalizations,ⁱⁱ costs associated with pregnancy and its complications are a driving factor in the rising cost of health care. Cesarean delivery rates for the privately insured have risen to over 32 percentⁱⁱⁱ in the United States, an increase of about 20 percent from the 1996 rate.

The NTSV cesarean section delivery measure focuses attention on a population of women who are low-risk and delivering for the first time. Unlike other cesarean section delivery measures, the NTSV cesarean section delivery rate is associated with concrete quality improvement activities that can be performed to address the differences in cesarean delivery rates among hospitals. These quality improvement activities include reducing admissions in early labor and eliminating elective labor induction before 41 weeks in the first births.

MEASURE SPECIFICATIONS

The 2014 Leapfrog Hospital Survey will use the Joint Commission's PC-02 version 2013B measure specifications. Hospitals reporting on this measure will use these specifications to report on all eligible births from the 12 months ending December 31, 2013. For details, visit: <http://manual.jointcommission.org/releases/TJC2013B/MIF0167.html>.

Hospitals required to report on this measure to the Joint Commission will be able to report this same data through the Leapfrog Hospital Survey.

SURVEY QUESTIONS

Hospitals with 50 or more births will be asked to report on the number of cases that are eligible to be measured and the number of births delivered via cesarean section for each of the nine stratum age brackets that range from eight to 14 years of age, to 45 to 64 years of age.

SCORING

In 2014, The Leapfrog Group will use a direct standardization method to calculate an NTSV cesarean section delivery rate, which takes into account the mother's age. This is the same methodology utilized by the Joint Commission in calculating rates for this measure. Hospital rates of NTSV cesarean section

delivery will be measured against a national target. For 2014, Leapfrog is proposing a target NTSV cesarean section delivery rate of 15 percent.

PUBLIC REPORTING

Leapfrog will collect and score data submitted by hospitals on the PC-02 measure throughout the 2014 survey cycle but will not publicly report the results on the Leapfrog Hospital Survey Results website (www.leapfroggroup.org/cp) until the 2015 survey cycle. In 2014, the results for this measure will only be available to hospitals through their password-protected Hospital Details page.

SUBMIT A PUBLIC COMMENT

Comments and feedback on the addition of the NTSV Cesarean Section measure to the 2014 Leapfrog Hospital Survey should be submitted to the Leapfrog Hospital Survey Help Desk (<https://leapfroghospitalsurvey.zendesk.com>) by December 11, 2013, using the subject line: "Public Comment."

FREQUENTLY ASKED QUESTIONS

1. Why is The Leapfrog Group adding this measure to the 2014 Leapfrog Hospital Survey when the Joint Commission is not requiring collection until January 2014?

The Joint Commission will only require hospitals that report at least 1,100 births annually to report on the measure. Leapfrog's purchaser members want these data for all hospitals with which they are doing business. In addition, Leapfrog would like to give hospitals a year to collect, report, and receive feedback on their responses to these new questions before Leapfrog begins to publicly report the results in 2015.

2. What will be The Leapfrog Group's target NTSV cesarean section delivery rate for all hospitals?

Leapfrog's proposed target is 15%. This target aligns with the National Priorities Partnership (NPP) goal of reducing rates of cesarean delivery among low-risk women to 15 percent or less. The NPP is a partnership of 52 major national organizations, including The Leapfrog Group, with a shared vision to achieve better health, and a safe, equitable, and value-driven healthcare system. (Find more on the National Priorities Partnership at <http://www.qualityforum.org/npp/>).

3. Since The Leapfrog Group is not publicly reporting the results from this NTSV cesarean section delivery measure in 2014, is it optional to report on this measure in 2014?

It is not mandatory for hospitals to report on the NTSV cesarean measure on the 2014 Leapfrog Hospital Survey. However, Leapfrog strongly urges hospitals to report on 2014 so that they may gain experience with the data collection for this measure and receive feedback from Leapfrog on their responses.

4. Is this NTSV cesarean section delivery rate risk-adjusted? If so, how is it adjusted?

The NTSV cesarean section delivery rate will be adjusted based on the mother's age. Leapfrog will utilize the method of direct standardization. The direct standardization methodology uses the mother's age to adjust for risk and adjusts the measure rate based on the age stratification profile of the hospital compared to that of the United States national maternal population. Leapfrog will align with the Joint Commission and use the 2010 data from the U.S. Center for Health Statistics to determine the percent of mothers in each age stratification for the standard population.

ⁱ Main, E, Morton C, Hopkins, D, Giuliani G, Melsop K, and Gould, J. "Cesarean Deliveries, Outcomes, and Opportunities for Change in California: Toward a Public Agenda for Maternity Care Safety and Quality. December 2011. Available at <https://www.cmqcc.org/resources/2079>.

ⁱⁱ Truven Health Analytics. The cost of having a baby in the United States. January 2013. Available at <http://transform.childbirthconnection.org/reports/cost/>.

ⁱⁱⁱ Menacker F, Hamilton B.E. "Recent Trends in Cesarean Delivery in the United States." Center for Disease Control and Prevention, March 2012, NCHS Data Brief No. 35. Available at <http://www.cdc.gov/nchs/data/databriefs/db35.pdf>.