WHAT'S NEW WITH CPETS

OCTOBER 16, 2024

WEBINAR LOGISTICS

All attendees are muted upon entry.

Please use the Q & A function – we will do our best to answer questions during the webinar.

We welcome your feedback and recommendations for improving future webinars.

WEBINAR LOGISTICS

- The slides and webinar recording will be sent out after the webinar and will also be posted on the CPQCC website at **https://www.cpqcc.org/engage/annual-data-training-webinars-2024**

- If you attend as a team, please create a sign in sheet and send it to contactmccpop@stanford.edu to be eligible for contact hours/CEU's

- Attendees will be eligible for contact hours through the Mid-Coastal California Perinatal Outreach Program (MCCPOP). MCCPOP is approved as a provider of continuing education by the California Board of Registered Nurses, Provider #3104. This course has been approved for **up to** 1.5 contact hours for the 90-minute events and 1.0 contact hours for the 60-minute events.

- Attendees must remain on the webinar for the entire time and fill out our survey in order to receive contact hours. The survey will be available immediately following this webinar.

PRESENTERS

RONALD COHEN, MD
MEDICAL DIRECTOR,
NORTHERN CPETS

KEVIN VAN OTTERLOO, MPA
DIRECTOR, SOUTHERN
CPETS

LUCY VAN OTTERLOO, PhD, RN, MSN
EXECUTIVE DIRECTOR, COMMUNITY
PERINATAL NETWORK

CPETS: CALIFORNIA PERINATAL TRANSPORT SYSTEMS

What's New in The Neonatal Transport Data Program, 2024

Presented by:

- **Kevin Van Otterloo, MPA**
  - Director: Southern California Perinatal Transport System
- **Lucy Van Otterloo, PhD, RNC**
  - Executive Director: Community Perinatal Network
- **Ron Cohen, MD**
  - Medical Director: Northern California Perinatal Transport System

CONFLICT OF INTEREST

- We have no conflicts of interest to disclose.
- We will not be making any recommendations on medications, devices or equipment in this webinar.

OBJECTIVES

Following the presentation and discussion the participant will be able to:

- Describe California's acute neonatal transport dataset;
- Describe maternal/fetal vs. neonatal transport data and describe best practices in implementing data collection for this topic;
- Understand how to access and use standard reports for CPeTS data and identify areas of improvement opportunity.

CALIFORNIA PERINATAL TRANSPORT SYSTEM

Legislatively mandated by AB 4439 in 1976, required by California Perinatal Quality Care Collaborative (CPQCC), California Children's Services (CCS) and California Department of Public Health(CDPH), managed by Regional Perinatal Programs of California (RPPC).

- Bed Availability and Direct Referral Information
- Neonatal Data System
  - Collection and Entry
  - Standardized Reports
    - Transports In
    - Transports Out
  - Tools and Support Materials
- Maternal Transport Data System Development

QUALITY CALIFORNIA NEONATAL TRANSPORT DATABASE

- Developed during 2005-2006
- First full year of data – 2007
- All CCS designated NICUs in California plus any facilities with licensed Intensive Care Neonatal Nursery who choose to participate.
- Prospective clinical data collected from
  - Avg 6,400 acute neonatal transports annually **(5,500 last five years)**
    - **111,102 acute transports in dataset to date**
    - Within the first 28 days of life, into NICU services, transported by a team

CALIFORNIA ACUTE NEONATAL TRANSPORT ACTIVITY, 2023

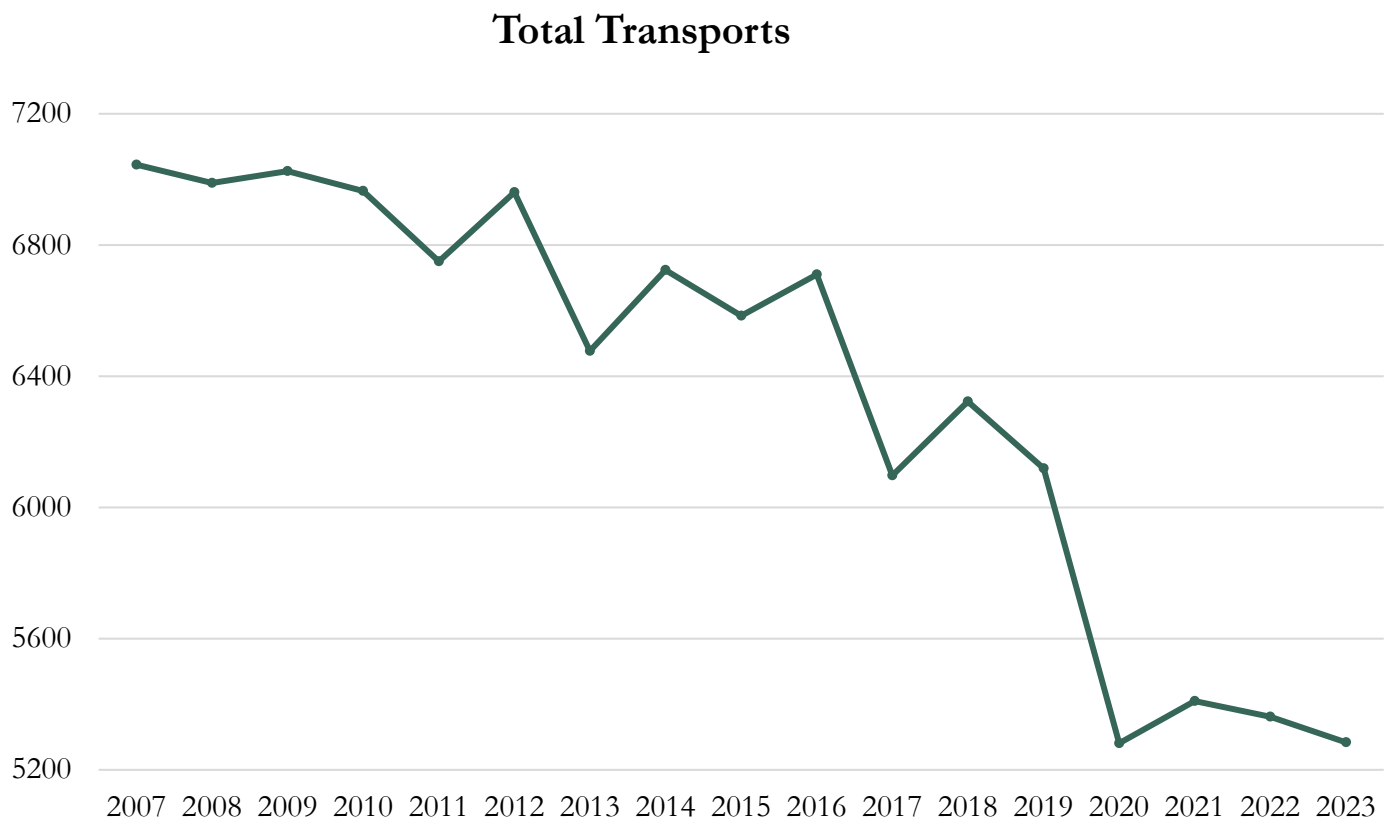
RONALD COHEN, MD

CALIFORNIA ACUTE TRANSPORT ACTIVITY BY FACILITY, 2023

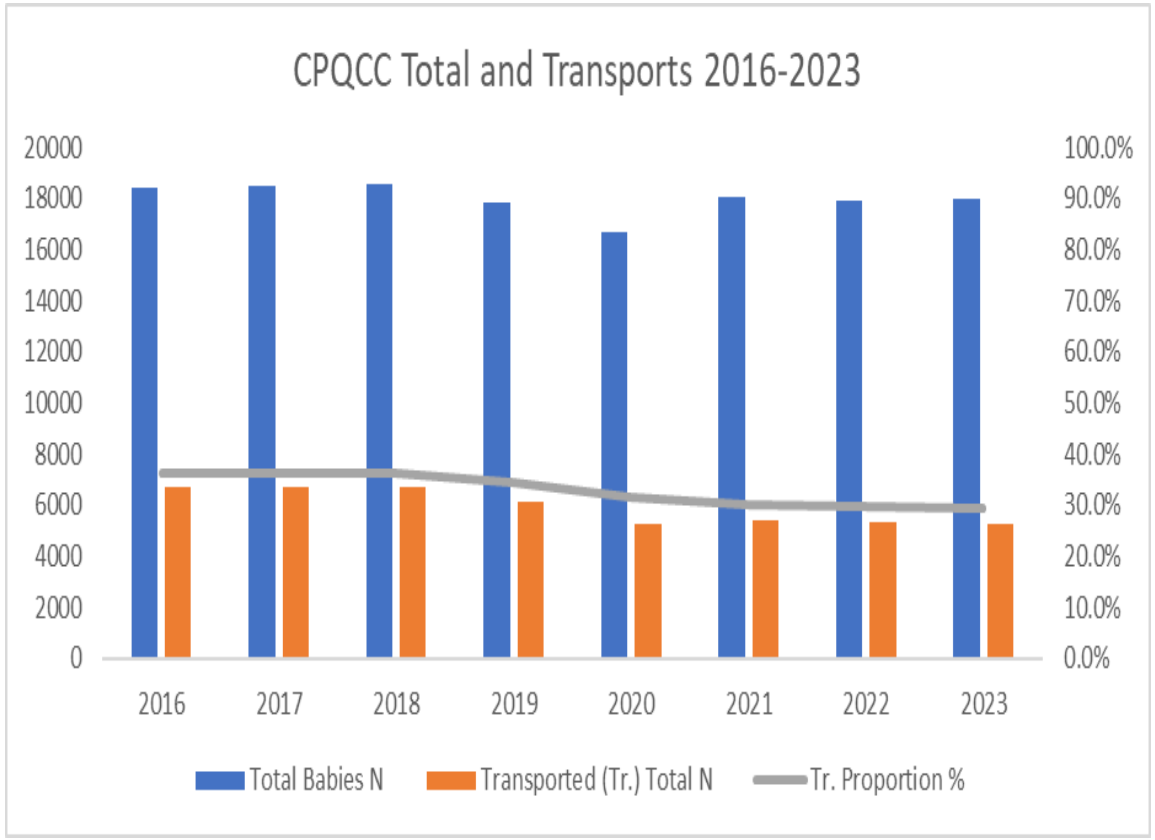
- Total Acute Transports 5,284
- 137 member facilities
- 79 facilities reporting acute transports
- 67 transports on average per facility
- Transport Volume
  - 30 facilities with ≤10 acute transports/year,

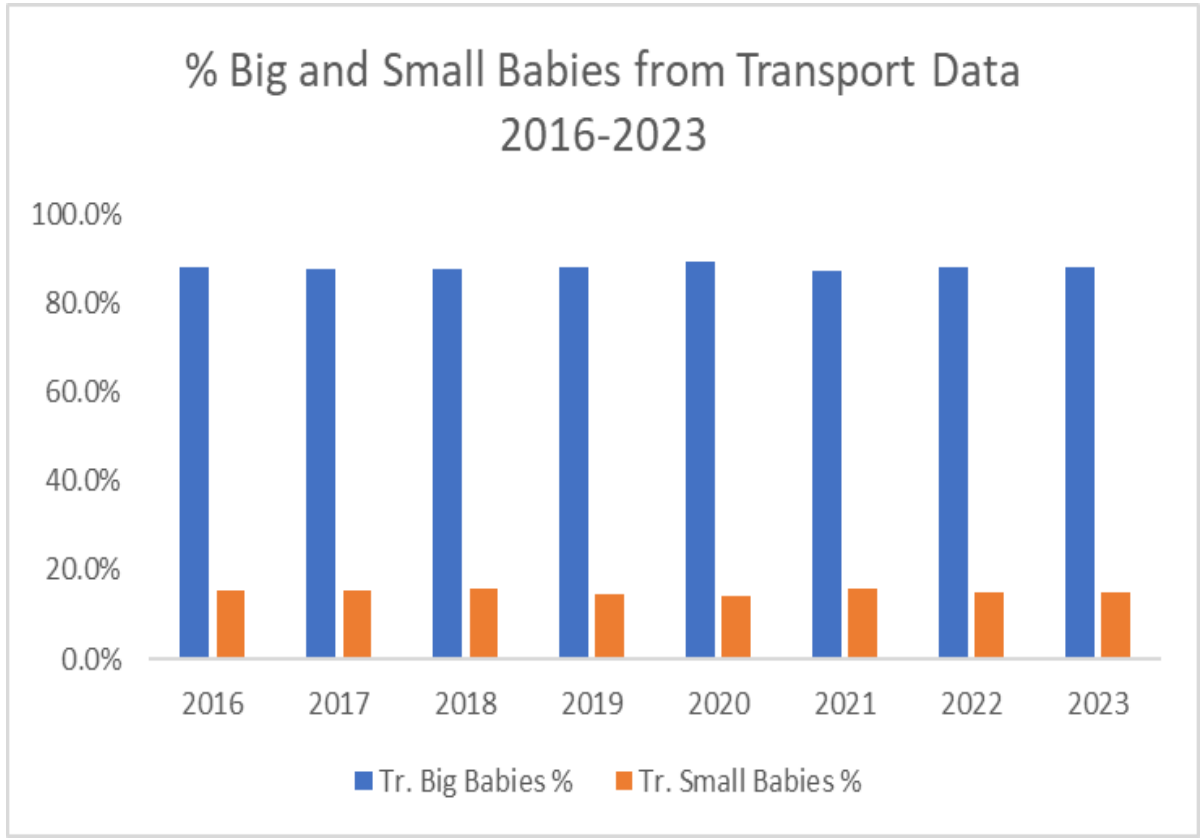
QUALITY CALIFORNIA NEONATAL TRANSPORT DATA

Year	Total Transports	Unknowns	Number of Entries per Record
2023	5284	.7	2.2
2022	5362	1.0	2.3
2021	5411	.7	2.0
2020	5,281	1.1	2.2
2019	6,119	1.3	1.2
2018	6,323	1.3	1.2
2017	6,097	1.2	1.3
2016	6,710	1.3	1.7
2015	6,584	1.4	1.9
2014	6,724	2.5	1.9
2013	6,477	1.6	1.9
2012	6,961	1.4	2.3
2011	6,750	1.6	2.7
2010	6,965	1.9	3.3
2009	7,025	2.1	3.6
2008	6,989	2.6	35

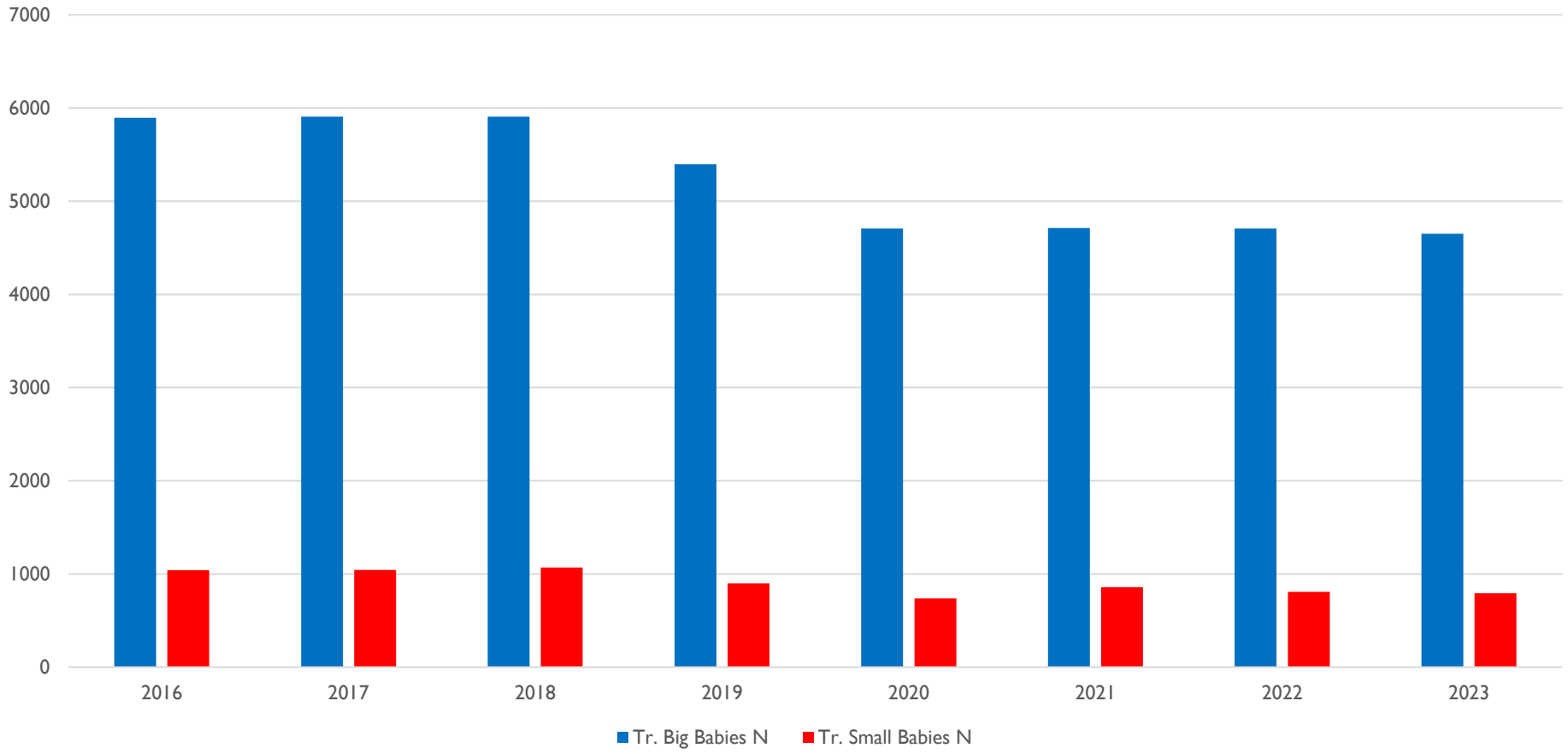


TRANSPORT TRENDS

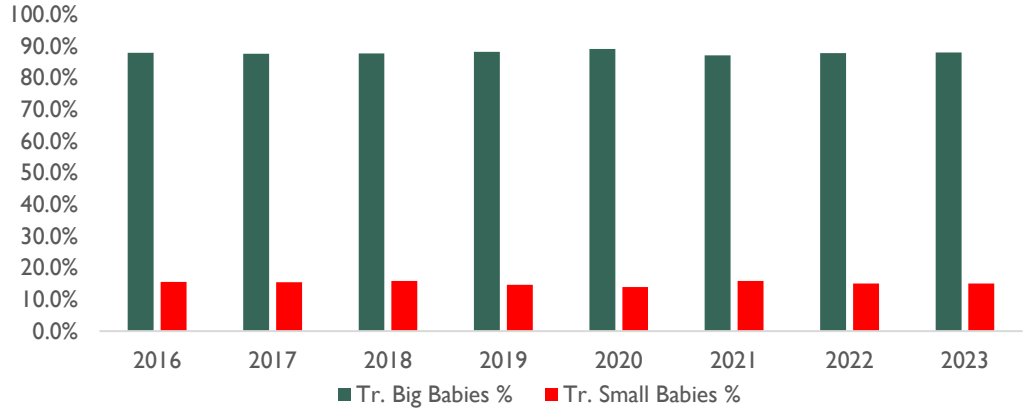




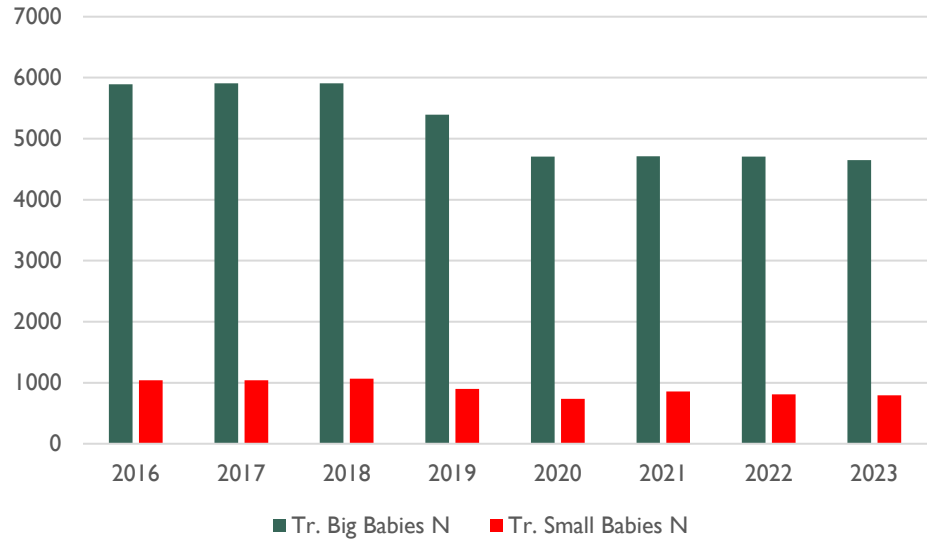
TRANSPORT VOLUME: NUMBERS BY YEAR



TRANSPORT TRENDS: BIG VS SMALL BABIES 2016-23

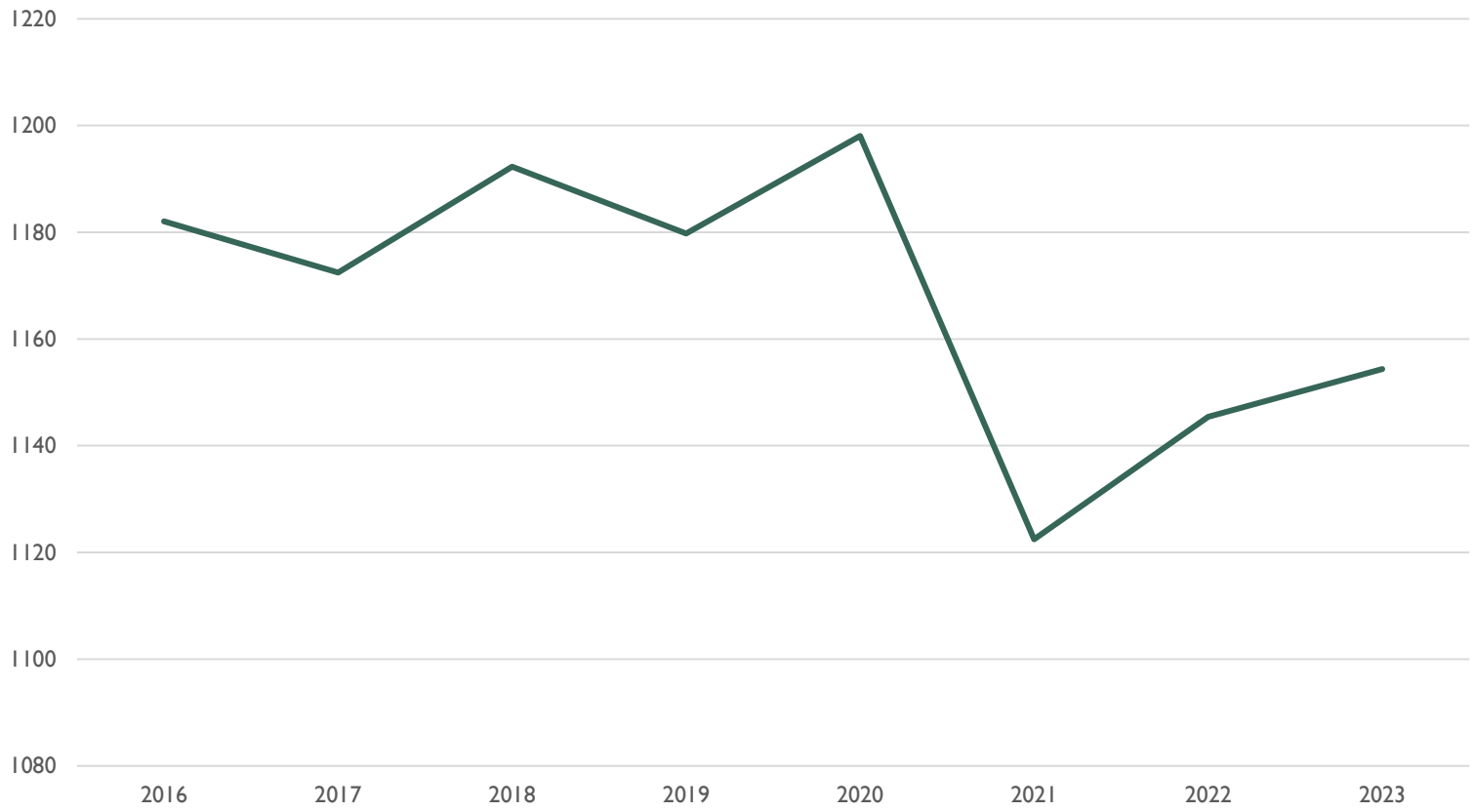


By Percentage



By Number

TRANSPORT TRENDS: SMALL BABY BIRTHWEIGHT OVER TIME



ACUTE NEONATAL TRANSPORTS IN 2023 (COLUMN #/%)

	CPQCC Network Total	CPQCC Regional NICUs	CPQCC Community NICUs	CPQCC Intermediate / Others
All Birth Weights	5,284	4,010	1,271	3
≤ 500 grams	13 / 0.2%	11 / 0.3%	2 / 0.2%	0
501-750 grams	148 / 2.8%	126 / 3.1%	22 / 1.7%	0
751 – 1,000 grams	162 / 3.1%	116 / 2.9%	46 / 3.6%	0
1,001-1,500 grams	311 / 5.9%	216/ 5.4%	94 / 7.4%	1
1,501-2,500 grams	1,115 / 21.1%	823 / 20.5%	292 / 23.0%	0
> 2,500 grams	3,535 / 66.9%	2,718 / 67.8%	815 / 64.1%	2

SO FAR IN 2024, 3271 ACUTE NEONATAL TRANSPORTS HAVE BEEN REPORTED.

Acute Neonatal Transports, by Birthweight Category, California, 2024	
VLBW (≤1,500 grams)	408/ 12.5%
LBW (1,501 grams to 2,500 grams)	703/ 21.5%
Appropriate Birth Weight (> 2,500 grams)	2,160 / 66.0%

ACCESSING DATA REPORTS

KEVIN VAN OTTERLOO, MPA

UTILIZING THE DATA FOR QUALITY IMPROVEMENT

LUCY VAN OTTERLOO, PhD, RNC

PURPOSE OF COLLECTING DATA

- The Neonatal Transport Database was designed to inform quality improvement efforts in the following areas of concern:
  - Discernable underutilization of maternal transport
  - Discernable delays in the decision to transport infant
  - Difficulty in obtaining transport placement/acceptance
  - Delays in effecting transport following the decision to transport the infant
  - Consistent referring facility competency regarding infant stabilization prior to the transport team's arrival, as well as transport team proficiency

MATERNAL TRANSPORT QUESTION C12

NOT CONSIDERED VS NOT APPLICABLE

C. 12 is applicable ONLY if the following conditions are met:

- The current transport is the infant's first transport.
- Referring facility is a primary care or intermediate NICU or Non-CCS and
- Transport Type (C.1) is Requested Delivery Room Attendance, or Emergent, or Urgent, and
- Maternal Admission to L&D Date/Time (C.10) is > 24 hours before Infant Birth Date/Time (C.11), and
- One or more of the following is true:
  - Anticipated birthweight < 1,500 grams
  - Gestational age < 32 weeks
  - Prenatally diagnosed congenital anomalies found.

If the above conditions are met, select the reason why maternal/fetal transport did not occur:

- Select Advanced Labor if the mother was not transported due to advanced cervical dilation or labor.
- Select Bleeding if the mother was not transported because of maternal bleeding.
- Select Mother Medically Unstable if the mother was not transported because she was medically unstable.
- Select Non-Reassuring Fetal Status if the mother was not transported because of distress detected in the fetus.
- Select Not Considered if maternal/fetal transport was not considered.
- Select Unknown if the reason for not transporting the mother is not known or cannot be obtained.
- Select Not Applicable if the conditions above are not met.

ACUTE TRANSPORTS *OUT*

- **Discernable underutilization of maternal transport**

Table 4: Time from Maternal Admission to Infant Birth

	Region's CPQCC Centers		All CPeTS Transports
Time Difference	N	%	%
All Infants Transferred Out	332	100	100
Post Birth Admission	8	2.4	1.7
0 - 2 hours	48	14.5	16.3
>2 - 4 hours	48	14.5	15.3
>4 - 6 hours	24	7.2	8.4
>6 - 12 hours	48	14.5	14.6
>12 - 36 hours	97	29.2	28.1
>36 hours	59	17.8	15.6
Mean	1D 7H 2M		1D 14H 39M
Median	10H 40M		9H 4M

Table 5: Mean Time from Maternal Admission to Infant Birth, by Birth Weight

	Region's CPQCC Centers		All CPeTS Transports
Birth Weight (grams)	N	Mean	Mean
All	332	1D 7H 2M	NA
500 or less	2	1H 4M	3D 5H 1M
501 to 750	8	2D 6H 6M	2D 14H 7M
751 to 1,000	14	1D 21H 44M	2D 18H 14M
1,001 to 1,500	21	5D 1H 18M	2D 19H 51M
1,501 to 2,500	73	1D 10H 30M	1D 23H 30M
over 2,500	214	19H 27M	1D 6H 27M

ACUTE TRANSPORTS *IN*

- Discernable underutilization of maternal transport
- Birthweight
  - All Birthweights
  - Distributed across weights

Table 1: Acute Transports IN Activity, by Birth Weight

	[redacted]		CPQCC Network	
Birth Weight (grams)	N	%	N	%
All Birth Weights	547	100	5,284	100
500 or less	4	0.7	13	0.2
501 to 750	11	2.0	148	2.8
751 to 1,000	26	4.8	162	3.1
1,001 to 1,500	36	6.6	311	5.9
1,501 to 2,500	107	19.6	1,115	21.1
over 2,500	363	66.4	3,535	66.9

- QI Food for Thought
  - Why wasn't the maternal/fetal dyad transferred?
  - Where are the babies coming from?
  - What resources/skills needed to stabilize very/low birthweight babies?

ACUTE TRANSPORTS *OUT*

- Discernable delays in the decision to transport infant

Table 7: Time from Birth to Referral

	Region's CPQCC Centers		All CPeTS Transports
Time Difference	N	%	%
All Infants Transferred Out	520	100	100
Referral before Birth	34	6.5	12.6
0 - 2 hours	124	23.8	22.3
>2 - 4 hours	55	10.6	10.4
>4 - 6 hours	28	5.4	4.2
>6 - 12 hours	34	6.5	6.4
>12 - 36 hours	71	13.7	15.7
>36 hours	174	33.5	28.4
Mean	3D 4H 40M		2D 10H 19M
Median	8H 12M		6H 21M

ACUTE TRANSPORTS *IN*

- Discernable delays in the decision to transport infant

Table 2: Acute Transports IN Activity by Transport Type and by Birth Weight

						CPQCC Network			
Birth Weight (grams)	N	DR	Emergent	Urgent	Scheduled	DR	Emergent	Urgent	Scheduled
All Birth Weights	547	0.7	32.2	52.1	14.8	8.3	46.5	36.6	8.5
500 or less	4	0.0	75.0	25.0	0.0	30.8	53.8	15.4	0.0
501 to 750	11	0.0	27.3	72.7	0.0	17.6	43.9	28.4	10.1
751 to 1,000	26	3.8	46.2	46.2	3.8	21.0	45.1	25.9	7.4
1,001 to 1,500	36	2.8	22.2	58.3	16.7	22.8	42.4	27.3	7.1
1,501 to 2,500	107	0.9	17.8	61.7	19.6	16.1	37.5	38.0	8.3
over 2,500	363	0.3	36.1	48.8	14.6	3.5	49.9	37.9	8.7

Transport Type Other is not shown in the table.

- QI Food for Thought
  - Common conditions/needs for transport >2,500 gms
  - Evaluate time between mother admission to birth of baby
  - What resources/skills needed regarding maternal assessment and risk-appropriate care/transport?

ACUTE TRANSPORTS *IN*

- Transport Provider
  - Receiving hospital
  - Contract service
  - Referring hospital

Table 3: Acute Transport IN Activity by Transfer Provider and by Birth Weight

					CPQCC Network		
Birth Weight (grams)	N	Receiving Hospital	Contract Service	Referring Hospital	Receiving Hospital	Contract Service	Referring Hospital
All Birth Weights	547	96.5	1.8	1.6	85.9	10.3	3.8
500 or less	4	75.0	25.0	0.0	92.3	7.7	0.0
501 to 750	11	100	0.0	0.0	93.2	5.4	1.4
751 to 1,000	26	100	0.0	0.0	84.6	12.3	3.1
1,001 to 1,500	36	91.7	2.8	5.6	83.3	13.2	3.5
1,501 to 2,500	107	98.1	0.9	0.9	87.1	9.9	3.0
over 2,500	363	96.4	1.9	1.7	85.5	10.2	4.3

- QI Food for Thought
  - Do all hospitals within the region know how to reach the receiving hospital quickly to initiate transport?
    - Consider main phone number
    - Specific policy and procedures for neonatal (and maternal) transport

ACUTE TRANSPORTS OUT

- Difficulty in obtaining transport placement/acceptance

Table 10: Time from Referral to Acceptance

	Region's CPQCC Centers		All CPeTS Transports
Time Difference	N	%	%
All Infants Transferred Out	519	100	100
0 - 30 minutes	384	74.0	89.7
31 - 60 minutes	65	12.5	4.6
61 - 90 minutes	19	3.7	1.9
91 - 120 minutes	12	2.3	0.8
>2 hours	39	7.5	3.0
Mean	3H 52M		55M
Median	8M		0M

ACUTE TRANSPORTS *IN*

- Difficulty in obtaining transport placement/acceptance
- Transport Mode

Table 4: Acute Transport IN Activity by Transport Mode and by Birth Weight

					CPQCC Network		
Birth Weight	N	Ground	Helicopter	Fixed Wing	Ground	Helicopter	Fixed Wing
All Birth Weights	547	94.7	4.9	0.4	86.6	11.8	1.7
500 or less	4	75.0	25.0	0.0	76.9	23.1	0.0
501 to 750	11	90.9	9.1	0.0	81.1	18.2	0.7
751 to 1,000	26	88.5	11.5	0.0	88.3	11.1	0.6
1,001 to 1,500	36	100	0.0	0.0	90.7	8.0	1.3
1,501 to 2,500	107	94.4	5.6	0.0	86.5	11.7	1.7
over 2,500	363	95.0	4.4	0.6	86.4	11.8	1.8

- QI Food for Thought
  - Does the receiving hospital have its own transport team? Are they included in ongoing education and training? How are competencies maintained and evaluated?
  - Communication regarding type of equipment needed? How is this done during disasters?
    - Consider TRAIN procedures

ACUTE TRANSPORTS *OUT*

- Delays in effecting transport following the decision to transport the infant

Table 12: Time from Acceptance to Transport Team Arrival at Referring Hospital

	Region's CPQCC Centers		All CPeTS Transports
Time Difference	N	%	%
All Infants Transferred Out	513	100	100
0 - 30 minutes	30	5.8	10.5
31 - 60 minutes	91	17.7	16.8
61 - 90 minutes	84	16.4	22.9
91 - 120 minutes	81	15.8	16.8
>2 hours	227	44.2	32.9
Mean	8H 11M		3H 15M
Median	1H 51M		1H 30M

Table 5: Time from Referral to Initial Evaluation at Referring Hospital , *Emergent Transports Only*

			CPQCC Network
Time Difference	N	%	%
All Infants Transferred In	166	100	100
Up to 30 minutes	3	1.8	3.6
31 - 60 minutes	19	11.4	16.6
61 - 90 minutes	33	19.9	23.5
91 - 120 minutes	36	21.7	19.7
>2 - 4 hours	53	31.9	28.1
>4 - 8 hours	7	4.2	6.1
>8 hours	15	9.0	2.4
Mean	6H 2M		2H 36M
Median	1H 57M		1H 40M

TRANSPORTS *OUT*/ACUTE TRANSPORTS *IN*

- Delays in effecting transport following the decision to transport the infant

Table 11: Time from Acceptance to Transport Team Departure for Referring Hospital

	Region's CPQCC Centers		All CPeTS Transports
Time Difference	N	%	%
All Infants Transferred Out	511	100	100
0 - 30 minutes	162	31.7	43.7
31 - 60 minutes	104	20.4	25.0
61 - 90 minutes	85	16.6	12.6
91 - 120 minutes	25	4.9	5.0
>2 hours	135	26.4	13.7
Mean	7H 22M		2H 24M
Median	1H 0M		37M

Table 6: Time from Acceptance to Team Departure for Referring Hospital , *Emergent Transports Only*

			CPQCC Network
Time Difference	N	%	%
All Infants Transferred In	165	100	100
Up to 30 minutes	71	43.0	51.0
31 - 60 minutes	48	29.1	24.8
1 - 2 hours	23	13.9	14.9
2 - 4 hours	10	6.1	5.7
4 - 8 hours	8	4.8	2.5
> 8 hours	5	3.0	1.1
Mean	1H 53M		1H 4M
Median	40M		30M

QI Food for Thought

Evaluates the efficiency of the transport process including team member readiness, equipment readily available, communication between providers-nursing unit management-transport team, referring hospital, pregnant woman or person/family

TRIPS SCORE

INFANT CONDITION			
Modified TRIPS Score: to be recorded on referral, within 15 minutes of arrival at sending hospital and admit to NICU.			
	Referral	Initial Transport	NICU Admit
C.20 Responsiveness✪			
C.21 Temperature C°			
C. 21.a. Too low to register	☐Yes	☐Yes	☐Yes
C.21.b. Was the infant cooled?	☐Y ☐N	☐Y☐N	☐Y ☐N
C.21.c. Method of cooling✦			
C.22 Heart Rate			
C.23 Respiratory Rate			
C.24 Oxygen Saturation			
C.25 Respiratory Status ✷			
C.26 Inspired Oxygen Concentration			
C.27 Respiratory Support ⊱			
C.28 Blood Pressure Systolic / Diastolic Mean N=Not Done, T=Too low to register	☐N ☐T	☐N ☐T	☐N ☐T
C.29 Pressors	☐Y ☐N	☐Y☐N	☐Y ☐N

MODIFIED TRANSPORT RISK INDEX OF PHYSIOLOGIC STABILITY (TRIPS) SCORE

- The assessment of the infant's condition at referral, initial evaluation and NICU admission using the Modified TRIPS Score can be used to calculate the risk of death of the infant within seven days of transport.
  - Temperature, blood pressure, response to noxious stimuli, respiratory status, use of pressors to support blood pressure and use of a ventilator.
  - It is used to:
    - assess the infant's condition;
    - assess the quality of care at the referral center (by evaluating changes in the infant condition between Referral and Initial Evaluation);
    - judge the quality of the neonatal transport (by evaluating changes between Initial Evaluation and NICU admission).
- An online trips score/risk of mortality calculator suitable for smart phones is available at: http://www.health-info-solutions.com/CPQCC-CPeTS/tripsmobile/tripsmobile.html (Google TRIPS SCORE CALCULATOR). here.

TRIPS SCORE DETAILS

Table 9: Missing TRIPS by TRIPS Time and Birth Weight

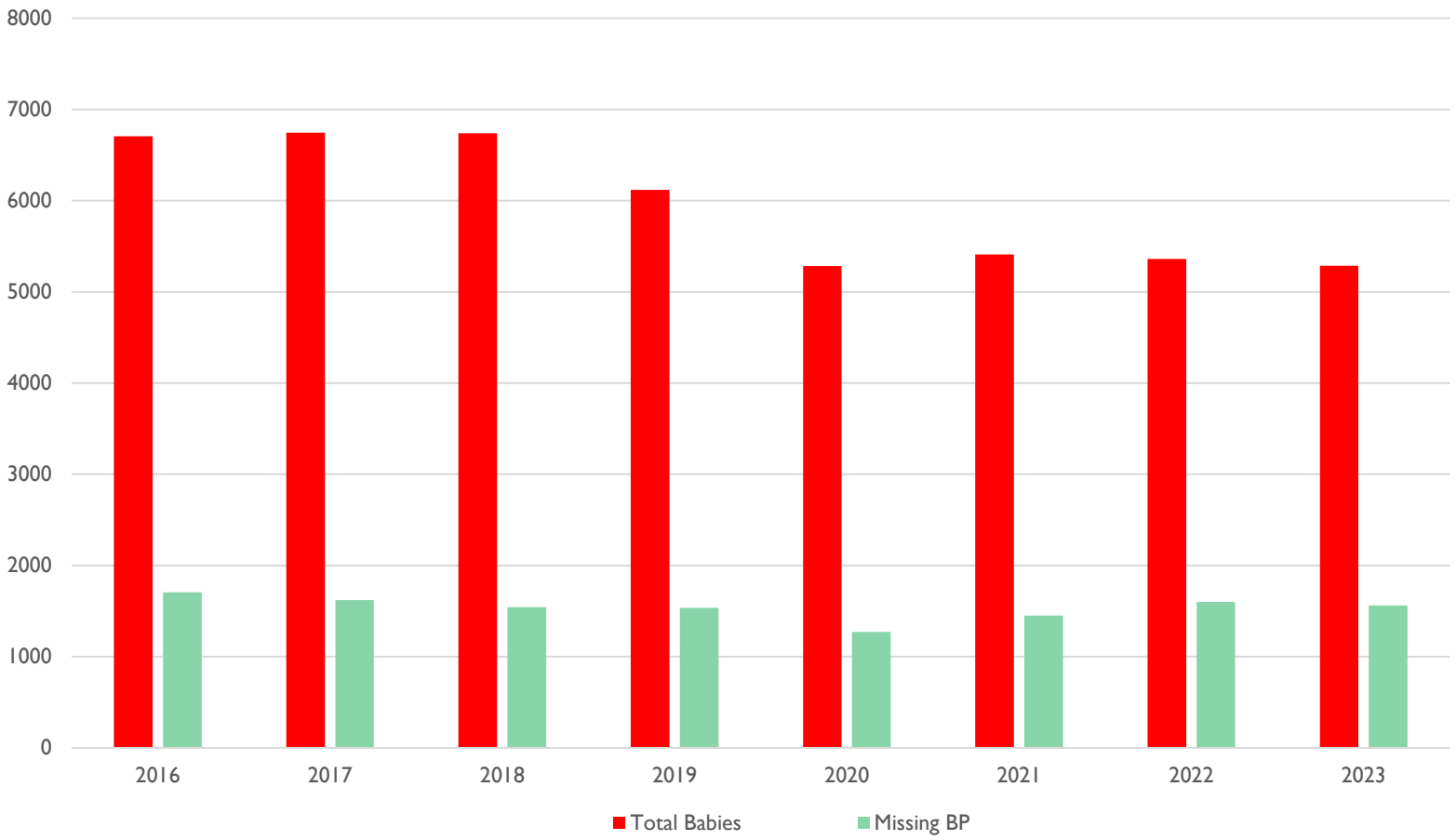
	Referral			Initial Evaluation			NICU Admission		
Birth Weight (grams)	N	N Missing	% Missing	N	N Missing	% Missing	N	N Missing	% Missing
All Birth Weights	543	116	21.4	539	87	16.1	547	79	14.4
500 or less	4	1	25.0	4	1	25.0	4	1	25.0
501 to 750	11	0	0.0	11	1	9.1	11	0	0.0
751 to 1,000	25	3	12.0	26	0	0.0	26	0	0.0
1,001 to 1,500	35	4	11.4	34	1	2.9	36	1	2.8
1,501 to 2,500	106	13	12.3	106	9	8.5	107	8	7.5
over 2,500	362	95	26.2	358	75	20.9	363	69	19.0

The TRIPS at Referral is not applicable for DR attendance transports, therefore DR attendance transports are not included in the TRIPS at referral column.

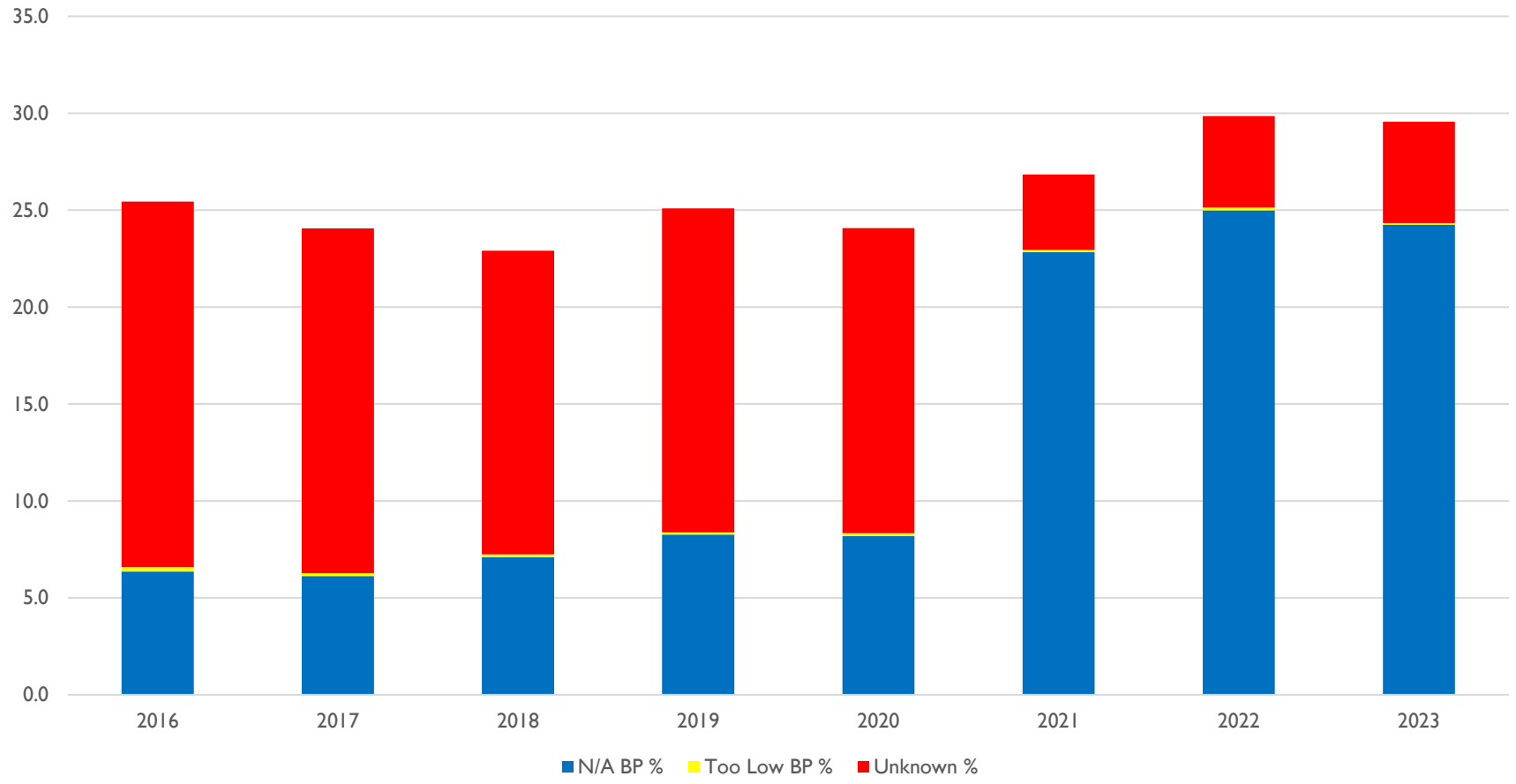
The TRIPS at Initial Evaluation is not applicable for self transports, therefore self transports are not included in the TRIPS at initial evaluation column.

- Missingness
  - quality of data depends on completeness of data

MISSING BP: TREND OVER TIME



MISSING BP AT REFERRAL



TRIPS SCORE AT REFERRAL

- Consistent referring facility competency regarding infant stabilization prior to the transport team's arrival, as well as transport team proficiency

Table 10: California TRIPS at Referral

TRIPS at Referral	N	%	CPQCC Network %
All Scores	427	100	100
14 or less / Prob. < 1%	267	62.5	73.2
15 to 31 / Prob. < 5%	111	26.0	18.7
32 to 38 / Prob. < 10%	23	5.4	4.5
39 to 49 / Prob. < 25%	21	4.9	3.0
>=50 / Prob. >= 25%	5	1.2	0.6
Mean Score	10.9		8.4
Median Score	3.0		3.0

For each TRIPS score range, the associated estimated risk of death within 7 days of transfer is displayed in the first table column.

- High TRIPS score
  - Support for maternal transport
  - Earlier transport
  - Ability to resuscitate and support

TRIPS SCORE AT INITIAL EVALUATION

- Consistent referring facility competency regarding infant stabilization prior to the transport team's arrival, as well as transport team proficiency

- High TRIPS score
  - Ability to resuscitate and support
  - Outreach education on stabilization
  - Effectiveness of clinical advice given
  - Impact of time it takes to arrive

Table 12: California TRIPS at Initial Evaluation

TRIPS at Initial Evaluation	N	%	CPQCC Network %
All Scores	452	100	100
14 or less / Prob. < 1%	289	63.9	74.3
15 to 31 / Prob. < 5%	125	27.7	17.6
32 to 38 / Prob. < 10%	19	4.2	4.5
39 to 49 / Prob. < 25%	16	3.5	2.9
>=50 / Prob. >= 25%	3	0.7	0.7
Mean Score	10.3		8.3
Median Score	3.0		3.0

For each TRIPS score range, the associated estimated risk of death within 7 days of transfer is displayed in the first table column.

TRIPS SCORE AT NICU ADMISSION

- Consistent referring facility competency regarding infant stabilization prior to the transport team's arrival, as well as transport team proficiency

- High TRIPS score
  - Quality of care provided by the team
  - Destabilized on the trip back to NICU
  - Evaluates care while being transported

Table 14: California TRIPS at NICU Admission

TRIPS at NICU Admission	N	%	CPQCC Network %
All Scores	468	100	100
14 or less / Prob. < 1%	295	63.0	74.9
15 to 31 / Prob. < 5%	119	25.4	16.3
32 to 38 / Prob. < 10%	26	5.6	4.6
39 to 49 / Prob. < 25%	23	4.9	3.7
>=50 / Prob. >= 25%	5	1.1	0.5
Mean Score	10.8		8.2
Median Score	3.0		3.0

For each TRIPS score range, the associated estimated risk of death within 7 days of transfer is displayed in the first table column.

TRIPS SCORE – MEAN CHANGE

Table 16: Mean change in California TRIPS from Referral to Initial Evaluation, by Birth Weight

Birth Weight (grams)	QCP	N Infants	N Infants Exceeding QCP	% Infants Exceeding QCP	Mean Change	CPQCC Network Mean Change
All Birth Weights	-	413	32	7.7	-0.1	0.2
500 or less	9	3	1	33.3	0.7	-0.6
501 to 750	9	10	0	0.0	0.2	0.7
751 to 1,000	4	22	3	13.6	0.1	-0.6
1,001 to 1,500	4	31	4	12.9	-1.5	1.0
1,501 to 2,500	4	92	6	6.5	0.1	0.3
over 2,500	4	255	18	7.1	0.0	0.1

TRIPS SCORE – MEAN CHANGE

Table 17: Mean change in TRIPS from Initial Evaluation to NICU Admission, by Birth Weight

Birth Weight (grams)	QCP	N Infants	N Infants Exceeding QCP	% Infants Exceeding QCP	Mean Change	CPQCC Network Mean Change
All Birth Weights	-	450	28	6.2	0.5	0.3
500 or less	11	3	0	0.0	-2.0	-0.2
501 to 750	11	10	0	0.0	-1.6	1.2
751 to 1,000	9	26	6	23.1	1.5	1.4
1,001 to 1,500	7	33	5	15.2	1.7	0.3
1,501 to 2,500	4	97	5	5.2	0.4	0.1
over 2,500	4	281	12	4.3	0.4	0.2

MATERIALS AND RESOURCES

KEVIN VAN OTTERLOO, MPA

PERINATAL.ORG

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Daily hospital updates of Neonatal and High Risk Maternity Beds

Quarterly reports from Regional CPeTS on Update Compliance

Quarterly and as needed updates of Contact Information

View Bed Availability - Southern California

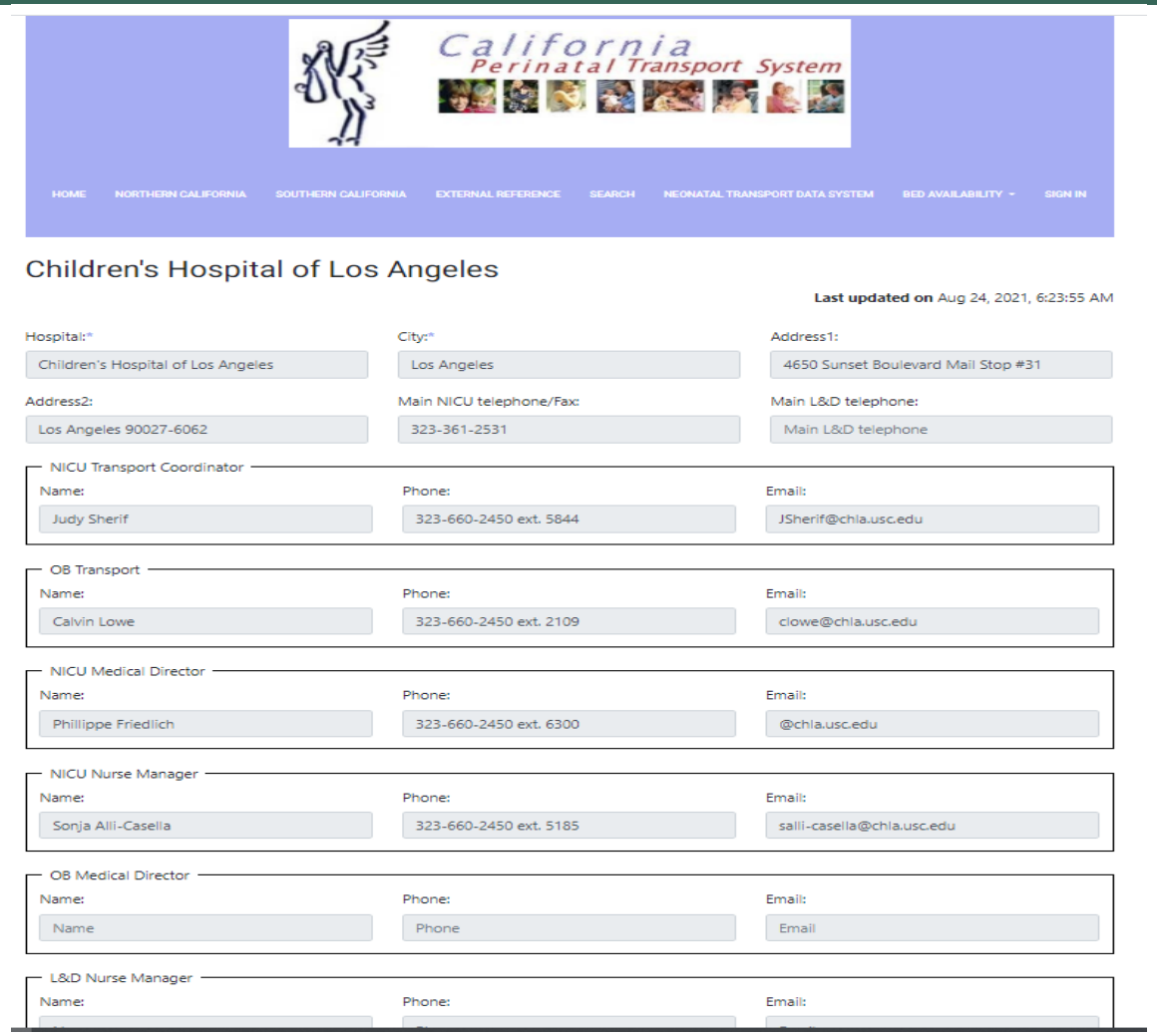
To obtain more detailed information about each provider, including contacts and phone numbers, click on the name of that center in the first column.

REGIONAL Centers		Beds Available			
Hospital	**City**	**Neonatal**	**ECMO**	**High Risk Maternity**	**Last Update**
Cedars Sinai Medical Center	Los Angeles	5 or more	n/a	open	9/7/2023
Children's Hospital of Los Angeles	Los Angeles	1	open	n/a	9/7/2023
Children's Hospital of Orange County	Orange	5 or more	open	n/a	9/6/2023
Desert Regional Medical Center	Palm Springs	5 or more	n/a	n/a	9/5/2023
Huntington Memorial Hospital	Pasadena	2	closed	open	9/7/2023
Kaiser Permanente Los Angeles Medical Center (Sunset)	Los Angeles	2	n/a	n/a	9/7/2023
LAC/Harbor - UCLA Medical Center	Torrance	2	n/a	open	9/6/2023

PERINATAL.ORG

Direct Referral and Contact Information.

Updated quarterly and as needed by hospitals. Accessed by clicking on facility name in main listing.



PERINATAL.ORG

All materials and support documents accessible at perinatal.org website

Hospital and Local EMS Contact Information now available.

Neonatal Transport Data System

CPeTS Transport paper forms are no longer available from the Regional Offices. Please download and copy the forms as needed from this website

2023 Materials

2023 Neonatal Transport Form*((PDF)*
2023 Neonatal Transport Form *(Word)*
2023 Neonatal Transport Form Color Coded *(PDF)*
2023 Neonatal Transport Form Color Coded *(Word)*
2023 CPeTS manual *(PDF)*
2022 OSHPD Code List *(PDF)*
2022 OSHPD Other Code List *(PDF)*
2023 What's New with CPeTS
2023 CPeTS Data Request Form *(PDF)*
2023 CPeTS Data Request Form *(Word)*

Hospital/EMS Contact List

Hospital and Local EMS Contact Information Download *(PDF)*
Hospital and Local EMS Contact Information Download *(Excel)*

HOSPITAL AND LOCAL EMS CONTACT INFORMATION

Facility Contact Information		Local EMS Contact Information	
Hospital	Community Memorial Hospital of San Buenaventura	**County**	VENTURA
City	Ventura	**Director**	Daniel Shepherd, MD
Type	COMMUNITY	**Address**	2220 E. Gonzalez Rd., Ste. 130
Address1	147 North Brent Street Ventura, CA	**City, State, ZIP**	Oxnard, CA 93036
Address2	Ventura, CA 93003-2854	**Phone**	(805) 981-5304
Main NICU telephone/Fax	805-652-5620	**Email**	daniel.shepherd@ventura.org
Main L&D telephone		**Fax**	

NICU Transport Coordinator

OB Transport

NICU Medical Director

John Van Houten	805 652-5620	John_vanhouten@pediatrix.com

NICU Nurse Manager

Deborah J Hill	805 667-2821	djhill@cmhhospital.org

OB Medical Director

RESOURCES

- Perinatal.org
- CPQCC.org (CPeTS reports - cpqccreport.org)
- Southern California CPeTS: 714 269-0279
  - Kevin Van Otterloo: kevin@perinatalnetwork.org
- Northern California CPeTS: 650 736-2210
  - Rebecca Robinson: rrobinso@stanford.edu
  - Ron Cohen: rscohen@stanford.edu

Q & A SESSION

CLOSING AND REMINDERS

RECORDING AND WEBINAR INFO!

ATTENTION!

- At the end of this webinar please click the evaluation link provided to submit your evaluation for this data trainings.

- Note: CEU's will be accumulated and distributed after all data training sessions have been completed (for live sessions only)

- The webinar recording and slides will also be posted at: **https://www.cpqcc.org/engage/annual-data-training-webinars-2024**

UPCOMING DATA TRAININGS

Register for What's New with NICU Data

Register for What's New with HRIF Data

THANK YOU!

california perinatal quality care collaborative