

CPeTS, NICU, HRIF Database Changes

2026 Birth Year

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INTRODUCTION

We never stop working to improve care for California’s most vulnerable infants and children, and we know you don’t either. Every year, CPQCC staff, members, experts and volunteers review and reconsider the data elements being collected to be sure we’re staying on the cutting edge of neonatal quality improvement care. Elements are sometimes added, removed, or renamed, and renumbered for clarity and consistency.

In addition, other groups often make changes to data elements or definitions that necessitate changes to CPQCC data collection:

- High Risk Infant Follow-up (HRIF)
- California Perinatal Transport Systems (CPeTS)
- California Children’s Services (CCS)
- Vermont Oxford Network (VON)

This document describes the changes that have been made to the 2026 NICU, CPeTS, and HRIF data sets.

CALIFORNIA CHILDREN’S SERVICES (CCS)

NO CHANGES

TRANSPORT DATA SET (TRS)

NO CHANGES

ALL NICU ADMISSIONS DATABASE (ANAD)

DISPOSITION TAB (ENTERAL FEEDING)

Disposition Tab. Enteral Feeding at Discharge

UPDATE: We’re adding higher acuity Item 56. Enteral Feeding at Discharge [ENTFEED] to the All NICU Admits Database (ANAD).

Select **None** if the infant was not receiving any enteral feedings with either formula milk or human milk at discharge.

Select **Human Milk Only** if the infant was discharged receiving human milk as their only enteral feeding, either by being breastfed and/or by receiving pumped human milk.

Select **Formula Only** if the infant was discharged receiving formula milk as their only enteral feeding.

Select **Human Milk in Combination with Either Fortifier or Formula** if the infant was discharged receiving human milk, plus human milk fortifier and/or formula milk.

Select **Unknown** if this information cannot be obtained.

The screenshot shows the 'Disposition' tab of a NICU discharge form. The 'NICU Discharge Date' field is at the top left. Below it, the 'Problems during NICU Stay' section lists various conditions with checkboxes. To the right, the 'NICU Disposition' section has radio button options. The 'Enteral Feeding at Discharge' section is highlighted with a yellow box and contains radio button options for feeding type. Below this is the 'Additional Discharge Notes' field. At the bottom, there are sections for 'Acute Transport Out', 'Transport/Transfer Location', 'Hospital Discharge Date', and 'Hospital Disposition'.

ABX/CENTRAL LINES/FCC TAB (FAMILY CENTERED CARE (FCC))

ABX/Central Lines/FCC Tab. Family Centered Care (FCC)

UPDATE: We're adding Days from Hospital/NICU Admission to First Skin-to-Skin Care at Your Hospital [FCCSKIN] to the All NICU Admits Database (ANAD).

If skin-to-skin care never occurred at your hospital, check the box labeled **Never Done Here**.

If this information is unknown, check the box labeled **Unk**.

UPDATE: We're adding Hours from Birth to Priming with Oral Colostrum at Your Hospital [FCCTCOL] to the All NICU Admits Database (ANAD).

If the infant was never administered oral colostrum at your hospital, check the box labeled **Never Done Here**.

If this information is unknown, check the box labeled **Unk**.

Demographics	Admission	ABX / Central Lines / FCC	Disposition
ABX Days	<input type="text"/>	Maximum possible for this field is 101. [optional] Number of days during this stay of IM or IV antibiotic exposure (antibacterial or antifungal agents). If admission period overlaps two years, separate days in year of admission and subsequent year by +, e.g., 5+1.	
Central Line Days	<input type="text"/>	Maximum possible for this field is 101. [optional] Number of days during this stay on which the infant had an umbilical catheter or one or more central lines in place.	
CLABSI	<input type="checkbox"/>	[optional] Check this box if CLABSI occurred. Dependency on central line days intentionally <u>not</u> implemented!	
FCC: Days from <u>NICU Admission</u> to First Skin-to-Skin <u>at Your Hospital</u>			
Days	<input type="text" value="1"/> [optional]	Or, alternatively specify Date of First Skin-To-Skin Set to DOA	<input type="text" value="03-01-2026"/>
<input type="checkbox"/> Prior to NICU Admission <input type="checkbox"/> Never Done Here <input type="checkbox"/> Unknown			
FCC: Hours from <u>Birth</u> to First Administration of Colostrum <u>at Your Hospital</u>			
The number of hours to oral colostrum administration cannot exceed 580 hours. If the infant was admitted to your <u>hospital</u> greater than 580 hours after birth, please check Never Done Here .			
Hours	<input type="text"/> [optional]	Or, alternatively specify Date/Time of First Colostrum Administration Set to DOA/TOA	<input type="text" value="MM-DD-YYYY HH:m"/>
<input type="checkbox"/> Never Done Here <input checked="" type="checkbox"/> Unknown			

NICU ADMISSION DISCHARGE (A/D) AND DELIVERY ROOM DEATH (DRD) FORM

MATERNAL HISTORY & DELIVERY (ITEM 17c.): A/D & DRD

Item 17c. Obstetrical Conditions

UPDATE: We're adding Anhydramnios/Oligohydramnios as one category and creating a separate category for Polyhydramnios for Item 17c

Anhydramnios / Oligohydramnios

Select **Yes** for Anhydramnios/Oligohydramnios if the mother was diagnosed with Anhydramnios or Oligohydramnios. Oligohydramnios is a medical condition characterized by too little amniotic fluid in the uterus during pregnancy. The limiting case is anhydramnios, where there is a complete absence of amniotic fluid.

Select **No** if the mother was not diagnosed with Anhydramnios or Oligohydramnios.

Select **Unknown** if this information is not obtainable.

Polyhydramnios

Select **Yes** for **Polyhydramnios** if the mother was diagnosed with polyhydramnios. Polyhydramnios is a medical condition characterized by an excess of amniotic fluid in the uterus during pregnancy.

Select **No** if the mother was not diagnosed with polyhydramnios.

Select **Unknown** if this information is not obtainable.

c) Obstetrical Conditions

☐ None

Preterm (< 37 wks) Labor	<div>Yes</div>
Preterm (< 37 wks) Premature ROM before onset of labor	<div>Yes</div>
Term (≥ 37 wks) Premature ROM before onset of labor	<div>NA</div>
Prolonged ROM (> 18 hours)	<div>Yes</div>
Malpresentation/Breech	<div>Yes</div>
Bleeding/Abruption/Previa	<div>No</div>
Anhydramnios/Oligohydramnios	<div>Yes</div>
Polyhydramnios	<div>No</div>
Other Obstetrical (describe)	<div>No</div>

HRIF REPORTING SYSTEM DATA SET

NO CHANGES