

# Nevada Hospital Quality Measures

PC-06: Unexpected Complications in Term Newborns



2026 Program Year

# Measure Overview

**PC-06: Unexpected Complications in Term Newborns** is an outcome measure designed to identify unexpected complications in healthy, term newborns who constitute over 90% of all births. It addresses a critical data gap by tracking adverse events in infants without preexisting conditions who are expected to have uncomplicated deliveries. Importantly, this serves as a "balancing measure" to ensure that other quality improvement initiatives, such as reducing NTSV Cesarean rates, do not inadvertently negatively impact newborn safety.



Improvement noted as a decrease in the number of term newborns with unexpected moderate or severe complications



Data Type: Claims-based



# Impact: Why This Measure Matters

Improving PC-06 is essential because complication rates for term newborns vary dramatically by hospitals, ranging from 0.6 to nearly 90 per 1,000 births. This indicates that biological risk is not the only factor driving these outcomes. Furthermore, outcomes data shows that infants from vulnerable populations experience adverse event rates that are disproportionately higher, highlighting the measure's role in driving consistent, high-quality care for every patient. Preventing unexpected transfers of healthy term babies also yields immediate cost savings. Reducing complications directly protects financial resources, with the average spending for a NICU admission exceeding \$71,000.

## ✔ Strategic Alignment

Supports Nevada's 2025-2027 Quality Strategy Goal and Objective to Improve the health and wellness of pregnant women and infants by December 31, 2027.

## ✔ Patient Safety

Reduces avoidable harm in healthy term newborns by flagging severe complications like birth trauma and severe jaundice.

## ✔ Care Standardization

Identifies variations in newborn care processes across facilities, driving consistent, evidence-based practices for healthy deliveries.

## ✔ Cost & Resource Use

Decreases length of stay and avoids costly NICU admissions associated with preventable complications in term infants.



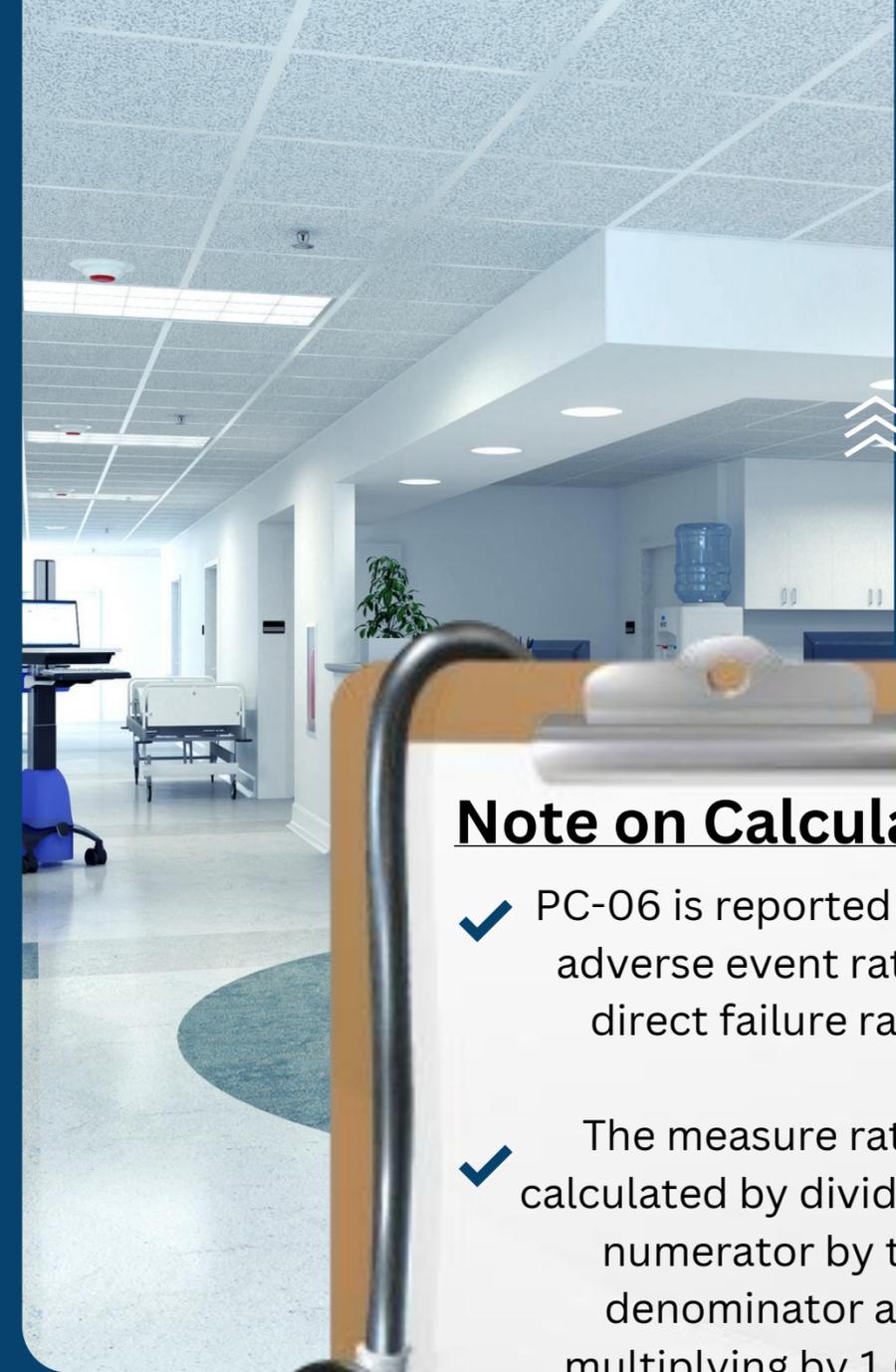
# Defining the Population

## ✔ Denominator

- Medicaid live births delivered at 37 or more weeks gestations
- Singleton births only
- Newborns with a birth weight of 2,500 grams or greater

## ✔ Numerator

- Severe Complications: Neonatal death, transfer to another facility for clinical reasons, or specific severe birth trauma.
- Moderate Complications: Need for mechanical ventilation, CPAP (Continuous Positive Airway Pressure) for more than four hours, or blood transfusions.
- Diagnoses Indicating Harm: Neonatal seizures, sepsis/meningitis, or specific conditions requiring a prolonged stay



### **Note on Calculation**

- ✔ PC-06 is reported as an adverse event rate or direct failure rate.
- ✔ The measure rate is calculated by dividing the numerator by the denominator and multiplying by 1,000.
- ✔ The goal is to drive this final rate down toward zero.





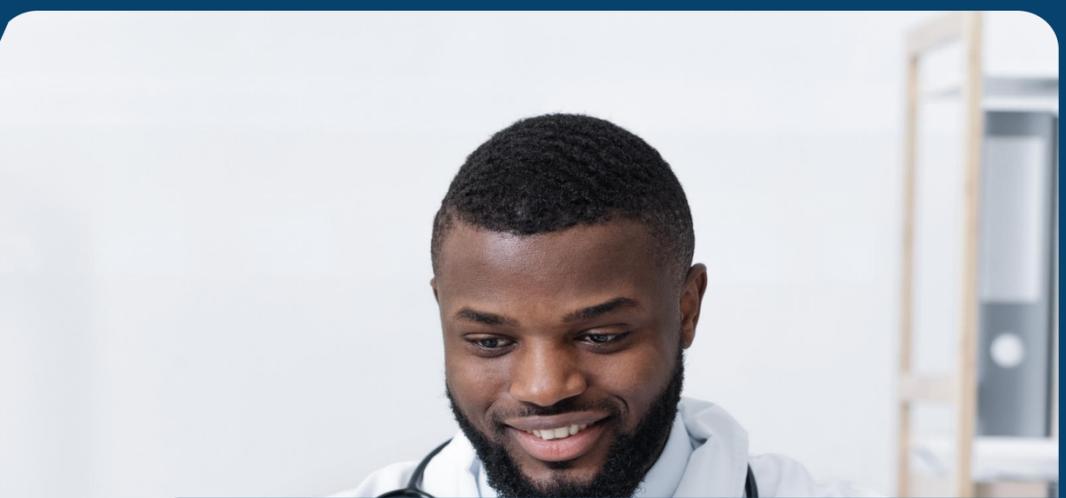
# Understanding Exclusions



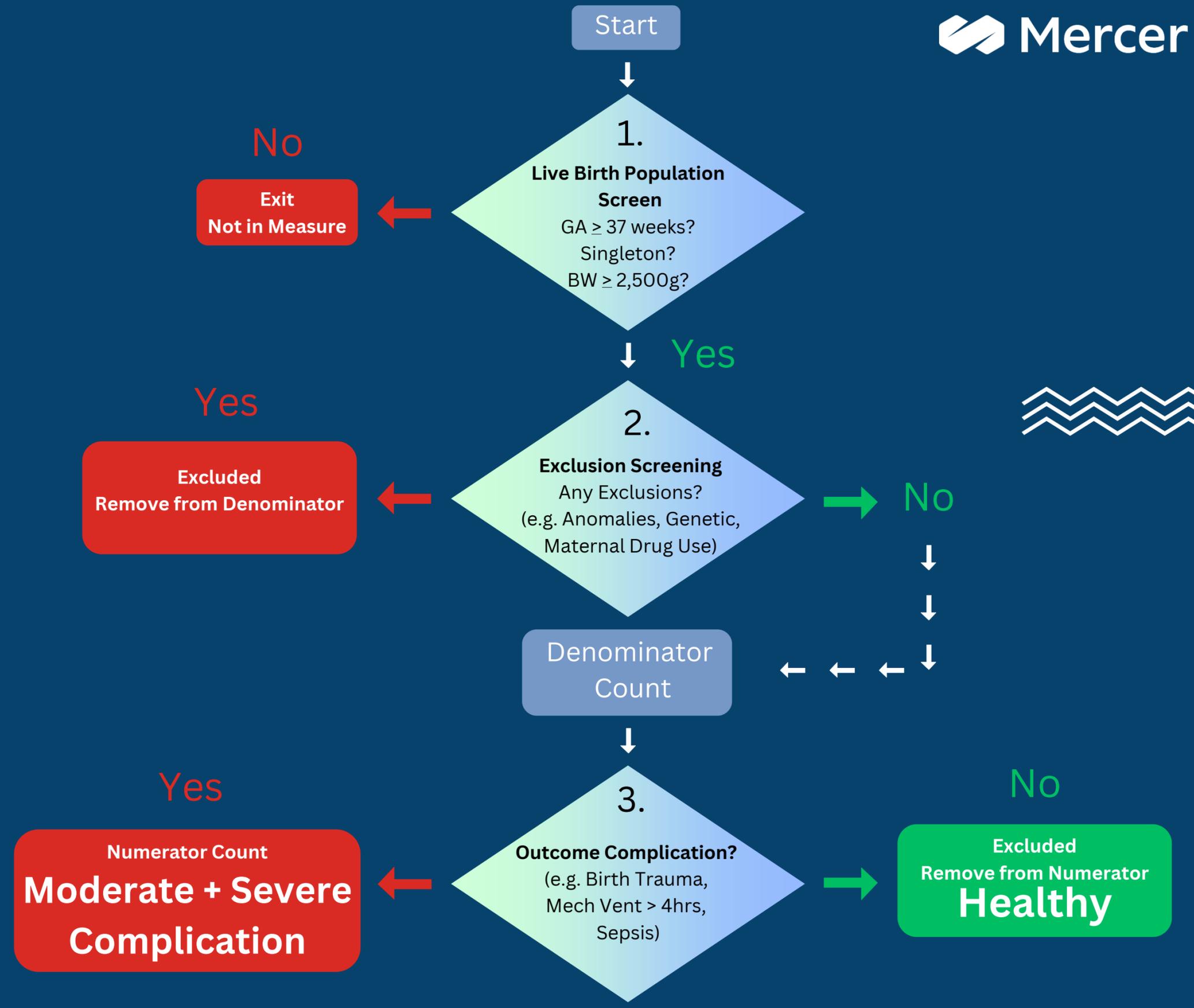
Exclusions are critical to the accuracy of the PC-06 measure. They remove newborns from the Denominator who had a high, pre-determined risk of complications that are outside the immediate control of delivery care, such as major congenital anomalies or severe preexisting conditions. By removing these high-risk cases, the measure accurately assesses the quality of care provided to the vast majority of infants who were expected to have an uncomplicated delivery. This ensures the final complication rate truly reflects adverse events attributable to care processes within the hospital.

Exclusion Category	Specific Condition or Status	Rationale for Exclusion
Congenital Anomalies	Major congenital malformations (e.g., spina bifida, cardiac anomalies).	Complications are expected and inherent to the known diagnosis, not a reflection of care quality during delivery.
Fetal Conditions	Severe pre-existing fetal conditions (e.g., fetal hydrops, severe IUGR, Rh-immunization)	These conditions significantly elevate the baseline risk of complications.
Maternal Substance Exposure	Newborn affected by confirmed maternal drug use (documented by ICD-10 codes, confirmed via newborn drug screen, and/or maternal history)	Exposure leads to conditions like withdrawal symptoms or severe developmental issues that raise the baseline risk.
Chromosomal Disorders	Known chromosomal abnormalities (e.g., Trisomy 13, 18, or 21/Down Syndrome).	These genetic conditions greatly increase the risk of adverse outcomes and death

# Measure Logic Flowchart



### PC-06 Calculation Formula

$$\frac{\text{Newborns with Severe + Moderate Complications}}{\text{Term Newborns w/o Pre-existing Conditions}} \times 1,000 = \frac{\text{Rate per 1,000 Live Births}}{\text{Rate per 1,000 Live Births}}$$


# Best Practices for Data Extraction

Accurate data extraction is essential for reliable PC-06 reporting and prevents skewed results. Best practices center on rigorous screening of the Denominator and proactive searching of medical records for common, missed exclusions. Scrutinizing documentation for subtle interventions, such as CPAP use or transfers, ensures your reported complication rate truly reflects adverse outcomes.



Focus Area	Key Action
Accurate Population Confirmation	Verify the Gestational Age ( $\geq 37$ weeks), Birth Weight ( $\geq 2,500g$ ), and Singleton status directly from the delivery record to establish the correct Denominator
Proactive Exclusion Screening	Search Prenatal Records, Genetic Counseling Notes, and initial lab screens for missed diagnoses (e.g., congenital anomalies, Trisomy 21) that must be removed from the Denominator
Locating Numerator Events	Scrutinize Respiratory and Nursing notes for subtle complications like CPAP use $> 4$ hours, or documentation of a clinical transfer out of the facility.
Technical Time Frame	Ensure all documented complications occurred during the newborn's birth hospitalization stay for inclusion in the Numerator.



# Common Data Capture Pitfalls

Even with clear specifications, certain errors repeatedly lead to inaccurate PC-06 reporting and skew your hospital's rate. These pitfalls usually involve misinterpreting the specific criteria for exclusions or failing to capture subtle interventions within the proper timeframe. Identifying and correcting these common errors is essential for improving data integrity and ensuring the reported complication rate is meaningful.



## ✔ Misinterpreting Short CPAP Use

A common mistake is counting CPAP used for less than 4 hours as a complication. The measure specifically requires CPAP or mechanical ventilation lasting four hours or more to qualify as a Numerator event.

## ✔ Missing Pre-Existing Exclusions

Failing to actively search for documented exclusions in the prenatal records (e.g. genetic screening or known congenital anomalies) means high-risk newborns are incorrectly left in the Denominator, which artificially inflates your complication rate.

## ✔ Confusing Transfer Types

Abstractors often confuse a transfer-in (which is an exclusion) with a transfer-out (which is a complication). Transferring a qualifying low-risk newborn to another facility for clinical reasons is always a Numerator (adverse event).

## ✔ Reliance on Diagnosis Only

Focusing solely on the discharge diagnoses and missing key procedural documentation in nursing or respiratory notes. Subtle complications like prolonged CPAP use are often detailed only in flow sheets, not summarized in the discharge H&P.



# Frequently Asked Questions

## 1. We kept a baby for 5 days to rule out sepsis, but the cultures were negative. Why did we fail?

*If the coder assigns a code for sepsis or infection combined with a LOS > 4 days, the measure assumes a true infection occurred. If sepsis was ruled out, ensure your coding team uses the Z-code for observation and evaluation of newborn for suspected condition ruled out instead of an active infection code.*

## 2. Are we penalized for complications in babies whose mothers received no prenatal care?

*This measure focuses on the hospital's ability to rapidly identify and manage risks immediately upon delivery to prevent them from escalating into longer stays. If a complication is discovered at birth that was missed prenatally, documenting the specific ICD-10 congenital anomaly code will automatically exclude the infant from the measure, protecting your score.*



# How Can We Help?



For additional questions, personalized 1:1 coaching, or to schedule a meeting to review your facility's data, please reach out to our support team members below:

State Directed Payments- Ann Jensen  
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Reporting Template- Liza Auterino  
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Clinical Support- Sherrian Thompson  
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### The Balancing Act

PC-06 serves as a vital balancing measure, confirming that efforts to safely reduce primary C-sections do not inadvertently compromise newborn safety.



### Data Integrity Starts with Exclusions

Proactive screening for pre-existing exclusions (e.g. congenital or chromosomal anomalies) is the single most critical abstraction step to ensure your Denominator is accurate.



### Interventions are Outcomes

Clinically, the focus must be on preventing the need for CPAP use > 4 hours or out-transfers, as these interventions are the primary numerical markers of a complication.



### Focus on Variance

Utilize PC-06 data to identify and reduce institutional variance in care, which is key to addressing disproportionately high complication rates experienced by vulnerable populations.

# Key Takeaways

PC-06 is a crucial measure driving patient safety and health equity for the majority of newborns. Achieving a low complication rate requires both precise data abstraction and strong clinical adherence to best practices. Remember that robust clinical and technical support is available to guide your team through successful implementation and reporting.





# Thank you!

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