NPIC
National Perinatal Information Center

MEMBERSHIP OVERVIEW

EMPOWERED
by Data. CONNECTED
by Purpose.

THE VALUE OF MEMBERSHIP

"Why is my cephalohematoma rate so much higher? You ask NPIC to send you the medical records of the babies that have that code, thinking this must have been a baby that was laboring for a long time, and kept hitting their head against the pelvic bones.

What we ended up finding out was that a lot of our cephalohematoma rate was associated with physicians who were using a vacuum device even though they did a C-section. You ask them why, and the answer is babies are slippery. These physicians make an incision about three inches long. You're not going to get a baby's head through that. The easy thing to do is to slide in this vacuum device and put it on the kid's head and then start pulling. But now you potentially cause damage. It never would have occurred to me, but so the data was there.

With early deliveries, there's evidence that those children don't do as well. We were fighting the battle to try to get clinicians to recognize this. NPIC data can help us show the incidence of the sequelae in babies who are delivered prior to 39 weeks. We really have a chance to use our own information to convince clinicians it's the right thing to do." ~Member Story

NPIC Membership can help hospital healthcare systems identify adverse events that could or should have been prevented or mitigated.

Data that informs is helpful; data that drives improvement is invaluable.

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INFORMING CHANGE IN PERINATAL OUTCOMES

The National Perinatal Information Center (NPIC) is driven by data, collaboration and research to strengthen, connect and empower our shared purpose of improving patient care. With improved outcomes, other metrics of success fall into alignment.

For over 30 years, NPIC has worked with hospitals, patient safety organizations, insurers and researchers to collect and interpret the data that drives better outcomes for mothers and newborns. When data is translated into useful information, the opportunity to transform quantitative data into qualitative improvements becomes a reality.

> *"NPIC are the people who have data to show that the work that we're doing was actually having an impact. We were able to see trends with the amount of improvement that you could sell to a physician, so when they say this is never going to work, you could show them the data." ~Member Testimonial*

WORKING TO ACCELERATE IMPROVEMENT

NPIC Membership provides hospitals with the data they need to
- appropriately focus quality improvement priorities and resources
- gain support for quality improvement initiatives
- monitor the impact of quality improvement efforts

> *"We have to be willing to change at any moment but change for the right reasons. For me, that's what the movement is: making sure that we're creating change where change is necessary, and I can't do that if I don't have high quality data." ~Member Testimonial*

Core Membership Reporting

The Core Reporting includes multiple levels of comparisons and extensive data on utilization, outcomes and 5-year trends.

- **Quarterly Report** – Comprehensive tabular and graphical displays of comparative financial, clinical, and demographic data for all obstetrical and neonatal (including special care) services, linked mother/baby analyses, perinatal quality indicators and five-year trends. All metrics include comparative data for peer subgroup and Perinatal Center Database (PCDB) comparisons. NPIC enhances the value of the comparative data by case mix adjusting variables whenever possible.

- **Perinatal Quality Improvement Dashboard** – A quick view of key metrics with indictors of significance compared to the peer subgroup and PCDB as well as five-year trends with indication of whether rates are moving in a positive or negative direction.

- **Quarterly Measure Snapshot –** A mid-cycle report of the hospital's current data submission displaying the current quarter data to the same quarter prior year, the variance between the two quarters and comparison to the prior quarter peer subgroup and PCDB.

- **Race & Ethnicity Dashboard**, profiles demographics of the patient population and select maternal and neonatal outcome measures by race and ethnicity.

- **Severe Maternal Morbidity (SMM) Dashboard** –A dashboard designed to track Severe Maternal Morbidity (SMM).   The overall rate and rate excluding blood transfusions are displayed for each measure, SMM, SMM Among Hemorrhage Cases, and SMM Among Preeclampsia Cases. The dashboard includes the following data displays:
  - Quarterly and overall rates, with accompanying numerator/denominator counts and percent of SMM indicators present on admission (POA); comparison of overall hospital rates to the subgroup and database averages with determination of significant variance from average.
  - The 21 CDC Indicators broken down by number of cases falling into each indicator category and the percent of total indicators
  - A Trend analysis with determination of significance over time

- **Custom Analytic Interactive Reporting Network (CAIRN)**
  CAIRN extends the Core Comparative Reporting Package by allowing hospitals to interactively customize peer comparisons and data visualization.

	Quarterly Report	Quality Dashboard	Quarterly Snapshot	Race/Ethnicity Dashboard	SMM Dashboard	CAIRN
Hospital specific reporting included with NPIC Membership	X	X	X	X	X	X

"If we see any [negative] changes in our trends and in our quality, then what we've done on the financial side doesn't work. Because at the end of the day, the data that we send to NPIC is why we're all in business. That's information about our patient." ~Member Testimonial

Add-on Reporting

The Adverse Outcome Index (AOI) Report* is designed to measure the volume and magnitude of ten adverse events (6 maternal and 4 neonatal) that may occur during the delivery process and could potentially expose an obstetrical team to malpractice liability.

The Perinatal Service Line Report* is intended to help the system leadership quickly assess how the perinatal service line is performing; monitor volume and utilization by level of perinatal care, determine areas of concern or risk exposure; over time, determine whether system-wide initiatives are having an impact at the local level.

*Add-on reports for an additional fee

COMPARATIVE DATA

Perinatal Center Database (PCDB) Comparisons
The **PCDB** includes more than 625,000 perinatal events annually. Over 95% of PCDB records are linked mother/baby records, allowing for analysis of maternal complications and comorbidities and their impact on the newborn.

Peer Subgroup
NPIC peer subgroups provide equitable comparison of quality across hospitals with similar maternal and neonatal level of care and academic status.

> *"We have had a significant decrease in our number of bad cases, and I do have numbers that show that. We don't want to become complacent. We utilize that national data to make sure we are still competitive, to make sure that we're relevant."*
> *~Member Testimonial*

MEMBER CONNECTIONS

Member events and webinars are designed to assist perinatal teams with their quality improvement efforts. Member to member events provide an opportunity for members to learn from each other through shared information and best practices. Hospital specific Data Engagement webinars provide a 1:1 deep dive into hospital data and reporting.

DATA SUBMISSION

The source data set for all reporting is a patient specific administrative data set, also referred to as billing, discharge or Uniform Billing (UB 04) data. The administrative data has been referred to as the ultimate "green" data set, data collected for another purpose that can be used to support Quality Improvement. Hospitals have the option of programming files to the NPIC specifications or send copies of the administrative data sets submitted to their payers or state discharge database. NPIC writes custom programs to convert state files to the NPIC specifications, further reducing hospitals resources needed to support data submission.

> *"The data has already been collected and aggregated for me; the story is pretty much already told. I didn't have to do all of the number crunching and all that work, and all that compiling data."* ~Member Testimonial

MEMBERSHIP REQUIREMENTS

Agreements: NPIC Data Sharing Agreement and Business Associate Agreement (BAA)

Data: Quarterly submission of patient specific clinical and billing discharge data for all perinatal discharges; Review data validation reports for accuracy of submission

Key Contacts: Provide administrative, technical, and billing POC(s) to assist with carrying out the terms and conditions of membership.

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MEMBER HOSPITALS

Abington—Jefferson Health
Abington, PA

AdventHealth
> **AdventHealth Altamonte**
> *Altamonte, FL*
>
> **AdventHealth Celebration**
> *Celebration, FL*
>
> **AdventHealth Orlando**
> *Orlando, FL*
>
> **AdventHealth Winter Park**
> *Winter Park, FL*

Advocate Christ Medical Center
Oak Lawn, IL

AU Health
Augusta, GA

Atrium Health Navicent
Macon, GA

Baptist Memorial Hospital for Women
Memphis, TN

Beth Israel Deaconess Medical Center
Boston, MA

Care New England Health System
> **Kent Hospital**
> *Warwick, RI*
>
> **Women & Infants Hospital**
> *Providence, RI*

Children's Healthcare of Atlanta
Atlanta, GA

Christiana Hospital
Newark, DE

Cone Health Women's & Children's Center at Moses Cone Hospital
Greensboro, NC

Emory University Hospital Midtown
Atlanta, GA

Genesis Medical Center
Davenport, IA

Grady Memorial Hospital
Atlanta, GA

Hartford Hospital
Hartford, CT

HonorHealth
> **HonorHealth Scottsdale Osborn Medical Center**
> *Scottsdale, AZ*
>
> **HonorHealth Scottsdale Shea Medical Center**
> *Scottsdale, AZ*
>
> **HonorHealth—Sonoran Crossing Medical Center**
> *Phoenix, AZ*

Inova Health System
> **Inova Alexandria Hospital**
> *Alexandria, VA*
>
> **Inova Fair Oaks Hospital**
> *Fairfax, VA*
>
> **Inova Fairfax Hospital**
> *Falls Church, VA*
>
> **Inova Loudoun Hospital**
> *Leesburg, VA*

Jackson-Madison County General Hospital
Jackson, TN

Loyola University Medical Center
Maywood, IL

Magee-Womens Hospital of UPMC
Pittsburgh, PA

MedStar Health
> **Franklin Square Medical Center**
> *Baltimore, MD*
>
> **Georgetown University Hospital**
> *Washington, DC*
>
> **Harbor Hospital**
> *Baltimore, MD*
>
> **Montgomery Medical Center**
> *Olney, MD*
>
> **Southern Maryland Hospital Center**
> *Clinton, MD*
>
> **St. Mary's Hospital**
> *Leonardtown, MD*
>
> **Washington Hospital Center**
> *Washington, DC*

Memorial Healthcare System
> **Memorial Hospital Miramar**
> *Miramar, FL*
>
> **Memorial Hospital West**
> *Pembroke Pines, FL*
>
> **Memorial Regional Hospital**
> *Hollywood, FL*

Memorial Health University Medical Center
Savannah, GA

Mercy Hospital St. Louis
St. Louis, MO

Newport Hospital
Newport, RI

New York– Presbyterian Hospital
> **Allen Hospital**
> *New York, NY*
>
> **Lower Manhattan Hospital**
> *New York., NY*
>
> **Morgan Stanley Children's Hospital**
> *New York, NY*
>
> **Weill Cornell Medical Center**
> *New York, NY*

Northside Hospital
> **Northside Hospital–Atlanta**
> *Atlanta, GA*
>
> **Northside Hospital–Cherokee**
> *Canton, GA*
>
> **Northside Hospital–Forsyth**
> *Cumming, GA*

Northwestern Memorial Prentice Women's Hospital
Chicago, IL

Novant Health
> **Brunswick Medical Center**
> *Bolivia, NC*
>
> **Huntersville Medical Center**
> *Huntersville, NC*
>
> **Matthews Medical Center**
> *Matthews, NC*
>
> **Maya Angelou Women's Health & Wellness Center/Forsyth Medical Center**
> *Winston – Salem, NC*
>
> **Mint Hill Medical Center**
> *Mint Hill, NC*
>
> **Presbyterian Medical Center**
> *Charlotte, NC*
>
> **Rowan Medical Center**
> *Salisbury, NC*
>
> **Thomasville Medical Center**
> *Thomasville, NC*

Orlando Health
> **South Lake Hospital**
> *Clermont, FL*
>
> **Winnie Palmer Hospital for Women & Babies**
> *Orlando, FL*

OU Medical Center
Oklahoma City, OK

Parkland Health & Hospital System
Dallas, TX

Phoebe Putney Memorial Hospital
Albany, GA

Piedmont Columbus Regional Midtown
Columbus, GA

Providence Health & Services
> **Providence Newburg Medical Center**
> *Newburg, OR*
>
> **Providence Portland Medical Center**
> *Portland, OR*
>
> **Providence St. Vincent Medical Center**
> *Portland, OR*

Sarasota Memorial Hospital
Sarasota, FL

Sharp Mary Birch Hospital for Women & Newborns
San Diego, CA

South County Hospital
Wakefield, RI

St. Anthony Hospital
Chicago, IL

St. Charles Hospital
Port Jefferson, NY

St. Francis Hospital & Medical Center
Hartford, CT

St. John Hospital & Medical Center
Detroit, MI

St. Luke's Hospital of Kansas City
Kansas City, MO

St. Mary's Hospital
Waterbury, CT

St. Peter's University Hospital
New Brunswick, NJ

St. Vincent's Birmingham
Birmingham, AL

Stamford Hospital
Stamford, CT

UMass Memorial Medical Center
Worcester, MA

Unity Point Health—Meriter
Madison, WI

UT Southwestern Medical Center
Dallas, TX

UVA Prince William Medical Center
Manassas, VA

West Penn Hospital
Pittsburgh, PA

Winchester Hospital
Winchester, MA

Woman's Hospital
Baton Rouge, LA

CORE DATA SET

Core data set* information on all acute inpatient hospital discharges for the NPIC data base. Hospitals are required to submit a patient specific "administrative data set" comprised of Uniform Billing data, along with supplemental perinatal variables.

Demographic & Clinical Information

Medical Record Number *(Patient Identifier)*
Date of Birth
Sex
Race
Marital Status
Primary Payer
Zip Code
Patient Billing Number *(Unique Pt. Episode Identifier)*
Source of Admission
Type Admission
Date and Time of Admission
Date and Time of Discharge
Delivery Date
Infant Transfer
Principal & Secondary Diagnoses *(max-25) (ICD-10)*
Principal & Secondary Procedures *(max-25) (ICD-10)*
Discharge Status
Physician Identifier
Weight of Infant
APGAR1 & 5 Score *(required for AOI)*
DRG Code *(optional)*
Parity *(optional)*
Gravida *(optional)*
Mother's Medical Record Number *(on Baby's Record)*
Gestational Age *(required for AOI)*
Intensive Care Admit Date *(optional)*
Maternal Blood Transfusion *(required for AOI)*

Financial Information

Routine Adult/Pediatric Days
Routine Adult/Pediatric Charges
Adult Intensive Care Days
Adult Intensive Care Charges
Newborn Routine Days
Newborn Routine Charges
Newborn Intermediate/Convalescent Days
Newborn Intermediate/Convalescent Charges
Newborn Intensive Care Days
Newborn Intensive Care Charges
Pediatric Intensive Care Days
Pediatric Intensive Care Charges
Ancillary Charges:
Surgery Charges *(OR and Recovery)*
Labor and Delivery Charges
→ Radiology Charges
→ Laboratory Charges
→ Pharmacy Charges
→ All Other Ancillary Charges
→ Total Ancillary Charges
→ Total Charges

*Many hospitals participate in their State discharge database, which contains most of the variables in our core data set. Hospitals have the option of sending copies of the administrative data sets submitted to their state discharge database or programming files to the NPIC specifications.