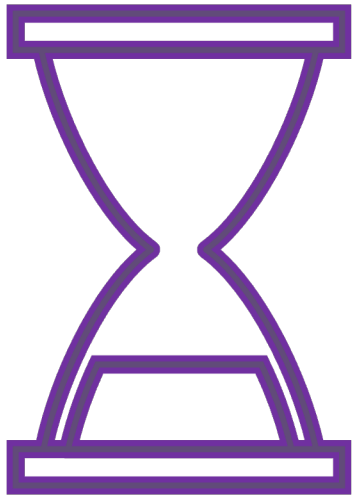
What's New with CPeTS

October 18, 2023

Welcome!

- We will begin shortly.
- Please review the following slides for important information.
- Introduction to the presenters



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

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

- 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-2023**

- Attendees will be eligible for contact hours through the Perinatal Advisory Council: Leadership, Advocacy, and Consultation (PAC/LAC) . This webinar series is being jointly provided by CPQCC and PAC/LAC. PAC/LAC is an approved provider by the California Board of Registered Nursing, Provider number CEP 5862.

- Please complete the survey which will be available immediately following this webinar.

Presenters

RONALD COHEN, MD
MEDICAL DIRECTOR,
NORTHERN CPETS

KEVIN VAN
OTTERLOO, MPA
DIRECTOR, SOUTHERN
CPETS

LUCY VAN OTTERLOO,
PhD, RN, MSN
MEDICAL DIRECTOR,
NORTHERN CPETS

[illegible]

[illegible], 2023

[illegible]:

- [illegible], [illegible]
    - [illegible]
- [illegible], [illegible], [illegible]
    - [illegible]
- [illegible], [illegible]
    - [illegible]

[illegible]

- [illegible]
- [illegible]

□B□E□C□I□E□

Following the presentation and discussion the participant will be able to

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

CALIFORNIA PERINATAL TRANSPORT SYSTEM

Legislatively mandated by **AB 4439** in **1976**, required by **C**alifornia Perinatal Quality **C**are **C**ollaborative (**C**P**CC**), **C**alifornia **C**hildren's Services (**CCS**) and **C**alifornia **D**epartment of Public **H**ealth (**CDPH**), managed by Regional Perinatal Programs of **C**alifornia (RPP**C**).

- **B**ed **A**vailability and **D**irect Referral **I**nformation
- Neonatal **D**ata System
  - **C**ollection and **E**ntry
  - Standardized Reports
    - Transports In
    - Transports Out
  - Tools and Support Materials
- Maternal Transport **D**ata System **D**evelopment

CALIFORNIA NEONATAL TRANSPORT DATABASE

- Developed during 2005-2006
- First full year of data – 2007
- All CDC designated NICUs in California plus any facilities with licensed Intensive Care Neonatal Nursery who choose to participate
- Prospective clinical data collected from
  - Avg 5,400 acute neonatal transports annually
    - 102,823 acute transports in dataset
    - Within the first 28 days of life into CDC services, transported by a team
  - Received by more than 100 NICUs in California

CHA□GE□F□□2024

□□DA□E □□ □A□E□□A□/FE□A□□□A□□□□□□DA□A (C.12)

□□□ C□HE□, □D

[illegible] (C.12) 1[illegible] 2020 [illegible] < 32 [illegible]

[illegible] 75 [illegible], [illegible] 10 (13%) [illegible]

[illegible]	F[illegible]	[illegible]	C[illegible]	C[illegible]
			F[illegible]	[illegible]
.	12	16	12	16
A[illegible]	4	5.33	16	21.33
[illegible]	3	4	19	25.33
[illegible]-[illegible]	3	4	22	29.33
[illegible]	53	70.67	75	100

[illegible] (C.12) I [illegible] 2020 [illegible] < 32 [illegible] < 1.5 [illegible]

[illegible] 88 [illegible], [illegible] 13 (15%) [illegible]

[illegible]	F[illegible]	[illegible]	C[illegible]	C[illegible]
			F[illegible]	[illegible]
.	20	22.73	20	22.73
A[illegible]	5	5.68	25	28.41
[illegible]	3	3.41	28	31.82
[illegible]-[illegible]	5	5.68	33	37.5
[illegible]	55	62.5	88	100

[illegible]A[illegible]E[illegible]A[illegible]/FE[illegible]A[illegible]A[illegible] (C.12) I[illegible] 2020 - 2022 [illegible]E[illegible]A[illegible]A[illegible]D[illegible]A[illegible]A[illegible] < 32 [illegible]GE[illegible]A[illegible]

[illegible] 218 [illegible], [illegible] 28 (13%) [illegible] A[illegible]

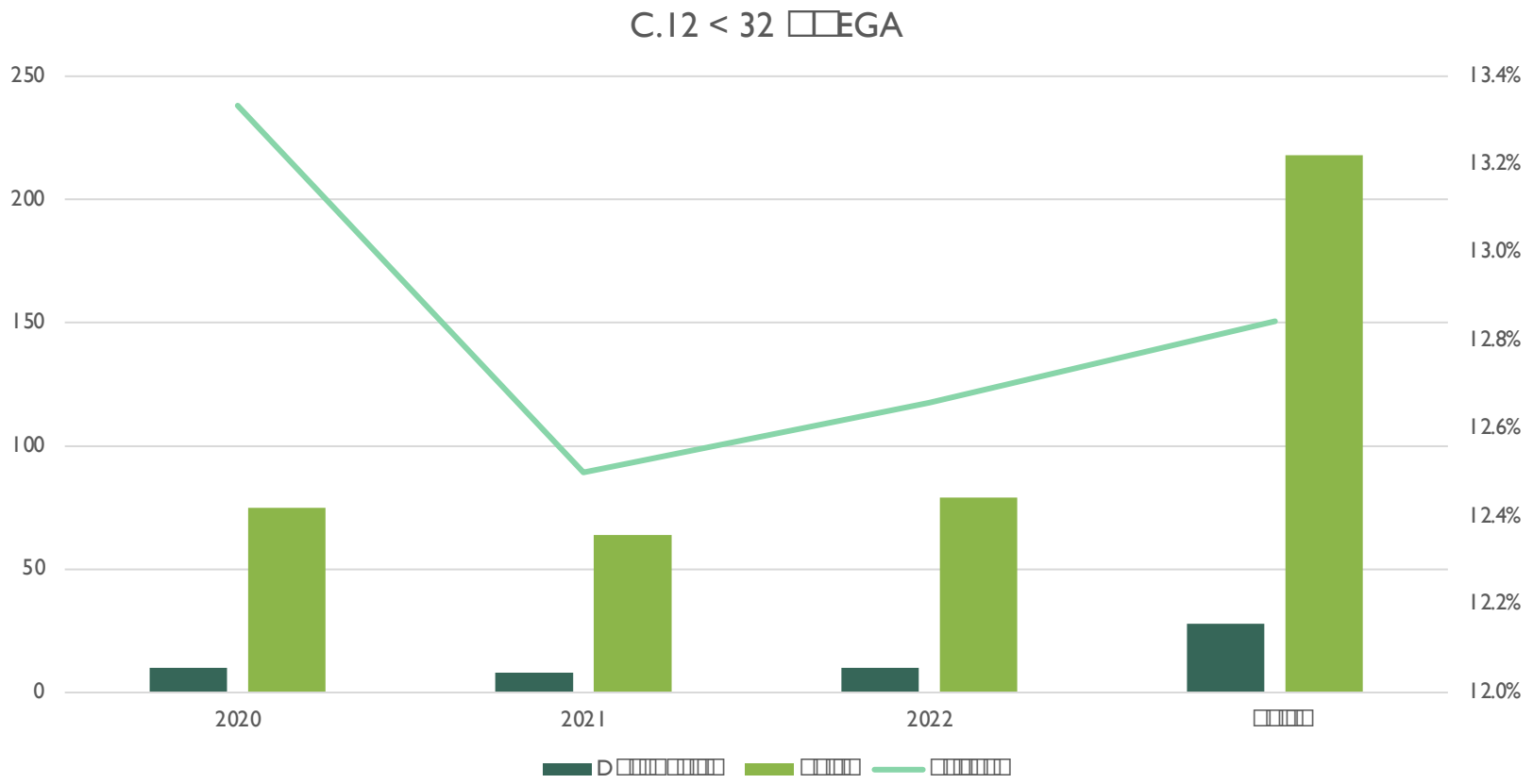
[illegible]F[illegible]A[illegible]C[illegible]	F[illegible]	[illegible]	C[illegible]	C[illegible]
			F[illegible]	[illegible]
.	48	22.02	48	22.02
A[illegible]	13	5.96	61	27.98
B[illegible]	1	0.46	62	28.44
[illegible]	10	4.59	72	33.03
[illegible]-[illegible]F[illegible]	4	1.83	76	34.86
[illegible]C[illegible]	142	65.14	218	100

[illegible] (C.12) [illegible] 2020 - 2022 [illegible] < 32 [illegible] < 1.5 [illegible]

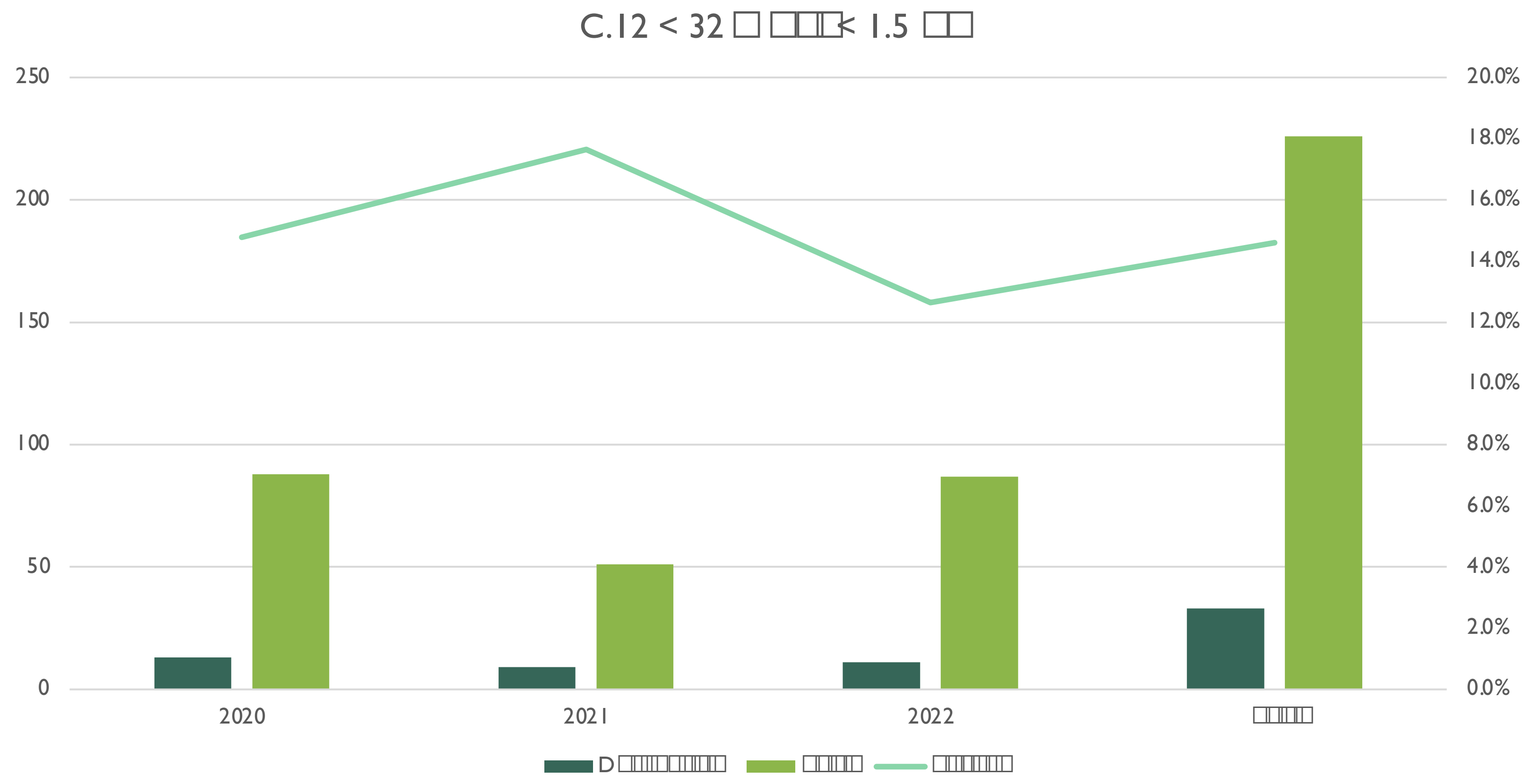
[illegible] 247 [illegible], [illegible] 33 (13%) [illegible]

[illegible]	F[illegible]	[illegible]	C[illegible]	C[illegible]
			F[illegible]	[illegible]
.	61	24.7	61	24.7
A[illegible]	14	5.67	75	30.36
B[illegible]	1	0.4	76	30.77
[illegible]	12	4.86	88	35.63
[illegible]-[illegible]	6	2.43	94	38.06
[illegible]C[illegible]	153	61.94	247	100

□A□E□□A□/FE□A□□□A□□□□□□□□(C.12) I□ 2020 - 2022
□□E□A□A□D□A□□□A□□□□< 32 □ □GE□□A□I□□



□A□E□□A□/FE□A□□□A□□□□□□□(C.12) I□ 2020 - 2022 □□E□A□A□D□A□□□A□□□□< 32 □ □GE□A□□□ □□< 1.5 □G



□A□E□□A□TR ANSPORT A□ OPPORTUN ITY TO □□□□□E □HE SYS IEM □F R SK. A PPROPR A□E CA□E

DeSisto C□, et al J Perinato2021; 41:2141□6.
D□I: 10.1038/□41372-021-00935-9

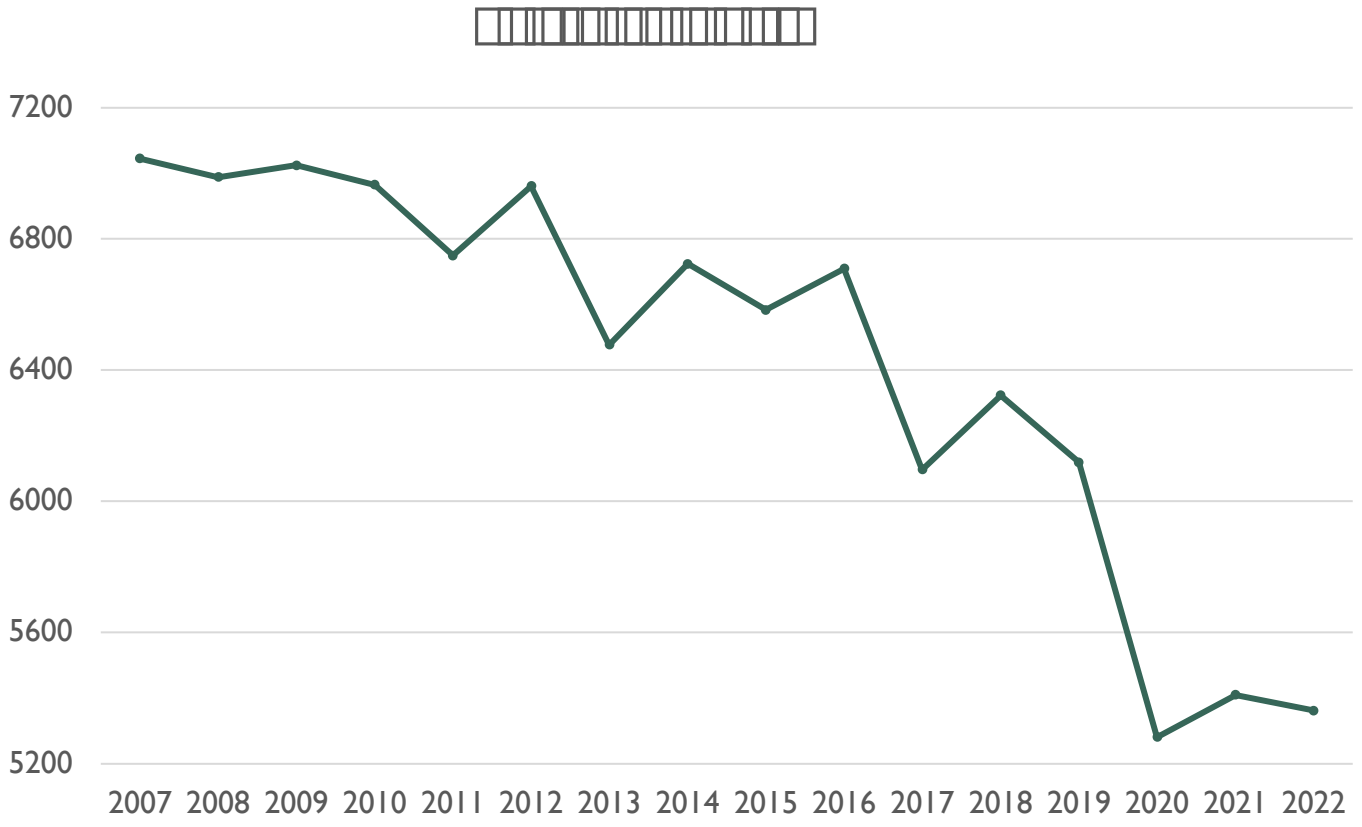
I□conclusion, improvements to the system of risk appropriate maternal care are an important step in preventing pregnanc□related deaths in the US A□part of this process, jurisdictions might consider implementing□DC LOCATe® to better understand the region's system of perinatal care capabilities I□addition, public health partners might consider assessing existing hospital maternal transport protocols and□EMS protocols for caring for and transporting pregnant or postpartum women Since □60% of pregnanc□related deaths are considered preventable□6], improving the system of ris□appropriate maternal care is a key part of preventing these deaths

CA□IF□□□IA AC□□E □E□□A□A□□□A□□□□□□□AC□I□I□□, 2022

□E□I□□A□ □□□E□□□□, □□A

□□A□I□□CA□F□□□IA □E□□A□A□□□A□□□□□□DA□A

□□□□	□□□□□ □□□□□□□□□□□□	□□□□□□□□	□□□ □□□□□ E□□□□□□□□□ □□□□□□□
2022	5362	1.0	2.3
2021	5411	.7	2.0
2020	5,281	1.1	2.2
2019	6,119	1.3	1.2
2018	6,323	1.3	1.2
2017	6,097	1.2	1.3
2016	6,710	1.3	1.7
2015	6,584	1.4	1.9
2014	6,724	2.5	1.9
2013	6,477	1.6	1.9
2012	6,961	1.4	2.3
2011	6,750	1.6	2.7
2010	6,965	1.9	3.3
2009	7,025	2.1	3.6
2008	6,989	2.6	35
2007	7,045	4.9	4.0



CA[illegible]F[illegible]IA AC[illegible]E [illegible]A[illegible]AC[illegible]B[illegible]FACI[illegible], 2022

- [illegible]A[illegible]5,263
- 137 [illegible]
- 82 [illegible]
- A[illegible]65
- [illegible]
  - 30 [illegible] ≤10 [illegible]

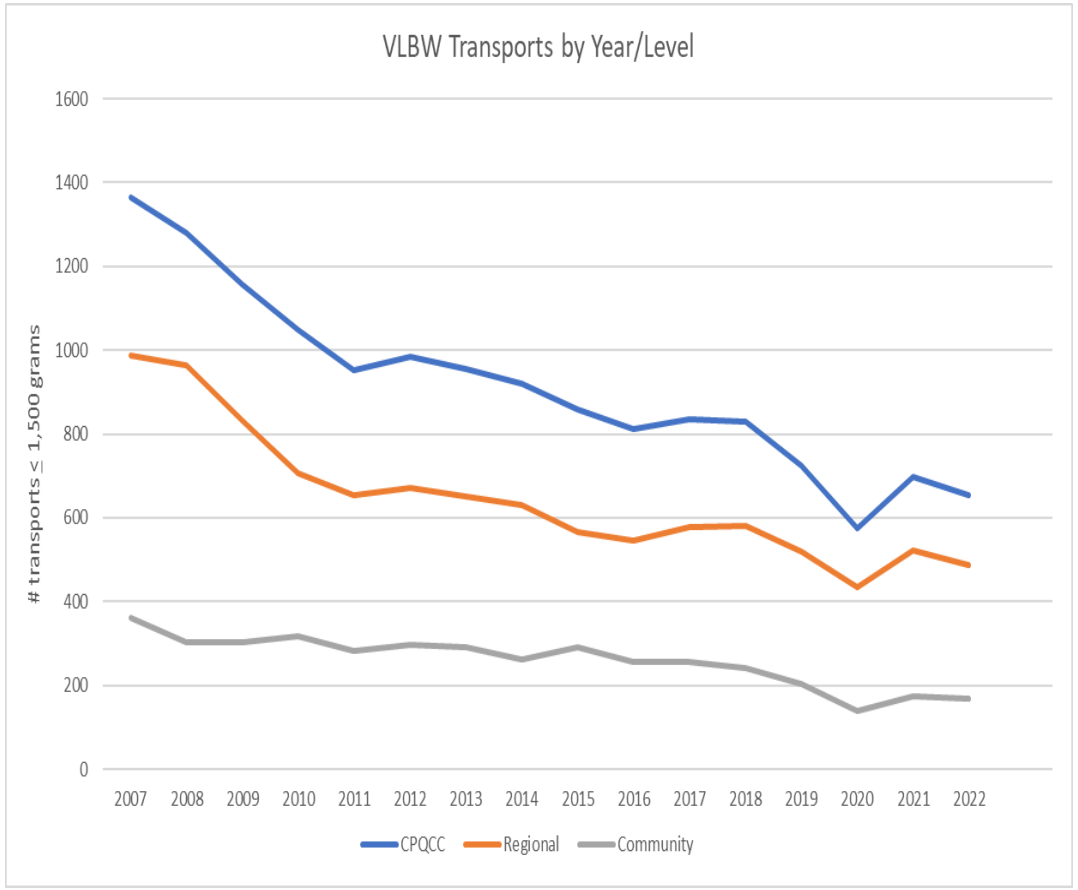
AC□□E □E□□A□A□□□A□□□□□□□□□□ (□□□□A□□□A□D □EC□□DA□□)*, 2022 (C□□□□□□ #/%)

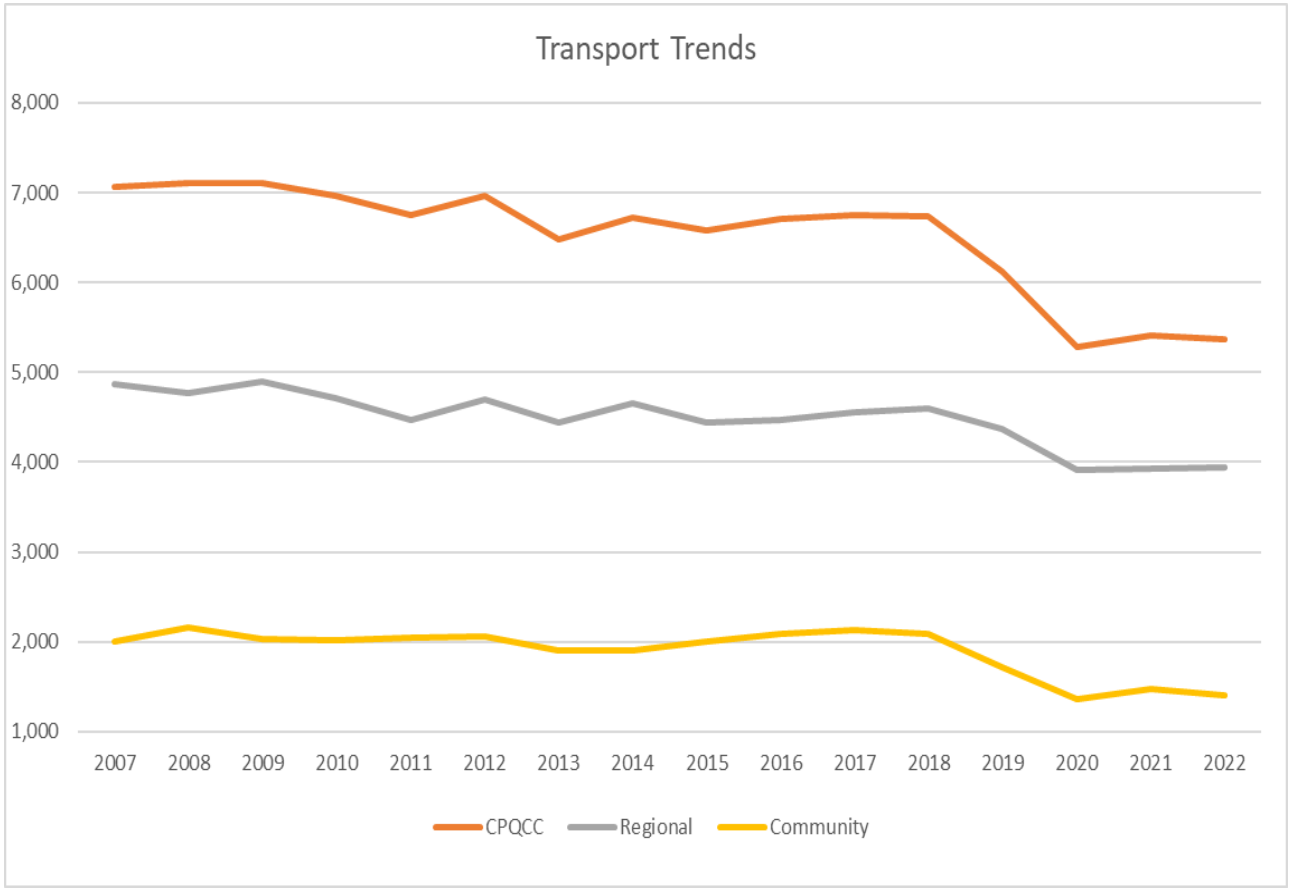
	C□□CC □□□□□□□□□□□□□□□□	C□□CC □□□□□□□□□□ □□C□□	C□□CC C□□ □ □□□□□ □□C□□	C□□CC □□□□□□□□□ □□□□□□□□ / □□□□□□□
A□B□□□□ □ □□□□□□□	5,362	3,945	1,410	7
≤ 500 □□□□□□	20 / 0.4%	16 / 0.4%	4 / 0.3%	0
501-750 □□□□□□	150 / 2.8%	120 / 3.0%	30 / 2.1%	0
751 □1,000 □□□□□□	165 / 3.1%	127 / 3.2%	38 / 2.7%	0
1,001-1,500 □□□□□□	320 / 6.0%	224/ 5.7%	95 / 6.7%	1
1,501-2,500 □□□□□□	1,169 / 21.8%	827 / 21.0%	342 / 24.3%	5
> 2,500 □□□□□□	3,538 / 66.0%	2,631 / 66.7%	901 / 63.9%	6

[illegible] FA[illegible]I[illegible] 2023, 2901 AC[illegible]E [illegible]E[illegible]A[illegible]A[illegible]A[illegible]HA[illegible]E BEE[illegible] [illegible]E[illegible]ED.

A[illegible] ([illegible])*, [illegible]B[illegible]C[illegible], C[illegible], 2023	
[illegible]B[illegible] (<1,500 [illegible])	301/ 12.8%
[illegible]B[illegible] (≥ 1,500 [illegible] 2,499 [illegible])	528 / 22.3%
A[illegible]B[illegible] (≥ 2,500 [illegible])	1,542 / 65.0%

□□A□□□□□□ □□E□D□


VLBW Transports by Year/Level
transports ≤ 1,500 grams
1600
1400
1200
1000
800
600
400
200
0
2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022
CPQCC
Regional
Community


Transport Trends
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022
CPQCC
Regional
Community

□□I□I□I□G □HE DA□A F□□□□A□I□□I□□□□□E□E□□

□□C□ □A□ □□□□E□□□□, □HD, □□C

ACCESS DATA

Table 4: Time from Maternal Admission to Infant Birth

Time Difference	Region's CPQCC Centers N	Region's CPQCC Centers %	All CPeTS Transports %
All Infants Transferred Out	711	100	100
Post Birth Admission	9	1.3	1.7
0 - 2 hours	67	9.4	17.5
>2 - 4 hours	94	13.2	15.5
>4 - 6 hours	57	8.0	8.0
>6 - 12 hours	110	15.5	14.9
>12 - 36 hours	220	30.9	26.8
>36 hours	154	21.7	15.7
Mean	2D 16H 20M		1D 15H 28M
Median	13H 37M		8H 34M

Table 7: Time from Birth to Referral

Time Difference	Region's CPQCC Centers N	Region's CPQCC Centers %	All CPeTS Transports %
All Infants Transferred Out	787	100	100
Referral before Birth	297	37.7	12.8
0 - 2 hours	94	11.9	23.0
>2 - 4 hours	57	7.2	10.4
>4 - 6 hours	26	3.3	4.9
>6 - 12 hours	50	6.4	6.2
>12 - 36 hours	111	14.1	15.0
>36 hours	152	19.3	27.6
Mean	1D 12H 43M		2D 6H 17M
Median	2H 8M		5H 29M

ACE A/

- B
  - A B
  - D
- I F
  - /?
  - ?
  - / / ?
    - C C (AB E,)

Table 1: Acute Transports IN Activity, by Birth Weight

	Region		CPQCC Network	
Birth Weight (grams)	N	%	N	%
All Birth Weights	823	100	5,362	100
500 or less	2	0.2	20	0.4
501 to 750	21	2.6	150	2.8
751 to 1,000	21	2.6	165	3.1
1,001 to 1,500	39	4.7	320	6.0
1,501 to 2,500	233	28.3	1,169	21.8
over 2,500	507	61.6	3,538	66.0

[illegible]

- [illegible]
  - [illegible]
  - [illegible]
  - [illegible]

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

	Region					CPQCC Network			
Birth Weight (grams)	N	DR	Emergent	Urgent	Scheduled	DR	Emergent	Urgent	Scheduled
All Birth Weights	823	35.0	26.9	25.0	13.1	7.8	45.3	37.8	9.0
500 or less	2	0.0	50.0	50.0	0.0	15.0	60.0	25.0	0.0
501 to 750	21	38.1	19.0	19.0	23.8	10.7	54.7	22.0	12.7
751 to 1,000	21	52.4	19.0	14.3	14.3	17.6	46.1	25.5	10.9
1,001 to 1,500	39	56.4	23.1	15.4	5.1	16.3	45.0	30.0	8.8
1,501 to 2,500	233	63.5	12.0	13.7	10.7	17.8	35.6	37.0	9.6
over 2,500	507	19.5	34.5	31.6	14.4	3.2	48.0	40.1	8.6

Transport Type Other is not shown in the table.

- [illegible]
  - [illegible] >2,500 [illegible]
  - [illegible]
  - [illegible]
    - [illegible]

ACUTE TRANSPORTS

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

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

		Region			CPQCC Network		
Birth Weight (grams)	N	Receiving Hospital	Contract Service	Referring Hospital	Receiving Hospital	Contract Service	Referring Hospital
All Birth Weights	823	96.5	1.1	2.4	84.1	11.1	4.7
500 or less	2	100	0.0	0.0	80.0	5.0	15.0
501 to 750	21	100	0.0	0.0	88.0	11.3	0.7
751 to 1,000	21	100	0.0	0.0	86.1	9.1	4.8
1,001 to 1,500	39	94.9	0.0	5.1	82.2	12.2	5.6
1,501 to 2,500	233	97.4	0.4	2.1	85.8	10.2	4.0
over 2,500	507	95.9	1.6	2.6	83.6	11.4	5.0

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

AC[illegible]E [illegible]A[illegible]

- [illegible]
  - G[illegible]
  - H[illegible]
  - F[illegible]
- [illegible] F[illegible]
  - D[illegible]? A[illegible]? H[illegible] [illegible]?
  - C[illegible]? H[illegible] [illegible]?
    - C[illegible]A[illegible] [illegible]

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

	Region				CPQCC Network		
Birth Weight	N	Ground	Helicopter	Fixed Wing	Ground	Helicopter	Fixed Wing
All Birth Weights	823	95.0	5.0	0.0	86.6	11.2	2.1
500 or less	2	100	0.0	0.0	85.0	10.0	5.0
501 to 750	21	100	0.0	0.0	90.7	8.7	0.7
751 to 1,000	21	95.2	4.8	0.0	84.8	12.7	2.4
1,001 to 1,500	39	97.4	2.6	0.0	85.6	12.2	2.2
1,501 to 2,500	233	97.9	2.1	0.0	87.8	9.8	2.4
over 2,500	507	93.3	6.7	0.0	86.3	11.6	2.1

ACUTE TRANSPORTS

- Transport Timing
  - Referral to initial evaluation
  - Acceptance to team departure
  - Departure to initial evaluation
  - Departure to ICU admission

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

	Region		CPQCC Network
Time Difference	N	%	%
All Infants Transferred In	217	100	100
Up to 30 minutes	89	41.0	4.5
31 - 60 minutes	35	16.1	16.4
61 - 90 minutes	44	20.3	20.9
91 - 120 minutes	24	11.1	21.0
>2 - 4 hours	19	8.8	29.4
>4 - 8 hours	2	0.9	6.1
>8 hours	4	1.8	1.6
Mean	1H 13M		2H 26M
Median	53M		1H 41M

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

	Region		CPQCC Network
Time Difference	N	%	%
All Infants Transferred In	217	100	100
Up to 30 minutes	167	77.0	42.1
31 - 60 minutes	28	12.9	30.0
1 - 2 hours	14	6.5	18.2
2 - 4 hours	4	1.8	6.6
4 - 8 hours	2	0.9	2.4
> 8 hours	2	0.9	0.7
Mean	32M		1H 1M
Median	15M		38M

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

Table 7: Time from Departure for Referring Hospital to Initial Evaluation at Referring Hospital

Mean	42M	1H 2M
Median	31M	48M

Table 8: Time from Departure for Referring Hospital to NICU Admission at Receiving Hospital

Mean	1H 42M	3H 4M
Median	1H 15M	2H 27M

□□□□C□E

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

MODIFIED TRANSPORT RISK INDEX OF PHYSIOLOGIC STABILITY (MTRIPS) SCORE

- It is important to quickly assess the condition of an infant, as it can dictate the composition of the Transport Team and the type of transport requested. Being able to assess the infant's condition at different times, and then predict mortality, or even death, is an important measurement for the California Perinatal Transport System.
- The assessment of the infant's condition at referral, initial evaluation and NICU admission using the Modified TRIPS Score can be used to calculate the risk of death of the infant within seven days of transport.
  - Temperature, blood pressure, response to noxious stimuli, respiratory status, use of pressors to support blood pressure and use of a ventilator.
  - It is used to
    - assess the infant's condition,
    - assess the quality of care at the referral center, by evaluating changes in the infant condition between Referral and Initial Evaluation);
    - judge the quality of the neonatal transport (by evaluating changes between Initial Evaluation and NICU admission).
- An online TRIPS score/risk of mortality calculator suitable for smart phones is available at http://www.healthinfosolutions.com/CPQCC-CPeT/tripsmobile/tripsmobile.htm (Google TRIPS MODIFIED CALCULATOR). here.

[illegible] DETAIL

Table 9: Missing TRIPS by TRIPS Time and Birth Weight

	Referral			Initial Evaluation			NICU Admission		
Birth Weight (grams)	N	N Missing	% Missing	N	N Missing	% Missing	N	N Missing	% Missing
All Birth Weights	535	184	34.4	803	386	48.1	823	66	8.0
500 or less	2	0	0.0	2	0	0.0	2	0	0.0
501 to 750	13	1	7.7	21	8	38.1	21	1	4.8
751 to 1,000	10	1	10.0	21	10	47.6	21	3	14.3
1,001 to 1,500	17	1	5.9	37	20	54.1	39	1	2.6
1,501 to 2,500	85	27	31.8	228	155	68.0	233	11	4.7
over 2,500	408	154	37.7	494	193	39.1	507	50	9.9

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

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

- [illegible]
  - [illegible]

[illegible]

- H[illegible]
  - [illegible]
  - E[illegible]
  - A[illegible]

Table 10: California TRIPS at Referral

TRIPS at Referral	Region N	Region %	CPQCC Network %
All Scores	351	100	100
14 or less / Prob. < 1%	228	65.0	73.6
15 to 31 / Prob. < 5%	83	23.6	17.5
32 to 38 / Prob. < 10%	24	6.8	5.4
39 to 49 / Prob. < 25%	14	4.0	2.9
>=50 / Prob. >= 25%	2	0.6	0.5
Mean Score	10.2		8.5
Median Score	3.0		3.0

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

[illegible]

- [illegible]
  - [illegible]
  - [illegible]
  - [illegible]
  - [illegible]

Table 12: California TRIPS at Initial Evaluation

TRIPS at Initial Evaluation	Region N	Region %	CPQCC Network %
All Scores	417	100	100
14 or less / Prob. < 1%	295	70.7	74.5
15 to 31 / Prob. < 5%	83	19.9	16.7
32 to 38 / Prob. < 10%	29	7.0	5.1
39 to 49 / Prob. < 25%	10	2.4	3.1
>=50 / Prob. >= 25%	0	0.0	0.6
Mean Score	8.9		8.4
Median Score	3.0		3.0

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

[illegible]

- H[illegible]
  - [illegible]
  - D[illegible]
  - E[illegible]

Table 14: California TRIPS at NICU Admission

TRIPS at NICU Admission	Region N	Region %	CPQCC Network %
All Scores	757	100	100
14 or less / Prob. < 1%	590	77.9	74.6
15 to 31 / Prob. < 5%	109	14.4	16.1
32 to 38 / Prob. < 10%	43	5.7	5.1
39 to 49 / Prob. < 25%	14	1.8	3.5
>=50 / Prob. >= 25%	1	0.1	0.7
Mean Score	7.1		8.4
Median Score	3.0		3.0

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

□□□□C□□E □□EA□CHA□GE

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

Birth Weight (grams)	QCP	Region				CPQCC Network Mean Change
		N Infants	N Infants Exceeding QCP	% Infants Exceeding QCP	Mean Change	
All Birth Weights	-	323	10	3.1	-0.4	0.3
500 or less	9	2	0	0.0	1.5	-0.8
501 to 750	9	12	0	0.0	-1.6	0.7
751 to 1,000	4	9	0	0.0	-1.3	1.0
1,001 to 1,500	4	14	0	0.0	-2.0	0.2
1,501 to 2,500	4	52	0	0.0	-0.2	0.4
over 2,500	4	234	10	4.3	-0.3	0.2

The TRIPS at Referral is not applicable for DR attendance transports, therefore DR attendance transports are not included in this table.

Self Transports are not included in the table as the TRIPS variables are not applicable at initial evaluation.

Positive entries indicate that the TRIPS increased from referral to initial evaluation.

Negative entries indicate that the TRIPS decreased from referral to initial evaluation.

QCP: The Quality Change Point is defined as the 90th percentile of the mean change in TRIPS based on the transport teams that perform at least 20 transports and account for roughly 25% of all transports with the lowest mean TRIPS change.

The QCP calculations are based on all CPeTS transports in 2012 to 2014.

□□□□C□□E □□EA□CHA□GE

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

Birth Weight (grams)	QCP	Region				CPQCC Network Mean Change
		N Infants	N Infants Exceeding QCP	% Infants Exceeding QCP	Mean Change	
All Birth Weights	-	389	23	5.9	0.9	0.2
500 or less	11	2	1	50.0	10.0	5.7
501 to 750	11	13	0	0.0	1.0	1.6
751 to 1,000	9	10	1	10.0	3.2	1.8
1,001 to 1,500	7	17	3	17.6	1.5	-0.1
1,501 to 2,500	4	71	1	1.4	0.0	-0.1
over 2,500	4	276	17	6.2	1.0	0.2

Self Transports are not included in the table as the TRIPS variables are not applicable at initial evaluation.

Positive entries indicate that the TRIPS increased from initial evaluation to NICU admission.

Negative entries indicate that the TRIPS decreased from initial evaluation to NICU admission.

QCP: The Quality Change Point is defined as the 90th percentile of the mean change in TRIPS based on the transport teams that perform at least 20 transports and account for roughly 25% of all transports with the lowest mean TRIPS change.

The QCP calculations are based on all CPeTS transports in 2012 to 2014.

□A□E□IA□□A□D □E□□□□CE□

□E□I□A□ □□□E□□□□, □A

[illegible]

[illegible]

- [illegible]
- [illegible]
- [illegible]

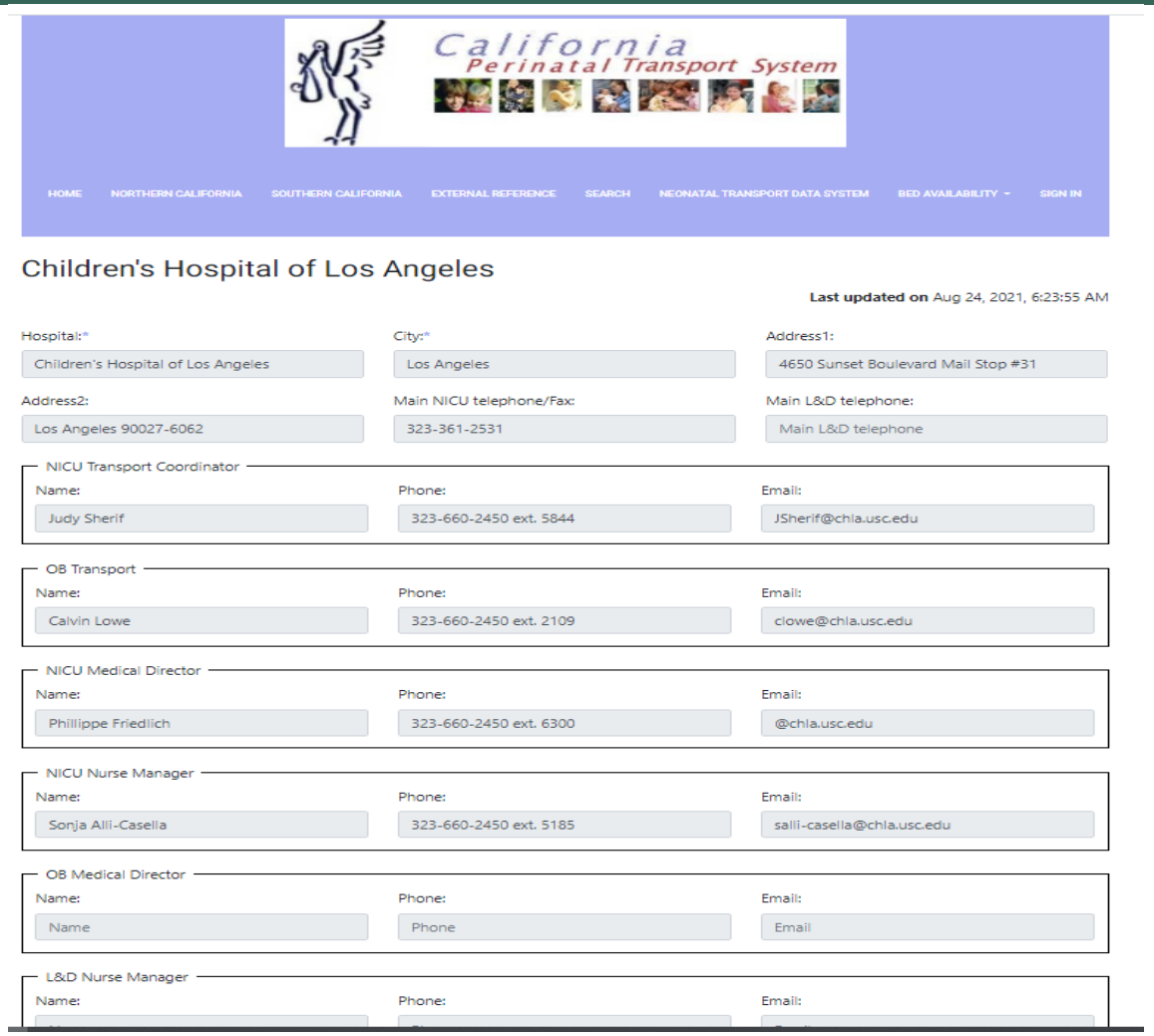
View Bed Availability - Southern California

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

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

[illegible]

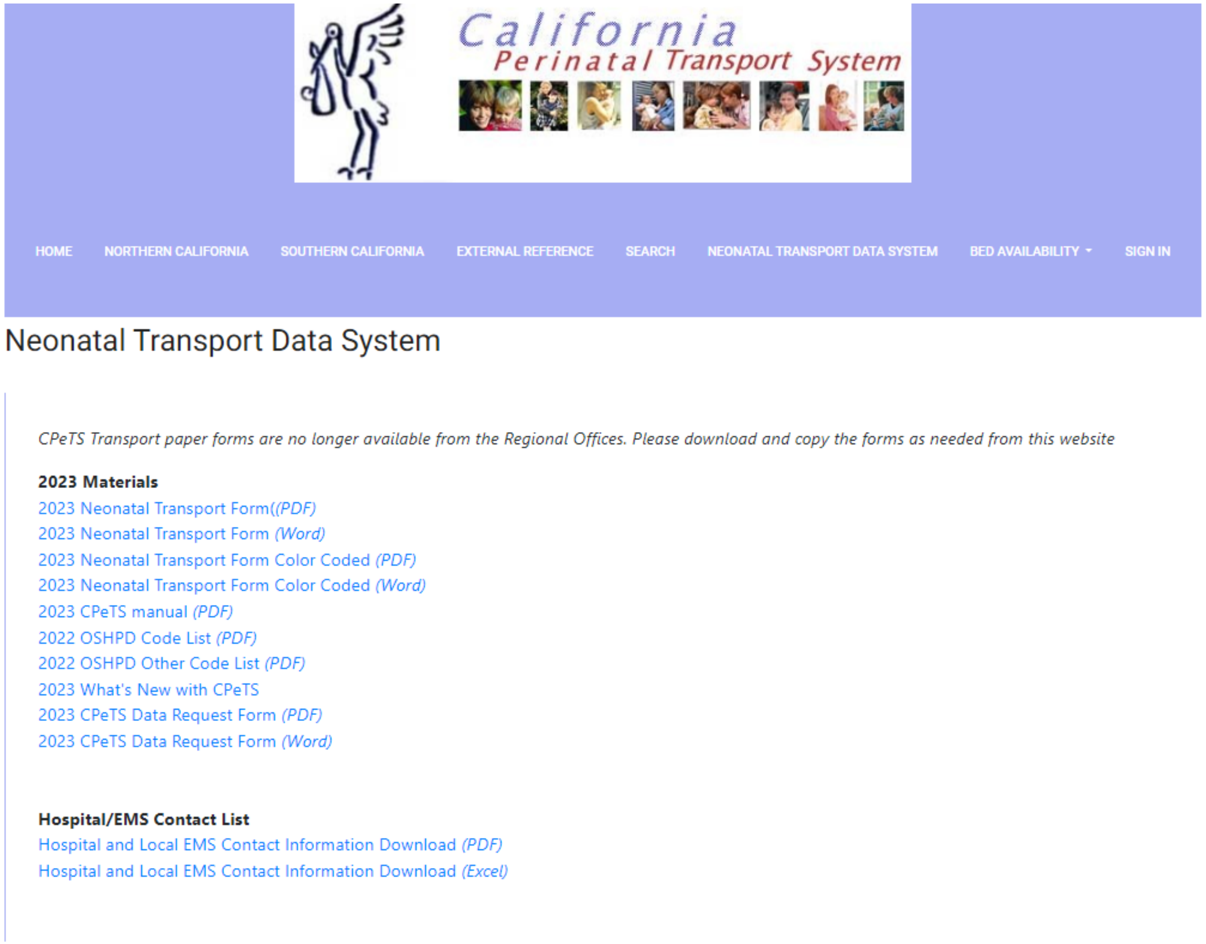
[illegible]


California
Perinatal Transport System
HOME
NORTHERN CALIFORNIA
SOUTHERN CALIFORNIA
EXTERNAL REFERENCE
SEARCH
NEONATAL TRANSPORT DATA SYSTEM
BED AVAILABILITY
SIGN IN
Children's Hospital of Los Angeles
Last updated on Aug 24, 2021, 6:23:55 AM
Hospital:*
Children's Hospital of Los Angeles
City:*
Los Angeles
Address1:
4650 Sunset Boulevard Mail Stop #31
Address2:
Los Angeles 90027-6062
Main NICU telephone/Fax:
323-361-2531
Main L&D telephone:
Main L&D telephone
NICU Transport Coordinator
Name:
Judy Sherif
Phone:
323-660-2450 ext. 5844
Email:
JSherif@chla.usc.edu
OB Transport
Name:
Calvin Lowe
Phone:
323-660-2450 ext. 2109
Email:
clowe@chla.usc.edu
NICU Medical Director
Name:
Phillippe Friedlich
Phone:
323-660-2450 ext. 6300
Email:
@chla.usc.edu
NICU Nurse Manager
Name:
Sonja Alli-Casella
Phone:
323-660-2450 ext. 5185
Email:
salli-casella@chla.usc.edu
OB Medical Director
Name:
Name
Phone:
Phone
Email:
Email
L&D Nurse Manager
Name:
Phone:
Email:

[illegible]

[illegible]

[illegible]


California
Perinatal Transport System
HOME
NORTHERN CALIFORNIA
SOUTHERN CALIFORNIA
EXTERNAL REFERENCE
SEARCH
NEONATAL TRANSPORT DATA SYSTEM
BED AVAILABILITY
SIGN IN
Neonatal Transport Data System
CPeTS Transport paper forms are no longer available from the Regional Offices. Please download and copy the forms as needed from this website
2023 Materials
2023 Neonatal Transport Form((PDF)
2023 Neonatal Transport Form (Word)
2023 Neonatal Transport Form Color Coded (PDF)
2023 Neonatal Transport Form Color Coded (Word)
2023 CPeTS manual (PDF)
2022 OSHPD Code List (PDF)
2022 OSHPD Other Code List (PDF)
2023 What's New with CPeTS
2023 CPeTS Data Request Form (PDF)
2023 CPeTS Data Request Form (Word)
Hospital/EMS Contact List
Hospital and Local EMS Contact Information Download (PDF)
Hospital and Local EMS Contact Information Download (Excel)

HOSPITAL AND LOCAL EMS CONTACT INFORMATION

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

NICU Transport Coordinator

OB Transport

NICU Medical Director

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

NICU Nurse Manager

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

OB Medical Director

[illegible]

- [illegible]
- C[illegible]CC. [illegible](C[illegible]E[illegible])
- [illegible]C[illegible]C[illegible]: 714 269-0279
  - [illegible]: [illegible]@[illegible]
- [illegible]C[illegible]C[illegible]:650 736-2210
  - [illegible]: [illegible]@[illegible]
  - [illegible]C[illegible]: [illegible]C[illegible]@[illegible]

Q&A Session

Closing

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)

The webinar recording and slides will also be posted at:
https://www.cpqcc.org/engage/annual-data-training-webinars-2023

Upcoming Data Trainings

October 25th – What's New with HRIF Data

THANK YOU!