## Text Description for PCPI eSpecification

<table>
<thead>
<tr>
<th>Clinical Topic</th>
<th>Maternity Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure Title</td>
<td>Episiotomy (Overuse)</td>
</tr>
<tr>
<td>Measure #</td>
<td>MC-7</td>
</tr>
<tr>
<td>Measure Description</td>
<td>Percentage of patients, regardless of age, who gave birth vaginally (without shoulder dystocia), during a 12-month period who underwent an episiotomy</td>
</tr>
<tr>
<td>Measurement Period</td>
<td>12 consecutive measures</td>
</tr>
<tr>
<td>Initial Patient Population</td>
<td>All patients, regardless of age, who gave birth vaginally (without shoulder dystocia), during a 12-month period</td>
</tr>
<tr>
<td>Denominator Statement</td>
<td>Equal to Initial Patient Population</td>
</tr>
<tr>
<td>Denominator Exclusions</td>
<td>Patients who had an active diagnosis of shoulder dystocia during the measurement period</td>
</tr>
<tr>
<td>Numerator Statement</td>
<td>Patients who underwent an episiotomy</td>
</tr>
<tr>
<td>Denominator Exceptions</td>
<td>None</td>
</tr>
</tbody>
</table>
### Measure #7: Episiotomy

**Patient Characteristic**
- **Age at Delivery**: LOINC 2.16.840.1.113883.3.526.2.1434 during [Attribute, stop datetime: Date of Delivery]
  - Constraints: There are no restrictions on age for inclusion in the measure; this data element is included for result stratification to identify disparities.

- **Gender**: HL7 (2.16.840.1.113883.5.1) 2.16.840.1.113883.1.11.1 during measurement period
  - Comments: This data element is collected for the purpose of stratifying results in an effort to highlight disparities.

- **Race**: CDC 2.16.840.1.114222.4.11.836 during measurement period
  - Comments: This data element is collected for the purpose of stratifying results in an effort to highlight disparities.

- **Ethnicity**: CDC 2.16.840.1.114222.4.11.837 during measurement period
  - Comments: This data element is collected for the purpose of stratifying results in an effort to highlight disparities.

- **Preferred Language**: CDC 2.16.840.1.114222.4.11.831 during measurement period
  - Comments: This data element is collected for the purpose of stratifying results in an effort to highlight disparities.

- **Payer Source of Payment Typology**: 2.16.840.1.113883.221.5 during measurement period
  - Comments: This data element is collected for the purpose of stratifying results in an effort to highlight disparities.

- **Gender of Newborn**: HL7 (2.16.840.1.113883.5.1) 2.16.840.1.113883.1.11.1 during [Attribute, stop datetime: Date of Delivery]
  - Comments: This data element is collected for the purpose of stratifying results in an effort to highlight disparities. This data will be found in the mothers record, specifically found in the delivery record.

**Attribute: Gender of Newborn**
- Present "X" n/a n/a n/a
  - This attribute is applied to the value set "Gender of Newborn".

**Measure Timing**
- **Measurement Start Date**: n/a n/a n/a TBD by measure implementer
- **Measurement End Date**: n/a n/a n/a TBD by measure implementer

**Procedure**
- **Performed**: Vaginal Delivery
  - SNOMED-CT 2.16.840.1.113883.3.526.2.1412 during measurement period
  - Comments: This data element is the date associated with "Procedure, Performed: Vaginal Delivery".

**Denominator Exclusions**
- **Diagnosis, Active**: Shoulder Dystocia
  - SNOMED-CT 2.16.840.1.113883.3.526.2.1490 during [Attribute, stop datetime: Date of Delivery]
  - Comments: This data element is the date associated with "Procedure, Performed: Vaginal Delivery".

**Numerator**
- **Episiotomy**
  - SNOMED-CT 2.16.840.1.113883.3.526.2.1491 during [Attribute, stop datetime: Date of Delivery]
  - Comments: This data element is the date associated with "Procedure, Performed: Vaginal Delivery".

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*The Quality Data Model (QDM), Version 2.1, was developed by National Quality Forum (NQF).*

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Measure Performance Rate Calculation:

\[
\frac{N}{(D - \text{EXCL} - \text{EXCEP})} = \text{Performance Rate}
\]

The PCPI strongly recommends that exception rates also be computed and reported alongside performance rates as follows:

Measure Exception Rate Calculation:

\[
\frac{\text{EXCEP}}{(D - \text{EXCL})} = \text{Exception Rate}
\]

Exception Types:

\[
\text{EXCEP} = E1 \text{ (Medical Exceptions)} + E2 \text{ (Patient Exceptions)} + E3 \text{ (System Exceptions)}
\]

For patients who have more than one valid exception, only one exception should be counted when calculating the exception rate.

Initial Patient Population (IPP)

Definition: The group of patients that a set of performance measures is designed to address; usually focused on a specific clinical condition (e.g., coronary artery disease, asthma).

For example, a patient aged 18 years and older with a diagnosis of CAD who has at least 2 visits during the measurement period.

Denominator (D)

Definition: The specific group of patients for inclusion in a specific performance measure based on specific criteria (e.g., patient's age, diagnosis, prior MI). In some cases, the denominator may be identical to the initial patient population.

Exclusions (EXCL)

Definition: The specific group of patients who should be subtracted from the measure population and denominator before determining if the numerator criteria are met.

Numerator (N)

Definition: The group of patients in the denominator for whom a process or outcome of care occurs (e.g., flu vaccine received).

Exceptions (EXCEP)

Definition: The valid reasons why patients who are included in the denominator population did not receive a process or outcome of care (described in the numerator). Patients may have Exceptions for medical reasons (e.g., patient has an egg allergy so they did not receive flu vaccine); patient reasons (e.g., patient declined flu vaccine); or system reasons (e.g., patient did not receive flu Vaccine due to vaccine shortage). These cases are subtracted from the denominator population for the performance calculation, however the number of patients with valid exceptions should be calculated and reported.

From the patients who did not meet the Numerator criteria, determine if the patient meets any criteria for the Exception (E1 + E2+E3). If they meet any criteria, they should be removed from the Denominator for performance calculation. As a point of reference, these cases are removed from the denominator population for the performance calculation, however the number of patients with valid exceptions should be calculated and reported.

Find the patients who meet the Initial Patient Population criteria (IPP)

Find the patients who qualify for the Denominator (D):

Find the patients within the Patient Population criteria (IPP) select those people who meet Denominator selection criteria.

(In some cases the IPP and D are identical).

Find the patients who qualify for the Exclusion (EXCL):

Find the patients within the Denominator criteria, select those patients who meet Exclusion criteria. The patients meeting exclusion criteria should be removed from the Denominator.

Find the patients who qualify for the Numerator (N):

Find the patients within the Denominator (D) criteria, select those people who meet Numerator selection criteria. Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator.

From the patients who did not meet the Numerator criteria, determine if the patient meets any criteria for the Exception (E1 + E2+E3). If they meet any criteria, they should be removed from the Denominator for performance calculation. As a point of reference, these cases are removed from the denominator population for the performance calculation, however the number of patients with valid exceptions should be calculated and reported.
Measure Logic for Maternity Care: Episiotomy (Overuse)

Measure Description: Percentage of patients, regardless of age, who gave birth vaginally (without shoulder dystocia), during a 12-month period who underwent an episiotomy.

Measurement Period: 12 Consecutive Months

PCPI Measure #: MC-7

Supplemental Data Elements (SDE)

<table>
<thead>
<tr>
<th>Patient Characteristic</th>
<th>Identify Patients in Initial Patient Population (IPP)</th>
<th>Identify Patients in Denominator (D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>PROCEDURE Performed Vaginal Delivery 2.16.840.1.113883.3.526.3.1341 Attribute: stop datetime Date of Delivery</td>
<td>All Patients Identified within the Initial Patient Population</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred Language</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age at Delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender of Newborn</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

See Data Requirements Table for timing constraints and relationship between data elements.
Measure Logic for Maternity Care: Episiotomy (Overuse)

**Measure Description:** Percentage of patients, regardless of age, who gave birth vaginally (without shoulder dystocia), during a 12-month period who underwent an episiotomy.

**Measurement Period:** 12 Consecutive Months

**PCPI Measure #:** MC-7

<table>
<thead>
<tr>
<th>Identify Patients in Denominator Exclusion (EXCL)</th>
<th>Identify Patients in Numerator (N)</th>
<th>Identify Patients who have valid Denominator Exceptions * (EXCEP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Patients Identified within the Denominator</td>
<td>All Patients Identified within the Denominator</td>
<td>No Valid Denominator Exceptions for this Measure</td>
</tr>
<tr>
<td>DIAGNOSIS</td>
<td>DIAGNOSIS Active</td>
<td></td>
</tr>
<tr>
<td>Active Should Dystocia</td>
<td>Active Should Dystocia</td>
<td></td>
</tr>
<tr>
<td>2.16.840.1.113883.3.526.3.1389</td>
<td>2.16.840.1.113883.3.526.3.1389</td>
<td></td>
</tr>
<tr>
<td>And</td>
<td>And</td>
<td></td>
</tr>
<tr>
<td>PROCEDURE</td>
<td>PROCEDURE</td>
<td></td>
</tr>
<tr>
<td>Performed</td>
<td>Performed</td>
<td></td>
</tr>
<tr>
<td>Episiotomy</td>
<td>Episiotomy</td>
<td></td>
</tr>
<tr>
<td>2.16.840.1.113883.3.526.3.1390</td>
<td>2.16.840.1.113883.3.526.3.1390</td>
<td></td>
</tr>
</tbody>
</table>

See Data Requirements Table for timing constraints and relationship between data elements.

*Coded examples for exceptions are NOT intended to be an exhaustive list. Exceptions will vary for each patient and situation.*