# IT-8.18: Rate of Exclusive Breastfeeding

| **Measure Title** | **IT-8.18 Exclusive Breast Milk Feeding and the subset measure PC-05a Exclusive Breast Milk Feeding Considering Mother´s Choice** |
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| **Description** | This measure is comprised of two rates:Rate #1: The percentage of newborns exclusively fed breast milk feeding during the newborn´s entire hospitalizationRate #2: The percentage of newborns whose mothers chose to exclusively feed breast milk.  |
| **NQF Number** | 480 |
| **Measure Steward** | The Joint Commission |
| **Link to measure citation** | <http://www.qualityforum.org/QPS/0480>  |
| **Measure type** | Non Stand-Alone (NSA) |
| **Performance and Achievement Type**  | Pay for Performance (P4P) – Improvement Over Self (IOS)

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|  | DY4 | DY5 |
| Achievement Level Calculation | Baseline + 5% \*(performance gap) =Baseline + 5% \*(100% – Baseline rate) | Baseline + 10% \*(performance gap) =Baseline + 10% \*(100% – Baseline rate) |

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| **DSRIP-specific modifications to Measure Steward’s specification** | The Measure Steward’s specification has been modified as follows:* Removed references to tables not included.
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| **Denominator Description**  | Rate #1: Single term liveborn newborns discharged from the hospital with ICD-9-CM Principal Diagnosis Code for single liveborn newborn Rate #2: Single term newborns discharged alive from the hospital excluding those whose mothers chose not to breast feed with ICD-9-CM Principal Diagnosis Code for single liveborn newborn  |
| **Denominator Inclusions** | The Measure Steward does not identify specific denominator inclusions beyond what is described in the denominator description. |
| **Denominator Exclusions** | • Admitted to the Neonatal Intensive Care Unit (NICU) at this hospital during the hospitalization• ICD-9-CM Other Diagnosis Codes for galactosemia • ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes for parenteral infusion • Experienced death• Length of Stay >120 days• Enrolled in clinical trials• Documented Reason for Not Exclusively Feeding Breast Milk• Patients transferred to another hospital• ICD-9-CM Other Diagnosis Codes for premature newborns  |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed.
* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases.
* For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases.
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| **Numerator Description**  | Rate #1: Newborns that were fed breast milk only since birth.Rate #2: Newborns that were fed breast milk only since birth. |
| **Numerator Inclusions** | The Measure Steward does not identify specific numerator inclusions beyond what is described in the numerator description. |
| **Numerator Exclusions** | The Measure Steward does not identify specific numerator exclusions beyond what is described in the numerator description. |
| **Setting** | Ambulatory |
| **Data Source** | Administrative/Clinical data sources |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome  |