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**CPQCC MEMBERSHIP MEMORANDUM**

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**TO:** CPQCC PARTICIPANTS  
**FROM:** JEFF GOULD, GRACE VILLARIN DUEÑAS  
**SUBJECT:** 2009 CPQCC MANDATED CHANGES: REVISIONS  
**DATE:** 3/27/2009  
**CC:** BARBARA MURPHY, BEATE DANIELSEN, FULANI IRVING, PEMITA PA'AGA JR., CCS, CPETS

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**2009 CPQCC MANDATED CHANGES: REVISIONS**

**NOTE:** *Highlighted revisions and updates from the 10/14/08<sup>1</sup>, 11/3/08<sup>2</sup>, 11/24/08<sup>3</sup>, and 1/16/09<sup>4</sup> memos.*

The California Perinatal Quality Care Collaborative (CPQCC), the Vermont Oxford Network (VON), the California Perinatal Transport Systems (CPeTS), and the California Children's Services (CCS) have made several important mandated changes to the data collection effective in 2009.

The reporting of total and birth weight specific NICU activity, morbidity and mortality through CPQCC has been mandated by the CCS, while the systematic review and reporting of neonatal transports in California has been mandated through the CPeTS. This means that one must be a member of CPQCC and report the required elements using the CPQCC/VON, the CPQCC/CPeTS, and the CPQCC/CCS data formats. The compliance with the dataset changes is required for a CCS-approved NICU to meet this mandate.

## **I. CPQCC Eligibility Criteria**

### **A. Small Baby Eligibility Criteria**

We would like to encourage our members to utilize the on-line 2009 CCS Supplemental Form as an added data validation tool. Completing the on-line form immediately after adding a record in the CPQCC database allows for real-time comparison to your CPQCC data.

We are reiterating the eligibility rules for the Small Babies (birth weight 401-1500 grams or gestational age is between 22 weeks 0 days to 29 weeks 6 days inclusive) for both the CPQCC and VON databases. It is as follows:

*Any infant who is born at your hospital and whose birth weight is between 401 and 1500 grams OR whose gestational age is between 22 weeks 0 days and 29 weeks 6 days (inclusive) is eligible, regardless of where in your hospital the infant receives care.*

*Any outborn infant who is admitted to any location in your hospital within 28 days of birth, without first having gone home, and whose birth weight is between 401 and 1500 grams OR whose gestational age is between 22 weeks 0 days and 29 weeks 6 days (inclusive) is eligible, regardless of where in your hospital the infant receives care.*

*In summary, any Small Baby infant is automatically eligible into the CPQCC database. The infant does NOT have to be admitted to the NICU.* In the CCS Supplemental Form, the Total Live Births in your Center (Table A) for birth weight categories 501-1500 grams MUST equal the sum of your CCS Delivery Room Deaths (Table A data entered in the cells) **and** your CCS Inborn NICU Admissions (Table B data entered in the cells) **AND** your CPQCC submissions (Delivery Room Deaths in Table A data **and** Inborn NICU Admissions in<sup>1</sup> Table B data displayed in green font directly below each cell).

## **B. Big Baby Selection Criteria**

1. **Starting in 2009, we have added a new High Acuity Criterion for eligibility in the Big Baby database - Nasal IMV/SIMV for more than 4 continuous hours. NOTE:** The time that an infant is on this modality should **not** be recorded as ventilation time in Item 25b.<sup>4</sup>

## **II. New and Revised Items to the CPeTS Transport Form**

### **A. Policy Addressing Transports During Disasters<sup>3</sup>**

Whereas the CPQCC/CPeTS Transport Data System wishes to collect data on all infants requiring acute care transported in California, the System and its health care providers do not have the capability to collect and manage information obtained during regional disasters involving the transfer and transport of multiple patients from referring to receiving hospitals. Therefore, completion of the CPeTS All-California Form and the CPeTS Acute Inter-facility Neonatal Transport Form (IRS) - 2008 and 2009 will not be required for those infants transferred secondary to and during regional disasters. Specifically, this policy does not apply to local hospital crises such as temporary computer breakdowns and/or power outages.

Questions concerning this policy should be addressed to the Directors of the Northern (Al Hackel, [hackel@stanford.edu](mailto:hackel@stanford.edu)) and Southern (Lisa Bollman [lisa@perinatalnetwork.org](mailto:lisa@perinatalnetwork.org)) Division of the California Perinatal Transport System.

### **B. The following items have been revised for 2009:**

1. For the 2009 systems upgrades, we re-structured and re-numbered the CPeTS Acute Inter-facility on-line form and Core CPeTS Acute Inter-facility paper form. We have retained the C-code numbering for 2009, but have discontinued the T-code numbering used in 2008.
2. A new instruction has been added for Temperature (20 to 45°C or 68 to 113°F) at Referral, at Initial Evaluation, and NICU Admission (**Item C.21 T\_TEMP1, T\_TEMP2, T\_TEMP3**), if the infant was undergoing intentional body/head cooling for therapeutic purposes, enter 20°C/68°F.<sup>3</sup>
3. Mean Airway Pressure (MAP) at Referral, at Initial Evaluation, and NICU Admission variables (**Item C.26a. T\_MAP1, T\_MAP2, T\_MAP3**) **will be removed** from the Core CPeTS Acute Inter-facility paper form, as well as, the on-line form.

4. Inspired Oxygen Concentration (FiO2) at Referral, at Initial Evaluation, and at NICU Admission will be renumbered from Item C.26b to **Item C.26. T\_FIO21, T\_FIO22, T\_FIO23.**
5. We have clarified the Coding Rules in the 2009 EDS Specifications for Inspired Oxygen Concentration (FiO2) at Referral, at Initial Evaluation, and at NICU Admission as follows: **T\_FIO21:** 777=N/A (only if [ACUTETRS]=0) OR (only if [T\_RESPSTATUS1]=2, 3) OR (only if [T\_TYPE]=1), 999=Unknown; **T\_FIO22:** 777=N/A (only if [ACUTETRS]=0) OR (only if [T\_RESPSTATUS2]=2, 3) OR (only if [T\_TYPE]=1), 999=Unknown; **T\_FIO23:** 777=N/A (only if [ACUTETRS]=0) OR (only if [T\_RESPSTATUS3]=2, 3) OR (only if [T\_TYPE]=1), 999=Unknown.<sup>4</sup>
6. Arterial Oxygen (PAO2) at Referral, at Initial Evaluation, and at NICU Admission variables (**Item C.26c. T\_PAO21, T\_PAO22, T\_PAO23**) will be removed from the Core CPeTS Acute Inter-facility paper form, as well as, the on-line form.
7. Blood Glucose at Referral, at Initial Evaluation, and at NICU Admission variables (**Item C.30. T\_GLUCCOSE1, T\_GLUCCOSE2, T\_GLUCCOSE3**) will be removed from the Core CPeTS Acute Inter-facility paper form, as well as, the on-line form.
8. Referring Hospital will be renumbered from Item C.31 to **Item C.30. T\_REFERRING HOSPITAL.**
9. The “Is this is the First Transfer for this Infant?” variable will be renumbered from Item C.32a to **Item C.31a. T\_FIRSTTRANS.**
10. Previously Transfer Referring Hospital will be renumbered from Item C.32b to **Item C.31b. T\_PREVHOSPITAL.**
11. Location of Birth will be renumbered from Item C.33 to **Item C.32. BRTHLOCATION.**
12. Transport Team On-Site Leader will be renumbered from Item C.34 to **Item C.33. T\_TEAMLEADER.** Team Baser will be renumbered from Item C.35a to **Item C.34a. T\_TEAMBASE.**
13. Contract Services used will be renumbered from Item C.35b. to **Item C.34b. T\_TEAMBASECS.**
14. Mode of Transport will be renumbered from Item C.36 to **Item C.35. T\_TRANSMODE.**

### III. New and Revised Items to the CPQCC Admission/Discharge Form

15. For Admission History, Previously Discharged Home (for Outborn infants) (**Item 8a. PDH**), we have clarified that an infant that was previously discharged home (PDH=1) and not hospitalized at 36 weeks AGA (Item 3a. GAWEEKS, Item 3b. GADAYS) should be coded as Not Applicable. The Coding Rules in the EDS Specifications have

been updated to read: 0=No, 1=Yes, 7=N/A {if [DELDIE] = 1 or [LOCATE]=0 or ([PDH] = 1 and not hospitalized at 36 weeks AGA)}.<sup>4</sup>

16. Starting in 2008, CPQCC initiated changes to the dataset in order to improve the assignment of Quality Metrics to the NICU of Occurrence. Revisions to the coding rules were implemented to better track where an event occurred for the following conditions: Pneumothorax (**Item 28. PNTX**), Postnatal Steroids administration for chronic lung disease (**Item 32b. POSTERCLD**), Late bacterial sepsis – bacterial pathogen (**Item 37a. LBPATH**), Late sepsis - coagulase-negative staphylococcus (**Item 37b. CNEGSTAPH**), Late sepsis – fungal (**Item 37c. FUNGAL**), Surgery: PDA ligation (**Item 39d. SRGLIG**), ~~Necrotizing enterocolitis (**Item 40a. NEC**)~~<sup>1</sup>, Surgery: NEC (**Item 40b. SRGNEC**), Surgery: ROP (**Item 42c. SRGROP**), Other Surgery 1-10 (**Item 43. SRGCD1 – SRGCD10**). VON has adopted these revisions for the 2009 VON dataset. Participants in the VON Nightingale System will notice these upgrades, while CPQCC participants might notice revisions to the CPQCC Manual of Definitions for infants born in 2009.

The CPQCC Data System builds upon Vermont Oxford Network's (VON) neonatal system for very low birth weight babies (VLBW). As a result of recent changes made by VON to their dataset, the following new data items have been revised for infants born in 2009:

17. A new instruction has been added for Temperature at Admission to Your NICU (in Degrees Centigrade to Nearest 10th of a Degree) (**Item 22b. ATEMP**), if the infant was undergoing intentional body/head cooling for therapeutic purposes at the time of obtaining the first temperature within 1 hour of NICU admission, enter 20°C/68°F.<sup>3</sup>

18. We have clarified the definition for **Item 25b. Use of Assisted Ventilation. If Greater than 4 hours, specify ventilation time.** Starting in 2009, for an infant treated with *intubated HIFI ventilation or intubated conventional ventilation for more than 4 continuous hours for any reason (surgery or the need for controlled sedation to perform imaging studies are included), record the infant's initial episode of ventilation during the initial stay at your hospital.* In 2009, Nasal IMV/SIMV is not considered a form of mechanical ventilation. CPAP alone should not be included in the length of time on ventilation.<sup>4</sup>

**NOTE:** However, for those infants who are ventilated for more than 4 hours, then transferred out, and then readmitted while still ventilated, include the days and hours at the transferred to hospital as well. However, if this same infant is transferred out and never readmitted, you only include the days/hours at your hospital.

**Conventional Ventilation (Con Vent)** is defined for any infant given intermittent positive pressure ventilation through an endotracheal tube with a conventional ventilator (IMV rate <240/minute). **NOTE:** Intermittent positive pressure ventilation (IPPV) via nasal prongs is not considered conventional ventilation. Synchronized intermittent positive pressure ventilation (SIMV) via nasal prongs is not considered conventional ventilation.

**High Frequency Ventilation (HIFI Vent)** is defined for any infant given high frequency ventilation (IMV rate >=240/minute). **NOTE:** High frequency ventilation via nasal prongs is not considered high frequency ventilation.

19. VON has modified the definition of Inhaled Nitric Oxide (**Item 30. NITRICO**) so that the definition is no longer restricted to administration at your center. Revised coding rules will be as follows: 0=No, 7=N/A, 9=Unknown, 11=Yes Here, 12=Yes Elsewhere, 13=Yes Here AND Elsewhere.
20. Extra-corporeal membrane oxygenation (**Item 31. ECMO**). Revised coding rules will be as follows: 0=No, 7=N/A, 9=Unknown, 11=Yes Here, 12=Yes Elsewhere, 13=Yes Here AND Elsewhere.
21. VON has modified the definition of PDA Ligation (**Item 39d. SRGLIG**) so that the definition is no longer restricted to administration at your center. Revised coding rules will be as follows: 0=No, 7=N/A, 9=Unknown, 11=Yes Here, 12=Yes Elsewhere, 13=Yes Here AND Elsewhere. For the 2009 form, CPQCC is re-enabling the option “Yes, Here AND Elsewhere” (code=13) to match VON’s coding rules.<sup>4</sup>
22. Necrotizing enterocolitis (**Item 40a. NEC**). Revised coding rules as follows: 0=No, 7=N/A, 9=Unknown, 11=Yes Here, 12=Yes Elsewhere, 13=Yes Here and Elsewhere.<sup>4</sup>
23. Gastro-intestinal Perforation (**Item 41. GIPERF**). Revised coding rules will be as follows: 0=No, 7=N/A, 9=Unknown, 11=Yes Here, 12=Yes Elsewhere, 13=Yes Here AND Elsewhere.
24. Surgical Complications (**Item 44. SURGCOMP**). Revised coding rules will be as follows: 0=None, 7=N/A (No surgeries performed), 9=Unknown, 11=Yes Here, 12=Yes Elsewhere, 13=Yes Here AND Elsewhere.
25. In 2009, the Surgical Complications Description (**Item 44. SURGCOMPDESC**) been revised to improve the accuracy of the annual CCS Report. Revised instructions will be as follows: If there were multiple complications at multiple locations (code 13=Yes Here AND Elsewhere), explain in the description field where the complication occurred. For example, “Complication A (Here), Complication B (Elsewhere).”
26. A new variable, Periventricular-Intraventricular Hemorrhage, where first occurred (**Item 45b. PIHHEMLOC**) has been added in 2009. If the infant has a periventricular-intraventricular hemorrhage (PIH, Grades 1 to 4) documented on an ultrasound, CT or MRI on or before day 28, indicate where the PIH first occurred. **NOTE:** This item does not ask where the worst grade occurred but rather where any PIH (grades 1 to 4) first occurred. Revised coding rules will be as follows: 0=None, 7=N/A, 9=Unknown, 11=Yes and First Here, 12=Yes and First Elsewhere.
27. The following variables have been renumbered: Worst Grade of Hemorrhage (**Item 45c. IGRADE**), Shunt Placed for Bleed (**Item 45d. SHUNT**), Other Intracranial Hemorrhage Present (**Item 45e. OTHHEM**), and Other Intracranial Hemorrhage Description (**Item 45e. OTHHEMDESC**).
28. The definition of Reason for Transfer (**Item 58. TRANSCODE**) has been changed for infants born in 2009 to add ECMO as a reason for transfer. Revised coding rules will be as follows: **0=ECMO**, 1=Growth/Discharge Planning, 2=Medical/Diagnostic Services, 3=Surgery, 4=Chronic Care, 5=Other, 6=Insurance, 7=N/A, 9=Unknown.

29. For the Reason for Transfer (**Item 58. TRANSCODE**), we have clarified the Coding Rules in the 2009 EDS Specifications as follows: 1=Growth/Discharge planning, 2=Medical/Diagnostic services, 3=Surgery, 4=Chronic care, 5=Other Reason, 6=Insurance, 7=N/A (only if [DELDIE]=1 or if [FDISP]<>2 or 9), 9=Unknown (always if [FDISP]=9).<sup>4</sup>

30. For Transferred to a CPQCC Center (Item 59. XFERLOCATION), we have clarified the Coding Rules in the 2009 EDS Specifications as follows: Valid OSHPD ID number (see list); 777777=N/A (only if [DELDIE]=1 or [~~LOCATE~~]=0 or [~~PDH~~]=0, or [FDISP]<>2 or 9), 999999=Unknown (always if [FDISP] = 9).<sup>4</sup>

#### **IV. Revised Item in the 2008 and 2009 CCS Supplemental Forms**

31. **CCS Supplemental Form, Table D. Average Daily Census.** Enter the average daily census as one whole number. Average daily census is defined as the occupancy of all on-site licensed NICU beds. NOTE: "On-site" doesn't include other hospitals or satellite hospitals.<sup>2</sup>

We are revising the forms and manuals to reflect these changes. Although these changes may involve work adjustments to fulfill the new requirements, ultimately the addition of these new data items support the best interests of the membership since CPQCC Members have previously requested the addition of several of these data items for quality improvement purposes.

We anticipate that Members who submit data electronically and use their existing internal databases for tracking clinical events and outcomes at the NICU may be impacted by this change. If this is the case for your center, please do not hesitate to contact the CPQCC Data Center at 510.620.3148 or email us at support@cpqcc.org. We welcome the opportunity to assist centers as they meet this requirement.

Thank you for your cooperation.