



دائرة الصحة
DEPARTMENT OF HEALTH

**JAWDA Quarterly KPI
Guidelines for Maternal
and Perinatal Care
Providers**

January 2020

Table of Contents

Maternal and Perinatal KPIs

Executive Summary	3
About this Guidance	4
Proportion of surgically managed ectopic pregnancies that were managed by laparoscopy	5
Proportion of elective deliveries at ≥ 37 and < 39 weeks	6
Proportion of episiotomy procedures among vaginal deliveries.....	8
Proportion of third and fourth degree perineal tears.....	9
Proportion of vaginal births following a previous caesarean section	10
Proportion of deliveries with Postpartum Haemorrhage ≥ 2000 ml	11
Proportion of unplanned all cause readmissions to hospital within 30 days of discharge after delivery.....	12
Brachial plexus injury rate per 1000 newborns	14
Neonate patients with hypoxic-ischemic encephalopathy (Moderate or Severe) (HIE) rate per 1000 newborns.....	15

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.

Published: January 2020 Version 1

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.

Jawda Maternal and Perinatal Care Quality Performance Indicators

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</p> <p>Numerator Inclusion:</p> <ul style="list-style-type: none"> • CPT Codes: 59150; 59151. <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 discharged women with ectopic pregnancy managed surgically during the reporting period.</p> <p>Denominator inclusion:</p> <ul style="list-style-type: none"> • CPT Codes: 59150; 59151; 59120; 59121; 59130; 59135; 59136 <p>Denominator exclusion:</p> <ul style="list-style-type: none"> • Cervical ectopic should be excluded ICD10CM 000.8 • Scar ectopic 000.9 and abdominal live ectopic 000.0 to be also excluded
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. 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: <ul style="list-style-type: none"> ○ Not in active labor or not experiencing spontaneous rupture of membranes <p>Numerator Exclusion</p> <ul style="list-style-type: none"> • ICD 10 CM codes – 034.21, 034.29 <p>Denominator: Discharged women delivering new-borns within ≥ 37 and < 39 weeks of gestation completed during the reporting period.</p> <p>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, <p>Denominator exclusion:</p> <ul style="list-style-type: none"> • Principal Diagnosis Codes for conditions possibly justifying elective delivery prior to 39 weeks gestation as defined in Appendix A, Table 11.07 : https://manual.jointcommission.org/releases/TJC2019A/AppendixATJC.html#Table_Number_11.07:_Conditions_Possibly_Justifying_Elective_Delivery • 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	https://manual.jointcommission.org/releases/TJC2019A/index.html

Jawda Maternal and Perinatal Care Quality Performance Indicators

comparison if available	
Desired direction:	Lower 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: 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>Numerator Exclusion</p> <ul style="list-style-type: none"> • None <p>Denominator: Total number of discharged women who delivered vaginally during the reporting period.</p> <p>Denominator inclusion:</p> <p style="padding-left: 40px;">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> <ul style="list-style-type: none"> • CPT Code- 59400, 59409, 59410, 59610, 59612, 59614 • Including instrumental deliveries, forceps-and vacuum <p>Denominator exclusion:</p> <ul style="list-style-type: none"> • All Caesarean Section deliveries
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

Jawda Maternal and Perinatal Care Quality Performance Indicators

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>Numerator Inclusion:</p> <ul style="list-style-type: none"> • ICD10CM Codes: O70.2, O70.3, O70.4 <p>Numerator Exclusion</p> <ul style="list-style-type: none"> • None <p>Denominator: Total number of discharged women with vaginal deliveries during the reporting period.</p> <p>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 • CPT Code- 59400, 59409, 59410, 59610, 59612, 59614 • Including instrumental deliveries, forceps and vacuum <p>Denominator exclusion:</p> <ul style="list-style-type: none"> • All Caesarean Section deliveries
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

Jawda Maternal and Perinatal Care Quality Performance Indicators

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>Numerator Inclusion: VBAC CPT code: 59610, 59612, 59614</p> <p>Numerator Exclusion</p> <ul style="list-style-type: none"> • None <p><i>Denominator:</i> Total number of discharged women who had one previous caesarean section during the reporting period.</p> <p>Denominator inclusion:</p> <ul style="list-style-type: none"> • CPT codes: 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622. <p>Denominator exclusion:</p> <ul style="list-style-type: none"> • Abnormal presentation, fetal death, or multiple gestation. <i>Use the Appendix A2 of general quality KPI in order to get the ICD 10 codes for these exclusions</i>
Reporting Frequency:	Quarterly
Unit of Measure:	Rate of VBAC per 100 women who had one previous caesarean deliveries.
International comparison if available	https://www.qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2019/TechSpecs/IQI_22_Vaginal_Birth_After_Cesarean_(VBAC)_Delivery_Rate_Uncomplicated.pdf
Desired direction:	Higher is better
Notes for all providers	
Data sources and guidance:	Patient's records

Jawda Maternal and Perinatal Care Quality Performance Indicators

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: 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"> • None • PPH less than 2000ml <p>Denominator: Total number of discharged women with delivery during the reporting period.</p> <p>Denominator inclusion:</p> <ul style="list-style-type: none"> • 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>Denominator exclusion:</p> <ul style="list-style-type: none"> • None
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:	Patient's records Claims data

Jawda Maternal and Perinatal Care Quality Performance Indicators

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 from 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

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 Claims data

Jawda Maternal and Perinatal Care Quality Performance Indicators

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>Numerator Exclusion</p> <ul style="list-style-type: none"> • None <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, Z38.1, Z38.2, Z38.30, Z38.31, Z38.4, Z38.5, Z38.61, Z38.62, Z38.63, Z38.64, Z38.65, Z38.66, Z38.68, Z38.69, Z38.7, Z38.8. <p>Denominator exclusion:</p> <ul style="list-style-type: none"> • Stillbirths • Born before arrival • 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.birthinjuryguide.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

Jawda Maternal and Perinatal Care Quality Performance Indicators

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 Numerator Inclusion: ICD 10CM codes: P91.62, P91.63</p> <p>Numerator Exclusion</p> <ul style="list-style-type: none"> • None <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, Z38.1, Z38.2, Z38.30, Z38.31, Z38.4, Z38.5, Z38.61, Z38.62, Z38.63, Z38.64, Z38.65, Z38.66, Z38.68, Z38.69, Z38.7, Z38.8. <p>Denominator exclusion:</p> <ul style="list-style-type: none"> • Stillbirths • Born before arrival • 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