

2006 CPQCC-CCS Summary of Instructions for the CPQCC-CCS Report



California Children's Services (CCS) Final Report For Infants Born in 2006

Final Report DEADLINE extension: September 15, 2007

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Summary of Report Revisions

On September 14, 2007, the Data Center found several system discrepancies in the 2006 CCS Reports that have since been fixed. Not all reports were affected, however to be thorough we sent out updated final reports to those members who **confirmed as of Sept. 15th**. This resulted in possibly a slight change in the graphs for the following variables in Tables G and H:

- Discharge Home on Oxygen
- Severe IVH
- Severe ROP

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Introduction

Beginning in calendar year 2006, California Children's Services and CPQCC collaborated to incorporate both the CCS Supplemental Form and the CCS Report into the on-line CPQCC Database Management System. CPQCC Members can now log onto the www.cpqccdata.org site for a comprehensive system to manage their data. Furthermore, the www.cpqccreport.org site was recently upgraded with the 2006 finalized dataset including the 2006 CCS Report.

The deadline for the finalized CCS Supplemental is routinely scheduled annually for **June 1st**. However, due to the transition to the on-line system this deadline was extended to August 1st for 2006 dataset only. The 2006 CCS Draft Reports were released by August 1st, and Centers were expected to confirm their Final Reports by **September 1st**. Due to a significant number of Centers with pending confirmation of their Final Reports, CCS granted the Data Center a deadline extension of September 15, 2007.

Note: The 2006 CCS supplemental form included significant revisions in the presentation of the birth weight categories, definitions of indicators, revision of the death lists, and the addition of a section on the Perinatal Quality Improvement Projects inventory. Please refer to the CCS Supplemental Form Summary of Revisions (version 05-31-2007) for more detailed descriptions.

Report Format Narrative

The annual CPQCC-CCS Report serves a dual purpose of fulfilling the CCS requirement to report on all NICU activity of CCS-accredited hospitals, as well as, efficiently utilizing the mortality and morbidity-specific outcomes based on the CPQCC database. In previous years, hospitals were required by CCS to report activity on all infants. Through CPQCC membership, some of the data that was previously required of hospitals is now directly abstracted from the CPQCC database, and then combined with data submitted by Centers through the annual CCS Supplemental form.

This year's CPQCC-CCS final report format has been revised to facilitate presentation and interpretation. The report contains data from two sources, the CCS supplemental form, and the CPQCC database.

The CCS supplemental form includes the number of live births at your hospital, and NICU admission, transfer, and mortality information that is based on ALL NICU admissions, provided that the infant was born during 2006 and was less than a year old at the time of admission. This information is used to propagate the All Births, NICU Admissions, and NICU Transfer statistics on Tables A and C of the CCS report. It is also used to propagate the All Admissions Mortality table on Table B of the CCS report.

The CCS supplemental form is based on ALL NICU admissions in order to include infants who otherwise would be excluded from the CPQCC database. These include: 1) any infant who is admitted or transported-in to the NICU after Day 28; 2) any infant weighing less than 1500 grams who is admitted from home; 3) any infant weighing greater than 1500 grams who does not have evidence of significant illness (severe acuity) such as death, acute transfer in or out, major surgery, prolonged ventilation, etc; 4) any infant weighing greater than 1500 grams who is transported for convalescent care.

The CPQCC database is used to generate birth weight specific mortality and morbidity data and is based on a subset of your NICU admissions. This data is used to generate Tables D to H, and J of the CCS Report. To be included in the CPQCC database an infant must be admitted to the NICU prior to 28 days of life. In addition, if the infant is over 1500 grams there must be evidence of significant illness such as death, acute transfer in or out, major surgery, prolonged ventilation, etc. These restrictions are in order to be able to compare your outcomes with those reported in similar national databases. Information from the CPQCC database is

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used to propagate the CPQCC mortality and the CPQCC birth weight specific Morbidity tables found in the report.

In summary, the CCS supplemental information is used to provide a synopsis of the overall activity in your NICU based on ALL admissions. The CPQCC database is used to provide birth weight specific mortality and morbidity rates that can be compared across California and the nation based on the subset of < than 1500 gram and > than 1500 gram high acuity infants admitted in the first 28 days of life.

Table A. Hospital Births and NICU Admissions by Birth Weight:

Calculates the total live births and NICU admissions in Your Center by birth weight.

- **Total Live Births in your Center** - Includes ALL live births of babies born anywhere in your hospital.
- **Total Admissions to your NICU** - Includes ALL inborn and outborn babies admitted to your NICU.

Table B. NICU Deaths for 2006 by Birth Weight:

Calculates the total of ALL deaths that occurred in your NICU in 2006. This is an accumulation of infants admitted before AND after day 28 of life. Your percentage rate is by per 1,000 NICU Admission in your entire hospital.

- **NICU Deaths** – Calculates the total of ALL deaths of infants admitted to your NICU (or under the care of your NICU staff, regardless of the location in your hospital).
- **Delivery Room Deaths** – Calculates the total of ALL infant deaths that occurred in your Delivery Room or initial resuscitation area within 12 hours of birth AND prior to NICU admission.

Table C. NICU Transfers Out by Birth Weight:

Calculates the total of ALL acute and non-acute transfers OUT of your NICU.

Table D. NICU Activity and Outcomes Overview:

Calculates the overall total of activity for your NICU. Please note that the number of surgeries represents ALL reported surgeries (excluding circumcisions) in the CPQCC Database whether they occurred in your hospital or not.

Table E. California Hospital Assessment and Reporting Task Force (CHART) Measures:

Calculates the variables currently being collected for CHART.

Tables F – H: Percent of Eligible infants ≤ 1,500 grams Receiving Interventions Associated with Improved or With Compromised Outcomes; Percent of infants ≤ 1,500 grams with Selected Morbidities; Observed to Expected Ratios for Major Morbidities of Infants ≤ 1,500 grams:

These charts describe the data in the same way that is used on the CPQCC report website, namely the lower and upper limit of the blue bar is determined by the lower and upper quartile for that measure across all CPQCC centers. In other words, 25% of centers had values that were below the value at the lower end of the blue bar; and 25% of centers had values that were above the value at the upper end of the blue bar. For your center's report, the red star shows the value for your center. The reference group for these charts is all CPQCC centers, not just those of the same CCS level.

The numbers in your 2006 CCS Report will NOT be equal to the numbers that you will find in your 2006 CPQCC Report for small babies as they are calculated differently. Your small baby denominator for CPQCC includes gestational age range where as for CCS it does not (i.e.

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CPQCC small babies are 401-1500 grams AND gestational age of 22 wks 0 days – 29 wks 6 days; CCS small babies are <1500 grams ONLY).

Note: In Table G – Cold stress newborns are the babies with a body temperature between 36 and 36.4 degrees Celsius. Hypothermic newborns are those babies with a body temperature under 36 degrees Celsius.

I. Inventory of Perinatal Quality Improvement Projects:

This table is a summary of your total number of projects.

Note: This table will not show up on your report if you have not reported any projects in your CCS Supplemental Form.

J. Frequency of Surgical Procedures:

The surgeries listed in section J of the CCS report should only list surgeries that were performed at your center. If a baby was transferred out for surgery and then transferred back to your center the surgeries should not appear in the CCS report.

J-1 PDA Ligations by Birth Weight – Calculates the number of PDA ligations performed in your Center ONLY and categorized by birth weight. This table also calculates the percentage of that number that discharged, transferred or died.

J-2 Surgical Procedures by Discharge Status – Calculates the number of surgical procedures performed in your Center ONLY and categorized by birth weight. This table also calculates the percentage of that number that discharged, transferred or died.

J-3 Select Individual Surgery Cases – Breaks down the selected surgeries by birth weight and disposition.

Note: Readmits will NOT be included in this table as it will be assumed that the surgery was done outside your hospital. If you have a readmit that has a surgery that was performed in YOUR Center, but is not showing in the “J” tables please let us know so that we can make the necessary corrections to your report.

K. Inventory of Inborn Expirations:

Calculates a breakdown of all Inborn Expirations by birth weight.

L. Inventory of Transfer-In Expirations:

Calculates a breakdown of all Transfer-In Expirations by birth weight.

M. Inventory of Delivery Room Expirations:

Calculates a breakdown of all Delivery Room Expirations by birth weight.

N. Report Confirmation:

Records the date and time when you confirmed your report for accuracy and completeness authorizing the CPQCC Data Center to forward your report to CCS.