

****NQF-ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR HOSPITAL CARE****

Measure Information Form

Core Measure Set: Pregnancy and Related Conditions

Set Measure ID #: PR-2

Performance Measure Name: Inpatient Neonatal Mortality

Description: Live-born neonates who expire before the neonate becomes age 28 days.

Rationale: Neonatal (0 to less than 28 days of age) mortality continues to account for the largest proportion of infant (0 through 11 months of age) deaths. Low birth weight is a very important risk factor of neonatal mortality.

Type of Measure: Outcome

Improvement Noted As: Decrease in the rate

Numerator Statement: All neonates who expire at the facility before the neonate becomes age 28 days

Included Populations: Not Applicable

Excluded Populations: None

Data Elements:
Discharge Status

Denominator Statement: All live-born neonates

Included Populations: Includes transfers in from another acute care hospital

Excluded Populations: Patients transferred to another acute care hospital

Data Elements:

- *Birthdate*
- *Discharge Date*
- *Discharge Status*

Risk Adjustment: Yes, refer to Appendix B, for risk factor definitions

Data Elements:

- *Birth Weight*
- *ICD-9-CM Other Diagnosis Codes*
- *ICD-9-CM Principal Diagnosis Code*
- *Sex*

Data Collection Approach: Retrospective data sources for required data elements include administrative data and, if applicable, medical record documents.

Data Accuracy:

- Variation may exist in the assignment of ICD-9-CM codes; therefore, coding practices may require evaluation to ensure consistency
- Since Birth Weight is a risk factor for inpatient neonatal mortality, ICD-9-CM codes have been provided in Appendix A, Tables 4.09-4.13 to assist in identifying neonates with prematurity and fetal growth retardation with a fifth digit subclassification to denote birth weight (less than 500 grams up to birth weight 2000-2499 grams). Therefore, neonates with birth weights greater than or equal to 2500 grams will need to be captured using the data element *Birth Weight*.
- It is important to ensure that all weight conversions from pounds and ounces to grams are accurate and concise. *Birth Weight* should not be rounded off i.e., when converting from pounds and ounces to grams, do not round to the nearest pound before converting the weight to grams.
- Discrepancies can occur between *Birth Weights* obtained from labor and delivery vs. nursery departments. Organizations should determine which is the most reliable source for this data element value and consistently obtain it from that source.

Measure Analysis Suggestions: It may be helpful to provide healthcare organizations neonatal mortality rates stratified by birth weights to assist in the interpretation of the overall rate. Recommended birth weight strata are based on ICD-9-CM coding.

Sampling: Yes, for additional information see the Sampling section

Data Reported as: Aggregate rate generated from count data reported as a proportion

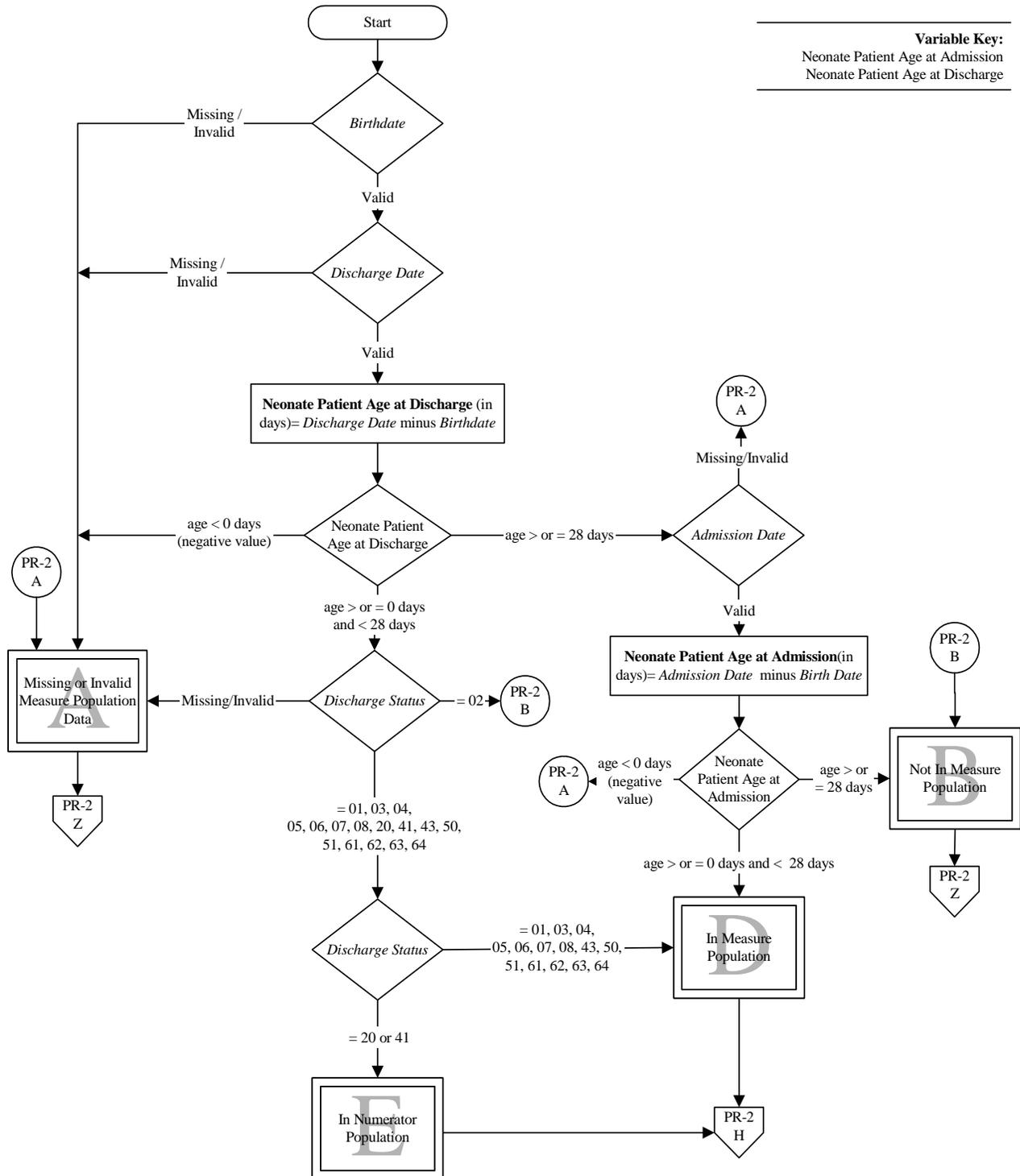
Selected References:

- Bird ST, Bauman KE: State-level infant, neonatal, and postneonatal mortality: The contribution of selected structural socioeconomic variables. *International Journal of Health Services*,1998.28:1:13-27.
- Healthy people 2010. Centers for Disease Control and Prevention, *Health Resources and Services Administration*. Vol. 2:16.
- Rowley DL, et al: Neonatal and postneonatal mortality. From data to action: CDC's Public Health Surveillance for Women Infants and Children,1994:251-262.
- State definitions and reporting requirements for live births, fetal deaths, and induced terminations of pregnancy. U.S. Department of Health and Human Services. 1997.
- Guidelines for perinatal care, American Academy of Pediatrics, The American College of Obstetricians and Gynecologists. 5th edition, 2002.

(PR-2) Inpatient neonatal mortality

Numerator: All neonates who expire at the facility before the neonate becomes age 28 days.

Denominator: All liveborn neonates.



Determine if additional risk factors are present

