



CALIFORNIA PERINATAL QUALITY CARE COLLABORATIVE

CPQCC Data Center

Data Finalization Guidelines for Infants Born in 2009

Version 5.0, February 1, 2010



CPQCC Data Finalization Guidelines for Infants Born in 2009

February 1, 2010

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CPQCC Data Finalization Guidelines for Infants Born in 2009

Introduction

Beginning with infants born in 2004, CPQCC is responsible for all data finalization procedures for its member hospitals. The purpose of these guidelines is to assist our Members in meeting the CPQCC Network and the Vermont Oxford Network's goals for complete, accurate and timely submission of records for infants born in 2009.

The following tasks are required for Data Finalization:

1. Confirm the electronic receipt of the Data Finalization Guidelines.
2. Data for all eligible infants must be submitted.
3. The CCS Supplemental Form must be submitted.
4. The Draft CCS Report must be reviewed for accuracy and completeness.
5. The ID Verification Form must be downloaded, signed, and submitted.
6. The Eligibility Verification Plan must be submitted.
7. The CPQCC/VON Contact Report must be submitted.
8. The Contact Change Form must be submitted if there are any changes to the Hospital Name, the Report Contact, or the VON Web Services Administrator.
9. The VON Membership Survey must be submitted.
10. Confirm the Data Consistency Report – Duplicates and Re-encounters.
11. Review the Confirmed Unknown Report.
12. Each submitted record must be complete and accurate.
13. The Final CCS Report must be confirmed for accuracy and completeness.
14. Confirm the electronic receipt of the Data Finalization Status Report.

For each center to be included in: the Vermont Oxford Network (VON) Database and VON Annual Quality Management Report (QMR), the CCS Annual Report, the CPeTS Annual Report, and the CPQCC Annual Web Report, CPQCC must verify by June 1, 2010, that the Center has met the above requirements.

NOTE: The Confirmation button for the CCS Report will be enabled from June 2, 2010 starting at 7:00 AM until June 7, 2010 at 11:59 PM only.

Only Centers for which items 1 through 9 above are verified by April 1st, for which items 10 through 12 above are verified by June 1st, and for which item 13 above is verified by June 7th will be eligible for inclusion in the VON Annual Quality Management Report, CCS Annual Report, the CPeTS Annual Report and the CPQCC Annual Web Report.

Please fax all documents to the CPQCC Data Center at **650.721.5751** or mail to:
CPQCC Data Center
251 Campus Drive, MSOB
Stanford, CA 94305

We will send you an email confirmation acknowledging the receipt of all received documents.

For additional technical assistance, send an email to support@cpqcc.org.

Additionally, each Center will be assigned a Data Center Staff to assist members during the Data Finalization process.

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Each Center is also assigned a CPeTS Staff to assist members during the Data Finalization process.

Southern California CPeTS

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CPQCC Data Finalization Timeline for Infants Born in 2009

CPQCC Data Finalization Checklist

NOTE: Shaded items are required tasks for CPQCC Members.

DUE DATE	STATUS	DATA FINALIZATION ACTIVITY
October 2009 - January 2010		Initial outreach emails were made to Centers with late submission of 2008 data.
February 1, 2010		Member release of the 2009 Data Finalization Guidelines.
February 2, 2010		Follow-up emails will be sent to any Center with zero submissions or less than 76% forms completed to date and/or incomplete CCS Supplemental Form submission.
February 8, 2010		A confirmation receipt of the 2009 Data Finalization Guidelines is required from each Center's CPQCC Data Contact.
February 8, 2010		Follow-up calls to any Center with zero submissions or less than 76% forms completed to date and/or incomplete CCS Supplemental Form submission.
February 28, 2010 at 11:59 PM		Data submitted by this date will be included in the first run of the Data Consistency Report.
March 1, 2010		<ul style="list-style-type: none"> • Follow-up emails sent to any Center without a confirmed receipt of the Data Finalization Guidelines and who have not requested the CPQCC/VON Contact Report and the VON Membership Survey to date. • Second electronic notice to any Center with zero submissions or less than 76% forms completed to date and/or incomplete CCS Supplemental Form submission.
March 8, 2010		Second round of follow-up calls to any Center with zero submissions or less than 76% forms completed to date and/or incomplete CCS Supplemental Form submission.
March 15, 2010		Member release of the Data Consistency Report and the Draft CCS Reports.
March 15, 2010		A two-week electronic reminder will be sent before the April 1 st deadline.
March 22, 2010		A one-week electronic reminder will be sent before the April 1 st deadline.

<p>April 1, 2010 11:59 PM</p>		<p>A. Deadline to submit the following:</p> <ol style="list-style-type: none"> 1) Submission of CPeTS items C.1 through C.33 and Admission/Discharge items 1 through 52 for all infants born in 2009; Updated data for all Still In-House infants born in 2008 2) CCS Supplemental Form 3) Draft CCS Report reviewed for accuracy and completeness 4) ID Verification Form 5) Eligibility Verification Plan 6) CPQCC/VON Contact Report 7) The Contact Report Change Form must be submitted if there are any changes to the Hospital Name, the Report Contact, or the VON Web Services Administrator. 8) VON Membership Survey <p>B. Deadline to submit any CPeTS Override requests to the CPeTS Staff.</p>
<p>April 2, 2010 to May 31, 2010</p>		<p>Using www.cpqccdata.org, complete the following:</p> <ol style="list-style-type: none"> 1) Make corrections and updates to all submitted 2009 records including 2008 Still In-House infants. 2) Review and confirm the Data Consistency Report – Duplicates and Re-Encounters. Coordinate data with transfer hospitals as needed. 3) Review the Confirmed Unknown Report. 4) Mandatory Review Period – CCS Report. During this period, both CCS and Member Centers can request re-runs of the CCS Report. If the Draft CCS Report requires corrections, you need to update the on-line CCS Supplemental Form and/or the CPQCC Network data, then send a request to support@cpqcc.org to re-run your CCS Report.
<p>April 5, 2010</p>		<p>The CPQCC Data Center is closed for an internal data audit.</p>
<p>April 19, 2010</p>		<p>Follow-up emails sent to any Center with pending Data Consistency Report and/or pending CCS Report.</p>
<p>April 26, 2010</p>		<p>Follow-up calls sent to any Center with pending Data Consistency Report and/or pending CCS Report.</p>

May 3, 2010		Second electronic notice to any Center with pending Data Consistency Report and/or pending CCS Report.
May 10, 2010		Second round of follow-up calls with any Center with pending Data Consistency Report and/or pending CCS Report.
May 17, 2010		A two-week electronic reminder will be sent before the June 1 st deadline.
May 24, 2010		A one-week electronic reminder will be sent before the June 1 st deadline.
June 1, 2010 11:59 PM		Deadline for submission of the following finalized data: 1) All records for 2009 and prior years are complete, accurate and 100% error-free. All unknown items have been verified. 2) The CCS Report is complete, accurate, and 100% error-free. The CCS Report will be locked and finalized. After this deadline, without exception, the CPQCC Data Center will not grant any data extensions or any additional CCS Report re-run requests.
June 1, 2010		The 2009 CPQCC Data Finalization is due. Data Finalization is complete. Only Centers with finalized data and complete data finalization documents on file, without exception, will be included in the VON Database and the Annual NICU Quality Management Report, the CCS Annual Report, the CPeTS Annual Report, and the CPQCC Annual Web Report. Due to the very large volume of data which must be processed, no exceptions will be made unless there are extenuating circumstances.
June 2, 2010 at 12:00 AM until 6:59 AM		The CCS Reports are re-run and prepared for final confirmation. The CCS Reports are re-run to ensure that the inter-quartile range for Tables F, G, and H accurately reflect a 100% error-free CPQCC Network Database.
June 2nd starting at 7:00 AM until June 7, 2010 at 11:59 PM		Deadline to confirm the Final CCS Report: The Confirmation button to confirm the CCS Report is enabled. Members must confirm the CCS Report for accuracy and completeness within this 6-day window.
June 8-18, 2010		The CPQCC Data Center is closed for internal data finalization. The finalized CPQCC Network Database is due to VON on June 15. The Final CCS Reports will be delivered to CCS on June 16.
June 28, 2010		Member release of the Final Data Finalization Status Reports. Confirm receipt requested.
July 2010		Member release of the finalized 2009 CPeTS Annual Report and the finalized 2009 CPQCC Annual Web Report through www.cpqcreport.org .
October 2010		The 2009 VON Annual NICU Quality Management Report is mailed to each Center.

Procedures for Finalizing Your Data

1. By February 8, confirm the electronic receipt of the Data Finalization Guidelines.

- A confirmation receipt to support@cpqcc.org is required from each Center's CPQCC Data Contact.

2. By April 1, submit data for all eligible infants.

- Members are required to assign IDs for each eligible infant born in 2009, as well as, submit CPeTS Items C.1 to C.33 and items 1 to 52 in the Admission/Discharge Form or Delivery Room Death Form. Furthermore, the 2008 Still-In House data must be entered into www.cpqccdata.org.
- **By April 1st, members must submit a CPeTS Override Request for items that are confirmed pending to the CPeTS Staff.**
- The data submitted through www.cpqccdata.org, the CPQCC Network Database, is linked in real-time to your CCS Supplemental Form and to www.cpqccreport.org. By April 1st, this data **MUST** be 100% complete (meaning assign IDs to all CPQCC-eligible infants and submit the items above). However, this data does **NOT** have to be 100% error-free until June 1st. Centers that do not meet this requirement may not be included in the Annual Reports.
- **Navigating the Data Management website www.cpqccdata.org.**
 - Go to http://www.cpqcc.org/data/electronic_data_submission to download the On-line Web-based Data Entry (OWDES) Instructions.
 - Log-in using your **Center Number** and **cpqccdata password**
 - What are the minimum variables needed to start a record? Open an empty form, and then click on **"Check Form."**

CPETS ACUTE TRANSPORT-IN FORM	ADMISSION/DISCHARGE FORM OR DELIVERY ROOM DEATH FORM
Birth Year Infant ID Birth Weight (C.3) Gestational Age (C.4) Sex (C.5) Congenital Anomalies (C.6a) Antenatal Steroids (C.8) Surfactant Use (C.9b) Birth Date (C.12) Location of Birth (C.33)	Birth Year Infant ID Birth Weight (1) Birth Date (4) Sex (5)

- **Procedures for Submitting Records for Infants Born in 2009 and Still Hospitalized As of the June 1st Deadline**

Data forms for infants whose records have Items 1 through 34, and Items 36 through 52 completed and which have no final disposition status and no errors will have a Record Status coded “SIH.” A record status code of “SIH” indicates that the infant is still hospitalized, has not been discharged home or reached his/her first birthday.

A Record Status code of “SIH” is temporary and will be changed to a “Complete” status code when the record is complete and correct. The SIH status code is not appropriate for infants who are more than a year old. If an infant is still hospitalized and has reached his or her first birthday, the record should be finalized. Data Contacts should periodically check to be sure that records are finalized when an infant dies, is discharged home or reaches his or her first birthday.

If there are infants who are still hospitalized when data is finalized by the June 1st deadline, a minimum of items 1 through 34, and items 36 through 52 on the Admission/Discharge Form must be completed. While it is possible that items coded “No” may later change to “Yes”, the purpose of completing these items is to assure that data for the Annual Reports is as complete as possible.

Centers should use the following guidelines when completing items for infants who are still hospitalized:


- **If the infant is still in your center and has not been transferred,** complete Items 1 through 34, and 36 through 52 on the Admission/Discharge Form. Leave Items 35, and 53 through 64 blank.
- **If the infant transferred from your center to another hospital and is still in the “transferred-to” hospital,** complete Items 1 through 59 on the Admission/Discharge Form (code Item 54 as Transferred). Leave Items 60 through 64 blank.
- **If the infant transferred to another hospital and was transferred again to a third hospital (no readmission),** complete Items 1 through 60 (code Item 54 as Transferred, code Item 60 as Transferred) on the Admission/Discharge Form. Code Items 61 and 62 as Not Applicable and leave Items 63 and 64 blank.
- **If the infant transferred from your center to another hospital, was readmitted to your center and is still hospitalized at your center,** complete Items 1 through 60 (code Item 54 as Transferred, code Item 60 as Readmitted) on the Admission/Discharge Form. Leave Items 61 through 64 blank.
- **If the infant transfers again following initial transfer from and readmission to your center,** complete Items 1 through 62 on the Admission/Discharge form (code Item 54 as Transferred, code Item 60 as Readmitted, code Item 62 as Transferred). Leave Items 63 and 64 blank.
- Refer to the summary table on the following page.

**Procedures for Submitting Data for Infants Born In 2009 and Still Hospitalized
as of the June 1st Data Finalization Deadline**

	Item 54. Infant is still in your Center and has not been transferred	Item 54. Infant Transferred from your Center to another hospital and is still in "transferred to" hospital	Item 60. Infant Transferred to another hospital and was transferred to a third hospital (no readmission)	Item 60. Infant Transferred to another hospital, was readmitted to your hospital and Still In-House	Item 62. Infant transfers again following initial transfer from and readmission to your Center
2009 Item					
35. Respiratory Support at Discharge	Blank	Submit	Submit	Submit	Submit
49. Congenital Anomalies	Submit 1-52	Submit	Submit	Submit	Submit
53. Enteral Feeding at Discharge	Blank	Submit	Submit	Submit	Submit
54. Initial Disposition from your Center	Blank=SIH	Transferred	Transferred	Transferred	Transferred
55. Weight at Initial Disposition	Blank	Submit	Submit	Submit	Submit
56. Head Circumference at Initial Disposition (cm)	Blank	Submit	Submit	Submit	Submit
57. Initial Length of Stay	Blank	Submit	Submit	Submit	Submit
58. Reason for Transfer	Blank	Submit	Submit	Submit	Submit
59. Select the Hospital the infant was transferred to	Blank	Submit 1-59	Submit	Submit	Submit
60. Post-Transfer Disposition	Blank	Blank=SIH	Transferred (SIH)	Readmitted (SIH)	Readmitted
61. Weight at Disposition after Re-admission	Blank	Blank	N/A	Blank	Submit
62. Disposition at Re-admission	Blank	Blank	N/A	Blank=SIH	Transferred (SIH)
63. Ultimate Disposition	Blank	Blank	Blank=SIH	Blank	Blank=SIH
64. Total Length of Stay	Blank	Blank	Blank	Blank	Blank

3. By April 1, submit the on-line CCS Supplemental Form.

- Every year CPQCC produces reports on each Center's NICU activity, and submits this report to CCS on behalf of the entire CPQCC membership. The report is generated by combining the finalized 2009 CPQCC Network Database with finalized data submitted in the 2009 CCS Supplemental Form.
- **After submitting the 2009 CCS Supplemental Form, CPQCC centers will have until June 1st to review the Draft CCS Report's completeness and accuracy.**
- Before you enter data in the CCS Supplemental Form, please finalize your 2009 data. Make sure that your 2009 data is complete and 100% error-free. This is very important since your 2009 CPQCC Data propagates the real-time comparison of the CCS Supplemental Form data to the submissions to the CPQCC Network Database (which appears green font throughout the form), as well as, Tables E, F, and G.
- Members are strongly encouraged to use the real-time data comparison feature as a data validation tool and to verify the number of eligible infants into the CPQCC Network Database.
- To access the 2009 CCS Supplemental form, follow these instructions:
 - Log-on to www.cpqccdata.org.
 - Click on "CCS Materials" on the left side navigation page.
 - Click on "Click here to load the 2009 CCS Supplemental Form for your Center."
 - Click on "Click here for help with this form." at the top of the page for instructions.
 - To save your data at any point of entry, simply press the **Submit Form button** at the end of the form. You can then come back and Edit the form.

A rectangular button with a light blue border and a light blue background, containing the text "Submit Form" in a dark blue font.

- Members can download the 2009 CCS Supplemental Form MSExcel Spreadsheet from http://www.cpqcc.org/data/ccs_downloads to get started in abstracting this data throughout the data collection year.
- If there are discrepancies between the CPQCC Network Database submissions and the CCS Supplemental Form, changes should be made immediately in order to meet the June 1st deadline.

4. By April 1, review the Draft CCS Report.

- Every year CPQCC produces reports on each Center's NICU activity, then submits this report to CCS on behalf of the entire CPQCC membership. The report is generated by combining the finalized 2009 CPQCC Network Database with finalized data submitted in the CCS Supplemental Form. **Each Center is required to confirm the accuracy and completeness of their Draft CCS Report BEFORE the CPQCC Data Center forwards the report to CCS.**

- To access the Draft CCS Report, follow these instructions:
 - Log-on to www.cpqccdata.org.
 - Click on “**CCS Materials**” on the left side navigation page.
 - Click on “**Click here to load the 2009 CCS Report for your Center.**”
 - **Right after the Table of Contents, we have added an on-line "Guide to Interpretation."**
- The 2009 CCS Report is ready to be compiled after March 15. After completing the on-line CCS Supplemental Form, Centers can begin reviewing the CCS Report **but cannot confirm the CCS Report until June 2nd at 7 AM**. Keep in mind that the inter-quartile range (the blue line in Tables F, G, and H) may not accurately represent the data for the entire CPQCC Network Database at the time you generate your report.
- If you make any changes to the CPQCC Database or the CCS Supplemental Form after the initial compilation of your CCS Report, you need to send an email request to support@cpqcc.org to re-run your CCS Report to reflect these updates.
- **On June 1, 2010 at 11:59 PM, the 2009 CCS Report will be locked and finalized.** After this deadline, without exception, the CPQCC Data Center will not grant any data extensions or any additional CCS Report re-run requests.
- **On June 2nd from 12:00 AM until 6:59 AM, we will re-run all of the CCS Reports to ensure that the inter-quartile range for Tables F, G, and H accurately reflect the a 100% error-free CPQCC Network Database.**
- **IMPORTANT: We will enable the Confirmation button (in Table N of the CCS Report) on June 2nd starting at 7:00 AM until June 7th at 11:59 PM only. Members MUST confirm the CCS Report for accuracy and completeness within this 6-day window only.**
- To confirm the report, Members must click the Confirm Report button in **Section N. Report Confirmation**. This action 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.

5. By April 1, submit the ID Verification Form -- Verify IDs of submitted records.

- Use the Error Report feature in www.cpqccdata.org to generate your Center's 2009 ID Verification Form. Data Contacts are required to sign-off verifying that all IDs of eligible infants born in 2009 have been included and that they understand the data deliverables and the 2009 Data Finalization deadlines. Please fax this form to the Data Center at 650.721.5751.

- To access the ID Verification Form, follow these instructions:
 - Click on **“Other Reports”** on the left side navigation page
 - Select Year: **2009**
 - Select Type: **Confirm IDs**
 - Click **“Generate Report”**
 - Print out this page
- Review the “IDs Submitted to CPQCC” for completeness and accuracy. If there are discrepancies, changes should be made immediately in order to meet the April 1st deadline. If there are significant changes to the IDs submitted, you may be required to re-run your ID Verification Form and re-submit the form.

6. By April 1, submit the Eligibility Verification Plan.

- VON requires that each Center confirm their Eligibility Verification Plan for 2010. The Eligibility Verification Plan is a tool to help centers identify all eligible infants, which is necessary for assuring that data submitted are complete.
- Download a copy of this form from the Data Contacts Only page at http://www.cpqcc.org/data/data_contacts_only.

7. By April 1, submit the CPQCC/VON Contact Report.

- To access the Center-specific reports:
 - Follow the link to the **“Data Contacts Only”** page
http://www.cpqcc.org/data/data_contacts_only
 - Click on the **“Contact Report and Membership Survey”** sub-page
http://www.cpqcc.org/data/data_contacts_only/2009_contact_report_membership_survey
 - Click on the zipped file link and follow the instructions.
 - Find your Center's name in the list and then click the PDF file to view and save your report.
 - Use your **cpqccdata password** to open the link.
- CPQCC and VON require each Center to indicate who will serve as the Team Leader, as well as, confirm the contact information for each Center’s designated Report Contact, Data Contact, Administrative Contact, Neonatologist, and Quality Improvement Contact. This year's form has been revised to add contact information for your Center's Clinical Nurse Specialist, Transport Contact, and CEO.

8. By April 1, submit the Contact Report Change Form

- The Contact Report Change Form must be submitted if there are any changes to the Hospital Name, the Report Contact, or the VON Web Services Administrator.
- To access the Contact Report Change Form:
 - Follow the link to the "**Data Contacts Only**" page
http://www.cpqcc.org/data/data_contacts_only

9. By April 1, submit the VON Membership Survey.

- To access the Center-specific reports:
 - Follow the link to the "**Data Contacts Only**" page
http://www.cpqcc.org/data/data_contacts_only
 - Click on the "**Contact Report and Membership Survey**" sub-page
http://www.cpqcc.org/data/data_contacts_only/2009_contact_report_membership_survey
 - Click on the zipped file link and follow the instructions.
 - Find your Center's name in the list and then click the PDF file to view and save your report.
 - Use your **cpqccdata password** to open the link.
- The 2009 Membership Survey collects information on each CPQCC hospital's characteristics and capabilities. Summarized hospital data are tabulated in the Annual NICU Quality Management Report (QMR). Based on the characteristics of each center, the QMR also provides data comparing the infant outcomes and interventions at the center to centers with similar characteristics.

10. By June 1, Confirm the Data Consistency Report – Duplicates and Re-Encounters.

- In order to correctly associate records for the same baby at different Centers, we have generated a per baby database. As a result of this process, we have found a few records that were likely reported twice (Duplicates) or reported inconsistently (Drift/Re-encounters).
- **Duplicates/ Double-entry of the same record using different ID Number.** There are two possible situations:
 - 1) ***Duplicate record: Same data, different ID.*** (NOTE: The CPQCC Data Management System has an automatic ID verification system that prevents the entry of duplicate ID Numbers).
 - 2) ***Birth order of multiples not correctly identified*** (i.e., both twins are indicated as being twin B even though there are clearly differences in birth weight, gestational age, and/or head circumference such that we can infer that this is not a duplicate record, but two different infants in a set of multiples).

- **Drift/ Re-encounters of the same baby at different centers.** Result of incorrect data coding of initial length of stay, initial disposition, disposition after transfer, total length of stay, and/or disposition after re-admission. In these cases, we find inconsistent situations because a baby is transferred, and the information in the hospital it was transferred to does not match the information from the sending hospital (usually the birth hospital). For example, a baby in the sending hospital isn't marked as transferred out.
- To access these reports, follow these instructions:
 - Log-on to www.cpqccdata.org
 - Click on **"Other Reports"** on the left side navigation page
 - Select Type: **Data Consistency Report – Duplicates and Re-encounters**
 - Select Year: **2009**
 - Click **"Generate Report"**
 - Provide **"Your Comment"** for each Potential Inconsistency.
 - If the record is a duplicate, you must indicate the ID that you are planning to delete. Then you are required open the actual record and mark it "Delete."
 - If the record is a re-encounter, you must contact the Data Contact from the Transfer Hospital, and confirm the accuracy of your data.
 - Submit **"Data Consistency Comments"**
 - Then, click on **"Edit Data"** on the left side navigation page and make the necessary corrections to the actual record.
 - If the record is a duplicate, then you are required to open the actual record and mark it "Delete."
 - If the record is a re-encounter, you must edit the required items and make corrections. Submit the record and verify that the record is 100% error-free.
- Below is the list of variables used and the associated weighted value (most important, adds considerable value, and adds value) in calculating data consistency. Data Contacts are strongly encouraged to reduce the number of confirmed unknown for these variables, as well as, to collaborate with other Data Contacts to ensure the accuracy of these variables when transferring records.

ITEM	VARIABLE DESCRIPTION	WEIGHTED VALUE
1	Birth Weight (in Grams)	Most Important
2	Head Circumference at Birth (in cm to nearest 10th of a cm)	Adds Considerable Value
3a	Best Estimate of Gestational Age -- Weeks	Most Important
3b	Best Estimate of Gestational Age -- Days	Most Important
4	Birth Date	Most Important
5	Sex of infant	Most Important
6	Delivery Room Death	Most Important
7a	Location of Birth	Most Important
7b	Day of Admission (for gt 1500 Grams or Outborn Infants)	Most Important

7c	Hospital of Birth (for Outborn Infants)	Most Important
9	Mother's Age at Infant's Birth (Age Last Birthday)	Most Important
10a	Is Mother of Hispanic Origin?	Adds Considerable Value
10b	Maternal Race	Adds Considerable Value
11	Prenatal Care	Adds Value
13	Antenatal Steroids Received Prior to Delivery	Adds Value
14	Spontaneous Labor. Did the Mother Go into Labor on Her Own?	Adds Value
15a	Multiple Births or Gestation	Most Important
15c	Birth Order for Multiple Births	Most Important
16	Mode of Delivery	Most Important
19	Apgar Score - 1 minute	Adds Considerable Value
19	Apgar Score - 5 minute	Adds Considerable Value
19	Apgar Score - 10 minute	Adds Considerable Value
37a	Sepsis – Late - Bacterial Pathogen	Adds Value
54	Initial Disposition From Your Hospital	Adds Value
57	Initial Length of Stay	Adds Value
60	Post-Transfer Disposition	Adds Value
62	Disposition after Re-Admission	Adds Value
64	Total Length of Stay	Adds Value

11. By June 1, review the Confirmed Unknown Report.

- To better understand areas of your data that are frequently reported as Unknown by your Center, we have added an Unknown Data Report. Note that this report is updated at 1 AM daily in other words, changes that you make to your data as a result of the report will not be reflected until after 1 AM the next day. For this report, we list all variables reported as Confirmed Unknown for at least 20% of the records.
- Log-on to www.cpqccdata.org, then follow these instructions:
 - Click on **“Other Reports”** on the left side navigation page
 - Select Year: **2009**
 - Select Type: **Confirmed Unknown Report**
 - Click **“Generate Report”**

12. By June 1, edit your data for completeness and accuracy.

- After submitting data for all eligible infants on April 1st, CPQCC centers will have until June 1st to verify data completeness and accuracy, and to submit any additional data or make corrections. **By June 1st, all data must be 100% error-free.**
- Use the "Edit Data" feature in www.cpqccdata.org to review the Record Status of each ID submitted.
- Use the "Error Report" feature in www.cpqccdata.org to request a copy of your Center's real-time Error & Warning Report. Review this report for accuracy.
- Use the "Send Reports/Data via Email" feature in www.cpqccdata.org to request a copy of your Center's Database in order to review the descriptions entered such as for Birth Defects and Other Surgeries.
- Use the "Other Reports" feature in www.cpqccdata.org to review the Data Consistency Report which is scheduled for release on March 15, 2010.
- For data to be considered finalized, all records of infants born in 2009 must either have a record status of **Complete or SIH**, while all records of SIH infants born in 2008 must be **Complete**.
- **Finalized data for all infants born in 2009.** The CPQCC Data Finalization Form will be sent to CPQCC when the tasks below are completed. Centers that do not complete these requirements by June 1, 2010, may not be included in the reports.
 - Records for all eligible inborn and outborn infants who were born in 2009 have been submitted.
 - All records of eligible infants born in 2009 with known dispositions (i.e., the infant has been discharged home, has died or is still hospitalized as of his/her first birthday) have status=**Complete**. The records must be completed if the final disposition is known.
 - All errors on records of eligible infants born in 2009 or previous years have been corrected (**no records with status=Errors or Errors + Pending Items**).
 - All incomplete records of eligible infants born in 2009 have been received (**no records with status=Pending**).
 - At least Items 1 through 34, and items 36 through 52 on the Admission/Discharge Form have been submitted for eligible infants who were born in 2009 and who are still hospitalized without having gone home or reached his/her first birthday (Record Status=SIH).
 - All records of infants born in years prior to 2009 must be complete, correct and have a final disposition status.

13. **Between June 2 at 7:00 AM until June 7 at 11:59 PM, confirm the Final CCS Report.**

- Every year CPQCC produces reports on each Center's NICU activity, then submits this report to CCS on behalf of the entire CPQCC membership. The report is generated by combining the finalized 2009 CPQCC Network Database with finalized data submitted in the CCS Supplemental Form. **Each Center is required to confirm the accuracy and completeness of their Draft CCS Report BEFORE the CPQCC Data Center forwards the report to CCS.**
- To access the Draft CCS Report, follow these instructions:
 - Log-on to www.cpqccdata.org.
 - Click on "CCS Materials" on the left side navigation page.
 - Click on "Click here to load the 2009 CCS Report for your Center"
 - Right after the Table of Contents, we have added an on-line "Guide to Interpretation."
- **NOTE: Centers can already review the CCS Report, but keep in mind that the inter-quartile range (the blue line in Tables F, G, and H) may not accurately represent the data for the entire CPQCC Network Database at the time you generate your report. To this end, we have disabled the Confirmation button to ensure that no reports (with an inaccurate inter-quartile range) are confirmed until the CPQCC Network Database is finalized.**
- **On June 1, 2010 at 11:59 PM, the 2008 CCS Report will be locked and finalized. After this deadline, without exception, the CPQCC Data Center will not grant any data extensions or any additional CCS Report re-run requests.**
- **IMPORTANT: We will enable the Confirmation button (in Table N of the CCS Report) on June 2nd starting at 7:00 AM until June 7th at 11:59 PM only. Members MUST confirm the CCS Report for accuracy and completeness within this 6-day window only.**
- To confirm the report, Members must click the Confirm Report button in **Section N. Report Confirmation**. This action 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.

14. **By June 28, confirm the electronic receipt of your Center's 2009 Data Finalization Status Report.**

- Each Data Contact is requested to send a confirmation receipt to support@cpqcc.org to acknowledge the accuracy of the Center's Data Finalization Status Report.
- With the confirmation receipt, the Data Center will provide instructions on how to access the Center-specific reports:

- Follow the link to the "**Data Contacts Only**" page
http://www.cpqcc.org/data/data_contacts_only
 - Click on the "**2009 Data Finalization Reports**" sub-page
http://www.cpqcc.org/data/data_contacts_only/2009_data_finalization_reports
 - Click on the zipped file link and follow the instructions.
 - Find your Center's name in the list and then click the PDF file to view and save your report.
 - Use your **cpqccdata password** to open the link.
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- The CPQCC Data Center is in the process of developing an end of the year report that incorporates the Data Finalization Status Report.