

# Introduction to CPQCC and Friends

October 1, 2025



# 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

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- The slides and webinar recording will be sent out after the webinar and will also be posted on the CPQCC website at <https://cpqcc.org/engage/annual-data-training-webinars-2025>.
- If you attend as a team, please create a sign in sheet and send it to [contactmccpop@stanford.edu](mailto:contactmccpop@stanford.edu) to be eligible for contact hours/CEU's.
- Attendees will be eligible for contact hours through the 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 to receive contact hours. The survey will be available immediately following this webinar.

# Presenters



ANNALISA WATSON,  
MPH  
PROGRAM MANAGER



JOCHEN PROFIT,  
MD, MPH  
CO-CHAIR and  
CO-PRINCIPAL  
INVESTIGATOR



FULANI DAVIS  
PROGRAM MANAGER  
LEAD



COURTNEY BREAUT,   
RN, MS, CPHQ  
ASSOCIATE DIRECTOR  
OF QUALITY



# Agenda

DURATION	TOPIC	PRESENTER
12:00 – 12:05 PM (5 min)	Welcome & Introductions	Annalisa Watson
12:05 – 12:15 PM (10 min)	CPQCC - Goals and Mission	Jochen Profit
12:15 – 12:50PM (35 min)	CPQCC Population – Who do We Track and Why? <ul style="list-style-type: none"><li>• Briefly, CMQCC – Maternal Data Center &amp; QI</li><li>• NICU Data and Reports</li><li>• NICU Transport</li><li>• RPPC</li><li>• HRIF Population</li></ul> CPQCC Data Impact and Activities	Fulani Davis Annalisa Watson
12:50 – 1:05 PM (15 min)	QI Activities	Courtney Breault
1:05 – 1:15 PM (10 min)	Q&A Panel	Group

# The California Perinatal Quality Collaborative

Jochen Profit, MD, MPH  
Co-Chair CPQCC & CMQCC



# CPQCC Mission Statement

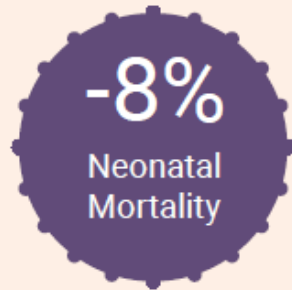
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The California Perinatal Quality Care Collaborative (CPQCC) is a statewide network of California's neonatal intensive care units (NICUs) and High-Risk Infant Follow-up (HRIF) clinics.

Our mission is to **improve** the **quality and equity** of health care delivery for California's most vulnerable infants and their families, from **birth and NICU stay to early childhood**.

# CPQCC Partnerships & Impact

## Impact in California and Beyond



**CPQCC Member NICU  
Average Health Outcomes  
Improvements,  
2014-2023**

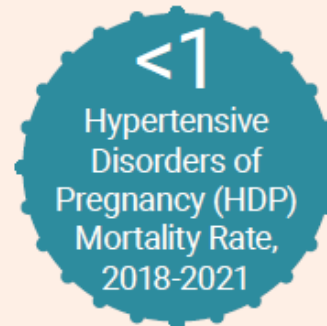
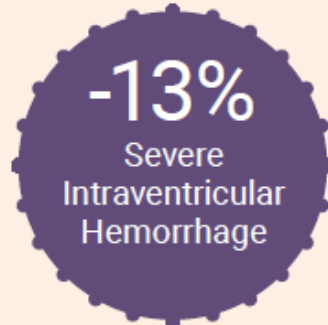


**California's 2021 PRMR  
(21.6) Was 35% Lower Than  
U.S. PRMR (33.2) (CMQCC)**

*PRMR is the number of  
pregnancy-related deaths per  
100,000 live births, up to one  
year after pregnancy ends, with  
2021 data being the most current*



*In 2024, High Risk Infant Follow-up (HRIF) Program  
clinic teams identified unmet needs for specialty  
services requiring referral at visit. (Data capture  
completed in 2024 for 2020 births.)*



**California's HDP Deaths at  
All-Time Low (0.9 PRMR)**

*Attributable to statewide imple-  
mentation of toolkits from CDPH/  
MCAH and CMQCC, despite HDP  
morbidity increasing, with 2021  
data being the most current*



**Sustained  
California's NTSV  
Cesarean Birth (PC-02)  
Target Rate of  $\leq 23.6\%$ ,  
from 2021-2023**



CPQCC 2024 Annual Report

# CPQCC Key Activities

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- 1 Benchmarking
- 2 Research
- 3 Education
- 4 Quality Improvement

# Benchmarking





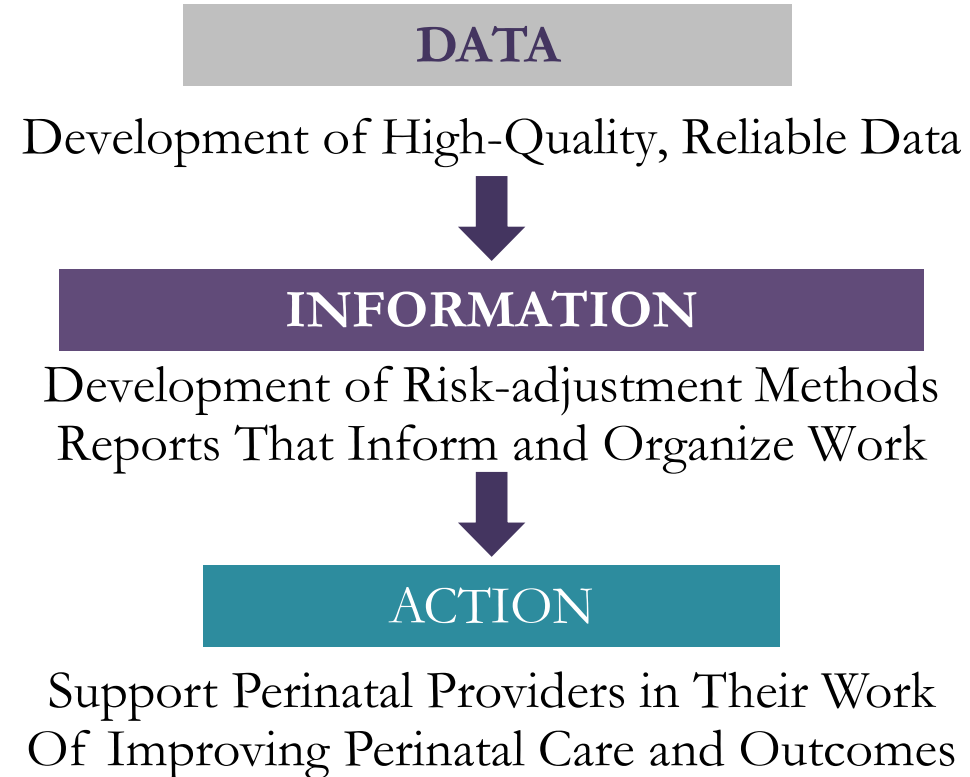
# CPQCC Reports



If you don't know where you are ...

...it is hard to know where you are going

# Turning Data into Action



Research





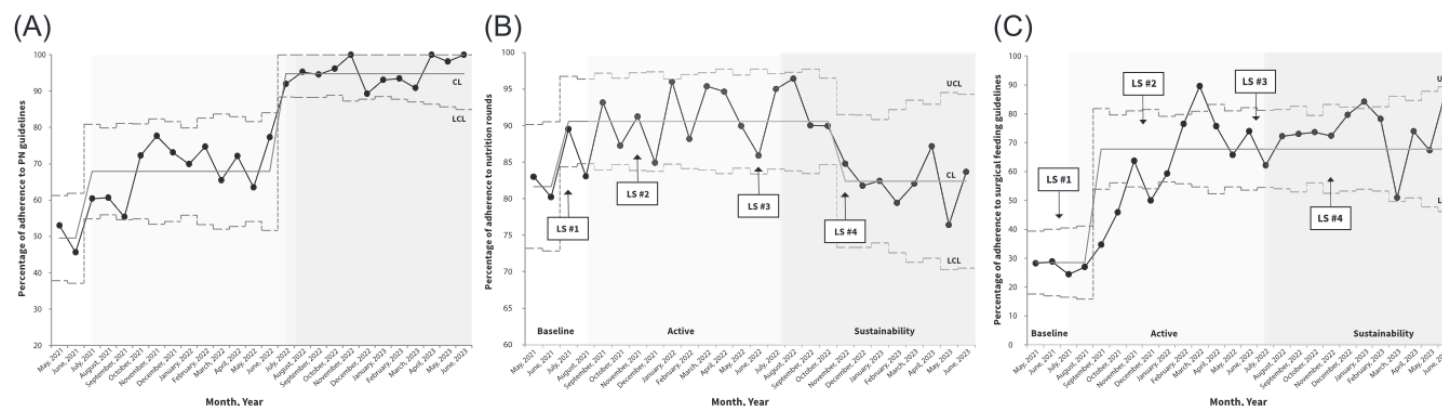
# CPQCC Research - Improved Care for infants

## ORIGINAL RESEARCH



## Reducing growth impairment in infants undergoing intestinal surgery: A quality improvement initiative

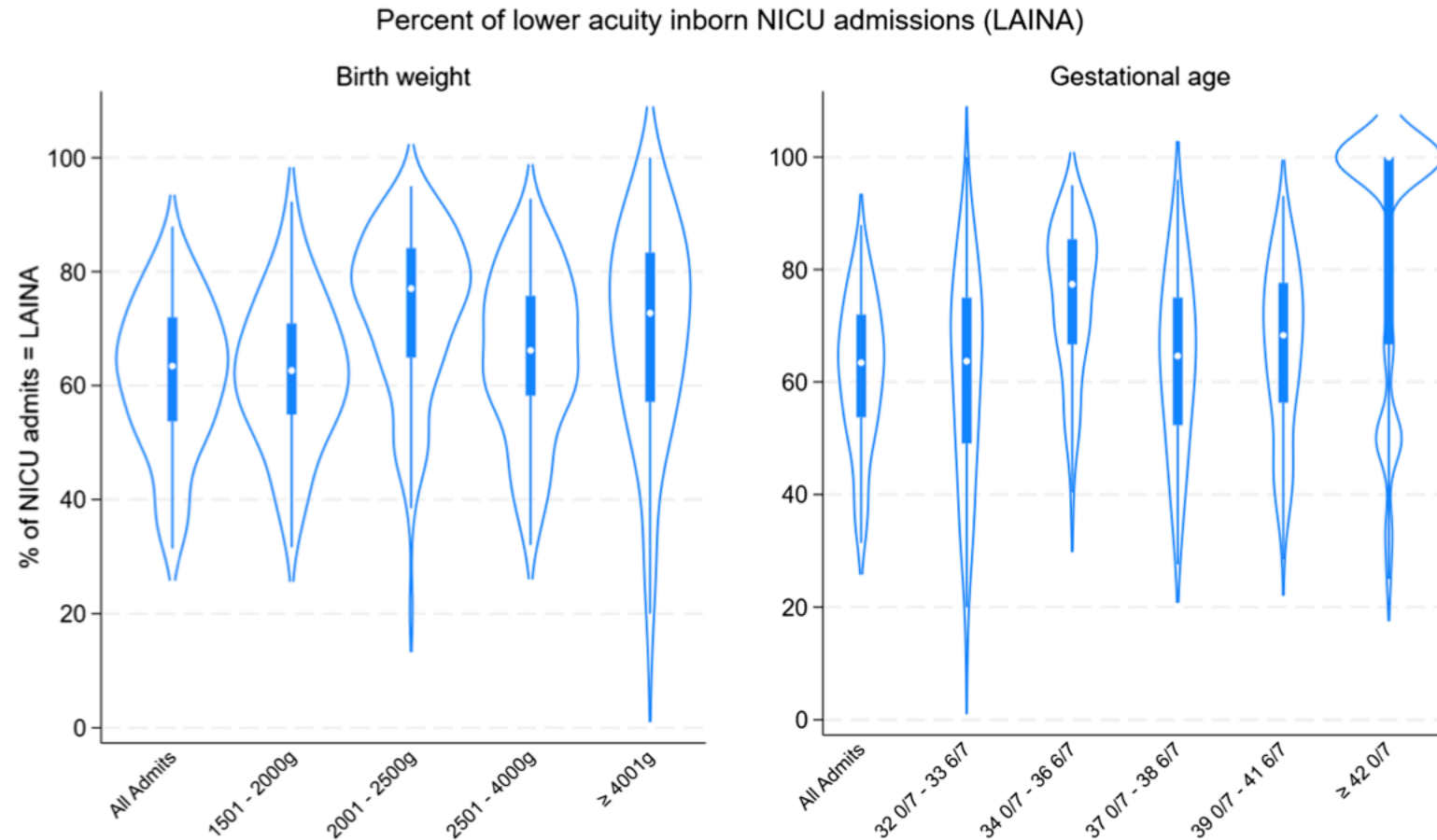
Julie D. Thai MD<sup>1</sup> | Jessica Liu PhD<sup>2,3</sup> | Caroline Toney-Noland MSc<sup>2,3</sup> |  
Courtney C. Breault MS, RN<sup>2,3</sup> | Mark V. Speziale MD, PhD<sup>4</sup>  |  
Shannon L. Burke RD<sup>5</sup> | Gina M. O'Toole MPH, RD<sup>6</sup> | Peggy P. Chen MD<sup>7</sup> |  
Ching Ching Tay MS<sup>7</sup>  | Jochen Profit MD<sup>2,3</sup> | Irfan Ahmad MD<sup>6</sup>



**FIGURE 3** P-chart of GAIN surgical process measures. (A) percentage of infants adherent to PN optimization guidelines, (B) percentage of infants discussed on multidisciplinary nutrition rounds, and (C) percentage of infants adherent to a standardized feeding guideline. CL, center line; LCL, lower control limit; LS, learning session; UCL, upper control limit.

Thai J, et al *JPEN J Parenter Enteral Nutr.* 2025 Jul;49(5):580-588

# NICU Use for Newborns With Relatively Lower Illness Acuity

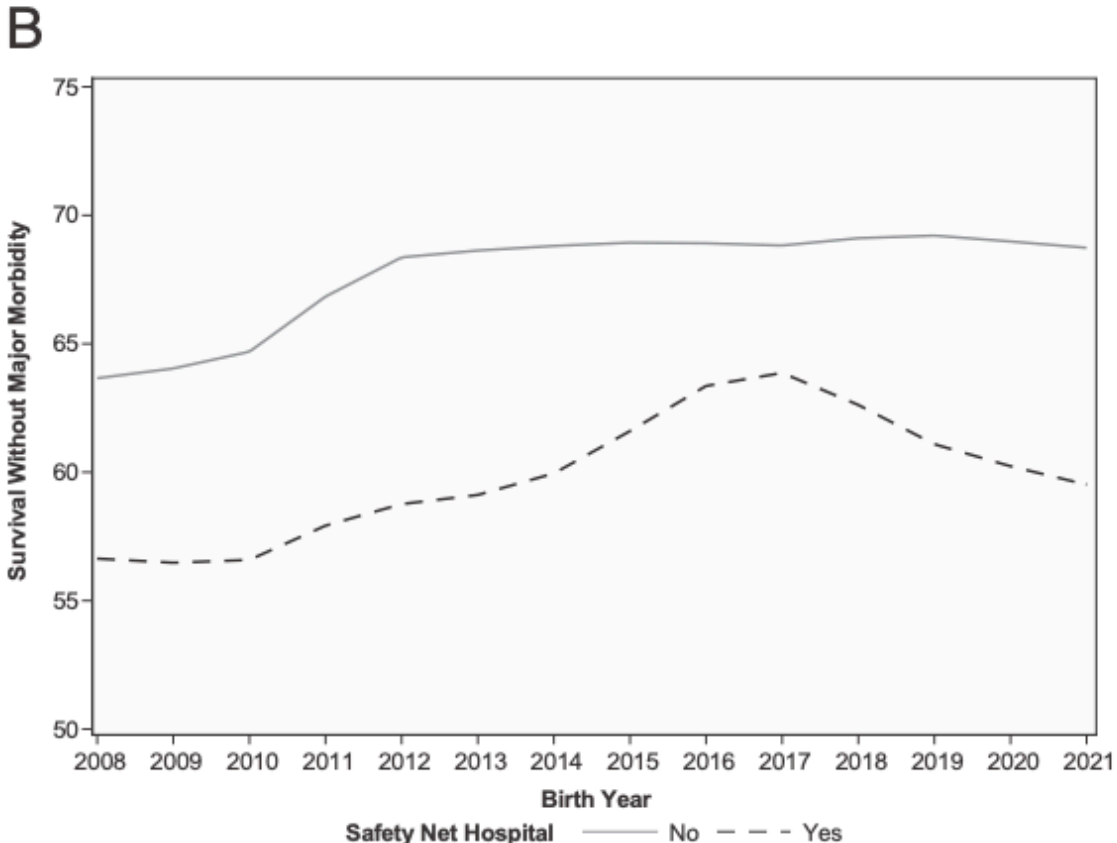
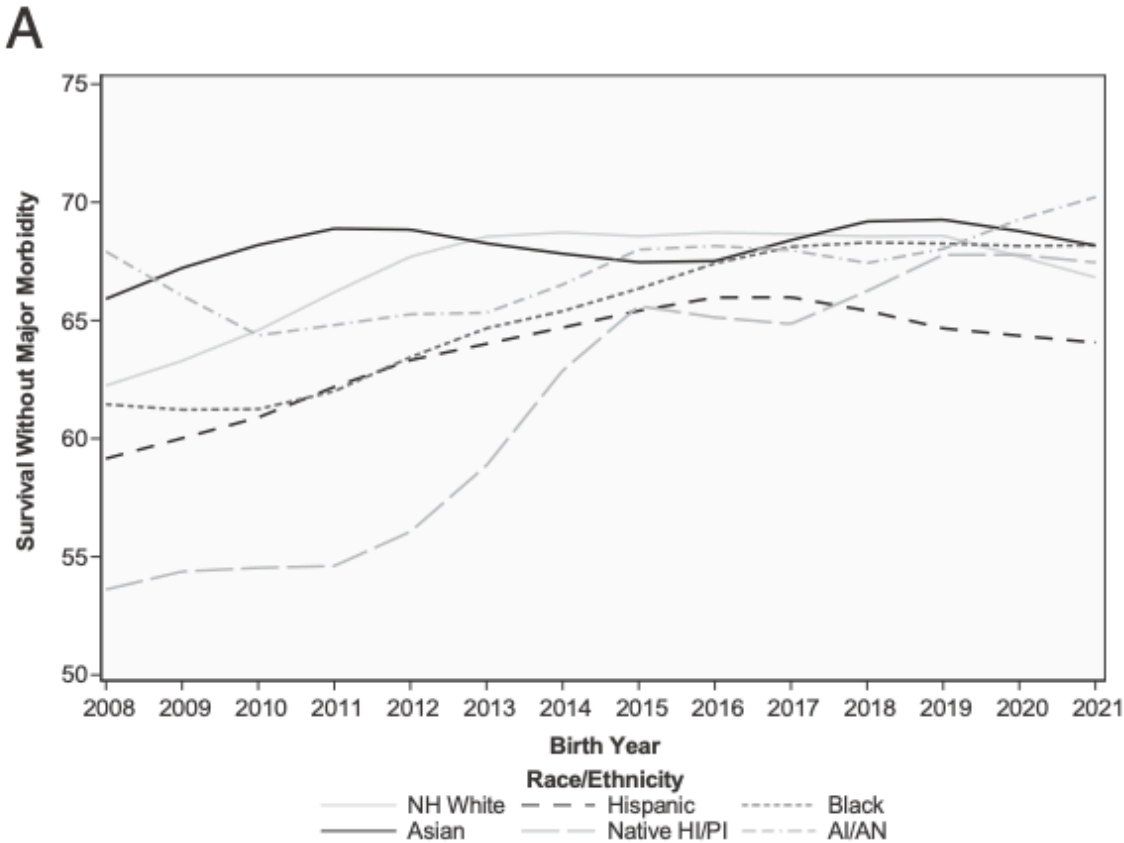


**FIGURE 2.**

Percent of lower-acuity inborn NICU admission (LAINA), stratified by birth weight and gestational age. Shaded rectangle contains IQR and median (white dot); lines above or below the rectangle delimit values 1.5 times the IQR; symmetric curves to either side estimate distribution density (relative number of points at each value of vertical axis). NICU, neonatal intensive care unit.

Schulman J et al. *Pediatrics*. 2025 Mar 1;155(3):e2024067831.

# Disparities in Survival Without Major Morbidity Among VLBW Infants



Liu J et al. *Pediatrics*. 2024 Dec 1;154(6):e2024066439.



# QI Research

Publications and Grants Since 1997

## Publications

~100

quality improvement  
related publications

## Grants/Contracts

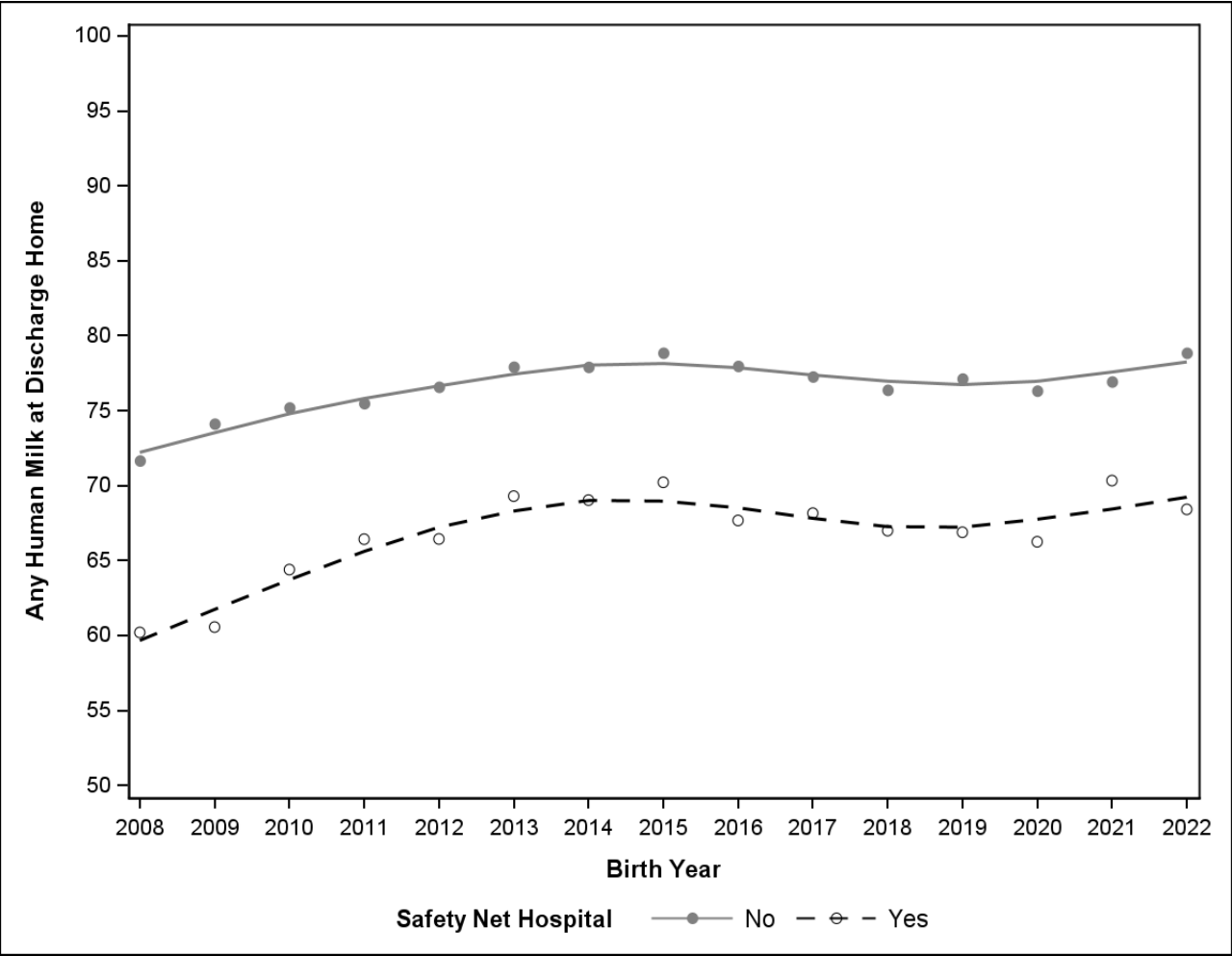
- NIH (6 R01s)
- HRSA
- CDC
- March of Dimes
- State of California
- Other foundations

# MOMMS: Safety Net NICU Breastfeeding Collaborative

Funded by NICHD R01



# Human Milk Nutrition at Home Discharge by Safety Net Status



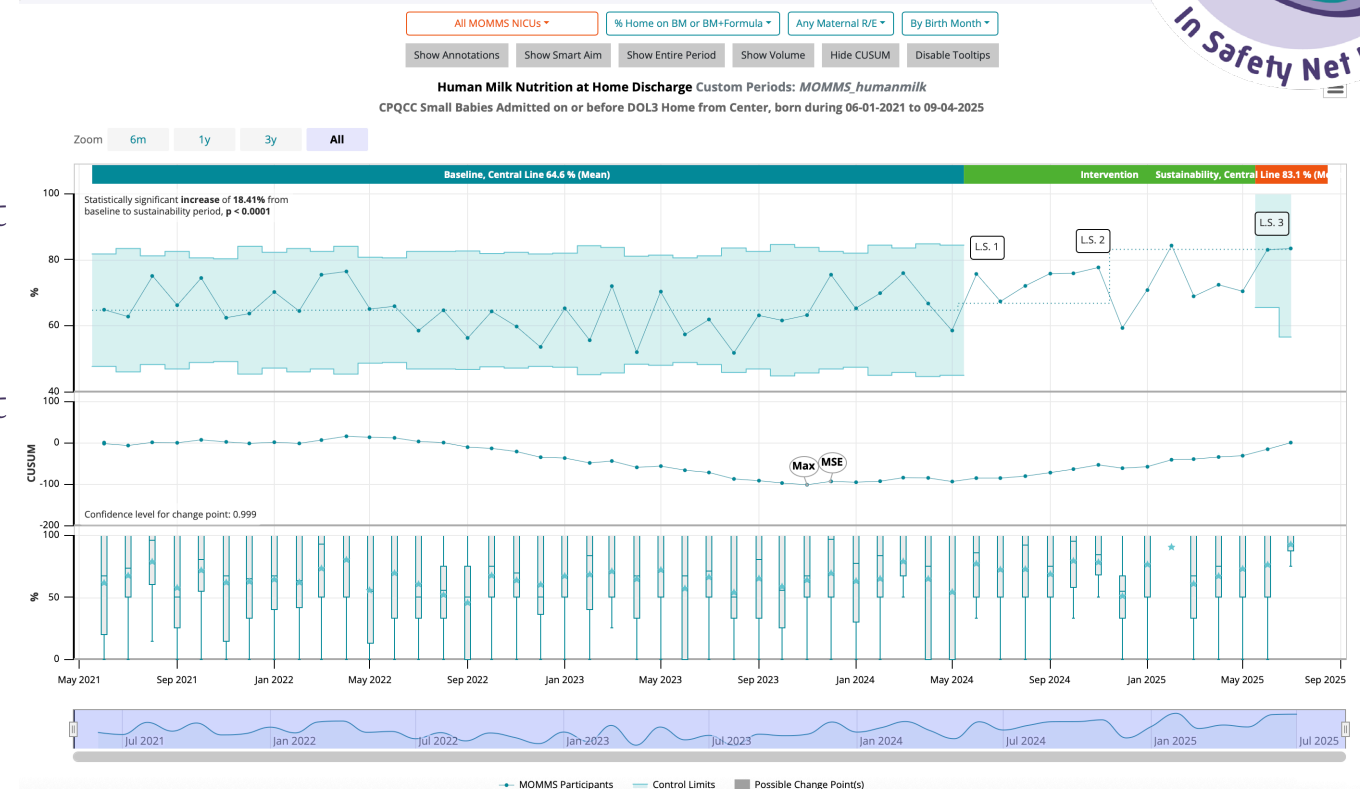
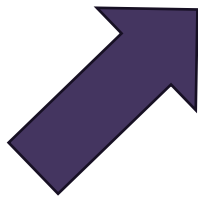
# Human Milk Nutrition at Home Discharge



- Pre-intervention period: 65% human milk at discharge
- After learning session 3: 83% human milk at discharge

83%

65%



# Continuum of care structure – unique to California!



All NICU Admissions  
Higher Acuity Admissions  
Maternal Exposures  
Neonatal Transport

RPPC

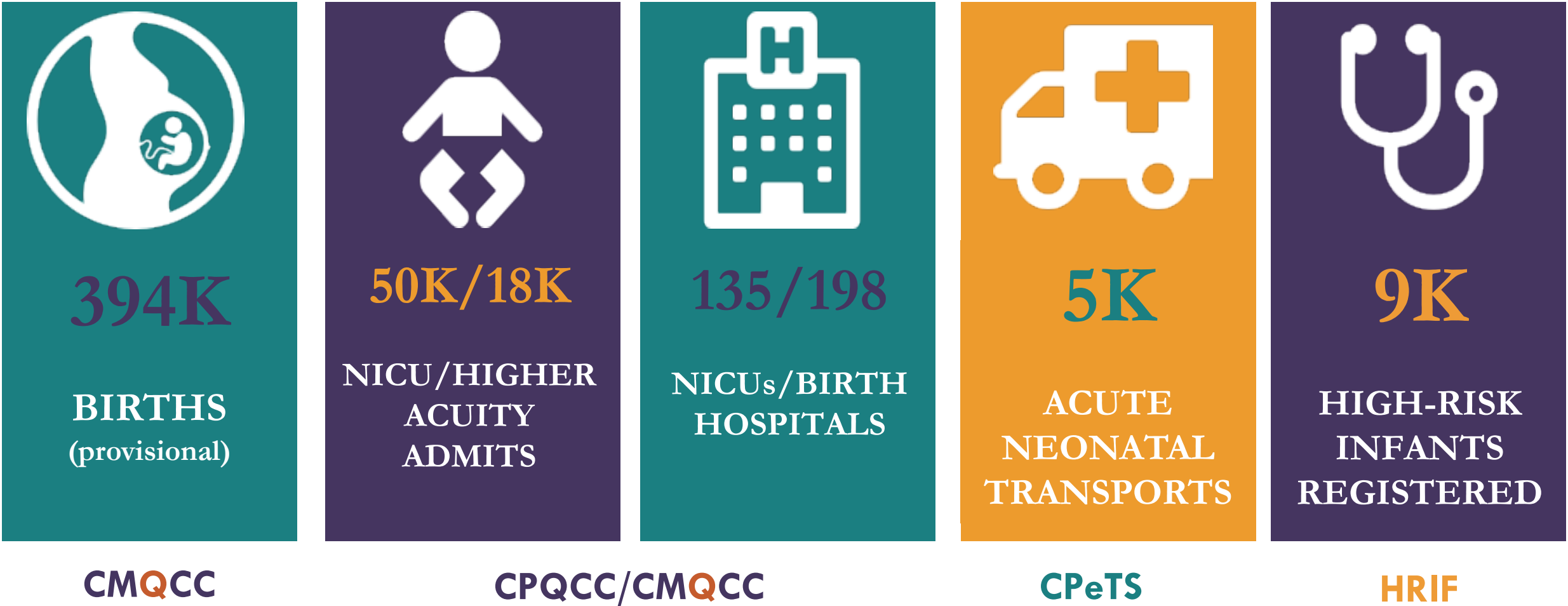


CMQCC



HRIF

# By the numbers - 2024





# CMQCC & CPQCC Teams

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# California Maternal Quality Care Collaborative (CMQCC)

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**Mission:** End preventable morbidity, mortality, and racial disparities in maternity care

- Established in 2006
- Multi-stakeholder collaborative with a focus on hospital members
- Provides programs and tools to support hospital QI activities
- Committed to evidence-based and data-driven QI





# CMQCC's Spectrum of Stakeholders/Active Partners

## State Agencies

- CA Department of Public Health, MCAH
- Regional Perinatal Programs of California
- DHCS: Medi-Cal
- Office of Vital Records
- Office of Statewide Health Planning and Development
- Covered California

## Membership Associations

- Hospital Quality Institute
- California Hospital Association
- Pacific Business Group on Health
- Integrated Healthcare Association

## Key Medical and Nursing Leaders

- UC, Kaiser (N&S), Sutter, Sharp, Dignity Health, Scripps, Providence, Public hospitals

## Professional Groups (California sections of national organizations)

- American College of Obstetrics and Gynecology
- Association of Women's Health, Obstetric and Neonatal Nurses
- American College of Nurse Midwives
- American Academy of Family Physicians
- Public Health Institute (PHI)
- The Joint Commission

## Public, Consumer and Community Groups

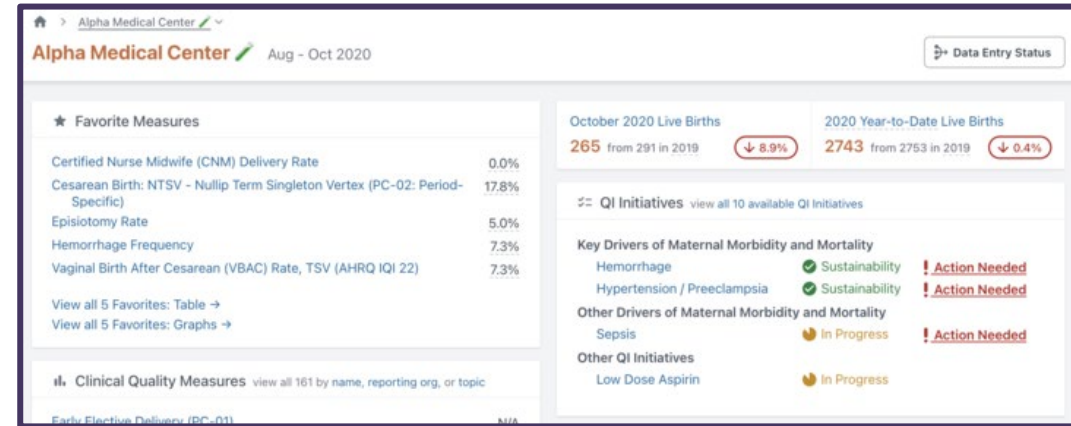
- Patients with Lived Experience
- Consumers' Union
- March of Dimes
- California HealthCare Foundation
- Cal Hospital Compare
- Community groups and organizations

## Health Plans

- Commercial and Managed Medi-Cal Plans

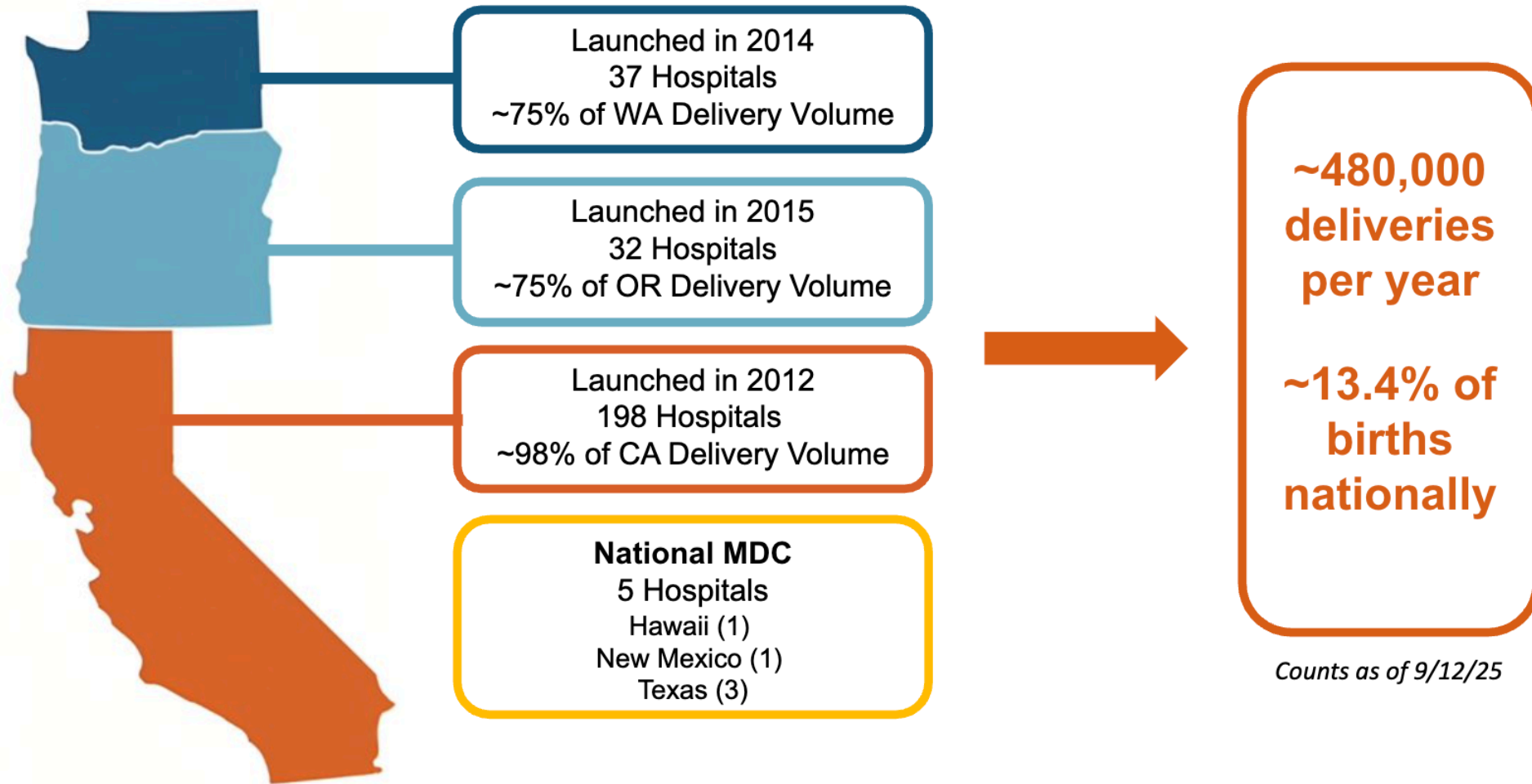
# CMQCC Maternal Data Center (MDC)

- Online tool developed by CMQCC in 2012
- Primary Goal: Support Hospital Quality Improvement
- Key Principles:
  - Rapid-cycle metrics
  - Leverage existing data sources
  - Align measures for performance reporting
  - Intuitive and easy to navigate
  - Exceptional customer support



# CMQCC Maternal Data Center (MDC)

## The Maternal Data Center: 2025 Hospital Members



# CMQCC Quality Improvement Activities

CMQCC

California Maternal  
Quality Care Collaborative

Toolkits

CMQCC Accounts

Contact Us



About ▾

Maternal Data Center ▾

CA MHI Program ▾

Toolkits & Quality Improvement ▾

Community Engagement ▾

Education & Research ▾

For Families

Home

## All Toolkits

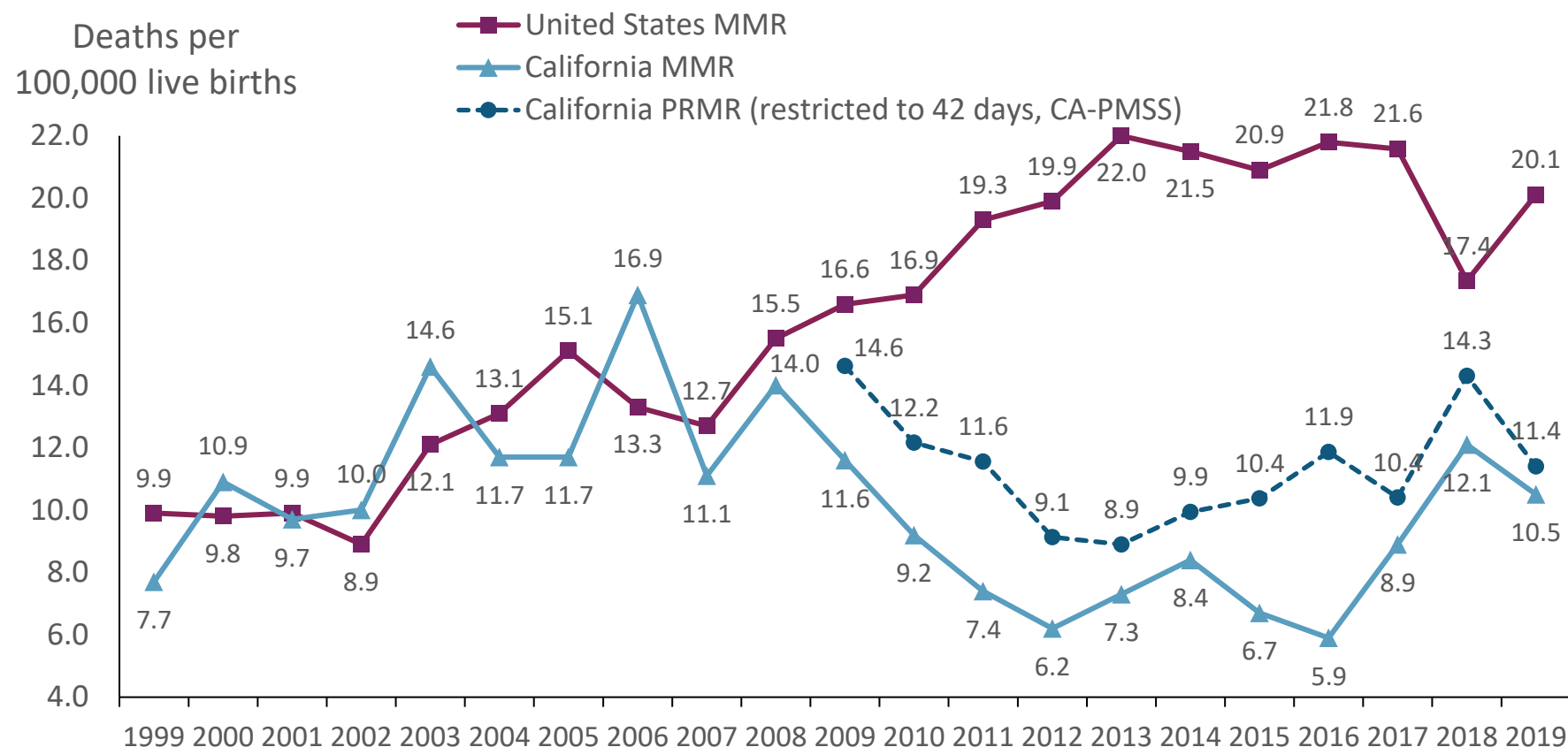
Beginning April 30, toolkits and related resources on our website will require a CMQCC Account login. First, locate the toolkit/resource on the website. Click on the toolkit/resource, and you will be prompted to log in or create an account. After you've logged in, you'll automatically see an option to complete the download. Questions or need help? Email us at [info@cmqcc.org](mailto:info@cmqcc.org). (Note: This is a different email than for MDC support!)

1. Cardiovascular Disease, [Improving Health Care Response to Cardiovascular Disease in Pregnancy and Postpartum Toolkit \(2017\)](#)
2. Early Elective Deliveries, [Elimination of Non-medically Indicated \(Elective\) Deliveries Before 39 Weeks Gestational Age: A California Toolkit to Transform Maternity Care \(2010\)](#)
3. Hemorrhage, [Improving Health Care Response to Obstetric Hemorrhage Toolkit, Version 3.0](#)
4. Hypertensive Disorders of Pregnancy, [Improving Health Care Response to Hypertensive Disorders of Pregnancy Toolkit \(2021, rev. 2024\)](#)
5. Sepsis, [Improving Diagnosis and Treatment of Obstetric Sepsis, V2.0 Toolkit \(2025\)](#)
6. Substance Exposure, [Mother & Baby Substance Exposure Toolkit ↗](#)
7. Supporting Vaginal Birth, [Toolkit to Support Vaginal Birth and Reduce Primary Cesareans \(with Addendum Part V\), \(2022\)](#)
8. Venous Thromboembolism, [Improving Health Care Response to Maternal Venous Thromboembolism Toolkit \(2018, Reaffirmed 2025\)](#)

[www.cmqcc.org/toolkits-quality-improvement/all-toolkits](http://www.cmqcc.org/toolkits-quality-improvement/all-toolkits)



# Maternal Mortality Ratio in U.S. and California, 1999-2019



MMR is based on death certificate data alone.

Missing or inaccurate information about

- Pregnancy status
- When the death occurred
- Causes of death

Leads to missed maternal deaths that occurred up to 42 days after pregnancy ended.

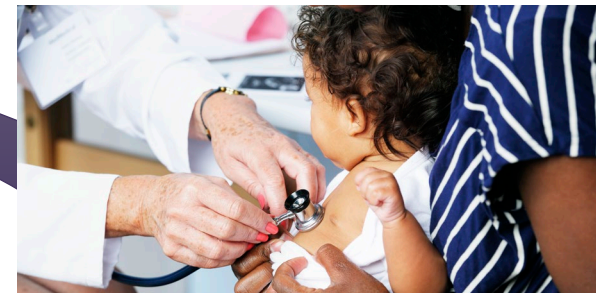
CA-PMSS identified more deaths in the same time frame.

Maternal mortality ratio (MMR) = Number of maternal deaths per 100,000 live births, up to 42 days after the end of pregnancy. Maternal deaths in California were identified using ICD-10 cause of death classification for obstetric deaths (codes A34, O00-O95, O98-O99) from the California death certificate data (1999-2013) and the California pregnancy status errata file (2014-2019). Data on U.S. maternal deaths are published by the National Center for Health Statistics and found in the CDC WONDER Database for years 1999 or later (accessed at <http://wonder.cdc.gov> on April 14, 2022).

Accessed from [MMR vs PRMR Measures 2009-2019 data slides](#)

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/CA-PMSS.aspx>

# Continuum of care structure – unique to California!



All NICU Admissions  
Higher Acuity Admissions  
Maternal Exposures  
Neonatal Transport Data

RPPC



CMQCC Data



HRIF Data

# CPQCC Team

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# CPQCC Member NICUs

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168 total NICUs in California

136 CPQCC Member NICUs

## CCS Level

- 15 Intermediate NICUs
- 86 Community NICUs
- 23 Regional NICUs
- 12 Non-CCS

## Perinatal Regions

- 11 North Coast – East Bay
- 10 Northeastern
- 10 San Joaquin – Central Valley – Sierra Nevada
- 11 Mid-Coastal
- 14 Southern Inland Counties
- 27 Central- North LA – Coastal Valley
- 9 Orange County
- 10 South Coastal and East LA
- 12 San Diego and Imperial
- 7 Kaiser North
- 15 Kaiser South



# CPQCC's NICU Data System – Higher-Acuity Population

CPQCC eligibility criteria for higher acuity infants:

VON Small Baby infants  $\leq 1500\text{g}$  or  $\leq 29$  weeks GA

CPQCC Small Baby infants  $\leq 1500\text{g}$  or  $\leq 31$  weeks GA

CPQCC Big Baby infants  $> 1500$  Grams

The screenshot shows the CPQCC (California Perinatal Quality Care Collaborative) website. The top navigation bar includes links for About, NICU, Analysis, Improvement, Follow-Up, and Engage. A search bar is located on the right. The NICU menu is expanded, showing options: NICU Data, NICU Reports, NICU Data Resources, Committee Oversight, Neonatal Transport, All NICU Admits, Maternal Exposure, Delivery Room O2, and Family Centered Care. The 'NICU Data' option is highlighted. Below the navigation bar, there is a 'What' section with a list of links: NICU Data, Neonatal Transport, All NICU Admits, Maternal Exposure, Delivery Room O2, Family Centered Care, NICU Reports, NICU Data Resources, and Committee Oversight. To the right of this list is a 'WHO' button and a 'WHAT' button. Below these buttons is a text box titled 'Important Notes About NICU Database Eligibility:' which contains the following text: 'The NICU Database contains detailed information on two distinct populations of live born infants – Small Babies and Big Babies. Stillborn babies are not eligible for entry into the database. Live-born babies that die within 12 hours of birth, prior to admission into the NICU, are entered into the NICU Database as a “delivery room death.”' Below this text is a section titled 'Small Babies' which states: 'An infant is considered a “small baby” if they: • Were born less than or equal to 31 weeks, 6 days gestation, OR • Had a birthweight  $\leq 1,500$  grams'. Below this is a section titled 'Big Babies' which states: 'All small babies are eligible for entry into the NICU Database, regardless of whether they were born at your hospital (“inborn”) or were born at a different hospital (“outborn”) but were acutely transferred to your hospital for care by any service (not just the NICU), as long as the transfer occurred before the baby’s 28th day of life.'

NOTE: All eligible infants MUST be admitted within 28 days of life to qualify for the higher acuity database.



# CPQCC's NICU Data System – Higher-Acuity Database

## Higher Acuity Reporting Forms

- **Admission Discharge (A/D Form):** Eligible **Small Baby and Big Baby** infants admitted to your NICU.
- **California Perinatal Transport Form (CPeTS):** Eligible **Small Baby and Big Baby** infants transported to your NICU.
- **Delivery Room Death (DRD):** Eligible **Small Baby and Big Baby** infants admitted to your hospital that died in the delivery room or within 12 hours of birth.

The screenshot displays the CPQCC (California Perinatal Quality Care Collaborative) website. The top navigation bar includes links for About, NICU, Analysis, Improvement, Follow-Up, and Engage. The NICU dropdown menu is open, showing options for NICU Data, NICU Reports, NICU Data Resources (highlighted), and Committee Oversight. The main content area is titled 'NICU Data Resources' and provides information about the resources designed to assist NICU Data Contacts in abstracting and entering data into the NICU Database. It mentions that resources are organized by birth year and provides a link to the Help Desk. A section titled '2025 Birth Year' lists four categories of resources: Manuals, NICU Data Sharing, RPPC Report, and Electronic Data Submission. Each category has a list of specific resources available for download or viewing.

CPQCC  
california perinatal  
quality care collaborative

About ▾ **NICU ▾** Analysis ▾ Improvement ▾ Follow-Up ▾ Engage ▾

NICU Data  
NICU Reports  
**NICU Data Resources**  
Committee Oversight

## NICU Data Resources

The resources below are designed to assist NICU Data Contacts in abstracting and entering data into the NICU Database as efficiently and effectively as possible. They are organized by birth year. If you have a question regarding any of these resources, please submit a ticket through our [Help Desk](#).

Resources for entering data into the HRIF Reporting System can be found on the [Data Resources](#) page under Follow-up.

### 2025 Birth Year

#### Manuals

- [Getting Started](#)
- [Is That Baby Eligible?](#)
- [Manual of Definitions](#)
- [Manual Appendices](#)
- [2025 CPQCC HCAI Location Item List .XLSX](#)
- [Transport Manual \(CPeTS\)](#)
- [MatEx Database Manuals and Guides](#)
- [All NICU Admits DB \(ANAD\) Manual](#)

#### NICU Data Sharing

- [NICU Data Sharing Manual](#)
- [NICU Data Sharing Q&A](#)
- [NICU Data Sharing Agreement](#)
- [NICU Data Sharing Instructional Video](#)

#### RPPC Report

- [Authorization Form for the RPPC Report](#)

#### Electronic Data Submission

- [EDS Instructions](#)
- [EDS Specifications - PDF | .XLSX](#)
- [Skeleton File - With Optional Items | Without Optional Items](#)

#### NICU Database and Reports Updates

- [NICU Database Updates](#)
- [CPQCC Change Request Form](#)

# CPQCC's NICU Database – Higher-Acuity Database

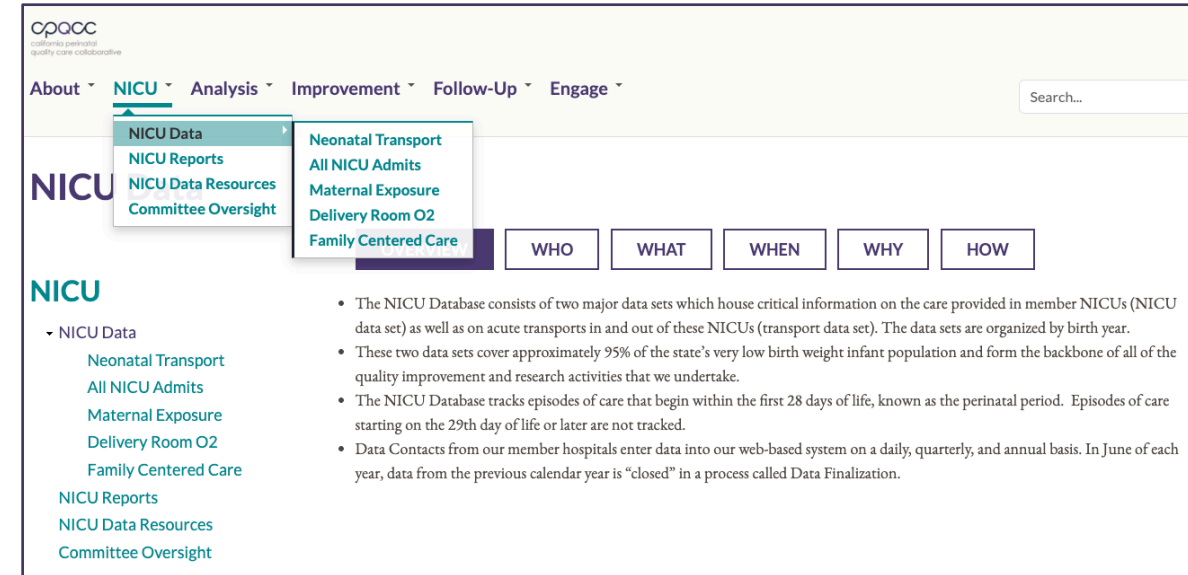
## Optional Data Collection Items:

### Delivery Room Oxygen (DRO2)

- Mean Oxygen Saturation (SaO2) at 5 Minutes
- Inspired Oxygen Concentration (FiO2) at 5 Minutes

### Family Centered Care (FCC)

- Days from NICU admission to first skin-to-skin care
- Days from NICU admission to first social worker contact
- Hours from birth to priming with oral colostrum



# CPQCC's NICU Database – Web-based Forms and Features

## Additional data reporting features:

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### Electronic Data Submission (EDS):

Allows users to upload multiple records via CSV files

### Data Consistency Report

Flags duplicate entries and inconsistencies between NICUs when infants are transported

### HRIF Linkage:

Eligible infants submitted to the HRIF database are linked to NICU records in the higher acuity database

### NICU Data Sharing:

Allows NICUs to share data on transported infants that were seen in their NICU

### Data Finalization Checklist:

A powerful tool that allows users to track and complete deliverables for specific deadlines

# CPQCC's NICU Database – All NICU Admits Database Population

## CPQCC eligibility criteria for all NICU infants:

Infants that are admitted to the NICU, for any reason, are eligible for entry into the All NICU Admits Database; no other criteria is needed for entry.

The screenshot displays the CPQCC website's navigation menu with the 'NICU' dropdown expanded. The 'NICU Data' sub-menu is highlighted, showing options like 'Neonatal Transport', 'All NICU Admits', 'Maternal Exposure', 'Delivery Room O2', and 'Family Centered Care'. The 'All NICU Admits' option is selected. The main content area features a 'WHAT' tab in a series of navigation buttons (WHO, WHAT, WHEN, WHY, HOW). The text explains that the NICU Database contains detailed information on two distinct populations of live born infants – Small Babies and Big Babies. It states that stillborn babies are not eligible for entry into the database, and live-born babies that die within 12 hours of birth, prior to admission into the NICU, are entered into the NICU Database as a "delivery room death." The 'Small Babies' section defines a "small baby" as an infant who was born less than or equal to 31 weeks, 6 days gestation, OR had a birthweight ≤ 1,500 grams. It notes that all small babies are eligible for entry into the NICU Database, regardless of whether they were born at your hospital ("inborn") or were born at a different hospital ("outborn") but were acutely transferred to your hospital for care by any service (not just the NICU), as long as the transfer occurred before the baby's 28th day of life. The 'Big Babies' section is partially visible at the bottom.

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About ▾ NICU ▾ Analysis ▾ Improvement ▾ Follow-Up ▾ Engage ▾

Search...

What

▾ NICU Data

- Neonatal Transport
- All NICU Admits
- Maternal Exposure
- Delivery Room O2
- Family Centered Care
- NICU Reports
- NICU Data Resources
- Committee Oversight

WHO WHAT WHEN WHY HOW

The NICU Database contains detailed information on two distinct populations of live born infants – **Small Babies** and **Big Babies**. Stillborn babies are not eligible for entry into the database. Live-born babies that die within 12 hours of birth, prior to admission into the NICU, are entered into the NICU Database as a "delivery room death."

**Small Babies**

An infant is considered a "small baby" if they:

- Were born less than or equal to 31 weeks, 6 days gestation, OR
- Had a birthweight ≤ 1,500 grams

**All small babies are eligible for entry into the NICU Database**, regardless of whether they were born at your hospital ("inborn") or were born at a different hospital ("outborn") but were acutely transferred to your hospital for care by any service (not just the NICU), as long as the transfer occurred before the baby's 28th day of life.

**Big Babies**

**Important Notes About NICU Database Eligibility:**

# CPQCC's NICU Reports

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## NICU Reports Database:

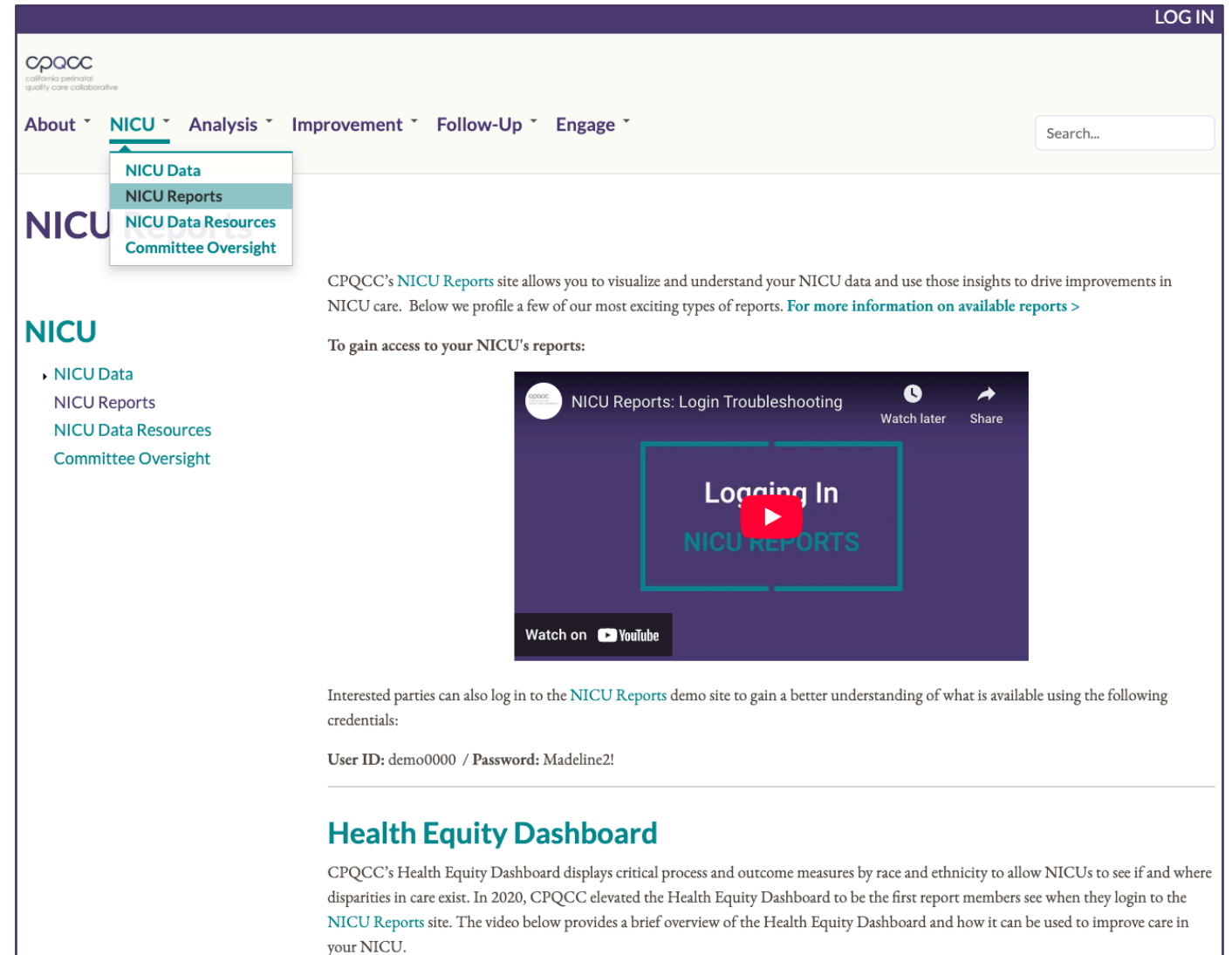
### Online Data Report System – Realtime Outcomes

- NICU Dashboard
- Control Charts
- Baby Monitor
- Focusboards:
  - Maternal Exposures (MatEx),
  - All NICU Admits
  - Family Centered Care (FCC)
- System level Reporting



# CPQCC's NICU Reports

Please visit the  
[www.cpqcc.org](http://www.cpqcc.org) website  
and go to:  
NICU > NICU Reports



The screenshot shows the CPQCC website with a purple header. The logo "cpqcc" is in the top left, with "california perinatal quality care collaborative" below it. A navigation bar contains "About", "NICU", "Analysis", "Improvement", "Follow-Up", and "Engage". The "NICU" menu is open, showing "NICU Data", "NICU Reports" (highlighted), "NICU Data Resources", and "Committee Oversight". A search bar is in the top right. The main content area has a "NICU" section with a list of links: "NICU Data", "NICU Reports", "NICU Data Resources", and "Committee Oversight". Below this, a paragraph explains that CPQCC's NICU Reports site allows users to visualize and understand their NICU data. A video player is embedded, titled "NICU Reports: Login Troubleshooting", showing a "Logging In NICU REPORTS" screen. Below the video, login credentials are provided: "User ID: demo0000 / Password: Madeline2!". A section titled "Health Equity Dashboard" follows, explaining that it displays critical process and outcome measures by race and ethnicity to allow NICUs to see if and where disparities in care exist.

LOG IN

cpqcc  
california perinatal  
quality care collaborative

About ▾ NICU ▾ Analysis ▾ Improvement ▾ Follow-Up ▾ Engage ▾

NICU Data  
NICU Reports  
NICU Data Resources  
Committee Oversight

NICU

- NICU Data
- NICU Reports
- NICU Data Resources
- Committee Oversight

CPQCC's [NICU Reports](#) site allows you to visualize and understand your NICU data and use those insights to drive improvements in NICU care. Below we profile a few of our most exciting types of reports. [For more information on available reports >](#)

To gain access to your NICU's reports:

NICU Reports: Login Troubleshooting

Watch later Share

Logging In  
NICU REPORTS

Watch on YouTube

Interested parties can also log in to the [NICU Reports](#) demo site to gain a better understanding of what is available using the following credentials:

User ID: demo0000 / Password: Madeline2!

### Health Equity Dashboard

CPQCC's Health Equity Dashboard displays critical process and outcome measures by race and ethnicity to allow NICUs to see if and where disparities in care exist. In 2020, CPQCC elevated the Health Equity Dashboard to be the first report members see when they login to the [NICU Reports](#) site. The video below provides a brief overview of the Health Equity Dashboard and how it can be used to improve care in your NICU.

# CPQCC's NICU Reports

Please visit CPQCC's  
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California Perinatal ...  
California Maternal ...

**2024 Annual Data Training Webinars**  
by California Perinatal Quality Care Collaborative  
Playlist • 4 videos • 20 views

Play all

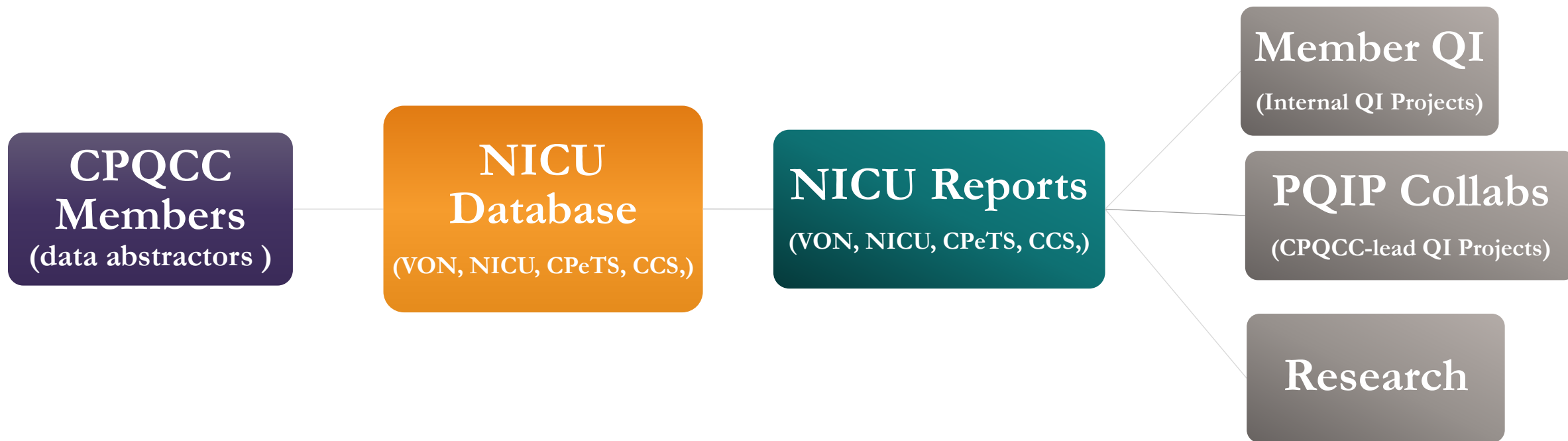
1 **2024 Data Training Series: Introduction to CPQCC and Friends**  
California Perinatal Quality Care Collaborative • 12 views • 1 month ago  
1:12:08

2 **2024 Data Training Series: What's New with CPeTS Data**  
California Perinatal Quality Care Collaborative • 2 views • 1 month ago  
1:20:03

3 **2024 Data Training Series: What's New with NICU Data**  
California Perinatal Quality Care Collaborative • 5 views • 1 month ago  
1:14:41

4 **2024 Data Training Series: What's New with HRIF Data**  
California Perinatal Quality Care Collaborative • 3 views • 1 month ago  
1:18:28

# NICU Data Flow Chart



# CPQCC NICU Data Center

## What kind of *tools and resources* are offered at the NICU Data Center?

- **Help Desk:** A portal that allows users to request assistance, ask questions or express concerns
- **Data Reviews:** Submit a help ticket to schedule individual or group specific training over Zoom
- **Annual Data Training Webinars:** A series where we share an overview of the latest updates, projects and tools
- **NICU Data Sharing:** Allows NICUs to share data on transported infants that were seen in their NICU
- **Custom Query:** A powerful tool that allows users to pull a subsets of infants based on different measures.
- **Data Finalization Checklist:** A powerful tool that allows users to track and complete deliverables for specific deadlines.

# CPQCC NICU Data Center

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**NICU Data Center Committees, workgroups and more!**

## **Data Committee Advisory Group (DCAG)**

A team of data experts that help us to optimize the NICU data system

## **Data Mentorship Program**

A team of data experts that mentor their peer users to help them to optimize their internal workflow

## **Data Finalization Deadlines and Resources**

Data Finalization timeline: January – June

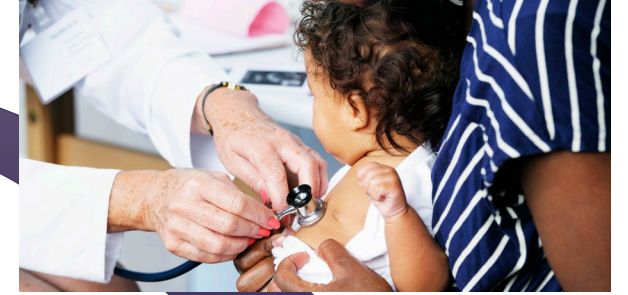
NICU Data Resources page: Data Finalization Guidelines, etc.

## **Data Management Awards**

5 different awards that recognize NICUs for timely deadline completion



# Continuum of care structure – unique to California!



All NICU Admissions  
Higher Acuity Admissions  
Maternal Exposures  
Neonatal Transport

RPPC



CMQCC



HRIF Data

# California Perinatal Transport System (CPeTS)



## California Perinatal Transport System

The California Perinatal Transport Systems CPeTS was established in 1976 pursuant to the enactment of California Assembly Bill 4439. This act appropriated funds for the development of a dispatch service to address the need for facilitating transport of critically ill infants and mothers with high risk conditions to regional Neonatal Intensive Care Units (NICUs) and Perinatal High Risk Units (PHRUs).

CPeTS provides the collection and analysis of perinatal and neonatal transport data for regional planning, outreach program development, and outcome analysis. This information is reported to participating hospitals, and the Division of Maternal, Child, and Adolescent Health of the California Department of Public Health. We support an integrated network of regional perinatal programs in California. Opportunities for regional perinatal programs to share and solve their common problems are provided through meetings of an Advisory Committee.

The California Perinatal Transport System can assist health care professionals in the REFERRAL of high-risk pregnant women and newborn infants. An updated bed availability status is obtained daily from regional CCS-California Children Services approved neonatal intensive care units. There are many NICUs participating in this daily survey that includes an array of county, for-profit, non-profit, university affiliated, and HMO-owned facilities. This information is being made available via this website.

[perinatal.org](http://perinatal.org)

# California Perinatal Transport System (CPeTS)

## CORE CPETS ACUTE INTER-FACILITY NEONATAL TRANSPORT FORM – 2025

<b>PATIENT DIAGNOSIS</b>			<b>Special Situations:</b> <input type="checkbox"/> None <input type="checkbox"/> Delivery Attendance <input type="checkbox"/> Transport by Sending Facility <input type="checkbox"/> Transport from ER <input type="checkbox"/> Safe Surr.		
C.1 Transport type <input type="checkbox"/> Delivery <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Scheduled			C.2. Indication <input type="checkbox"/> Medical <input type="checkbox"/> Surgical <input type="checkbox"/> Bed Availability/Insurance		
<b>CRITICAL BACKGROUND INFORMATION</b>					
C.3 Birth weight		grams	C.4 Gestational Age		weeks days
			C.5 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undetermined <input type="checkbox"/> Unknown		
C.6 Prenatally Diagnosed Congenital Anomalies <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Describe:			C.7 Maternal Date of Birth <input type="checkbox"/> Unknown		
C.8a. Antenatal Steroids <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A			C.8b. Antenatal Magnesium Sulfate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>TIME SEQUENCE</b>			<b>Date</b>		<b>Time</b>
C.10 Maternal Admission to Perinatal Unit or Labor & Delivery					
C.11 Infant Birth					
C.12 Maternal/fetal transport not done due to: <input type="checkbox"/> Advanced Labor <input type="checkbox"/> Bleeding <input type="checkbox"/> Mother Medically Unstable <input type="checkbox"/> Non-Reassuring Fetal Status <input type="checkbox"/> Not Considered <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable					
C.9/13 Surfactant (first dose)			<input type="checkbox"/> Delivery Room <input type="checkbox"/> Nursery <input type="checkbox"/> N/A <input type="checkbox"/> Unknown		
C.14 Referral					
C.15 Acceptance					
C.16 Transport Team Departure from Transport Team Office/NICU for Sending Hospital					
C.17 Arrival of Team at Sending Hospital/Patient Bedside					
C.18 Initial Transport Team Evaluation					
C.19 Arrival at Receiving NICU					
<b>INFANT CONDITION</b>			<b>REFERRAL PROCESS</b>		
Modified TRIPS Score: to be recorded on referral within 15 minutes of arrival at			C.30 Sending Hospital Name		

# California Perinatal Transport System (CPeTS)

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## **Underutilization of maternal transport**

Percentage of births that were transferred

## **Delayed decision to transport infant**

Birth to initiation of transport interval

## **Difficult to obtain transport**

Initiation of transport to acceptance interval

## **Too long a wait for the team to arrive**

Acceptance to out the door time

## **Team competency not always optimal**

Arrival to completion change in clinical status



# Continuum of care structure – unique to California!



All NICU Admissions  
Higher Acuity Admissions  
Maternal Exposures  
Neonatal Transport Data

RPPC



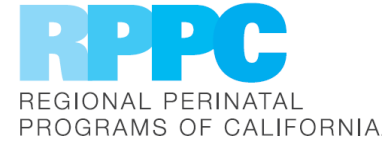
CMQCC Data



HRIF Data



# Regional Perinatal Programs of California



## History

- Established in 1979
- Evolved from the need for a comprehensive, cooperative network of public and private health care provider within geographic areas to assure the well-being of pregnant women & their babies
- Promote access to appropriate levels of high-quality care
- Provide Quality Improvement (QI) resources, consultation and technical assistance to hospitals and providers

## Goals

- Promote pregnant women and their babies having access to the level of care they need
- Reduce adverse maternal and neonatal outcomes
- Eliminate disparities in infant and maternal morbidity and mortality

# Continuum of care structure – unique to California!



All NICU Admissions  
Higher Acuity Admissions  
Maternal Exposures  
Neonatal Transport

RPPC

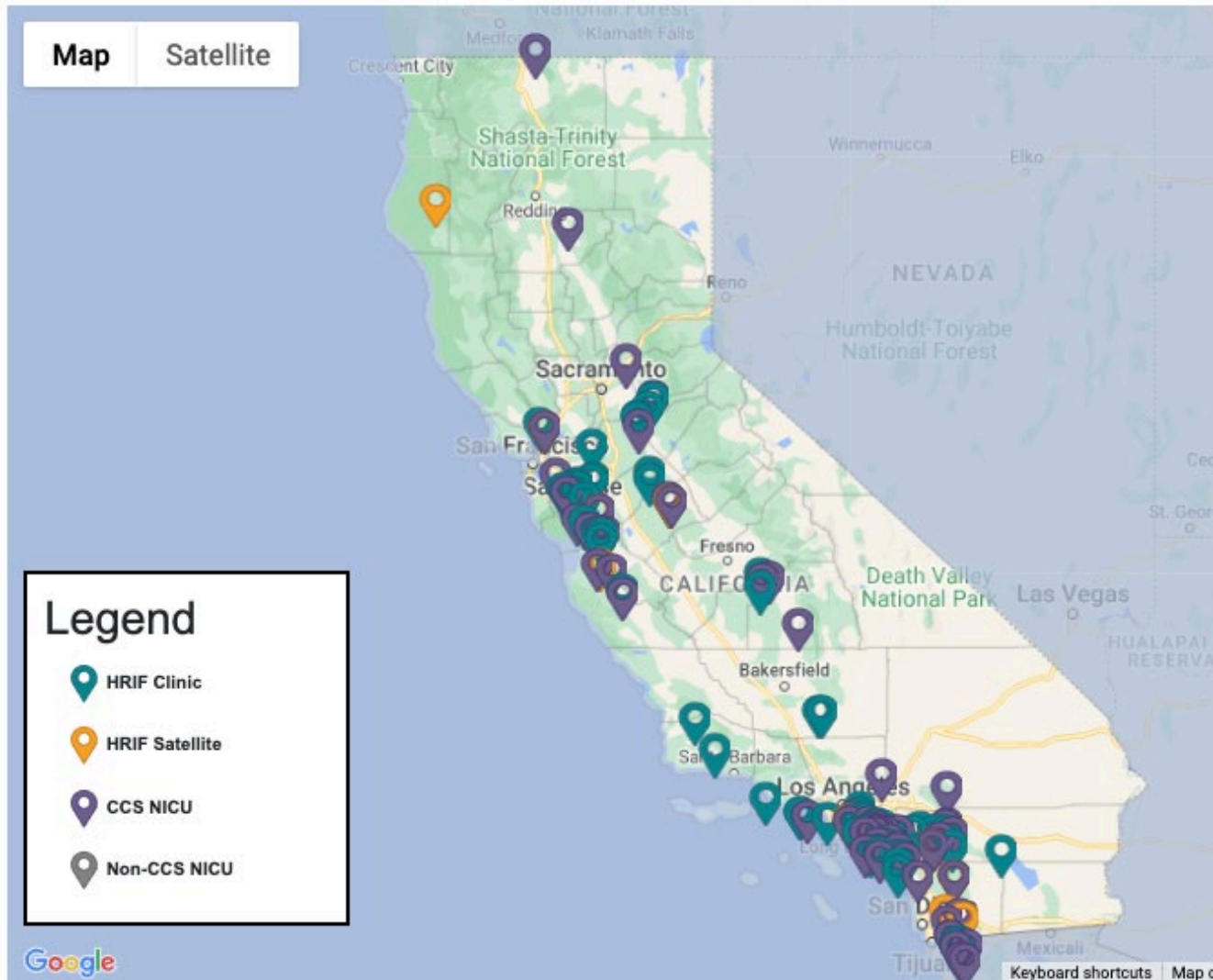


CMQCC



HRIF Data

# CCS HRIF Programs & NICUs



**123 CCS NICUs**

24 Regional

85 Community

14 Intermediate

**67 HRIF Program Clinics**

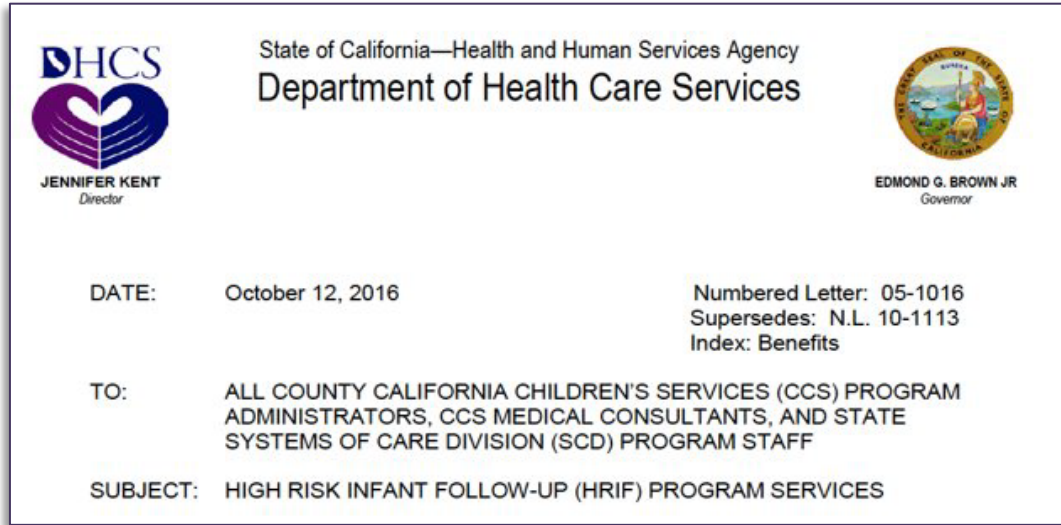
24 Regional

43 Community

**12 HRIF Satellite Clinics**

# Who Do We Serve? - CCS HRIF Eligibility

<https://cpqcc.org/files/hrif011016.pdf>



## Medical Eligibility: Small Babies

- Birth weight less than or equal to 1500g  
OR
- GA at birth less than 32 weeks

## Medical Eligibility: Big Babies

A range of neurologic, cardiovascular risk factors including, but not limited to:

- Placed on ECMO, nitric oxide more than 4 hours, other;
- Congenital heart disease requiring surgery or intervention,
- History of observed clinical or EEG seizure activity,
- History and/or findings consistent with neonatal encephalopathy,
- Other problems that could result in a neurologic abnormality



# HRIF Visits: Number and Timing



Provides for 3 “Standard” or core visits

- #1: 4 - 8 months
- #2: 12 - 16 months
- #3: 18 - 36 months



**Additional visits covered by CCS** as determined to be needed by HRIF team.

# HRIF Visits: Beyond Neurodevelopment



- Neurosensory, neurologic, developmental assessments, autism screening, *but much more* –
  - Hospitalizations, surgeries, medications, equipment
  - Medical services and Special services
    - Data on “Receiving”, “Referred”, but also “Referred and NOT receiving” *and why*.
  - Early Start, Medical Therapy Program -
  - Parent concerns – Living/ care arrangements, caregiver concerns, language in household, family social economic stressors



# By the Numbers: Referrals and Visits

Through August 2025

High Risk

high risk infants registered statewide

< 28 weeks

< 28 weeks

< 26 weeks

< 26 weeks

VLBW

VLBW registered/referred ( $\leq 1500$  g)

Standard

standard visits performed

Additional

additional visits performed

# HRIF Data Flow Chart



# NICU Teams Gain HRIF Access!

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NICU leaders and teams should request HRIF database access to:

- Refer/Enroll Eligible Patients
- Track and Manage Patient Referrals
- View NICU Summary Reports

To request access, submit a help ticket at [www.cpqcchelp.org](http://www.cpqcchelp.org)



## REPORTING SYSTEM

2025.4.9

### Notice

The following web browsers are supported for data submission in HRIF Reporting System ([www.ccshrif.org](http://www.ccshrif.org)):

Please make sure to update your web browsers if they are out-of-date.

- Microsoft IE 10/11
- Microsoft Edge
- Firefox
- Google Chrome

Registered Email Address

Password

Sign In

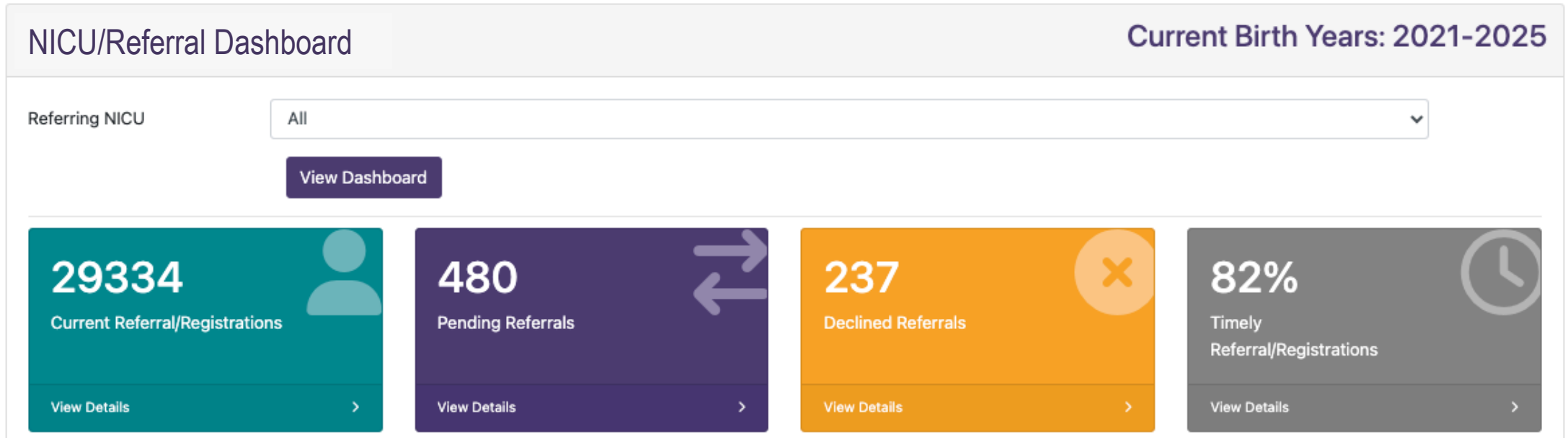
Need Access? - Submit a Help Desk ticket.  
Forgot your password?

Visit the [HRIF Data Resources](#) to download the Manual and Forms, HRIF Clinic Tools and Data Finalization materials.



<https://cpqcc.org/>

# NICU Referral Dashboard



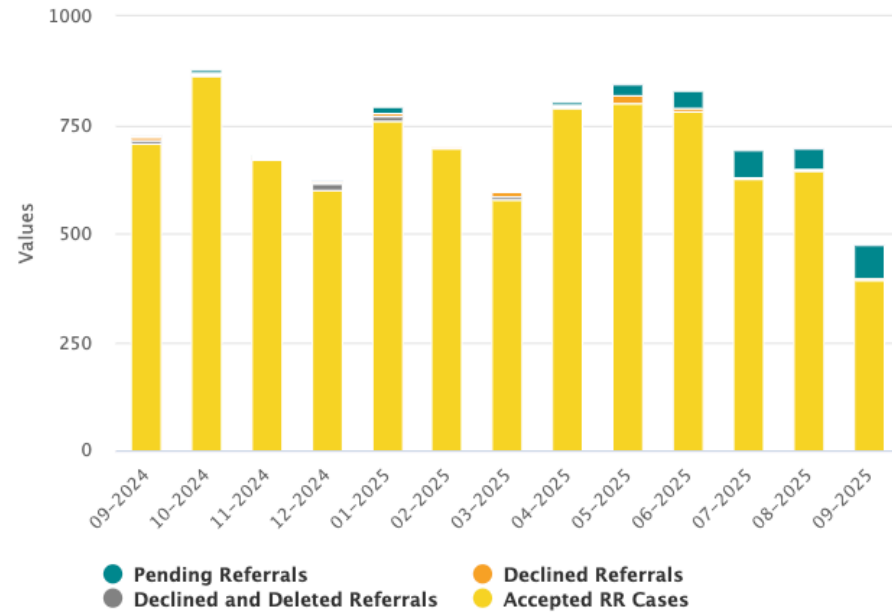
[View Details:](#)  
Opens a referral  
distribution pie chart.

[View Details:](#)  
Opens Referral Pending Cases – displays the  
pending and/or declined referral cases  
(actionable items)

[View Details:](#)  
List patient cases  
referred to a HRIF  
Program after 60 days.

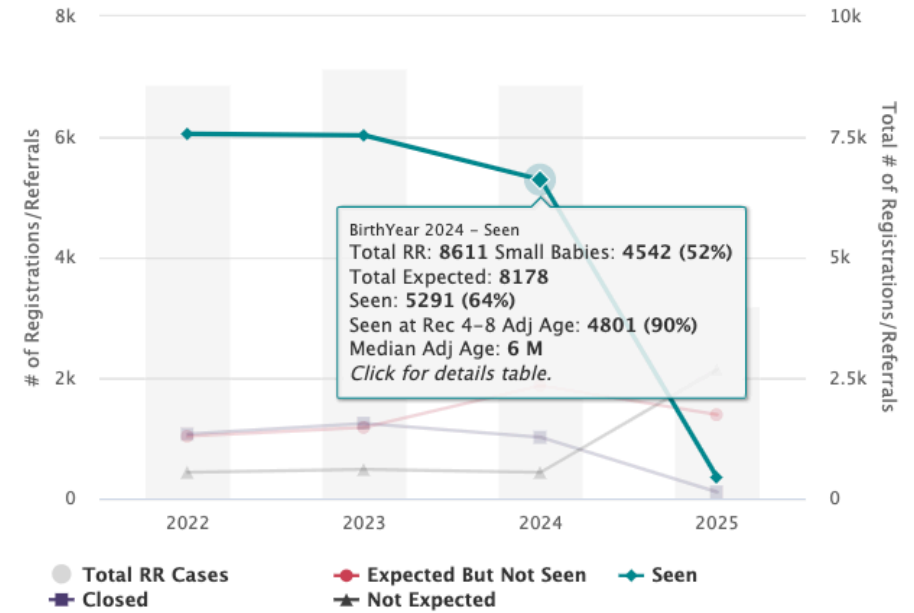
# NICU Referral Dashboard

RR Status By Month



Updated yesterday at 11:59 PM

Follow Up Rates - Standard Visit #1



Updated yesterday at 11:59 PM

Last dates reported for this NICU: Birth date: 2025-09-10 Discharge date: 2025-09-17 Referral/Registration date: 2025-09-18



# Health Care Access Dashboard

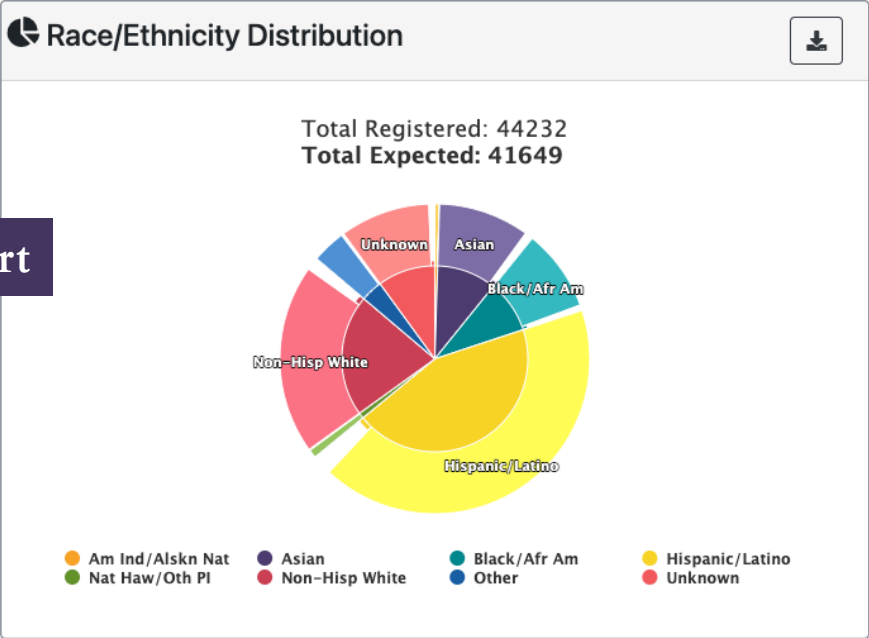
Factors: Race/Ethnicity

Birth Years: 2017 - 2021

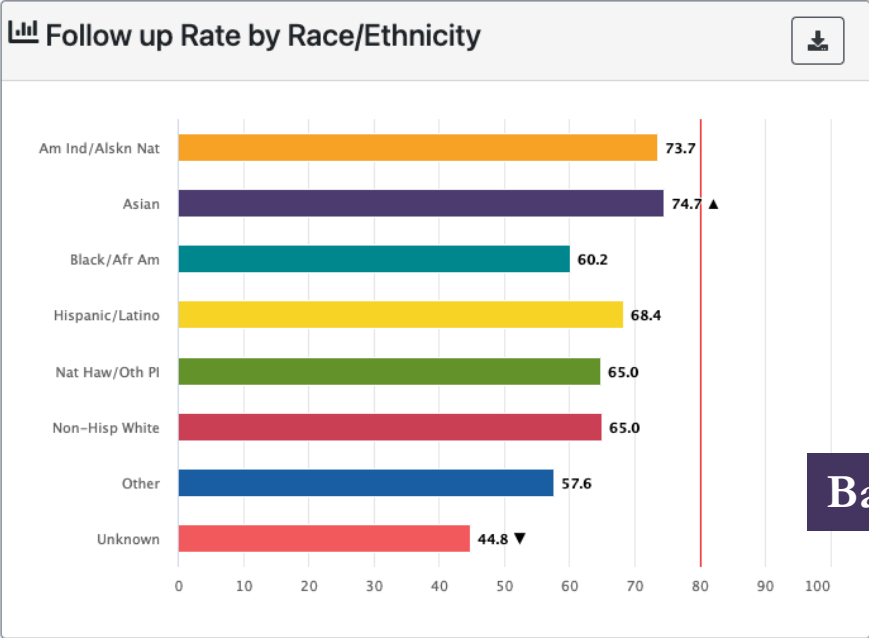
BW or GA: All

SV 1 SV 2 SV 3

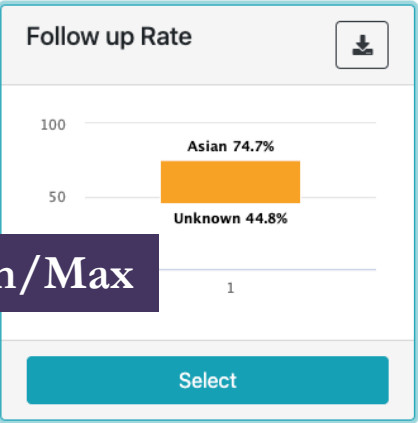
Universal Filter



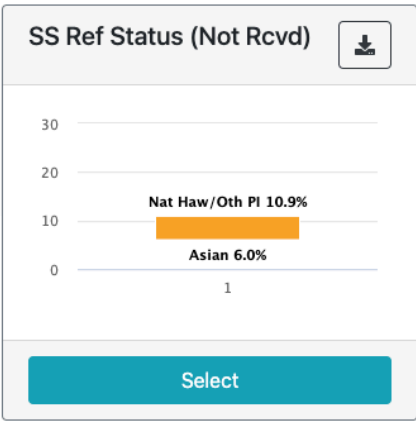
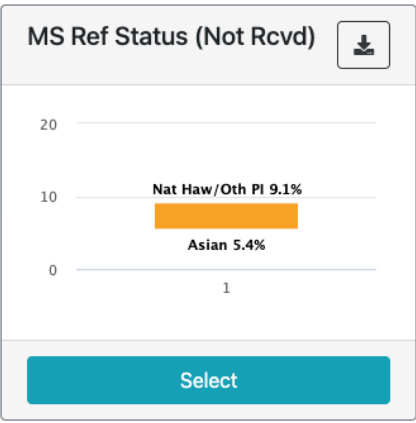
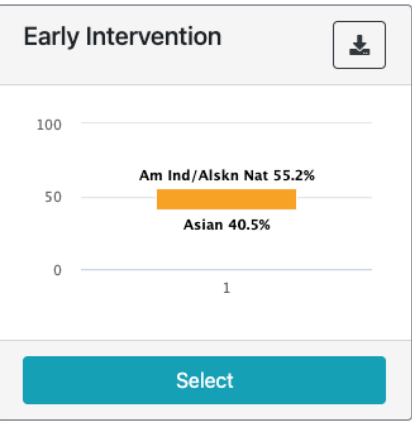
Pie Chart



Bar Chart



Outcome Min/Max



# Explore HRIF Outcomes

Visit our [HRIF Sample App](#) to generate system reports for yourself.

Learn how to use the Sample App in this [1 minute video](#).

<https://cpqcc.org/follow/hrif-reports>

## REPORTS:

- HRIF Report
- Program Profile
- Service Referrals
- CCS Annual
- NICU Summary

## 2025 Birth Year

### Medical Eligibility Criteria

- CCS HRIF Program Medical Eligibility Criteria - Flow Chart

### HRIF Patient Logs

- Patient Log (.xlsx)
- Patient Log (.docx)

### Manual and Forms

- 2025 CPQCC DB Changes
- 2025 HRIF Operations Manual
- Referral/Registration (RR) Form
- Standard Visit (SV) Form
- Additional Visit (AV) Form
- Client Not Seen/Discharge (CNSD) Form

### HRIF Clinic Tools

- HRIF Family Handout
- HRIF Guidance for Telehealth Visits
- CCS NICU Referral HRIF Guidelines
- CCS HRIF Program Billing Codes
- Gross Motor Function Classification System (GMFCS) - Expanded and Revised 2007

### Family Information Form

The Family Information Form collects social-demographic information about HRIF patients and their families to determine the specific needs of this patient population and develop better standards of care for California HRIF Programs.

- English - Instructions and Form
- Spanish - Instructions and Form
- Vietnamese - Instructions and Form

### Autism Screening Tools

- Modified Checklist for Autism in Toddlers - Revised with

### 2026 Data Finalization

- NICU & HRIF Data Finalization Calendar
- Process Guidelines
- Quick Reference Sheet
- Schedule

### Referral/Registration Electronic Data Submission – 2024 & 2025

- RR EDS Instructions
- RR EDS Skeleton File (.csv)

### Presentations

- What's New with HRIF Data (Oct 2024)
- What's New with HRIF Data (Oct 2022)
- What's New with HRIF Data (Oct 2021)
- Overview of the new HRIF Reporting System (Nov 2020)
- The Value of HRIF

# HRIF Data Resources Webpage

<https://www.cpqcc.org/follow/hrif-data-resources>

### California Children Services (CCS)

- Updates and news from CCS
- Clarification of Congenital Heart Disease Eligibility Criteria
- Clarification of Hypoglycemia Eligibility Criteria
- High Risk Infant Follow-up Program Letter

*The Program Letter (P.L.) updates the Medical Eligibility criteria for HRIF under Section III, HRIF Eligibility, and reiterates policy and guidance for the HRIF Program's diagnostic services, provider responsibilities, reporting requirements, and procedures for billing authorized services provided to HRIF-eligible neonates, infants, and children. This letter supersedes HRIF P.L. 01-1113, dated November 22, 2013.*

- CCS Memo 8-2012
- Hearing Assessment Requirements
- CCS County Offices
- CCS Provider Process
- SAR Authorization Process
- Whole Child Model

### CCS Manual of Procedures

- Regional NICU Standards
- Community NICU Standards
- Intermediate NICU Standards

Has this made a difference?

*Improving the Quality and Equity  
of Care for California's Most Vulnerable  
Infants & Their Families*



21%

Reduction in mortality for  
very low birth  
weight infants



99%

Referral of very low birth  
weight infants for follow-  
up care



77%

Reduction in hypothermic  
admissions of very low  
birth weight infants



49%

Decrease in the rate of  
healthcare-associated  
infections

# NICU Level Improvement Impact 2008-2017

Member hospitals  
reduced mortality  
rates for VLBW  
infants by

15%

An additional

9%

of babies were discharged  
without major morbidities  
like severe ROP, NEC, CLD,  
and severe IVH

And the rate of  
Necrotizing  
enterocolitis (NEC)  
decreased by

45%

Lee, Liu, Profit, Hintz, Gould.  
J Perinatol. 2020 Jul;146(1):e20193865



# NICU Level Improvement Impact 2014-2023

Severe  
Intraventricular  
Hemorrhage  
decreased by

13%

8%

Reduction in Neonatal  
Mortality

Severe retinopathy of  
prematurity  
decreased by

6%

# NICU Level Improvement Impact QI-related

Successfully reduced  
rates of growth  
restriction and  
malnutrition in VLBW  
infants

GBG 2018-2020

42%

Decreased inadequate  
growth among late  
preterm infants in small  
NICUs

GAIN 10.9 2021-2023

VLBW infants receiving  
daily positive touch from  
the care team increased  
from 44% at baseline to  
83%

NEOBrain 2022-2024

83%

# CPQCC

## Turning Data into Action



Courtney C Breault, MSN, RN, CPHQ  
Associate Director of Quality  
CPQCC



Collaborating to Make California an Ideal Place to Have a Baby



**DATA**



**EDUCATION**



**RESEARCH**



**COMMUNITY  
ENGAGEMENT &  
PARTNERSHIPS**



**CPQCC & CMQCC  
AREAS OF EXPERTISE**

# CPQCC QI Framework

## CPQCC QI Framework



### QI

Drive measurable change in NICUs



### Data Feedback

Turn insights into action



### Education

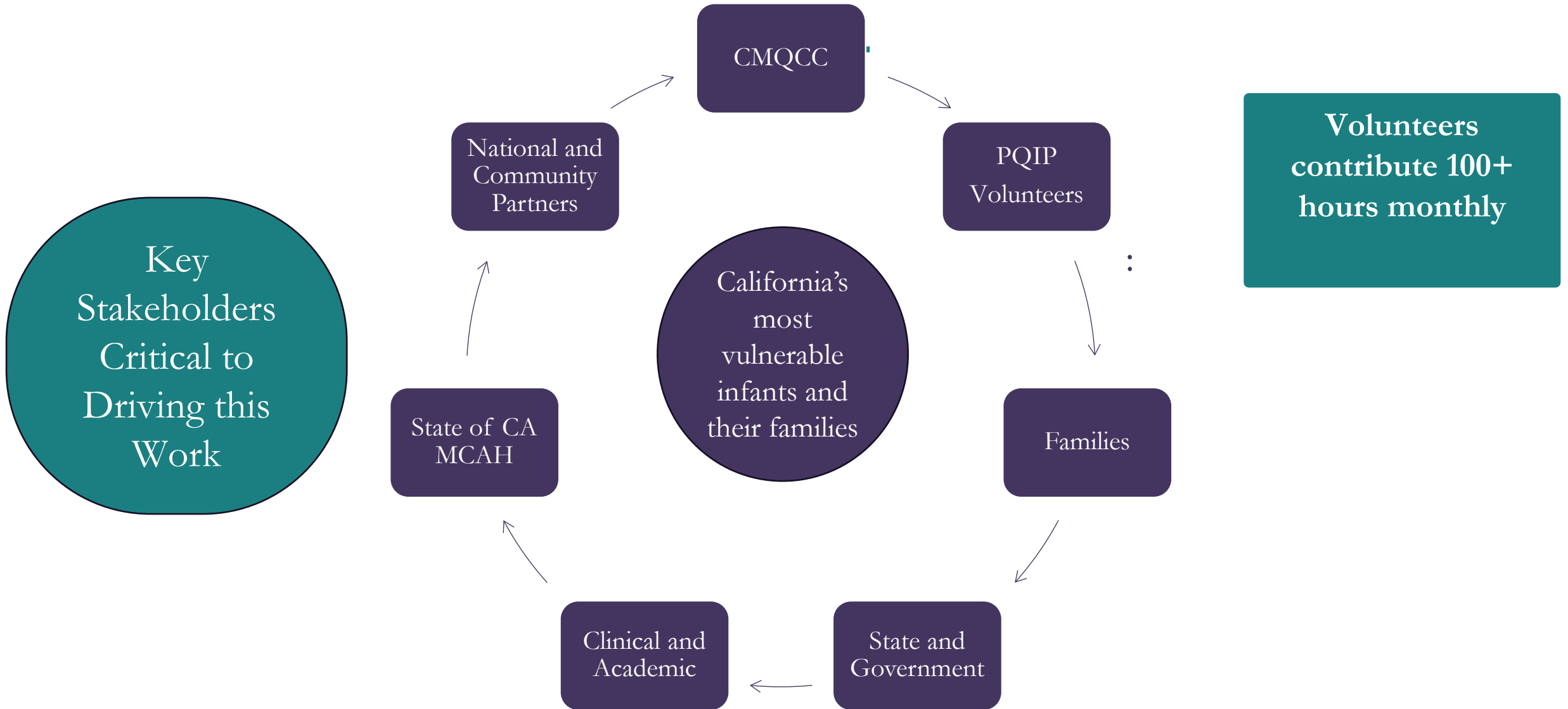
Build skills and capacity statewide



### Partnerships

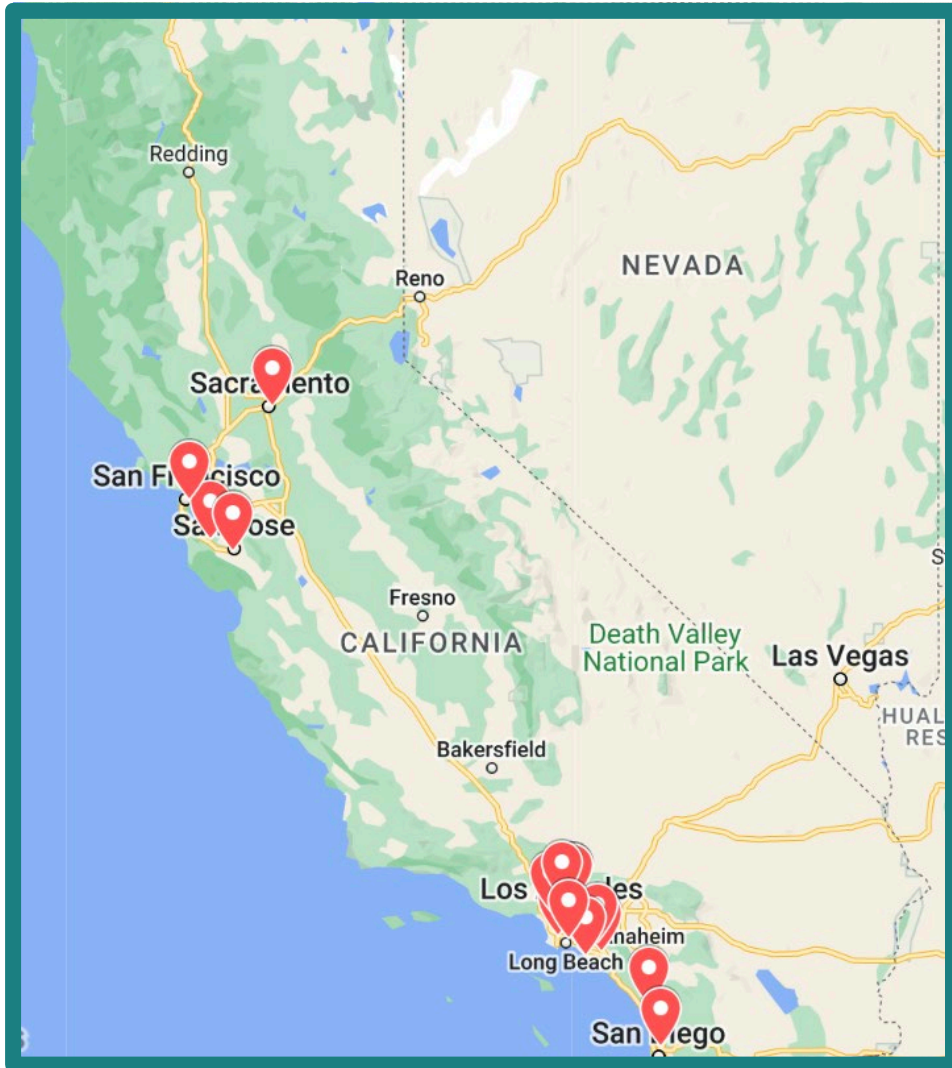
Collaborate for greater impact

# CPQCC Partnerships





# Perinatal Quality Improvement Panel (PQIP)



## PQIP MEMBERS

1. Irfan Ahmad
2. Lisa Bain
3. David Braun
4. Malathi Balasundaram
5. Jennifer Canvasser
6. Katherine Coughlin
7. Tanya Hatfield
8. Priya Jegatheesan
9. Ashwini Lakshmanan
10. Henry Lee
11. Anjelica Montano
12. Michel Mikhael
13. Mindy Morris
14. Guadalupe Padilla-Robb
15. Jaclyn Pasko
16. Kurlen Payton
17. Pedro Paz
18. William Rhine
19. Elizabeth Rogers
20. Joseph Schulman
21. Kristen Schaffer
22. Rachelle Sey
23. Tom Shimotake
24. Aida Simonian
25. Tony Soliman

## CPQCC/CMQCC Co-Chairs & Principal Investigators

Jochen Profit  
Deirdre Lyell

## CPQCC/CMQCC Senior Advisor

Jeffrey Gould

## CPQCC STAFF & Faculty

Courtney Breault\*  
Fulani Davis  
Erika Gray  
Susan Hintz  
Leslie Kowalewski  
Rebecca Robinson  
Joanne Tillman  
Annalisa Watson

*\*PQIP Chair*

# Equity Focused QI: How do we do this?



# ADVANCING EQUITY IN THE NICU

## History of CPQCC's Improvement Palooza



# Wednesday 3/18/26

IMPROVEMENT PALOOZA  
2026

## IP26

cpqcc  
California Perinatal  
Quality Care Collaborative

OPENING REMARKS & CPQCC HIGHLIGHT	9:00 AM - 9:20 AM
<p><b>9:20 AM</b> Collaborating for Access to Resources in Early Life (CARE) Collaborative Ashwini Lakshmanan, MD, MPH &amp; Courtney Breault, MSN, RN, CPHQ</p> <p>10:30 AM - 11:00 AM Q1 Awards &amp; Break</p> <p><b>10:50 AM</b> Pain Management Cody Bartrug, MA, BSN, RN, RNC-NIC &amp; Tara Glenn, MD</p>	
LUNCH	12:00 PM - 1:00 PM
<p><b>1:00 PM</b> Palliative &amp; Comfort Care Kaley Haymond, MSN, APRN, ACCNS-N, RNC-NIC &amp; Elizabeth Crouch, MD, PhD</p> <p><b>2:00 PM</b> Poster Presentations</p> <p>2:10 PM - 2:30 PM Break</p>	
JOINT SESSION 1	2:30 PM - 3:45 PM
<p style="color: #00838f; font-weight: bold;">Voices That Heal: Communication and Connection in the NICU</p> <p style="color: #00838f;">Moderators: Courtney Breault, MSN, RN, CPHQ, Denise Suttner, MD &amp; Parents</p> <p><b>2:40 PM</b> The Power of Language: Communication Do's and Don'ts in - Neonatal Care Renee Boss, MD</p> <p><b>3:00 PM</b> From Friction to Connection: Strengthening Relationships with Stressed Families - Craig Robinson, BS, MS, MFT</p> <p><b>3:20 PM</b> Panel Discussion with Parents</p> <p style="text-align: right; color: #00838f;">3:45 PM - 5:00 PM Break</p>	
JOINT SESSION 2	4:00 PM - 5:15 PM

REGISTER NOW!!!





A newborn baby with dark hair and eyes is lying in a hospital bed, covered with a white blanket. The baby is holding a purple pacifier in their mouth. Medical wires are visible on the baby's chest. The background is slightly blurred, showing a hospital setting. The image is overlaid with a dark purple diagonal shape on the left side, which contains the text.

# CPQCC QI Collaboratives

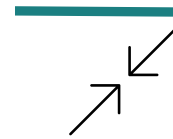
2025

# Continuous quality improvement is:

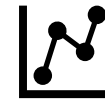




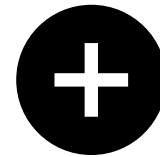
# ENHANCING OUR MISSION FOR FÖÖMNOÖVÖÖ



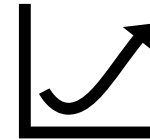
Reduce duplication across sites



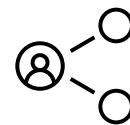
Enable benchmarking and data sharing



Promote practice standardization



Evaluate and refine strategies



Share best practices and lessons learned

# FİİFF FÖÖM NÖÖZ MÖÖN GÖÖN R ÖÖÖ

Aim

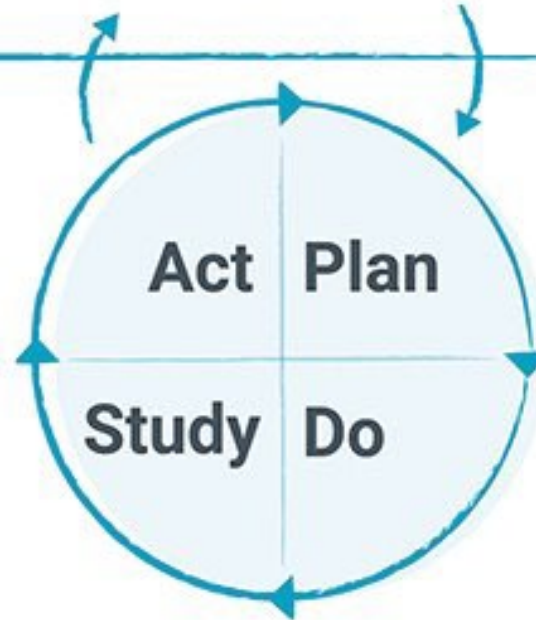
Metrics

Potentially  
Better  
Practices  
(PBP)

What are we trying to accomplish?

How will we know that a change  
is an improvement?

What change can we make that  
will result in improvement?



Source: Adapted from The Improvement Guide (2009)

# CPQCC QI Collaboratives

## Over 17 Years of Improvement

**Healthcare-Associated Infection**  
(2008-2009): 11 sites

**Breastmilk Nutrition**  
(2009-2011): 19 sites

**Delivery Room Management**  
(2011-2012): 24 sites

**Optimizing Length of Stay**  
(2013 - 2014): 24 sites

**Antibiotic Stewardship**  
(2016-2017): 29 sites

**Grow, Babies, Grow!**  
(2018-2020): 25 sites

**Simulating Success** (2018-2020):  
12 sites  
+2 out of state teams

**Optimizing Antibiotic Stewardship (OASCN)**  
(2021 - 2023): 31 sites

**Growth Advancement In the NICU (GAIN): Surgical**  
(2021 – 2023): 6 sites

**GAIN): Ten Point Nine Growth Advancement In the NICU**  
( (2021 – 2023): 8 sites

**NICUs Enabling Optimal Brain Health (NEOBrain)** (2022 – 2024): 24 sites

**Motivating & Optimizing Maternal Milk in Safety Net NICUs (MOMMS)**  
(2024)  
26 sites

**2025**  
**Collaborating for Access and Resources in Early Life (CARE)**

Over 79% of CPQCC member hospitals have participated in a CPQCC QI Collaborative over the past 15 years

# CPQCC QI Collaboratives

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## Mission

Dedicated to addressing  
the diverse needs of all  
NICUs throughout  
California

## Create Change

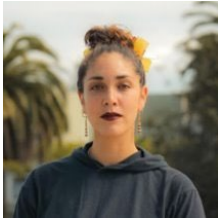
- Designed to support every NICU, regardless of size or location
- Offer tailored guidance, resources, and evidence-based strategies

## Address Unique Challenges

- Empower NICU teams and families throughout the state



# MOMMS FACULTY PANEL



Ruta Lauleva Aiono



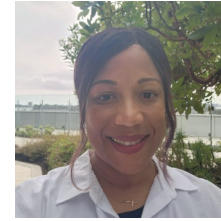
Ifeyinwa V. Asiodu



Courtney Breault



Fulani Davis



Patricia Dupree



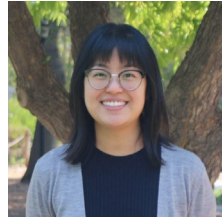
Susan Hintz



Diana Hurtado



Priya Jegatheesan



Jessica Liu



Sanary Lou



Kimberly Novod



Meg Parker



Rupalee (Polly) Patel



Kurlen Payton



Jochen Profit



Janice Seto



Annalisa Watson





# CPQCC Collaborative - MOMMS Collaborative

SMART AIM:  
Increase MOMMS collaborative  
wide rates around human milk  
prior to discharge home from 67%  
to 75% for all eligible MOMMS  
VLBW infants by June 1, 2025.

Call for Participation

Oct 2023

Participant Enrollment

0 - 4 mos.

Participant Pre-Work

Resources/Supports

- Padlet
- Listserv
- Faculty Panel
- Monthly Zooms
- Learning Sessions
- MOMMS Data Portal
- Office Hours
- QI Fundamentals

Select Topic

Nov  
2022

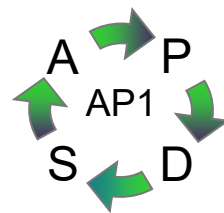
Faculty  
Panel  
Meetings

Jan 2024 -  
May 2024

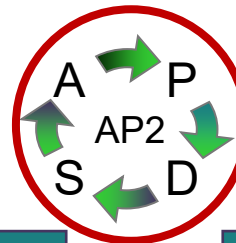
Develop  
Framework

- Aim Statement
- PBPs
- Metrics Grid

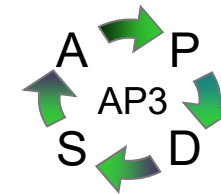
LS 1  
June 14  
2024



LS 2  
Oct 25  
2024



LS 3  
June 6  
2025



Final LS  
June 2026

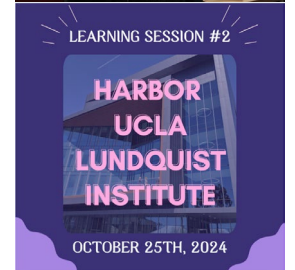
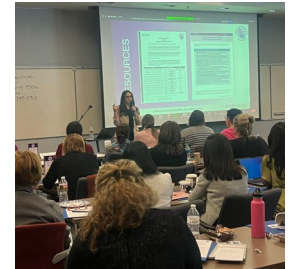
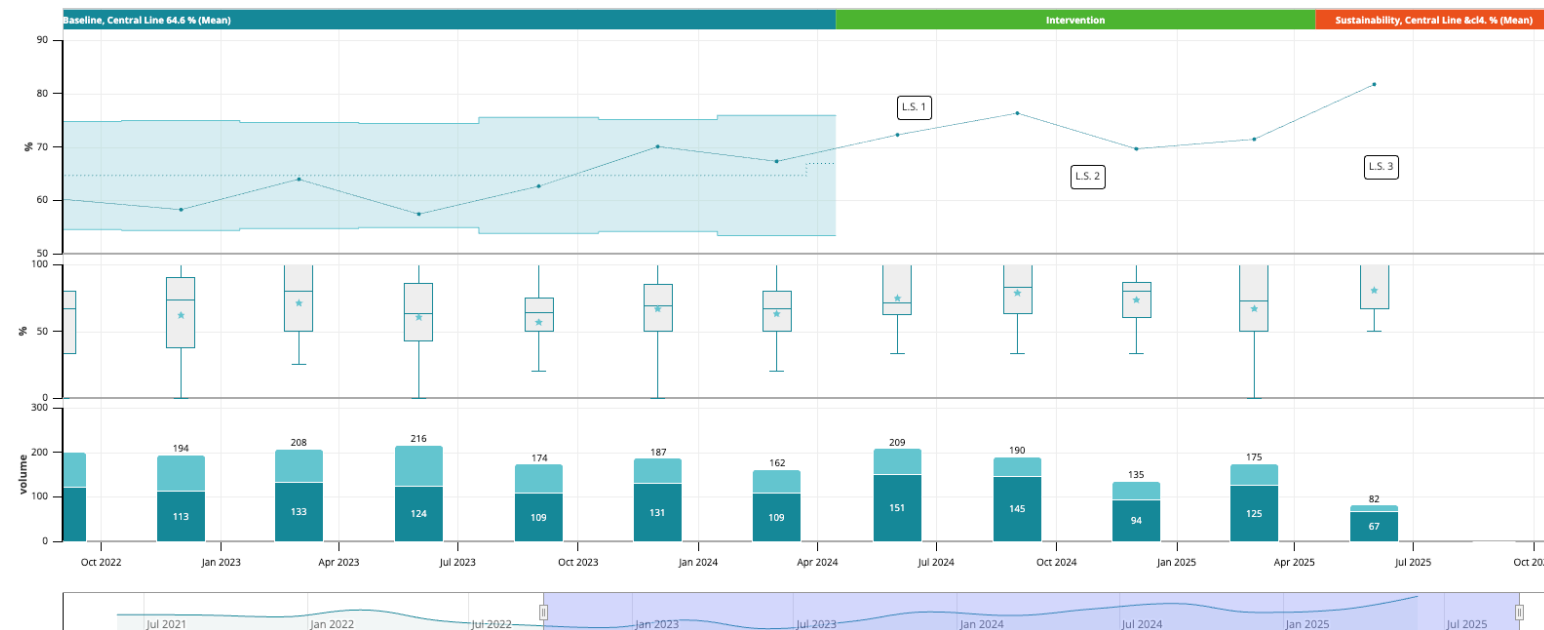
Complete  
Underway

# Motivating & Optimizing Maternal Milk in Safety Net NICUs (MOMMS)

Improvements in Rates of Human Milk at Discharge to Home

3 Learning Sessions

25  
Safety  
Net  
NICUs



## NEW! MOMMS Collaborative's "Welcome To The NICU" Resource Video



The Motivating & Optimizing Maternal Milk in Safety Net NICUs (MOMMS) Collaborative's Family Leads created a simple, educational video resource for families new to the NICU. [Watch and share the "Welcome to the NICU" video!](#)





# CPQCC Collaborating for Access and Resources in Early Life (CARE)

QI Collaborative



# CARE Collaborative by CPQCC

*Because CPQCC Cares*

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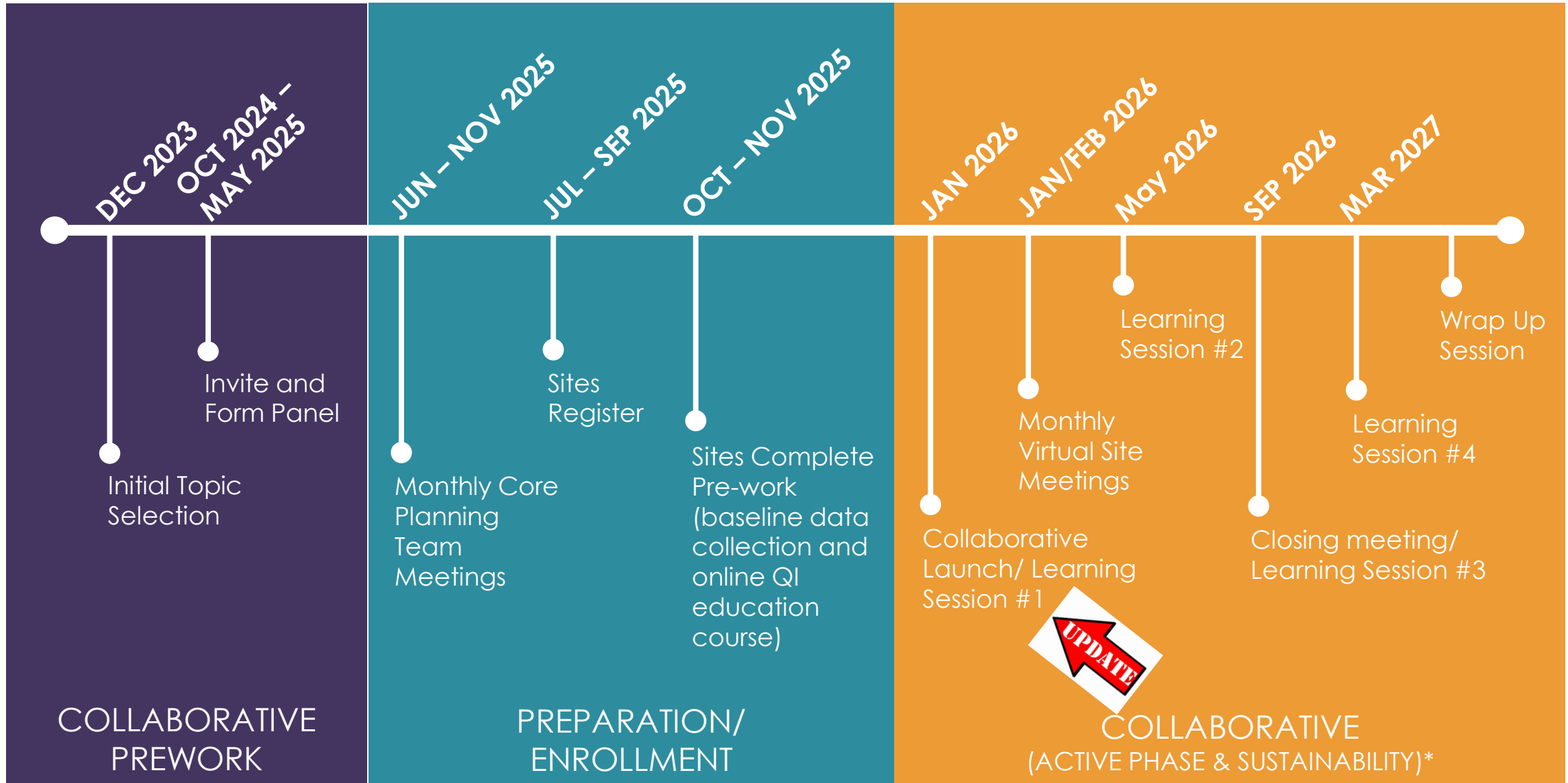
## Target Population

ALL NICU  
Babies



- Screen for health-related social needs (HRSNs) in the NICU
- Make high-quality referrals to community and Enhanced Care Management (ECM) supports
- Track and improve connection rates to those services after discharge

# CARE Timeline



\*Sustainability phase will run from Sep 2026-Sep 2027



# CARE Collaborative Planning Team

## Co-Directors

Ashwini Lakshmanan, MD, MS, MPH

- Kaiser Permanente Bernard J. Tyson School of Medicine

Courtney Breault, RN, MS, CPHQ

- CPQCC

Jochen Profit, MD, MPH

- CPQCC

Kurlen Payton, MD

- Cedars Sinai

## Faculty Panelists

Erika Cordova Ramos, MD

Carolina Gazca, LCSW

Diana Rogosa

Alex Liang

## HRIF Expert Clinician

Susan Hintz, MD, MS

## Improvement Support Leads

Kayla Karvonen, MD

Sheila Razdan, MD, MPH

## Support Lead

Ryan Brewster, MD

## Key Advisors

### General

Kimberly Novod, MPA

Jean Leclerc Raphael, MD, MPH

Rupalee Patel, DNP, MS, BSN, C-PNP, C-PHN, IBCLC

Zea Malawa, MD, MPH

### State Partners

Cheryl Walker, MD

Sunita Hassamal, MD, MA, FACP

Anjelica Montano, MDP

### Managed Care Plan Partners

Pooja Mittal, MD (Health Net)

Nancy Kalev, MPH (Health Net)

# CARE SMART AIMS

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**SMART AIM #1:** By September 30, 2026, 95% of eligible CARE patients who screen positive for at least one health related social need (e.g., food insecurity, energy) will receive a **high-quality referral** prior to discharge.

- To be considered a high-quality referral, the referral must be...
- Appropriate: Match the identified HRSN
- Responsive: Consider language and culture
- Accessible: Account for transportation, eligibility, and ease of use
- Timely: Be made before discharge
- Family Engaged: Be developed with informed family consent
- One liner - Right Service, Right Fit, Right Time, Right Way — with Families at the Center ❤️

**\*Sub Aim\*** (ECM Focused): By September 30, 2026, at least 90 % of CARE patients who meet Enhanced Care Management (ECM) eligibility criteria will have a completed and documented ECM referral placed before discharge from the NICU.

**SMART AIM #2:** By September 30, 2026, 75% of eligible CARE patients discharged with a high-quality referral for a health-related social need will have a **successful/active connection** to that service within 30 days after discharge.

- Successful/active connection: Completed the intake process or confirmed engagement from the organization

# Building Community Across CPQCC



# CPQCC 2026 QI Awards

Nominations Now Open!





## CPQCC QI AWARDS

**Janet Pettit Award Memorial Award**  
**Awarded to:** RN or advanced practice RN (NNP, CNS) or NICU lead QI Team.

**David Wirtschafter Award**  
**Awarded to:** QI leader in the neonatal community or NICU MD led QI Team.

**Lisa Bollman Transport Award**  
**Awarded to:** MD, RN, NNP, CNS, or NICU Transport team that has made significant contributions to neonatal transport through QI.

**Ten Point Nine QI Team Award**  
**Awarded to:** NICUs with average daily census of <11 that have made significant contributions to their unit through QI.

**NOMINATIONS ARE OPEN FOR 2026 AWARDEES. SCAN THE QR CODE TO NOMINATE YOUR COLLEAGUE OR TEAM!**



SCAN ME

For more information, please visit: [bit.ly/CPQIawards](https://bit.ly/CPQIawards)







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# Primary Care for Preterm Infants & Children

A CPQCC Provider Toolkit | November 2023

cpqcc

## CPQCC/CAN NEONATAL DISASTER PREPAREDNESS TOOLKIT

Revised: September 2025  
Authors: Ronald Cohen, MD; Linda Lefrak, MSN, RN, CNS

Originally Released: February 2016  
Lead Author: Douglas Carbine, MD  
Additional Authors: Ronald Cohen, MD; Andrew Hopper, MD; Barbara Murphy, RN, MSN; Pamela Phillips, RN, MSN; Richard Powers, MD

cpqcc  
California Perinatal  
Quality Care Collaborative

October 2025

cpqcc California Perinatal Quality Care Collaborative

### 10-Step Guide for Neonatal Disaster Preparedness

Informed by Expert Recommendations and Literature Review


- 1 • Establish a Neonatal Disaster Preparedness Plan**

**Expert Insight:** A well-defined, NICU-specific disaster plan is crucial for ensuring continuity of care. The plan should include protocols for evacuation, shelter-in-place, and resource allocation.

**Literature Support:** Studies emphasize the need for structured disaster planning in healthcare settings to minimize morbidity and mortality.
- 2 • Conduct Risk Assessments and Hazard Vulnerability Analyses**

**Expert Insight:** Identifying facility-specific risks helps prioritize preparedness measures. This includes assessing risks such as power outages, supply shortages, and natural disasters.

**Literature Support:** Risk assessments enable healthcare facilities to develop targeted strategies for disaster response.
- 3 • Develop Emergency Communication Systems**

**Expert Insight:** Effective communication ensures coordination between NICU staff, hospital administration, emergency responders, and families.

**Literature Support:** Redundant communication methods, such as satellite phones and secure digital platforms, are recommended to maintain information flow.
- 4 • Establish Neonatal Evacuation and Transport Protocols**

**Expert Insight:** Specialized neonatal transport teams and contingency plans for rapid evacuation are essential.

**Literature Support:** Research highlights the importance of pre-identified transport routes and alternative care facilities.

# EDUCATIONAL OFFERINGS

The Mid-Coastal California Perinatal Outreach Program Presents

## "Addressing Perinatal Intimate Partner Violence Through Collective Action, Compassionate Care, and Transformative Systems Change"

Este seminario web contará con traducción simultánea al español

### Who Should Attend?

- Case Managers
- Chaplains
- Community Health Workers
- Community Members
- Doulas
- Healthcare Professionals (Advanced Practice Nurses, Behavioral Health Professionals, Nurses, Physicians, Midwives, etc.)
- Social Workers

### Webinar Objectives:

- Increase awareness of how intimate partner violence (IPV), maternal mental health and perinatal outcomes intersect—especially for Black, Indigenous and other patient populations more likely to be impacted by negative health outcomes.
- Equip providers, birth workers and public health professionals with trauma- and resilience-informed tools to identify, support and refer patients who are experiencing IPV during pregnancy and postpartum.
- Highlight integrated IPV response strategies emphasizing innovation, high-quality care, and survivor-led design.
- Learn what the California Department of Health Care Services (DHCS) is doing to support IPV screening.

### Speakers:

- Anastasia J. Coutinho, MD, MHS, California Department of Health Care Services
- Chyna Hill, PhD, MA/MSW, LCSW, Black Girls Mental Health Collective
- Maya Ragavan, MD, MPH, MS, University of Pittsburgh
- Erica Villa, Next Door Solutions

Questions? Please email [contactmccpop@stanford.edu](mailto:contactmccpop@stanford.edu)



Complementary  
Registration!  
¡Regístrate gratis!



[bit.ly/IPVwebinar](https://bit.ly/IPVwebinar)

Thursday  
October 9, 2025

9:00 a.m. to 12:00 p.m.  
Pacific Time

Virtual  
Zoom

Continuing education fees will be covered by funding from the California Maternal Health Innovation Program, a cooperative agreement supported by a five-year State MHI award totaling \$10,000,000 from the U.S. Health Resources & Services Administration with 0% financed with non-governmental sources, and Stanford Medicine Children's Health.

This activity has been approved for AMA PRA Category 1 Credit™, ANCC contact hours, CA BRN contact hours and ASWB Social Work credit. See website for full accreditation information.



CPQCC California Perinatal Quality Care Collaborative

# Neosphere Conference 2025

Join us in shaping the future of care in the Neonatal Intensive Care Unit and beyond!

This conference hopes to encourage a re-examination of care practices, serve as an incubator for ideas and a platform for innovation.

**October 30th  
9AM - 3PM**

Stanford Alumni Center  
Fisher Conference Center



# Join PQIP!

Help shape the future of neonatal care through innovation and collaboration!

Get Involved!

Join a Subcommittee



Be curious about  
your data!

Share your data!

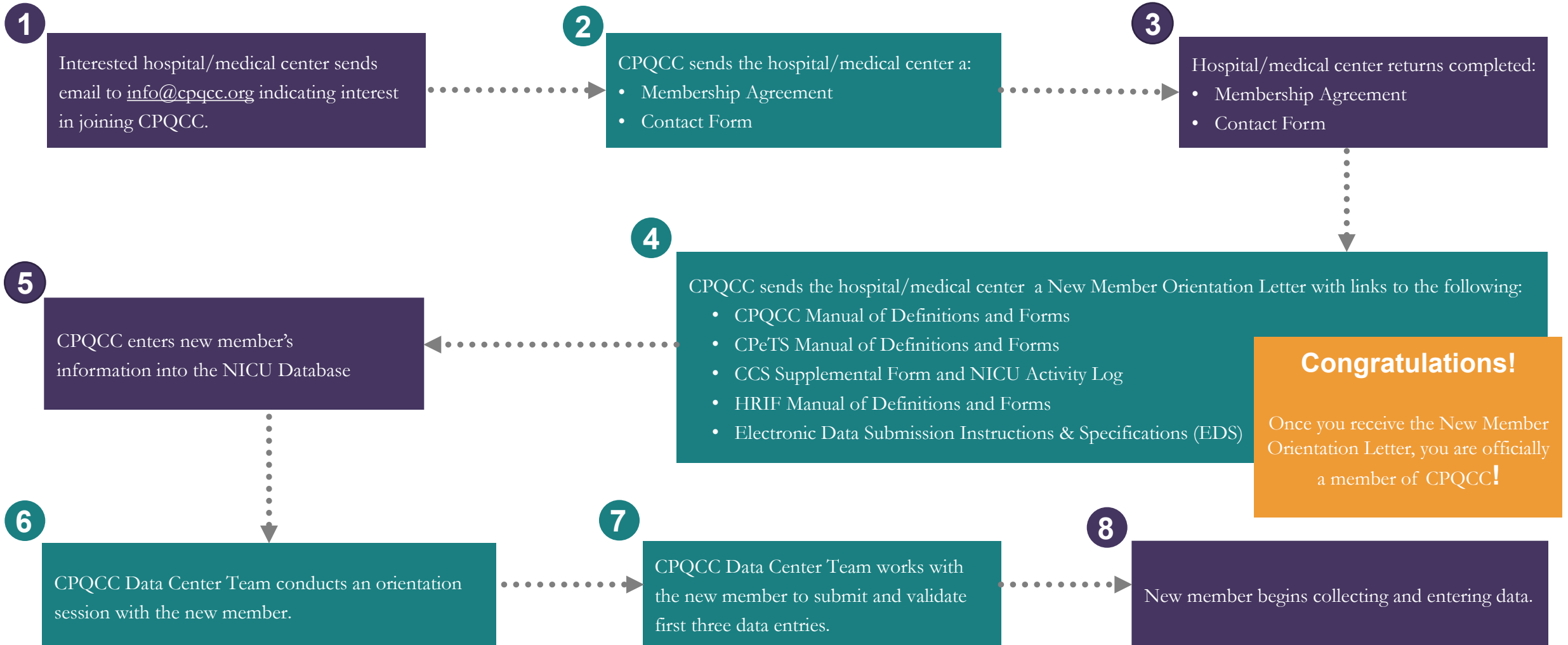
# Become a CPQCC Member!

To learn more, please visit the [www.cpqcc.org](http://www.cpqcc.org) website and go to: **Membership > Becoming a Member**



A screenshot of the CPQCC website. The top navigation bar includes links for About, NICU, Analysis, Improvement, Follow-Up, and Engage. A dropdown menu for 'About' is open, showing options like 'Who We Are', 'What We Do', 'Membership', 'Our Staff', 'Our Partners', 'California NICU Family Advisory Council', 'News and Events', and 'Careers'. The 'Membership' option is highlighted. To the right, a 'Becoming a Member' dropdown menu is also open, showing 'Data Mentorship', 'Current Members', and 'Member Data Awards'. The main content area features a search bar, a 'CPQCC?' section with bullet points about eligibility, and a call-to-action button that says 'Interested in joining? Email support@cpqcc.org to schedule an intro call with our team!'. Below this is a 'Why should I join?' section with a list of benefits, followed by a 'New member resources' section with links to membership fee information, dues instructions, and a journey flow chart.

# The New Member Journey...



**Need additional help or assistance throughout the process?**

Submit a ticket at [www.cpqcchelp.org](http://www.cpqcchelp.org).

## 2026 CPQCC Membership Dues

**The 2026 CPQCC Membership Invoices were sent on Monday, September 22nd.**

Individual hospital invoices were sent from "Rebecca Robinson via SmartSheet [automation@smartsheetmail.stanford.edu](mailto:automation@smartsheetmail.stanford.edu)." Please check your spam folder.

To retrieve your invoice:

- Click on the link "Open request" in the email to open the webpage.
- Click "1 Attachment" at the bottom to download your invoice.
- Once your invoice is downloaded, check the box that reads "Acknowledge Receipt of Invoice" then click the "Submit Update" box near the bottom.
- Please do not edit your hospital name; if you need to make a name change, please contact [support@cpqcc.org](mailto:support@cpqcc.org).

System-level hospital invoices were sent from [support@cpqcc.org](mailto:support@cpqcc.org).

**Annual Membership Dues are due February 1st, 2026. We will update your 2026 close-out checklist upon receipt. Please submit a [Help Desk](#) ticket if you do not receive an invoice.**

# Q&ASession

# Recording and Webinar Evaluation

**!!ATTENTION!!**

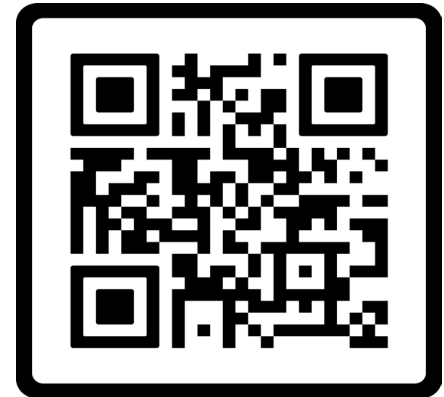
At the end of this webinar please click the evaluation link provided to submit your evaluation for this data trainings.

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



Intro to CPQCC Survey

The webinar recording and slides will also be posted here:



2025 CPQCC Data Trainings!



# Next Data Training Webinar!

October 15<sup>th</sup> – What's New with NICU Data

## What's New with NICU Data

Wednesday, October 15, 2025



2025 CPQCC Data Trainings!

# THANK YOU!



California Perinatal  
Quality Care Collaborative