NPIC

National Perinatal Information Center

Improving Perinatal Outcomes Starts Here:

An Introduction to the National Perinatal Information Center

This is a recorded session

EMPOWERED *by Data.* **CONNECTED** *by Purpose*

About NPIC

Since inception, NPIC's dedication and engagement to advance improvements in perinatal health have distinguished us as a cornerstone of the perinatal community. Early on, NPIC became nationally recognized for its unique expertise in the organization of perinatal care and contributions in the regionalization of perinatal care. This early work served as the foundation by which NPIC would broaden its reach and impact over the next four decades.

NPIC President

With over 30 years of experience in women's and children's services, Dr. Elizabeth Rochin brings an innovative combination of healthcare leadership acumen, research expertise, and quality improvement facilitation.

An Expert Team at the Right Time

The dedicated team at NPIC is focused solely on two goals--your data and your patient outcomes. The average tenure of our NPIC team is 11 years! A commitment to each other is just as important as our commitment to you.

Client Services Team

Our Client Services Team are experts in your organization and your outcomes. Creating and nurturing a sustainable and trusting relationship are keys to your success. Our team cares for your data so you can focus on your patients.

Data Services Team

The quality of your data is the most important element of your reporting. Our Data Services Team are experts in your data, and ensuring that your reporting is accurate and reflects your patients.

Vision & Mission

NPIC Vision

The National Perinatal Information Center (NPIC) is dedicated to the improvement of perinatal health through comparative data analysis, program evaluation, health services research and professional continuing education

NPIC Mission

To be recognized as a national leader in comparative data analyses advancing value, quality, safety and best practice in perinatal health

What is NPIC?

The National Perinatal Information Center was established in 1985 to enhance inpatient maternal and neonatal outcomes and elevate the care of women and newborns during delivery and the immediate postpartum period.

685,000 + discharges annually

Hundreds of thousands of national discharges annually to provide in-depth comparison and analysis

41% of hospital members with tenure > 10 years

Hospitals have turned to NPIC for their data reporting for almost 40 years, and some stay for the long-term

60% of the top OB volume hospitals in the US

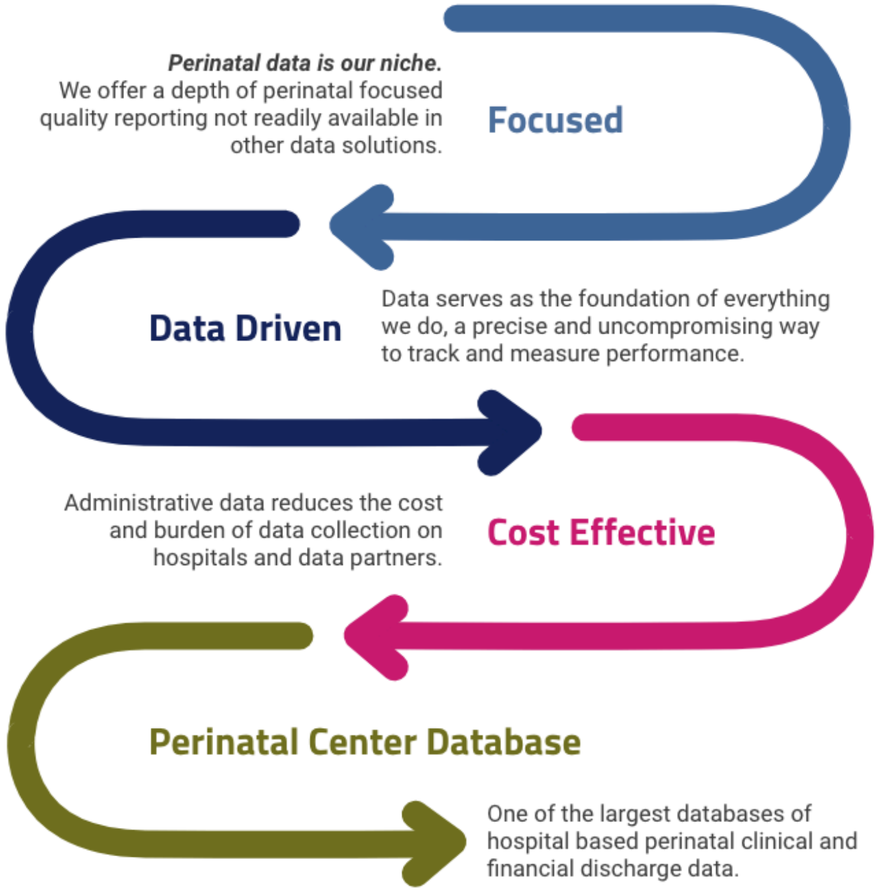
Large hospitals may have challenges in finding a hospital for comparison purposes. NPIC has a solution.

Why NPIC?

The National Perinatal Information Center is more than a database. NPIC is the gateway to comprehensive perinatal and neonatal information to support your clinical quality goals and strategic initiatives.

Never before has perinatal inpatient data been so important. Creating the case for supporting maternal health and organizational operations through data-informed decision-making is critical.

Perinatal and neonatal data is all we focus on, which provides an even deeper and more meaningful conversation about your perinatal outcomes.



Why NPIC?

While one of NPICs strongest assets is its quarterly reporting and benchmarking, we also provide full-service programs to support obstetric and neonatal program success:

- Health services research
- Perinatal and neonatal service line evaluation
- Enterprise quality and risk assessments (on-site/remote)
- Data analytics and measures consulting

Let’s solve your complex obstetric and neonatal needs. Together.

Perinatal Services Evaluation

How does your Perinatal Service Line compare to others? Do your policies align with the most recent evidence-based practices? How can you best develop your maternal and neonatal Quality Assurance/Process Improvement plans?

Create a sustainable plan to improve your care:

- Hospital and system-wide assessments and strategic plan development
- Create a business case for your perinatal service line
- Evaluation of overall quality and safety of care
- On-site and remote reviews provide a thorough and comprehensive evaluation of your current services
- Add on NPIC reporting for a full overview and peer comparison

How Can NPIC Support Your Perinatal and Neonatal Outcomes?

Peer Comparison

Compare against a national database AND peer hospitals similar to your characteristics--birth volume, payer, acuity, the comparisons are endless.

Reduce Risk

Routinely measure and monitor outcomes and address findings that impact your patient care and quality.

Hospital and Provider-Level Data

Securely receive case lists that identify specific outcomes, such as NTSV cases, severe maternal morbidity, and other key outcomes

Quality Improvement

Collaborate with other peer hospitals to support key improvement initiatives

Member Focused Support

Peer Subgroups

Generate conversations with hospitals most like your own to identify and support quality improvement programs.

Personalized Data Validation

When a hospital sends data to NPIC, that is only the first step of the process. Your data is validated by an experienced data analyst familiar with perinatal data.

Case Lists

Need to perform a deep dive of your preeclampsia patients? Or postpartum hemorrhage? NPIC can securely send case lists for review and use in quality improvement programs.

NPIC Subgroups

AR: Academic Regional

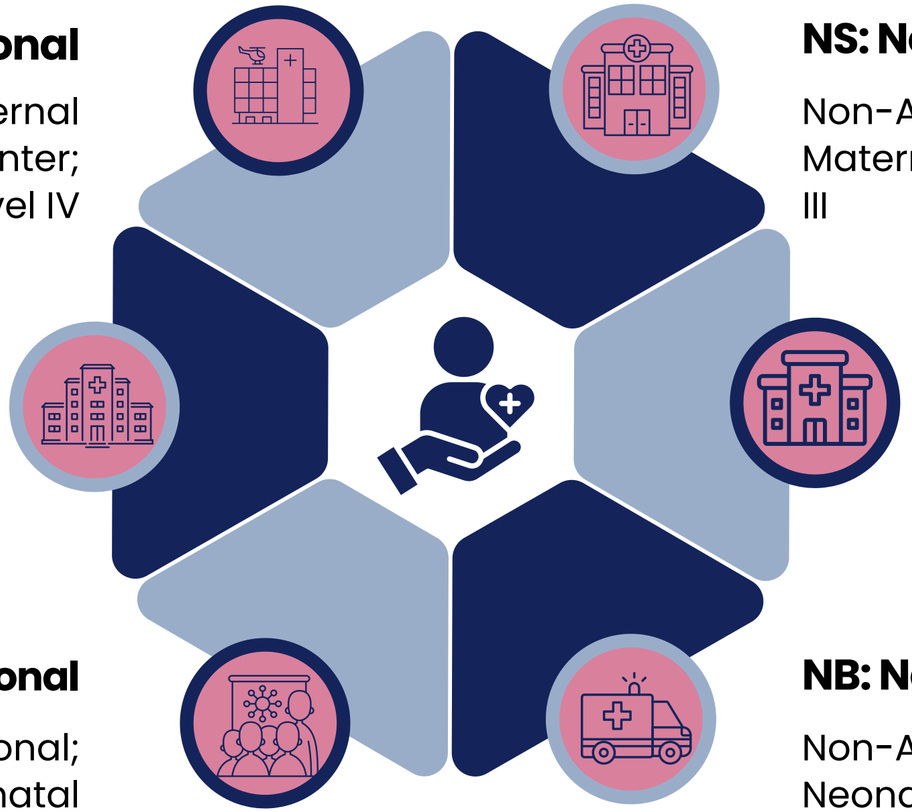
Academic Regional; Maternal subspeciality/regional perinatal center; Neonatal Level IV

AS: Academic Subspecialty

Academic subspeciality; Maternal subspecialty; Neonatal Level IIII

NR: Non-Academic Maternal Regional

Non-Academic Maternal Regional; maternal subspeciality/regional perinatal center; Neonatal Level III & IV



NS: Non-Academic Maternal Subspecialty

Non-Academic Maternal Subspecialty; Maternal subspecialty; Neonatal Level II & III

NI: Non-Academic Intermediate

Non-Academic Intermediate; Maternal specialty; Neonatal Level II

NB: Non-Academic Basic

Non-Academic Basic; Maternal basic; Neonatal Level I

Linked Mother-Baby Data

If evaluating comorbidities of the mother and their impact on the baby is important to you, NPIC is your solution. NPIC has the most established linked mother-baby data, and has been providing this information for over 20 years

Over 95% of NPIC records are linked

Creates a unique overview of both patient and population health

Maternal comorbidities and NICU admissions

Being able to determine maternal characteristics that potentially impact NICU admissions can support strategic planning for both hospital and community initiatives

Membership Reporting
Core Quarterly Reporting Package

Quarterly Report
The foundational member report with essential data elements to support overall quality improvement and identification of key outcomes. Offers comparisons based on length of stay, case mix index and other strategic variables.

NPIC Snapshot
Just like the name implies, the NPIC “Snapshot” is one of the most popular reports, and offers key outcomes in between Quarterly Reports.

Perinatal Quality Improvement Dashboard
All of the data you need in one place to share with teams and organizations.

NPIC Race and Ethnicity Dashboard
NPIC was one of the first data analytics organizations to disaggregate key maternal and neonatal outcomes by race and ethnicity.

Severe Maternal Morbidity (SMM) Dashboard
Creates a conversation around your SMM metrics, but also the key indicators that play a role in SMM.

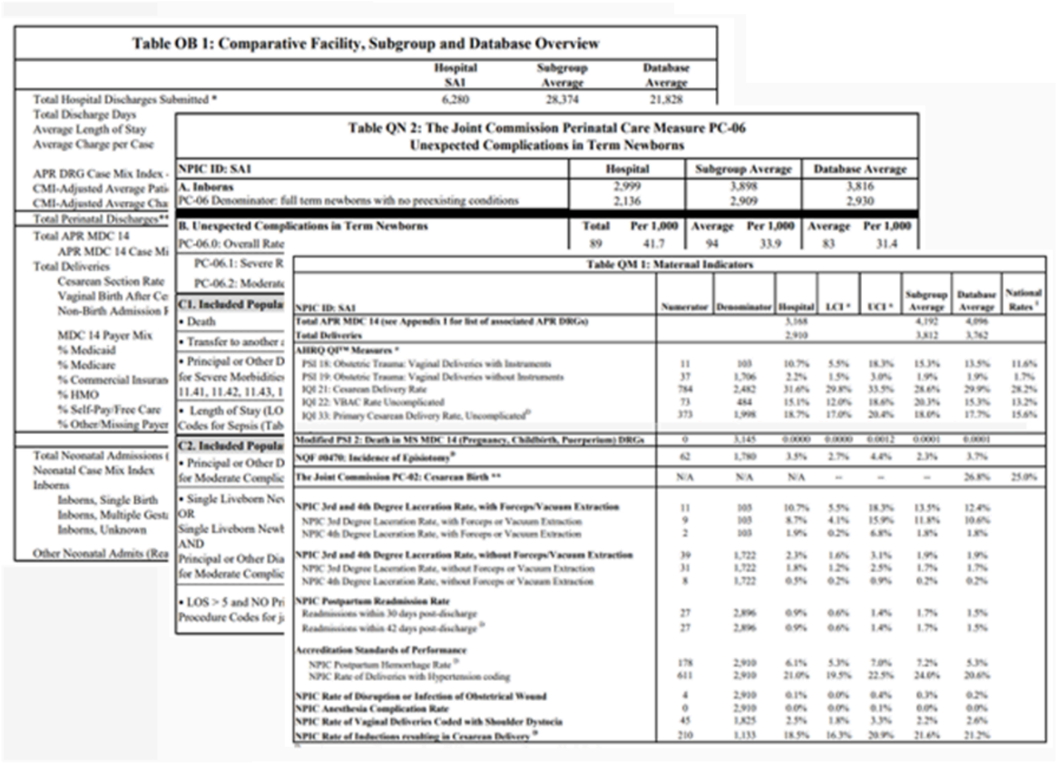


Table OB 1: Comparative Facility, Subgroup and Database Overview

	Hospital SA1	Subgroup Average	Database Average
Total Hospital Discharges Submitted *	6,280	28,374	21,828
Total Discharge Days			
Average Length of Stay			
Average Charge per Case			
APR DRG Case Mix Index -			
CMI-Adjusted Average Pati			
CMI-Adjusted Average Cha			
Total Perinatal Discharges**			
Total APR MDC 14			
APR MDC 14 Case Mi			
Total Deliveries			
Cesarean Section Rate			
Vaginal Birth After Ce			
Non-Birth Admission F			
MDC 14 Payer Mix			
% Medicaid			
% Medicare			
% Commercial Insuran			
% HMO			
% Self-Pay/Free Care			
% Other/Missing Payer			
Total Neonatal Admissions (			
Neonatal Case Mix Index			
Inborns			
Inborns, Single Birth			
Inborns, Multiple Gest			
Inborns, Unknown			
Other Neonatal Admits (Rea			

Table QN 2: The Joint Commission Perinatal Care Measure PC-06 Unexpected Complications in Term Newborns

NPIC ID: SA1	Hospital		Subgroup Average		Database Average	
A. Inborns	2,999		3,898		3,816	
PC-06 Denominator: full term newborns with no preexisting conditions	2,136		2,909		2,930	
B. Unexpected Complications in Term Newborns	**Total**	**Per 1,000**	**Average**	**Per 1,000**	**Average**	**Per 1,000**
PC-06.0: Overall Rate	89	41.7	94	33.9	83	31.4
PC-06.1: Severe R						
PC-06.2: Moderate						
C1. Included Popula						
• Death						
• Transfer to another						
• Principal or Other D for Severe Morbidities 11.41, 11.42, 11.43, 1						
• Length of Stay (LO Codes for Sepsis (Tab						
C2. Included Popula						
• Principal or Other D for Moderate Complic						
• Single Liveborn Nev OR Single Liveborn Newb AND Principal or Other Dia for Moderate Complic						
• LOS > 5 and NO Pri Procedure Codes for j						

Table QM 1: Maternal Indicators

NPIC ID: SA1	Numerator	Denominator	Hospital	LCI *	UCI *	Subgroup Average	Database Average	National Rates †
Total APR MDC 14 (see Appendix I for list of associated APR DRGs)			3,168			4,192	4,096	
Total Deliveries			2,910			3,812	3,762	
AHRQ QI™ Measures ^								
PSI 18: Obstetric Trauma: Vaginal Deliveries with Instruments	11	103	10.7%	5.5%	18.3%	15.3%	13.5%	11.6%
PSI 19: Obstetric Trauma: Vaginal Deliveries without Instruments	37	1,706	2.2%	1.5%	3.0%	1.9%	1.9%	1.7%
IQI 21: Cesarean Delivery Rate	784	2,482	31.6%	29.8%	33.5%	28.6%	29.9%	28.2%
IQI 22: VBAC Rate Uncomplicated	73	484	15.1%	12.0%	18.6%	20.3%	15.3%	13.2%
IQI 33: Primary Cesarean Delivery Rate, Uncomplicated[#]	373	1,998	18.7%	17.0%	20.4%	18.0%	17.7%	15.6%
Modified PSI 2: Death in MS MDC 14 (Pregnancy, Childbirth, Puerperium) DRGs	0	3,145	0.0000	0.0000	0.0012	0.0001	0.0001	
NQF #0470: Incidence of Episiotomy[$]	62	1,780	3.5%	2.7%	4.4%	2.3%	3.7%	
**The Joint Commission PC-02: Cesarean Birth ** **	N/A	N/A	N/A	--	--	--	26.8%	25.0%
NPIC 3rd and 4th Degree Laceration Rate, with Forceps/Vacuum Extraction	11	103	10.7%	5.5%	18.3%	13.5%	12.4%	
NPIC 3rd Degree Laceration Rate, with Forceps or Vacuum Extraction	9	103	8.7%	4.1%	15.9%	11.8%	10.6%	
NPIC 4th Degree Laceration Rate, with Forceps or Vacuum Extraction	2	103	1.9%	0.2%	6.8%	1.8%	1.8%	
NPIC 3rd and 4th Degree Laceration Rate, without Forceps/Vacuum Extraction	39	1,722	2.3%	1.6%	3.1%	1.9%	1.9%	
NPIC 3rd Degree Laceration Rate, without Forceps or Vacuum Extraction	31	1,722	1.8%	1.2%	2.5%	1.7%	1.7%	
NPIC 4th Degree Laceration Rate, without Forceps or Vacuum Extraction	8	1,722	0.5%	0.2%	0.9%	0.2%	0.2%	
NPIC Postpartum Readmission Rate								
Readmissions within 30 days post-discharge	27	2,896	0.9%	0.6%	1.4%	1.7%	1.5%	
Readmissions within 42 days post-discharge [%]	27	2,896	0.9%	0.6%	1.4%	1.7%	1.5%	
Accreditation Standards of Performance								
NPIC Postpartum Hemorrhage Rate [%]	178	2,910	6.1%	5.3%	7.0%	7.2%	5.3%	
NPIC Rate of Deliveries with Hypertension coding	611	2,910	21.0%	19.5%	22.5%	24.0%	20.6%	
NPIC Rate of Disruption or Infection of Obstetrical Wound	4	2,910	0.1%	0.0%	0.4%	0.3%	0.2%	
NPIC Anesthesia Complication Rate	0	2,910	0.0%	0.0%	0.1%	0.0%	0.0%	
NPIC Rate of Vaginal Deliveries Coded with Shoulder Dystocia	45	1,825	2.5%	1.8%	3.3%	2.2%	2.6%	
NPIC Rate of Inductions resulting in Cesarean Delivery [@]	210	1,133	18.5%	16.3%	20.9%	21.6%	21.2%	

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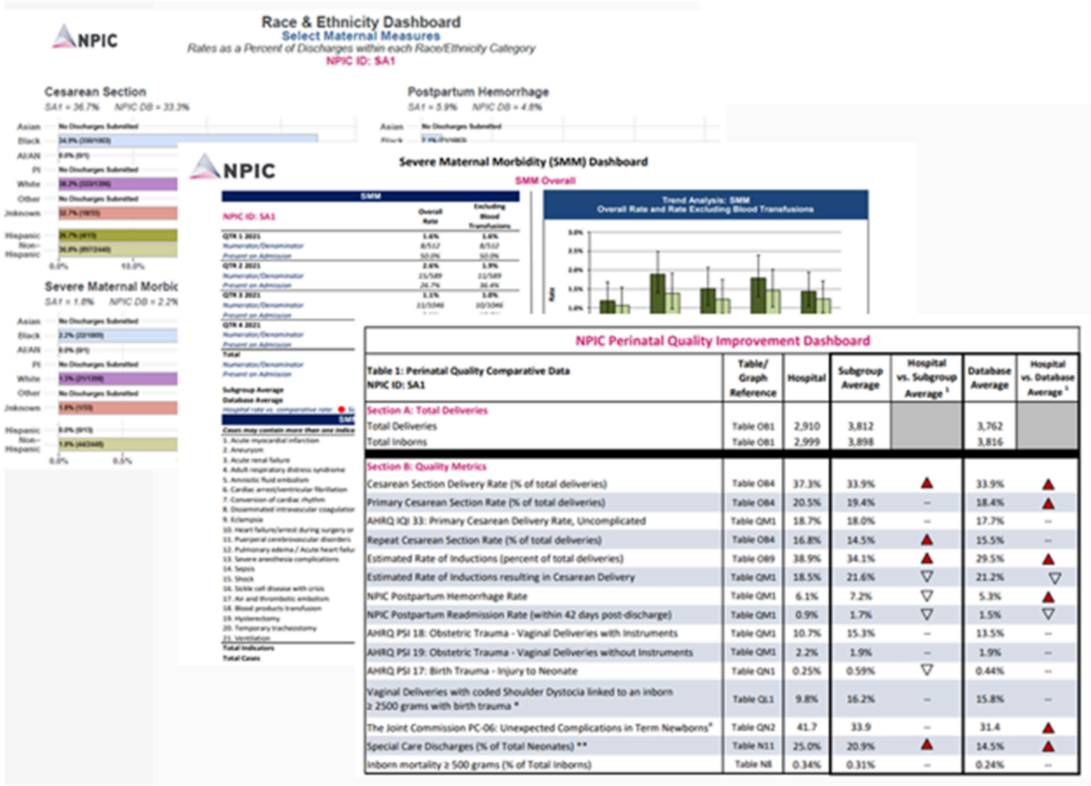


Social Determinants & Drivers of Health

NPIC collects SDoH / Z-codes from each member hospital and can provide in-depth analysis of the completeness of SDoH coding and documentation

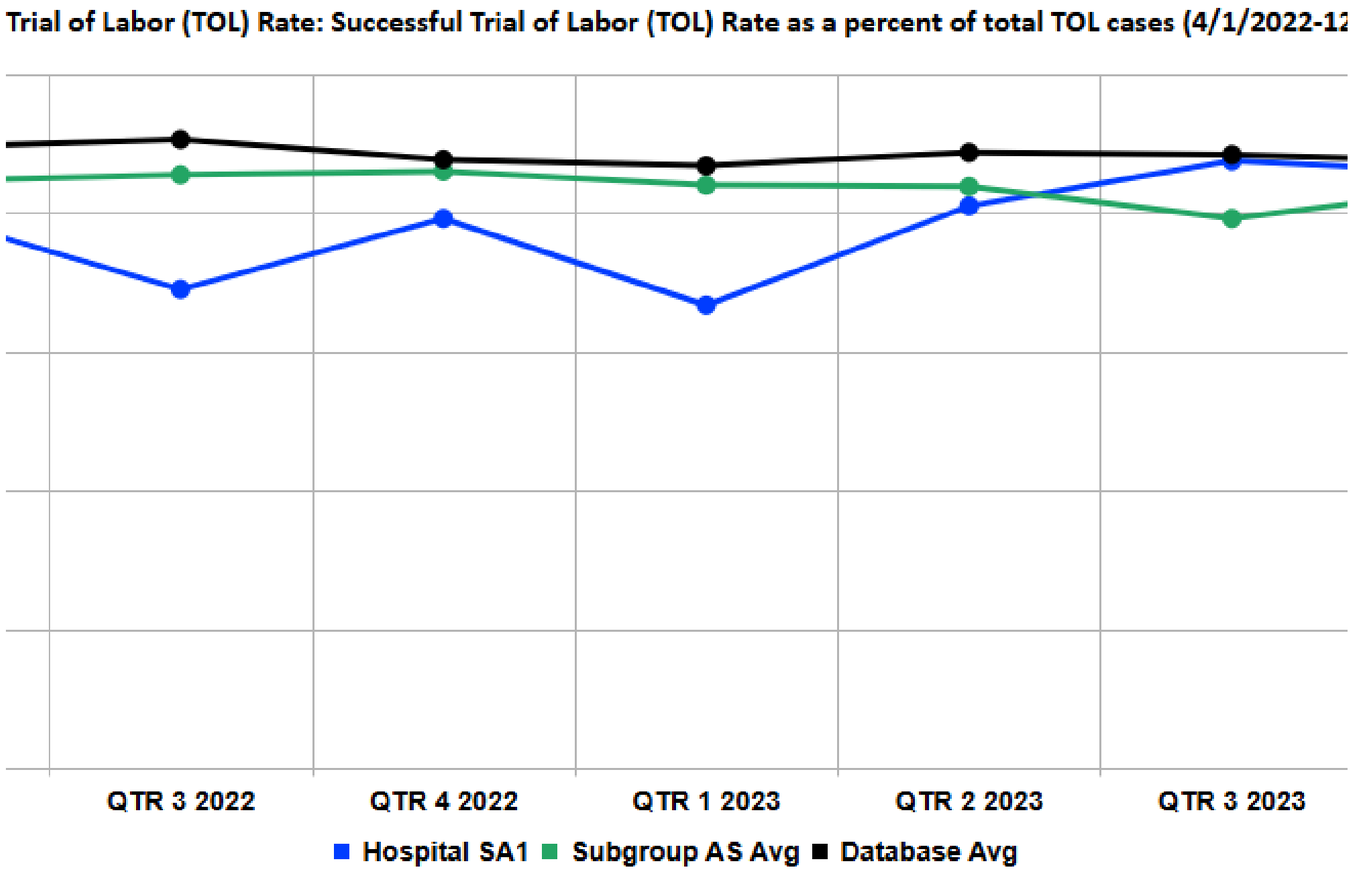
NPIC can be an essential partner for eCQM (PC-07) accuracy

When was the last time you evaluated your CMS Value Set documentation to capture SDoH measures?

CAIRN

Custom Analytic Interactive Reporting Network

Want to see different views of your data?
Detailed analysis is just a click away.



Education

NPIC is committed to providing evidence-based education that can serve the needs of today's inpatient perinatal healthcare teams. And as our commitment to you, these education programs are free to all, and we provide both CE and CME. Our Education and Outreach Team is delighted to work with you.

GE HealthCare has provided an unrestricted educational grant to support NPICs educational library.

Coming soon:

Quality Improvement 101

Safe Reduction of Primary Cesarean Birth: The Importance of Continuous Labor Support

Navigating Legal Pitfalls within Obstetric and Postpartum Care

Health Services Research

NPIC has a strong and rich history of working with organizations to support health services research and other research projects, including IRB-approved database analyses. NPIC can serve as a research partner and IRB steward for multi-site research and quality improvement.

Nursing Research

NPIC has served as a dedicated partner and researcher for nursing research projects, including nursing leadership and leadership outcomes.

Institutional Research

NPIC has provided support to organizations, researchers and others on specific research questions that require large datasets over time.

Industry Partnerships

The Strategic Partners Program joins together NPIC and industry leaders on timely clinical issues, practice trends and education resources that can benefit healthcare teams and the patients they serve. These partnerships and collaborations are essential to elevating maternal and newborn health. Are you next?

GE HealthCare

GE HealthCare

NPIC is proud to be supported by an unrestricted educational grant to provide education and resources to solving maternal and newborn challenges within inpatient care

PARITY
HEALTHCARE ANALYTICS

Parity Healthcare Analytics

NPIC is excited to work with Parity Healthcare Analytics in creating novel explorations of inpatient perinatal staffing and their associated outcomes

How Does NPIC Serve as Your Data Partner?

How much does it cost to compile your data? Whom are you paying, and what roles are you backfilling to review data and create reports?

How much time does it take to compile your quality improvement data? A day? A week? A month? Every day? And does this include the mother AND baby?

Are there team members responsible for quality improvement who are spending time creating reports rather than acting on them and supporting patient care?

1985-2025 and beyond!

NPIC is proud to announce its 40th Anniversary beginning next year. We plan on looking back AND forward throughout the year to continue creating innovative solutions to support perinatal health

NPIC Podcast

Coming October 2024!

NPIC will launch its first podcast, ***Safe & Sound***, to support the important work of perinatal quality and safety within hospitals.

Cost of Membership
2025

Our goal as your perinatal data partner is to bring the highest level of data quality at a price that adds value to your program

Add-On Reports available:
Perinatal Service Line System Report
Adverse Outcome Index Report

Standard Membership

Maternal Level of Care:
Perinatal Regional Center, Subspecialty, Specialty
Neonatal Level of Care:
Level II, III, or IV

$9,975/hospital

Includes NPIC Reports Package:
Quarterly Report (Maternal/Neonatal)
QI Dashboard
SMM Dashboard
Race/Ethnicity Dashboard
Quarterly Snapshot
CAIRN Access

Basic Membership

Maternal Level of Care: Basic
Neonatal Level of Care:
Level I Newborn Nursery

$5,500/hospital
Includes NPIC Reports Package:
Quarterly Report (Maternal/Neonatal)
QI Dashboard
SMM Dashboard
Race/Ethnicity Dashboard
Quarterly Snapshot
CAIRN Access

Multi-Hospital System Membership

Standard System Membership
$8,497/hospital

Level I Basic System Membership
$4,718/hospital

Includes NPIC Reports Package

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Thank You

For More Information:

Info@npic.org

Visit Our Website
www.npic.org

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