Cardiac Conditions in Obstetric Care

Data Dictionary

This document accompanies the ***Data Collection Tool***, a spreadsheet to gather data each month before reporting in Life QI, the new platform replacing Delphi. The tables below define key terms for each data collection measure.

Measures 1-4 ask for monthly summary data about all perinatal patients at your facility.

Measures 5-7 ask for data specifically from Cardio-OB Care Coordinators about patient referrals. If your coordinator is not within your facility but rather is at a site with a higher level of care, you will only need to report on measures 1-4, as the coordinator will report on measures 5-7 for any referred patients.

General Terms and Definitions:

Term	Definition
Time Period	Month and year that patients were seen (ex. "Jan 2025") • Group patients by discharge date
Count of OB patients	Number of obstetric patients at your site each month that met a measure's criteria • Include patients admitted antepartum, for delivery, and/or postpartum • Also called the "numerator" of the measure
Total count of OB patients	Total number of obstetric patients at your site each month • Include patients admitted antepartum, for delivery, and/or postpartum • Also called the "denominator" of the measure
Stratified by Race/ Ethnicity	Number of patients that met a measure's criteria, broken down into each listed category of race and ethnicity • Listed categories may not match your site's categorization of race and ethnicity; please choose the closest match • Choose "Multiracial" for patients that fit into more than one category • We recognize that "Other" is an insufficient term that in this case may include Asian, American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and other specific groups
Stratified by Payor	Number of patients that met a measure's criteria, broken down into each listed category of entities listed to pay for medical services
Cardio-OB Care Coordinator	The Cardio-OB Care Coordinator is an individual designated to organize delivery care planning for patients with cardiac risk factors • This coordinator may be specific to your facility or may be at a site with a higher level of care within your health system • Part of your quality improvement planning will be determining who will act as this coordinator for your facility • Coordinators will keep a count of all patients referred for their services (including patients who screened "positive" on the Cardiac Screening Tool, had additional cardiac testing ordered by their provider, or were referred to cardiology by their provider)

Definitions for Each Measure:

Measure	Numerator	Denominator
For all teams:		
1. Percent of OB patients referred to Cardio-OB Care Coordinator	**Count of OB patients referred to the Cardio-OB Care Coordinator** • All patients should be screened for cardiac risk factors; PQCNC has provided a recommended *Cardiac Screening Tool* • Referral to the Cardio-OB Care Coordinator is recommended for patients who screen "positive," have additional cardiac testing ordered, and/or are also referred to cardiology	**Total count of OB patients**
2. Percent of OB patients with documented cardiovascular disease	**Count of OB patients with documented cardiovascular disease (see *WHO Diagnosis Codes*)** • Include all patients with a cardiovascular diagnosis according to the World Health Organization's cardiac risk classification list of ICD codes (see list in the *Data Collection Tool)* • These codes may be in a patient's medical history or may be added after additional testing and/or referral to cardiology	
3. Percent of OB patients with severe maternal morbidity secondary to cardiac disease	**Count of OB patients with severe maternal morbidity secondary to cardiac disease (see *AIM Diagnosis Codes*)** • Include all patients with a cardiac diagnosis AND a severe maternal morbidity diagnosis according to AIM's list of severe maternal morbidity ICD codes (see list in the *Data Collection Tool)* • Severe maternal morbidity is any unexpected outcome during the delivery hospitalization that results in significant short- and long-term consequences to health	
4. Percent of OB patients with maternal mortality secondary to cardiac disease	**Count of OB patients with maternal mortality secondary to cardiac disease (see *AIM Diagnosis Codes*)** • Include all deceased patients with a cardiac diagnosis AND a severe maternal morbidity diagnosis according to AIM's list of severe maternal morbidity ICD codes (see list in the *Data Collection Tool)* • Maternal mortality is death while pregnant or within 42 days of pregnancy from any cause related to or aggravated by pregnancy or its management	

For Cardio-OB Care Coordinators:		
5. Percent of patients referred to Cardio-OB Care Coordinator at less than 20 weeks	**Count of OB patients referred to the Cardio-OB Care Coordinator at less than 20 weeks gestation** • Early referral to the Cardio-OB Care Coordinator is recommended to allow time for delivery care planning	**Total count of OB patients referred to Cardio-OB Care Coordinator**
6. Patients on Cardio-OB care coordination list	**Count of patients on the Cardio-OB care coordination list** • Coordinators will keep a list of patients who require delivery care planning from the Cardio-OB Team/Pregnancy Heart Team • Patients who were referred to the coordinator but determined not to need delivery care planning will not remain on the list • See the *Referral Protocol* for more information on care planning needs	
7. Patients delivered from Cardio-OB care coordination list	**Count of patients delivered from the Cardio-OB care coordination list** • See definitions above for Measure 6 • Include all patient from the care coordination list who delivered within that month	

Please contact Caroline Hays, PQCNC Clinical Initiative Manager, with any questions

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