



Improving Perinatal Care

Through Joint Commission Advanced Certification in Perinatal Care

Advanced Certification in Perinatal Care



The new Advanced Certification in Perinatal Care (ACPC) helps organizations address the growing need for appropriate obstetric care given the challenges of increasing maternal morbidity and mortality in the U.S.



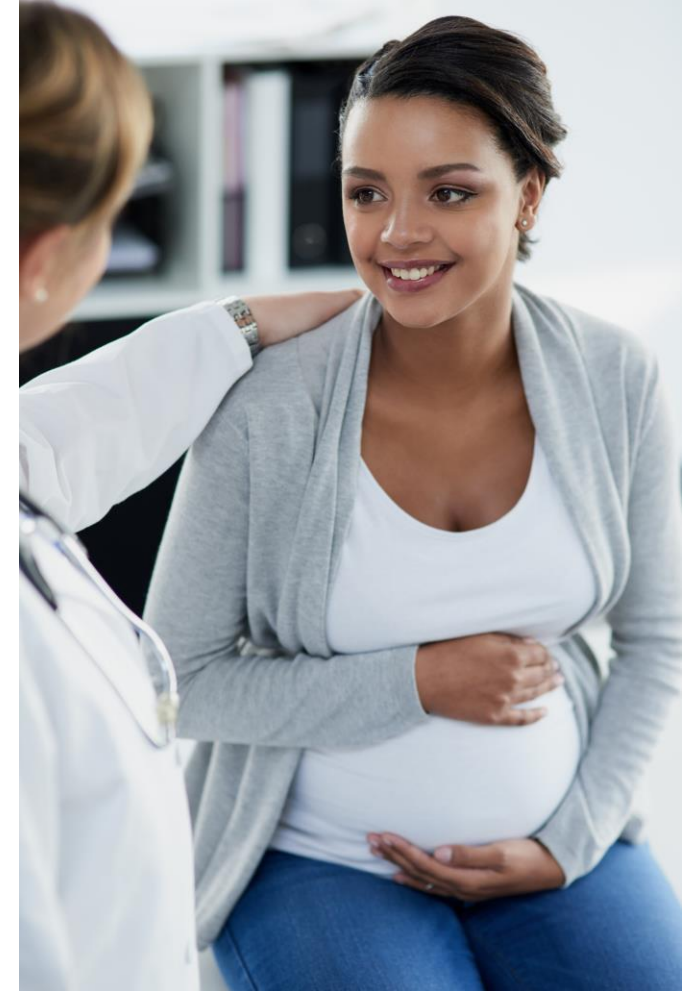
Collaborating with ACOG

The Joint Commission offers both our Advanced Certification in Perinatal Care (ACPC) and our Maternal Levels of Care Verification program in collaboration with the American College of Obstetricians and Gynecologists (ACOG).



Today's Agenda

- Keynote Speaker - Dr. Christopher Zahn, ACOG
- Program & Standards Overview
- Onsite Review Process
- Standardized Measures
- Application Process
- Questions & Answers

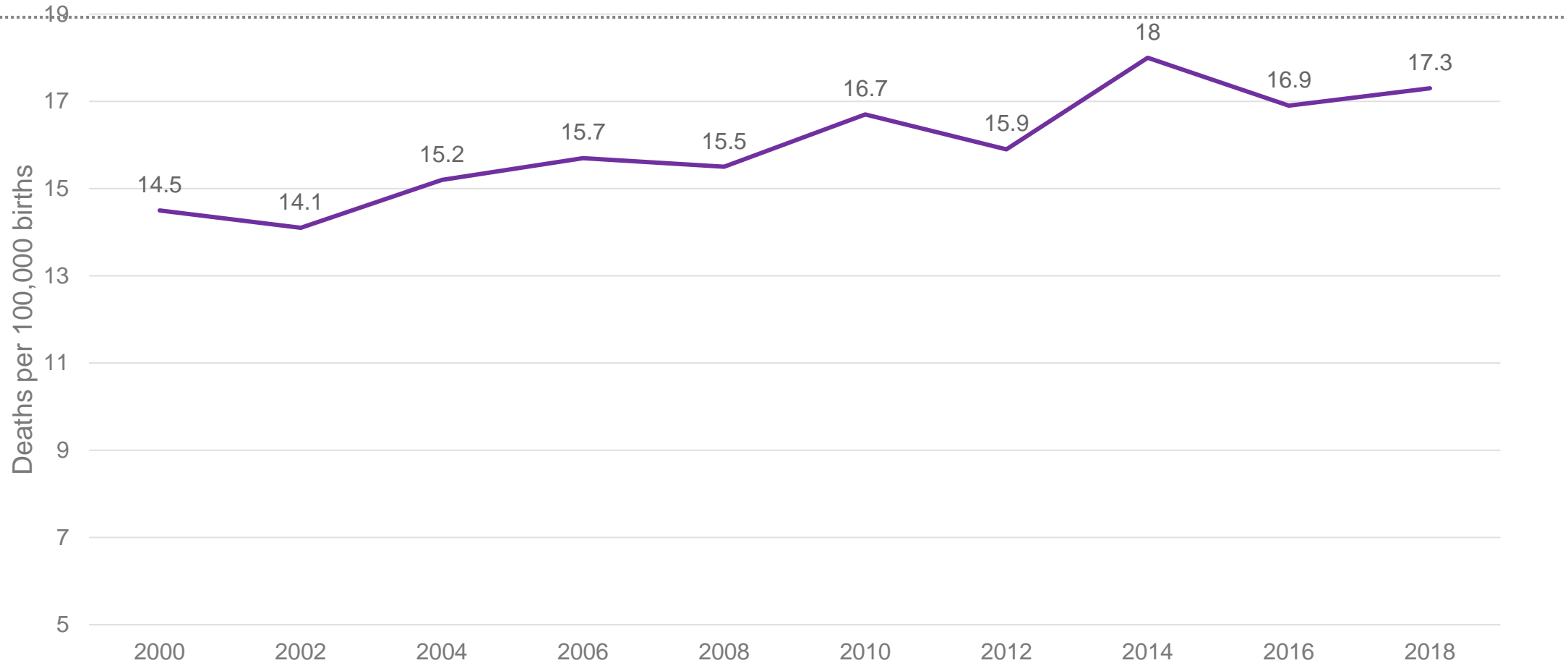




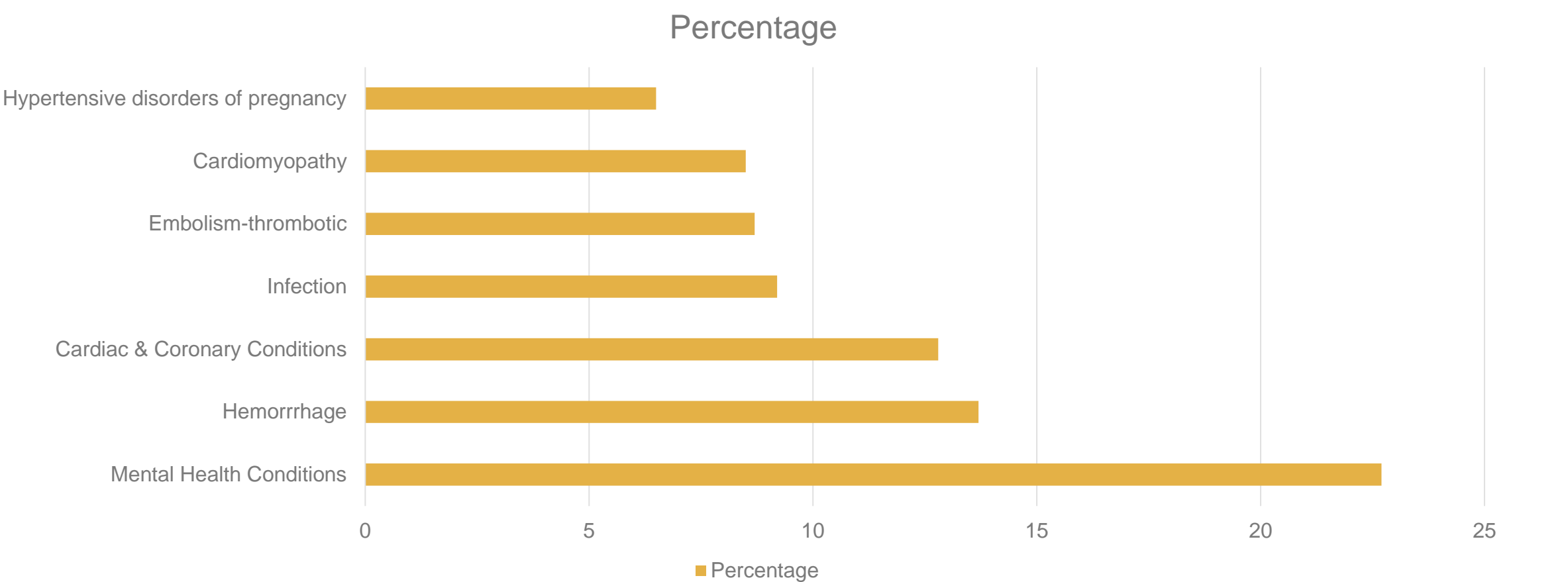
Advanced Certification for Perinatal Care (ACPC)

The Joint Commission Webinar
November 2022

Pregnancy-Related Mortality PMSS, 2000-2018: Not Improving



Underlying Causes of Pregnancy-Related Deaths, Data from Maternal Mortality Review Committees in 36 US States, 2017-2019



Initial Collaboration: Levels of Maternal Care

- Originally published (with SMFM): 2015
 - Most recent revision published in 2019
- Framework for regional hospital relationships
 - Standardized description of facility capabilities, resources, personnel
- Purpose: reduce morbidity/mortality by ensuring that obstetric facilities are prepared to provide risk-appropriate care
 - Encourage development of collaborative relationships in regions
 - Ensure that if services need to be escalated, there is a seamless process for consultation or transfer
 - “Care at the right place at the right time”

Background: Implementation of LoMC

- CDC LOCATe
- ACOG verification pilot
 - 3 states, 14 hospitals
- TX verification program
 - Maternity designation legislated
 - ACOG launched verification program in 2018
- ACOG-TJC collaboration
 - Verification program
 - Several states/systems interested and participating

Collaboration with The Joint Commission

- Collaboration launched in January 2022
- Rationale:
 - TJC mission is to improve health care and to aid health care organizations in providing safe and effective care
 - Overall goal is to improve care for women
 - Focus on risk-appropriate care; quality improvement
 - TJC has the infrastructure to facilitate widespread implementation over a short time period
 - Able to expand LoMC more broadly and more quickly; national reach

Advanced Certification for Perinatal Care (ACPC)

- Following LoMC, discussions ensued regarding ACPC
- Separate program from LoMC verification
- “Extends” prior Perinatal Care Certification program
 - Perinatal Care Certification existed prior to ACOG-TJC collaboration
 - Approximately 60 hospitals participated
- Interest in developing an advanced program
 - Survey of participating hospitals
 - Great interest in pursuing advanced certification
 - Interest also expressed by hospitals not participating in current program

Advanced Certification for Perinatal Care (ACPC)

- Areas highlighted:
 - Scope, patient care services, QI, leadership and clinical staff, program equipment and staffing, use of evidence-based guidelines
- Focus on quality improvement, addressing disparities, data (metric) monitoring, safety, communication, social needs, substance use, and outcomes
 - Emphasis on high-risk areas contributing to maternal morbidity and mortality
 - Emphasis on integrated, coordinated, patient-centered care
 - Emphasis on using outcomes and performance measurement to drive improvement

Advanced Certification for Perinatal Care (ACPC)

- Standards developed (partnership with ACOG and TJC)
- Reviewed with representatives from multiple hospitals
 - Refining of standards and process
- ACPC will replace the current Perinatal Care Certification program
- To launch in January 2023
- Excited to pursue continued programs to improve maternal outcomes

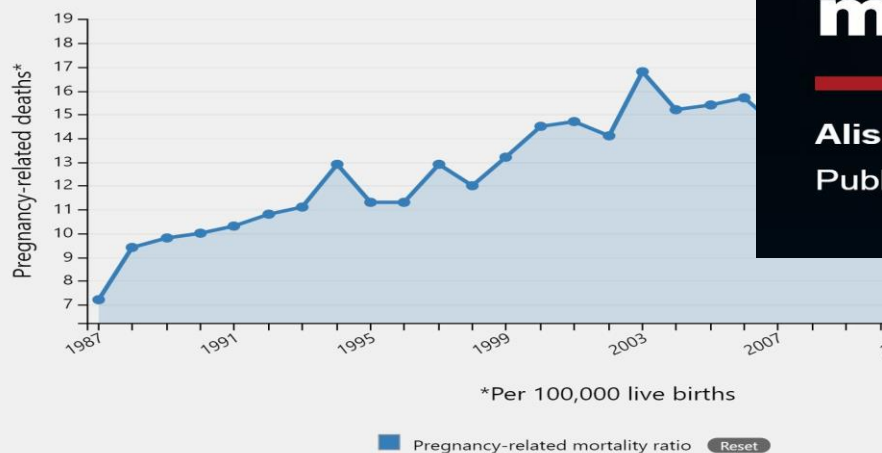
Program & Standards Overview

Jennifer Anderson, DNP, APRN, CNS
Associate Director, Department of Standards and Survey Methods
The Joint Commission

Michelle Arrizola, MBA, RN, BSN, IBCLC
Disease Specific Certification Reviewer
The Joint Commission

Current Environment for Maternal Care

Trends in pregnancy-related mortality
States: 1987-2017



Hospitals know how to protect mothers. They just aren't doing it.

Alison Young, USA TODAY

Published 5:05 AM CDT Jul. 26, 2018 | Updated 10:28 AM CDT Mar. 23, 2021

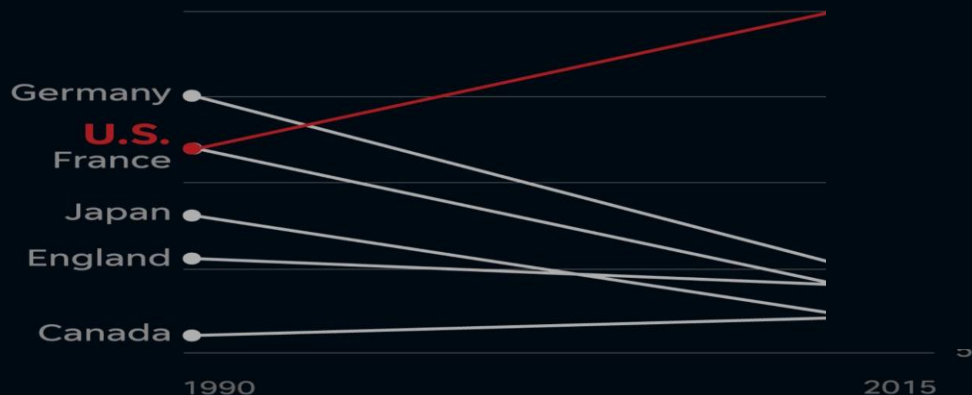
'Mommy went to heaven'

Like thousands of women facing childbirth emergencies every year, YoLanda Mention didn't get the care recommended by leading experts for new mothers experiencing severe high blood pressure, according to court records. Now, her family goes on without her.

Alison Young and Alison Young ., USA TODAY

Published 4:57 AM CDT Jul. 26, 2018 | Updated 2:00 PM CST Dec. 15, 2019

From 1990 to 2015, the number of maternal deaths per 100,000 live births in most developed nations has been flat or dropping. In the U.S., the rate has risen sharply.

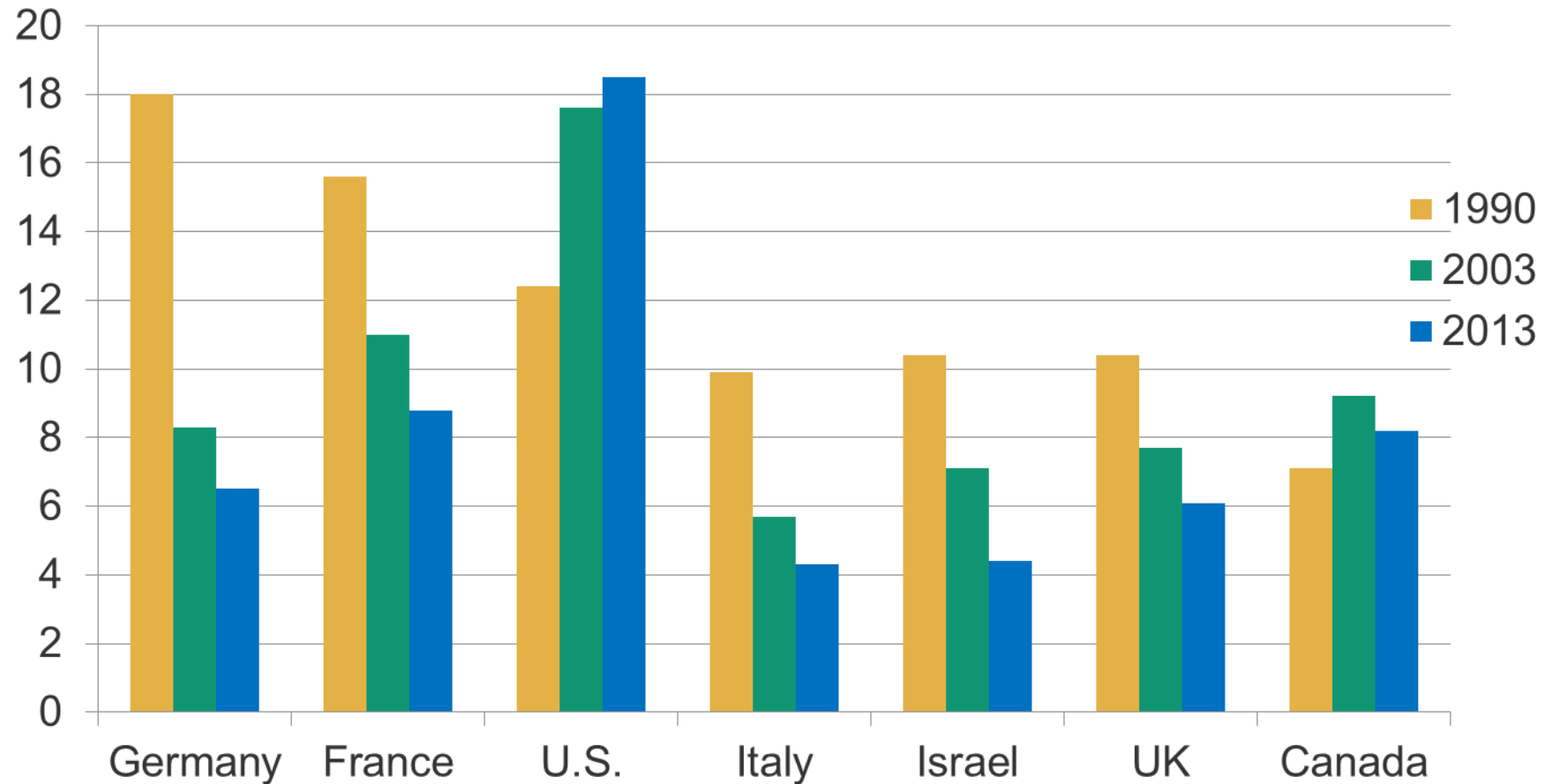


FLORENCE, S.C. – As YoLanda Mention cuddled her newborn girl on the way home from the hospital, she was 15 hours from disaster.

The warning signs were there.

Nurses at McLeod Regional Medical Center, ranked among the top hospitals in South Carolina, had noted them in her medical records.

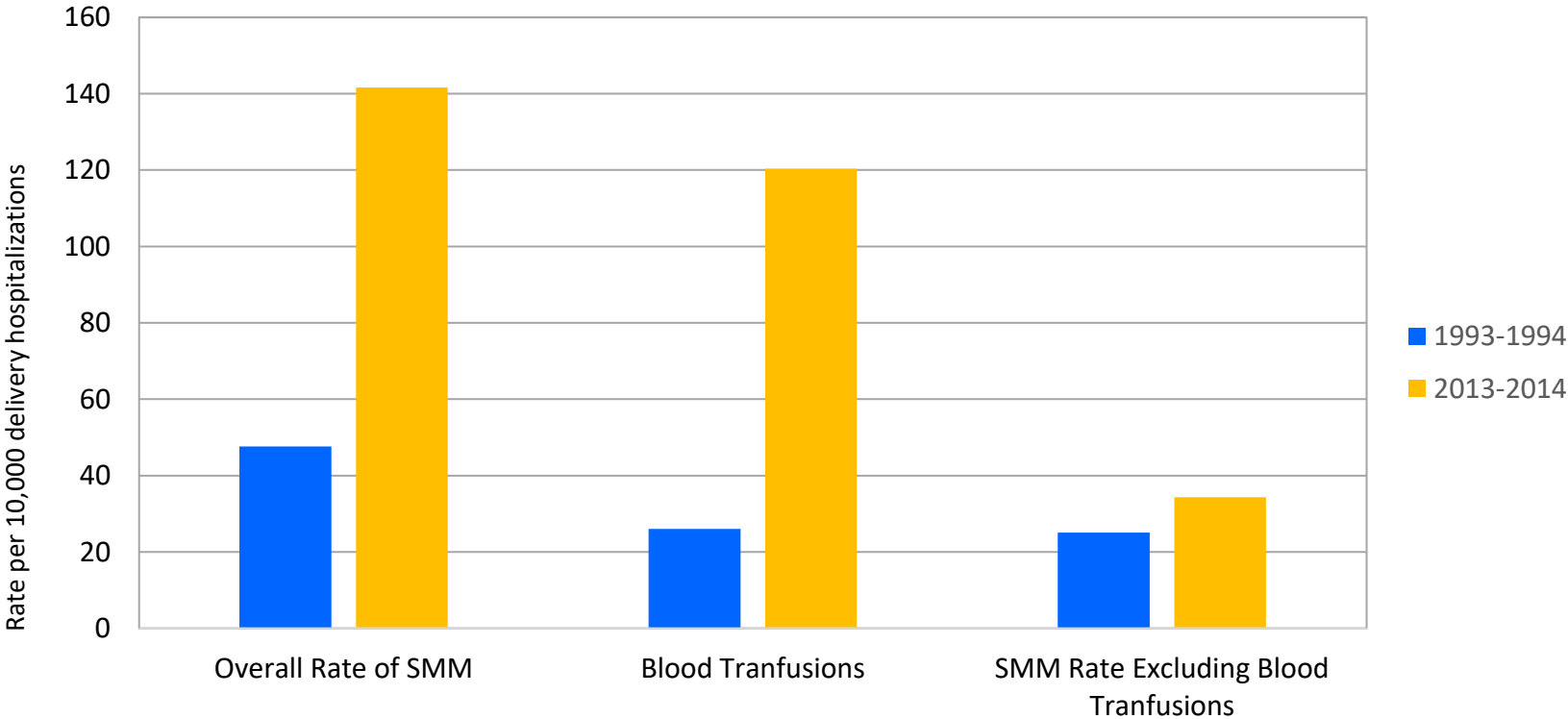
Maternal Mortality During 1990-2013



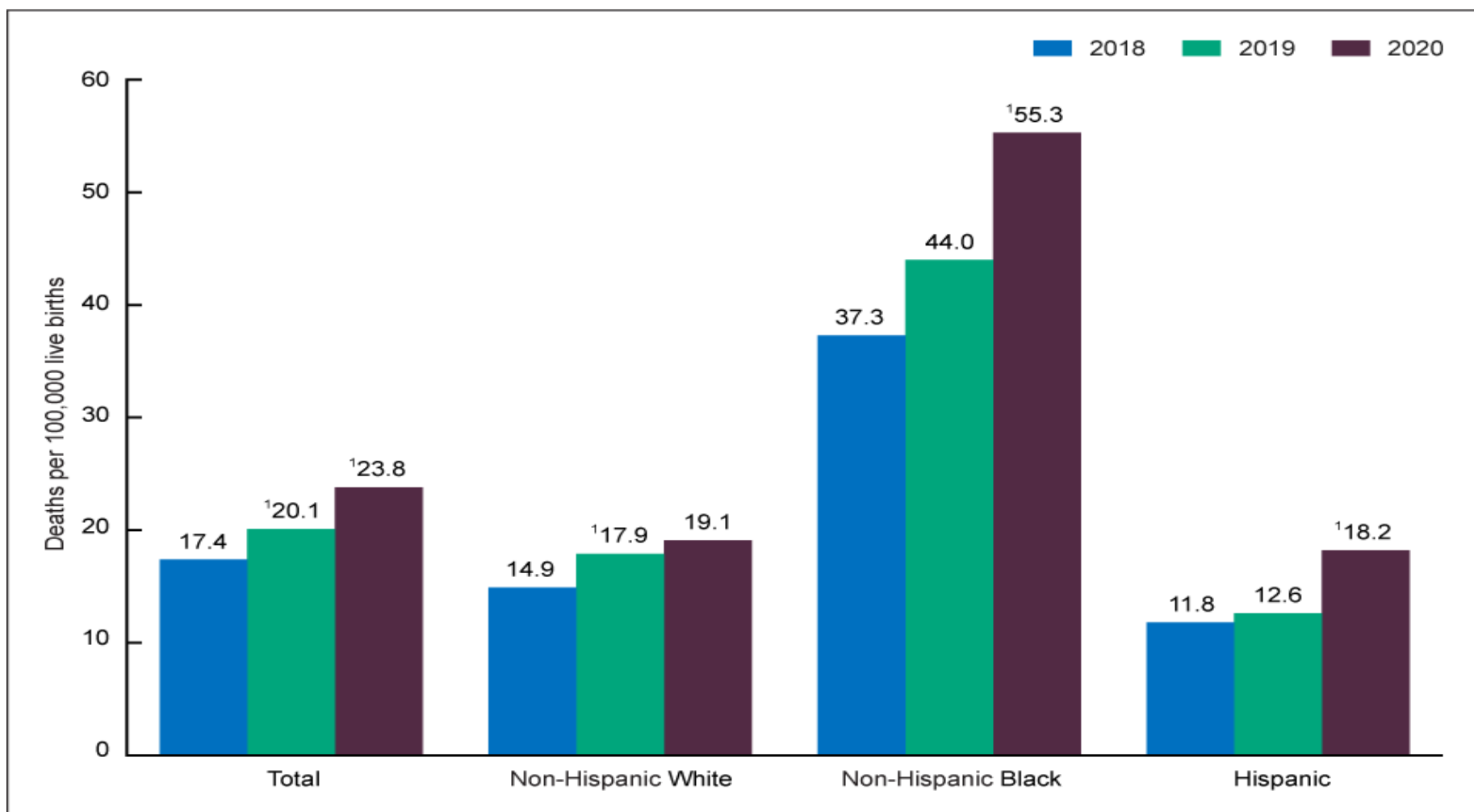
Kassebaum NJ, Bertozzi-Villa A, Coggeshall MS, Shackelford KA, Steiner C, Heuton KR, et al. Global, regional, and national levels and causes of maternal mortality during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet* 2014;384 (9947):980–1004.

Trends in Severe Maternal Morbidity

Rates of Severe Maternal Morbidity per 10,000 Delivery Hospitalizations:
U.S., 1993-2014



Centers for Disease Control and Prevention. Severe maternal morbidity in the United States. 2013. Available at <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>.



¹Statistically significant increase in rate from previous year ($p < 0.05$).

NOTE: Race groups are single race.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Current State for Maternal Care in the USA

- US ranks 65th among industrialized nations for maternal morbidity and mortality outcomes
- African American and American Indian mothers are 3-4x's more likely to experience harm or death during pregnancy and/or delivery
- Over 700 maternal deaths each year, most are preventable
- More dangerous for women to deliver today than it was for their mothers

Why Did The Joint Commission Feel the Need to Address Maternal Safety?

No standardization across states related to maternity care or requirements

Many hospitals overestimate their capabilities to care for sick mothers

Women of childbearing age are sicker and not improving

National media attention focusing on poor outcomes and little being done about it

First Steps...

- August 2019—2 new perinatal program announced
- First surveyed in
- PC.06.01.01—
- PC.06.03.01—Hypertension/P

On December 7th, 2021 during the Maternal Health Call to Action Day, VP Harris outlined opportunities to improve maternal care, and these 2 requirements were listed as important resources

Other New Developments...

- Collaboration with the American College of Obstetricians and Gynecologists (ACOG) with a commitment to develop 2 new products
 - Maternal Levels of Care (1/1/2022)
 - Advanced Certification in Perinatal Care (1/1/2023)

What Steps Did We Take to Get From PNC to ACPC?



Identify key
concept gaps



Identify experts



Identify best
practices

Gaps Identified with ACOG—Completed 1/22

- Complicated vs. uncomplicated pregnancy
- Safe cesarean section practices
- Focus on substance use disorder
- Focus on mental health
- Health related social needs
- Outcome stratification by race, ethnicity or primary language

Technical Advisory Panel with Key Stakeholders— Completed 3/22

- Society of Maternal Fetal Medicine
- American College of Obstetricians and Gynecologists
- Association for Women's Health, Obstetric, and Neonatal Nurses
- Centers for Disease Control and Prevention
- American Academy of Family Physicians
- American College of Nurse Midwives

Field Review—Completed 4/22-5/22

- Open to public comment from mid April-mid May
- New requirements well received
- Focused engagement for current PNC customers

New Requirement Samples—C/S practices

ACPCPM.03, EP 14: The program demonstrates the capability to perform safe cesarean practices by doing the following:

- Implement standardized admission criteria, triage management, education, and support for pregnant patients presenting in spontaneous labor
- Offer standardized techniques of pain management and comfort measures that promote labor progress and prevent dysfunctional labor
- Use standardized methods to assess fetal heart rate, including interpretation and documentation using National Institute of Child Health and Human Development terminology
- Promote freedom of movement
- Adopt protocols for timely identification of specific problems, such as active herpes and fetal malpresentation, for patients who can benefit from proactive intervention before labor to reduce the risk for cesarean birth

New Requirement Samples—SUD

ACPCPM.04, EP 1: The program has policies and procedures that support its clinical practices along the entire perinatal continuum. At a minimum, this includes policies and procedures for the following:

- Psychosocial risk assessment, screening, and referral for care (including, but not limited to, depression, domestic violence, and substance abuse)
- Screening and treatment of substance use and newborn drug withdrawal
- Pain control protocols that are individualized for patients Note: When individualizing pain control protocols, specific patient needs should be considered. These needs include, but are not limited to, patients with a history of substance use disorders, history of complex medical pain management requiring pain management specialist, or patients with communication barriers.

New Requirement Samples—SUD

ACPCPM.06, EP 4: Program leaders identify training and competency assessments for the program's team members, which, at a minimum, include the following:

- Substance use disorder education specific to bias, stigma, and discriminatory practices

ACPCPM.07, EP 3: The following individuals and support services are available to the interdisciplinary program team:

- Behavioral, mental health, or substance use services or written consultation and referral agreements for these services

ACPCIM.04, EP 6: The program maintains consistency of data and information by utilizing assessment tools approved by the program's leadership, such as pain scales, prenatal and postpartum forms, health-related social needs screening, substance use disorder screens, and others as determined by the perinatal program.

New Requirement Samples—Mental Health

ACPCDF.07, EP 2: The program identifies any needs the pregnant or postpartum patient, newborn, and, as appropriate, family may have for physical or psychosocial care, treatment, and services after discharge or transfer.

For the pregnant or postpartum patient, this process includes assessing the patient's capacity to do the following:

- Access support systems, including, but not limited to, mental health support such as psychosocial, substance use disorder support and treatment, and postpartum depression support
- The interdisciplinary program team assesses each pregnant or postpartum patient to identify those with a history of mental health disorders. If further assessment, consultation, or referral to follow-up care is needed, it is documented.

New Requirement Samples—Mental Health

ACPCDF.01, EP 9: The program educates community perinatal care providers on the importance of treatment or referral for pregnant or postpartum patients with known or suspected mental health disorders and informs them of available resources in the community.

ACPCDF.01, EP10: The program coordinates care and treatment after discharge with community resources and community perinatal care providers for postpartum patients with a known or suspected mental health disorder.

ACPCDF.05, EP 4: The pregnant or postpartum patient's mental health conditions and psychological symptoms, including, but not limited to, anxiety, stress, coping strategies, postpartum depression, substance use, and psychological trauma, are managed using trauma-informed care based on the patient's stage of recovery and readiness to change.

New Requirement Samples—Health Related Social Needs

ACPCPM.04, EP 1: The program has policies and procedures that support its clinical practices along the entire perinatal continuum. At a minimum, this includes policies and procedures for the following:

- Assessment of every pregnant or postpartum patient for health-related social needs to assist in the planning for discharge and follow-up care

Note: The program determines which health-related social needs to include in the assessment.

Examples of health-related social needs may include the following:

- Access to transportation
- Difficulty paying for prescriptions or medical bills
- Education and literacy
- Food insecurity
- Housing insecurity

New Requirement Samples—Health Related Social Needs

ACPCIM.04, EP 6: The program maintains consistency of data and information by utilizing assessment tools approved by the program's leadership, such as pain scales, prenatal and postpartum forms, health-related social needs screening, substance use disorder screens, and others as determined by the perinatal program.

ACPCDF.01, EP 7: The program assists pregnant or postpartum patients and, as appropriate, families with identifying and facilitating access to community resources to meet the pregnant or postpartum patient's and newborn's health care and health-related social needs as determined by the health and health-related social needs assessments.

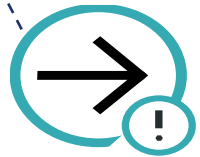
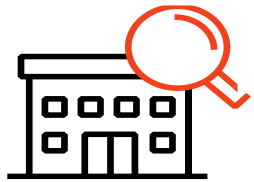
New Requirement Samples—Outcome Stratification

ACPCPI.04, EP 1: The program identifies health care disparities in its pregnant, postpartum and/or newborn patient population by stratifying perinatal care performance measurement data by race, ethnicity, and preferred language.

Onsite Review Process

Michelle Arrizola, MBA, RN, BSN, IBCLC
Disease Specific Care Certification Reviewer
The Joint Commission

Onsite Review Process—Overview



- Similar to current Perinatal Care Certification process
- 1 or 2 reviewers 2 days
 - All reviewers are experienced OB/NICU practitioners
- Sample agenda includes:
 - Opening conference
 - System tracers
(Data/HR/competency/credentialing)
 - Unit tours/Individual tracers
 - Issue resolution
 - Closing

Onsite Review Process—Goals



- Assess the use of Clinical Practice Guidelines and Evidence-Based Practices
- Assess the organization's processes and procedures related to maternity care by interview staff and personnel
- Assess compliance with the organization's policies and procedures through individual trace activity
- Assess the organization's performance improvement plan and offer suggestions and education

Onsite Review Process—Goals



- Share evidence-based practices
- Assess staff education
- Data presentation and active discussion of metrics
- Review credentialing/privileging process related to maternal health care service line
- Leadership roles/shared decision making/culture of safety
- Review the patient's education

Onsite Review Process— Tracer Example Substance Use Disorder



- Assess staff education
- Review organization policies & procedures specific to SUD
- Review patient chart
- Review patient's education
- Evaluate intervention & referral
- Evaluate consistency of interpretation and use
- Data presentation and active discussion of metrics
- Leadership roles/shared decision making/culture of safety
- Share evidence-based practices
- Review credentialing/privileging process related to maternal health care service line

Onsite Review Process—Post visit

- When our reviewers leave, the organization will be given a preliminary report with opportunities for improvement
- The organization will have 60 days to submit an evidence of compliance summary (ESC)
- Once the ESC is accepted by central office, the organization will be given a letter stating they have been certified in our Advanced Certification in Perinatal Care program
- This is good for 2 years with intracycle monitoring process

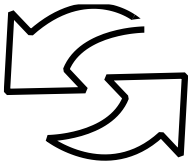
Standardized Measures

Chris Walas
Managing Project Director, Clinical
Department of Quality Measurement
The Joint Commission

ACPC Eligibility Requirements: Measures

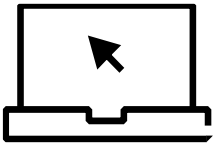


ACPC Eligibility Requirements - Measures



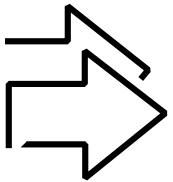
Volume

- Minimum of 40 deliveries per year
- Minimum of 30 total denominator cases for calculating aggregate performance rates for threshold requirements



Data Collection

- All chart-abstracted Perinatal Care Core Measures (PC-01, PC-02, PC-05, PC-06)
- 4 months of data at initial certification review
- 24 months of data at recertification



Threshold Requirements

- PC-02 aggregate performance rate 30% or less
- PC-06 Severe Rate less than 50/1000 live births

Measure Reporting Requirements in ACPC

Manual reporting of standardized perinatal care measure data to The Joint Commission via the extranet Certification Measure Information Process (CMIP).

- Monthly aggregate values reported on a quarterly basis for each measure
- Data to be received at The Joint Commission no later than three months following the end of the calendar quarter

Must meet Threshold Requirements at Initial and Recertification- Report in eAPP

- PC-02 aggregate performance rate 30% or less
- PC-06 Severe Rate less than 50/1000 live births

Measure Thresholds - Initial Certification

PC-02, and PC-06.1 (severe rate only)

Performance rates must be submitted in E-App using **4 to 12 months** of the most recent data available for PC-02, and PC-06.1 (severe rate) and meet the following **threshold criteria**:

- Aggregate denominator cases totaling at least 30 cases
- PC-02 Cesarean Birth: aggregate performance rate of less than or equal to 30% (0.30)
- PC-06.1 (severe rate): aggregate performance rate of less than 50 complications per 1000 livebirths (aggregate rate multiplied by 1000 = # of severe complications per 1000 livebirths)
- Aggregate performance rate calculation:

$$\frac{\text{Total sum of numerators}}{\text{Total sum of denominators}^*} = \text{aggregate performance rate}$$

* Total sum of the denominators must be 30 or greater to calculate the aggregate performance rate.

Measure Thresholds in the Review Process

Initial Certification

- HCO submits aggregate performance rates into eAPP
- HCO provides data to reviewer on site to confirm performance rates

Measure Thresholds in the Review Process cont.

Intracycle Review

- Routine process with data review, resources, quality improvement discussions
- *NEW* Measure threshold discussions with all organizations
 - Ensure organization aware of recertification eligibility requirements
 - Review threshold criteria and HCOs current rates

Measure Thresholds in the Review Process cont.

Recertification

- Same process as Initial Certification
- Same eligibility requirements as Initial Certification
- Update eAPP with aggregate performance rates
- **Must use 12 months** of data to calculate rates (*initial certification allows 4-12 months of data*)

Measure Reports

- Trend Reports in CMIP provide organizations with their numerator and denominator cases
- Future Development
 - PC Dashboard in JC Extranet Site
 - Accelerate PI reports will provide aggregate rates for rolling 12 months of data
 - Additional visual graphs/charts for PC data
 - Comparison data when enough data available

Application Process

Loren Salter
Associate Director, Hospital Certification
The Joint Commission

Steps to Apply

Connect with your Associate Director at The Joint Commission

- Contact certification@jointcommission.org

Learning about Program

- Program Overview
- Eligibility Requirements
- Associate Director will order you a free 90-day version of E-dition®
- Review Standards in E-dition® and analyze gaps

Preparing for Application

- Identify Clinical Practice Guidelines
- Performance Measures
- Performance Improvement Plan
- Identify Ready-Date

Assist You in Submitting the Initial Application

- Complete and submit the E-app
 - Patient and/or procedure volumes
 - Ready-date for initial onsite review (30-day notice)
- Complete and submit the CMIP
 - Enter Clinical Practice Guidelines
 - Answer Performance Improvement Plan questions
 - Performance rates must be submitted in E-App using **4 to 12 months** of the most recent data available for **PC-02, and PC-06.1 (severe rate) and meet the threshold criteria:**

Start the Application Process

The Joint Commission
ConnectTM The Joint Commission Connect

> Home Survey Process Continuous Compliance Communication Resources and Tools Security Admin

Notification of Scheduled Events
As of Wednesday, February 14, 2018 no events were available for viewing. Please note that unannounced events are viewable by 7:30 AM on the day of the event.
This is the section of your secure extranet that displays information regarding Joint Commission activity at your organization. For more details, please see your [Schedule Information](#).

Favorite Apps [Edit](#)
No Favorite Applications Selected

The ICM/FSA application will be unavailable on Thursday, February 15th from 7:00 p.m. - 9:00 p.m. CST for system updates.

> Accreditation Certification

What's Due

Application	Description	Due Date	Overdue
Launch	Office of Quality and Patient Safety Incident		

Official Documents Posted in Last 30 days
No Documents Posted within the Last 30 Days

Important Updates

- Joint Commission For-Cause Surveys
- Suicide Prevention in Health Care Settings: E...
- Mid-year survey experience: Elimination of OF...
- Revised Swing Bed Crosswalks
- Swift Home Care standards changes for Demand

ACPC Pre-Application



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Advanced Certification in Perinatal Care

Coming soon! The new Advanced Certification in Perinatal Care will help organizations address the growing need for appropriate obstetric care given the challenges of increasing maternal morbidity and mortality in the U.S.

[Deliver on Your Patient Care Promise](#) [Benefits](#) [What It Takes to be Certified](#)

[Collaborating with the American College of Obstetricians & Gynecologists](#) [Request prepublication requirements](#)

[Complete Pre-Application](#)

Perinatal Care

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Deliver on Your Patient Care Promise

Compared to other developed countries where maternal mortality rates in recent years ranged from fewer than two deaths per 100,000 live births (in Norway and New Zealand) to just below nine deaths per 100,000 live births (in France and Canada), rates in the U.S. are much higher.

A new report from the U.S. National Center for Health Statistics, found that the number of maternal deaths

Pre-Application for Advanced Certification in Perinatal Care

Submitting a pre-application will help your organization be one of the first to achieve this new certification.

Advanced Certification in Perinatal Care officially goes live on January 1, 2023, meaning the application will be available at that time.

This pre-application is an abbreviated application that can be submitted before December 31st, 2022 and allows an organization to identify a ready date for their initial onsite review and enter the scheduling queue.

Once the official application opens on January 1, 2023, we will contact you to complete the online application. In the meantime, if you have any questions about the program requirements or the pre-application process, please reach out to your Business Development representative at certification@jointcommission.org.

First Name: * Last Name: *
Title: * Work Phone Number *
Work Email Address: *

Organization Info
Organization: * Joint Commission HCO ID:
Street Address: * State: *
City: * Zip/Postal Code: *



Strengthen Community Confidence, Advance Community Health



Advanced Certification in Perinatal Care

630-792-5291 | certification@jointcommission.org

Advanced Certification in Perinatal Care and Maternal Levels of Care Verification are offered by The Joint Commission in collaboration with the American College of Obstetricians and Gynecologists.



Questions?