



دائرة الصحة
DEPARTMENT OF HEALTH

JAWDA Quarterly KPI Guidelines for Maternal and Perinatal Care Providers

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Maternal and Perinatal KPIs

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Executive Summary

The Department of Health– Abu Dhabi (DOH) is the regulatory body of the healthcare sector in the Emirate of Abu Dhabi and ensures excellence in healthcare for the community by monitoring the health status of its population.

The Emirate of Abu Dhabi is experiencing a substantial growth in the number of hospitals, centers and clinics. This is ranging from school clinics and mobile units to internationally renowned specialist and tertiary academic centers. Although, access and quality of care has improved dramatically over the last couple of decades, mirroring the economic upturn and population boom of Emirate of Abu Dhabi, however challenges remain in addressing further improvements.

The main challenges that are presented with increasingly dynamic population include an aging population with increased expectation for treatment, utilization of technology and diverse workforce leading to increased complexity of healthcare provision in Abu Dhabi. All of this results in an increased and inherent risk to quality and patient safety.

DOH has developed dynamic and comprehensive quality framework in order to bring about improvements across the health sector. This guidance relates to the quality indicators that DOH is mandating the quarterly reporting against by the operating general and specialist hospitals in Abu Dhabi.

The guidance sets out the full definition and method of calculation for patient safety and clinical effectiveness indicators. For enquiries about this guidance, please contact jawda@doh.gov.ae

This document is subject for review and therefore it is advisable to utilize online versions available on the DOH at all times.

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About this Guidance

The guidance sets out the definitions and reporting frequency of Jawda Maternal and Perinatal Care (MPC) performance indicators. The Department of Health (DoH), with consultation from local and international maternal and perinatal care expertise has developed Maternal and Perinatal Care (MPC) Performance Indicators that are aimed for assessing the degree to which a provider competently and safely delivers the appropriate clinical services to the patient within the optimal period.

The Jawda KPIs in this guidance include measures to monitor morbidity in patients receiving maternal and perinatal care.

Who is this guidance for?

All DoH licensed healthcare facilities providing Maternal and Perinatal services in the Emirate of Abu Dhabi.

How do I follow this guidance?

Each provider will nominate one member of staff to coordinate, collect, monitor and report Maternal and Perinatal services quality indicators data as per communicated dates. The nominated healthcare facility lead must in the first instance e-mail their contact details (if different from previous submission) to JAWDA@doh.gov.ae and submit the required quarterly quality performance indicators through Jawda online portal.

What are the Regulation related to this guidance?

- Legislation establishing the Health Sector
- As per DoH [Policy for Quality and Patient Safety](#) issued January 15th 2017, this guidance applies to all DOH Licensed Hospitals providing maternal and perinatal services in the Emirate of Abu Dhabi in accordance with the requirements set out in this Standard.

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC001

| | |
|--|---|
| KPI Description (title): | Proportion of surgically managed ectopic pregnancies that were managed by laparoscopy |
| Domain | Patient Safety |
| Sub-Domain | Evidence based medicine |
| Definition: | Proportion of ectopic pregnancies managed surgically that were treated laparoscopically |
| Calculation: | <p>Numerator: Number of women with ectopic pregnancy managed by laparoscopy CPT Codes: 59150, 59151</p> <p>Numerator Exclusion</p> <ul style="list-style-type: none"> Cases in which the surgery started out as a laparoscopic procedure but was converted during procedure to laparotomy will not be considered as treated laparoscopically <p>Denominator: Total number of women with ectopic pregnancy managed surgically during the reporting period. CPT Codes: 59150, 59151, 59120, 59121, 59130, 59135, 59136</p> <p>Denominator exclusion:</p> <ul style="list-style-type: none"> Cervical ectopic treatment. CPT codes: 59140 Scar ectopic and abdominal live ectopic. CPT codes: 59897 |
| Reporting Frequency: | Quarterly |
| Unit of Measure: | Rate of laparoscopic management per 100 surgically managed ectopic pregnancies. |
| International comparison if available | "Quality Standards for Early Pregnancy Complications and loss in ontario: https://hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-early-pregnancy-draft-quality-standard-en.pdf " |
| Desired direction: | Higher is better |
| Notes for all providers | |
| Data sources and guidance: | Patient's records Claims data |

Jawda Maternal and Perinatal Care Quality Performance Indicators

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC002

| | |
|--|--|
| KPI Description (title): | Proportion of elective deliveries at ≥ 37 and < 39 weeks |
| Domain | Patient Safety |
| Sub-Domain | Evidence based medicine (Reduction in neonatal morbidity) |
| Definition: | Proportion of patients who had an elective vaginal delivery or elective caesarean section performed at ≥ 37 and < 39 weeks of gestation completed |
| Calculation: | <p>Numerator: Patients with elective vaginal deliveries or elective cesarean sections ≥ 37 and < 39 weeks of gestation completed.</p> <p>Numerator Inclusion:</p> <ul style="list-style-type: none"> Medical / surgical induction of labor while not in labor prior to the procedure Cesarean section while: Not in active labor or not experiencing spontaneous rupture of membranes. <p>Denominator: Total number of women who delivered new-borns within ≥ 37 and < 39 weeks of gestation completed during the reporting period.</p> <p>ICD 10CM Code: <u>Delivery codes:</u> Z37.0, Z37.1, Z37.2, Z37.3, Z37.4, Z37.50, Z37.51, Z37.52, Z37.53, Z37.54, Z37.59, Z37.60, Z37.61, Z37.62, Z37.63, Z37.64, Z37.69, Z37.7, Z37.9 And <u>Gestational Age:</u> Z3A.37, Z3A.38, Z3A.39</p> <p>Denominator exclusion:</p> <ul style="list-style-type: none"> Principal and secondary diagnosis codes for conditions possibly justifying elective delivery prior to 39 weeks gestation (See Appendix A) Patients less than 8 years of age Patients greater than or equal to 65 years of age History of prior stillbirth Length of stay > 120 days Gestational age < 37 or ≥ 39 weeks or UTD |
| Reporting Frequency: | Quarterly |
| Unit of Measure: | Rate of elective deliveries per 100 deliveries within ≥ 37 and < 39 weeks of gestation completed. |
| International comparison if available | https://manual.jointcommission.org/releases/TIC2019A/index.html |
| Desired direction: | Lower is better. |
| Notes for all providers | |

Jawda Maternal and Perinatal Care Quality Performance Indicators

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|-----------------------------------|---|
| Data sources and guidance: | Patient's records (Malaffi data extraction within DOH) Claims data |
|-----------------------------------|---|

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC003

| | |
|--|---|
| KPI Description (title): | Proportion of episiotomy procedures among vaginal deliveries |
| Domain | Patient Safety |
| Sub-Domain | Evidence based medicine |
| Definition: | Proportion of episiotomy procedures among vaginal deliveries |
| Calculation: | <p>Numerator: Number of pregnant women who delivered vaginally and had an episiotomy procedure</p> <p>Denominator: Total number of women who delivered vaginally during the reporting period.</p> <p>ICD 10CM Code: Z37.0, Z37.1, Z37.2, Z37.3, Z37.4, Z37.50, Z37.51, Z37.52, Z37.53, Z37.54, Z37.59, Z37.60, Z37.61, Z37.62, Z37.63, Z37.64, Z37.69, Z37.7, Z37.9, Z3A.00, Z3A.24, Z3A.25, Z3A.26, Z3A.27, Z3A.28, Z3A.29, Z3A.30, Z3A.31, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36, Z3A.37, Z3A.38, Z3A.39, Z3A.40, Z3A.41, Z3A.42, Z3A.49 AND CPT Code- 59400, 59409, 59410, 59610, 59612, 59614 (Including instrumental deliveries, forceps-and vacuum)</p> <p>Denominator exclusion:</p> <ul style="list-style-type: none"> • All Caesarean Section deliveries (CPT codes: 59510, 59514, 59515, 59618, 59620, 59622) • Birth before arrival (BBA) to the hospital • Miscarriages (ICD-10 CM codes not limited to: 002.1, 003.39, 003.4, 003.89, 003.9, 020.0) • Babies with shoulder dystocia |
| Reporting Frequency: | Quarterly |
| Unit of Measure: | Proportion of episiotomy procedures per 100 vaginal deliveries |
| International comparison if available | https://www.rcog.org.uk/globalassets/documents/guidelines/research--audit/maternity-indicators-2013-14_report2.pdf https://www.ahrq.gov/sites/default/files/wysiwyg/CHIPRA-BMI-Maternity-Care-Measures.pdf |
| Desired direction: | Lower is better. |
| Notes for all providers | |
| Data sources and guidance: | Patient's records Claims data |

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC004

| | |
|--|--|
| KPI Description (title): | Proportion of third and fourth degree perineal tears |
| Domain | Patient Safety |
| Sub-Domain | Evidence based medicine |
| Definition: | The proportion of third or fourth degree perineal tears after vaginal delivery |
| Calculation: | <p>Numerator: Number of women with third or fourth degree perineal tear (including anal sphincter tear).</p> <p>ICD10CM Codes: 070.20, 070.21, 070.22, 070.23; 070.3, 070.4</p> <p>Denominator: Total number of women who delivered vaginally during the reporting period.</p> <p>ICD 10CM Code: Z37.0, Z37.1, Z37.2, Z37.3, Z37.4, Z37.50, Z37.51, Z37.52, Z37.53, Z37.54, Z37.59, Z37.60, Z37.61, Z37.62, Z37.63, Z37.64, Z37.69, Z37.7, Z37.9, Z3A.00, Z3A.24, Z3A.25, Z3A.26, Z3A.27, Z3A.28, Z3A.29, Z3A.30, Z3A.31, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36, Z3A.37, Z3A.38, Z3A.39, Z3A.40, Z3A.41, Z3A.42, Z3A.49 AND CPT Code- 59400, 59409, 59410, 59610, 59612, 59614 (Including instrumental deliveries, forceps-and vacuum)</p> <p>Denominator exclusion:</p> <ul style="list-style-type: none"> • All Caesarean Section deliveries (CPT codes: 59510, 59514, 59515, 59618, 59620, 59622) • Birth before arrival (BBA) to the hospital • Miscarriages (ICD-10 CM codes not limited to: 002.1, 003.39, 003.4, 003.89, 003.9, 020.0) |
| Reporting Frequency: | Quarterly |
| Unit of Measure: | Rate of third- or fourth-degree perineal tears per 100 vaginal deliveries. |
| International comparison if available | https://www.rcog.org.uk/globalassets/documents/guidelines/research--audit/maternity-indicators-2013-14_report2.pdf https://www.patientsafetyinstitute.ca/en/toolsResources/Hospital-Harm-Measure/Documents/Resource-Library/HHIR%20Obstetric%20Trauma.pdf |
| Desired direction: | Lower is better. |
| Notes for all providers | |
| Data sources and guidance: | Patient's records Claims data |

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC005

| | |
|--|---|
| KPI Description (title): | Proportion of vaginal births following a previous caesarean section |
| Domain | Patient Safety |
| Sub-Domain | Effectiveness |
| Definition: | Percentage of patients with successful vaginal birth after one prior caesarean section (VBAC) out of the total patients who had one prior caesarean delivery. |
| Calculation: | <p><i>Numerator:</i> Number of women who had successful vaginal birth after one prior caesarean section.</p> <p>VBAC CPT codes: 59610, 59612, 59614</p> <p><i>Denominator:</i> Total number of women who delivered during the reporting period and had a history of at least one previous caesarean section.</p> <p>CPT codes: 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622.</p> <p>Denominator exclusion:</p> <ul style="list-style-type: none"> Exclude ICD-10-CM diagnosis codes from Appendix B (abnormal presentation, preterm delivery or breach procedure, fetal death, or multiple gestation) |
| Reporting Frequency: | Quarterly |
| Unit of Measure: | Rate of VBAC per 100 women who had one previous caesarean deliveries. |
| International comparison if available | IQI 22 Vaginal Birth After Cesarean (VBAC) Delivery Rate Uncomplicated.pdf (ahrq.gov) |
| Desired direction: | Higher is better |
| Notes for all providers | |
| Data sources and guidance: | Patient's records |

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC006

| | |
|--|---|
| KPI Description (title): | Proportion of deliveries with Postpartum Haemorrhage ≥ 2000 ml |
| Domain | Patient Safety |
| Sub-Domain | Evidence based medicine |
| Definition: | The proportion of deliveries with postpartum hemorrhage (PPH) ≥ 2000 ml |
| Calculation: | <p>Numerator:</p> <p>Number of women with postpartum hemorrhage ≥ 2000 ml</p> <p>Numerator Inclusion:</p> <ul style="list-style-type: none"> • ICD10CM Codes: O72.0, O72.1, O72.2, • ≥ 2 liters from genital tract within 24 hours of the birth of a baby. <p>Numerator Exclusion</p> <ul style="list-style-type: none"> • PPH less than 2000ml <p>Denominator:</p> <p>Total number of women who delivered during the reporting period.</p> <p>ICD 10CM Codes: Z37.0, Z37.1, Z37.2, Z37.3, Z37.4, Z37.50, Z37.51, Z37.52, Z37.53, Z37.54, Z37.59, Z37.60, Z37.61, Z37.62, Z37.63, Z37.64, Z37.69, Z37.7, Z37.9, Z3A.00, Z3A.24, Z3A.25, Z3A.26, Z3A.27, Z3A.28, Z3A.29, Z3A.30, Z3A.31, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36, Z3A.37, Z3A.38, Z3A.39, Z3A.40, Z3A.41, Z3A.42, Z3A.49</p> <p>Denominator exclusion:</p> <ul style="list-style-type: none"> • Miscarriages (ICD-10 CM codes not limited to: 002.1, 003.39, 003.4, 003.89, 003.9, 020.0) |
| Reporting Frequency: | Quarterly |
| Unit of Measure: | Rate of postpartum hemorrhage ≥ 2000 ml per 100 deliveries. |
| International comparison if available | http://www.rcog.org.uk/womens-health/clinical-guidance/maternity-dashboard-clinical-performance-and-governance-score-card https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6372226/pdf/pone.0211955.pdf |
| Desired direction: | Lower is better. |
| Notes for all providers | |
| Data sources and guidance: | <p>Patient's records</p> <p>Claims data</p> |

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC007

| | |
|---------------------------------|---|
| KPI Description (title): | Proportion of unplanned all cause readmissions to hospital within 30 days of discharge after delivery |
| Domain | Patient Safety |
| Sub-Domain | Complication |
| Definition: | The proportion of women who are readmitted to hospital as an emergency within 30 days of discharge after delivery. <i>For the definition of “emergency”, please refer to the DOH emergency standard.</i> |
| Calculation: | <p>Numerator: Number of women with unplanned readmission to hospital (for all causes) within 30 days of discharge after delivery Numerator Inclusion:</p> <ul style="list-style-type: none"> • The readmission can be to any acute care hospital but is attributed to the hospital where the birth took place • If there are more than one admissions in the 30 days after delivery, the first readmission will be counted. • The counting of days will start from the discharge date after delivery. <p>Numerator Exclusion</p> <ul style="list-style-type: none"> • Planned readmissions, • Planned transfers, and • Where the mother was readmitted accompanying a sick infant. <p>Denominator: Total number of women discharged with delivery during the reporting period. Denominator inclusion:</p> <ul style="list-style-type: none"> • ICD 10CM Code: Z37.0, Z37.1, Z37.2, Z37.3, Z37.4, Z37.50, Z37.51, Z37.52, Z37.53, Z37.54, Z37.59, Z37.60, Z37.61, Z37.62, Z37.63, Z37.64, Z37.69, Z37.7, Z37.9, Z3A.00, Z3A.24, Z3A.25, Z3A.26, Z3A.27, Z3A.28, Z3A.29, Z3A.30, Z3A.31, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36, Z3A.37, Z3A.38, Z3A.39, Z3A.40, Z3A.41, Z3A.42, Z3A.49 <p>Denominator exclusion:</p> <ul style="list-style-type: none"> • Died before discharge or • Not discharged within 30 days of delivery • Miscarriage and ectopic pregnancy • Patients who are discharged against medical advice (LAMA) • Patients who were transferred to another facility |
| Reporting Frequency: | Quarterly |
| Unit of Measure: | Rate of unplanned all cause readmission to hospital within 30 days per 100 discharges after delivery. |

Jawda Maternal and Perinatal Care Quality Performance Indicators

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|--|---|
| International comparison if available | https://www.rcog.org.uk/globalassets/documents/guidelines/research--audit/maternity-indicators-2013-14_report2.pdf |
| Desired direction: | Lower is better. |
| Notes for all providers | |
| Data sources and guidance: | Patient's records (Malaffi data extraction within DOH) Claims data |

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC008

| | |
|--|---|
| KPI Description (title): | Brachial plexus injury rate per 1000 newborns |
| Domain | Patient Safety |
| Sub-Domain | Complication |
| Definition: | Proportion of neonates with Brachial plexus injury per 1,000 newborns. |
| Calculation: | <p>Numerator: Number of babies with brachial plexus injury Numerator Inclusion: ICD 10CM codes: P14.0, P14.1 P14.3</p> <p>Denominator: Total number of babies born during the reporting period.</p> <p>Denominator inclusion:</p> <ul style="list-style-type: none"> ICD 10CM – Z38.00, Z38.01, Z38.2, Z38.30, Z38.31, Z38.5, Z38.61, Z38.62, Z38.63, Z38.64, Z38.65, Z38.66, Z38.68, Z38.69, Z38.8. <p>Denominator exclusion:</p> <ul style="list-style-type: none"> Stillbirths Born before arrival (Z38.1, Z38.4, Z38.7) Born in another healthcare facility |
| Reporting Frequency: | Quarterly |
| Unit of Measure: | Rate of brachial plexus injury at birth per 1000 newborns |
| International comparison if available | http://www.birthinginjuryguide.org/brachial-plexus-injury/ Am J Obstet Gynecol 2007 : 197 |
| Desired direction: | Lower is better. |
| Notes for all providers | |
| Data sources and guidance: | Patient's records Claims data |

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC009

| | |
|--|---|
| KPI Description (title): | Neonate patients with hypoxic-ischemic encephalopathy (Moderate or Severe) (HIE) rate per 1000 newborns |
| Domain | Patient Safety |
| Sub-Domain | Complication |
| Definition: | Proportion of Neonate patients with hypoxic-ischemic encephalopathy (Moderate or Severe) (HIE) per 1,000 newborns. |
| Calculation: | <p>Numerator: Number of term babies born with moderate or severe hypoxic encephalopathy requiring NICU admission. ICD 10CM codes: P91.62, P91.63</p> <p>Denominator: Total number of babies born at term (≥ 37 weeks) during the reporting period.</p> <p>Denominator inclusion:</p> <ul style="list-style-type: none"> • ICD 10CM – Z38.00, Z38.01, Z38.2, Z38.30, Z38.31, Z38.5, Z38.61, Z38.62, Z38.63, Z38.64, Z38.65, Z38.66, Z38.68, Z38.69, Z38.8. <p>Denominator exclusion:</p> <ul style="list-style-type: none"> • Stillbirths • Born before arrival (Z38.1, Z38.4, Z38.7) • Born in another healthcare facility |
| Reporting Frequency: | Quarterly |
| Unit of Measure: | Rate of hypoxic-ischemic encephalopathy (Moderate or Severe) (HIE) at birth per 1000 newborns |
| International comparison if available | http://www.rcog.org.uk/womens-health/clinical-guidance/maternity-dashboard-clinical-performance-and-governance-score-card https://fn.bmj.com/content/103/4/F301#T3 |
| Desired direction: | Lower is better. |
| Notes for all providers | |
| Data sources and guidance: | Patient's records Claims data |

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC010

| | |
|---------------------------------|--|
| KPI Description (title): | Neonatal Central line-associated Bloodstream Infections (CLABSI) |
| Domain | Patient Safety |
| Sub-Domain | Adverse Events (AE) and Sentinel events |
| Definition: | <p>Central line-associated bloodstream infection (CLABSI): A laboratory confirmed bloodstream infection where</p> <ul style="list-style-type: none"> • An eligible BSI organism is identified and • An eligible central line is present on the Laboratory Confirmed Bloodstream Infection (LCBI) date of event (DOE) or the day before • For all inpatients up to 28 days of corrected age <p><i>Eligible Central Line: A Central Line (CL) that has been in place for more than two consecutive calendar days (on or after CL day 3), following the first access of the central line, in an inpatient location, during the current admission. Such lines remain eligible for CLABSI events until the day after removal from the body or patient discharge whichever comes first.</i></p> |
| Calculation: | <p>Numerator Numerator: Each CLABSI that is identified during the period selected for surveillance in all inpatients up to 28 days corrected age. ICD 10 CM code: T80.211A</p> <p>Must meet one of the following Laboratory-Confirmed Bloodstream Infection (LCBI) criteria:</p> <p><u>LCBI 1:</u> Patient of up to 28 days of age has a recognized bacterial or fungal pathogen, not included on the NHSN common commensal list: 1. Identified from one or more blood specimens obtained by a culture OR 2. Identified to the genus or species level by non-culture based microbiologic testing (NCT) methods.</p> <p align="center">AND</p> <p>Organism(s) identified in blood is not related to an infection at another site.</p> <p><u>LCBI2:</u> Patient of up to 28 days of age has at least one of the following signs or symptoms: fever (>38.0oC), chills, or hypotension</p> <p align="center">AND</p> <p>Organism(s) identified in blood is not related to an infection at another site</p> <p align="center">AND</p> <p>The same NHSN common commensal is identified by a culture, from two or more blood specimens collected on separate occasions.</p> <p><u>LCBI3:</u> Patient of up to 28 days of age has at least one of the following signs or symptoms: fever (>38.0oC), hypothermia (<36.0oC), apnea, or bradycardia</p> <p align="center">AND</p> <p>Organism(s) identified in blood is not related to an infection at another site</p> |

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| | <p style="text-align: center;">AND</p> <p>The same NHSN common commensal is identified by a culture, from two or more blood specimens collected on separate occasions</p> <p>Numerator Exclusions:</p> <ul style="list-style-type: none"> • Extracorporeal life support (ECMO) or Ventricular Assist Device (VAD) for more than 2 days and is still in place on the BSI date of event or the day before. • Observed or suspected patient injection into the vascular access line • Epidermolysis bullosa (EB) or Munchausen Syndrome by Proxy (MSBP) diagnosis during the current admission. (Q81.0, Q81.1, Q81.2, Q81.8, Q81.9, L12.30, L12.31, L12.35, & L51.2, F68.10, F68.11, F68.12, & F68.13) • Pus at the vascular access site - T80.212A, T80.219A • Group B Streptococcus identified from blood, with a date of event during the first 6 days of life (B95.1) • Repeated infection for the same type during 14 days from Date of Event <p>Denominator: Number of all central line days for all patients (in all inpatient settings) of up to 28 days of corrected age during the reporting period.</p> <ul style="list-style-type: none"> • It is not required for a BSI to be associated with a specific device when more than one line is present. • Only one central line per patient is counted per calendar day regardless of the number of central lines present. <p>All central lines on inpatient units should be included in device day counts regardless of access.</p> |
| Reporting Frequency: | Quarterly |
| Unit of Measure: | Rate per 1000 central line days |
| International comparison if available | https://www.cdc.gov/nhsn/pdfs/pscmanual/4psc_clabscurrent.pdf |
| Desired direction: | Lower is better |
| Notes for all providers | |
| Data sources and guidance: | <ul style="list-style-type: none"> • Captured by infection control team • Patient's records • Lab reports • Hospital internal mortality and morbidity |

Jawda Maternal and Perinatal Care Quality Performance Indicators

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC011

| | |
|--|--|
| KPI Description (title): | Emergency Primary Caesarian Section rate |
| Domain | Patient safety |
| Sub-Domain | Evidence Based Medicine |
| Definition: | Percentage of unplanned cesarean deliveries woman without a prior history of cesarean deliveries. |
| Calculation: | <p><u>Numerator:</u> Number of first time unplanned cesarean section deliveries without a hysterotomy.</p> <p>Caesarian Section CPT Codes: (59510, 59514, 59515, 59618, 59620, 59622)</p> <p><u>Denominator:</u> Total number of deliveries during the reporting period</p> <p>Denominator exclusions</p> <ul style="list-style-type: none"> Exclude ICD-10-CM diagnosis codes from Appendix B (abnormal presentation, preterm labor with preterm delivery, fetal death, or multiple gestation) With any-listed below ICD-10-CM diagnosis codes for previous Cesarean delivery (O34.211, O34.212, O34.219, O66.41) |
| Reporting Frequency: | Quarterly |
| Unit of Measure: | Rate per 100 emergency C-section |
| International comparison if available | AHRQ |
| Desired direction: | Lower is better |
| Notes for all providers | |
| Data sources and guidance: | Patient's records |

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC012

| | |
|--|---|
| KPI Description (title): | Elective Primary Caesarian Section rate |
| Domain | Patient safety |
| Sub-Domain | Evidence Based Medicine |
| Definition: | Percentage of planned cesarean deliveries for woman without a prior history of cesarean deliveries. |
| Calculation: | <p><u>Numerator:</u> Number of planned first time cesarean section deliveries without a hysterotomy.</p> <p>Caesarian Section CPT Codes:(59510, 59514, 59515, 59618, 59620, 59622)</p> <p><u>Denominator:</u> Total number of deliveries during the reporting period</p> <p>Denominator exclusions:</p> <ul style="list-style-type: none"> Exclude ICD-10-CM diagnosis codes from Appendix B (abnormal presentation, preterm labor with preterm delivery, fetal death, or multiple gestation) With any-listed below ICD-10-CM diagnosis codes for previous Cesarean delivery (034.211, 034.212, 034.219, 066.41) |
| Reporting Frequency: | Quarterly |
| Unit of Measure: | Rate per 100 elective C-section |
| International comparison if available | AHRQ |
| Desired direction: | Lower is better |
| Notes for all providers | |
| Data sources and guidance: | Patient's records |

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC013

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| KPI Description (title): | Surgical site infection (SSI) for emergency caesarian section |
| Domain | Patient safety |
| Sub-Domain | Complication |
| Definition: | Percentage of patients meeting CDC NHSN SSI infection criteria within 30 days of having emergency caesarian section |
| Calculation and criteria to define SSI following Emergency C-Section: | <p><i>Numerator:</i> Number of all SSI identified within 30 days for all patients who underwent an unplanned Caesarean Section</p> <p>Numerator Inclusion: PATOS (infection present at time of surgery)</p> <p><i>SSI could be presented as:</i></p> <p>Superficial incisional SSI: <i>Must meet the following criteria:</i> Date of event for infection occurs within 30 days after any NHSN operative procedure (where day 1 = the procedure date) AND involves only skin and subcutaneous tissue of the incision AND patient has at least <i>one</i> of the following: a) purulent drainage from the superficial incision. b) organisms identified from an aseptically obtained specimen from the superficial incision or subcutaneous tissue by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST). c) superficial incision that is deliberately opened by a surgeon, attending physician or other designee and culture or non-culture based testing is not performed. AND patient has at least one of the following signs or symptoms: pain or tenderness; localized swelling; erythema; or heat. d) diagnosis of a superficial incisional SSI by the surgeon or attending physician** or other designee.</p> <p>Deep incisional SSI: Must meet the following criteria: The date of event for infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in Table 2 AND involves deep soft tissues of the incision (for example, fascial and muscle layers) AND patient has at least <i>one</i> of the following: a) purulent drainage from the deep incision.</p> |

- b) a deep incision that spontaneously dehisces, or is deliberately opened or aspirated by a surgeon, attending physician** or other designee
AND
organism is identified by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST) or culture or non-culture based microbiologic testing method is not performed
AND
patient has at least **one** of the following signs or symptoms: fever (>38°C); localized pain or tenderness. A culture or non-culture based test that has a negative finding does not meet this criterion.
- c) an abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam, or imaging test.

Organ/Space SSI: Must meet the following criteria:

Date of event for infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in [Table 2](#)

AND

infection involves any part of the body deeper than the fascial/muscle layers, that is opened or manipulated during the operative procedure

AND

patient has at least **one** of the following:

- a) purulent drainage from a drain that is placed into the organ/space (for example, closed suction drainage system, open drain, T-tube drain, CT guided drainage)
- b) organisms are identified from fluid or tissue in the organ/space by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST)).
- c) an abscess or other evidence of infection involving the organ/space that is detected on gross anatomical or histopathologic exam, or imaging test evidence suggestive of infection.

AND

meets at least **one** criterion for a specific organ/space infection site listed in [Table 3. These criteria are found in the Surveillance Definitions for Specific Types of Infections chapter.](#)

REPORTING INSTRUCTIONS for Superficial SSI

The following do not qualify as criteria for meeting the definition of superficial SSI:

- a) A stitch abscess alone (minimal inflammation and discharge confined to the points of suture penetration)
- b) A localized stab wound or pin site infection. While it would be considered either a skin (SKIN) or soft tissue (ST) infection, depending on its depth, it is not reportable under this guidance. Note: a

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| | <p>laparoscopic trocar site for an NHSN operative procedure is not considered a stab wound.</p> <p>c) Diagnosis/treatment of “cellulitis” (redness/warmth/swelling), by itself, does not meet criterion for superficial incisional SSI. An incision that is draining or culture (+) is not considered a cellulitis.</p> <p>d) Circumcision is not an NHSN operative procedure. An infected circumcision site in newborns is classified as CIRC and is not reportable under this module.</p> <p>e) An infected burn wound is classified as BURN and is not reportable under this module.</p> <p>Definition of an NHSN Operative Procedure An NHSN Operative Procedure is a procedure:</p> <p>a) that is included in the ICD-10-PCS or CPT NHSN operative procedure code mapping And</p> <p>b) takes place during an operation where at least one incision (including laparoscopic approach and cranial Burr holes) is made through the skin or mucous membrane, or reoperation via an incision that was left open during a prior operative procedure And</p> <p>c) takes place in an operating room (OR), defined as a patient care area that met the Facilities Guidelines Institute’s (FGI) or American Institute of Architects’ (AIA) criteria for an operating room when it was constructed or renovated¹¹. This may include an operating room, C-section room, interventional radiology room, or a cardiac catheterization lab.</p> <p><u>Denominator:</u> Total number of all patients undergoing unplanned Caesarean Section in that facility during reporting period CPT codes: All inpatients Cesarean (59510, 59514, 59515, 59618, 59620, 59622)</p> <p>Denominator exclusions: Procedures that are assigned an ASA score of 6 are not eligible for NHSN SSI surveillance.</p> |
| Reporting Frequency: | Quarterly |
| Unit of Measure: | SSI Rate per 100 emergency C-Section |
| International comparison if available | CDC/ NHSN chapter 9, Procedure-associated Module SSI: Surgical Site Infection (SSI) Event |
| Desired direction: | Lower is better |
| Notes for all providers | |
| Data sources and guidance: | <ul style="list-style-type: none"> • Captured by infection control team/ nursing as part of regular surveillance activities and infection control documentation • Patient’s records |

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC014

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| KPI Description (title): | Surgical site infection (SSI) for elective caesarian section |
| Domain | Patient safety |
| Sub-Domain | Complication |
| Definition: | Percentage of patients meeting CDC NHSN SSI infection criteria within 30 days of having elective Caesarian Section |
| Calculation and criteria to define SSI following Elective C-Section: | <p><u>Numerator:</u> Number of all SSI identified within 30 days for all patients who underwent a planned caesarean section during the reporting period. Numerator Inclusion: PATOS (infection present at time of surgery)</p> <p><i>SSI could be presented as:</i> Superficial incisional SSI: Must meet the following criteria: Date of event for infection occurs within 30 days after any NHSN operative procedure (where day 1 = the procedure date) AND involves only skin and subcutaneous tissue of the incision AND patient has at least one of the following: a) purulent drainage from the superficial incision. b) organisms identified from an aseptically obtained specimen from the superficial incision or subcutaneous tissue by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST)). c) superficial incision that is deliberately opened by a surgeon, attending physician or other designee and culture or non-culture based testing is not performed. AND patient has at least one of the following signs or symptoms: pain or tenderness; localized swelling; erythema; or heat. a) diagnosis of a superficial incisional SSI by the surgeon or attending physician** or other designee.</p> <p>Deep incisional SSI: Must meet the following criteria: The date of event for infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in Table 2 AND involves deep soft tissues of the incision (for example, fascial and muscle layers) AND patient has at least one of the following: a) purulent drainage from the deep incision. b) a deep incision that spontaneously dehisces, or is deliberately opened or aspirated by a surgeon, attending physician** or other designee a. AND b. organism is identified by a culture or non-culture based microbiologic testing method which is performed for purposes</p> |

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| | <p>of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST) or culture or non-culture based microbiologic testing method is not performed AND patient has at least one of the following signs or symptoms: fever (>38°C); localized pain or tenderness. A culture or non-culture based test that has a negative finding does not meet this criterion.</p> <p>c) an abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam, or imaging test.</p> <p>Organ/Space SSI: Must meet the following criteria: Date of event for infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in Table 2 AND infection involves any part of the body deeper than the fascial/muscle layers, that is opened or manipulated during the operative procedure AND</p> <ul style="list-style-type: none"> a) patient has at least one of the following: b) purulent drainage from a drain that is placed into the organ/space (for example, closed suction drainage system, open drain, T-tube drain, CT guided drainage) c) organisms are identified from fluid or tissue in the organ/space by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST). d) an abscess or other evidence of infection involving the organ/space that is detected on gross anatomical or histopathologic exam, or imaging test evidence suggestive of infection. <p>AND meets at least one criterion for a specific organ/space infection site listed in Table 3. These criteria are found in the Surveillance Definitions for Specific Types of Infections chapter.</p> <p>REPORTING INSTRUCTIONS for Superficial SSI <i>The following do not qualify as criteria for meeting the definition of superficial SSI:</i></p> <ul style="list-style-type: none"> f) A stitch abscess alone (minimal inflammation and discharge confined to the points of suture penetration) g) A localized stab wound or pin site infection. While it would be considered either a skin (SKIN) or soft tissue (ST) infection, depending on its depth, it is not reportable under this guidance. Note: a laparoscopic trocar site for an NHSN operative procedure is not considered a stab wound. h) Diagnosis/treatment of “cellulitis” (redness/warmth/swelling), by itself, does not meet criterion for superficial incisional SSI. An incision that is draining or culture (+) is not considered a cellulitis. |
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| | <p>i) Circumcision is not an NHSN operative procedure. An infected circumcision site in newborns is classified as CIRC and is not reportable under this module.</p> <p>j) An infected burn wound is classified as BURN and is not reportable under this module.</p> <p>Definition of an NHSN Operative Procedure</p> <p>An NHSN Operative Procedure is a procedure:</p> <p>d) that is included in the ICD-10-PCS or CPT NHSN operative procedure code mapping And</p> <p>e) takes place during an operation where at least one incision (including laparoscopic approach and cranial Burr holes) is made through the skin or mucous membrane, or reoperation via an incision that was left open during a prior operative procedure And</p> <p>f) takes place in an operating room (OR), defined as a patient care area that met the Facilities Guidelines Institute's (FGI) or American Institute of Architects' (AIA) criteria for an operating room when it was constructed or renovated¹¹. This may include an operating room, C-section room, interventional radiology room, or a cardiac catheterization lab.</p> <p><u>Denominator:</u> Total number of all patients that underwent a planned Caesarean Section in that facility during the reporting period.</p> <p>CPT codes: All inpatients Cesarean section CPT codes; 59510, 59514, 59515, 59618, 59620, 59622</p> <p>Denominator exclusions: Procedures that are assigned an ASA score of 6 are not eligible for NHSN SSI surveillance.</p> |
| Reporting Frequency: | Quarterly |
| Unit of Measure: | SSI Rate per 100 elective C-Section |
| International comparison if available | CDC/ NHSN chapter 9, Procedure-associated Module SSI: Surgical Site Infection (SSI) Event |
| Desired direction: | Lower is better |
| Notes for all providers | |
| Data sources and guidance: | <ul style="list-style-type: none"> - Captured by infection control team/ nursing as part of regular surveillance activities and infection control documentation - Patient's records - Hospital internal mortality and morbidity |

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC015

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| KPI Description (title): | Early Perinatal Mortality rate per 1000 births |
| Domain | Outcome |
| Sub-Domain | Perinatal Mortality rate per 1000 births |
| Definition: | <p>Perinatal Mortality: Rate of all still births and early neonatal death out of all births during the reporting period.</p> <p>Early Perinatal mortality: Fetal deaths (stillbirths) after 22 completed weeks of gestation and neonatal death before 7 completed days.</p> |
| Calculation: | <p><u>Numerator:</u> Number of :</p> <ul style="list-style-type: none"> Fetal deaths ≥500g birth weight (or stillbirths from ≥22 weeks) (at least one of the 2 criteria must be met) and Early neonatal deaths (birth to age 7 days of life) <p><u>Denominator:</u> All births in the facility and/ or babies being cared for in the specified facility.</p> <p><u>Denominator inclusion:</u></p> <ul style="list-style-type: none"> Births in the facility: Z38.00, Z38.01, Z38.2, Z38.30, Z38.31, Z38.5, Z38.61, Z38.62, Z38.63, Z38.64, Z38.65, Z38.66, Z38.68, Z38.69, Z38.8. Born before arrival (Z38.1, Z38.4, Z38.7) Stillbirth: P95 Transferred from other facilities and admitted as inpatient encounter during age ≤ 7 days of life. |
| Reporting Frequency: | Quarterly |
| Unit of Measure: | Rate per 1000 births |
| International comparison if available | http://www.pi.nhs.uk/pnm/definitions.htm http://www.pi.nhs.uk/pnm/KHD_2008-9.pdf WHO Implementation Tools for Maternal and Perinatal Death Surveillance and Response |
| Desired direction: | Lower is better |
| Notes for all providers | |
| Data sources and guidance: | <ul style="list-style-type: none"> - Manual Data Collection - Patient's Records |

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Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC016

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|--|--|
| KPI Description (title): | Early Perinatal Mortality - Corrected rate per 1000 births |
| Domain | Outcome |
| Sub-Domain | Perinatal Mortality - corrected rate per 1000 births |
| Definition: | Perinatal Mortality: Rate of all stillbirths and early neonatal death out of all births during the reporting period. Early Perinatal mortality: Fetal deaths (stillbirths) after 22 completed weeks of gestation and neonatal death before 7 completed days. Corrected Perinatal Mortality = excluding major congenital anomalies, <22 weeks gestation or <500g birth weight |
| Calculation: | <p><u>Numerator:</u> Number of :</p> <ul style="list-style-type: none"> Fetal deaths ≥500g birth weight (stillbirths from ≥22 weeks of gestation) (at least one of the 2 criteria must be met) and Early neonatal deaths (birth to age 7 days of life) <p><u>Numerator exclusions:</u></p> <ul style="list-style-type: none"> Major congenital anomalies <22 weeks gestation <500g birth weight Stillbirths / Newborns of unbooked mothers i.e. mothers present to the reporting facility for the first time in that pregnancy and the index visit results in delivery. If the mother was booked in any other of that facility network (group), she is considered booked. Preterms at the limit of viability (22+0 to 23+6 weeks gestation) who were not offered full resuscitation at birth Died before arrival to the reporting facility (during transfer from home, another facility or any other location to the reporting facility). Exclude patients that have only accessed urgent care or had 1 visit to the reporting facility <p><u>Denominator:</u> All births in the facility and/ or babies being cared for in the specified facility.</p> <p><u>Denominator inclusion:</u></p> <ul style="list-style-type: none"> Births in the facility: Z38.00, Z38.01, Z38.2, Z38.30, Z38.31, Z38.5, Z38.61, Z38.62, Z38.63, Z38.64, Z38.65, Z38.66, Z38.68, Z38.69, Z38.8. Born before arrival (Z38.1, Z38.4, Z38.7) Stillbirth: P95 Transferred from other facilities and admitted as inpatient encounter during age ≤ 7 days of life. |
| Reporting Frequency: | Quarterly |
| Unit of Measure: | Rate per 1000 births |
| International comparison if available | http://www.pi.nhs.uk/pnm/definitions.htm http://www.pi.nhs.uk/pnm/KHD_2008-9.pdf WHO Implementation Tools for Maternal and Perinatal Death Surveillance and Response |
| Desired direction: | Lower is better |
| Notes for all providers | |
| Data sources and guidance: | <ul style="list-style-type: none"> Manual Data Collection Patient's Records |

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Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC017

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| KPI Description (title): | Neonatal Mortality rate per 1000 live births |
| Domain | Outcome |
| Sub-Domain | Neonatal Mortality rate per 1000 live births |
| Definition: | Neonatal mortality: Death before the corrected age of 28 completed days following live birth. |
| Calculation: | <p><u>Numerator:</u> Number of neonatal death during first corrected 28 days of life during hospital stay</p> <p><u>Numerator exclusion:</u></p> <ul style="list-style-type: none"> Deaths after corrected 28 days of life Stillbirths <p><u>Denominator:</u> All live babies born in the facility and/or being cared for in the specified facility</p> <p><u>Denominator inclusion:</u></p> <ul style="list-style-type: none"> Total live births in the facility: Z38.00, Z38.01, Z38.2, Z38.30, Z38.31, Z38.5, Z38.61, Z38.62, Z38.63, Z38.64, Z38.65, Z38.66, Z38.68, Z38.69, Z38.8. Born before arrival (Z38.1, Z38.4, Z38.7) Transferred from other facilities and admitted as inpatient encounter during first corrected 28 days of life. |
| Reporting Frequency: | Quarterly |
| Unit of Measure: | Rate per 1000 live births |
| International comparison if available | http://www.pi.nhs.uk/pnm/definitions.htm http://www.pi.nhs.uk/pnm/KHD_2008-9.pdf |
| Desired direction: | Lower is better |
| Notes for all providers | |
| Data sources and guidance: | <ul style="list-style-type: none"> - Manual Data Collection - Patient's Records - Mortality and Morbidity - Patient's follow up |

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC018

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|--|--|
| KPI Description (title): | Neonatal Mortality - corrected rate per 1000 live births |
| Domain | Outcome |
| Sub-Domain | Neonatal Mortality - corrected rate per 1000 live births |
| Definition: | Neonatal mortality: Death before the age of 28 completed days following live birth. Corrected Neonatal Mortality = excluding major congenital anomalies irrespective of gestation; also < 22weeks gestation and those <500g. |
| Calculation: | <p><u>Numerator:</u> Number of neonatal death during first corrected 28 days of life during hospital stay</p> <p><u>Numerator exclusion:</u></p> <ul style="list-style-type: none"> Deaths after corrected 28 days of life Stillbirths Major congenital anomalies irrespective of gestation Born at < 22weeks gestation Born at <=500g in weight Died before arrival to the reporting facility (during transfer from home, another facility or any other location to the reporting facility). Exclude patients that have only accessed urgent care or had 1 visit to the reporting facility Preterms at the limit of viability (22+0 to 23+6 weeks gestation) who were not offered full resuscitation at birth <p><u>Denominator:</u> All live babies born in the facility and/or being cared for in the specified facility</p> <p><u>Denominator Inclusion:</u></p> <ul style="list-style-type: none"> Total live births in the facility: Z38.00, Z38.01, Z38.2, Z38.30, Z38.31, Z38.5, Z38.61, Z38.62, Z38.63, Z38.64, Z38.65, Z38.66, Z38.68, Z38.69, Z38.8. Born before arrival (Z38.1, Z38.4, Z38.7) Transferred from other facilities and admitted as inpatient encounter during first corrected 28 days of life. |
| | Quarterly |
| Unit of Measure: | Rate per 1000 live births |
| International comparison if available | http://www.pi.nhs.uk/pnm/definitions.htm http://www.pi.nhs.uk/pnm/KHD_2008-9.pdf WHO Implementation Tools for Maternal and Perinatal Death Surveillance and Response |
| Desired direction: | Lower is better |
| Notes for all providers | |
| Data sources and guidance: | <ul style="list-style-type: none"> - Manual Data Collection - Patient's Records (Malaffi data extraction within DOH) - Mortality and Morbidity - Patient's follow up |

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC019

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|---------------------------------|---|
| KPI Description (title): | Rate of Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) in pregnancy, childbirth, and puerperium |
| Domain | Patient Safety |
| Sub-Domain | Complication |
| Definition: | Rate of perioperative pulmonary embolism or deep vein thrombosis (secondary diagnosis) for patients (18 years and older) of pregnancy, childbirth, and puerperium. |
| Calculation: | <p><i>Numerator:</i> All adults with principal diagnosis of pregnancy, childbirth, and puerperium who had surgical discharges in the reporting quarter and developed proximal Deep Vein Thrombosis or Pulmonary Embolism (secondary diagnosis) within 30 days from the date of the surgical procedure.</p> <p><i>Secondary ICD-10-CM Diagnosis Codes, as follows:</i></p> <ul style="list-style-type: none"> • <i>Proximal Deep Vein Thrombosis:</i> <i>ICD 10 CM Codes:</i> (I80.10, I80.11, I80.12, I80.13, I80.201, I80.202, I80.203, I80.209, I80.211, I80.212, I80.213, I80.219, I80.221, I80.222, I80.223, I80.229, I80.291, I80.292, I80.293, I80.299, I82.401, I82.402, I82.403, I82.409, I82.411, I82.412, I82.413, I82.419, I82.421, I82.422, I82.423, I82.429, I82.431, I82.432, I82.433, I82.439, I82.4Y1, I82.4Y2, I82.4Y3, I82.4Y9) • <i>Pulmonary Embolism:</i> <i>ICD 10 CM Codes:</i> (I26.01, I26.02, I26.09, I26.90, I26.92, I26.93, I26.94, I26.99) <p><i>Denominator:</i> Total number of adult (18 years and older) surgical discharges with principal diagnosis of pregnancy, childbirth, and puerperium during the reporting period (for operating room procedures).</p> <p><i>Principal ICD-10 codes:</i> O00.00 - O9A.53 with <i>Service codes:</i> 20, 20-01, 20-02, 20-03</p> <p><i>Denominator Inclusion:</i> Inpatient and Daycase</p> <p><i>Denominator Exclusions:</i></p> <ul style="list-style-type: none"> • <i>Patients with a principal ICD-10-CM Diagnosis Code or secondary diagnosis present on admission for: proximal deep vein thrombosis Deep Vein Thrombosis and Pulmonary Embolism (please see above codes)</i> • <i>Patients where a procedure for interruption of vena cava occurs before or on the same date as the first operating room procedure (CPT Procedure Code: 37619, 37191.</i> • <i>where a procedure for pulmonary arterial or dialysis access thrombectomy occurs before or on the same day as the first operating room procedure</i> |

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| | <ul style="list-style-type: none"> • where the only operating room procedure(s) is for pulmonary arterial or dialysis access thrombectomy • with any listed ICD-10-CM diagnosis code present on admission for acute brain or spinal injury • with any listed ICD-10-PCS procedure code for extracorporeal membrane oxygenation (ECMO) • Long term care patients. They will be reported under LTCF Jawda Guidance. Service codes (not limited to): 17-13, 17-14, 17-15, 17-16, 17-27, 17-28, 17-30, 17-31 • Patients who received treatment as an inpatient for burns injury (any degree). They will be reported under Burn Jawda Guidance. ICD-10 codes: T20.00XA - T31.99 |
| Reporting Frequency: | Quarterly |
| Unit of Measure: | Rate per 1,000 surgical discharges |
| International comparison if available | PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate.pdf (ahrq.gov) Also using OECD, CQC of UK with modification following discussion with local experts and taking local culture into consideration. |
| Desired direction: | Lower is better |
| Notes for all providers | |
| Data sources and guidance: | <ul style="list-style-type: none"> - Hospital internal adverse event system and complication log - Based on list of discharged patients with specific ICD 10 Diagnosis and Procedure codes - Patient medical record. |

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC020

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| KPI Description (title): | Postoperative Sepsis Rate in pregnancy, childbirth, and puerperium |
| Domain | Patient Safety |
| Sub-Domain | Complication |
| Definition: | Rate of postoperative Sepsis (secondary diagnosis) for patients (18 years and older) of pregnancy, childbirth, and puerperium. |
| Calculation: | <p><i>Numerator:</i> All adults with diagnosis of pregnancy, childbirth, and puerperium who had surgical discharges in the reporting quarter and developed Sepsis within 30 days from the date of the surgical procedure.</p> <p><i>ICD-10 CM (not limited to):</i> 086.04, A02.1, A22.7, A26.7, A32.7, A40.0, A40.1, A40.3, A40.8, A40.9, A41.01, A41.02, A41.1, A41.2, A41.3, A41.4, A41.50, A41.51, A41.52, A41.53, A41.59, A41.81, A41.89, A41.9, A42.7, A54.86, B37.7</p> <p><i>Denominator:</i> Total number of adult (18 years and older) surgical discharges with principal diagnosis of pregnancy, childbirth, and puerperium during the reporting period (for operating room procedures).</p> <p><i>Principal ICD-10 codes:</i> 000.00 - 09A.53 with <i>Service codes:</i> 20, 20-01, 20-02, 20-03</p> <p><i>Denominator Inclusion:</i> Inpatient and Daycase</p> <p><i>Denominator Exclusions:</i></p> <ul style="list-style-type: none"> • Patients with a principal ICD-10-CM Diagnosis Code or secondary diagnosis present on admission for Sepsis • Patients with a principal ICD-10-CM diagnosis code (or secondary diagnosis present on admission) for infection, coded as per documentation. |
| Reporting Frequency: | Quarterly |
| Unit of Measure: | Rate per 1,000 surgical discharges |
| International comparison if available | PSI 13 Postoperative Sepsis Rate.pdf (ahrq.gov) |
| Desired direction: | Lower is better |
| Notes for all providers | |
| Data sources and guidance: | <ul style="list-style-type: none"> - Captured by infection control team - Patient's records - Lab reports - Hospital internal mortality and morbidity |

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC021

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| KPI Description (title): | Rate of women who require ICU admission for more than 24 hours while pregnant or within 42 days postpartum |
| Domain | Clinical outcome |
| Sub-Domain | Patient safety |
| Rational: | A pregnant woman that is young is usually in good health until she suffers from some acute injury. Her prognosis will hopefully be better if she receives timely intensive care. |
| Calculation: | <p>Numerator: Number of women who require at least one ICU/HDU admission for pregnancy related issues for over 24 hours, while pregnant or up to 42 days postpartum in any facility.</p> <p>Denominator: Total number of deliveries that full-filled the following criteria:</p> <ul style="list-style-type: none"> • At least 2 antenatal visits in the reporting facility- At least one of the antenatal visit to be in the first trimester. • Delivered in the reporting facility. • Who completed 42 days of postpartum during the reporting period. • <i>All women with both live births and still births.</i> <p>Exclusion: Women with an ICU admission prior to the first of the two antenatal visits are excluded.</p> |
| Reporting Frequency: | Quarterly |
| Unit of Measure: | Rate per 100 deliveries. |
| International comparison if available | No published benchmark, trend line will be used after enough data collection |
| Desired direction: | Lower is better. |
| Notes for all providers | |
| Data sources and guidance: | <ul style="list-style-type: none"> • Patient's records • Claims data • DOH Standard for Center of Excellence in High-risk Pregnancy and Neonates |

Jawda Maternal and Perinatal Care Quality Performance Indicators

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC022

| | |
|--|--|
| KPI Description (title): | Rate of unexpected NICU admissions within 28 days corrected age. |
| Domain | Patient Safety |
| Sub-Domain | Complications |
| Definition: | Rate of unplanned admissions to a NICU within 28 corrected days of birth. An unplanned NICU admission is defined as an admission to NICU that was not planned more than twenty-four hours in advance of admission to the NICU. |
| Calculation: | <p><u>Numerator:</u> Total number of neonates from the denominator who were transferred to critical care units (NICU) from birth to 28 corrected days of life without a prior plan documented more than twenty-four hours of NICU admission.</p> <p><u>Denominator:</u> All live babies born in the facility and/or being cared for in the reporting facility.</p> <p>Denominator Inclusion: All neonates age up to 28 corrected days of life</p> <ul style="list-style-type: none"> • Total live births in the facility: Z38.00, Z38.01, Z38.2, Z38.30, Z38.31, Z38.5, Z38.61, Z38.62, Z38.63, Z38.64, Z38.65, Z38.66, Z38.68, Z38.69, Z38.8. • Born before arrival (Z38.1, Z38.4, Z38.7) • Transferred from other facilities and admitted as inpatient encounter during first 28 corrected days of life. |
| Reporting Frequency: | Quarterly |
| Unit of Measure: | Rate per 100 live births |
| International comparison if available | https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8462396/pdf/nihms-1722718.pdf |
| Desired direction: | <10% |
| Notes for all providers | |
| Data sources and guidance: | <ul style="list-style-type: none"> - Hospital incident reports - Hospital ICU admission log |

Maternal and Perinatal Care Quality Indicator

Indicator Number: MPC023

| | |
|--|--|
| KPI Description (title): | Overall Caesarian Section rate |
| Domain | Patient safety |
| Sub-Domain | Evidence Based Medicine |
| Definition: | Percentage of all cesarean deliveries |
| Calculation: | <p><u>Numerator:</u> Number of cesarean section deliveries.</p> <p>Numerator inclusion:</p> <ul style="list-style-type: none"> Unplanned and planned cesarean section deliveries <p>Caesarian Section CPT Codes: (59510, 59514, 59515, 59618, 59620, 59622)</p> <p><u>Denominator:</u> Total number of deliveries (vaginal + caesarian) during the reporting period</p> <p>Denominator inclusion:</p> <ul style="list-style-type: none"> With any-listed below ICD-10-CM diagnosis codes for previous Cesarean delivery (O34.211, O34.212, O34.219, O66.41) With any ICD-10-CM diagnosis codes from Appendix B (abnormal presentation, preterm labor with preterm delivery, fetal death, or multiple gestation) Unplanned and planned deliveries Booked and unbooked cases |
| Reporting Frequency: | Quarterly |
| Unit of Measure: | Rate per 100 overall C-section |
| International comparison if available | https://monitor.srhr.org/related-sheets/Monitor%20Indicator%20sheet%20Caesarean%20section%20rate.pdf |
| Desired direction: | <15% Lower is better |
| Notes for all providers | |
| Data sources and guidance: | Patient's records (Malaffi data extraction within DOH) |

Jawda Maternal and Perinatal Care Quality Performance Indicators

Appendix A: Conditions Possibly Justifying Elective Delivery

| | | | | | | | | |
|---------|---------|----------|----------|----------|----------|----------|----------|----------|
| B20 | O24.013 | O30.291 | O31.32X5 | O35.8XX2 | O36.1920 | O36.8135 | O41.1213 | O45.013 |
| K80.00 | O24.02 | O30.292 | O31.32X9 | O35.8XX3 | O36.1921 | O36.8139 | O41.1214 | O45.021 |
| K80.01 | O24.111 | O30.293 | O31.33X0 | O35.8XX4 | O36.1922 | O36.8330 | O41.1215 | O45.022 |
| K80.12 | O24.112 | O30.801 | O31.33X1 | O35.8XX5 | O36.1923 | O36.8331 | O41.1219 | O45.023 |
| K80.13 | O24.113 | O30.802 | O31.33X2 | O35.8XX9 | O36.1924 | O36.8332 | O41.1220 | O45.091 |
| K80.42 | O24.12 | O30.803 | O31.33X3 | O36.0110 | O36.1925 | O36.8333 | O41.1221 | O45.092 |
| K80.43 | O24.311 | O30.811 | O31.33X4 | O36.0111 | O36.1929 | O36.8334 | O41.1222 | O45.093 |
| K80.46 | O24.312 | O30.812 | O31.33X5 | O36.0112 | O36.1930 | O36.8335 | O41.1223 | O45.8X1 |
| K80.47 | O24.313 | O30.813 | O31.33X9 | O36.0113 | O36.1931 | O36.8339 | O41.1224 | O45.8X2 |
| K80.62 | O24.32 | O30.821 | O31.8X10 | O36.0114 | O36.1932 | O40.1XX0 | O41.1225 | O45.8X3 |
| K80.63 | O24.410 | O30.822 | O31.8X11 | O36.0115 | O36.1933 | O40.1XX1 | O41.1229 | O45.91 |
| K80.66 | O24.414 | O30.823 | O31.8X12 | O36.0119 | O36.1934 | O40.1XX2 | O41.1230 | O45.92 |
| K80.67 | O24.415 | O30.831 | O31.8X13 | O36.0120 | O36.1935 | O40.1XX3 | O41.1231 | O45.93 |
| K81.0 | O24.419 | O30.832 | O31.8X14 | O36.0121 | O36.1939 | O40.1XX4 | O41.1232 | O46.001 |
| K81.2 | O24.420 | O30.833 | O31.8X15 | O36.0122 | O36.4XX0 | O40.1XX5 | O41.1233 | O46.002 |
| K83.5 | O24.424 | O30.891 | O31.8X19 | O36.0123 | O36.4XX1 | O40.1XX9 | O41.1234 | O46.003 |
| K83.8 | O24.425 | O30.892 | O31.8X20 | O36.0124 | O36.4XX2 | O40.2XX0 | O41.1235 | O46.011 |
| K87 | O24.429 | O30.893 | O31.8X21 | O36.0125 | O36.4XX3 | O40.2XX1 | O41.1239 | O46.012 |
| O10.011 | O24.811 | O30.91 | O31.8X22 | O36.0129 | O36.4XX4 | O40.2XX2 | O41.1410 | O46.013 |
| O10.012 | O24.812 | O30.92 | O31.8X23 | O36.0130 | O36.4XX5 | O40.2XX3 | O41.1411 | O46.021 |
| O10.013 | O24.813 | O30.93 | O31.8X24 | O36.0131 | O36.4XX9 | O40.2XX4 | O41.1412 | O46.022 |
| O10.02 | O24.82 | O31.11X0 | O31.8X25 | O36.0132 | O36.5110 | O40.2XX5 | O41.1413 | O46.023 |
| O10.03 | O24.911 | O31.11X1 | O31.8X29 | O36.0133 | O36.5111 | O40.2XX9 | O41.1414 | O46.091 |
| O10.111 | O24.912 | O31.11X2 | O31.8X30 | O36.0134 | O36.5112 | O40.3XX0 | O41.1415 | O46.092 |
| O10.112 | O24.913 | O31.11X3 | O31.8X31 | O36.0135 | O36.5113 | O40.3XX1 | O41.1419 | O46.093 |
| O10.113 | O24.92 | O31.11X4 | O31.8X32 | O36.0139 | O36.5114 | O40.3XX2 | O41.1420 | O46.8X1 |
| O10.12 | O26.611 | O31.11X5 | O31.8X33 | O36.0910 | O36.5115 | O40.3XX3 | O41.1421 | O46.8X2 |
| O10.13 | O26.612 | O31.11X9 | O31.8X34 | O36.0911 | O36.5119 | O40.3XX4 | O41.1422 | O46.8X3 |
| O10.211 | O26.613 | O31.12X0 | O31.8X35 | O36.0912 | O36.5120 | O40.3XX5 | O41.1423 | O46.91 |
| O10.212 | O26.62 | O31.12X1 | O31.8X39 | O36.0913 | O36.5121 | O40.3XX9 | O41.1424 | O46.92 |
| O10.213 | O26.831 | O31.12X2 | O34.212 | O36.0914 | O36.5122 | O41.01X0 | O41.1425 | O46.93 |
| O10.22 | O26.832 | O31.12X3 | O35.0XX0 | O36.0915 | O36.5123 | O41.01X1 | O41.1429 | O48.0 |
| O10.311 | O26.833 | O31.12X4 | O35.0XX1 | O36.0919 | O36.5124 | O41.01X2 | O41.1430 | O66.6 |
| O10.312 | O30.001 | O31.12X5 | O35.0XX2 | O36.0920 | O36.5125 | O41.01X3 | O41.1431 | O67.0 |
| O10.313 | O30.002 | O31.12X9 | O35.0XX3 | O36.0921 | O36.5129 | O41.01X4 | O41.1432 | O67.8 |
| O10.32 | O30.003 | O31.13X0 | O35.0XX4 | O36.0922 | O36.5130 | O41.01X5 | O41.1433 | O67.9 |
| O10.411 | O30.011 | O31.13X1 | O35.0XX5 | O36.0923 | O36.5131 | O41.01X9 | O41.1434 | O68 |
| O10.412 | O30.012 | O31.13X2 | O35.0XX9 | O36.0924 | O36.5132 | O41.02X0 | O41.1435 | O69.0XX0 |
| O10.413 | O30.013 | O31.13X3 | O35.1XX0 | O36.0925 | O36.5133 | O41.02X1 | O41.1439 | O69.0XX1 |
| O10.42 | O30.031 | O31.13X4 | O35.1XX1 | O36.0929 | O36.5134 | O41.02X2 | O42.011 | O69.0XX2 |
| O10.43 | O30.032 | O31.13X5 | O35.1XX2 | O36.0930 | O36.5135 | O41.02X3 | O42.012 | O69.0XX3 |
| O10.911 | O30.033 | O31.13X9 | O35.1XX3 | O36.0931 | O36.5139 | O41.02X4 | O42.013 | O69.0XX4 |

Jawda Maternal and Perinatal Care Quality Performance Indicators

| | | | | | | | | |
|---------|---------|----------|----------|----------|----------|----------|---------|----------|
| O10.912 | O30.041 | O31.21X0 | O35.1XX4 | O36.0932 | O36.5910 | O41.02X5 | O42.02 | O69.0XX5 |
| O10.913 | O30.042 | O31.21X1 | O35.1XX5 | O36.0933 | O36.5911 | O41.02X9 | O42.111 | O69.0XX9 |
| O10.92 | O30.043 | O31.21X2 | O35.1XX9 | O36.0934 | O36.5912 | O41.03X0 | O42.112 | O69.4XX0 |
| O11.1 | O30.091 | O31.21X3 | O35.3XX0 | O36.0935 | O36.5913 | O41.03X1 | O42.113 | O69.4XX1 |
| O11.2 | O30.092 | O31.21X4 | O35.3XX1 | O36.0939 | O36.5914 | O41.03X2 | O42.12 | O69.4XX2 |
| O11.3 | O30.093 | O31.21X5 | O35.3XX2 | O36.1110 | O36.5915 | O41.03X3 | O42.911 | O69.4XX3 |
| O11.4 | O30.101 | O31.21X9 | O35.3XX3 | O36.1111 | O36.5919 | O41.03X4 | O42.912 | O69.4XX4 |
| O13.1 | O30.102 | O31.22X0 | O35.3XX4 | O36.1112 | O36.5920 | O41.03X5 | O42.913 | O69.4XX5 |
| O13.2 | O30.103 | O31.22X1 | O35.3XX5 | O36.1113 | O36.5921 | O41.03X9 | O42.92 | O69.4XX9 |
| O13.3 | O30.111 | O31.22X2 | O35.3XX9 | O36.1114 | O36.5922 | O41.1010 | O43.011 | O71.02 |
| O13.4 | O30.112 | O31.22X3 | O35.4XX0 | O36.1115 | O36.5923 | O41.1011 | O43.012 | O71.03 |
| O14.02 | O30.113 | O31.22X4 | O35.4XX1 | O36.1119 | O36.5924 | O41.1012 | O43.013 | O76 |
| O14.03 | O30.121 | O31.22X5 | O35.4XX2 | O36.1120 | O36.5925 | O41.1013 | O43.212 | O98.72 |
| O14.04 | O30.122 | O31.22X9 | O35.4XX3 | O36.1121 | O36.5929 | O41.1014 | O43.213 | O99.111 |
| O14.12 | O30.123 | O31.23X0 | O35.4XX4 | O36.1122 | O36.5930 | O41.1015 | O43.222 | O99.112 |
| O14.13 | O30.131 | O31.23X1 | O35.4XX5 | O36.1123 | O36.5931 | O41.1019 | O43.223 | O99.113 |
| O14.14 | O30.132 | O31.23X2 | O35.4XX9 | O36.1124 | O36.5932 | O41.1020 | O43.232 | O99.12 |
| O14.22 | O30.133 | O31.23X3 | O35.5XX0 | O36.1125 | O36.5933 | O41.1021 | O43.233 | O99.13 |
| O14.23 | O30.191 | O31.23X4 | O35.5XX1 | O36.1129 | O36.5934 | O41.1022 | O44.01 | O99.411 |
| O14.24 | O30.192 | O31.23X5 | O35.5XX2 | O36.1130 | O36.5935 | O41.1023 | O44.02 | O99.412 |
| O14.92 | O30.193 | O31.23X9 | O35.5XX3 | O36.1131 | O36.5939 | O41.1024 | O44.03 | O99.413 |
| O14.93 | O30.201 | O31.31X0 | O35.5XX4 | O36.1132 | O36.8120 | O41.1025 | O44.11 | O99.42 |
| O14.94 | O30.202 | O31.31X1 | O35.5XX5 | O36.1133 | O36.8121 | O41.1029 | O44.12 | O99.43 |
| O15.02 | O30.203 | O31.31X2 | O35.5XX9 | O36.1134 | O36.8122 | O41.1030 | O44.13 | O99.810 |
| O15.03 | O30.211 | O31.31X3 | O35.6XX0 | O36.1135 | O36.8123 | O41.1031 | O44.23 | O99.814 |
| O15.1 | O30.212 | O31.31X4 | O35.6XX1 | O36.1139 | O36.8124 | O41.1032 | O44.33 | O99.815 |
| O15.2 | O30.213 | O31.31X5 | O35.6XX2 | O36.1910 | O36.8125 | O41.1033 | O44.43 | Z21 |
| O16.1 | O30.221 | O31.31X9 | O35.6XX3 | O36.1911 | O36.8129 | O41.1034 | O44.53 | Z37.1 |
| O16.2 | O30.222 | O31.32X0 | O35.6XX4 | O36.1912 | O36.8130 | O41.1035 | O45.001 | Z79.01 |
| O16.3 | O30.223 | O31.32X1 | O35.6XX5 | O36.1913 | O36.8131 | O41.1039 | O45.002 | |
| O16.4 | O30.231 | O31.32X2 | O35.6XX9 | O36.1914 | O36.8132 | O41.1210 | O45.003 | |
| O24.011 | O30.232 | O31.32X3 | O35.8XX0 | O36.1915 | O36.8133 | O41.1211 | O45.011 | |
| O24.012 | O30.233 | O31.32X4 | O35.8XX1 | O36.1919 | O36.8134 | O41.1212 | O45.012 | |

Jawda Maternal and Perinatal Care Quality Performance Indicators

Appendix B: Abnormal presentation, fetal death, and multiple gestation diagnosis codes

| | | | | | | | | |
|---------|---------|----------|----------|----------|----------|----------|----------|----------|
| O30.001 | O30.132 | O30.823 | O31.13X2 | O31.8X14 | O32.2XX9 | O36.4XX1 | O60.14X9 | O64.8XX0 |
| O30.002 | O30.133 | O30.829 | O31.13X3 | O31.8X15 | O32.3XX0 | O36.4XX2 | O63.2 | O64.8XX1 |
| O30.003 | O30.139 | O30.831 | O31.13X4 | O31.8X19 | O32.3XX1 | O36.4XX3 | O64.0XX0 | O64.8XX2 |
| O30.009 | O30.191 | O30.832 | O31.13X5 | O31.8X20 | O32.3XX2 | O36.4XX4 | O64.0XX1 | O64.8XX3 |
| O30.011 | O30.192 | O30.833 | O31.13X9 | O31.8X21 | O32.3XX3 | O36.4XX5 | O64.0XX2 | O64.8XX4 |
| O30.012 | O30.193 | O30.839 | O31.20X0 | O31.8X22 | O32.3XX4 | O36.4XX9 | O64.0XX3 | O64.8XX5 |
| O30.013 | O30.199 | O30.891 | O31.20X1 | O31.8X23 | O32.3XX5 | O44.03 | O64.0XX4 | O64.8XX9 |
| O30.019 | O30.201 | O30.892 | O31.20X2 | O31.8X24 | O32.3XX9 | O44.13 | O64.0XX5 | O64.9XX0 |
| O30.021 | O30.202 | O30.893 | O31.20X3 | O31.8X25 | O32.4XX0 | O44.23 | O64.0XX9 | O64.9XX1 |
| O30.022 | O30.203 | O30.899 | O31.20X4 | O31.8X29 | O32.4XX1 | O44.33 | O64.1XX0 | O64.9XX2 |
| O30.023 | O30.209 | O30.90 | O31.20X5 | O31.8X30 | O32.4XX2 | O60.10X0 | O64.1XX1 | O64.9XX3 |
| O30.029 | O30.211 | O30.91 | O31.20X9 | O31.8X31 | O32.4XX3 | O60.10X1 | O64.1XX2 | O64.9XX4 |
| O30.031 | O30.212 | O30.92 | O31.21X0 | O31.8X32 | O32.4XX4 | O60.10X2 | O64.1XX3 | O64.9XX5 |
| O30.032 | O30.213 | O30.93 | O31.21X1 | O31.8X33 | O32.4XX5 | O60.10X3 | O64.1XX4 | O64.9XX9 |
| O30.033 | O30.219 | O31.10X0 | O31.21X2 | O31.8X34 | O32.4XX9 | O60.10X4 | O64.1XX5 | O66.1 |
| O30.039 | O30.221 | O31.10X1 | O31.21X3 | O31.8X35 | O32.6XX0 | O60.10X5 | O64.1XX9 | O66.6 |
| O30.041 | O30.222 | O31.10X2 | O31.21X4 | O31.8X39 | O32.6XX1 | O60.10X9 | O64.2XX0 | Z37.1 |
| O30.042 | O30.223 | O31.10X3 | O31.21X5 | O31.8X90 | O32.6XX2 | O60.12X0 | O64.2XX1 | Z37.2 |
| O30.043 | O30.229 | O31.10X4 | O31.21X9 | O31.8X91 | O32.6XX3 | O60.12X1 | O64.2XX2 | Z37.3 |
| O30.049 | O30.231 | O31.10X5 | O31.22X0 | O31.8X92 | O32.6XX4 | O60.12X2 | O64.2XX3 | Z37.4 |
| O30.091 | O30.232 | O31.10X9 | O31.22X1 | O31.8X93 | O32.6XX5 | O60.12X3 | O64.2XX4 | Z37.50 |
| O30.092 | O30.233 | O31.11X0 | O31.22X2 | O31.8X94 | O32.6XX9 | O60.12X4 | O64.2XX5 | Z37.51 |
| O30.093 | O30.239 | O31.11X1 | O31.22X3 | O31.8X95 | O32.8XX0 | O60.12X5 | O64.2XX9 | Z37.52 |
| O30.099 | O30.291 | O31.11X2 | O31.22X4 | O31.8X99 | O32.8XX1 | O60.12X9 | O64.3XX0 | Z37.53 |
| O30.101 | O30.292 | O31.11X3 | O31.22X5 | O32.1XX0 | O32.8XX2 | O60.13X0 | O64.3XX1 | Z37.54 |
| O30.102 | O30.293 | O31.11X4 | O31.22X9 | O32.1XX1 | O32.8XX3 | O60.13X1 | O64.3XX2 | Z37.59 |
| O30.103 | O30.299 | O31.11X5 | O31.23X0 | O32.1XX2 | O32.8XX4 | O60.13X2 | O64.3XX3 | Z37.60 |
| O30.109 | O30.801 | O31.11X9 | O31.23X1 | O32.1XX3 | O32.8XX5 | O60.13X3 | O64.3XX4 | Z37.61 |
| O30.111 | O30.802 | O31.12X0 | O31.23X2 | O32.1XX4 | O32.8XX9 | O60.13X4 | O64.3XX5 | Z37.62 |
| O30.112 | O30.803 | O31.12X1 | O31.23X3 | O32.1XX5 | O32.9XX0 | O60.13X5 | O64.3XX9 | Z37.63 |
| O30.113 | O30.809 | O31.12X2 | O31.23X4 | O32.1XX9 | O32.9XX1 | O60.13X9 | O64.4XX0 | Z37.64 |
| O30.119 | O30.811 | O31.12X3 | O31.23X5 | O32.2XX0 | O32.9XX2 | O60.14X0 | O64.4XX1 | Z37.69 |
| O30.121 | O30.812 | O31.12X4 | O31.23X9 | O32.2XX1 | O32.9XX3 | O60.14X1 | O64.4XX2 | Z37.7 |
| O30.122 | O30.813 | O31.12X5 | O31.8X10 | O32.2XX2 | O32.9XX4 | O60.14X2 | O64.4XX3 | |
| O30.123 | O30.819 | O31.12X9 | O31.8X11 | O32.2XX3 | O32.9XX5 | O60.14X3 | O64.4XX4 | |
| O30.129 | O30.821 | O31.13X0 | O31.8X12 | O32.2XX4 | O32.9XX9 | O60.14X4 | O64.4XX5 | |
| O30.131 | O30.822 | O31.13X1 | O31.8X13 | O32.2XX5 | O36.4XX0 | O60.14X5 | O64.4XX9 | |

Summary of Changes 2024

| KPI # | Changes |
|--------|--|
| MPC001 | Removed phrase “Numerator Inclusion” |
| MPC002 | Denominator exclusion: Added and Appendix A for Principal and secondary diagnosis codes for conditions possibly justifying elective delivery prior to 39 weeks gestation |
| MPC003 | <ol style="list-style-type: none"> In Denominator exclusion: <ol style="list-style-type: none"> Birth before arrival (BBA) to the hospital Miscarriages (ICD-10 CM codes not limited to: O02.1, O03.39, O03.4, O03.89, O03.9, O20.0) Babies with shoulder dystocia Added codes whenever applicable |
| MPC004 | <ol style="list-style-type: none"> In Denominator exclusion: <ol style="list-style-type: none"> Birth before arrival (BBA) to the hospital Miscarriages (ICD-10 CM codes not limited to: O02.1, O03.39, O03.4, O03.89, O03.9, O20.0) Added codes whenever applicable |
| MPC005 | <ol style="list-style-type: none"> Denominator: added “at least” one previous caesarean section. In Denominator exclusion: Added Appendix B for abnormal presentation, fetal death, or multiple gestation |
| MPC006 | <ol style="list-style-type: none"> Denominator exclusion: added Miscarriages (ICD-10 CM codes not limited to: O02.1, O03.39, O03.4, O03.89, O03.9, O20.0) Added codes whenever applicable |
| MPC008 | Removed Numerator Exclusions: None |
| MPC009 | Removed Numerator Exclusions: None |
| MPC011 | Numerator: added “without a hysterotomy” |
| MPC012 | Numerator: added “without a hysterotomy” |
| MPC015 | <ol style="list-style-type: none"> Numerator: Revised weeks of gestation to “22” weeks, instead of 24 Added international reference |
| MPC016 | <ol style="list-style-type: none"> Numerator: Revised weeks of gestation to “22” weeks, instead of 24 Numerator Exclusions: <ol style="list-style-type: none"> bulleted down the birth weight added: Exclude patients that have only accessed urgent care or had 1 visit to the reporting facility Added international reference |
| MPC018 | <ol style="list-style-type: none"> Numerator: Revised weeks of gestation to “22” weeks, instead of 24 Numerator Exclusions: <ol style="list-style-type: none"> bulleted down the birth weight added: Exclude patients that have only accessed urgent care or had 1 visit to the reporting facility Added international reference |
| MPC019 | Added new KPI: Rate of Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) in pregnancy, childbirth, and puerperium |
| MPC020 | Added new KPI: Postoperative Sepsis Rate in pregnancy, childbirth, and puerperium |
| MPC021 | Added new KPI: Rate of women who require ICU admission for more than 24 hours while pregnant or within 42 days postpartum |
| MPC022 | Added new KPI: Rate of unexpected NICU admissions within 28 days of life |
| MPC023 | Added new KPI: Over-all caesarian rate |