

CPETS: CALIFORNIA PERINATAL TRANSPORT SYSTEMS

2016 & 2017 Data Collection and Reports

What's New in The Neonatal Transport Data Program, 2018

Presented by:

- D. Lisa Bollman, MSN, RNC-NIC, CPHQ
 - Director: Southern California Perinatal Transport System

CONFLICTS OF INTEREST

- I have no conflicts of interest to disclose.
- I will not be making any recommendations on medications, devices or equipment in this lecture.

OBJECTIVES

Following the lecture, discussion and questions and answers, the participant will be able to:

- Evaluate acute neonatal transport activity in California with emphasis on issues with quality improvement potential at statewide, regional and hospital levels;
- Analyze CPeTS standard reports for neonatal transport data and list three potential quality improvement topics for implementation in the participant's practice or facility;
- Discuss facility plan for maintaining bed availability website; and
- Identify future topics for quality improvement and any necessary additional data points.

CALIFORNIA PERINATAL TRANSPORT SYSTEM

Legislatively mandated by AB 4439 in 1976, required by California Perinatal Quality Care Collaborative (CPQCC), California Children's Services (CCS) and California Department of Public Health(CDPH), managed by Regional Perinatal Programs of California (RPPC).

- Bed Availability and Direct Referral Information
- Neonatal Data System
 - Collection and Entry
 - Standardized Reports
 - Transports In
 - Transports Out
 - Tools and Support Materials
- Maternal Transport Data System Development



CALIFORNIA ACUTE NEONATAL TRANSPORT ACTIVITY, 2016



QUALITY CALIFORNIA NEONATAL TRANSPORT DATA

72,423 total records over 11 years,
averaging 6,823 per completed year.

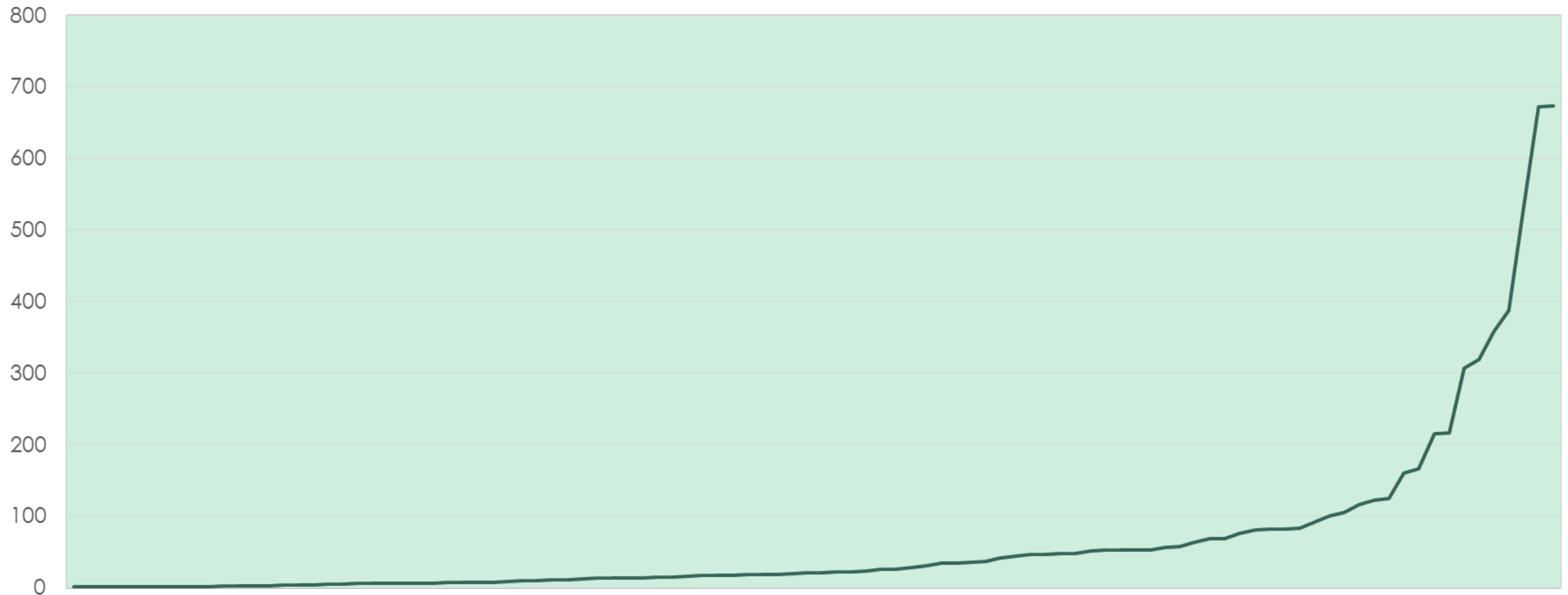
Year	Total Transports	Unknowns	Number of Entries per Record
2017 (YTD)	4,193	1.2	1.3
2016	6,710	1.3	1.7
2015	6,584	1.4	1.9
2014	6,724	2.5	1.9
2013	6,477	1.6	1.9
2012	6,961	1.4	2.3
2011	6,750	1.6	2.7
2010	6,965	1.9	3.3
2009	7,025	2.1	3.6
2008	6,989	2.6	35
2007	7,045	4.9	4.0

California Acute Transport Volume,
2007 to 2016



NEONATAL TRANSPORTS BY FACILITY, 2016

Number of Acute Transports by Facility, 2016, California



CALIFORNIA ACUTE TRANSPORT ACTIVITY BY FACILITY, 2016

- Total Acute Transports 6,710
- 138 member facilities
- 100 facilities reporting acute transports
- Range 1 to 674, Average 67.1
- Transport Volume
 - 38 facilities reporting no transports,
 - 30 facilities with ≤ 10 acute transports/year,
 - 38 facilities with 10-50 acute transports/year,
 - 16 facilities with 51-100 acute transports/year,
 - 16 facilities with > 101 acute transports/year.

DESTINATION OF FIRST ACUTE TRANSPORT BY LEVEL OF CARE

Destination of First Transport, 2015	
Receiving Hospital Type	Number (%) Transported In* <small>rounded independently</small>
Non-CCS ICNN	58/0.8%
Intermediate NICU	82/1.2%
Community NICU	2006/30%
Regional NICU	4438/67%
Total	6584 (100%)

VLBW INFANTS MAKE UP ONLY 13% OF ACUTE TRANSPORTS, CONSISTENTLY

Acute Neonatal Transports, by Birthweight Category, California, 2016

VLBW (<1,500 grams)	847
LBW + ABW (> 1,500 grams)	5,897
Total	6,710



PERINATAL.ORG



PERINATAL.ORG

- Daily hospital updates of Neonatal, ECMO and **High Risk Maternity Beds**
- **Monthly** reports from Regional CPeTS on Update Compliance
- **Quarterly** and as needed updates of Contact Information
- **Kaiser integrated into main Northern and Southern California Bed Availability Lists**



California Perinatal Transport System



[Add New Hospital](#) | [Remove Hospital](#) | [Update Bed Availability](#)

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.

[Home](#)
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Hospital:

Password:

REGIONAL Centers		Beds Available			
Hospital	City	Neonatal	ECMO	High Risk Maternity	Last Update
Cedars Sinai Medical Center	Los Angeles	2	open	open	10/2/2017 8:11:21 AM
Children's Hospital of Los Angeles	Los Angeles	1	open	n/a	10/2/2017 6:55:43 AM
Children's Hospital of Orange County	Orange	5 or more	open	n/a	10/1/2017 7:27:38 AM
Desert Regional Medical Center	Palm Springs	2	n/a	n/a	10/2/2017 7:27:15 AM
Harbor UCLA Medical Center	Torrance	3	n/a	open	8/8/2017 1:05:47 PM
Huntington Memorial Hospital	Pasadena	2	open	open	10/2/2017 12:04:18 AM
Kaiser Permanente Los Angeles Medical Center (Sunset)	Los Angeles	1	n/a	open	10/2/2017 7:58:07 AM
LAC/USC Medical Center	Los Angeles	4	n/a	n/a	10/2/2017 8:42:19 AM
Loma Linda University Children's Hospital	Loma Linda	3	open	n/a	8/8/2017 11:25:48 AM
Mattel Children's Hospital at UCLA	Los Angeles	2	open	n/a	10/2/2017 7:26:25 AM
Miller Children's Hospital	Long Beach	5 or more	n/a	open	10/1/2017 11:29:33 AM
Rady Children's Hospital San Diego	San Diego	1	open	n/a	10/2/2017 8:13:39 AM
Sharp Mary Birch Hospital for Women and Newborns	San Diego	3	n/a	open	10/2/2017 11:28:52 AM
UC Irvine Medical Center	Orange	5 or more	n/a	open	9/14/2017 12:44:27 PM
UC San Diego Medical Center	San Diego	2	n/a	closed	10/2/2017 7:24:14 AM

COMMUNITY Centers		Beds Available			
Hospital	City	Neonatal	ECMO	High Risk Maternity	Last Update
Kaiser Permanente Los Angeles Medical Center (Sunset)	Los Angeles	1	n/a	open	10/2/2017

PERINATAL.ORG



California Perinatal Transport System



Direct Referral and Contact Information.
Updated quarterly and as needed by hospitals. Accessed by clicking on facility name in main listing.

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Hospital:
* Admin - Kaiser Hospitals ▾

Password:

Cedars Sinai Medical Center

Last updated on 6/7/2017 1:30:44 PM

Hospital: Cedars Sinai Medical Center

City: Los Angeles

Type: REGIONAL

Address1: 8700 Beverly Boulevard

Address2: Los Angeles 90048-1804

Main NICU
telephone/Fax: 310-423-4451

Main L&D
telephone: 310-423-3601

NICU Transport Coordinator

Name: Phone: 310-423-8369 Email:

OB Transport

Name: Phone: 310-423-2400 Email:

NICU Medical Director

Name: CHARLES SIMMONS Phone: 310 885-4301 Email: CHARLES.SIMMONS@CSHS.ORG

NICU Nurse Manager

Name: SELMA BRAZIEL Phone: 310 423-4451 Email: SELMA.BRAZIEL@CSHS.ORG

OB Medical Director

Sarah
Name: Kilpatrick, MD, PhD Phone: 310 423-7433 Email: sarah.kilpatrick@cshs.org

L&D Nurse Manager

Name: PAULETTE ANEST Phone: 310 423-4451 Email: PAULETTE.ANEST@CSHS.ORG

Data Contact

All materials and support documents accessible at perinatal.org website



California Perinatal Transport System



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Hospital:

* Admin - Kaiser Hospitals ▼

Password:

Login

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

2017 Materials

[2017 Neonatal-Transport-Form](#)(Word)

[2017 Neonatal-Transport-Form](#)(PDF)

[2017 Color-coded Neonatal-Transport-Form](#)(Word)

[2017 Color-coded Neonatal-Transport-Form](#)(PDF)

[2017 CPeTS/CPQCC Neonatal Transport Data Report Request](#)(Word)

[2017 CPeTS/CPQCC Neonatal Transport Data Report Request](#)(PDF)

[2017 CPeTS-CPQCC-Neonatal-Transport-Data-System-Manual_2017](#)(Word)

[2017 CPeTS-CPQCC-Neonatal-Transport-Data-System-Manual_2017](#)(PDF)



MATERIALS AND RESOURCES



RESOURCES

- Perinatal.org
- CPQCC.org
- Southern California CPeTS: 714 921-9755
 - Lisa Bollman: Lisa@perinatalnetwork.org
 - Kevin Van Otterloo: Kevin@perinatal.org
- Northern California CPeTS: 650 736-2210
 - Te Guerra: teguerra@Stanford.edu
 - Leona Dang-Kilduff: leonad@Stanford.edu

CHANGES IN CPETS DATA COLLECTION FOR 2018

- None

DATA COLLECTION FORM

Data collection is the joint responsibility of the sending and receiving hospitals.

Sending

Receiving

Both

SENDING RECEIVING BOTH CORE CPETS ACUTE INTER-FACILITY- NEONATAL TRANSPORT FORM – 2018 PLEASE PRINT CLEARLY

PATIENT DIAGNOSIS

Special Situations: None Delivery Attendance Transport by Sending Facility Transport from ER Safe Surrender

C.1 Transport type Requested Delivery Attendance Emergent Urgent Scheduled C.7 Maternal Date of Birth Unknown

C.2 Indication Medical Services Surgery Insurance Bed Availability

CRITICAL BACKGROUND INFORMATION

C.3 Birth weight grams C.3a Birth Head Circumference cm C.4 Gestational Age weeks days C.5 Male Female Unknown

C.6 Prenatally Diagnosed Congenital Anomalies Yes No Unknown Describe:

C.7.a Rupture of Membranes > 18 hours Yes No Unknown C.7b Labor Type Spontaneous Induced Unknown

C.7c Delivery Mode Spontaneous Vaginal Operative Vaginal Cesarean Unknown

C.8a Antenatal Steroids Yes No Unknown N/A C.8b Antenatal Magnesium Sulfate Yes No Unknown

TIME SEQUENCE	Date	Time
C.10 Maternal Admission to Perinatal Unit or Labor & Delivery		
C.12 Infant Birth		
C.13 Surfactant (first dose) <input type="checkbox"/> Delivery Room <input type="checkbox"/> Nursery <input type="checkbox"/> N/A <input type="checkbox"/> Unknown		
C.14 Referral		
C.15 Acceptance		
C.16 Transport Team Departure from Transport Team Office/NICU for Sending Hospital		
C.17 Arrival of Team at Sending Hospital/Patient Bedside		
C.18 Initial Transport Team Evaluation		
C.19 Arrival at Receiving NICU		

INFANT CONDITION				REFERRAL PROCESS	
Modified TRIPS Score: to be recorded on referral, within 15 minutes of arrival at sending hospital and admit to NICU.				C.30 Sending Hospital Name	
	Referral	Initial Transport	NICU Admit	Previous CPQCC ID#	
				Sending Hospital Nursing Contact Information Name/Telephone	
C.20 Responsiveness				C.31a Previously Transported? <input type="checkbox"/> Yes <input type="checkbox"/> No	
C.21 Temperature C*				C.31b From:	
C.21.a Too low to register	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	C.32 Birth Hospital Name	
C.21.b Was the infant cooled?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	C.33 Transport Team On-Site Leader (check only one)	
C.21.c Method of cooling*				<input type="checkbox"/> Sub-specialist Physician <input type="checkbox"/> Pediatrician <input type="checkbox"/> Other MD/Resident	
C.22 Heart Rate				<input type="checkbox"/> Neonatal Nurse Practitioner <input type="checkbox"/> Transport Specialist <input type="checkbox"/> Nurse	
C.23 Respiratory Rate				C.34a Team From <input type="checkbox"/> Receiving Hospital <input type="checkbox"/> Sending Hospital	
C.24 Oxygen Saturation				<input type="checkbox"/> Contract Service	
C.25 Respiratory Status*				C.34b Describe (name of Contract Service):	
C.26 Inspired Oxygen Concentration				C.35 Mode <input type="checkbox"/> Ground <input type="checkbox"/> Helicopter <input type="checkbox"/> Fixed Wing	
C.27 Respiratory Support ‡				Death <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prior to Team Arrival <input type="checkbox"/> Prior to Departure from Sending Hospital <input type="checkbox"/> Prior to Arrival at Receiving NICU	
C.28 Blood Pressure Systolic / Diastolic / Mean				Transport Team Informant Name/Telephone Numbers	
C.28.a Too low to register	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments	
C.29 Pressors	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Patient Identification Stamp	

*Responsiveness: 0=Death 1=None, Seizure, Muscle Relaxed 2=Lethargic, no cry 3=Vigorously withdraws, cry
 †Method of cooling for HIE: Passive, Selective Head, Whole Body, Other, Unknown
 ‡Respiratory Status: 1=Respirator 2= Severe (apnea, gasping, intubated not on respirator) 3=Other
 Respiratory Rate: HFOV = 400
 §Respiratory Support: 0 = None, 1 = Hood/Nasal Cannula, Blowby 2 = Nasal Continuous Positive Airway Pressure, 3 = Endotracheal Tube

This data is mandatory for all infants transported in the State of California per California Perinatal Transport System. Rev 10/2017

ALTERNATE FORM

Some items on the CORE CPeTS form were added over the years to improve CPQCC Admit/Discharge form data acquisition of difficult items on transported babies. There are not directly input into the neonatal transport database.

CORE CPETS ACUTE INTER-FACILITY- NEONATAL TRANSPORT FORM – 2018			
PATIENT DIAGNOSIS		Special Situations: <input type="checkbox"/> None <input type="checkbox"/> Delivery Attendance <input type="checkbox"/> Transport by Sending Hosp <input type="checkbox"/> Transport from ER <input type="checkbox"/> Safe Surrender	
C.1 Transport type <input type="checkbox"/> Delivery Attendance <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Scheduled		C.2. Indication <input type="checkbox"/> Medical <input type="checkbox"/> Surgical <input type="checkbox"/> Insurance <input type="checkbox"/> Bed Availability	
CRITICAL BACKGROUND INFORMATION			
C.3 Birth weight	grams	C.4 Gestational Age	weeks days C.5 Infant Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk
C.6 Prenatally Diagnosed Congenital Anomalies <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Describe:			
C.7 Maternal Date of Birth		<input type="checkbox"/> Unknown	C.8a. Antenatal Steroids <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
C.8b. Antenatal Magnesium Sulfate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		C.9. See C.13	
TIME SEQUENCE		Date	Time
C.10 Maternal Admission to (Perinatal Unit or) Labor & Delivery			
C.12 Infant Birth			
C.9/13 Surfactant (first dose) <input type="checkbox"/> Delivery Room <input type="checkbox"/> Nursery <input type="checkbox"/> N/A <input type="checkbox"/> Unknown			
C.14 Referral (and Sending Hospital Evaluation Time)			
C.15 Acceptance			
C.16 Transport Team Departure from Transport Team Office/NICU for Sending Hospital			
C.17 Arrival of Team at Sending Hospital/Patient Bedside			
C.18 Initial Transport Team Evaluation			
C.19 Arrival at Receiving NICU (and Receiving NICU Admission Evaluation)			
INFANT CONDITION		REFERRAL PROCESS	
Modified TRIPS Score: data should be collected within 15 minutes of:		Referral	Initial Transport
			NICU Admit
C.20 Responsiveness			C.30 Sending Hospital Name
C.21 Temperature C°			Previous CPQCC Infant Record ID#
C.21.a. Too low to register		<input type="checkbox"/> Yes <input type="checkbox"/> No	Sending Hospital Nursing Contact Information Name/Telephone
C.21.b. Infant cooled for HIE?		<input type="checkbox"/> Y <input type="checkbox"/> N	C.31a Previously Transported? <input type="checkbox"/> Yes <input type="checkbox"/> No
C.21.c. Method of cooling +		<input type="checkbox"/> Y <input type="checkbox"/> N	C.31b From:
C.22 Heart Rate		<input type="checkbox"/> Y <input type="checkbox"/> N	C.32 Birth Hospital Name
C.23 Respiratory Rate		<input type="checkbox"/> Y <input type="checkbox"/> N	C.33 Transport Team On-Site Leader (check only one)
C.24 Oxygen Saturation			<input type="checkbox"/> Sub-specialist Physician <input type="checkbox"/> Pediatrician <input type="checkbox"/> Other MD/Resident
C.25 Respiratory Status *			<input type="checkbox"/> Neonatal Nurse Practitioner <input type="checkbox"/> Transport Specialist <input type="checkbox"/> Nurse
C.26 Inspired Oxygen Concentration			C.34a Team Base <input type="checkbox"/> Receiving Hospital <input type="checkbox"/> Sending Hospital
C.27 Respiratory Support %			<input type="checkbox"/> Contract Service (Name)
C.28 Blood Pressure			C.35 Mode <input type="checkbox"/> Ground <input type="checkbox"/> Helicopter <input type="checkbox"/> Fixed Wing
C.28.a. Systolic /			Transport Team Informant Names/Telephone Numbers
C.28.b. Diastolic			
C.28.c. Mean			
Too low to register		<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments
C.29 Pressors		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	
Additional Information for CPQCC Admit and Discharge Form Only			
Birth Head Circumference cm		Labor Type <input type="checkbox"/> Spontaneous <input type="checkbox"/> Induced <input type="checkbox"/> Unknown	
Delivery Mode <input type="checkbox"/> Spont. Vaginal <input type="checkbox"/> Op. Vaginal <input type="checkbox"/> Cesarean <input type="checkbox"/> Unknown		Rupture of Membranes > 18 hours <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Death <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prior to Team Arrival <input type="checkbox"/> Prior to Departure from Sending Hospital <input type="checkbox"/> Prior to Arrival at Receiving NICU			
*Responsiveness: 0=Death, 1=None, Seizure, Muscle Relaxant, 2=Lethargic, no cry 3=Vigorously withdraws, cry, 9= Unknown +Method of cooling: Passive, Selective Head, Whole Body, Other, Unknown *Respiratory Status: 1=Respirator 2= Severe (apnea, gasping, intubated not on respirator), 3=Other, 9= Unknown Respiratory Rate: HFOV = 400 Respiratory Support: 0 = None, 1 = Hood/Nasal Cannula, Blowby 2 = Nasal Continuous Positive Airway Pressure, 3 = Endotracheal Tube, 9= Unknown NOTE: C.11. Omitted intentionally			



Form used for primary care facilities to request their transport out data.

Form found on perinatal.org website.

CPeTS/CPQCC Neonatal Transport Data Report Request

Name of Person Requesting Data	
Hospital Affiliation/Region	
Full Hospital Address	
E-mail Address to send report to	
Date Needed (allow 2 weeks)	

Please be as specific as possible when requesting reports. Please check all applicable and complete one set of information for each report requested. Send completed request to Lisa@perinatalnetwork.org

Select One From Below		Select One Transport Type	
<input type="checkbox"/>	CPQCC Member Facility Number	<input type="checkbox"/>	All Transports
<input type="checkbox"/>	Non-CPQCC Facility OSHPD Number	<input type="checkbox"/>	Delivery Room Requested
<input type="checkbox"/>	Perinatal Region	<input type="checkbox"/>	Emergent
Select One		<input type="checkbox"/>	Urgent
<input type="checkbox"/>	Transport In	<input type="checkbox"/>	Scheduled
<input type="checkbox"/>	Transport Out	Select One Transport Provider Type	
Select One Data Year		<input type="checkbox"/>	Receiving Facility
<input type="checkbox"/>	2010	<input type="checkbox"/>	Referring Facility
<input type="checkbox"/>	2009	<input type="checkbox"/>	Contract Service
<input type="checkbox"/>	2008	<input type="checkbox"/>	



Select One From Below		Select One Transport Type	
<input type="checkbox"/>	CPQCC Member Facility Number	<input type="checkbox"/>	All Transports
<input type="checkbox"/>	Non-CPQCC Facility OSHPD Number	<input type="checkbox"/>	Delivery Room Requested
<input type="checkbox"/>	Perinatal Region	<input type="checkbox"/>	Emergent
Select One		<input type="checkbox"/>	Urgent
<input type="checkbox"/>	Transport In	<input type="checkbox"/>	Scheduled
<input type="checkbox"/>	Transport Out	Select One Transport Provider Type	
Select One Data Year		<input type="checkbox"/>	Receiving Facility
<input type="checkbox"/>	2010	<input type="checkbox"/>	Referring Facility
<input type="checkbox"/>	2009	<input type="checkbox"/>	Contract Service
<input type="checkbox"/>	2008	<input type="checkbox"/>	

CPQCCREPORT.ORG

The screenshot shows a web browser window with the URL <https://cpqccreport.org/cgi-bin/broker.cgi>. The page title is "CPQCC Reports Home" and the main heading is "Updates and Fixes".

CPQCC
california perinatal
quality care collaborative

October 23, 2015
Contact Support
Help Desk

Welcome, Lisa!
CPQCC Administrator

Make your selections

- Demo Region
- Transport In
- All CPQCC Babies

Add to favorites

Additional Options:

- 2015
- All Transport Types
- All Transport Providers

LOGOUT

My Activity and Trending Topics
cpqccreport.org Activity
PQIP Materials

Change password for lbollman
Show Session History
Show Favorites

1 user online at 12:07:17 AM
lbollman

CPQCC Reports Home Updates and Fixes

09/01/2015

Revision to CPeTS Transport-Out Report
Under collaboration with CMQCC, CPQCC is now able to provide denominator data for Table 1 in the CPeTS Transport-Out reports. CMQCC obtains data on live births in California in near real-time directly through the Automated Vital Statistics System (AVSS). These data are now shared with CPQCC.

08/30/2015

System Maintenance and Updates
Thank you for your patience with the system maintenance that was performed and the updates that were installed on 8/30/2014 from 9 AM to almost 1 PM. Several bugs were fixed. If you notice any unexpected behaviors, please send in a ticket with via the Help Desk. We will monitor the ticket queue continuously.

07/02/2015

cpqccreport.org updated to reflect the close-out of 2014 data
The following updates were installed today:

1. All risk-adjustment models for the standardized tables were updates to use 2012 to 2014 data.
2. The TRIPS model used for the transport-in and transport-out reports was updated.
3. The QCPs used for the transport-in and transport-out reports were updated.
4. Several new variables were added:
 - o NEC with surgery (under topic Other ...)
 - o PDA with surgery (under topic Other ...)
 - o Suboptimal thermal management (under topic Other ...)
 - o Death within 7 days of transport (under topic Deaths ...)
5. All NEC and PDA related variables are now only available for small babies.
6. All region files were updated.
7. CCS reports have all been confirmed and are final.

03/17/2015

2014 CCS report ready for review
You may now review your **2014 CCS report** for accuracy and completeness.
For your convenience, the 2014 CCS report can be reviewed either on cpqccdata.org or cpqccreport.org. Once the confirmation windows opens on June 2nd, 2015 at midnight, it is possible to confirm the CCS report either through cpqccdata.org or cpqccreport.org. This year for the first time, a PDF link to the PDF version of the CCS report is available on both websites. This way you are able to review a printed copy of the current report. CCS prefers that your NICU medical director confirms the CCS report. To ensure that this is possible, make sure that your NICU Medical Director has access to cpqccdata.org or cpqccreport.org. Please consult with the data center if your NICU Medical Director is unable to confirm your CCS report. If you have any questions about the 2014 CCS report, the confirmation process, need a logon for your NICU Medical Director, or if you find inaccuracies in your CCS report, please contact the CPQCC Help Desk.

TRIPS Score

Mortality Risk %

Responsiveness

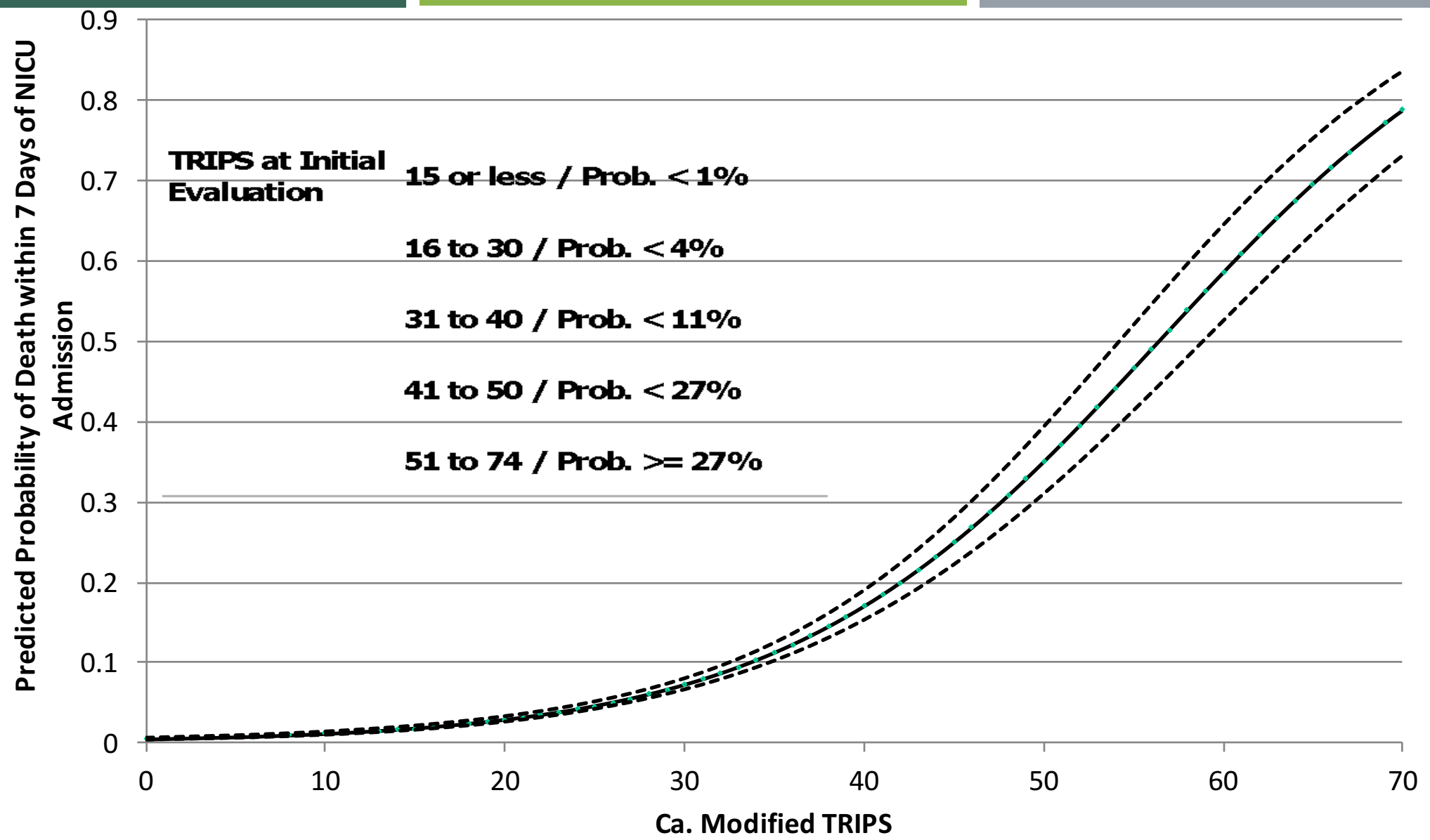
Respiratory Status FiO₂

Temperature (Celsius)

Systolic Blood Pressure

Use of Pressors







REPORT CONTENT



NEONATAL QUALITY IMPROVEMENT ISSUES

The Neonatal Transport Database was designed to inform quality improvement efforts on the following issues as well as many more.

- Perceived underutilization of maternal transport;
- Perceived delay in decision to transport infant;
- Difficulty in obtaining transport placement/ acceptance;
- Delay in effecting transport following decision; and
- Consistent referring facility competency regarding infant stabilization prior to the transport team's arrival, as well as transport team competency.

STANDARDIZED REPORTS

- Statewide
- Regional
- Hospital
 - Transport In
 - Transport Out



TOOLS & MATERIALS



Neonatal Transports OUT Report: Infants born between 01/01/2016 and 12/31/2016
California Perinatal Quality Care Collaborative (CPQCC) and California Perinatal Transport System (CPeTS)

REFERRING LOCATION: SAMPLE FACILITY *This report is final.*

Contents:

Table 1: Acute Transport OUT Activity, by Birth Weight

Table 2: Acute Transport OUT Activity by Transport Type and by Birth Weight

Table 3: Acute Transport OUT Activity by Transport Provider and by Birth Weight

Table 4: Time from Maternal Admission to Infant Birth

Table 5: Mean Time from Maternal Admission to Infant Birth, by Birth Weight

Table 6: Median Time from Maternal Admission to Infant Birth, by Birth Weight

Table 7: Time from Birth to Referral

Table 8: California TRIPS at Referral

Table 9: Mean California TRIPS at Referral, by Birth Weight

Table 10: Time from Referral to Acceptance

Table 11: Time from Acceptance to Transport Team Departure for Referring Hospital

Table 12: Time from Acceptance to Transport Team Arrival at Referring Hospital

Table 13: Time from Referral to Transport Team Arrival at Referring Hospital

Table 14: Mean Change in California TRIPS from Referral to Initial Evaluation, by Birth Weight

Table 15: Mean Change in California TRIPS from Initial Evaluation to NICU Admission, by Birth Weight

Neonatal Transports IN Report: Infants born between 01/01/2016 and 12/31/2016

California Perinatal Quality Care Collaborative (CPQCC) and California Perinatal Transport System (CPeTS)

RECEIVING LOCATION: SAMPLE HOSPITAL  *This report is final.*

Contents:

Table 1: Acute Transport IN Activity, by Birth Weight

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

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

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

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

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

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

Table 8: Time from Transport Team Departure to NICU Admission at Receiving Hospital

Table 9: Missing TRIPS by TRIPS Time and Birth Weight

Table 10: California TRIPS at Referral

Table 11: Mean California TRIPS at Referral, by Birth Weight

Table 12: California TRIPS at Initial Evaluation

Table 13: Mean California TRIPS at Initial Evaluation, by Birth Weight

Table 14: California TRIPS at NICU Admission

Table 15: Mean California TRIPS at NICU Admission, by Birth Weight

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

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

DATA MINING USING STANDARDIZED REPORTS AS SCREENING TOOLS

- Variations in practice between your facility and region, or level of care or total CPQCC network
- Outliers in practice
- Data that seems unlikely or incorrect
- Areas where quality improvement activities for the unit are underway
- Areas where expansion or change in level of care are anticipated
- Keep in mind small numbers can be misleading. Using multiple years of data can provide clarity in these situations.

TRANSPORT IN STANDARDIZED REPORTS

Neonatal Transports IN Report: Infants born between 01/01/2016 and 12/31/2016

California Perinatal Quality Care Collaborative (CPQCC) and California Perinatal Transport System (CPeTS)

RECEIVING LOCATION: SAMPLE HOSPITAL  *This report is final.*

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**VOLUME: IS VOLUME ADEQUATE TO MAINTAIN COMPETENCY?
 FOR SMALL BABIES, LARGE BABIES?
 IS BIRTHWEIGHT OF TRANSPORTED IN BABIES APPROPRIATE FOR LEVEL OF CARE?**

Table 1: Acute Transports IN Activity, by Birth Weight

Birth Weight (grams)	Center		CPQCC Network		Community NICUs	
	N	%	N	%	N	%
All Birth Weights	82	100	6,710	100	2,085	100
500 or less	0	0.0	14	0.2	2	0.1
501 to 750	3	3.7	173	2.6	35	1.7
751 to 1,000	4	4.9	202	3.0	64	3.1
1,001 to 1,500	5	6.1	424	6.3	154	7.4
1,501 to 2,500	23	28.0	1,692	25.2	599	28.7
over 2,500	47	57.3	4,205	62.7	1,231	59.0

TRANSPORT TYPE: IS TRANSPORT TYPE APPROPRIATE? ARE THERE DEFINITION ISSUES? REFER TO NEONATAL TRANSPORT DATA DEFINITIONS MANUAL (PERINATAL.ORG)

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

Birth Weight (grams)	Center					CPQCC Network				Community NICUs			
	N	DR	Emergent	Urgent	Scheduled	DR	Emergent	Urgent	Scheduled	DR	Emergent	Urgent	Scheduled
All Birth Weights	82	4.9	18.3	72.0	4.9	6.3	40.1	40.5	12.8	5.5	30.8	43.9	19.2
500 or less	0	NA	NA	NA	NA	7.1	78.6	14.3	0.0	0.0	100	0.0	0.0
501 to 750	3	66.7	33.3	0.0	0.0	9.2	48.6	29.5	12.1	22.9	28.6	22.9	25.7
751 to 1,000	4	25.0	75.0	0.0	0.0	18.3	39.6	31.2	9.9	26.6	34.4	23.4	12.5
1,001 to 1,500	5	0.0	40.0	60.0	0.0	18.6	32.8	26.9	21.0	14.3	24.7	25.3	35.1
1,501 to 2,500	23	4.3	8.7	82.6	4.3	12.4	35.3	36.4	15.5	8.5	25.5	41.9	23.4
over 2,500	47	0.0	14.9	78.7	6.4	1.9	42.2	44.5	11.1	1.3	33.9	49.0	15.4

Notes:

Transport Type Other is not shown in the table.

WHEN OUTLIERS ARE IDENTIFIED, CONSIDER CHART VIEW TO BETTER UNDERSTAND POSSIBLE ISSUES.

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

Time Difference	Center		CPQCC Network %	Community NICUs %
	N	%		
All Infants Transferred In	13	100	100	100
Up to 30 minutes	0	0.0	4.7	0.8
31 - 60 minutes	3	23.1	12.4	13.3
61 - 90 minutes	3	23.1	23.7	28.0
91 - 120 minutes	3	23.1	24.1	23.4
>2 - 4 hours	3	23.1	29.7	30.1
>4 - 8 hours	0	0.0	4.3	3.2
>8 hours	1	7.7	1.1	1.1
Mean	5H 20M		2H 8M	2H 15M
Median	1H 35M		1H 40M	1H 40M

WHAT IS YOUR INTERNAL STANDARD?

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

Time Difference	Center		CPQCC Network %	Community NICUs %
	N	%		
All Infants Transferred In	15	100	100	100
Up to 30 minutes	2	13.3	31.8	31.8
31 - 60 minutes	9	60.0	45.4	41.9
1 - 2 hours	1	6.7	16.5	19.2
2 - 4 hours	2	13.3	4.6	5.4
4 - 8 hours	0	0.0	1.2	1.1
> 8 hours	1	6.7	0.5	0.6
Mean	4H 11M		56M	1H 4M
Median	40M		40M	45M

IS THE REFERRING FACILITY PREPARED WHEN TEAM ARRIVES?
 IS YOUR TRANSPORT TEAM SPENDING APPROPRIATE AMOUNTS OF TIME TO PROVIDE FOR SAFE,
 COMPETENT TRANSPORT? DO YOU HAVE ADEQUATE PERSONNEL?

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

Time Difference	Center		CPQCC Network %	Community NICUs %
	N	%		
All Infants Transferred In	75	100	100	100
Up to 30 minutes	0	0.0	3.2	0.4
31 - 60 minutes	3	4.0	5.4	2.2
1 - 2 hours	18	24.0	31.2	37.0
2 - 4 hours	46	61.3	46.9	51.2
4 - 8 hours	8	10.7	12.3	8.7
> 8 hours	0	0.0	1.0	0.6
Mean	2H 44M		4H 7M	2H 36M
Median	2H 30M		2H 17M	2H 15M

TRIPS SCORES DEMONSTRATE INFANT RISK, MISSING SCORE DATA POINTS SHOULD BE ADDRESSED WITH TEAM AND REFERRAL FACILITY (BP).

Table 9: Missing TRIPS by TRIPS Time and Birth Weight

Birth Weight (grams)	Referral			Initial Evaluation			NICU Admission		
	N	N Missing	%	N	N Missing	%	N	N Missing	%
All Birth Weights	78	17	21.8	82	15	18.3	82	10	12.2
500 or less	0	0	NA	0	0	NA	0	0	NA
501 to 750	1	0	0.0	3	1	33.3	3	0	0.0
751 to 1,000	3	2	66.7	4	2	50.0	4	1	25.0
1,001 to 1,500	5	0	0.0	5	0	0.0	5	0	0.0
1,501 to 2,500	22	5	22.7	23	3	13.0	23	2	8.7
over 2,500	47	10	21.3	47	9	19.1	47	7	14.9

Notes:

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.

THE TRIPS SCORE FOR THIS FACILITY FOR VLBW INFANTS AT REFERRAL IS HIGHER THAN TYPICAL FOR CPQCC OR OTHER COMMUNITY NICUS. DOES THE REFERRING FACILITY NEED EDUCATION, TRAINING, SUPPORT FOR RESUSCITATION AND STABILIZATION PRIOR TO TRANSPORT?

Table 11: Mean California TRIPS at Referral, by Birth Weight

Birth Weight (grams)	Center		CPQCC Network Mean	Community NICUs Mean	
	N	Mean			
All Birth Weights	61	6.1	7.8	6.1	
500 or less	0	NA	29.3	40.0	
501 to 750	1	37.0	29.3	29.1	15 or less / Prob. < 1%
751 to 1,000	1	37.0	21.7	25.4	16 to 30 / Prob. < 4%
1,001 to 1,500	5	16.0	11.8	10.2	31 to 40 / Prob. < 11%
1,501 to 2,500	17	4.7	6.7	5.0	41 to 50 / Prob. < 27%
over 2,500	37	3.8	6.2	4.7	51 to 74 / Prob. >= 27%

WOULD THIS BE A TOPIC TO DISCUSS IN JOINT MORTALITY AND MORBIDITY CONFERENCES? CASE REVIEW?

Table 13: Mean California TRIPS at Initial Evaluation, by Birth Weight

Birth Weight (grams)	Center		CPQCC Network Mean	Community NICUs Mean
	N	Mean		
All Birth Weights	67	7.7	8.2	6.6
500 or less	0	NA	34.9	45.0
501 to 750	2	55.5	29.6	32.5
751 to 1,000	2	39.0	23.5	27.0
1,001 to 1,500	5	12.8	14.3	12.5
1,501 to 2,500	20	4.9	7.1	5.5
over 2,500	38	4.3	6.1	4.5

NOTE SUBSTANTIAL IMPROVEMENT IN SCORES BETWEEN INITIAL TEAM EVALUATION AND NICU ADMISSION. THIS MAY BE A SIGN OF GOOD PRACTICE OR OF NEED TO CONSULT/ADVISE CHANGES IN CARE PRIOR TO TEAM ARRIVAL.

Table 15: Mean California TRIPS at NICU Admission, by Birth Weight

Birth Weight (grams)	Center		CPQCC Network Mean	Community NICUs Mean
	N	Mean		
All Birth Weights	72	7.2	8.2	6.3
500 or less	0	NA	37.3	54.0
501 to 750	3	33.3	31.5	31.9
751 to 1,000	3	32.7	23.5	27.7
1,001 to 1,500	5	12.8	13.5	10.9
1,501 to 2,500	21	4.8	6.8	5.1
over 2,500	40	3.9	6.2	4.3

QCP OF < 10% INDICATES THAT THERE WAS NO EXCESS DETERIORATION BETWEEN REFERRAL AND INITIAL EVALUATION.

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

Birth Weight (grams)	QCP	Center				CPQCC Network Mean Change	Community NICUs Mean Change
		N Infants	N Infants Exceeding QCP	% Infants Exceeding QCP	Mean Change		
All Birth Weights	-	54	3	5.6	0.1	0.5	0.2
500 or less	9	0	NA	NA	NA	5.4	5.0
501 to 750	9	1	0	0.0	0.0	-1.0	-2.8
751 to 1,000	4	0	NA	NA	NA	1.2	-0.1
1,001 to 1,500	4	5	0	0.0	-3.2	0.9	0.5
1,501 to 2,500	4	15	1	6.7	-0.2	0.5	0.5
over 2,500	4	33	2	6.1	0.8	0.4	0.1

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

Birth Weight (grams)	QCP	Center				CPQCC Network Mean Change	Community NICUs Mean Change
		N Infants	N Infants Exceeding QCP	% Infants Exceeding QCP	Mean Change		
All Birth Weights	-	66	2	3.0	-1.5	0.1	-0.2
500 or less	11	0	NA	NA	NA	2.4	9.0
501 to 750	11	2	0	0.0	-27.5	1.1	-0.2
751 to 1,000	9	1	0	0.0	-33.0	1.3	1.0
1,001 to 1,500	7	5	0	0.0	0.0	-0.4	-1.2
1,501 to 2,500	4	20	1	5.0	0.0	-0.1	-0.2
over 2,500	4	38	1	2.6	-0.3	0.1	-0.2

TRANSPORT OUT STANDARDIZED REPORTS

Neonatal Transports OUT Report: Infants born between 01/01/2016 and 12/31/2016

California Perinatal Quality Care Collaborative (CPQCC) and California Perinatal Transport System (CPeTS)

REFERRING LOCATION: SAMPLE FACILITY *This report is final.*

Table 1: Acute Transport OUT Activity, by Birth Weight

Table 4: Time from Maternal Admission to Infant Birth

Table 5: Mean Time from Maternal Admission to Infant Birth, by Birth Weight

Table 8: California TRIPS at Referral

Table 9: Mean California TRIPS at Referral, by Birth Weight

Table 13: Time from Referral to Transport Team Arrival at Referring Hospital

VOLUME: THIS DEMONSTRATES APPROPRIATE CASE SELECTION AND/OR MATERNAL TRANSPORT. TOTAL TRANSPORT RATE 1.68/1,00 LB VS 2.77/1,000 LB IN CALIFORNIA.
VLBW TRANSPORT RATE IN FACILITY UNABLE TO PROVIDE ONGOING CARE: 0.2/1,000 VS. 0.4/1,000

Table 1: Acute Transport OUT Activity, by Birth Weight

Birth Weight (grams)	Transports Originating From ...								
	Center			LA-San Gabriel-Inland Orange Primary Care Hospitals			California Primary Care Hospitals		
	Births N	Transports N	%	Births N	Transports N	%	Births N	Transports N	%
All	1,731	29	1.7	7,398	179	2.4	98,087	2,713	2.8
500 or less	0	0	NA	3	0	0.0	51	1	2.0
501 to 750	0	0	NA	1	1	100	75	28	37.3
751 to 1,000	0	0	NA	3	2	66.7	73	49	67.1
1,001 to 1,500	3	3	100	6	9	150	184	107	58.2
1,501 to 2,500	113	12	10.6	318	55	17.3	4,200	700	16.7
over 2,500	1,615	14	0.9	7,067	112	1.6	93,504	1,828	2.0

The Births columns are based on birth records captured in real-time through AVSS.

Table 4: Time from Maternal Admission to Infant Birth

Time Difference	Center		LA-San Gabriel-Inland Orange Primary	California Primary Care
	N	%	Care Hospitals %	Hospitals %
All Infants Transferred Out	28	100	100	100
Post Birth Admission	0	0.0	1.3	1.4
0 - 2 hours	6	21.4	11.3	22.4
>2 - 4 hours	4	14.3	23.9	18.4
>4 - 6 hours	3	10.7	8.8	8.9
>6 - 12 hours	9	32.1	19.5	17.1
>12 - 36 hours	5	17.9	25.2	24.4
>36 hours	1	3.6	10.1	7.4
Mean	9H 14M		16H 13M	17H 51M
Median	7H 1M		7H 23M	5H 43M

OF THE 3 INFANTS BORN WEIGHING < 1,500 GRAMS, THE MEAN TIME OF MATERNAL ADMISSION TO BIRTH WAS 3 HOURS, 16 MINUTES – PROBABLY NOT SUFFICIENT TO ACCOMPLISH AND MATERNAL TRANSPORT. ONLY 12 OF THE 113 INFANTS BORN WEIGHING BETWEEN 1,500 AND 2,500 GRAMS WERE TRANSPORTED, MAKING IT DIFFICULT TO SAY WHICH MOTHERS MAY HAVE BENEFITTED FROM TRANSPORT.

Table 5: Mean Time from Maternal Admission to Infant Birth, by Birth Weight

Birth Weight (grams)	Center		LA-San Gabriel- Inland Orange Primary Care Hospitals Mean	California Primary Care Hospitals Mean
	N	Mean		
All	28	9H 14M	16H 13M	17H 51M
500 or less	0	NA	NA	3H 2M
501 to 750	0	NA	2D 18H 37M	18H 54M
751 to 1,000	0	NA	7H 46M	4H 22M
1,001 to 1,500	3	3H 16M	1D 1H 26M	15H 57M
1,501 to 2,500	12	8H 41M	20H 29M	16H 15M
over 2,500	13	11H 7M	12H 50M	19H 1M

AT FIRST GLANCE IT APPEARS THAT ALL INFANTS IN THIS FACILITY HAD TRIPS SCORES WITH THE LOWEST PREDICTED MORTALITY IN THE FIRST 7 DAYS FOLLOWING TRANSPORT.....

Table 8: California TRIPS at Referral

TRIPS at Referral	Center		LA-San Gabriel-Inland Orange Primary Care Hospitals	California Primary Care Hospitals
	N	%	%	%
All Scores	25	100	100	100
14 or less / Prob. < 1%	25	100	91.1	87.1
15 to 31 / Prob. < 5%	0	0.0	5.2	8.4
32 to 38 / Prob. < 10%	0	0.0	1.5	2.6
39 to 49 / Prob. < 25%	0	0.0	0.7	1.6
>=50 / Prob. >= 25%	0	0.0	1.5	0.3
Mean Score	0.6		3.7	5.0
Median Score	0.0		0.0	0.0

Notes:

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

UNTIL WE NOTE THAT THE VLBW INFANTS HAD MISSING COMPONENTS OF THE TRIPS SCORE AND WE NOT ABLE TO BE CALCULATED. THIS SHOULD BE CONSIDERED A QUALITY IMPROVEMENT OPPORTUNITY.

Table 9: Mean California TRIPS at Referral, by Birth Weight

Birth Weight (grams)	Center		LA-San Gabriel-Inland Orange Primary Care Hospitals	California Primary Care Hospitals
	N	Mean	Mean	Mean
All	25	0.6	3.7	5.0
500 or less	0	NA	NA	47.0
501 to 750	0	NA	54.0	35.0
751 to 1,000	0	NA	NA	23.7
1,001 to 1,500	3	0.0	10.4	11.8
1,501 to 2,500	10	0.7	2.2	5.0
over 2,500	12	0.6	3.4	4.2

URBAN FACILITY WITH RECEIVING NICU LESS THAN 5 MILES FROM REFERRING FACILITY.

Table 13: Time from Referral to Transport Team Arrival at Referring Hospital

Time Difference	Center		LA-San Gabriel-Inland Orange Primary	California Primary Care
	N	%	Care Hospitals %	Hospitals %
All Infants Transferred Out	28	100	100	100
0 - 30 minutes	0	0.0	1.1	0.6
31 - 60 minutes	6	21.4	28.5	10.0
61 - 90 minutes	17	60.7	36.9	27.3
91 - 120 minutes	4	14.3	20.1	25.3
>2 hours	1	3.6	13.4	36.7
Mean	1H 22M		2H 19M	2H 42M
Median	1H 17M		1H 15M	1H 45M

MATERNAL LEVELS OF CARE QUALITY IMPROVEMENT ISSUES

- Mothers who would have benefitted from transport but did not receive it.
-
-
-
-



THANK YOU FOR YOUR TIME AND COMMITMENT!

