

**2007 CCS Supplemental Form (version 10.25.07)**

**Hospital Name:**

**CCS NICU Status:**  <--- Enter appropriate letter for current CCS-approved level: [R]egional, [C]ommunity, [I]ntermediate

**CPQCC / VON Center No:**

**A. Hospital Births and Deaths of Infants Born In 2007**

Infants born between 1/1/2007 and 12/31/2007	< 501 g	501-750 g	751-1000 g	1001-1500 g	1501-2500 g	> 2500 g	TOTAL	Compare to CPQCC Submissions
<b>Total Live Births in your center from 1/01/2007 to 12/31/2007</b>								
<b>Deaths for infants born in 2007 who either: 1) died while under the care of the NICU staff, regardless of the location in your hospital (Non-Delivery Room Deaths), or 2) died in the delivery room or initial resuscitation area within 12 hours of birth and prior to NICU admission (Delivery Room Deaths). Also include infants not born in your hospital - Do NOT include Stillborns.</b>								
<b>Total Deaths of Infants Admitted to Your NICU (or under the Care of Your NICU Staff, regardless of the location in your hospital)</b>								
NICU Deaths prior to & including the 28th Day of Life (*) (Not Still-born, Non-Delivery Room)								CCS counts might exceed CPQCC counts
NICU Deaths occurring after the 28th Day of Life (**) (Not Still-born, Non-Delivery Room)								CCS counts might exceed CPQCC counts
<b>Delivery Room Deaths</b>								CCS counts might exceed CPQCC counts

\*Note: Up to 27 days, 23 hours, and 59 minutes from birth

\*\*Note: From 28 days, 0 hours since birth up to 1 year of age

Note: CCS counts by Admission, not by infant. If an infant was born in your center, you would count her/him in Table A. Then, if this same infant was transferred out, you would also count her/him in Table C. And then, if this same infant was readmitted back to your hospital, you would count her/him a third time in Table B. So this one infant is counted 3 times on this form.

Hospital Name:

**B. Total Admissions to Your NICU of Infants Born in 2007**

Infants born between 1/1/2007 and 12/31/2007	< 501 g	501-750 g	751-1000 g	1001-1500 g	1501-2500 g	> 2500 g	TOTAL	Compare to CPQCC Submissions
<b>Total Admissions to your NICU.</b> The cells in this row will be updated based on your entries for both inborn infants admitted to your NICU, and acute and non-acute transfers <b>Outside Admissions</b> into your NICU.								CCS counts might exceed CPQCC counts
<b>Inborn Admissions to your center's NICU of Infants Born in 2007.</b> The cells in this row will be updated based on your entries. Enter the number of for inborn infants who were admitted to the NICU <b>after birth and without being previously discharged or transferred-out.</b>								CCS counts might exceed CPQCC counts
<b>Outborn Outside Admissions to your center's NICU.</b> The cells in this row will be updated based on your entries in the next two rows for acute and non-acute transfers <b>Outside Admissions</b> into your NICU.								CCS counts might exceed CPQCC counts
<b>CCS Acute Transfer-In Acute Outside Admissions to Your NICU of Infants Born in 2007. An Acute Outside Admission is: 1) an acute transfer-in to your NICU of an in-patient from another facility (inborn or outborn); or 2) an acute admission to your NICU of any outborn infant regardless of the location, e.g., home, another area in your hospital, ER, doctor's office; or 3) an acute inborn readmission. An Acute Outside Admission is defined as the admission of an infant with medical problems that require urgent care. If the infant is an acute-transfer-in then the care that is medical, diagnostic, or surgical therapy is not provided, or cannot be provided due to temporary staffing/census issues, or cannot be provided due to insurance restrictions, at the referring hospital.</b>								
<b>Acute Outside Admissions</b> to your center's NICU								CCS counts might exceed CPQCC counts
<b>CCS Non-Acute Transfer-In Non-acute Outside Admissions to Your NICU of Infants Born in 2007. Non-acute Outside Admission is 1) a non-acute transfer-in to your NICU of an in-patient from another facility (inborn or outborn); or 2) a non-acute admission to your NICU of any outborn infant regardless of the location, e.g., home, another area in your hospital, ER, doctor's office; or 3) a non-acute inborn readmission, e.g., hospice care. A Non-acute Outside Admission is an admission for growth care, discharge planning care, chronic care, convalescent care, and/or hospice care. If an infant is a non-acute transfer-in, then the infant's initial medical, diagnostic and surgical needs have been met and the infant's condition has been stabilized. The medical needs of non-acute transfers-in may range from extensive and extremely complex care to minimal care for feeding and growth.</b>								
<b>Non-acute Outside Admissions</b> to your center's NICU								CCS counts might exceed CPQCC counts

Hospital Name:

**C. Total Transfers from Your NICU of Infants Born in 2007**

Infants born between 1/1/2007 and 12/31/2007	< 501 g	501-750 g	751-1000 g	1001-1500 g	1501-2500 g	> 2500 g	TOTAL	Compare to CPQCC Submissions
<b>All Transfers from Your NICU</b>								CCS counts might exceed CPQCC counts
<b>CCS Acute Transfers-Out from Your NICU of Infants Born in 2007.</b> An infant with medical problems that require acute resolution for survival who is transferred-out in order to obtain medical, diagnostic, or surgical therapy that is not provided, or that cannot be provided due to temporary staffing/census issues, or that cannot be provided due to insurance restrictions at the referring hospital. A transfer is considered acute if the primary reason for the transfer was NOT for feeding/growing or convalescent reasons. Acute transfers-out occur to get resources that are not available at the sending hospital. <u>A baby can be transferred-out to another unit in your hospital or to another facility.</u>								
CCS Acute Transfers-out from your NICU								
<b>CCS Non-Acute Transfers-out from Your NICU of Infants Born in 2007.</b> Non-acute Transfers-out are infants whose initial medical/surgical needs have been met, whose condition has been stabilized and who is transferred-out in order to obtain growth care, discharge planning care, chronic care, and/or hospice care. The medical needs of non-acute transfers-out may range from extensive and extremely complex care to minimal care for feeding and growth. <u>A baby can be transferred-out to another unit in your hospital or to another facility.</u>								
CCS Non-acute Transfers-out from your NICU								

**D. Average Daily Census**

**Average Daily Census.** Enter the average daily census as one whole number.







### H. 2007 Neonatal Quality Improvement (QI) Project Inventory

<b>List all Active Projects during this report year. For each project fill out the form below. Click Add Project to add more forms.</b>
<b>1. Concise Project Title:</b>
<b>2. Project Leader/ Co-Leader: Must be a Neonatologist who has attended a Quality Improvement Workshop.</b>
<b>3. Email address of Leader:</b>
<b>4. Specific Aim:</b> Must include pre-project rate or %, direction of change, goal rate or %, and projected time to accomplish the goal. Example, "increase full or partial breast milk on discharge from 45% to 85% by 2008."
<b>5. Target Population:</b>
<b>6. Project Start Date:</b> Month/Year. Use the date of the first serial meeting of the project planning group.
<b>7. Institute for Healthcare Improvement (IHI) Level:</b> Enter the most recent level as of December 31, 2007. May assess based on preliminary CPQCC data available in December of the report year with final update if indicated when CPQCC database for the report year closes. Use the scale as defined in Appendix B: IHI Assessment Scale for Collaboratives to assess a Team's progress throughout a Collaborative Improvement Project.
<b>8. Progress:</b> Check one.
In Process <input type="checkbox"/> Achieved during report year <input type="checkbox"/>
<b>9. List the item number(s) of any of the above 8 items that have changed since your last report:</b>