NICU Database Update

2020 Data Training Sessions



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How can we foster a culture of quality improvement? How can we get better at being better?

- How can we **elevate the value** of the work of Data Contacts?
- How can we engage leadership to encourage collaboration between all data teams (i.e NICU,CPeTS,HRIF)?
- How can we better improve data quality and data linkage between programs?



2020 Data Sets

TRANSPORT	 Patient Diagnosis Demographics Time Sequence Infant Condition/ TRIPS Referral Process Comments
NICU	 Demographics Maternal History & Delivery Delivery Room and First Hour of Birth Post-Delivery Diagnoses and Interventions Respiratory Infections Other Diagnoses, Surgeries Neurological Congenital Malformations Initial Disposition Post-Transport Status



2020 Data Sets

HRIF	 Very Low Birth Weight (VLBW) Infant Completed Gestational Age < 32 Weeks ECMO, Cooling, or Moderate/Severe HIE Diagnosis Surgery for Congenital Heart Disease Nitric Oxide Use Seizures during any stay prior to home discharge
CCS SUPPLEMENTAL FORM	 Section A. Hospital Births and Deaths (by BW) Section B. Total Admissions to Your NICU (by BW) Section C. Total Transports-Out of Your NICU (by BW) Section D. Hospital Births and NICU Inborn Admissions (by GA) Section E. Average Daily Census In Your NICU, Newborn Antibiotic Exposures (NAE) and Antibiotic Use Rate (AUR) Section F. Central-line Associated Bloodstream Infections (CLABSI) Perinatal Quality Improvement (QI) Project Inventory



2020 Data Sets

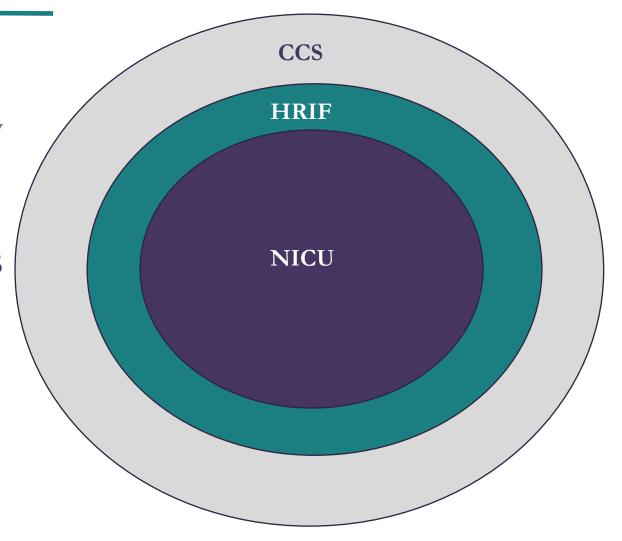
ALL NICU ADMISSIONS OPTIONAL	 All infants admitted into the NICU (regardless of CPQCC eligibility) By Birth year or Admission year Demographics Admission ABX/Central lines Disposition
MATERNAL EXPOSURES OPTIONAL	 Demographics Maternal History Maternal Screen `Infant Screen Infant Non-RX Treatment Disposition





NICU Database Eligibility

- Infants are **NICU** eligible if they are either:
 - Very Low Birth Weight (VLBW) Small Baby
 or
 - Severe Acuity Big Baby
- ALL NICU and HRIF eligible infants meet CCS eligibility criteria
- But **NOT** all infants with CCS eligible conditions will be **NICU** or **HRIF** eligible





Small Baby Eligibility

VLBW

Any infant who is born at or admitted to your hospital within 28 days of birth, with:

- birth weight 401 1,500 grams, OR
- gestational age 22 weeks 0 days to 31 weeks 6 days (inclusive)

Outborn Small Baby infants are eligible regardless of where they receive care in your hospital (NICU admission not required).

In summary, all Small Babies are eligible for entry into the NICU Database.



Big Baby

Severe Acuity

Any infant who is born at or admitted to your hospital within 28 days of birth, with a birth weight that is greater than 1500 grams MUST also meet one of the following 11 criteria to be eligible:

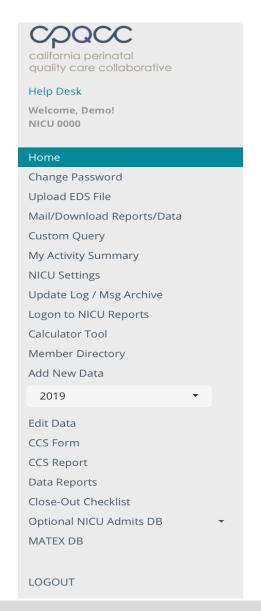
- 1. Infant Death
- 2. Acute transport in
- 3. Acute transport out
- 4. Surgery
- 5. Intubated Assisted Ventilation for > 4 continuous hours
- 6. Nasal IMV/SIMV (or any other form of non-intubated assisted ventilation) for > 4 continuous hours
- 7. Early bacterial sepsis
- 8. Previously discharged home and readmitted to your hospital for exchange transfusion and/or bilirubinemia level ≥ 25 mg/dL
- 9. Suspected encephalopathy or suspected perinatal asphyxia
- 10. Active therapeutic hypothermia
- 11. Seizures

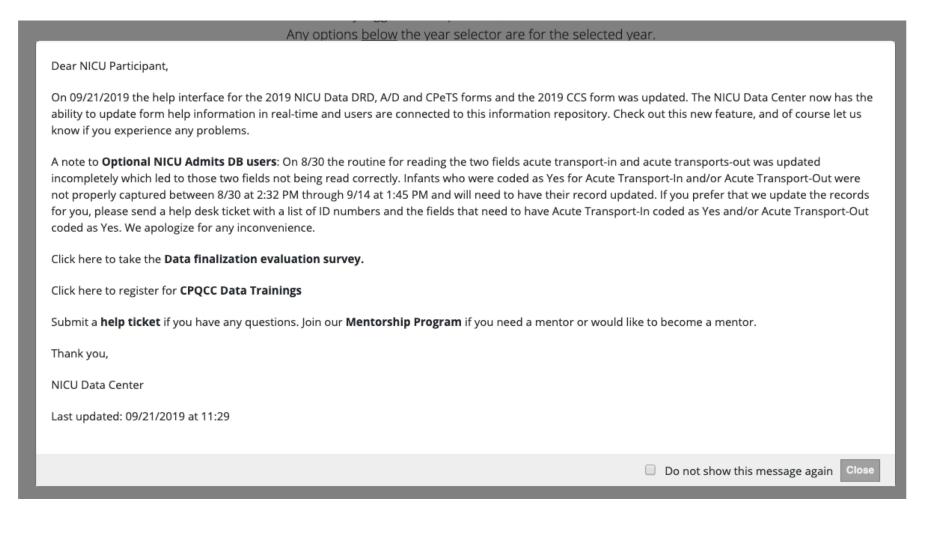




NICU Data Site

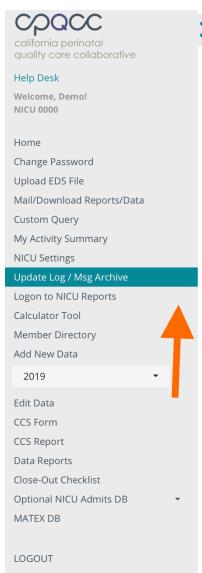
www.cpqccdata.org











NICU Data Update Log / Message Archive

09/21/2019

- Comprehensive update of help screen interface for 2019 NICU Data DRD, A/D and CPeTS form and 2019 CCS forms.
- Expired session management update.

09/15/2019

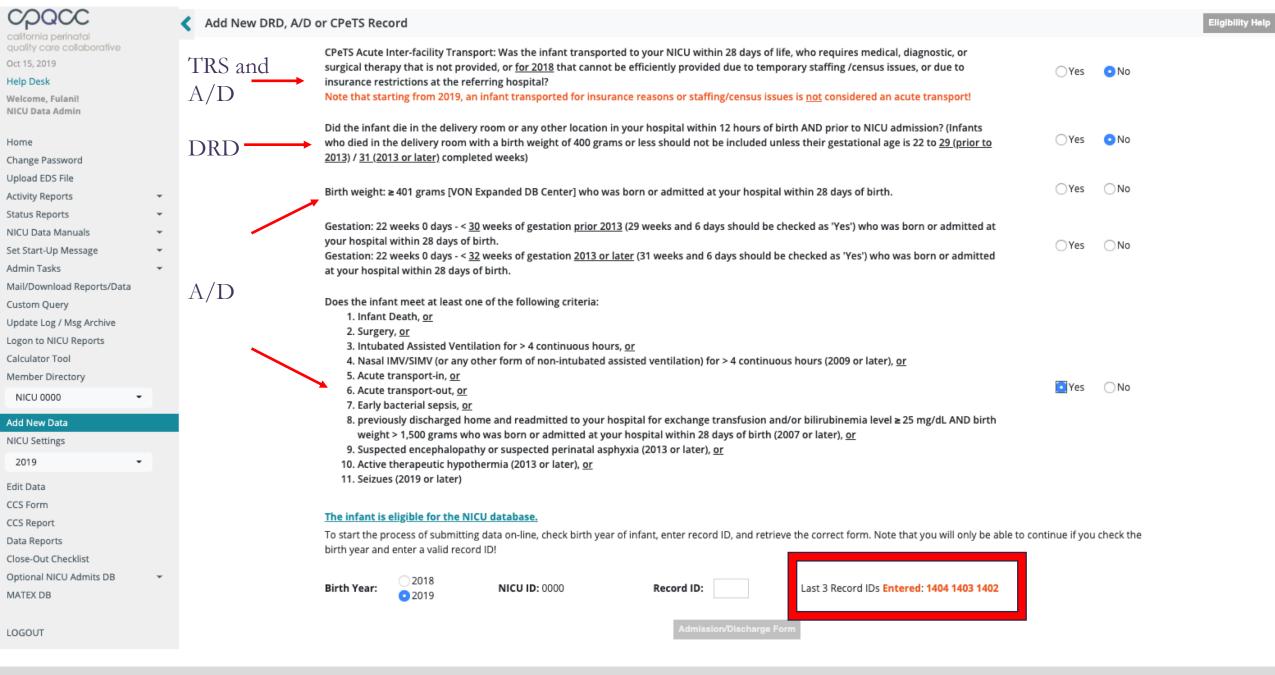
A note to the **Optional NICU Admits DB users**: On 8/30 the routine for reading the two fields acute transport-in and acute transports-out was updated incompletely which led to those two fields not being read correctly. Infants who were coded as Yes for Acute Transport-In and/or Acute Transport-Out were not properly captured between 8/30 at 2:32 PM through 9/14 at 1:45 PM and will need to have their record updated. If you prefer that we update the records for you, please send a help desk ticket with a list of ID numbers and the fields that need to have Acute Transport-In coded as Yes and/or Acute Transport-Out coded as Yes. We apologize for any inconvenience.

07/09/2019

- The quarterly reports for 2019/Q2 available.
- 2019 DCRs updated. Starting with this update, five additional inconsistencies might appear in your report. These inconsistencies are of importance due to their relevance for HRIF eligibility. The five new areas checked for coding inconsistencies are:
 - HIE situations are flagged if during any prior stay an infant was diagnosed with moderate or severe HIE while your NICU's A/D form does not indicate the same;
 - ECMO utilization situations are flagged if during any prior stay ECMO was utilized while your NICU's A/D form does not indicate any ECMO utilization;
 - CHD situations are flagged if during any prior stay an infant underwent one of the surgeries that indicate CHD while your NICU's A/D form does not indicate the same;
 - INO situations are flagged if during any prior stay Nitric Oxide was administered while your NICU's A/D form does not indicate any use of Nitric Oxide;
 - Seizures situations are flagged if any prior stay showed evidence of seizures while your NICU's A/D form does not reflect evidence of seizures.

These checks were added to avoid confusion about HRIF eligibility and allow for timely registrations of eligible infants.





NICU Data Site

www.cpqccdata.org



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 <u>for 2018</u> 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 for insurance reasons or staffing/census issues is not considered an acute transport!

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)

Birth weight: ≥ 401 grams [VON Expanded DB Center] who was born or admitted at your hospital within 28 days of birth.

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.

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, <u>or</u>
- 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)

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 birth year and enter a valid record ID!

Birth Year:

2018

NICU ID: 0000

Record ID:

Last 3 Record IDs Entered: 1404 1403 1402

Admission/Discharge Ford

NICU Data Eligibility

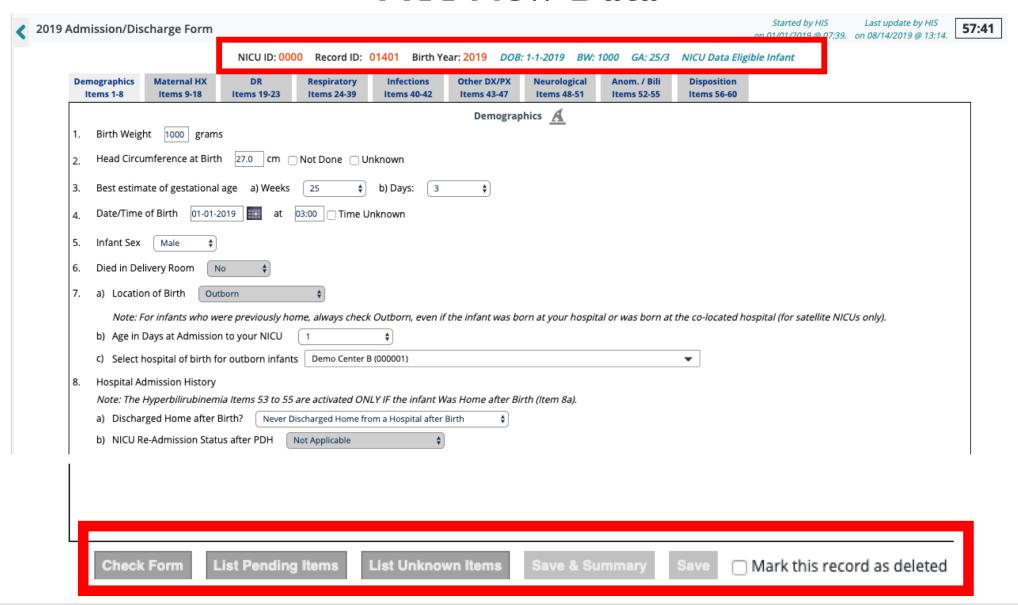
The NICU Data website collects the elements of the NICU Database on-line. Starting in 2007, CPQCC as an agent of the California Perinatal Transport System (CPeTS) is also collecting data on all infants who were transported into a participating NICU for medical/diagnostic services or surgery.

Infants meeting the following criteria are eligible for the NICU Database:

- · Small Babies:
 - The infant's birth weight is 401 to 1,500 grams, and was born or admitted to your hospital within 28 days of birth.
 - The infant's gestational age is 22 weeks to 31 weeks and 6 days (less than 32 weeks), and was born or admitted to your hospital within 28 days of birth.
 - 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 transported to your
 hospital for care by any service (not just the NICU), as long as the
 transport occurred before the baby's 28th day of life.
- Big Babies:
 - The infant was admitted to your hospital within 28 days of birth and at least one of the following conditions applied:
 - Infant death;
 - Major surgery;
 - Intubated Assisted Ventilation greater than 4 continuous hours;
 - Acute transport-in to receive medical, diagnostic, or surgical therapy that cannot be provided at the sending hospital;
 - · Early bacterial sepsis;
 - Total Serum Bilirubin of ≥ 25 mg/dL (427 micromols/Liter) and/or an exchange transfusion;
 - Nasal IMV/SIMV or any other form of non-intubated assisted ventilation greater than 4 continuous hours.
 - Suspected encephalopathy or suspected perinatal asphyxia defined as cardiorespiratory depression at birth based on any one



Add New Data





Coding Rules

Data Collection

Each record ID in the NICU Database describes one infant's episode of care in the hospital.

An **episode of care** is defined as all the care that an infant receives until they are discharged to home. If an infant is moved from your NICU to another unit within your Center (Step-Down Unit, Well Baby Nursery, Pediatrics Ward, Intermediate Care Nursery, PICU, etc.), continue collecting data until discharge to home, transported to another hospital, or death. If the infant is readmitted to your hospital from home, that is considered a new episode of care.

Examples for a single episode of care for all eligible infants:

- Admission or readmission to the NICU, or any other units within the hospital ("Hospital A")
- Acute transport to and from other hospitals ("Hospital B")

Note: Include any interventions that occurred prior to admission/readmission to your hospital. Ultimate disposition (Home, Died, etc.) must also be known, even if the baby is not readmitted.



NICU Data Site

Electronic Data Submission (EDS)

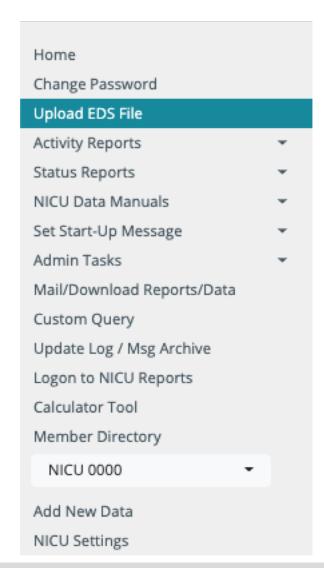
There are two ways to submit data to the NICU Database.

- 1. Online enter one record at a time
- 2. EDS upload multiple records via CSV or Excel file

EDS files can be uploaded through the 'Upload EDS File' link on your navigation bar

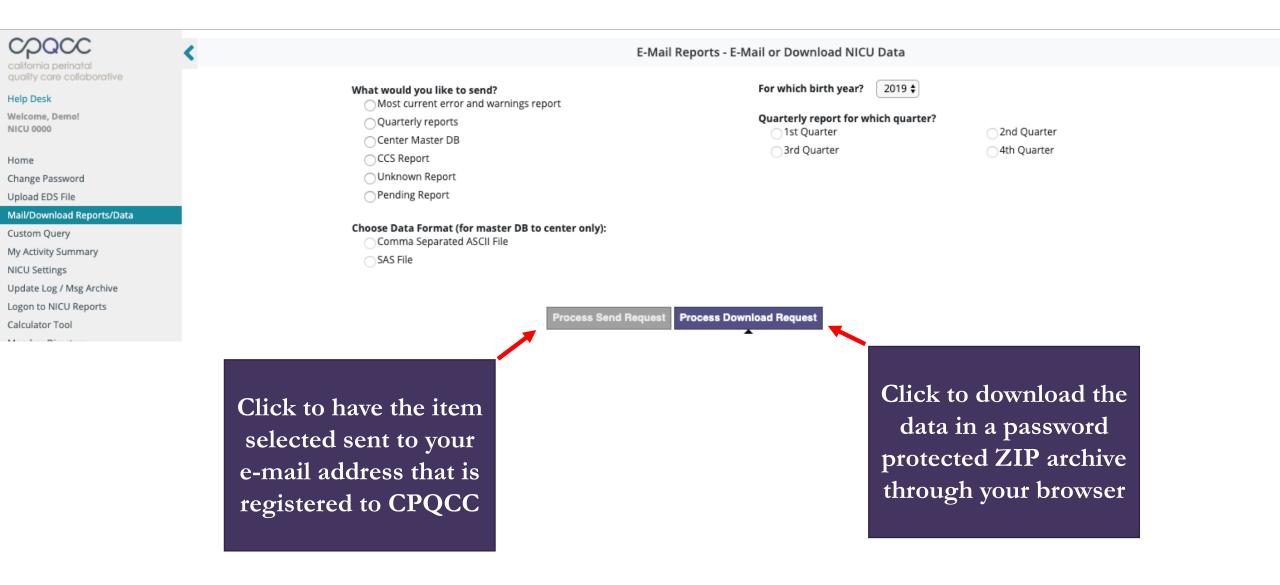
If you are interested in submitting EDS files, please:

- Review the EDS Instructions located on the main CPQCC website (www.cpqcc.org) under "NICU Data Resources".
- Submit a Help Ticket at www.cpqcchelp.org if you have questions





Sending Reports/Data



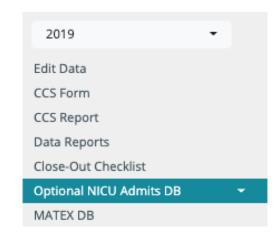
All NICU Admissions Database

Optional tool that allows members to track all of their NICU admissions throughout the year

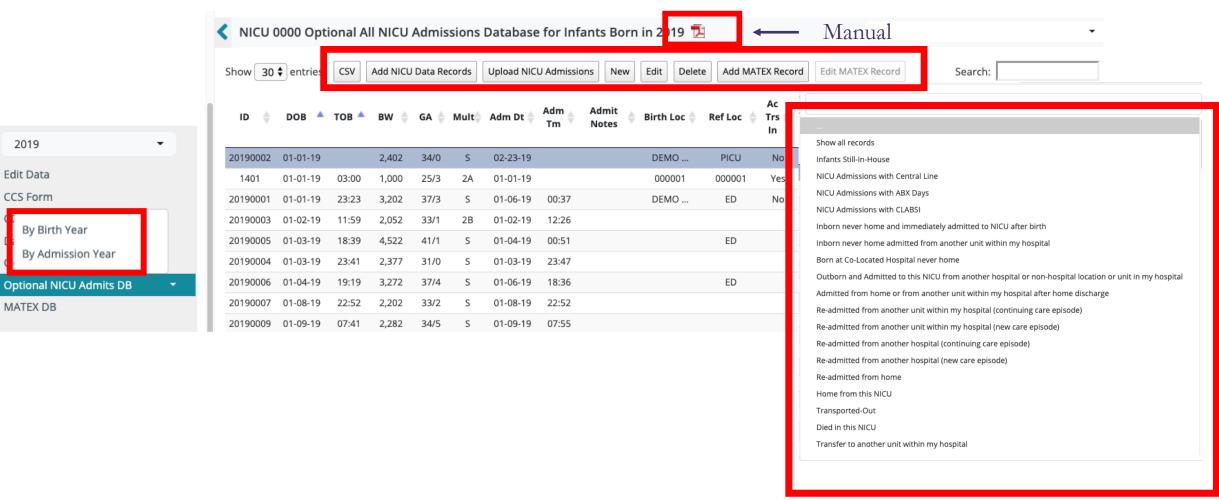
• 39 NICUs are currently participating

ADVANTAGES

- Real-time NICU admissions displayed on the Dashboard
- All NICU admissions denominator for Big Baby metrics
- Automatic population in certain sections of the CCS Form



All NICU Admissions Database



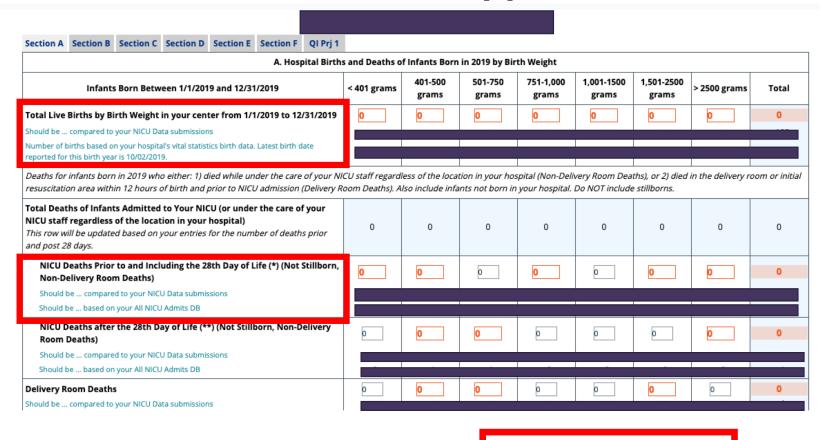


Create New Option	al NICU Admits DB Record
Demographics Ac	dmission ABX / Central Lines Disposition
Reference Number	
	Provide a reference number (integer) that identifies unique NICU admissions OR unique infants. Leave empty if you would like the system to assign the next available sequential reference number. If you are assigning reference numbers by infant, use the infant's reference number for the first stay and use the Re-Admission Counter to indicate the re-admission incidence. Do not use the infant's MRN.
Readmission Counter	
	If your reference number is unique for each infant admitted to your NICU, specify the re-admission incidence to identify unique NICU stays. In this case, date of birth, time of birth, birth weight, gestational age, multiple status and birth location are copied based on the infant's Reference Number. Leave empty unless the infant was previously at your NICU.
Date of Birth	
	The year of birth must be 2019.
Time of Birth	
Birth Weight	
	Specify the birth weight in grams. Any non-number entries are ignored.
Gestational Age (ww/d)	
	Specify gestational age in completed weeks and days as WW/D or WW.D or WWD or WWD or WW (assumes 0 for days).
Multiple	Singleton \$
NICU Data Record ID	
	Cancel Create



CCS Supplemental Form

opulate Form with Values based on NICU Admit DB



- NICU Data Submission shows data entered for eligible CPQCC infants
- Vital statistics data from CMQCC shows the number of births at your hospital from birth certificate data (or hosting location for satellite NICUs)
- All NICU Admit DB shows data for ALL infants admitted into the NICU
 - Allows **population** of the CCS Supplemental Form with values from the All NICU Admit DB

Check Pending Iter



NICU REPORTS SITE

www.cpqccreport.org

- CPQCC NICU report site allows you to understand your NICU data and use those insights to drive improvements in NICU care.
- Members can now login to the NICU report site via the NICU data site.
 - You will need to have approved access to the NICU report site to use this feature.

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



NICU REPORTS SITE

www.cpqccreport.org



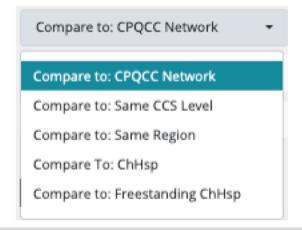
Detail tables by birth weight or gestational age

Detail tables provided volume and incidence rates of processes and outcomes by birth weight and gestational age either for all CPQCC infants or infant sub groups.

For NICU level tables, yearly tables are available starting from the first year the NICU was a CPQCC participant.

Region level tables are available starting from 2006 since only for 2006 or later, CPQCC had the capacity to connect multiple admissions of the same region and consolidate these records into a single region record.

Besides the center / region level table, a comparison is shown. For centers, the comparison group can be all CPQCC network NICUs, NICUs of the same CCS level or all NICUs in the same perinatal region.





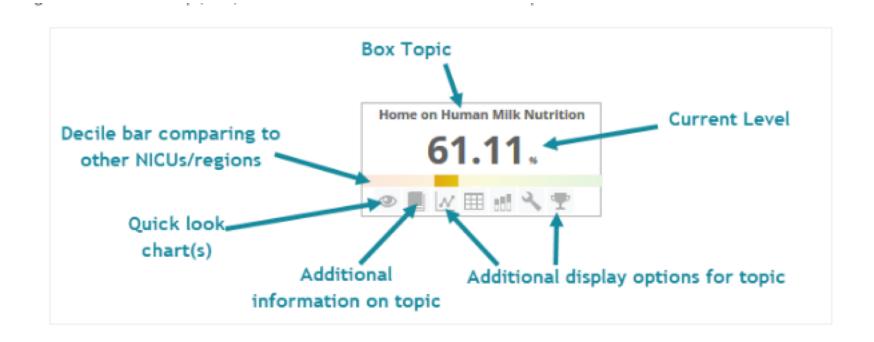
Welcome, Demo! NICU User Dashboard Home Dashboard Baby MONITOR Small Baby Snapshot CCS Report HRIF/NICU Match Summary HRIF/NICU Match Detail Quality Indicators Eligibility Detail Table Basic Table Control Chart Risk-Adj Trend / Comparison CPeTS Transport In CPeTS Transport Out Connect to CMQCC Trending Topics & My Activity Change Password

Dashboard





Dashboard



DECILE BAR

• Show's your center's position in comparison to all other CPQCC centers or perinatal regions

ADDITIONAL OPTIONS

• Additional information and resources about the box topic

CURRENT LEVEL

- A quantitative measure of the NICU's current level of performance is shown
- QI measures are reflected in green for NICUs performing among the top 10% in the state, and in orange for those in the bottom 10%



NICU Reports Overview

www.cpqcc.org



Dashboard

The Dashboard serves as a launchpad for quality improvement, providing a snapshot of both clinical and operational metrics for each NICU. The dashboard can be used to get a sense of areas where a unit is performing well and areas that may require further attention. Graphs can be downloaded in JPEG or PDF formats for distribution among the NICU team or to hospital leadership.





Q

Engage

2020 NICU Database Updates



Big Baby Eligibility

CHANGE: Added a Note to major surgery requiring anesthesia

o **Note:** "General or spinal anesthesia" qualification only applies to Item 47a. Other Surgery, for surgeries that are not in the Surgical Codes list Appendix C.

Updated 2020 Description – Major Surgery:

This category includes major invasive surgeries, requiring general anesthesia **or** anesthesia techniques considered by your neonatologist to be equivalent to general anesthesia, during the infant's current admission to the NICU. It also includes surgeries that have traditionally required anesthesia but may now be performed at the bedside using local anesthesia or no formal anesthesia. The specific procedures listed in Appendix C qualify as major surgery.

The following surgeries do not qualify the infant for NICU Database eligibility:

- pyloromyotomy
- unilateral or bilateral inguinal hernia repair
- central line placement
- circumcision.

Only conditions that require general anesthesia, anesthesia techniques that your neonatologist feels is equivalent to general anesthesia, or major surgery with alternative methods qualify. Most of these procedures involve an open cavity (head, chest, abdomen, etc.)



Demographics (tab 1, items 1-8):

Item 5. Infant Sex [SEX]

CHANGE: Added the option to select "Undetermined".

Updated 2020 Definition:

- Select Male or Female
- Select **Undetermined** when sex is not assigned as male or female by the time of discharge because it has been considered to be undetermined (or "ambiguous") by the clinical team
- Select **Unknown** if the sex cannot be obtained.



Delivery Room and First Hour after Birth (items 19-23):

Item 22c. Bag/Mask [DRBM]

CHANGE:

- Update the item description from "Bag/Mask" to "Positive Pressure Ventilation (PPV) via Mask" or "Bag/Mask PPV".
- Added note to Item 22g **NIPPV** (Nasal Intermittent Positive Pressure Ventilation) that **NIPPV** is different from bag/mask PPV.

Updated 2020 Definition:

Item 22c. "Positive Pressure Ventilation (PPV) via Mask" or "Bag/Mask PPV"

• Select **Yes** if the infant received any positive pressure breaths with a bag and face mask in the delivery room or during the initial resuscitation performed immediately after birth. Positive pressure may be administered using a resuscitation bag, T-piece, or other device that generates intermittent positive pressure.



Respiratory (items 24-39):

Item 25c. Intubated High Frequency Ventilation [HFV]

CHANGE: Update the definition to include "through an endotracheal tube"

Updated 2020 Definition:

- Select **Yes** if the infant received high frequency ventilation (IMV rate ≥ 240/minute) through an endotracheal tube at any time after leaving the delivery room/initial resuscitation area.
- Select **No** if the infant never received high frequency ventilation (IMV rate ≥ 240/minute) through an endotracheal tube after leaving the delivery room/initial resuscitation area.



Respiratory (items 24-39):

Item 38. Respiratory Support at 36 Weeks

CHANGE: Applicable to **Small Babies** only.

- Item 38 is not applicable if:
 - o The infant's GA is greater than 36 weeks
 - o The infant is discharged home/transported-out from your NICU prior to 36 weeks and not readmitted
 - o The infant is a big baby (32 weeks or greater and birth weight is greater than 1,500 grams.)

NICUs participating in the VON expanded data set still need to provide the "Respiratory Support at 36 Weeks" items for **both Small and Big Babies**.



CPQCC Help Desk

www.cpqcchelp.org

Create Tickets
Live Chat

No account required

Access previous tickets **Community Forums**

Users can ask/answer questions

Post tips

Start new topic(s)

Respond to existing topics

(CPQCC reviews and approves all topics)

User Satisfaction Surveys

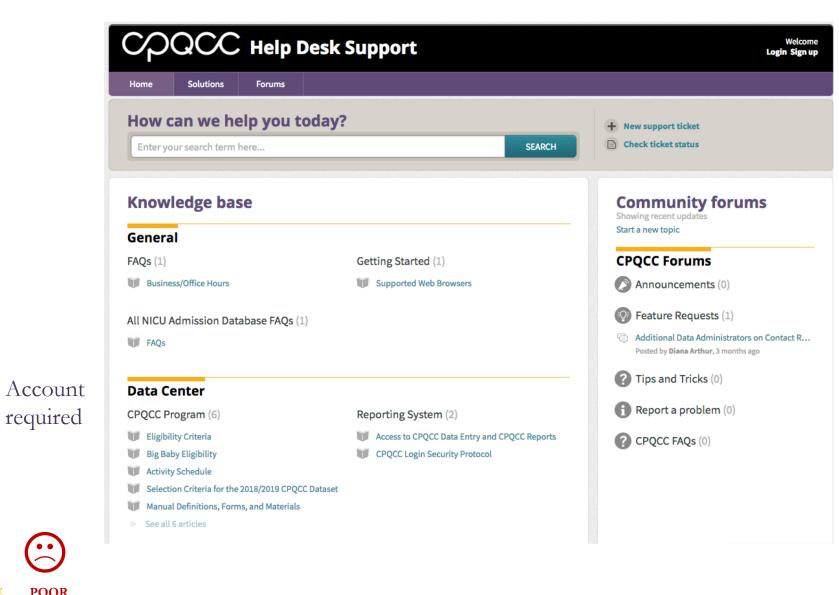


GOOD



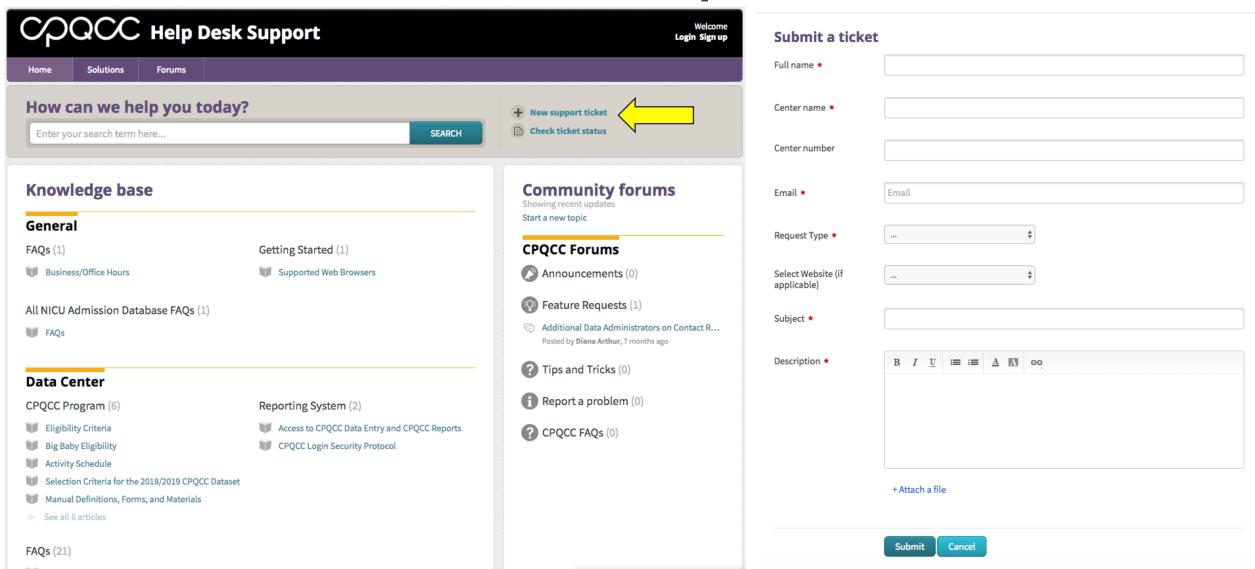








CPQCC Help Desk



THANK YOU!!

