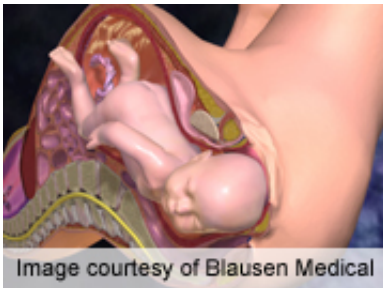


JC metric accurate for elective early-term delivery

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(HealthDay)—The exclusion criteria for the current Joint Commission (JC) measure PC-01 identify most valid indications, represented by *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes, for planned early-term deliveries, according to research published online Dec. 6 in *Obstetrics & Gynecology*.

Steven L. Clark, M.D., of the Hospital Corporation of America in Nashville, Tenn., and colleagues reviewed 205 cases of elective early-term deliveries that were noncompliant with JC metric PC-01 to determine the completeness of the exclusion criteria list.

The researchers found that 55 percent of compliance fallouts involved stated indications that were not recognized by the medical community.

For the remaining cases, 25 percent had valid indications not represented by an ICD-9-CM code; 10 percent resulted from valid indications represented by ICD-9-CM codes not included on the JC exclusion list; 8 percent resulted from imprecise physician charting; and 2 percent represented chart abstraction errors. Because of the small denominator of cases that meet the current JC ICD-9-CM code criteria for indicated elective early-term deliveries, even one justified outlier each quarter would drop compliance rates below a 95 percent benchmark for about 60 percent of facilities.

"Our data validate the current JC exclusion criteria for this measure, which identify the vast majority of valid indications for early-term delivery used by obstetrician-gynecologists and identifiable with ICD-9-CM codes," the authors write. "Finally, we caution against statistically invalid comparisons and benchmarking using this metric, which could discredit and diminish the acceptance of this vital performance measure."

One author is an employee of the Joint Commission.

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