

Fetal Medicine Quality Dashboard 2018/19



Indicator Reference Number	Domain	Theme	Measure	Rationale	Name of Indicator / Description	Numerator	Denominator	Period Type	Frequency	Data Source Numerator	Data Source Denominator	Target	Interpretation Guidance	Notes	Reporting Periods			
															Q1	Q2	Q3	Q4
FMe02	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Clinical outcome	Fetal loss rate after chorion villus sample (CVS)	To identify the loss rate of fetuses after CVS. This metric measures the proportion of pregnancy losses within 14 days of CVS procedure, after the exclusion of pregnancies terminated. The outcome should be recorded for all procedures.	Proportion of pregnancy losses within 14 days of CVS procedure, after the exclusion of pregnancies terminated	Number of pregnancy losses within 14 days of CVS procedure in women who did not terminate pregnancy	Number of CVS performed, after exclusion of pregnancies terminated	3 year rolling	Annual	Provider submitted data	Provider submitted data		Lower is better	Numerator note: Losses within 14 days (miscarriage, IUD), after the exclusion of pregnancies terminated. Outcome should be recorded for all procedures. Missing outcomes should be reported in metric FMe02a.				Apr 16 - Mar 19
FMe02a	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Clinical process	Fetal loss rate after chorion villus sample (CVS) - missing outcomes	The outcome should be recorded for all procedures. This measures the proportion of cases with a missing outcome (CVS).	Proportion of cases with a missing outcome (CVS)	Number of cases with a missing outcome (CVS)	Number of CVS performed, after exclusion of pregnancies terminated	3 year rolling	Annual	Provider submitted data	Provider submitted data		Lower is better	Any missing outcomes should be reported. If no missing outcomes then enter zero in the numerator.				Apr 16 - Mar 19
FMe03	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Clinical outcome	Fetal loss rate after amniocentesis	To identify the loss rate of fetuses after amniocentesis. This metric measures the proportion of pregnancy losses within 14 days of amniocentesis procedure, after the exclusion of pregnancies terminated. The outcome should be recorded for all procedures.	Proportion of pregnancy losses within 14 days of amniocentesis procedure, after the exclusion of pregnancies terminated	The number of pregnancy losses within 14 days of amniocentesis procedure in women who did not terminate pregnancy	Number of amniocentesis performed, after exclusion of pregnancies terminated	3 year rolling	Annual	Provider submitted data	Provider submitted data		Lower is better	Numerator note: Losses within 14 days (miscarriage, IUD), after the exclusion of pregnancies terminated. Outcome should be recorded for all procedures. Missing outcomes should be reported in metric FMe03a.				Apr 16 - Mar 19
FMe03a	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Clinical process	Fetal loss rate after amniocentesis - missing outcomes	The outcome should be recorded for all procedures. This measures the proportion of cases with a missing outcome (amniocentesis).	Proportion of cases with a missing outcome (amniocentesis)	Number of cases with a missing outcome (amniocentesis)	Number of amniocentesis performed, after exclusion of pregnancies terminated	3 year rolling	Annual	Provider submitted data	Provider submitted data		Lower is better	Any missing outcomes should be reported. If no missing outcomes then enter zero in the numerator.				Apr 16 - Mar 19
FMe04	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Clinical process	Complex interventional procedures: intrauterine transfusions	The number of intrauterine transfusions (red cell and platelet) performed by unit. To ensure that procedures are being carried out in units with adequate ongoing experience to maintain skills. Minimum number of 15 per year per centre.	Number of intrauterine transfusions performed	Number of intrauterine transfusions (red cell and platelet) performed	N/A	3 year rolling	Annual	Provider submitted data	Provider submitted data			Minimum number of 15 per year per centre.				Apr 16 - Mar 19
FMe04a	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Workforce measure	Complex interventional procedures: intrauterine transfusions	The number of practitioners who carried out a intrauterine transfusion. To ensure that procedures are being carried out in units with adequate ongoing experience to maintain skills. Each centre should have at least 2 competent practitioners.	Number of practitioners who carried out a intrauterine transfusion	Number of practitioners who carried out a intrauterine transfusion	N/A	3 year rolling	Annual	Provider submitted data	Provider submitted data			Each centre should have at least 2 competent practitioners. A practitioner is defined as an individual performing or supervising the procedure, capable of carrying it out independently.				Apr 16 - Mar 19
FMe05	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Clinical process	Complex interventional procedures: cord occlusions or placental laser ablations	The number of complex interventional procedures (fetoscopies, cord occlusions or placental laser ablations) performed by unit. To ensure that procedures are being carried out in units with adequate ongoing experience to maintain skills. Minimum number of 15 per year per centre.	Number of complex interventional procedures – fetoscopies, cord occlusions or placental laser ablations performed	Number of complex interventional procedures – fetoscopies, cord occlusions or placental laser ablations performed	N/A	3 year rolling	Annual	Provider submitted data	Provider submitted data			Minimum number of 15 per year per centre.				Apr 16 - Mar 19
FMe05a	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Workforce measure	Complex interventional procedures: fetoscopies, cord occlusions or placental laser ablations	The number of practitioners who carried out a fetoscopy, cord occlusion or placental laser ablation. To ensure that procedures are being carried out in units with adequate ongoing experience to maintain skills. Each centre should have at least 2 competent practitioners.	Number of practitioners who carried out a fetoscopy, cord occlusion or placental laser ablation	Number of practitioners who carried out a fetoscopy, cord occlusion or placental laser ablation	N/A	3 year rolling	Annual	Provider submitted data	Provider submitted data			Each centre should have at least 2 competent practitioners. A practitioner is defined as an individual performing or supervising the procedure, capable of carrying it out independently.				Apr 16 - Mar 19
FMe06	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Process measure	Referral time to fetal medicine centre	To ensure mothers with major fetal anomalies are being seen within a defined period (3 days).	Proportion of newly suspected/ diagnosed major fetal anomalies or other life-threatening fetal conditions referred to the fetal medicine centre that are seen within 3 days	From the denominator, the number of women seen within 3 days of urgent referral (refer to notes)	Number of women meeting criteria for urgent referral (as defined - see notes)	Quarterly	Quarterly	Provider submitted data	Provider submitted data		Higher is Better	Urgent referrals defined as cases with a fetal abnormality or condition that may be life-threatening, needing urgent antenatal assessment or intervention (e.g. IUGR with abnormal UA Doppler before 32 weeks, fetal dysrhythmia, fetal hydrops, suspected fetal anaemia, complications of monochorionic twins such as twin to twin transfusion syndrome, suspected fetal infection). 1. which would be lethal, or likely to be associated with significant handicap after birth. 2. might indicate a high risk of genetic or chromosome abnormality. 3. would need neonatal surgery or medical intervention. Referral time defined as time elapsed between transmission (fax/ e mail) or receipt (letter) of written referral (not telephone) to time patient seen in the fetal medicine centre. The definition does not include total time where one fetal medicine centre then refers to another.	Apr 18 - Jun 18	Jul 18 - Sep 18	Oct 18 - Dec 18	Jan 19 - Mar 19

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Data collection has been approved by the Review of Central Returns - ROCR
ROCR/OR/2230/001MAND