



CPQCC DATABASE CHANGE REQUEST FORM

CPQCC is committed to ensuring that any updates made to our CPQCC Data and Report websites serve a quality improvement purpose and add value to the data and reports we generate. Please use the form below to structure your recommendations for revising, adding, or deleting data items in the database.

When completing this form, please:

- Refer to the data items and definitions in the respective CPQCC Manuals (NICU, CPETS, CCS, MatEx, All NICU Admissions, HRIF) for the current data collection year.
 - The above manuals can be found on the www.cpqcc.org website
- Refer to the current definitions in the NICU Reports Home page or the NICU Reports Start Guide for current definitions of NICU, CPETS, CCS and MatEx focus board reports
- Use a separate form for each request
- Requests will be reviewed every April for the following calendar year (e.g. requests will be reviewed in April 2020 for birth year 2021).

Change Type (choose one)			
<input type="checkbox"/>	Population Update <i>(i.e. alter existing population definition)</i>	<input type="checkbox"/>	Database Change <i>(i.e. add, delete or update a data item)</i>
<input type="checkbox"/>		<input type="checkbox"/>	Report Change <i>(i.e. add or update a report)</i>
Database (choose one)			
<i>(Please select a database below. Please skip if not a database change.)</i>			
<input type="checkbox"/>	CPeTS Data/Reports (Transport)	<input type="checkbox"/>	NICU Data/Reports
<input type="checkbox"/>	CCS Data/Reports	<input type="checkbox"/>	MatEx Data/Reports
<input type="checkbox"/>		<input type="checkbox"/>	HRIF Data/Reports
<input type="checkbox"/>		<input type="checkbox"/>	Optional All NICU Admissions Data/Reports
Add/Delete/Change (choose one)			
<input type="checkbox"/>	Revise existing item	<input type="checkbox"/>	Delete existing item
<input type="checkbox"/>		<input type="checkbox"/>	Add new item
Description			
<i>(Please enter a brief description of your request)</i>			
Reason for Change			
Rationale for Recommendation			
<i>(Please provide a brief analysis of the pros and cons for the recommendation. Points to address include feasibility, accuracy, and ease of data collection, utility of the item (for risk adjustment or assessing practice or outcomes), consistency with prior years, and comparison to similar items in other relevant neonatal databases (see below).</i>			

Data Item Summary		
Item Number	Item Name	Data Form (i.e. NICU A/D Form or HRIF RR Form)
Population		
<i>(Please indicate the population for whom this measure applies. Indicate if the population will be defined based on other items in the database, i.e. is the measure only applicable to infants of certain birth weight, gestational age, location of birth, age at admission, etc.)</i>		
Impact on Network (choose one)		
<i>(Is this item specific to...your NICU/HRIF Clinic, a specific group of NICUs/HRIF Clinics, or would it apply to all NICUs/HRIF Clinics?)</i>		
<input type="checkbox"/>	My NICU	<input type="checkbox"/> A group of NICUs
<input type="checkbox"/>	My HRIF Clinic	<input type="checkbox"/> A group of HRIF Clinics
<input type="checkbox"/>		All NICUs
<input type="checkbox"/>		All HRIF Clinics
Impact on Other Data Items		
<i>(Please indicate if and how the proposed change would affect the definition, interpretation, or reporting of other items in the database.)</i>		
Compatibility with Other Neonatal Databases		
<i>(Please indicate how the proposed definition or change compares to definitions of similar items in the NICHD Neonatal Network Database, the Vermont Oxford Network (VON), or other databases relevant to neonatal care.)</i>		
Reporting		
<i>(Please indicate how the data item would be reported to members in the annual quality management report. Please indicate the denominator that should be used when calculating the measures for reporting. Indicate the strata for reporting in tables and describe any proposed figures. Address any anticipated problems with missing data and how these would be handled.)</i>		
Electronic Health Record (EHR)		
<i>(Please indicate if this item would be feasible to extract from an existing electronic health record.)</i>		

National Quality Measures

(Please indicate if the proposed item is related to current measures endorsed by any other QI group(s), (i.e. CDC, etc.)

Timeline

(Please indicate the proposed data collection year to begin collecting this item. The development of new items usually requires at least one year of advance planning)

References

(Please provide relevant citations)

Requestor Name

Date requested



For CPQCC Internal Use Only

Please note that each request must undergo a review process by the database review committee. When this process is completed, the Data Center will follow up with the requestor on the status of the proposed database change.

Proposed Item Review		
Was the proposed item implemented?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Another item recommended
Review Comments		
<i>(If the item was not implemented, please provide reason.)</i>		
Updated Item Recommendation		
Item Name	Item Number	
Reason for Updated Item Recommendation		
<i>(If a new item was recommended, please provide reason.)</i>		

Reviewer Name

Date reviewed

09/16/2020

MEDICAL SCHOOL OFFICE BUILDING • 1265 WELCH ROAD • MC 5415 • STANFORD, CA 94305

(650) 721-6540 • info@cpqcc.org • www.cpqcc.org