SMALL HOSPITALS (< 50 licensed general acute beds)

SMALL HOSPITAL

QUALITY IMPROVEMENT PROGRAM

DETAILED SPECIFICATIONS

2022-2023

MEASUREMENT YEAR

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

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Table of Contents

PROGRAM OVERVIEW

Partnership HealthPlan of California (PHC) has value-based programs in the areas of primary care, hospital care, long-term care, palliative care, perinatal care, specialty care and mental health. These value-based programs align with PHC's organizational mission to help our members and the communities we serve be healthy.

The Hospital Quality Improvement Program (Hospital QIP), established in 2012, offers substantial financial incentives for hospitals that meet performance targets for quality and operational efficiency. The measurement set was developed in collaboration with hospital representatives and includes measures in the following domains:

- Readmissions
- Advance Care Planning
- Clinical Quality: Obstetrics/Newborn/Pediatrics
- Patient Safety
- Operations/Efficiency
- Patient Experience

Measure Development

The Hospital QIP uses a set of comprehensive and clinically meaningful quality metrics to evaluate hospital performance across selected domains proven to have a strong impact on patient care. The measures and performance targets are developed in collaboration with hospital representatives and are aligned with nationally reported measures and data from trusted healthcare quality organizations, such as the National Committee for Quality Assurance (NCQA), Centers for Medicare and Medicaid Services (CMS), Agency for Healthcare Research and Quality (AHRQ), National Quality Forum (NQF), and the Joint Commission. Annual program evaluation and open channels of communication between Hospital QIP and key hospital stakeholders guide measurement set development annually. This measurement set is intended to both inform and guide hospitals in their quality improvement efforts.

PARTICIPATION REQUIREMENTS

Hospitals with at least 50 licensed general acute beds report on the *Large Hospital Measurement Set*. Hospitals with fewer than 50 licensed, general acute beds report on the *Small Hospital Measurement Set*. Other requirements include:

a) Contracted Hospital

Hospital must have a PHC contract within the first three months of the measurement year, by October 1, to be eligible. Hospital must remain contracted through June 30, of the measurement year to be eligible for payment. Participation will require signing a contract amendment, as specified by the PHC Provider Contracting team, to participate in the Hospital QIP. Hospitals that are invited to participate must be in good standing with state and federal regulators as of the month the payment is to be disbursed. In addition, PHC has the sole authority to further determine if a provider is in Good Standing based on the criteria set forth below (for the purpose of QI program continuity, "provider" is substituted here for "hospital"):

1. Provider is open for services to PHC members.
2. Provider is financially solvent (not in bankruptcy proceedings).
3. Provider is not under financial or administrative sanctions, exclusion or disbarment from the State of California, including the Department of Health Care Services (DHCS) or the federal government including the Centers for Medicare & Medicaid Services (CMS). If a provider appeals a sanction and prevails, PHC will consider a request to change the provider status to good standing.
4. Provider is not pursuing any litigation or arbitration against PHC.
5. Provider has not issued or threatened to issue a contract termination notice, and any contract renewal negotiations are not prolonged.
6. Provider has demonstrated the intent to work with PHC on addressing community and member issues.
7. Provider is adhering to the terms of their contract (including following PHC policies, quality, encounter data completeness, and billing timeliness requirements).
8. Provider is not under investigation for fraud, embezzlement or overbilling.

b) HIE and EDIE Participation

Health Information Exchange (HIE) & Emergency Department Information Exchange (EDIE) **implementation and maintenance is a pre-requisite to participating in the Hospital QIP.** Electronic HIE allows doctors, nurses, pharmacists, and other health care providers to appropriately access and securely share a patient's vital medical information electronically. HIE interface has been associated with not only an improvement in hospital admissions and overall quality of care, but also with other improved resource use: studies found statistically significant decreases in imaging and laboratory test ordering in Emergency Departments (EDs) directly accessing HIE data. In one study population, HIE

access was associated with an annual cost savings of $1.9 million for a hospital.[2] Three different classes of HIE are available to hospitals, each with its own benefit for the patient and the health care delivery system:

1. Community HIE: Gathers data for patients from several community sources and integrates that data. Allows access to longitudinal patient information and search functionality for a specific data element without having to access and open a series of Consolidated Clinical Document Architecture (CCDA) documents. Allows set up of alerts and notifications.

2. EDIE: Allows continuity of critical information on Emergency Department (ED) use across multiple states.

National HIE networks: Allows query of distant data sources, including national data (Social security, VA system).[2]

Requirements apply to all hospitals and are as follows:

1. Hospitals will maintain an HIE interface with a community HIE, to include an ADT and XDSb interface or a HL7 lab, radiology interface or with one of the following community HIEs:

    - Sac Valley Med Share
    - North Coast Health Information Network

    Regardless of the mechanism of the exchange, the data elements of this interface must meet USCDI Stage 2: https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi

2. Admission, Discharge and Transfer (ADT)[1] interface with EDIE (direct with Collective Medical Technology, or through another HIE).

3. Active link to one of the following national HIE networks (directly, or through another HIE):

    - CareQuality,
    - eHealth Exchange, or
    - Commonwell

PARTICIPATION REQUIREMENTS (continued)

Incentive Impact/Component Requirements:

- 100% of eligible dollars
  Community HIE interface with ADT plus HL7 or XDS with USCDI stage 2 data; link to national network; and interface with EDIE available by June 30, 2023

- 90% of eligible dollars
  One or more of community HIE interface with ADT plus HL7 or XDS with USCDI stage 2 data; link to national network; and interface with EDIE available not active on June 30, 2023, but all available by August 31, 2023

- 85% of eligible dollars
  Community HIE interface with ADT (but without HL7 or XDS interface or without all elements of USCDI stage 2 data); link to national network; and interface with EDIE available active by August 31, 2023.

- 75% of eligible dollars
  Two of three interfaces active by August 31, 2023.

- 50% of eligible dollars
  One of three interfaces completed by August 31, 2023.

- 0% of eligible dollars
  None of three interfaces completed by August 31, 2023.

This requirement will be satisfied upon hospital submission of Implementation Plan (available in Appendix I), and verification of participation by PHC with the vendor. By participating in the Hospital QIP, hospitals authorize vendors from community HIEs and Collective Medical Technologies to inform PHC of their participation status with the vendor:

Item	Completed by	When
Information Exchange Implementation or Maintenance	Hospitals	October 31, 2022
EDIE participation verification	PHC	August 31, 2023

PARTICIPATION REQUIREMENTS (continued)

c) Capitated Hospitals Only: Utilization Management Delegation

- From July 1, 2022 to June 30, 2023, Hospitals must utilize Collective Plan (module of Collective Medical Technology's EDIE, for their capitated members to alert their internal Utilization Management team to out of network admissions.
  - Collective Plan utilization must remain regular and consistent throughout the measurement year.

- Collective Medical will report usage data to Partnership HealthPlan confirming routing (month-by-month) utilization of the Collective Plan module via responsiveness to previously established alerts.

- Capitated hospitals must submit timely* and accurate delegation deliverables to Partnership HealthPlan according to deadlines outlined in your hospital's delegation agreement in order to receive the full Hospital QIP incentive payment. Deliverables include timely and accurate reporting of 1) Utilization Program Structure and 2) delegation reporting requirements indicated in Exhibit A of your hospital's delegation agreement. Impact of this requirement is as follows:
    - Timely submitting ≥ 90.0% of delegation reporting requirements results in 100% distribution of earned Hospital QIP incentive payment.
    - Timely submitting ≥ 75.0% and < 90.0% of delegation reporting requirements results in a 10% cut from the earned Hospital QIP incentive payment.
    - Timely submitting < 75.0% of delegation reporting requirements results in a 20% cut from the earned Hospital QIP incentive payment.

All reporting requirements and written Utilization Program Structure may be sent to DelegationOversight@partnershiphp.org.

*Timely reporting means the deliverables were submitted by the deadline noted in the agreement.

Performance Methodology

Participating hospitals are evaluated based on a points system, with points being awarded when performance meets or exceeds the threshold listed for each measure (outlined in the specifications). Select measures present the opportunity for hospitals to earn partial points, with two distinct thresholds for full and partial points. Each hospital has the potential to earn 100% of their allocated points. If measures are not applicable (for example, maternity measures for a hospital with no maternity services), the points for the non-applicable measures are proportionately redistributed to the remaining measures.

Rounding Rules: The target thresholds are rounded to the nearest 10th decimal place (i.e. the nearest 0.1%).

Payment Methodology

The Hospital QIP incentives payments are separate and distinct from a hospital's usual reimbursement for services provided to PHC members. Hospital QIP earnings are determined at the end of the measurement year according to the number of program points earned. QIP payments will be mailed by October 31, following the measurement year.

Payment Dispute Policy

Hospital QIP participants will be provided a preliminary report that outlines final performance for all measures (except Readmissions) before final payment is distributed (see item 1 below). If during the Preliminary Report review period a provider does not inform PHC of a calculation or point attribution error that would result in potential under or over payment, the error may be corrected by PHC post-payment. This means PHC may recoup overpaid funds any time after payment is distributed. Aside from this, post-payment disputes of final data, as described below, will not be considered:

1. **Data reported on the Year-End Preliminary Report**
   At the end of the measurement year, before payment is issued, QIP will send out a Preliminary Report detailing the final point earnings for all measures except Readmissions. Providers will be given one week, hereon referred to as the Preliminary Report review period, to review this report for performance discrepancies and calculation or point attribution errors. Beyond this Preliminary Report review period, disputes will not be considered.

2. **Hospital Designation**
   The Hospital QIP is comprised of two measurement sets: one for large hospitals, and one for small hospitals. The large hospital measurement set lists required measures for hospitals with at least 50 licensed, general acute (LGA) beds. The small hospital measurement set lists required measures for hospitals with less than 50 LGA beds. Each hospital's performance will be calculated based on which measurement set they fall under, with bed counts retrieved from the California Department of Public Health. Providers may confirm their designated hospital size with the QIP team at any point during the measurement year, and post-payment disputes regarding bed counts will not be considered.

3. **Thresholds**
   Measure thresholds can be reviewed in the Hospital QIP measurement specifications document throughout the measurement year. The Hospital QIP may consider adjusting thresholds mid-year based on provider feedback. However, post-payment disputes related to thresholds will not be considered.

Should a provider have a concern that does not fall in any of the categories above (i.e. the score on your final report does not reflect what was in the Preliminary Report), a Payment Dispute Form must be requested and completed within 60 days of receiving the final statement. All conversations regarding the dispute will be documented and reviewed by PHC. All payment adjustments will require approval from PHC's Executive Team.

REPORTING TIMELINE

The Hospital QIP runs on an annual program period, beginning July 1 and ending June 30. While data reporting on most measures follows this timeline, exceptions are made in order to align with national reporting done by participants. Preliminary Reports for all measures are provided in September following the measurement year, and Final Reports are provided at the end of October following the close of the measurement year. New for the 2022-2023 measurement year, Risk Adjusted Readmission reports will be distributed monthly to sites by the HQIP team. Please see the reporting summary below:

Table 2. 2022-2023 Small Hospital QIP Reporting Timeline for Performance Measurement Period of July 1, 2022 thru June 30, 2023

Measure/ Requirement	Hospital Reporting	PHC Reporting to Hospital *(outside of final reports)*	Max Points
HIE and EDIE Participation	Status due June 30, 2023 to PHC	N/A	N/A
Delegation Reporting	Refer to Delegation Agreement Exhibit A	N/A	N/A
Risk Adjusted Readmissions	No reporting necessary. PHC utilizes claims data to measure performance.	Reports distributed monthly	15
Palliative Care Capacity	August 31, 2023 to PHC	N/A	5
Hospital Quality Improvement Platform	Part I: Proof of participation in HQI Platform due 12/30/22 Part II: Timely, consistent data submissions through June 30, 2023 Part III: Signed data sharing agreement with PHC	N/A	10
Elective Delivery	Monthly reporting to CMQCC	N/A	5
Exclusive Breast Milk Feeding	Monthly reporting to CMQCC	N/A	5
Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate	Monthly reporting to CMQCC	N/A	10
QI Capacity	Registration and attendance of Partnership HealthPlan's *2023 Hospital Quality Symposium.*	N/A	5

California Hospital Patient Safety (CHPSO)	Report to CHPSO	Interim Reporting Available Spring of 2023	10
Substance Use Disorder - MAT	N/A	Interim Reporting Available Spring of 2023	10
Hepatitis B/ CAIR Utilization	**Maternity Hospitals:** No reporting necessary (PHC will access CAIR data) **Non Maternity Hospitals:** Submit CAIR report by August 31, 2023	N/A	10
Cal Hospital Compare-Patient Experience	August 31, 2023 to PHC	N/A	10
Health Equity	Submission of Translation & Interpretation Services template due to PHC August 31, 2023	N/A	5

2022-2023 SMALL HOSPITAL SUMMARY OF MEASURES

Table 3. Summary of Measures

Measure	Target/Points
Community HIE and EDIE Interface (*Required*)	
• All hospitals must complete or maintain an interface with a community HIE and EDIE interface as of the end of MY, and demonstrate use of this interface by the end of the measurement year, June 30, 2023.	All hospitals must complete defined interfaces by the end of MY. For capitated hospitals only: • Hospitals must use Collective Plan module of Collective Medical Technology's EDIE, to generate alerts for out of network inpatient admissions for their capitated members. • Collective Plan utilization must remain regular and consistent throughout measurement year
Risk Adjusted Readmission (15 points)	
• Risk Adjusted Readmissions for all hospitalized PHC patients	• <1.0 earns Full Points Full Points = 15 points • ≥1.0 - 1.2 earns Partial Points Partial Points = 7.5 points
Advance Care Planning (5 points)	
• Palliative Care Capacity	Hospitals meeting one of two options will receive full points: • Option for all hospitals: Dedicated inpatient palliative care team: one Physician Champion, and one trained* Licensed Clinical Social Worker or trained* Licensed Clinician (RN, NP, or PA), and availability of video or in-person consultation with a Palliative Care Physician) *OR* *Training must total 4 CE or CME hours. Training options include ELNEC, EPEC, or the CSU Institute for Palliative Care.
• Hospital Quality Improvement Platform	• Full Points = 10 points All of the following:

	– Part 1: Proof of successful enrollment in HQI Platform – Part 2: At least one (1) submission of data into HQI platform by 12/30/22. Continued timely, consistent submissions of data into platform (monthly) for remainder of MY – Part 3: Signed data sharing agreement with PHC • Partial Points = 5 points All of the following: – Part 1: Proof of successful enrollment in HQI platform – Part 2: Inconsistent or incomplete data submission into HQI platform

Clinical Quality: OB / Newborn / Pediatrics (20 points)	
For all maternity care measures, hospitals must timely* submit data to California Maternal Quality Care Collaborative (CMQCC). Hospitals must authorize PHC to receive data from CMQCC by completing the authorization form available on the Maternal Data Center. **For hospitals new to CMQCC**: Legal agreement executed by September 30th. First data submission for months of July - October due by December 15, 2022. Timely data submission for each month after that, beginning in January of the Measurement Year. **For hospitals already participating in CMQCC**: 12 months of timely data submission for each month during the measurement year. *Per CMQCC, timely submissions are defined as those submitted within 45 to 60 days after the end of the month.	
• Rate of Elective Delivery Before 39 Weeks	• Full Points: ≤ 1.0% = 5 points • Partial Points: >1.0 – 2.0% = 2.5 points
• Exclusive Breast Milk Feeding Rate at Time of Discharge from Hospital for all Newborns	• Full Points: ≥ 75.0% = 5 points • Partial Points: 70.0% - < 75.0% = 2.5 points

• Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate	• Full Points: < 22.0% NTSV Cesarean rate = 10 points • Partial Points: ≥ 22.0% - 23.6% = 5 points
Patient Safety (20 points)	
• California Hospital Patient Safety Organization (CHPSO) Participation	Hospitals meeting both requirements will receive full points (10 points): • Attend at least one Safe Table Forum, in-person or via phone, during the measurement year • Share 50 patient safety events across all categories (e.g. perinatal events, surgical events, etc.)
• Substance Use Disorder (MAT)	• Full Points = 10 points 3 PHC Members • Partial Points = 5 points 2 PHC Member or 33% of the denominator whichever is lower
Operations/Efficiency (15 points)	
• Hepatitis B Vaccination / CAIR Utilization Measure	Hospitals With Maternity Services: • Full Points: > 20% = 10 points • Partial Points: 10 - 20% = 5 points Hospitals Without Maternity Services: • Full Points: Ratio >1.20 = 10 points • Partial Points: Ratio 0.20 to 1.20 = 5 points
• Quality Improvement (QI) Capacity	• Full points = 5 Attendance at PHC's 2023 Hospital Quality Symposium. No partial points available
Patient Experience (15 Points)	
• Cal Hospital Compare-Patient Experience	• Full Points = 10 Patient Experience hospital composite score is greater than Average California Hospital score * 0.95 No partial points available

• Health Equity	• Full points = 5 Submission of Translation & Interpretation Services template No partial points available

2022-2023 MEASURE SET SPECIFICATIONS

Measure 1. *Risk Adjusted Readmissions*

A readmission occurs when a patient is discharged from a hospital and then admitted back into a hospital within a short period of time. A high rate of patient readmissions may indicate inadequate quality of care in the hospital and/or a lack of appropriate post-discharge planning and care coordination. Unplanned readmissions are associated with increased mortality and higher health care costs. They can be prevented by standardizing and improving coordination of care after discharge and increasing support for patient self-management (Plan All-Cause Readmission, n.d). Inclusion of this measure and benchmark determination is supported in alignment with external healthcare measurement entities, including NQF Plan All-Cause Readmissions (#1768).[3-6]

Measure Summary

For assigned members 18 to 64 years of age the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:

- Count of Index Hospital Stays* (denominator)
- Observed Readmissions: Count of 30-Day readmissions (numerator)
- Expected Readmissions: Sum of adjusted readmission risk (numerator)
- Ratio of Observed/Expected Readmissions

*An acute inpatient stay with a discharge during the first 11 months of the measurement year

Target

<1.0 Full Points = 15 Points

≥1.0 - 1.2 for Partial Points = 7.5 Points

Measurement Period

July 1, 2022 – June 30, 2023.

Denominator

The number of acute inpatient or observation stays (Index Hospital Stay) on or between July 1st and June 1st of the measurement year by members age 18 to 64 years of age continuously enrolled for at least 90 days prior admission date and 30 days after admission date.

Numerator

Observed 30-Day Readmission: The number of acute unplanned readmissions for any diagnosis within 30 days of the date of discharge from the Index Hospital Stay on or between July 3 and June 30 of the measurement year by PHC members included in the denominator.

Calculation:

$$\text{Observed 30 Day Readmissions Rate} = \frac{\text{Observed 30 Day Readmissions}}{\text{Total Count of Index Hospital Stays}}$$

Note: Inpatient stays where the discharge date from the first setting and admission date to the second setting must be two or more days apart and considered distinct inpatient stays.

Expected 30-Day Readmission**:** An Expected Readmission applies stratified risk adjustment weighting. Risk adjusted weighting is based on the stays for surgeries, discharge condition, co-morbidities, age, and gender.

Calculation:

$$\text{Expected 30 Day Readmissions Rate} = \frac{\text{Expected 30 Day Readmissions}}{\text{Total Count of Index Hospital Stays}}$$

Final Measure Calculation:

$$\text{Ratio of Observed/Expected Readmissions} = \frac{\text{Observed 30 Day Readmissions}}{\text{Expected 30 Day Readmissions}}$$

Exclusions

Exclusions for Numerator and Denominator:

- Discharges for death
- Pregnancy condition
- Perinatal condition
- Stays by members with 4 or more index admissions in the measurement year

Exclusions for Numerator:

- Planned admission using any of the following:
  - Chemotherapy
  - Rehabilitation
  - Organ Transplant
  - Planned procedure without a principal acute diagnosis

Reporting

No reporting by hospital to PHC is required. Note for capitated hospitals: the readmission rate used for this measure is based on all PHC adult members (ages 18-64) admitted to the hospital, whether they are capitated or not.

Measure 2. *Palliative Care Capacity*

Palliative care is specialized medical care for people with serious illness, focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for the patient and his/her family by identifying, assessing, and treating pain and other physical, psychosocial, and spiritual problems. Studies show that patients who receive palliative care have improved quality of life, feel more in control, are able to avoid risks associated with treatment and hospitalization, and have decreased costs with improved utilization of health care resources.[7-9]

Measure Requirements

- Hospitals <50 beds: Dedicated inpatient palliative care team: one Physician Champion, one trained* Licensed Clinical Social Worker or trained* Licensed Clinician (RN, NP, or PA), and an arrangement for availability of either video or in-person consultation with a Palliative Care Physician (option for all hospitals).

*Training must total 4 CE or CME hours. Training options include ELNEC, EPEC, the CSU Institute for Palliative Care, or other approved Palliative Care Training. Training valid for 4 years.

Target

Pay for reporting Palliative Care Capacity Attestation Form, including the information listed under Measure Requirements above.

Full points = 5 points. No partial points are available for this measure.

Measurement Period

July 1, 2022 – June 30, 2023.

Exclusions

No exclusions

Reporting

Hospitals must submit an attestation form no later than August 31, 2023 via email at HQIP@partnershiphp.org or fax at 707-863-4316.

Maternity Care Measures

Measures 3-5 Data Submission Instructions: For the following maternity care measures, hospitals must submit timely* data to California Maternal Quality Care Collaborative. Hospitals must authorize PHC to receive data from CMQCC by completing the authorization form available on the Maternal Data Center.

For hospitals new to CMQCC: Legal agreement executed by September 30. First data submission for months of July - October due by December 15, 2022. Timely data submission for each month after that, starting in January.

For hospitals already participating in CMQCC: 12 months of timely data submission for each month during the measurement year.

*Per CMQCC, timely submissions are defined as those submitted within 45-60 days after the end of the month.[10-16]

Measure 3. *Elective Delivery before 39 Weeks*

Elective delivery is defined as a non-medically indicated, scheduled cesarean section or induction of labor before the spontaneous onset of labor or rupture of membranes.[10] It has been found that compared to spontaneous labor, elective deliveries result in more cesarean births and longer maternal lengths of stay.[11] Repeated elective cesarean births before 39 weeks gestation also result in higher rates of adverse respiratory outcomes, mechanical ventilation, sepsis, and hypoglycemia for the newborns.[12] The American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) has consistently placed a standard requiring 39 completed weeks gestation prior to elective delivery, either vaginal or operative, for over 30 years.[13-15] Even with these standards in place, a 2007 survey of almost 20,000 births in HCA hospitals throughout the U.S. estimated that 1/3 of all babies delivered in the United States are electively delivered, with an estimated 5% of all deliveries in the U.S. delivered in a manner violating ACOG/AAP guidelines. Most of these are for convenience, and can result in significant short term neonatal morbidity.[16]

Measure Summary

Percent of patients with newborn deliveries at ≥ 37 to < 39 weeks gestation completed, with an elective delivery within the Measurement Year.

Target

- Full Points: ≤ 1.0% = 5 points
- Partial Points: > 1.0% - 2.0% = 2.5 points

Target thresholds determined based on 2016-2017 Joint Commission Statewide Quality data and PHC Hospital QIP participant data.

Measurement Period

July 1, 2022 – June 30, 2023.

Specifications

Joint Commission National Quality Care Measures Specifications v2018A used for this measure (Perinatal Care Measure PC-01).

For detailed specifications, follow this link:
https://manual.jointcommission.org/releases/TJC2018A/

Numerator: The number of patients in the denominator with an elective delivery.

Denominator: Patients delivering newborns at ≥ 37 and < 39 weeks of gestation during the measurement year.

Patient Population: All-hospital newborns, regardless of payer.

Exclusions

Exclusion list retrieved from v2018A Specifications Manual for Joint Commission National Quality Measures PC-01:

- ICD-10-CM Principal Diagnosis Code or ICD-10-CM Other Diagnosis Codes for Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation Appendix A, Table 11.07
- Patients delivering that are less than 8 years of age
- Patients delivering that are greater than or equal to 65 years of age
- Length of stay > 120 days
- Gestational Age < 37 or ≥ 39 weeks

For hospitals with a denominator of 50 patients or less, elective deliveries for a medical reason not listed under Joint Commission's PC-01 exclusions may be submitted for PHC's review and, if approved, be excluded from the denominator.

If the hospital does not have maternity services, this measure does not apply.

Reporting

Monthly Reporting. Hospitals will report directly to CMQCC, with all data uploaded by August 31, 2023.

Measure 4. *Exclusive Breast Milk Feeding Rate*

Exclusive breast milk feeding for the first 6 months of neonatal life has been a goal of the World Health Organization (WHO), and is currently a 2025 Global Target to improve maternal, infant, and young child nutrition. Other health organizations and initiatives such as the Department of Health and Human Services (DHHS), American Academy of Pediatrics (AAP), and American College of Obstetricians and Gynecologists (ACOG), Healthy People 2010, and the CDC have also been active in promoting this goal.[17-23]

Measure Summary

Exclusive breast milk feeding rate for all newborns during the newborn's entire hospitalization within the Measurement Year.

Target

- Full Points: ≥ 75.0% = 5 points
- Partial Points: 70.0% - < 75.0% = 2.5 points

Target thresholds determined based on 2016-2017 Joint Commission Statewide Quality and Hospital QIP participant data.

Measurement Period

July 1, 2022 – June 30, 2023.

Specifications

Joint Commission National Quality Care Measures Specifications v2018A used for this measure (Perinatal Care Measure PC-05).

For detailed specifications, follow this link:
https://manual.jointcommission.org/releases/TJC2018A/

Numerator: The number of newborns in the denominator that were fed breast milk only since birth.

Denominator: Single term newborns discharged alive from the hospital during the measurement year.

Patient Population

All-hospital newborns, regardless of payer.

Exclusions

Exclusions retrieved from v2018A Specifications Manual for Joint Commission National Quality Measures, PC-05 specifications. Exclusions include:

- Newborns admitted to the Neonatal Intensive Care Unit (NICU) at this hospital during the hospitalization

- ICD-10-CM Other Diagnosis Codes for galactosemia as defined in Appendix A, Table 11.21
- ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes for parenteral nutrition as defined in Appendix A, Table 11.22
- Experienced death
- Length of Stay >120 days
- Patients transferred to another hospital
- Patients who are not term or with < 37 weeks gestation completed

If the hospital does not have maternity services, this measure does not apply.

Reporting

Monthly Reporting. Hospitals will report directly to CMQCC, with all data uploaded by August 31, 2023.

Measure 5. *Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Rate*

Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate is the proportion of live babies born at or beyond 37.0 weeks gestation to women in their first pregnancy, that are singleton (no twins or beyond) and in the vertex presentation (no breech or transverse positions), via C-section birth. NTSV Rate is used to determine the percentage of cesarean deliveries among low-risk, first-time mothers. Studies show that narrowing variation and lowering the average C-section rate will lead to better quality care, improved health outcomes, and reduced costs.[27]

Measure Summary

Rate of Nulliparous, Term, Singleton, Vertex Cesarean births occurring at each HQIP hospital within the measurement period.

Target

Full Points: < 22.0% NTSV cesarean rate = 10 points

Partial Points: ≥ 22.0% - 23.6% NTSV rate = 5 points

Target thresholds determined considering the HealthyPeople2020 goal, and also statewide and HQIP participant averages calculated using Cal Hospital Compare data.

Measurement Period

July 1, 2022– June 30, 2023.

Specifications

Joint Commission National Quality Care Measures Specifications v2018A used for this measure (Perinatal Care Measure PC-02).

For detailed specifications, follow this link:

https://manual.jointcommission.org/releases/TJC2018A/

Numerator: Patients with cesarean births.

Denominator: Nulliparous patients delivered of a live term singleton newborn in vertex presentation.

Patient Population

All deliveries at the hospital with ICD-10-CM Principal Procedure Code or ICD-10-CM Other Procedure Codes for cesarean section as defined in Joint Commission National Quality Measures v2018A Appendix A, Table 11.06.

Exclusions

Exclusions retrieved from v2018A Specifications Manual for Joint Commission National Quality Measures, PC-02 specifications:

- ICD-10-CM Principal Diagnosis Code or ICD-10-CM Other Diagnosis Codes for multiple gestations and other presentations as defined in Appendix A, Table 11.09
- Patients delivering that are less than 8 years of age
- Patients delivering that are greater than or equal to 65 years of age
- Length of Stay >120 days
- Gestational Age < 37 weeks or unable to determine (UTD)

If the hospital does not have maternity services, this measure does not apply.

Reporting

Monthly Reporting. Hospitals will report directly to CMQCC, with all data uploaded by August 31, 2023.

Measure 6. *CHPSO Patient Safety Organization Participation*

CHPSO is one of the first and largest patient safety organizations in the nation, and is a trusted leader in the analysis, dissemination, and archiving of patient safety data. CHPSO brings transparency and expertise to the area of patient safety, and offers access to the emerging best practices of hundreds of hospitals across the nation.

CHPSO provides members with a safe harbor. Reported medical errors and near misses become patient safety work product, protected from discovery. Members are able to collaborate freely in a privileged confidential environment.

Measure Summary

Participation in the California Hospital Patient Safety Organization. Membership is free for members of the California Hospital Association (CHA) and California's regional hospital associations. To see if your hospital is already a member of CHPSO, refer to the member listing.

- Participation in at least one "Safe Table Forum", either in-person or virtually, during the Measurement Year
- Submission of 50 patient safety events to CHPSO, for events occurring within the measurement year or the year prior
  - Please reference AHRQ's common reporting formats for information on the elements that may comprise a complete report: https://www.psoppc.org/psoppc_web/publicpages/commonFormatsV1.2.
  - You may also contact CHPSO to seek more information or examples of what may be considered a patient safety event.

Target

Full Points = 10 points. No partial points are available for this measure.

Measurement Period

July 1, 2022 – June 30, 2023.

Reporting

Hospitals will report directly to CHPSO using their risk management reporting system. Please contact CHPSO at http://www.chpso.org/contact-0. No reporting by hospital to PHC is required. In order to receive credit for this measure, hospitals must grant CHPSO permission to share submission status updates with PHC by August 31, 2023.

Measure 7. *Substance Use Disorder Referrals*

Substance Abuse Referrals for Medication Assisted Treatment interventions present an opportunity to treat patients presenting in the hospital with opioid intoxication. Patients with substance use disorders are frequently hospitalized with complications from the condition, yet do not receive treatment for their underlying disease, which leaves patients at high risk of future overdose. Hospital visits can offer an opportunity to start effective medication treatment for addiction and connect patients to ongoing outpatient services.

Medication Assisted Treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. [24-25]

Specifications

To meet the measure criteria the following must be achieved:

- **Denominator:** Emergency Department or inpatient admissions of PHC Members with ICD10: F11.2x diagnosis code of opioid use disorder billed in any position on the claim.

- **Numerator:** Any subsequent prescription of buprenorphine ***or*** any subsequent office visit with a diagnosis of F11.2x

Buprenorphine Rx may include:	Buprenorphine, Buprenorphine HCl, Buprenorphine-naloxone, Suboxone, Zubsolv, Vivitrol, and/or Butrans

"Subsequent" is defined as the period between 1 and 60 days post discharge after an inpatient stay, during the Measurement Year.

- **Data Collection:** PHC will use medical and Buprenorphine pharmacy claims data for the period 1-60 days post-discharge during the Measurement Year, as well as outpatient provider data to determine performance.

Target

Full Points ≥ 3 PHC Members = 10 points. No partial points are available for this measure.

Measurement Period

July 1, 2022 – June 30, 2023.

Exclusions

N/A

Reporting

PHC will access claims data to determine performance.

Measure 8. *Hepatitis B/CAIR Utilization*

Measure Summary

This measure is intended to help improve the interaction between PHC's contracted hospitals and the California Immunization Registry (CAIR). The CAIR system is accessed online to help providers track patient immunization records, reduce missed opportunities, and help fully immunize Californians of all ages. CAIR makes immunization records easily accessible, ensures accuracy, and improves efficiency. With a bi-directional interface, CAIR utilization can be automated through EHR integration.

Hospitals providing maternity services hold the valuable opportunity of optimizing their Hepatitis B birth dose practices. The U.S. Centers for Disease Control and Prevention (CDC) recommends all infants receive the first dose of Hepatitis B vaccine at Birth in the delivery room (called the "birth dose") or within 12 hours of life before they leave the hospital.[26]

Specifications

In order to demonstrate measure compliance, hospitals must be using the California Immunization Registry (CAIR) to record vaccines. PHC will use CAIR data uploaded during the Measurement Year to measure performance.

Specification for Hospitals Providing Maternity Services:

Numerator: Newborn Hepatitis B Vaccine entered in CAIR within first month of life

Denominator: Newborn births at the hospital between July 1, 2022 – June 30, 2023

Specification for Hospitals *Not* Providing Maternity Services:

Hospitals not providing maternity services, but administering TDaP and Tetanus, MMR, influenza, and Pneumococcal Conjugate (PCV13) vaccines in the hospital or ED.

Numerator: Number of vaccines recorded in CAIR from July 1, 2022 – June 30, 2023

Denominator: Number of Licensed acute inpatient beds (State OSHPD bed count)

Licensed acute bed utilization count may be submitted in the instance that bed utilization numbers differ from actual OSHPD bed count due to staffing or other clearly demonstrated reasons.

Target

Hospitals Providing Maternity Services:

- Full Points ≥ 20% = 10 Points
- Partial 10-20% = 5 Points

Hospitals *not* Providing Maternity Services:

- Full Points Ratio > 1.20 = 10 Points
- Partial Points Ratio 0.20 to 1.20 = 5 Points

Measurement Period

July 1, 2022 – June 30, 2023.

Reporting

Hospitals providing Maternity Services: Hospitals must submit report for all Newborn Hepatitis B Vaccine entered in CAIR within first month of life from July 1, 2022 – June 30, 2023 to PHC by August 31, 2023. Submissions can be sent by email to HQIP@partnershiphp.org.

Hospitals *not* providing Maternity Services: Hospitals must submit CAIR report for all vaccines entered from July 1, 2022 – June 30, 2023 to PHC by August 31, 2023. Submissions can be sent by email to HQIP@partnershiphp.org.

Measure 9. *Quality Improvement (QI) Capacity*

Measure Summary

This measure is intended to introduce resources to all PHC network hospitals, particularly small and rural hospitals, to provide hospital administrators, physicians, and staff of all levels with tools, strategies, and inspiration for improving the quality of care provided to our members. Many of our hospitals are far from major cities or so small in size that it becomes difficult to facilitate training attendance. We offer this event with the desire to encourage PHC-contracted hospitals to send staff of all levels to an informative learning session.

Specifications

- CE/CME hours per person are available for attending this event
- Attendance at this event will be verified at the event by PHC
- The following are examples of potential quality topics that may be presented at this event:
  - Infection control or prevention
  - Outpatient care coordination
  - Opioid epidemic
  - Perinatal care services
  - Implicit bias
  - Emerging data resources

Target

Full Points = 5 points. No partial points are available for this measure.

Reporting

Hospital staff registration and attendance of the event in its entirety will be documented for reporting by PHC.

Measure 10. *Hospital Quality Improvement Platform*

The Hospital Quality Improvement platform is supported by the Hospital Quality Institute (HQI). The HQI provides coordination and support for improvement and measures supporting patient safety and quality improvement activities. This measure is designed to encourage hospitals to submit data into the HQI Platform and allow PHC access to view hospital-specific results.

Participation in this platform will allow PHC the visibility to see hospital-specific measure performance for network hospitals using validated hospital quality measures. Hospitals who sign up are encouraged to continue submitting data into the platform for the remainder of the year in order to achieve full points in this measure.

Measure Summary

Participation in the Hospital Quality Improvement Platform and timely, complete data submissions. The HQI Platform is available to all California Hospital Association members at no additional charge. This measure is broken into two parts;

1. Participation in HQI Platform (proof of participation due December 30, 2022) and
2. Timely, complete consistent submission of discharge data into HQI Platform including NHSN rights conferral (PHC will assess hospital usage June 30, 2023)
3. In order to participate in this measure, hospitals must sign a data sharing agreement with Partnership HealthPlan to share summary data for scoring

Target

Partial Points = 5 points: Hospitals successfully sign up, confer NHSN rights, and submit all discharge data due to HCAI into the Hospital Quality Improvement Platform by December 30, 2022.

Full Points = 10 points: Hospitals successfully sign up, confer NHSN rights, and submit all discharge data due to HCAI into the Hospital Quality Improvement Platform by December 30, 2022 AND continued submission of all discharge data due to HCAI into the platform for the remainder of the measurement year (PHC assesses timely data submission June 30, 2023).

Measurement Period

Part 1: July 1, 2022 – December 30, 2022.
Part 2: January 1, 2023 – June 30, 2023.

Reporting

How to participate in HQI Platform:

- Call Dr. Scott Masten at (916) 552-7557
- Two forms to be filled out, forms found at: https://www.hqinstitute.org/hospital-quality-improvement-platform "Join the Program" section:

    - Business Associate Agreement
    - Participation Agreement
- Data reporting instructions and timeline: https://www.hqinstitute.org/post/data-upload-instructions
- Tech Support: HQIAnalytics@hqinstitute.org

Measure 11. *Cal Hospital Compare-Patient Experience*

Measure Summary

The terms, patient experience and patient satisfaction, are often used interchangeably, but they actually have different meanings. Patient satisfaction focuses on whether the patient's expectations about a health encounter were met. Patient experience, on the other hand, relates to what has or has not happened to a patient in an in-patient setting (such as clear or non-clear communication with a medical team).

Patient experience is an important component to creating a high quality hospital. There are many ways to gather information on patient experience. Ratings and data sources can be viewed on sources such as Cal Hospital Compare. The hospital data presented on Cal Hospital Compare is the result of a partnership among independent organizations dedicated to improving health care quality. Cal Hospital Compare includes hospital measures for clinical care, patient safety, and patient experience for all acute care hospitals in the state of California with publicly available information.

Hospitals are scored based on patient experience results from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. Survey questions are related to communication, responsiveness, care transition, pain management, discharge information, cleanliness, quietness as well as an overall rating of the hospital and if the patient would or would not recommend that hospital. This rating combines information about different aspects of patient experience to make it easier for consumers to compare hospitals.[28]

Specifications

Hospital Patient Experience data is measured as an aggregate score in comparison to the aggregate score of Patient Experience for all acute care hospitals in the state of California with publicly available information.

Target

Full Points: 10 Points
Hospital aggregate score is greater than average California hospital score * 0.95 = 10 points.

No partial points are available for this measure.

Measurement Period

July 1, 2022 – June 30, 2023.

Reporting

PHC will collect data that hospitals submit to Cal Hospital Compare *directly* from hospitals and compare aggregate score to the average California hospital score*.
Hospital Patient Experience data submission due to PHC no later than August 31, 2023.

Measure 12. *Health Equity*

Measure Summary

Partnership HealthPlan of California (PHC) agrees with the Robert Wood Johnson Foundation - "Health Equity" means, "everyone has a fair and just opportunity to be as healthy as possible". [29] PHC recognizes that a range of factors impact the holistic health of the diverse communities we serve. This includes safe housing and environment, educational and employment opportunities, freedom from discrimination, access to affordable and healthy food and access to comprehensive quality health care services. PHC promotes Health Equity through responsive, respectful and open processes involving our internal workforce, healthcare providers, community organizations, and our members. We are committed to create just and person-centered opportunities to attain the highest quality health and well-being for our members and the communities we serve.

Managing Health Equity in the healthcare environment is a major social challenge facing our nation. Every patient, regardless of socioeconomic status, race, gender, or other identifying traits, deserves a quality patient experience. With growing discussions about the importance of Health Equity, hospitals today have many opportunities to improve the patient experience through addressing health inequities and improving outcomes. [30-32]

Specifications

This submission-based measure requests that hospitals submit a completed Translation and Interpretation Services Template to PHC. (See Appendix III for the Translation and Interpretation Services Template).

Target

Full Points: Submission of completed Translation and Interpretation Services template = 5 points.

No partial points are available for this measure.

Measurement Period

July 1, 2022 – June 30, 2023.

Reporting

Translation and Interpretation Services template submitted to HQIP@partnershiphp.org no later than August 31, 2023.

APPENDICES

Appendix I: Information Exchange Implementation Plan

Partnership HealthPlan of California
Hospital Quality Improvement Program
4665 Business Center Drive, Fairfield, CA 94534
Tel (707) 420-7505 · Fax (707) 863-4316
HQIP@partnershiphp.org
http://www.partnershiphp.org/Providers/Quality

HIE Gateway Measure Status or Plan
Due October 31, 2021

To qualify for full incentive amount for the 2020-2021 Hospital QIP, hospitals must have a Community HIE interface with ADT plus HL7 or XDS; link to national network; and interface with EDIE available by June 30, 2021. Please complete the following to detail your plans for HIE implementation. *If you are already live with a community HIE and EDIE, please still complete this form to confirm your continued participation and detail any changes for 2020-21.*

Please complete and email this Implementation Plan to HQIP@partnershiphp.org.

Hospital: *(e.g. Lakeside Hospital)*	
Name of Community Health Information Exchange: 1. Community HIE interface with ADT plus either an HL7 interface or a XDS interface with one of the following community HIEs: ○ Sac Valley Med Share ○ North Coast Health Information Network ○ Marin County Health Information Exchange	Community HIE: Types of interfaces, with dates of implementation/anticipated implementation: (final status will be confirmed with community HIE)
2. ADT interface with EDIE (direct with CMT, or through another HIE)	Date of EDIE go live: (final status will be confirmed with CMT)
3. Active link to one of the following national HIE network (directly or through another HIE) • CareQuality, • eHealth Exchange, or • Commonwell	Name of national network: Date national network interface active: (Final status will be confirmed with national network)
Please add any additional information: Onboarding budget approval, anticipated date of BAA completion, Network Participation Agreement, installation proposal details, etc.	

Appendix II: Palliative Care Capacity

Partnership HealthPlan of California
Hospital Quality Improvement Program
4665 Business Center Drive, Fairfield, CA 94534
Fax (707) 863-4316
HQIP@partnershiphp.org
http://www.partnershiphp.org/Providers/Quality

Measure 2. Hospital QIP Palliative Care Capacity Attestation

Hospitals in the Partnership HealthPlan of CA (PHC) provider network who provide Palliative Care services may qualify for a financial bonus under PHC's Hospital Quality Improvement Program (QIP). Hospitals may meet the Palliative Care Capacity measure by one of the following options:

- Dedicated inpatient palliative care team: one Physician Champion, one trained* Licensed Clinical Social Worker or one trained* Licensed Clinician (RN, NP, or PA), and an arrangement for availability of either video or in-person consultation with a Palliative Care Physician (option for all hospitals)

OR

- Inpatient palliative care capacity: at least 2 trained* Licensed Clinicians (RN, NP, or PA), and an arrangement for availability of either video or in-person consultation with a Palliative Care Physician (option for hospitals with less than 100 beds).

Hospitals with less than 20 general acute beds will be excluded from this measure. Palliative Care capacity must be established **between July 1, 2020 and June 30, 2021**. All submitted attestations are reviewed by PHC. Upon approval, the attestation will qualify for the incentive. Attestation forms should be submitted no later than **August 31, 2021** via email at HQIP@partnershiphp.org or fax at 707-863-4316.

Measure 2. Palliative Care Capacity

- **Option 1: Dedicated Palliative Care Team**

In addition to the information below, also attach:

1. Agreement for availability of either video or in-person palliative care physician consultation, and include a report indicating total number of palliative care consultations between July 1, 2020 and June 30, 2021.
2. CE/CME certificates for trained clinicians.

Hospital Name:

_____

Submitted By: _____ Date: _____

Please include name, title, responsibilities, and training information for team members below.

Name	Title	Responsibilities	Date of training	Palliative Care FTEs
	Physician Champion		N/A	
	Clinician (MD, DO, RN, NP, or PA)			
	LCSW			

Please include a brief description of how the team is selected, their reporting structure within the hospital, how often the team meets, number of patients served in 2020-21, and team goals/challenges addressed in 2020-21

Measure 2. Palliative Care Capacity

- **Option 2: Inpatient Palliative Care Capacity**

In addition to the information below, also attach:

1. Agreement for availability of either video or in-person palliative care physician consultation, and include a report indicating total number of palliative care consultations between July 1, 2020 and June 30, 2021.
2. CE/CME certificates for trained clinicians.

Hospital Name:

_____

Submitted By: _____ Date: _____

Please complete the following information for trained clinicians:

Name	Title	Date of Palliative Care training

Appendix III: Health Equity – Translation and Interpretation Services

1. Name of Hospital:
2. Name of Translation/Interpretation Service :
3. Description of services provided:
    a. Number of in-house **certified** staff translators/interpreters:
        i. Organization individual is certified through:
    b. Contracted translation/interpretation service:
        i. Contract type (video/telephonic/other):
    c. In-house testing:
    d. PHC Interpretation Services:
4. Utilization of Translation/Interpretation Services
    a. Total hours of all translation/interpretation services last year:
    b. Number of unique patients for whom translation/interpretation services were used last year:
    c. Average duration of translation/interpretation service per patient/usage (minutes/hours):
5. Languages identified for translation/interpretation services:

Arabic	Mien
Armenian	Punjabi
Cambodian	Russian
Chinese	Spanish
Farsi	Tagalog
Hindi	Thai
Hmong	Ukrainian
Japanese	Vietnamese
Korean	American Sign Language (ASL)
Laotian	
Other (Please list language):	

6. Type of clinical action translation/interpretation services are primarily used for:

Admission	Clergy Services
Physical Evaluation	Radiologic Services
Medical History	Pharmacy Services
Test Result Notification	Social Services
Discharge Information	Dietary Needs
Nurse Interactions	Patient Education
Medication Counseling	
Other Service (Please List):	

Health Equity – Translation and Interpretation Services - Continued

7. Please attach report encompassing usage data on all translation/interpretation services rendered within the measurement year. To include: Social service, admissions, dietary, clergy, radiological and pharmaceutical services.

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