



California Children's Services (CCS) Final Report For Infants Born in 2007

CCS Draft Report DEADLINE: June 1, 2008
Mandatory Review Period: June 2 – August 31, 2008
CCS Final Report DEADLINE: September 1, 2008

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Review Guidelines for the 2007 CPQCC-CCS Report

Summary of Report Revisions

We have made several important revisions for the 2007 CCS Report:

- **Comparability of the CCS Report to the CPQCC Report.** To improve the comparability of the CCS Report to the data presented in www.cpqccreport.org, we have calculated the Small Baby rates for Tables D, E, F, G, and H similar to the CPQCC model to include infants with gestational age of 22 0/7 to 29 6/7. This will allow members to compare their CCS Report to the data frequencies in the CPQCC Report website. In previous years, the CCS Report calculated the Small Baby rates as any infant with birth weight less than 1500 grams.
- **Comparability of the 2007 CCS Report to the 2006 CCS Report.**
 - **Nosocomial Infection.** For 2007, we have recalculated the Nosocomial Infection rates to include Late Sepsis Fungal. To clarify, a baby is included as having “Any Late Infection” if the infant was diagnosed either with late bacterial or coagulase negative staphylococci infection after Day 3 (Nosocomial), or late fungal infection. All records with missing data (N/A or Confirmed Unknown) are excluded from the denominator.
 - **Surgery at YOUR Center.** For 2007, we have clarified that this section only reports on surgeries performed at YOUR Center. If your Center doesn’t perform surgeries, mark Surgery (Item 58. Reason for Transfer) when an infant is Transferred (Item 54. Initial Disposition). This will ensure that the surgery location is attributed to the Receiving Center.

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.

For the 2007 Data Finalization, the deadline for the finalized CCS Supplemental Form is routinely scheduled annually for **April 1st**, while the deadline for the confirmed CCS Draft Report is routinely scheduled annually for **June 1st**. Centers are expected to confirm their Draft Reports by June 1st since the CPQCC Data Center will submit these reports to CCS on that date. From June 2nd until August 31st, both CCS and CPQCC Centers can request a re-run of their CCS Report if they detect any errors. However, without exception the CPQCC Data Center will submit all confirmed reports to CCS on September 1st and will NOT grant any extensions after this date.

CCS Report Re-run Requests

The CCS Report is designed as a static report. On September 1st, the system will be locked and the report will be finalized and delivered to CCS on behalf of the CPQCC Membership. Each Center MUST critically review the report for accuracy and completeness by

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June 1st. If you detect an error or a discrepancy in the report between June 2nd and August 31st, please follow these instructions:

1. Send an email to support@cpqcc.org detailing the issue.
2. You will be advised to review your Center's dataset for the specific variables in question.
3. Each Center has the ability to edit data for all IDs submitted by the June 1st deadline in order to ensure the completeness and accuracy of your Center's data.
4. After you have made corrections to either your Center's data in the CPQCC Network Database and/or the CCS Supplemental Form, send an email to support@cpqcc.org to request a re-run of your CCS Report.
5. You will be required to reconfirm your report.

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 2007 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 whose birth weight is less than 401 grams AND whose gestational age is outside of the 22 weeks 0 days and 29 weeks 6 days (inclusive) range; 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, hyperbilirubinemia and/or exchange transfusion; 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 401 to 1500 grams or 22 to 29 6/7 weeks gestation 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 2007 by Birth Weight:

Calculates the total of ALL deaths that occurred in your NICU in 2007. 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.

Table F. Percent of Eligible infants 401 to 1,500 grams or 22 to 29 weeks gestation Receiving Interventions Associated with Improved (ANS, Neural imaging, ROP Exam, Breast Milk) or With Compromised (Postnatal Steroids) Outcomes

Table G. Percent of infants 401 to 1,500 grams with Selected Morbidities

Table H. Observed to Expected Ratios for Major Morbidities of Infants 401 to 1,500 grams or 22 to 29 weeks gestation

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.

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The numbers in your 2007 CCS Report are now calculated using the same model in the 2007 CPQCC Report for Small Babies.

Note that the 2006 CCS Report numbers will NOT be equal to the numbers that you will find in your 2006 CPQCC Report for Small Babies as they were calculated differently. Your Small Baby denominator for CPQCC included gestational age range where as for CCS it did not (i.e. 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 Active 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.

If your Center doesn't perform surgeries, mark Surgery (Item 58. Reason for Transfer) when an infant is Transferred (Item 54. Initial Disposition). This will ensure that the surgery location is attributed to the Receiving Center.

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.

J-4 Frequency of Surgical Complications – With the current database structure, we are unable to distinguish where the complication occurred. For example, if a baby had multiple surgeries where some of the surgeries were performed at YOUR Center and where some were performed outside of your Center, we are unable to tell which surgery complication was associated with. In summary, this table reports on all infants who had surgery, regardless of the location of surgery.

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.

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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.