

2023 Medicaid Quality Incentive Measure

Measure 12											
Contact Person	Jenica Sandall, (206) 216-2508										
Measure Name:	Safe Deliveries Roadmap – Screening for Pregnancy and Postpartum Status in Emergency Department Triage										
Measure eligibility:	All hospitals with an Emergency Department that participate in MQI are eligible to complete this metric										
Why?	<p>This is a continuation of previous work aimed at improving quality and safety for pregnant and postpartum people presenting to an Emergency Department.</p> <p>In 2021, the MQI measure asked hospitals to enact a policy requiring screening for pregnancy status in all female ED patients ages 8-64. Ninety (90) hospitals were eligible for the measure, 76 participated in the measure, and 52 hospitals submitted policies (68%).</p> <p>In 2022, the measure was advanced to observe for the uptake of the policy. Data submitted in 2022 by 59 hospitals showed that 24% of hospitals screened $\geq 80\%$ of the patients sampled; 15% of hospitals screened $\geq 60\%$ and $< 80\%$ of the patients sampled; and 61% of hospitals screened fewer than 60% of the patients sampled.</p>										
Clinical Rationale:	<p>The Washington State Maternal Mortality Review Panel recently released their updated review of maternal deaths.¹ The report is consistent with previous findings that more than 90% of the <i>preventable pregnancy-related</i> deaths occur before or after the day of delivery, with approximately two thirds occurring in the year after the end of pregnancy.</p> <p>Figure 13: Timing of Death for Preventable Pregnancy-related Deaths (N=78), Washington State, 2014–2020</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Timing of Death</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>were pregnant at the time of death</td> <td>26%</td> </tr> <tr> <td>died the same day as delivery</td> <td>9%</td> </tr> <tr> <td>died within 42 days of end of pregnancy</td> <td>29%</td> </tr> <tr> <td>died within 43 days to one year of end of pregnancy</td> <td>36%</td> </tr> </tbody> </table> <p>Of all people who died from preventable pregnancy-related deaths...</p> <p>It is common for patients to present to the Emergency Department for various reasons during pregnancy and postpartum. Some patients will report not feeling right without being able to articulate one specific thing. It is important that they are heard, and their concerns addressed. Racism and bias continue to contribute to wide disparities in pregnancy-related deaths with Black and Native and Indigenous patients accounting for a disproportionate number of deaths. The CDC (Centers for Disease Control) considers this so important that they created the HEAR HER Campaign with excellent education materials for patients, their families and health care providers. "...Risk assessment, evaluation for early warning signs of maternal and fetal compromise, followed by timely communication and coordination with obstetric clinicals are essential."³</p> <p>Having clear policies and procedures in place and educating staff around these procedures is imperative to help improve equity and safety for <i>all</i> pregnant and</p>	Timing of Death	Percentage	were pregnant at the time of death	26%	died the same day as delivery	9%	died within 42 days of end of pregnancy	29%	died within 43 days to one year of end of pregnancy	36%
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2023 Medicaid Quality Incentive Measure

	<p>postpartum patients. Problems of pregnancy comprise 1.3% of emergency department (ED) visits annually.</p> <ol style="list-style-type: none"> 1. About 25% of postpartum patients with pregnancy complications seek ED care within the six months following delivery. 2. Among postpartum patients, about 1% will require readmission. 3. The most common ED complaints include obstetric wound complications, fever, abdominal pain, breast complications, and hypertension. Common postpartum emergencies include pain, fever, hemorrhage, hypertension, preeclampsia, eclampsia, infection, and depression. Among ED visits for postpartum complications, approximately 22% will require readmission.⁴ <p>Selected References:</p> <ol style="list-style-type: none"> 1. Washington State Department of Health. (2023). <i>Washington State Maternal Mortality Review Panel: Maternal Deaths 2017-2020</i>. https://doh.wa.gov/sites/default/files/2023-02/141-070-MaternalMortalityReviewPanelReport-2023.pdf?uid=63fe81ba7cb9b 2. Centers for Disease Control and Prevention. (2022, November 17). <i>Hear her campaign</i>. Centers for Disease Control and Prevention. Retrieved March 10, 2023, from https://www.cdc.gov/hearher/index.html 3. McMurtry Baird, S., Braun, B., & Wolf, L. (2020). <i>Emergency care for patients during pregnancy and the postpartum period: Emergency Nurses Association and Association of Women's Health, Obstetric and Neonatal Nurses Consensus Statement</i>. AWHONN Position Statements. Retrieved February 27, 2023, from https://i7g4f9j6.stackpathcdn.com/wp-content/uploads/2020/11/20141939/ENA-AWHONN-Consensus-Statement-Final-11.18.2020.pdf 4. Marco, C. A., Thomas, K., & Rzecznik, W. (2019, October 15). <i>Postpartum emergencies</i>. Relias Media Online Continuing Medical Education Relias Media - Continuing Medical Education Publishing. Retrieved February 27, 2023, from https://www.reliasmedia.com/articles/145171-postpartum-emergencies
Definition:	The percent of female patients seen in an Emergency Department who were screened for pregnancy/postpartum status in triage.
Included Populations:	Female patients between the ages of ≥ 12 and < 50 years who were seen in the Emergency Department.
Exclusions:	No exclusions.

2023 Medicaid Quality Incentive Measure

Fields to be reported:	<p>Numerator: The number of female patients between ≥ 12 and < 50 years who were seen in the Emergency Department <i>and</i> have documentation of pregnancy or postpartum status <i>during triage in the EMR</i>.</p> <p>Denominator: The number of female patients between ≥ 12 and < 50 years who were seen in the Emergency Department.</p> <p>Instructions:</p> <ul style="list-style-type: none"> • Hospitals may choose the number of patients to submit as the denominator each month with the following parameters: <ul style="list-style-type: none"> ○ The sample must be randomized unless the hospital chooses to submit the entire population ○ Hospitals with ≥ 10 eligible patients in that month will submit at least 10 ○ Hospitals with < 10 eligible patients in that month will submit all eligible patients 			
Data Collection period:	July 1, 2023 - December 31, 2023			
Reporting deadline:	30 days after the close of the performance period or by January 31, 2024.			
Audits and validation: Do not change	Data are subject to audit by the state. WSHA will not audit but will complete a few basic validity checks.			
Submission Frequency:	Monthly (every month for six months during the performance period from July 1, 2023, to December 31, 2023).			
Data collection system:	Washington State Hospital Association Quality Benchmarking System, QBS.			
Data Scoring:	This measure is worth 10 points. Hospitals must submit all six months to be considered.			
	Thresholds	$\geq 50\%$ to $< 70\%$	$\geq 70\%$ to $< 90\%$	$\geq 90\%$
	2023 Point Awards	3 points	7 points	10 points