What's New with the NICU

October 21, 2020

Webinar Logistics

- Attendees are automatically muted upon entry
- The "chat" function has been disabled. **Please utilize the Q&A box if you are having technical difficulties and to submit any questions you have for the presenters. We will answer as many questions as possible during the Q&A portion of the webinar.**
- 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-2020

Presenters

- **Henry Lee, MD, MPH,** Chief Medical Officer, CPQCC
- **Jochen Profit, MD, MPH,** Chief Quality Officer, CPQCC
- **Janella Parucha, BS,** Program Manager, CPQCC
- **Fulani Davis,** Program Manager, CPQCC

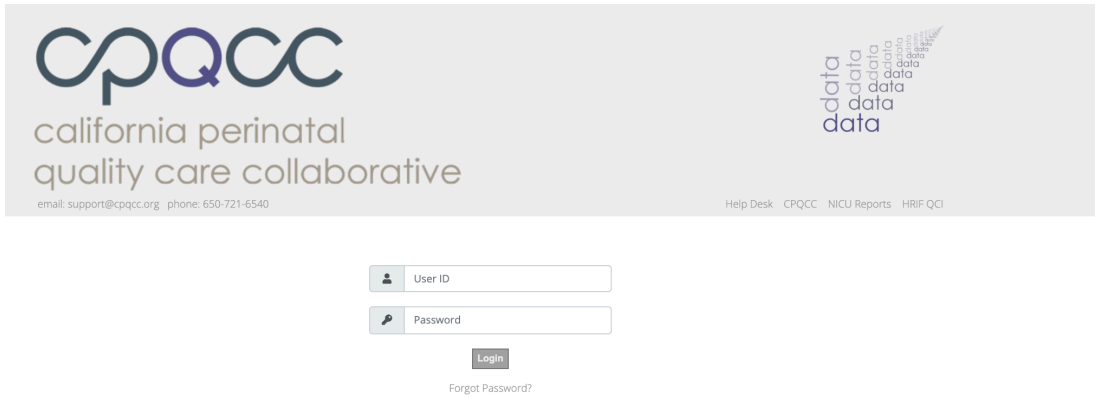
Introduction to NICU Data Entry

Janella Parucha

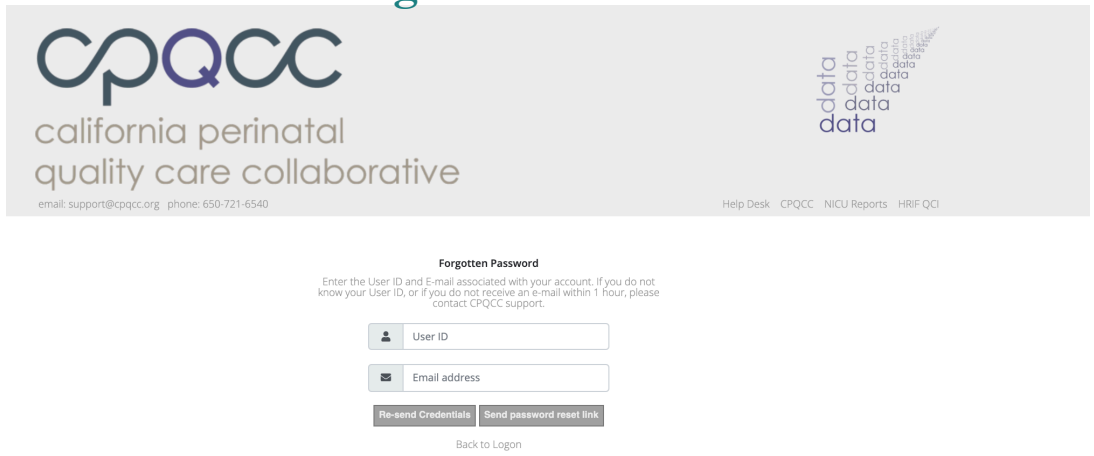
NICU Program Manager

Access

Login page



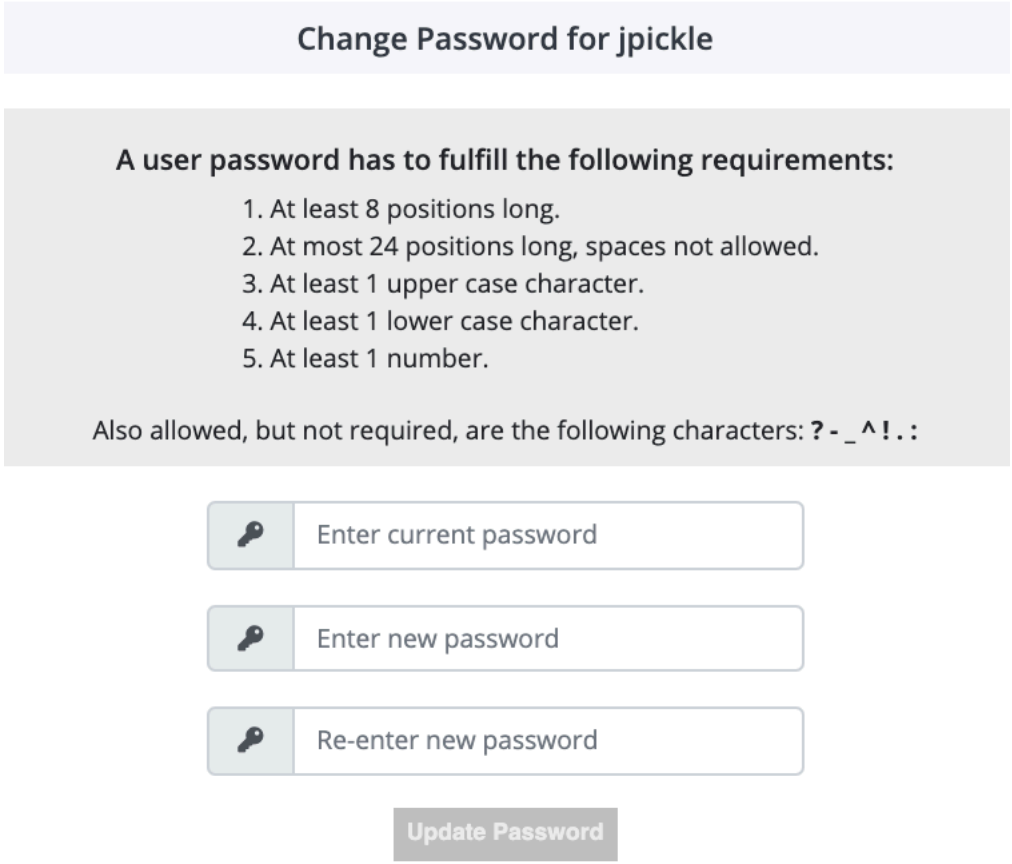
Forgot Password



- Submit a Help Ticket if you need access or reactivation for the NICU data site (www.cpqccdata.org)or NICU report site (www.cpqccreport.org)
- Select "Forgot Password?" to send reset link or credentials.

Passwords

- Your password must be changed once a year.
- Members can change their passwords on the NICU Data site or the NICU Reports site by selecting “Change Password”
- If a user attempts to login 5 times with an incorrect pw, the account is locked for 15 minutes.



Eligibility

WWW.CPQCCC.ORG > NICU Data Resources

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

Small Babies

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

- Were born between 22 weeks, 0 days and 31 weeks, 6 days of gestation or
- Had a birth weight between 401-1,500 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

Several factors determine whether "big babies," or those with birth weights greater than 1,500 grams and born at 32 weeks of gestation or greater, are eligible for entry into the database. They must either have been born at your hospital or have been transferred in within 28 days of their birth. In addition, they must have been admitted into the NICU or cared for by the NICU service team and meet one of the following criteria:

1. Death
2. Acute transport into your NICU
3. Acute transport out of your NICU
4. Nasal IMV/SIMV (or any other form of non-intubated assisted ventilation) for greater than four continuous hours
5. Intubated assisted ventilation for greater than four continuous hours
6. Early bacterial sepsis
7. Major surgery requiring anesthesia
8. Previously discharged home and then readmitted for a total serum bilirubin of greater than or equal to 25 mg/dl (427 micromols/liter) and/or exchange transfusion. *Babies readmitted for hyperbilirubinemia are eligible whether they are readmitted directly to the NICU or elsewhere in the hospital.*
9. Suspected encephalopathy or perinatal asphyxia
10. Active therapeutic hypothermia
11. Seizures (Babies born in 2019 or later)

Confused? Use the flow-chart below to determine if a baby is eligible for entry into the NICU Database.

Is This Baby Eligible?

Was the baby born alive?

Yes

Did the baby die within 12 hours of birth, before being admitted to the NICU?

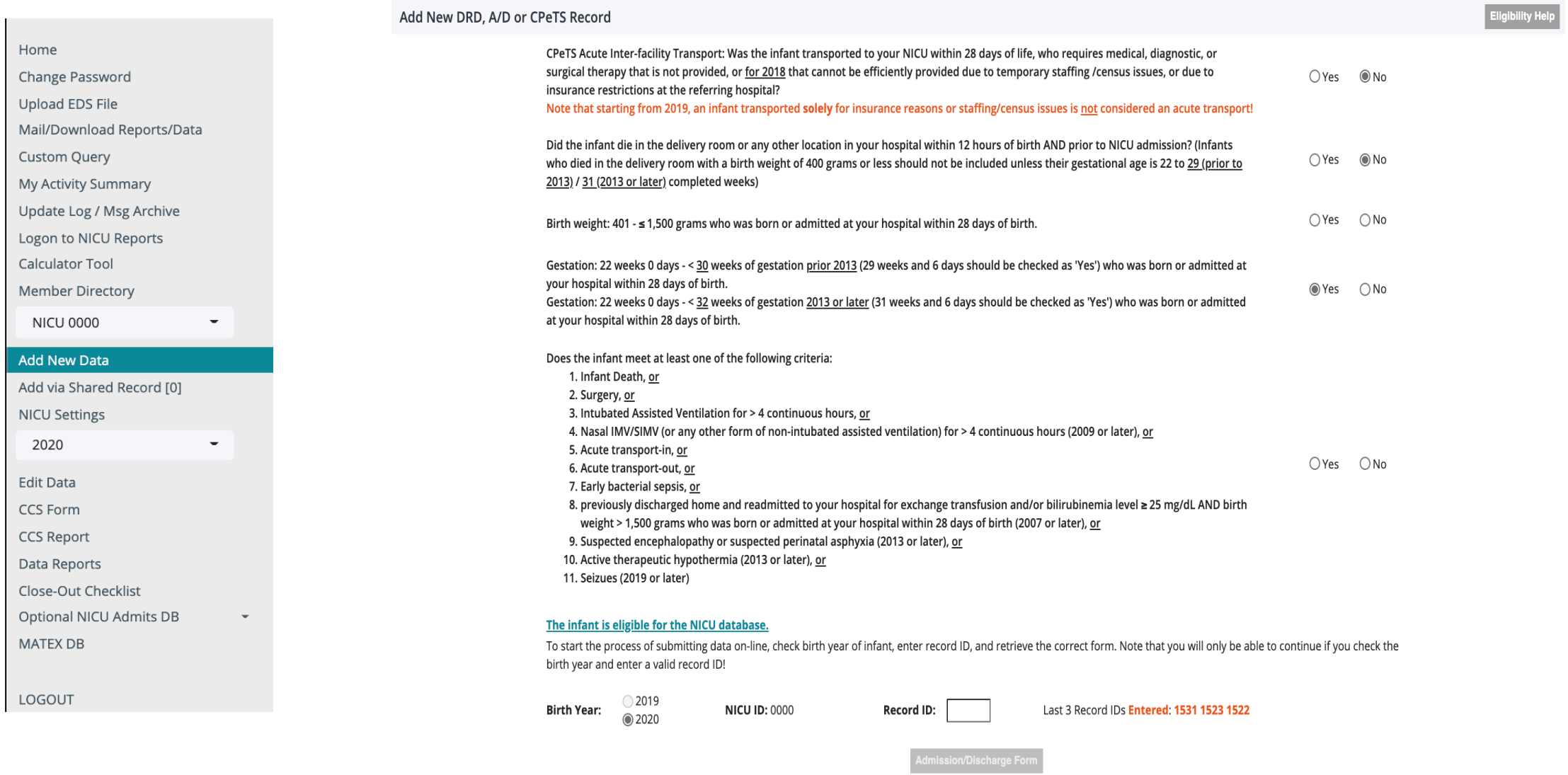
No

Was the baby born between 22 weeks and 31 weeks, 6 days gestation or with a birth weight between 401-1,500 grams?

Yes | Start Again

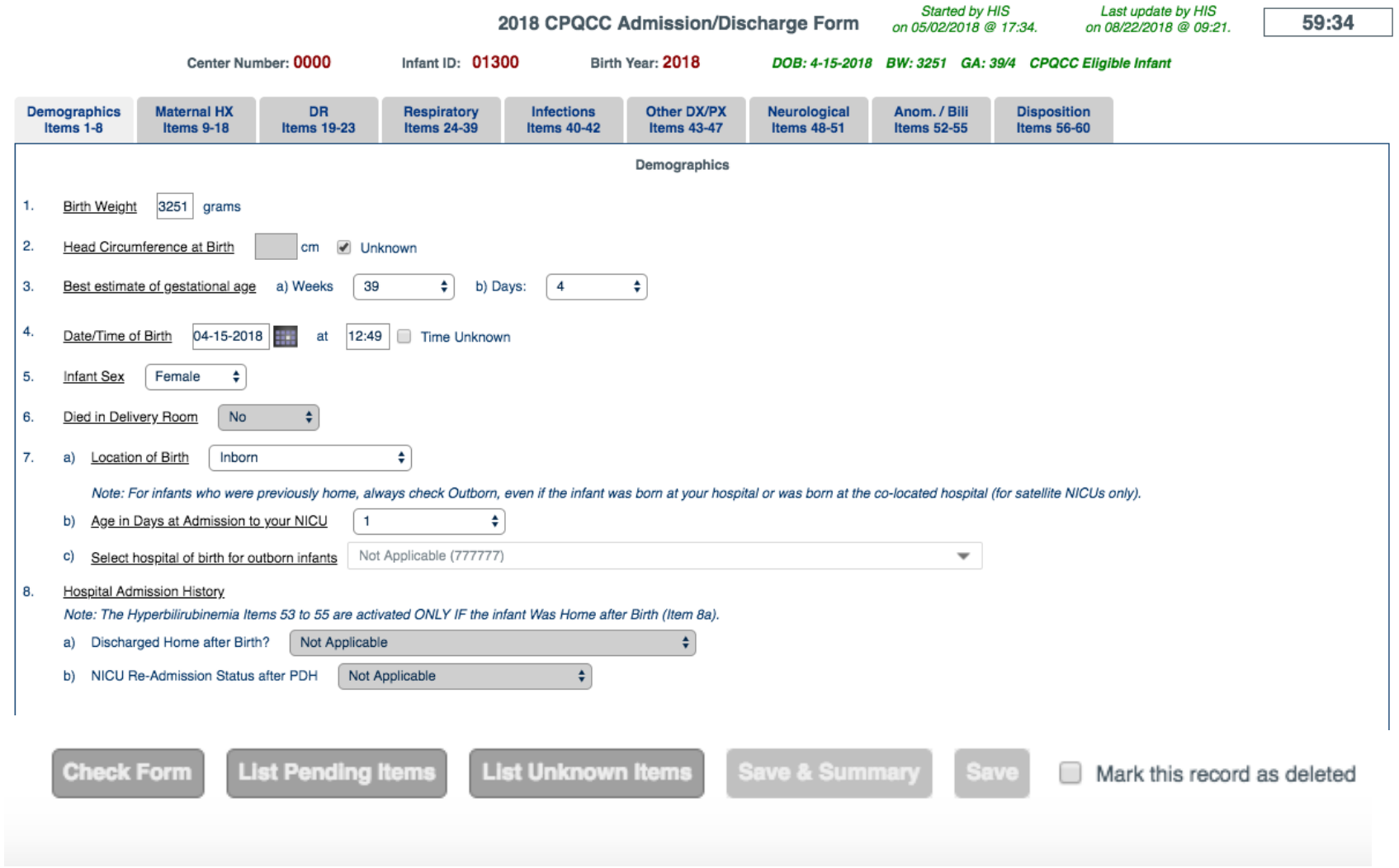
The baby qualifies as a "Small Baby" and is eligible for entry into the NICU Database.

Add New Data

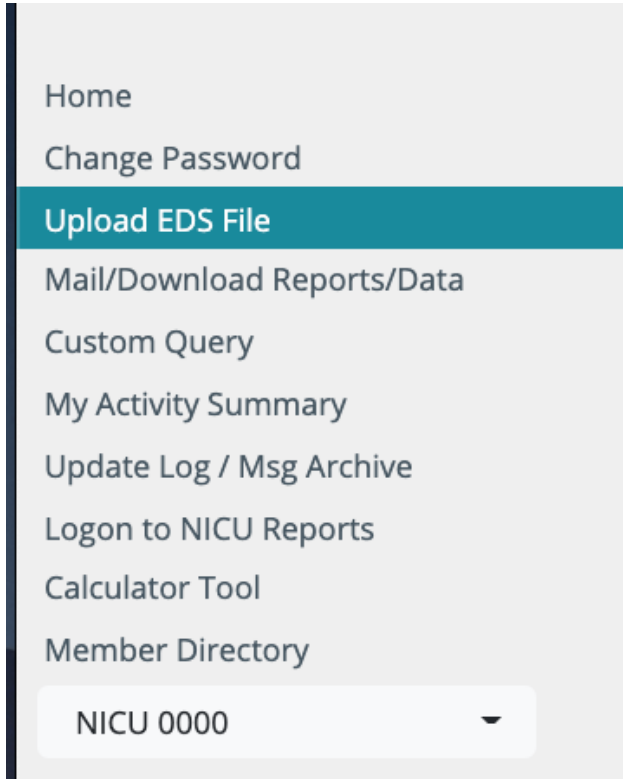

Home
Change Password
Upload EDS File
Mail/Download Reports/Data
Custom Query
My Activity Summary
Update Log / Msg Archive
Logon to NICU Reports
Calculator Tool
Member Directory
NICU 0000
Add New Data
Add via Shared Record [0]
NICU Settings
2020
Edit Data
CCS Form
CCS Report
Data Reports
Close-Out Checklist
Optional NICU Admits DB
MATEX DB
LOGOUT
Add New DRD, A/D or CPeTS Record
Eligibility Help
CPeTS Acute Inter-facility Transport: Was the infant transported to your NICU within 28 days of life, who requires medical, diagnostic, or surgical therapy that is not provided, or for 2018 that cannot be efficiently provided due to temporary staffing /census issues, or due to insurance restrictions at the referring hospital?
Note that starting from 2019, an infant transported solely for insurance reasons or staffing/census issues is not considered an acute transport!
Yes
No
Did the infant die in the delivery room or any other location in your hospital within 12 hours of birth AND prior to NICU admission? (Infants who died in the delivery room with a birth weight of 400 grams or less should not be included unless their gestational age is 22 to 29 (prior to 2013) / 31 (2013 or later) completed weeks)
Yes
No
Birth weight: 401 - ≤ 1,500 grams who was born or admitted at your hospital within 28 days of birth.
Yes
No
Gestation: 22 weeks 0 days - < 30 weeks of gestation prior 2013 (29 weeks and 6 days should be checked as 'Yes') who was born or admitted at your hospital within 28 days of birth.
Gestation: 22 weeks 0 days - < 32 weeks of gestation 2013 or later (31 weeks and 6 days should be checked as 'Yes') who was born or admitted at your hospital within 28 days of birth.
Yes
No
Does the infant meet at least one of the following criteria:
1. Infant Death, or
2. Surgery, or
3. Intubated Assisted Ventilation for > 4 continuous hours, or
4. Nasal IMV/SIMV (or any other form of non-intubated assisted ventilation) for > 4 continuous hours (2009 or later), or
5. Acute transport-in, or
6. Acute transport-out, or
7. Early bacterial sepsis, or
8. previously discharged home and readmitted to your hospital for exchange transfusion and/or bilirubinemia level ≥ 25 mg/dL AND birth weight > 1,500 grams who was born or admitted at your hospital within 28 days of birth (2007 or later), or
9. Suspected encephalopathy or suspected perinatal asphyxia (2013 or later), or
10. Active therapeutic hypothermia (2013 or later), or
11. Seizues (2019 or later)
Yes
No
The infant is eligible for the NICU database.
To start the process of submitting data on-line, check birth year of infant, enter record ID, and retrieve the correct form. Note that you will only be able to continue if you check the birth year and enter a valid record ID!
Birth Year:
2019
2020
NICU ID: 0000
Record ID:
Last 3 Record IDs Entered: 1531 1523 1522
Admission/Discharge Form

NICU Data

- Minimum 5 variables to start a record
- 1) BIRTH YEAR, 2.) Infant ID, 3.) BWGT, 4) DOB, TOB, 5) SEX
- Check Form and Save

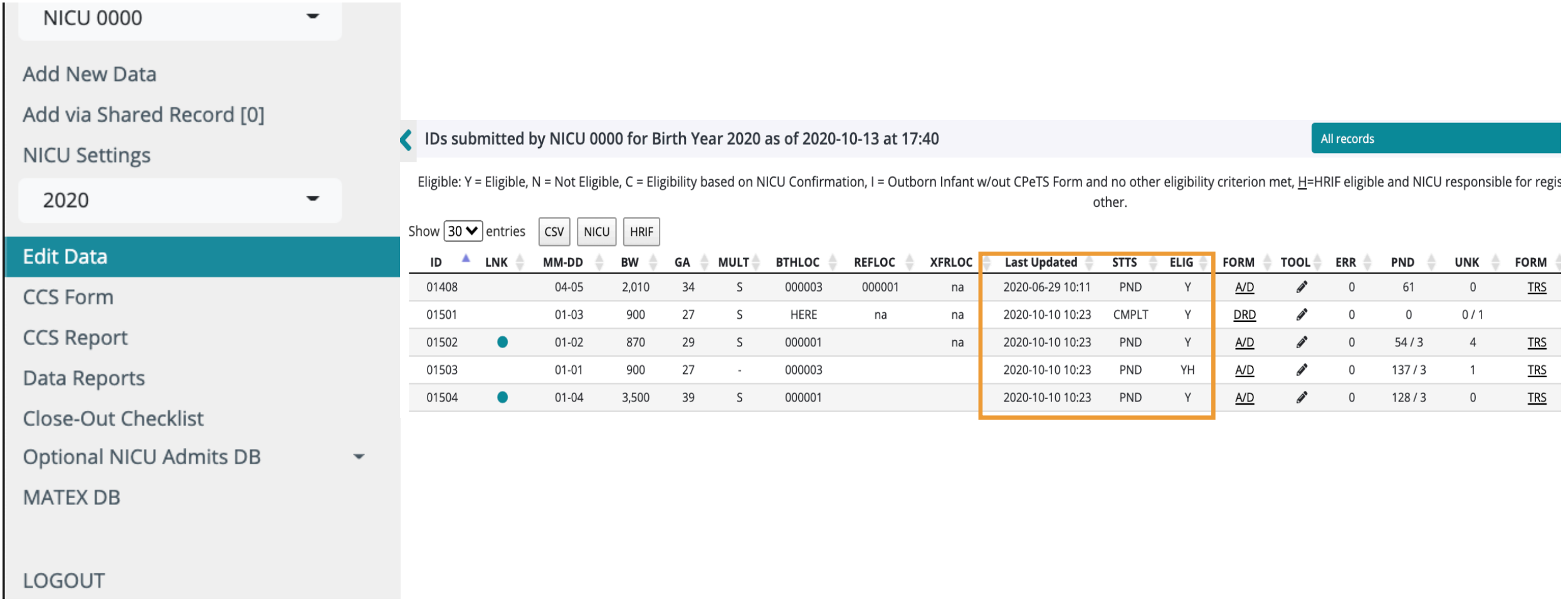


Electronic Data Submission



- EDS (CSV) files can be uploaded through the link on your navigation bar 'Upload EDS File'.
- If you are interested in EDS submission please review the EDS Instructions located at www.cpqcc.org → NICU resources.
- Then submit a CPQCC Help Ticket at www.cpqcchelp.org for additional help.

Edit Data


NICU 0000
Add New Data
Add via Shared Record [0]
NICU Settings
2020
Edit Data
CCS Form
CCS Report
Data Reports
Close-Out Checklist
Optional NICU Admits DB
MATEX DB
LOGOUT
IDs submitted by NICU 0000 for Birth Year 2020 as of 2020-10-13 at 17:40
All records
Eligible: Y = Eligible, N = Not Eligible, C = Eligibility based on NICU Confirmation, I = Outborn Infant w/out CPeTS Form and no other eligibility criterion met, H=HRIF eligible and NICU responsible for regis
other.
Show 30 entries
CSV
NICU
HRIF
ID | LNK | MM-DD | BW | GA | MULT | BTHLOC | REFLOC | XFRLOC | Last Updated | STTS | ELIG | FORM | TOOL | ERR | PND | UNK | FORM
01408 | | 04-05 | 2,010 | 34 | S | 000003 | 000001 | na | 2020-06-29 10:11 | PND | Y | A/D | | 0 | 61 | 0 | TRS
01501 | | 01-03 | 900 | 27 | S | HERE | na | na | 2020-10-10 10:23 | CMPLT | Y | DRD | | 0 | 0 | 0 / 1 |
01502 | | 01-02 | 870 | 29 | S | 000001 | | na | 2020-10-10 10:23 | PND | Y | A/D | | 0 | 54 / 3 | 4 | TRS
01503 | | 01-01 | 900 | 27 | - | 000003 | | | 2020-10-10 10:23 | PND | YH | A/D | | 0 | 137 / 3 | 1 | TRS
01504 | | 01-04 | 3,500 | 39 | S | 000001 | | | 2020-10-10 10:23 | PND | Y | A/D | | 0 | 128 / 3 | 0 | TRS

2021 NICU Database Changes

Delivery Room Death Form

Item 19 a-e Delayed Cord Clamping [DCC]

Recommendation

- **Remove Delayed Cord Clamping items 19 a-e**. from the Delivery Room Death Form.

Rationale:

- No one would be collecting delayed cord clamping for a delivery room death patient.

Current Definition

- Item 19a. Was delayed umbilical cord clamping performed?[DCCDONE
- Item 19b. How long was umbilical cord clamping delayed?[DCCTIME]
- Item 19c. If DCC was not done, reason why [DCCNOTWHY], [DCCNOTWHYDESC]
- Item 19d. Was umbilical cord milking performed? [DCCCORDMILK]
- Item 19e. Did breathing begin before umbilical cord clamping? [DCCBREATH]

Updated Definition

- No updates to the definition

Admission/Discharge Form and CPeTS

Item 24d. Cooling for HIE Method [ACOOLINGMETHOD]

Recommendation

- Remove **Selective Head**

Rationale:

- Keeping up to date with current clinical practice; selective head cooling units are no longer marketed or sold in California. We want to keep our data item choices up to date and as efficient as possible and not retain out of date choices.

Current Definition

- **Item 24d. Cooling for HIE Method [ACOOLINGMETHOD]**
  - Select **Passive**
  - ~~Select **Selective Head**~~
  - Select **Whole Body**
  - Select **Other**
  - Select **Unknown**

Updated Definition

- No Update

Admission/Discharge Form and CPeTS

Item 38a-f. Respiratory Support at 36 weeks [OX]

Recommendation

- Updated from "at any time" to **"at any time after leaving the delivery room/initial resuscitation area".**

Rationale:

- To clarify that we want to collect data for infants after leaving the delivery room/initial resuscitation area.

Current Definition

- **Item 38b. Conventional Ventilation [VENT36]**

Select **Yes** if the item is applicable based on the Eligibility Criteria for Respiratory Support at 36 Weeks, and the infant was given intermittent positive pressure ventilation through an endotracheal tube with a conventional ventilator (IMV rate <240/minute) **at any time** on the date of week 36.

Updated Definition

- **Item 38b. Conventional Ventilation [VENT36]**

Select **Yes** if the item is applicable based on the Eligibility Criteria for Respiratory Support at 36 Weeks, and the infant was given intermittent positive pressure ventilation through an endotracheal tube with a conventional ventilator (IMV rate <240/minute) **at any time after leaving the delivery room/initial resuscitation area** on the date of week 36.

Admission/Discharge Form

Item 48e. Cerebellar Hemorrhage [CERHEM]

Recommendation

- **Add** Cerebellar Hemorrhage [CERMEM] to **Item 48e.**
- **Move** [OTHHEM] & [OTHHENDESC] to **Item 48f.**

Rationale:

- Cerebellar hemorrhage is increasingly recognized as a risk factor for neurodevelopmental impairment.

Current Definition

- **Item 48e. Other Intracranial hemorrhage (on or before Day 28) [OTHHEM], [OTHHEMDESC]**

Select **Yes** if neural imaging (either ultrasound, CT scan, MRI scan, etc.) showed evidence of intracranial hemorrhage other than Peri-IVH grades 1 to 4. Includes subdural, epidural, subarachnoid bleeds and parenchymal hemorrhage not related to P/IVH. Do not include extracranial bleeds such as subgaleal hemorrhages or cephalhematomas. Specify the type of intracranial hemorrhage in the space provided.

Updated Definition

- **Item 48e. Cerebellar Hemorrhage [CERHEM]**

Select **Yes** if neural imaging (either ultrasound, CT scan, MRI scan, etc.) showed evidence of cerebellar hemorrhage.

Select **No** if no evidence of cerebellar hemorrhage was found.

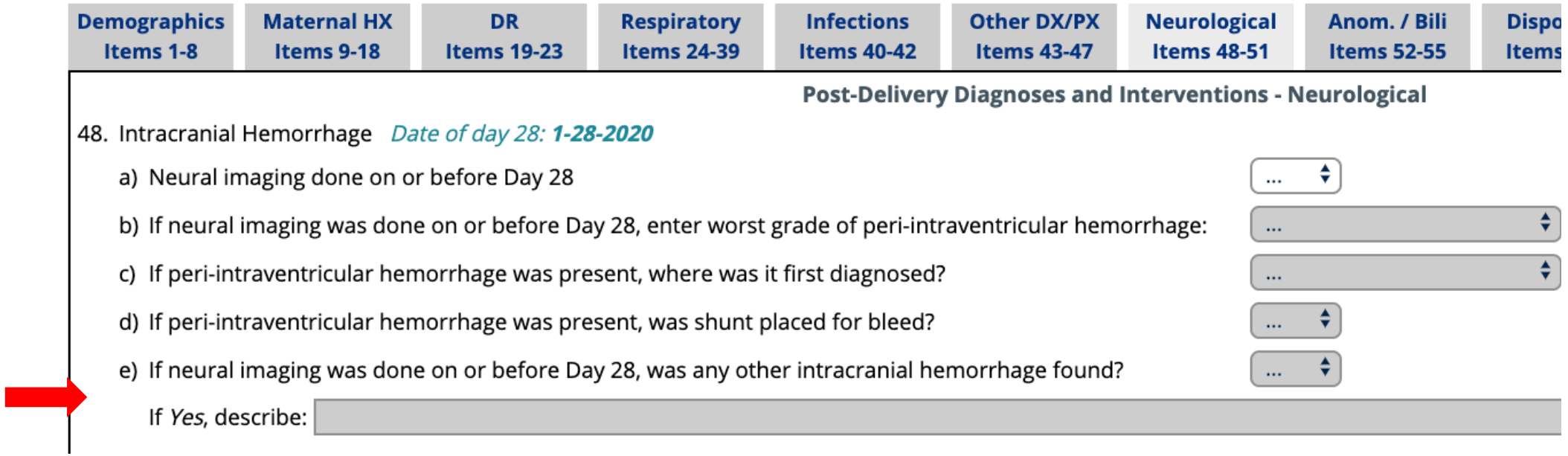
Select **Unknown** if this information cannot be obtained.

Note: This item is N/A if no head imaging was ever done.

Admission Discharge Form

Item 48e. Cerebellar hemorrhage [CERHEM]

Add Cerebellar Hemorrhage [CERMEM] to **Item 48e.**



(48f) **Move** [OTHHEM] & [OTHHENDESC] to **Item 48f.**

Admission/Discharge Form

Item 51. Hypoxic Ischemic Encephalopathy [HIE]

Recommendation

- Lower GA to 35 weeks

Rationale:

- To capture infants who may be missed that are at 35 weeks

Current Definition

- Select **Not Applicable** if the infant has a gestational **age at birth of less than 36 weeks** and your center does not participate in the VON expanded data collection. If your center participates in the VON expanded data collection, this item applies to all NICU admissions starting from 2017.

Updated Definition

- Select **Not Applicable** if the infant has a gestational **age at birth of less than 35 weeks** and your center does not participate in the VON expanded data collection. If your center participates in the VON expanded data collection, this item applies to all NICU admissions starting from 2017.

Pilot Data Collection

Delivery Room Oxygen Pilot

Recommendation

- Add 2 variables to collect oxygen saturation/concentration given in the delivery room. Inclusion criteria: VLBW infants (<1500 grams or < 32 weeks gestation; Inborn infants only - A/D forms and DRD forms.)

Rationale:

- There is a significant need to determine if a low 5 minute SpO2 is a significant predictor of poor neonatal outcomes including death and/or severe IVH.

Variables

- Item DR O_2 - 1. Mean Oxygen Saturation (SaO_2) at 5 Minutes [DRSAO2]
- Item DR O_2 - 2. Inspired Oxygen Concentration (FiO_2) at 5 Minutes [DRFIO2]

Definition

- Enter the infant's average oxygen saturation (SaO_2) as a percentage ranging from **0% to 100%** at 5 minutes as noted in the Labor and Delivery record, if available.
- Enter the infant's inspired oxygen concentration (FiO_2) ranging from **21% to 100%** at 5 minutes as noted in the Labor and Delivery record, if available.

Delivery Room Oxygen Pilot

Demographics Items 1-8 | Maternal HX Items 9-18 | DR Items 19-23 | Respiratory Items 24-39 | Infections Items 40-42 | Other DX/PX Items 43-47 | Neurological Items 48-51 | Anom. / Bili Items 52-55 | Disposition Items 56-60

Delivery Room and First Hour after Birth

19. Delayed Cord Clamping

a) Was delayed umbilical cord clamping performed? No

For the purposes of this definition, clamping performed less than 30 seconds after delivery is not considered delayed cord clamping even if there was intent to perform delayed cord clamping.

b) How long was umbilical cord clamping delayed? Not Applicable

c) Why was umbilical cord clamping not performed? [optional] Neonatal causes If other, description:

d) Was umbilical cord milking performed? No

e) Did breathing begin before umbilical cord clamping? No

20. Apgar Scores: 1-min: 3 5-min: 3 10-min: Not Done

21. Perinatal Asphyxia *Note that items 21a-21e apply only to infants > 1,500 grams*

a) Suspected Encephalopathy/Perinatal Asphyxia or Low 5-min and/or 10-min Apgar Score: Not Applicable

Note that items 21b-21e apply only to infants > 1,500 grams that meet at least one of the following criteria:

1. *admitted with suspected encephalopathy (Yes to item 21a),*
2. *admitted with suspected perinatal asphyxia (Yes to item 21a),*

QI Delivery Room Oxygen Items:

Mean Oxygen Saturation (SaO_2) at 5 Minutes [0-100] UNK

Inspired Oxygen Concentration (FiO_2) at 5 Minutes [21-100] UNK

Family Centered Care

Days to First Skin to Skin Care

Recommendation

Add to NICU Database Disposition Tab:

Days to First Skin to Skin Care*

Rationale: as one of four FCC measures selected by an expert panel, skin to skin care is protective against a variety of adverse neonatal outcomes.

Variables

Days to First Skin to Skin Care

- Or enterable as "day of NICU stay" (1 = smallest value)
- Enterable as a date

Definition

Enter the day of NICU stay on which the first instance of skin-to-skin care occurred by any member of the family. If skin-to-skin care happened on the day of NICU admission, enter "1". If skin-to-skin care happened on day 5 of the NICU stay, enter "5". Can also enter the date (dd/mm/yyyy) as an alternative.

(*Not just positive touch, should involve transfer of infant)

Family Centered Care

Days to First Social Worker Contact

Recommendation

Add to NICU Database Disposition Tab:

Days to First Social Worker Contact

Rationale: CA state requires social worker assessment within 2 days of NICU admission; is this being done? (one of four FCC measures being piloted)

Variables

Days to First Social Worker Contact

- Enter as "day of NICU stay" (1 = smallest value)
- Enterable as a date

Definition

Days to first social worker encounter with infant's family from NICU admission. Timely social worker assessment is mandated by CCS regulations in California; this item will facilitate detection of cases in which a timely needs assessment was not performed.

Family Centered Care

Time to Priming with Oral Colostrum

Recommendation

Add to NICU Database Disposition Tab:

Time to Priming with Oral Colostrum

Rationale: one of four FCC measures selected by an expert panel, this practice confers benefits to VLBW infants and signals NICU culture and commitment to mother's milk.

Variables

Time to Priming with Oral Colostrum

- Enterable as hours from NICU admission

Definition

Time (in hours) to oral administration (buccal swab) of colostrum to infant.

Family Centered Care

Initial Disposition

ote that responses in this section will be ignored if you do not answer item 57, initial disposition from your center!

. Enteral Feeding at Discharge: Human Milk with Fortifier or Formula

. Initial Disposition from your Center: Home

. Weight at Initial Disposition: 2900 grams ☐ Unknown

. Head Circumference at Initial Disposition (cm): 28.0 cm ☐ Not Done ☐ Unknown

. Initial Discharge Date: 06-15-2020 ☐ Unknown

The initial length of stay for this infant is 70 days.

amily Centered Care (FCC) Items:

ays from NICU Admission to First Skin-to-Skin Care at Your Hospital: 17 Days, or Enter Date 04-23-2020 ☐ Prior to NICU Admission ☐ Never Here ☐ Unknown

ays from NICU Admission to First Social Worker Contact at Your Hospital: 1 Days, or Enter Date 04-07-2020 ☐ Prior to NICU Admission ☐ Never Here ☐ Unknown

lours from Birth to Priming with Oral Colostrum at Your Hospital: 56 Hours, or Enter Date and Time 04-07-2020 at 12:05 ☐ Never Here ☐ Unknown

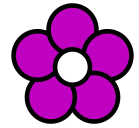
NICU Data Finalization

Fulani Davis

NICU Program Manager

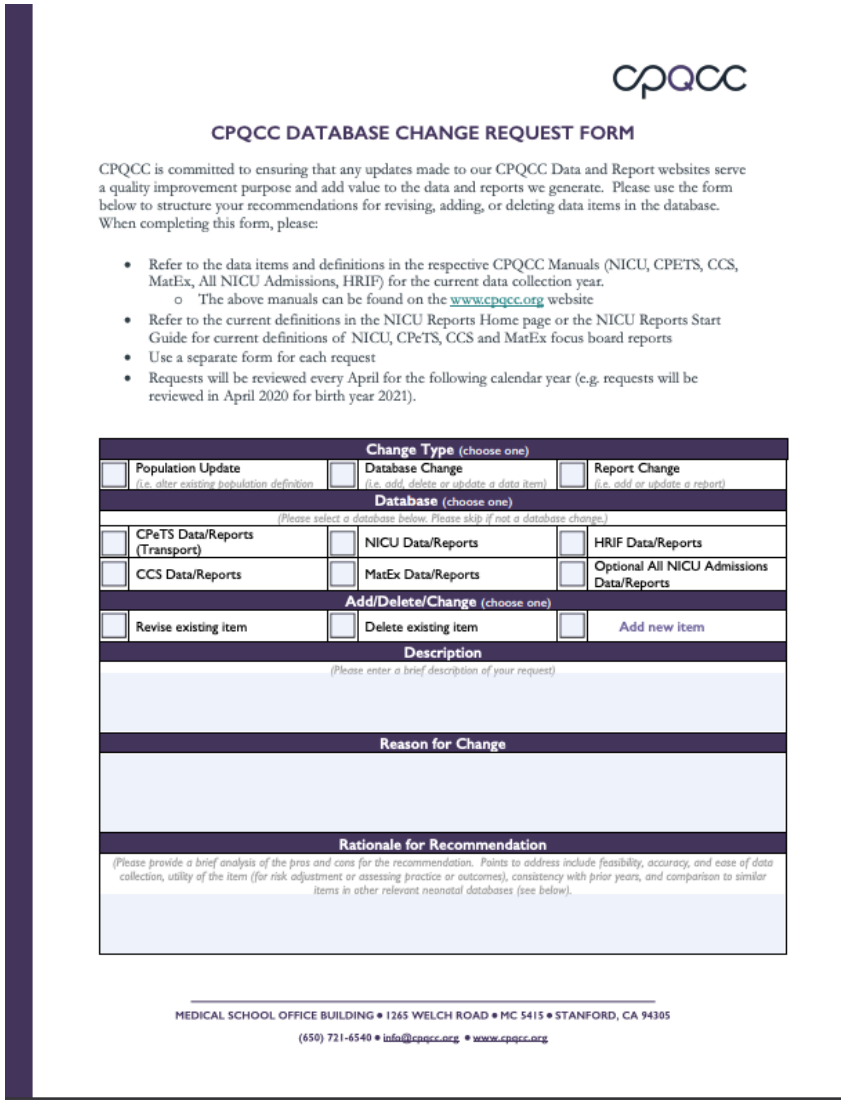
NICU Data Finalization Deadlines

Production Schedule

FEB 1ST	MAR 15	APR	APR 1st	MAY 15th	JUN 1ST	JUN 2ND	JUN 2ND	JUN 7th	JUN 7th	JUN 15th	JUL 15th	JAN - DEC	OCT 10th
													
DEADLINE Submit items 1-2 in the Close-Out Checklist Late Fee if not completed	Super Star Award Submit the April 1st items by March 15th	Annual Database Revisions Submit the Database Change Request Form by April	DEADLINE Submit items 3-8 in the Close-Out Checklist Late Fee if not completed	Gold Star Award Submit the June 1st items by May 15th	DEADLINE Submit items 9-13 in the Close-Out Checklist Late Fee if not completed	Early Bird Award Submit the CCS Report	All-Star Award Earn the Superstar and Early Bird Awards	DEADLINE Submit item 14 in the Close-Out Checklist Late Fee if not completed	Crown Award Submit all DF items on time	ANNUAL REPORTS DF Status Report PDF download	ANNUAL REPORTS CPQCC & CCS Annual Reports	Surprise Award	ANNUAL REPORTS VON Annual QMR Report

Database Change Request Form

- Please go to www.cpqcc.org → NICU Resources
- Please submit all requests to the CPQCC Help Desk by April 2021
- Requests received by April 2021 will be processed and considered for 2022
- Questions? Submit a Help Desk ticket.



CPQCC

CPQCC DATABASE CHANGE REQUEST FORM

CPQCC is committed to ensuring that any updates made to our CPQCC Data and Report websites serve a quality improvement purpose and add value to the data and reports we generate. Please use the form below to structure your recommendations for revising, adding, or deleting data items in the database. When completing this form, please:

- Refer to the data items and definitions in the respective CPQCC Manuals (NICU, CPETS, CCS, MatEx, All NICU Admissions, HRIF) for the current data collection year.
  - The above manuals can be found on the www.cpqcc.org website
- Refer to the current definitions in the NICU Reports Home page or the NICU Reports Start Guide for current definitions of NICU, CPeTS, CCS and MatEx focus board reports
- Use a separate form for each request
- Requests will be reviewed every April for the following calendar year (e.g. requests will be reviewed in April 2020 for birth year 2021).

Change Type (choose one)		
☐ Population Update *(i.e. alter existing population definition*	☐ Database Change *(i.e. add, delete or update a data item)*	☐ Report Change *(i.e. add or update a report)*
Database (choose one)		
(Please select a database below. Please skip if not a database change.)		
☐ CPeTS Data/Reports (Transport)	☐ NICU Data/Reports	☐ HRIF Data/Reports
☐ CCS Data/Reports	☐ MatEx Data/Reports	☐ Optional All NICU Admissions Data/Reports
Add/Delete/Change (choose one)		
☐ Revise existing item	☐ Delete existing item	☐ Add new item
Description		
(Please enter a brief description of your request)		
Reason for Change		
Rationale for Recommendation		
(Please provide a brief analysis of the pros and cons for the recommendation. Points to address include feasibility, accuracy, and ease of data collection, utility of the item (for risk adjustment or assessing practice or outcomes), consistency with prior years, and comparison to similar items in other relevant neonatal databases (see below).		

MEDICAL SCHOOL OFFICE BUILDING • 1265 WELCH ROAD • MC 5415 • STANFORD, CA 94305

(650) 721-6540 • info@cpqcc.org • www.cpqcc.org

NICU Data Finalization Deadlines

COVID-19 Extensions

1. **APRIL 1st extended to JUNE 1st**
   $300 late fee waived

2. **FEBRUARY 1ST**
   132/136=97% completed on time

3. **AUGUST 1st**
   129/136= 95% completed on time

4. **JUNE 1st extended to AUGUST 1st**
   $300 late fee waived

5. **JUNE 1st**
   127/136= 93% completed on time

6. **AUGUST 7TH**
   121/136= 89% completed on time

Data Finalization Survey

- Please respond by November 1st
- Questions? Submit a Help Ticket.

Dear CPQCC Participant,

We want to thank all of you for your participation in the 2019 NICU and 2020 HRIF data collection!

Please take a moment to complete the Annual Data Finalization Survey by **clicking on the link below**. Please complete the survey by **November 1, 2020.**

If you have any questions or need assistance, please submit a CPQCC Help Desk ticket.

Thank you,
CPQCC Data Center

Follow this link to the Survey:
Take the Survey

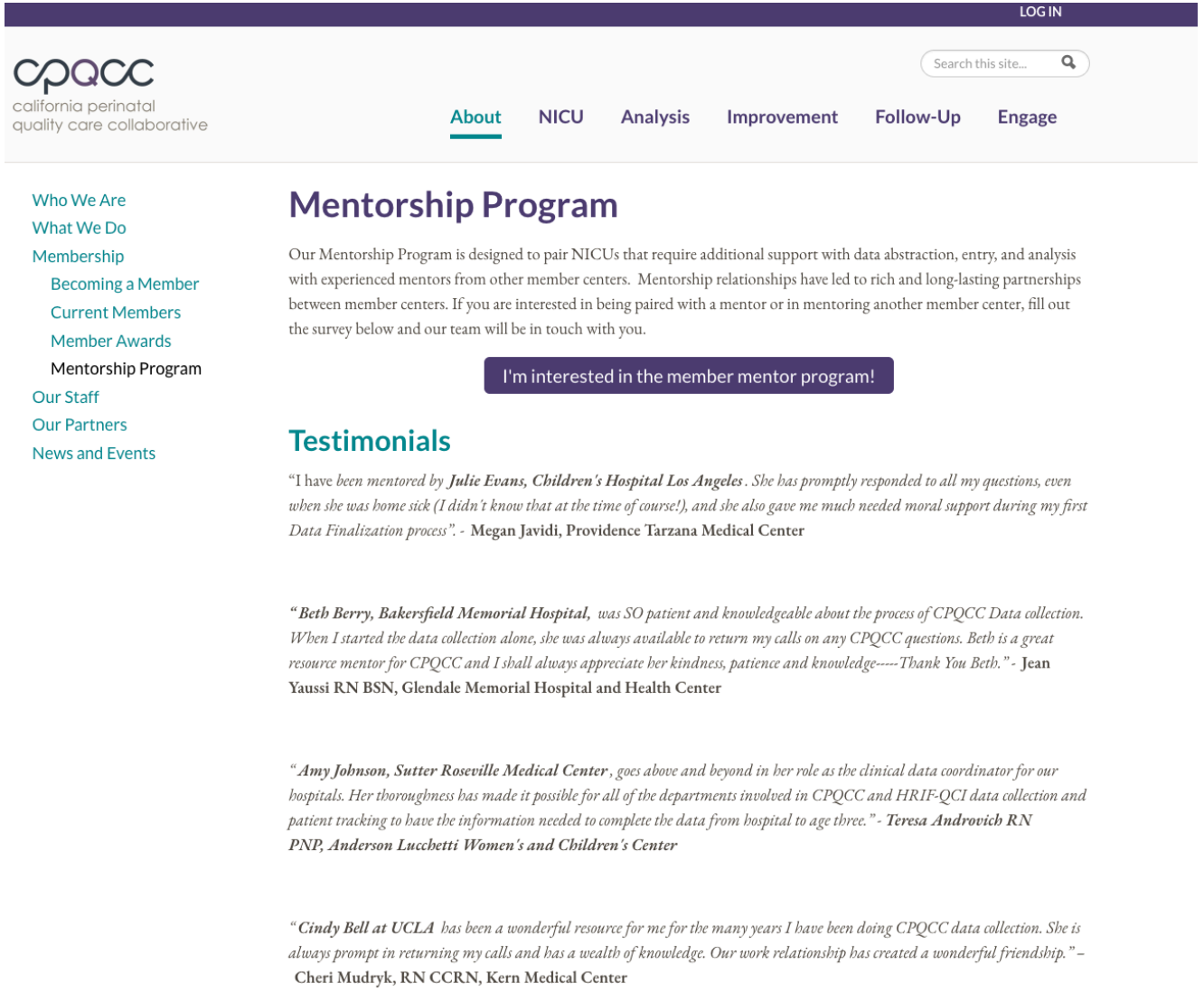
Or copy and paste the URL below into your internet browser:
https://stanforduniversity.qualtrics.com/jfe/preview/SV_ac7x8ATRoDvCQfz?Q_CHL=preview

Follow the link to opt out of future emails:
Click here to unsubscribe

Data Mentorship Program

Peer mentoring to assist with best practices in:

- Data collection
- Meeting deadlines
- Interpreting reports
- Internal quality improvement



LOG IN

cpqcc
california perinatal
quality care collaborative

Search this site...

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

- Who We Are
- What We Do
- Membership
  - Becoming a Member
  - Current Members
  - Member Awards
  - Mentorship Program
- Our Staff
- Our Partners
- News and Events

Mentorship Program

Our Mentorship Program is designed to pair NICUs that require additional support with data abstraction, entry, and analysis with experienced mentors from other member centers. Mentorship relationships have led to rich and long-lasting partnerships between member centers. If you are interested in being paired with a mentor or in mentoring another member center, fill out the survey below and our team will be in touch with you.

I'm interested in the member mentor program!

Testimonials

"I have *been mentored by **Julie Evans, Children's Hospital Los Angeles**. She has promptly responded to all my questions, even when she was home sick (I didn't know that at the time of course!), and she also gave me much needed moral support during my first Data Finalization process".* - **Megan Javidi, Providence Tarzana Medical Center**

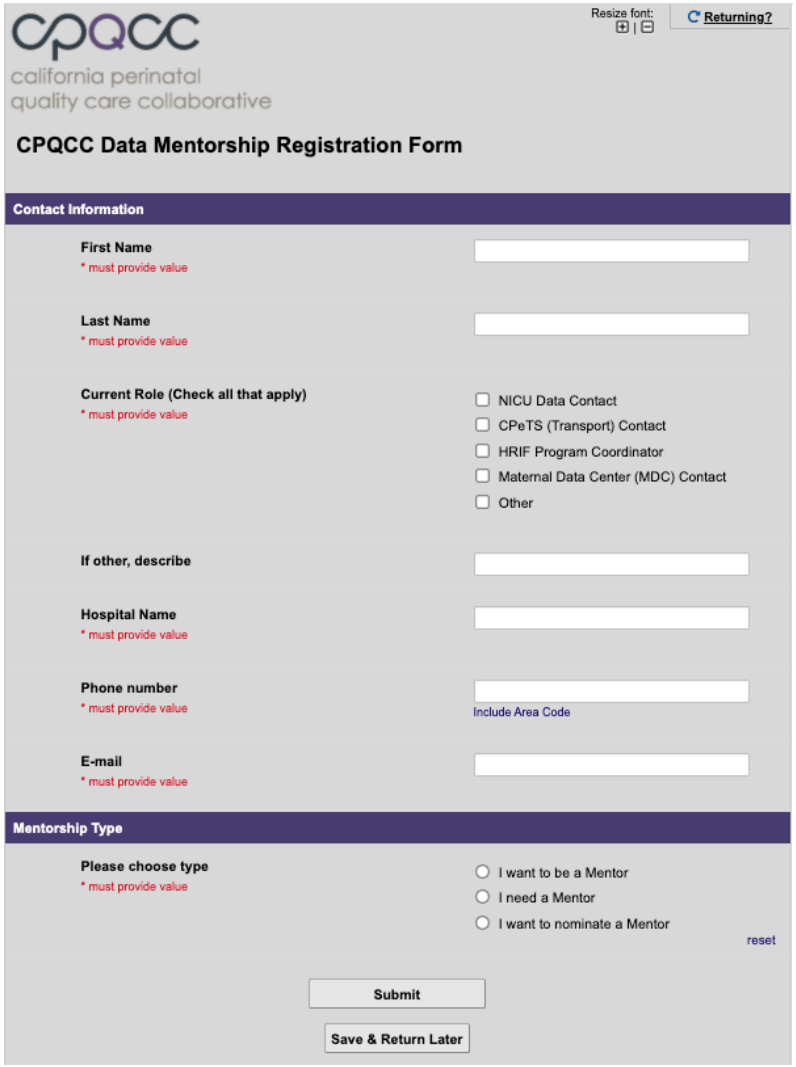
*"**Beth Berry, Bakersfield Memorial Hospital,** was SO patient and knowledgeable about the process of CPQCC Data collection. When I started the data collection alone, she was always available to return my calls on any CPQCC questions. Beth is a great resource mentor for CPQCC and I shall always appreciate her kindness, patience and knowledge-----Thank You Beth."* - **Jean Yaussi RN BSN, Glendale Memorial Hospital and Health Center**

*"**Amy Johnson, Sutter Roseville Medical Center**, goes above and beyond in her role as the clinical data coordinator for our hospitals. Her thoroughness has made it possible for all of the departments involved in CPQCC and HRIF-QCI data collection and patient tracking to have the information needed to complete the data from hospital to age three."* - ***Teresa Androvich RN PNP, Anderson Lucchetti Women's and Children's Center***

*"**Cindy Bell at UCLA** has been a wonderful resource for me for the many years I have been doing CPQCC data collection. She is always prompt in returning my calls and has a wealth of knowledge. Our work relationship has created a wonderful friendship."* – **Cheri Mudryk, RN CCRN, Kern Medical Center**

Data Mentorship Program

- Registration form
- Options:
  - I want to be a mentor
  - I need a mentor
  - I want to nominate a mentor



Data Mentors

ANN ACKERMAN, RN, PHN, MSN
KAISER WALNUT CREEK

PAM ARON-JOHNSON, RN
UC IRVINE MEDICAL CENTER

CINDY BELL, RNC-NIC, BSN, CLE
UCLA MATTEL CHILDREN'S HOSPITAL

BETH BERRY, RN
BAKERSFIELD MEMORIAL HOSPITAL

DAVID BRAUN, MD
KAISER SOUTHERN CALIFORNIA

DIANE CUNNINGHAM, CCRN, RNC
ALTA BATES SUMMIT MEDICAL CENTER

LINDA GOODMAN, NNP
VENTURA COUNTY MEDICAL CENTER

ANGELA HUANG, RN
SANTA CLARA VALLEY MEDICAL CENTER

AMY JOHNSON, RN
ANDERSON LUCCHETTI WOMEN'S AND CHILDREN'S CENTER

BERNADETTE NEVE, RNC, BSN, MSN
COMMUNITY REGIONAL MEDICAL CENTER

AMY RENFRO, NNP
DOCTORS MEDICAL CENTER OF MODESTO

ERLINDA VALERIO, RN, BSN,RNC-NIC
TORRANCE MEMORIAL MEDICAL CENTER

CHANDRA WARFIELD, RN, MSN, PHN, CCM
KAISER FONTANA

YOLANDA WINTERS, CLINICAL QI COORDIATOR
LPCH STANFORD

ANGELA WOOLLEY, RNC
ANAHEIM REGIONAL MEDCIAL CENTER

NICU DATA SHARING

WHAT IS NICU DATA SHARING?

NICU Data Sharing

What is it?

NICU Data Sharing is a new feature on the www.cpqccdata.org site that allows NICUs that care for the same infant to share data (about that patient) with each other. This simplifies the data entry process and increases data consistency and quality, helping members to:

- Complete data items for transported infants
- Obtain follow-up status for infants transported out to another CPQCC NICU

Note - NICU data cannot be shared for:

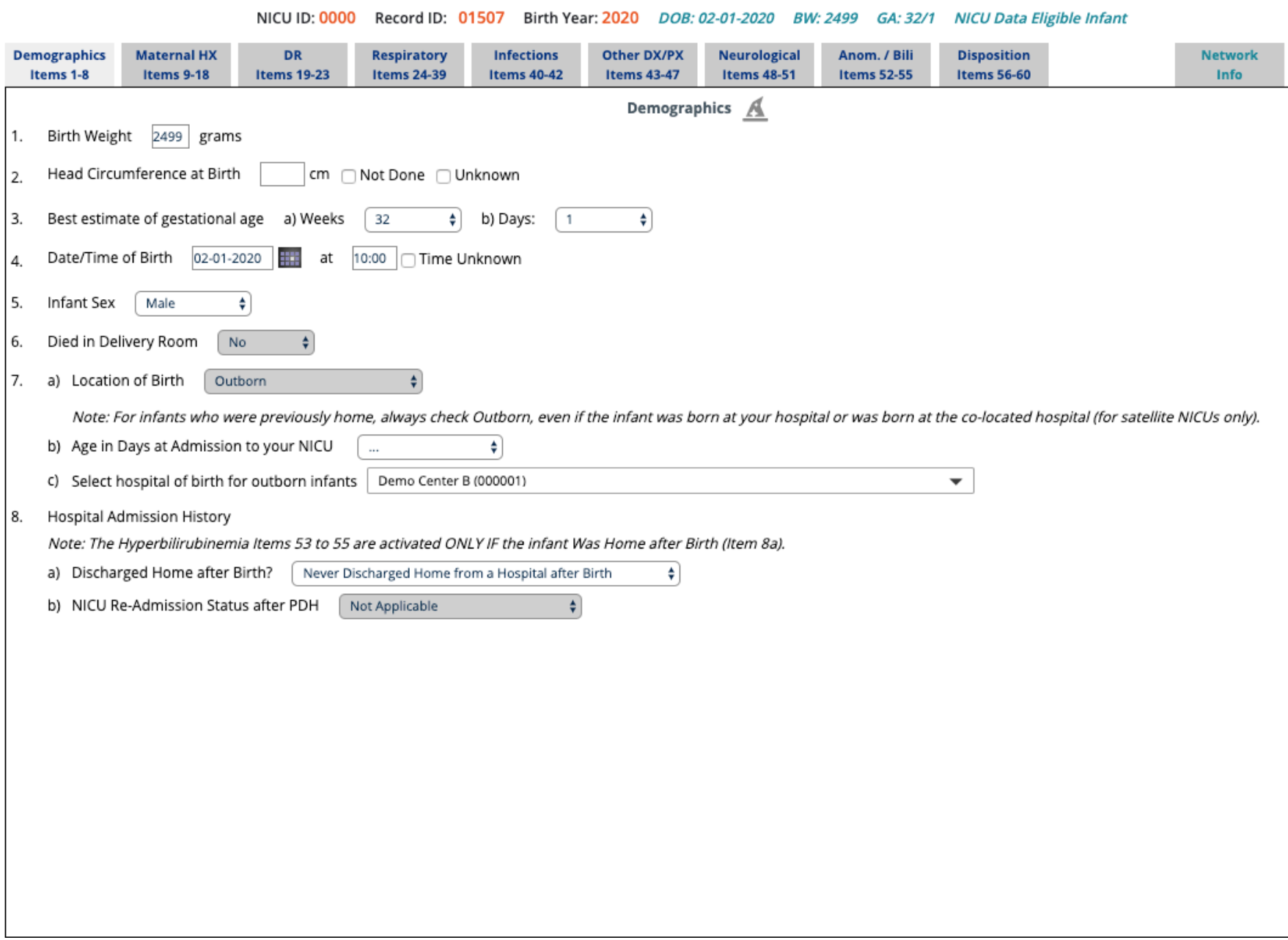
- CPQCC NICUs not participating in NICU data sharing, or
- Non-CPQCC NICUs

WHAT NICU DATA IS BEING SHARED?

What Data is Being Shared?

Infant demographics

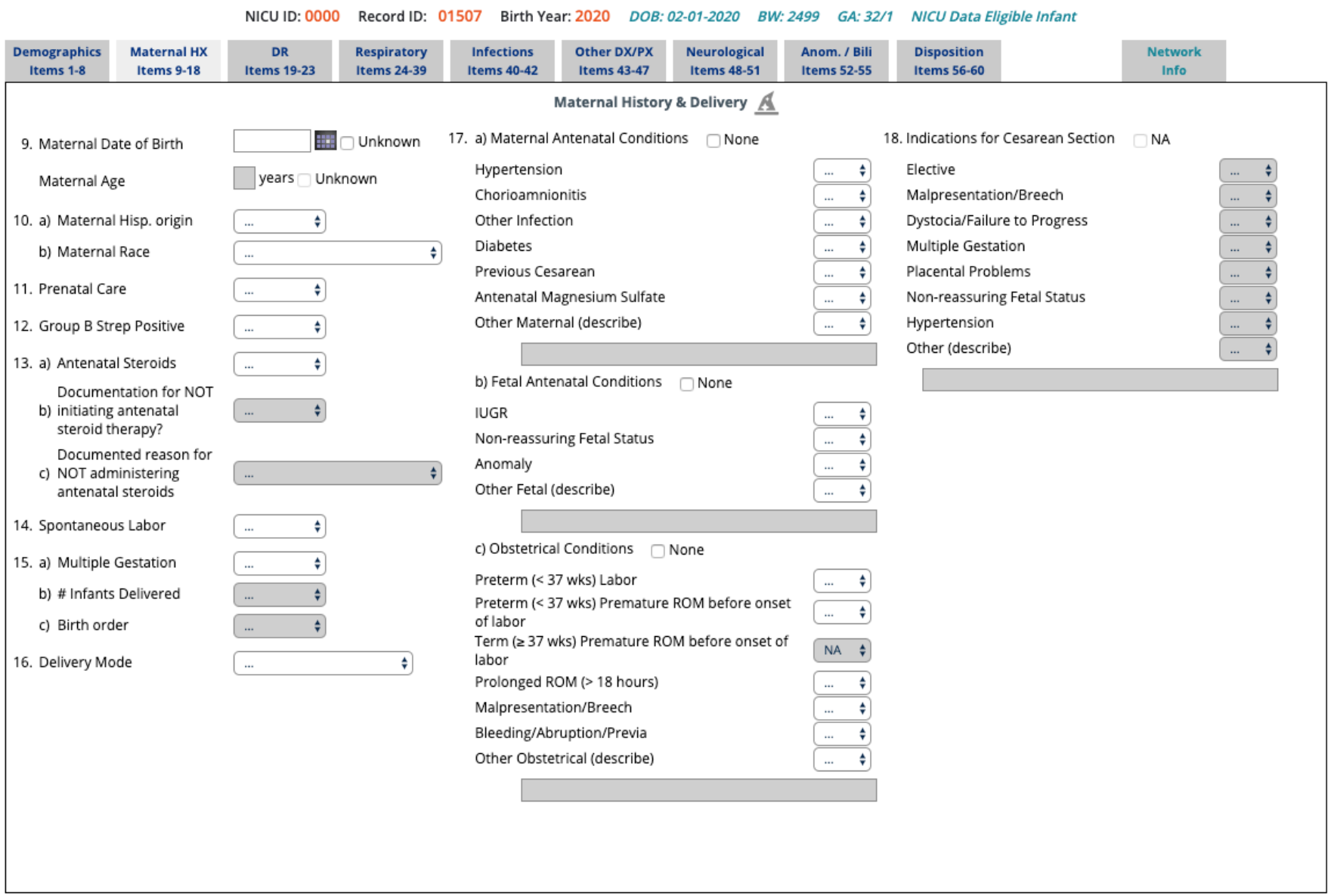
- A/D form items 1-8
- CPeTS form items c.3-c.5, c.11, c.19, c.30-c.32



What Data is Being Shared?

Maternal history

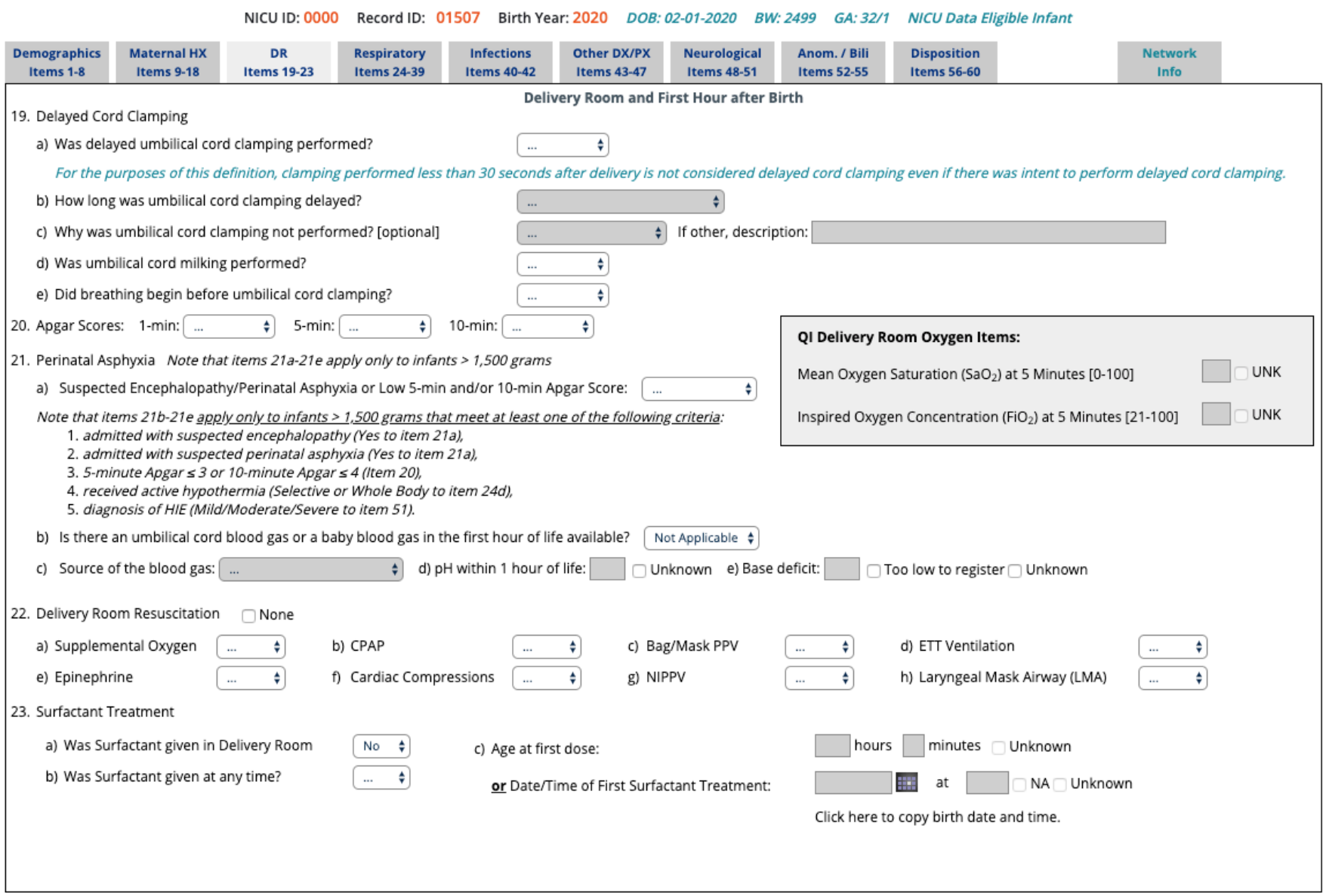
- A/D form items 9-18
- CPeTS form items c.7-c.8



What Data is Being Shared?

Delivery Room

- A/D form items 19-23
- CPeTS form item c.9



NICU ID: 0000 Record ID: 01507 Birth Year: 2020 *DOB: 02-01-2020* *BW: 2499* *GA: 32/1* *NICU Data Eligible Infant*

Demographics Items 1-8 | Maternal HX Items 9-18 | DR Items 19-23 | Respiratory Items 24-39 | Infections Items 40-42 | Other DX/PX Items 43-47 | Neurological Items 48-51 | Anom. / Bili Items 52-55 | Disposition Items 56-60 | Network Info

Delivery Room and First Hour after Birth

19. Delayed Cord Clamping
    a) Was delayed umbilical cord clamping performed? ...
    For the purposes of this definition, clamping performed less than 30 seconds after delivery is not considered delayed cord clamping even if there was intent to perform delayed cord clamping.
    b) How long was umbilical cord clamping delayed? ...
    c) Why was umbilical cord clamping not performed? [optional] ... If other, description:
    d) Was umbilical cord milking performed? ...
    e) Did breathing begin before umbilical cord clamping? ...
20. Apgar Scores: 1-min: ... 5-min: ... 10-min: ...
21. Perinatal Asphyxia *Note that items 21a-21e apply only to infants > 1,500 grams*
    a) Suspected Encephalopathy/Perinatal Asphyxia or Low 5-min and/or 10-min Apgar Score: ...
    Note that items 21b-21e apply only to infants > 1,500 grams that meet at least one of the following criteria:
    1. *admitted with suspected encephalopathy (Yes to item 21a),*
    2. *admitted with suspected perinatal asphyxia (Yes to item 21a),*
    3. *5-minute Apgar ≤ 3 or 10-minute Apgar ≤ 4 (Item 20),*
    4. *received active hypothermia (Selective or Whole Body to item 24d),*
    5. *diagnosis of HIE (Mild/Moderate/Severe to item 51).*
    b) Is there an umbilical cord blood gas or a baby blood gas in the first hour of life available? Not Applicable
    c) Source of the blood gas: ... d) pH within 1 hour of life: Unknown e) Base deficit: Too low to register Unknown

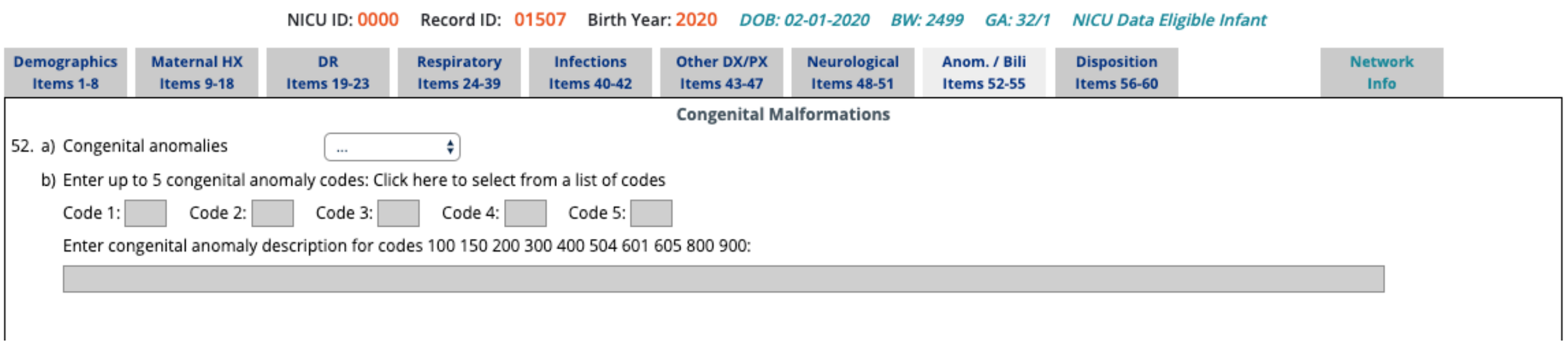
QI Delivery Room Oxygen Items:
Mean Oxygen Saturation (SaO_2) at 5 Minutes [0-100] UNK
Inspired Oxygen Concentration (FiO_2) at 5 Minutes [21-100] UNK

22. Delivery Room Resuscitation None
    a) Supplemental Oxygen ... b) CPAP ... c) Bag/Mask PPV ... d) ETT Ventilation ...
    e) Epinephrine ... f) Cardiac Compressions ... g) NIPPV ... h) Laryngeal Mask Airway (LMA) ...
23. Surfactant Treatment
    a) Was Surfactant given in Delivery Room No
    b) Was Surfactant given at any time? ...
    c) Age at first dose: hours minutes Unknown
    or Date/Time of First Surfactant Treatment: at NA Unknown
    Click here to copy birth date and time.

What Data is Being Shared?

Congenital Anomalies

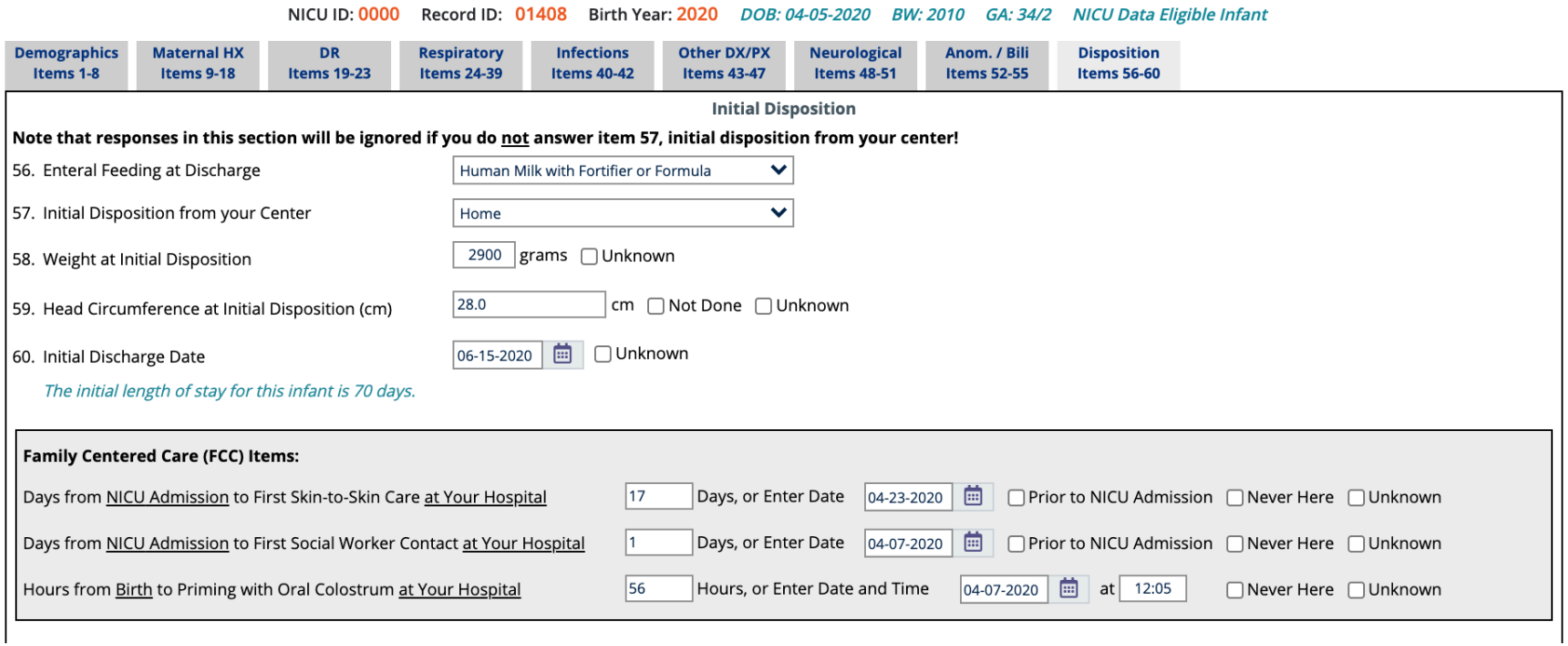
- A/D form item 52
- CPeTS form item c.6



What Data is Being Shared?

Disposition and length of stay

- A/D form items 57, 60, 62, 63, 65-67



HOW DO I ACCESS NICU DATA SHARING?

NICU Data Sharing

How to access Data Sharing

1 Sign up!

- Download the Data Sharing Agreement from our website
- Sign and submit it to Renee Triolo, our Administrative Assistant at renee@cpqcc.org

2 Data Sharing must be turned "on" for your NICU

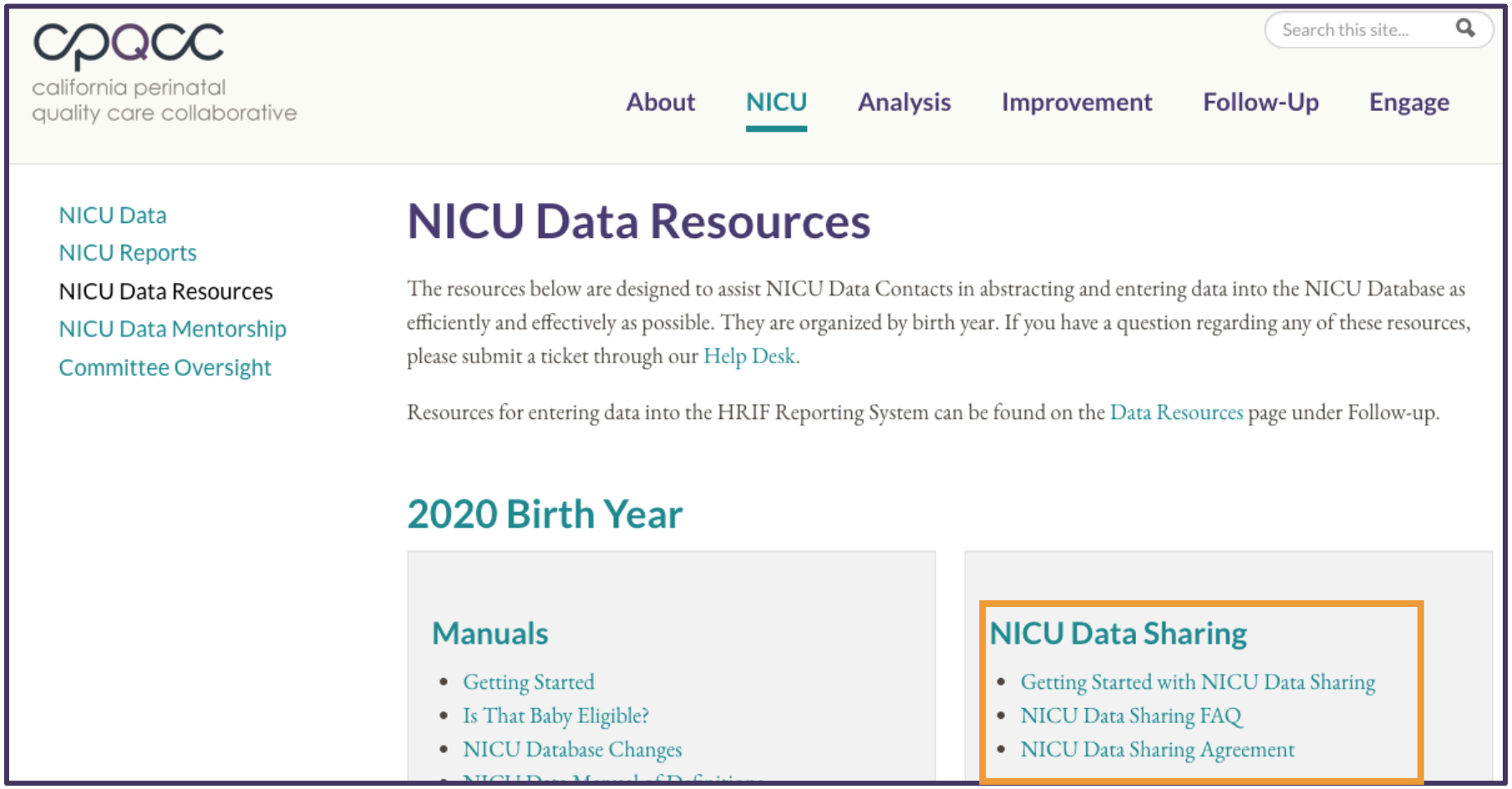
- Each NICU must submit a ticket to the NICU Data Center to request data sharing to be turned on

3 Records entered for transported infant must be linked across NICU stays

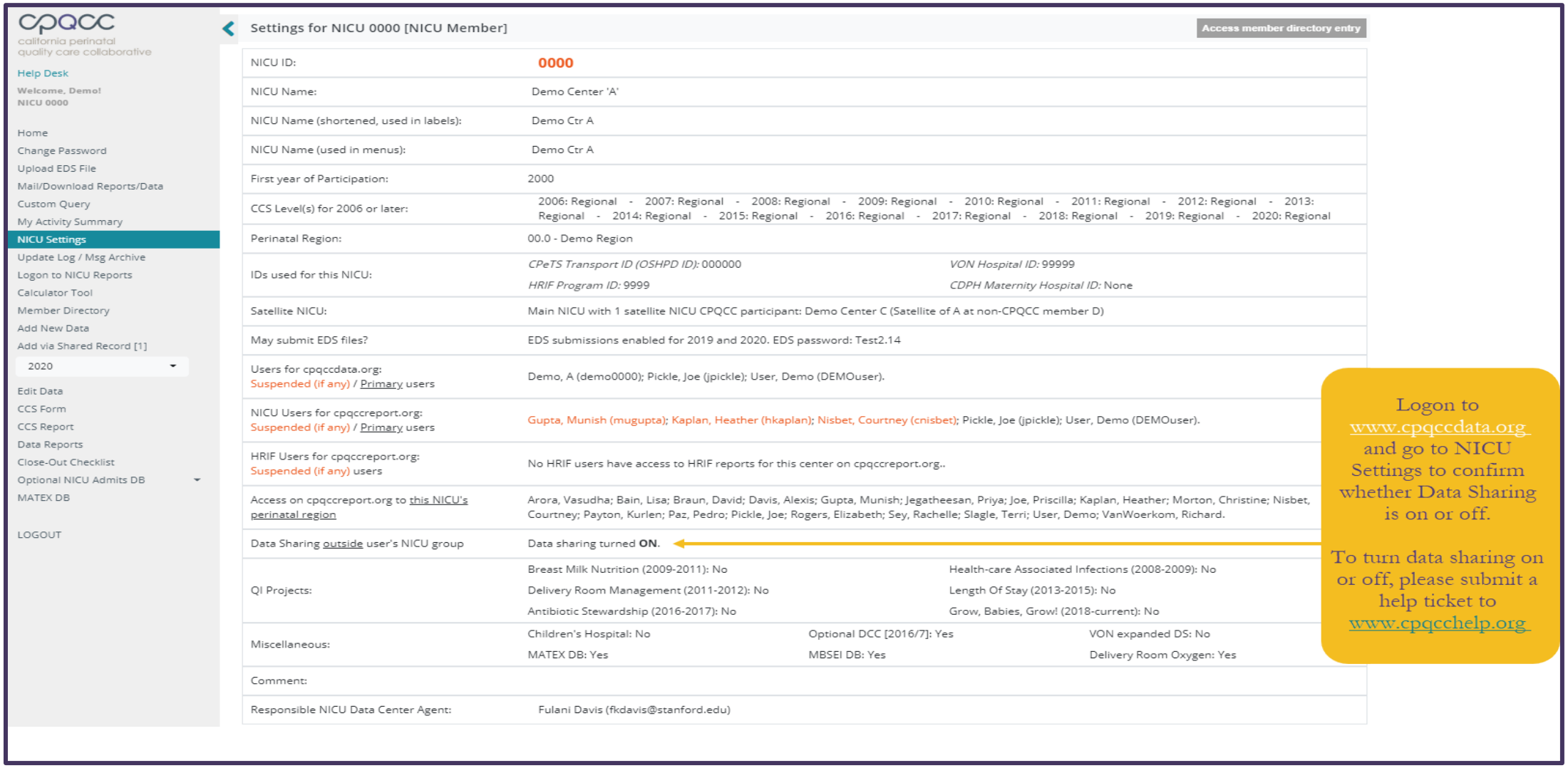
- All NICU data records are linked daily within 24 hours of being entered.

NICU Data Sharing

- Go to www.cpqcc.org, → NICU → NICU Data Resources to download the **NICU Data Sharing Agreement**



NICU Data Sharing



HOW DO I USE NICU DATA SHARING?

NICU Data Sharing

How to use it

1

Add via Shared Record

In the side menu bar, there's a link for "Add via Shared Record [xx]". The number in the [xx] represent the number of records entered by other NICUs caring for the same baby.

Note: This number is updated in real-time.

2

Network Info Tab

This shows up as the last tab in the Admission/Discharge form and includes sync buttons that can be used to:

- Update your current NICU record (with data from the other NICU)
- Give access to follow-up information required for babies that were transported out

3

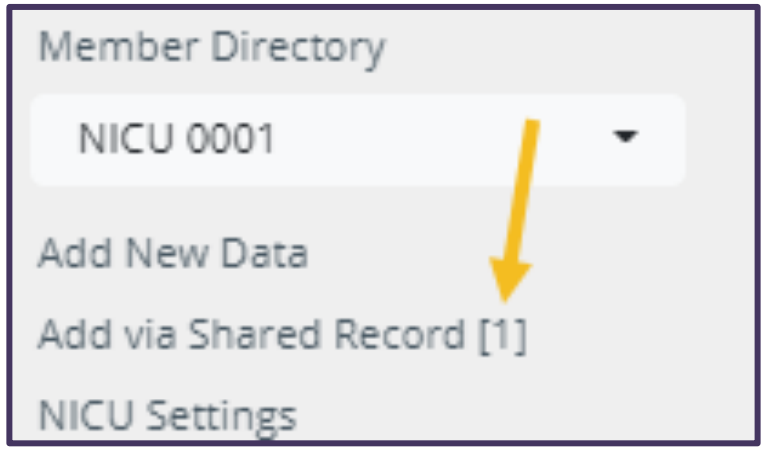
Manually Add a New Record

When adding a new record for a transported infant, the following items must be entered to link to another NICU's record

- NICU Name
- Infant's Record ID **at that NICU**
- Infant's exact birth weight

NICU Data Sharing

How to use it



1. Clicking on **Add via Shared Record [xx]** opens a list of opportunities of records that can be shared with your NICU.

2. The list defaults to the OUTSTANDING filter, where only new and unused records are listed. Other search filters are: COMPLETED (shared record was already used), UNUSED (a 'cannot use reason' was selected for this record) or REVIEWED (record was either COMPLETED or UNUSED).

Add New Record Via Shared Record - Opportunities

Show 10 entries CSV

Search: OUTSTANDING

#	Source NICU Name (OSHPD ID)	Source NICU Record ID	Infant DOB	Infant BW	Multiple Status	How related?	DOL (?) Admitted at Your Hospital	Status	Cannot Use Reason
5	Demo NICU 0000 (000000)	01504	01-04-2020	3,500	Pending	Source indicates that your NICU's hospital is the birth location and that your NICU's hospital is a location that referred a transport.	1	New ID Only A/D Form CPeTS + A/D PDH Add 2020 Record	Click to select!

Showing 1 to 1 of 1 entries (filtered from 9 total entries) Previous 1 Next

NICU Data Sharing

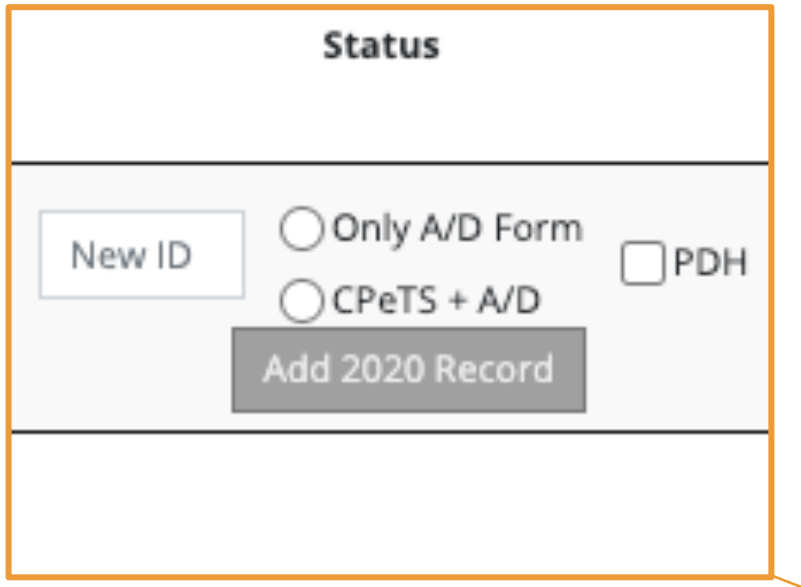
How to use it

Included in each list of records is the following columns:

- Source NICU (NICU that first entered the data)
- Source NICU ID (the ID number that the source NICU used)
- Infant's date of birth
- Infant's birth weight
- Multiple Status
- How related? (explains the reason why this infant is on the list)
- Age in Days when the infant was admitted to **your NICU**
- Status
- Cannot Use Reason

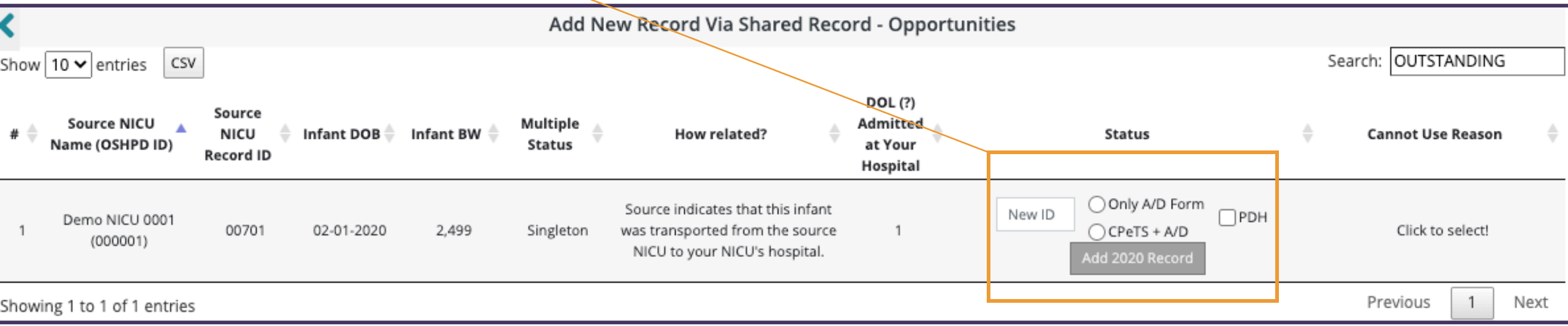
NICU Data Sharing

How to use it



The **Status** column is where you can choose to accept this record. If you choose to accept it, you'll need to:

- Enter a New ID number
- Select whether you want to prepopulate only the A/D Form or both the CPeTS and the A/D Form
- Then select the Add 2020 Record button to accept the form

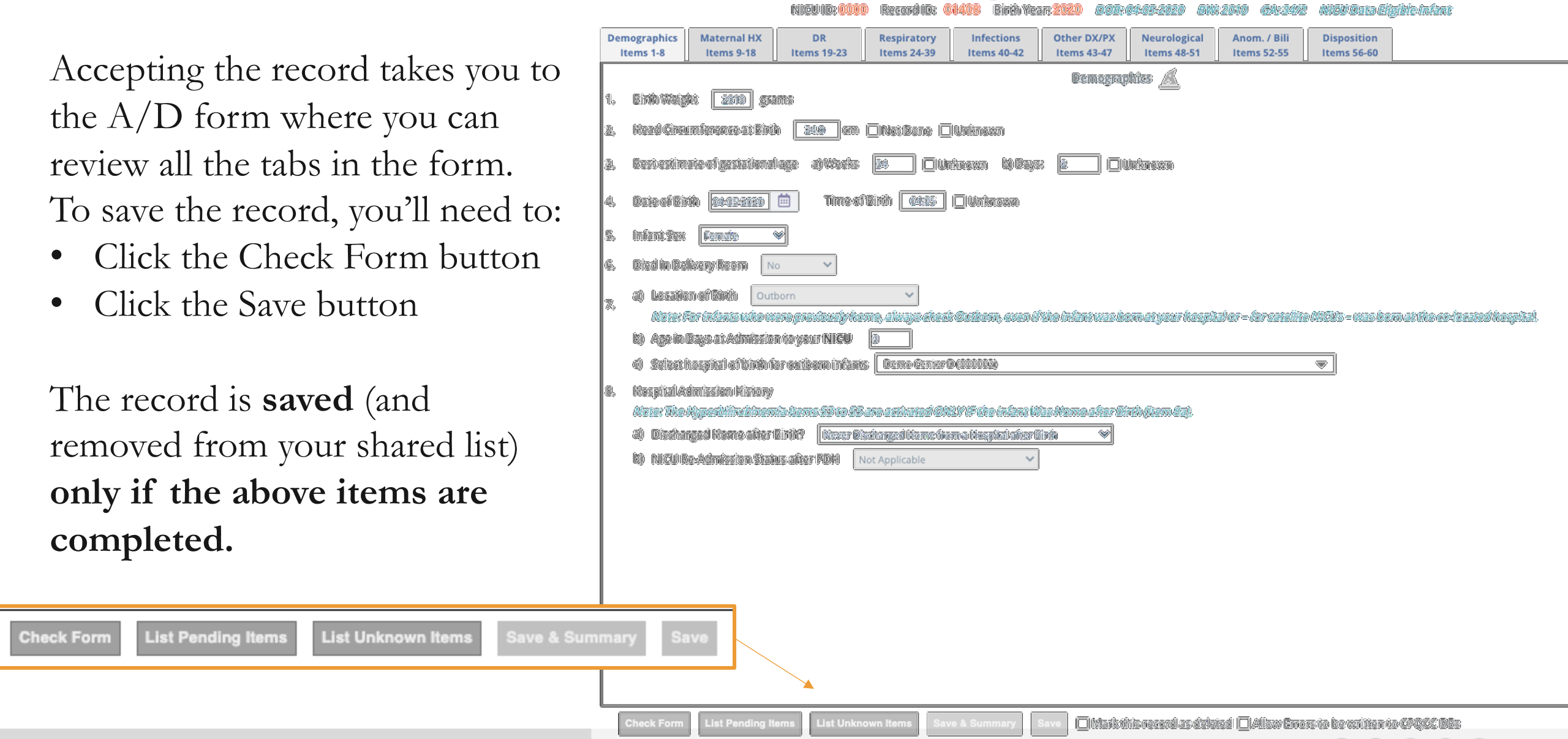


NICU Data Sharing

Accepting the record takes you to the A/D form where you can review all the tabs in the form.
To save the record, you'll need to:

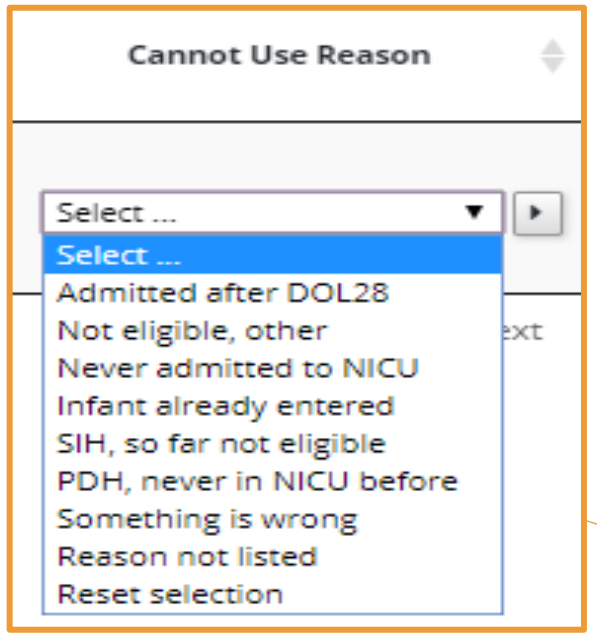
- Click the Check Form button
- Click the Save button

The record is **saved** (and removed from your shared list) **only if the above items are completed.**



NICU Data Sharing

How to use it



If you choose not to accept this record, you can select a reason in the **Cannot Use Reason** column.

Click the link for a list of the following options which explains why this record cannot be used.

Add New Record Via Shared Record - Opportunities

Show 10 entries CSV Search: OUTSTANDING

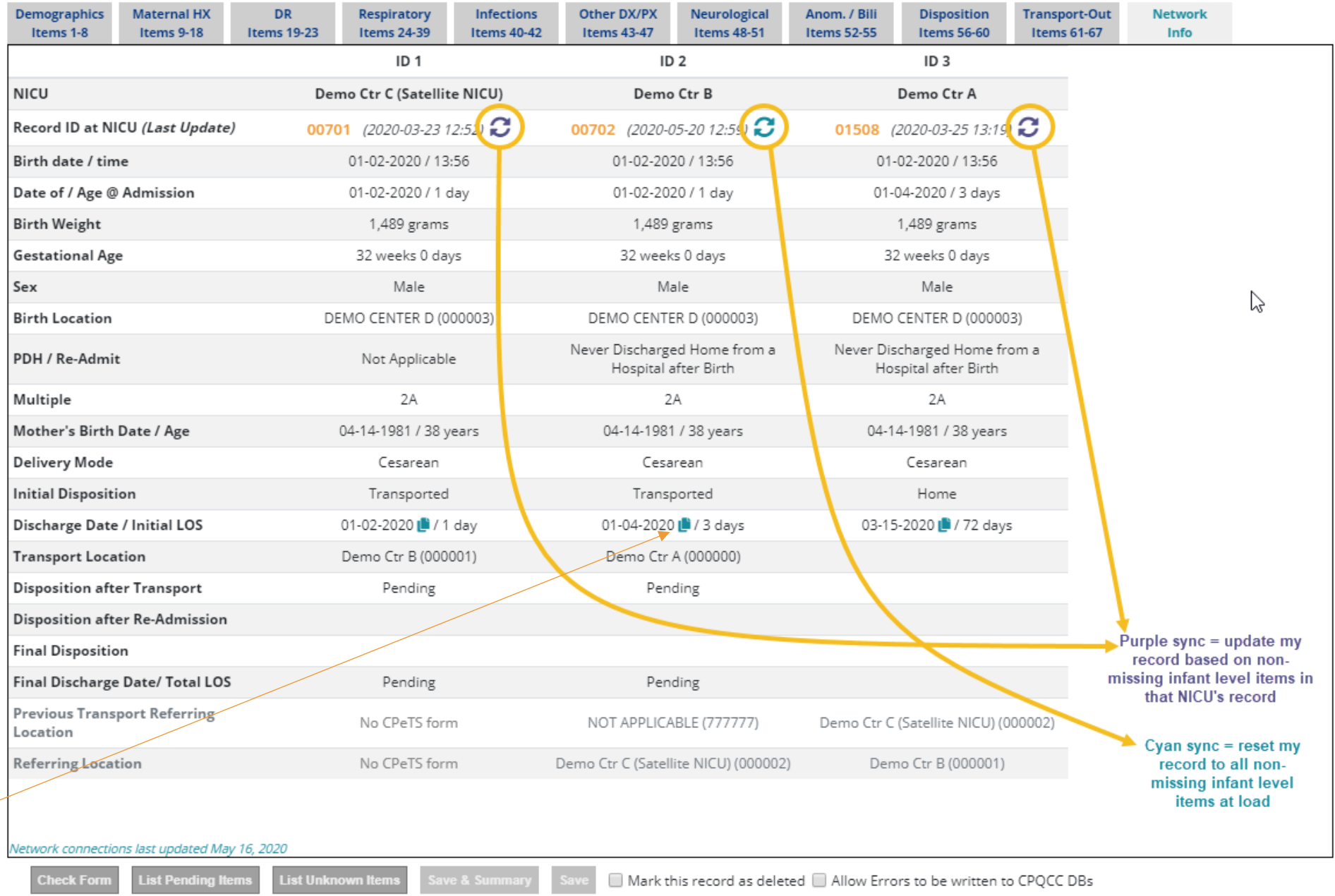
#	Source NICU Name (OSHPD ID)	Source NICU Record ID	Infant DOB	Infant BW	Multiple Status	How related?	DOL (?) Admitted at Your Hospital	Status	Cannot Use Reason
1	Demo NICU 0001 (000001)	00701	02-01-2020	2,499	Singleton	Source indicates that this infant was transported from the source NICU to your NICU's hospital.	1	New ID ○ Only A/D Form ○ CPeTS + A/D ☐ PDH Add 2020 Record	Click to select!

Showing 1 to 1 of 1 entries Previous 1 Next

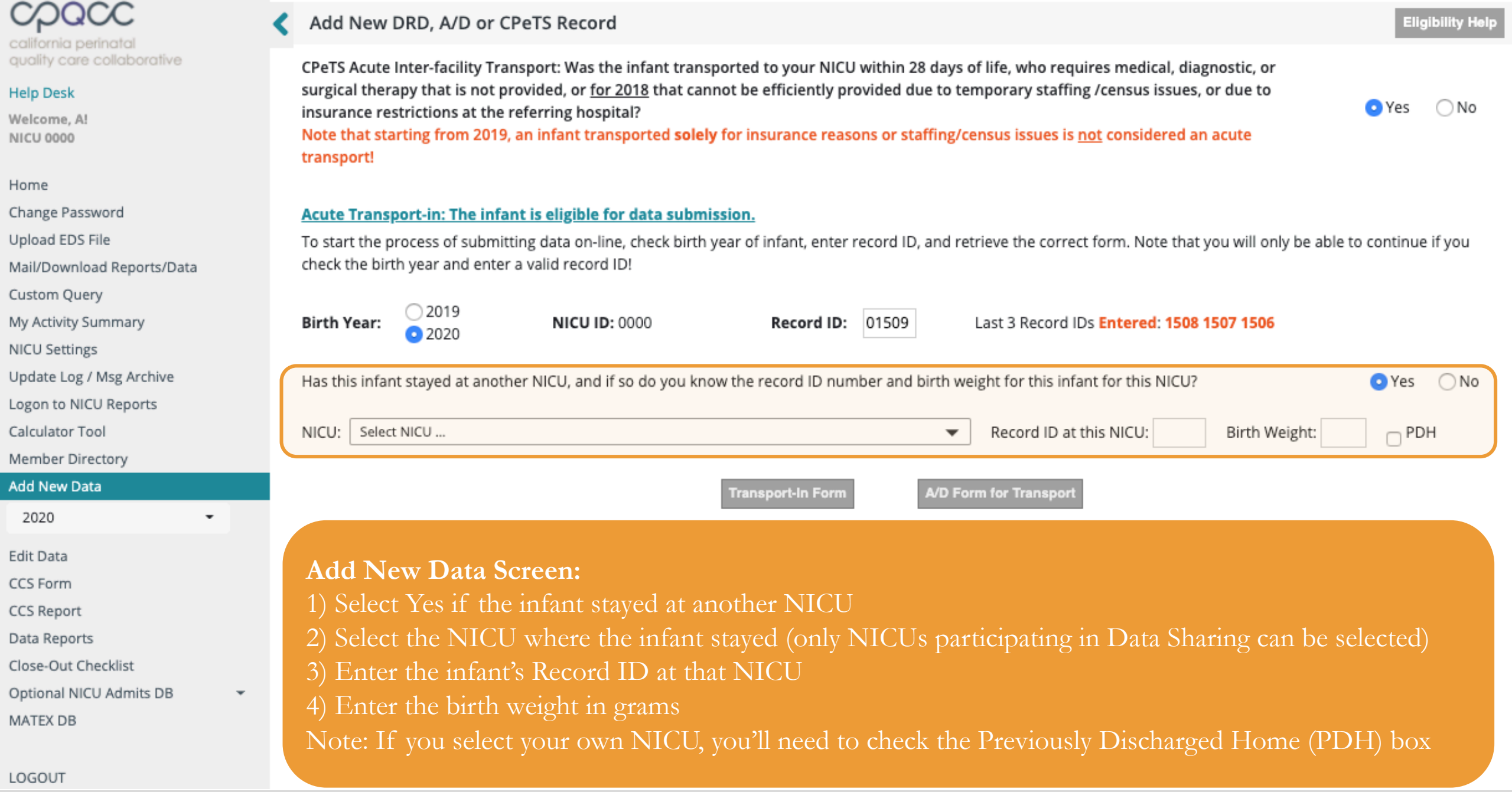
Click **the purple sync** icon to update my NICU's record (Demo Ctr A) with non-missing values for items 1-5, 7c, 9-23 and 52 from the previous NICU stay (Demo Ctr B)

Click **the teal sync** icon to reset my NICU's record (Demo Ctr A) for items 1-5, 7c, 9-23 and 52 back to the original values that I entered.

Discharge dates can be copied and pasted in my record



	ID 1	ID 2	ID 3
NICU	Demo Ctr C (Satellite NICU)	Demo Ctr B	Demo Ctr A
Record ID at NICU *(Last Update)*	00701 *(2020-03-23 12:52)*	00702 *(2020-05-20 12:59)*	01508 *(2020-03-25 13:19)*
Birth date / time	01-02-2020 / 13:56	01-02-2020 / 13:56	01-02-2020 / 13:56
Date of / Age @ Admission	01-02-2020 / 1 day	01-02-2020 / 1 day	01-04-2020 / 3 days
Birth Weight	1,489 grams	1,489 grams	1,489 grams
Gestational Age	32 weeks 0 days	32 weeks 0 days	32 weeks 0 days
Sex	Male	Male	Male
Birth Location	DEMO CENTER D (000003)	DEMO CENTER D (000003)	DEMO CENTER D (000003)
PDH / Re-Admit	Not Applicable	Never Discharged Home from a Hospital after Birth	Never Discharged Home from a Hospital after Birth
Multiple	2A	2A	2A
Mother's Birth Date / Age	04-14-1981 / 38 years	04-14-1981 / 38 years	04-14-1981 / 38 years
Delivery Mode	Cesarean	Cesarean	Cesarean
Initial Disposition	Transported	Transported	Home
Discharge Date / Initial LOS	01-02-2020 / 1 day	01-04-2020 / 3 days	03-15-2020 / 72 days
Transport Location	Demo Ctr B (000001)	Demo Ctr A (000000)	
Disposition after Transport	Pending	Pending	
Disposition after Re-Admission			
Final Disposition			
Final Discharge Date/ Total LOS	Pending	Pending	
Previous Transport Referring Location	No CPeTS form	NOT APPLICABLE (777777)	Demo Ctr C (Satellite NICU) (000002)
Referring Location	No CPeTS form	Demo Ctr C (Satellite NICU) (000002)	Demo Ctr B (000001)



Add New Data Screen:

1) Select Yes if the infant stayed at another NICU
2) Select the NICU where the infant stayed (only NICUs participating in Data Sharing can be selected)
3) Enter the infant's Record ID at that NICU
4) Enter the birth weight in grams

Note: If you select your own NICU, you'll need to check the Previously Discharged Home (PDH) box

HOW CAN I TELL IF MY RECORDS ARE LINKED?

Home
Change Password
Upload EDS File
Mail/Download Reports/Data
Custom Query
My Activity Summary
NICU Settings
Update Log / Msg Archive
Logon to NICU Reports
Calculator Tool
Member Directory
Add New Data
Add via Shared Record [1]
2020
Edit Data
CCS Form
CCS Report
Data Reports
Close-Out Checklist
Optional NICU Admits DB
MATEX DB

IDs submitted by NICU 0000 for Birth Year 2020 as of 2020-10-14 at 10:17

All records

Eligible: Y = Eligible, N = Not Eligible, C = Eligibility based on NICU Confirmation, I = Outborn Infant w/out CPeTS Form and no other eligibility criterion met, H=HRIF eligible and NICU responsible for registration based on NICU DB, H=HRIF eligible other.

Show 30 entries CSV NICU HRIF Search:

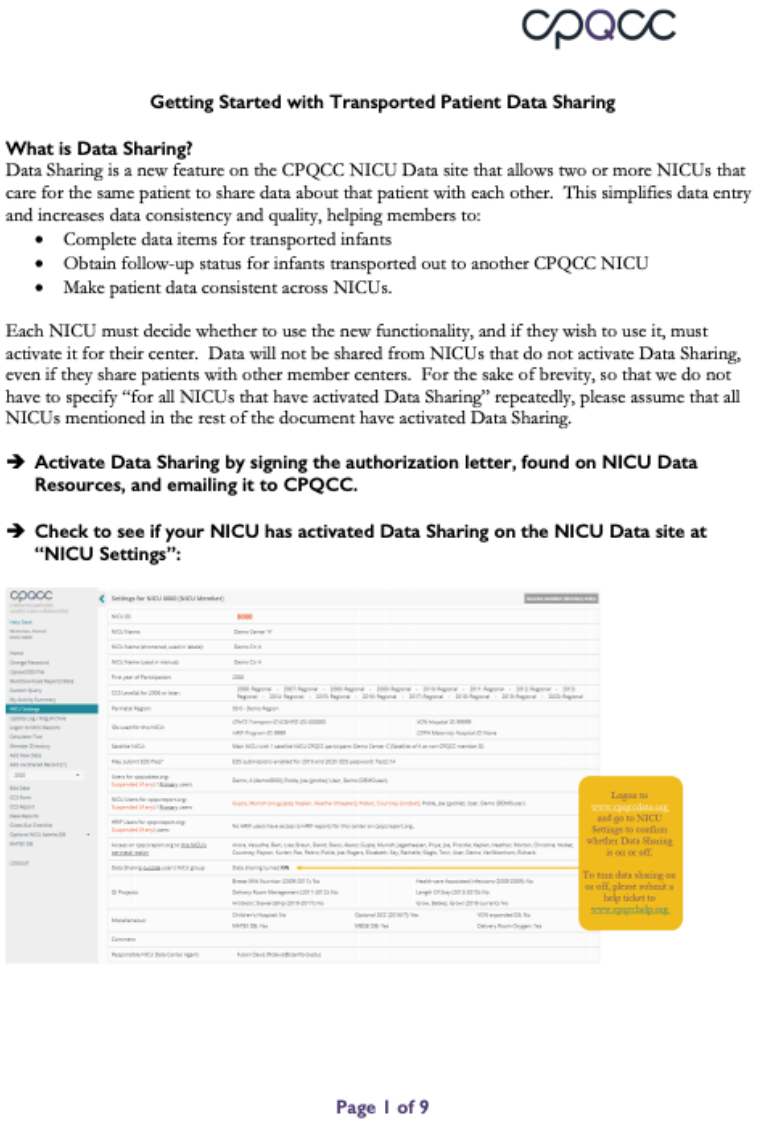
ID	LNK	MM-DD	BW	GA	MULT	BTHLOC	REFLOC	XFRLOC	Last Updated	STTS	ELIG	FORM	TOOL	ERR	PND	UNK	FORM	ERR	PND	UNK	FORM
01408		04-05	2,010	34	S	000003	000001	na	2020-06-29 10:11	PND	Y	A/D		0	61	0	TRS	0	59	0	MTX++
01501		01-03	900	27	S	HERE	na	na	2020-10-10 10:23	CMPLT	Y	DRD		0	0	0 / 1					
01502	●	01-02	870	29	S	000001		na	2020-10-10 10:23	PND	Y	A/D		0	54 / 3	4	TRS	0	0	0	
				27	-	000003			2020-10-10 10:23	PND	YH	A/D		0	137 / 3	1	TRS	0	56	1	
				39	S	000001			2020-10-10 10:23	PND	Y	A/D		0	128 / 3	0	TRS	0	36	0	MTX+
				32	-	HERE	na		2020-10-10 10:23	PND	N	A/D		0	133 / 3	0					
01506		02-03	2,230	38	S	HERE	na	na	2020-10-10 10:23	CMPLT-	Y	A/D		0	0 / 3	1					MTX+
01507		02-01	2,499	32	-				2020-10-10	DEL		A/D		0	137 / 5	0	TRS	0	68	0	
01508	●	01-02	1,48											0	71 / 3	0	TRS	0	57	0	
01509		02-05	790											0	57 / 2	0					
01510	●	04-29	3,20											0	141 / 3	0					MTX+
01511	●	02-28	899											0	139 / 5	0	TRS	0	65	0	

Select the **Edit Data** link in the left side menu to navigate to the Edit Data list.

The **teal dots** in the LNK column represent records that are currently linked (used shared opportunity) and visible in the Network Info tab. A pale teal dot means that this baby had two or more stays but the other NICU(s) haven't entered the record yet.

Getting Started with Transported Patient Data Sharing

- Please download this guide from www.cpqcc.org → NICU → NICU resources
- Questions? File a Help Ticket.



Getting Started with Transported Patient Data Sharing

What is Data Sharing?

Data Sharing is a new feature on the CPQCC NICU Data site that allows two or more NICUs that care for the same patient to share data about that patient with each other. This simplifies data entry and increases data consistency and quality, helping members to:

- Complete data items for transported infants
- Obtain follow-up status for infants transported out to another CPQCC NICU
- Make patient data consistent across NICUs.

Each NICU must decide whether to use the new functionality, and if they wish to use it, must activate it for their center. Data will not be shared from NICUs that do not activate Data Sharing, even if they share patients with other member centers. For the sake of brevity, so that we do not have to specify "for all NICUs that have activated Data Sharing" repeatedly, please assume that all NICUs mentioned in the rest of the document have activated Data Sharing.

→ **Activate Data Sharing by signing the authorization letter, found on NICU Data Resources, and emailing it to CPQCC.**

→ **Check to see if your NICU has activated Data Sharing on the NICU Data site at "NICU Settings":**

Page 1 of 9

NICU Data Sharing Participants!

1. Adventist Health Glendale
2. Arrowhead Regional Medical Center
3. Dignity Health Dominican Hospital
4. El Camino Hospital
5. Glendale Memorial Hospital and Health Center
6. Grossmont Hospital, Women's Health Center
7. Kaweah Delta Healthcare District
8. KFH Baldwin Park
9. KFH Modesto
10. KFH Oakland
11. KFH Roseville
12. KFH San Francisco
13. KFH San Leandro
14. KFH Santa Clara
15. KFH Walnut Creek
16. LAC/Olive View - UCLA Medical Center
17. Miller Children's and Women's Hospital at Long Beach
18. Mercy San Juan Medical Center
19. Methodist Hospital of Sacramento
20. Natividad Medical Center
21. Northbay Medical Center
22. Providence Little Company of Mary Medical Center - Torrance
23. Providence St. John's Health Center
24. Rady Children's Hospital San Diego
25. RCHSD at Palomar Medical Center Escondido
26. RCHSD at Scripps Encinitas
27. RCHSD at Scripps La Jolla
28. RCHSD at Scripps Mercy Chula Vista

NICU Data Sharing Participants!

29. Rady Children's Hospital San Diego at Scripps Mercy San Diego
30. San Antonio Regional Hospital
31. St. Francis Medical Center
32. St. Mary Medical Center
33. Torrance Memorial Medical Center
34. UC San Diego Medical Center - Hillcrest
35. UCSD Health La Jolla - Jacobs Medical Center
36. UCSF Benioff Children's Hospital in San Francisco
37. University of California, Irvine Medical Center (UCI)
38. Ventura County Medical Center (VCMC)

NICU Data Finalization

Data Management Awards

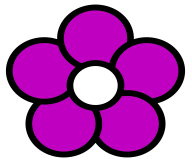
Superstar Award:
Granted to centers who complete the April 1st deliverables (Items 3-8) by March 15th.

All Star Award:
Granted to centers who achieve the Superstar Award and the Early Bird Award and completes the June 1st deliverables (Items 9-13) by May 15th.

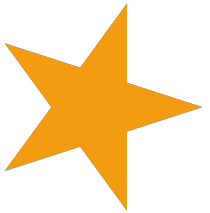
Early Bird Award:
Granted to centers who confirm their CCS Final Report (Item 14) by June 2nd.

Crown Award: Granted to centers who complete ALL deliverables on time by their designated deadlines (April 1st, June 1st and June 7th).

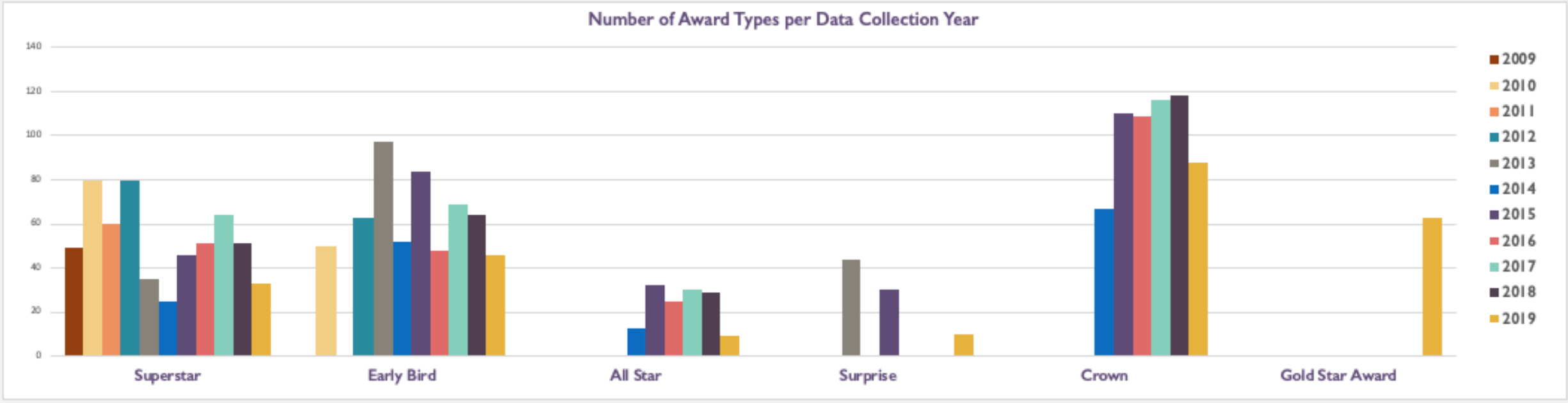
Surprise Award:
Granted to centers that are recognized for a random positive performance aspect.



Gold Star Award:
Granted to centers who complete the June 1st deliverables (Items 9-13) by May 15th



CPQCC Data Management Awards



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Total Awards
Superstar	49	79	60	79	35	25	46	51	64	51	33	572
Early Bird	NA	49	0	62	97	52	84	48	69	64	46	571
All Star	NA	NA	NA	NA	NA	13	32	25	30	29	9	138
Surprise	NA	NA	NA	NA	44	0	30	0	0	0	10	84
Crown	NA	NA	NA	NA	NA	67	110	109	116	118	88	608
Gold Star Award	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	63	63
Total	49	128	60	141	176	157	302	233	279	262	249	2036

NICU Data Management Awards

1. **SUPERSTAR AWARD**
   33/136=24% completed on time

2. **EARLY BIRD AWARD**
   46/136=34% completed on time

3. **ALL STAR AWARD**
   9/136=7% completed on time

4. **CROWN AWARD**
   88/136=87% completed on time

5. **GOLD STAR AWARD**
   63/136=46% completed on time

WHO ARE THE WINNERS?

Congratulations to our 33 Superstar Award Winners!

1. Anderson Lucchetti Women's and Children's Center
2. Bakersfield Memorial Hospital
3. CHOC Children's
4. Dignity Health Dominican Hospital
5. Emanate Health Queen of the Valley Hospital
6. Grossmont Hospital, Women's Health Center
7. Henry Mayo Newhall Memorial Hospital
8. Hollywood Presbyterian Medical Center
9. Huntington Hospital
10. John Muir Health, Walnut Creek Medical Center
11. Kern Medical
12. KFH Riverside
13. LAC/Harbor - UCLA Medical Center
14. LAC/Olive View - UCLA Medical Center
15. Loma Linda University Children's Hospital
16. Los Robles Hospital and Medical Center
17. Northridge Hospital Medical Center
18. Orange County Global Medical Center
19. PIH Good Samaritan Hospital
20. Providence Cedars-Sinai Tarzana Medical Center
21. Providence St. Joseph Medical Center
22. Rady Children's Hospital San Diego (RCHSD)
23. Regional Medical Center of San Jose
24. Santa Clara Valley Medical Center (SCVMC)
25. Santa Monica-UCLA Medical Center & Orthopaedic Hospital
26. St. Bernardine Medical Center
27. Sutter Roseville Medical Center

Congratulations to our 33 Superstar Award Winners!

28. Sutter Santa Rosa Regional Hospital
29. UCLA Mattel Children's Hospital
30. University of California, Davis Children's Hospital (UCD)
31. University of California, Irvine Medical Center (UCI)
32. Valley Children's Hospital
33. Valley Children's Hospital at St. Agnes

Congratulations to our 46 Early Bird Award Winners!

1. Alta Bates Summit Medical Center
2. Anderson Lucchetti Women's and Children's Center
3. Bakersfield Memorial Hospital
4. California Hospital Medical Center - Los Angeles
5. California Pacific Medical Center (CPMC) Van Ness
6. Children's Hospital Los Angeles (CHLA)
7. Community Hospital of San Bernardino
8. Doctors Medical Center of Modesto
9. Glendale Memorial Hospital and Health Center
10. Good Samaritan Hospital (HCA), San Jose
11. Hollywood Presbyterian Medical Center
12. John Muir Health, Walnut Creek Medical Center
13. Kaiser Foundation Hospital Baldwin Park
14. Kaiser Foundation Hospital Downey
15. Kaiser Foundation Hospital Fontana
16. Kaiser Foundation Hospital Moreno Valley
17. Kaiser Foundation Hospital Ontario Medical Center
18. Kaiser Foundation Hospital Orange County – Anaheim
19. Kaiser Foundation Hospital Orange County – Irvine
20. Kaiser Foundation Hospital Panorama City
21. Kaiser Foundation Hospital Riverside
22. Kaiser Foundation Hospital San Diego
23. Kaiser Foundation Hospital South Bay
24. Kaiser Foundation Hospital West Los Angeles
25. Kaiser Foundation Hospital Woodland Hills
26. Kern Medical
27. LAC/Harbor - UCLA Medical Center
28. Loma Linda University Children's Hospital

Congratulations to our 46 Early Bird Award Winners!

29. Methodist Hospital of Southern California
30. PIH Health Hospital
31. PIH Health, Good Samaritan Hospital
32. Pomona Valley Hospital Medical Center
33. Providence Cedars-Sinai Tarzana Medical Center
34. Rady Children's Hospital San Diego at Scripps La Jolla (RCHSD)
35. San Joaquin General Hospital
36. Santa Barbara Cottage Hospital
37. Sharp Chula Vista Medical Center
38. St. Jude Medical Center
39. Tri-City Medical Center
40. UCSF Benioff Children's Hospital Oakland
41. University of California, Irvine Medical Center (UCI)
42. Valley Children's Hospital
43. Valley Children's Hospital at St. Agnes
44. Valley Presbyterian Hospital
45. Washington Hospital Health Care System - Fremont
46. Watsonville Community Hospital

Congratulations to our 88 Crown Award Winners!

1. Adventist Health Bakersfield
2. Adventist Health Glendale
3. Alta Bates Summit Medical Center
4. Anaheim Regional Medical Center
5. Anderson Lucchetti Women's and Children's Center
6. Antelope Valley Hospital
7. Bakersfield Memorial Hospital
8. California Hospital Medical Center - Los Angeles
9. California Pacific Medical Center (CPMC) - Van Ness
10. Centinela Hospital Medical Center
11. Children's Hospital Los Angeles
12. CHOC Children's
13. Clovis Community Medical Center
14. Community Memorial Hospital of Ventura
15. Community Regional Medical Center (CRMC)
16. Doctors Medical Center of Modesto
17. El Camino Hospital
18. Emanate Health Queen of the Valley Hospital
19. Fountain Valley Regional Hospital & Medical Center
20. Garfield Medical Center
21. Glendale Memorial Hospital and Health Center
22. Good Samaritan Hospital (HCA), San Jose
23. Good Samaritan Hospital, Los Angeles
24. Grossmont Hospital, Women's Health Center
25. Henry Mayo Newhall Memorial Hospital
26. Hollywood Presbyterian Medical Center
27. Huntington Hospital
28. John Muir Health, Walnut Creek Medical Center

Congratulations to our 88 Crown Award Winners!

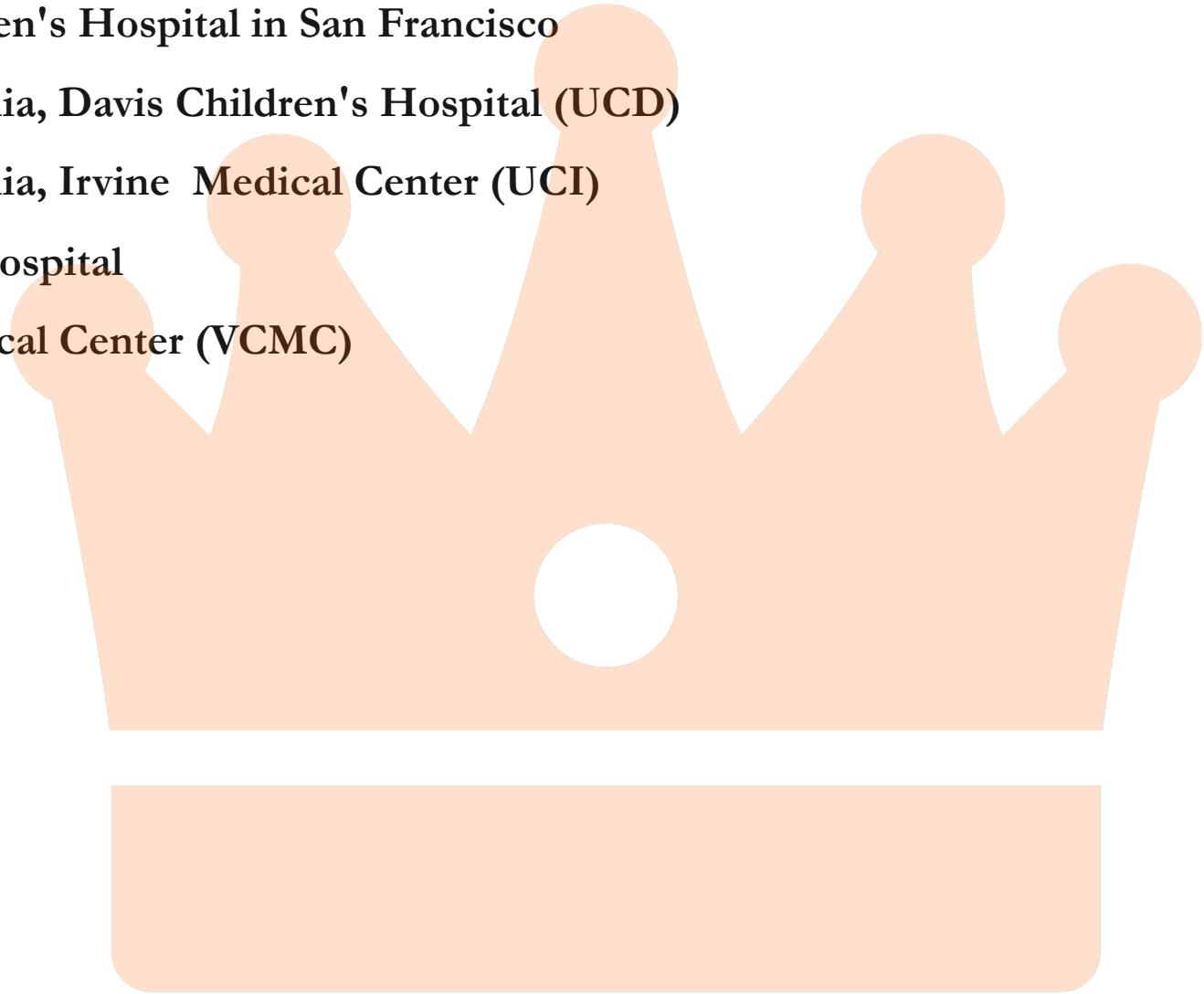
29. Kaiser Foundation Hospital Baldwin Park
30. Kaiser Foundation Hospital Downey
31. Kaiser Foundation Hospital Fontana
32. Kaiser Foundation Hospital Los Angeles
33. Kaiser Foundation Hospital Modesto
34. Kaiser Foundation Hospital Moreno Valley MC
35. Kaiser Foundation Hospital Oakland
36. Kaiser Foundation Hospital Ontario Medical Center
37. Kaiser Foundation Hospital Orange County-Irvine
38. Kaiser Foundation Hospital Panorama City
39. Kaiser Foundation Hospital Riverside
40. Kaiser Foundation Hospital Roseville
41. Kaiser Foundation Hospital San Diego
42. Kaiser Foundation Hospital San Francisco
43. Kaiser Foundation Hospital San Leandro
44. Kaiser Foundation Hospital Santa Clara
45. Kaiser Foundation Hospital South Bay
46. Kaiser Foundation Hospital Walnut Creek
47. Kaiser Foundation Hospital Woodland Hills
48. Kern Medical
49. LAC/Harbor - UCLA Medical Center
50. LAC/Olive View - UCLA Medical Center
51. Loma Linda University Children's Hospital
52. Los Robles Hospital and Medical Center
53. Lucile Packard Children's Hospital at Stanford (LPCH)
54. Marian Regional Medical Center
55. Memorialcare Miller Children's and Women's Hospital at Long Beach

Congratulations to our 88 Crown Award Winners!

56. Memorialcare Saddleback Medical Center
57. Mercy San Juan Medical Center
58. Methodist Hospital of Southern California
59. Northbay Medical Center
60. Northridge Hospital Medical Center
61. O'Connor Hospital
62. Orange County Global Medical Center
63. PIH Health Hospital
64. Pomona Valley Hospital Medical Center
65. Providence Cedars-Sinai Tarzana Medical Center
66. Providence St. John's Health Center
67. Providence St. Joseph Medical Center
68. Redlands Community Hospital
69. Regional Medical Center of San Jose
70. Riverside University Health System Medical Center
71. Salinas Valley Memorial Hospital
72. San Antonio Regional Hospital
73. San Gabriel Valley Medical Center
74. San Joaquin General Hospital
75. Santa Clara Valley Medical Center (SCVMC)
76. Santa Monica-UCLA Medical Center & Orthopaedic Hospital
77. Santa Rosa Memorial Hospital
78. St. Bernardine Medical Center
79. St. Jude Medical Center
80. Sutter Roseville Medical Center
81. Sutter Santa Rosa Regional Hospital
82. Tri-City Medical Center
83. UCLA Mattel Children's Hospital

Congratulations to our 88 Crown Award Winners!

84. UCSF Benioff Children's Hospital in San Francisco
85. University of California, Davis Children's Hospital (UCD)
86. University of California, Irvine Medical Center (UCI)
87. Valley Presbyterian Hospital
88. Ventura County Medical Center (VCMC)



Congratulations to our 9 Allstar Award Winners!

1. Anderson Lucchetti Women's and Children's Center
2. Bakersfield Memorial Hospital
3. Emanate Health Queen of the Valley Hospital
4. Good Samaritan Hospital, Los Angeles
5. John Muir Health, Walnut Creek Medical Center
6. Kern Medical
7. Loma Linda University Children's Hospital
8. Santa Monica-UCLA Medical Center & Orthopaedic Hospital
9. University of California, Irvine Medical Center (UCI)

Congratulations to our 63 Gold Star Award Winners!

1. Adventist Health Glendale
2. Adventist Health Ukiah Valley
3. Anaheim Regional Medical Center
4. Anderson Lucchetti Women's and Children's Center
5. Bakersfield Memorial Hospital
6. California Hospital Medical Center - Los Angeles
7. Centinela Hospital Medical Center
8. Clovis Community Medical Center
9. Doctors Medical Center of Modesto
10. El Camino Hospital
11. Emanate Health Queen of the Valley Hospital
12. Garfield Medical Center
13. Good Samaritan Hospital (HCA), San Jose
14. Good Samaritan Hospital, Los Angeles
15. Grossmont Hospital, Women's Health Center
16. Henry Mayo Newhall Memorial Hospital
17. Huntington Hospital
18. John Muir Health, Walnut Creek Medical Center
19. Kaiser Foundation Hospital Modesto
20. Kaiser Foundation Hospital Moreno Valley Medical Center
21. Kaiser Foundation Hospital Oakland
22. Kaiser Foundation Hospital Panorama City
23. Kaiser Foundation Hospital San Leandro
24. Kaiser Foundation Hospital Santa Clara
25. Kaiser Foundation Hospital South Bay
26. Kaiser Foundation Hospital Woodland Hills
27. Kern Medical
28. Loma Linda University Children's Hospital

Congratulations to our 63 Gold Star Award Winners!

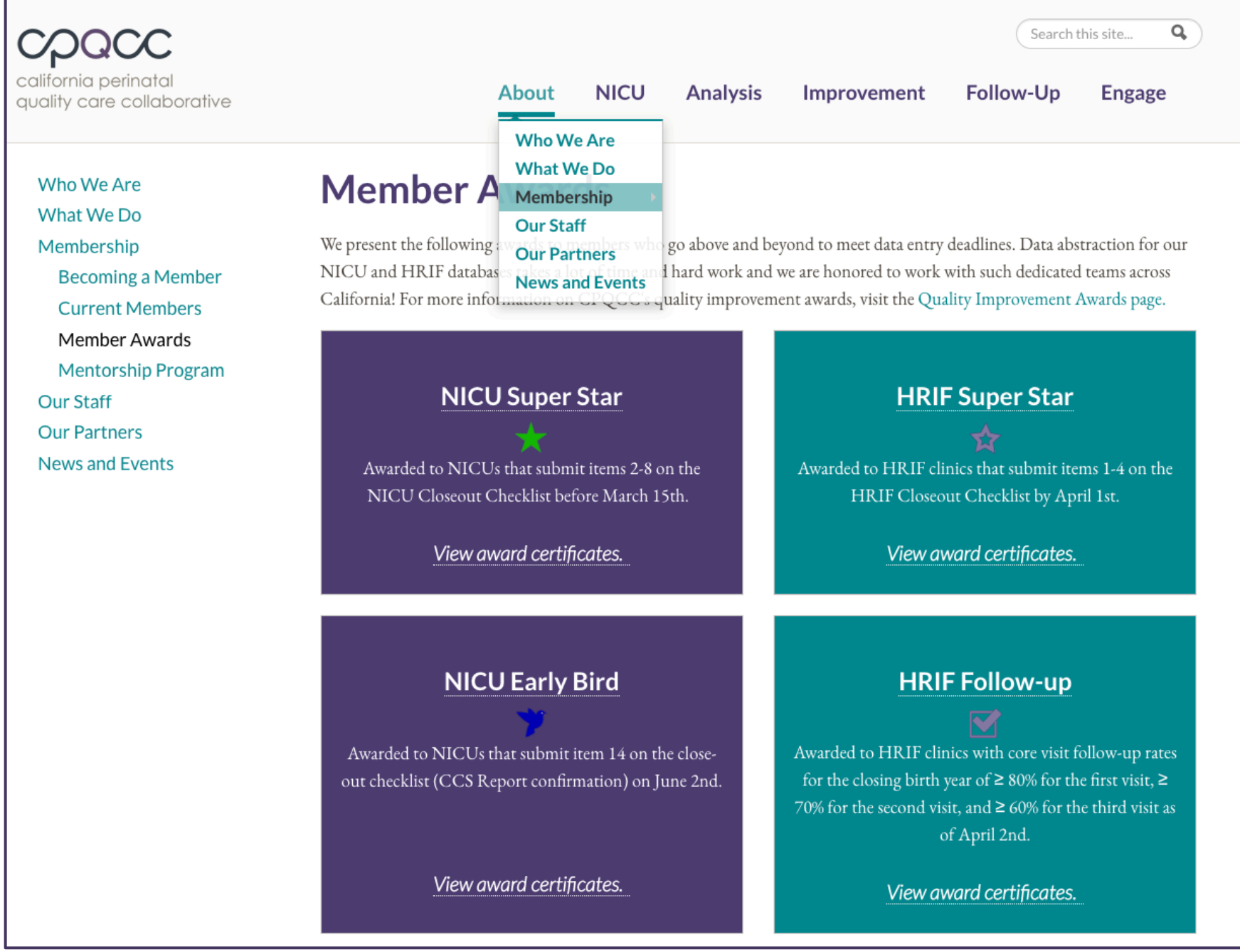
29. Marian Regional Medical Center
30. Memorialcare Saddleback Medical Center
31. Methodist Hospital of Southern California
32. Northbay Medical Center
33. Northridge Hospital Medical Center
34. O'Connor Hospital
35. Orange County Global Medical Center
36. Providence St. Joseph Medical Center
37. Rady Children's Hospital San Diego (RCHSD)
38. RCHSD at Palomar Medical Center Escondido
39. RCHSD at Rancho Springs
40. RCHSD at Scripps La Jolla
41. RCHSD ego at Scripps Mercy Chula Vista
42. RCHSD at Scripps Mercy San Diego
43. Redlands Community Hospital
44. Regional Medical Center of San Jose
45. Riverside University Health System Medical Center
46. Salinas Valley Memorial Hospital
47. San Antonio Regional Hospital
48. Santa Clara Valley Medical Center (SCVMC)
49. Santa Monica-UCLA Medical Center & Orthopaedic Hospital
50. Santa Rosa Memorial Hospital
51. Sharp Chula Vista Medical Center
52. St. Bernardine Medical Center
53. St. Francis Medical Center
54. St. Jude Medical Center
55. Sutter Roseville Medical Center
56. Sutter Santa Rosa Regional Hospital

Congratulations to our 63 Gold Star Award Winners!

57. Torrance Memorial Medical Center
58. Tri-City Medical Center
59. University of California, Davis Children's Hospital (UCD)
60. University of California, Irvine Medical Center (UCI)
61. Valley Children's Hospital
62. Valley Children's Hospital at St. Agnes
63. Ventura County Medical Center (VCMC)

Data Management Awards

- NICU Awards
- HRIF Awards



THANK YOU!

Q&A Session

Panelists

- **Henry Lee, MD, MPH,** Chief Medical Officer, CPQCC
- **Jochen Profit, MD, MPH,** Chief Quality Officer, CPQCC
- **Janella Parucha, BS,** Program Manager, CPQCC
- **Fulani Davis,** Program Manager, CPQCC
- **Erika Gray** – Program Manager, HRIF

Closing

Recording and Webinar Evaluation

- An email will be sent out after the webinar with a link to:
  - The slides and webinar recording
  - An evaluation survey
- The webinar recording and slides will also be posted at: https://www.cpqcc.org/engage/annual-data-training-webinars-2020

Upcoming Data Training Webinars

https://www.cpqcc.org/engage/annual-data-training-webinars-2020