NICU Database Update

2019 Data Training Sessions



Overview

1 2019 Data Sets

4 NICU Database Eligibility

2 NICU Reports Site

5 2019 NICU Database Updates

3 NICU Data Site

6 Resources



How can we foster a culture of quality improvement? How can we get better at being better?

- How can we elevate the value of the work of Data Contacts?
- How can we engage leadership to encourage collaboration between all data teams (i.e NICU,CPeTS,HRIF)?
- How can we better improve data quality and data linkage between programs? (i.e HRIF/NICU Match status report)





2019 Data Sets

TRANSPORT	 Patient Diagnosis Demographics Time Sequence Infant Condition/ TRIPS Referral Process Comments
NICU	 Demographics Maternal History & Delivery Delivery Room and First Hour of Birth Post-Delivery Diagnoses and Interventions Respiratory Infections Other Diagnoses, Surgeries Neurological Congenital Malformations Initial Disposition Post-Transport Status



2019 Data Sets

HRIF	 Very Low Birth Weight (VLBW) Infant Completed Gestational Age < 32 Weeks ECMO, Cooling, or Moderate/Severe HIE Diagnosis Surgery for Congenital Heart Disease Nitric Oxide Use Seizures during any stay prior to home discharge
CCS SUPPLEMENTAL FORM	 Section A. Hospital Births and Deaths (by BW) Section B. Total Admissions to Your NICU (by BW) Section C. Total Transports-Out of Your NICU (by BW) Section D. Hospital Births and NICU Inborn Admissions (by GA) Section E. Average Daily Census In Your NICU, Newborn Antibiotic Exposures (NAE) and Antibiotic Use Rate (AUR) Section F. Central-line Associated Bloodstream Infections (CLABSI) Perinatal Quality Improvement (QI) Project Inventory

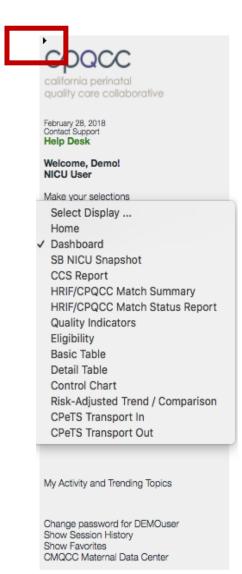




NICU REPORTS SITE

www.cpqccreport.org

- Online web-tool that analyzes and displays critical information on newborns admitted to NICUs across California
- Need a one-on-one session? Email info@cpqcc.org.



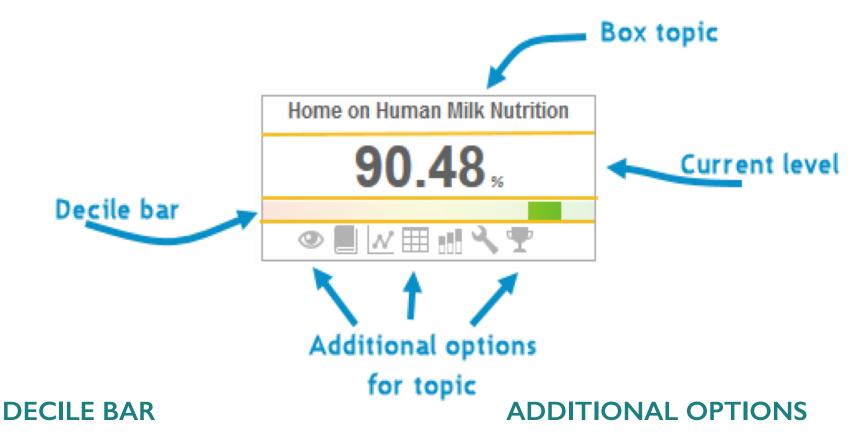


Dashboard





Dashboard



• Show's center/region's position in comparison to all other CPQCC centers/perinatal regions

 Additional information and resources about the topic

CURRENT LEVEL

- Quantitative measure
- If the topic is QI-related, it will reflect as green if the NICU is among the to 10% of performers and orange if among the bottom 10%
- Exceptions to rule noted in box's information tooltip



NICU Reports Overview

www.cpqcc.org



Dashboard

The Dashboard serves as a launchpad for quality improvement, providing a snapshot of both clinical and operational metrics for each NICU. The dashboard can be used to get a sense of areas where a unit is performing well and areas that may require further attention. Graphs can be downloaded in JPEG or PDF formats for distribution among the NICU team or to hospital leadership.





Q

Engage



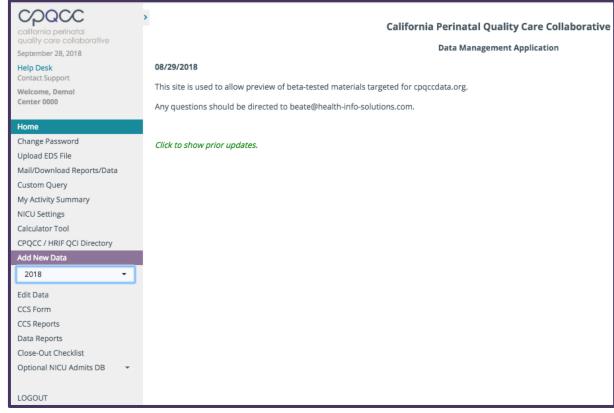
NICU Data Site



The NICU Data Site is used to:

- Enter and edit data
- Update the Contact Report Form
- Review the Close Out Check List

www.cpqccdata.org





NICU Data Site

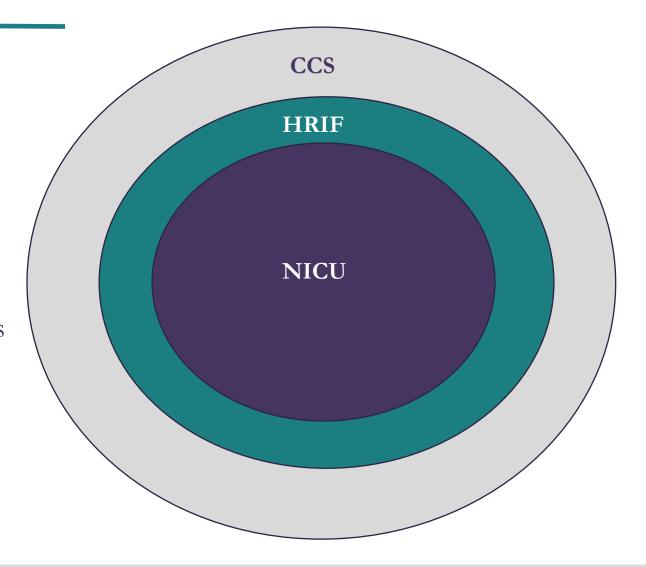
www.cpqccdata.org

Dear cpqccdata.org users:	
The following updates were successfully installed:	
 Based on user requests and to ensure that updated information on the Honoticed by our users, we have implemented a start-up message feature. Or read the start-up message, you may bypass this message for future logon the box next to <i>Do not show this message again</i>. We will reset the "messawhen a new message is posted. Based on user requests and after consultation with CPQCC neonatologists revised the 2018 CPQCC A/D and DRD forms for the viral infection item, a CPQCC A/D form for the late bacterial and viral infection items. It is now put the option <i>Other</i> and enter a description for the pathogen. Note that this only be used if the pathogen cannot be found on the list of pathoger. The cpqccreport.org website was updated to reflect the close-out of birth Several updates were installed, please logon to cpqccreport.org to review. 	once you have s by checking age read" flag s, we have and the 2018 ossible to select option should ens. year 2017.
Thank you,	
CPQCC Support	
Last updated: 07/05/2018 at 10:45	
☐ Do not show this message again	
Continue	



NICU Database Eligibility

- Infants are **NICU** eligible if they are either:
 - o VLBW or
 - Severe Acuity
- **ALL NICU** eligible infants meet CCS eligibility criteria
- But **NOT** all infants with CCS eligible conditions will be **NICU** eligible
- NOTE: HRIF eligibility will include NICU eligible infants and CCS eligible infants





Small Baby Eligibility

VLBW

- Any infant who is **born at your hospital:**
 - birth weight 401 1,500 grams, OR
 - gestational age 22 weeks 0 days to 31 weeks 6 days (inclusive)
- Any outborn infant who is admitted to any location in your hospital within 28 days, and:
 - birth weight 401 1,500 grams, OR
 - gestational age 22 weeks 0 days to 31 weeks 6 days (inclusive)

Regardless of where they receive care (NICU admission not required).

In summary, all Small Babies are eligible for entry into the NICU Database.



Big Baby

Severe Acuity

Any infant who is born at or admitted to your hospital within 28 days of birth, with a birth weight that is greater than 1500 grams MUST also meet one of the following 11 criteria to be legible:

- 1. Infant Death
- 2. Acute transport in
- 3. Acute transport out
- 4. Surgery
- 5. Intubated Assisted Ventilation for > 4 continuous hours
- 6. Nasal IMV/SIMV (or any other form of non-intubated assisted ventilation) for > 4 continuous hours
- 7. Early bacterial sepsis
- 8. Previously discharged home and readmitted to your hospital for exchange transfusion and/or bilirubinemia level ≥ 25 mg/dL
- 9. Suspected encephalopathy or suspected perinatal asphyxia
- 10. Active therapeutic hypothermia
- 11. Seizures



TRS Form	CPeTS Acute Inter-facility Transport: Was the infant transported to your NICU within 28 days of life, who requires medical, diagnostic, or surgical therapy that is not provided, or that cannot be efficiently provided due to temporary staffing /census issues, or due to insurance restrictions at the referring hospital?	O Yes	O No
DRD Form →	Did the infant die in the delivery room or any other location in your hospital within 12 hours of birth AND prior to NICU admission? (Infants who died in the delivery room with a birth weight of 400 grams or less should not be included unless their gestational age is 22 to 29 (prior to 2013) / 31 (2013 or later) completed weeks)	O Yes	O No
	Birth weight: ≥ 401 grams [VON Expanded DB Center] who was born or admitted at your hospital within 28 days of birth.	O Yes	○ No
A/D Form	Gestation: 22 weeks 0 days - < 30 weeks of gestation prior 2013 (29 weeks and 6 days should be checked as 'Yes') who was born or admitted at your hospital within 28 days of birth. Gestation: 22 weeks 0 days - < 32 weeks of gestation 2013 or later (31 weeks and 6 days should be checked as 'Yes') who was born or admitted at your hospital within 28 days of birth.	O Yes	○ _{No}
Add 11. Seizure	Does the infant meet at least one of the following criteria: 1. Infant Death, or 2. Surgery, or 3. Intubated Assisted Ventilation for > 4 continuous hours, or 4. Nasal IMV/SIMV (or any other form of non-intubated assisted ventilation) for > 4 continuous hours (2009 or later), or 5. Acute transport in, or 6. Acute transport out, or 7. Early bacterial sepsis, or 8. previously discharged home and readmitted to your hospital for exchange transfusion and/or bilirubinemia level ≥ 25 mg/dL AND birth weight > 1,500 grams who was born or admitted at your hospital within 28 days of birth (2007 or later), or 9. Suspected encephalopathy or suspected perinatal asphyxia (2013 or later), or 10. Active therapeutic hypothermia (2013 or later)	• Yes	O No
ridd i'r ocizaic	The infant is eligible for the CPQCC database.		
	To start the process of submitting data on-line, check birth year of infant, enter infant ID, and retrieve the correct form. Note that you will only be able to continue if you check the valid infant ID!	e birth year	and enter a
	Birth Year: 2017 Hospital No.: 0000 Infant ID: Last 3 IDs Entered: 1325 1324 1323		

Add New Data

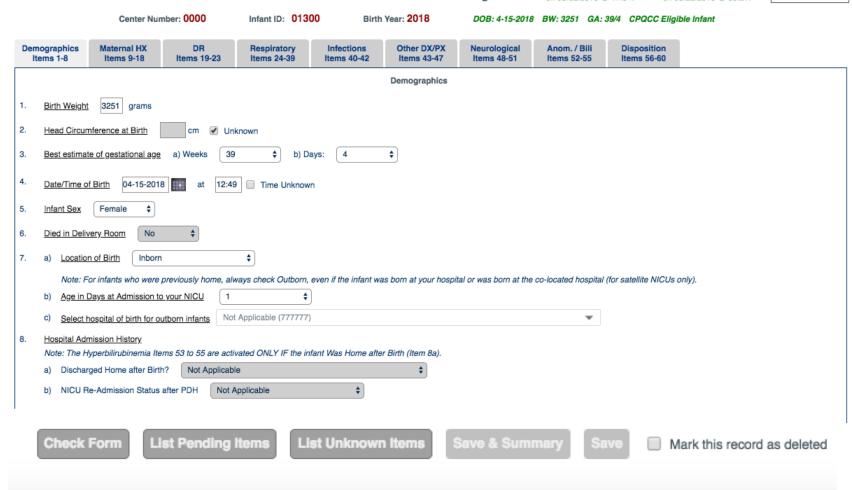
2018 CPQCC Admission/Discharge Form

Started by HIS on 05/02/2018 @ 17:34.

Last update by HIS on 08/22/2018 @ 09:21.

59:34

- Minimum 5 variables to start a record
- 60:00 timer to remind user to save





CPQCC california perinatal

quality care collaborative

October 1, 2018

Help Desk

Contact Support

Welcome, Demo! Center 0000

Home

Change Password

Upload EDS File

Mail/Download Reports/Data

Custom Query

My Activity Summary

NICU Settings

Calculator Tool

CPQCC / HRIF QCI Directory

Add New Data

2018

Edit Data

CCS Form

CCS Reports

Data Reports

Close-Out Checklist

Optional NICU Admits DB

LOGOUT

IDs submitted by Center 0000 for Birth Year 2018 as of 2018-10-01 at 11:13

Eligible: Y=Eligible, N=Not Eligible, C=Eligibility based on Center Confirmation, I=Outborn Infant w/out CPeTS Form and no other eligibility criterion met, E=VON expanded DB.

Show 30	entries	csv									\$	Search:							
ID 📥	MM-DD 🌲	BW ⊜	GA⊜	ML\$	втньос ⊜	REFLOC 🌲	XFRLOC 🏺	Last Updated 👙	STTS 🍦	ELIG⊕	FORM 👙	тооц	ERR 崇	PND 🍦	UNK 🌲	FORM 🌲	ERR 崇	PND 🛊	UNK 4
01300	04-15	3,251	39	S	HERE	na	na	2018-08-22 09:13	CMPLT	Υ	<u>A/D</u>	ø	0	0	1				
01301	04-13	4,309	38	S	HERE	na	na	2018-09-04 12:34	CMPLT	Υ	A/D	ø	0	0	0				
01302	03-04	3,389	33	S	HERE	na	na	2018-07-04 15:31	PND	Υ	DRD	0	0	2	0				
01303	01-08	3,344	38	S	HERE	na	000001	2018-05-02 18:36	CMPLT	Υ	A/D	P	0	0	0				
01304	03-04	1,084	26	2A	HERE	na		2018-05-02 18:36	PND	Υ	A/D	ø	0	61	0				
01305	01-12	3,654	40	S	000003		na	2018-05-02 18:36	CMPLT	Υ	A/D	P	0	0	0	TRS	0	0	0
01306	01-23	1,874	30	S	000003		na	2018-05-02 18:36	CMPLT	Υ	A/D	ø	0	0	0	TRS	0	0	0
01307	01-12	2,709	35	S	HERE	na	000001	2018-09-04 12:31	SIH	Υ	A/D	ø	0	5	0				
01308	04-25	1,201	35	S	HERE	na	na	2018-05-02 18:36	PND	Υ	A/D	P	0	1	0				
01309	01-08	2,454	33	S	HERE	na	na	2018-05-02 18:36	PND	Υ	A/D	ø	0	4	0				
01310	03-01	1,139	26	S	HERE	na		2018-05-02 18:36	PND	Υ	A/D	ø	0	84	0				
01311	01-02	1,271	30	S	HERE	na	na	2018-05-02 18:36	CMPLT	Υ	A/D	ø	0	0	2				
01312	03-23	4,364	41	S	HERE	na	000001	2018-05-02 18:36	SIH	Υ	A/D	ø	0	5	0				
01313	04-11	3,189	39	S	HERE	na	na	2018-05-02 18:36	CMPLT	Υ	A/D	ø	0	0	2				
01314	04-30	3,329	40	S	HERE	na	na	2018-05-02 18:36	PND	Υ	A/D	ø	0	1	0				
01315	04-30	2,819	36	S	HERE	na	na	2018-05-02 18:36	PND	Υ	A/D	ø	0	7	1				
01316	02-22	4,969	35	S	HERE	na	000001	2018-05-02 18:36	PND	Υ	A/D	ø	0	7	0				
01317	02-05	1,111	31	-	HERE	na	na	2018-05-02 18:36	PND	Υ	A/D	ø	0	127	0				
01318	03-21	2,224	34	S	HERE	na	na	2018-05-02 18:36	CMPLT	Υ	A/D	P	0	0	0				
01319	04-20	3,439	41	S	HERE	na	na	2018-05-02 18:36	PND	Υ	A/D	ø	0	2	0				
01320	03-01	1,186	29	S	HERE	na	000001	2018-06-13 15:03	PND	Υ	A/D	ø	0	7	1				
01321	01-15	3,844	39	S	HERE	na	na	2018-05-02 18:36	CMPLT	Υ	A/D	P	0	0	0				
01322	01-30	2,028	31	S	HERE	na		2018-05-02 18:36	PND	Υ	A/D	ø	0	37	2				
01323	04-04	4,774	40	-	000003			2018-05-02 18:36	PND	Υ	A/D	ø	0	139	0	TRS	0	0	0
01324	04-08	879	28	S	HERE	na		2018-05-02 18:36	PND	Υ	A/D	P	0	33	0				
01325	03-04	2,000	36	-	HERE	na		2018-07-04 21:34	PND	Е	A/D	ø	0	148	0				

Showing 1 to 26 of 26 entries

Previous

NICU Data Site

Electronic Data Submission (EDS)

- Enter data record by record, or send bulk upload in a .csv or Excel file (EDS)
- EDS files can be uploaded through the link on your navigation bar 'Upload EDS File'
- If you are interested in EDS submission please:
 - Review the EDS Instructions located on the main CPQCC website (www.cpqcc.org) under "NICU Data Resources".
 - Submit a Help Ticket at www.cpqcchelp.org if you need additional help



Sending Reports/Data

E-Mail Reports/Data for Center 0000

What would you like to send?		For which birth year?	2018 \$
 Most current error and wa 	arnings report		
 Quarterly reports 		Quarterly report for whi	
 Center Master DB 		1st Quarter	2nd Quarter
CCS Report		 3rd Quarter 	4th Quarter
 Unknown Report 			
 Pending Report 			
Choose Data Format (for maste Comma Separated ASCII SAS File	**		
	Process Send Request Process	ess Download Request	
	Click to have the item selected sent to your e-mail address that is registered with CPQCC.		

Data Download Request

The data requested can be downloaded to your computer using the link below. The data is in a ZIP archive that is protected with your cpqccdata.org login password.

Click here to download your data in a password-protected ZIP archive



All NICU Admissions Database

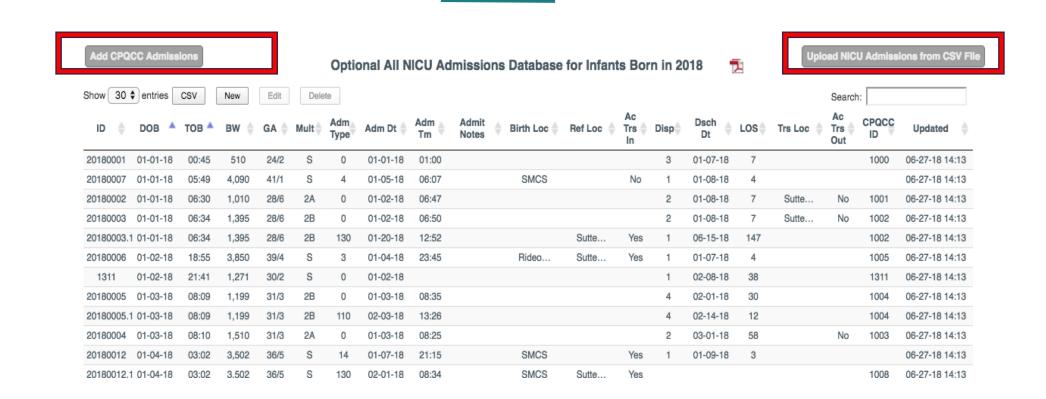
- Optional tool allows members to track all of their NICU admissions over the year
- 39 NICUs are currently using

ADVANTAGES

- Updated NICU admissions volume on the dashboard
- Allows use of all NICU admissions as denominator for Big Baby metrics
- Automatic population of several sections of the annual CCS Form
- Provides the ability to track infants who are not eligible for entry into the main NICU Database but affect a NICU's resource use ("Low Acuity Big Babies")



All NICU Admissions Database



Allows population of all NICU admissions from the A/D database (with A/D records)



Create new entry	
Demographics	
Reference Number	
	Provide a reference number (integer) that identifies unique NICU admissions OR unique infants. Leave empty if you would like the system to assign the next available sequential reference number. If you are assigning reference numbers by infant, use the infant's reference number for the first stay and use the Re-Admission Counter to indicate the re-admission incidence. Do not use the infant's MRN.
Readmission Counter	
	If your reference number is unique for each infant admitted to your NICU, specify the re-admission incidence to identify unique NICU stays. In this case, date of birth, time of birth, birth weight, gestational age, multiple status and birth location are copied based on the infant's Reference Number. Leave empty unless the infant was previously at your NICU.
Date of Birth	
	The year of birth must be 2018.
Time of Birth	
Birth Weight	
	Specify the birth weight in grams. Any non-number entries are ignored.
Gestational Age (ww/d)	
	Specify gestational age in completed weeks and days as WW/D or WW.D or WW-D or WWD or WW (assumes 0 for days).
Multiple	Singleton 💠
CPQCC ID	
Admission	
Admission Date	
Admission Time	
Admission Type	····
Acute Admission	
	Check this box if the infant's admission was acute. Acute admissions include acute transports to the NICU, acute admissions from home or from another unit within the NICU's hospital.
Admission Notes	
	Cancel Create



All NICU Admissions Database

Current: optional "admission notes" text field for dx, other info

New for 2019: optional "admission diagnoses" fields:

- Enter zero to three unranked admission diagnoses
- For each, choose from a list of 16 common dx, i.e transport for insurance or bed availability, and a text field for "other"

New for 2019: All NICU Admissions Overview report

- Small Babies (NICU Database eligible)
- Big Babies (NICU Database eligible)
- Lower Acuity Big Babies (non-NICU eligible)
- Most frequent admit dx and average LOS



CCS Supplemental Form

2018 CCS Supplemental Form

Last update by HIS on 12/07/2017 @ 18:35.

59:28

CPQCC / VON Center Number: 0000 2018 CCS NICU Status: Regional

A. Hospi	tal Births and D	eaths of Infants	Born in 2018 by I	Birth Weight				
Infants Born Between 1/1/2018 and 12/31/2018	< 401 grams	401-500 grams	501-750 grams	751-1,000 grams	1,001-1500 grams	1,501-2500 grams	> 2500 grams	Total
otal Live Births by Birth Weight in your center from 1/1/2018 to 12/31/2018	0	0	0	0	0	0	0	0
hould be compared to your CPQCC submissions	≥ 0	= 0	= 0	= 1	= 6	≥ 4	≥ 12	≥ 23
eaths for infants born in 2018 who either: 1) died while under the care of your N rea within 12 hours of birth and prior to NICU admission (Delivery Room Deaths,						alea in the delive	ry room or initial n	esuschalion
otal Deaths of Infants Admitted to Your NICU (or under the care of your ICU staff regardless of the location in your hospital) his row will be updated based on your entries for the number of deaths prior and post 28 days.	0	0	0	0	0	0	0	0
NICU Deaths Prior to and Including the 28th Day of Life (*) (Not Stillborn, Non-Delivery Room Deaths)	0	0	0	0	0	0	0	0
Should be compared to your CPQCC submissions	≥ 0	= 0	= 0	= 0	= 0	= 0	= 1	≥1
Should be based on your All NICU Admits DB	= 0	= 0	= 1	= 0	= 0	= 0	= 1	= 2
NICU Deaths after the 28th Day of Life (**) (Not Stillborn, Non-Delivery Room Deaths)	0	0	0	0	0	0	0	0
Should be compared to your CPQCC submissions	≥0	≥0	≥0	≥0	≥0	≥ 0	≥0	≥ 0
Should be based on your All NICU Admits DB	= 0	= 0	= 0	= 0	= 0	= 0	= 0	= 0
elivery Room Deaths	0	0	0	0	0	0	0	0
hould be compared to your CPQCC submissions	≥ 0	= 0	= 0	= 0	= 0	= 0	= 1	≥1

admitted to your hospital, you would count her/him a third time in Table B. So this one infant is counted 3 times on this form.

CMQCC now populates number of births at your hospital (or hosting location for satellite NICUs)

Vital statistics data from

- Now possible to **show the** values based on the All **NICU Admit DB**
- Allows **population** of the CCS Supplemental Form with values based on the All NICU Admit DB

Check for Errors

Check Pending Items

Save Form

opulate Form with Values based on NICU Admit DB

Hide Values based on NICU Admit DB



2019 NICU Database Updates



Big Baby Eligibility

CHANGE: The following changes have been made to the Big Baby eligibility criteria for inclusion the NICU Database:

- "Acute Transport" no longer includes staffing/census ("bed availability") issues or insurance restrictions.
- Seizures has been added as an eligibility criterion.

Updated 2019 Definition - Acute Transport (CPeTS): An acute transport is movement of an infant from one in-patient setting to another in-patient setting for a higher level of care on or before Day 28 of life (i.e. medical, diagnostic, or surgical therapy that cannot be provided at the sending hospital.)

Added 2019 Definition – Seizures: Seizures are defined as compelling clinical evidence of seizures, or of focal or multifocal clonic or tonic seizures. Also check Yes if there is EEG evidence of seizures regardless of clinical status.



Big Baby Eligibility

Updated Big Baby Eligibility criteria for 2019:

- 1. Infant Death
- 2. Acute transport in
- 3. Acute transport out
- 4. Surgery
- 5. Intubated Assisted Ventilation for > 4 continuous hours
- 6. Nasal IMV/SIMV (or any other form of non-intubated assisted ventilation) for > 4 continuous hours
- 7. Early bacterial sepsis
- 8. Previously discharged home and readmitted to your hospital for exchange transfusion and/or bilirubinemia level ≥ 25 mg/dL
- 9. Suspected encephalopathy or suspected perinatal asphyxia
- 10. Active therapeutic hypothermia
- 11. Seizures



Transport Data Set (TRS)

Patient Diagnosis (tab 1, items C.1-C.2):

Item C.2. Indication for Transport [T_TRANSCODE]

CHANGE: The definition for **Acute Transport** now **excludes** staffing/census issues (sometimes referred to as "bed availability") and insurance restrictions. These choices have been removed.

Updated CPeTS Definition: An acute transport is movement of an infant from one in-patient setting to another in-patient setting for a higher level of care on or before Day 28 of life (i.e. medical, diagnostic, or surgical therapy that is not provided.)

- Select **Medical services** if the infant was transported for medical problems that require acute resolution.
- Select **Surgery** if the infant was transported primarily for major invasive surgery (requiring general anesthesia or its equivalent).



Demographics (tab 1, items 1-8):

Item 2. Head Circumference at Birth [BHEADCIR]

CHANGE: Added the option to indicate "not done" if the head circumference was not measured on the day of birth or the following day.

Updated Definition: If the head circumference was not recorded on the day of birth, record the first head circumference measurement taken on the following day. The head circumference entries allowed should be between 10.0cm and 70.0cm. If the head circumference was not measured on the day of birth or on the following day, check "*Not Done*." Specify *Unknown* if this information cannot be obtained.



Maternal History and Delivery (tab 2, items 9-18):

Item 12. Group B Strep Positive [GROUPBSTREP]

CHANGE: Added "urine culture if performed" to the possible tests for Group B Streptococcus.

Updated Definition:

- **Select** *Yes* if either a maternal vaginal or anal or urine culture was positive for Group B Streptococcus (GBS).
- **Select** *No* **if** a maternal culture(s) for GBS was/were done (vaginal, anal **or urine culture**) and was/were negative for Group B Streptococcus (GBS).
- **Select** *Not Done* if a maternal culture for GBS (vaginal, anal or urine culture) was not performed. **Select** *Unknown* if this information cannot be obtained.



Delivery Room and First Hour after Birth (tab 3, items 19-23):

Item 19b. How long was umbilical cord clamping delayed?

CHANGE: Add options if delayed cord clamping was performed for 60-120 and >120 seconds

Updated Definition:

- Select 30 to 60 seconds if delayed umbilical cord clamping was performed for 30 to 60 seconds.
- **Select 60 to 120 seconds** if delayed umbilical cord clamping was performed for between 60 seconds and 120 seconds.
- Select > 120 seconds if delayed umbilical cord clamping was performed for more than 120 seconds.
- If 19a is No, then Not Applicable will be automatically selected and this item will be grayed out.
- Select Unknown if this information cannot be obtained.



Delivery Room and First Hour after Birth (tab 3, items 19-23):

Item 20. APGAR Scores [API, AP5, API0]

CHANGE: Added the option to indicate "not done" for any Apgar scores that were not collected.

Updated Definition: Enter the Apgar score at 1 minute and at 5 minutes as noted in the Labor and Delivery record, if available. Enter the 10-minute Apgar score, if available. Check *Not Done* for any score if that score was not done. Check *Unknown* for any score that is unknown.



Respiratory (tab 4, items 24-39):

Item 25. Respiratory Support After Initial Resuscitation

CHANGE: Added the option to indicate "None" on the online form.

Item 30. Pneumothorax [PNTX]

CHANGE: Updated to match VON's definition, to specify timing of the outcome in relation to when the infant was admitted or readmitted to the hospital.

Updated Definition: Select *Yes, here* if the infant had extra pleural air diagnosed by chest radiograph or needle aspiration (thoracentesis) at YOUR hospital prior to Initial Disposition, and/or at **YOUR hospital four (4) or more hours** following readmission after initial transport. This includes infants who had thoracic surgery and then later developed extra pleural air diagnosed by CXR or needle thoracentesis.



Respiratory (tab 4, items 24-39):

Item 34. Inhaled Nitric Oxide > 4 hours [NITRICO]

CHANGE: Updated to match VON's definition, to specify timing of the outcome in relation to when the infant was admitted or readmitted to the hospital.

Updated 2019 Definition

Select Yes Elsewhere if infant received Inhaled Nitric Oxide (iNO) > 4 hours

- At another hospital before being admitted to your hospital, and/or
- At the hospital where the infant was initially transported, if the infant was initially transported and then readmitted to your hospital after initial transport.



Respiratory (tab 4, items 24-39):

Item 36b. CLD (chronic lung disease) [POSTERCLD]

CHANGE: Updated to match VON's definition, to specify timing of the outcome in relation to when the infant was admitted or readmitted to the hospital.

Updated Definition: If postnatal systemic corticosteroids were given, check all indications for steroid treatment that applied.

Select *Yes*, here if steroids were administered to treat or prevent bronchopulmonary dysplasia (BPD) or chronic lung disease:

- at **YOUR hospital** prior to Initial Disposition, and/or
- at YOUR hospital following readmission after initial transport.



Respiratory (tab 4, items 24-39):

Item 38. Respiratory Support after 36 weeks

CHANGE: Added the option to indicate "None" on the online form.

Item 39. Respiratory Monitoring and Support Devices at Discharge

CHANGE: Added the option to indicate "None" on the online form.



Respiratory (tab 4, items 24-39):

Item 39a. Apnea/Cardio-Respiratory Monitor [ACFINAL]

CHANGE: Updated to match VON's definition, removing the following:

Answer "Yes" if arrangements were made to provide cardio-respiratory or apnea monitoring at home following discharge, even if the infant was not actually on the monitor at the time he/she left your hospital.

Updated Definition:

Select Yes if the infant was discharged home or transferred on an Apnea Monitor or Cardio-Respiratory Monitor.



Infections (tab 5, items 40-42):

Item 40. Early Bacterial Sepsis and/or Meningitis on or Before Day 3 of Life [EBSEPS] [EBSEPSCD I-3]

Item 41a. Late Sepsis and/or Meningitis after Day 3 of life – Bacterial Pathogen [LBPATH] [LBPATHCD1-3]

CHANGE: Updated to add choice "Other" (with "Other Description" [EBSEPSDESC] and [LBPATHDESC]) to the drop-down list of pathogen choices for both items. You can select up to three Bacterial Pathogen codes from Appendix C of the NICU Database Manual.



Infections (tab 5, items 40-42):

Updated Definition:

Select "Other" if a bacterial pathogen NOT from the listed bacterial pathogens is recovered from a blood and/or cerebrospinal fluid culture obtained on Day 1, 2 or 3 of life. Please review the list of bacterial pathogens falling under the CPQCC definition. If Other is chosen from the drop-down list, use the description field to specify the pathogen.

Select "Other" if a bacterial pathogen NOT from the listed bacterial pathogens is recovered from a blood and/or cerebrospinal fluid culture obtained after Day 3 of life. Please review the list of bacterial pathogens falling under the CPQCC definition. If Other is chosen from the drop-down list, use the description field to specify the pathogen.



Bacterial	Infection Pathogens List
101	Achromobacter species [including A. xylosoxidans (also known as Alcaligenes xylosoxidans) and others]
102	Acinetobacter species including multidrug-resistant Acinetobacter
103	Aeromonas species
104	Alcaligenes species [A. xylosoxidans and others]
201	Bacteroides species
202	Burkholderia species [B. capecia and others]
301	Campylobacter species [C. fetus, C. jejuni and others] including drugresistant Campylobacter
302	Chryseobacterium species
303	Citrobacter species [C. diversus, C. freundii, C. koseri and others]
304	Clostridium species
501	Enterobacter species [E. aerogenes, E. cloacae, and others] including Carbapenem-resistant Enterobacter
502	Enterococcus species [E. faecalis (also known as Streptococcus faecalis), E. faecium, and others] including Vancomycin-resistant Enterococcus
503	Escherichia coli including Carbapenem-resistant Escherichia coli
601	Flavobacterium species
801	Haemophilus species [H. influenzae and others]
1101	Klebsiella species [K. oxytoca, K. pneumoniae and others] including Carbapenem-resistant Klebsiella and Cephalosporin-resistant Klebsiella
1201	Listeria monocytogenes
1301	Moraxella species [M. catarrhalis (also known as Branhamella catarrhalis) and others]
1302	Morganella morganii
1401	Neisseria species [N. meningitidis, N. gonorrhoeae and others] including drug- resistant N. gonorrhoeae



1601	Pantoea"
1602	Pasteurella species
1603	Prevotella species
1604	Proteus species [P. mirabilis, P. vulgaris and others]
1605	Providencia species [P. rettgeri and others]
1606	Pseudomonas species [P. aeruginosa and others] including multidrugresistant Pseudomonas aeruginosa
1801	Ralstonia species
1901	Salmonella species including drug-resistant Salmonella serotype Typhi
1902	Serratia species [S. liquefaciens, S. marcescens and others]
1903	Staphylococcus coagulase positive [aureus] including Methicillinresistant Staphylococcus aureus and Vancomycin-resistant Staphylococcus aureus
1904	Stenotrophomonas maltophilia
1905	Group B Streptococcus or GBS [also known as Streptococcus agalactiae]
1906	Streptococcus anginosus [formerly Streptococcus milleri]
1907	Streptococcus pneumoniae
1908	Streptococcus pyogenes [Group A Streptococcus]
8888	Other

Infections (tab 5, items 40-42):

Item 41a. Late Bacterial Sepsis and/or Meningitis [LBPATH] [LBPATHCD1-3]

CHANGE: Updated to match VON's definition, to specify timing of the outcome in relation to when the infant was admitted or readmitted to the hospital.

Updated Definition: Select "Yes, Here" if a bacterial pathogen from the list of bacterial pathogens was recovered from a blood and/or cerebrospinal fluid culture obtained after day 3 of life:

- At your hospital prior to initial disposition, and/or
- At your hospital four (4) or more hours following readmission after initial transport



Infections (tab 5, items 40-42):

Item 41b. Coagulase Negative Staph [CNEGSTAPH]

CHANGE: Updated to match VON's definition, to specify timing of the outcome in relation to when the infant was admitted or readmitted to the hospital.

Updated Definition:

Select "Yes, Here" if coagulase negative staph occurred:

- At your hospital prior to initial disposition, and/or
- At your hospital four (4) or more hours following readmission after initial transport



Infections (tab 5, items 40-42):

Item 41c. Fungal [FUNGAL]

CHANGE: Updated to match VON's definition, to specify timing of the outcome in relation to when the infant was admitted or readmitted to the hospital.

Updated Definition:

Select "Yes, Here" if a fungus was recovered from a blood culture obtained from either a central line or peripheral blood sample and/or was recovered from cerebrospinal fluid obtained by lumbar puncture, ventricular tap or ventricular drain after Day 3 of life

- At your hospital prior to initial disposition, and/or
- At your hospital four (4) or more hours following readmission after initial transport



Infections (tab 5, items 40-42):

Item 44b. Necrotizing Enterocolitis [NEC]

CHANGE: Updated to match VON's definition, to specify timing of the outcome in relation to when the infant was admitted or readmitted to the hospital.

Updated Definition:

Select "Yes, Here" if NEC was diagnosed:

- At your hospital prior to initial disposition and/or
- At your hospital four (4) or more hours following readmission after initial transport.



Infections (tab 5, items 40-42):

Item 45. Focal Intestinal Perforation [GIPERF]

CHANGE: Updated to match VON's definition, to specify timing of the outcome in relation to when the infant was admitted or readmitted to the hospital.

Updated Definition:

Select "Yes, Here" if Focal Gastrointestinal Perforation occurred

- At your hospital prior to initial disposition, and/or
- At your hospital four (4) or more hours following readmission after initial transport



Neurological (tab 7, items 48-51)

Item 48c. If Periventricular – Intraventricular Hemorrhage, PIH (Grades I to 4) where first occurred [PIHHEMLOC]

CHANGE: Updated to match VON's definition, to specify timing of the outcome in relation to when the infant was admitted or readmitted to the hospital.

Updated 2019 Definition:

Select "Yes and First Here" if PIH (grades 1 to 4 as defined above) first occurred at:

- at your hospital prior to initial disposition, or
- at your hospital four (4) or more hours following readmission after initial transport



Disposition (tab 9, items 56-60)

Item 59. Head Circumference at Initial Disposition [HEADCIRC]

CHANGE: Definition updated to include "*Not Done*" and head circumference measured *up to 7 days prior to discharge*.

Updated Definition: Enter the head circumference as recorded in the chart or clinical flow sheets on the Date of Initial Disposition (Item W8 on the Patient Identification Worksheet). If the head circumference is not recorded on the Date of Initial Disposition, record the most recent head circumference measured **up to 7 days prior to discharge.**



NICU Data Resources





About NICU Analysis Improvement Follow-Up

NICU Data Resources

The resources below are designed to assist NICU Data Contacts in abstracting and entering data into the NICU Database as efficiently and effectively as possible. They are organized by birth year. If you have a question regarding any of these resources, please submit a ticket through our Help Desk.

Resources for entering data into the HRIF Reporting System can be found on the Data Resources page under Follow-up.

2018 Birth Year

- Mandated Changes
- Item Numbers Crosswalk

Data Finalization

- Sample Close-Out Checklist (NOTE: This is just a sample. Each center's checklist must be filled out and submitted electronically through the NICU Data site).
- Still-In-Hospital (SIH) Table
- EDS Instructions and Specifications
- EDS Excel File
- EDS Skeleton CVS File

Manual of Definitions

Search this site...

- Manual
- Manual Appendices

