



Perinatal and Reproductive Health 2015 - 2016: Measures Undergoing Maintenance of Endorsement Review

Click the measure numbers to read more about the measure on QPS!

| Measure Number | Title | Description | Measure Steward |
|----------------------------|--|---|--|
| Reproductive Health | | | |
| 0033 | Chlamydia Screening in Women (CHL) | The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. | National Committee for Quality Assurance |
| 1395 | Chlamydia Screening and Follow Up | The percentage of female adolescents 18 years of age who had a chlamydia screening test with proper follow-up. | National Committee for Quality Assurance |
| 0567 | Appropriate Work Up Prior To Endorsement Ablation Procedure | To ensure that all women have endometrial sampling performed before undergoing an endometrial ablation. | Health Benchmarks-IMS Health |
| Pregnancy | | | |
| 0651 | Ultrasound determination of pregnancy location for pregnant patients with abdominal pain | Percentage of pregnant patients who present to the ED with a chief complaint of abdominal pain and or vaginal bleeding who receive a trans-abdominal or trans-vaginal ultrasound. | American College of Emergency Physicians |
| 1391 | Frequency of Ongoing Prenatal Care (FPC) | Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of expected prenatal visits: <ul style="list-style-type: none"> •<21 percent of expected visits •21 percent–40 percent of expected visits | National Committee for Quality Assurance |

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| | | <ul style="list-style-type: none"> •41 percent–60 percent of expected visits •61 percent–80 percent of expected visits •> or =81 percent of expected visits | |
| 1517 | Prenatal & Postpartum Care (PPC) | <p>The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.</p> <ul style="list-style-type: none"> • Rate 1: Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit as a patient of the organization in the first trimester or within 42 days of enrollment in the organization. • Rate 2: Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery. | National Committee for Quality Assurance |
| Labor and Delivery | | | |
| 0476 | PC-03 Antenatal Steroids | This measure assesses patients at risk of preterm delivery at ≥ 24 and < 32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-02: Cesarean Section, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding). | The Joint Commission |
| 1746 | Intrapartum Antibiotic Prophylaxis for Group B Streptococcus (GBS) | Percentage of pregnant women who are eligible for and receive appropriate intrapartum antibiotic prophylaxis (IAP) for Group B Streptococcus (GBS) | Massachusetts General Hospital |
| 0469 | PC-01 Elective Delivery | This measure assesses patients with elective vaginal deliveries or elective cesarean sections at ≥ 37 and < 39 weeks of gestation completed. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-02: Cesarean Section, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding) | The Joint Commission |
| 0470 | Incidence of Episiotomy | Percentage of vaginal deliveries (excluding those coded with shoulder dystocia) during which an episiotomy is performed. | Christiana Care Health System |

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| 0471 | PC-02 Cesarean Section | This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section. This measure is part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding). | The Joint Commission |
| 0472 | Appropriate Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision – Cesarean section. | Percentage of patients undergoing cesarean section who receive appropriate prophylactic antibiotics within 60 minutes of the start of the cesarean delivery, unless the patient is already receiving appropriate antibiotics | Massachusetts General Hospital/Partners Health Care System |
| 0473 | Appropriate DVT prophylaxis in women undergoing cesarean delivery | Measure adherence to current ACOG, SMFM recommendations for use of DVT prophylaxis in women undergoing cesarean delivery. Current ACOG and SMFM recommendations call for the use of pneumatic compression devices in all women undergoing cesarean delivery who are not already receiving medical VTE prophylaxis. Numerator: Number of women undergoing cesarean delivery receiving either pneumatic compression device or medical prophylaxis prior to cesarean delivery. Denominator: All women undergoing cesarean delivery. | Hospital Corporation of America |
| Newborn and Postpartum | | | |
| 0716 | Healthy Term Newborn | Percent of term singleton livebirths (excluding those with diagnoses originating in the fetal period) who DO NOT have significant complications during birth or the nursery care. | California Maternal Quality Care Collaborative |
| 0475 | Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge | Percent of live newborn infants that receive hepatitis B vaccination before discharge at each single hospital/birthing facility during given time period (one year). | Centers for Disease Control and Prevention |
| 0278 | Low Birth Weight Rate (PQI 9) | Low birth weight (< 2,500 grams) infants per 1,000 newborns. Excludes transfers from other institutions. [NOTE: The software provides the rate per newborn. However, common practice reports the measure as per 1,000 newborns. The user must multiply the rate obtained from the software by 1,000 to report admissions per 1,000 newborns.] [NOTE: This indicator can be calculated in SAS QI Software Version 4.5 using either the PDI Module or the PQI #9 Standalone Module.] | Agency for Healthcare Research and Quality |

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| 1382 | Percentage of low birthweight births | The percentage of births with birthweight <2,500 grams | Centers for Disease Control and Prevention |
| 0477 | Under 1500g infant Not Delivered at Appropriate Level of Care | The number per 1,000 livebirths of <1500g infants delivered at hospitals not appropriate for that size infant. | California Maternal Quality Care Collaborative |
| 0304 | Late sepsis or meningitis in Very Low Birth Weight (VLBW) neonates (risk-adjusted) | Standardized rate and standardized morbidity ratio for nosocomial bacterial infection after day 3 of life for very low birth weight infants, including infants with birth weights between 401 and 1500 grams and infants whose gestational age is between 22 and 29 weeks. | Vermont Oxford Network |
| 0478 | Neonatal Blood Stream Infection Rate (NQI #3) | Discharges with healthcare-associated bloodstream infection per 1,000 discharges for newborns and outborns with birth weight of 500 grams or more but less than 1,500 grams; with gestational age between 24 and 30 weeks; or with birth weight of 1,500 grams or more and death, an operating room procedure, mechanical ventilation, or transferring from another hospital within two days of birth. Excludes discharges with a length of stay less than 7 days and discharges with a principal diagnosis of sepsis, sepsis or bacteremia, or newborn bacteremia. [NOTE: The software provides the rate per hospital discharge. However, common practice reports the measure as per 1,000 discharges. The user must multiply the rate obtained from the software by 1,000 to report events per 1,000 hospital discharges.] | Agency for Healthcare Research and Quality |
| 1731 | PC-04 Health Care-Associated Bloodstream Infections in Newborns | This measure assesses the number of staphylococcal and gram negative septicemias or bacteremias in high-risk newborns. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-02: Cesarean Section, PC-03: Antenatal Steroids, PC-05: Exclusive Breast Milk Feeding). | The Joint Commission |
| 0483 | Proportion of infants 22 to 29 weeks gestation screened for retinopathy of prematurity. | Proportion of infants 22 to 29 weeks gestation who were in the reporting hospital at the postnatal age recommended for retinopathy of prematurity (ROP) screening by the American Academy of Pediatrics (AAP) and who received a retinal examination for ROP prior to discharge. | Vermont Oxford Network |

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| 0480 | PC-05 Exclusive Breast Milk Feeding and the subset measure PC-05a Exclusive Breast Milk Feeding Considering Mother's Choice | PC-05 assesses the number of newborns exclusively fed breast milk during the newborn's entire hospitalization and a second rate, PC-05a which is a subset of the first, which includes only those newborns whose mothers chose to exclusively feed breast milk. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-02: Cesarean Section, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns). | The Joint Commission |