

APPENDIX A: NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR PERINATAL CARE PERFORMANCE MEASURE SPECIFICATIONS¹

MEASURE #, TITLE, IP OWNER ²	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA SOURCE
PN-007-07 ^{3,4} Elective Delivery Prior to 39 Completed Weeks Gestation IP Owner: Hospital Corporation of American (HCA) / St. Marks Perinatal Center	Babies from the denominator electively delivered prior to 39 completed weeks gestation.	All singletons delivered at > or equal to 37 completed weeks gestation).	Post-dates (ICD-9 code 645), IUGR (656.5), oligohydramnios (658.0), hypertension (642), diabetes (648.0), maternal cardiac disease (648.8), previous stillbirth (648.5), placental abruption (648.6), placenta previa (641), unspecified antenatal hemorrhage (646.2), maternal renal disease (646.7), acute fatty liver or pregnancy (651), multiple gestation (652), malpresentation (656.1), iosimmunization (656.2), maternal coagulopathy (656.4), fetal demise (657), hydramnios (658.1), and ruptured membranes (649.3), V27.1	Medical records.
PN-013-07 ³ Incidence of Episiotomy IP Owner: Christiana Care Health Service / NPIC	Number of patients from the denominator with episiotomy procedures (CPT code: 59410 or ICD-9 codes 72.1, 72.21, 72.31, 72.71, 73.6, 75.6) performed.	Number of vaginal deliveries (CPT 59410 or by DRG).	Vaginal deliveries complicated by a shoulder dystocia (ICD-9 660.41 or 660.42).	Claims, medical records, electronic health records.
PN-010-07 Cesarean Rate for Low-Risk First Birth Women IP Owner: California Maternal Quality Care Collaborative	Proportion of patients from the denominator that had a cesarean birth.	Livebirths at or beyond 37.0 weeks gestation that are having their first delivery and are singleton (no twins or beyond) and vertex presentation (no breech or transverse positions).	Patients with abnormal presentation, preterm, fetal death, multiple gestation diagnosis codes, or breech procedure codes.	Claims data and vital records (birth certificate).
PN-011-07 Prophylactic Antibiotic in C- Section	Number of patients who received prophylactic antibiotics within one hour prior to surgical incision or at the time of delivery.	All patients undergoing cesarean section without evidence of prior infection or already receiving prophylactic antibiotics for other	Patients who had a principal ICD-9 diagnosis code suggestive of preoperative infectious disease (as defined in Appendix A, Table 5.09 of the Specification Manual for National Hospital Quality	Administrative, medical records, clinician survey, paper medical

¹ All specifications as of October 20, 2008. Refer to IP owner for most recent specifications.

² IP = "Intellectual Property"

³ Time-limited endorsement.

⁴ Candidate standard numbers assigned by NQF during the consensus process.

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IP Owner: Massachusetts General Hospital		reasons.	Measures, Version 2.2, and future updates). Patients who were receiving antibiotics within 24 hours prior to surgery, <i>except</i> that prophylaxis with penicillin or ampicillin for Group B Streptococcus (GBS) is not a reason for exclusion. Patients with physician/advanced practice nurse/physician assistant/certified nurse midwife documented infection or prophylaxis for infection, <i>except</i> that prophylaxis for GBS is not a reason for exclusion. Patients who undergo other surgeries within 3 days before or after the cesarean section.	record, and electronic health record.
PN-006-07³ Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery IP Owner: HCA / St. Marks Perinatal Center	Patients from the denominator who receive either fractionated or unfractionated heparin or pneumatic compression devices prior to surgery.	All women undergoing cesarean delivery.	None.	Medical records.
PN-002 & 019-07³ Birth Trauma Rate measures (harmonized) IP Owners: Agency for Healthcare Research and Quality (AHRQ) / National Perinatal Information Center (NPIC)	Discharges from the denominator with one of the following birth outcomes: 1. ICD-9-CM code 7670: Subdural and cerebral hemorrhage due to trauma, intrapartum anoxia, or hypoxia 2. 76711: Epicranial subaponeurotic hemorrhage (massive) 3. 7673: Injuries to skeleton (excludes clavicle) 4. 7674: Injury to spine and spinal cord 5. 7675: Facial nerve injury 6. 7677: Other cranial and peripheral nerve injuries 7. 7678: Other specified birth	All neonates within a hospital. A neonate is any newborn aged 0 to 28 days (inclusive) at discharge with: 1. An ICD-9-CM code for in-hospital liveborn birth; OR 2. An admission type of newborn, age in days at admission equal to 0, and no code for an out-of-hospital birth; OR 3. Any DRG in MDC 15 (if age in days is missing).	Infants with a birth weight of less than 2000g (ICD-9-CM codes 765.00-07, 765.11-17). Infants with any diagnosis code of osteogenesis imperfecta (756.51). Infants with injury to the brachial plexus, palsy or paralysis, Erb's palsy (767.6)	Claims / discharge abstract data.

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	trauma 8. 767.8: Other specified birth trauma, eye damage, hematoma of liver, testes, vulva, rupture of liver, spleen, scalpel wound, traumatic glaucoma			
PN-001-07³ Hepatitis B Vaccine Administration to All Newborns Prior to Discharge IP Owner: Center for Disease Control and Prevention	Number of newborns from the denominator administered hepatitis B vaccine (CPT for hepatitis B vaccine - 90744, CPT for immunization administration 90471, diagnosis code V05.3 for hepatitis B vaccination) prior to discharge.	Number of live newborns discharged from the hospital.	Parental refusal.	Claims, medical records, clinical database, pharmacy data, and electronic health record data.
PN-016-07³ Appropriate Use of Antenatal Steroids IP Owner: Providence St. Vincent Hospital / Council of Women and Infants Specialty Hospitals (CWISH)	Number of mothers from the denominator receiving receiving antenatal steroids (corticosteroids administered IM) during pregnancy at any time prior to delivery.	Total number of mothers who delivered preterm infants (24-32 weeks with preterm premature rupture of membranes or 24-34 weeks with intact membranes).	None.	Medical record, clinical database, electronic health record.
PN-022-07 Infants Under 1500g Delivered at Appropriate Site IP Owner: California Maternal Quality Care Collaborative	Liveborn infants from the denominator with birthweight <1500g at the given birth hospital.	All livebirths over 24 weeks gestation at the given birth hospital. Is this hospital a Level III* or equivalent neonatal intensive care unit as defined by AAP**? Yes _____ No _____ * Level III subspecialty NICUs have the personnel and equipment to care for infants < 1500 grams.	None.	Birth records.

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		<p>Hospitals that do not have Level III NICUs should have low rates for this measure, indicating appropriate transfer of a mother at risk of preterm delivery to a facility capable of providing Level III care for a very low birthweight infant.</p> <p>** American Academy of Pediatrics guidelines for Levels of Care: http://aappolicy.aappublications.org/cgi/reprint/pediatrics;114/5/1341.pdf</p>		
<p>PN-003-07³ Nosocomial Blood Stream Infections in Neonates IP Owner: AHRQ</p>	<p>Any diagnosis code for:</p> <ul style="list-style-type: none"> • Staphylococcal septicemia, unspecified [038.10] • Staphylococcus aureus septicemia [038.11] • Other staphylococcal septicemia [038.19] • Gram-negative organism NOS [038.40] • Septicemia due to other gram-negative organisms, Escherichia coli [038.42] • Septicemia due to other gram-negative organisms, Pseudomonas [038.43] • Septicemia due to other gram-negative organisms, Serratia [038.44] • Septicemia due to other gram-negative organisms, Other [038.49] • Disseminated candidiasis/ Systemic candidiasis [112.5] <p>OR Patients with one of the following diagnosis codes:</p> <ul style="list-style-type: none"> • Septicemia [sepsis] of newborn [771.81] OR • Bacteremia of newborn [771.83] OR 	<p>All inborn and outborn infants (admitted at 0-28 days) with a birthweight between 500 and 1499g OR a gestational age between 24 and 30 weeks AND all inborn and outborn infants with a birthweight greater than or equal to 1500g, if the infant experienced death, major surgery, mechanical ventilation or transfer in or out from/to an acute care facility. Inborn refers to neonates born within that institution, outborn refers to neonates born elsewhere but transferred within the first 2 days of life.</p>	<p>Patients with a principal diagnosis of sepsis or bacterial infection.</p> <p>Patients with a length of stay of less than 2 days.</p>	<p>Claims / discharge abstract data.</p>

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	<ul style="list-style-type: none"> • Bacteremia [790.7] <p>AND one of the following diagnosis codes:</p> <ul style="list-style-type: none"> • Streptococcus Group D (Enterococcus) [041.04] • Staphylococcus, unspecified [041.10] • Staphylococcus aureus [041.11] • Other Staphylococcus [041.19] • Friedländer's bacillus (Klebsiella pneumoniae) [041.3] • Escherichia coli [041.4] • Pseudomonas [041.7] 			
<p>PN-025-07³ Birth Dose of Hepatitis B Vaccine and Hepatitis Immune Globulin for Newborns of Mothers with Chronic Hepatitis B</p> <p>IP Owner: Asian Liver Center at Stanford University</p>	<p>Number of newborns from the denominator who receive birth doses of HBV vaccine and HBIG within 12 hours of delivery.</p>	<p>Number of newborns delivered from mothers who tested positive for HBsAg during pregnancy.</p>	<p>Stillbirths.</p>	<p>Medical records, clinical database, laboratory data, and electronic health record data.</p>
<p>PN-021-07 Exclusive Breastfeeding at Hospital Discharge</p> <p>IP Owner: California Maternal Quality Care Collaborative</p>	<p>Proportion of the denominator that were fed by "breast only" since birth.</p>	<p>Livebirths not discharged from the NICU who had newborn genetic screening performed.</p>	<p>Infants in the NICU at time of newborn screen and infants who received TPN or other nutrition supplements.</p>	<p>Newborn screening data.</p>

MEASURE #, TITLE, IP OWNER ²	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA SOURCE
<p>Paired measures: PN-029-07a First Temperature Within One Hour of Admission to NICU AND PN-029-07b First NICU Temperature < 36°C</p> <p>IP Owner: Vermont Oxford Network</p>	<p>Patients from the denominator with a first temperature taken within 1 hour of NICU admission.</p> <p>Patients from the denominator whose first temperature was below 36 degrees Centigrade.</p>	<p>All NICU admissions with a birth weight of 501-1500g.</p> <p>All NICU admissions with a birth weight of 501-1500g whose first temperature was measured within one hour of admission to the NICU.</p>	<p>Outborn infants admitted more than 28 days after birth.</p> <p>Outborn infants that had been home prior to admission.</p> <p>Infants without temperature taken within 1 hour of NICU admission. (PN-029-07b only)</p>	<p>Medical records, registries, the Vermont Oxford Network database (when applicable), and the eNICQ data collection instrument.</p>
<p>PN-030-07 Retinopathy of Prematurity Screening</p> <p>IP Owner: Vermont Oxford Network</p>	<p>Number of infants from the denominator receiving a retinal exam for ROP.</p>	<p>Number of infants aged 22 to 29 weeks gestation hospitalized at the postnatal age at which a retinal exam is recommended by the American Academy of Pediatrics.</p>	<p>Outborn infants admitted more than 28 days after birth.</p> <p>Outborn infants that had been home prior to admission.</p>	<p>Medical records, registries, the Vermont Oxford Network database (when applicable), and the eNICQ data collection instrument.</p>
<p>PN-031-07 Timely Surfactant Administration to Premature Neonates</p> <p>IP Owner: Vermont Oxford Network</p>	<p>Patients from the denominator treated with surfactant within 2 hours of birth.</p>	<p>Number of infants born at 22 to 29 weeks gestation treated with surfactant at any time.</p>	<p>Outborn infants admitted more than 28 days after birth.</p> <p>Outborn infants that had been home prior to admission.</p>	<p>Medical records, registries, and the Vermont Oxford Network database (when applicable).</p>
<p>PN-032-07⁵ Neonatal Immunization</p> <p>IP Owner: Child Health Corporation of America</p>	<p>Patients from the denominator receiving the following immunizations according to current AAP guidelines:</p> <ul style="list-style-type: none"> • DtaP • HepB • IPV • Hib • PCV 	<p>Neonates with a length of stay greater than 60 days.</p>	<p>Documented parent refusal and mortalities. The developer recommends that the measure be suspended when there are vaccine shortages rather than including vaccine unavailability as an exclusion.</p>	<p>Retrospective review of both administrative and medical records data. Manual collection is required for parent refusal and cross-reference to administrative data.</p>

⁵ Previously endorsed measure; evaluated as part of NQF's ongoing measure maintenance activities.

