

**PERINATAL CARE
CORE MEASURE SET
SELECTION FORM**

HCO ID#
HCO NAME
ADDRESS
CITY, STATE, ZIP

Fax Completed Forms to
(630) 792-4599

MEASUREMENT SYSTEM SELECTED

MEASUREMENT SYSTEM NAME	SYSTEM ID#	DATA COLLECTION START DATE
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*Data **MUST** be collected on **EACH MEASURE** and submitted to The Joint Commission.*

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|-------|------|---|
| 16041 | PC-1 | Elective Delivery |
| 16041 | PC-2 | Cesarean Section |
| 16041 | PC-3 | Antenatal Steroids |
| 16041 | PC-4 | Health Care-Associated Bloodstream Infections in Newborns |
| 16041 | PC-5 | Exclusive Breast Milk Feeding |

Joint Commission policy requires that your organization provide written confirmation of the performance measurement system(s) and performance measures your organization has selected to meet performance measurement requirements for accreditation.

Primary Contact

Phone

Date

Chief Executive Officer

Signature

Date