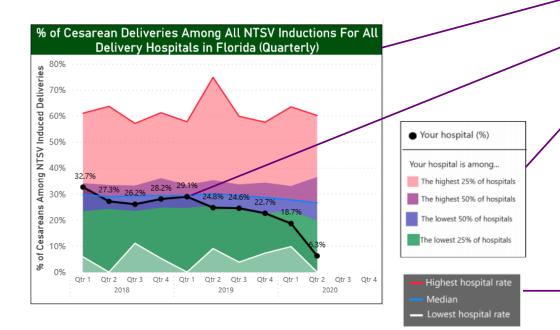


FPQC Perinatal Indicator System

Birth Certificate- D	Data through November 2021	Pg #
	Hospital Profile	2-4
	Dashboard Summary	5-6
	Data Quality Dashboard	7-8
	Low-Risk Cesarean Deliveries	11, 13
Linked Birth Certif	icate and Inpatient Hospital Discharge- Data through 2019	
	Non-medically Indicated (Elective) Early-term Deliveries	9-10
	Induction of Labor and Failed Inductions of Labor	12, 14
	Comparative NTSV cesarean- BC-JC-MFM	15
	Unexpected Complications of the Newborn	26-28
Inpatient Hospital	Discharge- Data through Q1 2021	
	Neonatal Abstinence Syndrome	29
	Severe Maternal Morbidity	18, 19
	Severe Hypertension/Preeclampsia	20-22
	Obstetric Hemorrhage	23-25

HOW TO INTERPRET GRAPHS IN YOUR REPORT



тс

1. Identify the indicator in the title of the graph

2. The black line/dot always represents your hospital percent - see your hospital % across the timeline (look at the x-axis as some indicators are calculated by quarter and others yearly).

3. Find out how your hospital compares to others by looking at the color coded areas, e.g.:

a. If your hospital % falls in the red color-coded area: your hospital % is among the highest 25% birthing hospitals in the state

b. If your hospital % falls in the green color-coded area - your hospital% is among the lowest 25% birthing hospitals in the state

Given that indicators in this report depict poor maternal and infant outcomes, higher rates are worse and lower rates are better.

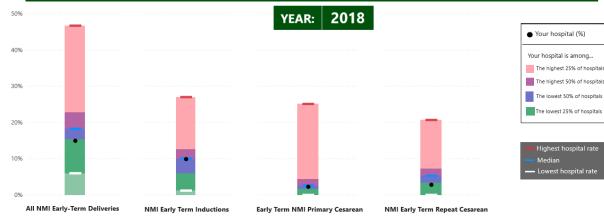
4. Determine if your hospital is higher or lower than the median; or the highest or lowest rate in the state by looking at the blue, red and white lines (please refer to the legends next to your graphs)

HOW TO INTERPRET GRAPHS IN YOUR REPORT

Some indicators are further explored "by type" to give you a better idea of where your opportunities for improvement may be. These sets of sub-indicators are calculated for the latest single year of data available. To interpret:

Non-Medically Indicated (NMI) Early-Term Deliveries by Type

тс



1. Identify the indicator in the title of the graph **and the single year of data included**

2. The black dot always represents your hospital percent for the year given

3. Find out how your hospital compares to others by looking at the color coded areas, e.g.:

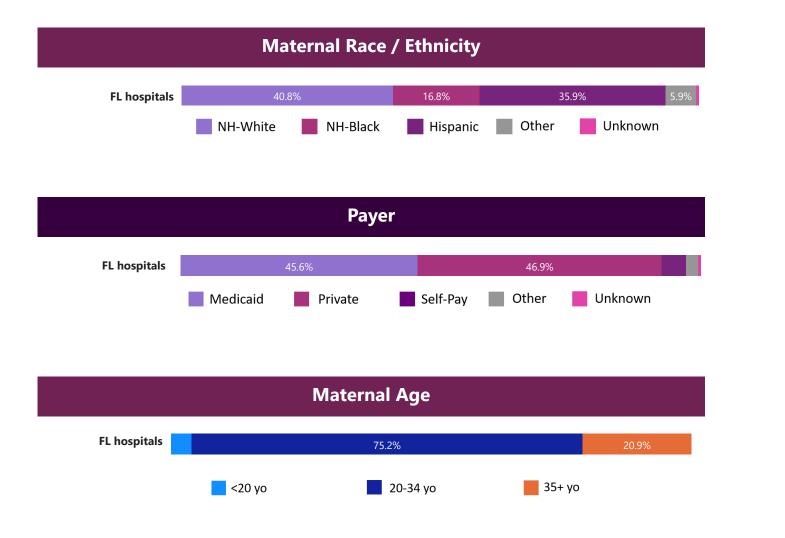
a. If your hospital % falls in the red color-coded area: your hospital % is among the highest 25% birthing hospitals in the state

b. If your hospital % falls in the green color-coded area - your hospital % is among the lowest 25% birthing hospitals in the state

4. Determine if your hospital is higher or lower than the median; or the highest or lowest rate in the state by looking at the blue, red and white lines (please refer to the legends next to your graphs)

Given that indicators in this report depict poor maternal and infant outcomes, higher rates are worse and lower rates are better.

Hospital Profile



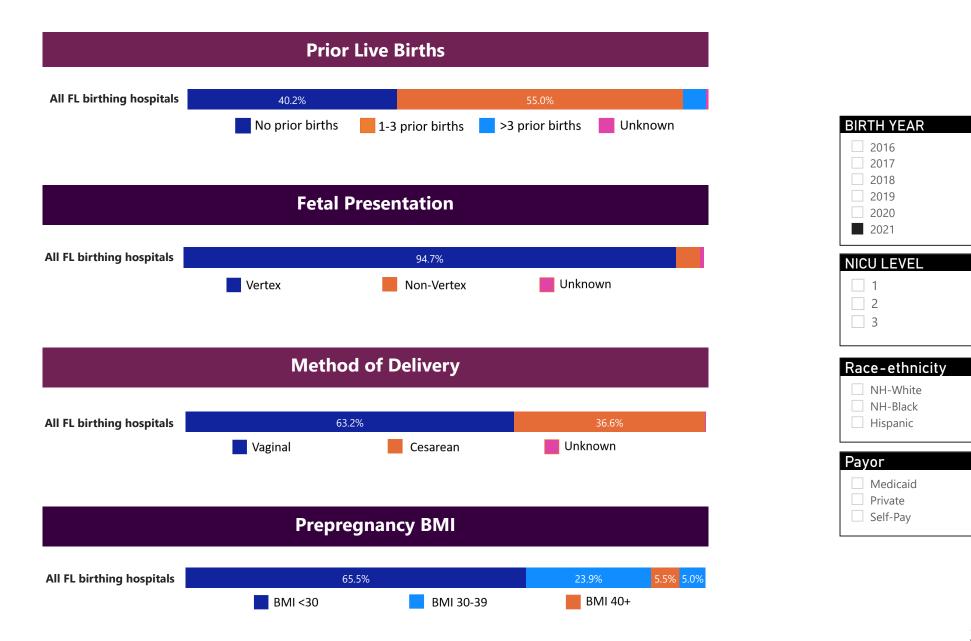
Births 2021 189736

BIRTH YEAR	
2016	
2017	
2018	
2019	
2020	
2021	
NICU I EVEI	

NICU	LEVEL	
1		
2		
3		

Rac	e-ethnicity
	NH-White
	NH-Black
	Hispanic

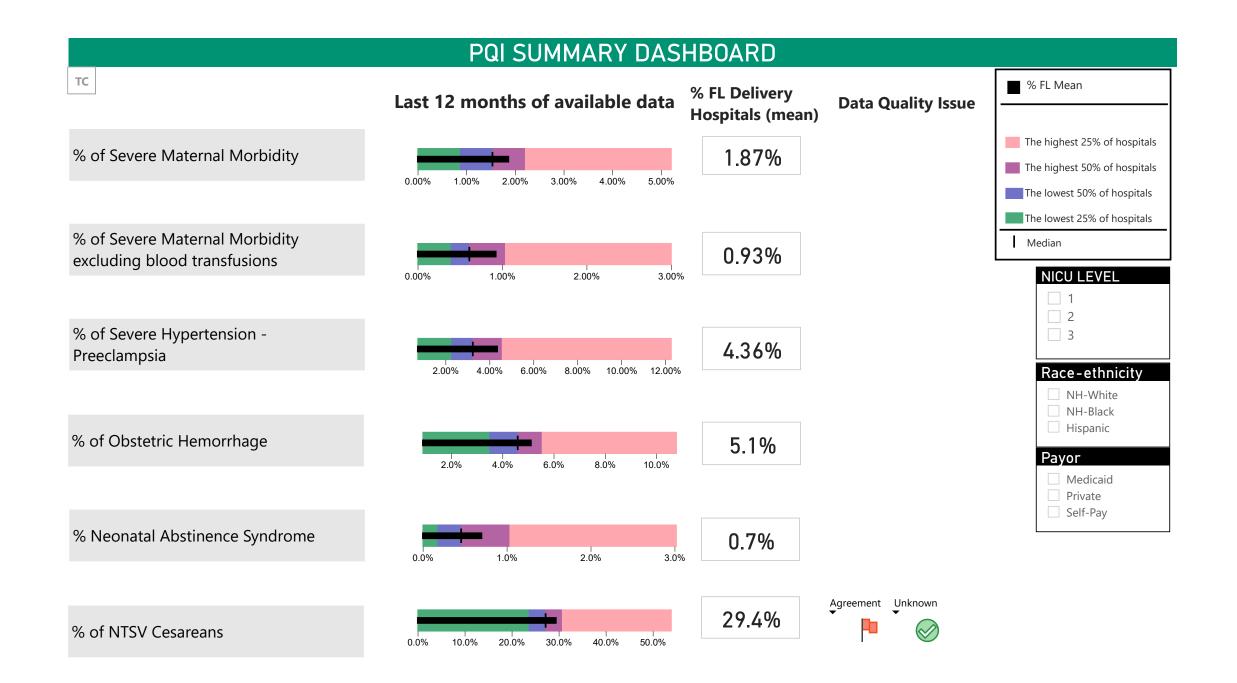
Payor	
Medic	aid
Private	e
Self-P	ау

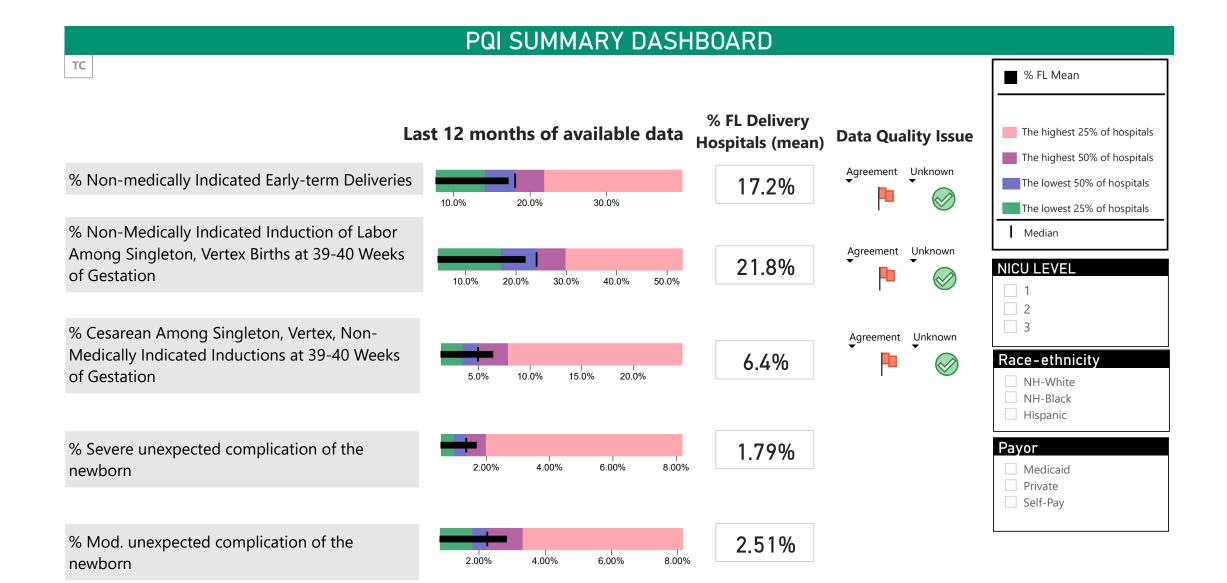


TC

3

	Ges	stational Age			
All FL birthing hospitals	9.3% GA <32 wks		.8% GA ≥ 37 wks	Unknown	BIRTH YEAR 2016 2017 2018 2019 2020 2021
	Birth We	eight Distributior	ns		NICU LEVEL
All FL birthing hospitals	7.5%	90.8 1500-2499g	^{8%} ≥2500g	Unknown	3 Race-ethnicit NH-White NH-Black Hispanic
	Mult	tiple Gestation			Payor Medicaid Private
All FL birthing hospitals	Singleton	96.9%	U	nknown	Self-Pay





Data Source: Linked Birth Certificate to Hospital Discharge

DATA QUALITY DASHBOARD

% Unknown/Missing in the Birth Certificate 2016 2017 2018 2019 2020 2021 Maternal race 0.97% Maternal Maternal ethnicity 1.05% **Characteristics** Insurance 0.52% BMI 4.98% Prior live births dead 1.38% **Risk Factors** Prior live births living 0.46% Plurality 0.04% Gestational age 0.00% Fetal presentation 0.72% Delivery Delivery route 0.14%

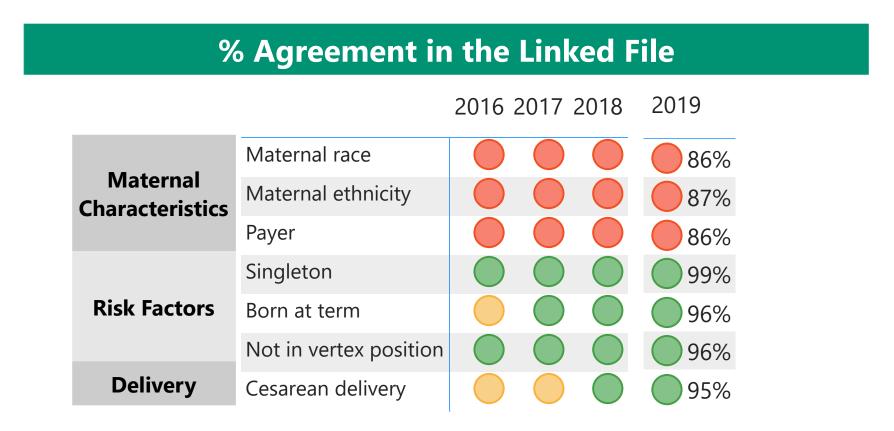
≥5% unknown

) 1.1-4.9% unknown

≤1% unknown

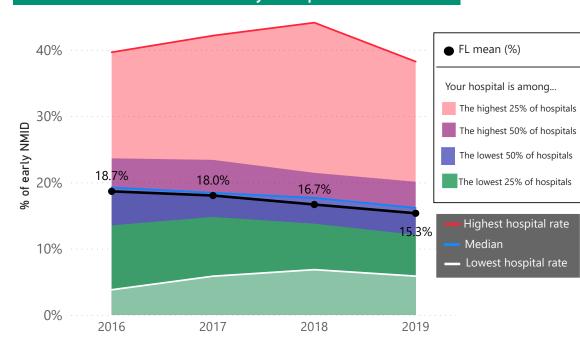
DATA QUALITY DASHBOARD

Assess if data reported in the birth certificate agrees with data reported in the inpatient hospital discharge dataset

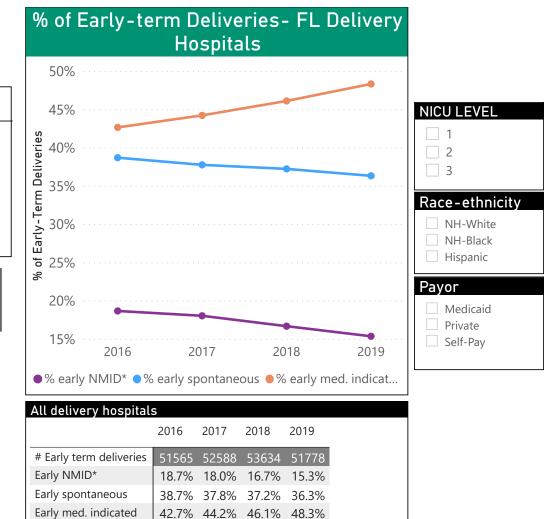


 \leq 90% agreement \bigcirc 90.1-94.9% agreement \bigcirc \geq 95% agreement

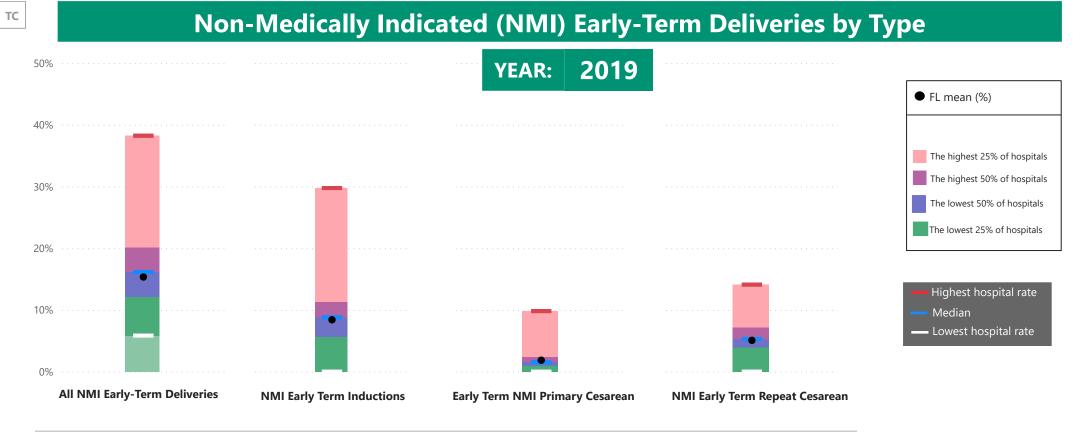
% Non-medically Indicated Early-term Deliveries For All Delivery Hospitals in Florida



All delivery H	lospital	s		
	2016	2017	2018	2019
Percent	18.7%	18.0%	16.7%	15.3%
Numerator	9619	9478	8938	7945
Denominator	51565	52588	53634	51778

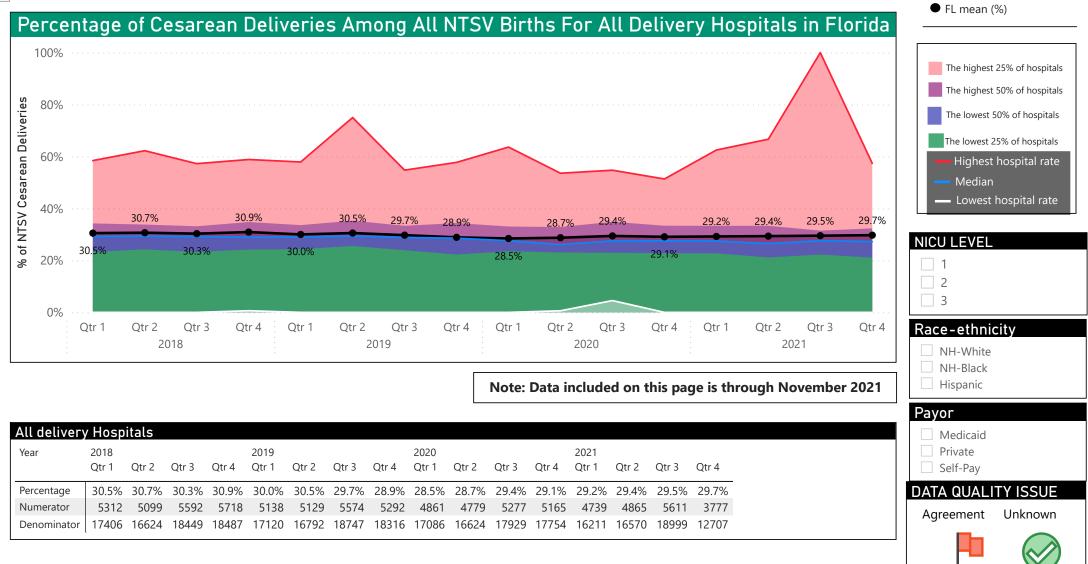


*NMID : non-medically indicated delivery

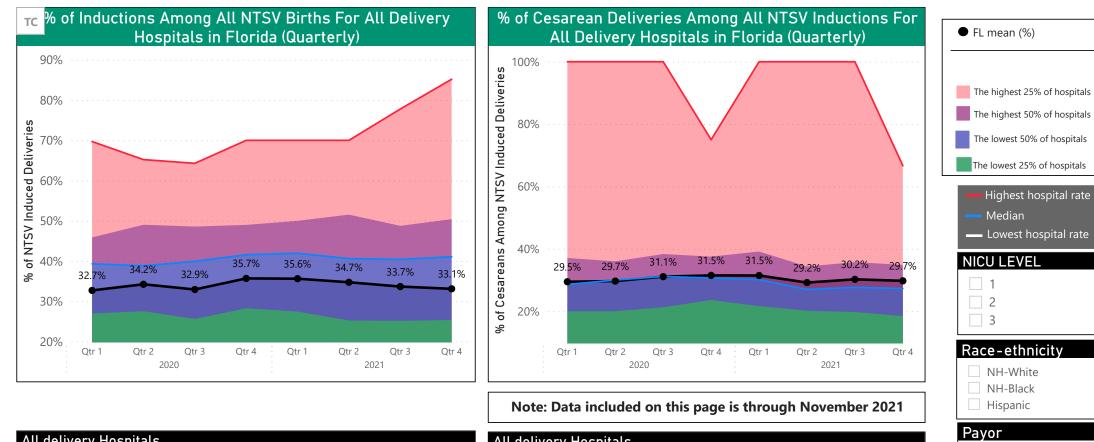


			All Deliv	ery	/ Hospitals						
All NMI-Ea	ly Term Deliveries 2019	NMI Early-	term Induction		NMI Early-	-term P 2019	rimary cs	NMID re	peat cesarean 2019	1	Total Early 1
Percent	15.3%	Percent	8.41%		Percent	1.86%		Percent	5.08%		(State-wide
Numerator Denominator	7945	Numerator	4354		Numerator Denominator	962		Numerator Denominator	2629		51
Denominator	51778	Denominator	51778		Denominator	51//8		Denominator	51778		





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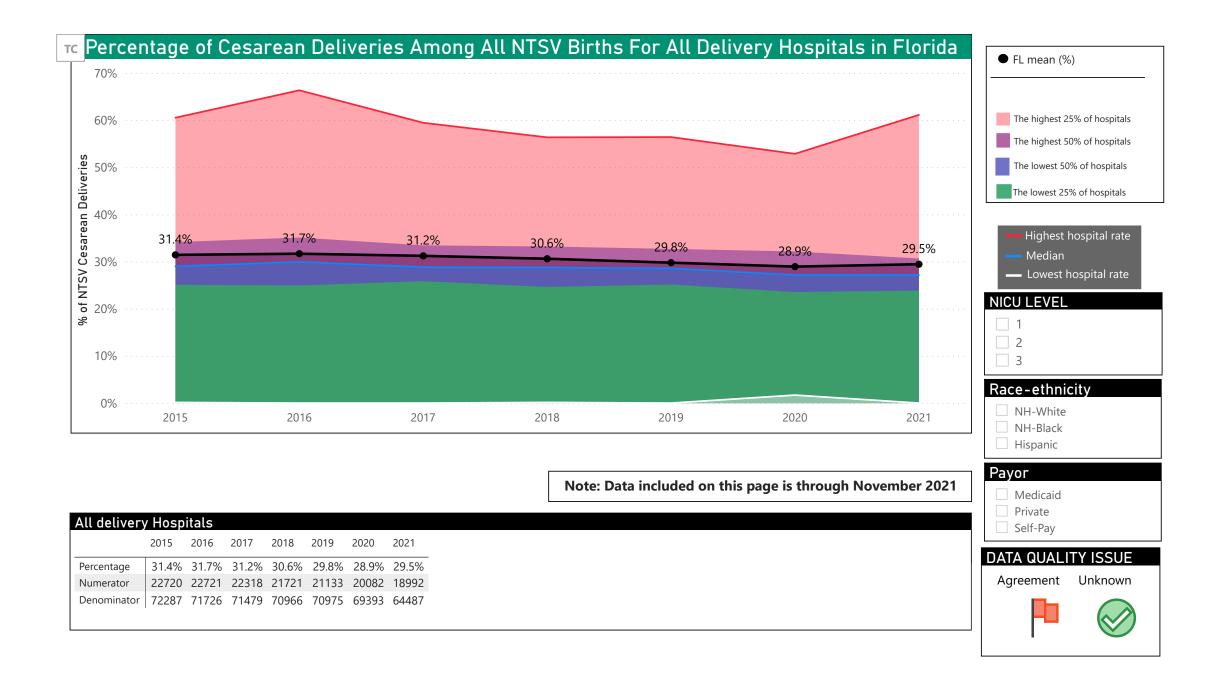


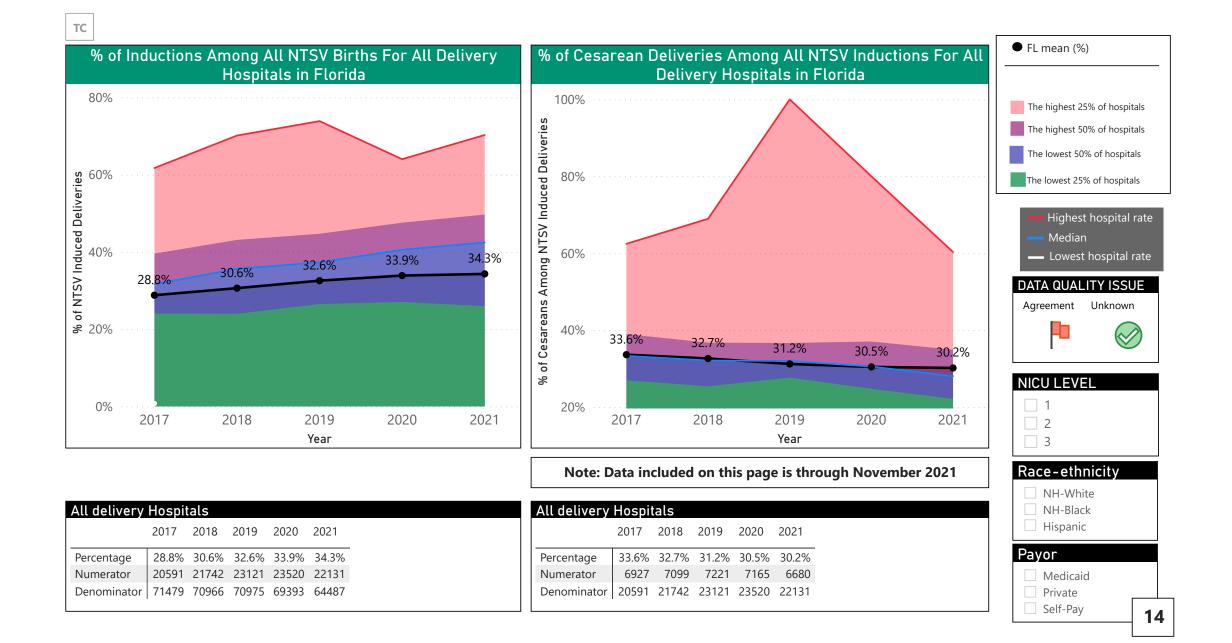
All delive	ry Hos	pitals							
Year	2020				2021				
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	
Percentage	32.7%	34.2%	32.9%	35.7%	35.6%	34.7%	33.7%	33.1%	
Numerator	5588	5691	5905	6336	5774	5755	6396	4206	
Denominator	17086	16624	17929	17754	16211	16570	18999	12707	

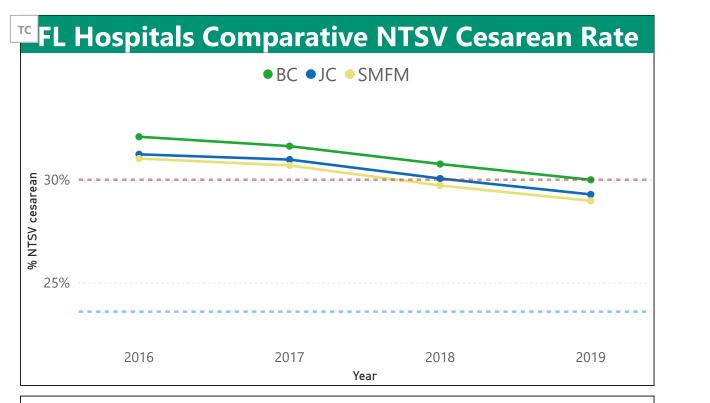
All delive	ry Hos	pitals						
Year	2020 Qtr 1	Qtr 2	Qtr 3	Qtr 4	2021 Qtr 1	Qtr 2	Qtr 3	Qtr 4
Percentage	29.5%	29.7%	31.1%	31.5%	31.5%	29.2%	30.2%	29.7%
Numerator	1646	1688	1836	1995	1816	1680	1933	1251
Denominator	5588	5691	5905	6336	5774	5755	6396	4206

Medicaid Private Self-Pay DATA QUALITY ISSUE Unknown Agreement

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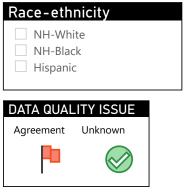


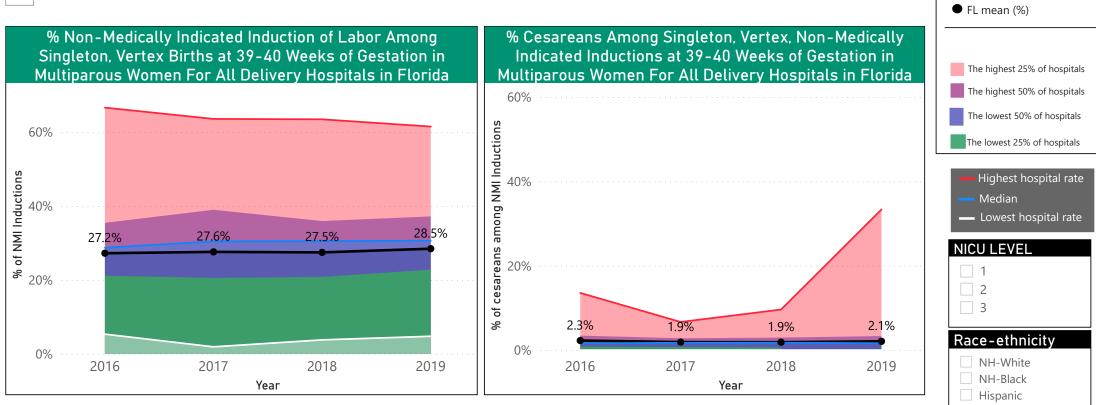


NTSV cesarean rates calculated by using:

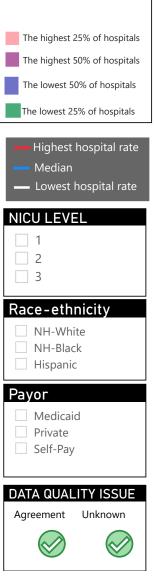
- 1. Birth certificate data only (BC);
- 2. Birth certificate and inpatient hospital discharge data for The Joint Commission (JC) measure or for the Society for Maternal Fetal Medicine (SMFM) measures.

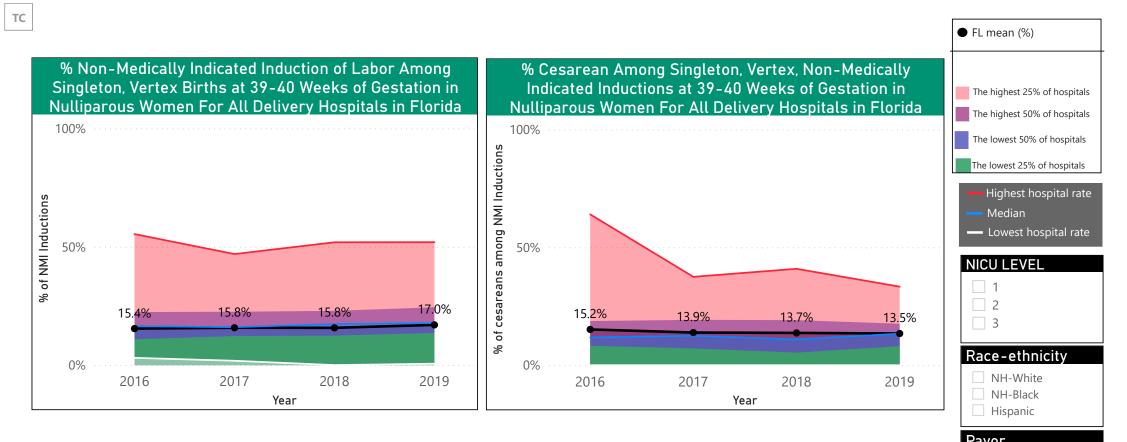
	2016	2017	2018	2019
NTSV cs rate - BC	32.1%	31.6%	30.8%	30.0%
NTSV cs rate - JC	31.2%	31.0%	30.1%	29.3%
NTSV cs rate - MFM	31.0%	30.7%	29.7%	29.0%



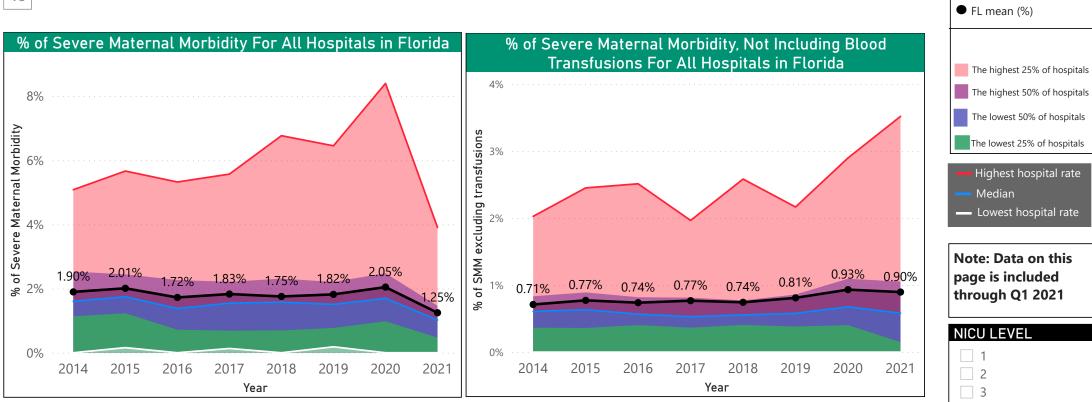


All Delivery	Hospit	als		
	2016	2017	2018	2019
ercent	27.2%	27.6%	27.5%	28.5%
umerator	11710	11729	11542	10988
Denominator	43005	42501	42038	38614





All Delivery	Hospitals		
	2016 2017	2018	2019
Percent	15.4% 15.8%	15.8%	17.0%
Numerator	6489 6559	6353	6853
Denominator	42054 41553	40334	40330



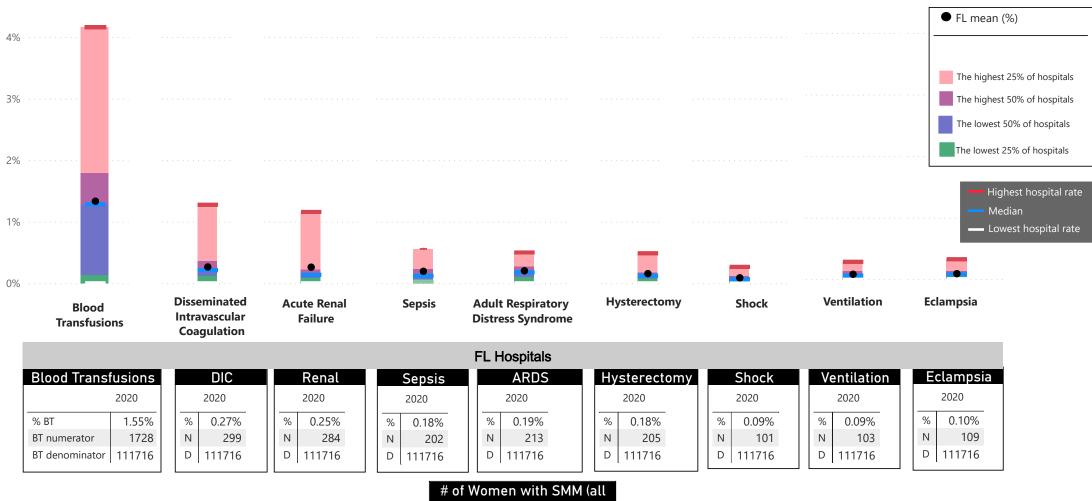
All deliver	y Hospit	tals						All delivery Hospitals									
	2014	2015	2016	2017	2018	2019	2020	2021		2014	2015	2016	2017	2018	2019	2020	2021
Percent	1.90%	2.01%	1.72%	1.83%	1.75%	1.82%	2.05%	1.25%	Percent	0.71%	0.77%	0.74%	0.77%	0.74%	0.81%	0.93%	0.90%
Numerator	3908	4225	3658	3842	3694	3829	4114	598	Numerator	1465	1625	1566	1612	1566	1705	1875	430
Denominator	205976	210204	21214 7	209834	210520	210389	201014	47946	Denominator	205976	210204	21214 7	209834	210520	210389	201014	47946

The highest 50% of hospitals	
The lowest 50% of hospitals	
The lowest 25% of hospitals	
— Highest hospital rate	
Median	
 Lowest hospital rate 	
Note: Data on this page is included through Q1 2021	
NICU LEVEL	
☐ 1	
2	
Race-ethnicity	
NH-White NH-Black	
Hispanic	
Payor	
Medicaid Private	
18	

Leading Causes of Severe Maternal Morbidity (SMM). YEAR: 2020

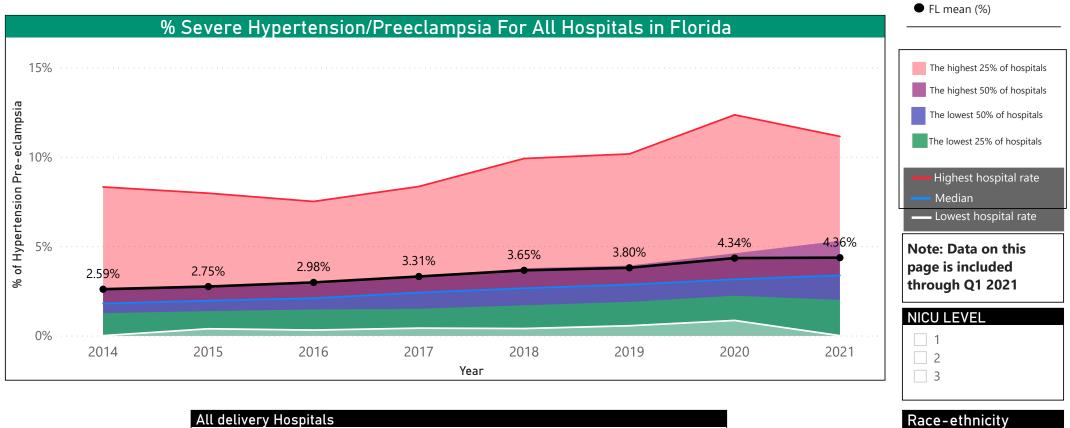
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5%

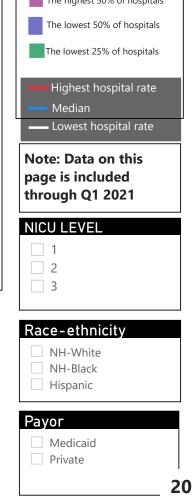


hospitals denominator)

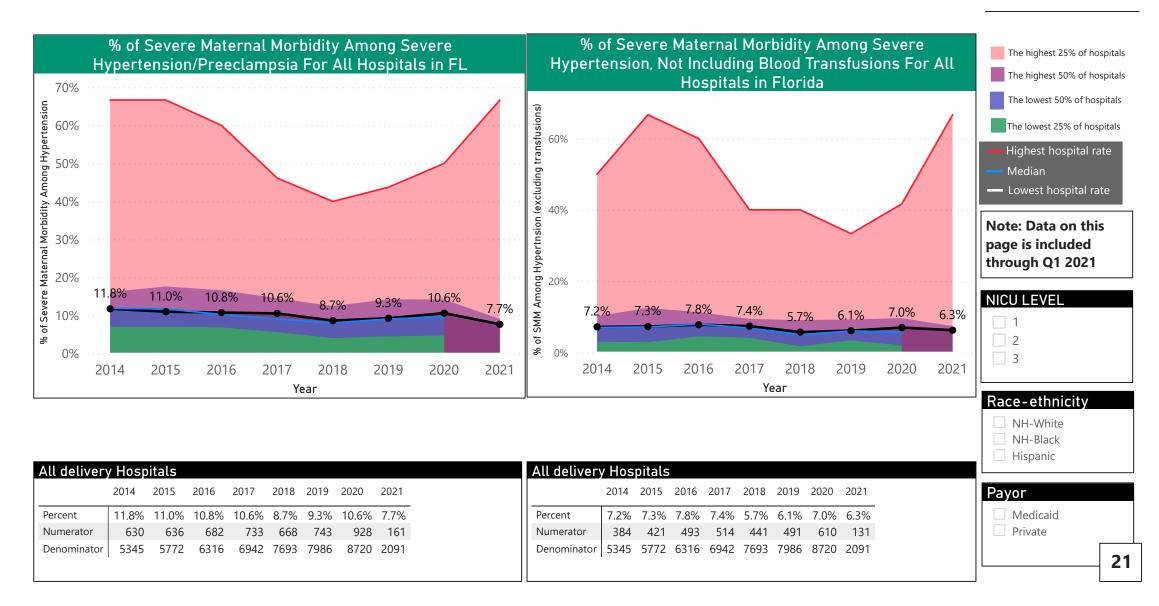
138091



All delivery	/ Hospi	tals						
	2014	2015	2016	2017	2018	2019	2020	2021
Percent	2.59%	2.75%	2.98%	3.31%	3.65%	3.80%	4.34%	4.36%
Numerator	5345	5772	6316	6942	7693	7986	8720	2091
Denominator	205976	210204	21214 7	209834	210520	210389	201014	47946

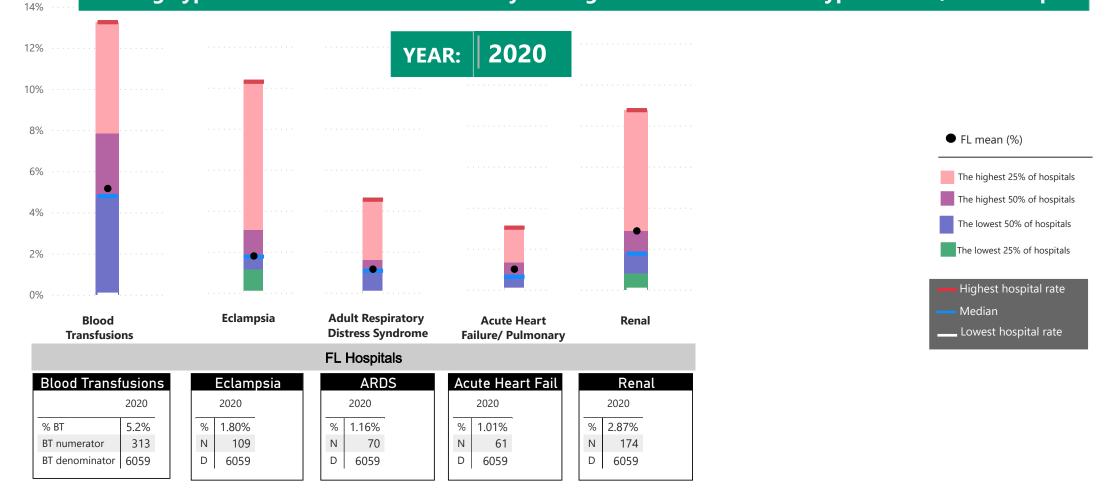


• FL mean (%)



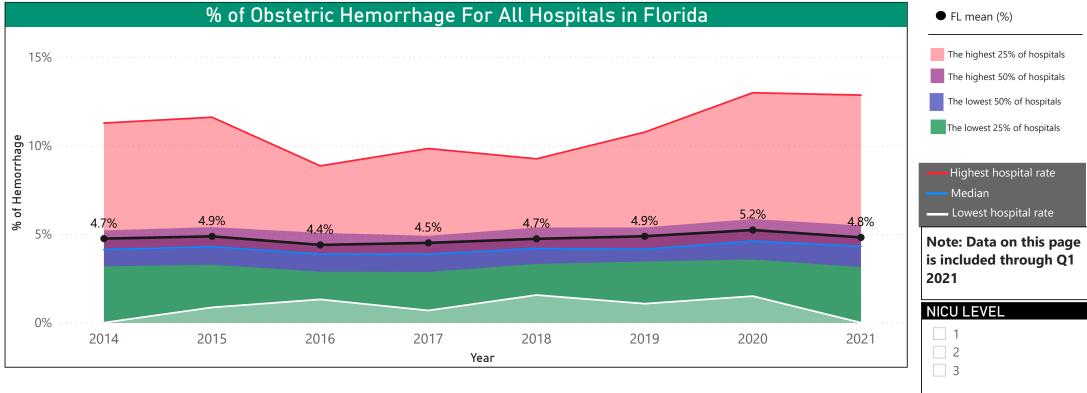
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Leading Types of Severe Maternal Morbidity Among Women With Severe Hypertension/Preeclampsia

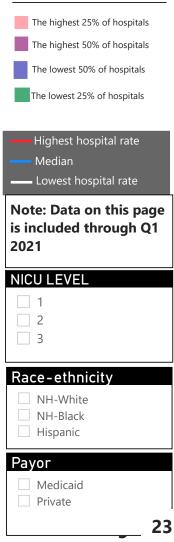


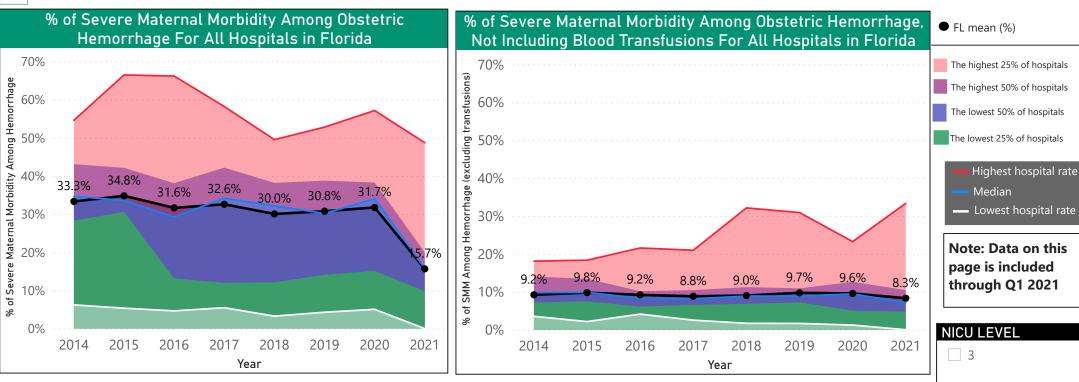


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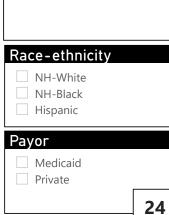


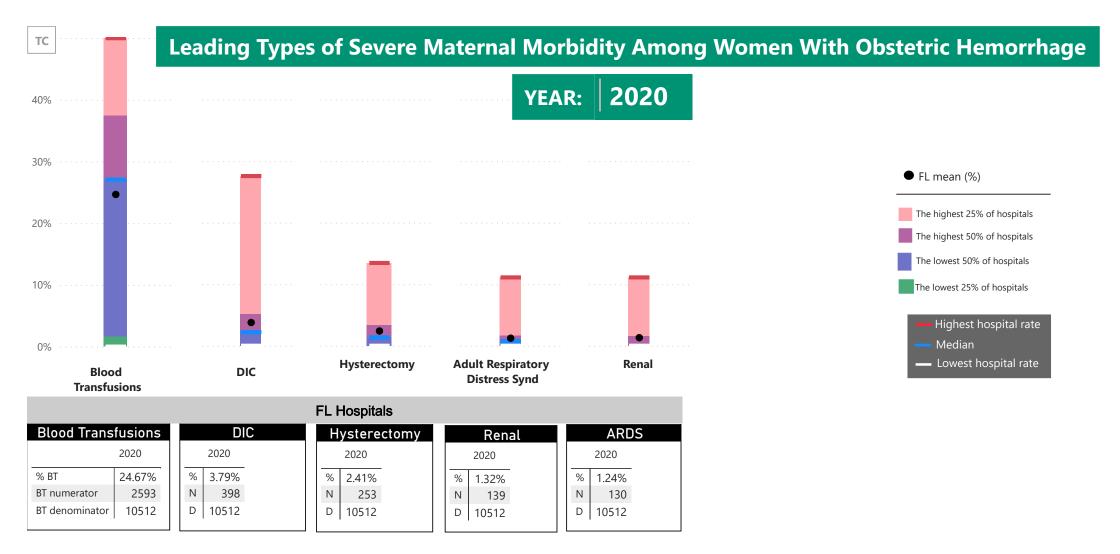
All delivery	/ Hospi	tals						
	2014	2015	2016	2017	2018	2019	2020	2021
Percent	4.7%	4.9%	4.4%	4.5%	4.7%	4.9%	5.2%	4.8%
Numerator	9771	10240	9313	9450	9963	10261	10512	2307
Denominator	205976	210204	21214 7	209834	210520	210389	201014	47946



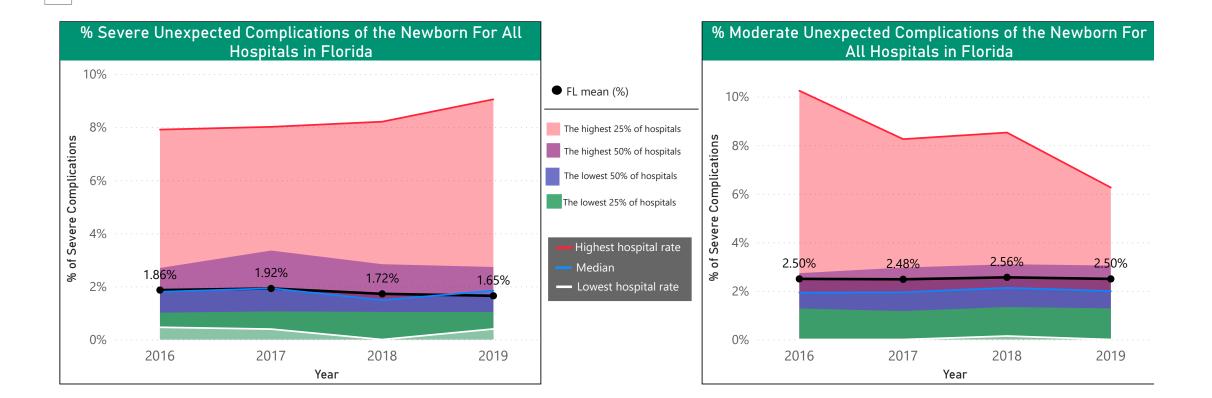


20	2014	2015	2016					
			2010	2017	2018	2019	2020	2021
Percent 33	33.3%	34.8%	31.6%	32.6%	30.0%	30.8%	31.7%	15.7%
Numerator 2	2073	2280	1819	1983	1843	1976	2079	220
Denominator (6222	6551	5748	6087	6134	6423	6549	1405





Women with Hemorrhage (all hospitals denominator)
10512



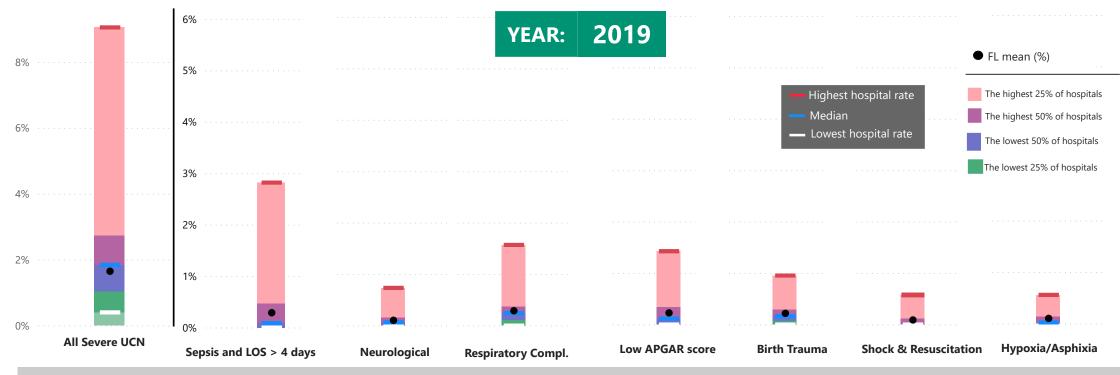
All Delivery	All Delivery Hospitals												
	2016	2017	2018	2019									
Percent	1.86%	1.92%	1.72%	1.65%									
Numerator	2670	2682	2348	2193									
Denominator	143262	139427	136358	13303									
				4									

	2016	2017	2018	2019
Percent	2.50%	2.48%	2.56%	2.50%
Numerator	3577	3458	3491	3320
Denominator	143262	139427	136358	13303 4

26

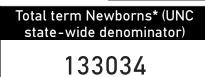
Leading Types of Severe Unexpected Newborn Complications (UNC)

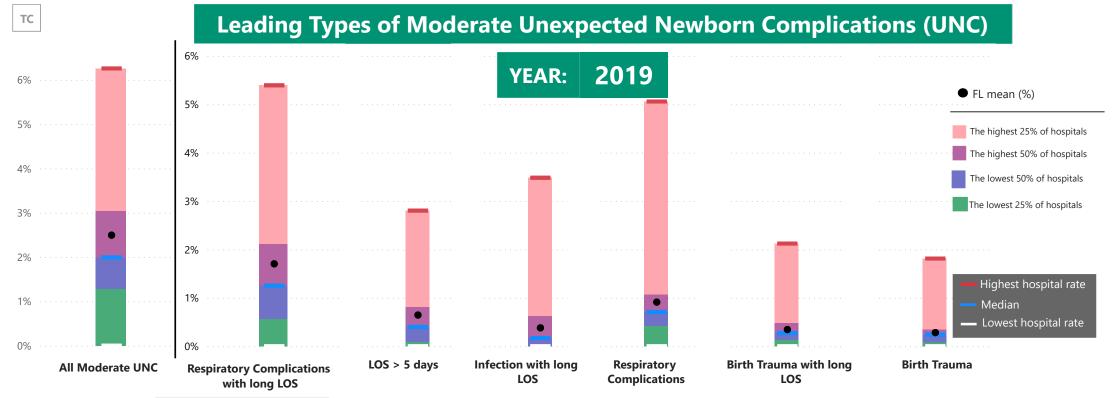
ТС



FL Hospitals

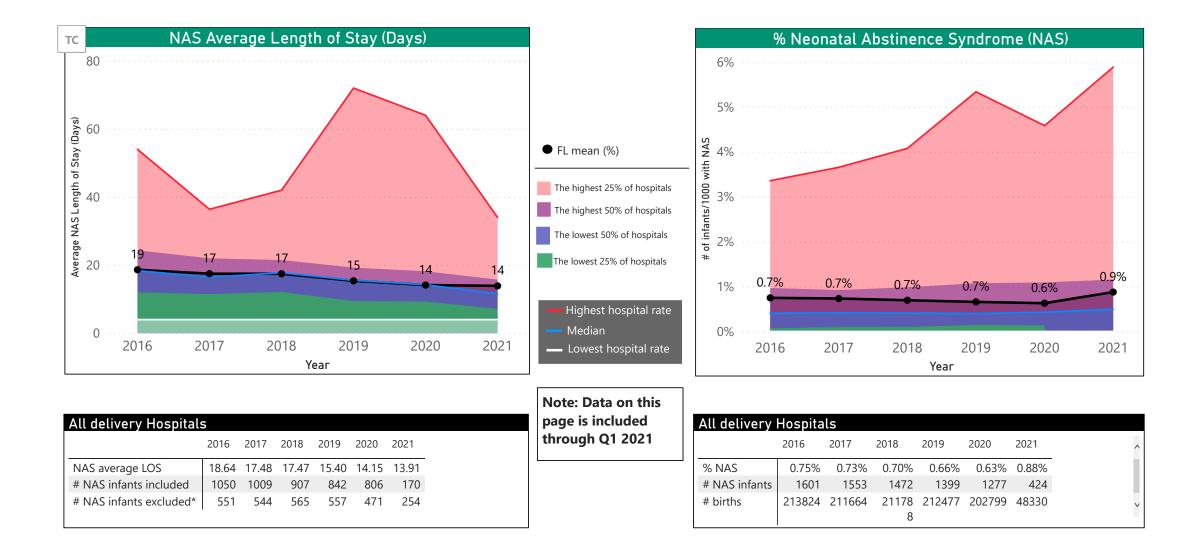
All Severe UNC		Sepsis and LOS > 4d		Neurological		Respiratory Compl.		Low APGAR score		Birth Trauma		Shock & R.		Hypoxia/Asphixia	
	2019		2019		2019		2019		2019		2019		2019		2019
Percent	1.65%	Percent	0.29%	Percent	0.10%	Percent	0.29%	Percent	0.23%	Percent	0.22%	Percent	0.09%	Percent	0.10%
Numerator	2193	Numerator	384	Numerator	135	Numerator	382	Numerator	301	Numerator	289	Numerator	117	Numerator	131
Denominator	133034	Denominator	133034	Denominator	133034	Denominator	133034	Denominator	133034	Denominator	133034	Denominator	133034	Denominator	133034





			Complication ng LOS			Your Hospit	al						
All Modera	All Moderate UNC 2019		2019	Long LOS (>	Long LOS (>5days) 2019		Infection with Long LOS		Respiratory Complication		Birth Trauma with Long LOS		uma 2019
Percent	2.50%	Percent Numerator	1.7% 2267	Percent	0.65%		2019	Percent	2019	Demonst	2019	Percent	0.28%
Numerator Denominator	3320 133034	Denominator	133034	Numerator Denominator	859 133034	Percent Numerator	0.38% 506	Numerator	1214	Percent Numerator	0.35%	Numerator Denominator	376 133034
						Denominator	133034	Denominator	133034	Denominator	133034		

Total term Newborns* (UNC state-wide denominator) 133034





ТС

Thank you!

Questions? Contact fpqc@usf.edu