

SETRAC Perinatal Data Dictionary

Notes:

n = numerator d = denominator

VLBW = 500-1500 grams birth weight

“in defined time period” is the specific dates for which you are reporting data, usually the individual month for which data is being entered (ex: January)

LENGTH OF STAY

ITEM 1: “Length of stay” - Inborn only (Very Low Birthweight Babies) (VLBW)

Definition: (n = total number of days in the hospital, d = total number of patients inborn between 500-1500 grams in defined time period)

ITEM 2: “Length of stay” - Inborn only (Late Preterm Infants) (LPI)

Definition: (n = total number of days in the hospital, d = total number inborn neonates between 34 weeks and 36.6 weeks gestational age in defined time period)

DISCHARGED ON BREASTMILK

ITEM 3: “Percentage of all NICU babies discharged on ANY breastmilk” - Inborn and Outborn

Definition: (n = number of babies on ANY breastmilk at discharge, d = total number of NICU discharges)

ITEM 4: “What percentage of ALL babies discharged from your NICU received any mother’s own milk at 28 days of life or discharge, which ever came first?”

Definition: (n = number of babies receiving at least one maternal breastmilk feeding within 24hr of discharge (breastfeeding or EBM bottle/gavage feed), / d = Total number of NICU discharges in defined time period” (use same answer as in #3b.))

ITEM 5: “Percentage of VLBW babies discharged on ANY breastmilk” - Inborn and Outborn

Definition: (n = number of VLBW babies on ANY breastmilk at discharge, d = total number of VLBW babies discharged from NICU)

ITEM 6: “What percentage of VLBW babies discharged from your NICU received any mother’s own milk at 28 days of life or discharge, which ever came first?”

Definition: (n = number of VLBW babies receiving at least one maternal breastmilk feeding within 24hr of discharge (breastfeeding or EBM bottle/gavage feed), d = Total number of VLBW babies discharged from the NICU in defined time period (use same answer as in #5b.))

SETRAC Perinatal Data Dictionary

HYPOTHERMIA

ITEM 7: “Percentage of Inborn babies < 33 weeks at birth admitted to NICU with temp <36.5 degrees (hypothermia)”

Definition: (n = number of <33 weeks inborn babies with admit temp of <36.5, d = total number of babies inborn <33 weeks)

1st temp on admit, <1 hr from birth for inborn neonates <33wks GA

Comment: This is the same as Vermont-Oxford Network definition.

This data item applies to the temperature of the infant during the first hour after admission to **your** NICU. Only applies to **inborn** infants).

INFECTION REPORTING

ITEM 8: “Percentage of infection reporting → positive neonatal bloodstream infections”

Definition: (n = positive first unique bacterial infection only from blood, d = total number of admitted NICU babies = inborn plus outborn)

This is for a single organism. If same patient has additional types of infection, each should be counted. This measurement should be initiation, not finished.

ADMISSION ANTIBIOTICS

ITEM 9: “Percentage of admission antibiotics DOL 0-7 – order to drug initiation > 1 hour”

Definition: (n = number of inborn and outborn babies who received initial first antibiotic in >60 minutes after order written, d = total number of babies receiving initial empiric antibiotics in DOL 0-7, inborn plus outborn)

PLEASE NOTE:

1. If the order is entered before the birth of the baby, please use the birth time as the start time.
2. Do not delay ordering antibiotics due to IV access, line placement or any other reason. Orders should be written as soon as the treating physician verifies the need for antibiotics. (IV access availability may be a reason for delays and if a site evaluates its results they should consider timeliness of IV access and that in itself could be an opportunity for improvement)

PATIENT MORTALITY

Only record deaths occurring at reporting institution – do not include deaths after transfer elsewhere.

ITEM 10: “Percentage of total NICU mortality”

Definition: (n = patient deaths, d = total number of admitted NICU babies)

ITEM 11: “Percentage of VLBW total mortality”

Definition: (n = patient deaths, d = total number of admitted VLBW neonates)

SETRAC Perinatal Data Dictionary

ITEM 12: “Percentage of VLBW inborn mortality”

Definition: (n = inborn VLBW patient deaths, d = total number of inborn VLBW neonates)

ITEM 13: “Percentage of VLBW outborn mortality”

Definition: (n = outborn VLBW patient deaths, d = total number of outborn VLBW neonates transferred into and admitted by center)

MEAN VENTILATOR DAYS

ITEM 14: “Mean ventilator days (VLBW)” – Inborn only

Definition: (n = total ventilator days for inborn VLBW patients, d = total number of inborn VLBW patients)

ANTENATAL STEROID ADMINISTRATION

“Receiving antenatal steroids” = ANY doses of betamethasone or dexamethasone prior to the delivery.

ITEM 15: “Percentage of inborn VLBW neonates receiving antenatal steroids.” (Inborn only)

Definition: (n = number of mothers receiving steroids prior to delivery in VLBW neonates, d = number of inborn VLBW neonates)

ITEM 16: “Percentage of inborn late preterm infants (LPI) receiving antenatal steroids.” (Inborn only)

Definition: (n = number of mothers receiving steroids prior to delivery in 34-36.6 week delivered neonates, d = number of 34-36.6 week inborn neonates)

VLBW TRANSFERS

(If same patient transferred more than once, please only count the patient one time)

ITEM 17: “Number of transferred in/outborn VLBW neonates in a defined period”

Definition: The number of VLBW babies (babies who were born 500-1500 grams) that your facility received via transport IN from other hospital in the defined time period for any reason.

ITEM 18: “Number of transferred out VLBW neonates in a defined time period”

Definition: The number of VLBW (babies who were born at 500-1500 grams) babies that your hospital transferred OUT to another hospital in the defined time period for any reason.

MATERNAL DATA

DEPRESSION SCREENING

Goal: Implementation of universal depression screening in the hospital (L&D)

ITEM 1: “Percentage of maternal patients with a validated depression screening performed anytime during the birth hospitalization”

Definition: (n = number of women admitted for delivery who have a validated screening for depression tool given and documented during the birth hospitalization in defined time period, d = deliveries ≥ 20 weeks in defined time period.)

Note: may use any validated screening tool, e.g. Edinberg depression screen

SCREENING FOR SUBSTANCE USE DISORDER (SUD)

Goal: Implementation of SUD screening in the hospital (L&D)

ITEM 2: “Percentage of maternal patients with a validated substance use screening performed anytime during the birth hospitalization – may use any validated screening tool, e.g. DAST screen”

Definition: (n = number of women admitted for delivery who have a validated screening tool for SUD given and documented during the birth hospitalization in defined time period, d = deliveries ≥ 20 weeks in defined time period.)

TRANSFUSION ≥ 4 UNITS pRBC (MASSIVE TRANSFUSION)

Goal: Rate of patients admitted for a birth hospitalization who receive 4 or more units of Packed Red Blood Cells (PBRCs) for post-partum hemorrhage (PPH)

ITEM 3: “Percentage of pregnant women receiving ≥ 4 units packed red blood cells peripartum during the birth hospitalization”

Definition: (n = number of women receiving ≥ 4 units of packed red blood cells intrapartum or in the postpartum period during the birth hospitalization in defined time period, d = deliveries ≥ 20 weeks in defined time period.)

SETRAC Perinatal Data Dictionary

TIMELY TREATMENT FOR HYPERTENSION

Goal: Timely treatment of severe range BP to reduce severe maternal morbidity from hypertension in pregnant women.

ITEM 4: “Treatment of severe range BP within 60 minutes of recorded SBP >160 and/or DBP >110.”

Definition: (n = pregnant women who receive an antihypertensive agent within 60 minutes of first documented severe range BP in defined time period., d = pregnant women with SBP >160 OR DBP >110 documented in defined time period.)

Note: Treatment includes documentation of initiation of IV labetalol, IV Hydralazine, or PO Nifedipine administration. The recorded BP is from the FIRST recorded BP but can require validation within 15 minutes.

In the denominator, include all pregnant women during their delivery hospitalization with acute-onset severe hypertension that persists for 15 minutes or more (including those with preeclampsia, gestational, or chronic hypertension) with SBP \geq 160 OR DBP \geq 110 documented in defined time period.the defined time period for any reason.