

THE CALIFORNIA PERINATAL TRANSPORT SYSTEM

**Neonatal Transport Data System
California Perinatal Transport System (CPeTS) Network Database
Managed by California Perinatal Quality Care Collaborative (CPQCC)**

**Manual of Definitions
For Infants Born in Calendar Year 2019**

January 2019

TABLE OF CONTENTS

<u>CPeTS STAFF</u>	5
<u>THE PERINATAL TRANSPORT SYSTEM</u>	6
<u>ACUTE TRANSPORT DECISION TREE</u>	8
<u>EXPLANATION OF THE NEONATAL TRANSPORT FORM – 2019</u>	9
<u>PATIENT DIAGNOSIS</u>	9
Special Situations (Situational Overrides)	9
C.1 Transport Type	9
C.2 Indication (for Transport)	10
<u>CRITICAL BACKGROUND INFORMATION/DEMOGRAPHICS</u>	10
C.3 Birth Weight	10
C.4 Gestational Age	10
C.5 Infant Sex	11
C.6 Prenatally-Diagnosed Congenital Anomalies	11
C.7 Maternal Date of Birth	12
C.8a Antenatal Steroids	12
C.8b Antenatal Magnesium Sulfate	12
<u>TIME SEQUENCE</u>	12
C.10 Maternal Admissions to Perinatal Unit or Labor and Delivery	12
C.12 Infant Birth, Date and Time	12
C.9/13 Surfactant Administration, Date and Time of First Dose	12
C.14 Referral, Date and Time	13
C.15 Acceptance, Date and Time	13
C.16 Transport Team Departure from Transport Team Office/NICU for Sending Hospital, Date and Time	13
C.17 Arrival of Team at Sending Hospital/Patient Bedside, Date and Time	13
C.18 Initial Transport Team Evaluation, Date and Time	13
C.19 Arrival at Receiving NICU, Date and Time	13
<u>INFANT CONDITION</u>	13
C.20 Responsiveness	13
C.21 Temperature	14
C.21.a Too Low to Register	14
C.21.b Infant Cooled for HIE	14
C.21.c Method of Cooling	14
C.22 Heart Rate	14
C.23 Respiratory Rate (0 – 400)	14
C.24 Oxygen Saturation (SaO ₂) (0 to 100)	14
C.25 Respiratory Status	14
C.26 Inspired Oxygen Concentration	14
C.27 Respiratory Support	14
C.28 Blood Pressure	15
C.28.a Blood Pressure, too low to register	15
C.29 Use of Pressors	15

<u>REFERRAL PROCESS</u>	15
<u>C.30</u> Referring/Sending Hospital Name	15
<u>C.31a</u> Was the Infant Previously Transported?	15
<u>C.31b</u> From (which hospital?)	15
<u>C.32</u> Birth Hospital Name	15
<u>C.33</u> Transport Team On-Site Leader	15
<u>C.34a</u> Transport Team “From”	15
<u>C.34b</u> Name of Contract Services	16
<u>C.35</u> Mode of Transport	16
<u>ADDITIONAL DATA COLLECTED ON THE PAPER FORM ONLY</u>	16
Transport Team Informant Names/Telephone Numbers	16
Comments	16
Death	16
<u>APPENDICES</u>	
<u>Appendix A</u> CORE CPeTS Acute Inter-facility Neonatal Transport Form, 2019	17
<u>Appendix B</u> Birth Defects for Item C.6. (For Infants Born in 2019)	19
<u>Appendix C</u> OSHPD FACILITY CODES, Sorted by Hospital (JAN 2019)	22
<u>Appendix D</u> CPeTS/CPQCC Neonatal Transport Data Report Request, 2019	33
<u>Appendix E</u> Modified Transport Risk Index of Physiologic Stability (TRIPS) Score	34
<u>Appendix E-A</u> CPeTS Neonatal TRIPS Score Calculations Form	35
<u>Appendix F-A</u> Sample of a Transport <u>IN</u> Report	37
<u>Appendix F-B</u> Sample of a Transport <u>OUT</u> Report	43

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THE PERINATAL TRANSPORT SYSTEM

The California Perinatal Transport System, or CPeTS, is the neonatal transport database for the State of California. The database tracks bed availability for neonatal transports throughout the State in order to increase quality improvement and system efficacy.

Neonatal transports are regulated by the California Children's Services Program, California Department of Health Care Services (<http://www.dhcs.ca.gov/services/ccs/Pages/default.aspx>), Title 22 of California Code of Regulations (<http://www.nurseallianceca.org/files/2012/06/Title-22-Chapter-5.pdf>), and the recommended guidelines found in "Perinatal Services Guideline for Care," developed by the Regional Perinatal Programs of California (<http://mchlibrary.jhmi.edu/downloads/file-5412-1>).

The neonatal transport data provides regions and hospitals with performance information to facilitate quality improvement (QI).

- A. Patient characteristics and outcomes are reported for (1) the entire state; (2) each perinatal region; (3) every facility that refers (request) neonatal transports to a higher level of care; and (4) all of those facilities that participate in the California Perinatal Quality Care Collaborative (CPQCC) that accept neonatal transports. Accepting facilities include all California Children's Services-designated Neonatal Intensive Care Units (NICUs) in the State.
- B. Information is presented to provide comparative measures within the entire CPQCC Network of facilities, as well as by levels of care, as designated by (California Children's Services (CCS).
- C. The Neonatal Transport Database was designed to inform quality improvement efforts in the following issue areas:
 - 1) Discernable underutilization of maternal transport;
 - 2) Discernable delays in the decision to transport infant;
 - 3) Difficulty in obtaining transport placement/acceptance;
 - 4) Delays in effecting transport following the decision *to* transport the infant; and
 - 5) Consistent referring facility competency regarding infant stabilization prior to the Transport Team's arrival, as well as Transport Team proficiency.
- D. Neonatal Transport Data Collection and Reporting
 - 1) Data collection is the joint responsibility of the sending (referring) facility staff, as well as the Transport Team.
 - 2) Data reporting into the CPQCC system is the responsibility of the receiving NICU.
 - 3) Data is collected at the time of transport on all infants meeting the CPQCC inclusion criteria, who are acutely transported by a Transport Team, into a CPQCC-participating facility.
 - 4) Go to www.cpqccreports.org for facility-specific transport reports. (See Appendix F for a sample report.)

Inclusion Criteria

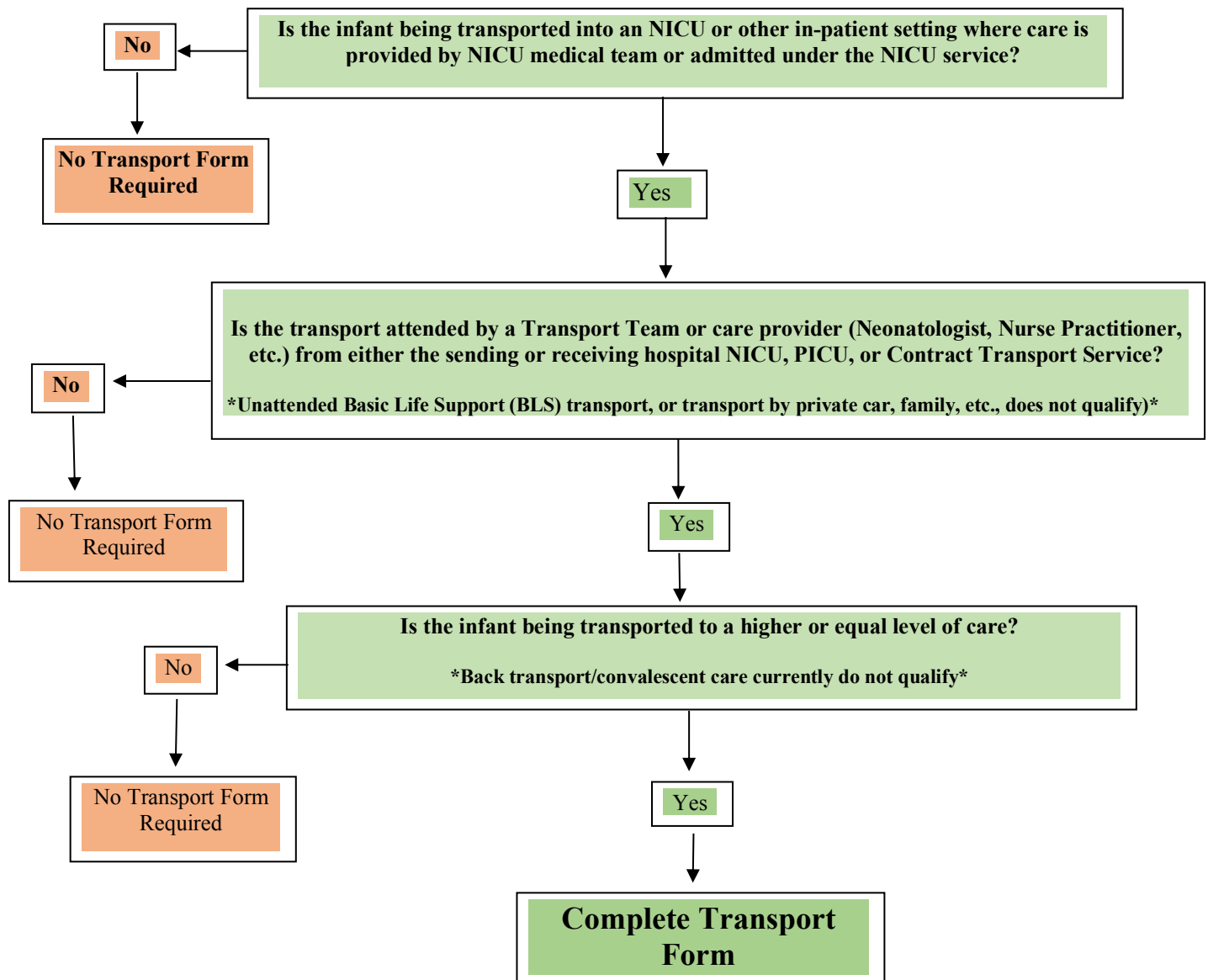
- 5) Infants included in the neonatal transport data set must meet inclusion criteria for CPQCC, as well as CPeTS. The following decision tree is intended to provide the primary criteria, and assist you with identifying those infants requiring data submission. As unique situations arise, please do not hesitate to contact the Southern or Northern CPeTS offices for determination of CPeTS eligibility.

E. Transport Form Use During A Declared Disaster

When the Governor of the State of California has declared a region a “Designated Disaster Area,” infants being transported from or to a facility, in order to comply with evacuation orders, **do not need a completed CPeTS Neonatal Transport Form.**

ACUTE TRANSPORT DECISION TREE

If an infant is being transported to a CPQCC facility, and meets CPQCC inclusion criteria, answer the following preliminary questions to determine if a CPeTS Transport form is required:



DO NOT INCLUDE INFANTS WITH THE FOLLOWING CONDITIONS :

- ❖ Transported solely for feeding and growing (convalescent) or hospice care.
- ❖ Transferred WITHIN a facility, such as ER or clinic to NICU in same building, or embedded NICU's (a facility that is owned and managed by one organization located within a delivery facility that is owned and managed by another hospital)
- ❖ Readmitted to the NICU directly from home or MD's office/clinic.
- ❖ Transport initiated solely at the request of the parents for reasons of convenience.
- ❖ Transported solely for insurance, bed availability, or staffing/census reasons.
- ❖ Not attended by a Transport Team
- ❖ Transported to a lower level of care
- ❖ Not admitted to the NICU service
- ❖ Transported after 28 days of life

***For other unique situations, please contact the Southern or Northern CPeTS office.**

EXPLANATION OF THE NEONATAL TRANSPORT FORM - 2018

I. PATIENT DIAGNOSIS

Special Situations (Situational Overrides)

Unique situations can complicate the data collection process required for **Acute Inter-Facility Neonatal Transports**. Several situations have been identified that will alter which data element to be collected (see below).

- ❖ **Requested Delivery Attendance:** When the sending hospital requests that the identified receiving NICU Transport Team attend the delivery of a suspected high-risk infant then the sending hospital evaluation (TRIPS Score, Sections C.20a-30a) are not applicable. When this special situation is selected, this area of the form will gray-out so that not data may be entered.
- ❖ **Transport by Sending Facility (Self-Transport):** When the sending hospital's Transport Team will be used to transport the infant, several sections are grayed-out, as they are not applicable. These include: **C.16** Transport Team Departure from Transport Team Office/NICU for Sending Hospital, **C.17** Date/Time of Transport Team Arrival at Sending Hospital/Patient Bedside, **C.18** Initial Transport Team Evaluation, and **C.20.b-29** Initial Transport Team Evaluation (TRIPS Score).
- ❖ **Transport from Emergency Department (ER) or other non-perinatal setting:** When infants are transported from non-perinatal settings, some data may be not applicable or not available. In this case the following items will gray out: **C.6** Prenatally Diagnosed Congenital Anomalies, **C.8** Antenatal Steroids, **C.10** Date/Time of Mother's admission to L&D, **C.12** Date/Time of Birth. Use the current weight for item **C.3**.
- ❖ **Safe Surrender Infants:** Infants left at designated Safe Surrender sites frequently have little to no known information about their mother or delivery. In this case, the following areas are grayed-out and no data can be entered: **C.10** Date/Time of Mother's admission to L&D, **C.6** Prenatally diagnosed congenital anomalies, **C.8** Antenatal Steroids, **C.9** Surfactant Administration, **C.10** Maternal Admission to Perinatal Unit or Labor and Delivery, **C.33** Birth Hospital. Other information may need to be estimated such as: **C.3** Birth weight (use current weight if unknown), **C.4** Gestational Age, **C.12** Infant birth date and time.

C.1 Transport Type

A CPeTS Acute Inter-facility Transport is defined as any infant that requires medical, diagnostic, or surgical interventions that are not provided at the sending hospital. A CPeTS Acute Inter-facility Transport **does not** include infants:

- ❖ Transported solely for feeding and growing (convalescent) or hospice care.
- ❖ Transferred WITHIN a facility, such as ER or clinic to NICU in same building, or embedded NICU's (Note: Infants admitted to embedded NICUs (e.g. an NICU owned and managed by one organization located within a delivery facility owned and managed by another hospital) are not considered an acute inter-facility transport for the purpose of the Transport Data System. No TRS form is required).
- ❖ Readmitted to the NICU directly from home or MD's office/clinic.

- ❖ Transports initiated solely at the request of the parents for reasons of convenience. See Decision Tree above for basic inclusion criteria.
- ❖ Transports initiated solely for care that cannot be provided **due to temporary staffing/census issues**, or **due to insurance restrictions**. This is a change to the definition of an acute transport in 2019.
*For other unique situations, please contact the Southern or Northern CPeTS office.

Check type of transport requested.

Requested Delivery Attendance. Check if Neonatal Transport Team was initially requested to attend the delivery, regardless of whether the team arrived prior to the birth.

Emergent. Check if the infant was an emergent transport. Immediate response is requested.

Urgent. Check if response within 6 hours was needed.

Scheduled Neonatal. Check if the infant transport was planned or scheduled. A scheduled transport is selected for an infant whose initial medical/surgical needs have been met, whose condition has been stabilized and who is transferred to a facility in order to obtain planned diagnostic or surgical intervention. The medical needs may be extensive and extremely complex care (e.g., an infant with lethal anomalies).

C.2 Indication (for Transport)

Medical/Dx/Rx Services. Check if the infant was transported for medical problems that require acute resolution or diagnostic evaluation.

Surgery. Check if the infant was transported primarily for major invasive surgery (requiring general anesthesia, or its equivalent).

II. CRITICAL BACKGROUND INFORMATION/DEMOGRAPHICS

C.3 Birth Weight

Record the birth weight in grams. Since many weights may be obtained for an infant shortly after birth, enter the weight from the Labor and Delivery record, if available and judged to be accurate. If unavailable, or judged to be inaccurate, use the weight on admission to the neonatal unit, or, lastly, the weight obtained at autopsy (if the infant expired within 24 hours of birth).

C.4 Gestational Age

Record the best available estimate of gestational age in weeks and days. Where sources disagree, use the following hierarchy:

- ❖ Obstetric measures, based on last menstrual period, obstetrical parameters, or prenatal ultrasound as recorded in the maternal chart.
- ❖ Neonatologist's estimate, based on physical or neurologic examination, combined physical and gestational age exam (Ballard/Dubowitz), or examination of the lens.

In cases when the best estimate of gestational age is an exact number of weeks, enter the number of weeks in the space provided for weeks and enter 0 in the space provided for days.

C.5 Infant Sex

Check **Male** or **Female**. Check **Unk** if sex cannot be determined.

C.6 Prenatally-Diagnosed Congenital Anomalies

Check **Yes** if the infant had one or more clinically-significant birth defects that was diagnosed during the prenatal period. Do not check **Yes** if infant was identified to have congenital anomalies following delivery that were not diagnosed prenatally.

Check **No** if an infant was not prenatally-diagnosed as having one or more birth defects.

Check **Unk** if this information cannot be obtained.

Describe: Enter up to five Birth Defect Codes that were all diagnosed, prenatally.

In the spaces provided, you may enter as many as five 3-digit code numbers of birth defects from the list in **APPENDIX B**. Do not use general descriptions such as “multiple congenital anomalies” or “complex congenital heart disease.”

The following Birth Defect Codes require a detailed description in the space provided:

- ❖ Code 150 - Other Central Nervous System Defects
- ❖ Code 200 - Other Cardiac Defects
- ❖ Code 300 - Other Gastro-Intestinal Defects
- ❖ Code 400 - Other Genito-Urinary Defects
- ❖ Code 504 - Other Chromosomal Anomaly
- ❖ Code 601 - Skeletal Dysplasia
- ❖ Code 605 - Inborn Error of Metabolism
- ❖ Code 800 - Other Pulmonary Defects
- ❖ Code 900 - Other Vascular or Lymphatic Defects

The following conditions should **NOT** be coded as Major Birth Defects:

- ❖ Extreme Prematurity
- ❖ Intrauterine Growth Retardation
- ❖ Small Size for Gestational Age
- ❖ Fetal Alcohol Syndrome
- ❖ Hypothyroidism
- ❖ Intrauterine Infection
- ❖ Cleft Lip without Cleft Palate
- ❖ Club Feet
- ❖ Congenital Dislocation of the Hips

C.7 Maternal Date of Birth

Enter maternal date of birth from maternal interview or admission forms. Age will auto-populate in the online form.

Enter **Unknown** if birthdate is unavailable.

C.8a Antenatal Steroids

Note: Corticosteroids include betamethasone, dexamethasone, and hydrocortisone.

Check **Yes** if corticosteroids were administered to the mother during pregnancy at any time prior to delivery.
Check **No** if corticosteroids were not administered to the mother during pregnancy at any time prior to delivery.
Check **Unk** if this information cannot be obtained.

C.8b Antenatal Magnesium Sulfate

Check **Yes** if magnesium sulfate was administered to the mother during the pregnancy at any time prior to delivery.
Check **No** if no magnesium sulfate was not administered to the mother during the pregnancy at any time prior to delivery.
Check **Unk** if this information cannot be obtained.

III. TIME SEQUENCE

C.10 Date and Time of Maternal Admission to Perinatal Unit or Labor and Delivery.

Enter the date, using MM/DD/YYYY; and time, using a 24-hour clock (Ex. 11:30 PM = 2330) of mother's admission to hospital of delivery. If mother was admitted directly to the Labor and Delivery Unit, state this date and time. If mother was initially admitted to the Emergency Department, received care there, and either delivered in the Emergency Room, or was subsequently transferred to the Labor and Delivery Unit, state this date and time.

C.12 Infant Birth Date and Time

Enter the date of birth using MM/DD/YYYY. Enter the time of birth using a 24-hour clock (Ex. 11:30 PM = 2330). Enter **UNK** if unknown.

C.9/13 Date and Time of First Dose Surfactant Administration

Enter date/time at First Dose. Enter the date using MM/DDYY. Enter the time using a 24-hour clock (Ex. 11:30 PM = 2330).

Note: The first dose may have occurred prior to, or after NICU admission, and may have occurred before transfer, during transport, or at your hospital.

Check **Delivery Room** if the first dose was administered in the Delivery Room (or any other area where infant was located immediately after birth, and where resuscitative measures took place).

Check **Nursery** if the first dose was administered in the Nursery.

Check **N/A** if the infant never received surfactant.

Check **Unk** if this information cannot be obtained.

C.14 Referral (and Sending Hospital Evaluation Time)

Enter the date and time of the initial referral communication between sending and receiving providers/facilities. Time should be reported using MM/DD/YYYY and the 24-hour clock (Ex. 11:30 PM = 2330). The same time is used for the referral evaluation. Enter **UNK** if unknown.

C.15 Acceptance Date and Time

Enter the date and time of the transport acceptance using MM/DD/YYYY and 24-hour clock (Ex. 11:30 PM = 2330). Enter **UNK** if unknown.

C.16 Date/Time Transport Team Departure from Transport Team Office/NICU for Sending Hospital

Enter the date using MM/DD/YYYY and time using a 24-hour clock (Ex. 11:30 PM = 2330) Enter **UNK** if unknown.

C.17 Date/Time of Arrival of Team at Sending Hospital/Patient Bedside

Enter the date using MM/DD/YYYY and time using a 24-hour clock (Ex. 11:30 PM = 2330) Enter **UNK** if unknown.

C.18 Initial Transport Team Evaluation

Enter the date and time of the Transport Team's evaluation of the infant. Evaluation should be completed within 15 minutes of arrival at the Sending Hospital. Time should be reported on the 24-hour clock (Ex. 11:30 PM = 2330). Enter **UNK** if unknown.

C.19 Date and Time of Arrival at RECEIVING NICU

Enter the date and time of the infant's NICU admission. Transport Risk Index of Physiologic Stability (TRIPS) evaluation should be completed within 15 minutes of arrival at Receiving Hospital. Time should be reported on the 24-hour clock. (Ex. 11:30 PM = 2330). Enter **UNK** if unknown.

IV. INFANT CONDITION

This section of the Transport Form provides consistent information at three specific times for evaluation of overall stability of the infant. Specific times should be recorded, (1) at referral; (2) within 15 minutes of arrival of the Transport Team at the Sending Hospital; and (3) within 15 minutes of arrival into the receiving NICU, if possible.

Note: Date/Times at which infant condition was evaluated (C.14, C.18. C.19 will auto-populate).

C.20 Responsiveness.

In the designated space, write,

0 (Zero) if the infant died prior to evaluation,

1 (One) demonstrated no responsiveness, ❖❖❖seizures❖❖❖ or received muscle relaxants at the time of referral for transport.

❖❖❖*Seizures include compelling clinical evidence of seizures, or of focal, multifocal, clonic or tonic seizures, as well as EEG evidence of seizures, regardless of clinical status.*❖❖❖

2 (Two) if the infant appeared lethargic or had no cry at the time of referral for transport.

3 (Three) if the infant vigorously withdraws or cries. This also refers to normal age-appropriate behavior.

9 (Nine) if unknown.

C.21 Temperature (20.0° to 45.0° C, or 68° to 113° F).

If the infant's core body temperature was measured and recorded at the time of referral for transport, enter the infant's temperature in degrees centigrade to the nearest tenth of a degree. Use rectal temperature or, if not available, esophageal temperature, tympanic temperature or axillary temperature, in that order. If the infant's core body temperature is too low to register please check the box in **C.21.a**.

C.21.a Check if the infant's temperature was too low to register, or not.

C.21.b Was the Infant Cooled for Hypoxic Ischemic Encephalopathy (HIE)? If the infant was undergoing intentional cooling for therapeutic purposes, indicate **Yes** or **No**.

C.21.c Method of Cooling

Select type of cooling, if applicable:

- ❖ Passive
- ❖ Selective Head
- ❖ Whole Body
- ❖ Other
- ❖ Unknown.

C.22 Heart Rate (0 to 400).

Indicate infant's heart rate.

C.23 Respiratory Rate (0 to 400).

Indicate infant's respiratory rate. If infant is on High Frequency or Oscillatory Ventilation, enter 400.

Note: This rate may be spontaneous or assisted by ventilator. Enter **UNK** if unknown.

C.24 Oxygen Saturation (SaO₂) (0 to 100).

Indicate average oxygen saturation as a percentage. If unknown, indicate **UNK**.

C.25 Respiratory Status.

In the designated field, write:

- ❖ **1 (One)** if the infant was on the respirator at the time of referral for transport.
- ❖ **2 (Two)** if the infant had severe respiratory complications, including: apnea, gasping, or was intubated but not on mechanical respirator.
- ❖ **3 (Three)** for all other respiratory statuses (including "none" or "mild respiratory complications").
- ❖ **9 (Nine)** Enter **UNK** if unknown.

C.26 Inspired Oxygen Concentration

Inspired Oxygen Concentration (FiO₂) (21-100). Indicate inspired oxygen concentration (21-100%). If the infant was given supplemental oxygen, write the FIO₂ (percentage of oxygen) in the designated space. If the infant was not given supplemental oxygen, leave the designated space blank. Enter **UNK** if unknown.

C.27 Respiratory Support.

In the designated field, write

- ❖ **None (0)** if required no respiratory support.
- ❖ **1 (One) Hood/NC or Blow-by** if the infant had spontaneous breathing and was supported using an oxygen hood or nasal cannula or blow-by.
- ❖ **2 (Two) NCPAP** if the infant was provided with Continuous Positive Airway Pressure (CPAP) using nasal CPAP.
- ❖ **3 (Three) ETT** if the infant was ventilated using an endotracheal tube. Do not enter **ETT** if an endotracheal tube was placed only for suctioning and assisted ventilation was not given through the tube.
- ❖ Write **Unk** if this information cannot be obtained.

- ❖ **9 (Nine)** Enter UNK if unknown.

C.28 Blood Pressure.

- ❖ Indicate infant's systolic blood pressure
- ❖ Indicate infant's diastolic blood pressure
- ❖ Indicate infant's mean blood pressure
 - If too low to register, please check the box in **C.28.a**.

C28.a Check if infant's blood pressure is too low to register.

C.29 Use of Pressors.

Indicate **Y (Yes)**, or **N (No)** if vasopressors were administered.

V. REFERRAL PROCESS

C.30 Sending Hospital Name

Write the name of the Sending Hospital in the designated space.

Write the previous NICU Record ID number in the designated space.

Sending Hospital Nursing Contact Information

Write name and telephone number of nursing contact at the Sending Hospital.

C.31a Was the infant Previously Transported?

Check **Yes** if the infant was transported previously from another hospital to the current Sending Hospital.

Check **No** if the infant was not transported previously from another hospital to the current Sending Hospital.

C.31b From

If C.31a is answered **Yes**, write the name of the original hospital in the designated spaces (**Paper Form only**).

If the original hospital is not a CPQCC-member hospital, this item is not applicable and may be left blank.

C.32 Location of Birth

Write/choose the name of the birth hospital in the designated space. If the birth hospital is not a CPQCC-member hospital, this item is not applicable and may be left blank.

C.33 Transport Team On-Site Leader

Choose only one of the following responses:

- ❖ Check **Sub-specialist MD** for Neonatologist
- ❖ Check **Peds** for Pediatrician.
- ❖ Check **Other MD/Resident** as applicable
- ❖ Check **NNP** for Neonatal Nurse Practitioner.
- ❖ Check **Transport Specialist** for Registered Nurse or Respiratory Therapist specializing in Neonatal/Pediatric Transport Services, practicing under standardized procedures.
- ❖ Check **Nurse** for Neonatal Registered Nurse.

C.34a Transport Team "From."

Choose one of the following responses:

- ❖ **Receiving Hospital** if the Transport Team is part of the receiving hospital's staff (including those used for both Neonatal and Pediatric Transports and based in NICU, Pediatrics, PICU, Emergency Department, etc.)
- ❖ **Referring/Sending Hospital** if the Transport Team is part of the sending hospital's staff.
- ❖ **Contract Service** if the Transport Team is not on staff at the receiving hospital. This may include contracted Transport Teams from another facility inside or outside of the hospital system of the receiving facility. Please provide this information in the section **"Transport Team Informant Names/Telephone Numbers"** below.

C.34b List of Contract Services.

The list includes fixed-wing ambulance services in California from the Association of Air Medical Services (www.aams.org). The additional codes are as follows:

- 800000 = Other Contract Service
- 800001 = Aeromedevac, Inc.
- 800002 = Air Rescue - AirRescue International
- 800003 = CALSTAR - California Shock Trauma Air Rescue
- 800004 = PHI Air Medical
- 800005 = Life Flight - Stanford Life Flight Transport Program
- 800006 = REACH - REACH Air Medical Services, Mediplane, Inc.
- 800007 = Sierra LifeFlight
- 800008 = Pro Transport

C.35 Mode of Transport

Select type of transport used. **Select only one.** Primary type of transport used (e.g., patient was transported by ambulance to airfield or heliport for helicopter transport, would be coded as helicopter).

- ❖ **Ground** for ambulance transport or ambulatory transport (e.g. crossing from one hospital to another immediately adjacent facility – IF ACCOMPANIED BY TRANSPORT TEAM).
- ❖ **Helicopter** for rotor-wing transport.
- ❖ **Fixed-Wing** for airplane transport.

VI. ADDITIONAL DATA

Transport Team Informant Names/Telephone Numbers (Paper Form only)

Write the name and telephone number of the Transport Team Informant in the designated space.

Comments. Please use this space to for additional comments, or description of incidents involving the Transport Team relevant to this transport.

Death

If the infant died, please check the correct box for when the infant died in the transport sequence (prior to transport team's arrival; prior to transport team's departure from sending hospital; or prior to the transport team's arrival at the receiving hospital).

APPENDIX A

CORE CPETS ACUTE INTER-FACILITY- NEONATAL TRANSPORT FORM – 2019 PLEASE PRINT CLEARLY

PATIENT DIAGNOSIS					Special Situations: <input type="checkbox"/> None <input type="checkbox"/> Delivery Attendance <input type="checkbox"/> Transport by Sending Facility <input type="checkbox"/> Transport from ER <input type="checkbox"/> Safe Surr.				
C.1 Transport type <input type="checkbox"/> Req Del Attend. <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Sched					C.2. Indication <input type="checkbox"/> Medical Serv <input type="checkbox"/> Surgery				
CRITICAL BACKGROUND INFORMATION									
C.3 Birth weight		grams		C.4 Gestational Age		weeks		days	
								C.5 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk	
C.6 Prenatally Diagnosed Congenital Anomalies <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Describe:					C.7 Maternal Date of Birth <input type="checkbox"/> Unk				
C.8a. Antenatal Steroids <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> N/A					C.8b. Antenatal Magnesium Sulfate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				
TIME SEQUENCE					Date		Time		
C.10 Maternal Admission to Perinatal Unit or Labor & Delivery									
C.12 Infant Birth									
C.9/13 Surfactant (first dose) <input type="checkbox"/> Delivery Room <input type="checkbox"/> Nursery <input type="checkbox"/> N/A <input type="checkbox"/> Unknown									
C.14 Referral									
C.15 Acceptance									
C.16 Transport Team Departure from Transport Team Office/NICU for Sending Hospital									
C.17 Arrival of Team at Sending Hospital/Patient Bedside									
C.18 Initial Transport Team Evaluation									
C.19 Arrival at Receiving NICU									
INFANT CONDITION					REFERRAL PROCESS				
Modified TRIPS Score: to be recorded on referral, within 15 minutes of arrival at sending hospital and admit to NICU.					C.30 Sending Hospital Name				
					Previous CPQCC ID#				
	Referral	Initial Transport	NICU Admit		Sending Hospital Nursing Contact Information Name/Telephone				
C.20 Responsiveness					C.31a Previously Transported? <input type="checkbox"/> Yes <input type="checkbox"/> No				
C.21 Temperature C°					C.31b From:				
C.21.a. Too low to register	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		C.32 Birth Hospital Name				
C.21.b. Was the infant cooled?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		C.33 Transport Team On-Site Leader (check only one)				
C.21.c. Method of cooling					<input type="checkbox"/> Sub-specialist Physician <input type="checkbox"/> Pediatrician <input type="checkbox"/> Other MD/Resident				
					<input type="checkbox"/> Neonatal Nurse Practitioner <input type="checkbox"/> Transport Specialist <input type="checkbox"/> Nurse				
C.22 Heart Rate					C.34a Team From <input type="checkbox"/> Receiving Hospital <input type="checkbox"/> Sending Hospital				
C.23 Respiratory Rate					<input type="checkbox"/> Contract Service				
C.24 Oxygen Saturation					C.34b Describe (name of Contract Service):				
C.25 Respiratory Status *					C.35 Mode <input type="checkbox"/> Ground <input type="checkbox"/> Helicopter <input type="checkbox"/> Fixed Wing				
C.26 Inspired Oxygen Concentration					Transport Team Informant Names/Telephone Numbers				
C.27 Respiratory Support									
C.28 Blood Pressure					Comments				
Systolic / Diastolic Mean									
C.28.a. Too low to register	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes						
C.29 Pressors	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N						
Additional Information for CPQCC Admit and Discharge Form Only									
Birth Head Circumference		cm		Labor Type		<input type="checkbox"/> Spontaneous <input type="checkbox"/> Induced <input type="checkbox"/> Unk		Rupture of Membranes > 18 hours <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Delivery Mode		<input type="checkbox"/> Spontaneous Vaginal <input type="checkbox"/> Operative Vaginal <input type="checkbox"/> Cesarean <input type="checkbox"/> Unk							
Delayed Cord Clamping		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Time Delayed		<input type="checkbox"/> 30-60 sec <input type="checkbox"/> >60 sec <input type="checkbox"/> Unk			
Breathing before Clamped		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Cord milking performed		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
Death <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Prior to Team Arrival <input type="checkbox"/> Prior to Departure from Sending Hospital <input type="checkbox"/> Prior to Arrival at Receiving NICU							

☛ Responsiveness: 0=Death 1=None, Seizure, Muscle Relaxant 2=Lethargic, no cry
 3=Vigorously withdraws, cry
 ✦ Method of cooling: Passive, Selective Head, Whole Body, Other, Unknown
 ✦ Respiratory Status: 1=Respirator 2= Severe (apnea, gasping, intubated not on respirator)
 3=Other Respiratory Rate: HFOV = 400
 ☛ Respiratory Support: 0 = None, 1 = Hood/Nasal Cannula, Blowby 2 = Nasal Continuous
 Positive Airway Pressure, 3 = Endotracheal Tube 9= Unk **Note C11. Intentionally Omitted**

This data is mandatory for all infants transported in the State of California per California Perinatal Transport System.

Rev 01/2019

APPENDIX B

Birth Defects for Item C.6. (For Infants Born in 2019)

The following Birth Defect Codes require a detailed description in the space provided for Item C.6 on the Transport Form, or Item 49 on the Admission/Discharge Form.

Code 150 - Other Central Nervous System Defects
Code 200 - Other Cardiac Defects
Code 300 – Other Gastro-Intestinal Defects
Code 400 - Other Genito-Urinary Defects
Code 504 - Other Chromosomal Anomaly
Code 601 - Skeletal Dysplasia
Code 605 - Inborn Error of Metabolism
Code 800 - Other Pulmonary Defects
Code 900 - Other Vascular or Lymphatic Defects

The following conditions should **NOT** be coded as Major Birth Defects:

- 1) Cleft Lip without Cleft Palate
- 2) Club Feet
- 3) Congenital Dislocation of the Hips
- 4) Extreme Prematurity
- 5) Fetal Alcohol Syndrome
- 6) Hypospadias
- 7) Hypothyroidism
- 8) Intrauterine Growth Retardation
- 9) Intrauterine Infection
- 10) Limb Abnormalities
- 11) Patent Ductus Arteriosus
- 12) Persistent Pulmonary Hypertension (PPHN)
- 13) Polydactyly
- 14) Pulmonary Hypoplasia (use code 401 for bilateral renal agenesis or 604 for oligohydramnios sequence, if applicable)
- 15) Small Size for Gestational Age
- 16) Syndactyly

Other Lethal or Life Threatening Birth Defects

- 100 Other lethal or life threatening birth defects, which are not listed below (for instructions, see definition of Item 49 in CPQCC's 2019 NICU Manual of Definitions).

Central Nervous System Defects

- | | |
|-----|---|
| 101 | Anencephaly |
| 102 | Meningomyelocele |
| 103 | Hydranencephaly |
| 104 | Congenital Hydrocephalus |
| 105 | Holoprosencephaly |
| 106 | Microcephaly |
| 107 | Hypopituitary |
| 108 | Septic Optic Dyplasia |
| 109 | Encephalocele |
| 150 | Other lethal or life threatening CNS Defect not listed above (Description required) |

Congenital Heart Defects

- 200 Other lethal or life threatening Congenital Heart Defects not listed below (Description required)
- 201 Truncus Arteriosus
- 202 Transposition of the Great Vessels
- 203 Tetralogy of Fallot
- 204 Single Ventricle
- 205 Double Outlet Right Ventricle
- 206 Complete Atrio-Ventricular Canal
- 207 Pulmonary Atresia
- 208 Tricuspid Atresia
- 209 Hypoplastic Left Heart Syndrome
- 210 Interrupted Aortic Arch
- 211 Total Anomalous Pulmonary Venous Return
- 212 Coarctation of the Aorta
- 213 Atrial septal defect (ASD)
- 214 Ventricular septal defect (VSD)
- 215 Arrhythmias
- 216 Ebsteins Anomaly
- 217 Pericardial Effusion
- 218 Pulmonary Stenosis
- 219 Hypertrophic Cardiomyopathy
- 220 Penatology of Cantrell (Thoraco-Abdominal Ectopia Cordis)

Gastro-Intestinal Defects

- 300 Other lethal or life-threatening GI Defects not listed below (Description required)
- 301 Cleft Palate
- 302 Tracheo-Esophageal Fistula
- 303 Esophageal Atresia
- 304 Duodenal Atresia
- 305 Jejunal Atresia
- 306 Ileal Atresia
- 307 Atresia of Large Bowel or Rectum
- 308 Imperforate Anus
- 309 Omphalocele
- 310 Gastroschisis
- 311 Pyloric Stenosis
- 312 Annular Pancreas
- 313 Biliary Atresia
- 314 Meconium Ilius
- 315 Malrotation Volvulu
- 316 Hirschsprung's Disease

Genito-Urinary Defects

- 400 Other lethal or life-threatening Genito-Urinary Defects not listed below (Description required)
- 401 Bilateral Renal Agenesis
- 402 Bilateral Polycystic, Multicystic, or Dysplastic Kidneys
- 403 Obstructive Uropathy with Congenital Hydronephrosis
- 404 Exstrophy of the Urinary Bladder

Chromosomal Abnormalities

- 501 Trisomy 13
- 502 Trisomy 18
- 503 Trisomy 21
- 504 Other Chromosomal Anomaly (Description required)
- 505 Triploidy

Other Birth Defects

- 601 Skeletal Dysplasia (Description required)
- 602 Congenital Diaphragmatic Hernia
- 603 Hydrops Fetalis with anasarca and one or more of the following: ascites, pleural effusion, pericardial effusion
- 604 Oligohydramnios sequence including **all three** of the following:
 - (1) Oligohydramnios documented by antenatal ultrasound 5 or more days prior to delivery
 - (2) Evidence of fetal constraint on postnatal physical exam (such as Potter's facies, contractures, or positional deformities of limbs) &
 - (3) Postnatal respiratory failure requiring endotracheal intubation and assisted ventilation.
- 605 Inborn Error of Metabolism (Description Required)
- 606 Myotonic Dystrophy requiring endotracheal intubation and assisted ventilation
- 607 Conjoined Twins
- 608 Tracheal Agenesis or Atresia
- 609 Thanatophoric Dysplasia Types 1 and 2
- 610 Hemoglobin Barts

Pulmonary Abnormalities

- 800 Other lethal or life-threatening Pulmonary Defects not listed below (Description required)
- 801 Congenital Lobar Emphysema
- 802 Congenital Cystic Adenomatoid Malformation of the Lung
- 803 Sequestered Lung
- 804 Alveolar Capillary Dysplasia

Vascular and Lymphatic Defects

- 900 Other Vascular or Lymphatic not listed below (Description required)
- 901 Cystic Hygroma
- 902 Hemangioma
- 903 Sacrococcygeal Teratoma
- 904 Cerebral AV Malformation

Other Diagnoses

- 121 Hematologic
- 122 Hemolytic Disease of the Newborn (Not ABO)

APPENDIX C

OSHPD FACILITY CODES --- Sorted by Hospital (JAN 2019) *CPQCC Centers Indicated in Bold Italics*

OSHPD #	HOSPITAL NAME	CITY	COUNTY
700564	30TH MEDICAL GROUP HOSPITAL		
700597	60TH MEDICAL GROUP HOSPITAL		
700431	722ND MEDICAL GROUP		
700103	95TH MEDICAL GROUP - EDWARDS AIR FORCE BASE		
164029	ADVENTIST MEDICAL CENTER	HANFORD	KINGS
100797	ADVENTIST MEDICAL CENTER - REEDLEY	REEDLEY	FRESNO
100793	ADVENTIST MEDICAL CENTER-SELMA	SELMA	FRESNO
010735	ALAMEDA HOSPITAL	ALAMEDA	ALAMEDA
010989	ALAMEDA HOSPITAL AT WATERS EDGE	ALAMEDA	ALAMEDA
190017	ALHAMBRA HOSPITAL MEDICAL CENTER	ALHAMBRA	LOS ANGELES
010844	ALTA BATES SUMMIT MED CTR-HERRICK CAMPUS	BERKELEY	ALAMEDA
010937	ALTA BATES SUMMIT MED CTR-SUMMIT CAMPUS-HAWTHORNE	OAKLAND	ALAMEDA
013626	ALTA BATES SUMMIT MED CTR-SUMMIT CAMPUS-SUMMIT	OAKLAND	ALAMEDA
010739	ALTA BATES SUMMIT MEDICAL CENTER	BERKELEY	ALAMEDA
370652	ALVARADO HOSPITAL MEDICAL CENTER	SAN DIEGO	SAN DIEGO
301097	ANAHEIM GENERAL HOSPITAL	ANAHEIM	ORANGE
301098	ANAHEIM REGIONAL MEDICAL CENTER	ANAHEIM	ORANGE
341051	ANDERSON LUCCHETTI WOMEN'S AND CHILDREN'S CENTER	SACRAMENTO	SACRAMENTO
190034	ANTELOPE VALLEY HOSPITAL	LANCASTER	LOS ANGELES
364231	ARROWHEAD REGIONAL MEDICAL CENTER	COLTON	SAN
154101	BAKERSFIELD HEART HOSPITAL	BAKERSFIELD	KERN
150722	BAKERSFIELD MEMORIAL HOSPITAL	BAKERSFIELD	KERN
184008	BANNER LASSEN MEDICAL CENTER	SUSANVILLE	LASSEN
190052	BARLOW RESPIRATORY HOSPITAL	LOS ANGELES	LOS ANGELES
364430	BARSTOW COMMUNITY HOSPITAL	BARSTOW	SAN BERNARDINO
090793	BARTON MEMORIAL HOSPITAL	SOUTH LAKE TAHOE	EL DORADO
304528	BEACH SIDE BIRTH CENTER		
361110	BEAR VALLEY COMMUNITY HOSPITAL	BIG BEAR LAKE	SAN
190066	BELLFLOWER MEDICAL CENTER	BELLFLOWER	LOS ANGELES
194044	BELLWOOD HEALTH CENTER	BELLFLOWER	LOS ANGELES
190081	BEVERLY HOSPITAL	MONTEBELLO	LOS ANGELES
040802	BIGGS GRIDLEY MEMORIAL HOSPITAL	GRIDLEY	BUTTE
890096	CALIFORNIA - CLINIC		
890097	CALIFORNIA - EMERGENCY ROOM		
890000	CALIFORNIA - HOME BIRTH		
890095	CALIFORNIA - MD OFFICE		
890099	CALIFORNIA - OTHER IN/PATIENT SETTING		
890094	CALIFORNIA - OTHER OUT/PATIENT SETTING		
190125	CALIFORNIA HOSPITAL MEDICAL CENTER - LOS ANGELES	LOS ANGELES	LOS ANGELES
380826	CALIFORNIA PACIFIC MED CTR-CALIFORNIA EAST	SAN FRANCISCO	SAN FRANCISCO
380933	CALIFORNIA PACIFIC MED CTR-DAVIES CAMPUS	SAN FRANCISCO	SAN FRANCISCO

OSHDPD #	HOSPITAL NAME	CITY	COUNTY
380929	CALIFORNIA PACIFIC MED CTR-PACIFIC CAMPUS	SAN FRANCISCO	SAN FRANCISCO
380964	CALIFORNIA PACIFIC MEDICAL CENTER - ST. LUKE'S CAMPUS	SAN FRANCISCO	SAN FRANCISCO
380777	CALIFORNIA PACIFIC MEDICAL CENTER (CPMC)	SAN FRANCISCO	SAN FRANCISCO
190045	CATALINA ISLAND MEDICAL CENTER	AVALON	LOS ANGELES
190555	CEDARS-SINAI MEDICAL CENTER	LOS ANGELES	LOS ANGELES
190148	CENTINELA HOSPITAL MEDICAL CENTER	INGLEWOOD	LOS ANGELES
160787	CENTRAL VALLEY GENERAL HOSPITAL	HANFORD	KINGS
190155	CENTURY CITY DOCTORS HOSPITAL	LOS ANGELES	LOS ANGELES
301140	CHAPMAN MEDICAL CENTER	ORANGE	ORANGE
190170	CHILDREN'S HOSPITAL LOS ANGELES	LOS ANGELES	LOS ANGELES
300032	CHILDREN'S HOSPITAL OF ORANGE COUNTY (CHOC)	ORANGE	ORANGE
304113	CHILDREN'S HOSPITAL OF ORANGE COUNTY (CHOC) AT MISSION HOSPITAL	MISSION VIEJO	ORANGE
382715	CHINESE HOSPITAL	SAN FRANCISCO	SAN FRANCISCO
361144	CHINO VALLEY MEDICAL CENTER	CHINO	SAN
190636	CITRUS VALLEY MEDICAL CENTER	WEST COVINA	LOS ANGELES
190413	CITRUS VALLEY MEDICAL CENTER - IC CAMPUS	COVINA	LOS ANGELES
100005	CLOVIS COMMUNITY MEDICAL CENTER	CLOVIS	FRESNO
100697	COALINGA REGIONAL MEDICAL CENTER	COALINGA	FRESNO
190766	COAST PLAZA HOSPITAL	NORWALK	LOS ANGELES
301258	COASTAL COMMUNITIES HOSPITAL	SANTA ANA	ORANGE
301155	COLLEGE HOSPITAL COSTA MESA	COSTA MESA	ORANGE
190587	COLLEGE MEDICAL CENTER	LONG BEACH	LOS ANGELES
361458	COLORADO RIVER MEDICAL CENTER	NEEDLES	SAN
060870	COLUSA REGIONAL MEDICAL CENTER	COLUSA	COLUSA
104008	COMMUNITY BEHAVIORAL HEALTH CENTER	FRESNO	FRESNO
190475	COMMUNITY HOSPITAL LONG BEACH	LONG BEACH	LOS ANGELES
190197	COMMUNITY HOSPITAL OF HUNTINGTON PARK	HUNTINGTON PAR	LOS ANGELES
361323	COMMUNITY HOSPITAL OF SAN BERNARDINO	SAN BERNARDINO	SAN
270744	COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	MONTEREY	MONTEREY
560473	COMMUNITY MEMORIAL HOSPITAL OF VENTURA	VENTURA	VENTURA
100717	COMMUNITY REGIONAL MEDICAL CENTER (CRMC)	FRESNO	FRESNO
070924	CONTRA COSTA REGIONAL MEDICAL CENTER	MARTINEZ	CONTRA COSTA
331145	CORONA REGIONAL MEDICAL CENTER-MAGNOLIA	CORONA	RIVERSIDE
331152	CORONA REGIONAL MEDICAL CENTER-MAIN	CORONA	RIVERSIDE
420514	COTTAGE HOSPITAL, SANTA BARBARA	SANTA BARBARA	SANTA BARBARA
150706	DELANO REGIONAL MEDICAL CENTER	DELANO	KERN
331164	DESERT REGIONAL MEDICAL CENTER	PALM SPRINGS	RIVERSIDE
364144	DESERT VALLEY HOSPITAL	VICTORVILLE	SAN
392287	DOCTORS HOSPITAL OF MANTECA	MANTECA	SAN JOAQUIN
190857	DOCTORS HOSPITAL OF WEST COVINA, INC	WEST COVINA	LOS ANGELES
070904	DOCTORS MEDICAL CENTER - SAN PABLO	SAN PABLO	CONTRA COSTA
500852	DOCTORS MEDICAL CENTER OF MODESTO	MODESTO	STANISLAUS
OSHDPD #	HOSPITAL NAME	CITY	COUNTY

440755	DOMINICAN HOSPITAL	SANTA CRUZ	SANTA CRUZ
190256	EAST LOS ANGELES DOCTORS HOSPITAL	LOS ANGELES	LOS ANGELES
320859	EASTERN PLUMAS HOSPITAL-PORTOLA CAMPUS	PORTOLA	PLUMAS
014233	EDEN MEDICAL CENTER	CASTRO VALLEY	ALAMEDA
331168	EISENHOWER MEDICAL CENTER	RANCHO MIRAGE	RIVERSIDE
430763	EL CAMINO HOSPITAL	MOUNTAIN VIEW	SANTA CLARA
430743	EL CAMINO HOSPITAL LOS GATOS	LOS GATOS	SANTA CLARA
130699	EL CENTRO REGIONAL MEDICAL CENTER	EL CENTRO	IMPERIAL
500867	EMANUEL MEDICAL CENTER	TURLOCK	STANISLAUS
190280	ENCINO HOSPITAL MEDICAL CENTER	ENCINO	LOS ANGELES
040828	ENLOE MEDICAL CENTER - COHASSET	CHICO	BUTTE
040962	ENLOE MEDICAL CENTER- ESPLANADE	CHICO	BUTTE
474007	FAIRCHILD MEDICAL CENTER	YREKA	SISKIYOU
010811	FAIRMONT HOSPITAL	SAN LEANDRO	ALAMEDA
370705	FALLBROOK HOSPITAL DISTRICT	FALLBROOK	SAN DIEGO
040875	FEATHER RIVER HOSPITAL	PARADISE	BUTTE
190298	FOOTHILL PRESBYTERIAN HOSPITAL-JOHNSTON MEMORIAL	GLENDORA	LOS ANGELES
301175	FOUNTAIN VALLEY REGIONAL HOSPITAL & MEDICAL CENTER	FOUNTAIN VALLEY	ORANGE
304039	FOUNTAIN VALLEY RGNL HOSP AND MED CTR - WARNER	FOUNTAIN VALLEY	ORANGE
700057	FOWLER MUNICIPAL HOSPITAL		
510882	FREMONT MEDICAL CENTER	YUBA CITY	SUTTER
400480	FRENCH HOSPITAL MEDICAL CENTER	SAN LUIS OBISPO	SAN LUIS OBISPO
301283	GARDEN GROVE HOSPITAL AND MEDICAL CENTER	GARDEN GROVE	ORANGE
190159	GARDENS REGIONAL HOSPITAL AND MEDICAL CENTER	HAWAIIAN GARDE	LOS ANGELES
190315	GARFIELD MEDICAL CENTER	MONTEREY PARK	LOS ANGELES
120981	GENERAL HOSPITAL, THE	EUREKA	HUMBOLDT
270777	GEORGE L MEE MEMORIAL HOSPITAL	KING CITY	MONTEREY
190323	ADVENTIST HEALTH GLENDALE	GLENDALE	LOS ANGELES
190522	GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	GLENDALE	LOS ANGELES
190328	GLENDORA COMMUNITY HOSPITAL	GLENDORA	LOS ANGELES
110889	GLENN MEDICAL CENTER	WILLOWS	GLENN
420483	GOLETA VALLEY COTTAGE HOSPITAL	SANTA BARBARA	SANTA BARBARA
430779	GOOD SAMARITAN HOSPITAL (HCA), SAN JOSE	SAN JOSE	SANTA CLARA
150775	GOOD SAMARITAN HOSPITAL-BAKERSFIELD	BAKERSFIELD	KERN
190392	GOOD SAMARITAN HOSPITAL, LOS ANGELES	LOS ANGELES	LOS ANGELES
190352	GREATER EL MONTE COMMUNITY HOSPITAL	SOUTH EL MONTE	LOS ANGELES
350784	HAZEL HAWKINS MEMORIAL HOSPITAL	HOLLISTER	SAN BENITO
490964	HEALDSBURG DISTRICT HOSPITAL	HEALDSBURG	SONOMA
304159	HEALTHBRIDGE CHILDREN'S HOSPITAL-ORANGE	ORANGE	ORANGE
334032	HEMET VALLEY HEALTH CARE CENTER	HEMET	RIVERSIDE
OSHPD #	HOSPITAL NAME	CITY	COUNTY
331194	HEMET VALLEY MEDICAL CENTER	HEMET	RIVERSIDE
190949	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	VALENCIA	LOS ANGELES

362041	HI-DESERT MEDICAL CENTER	JOSHUA TREE	SAN
010846	HIGHLAND HOSPITAL	OAKLAND	ALAMEDA
304045	HOAG HOSPITAL IRVINE	IRVINE	ORANGE
301205	HOAG MEMORIAL HOSPITAL, PRESBYTERIAN	NEWPORT BEACH	ORANGE
190382	HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	LOS ANGELES	LOS ANGELES
301209	HUNTINGTON BEACH HOSPITAL	HUNTINGTON BEA	ORANGE
190400	HUNTINGTON MEMORIAL HOSPITAL	PASADENA	LOS ANGELES
121031	JEROLD PHELPS COMMUNITY HOSPITAL	GARBERVILLE	HUMBOLDT
220733	JOHN C FREMONT HEALTHCARE DISTRICT	MARIPOSA	MARIPOSA
331216	JOHN F KENNEDY MEMORIAL HOSPITAL	INDIO	RIVERSIDE
070988	JOHN MUIR HEALTH, WALNUT CREEK CAMPUS	WALNUT CREEK	CONTRA COSTA
071018	JOHN MUIR MEDICAL CENTER-CONCORD CAMPUS	CONCORD	CONTRA COSTA
014132	KAISER FND HOSP - FREMONT	FREMONT	ALAMEDA
104062	KAISER FND HOSP - FRESNO	FRESNO	FRESNO
480989	KAISER FND HOSP - REHABILITATION CENTER VALLEJO	VALLEJO	SOLANO
074093	KAISER FND HOSP - RICHMOND CAMPUS	RICHMOND	CONTRA COSTA
340913	KAISER FND HOSP - SACRAMENTO	SACRAMENTO	SACRAMENTO
431506	KAISER FND HOSP - SAN JOSE	SAN JOSE	SANTA CLARA
210992	KAISER FND HOSP - SAN RAFAEL	SAN RAFAEL	MARIN
494019	KAISER FND HOSP - SANTA ROSA	SANTA ROSA	SONOMA
342344	KAISER FND HOSP - SOUTH SACRAMENTO	SACRAMENTO	SACRAMENTO
410806	KAISER FND HOSP - SOUTH SAN FRANCISCO	SOUTH SAN FRANC	SAN MATEO
394009	KAISER FND HOSP-MANTECA	MANTECA	SAN JOAQUIN
334048	KAISER FND HOSPITAL - MORENO VALLEY	MORENO VALLEY	RIVERSIDE
074097	KAISER FOUND HSP-ANTIOCH	ANTIOCH	CONTRA COSTA
484044	KAISER FOUNDATION HOSPITAL - VACAVILLE	VACAVILLE	SOLANO
504042	KAISER PERMANENTE - MODESTO	MODESTO	STANISLAUS
014326	KAISER PERMANENTE - OAKLAND	OAKLAND	ALAMEDA
314024	KAISER PERMANENTE - ROSEVILLE	ROSEVILLE	PLACER
380857	KAISER PERMANENTE - SAN FRANCISCO	SAN FRANCISCO	SAN FRANCISCO
014337	KAISER PERMANENTE - SAN LEANDRO	SAN LEANDRO	ALAMEDA
434153	KAISER PERMANENTE - SANTA CLARA	SANTA CLARA	SANTA CLARA
070990	KAISER PERMANENTE - WALNUT CREEK	WALNUT CREEK	CONTRA COSTA
544009	KAWEAH DELTA MENTAL HEALTH HOSPITAL D/P APH	VISALIA	TULARE
540734	KAWEAH DELTA HEALTHCARE DISTRICT	VISALIA	TULARE
194219	KECK HOSPITAL OF USC	LOS ANGELES	LOS ANGELES
150736	KERN MEDICAL CENTER	BAKERSFIELD	KERN
150737	KERN VALLEY HEALTHCARE DISTRICT	LAKE ISABELLA	KERN
196035	KFH (Kaiser Foundation Hospital) BALDWIN PARK	BALDWIN PARK	LOS ANGELES
196403	KFH DOWNEY	DOWNEY	LOS ANGELES
OSHPD #	HOSPITAL NAME	CITY	COUNTY
361223	KFH FONTANA	FONTANA	SAN BERNARDINO
190429	KFH LOS ANGELES	LOS ANGELES	LOS ANGELES
304409	KFH OC ANAHEIM	ANAHEIM	ORANGE

304306	KFH OC IRVINE	IRVINE	ORANGE
364265	KFH ONTARIO	ONTARIO	SAN
190432	KFH PANORAMA CITY	PANORAMA CITY	LOS ANGELES
414139	KFH REDWOOD CITY	REDWOOD CITY	SAN MATEO
334025	KFH RIVERSIDE	RIVERSIDE	RIVERSIDE
370730	KFH SAN DIEGO	SAN DIEGO	SAN DIEGO
190431	KFH SOUTH BAY	HARBOR CITY	LOS ANGELES
190434	KFH WEST LOS ANGELES	LOS ANGELES	LOS ANGELES
191450	KFH WOODLAND HILLS	WOODLAND HILLS	LOS ANGELES
190449	KINDRED HOSPITAL - LA MIRADA	LA MIRADA	LOS ANGELES
190305	KINDRED HOSPITAL - LOS ANGELES	LOS ANGELES	LOS ANGELES
370721	KINDRED HOSPITAL - SAN DIEGO	SAN DIEGO	SAN DIEGO
010887	KINDRED HOSPITAL - SAN FRANCISCO BAY AREA	SAN LEANDRO	ALAMEDA
190458	KINDRED HOSPITAL - SAN GABRIEL VALLEY	WEST COVINA	LOS ANGELES
301167	KINDRED HOSPITAL - SANTA ANA	SANTA ANA	ORANGE
190049	KINDRED HOSPITAL BALDWIN PARK	BALDWIN PARK	LOS ANGELES
301127	KINDRED HOSPITAL BREA	BREA	ORANGE
361274	KINDRED HOSPITAL ONTARIO	ONTARIO	SAN
364188	KINDRED HOSPITAL RANCHO	RANCHO CUCAM	SAN
332172	KINDRED HOSPITAL RIVERSIDE	PERRIS	RIVERSIDE
190196	KINDRED HOSPITAL SOUTH BAY	GARDENA	LOS ANGELES
301380	KINDRED HOSPITAL WESTMINSTER	WESTMINSTER	ORANGE
301234	LA PALMA INTERCOMMUNITY HOSPITAL	LA PALMA	ORANGE
191306	LAC/RANCHO LOS AMIGOS NATIONAL REHAB CENTER	DOWNEY	LOS ANGELES
191227	LAC/HARBOR - UCLA MEDICAL CENTER	TORRANCE	LOS ANGELES
191231	LAC/OLIVE VIEW - UCLA MEDICAL CENTER	SYLMAR	LOS ANGELES
191228	LAC/USC (LOS ANGELES COUNTY, UNIVERSITY SOUTHERN CALIFORNIA MEDICAL CENTER)	LOS ANGELES	LOS ANGELES
380865	LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER	SAN FRANCISCO	SAN FRANCISCO
190240	LAKEWOOD REGIONAL MEDICAL CENTER	LAKEWOOD	LOS ANGELES
700516	LETTERMAN ARMY MEDICAL CENTER	SAN FRANCISCO	SAN FRANCISCO
390923	LODI MEMORIAL HOSPITAL	LODI	SAN JOAQUIN
361245	LOMA LINDA UNIV. MED. CENTER EAST CAMPUS HOSPITAL	LOMA LINDA	SAN
364502	LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL	LOMA LINDA	SAN BERNARDINO
334589	LOMA LINDA UNIVERSITY MEDICAL CENTER-MURRIETA	MURRIETA	RIVERSIDE
420491	LOMPOC VALLEY MEDICAL CENTER	LOMPOC	SANTA BARBARA
190525	LONG BEACH MEMORIAL MEDICAL CENTER	LONG BEACH	LOS ANGELES
301248	LOS ALAMITOS MEDICAL CENTER	LOS ALAMITOS	ORANGE
190198	LOS ANGELES COMMUNITY HOSPITAL	LOS ANGELES	LOS ANGELES
190523	LOS ANGELES METROPOLITAN MED CTR-HAWTHORNE CAMPUS	HAWTHORNE	LOS ANGELES
190854	LOS ANGELES METROPOLITAN MEDICAL CENTER	LOS ANGELES	LOS ANGELES
564018	LOS ROBLES HOSPITAL & MEDICAL CENTER - EAST CAMPUS	WESTLAKE VILAGE	VENTURA
OSHPD #	HOSPITAL NAME	CITY	COUNTY
560492	LOS ROBLES REGIONAL HOSPITAL & MEDICAL CENTER	THOUSAND OAKS	VENTURA
434040	LUCILE PACKARD CHILDREN'S HOSPITAL AT STANFORD, (LPCH)	PALO ALTO	SANTA CLARA

410891	LUCILE PACKARD CHILDREN'S SPECIAL CARE NURSERY AT SEQUOIA HOSPITAL, (LPCH)	REDWOOD CITY	SAN MATEO
121002	MAD RIVER COMMUNITY HOSPITAL	ARCATA	HUMBOLDT
201281	MADERA COMMUNITY HOSPITAL	MADERA	MADERA
260011	MAMMOTH HOSPITAL	MAMMOTH LAKES	MONO
420493	MARIAN REGIONAL MEDICAL CENTER	SANTA MARIA	SANTA BARBARA
400466	MARIAN REGIONAL MEDICAL CENTER, ARROYO GRANDE	ARROYO GRANDE	SAN LUIS OBISPO
211006	MARIN GENERAL HOSPITAL	GREENBRAE	MARIN
190500	MARINA DEL REY HOSPITAL	MARINA DEL REY	LOS ANGELES
050932	MARK TWAIN MEDICAL CENTER	SAN ANDREAS	CALAVERAS
090933	MARSHALL MEDICAL CENTER (1-RH)	PLACERVILLE	EL DORADO
190796	MATTEL CHILDREN'S HOSPITAL AT RONALD REAGAN UCLA	LOS ANGELES	LOS ANGELES
450936	MAYERS MEMORIAL HOSPITAL	FALL RIVER MILLS	SHASTA
240924	MEMORIAL HOSPITAL LOS BANOS	LOS BANOS	MERCED
190521	MEMORIAL HOSPITAL OF GARDENA	GARDENA	LOS ANGELES
500939	MEMORIAL MEDICAL CENTER, MODESTO	MODESTO	STANISLAUS
231013	MENDOCINO COAST DISTRICT HOSPITAL	FORT BRAGG	MENDOCINO
334018	MENIFEE VALLEY MEDICAL CENTER	SUN CITY	RIVERSIDE
340947	MERCY GENERAL HOSPITAL	SACRAMENTO	SACRAMENTO
150761	MERCY HOSPITAL - BAKERSFIELD	BAKERSFIELD	KERN
240942	MERCY MEDICAL CENTER - MERCED	MERCED	MERCED
470871	MERCY MEDICAL CENTER MT. SHASTA	MOUNT SHASTA	SISKIYOU
450949	MERCY MEDICAL CENTER, REDDING	REDDING	SHASTA
340950	MERCY SAN JUAN MEDICAL CENTER	CARMICHAEL	SACRAMENTO
154108	MERCY SOUTHWEST HOSPITAL	BAKERSFIELD	KERN
340951	METHODIST HOSPITAL OF SACRAMENTO	SACRAMENTO	SACRAMENTO
190529	METHODIST HOSPITAL OF SOUTHERN CALIFORNIA	ARCADIA	LOS ANGELES
196168	MILLER CHILDREN'S AND WOMEN'S HOSPITAL AT LONG BEACH MEMORIAL HOSPITAL	LONG BEACH	LOS ANGELES
410852	MILLS-PENINSULA MEDICAL CENTER	BURLINGAME	SAN MATEO
190681	MIRACLE MILE MEDICAL CENTER	LOS ANGELES	LOS ANGELES
190524	MISSION COMMUNITY HOSPITAL - PANORAMA CAMPUS	PANORAMA CITY	LOS ANGELES
301337	MISSION HOSPITAL LAGUNA BEACH	LAGUNA BEACH	ORANGE
301262	MISSION HOSPITAL REGIONAL MEDICAL CENTER	MISSION VIEJO	ORANGE
430915	MISSION OAKS HOSPITAL	LOS GATOS	SANTA CLARA
250956	MODOC MEDICAL CENTER	ALTURAS	MODOC
190541	MONROVIA MEMORIAL HOSPITAL	MONROVIA	LOS ANGELES
361166	MONTCLAIR HOSPITAL MEDICAL CENTER	MONTCLAIR	SAN
190547	MONTEREY PARK HOSPITAL	MONTEREY PARK	LOS ANGELES
190552	MOTION PICTURE AND TELEVISION HOSPITAL	WOODLAND HILLS	LOS ANGELES
361266	MOUNTAINS COMMUNITY HOSPITAL	LAKE ARROWHEAD	SAN
OSHDP #	HOSPITAL NAME	CITY	COUNTY
274043	NATIVIDAD MEDICAL CENTER	SALINAS	MONTEREY
700501	NAVAL HOSPITAL - CAMP PENDLETON		SAN DIEGO
700112	NAVAL HOSPITAL - LEMOORE		KINGS
700461	NAVAL HOSPITAL - TWENTYNINE PALM		SAN BERNARDINO

700017	NAVAL HOSPITAL: OAKLAND		ALAMEDA
700502	NAVAL MEDICAL CENTER (BALBOA)		SAN DIEGO
481357	NORTHBAY MEDICAL CENTER	FAIRFIELD	SOLANO
141273	NORTHERN INYO HOSPITAL	BISHOP	INYO
190568	NORTHRIDGE HOSPITAL MEDICAL CENTER	NORTHRIDGE	LOS ANGELES
190570	NORWALK COMMUNITY HOSPITAL	NORWALK	LOS ANGELES
777777	NOT APPLICABLE		
214034	NOVATO COMMUNITY HOSPITAL	NOVATO	MARIN
430837	O'CONNOR HOSPITAL	SAN JOSE	SANTA CLARA
500967	OAK VALLEY DISTRICT HOSPITAL (2-RH)	OAKDALE	STANISLAUS
560501	OJAI VALLEY COMMUNITY HOSPITAL	OJAI	VENTURA
190534	OLYMPIA MEDICAL CENTER	LOS ANGELES	LOS ANGELES
300225	ORANGE COAST MEMORIAL MEDICAL CENTER	FOUNTAIN VALLEY	ORANGE
301566	ORANGE COUNTY GLOBAL MEDICAL CENTER	SANTA ANA	ORANGE
040937	OROVILLE HOSPITAL	OROVILLE	BUTTE
880096	OUT OF STATE - CLINIC		
880097	OUT OF STATE - EMERGENCY ROOM		
880000	OUT OF STATE - HOME BIRTH		
880095	OUT OF STATE - MD OFFICE		
880099	OUT OF STATE - OTHER IN/PATIENT SETTING		
880094	OUT OF STATE - OTHER OUT/PATIENT SETTING		
190307	PACIFIC ALLIANCE MEDICAL CENTER	LOS ANGELES	LOS ANGELES
190696	PACIFICA HOSPITAL OF THE VALLEY	SUN VALLEY	LOS ANGELES
491338	PALM DRIVE HOSPITAL	SEBASTOPOL	SONOMA
196405	PALMDALE REGIONAL MEDICAL CENTER	PALMDALE	LOS ANGELES
331288	PALO VERDE HOSPITAL	BLYTHE	RIVERSIDE
374382	PALOMAR MEDICAL CENTER	ESCONDIDO	SAN DIEGO
370759	PARADISE VALLEY HOSPITAL	NATIONAL CITY	SAN DIEGO
331293	PARKVIEW COMMUNITY HOSPITAL	RIVERSIDE	RIVERSIDE
454013	PATIENTS' HOSPITAL OF REDDING	REDDING	SHASTA
491001	PETALUMA VALLEY HOSPITAL	PETALUMA	SONOMA
190243	PIH HOSPITAL - DOWNEY	DOWNEY	LOS ANGELES
130760	PIONEERS MEMORIAL HEALTHCARE DISTRICT	BRAWLEY	IMPERIAL
301297	PLACENTIA LINDA HOSPITAL	PLACENTIA	ORANGE
320986	PLUMAS DISTRICT HOSPITAL	QUINCY	PLUMAS
370977	POMERADO HOSPITAL	POWAY	SAN DIEGO
190630	POMONA VALLEY HOSPITAL MEDICAL CENTER	POMONA	LOS ANGELES
541123	PORTERVILLE DEVELOPMENTAL CENTER	PORTERVILLE	TULARE
OSHDP #	HOSPITAL NAME	CITY	COUNTY
190631	PRESBYTERIAN INTER. HOSPITAL (PIH) HEALTH HOSPITAL	WHITTIER	LOS ANGELES
190468	PROMISE HOSPITAL OF EAST LOS ANGELES-EAST L.A. CAMPUS	LOS ANGELES	LOS ANGELES
190599	PROMISE HOSPITAL OF EAST LOS ANGELES-SUBURBAN CAMPUS	PARAMOUNT	LOS ANGELES
370787	PROMISE HOSPITAL OF SAN DIEGO	SAN DIEGO	SAN DIEGO
190385	PROVIDENCE HOLY CROSS MEDICAL CENTER	MISSION HILLS	LOS ANGELES
190680	PROVIDENCE LITTLE COMPANY OF MARY MC - SAN PEDRO	SAN PEDRO	LOS ANGELES

190470	PROVIDENCE LITTLE COMPANY OF MARY MEDICAL CENTER - TORRANCE	TORRANCE	LOS ANGELES
190758	PROVIDENCE ST. JOSEPH MEDICAL CENTER	BURBANK	LOS ANGELES
190517	PROVIDENCE TARZANA MEDICAL CENTER	TARZANA	LOS ANGELES
281047	QUEEN OF THE VALLEY HOSPITAL - NAPA	NAPA	NAPA
370658	RADY CHILDREN'S AT SCRIPPS MERCY HOSPITAL CHULA VISTA (RCHSD)	CHULA VISTA	SAN DIEGO
370744	RADY CHILDREN'S AT SCRIPPS MERCY HOSPITAL SAN DIEGO (RCHSD)	SAN DIEGO	SAN DIEGO
370755	RADY CHILDREN'S AT PALOMAR MEDICAL CENTER (RCHSD)	ESCONDIDO	SAN DIEGO
334068	RADY CHILDREN'S AT RANCHO SPRINGS (RCHSD)	MURRIETA	RIVERSIDE
371394	RADY CHILDREN'S AT SCRIPPS MEMORIAL HOSPITAL ENCINITAS (RCHSD)	ENCINITAS	SAN DIEGO
370771	RADY CHILDREN'S AT SCRIPPS MEMORIAL HOSPITAL LA JOLLA (RCHSD)	LA JOLLA	SAN DIEGO
370673	RADY CHILDREN'S HOSPITAL SAN DIEGO (RCHSD)	SAN DIEGO	SAN DIEGO
361308	REDLANDS COMMUNITY HOSPITAL	REDLANDS	SAN
121051	REDWOOD MEMORIAL HOSPITAL	FORTUNA	HUMBOLDT
430705	REGIONAL MEDICAL CENTER OF SAN JOSE	SAN JOSE	SANTA CLARA
580996	RIDEOUT MEMORIAL HOSPITAL	MARYSVILLE	YUBA
150782	RIDGECREST REGIONAL HOSPITAL	RIDGECREST	KERN
331312	RIVERSIDE COMMUNITY HOSPITAL	RIVERSIDE	RIVERSIDE
334487	RIVERSIDE UNIVERSAL HEALTH SYSTEM MEDICAL CENTER	MORENO VALLEY	RIVERSIDE
600001	ASANTE ROGUE REGIONAL MEDICAL CENTER	MEDFORD	
301317	SADDLEBACK MEMORIAL HOSPITAL	LAGUNA HILLS	ORANGE
301325	SADDLEBACK MEMORIAL MEDICAL CENTER - SAN CLEMENTE	SAN CLEMENTE	ORANGE
900099	SAFE SURRENDER		
270875	SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM	SALINAS	MONTEREY
361318	SAN ANTONIO REGIONAL HOSPITAL	UPLAND	SAN
190673	SAN DIMAS COMMUNITY HOSPITAL	SAN DIMAS	LOS ANGELES
190200	SAN GABRIEL VALLEY MEDICAL CENTER	SAN GABRIEL	LOS ANGELES
331326	SAN GORGONIO MEMORIAL HOSPITAL	BANNING	RIVERSIDE
150788	ADVENTIST HEALTH BAKERSFIELD	BAKERSFIELD	KERN
391010	SAN JOAQUIN GENERAL HOSPITAL	FRENCH CAMP	SAN JOAQUIN
104023	SAN JOAQUIN VALLEY REHABILITATION HOSPITAL	FRESNO	FRESNO
013619	SAN LEANDRO HOSPITAL	SAN LEANDRO	ALAMEDA
410782	SAN MATEO MEDICAL CENTER	SAN MATEO	SAN MATEO
074017	SAN RAMON REGIONAL MEDICAL CENTER	SAN RAMON	CONTRA COSTA
074011	SAN RAMON REGIONAL MEDICAL CENTER SOUTH BUILDING	SAN RAMON	CONTRA COSTA
OSHPD #	HOSPITAL NAME	CITY	COUNTY
430883	SANTA CLARA VALLEY MEDICAL CENTER (SCVMC)	SAN JOSE	SANTA CLARA
190687	SANTA MONICA-UCLA MEDICAL CENTER & ORTHOPEDIC HOSPIT	SANTA MONICA	LOS ANGELES
491064	SANTA ROSA MEMORIAL HOSPITAL	SANTA ROSA	SONOMA
490907	SANTA ROSA MEMORIAL HOSPITAL-SOTOYOME	SANTA ROSA	SONOMA
420522	SANTA YNEZ VALLEY COTTAGE HOSPITAL	SOLVANG	SANTA BARBARA
371256	SCRIPPS GREEN HOSPITAL	LA JOLLA	SAN DIEGO

190470	PROVIDENCE LITTLE COMPANY OF MARY MEDICAL CENTER - TORRANCE	TORRANCE	LOS ANGELES
321016	SENECA HEALTHCARE DISTRICT	CHESTER	PLUMAS
410828	SETON COASTSIDE	MOSS BEACH	SAN MATEO
410817	SETON MEDICAL CENTER	DALY CITY	SAN MATEO
370875	SHARP CHULA VISTA MEDICAL CENTER	CHULA VISTA	SAN DIEGO
370689	SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER	CORONADO	SAN DIEGO
370714	SHARP GROSSMONT HOSPITAL, WOMEN'S HEALTH CENTER	LA MESA	SAN DIEGO
370695	SHARP MARY BIRCH HOSPITAL FOR WOMEN	SAN DIEGO	SAN DIEGO
370694	SHARP MEMORIAL HOSPITAL	SAN DIEGO	SAN DIEGO
450940	SHASTA REGIONAL MEDICAL CENTER	REDDING	SHASTA
190708	SHERMAN OAKS HOSPITAL	SHERMAN OAKS	LOS ANGELES
190712	SHRINERS HOSPITAL FOR CHILDREN	LOS ANGELES	LOS ANGELES
344114	SHRINERS HOSPITALS FOR CHILDREN NORTHERN CALIF.	SACRAMENTO	SACRAMENTO
291023	SIERRA NEVADA MEMORIAL HOSPITAL	GRASS VALLEY	NEVADA
540798	SIERRA VIEW MEDICAL CENTER	PORTERVILLE	TULARE
342392	SIERRA VISTA HOSPITAL	SACRAMENTO	SACRAMENTO
400524	SIERRA VISTA REGIONAL MEDICAL CENTER	SAN LUIS OBISPO	SAN LUIS OBISPO
700363	SILAS B. HAYS ARMY HOSPITAL	FORT ORD	MONTEREY
190661	SILVER LAKE MEDICAL CENTER-DOWNTOWN CAMPUS	LOS ANGELES	LOS ANGELES
190410	SILVER LAKE MEDICAL CENTER-INGLESIDE CAMPUS	ROSEMEAD	LOS ANGELES
560525	SIMI VALLEY HOSPITAL AND HEALTH CARE SVCS-SYCAMORE	SIMI VALLEY	VENTURA
491267	SONOMA DEVELOPMENTAL CENTER	ELDRIDGE	SONOMA
491076	SONOMA VALLEY HOSPITAL	SONOMA	SONOMA
554011	SONORA REGIONAL MEDICAL CENTER - GREENLEY	SONORA	TUOLUMNE
190110	SOUTHERN CALIFORNIA HOSPITAL AT CULVER CITY	CULVER CITY	LOS ANGELES
190380	SOUTHERN CALIFORNIA HOSPITAL AT HOLLYWOOD	HOLLYWOOD	LOS ANGELES
141338	SOUTHERN INYO HOSPITAL	LONE PINE	INYO
334001	SOUTHWEST HEALTHCARE SYSTEM-WILDOMAR	WILDOMAR	RIVERSIDE
361339	ST. BERNARDINE MEDICAL CENTER	SAN BERNARDINO	SAN
521041	ST. ELIZABETH COMMUNITY HOSPITAL	RED BLUFF	TEHAMA
190754	ST. FRANCIS MEDICAL CENTER	LYNWOOD	LOS ANGELES
380960	ST. FRANCIS MEMORIAL HOSPITAL	SAN FRANCISCO	SAN FRANCISCO
281078	ST. HELENA HOSPITAL	ST. HELENA	NAPA
171049	ST. HELENA HOSPITAL - CLEARLAKE	CLEARLAKE	LAKE
560508	ST. JOHN'S PLEASANT VALLEY HOSPITAL	CAMARILLO	VENTURA
190756	ST. JOHN'S HEALTH CENTER	SANTA MONICA	LOS ANGELES
OSHPD #	HOSPITAL NAME	CITY	COUNTY
560529	ST. JOHN'S REGIONAL MEDICAL CENTER	OXNARD	VENTURA
121080	ST. JOSEPH HOSPITAL - EUREKA	EUREKA	HUMBOLDT
301340	ST. JOSEPH HOSPITAL - ORANGE	ORANGE	ORANGE
391042	ST. JOSEPH'S MEDICAL CENTER, STOCKTON	STOCKTON	SAN JOAQUIN
301342	ST. JUDE MEDICAL CENTER	FULLERTON	ORANGE
434138	ST. LOUISE REGIONAL HOSPITAL	GILROY	SANTA CLARA
190053	ST. MARY MEDICAL CENTER	LONG BEACH	LOS ANGELES

361343	ST. MARY MEDICAL CENTER IN APPLE VALLEY	APPLE VALLEY	SAN BERNARDINO
380965	ST. MARY'S MEDICAL CENTER, SAN FRANCISCO	SAN FRANCISCO	SAN FRANCISCO
010967	ST. ROSE HOSPITAL	HAYWARD	ALAMEDA
190762	ST. VINCENT MEDICAL CENTER	LOS ANGELES	LOS ANGELES
430905	STANFORD HOSPITAL	PALO ALTO	SANTA CLARA
250955	SURPRISE VALLEY COMMUNITY HOSPITAL	CEDARVILLE	MODOC
034002	SUTTER AMADOR HOSPITAL	JACKSON	AMADOR
310791	SUTTER AUBURN FAITH HOSPITAL	AUBURN	PLACER
084001	SUTTER COAST HOSPITAL	CRESCENT CITY	DEL NORTE
574010	SUTTER DAVIS HOSPITAL	DAVIS	YOLO
070934	SUTTER DELTA MEDICAL CENTER	ANTIOCH	CONTRA COSTA
341051	SUTTER GENERAL HOSPITAL	SACRAMENTO	SACRAMENTO
171395	SUTTER LAKESIDE HOSPITAL	LAKEPORT	LAKE
444012	SUTTER MATERNITY AND SURGERY CENTER OF SANTA CRUZ	SANTA CRUZ	SANTA CRUZ
311000	SUTTER ROSEVILLE MEDICAL CENTER	ROSEVILLE	PLACER
494106	SUTTER SANTA ROSA REGIONAL HOSPITAL	SANTA ROSA	SONOMA
481094	SUTTER SOLANO MEDICAL CENTER	VALLEJO	SOLANO
391056	SUTTER TRACY COMMUNITY HOSPITAL	TRACY	SAN JOAQUIN
291053	TAHOE FOREST HOSPITAL	TRUCKEE	NEVADA
150808	TEHACHAPI HOSPITAL	TEHACHAPI	KERN
334564	TEMECULA VALLEY HOSPITAL	TEMECULA	RIVERSIDE
190422	TORRANCE MEMORIAL MEDICAL CENTER	TORRANCE	LOS ANGELES
370780	TRI-CITY MEDICAL CENTER	OCEANSIDE	SAN DIEGO
531059	TRINITY HOSPITAL	WEAVERVILLE	TRINITY
540816	TULARE REGIONAL MEDICAL CENTER	TULARE	TULARE
400548	TWIN CITIES COMMUNITY HOSPITAL	TEMPLETON	SAN LUIS OBISPO
370782	UCSD MEDICAL CENTER - HILLCREST	SAN DIEGO	SAN DIEGO
374141	UCSD-LA JOLLA – JACOBS MEDICAL CENTER & SULPIZO CARDIO	LA JOLLA	SAN DIEGO
010776	UCSF BENIOFF CHILDREN'S HOSPITAL - OAKLAND	OAKLAND	ALAMEDA
384200	UCSF BENIOFF CHILDREN'S HOSPITAL - SAN FRANCISCO	SAN FRANCISCO	SAN FRANCISCO
231396	ADVENTIST HEALTH UKIAH VALLEY	UKIAH	MENDOCINO
341006	UNIVERSITY OF CALIFORNIA, DAVIS CHILDREN'S HOSPITAL (UCD)	SACRAMENTO	SACRAMENTO
301279	UNIVERSITY OF CALIFORNIA, IRVINE MEDICAL CENTER (UCI)	ORANGE	ORANGE
370782	UNIVERSITY OF CALIFORNIA, SAN DIEGO MEDICAL CENTER (UCSD)	SAN DIEGO	SAN DIEGO
999999	UNKNOWN		
700330	US ARMY AIR FORCE HOSPITAL		
OSHPD #	HOSPITAL NAME	CITY	COUNTY
700333	US LEWIS MEMORIAL HOSPITAL		
700664	USAF HOSPITAL - MARYSVILLE		
700475	USAF HOSPITAL: 83RD MEDICAL GRO		
700350	USAF HOSPITAL: 93RD STRATEGIC		
700444	USAF HOSPITAL: MATHER		
190818	USC VERDUGO HILLS HOSPITAL	GLENDALE	LOS ANGELES
204019	VALLEY CHILDREN'S HOSPITAL	MADERA	MADERA

100899	VALLEY CHILDREN'S HOSPITAL - ST. AGNES HOSPITAL	FRESNO	FRESNO
010983	VALLEY MEMORIAL HOSPITAL	LIVERMORE	ALAMEDA
190812	VALLEY PRESBYTERIAN HOSPITAL	VAN NUYS	LOS ANGELES
014050	VALLEYCARE MEDICAL CENTER	PLEASANTON	ALAMEDA
560521	VENTURA COUNTY MEDICAL CENTER - SANTA PAULA HOSPITAL	SANTA PAULA	VENTURA
560481	VENTURA COUNTY MEDICAL CENTER (VCMC)	VENTURA	VENTURA
454012	VIBRA HOSPITAL OF NORTHERN CALIFORNIA	REDDING	SHASTA
344035	VIBRA HOSPITAL OF SACRAMENTO	FOLSOM	SACRAMENTO
374094	VIBRA HOSPITAL OF SAN DIEGO	SAN DIEGO	SAN DIEGO
361370	VICTOR VALLEY GLOBAL MEDICAL CENTER	VICTORVILLE	SAN
010987	WASHINGTON HOSPITAL HEALTHCARE SYSTEM - FREMONT	FREMONT	ALAMEDA
444013	WATSONVILLE COMMUNITY HOSPITAL	WATSONVILLE	SANTA CRUZ
700693	WEED ARMY COMMUNITY HOSPITAL		
301379	WEST ANAHEIM MEDICAL CENTER	ANAHEIM	ORANGE
190859	WEST HILLS HOSPITAL AND MEDICAL CENTER	CANOGA PARK	LOS ANGELES
301188	WESTERN MEDICAL CENTER ANAHEIM	ANAHEIM	ORANGE
190878	ADVENTIST HEALTH - WHITE MEMORIAL	LOS ANGELES	LOS ANGELES
190883	WHITTIER HOSPITAL MEDICAL CENTER	WHITTIER	LOS ANGELES
571086	WOODLAND MEMORIAL HOSPITAL	WOODLAND	YOLO
380939	ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER	SAN FRANCISCO	SAN FRANCISCO

APPENDIX D

CPeTS/CPQCC Neonatal Transport Data Report Request 2019

Name of Person Requesting Data	
Hospital Affiliation/Region	
Full Hospital Address	
E-mail Address to send report to	
Date Needed (allow 2 weeks)	

Please be as specific as possible when requesting reports. Please check all applicable and complete one set of information for each report requested. Send completed request to Lisa@perinatalnetwork.org

Select One From Below		Select One Transport Type	
<input type="checkbox"/>	CPQCC Member Facility Number	<input type="checkbox"/>	All Transports
<input type="checkbox"/>	Non-CPQCC Facility OSHPD Number	<input type="checkbox"/>	Delivery Room Requested
<input type="checkbox"/>	Perinatal Region (specify)	<input type="checkbox"/>	Emergent
Select One		<input type="checkbox"/>	Urgent
<input type="checkbox"/>	Transport In	<input type="checkbox"/>	Scheduled
<input type="checkbox"/>	Transport Out	Select One Transport Provider Type	
Select One Data Year		<input type="checkbox"/>	Receiving Facility
<input type="checkbox"/>	2016	<input type="checkbox"/>	Referring Facility
<input type="checkbox"/>	2015	<input type="checkbox"/>	Contract Service
<input type="checkbox"/>	2014	<input type="checkbox"/>	

Select One From Below		Select One Transport Type	
<input type="checkbox"/>	CPQCC Member Facility Number	<input type="checkbox"/>	All Transports
<input type="checkbox"/>	Non-CPQCC Facility OSHPD Number	<input type="checkbox"/>	Delivery Room Requested
<input type="checkbox"/>	Perinatal Region	<input type="checkbox"/>	Emergent
Select One		<input type="checkbox"/>	Urgent
<input type="checkbox"/>	Transport In	<input type="checkbox"/>	Scheduled
<input type="checkbox"/>	Transport Out	Select One Transport Provider Type	
Select One Data Year		<input type="checkbox"/>	Receiving Facility
<input type="checkbox"/>	2016	<input type="checkbox"/>	Referring Facility
<input type="checkbox"/>	2015	<input type="checkbox"/>	Contract Service
<input type="checkbox"/>	2014	<input type="checkbox"/>	

Select One From Below		Select One Transport Type	
<input type="checkbox"/>	CPQCC Member Facility Number	<input type="checkbox"/>	All Transports
<input type="checkbox"/>	Non-CPQCC Facility OSHPD Number	<input type="checkbox"/>	Delivery Room Requested
<input type="checkbox"/>	Perinatal Region	<input type="checkbox"/>	Emergent
Select One		<input type="checkbox"/>	Urgent
<input type="checkbox"/>	Transport In	<input type="checkbox"/>	Scheduled
<input type="checkbox"/>	Transport Out	Select One Transport Provider Type	
Select One Data Year		<input type="checkbox"/>	Receiving Facility
<input type="checkbox"/>	2016	<input type="checkbox"/>	Referring Facility
<input type="checkbox"/>	2015	<input type="checkbox"/>	Contract Service

	2014			
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APPENDIX E

Modified Transport Risk Index of Physiologic Stability (TRIPS) Score

It is important to quickly assess the condition of an infant, as it can dictate the composition of the Transport Team and the type of transport requested. Being able to assess the infant's condition at different times, and then predict mortality, or even death, is an important measurement for the California Perinatal Transport System.

The assessment of the infant's condition at referral, initial transport and NICU admission using the Modified TRIPS Score can be used to calculate the risk of death of the infant within seven days of transport. The TRIPS methodology utilized in California is a physiology-based assessment comprised of temperature, blood pressure, response to noxious stimuli, respiratory status, use of pressors to support blood pressure and use of a ventilator. It is used to explicate the infant's condition, and to assess the quality of care at the referral center, by evaluating changes in the infant condition between Referral and Initial Modified TRIPS Score. It is also used to judge the quality of the neonatal transport by through the calculated changes in the Modified TRIPS Score during the actual transport. Finally, reviewing the Modified TRIPS Score helps identify quality improvement initiatives.

An online trips score/risk of mortality calculator suitable for smart phones is available at:

<http://www.health-info-solutions.com/CPQCC-CPeTS/tripsmobile/tripsmobile.html>

(Google TRIPS SCORE CALCULATOR).

APPENDIX E-A

CALIFORNIA PERINATAL TRANSPORT SYSTEM NEONATAL TRIPS SCORE CALCULATIONS FORM

To calculate a TRIPS Score for a neonate being transported in California:

- Obtain TRIPS score information from the CORE Neonatal Transport form (may be entered on Table A or B)
- Use point scores from Table C to calculate total score
- Identify Risk of Mortality in first 7 days following transport using Table D.

To use an electronic application to identify California TRIPS Score and associated risk please visit:

<http://www.health-info-solutions.com/CPQCC-CPeTS/tripsmobile/tripsmobile.html>

Table A: California TRIPS Score: to be recorded on referral, within 15 minutes of arrival at referring hospital and admit to NICU.*			
	Referral	Initial Transport	NICU Admit
Time (24 hour)	C.14	C.18	C.19
C.20 Responsiveness☹	2	2	2
C.21 Temperature C°	37.6	37.7	37.8
Too low to register	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Was the infant cooled?	<input type="checkbox"/> Y XX N	<input type="checkbox"/> Y XX N	<input type="checkbox"/> Y XX N
Method of cooling✦			
C.22 Heart Rate	165	172	170
C.23 Respiratory Rate	80	60	60
C.24 Oxygen Saturation	84	89	90
C.25 Respiratory Status *	2	1	1
C.26 Inspired Oxygen Concentration	100	95	90
C.27 Respiratory Support ☹	3	3	3
C.28 Blood Pressure Systolic / Diastolic, Mean	28/17	32/22	34/23
Too low to register	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
C.29 Pressors	XX Y <input type="checkbox"/> N	XX Y <input type="checkbox"/> N	XX Y <input type="checkbox"/> N
<p>☹Responsiveness: 0=Death 1=None, Seizure, Muscle Relaxant 2=Lethargic, no cry 3=Vigorously withdraws, cry</p> <p>✦Method of cooling: Passive, Selective Head, Selective Body, Other, Unknown</p> <p>*Respiratory Status: 1=Respirator 2= Severe (apnea, gasping, intubated not on respirator) 3=Other</p> <p>☹Respiratory Support: 0 = None, 1 = Hood/Nasal Cannula. 2 = Nasal Continuous Positive Airway Pressure, 3 = Endotracheal Tube</p> <p>*Shaded areas not used for TRIPS Score calculations</p>			

Table B: TRIPS Score Components Used for Identifying Risk of Mortality within 7 Days After Transport		
	Value	Points
C.20 Responsiveness	2	10
C.21 Temperature C°	37.7	6
C.25 Respiratory Status *	1	20
C.26 Inspired Oxygen Concentration	95	
C.28 Blood Pressure Systolic/Diastolic, Mean	32/22	8
C.29 Pressors	YES	5
TOTAL SCORE		49

Table C: Model Used for Calculating California TRIPS		
Risk Factor		TRIPS Points
Responsiveness	None, seizure, muscle relaxant (1)	14
	Lethargic, no cry (2)	10
	Vigorously Withdraws, Cry (3)	0
Temperature (°C)	36.1 to 37.6	0
	<36.1 or >37.6	6
Respiratory Status	None or mild respiratory symptoms (3)	0
	Moderate (apnea, gasping, not on respirator) (2)	21
	Severe (on respirator) (1)	
	with FiO ₂ < 50	15
	with FiO ₂ 50 to <75	18
	with FiO ₂ 75-100	20
Systolic Blood Pressure (mmHg)	under 20	24
	20-30	19
	30-40	8
	>40	0
Pressors	Not Used	0
	Used	5

49

Table D: California TRIPS Score Risk	
Points	Risk of Death within 7 Days of Transport
0 to 8	0.4 to 0.9%
9 to 16	0.9 to 1.9%
17 to 24	2.1 to 4.0%
25 to 34	4.4 to 10.2%
35 to 44	11.1 to 23.4%
45 to 70	25.2 to 80.1%

APPENDIX F-A: Sample Transport IN Report

Neonatal Transports IN Report

Infants born between 01/01/2019 and 06/07/2019

All Transport Types and All Transport Providers

This report is preliminary as the data collection is on-going.

California Perinatal Quality Care Collaborative (CPQCC) and California Perinatal Transport System (CPeTS)

RECEIVING LOCATION: DEMO CENTER



Contents:

Table 1: Acute Transport IN Activity, by Birth Weight
Table 2: Acute Transport IN Activity by Transport Type and by Birth Weight
Table 3: Acute Transport IN Activity by Transport Provider and by Birth Weight
Table 4: Acute Transport IN Activity by Transport Mode and by Birth Weight
Table 5: Time from Referral to Initial Eval at Referring Hospital, <i>Emergent Transports Only</i>
Table 6: Time from Acceptance to Team Departure for Referring Hospital, <i>Emergent Transports Only</i>
Table 7: Time from Transport Team Departure to Initial Evaluation at Referring Hospital
Table 8: Time from Transport Team Departure to NICU Admission at Receiving Hospital
Table 9: Missing TRIPS by TRIPS Time and Birth Weight
Table 10: California TRIPS at Referral
Table 11: Mean California TRIPS at Referral, by Birth Weight
Table 12: California TRIPS at Initial Evaluation
Table 13: Mean California TRIPS at Initial Evaluation, by Birth Weight
Table 14: California TRIPS at NICU Admission
Table 15: Mean California TRIPS at NICU Admission, by Birth Weight
Table 16: Mean Change in California TRIPS from Referral to Initial Evaluation, by Birth Weight
Table 17: Mean Change in California TRIPS from Initial Evaluation to NICU Admission, by Birth Weight

Table 1: Acute Transports IN Activity, by Birth Weight

Birth Weight (grams)	Center		CPQCC Network		Regional NICUs	
	N	%	N	%	N	%
All Birth Weights	15	100	2,119	100	1,450	100
500 or less	0	0.0	6	0.3	5	0.3
501 to 750	0	0.0	49	2.3	43	3.0
751 to 1,000	2	13.3	49	2.3	34	2.3
1,001 to 1,500	0	0.0	143	6.7	98	6.8
1,501 to 2,500	3	20.0	515	24.3	323	22.3
over 2,500	10	66.7	1,357	64.0	947	65.3

Table 2: Acute Transports IN Activity by Transport Type and by Birth Weight

Birth Weight (grams)	Center					CPQCC Network				Regional NICUs			
	N	DR	Emer-gent	Urgent	Sched-uled	DR	Emer-gent	Urgent	Sched-uled	DR	Emer-gent	Urgent	Sched-uled
All Birth Weights	14	0.0	50.0	35.7	14.3	6.9	39.6	41.0	12.4	7.4	44.0	39.9	8.7
500 or less	0	NA	NA	NA	NA	0.0	83.3	0.0	16.7	0.0	80.0	0.0	20.0
501 to 750	0	NA	NA	NA	NA	14.6	52.1	20.8	12.5	14.0	53.5	18.6	14.0
751 to 1,000	2	0.0	50.0	50.0	0.0	26.7	40.0	24.4	8.9	27.3	42.4	24.2	6.1
1,001 to 1,500	0	NA	NA	NA	NA	19.0	39.7	23.0	18.3	20.0	42.1	23.2	14.7
1,501 to 2,500	3	0.0	66.7	0.0	33.3	13.4	36.5	34.4	15.7	13.4	43.3	34.4	8.9

over 2,500	9	0.0	44.4	44.4	11.1	2.3	40.2	46.9	10.6	3.0	43.9	45.3	7.7
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Notes:

Transport Type Other is not shown in the table.

Table 3: Acute Transport IN Activity by Transfer Provider and by Birth Weight

Birth Weight (grams)	Center				CPQCC Network			Regional NICUs		
	N	Receiving Hospital	Contract Service	Referring Hospital	Receiving Hospital	Contract Service	Referring Hospital	Receiving Hospital	Contract Service	Referring Hospital
All Birth Weights	14	78.6	21.4	0.0	88.6	5.9	5.5	92.2	1.2	6.6
500 or less	0	NA	NA	NA	100	0.0	0.0	100	0.0	0.0
501 to 750	0	NA	NA	NA	95.8	2.1	2.1	97.7	0.0	2.3
751 to 1,000	2	100	0.0	0.0	91.1	0.0	8.9	90.9	0.0	9.1
1,001 to 1,500	0	NA	NA	NA	90.5	4.8	4.8	94.7	0.0	5.3
1,501 to 2,500	3	66.7	33.3	0.0	89.5	7.1	3.4	95.9	0.3	3.8
over 2,500	9	77.8	22.2	0.0	87.7	5.9	6.4	90.4	1.7	7.8

Table 4: Acute Transport IN Activity by Transport Mode and by Birth Weight

Birth Weight (grams)	Center				CPQCC Network			Regional NICUs		
	N	Ground	Heli-copter	Fixed Wing	Ground	Heli-copter	Fixed Wing	Ground	Heli-copter	Fixed Wing
All Birth Weights	14	85.7	14.3	0.0	87.9	9.5	2.6	84.3	12.0	3.7
500 or less	0	NA	NA	NA	66.7	33.3	0.0	60.0	40.0	0.0
501 to 750	0	NA	NA	NA	72.9	25.0	2.1	72.1	25.6	2.3
751 to 1,000	2	50.0	50.0	0.0	84.4	13.3	2.2	78.8	18.2	3.0
1,001 to 1,500	0	NA	NA	NA	87.3	7.1	5.6	85.3	7.4	7.4
1,501 to 2,500	3	100	0.0	0.0	88.7	9.1	2.2	84.6	11.9	3.5
over 2,500	9	88.9	11.1	0.0	88.4	9.0	2.6	85.0	11.4	3.6

Table 5: Time from Referral to Initial Evaluation at Referring Hospital, *Emergent Transports Only*

Time Difference	Center		CPQCC Network %	Regional NICUs %
	N	%		
All Infants Transferred In	7	100	100	100
Up to 30 minutes	0	0.0	6.0	7.1
31 - 60 minutes	0	0.0	12.2	12.9
61 - 90 minutes	2	28.6	23.5	23.8
91 - 120 minutes	2	28.6	27.4	26.0
>2 - 4 hours	2	28.6	25.7	24.7
>4 - 8 hours	1	14.3	4.0	3.9
>8 hours	0	0.0	1.3	1.5
Mean	2H 9M		2H 26M	2H 33M
Median	1H 52M		1H 40M	1H 38M

Table 6: Time from Acceptance to Team Departure for Referring Hospital, *Emergent Transports Only*

Time Difference	Center		CPQCC Network %	Regional NICUs %
	N	%		
All Infants Transferred In	6	100	100	100
Up to 30 minutes	3	50.0	39.2	42.5

31 - 60 minutes	3	50.0	41.1	41.5
1 - 2 hours	0	0.0	15.1	11.7
2 - 4 hours	0	0.0	2.4	1.9
4 - 8 hours	0	0.0	1.7	1.9
> 8 hours	0	0.0	0.5	0.7
Mean	23M		56M	56M
Median	21M		36M	35M

Table 7: Time from Departure for Referring Hospital to Initial Evaluation at Referring Hospital

Time Difference	Center		CPQCC Network %	Regional NICUs %
	N	%		
All Infants Transferred In	13	100	100	100
Up to 30 minutes	1	7.7	26.0	25.0
31 - 60 minutes	2	15.4	40.2	37.4
1 - 2 hours	9	69.2	27.7	30.3
2 - 4 hours	1	7.7	5.4	6.6
4 - 8 hours	0	0.0	0.5	0.6
> 8 hours	0	0.0	0.2	0.1
Mean	1H 18M		57M	59M
Median	1H 15M		46M	49M

Table 8: Time from Departure for Referring Hospital to NICU Admission at Receiving Hospital

Time Difference	Center		CPQCC Network %	Regional NICUs %
	N	%		
All Infants Transferred In	13	100	100	100
Up to 30 minutes	1	7.7	4.3	6.0
31 - 60 minutes	0	0.0	5.7	7.2
1 - 2 hours	0	0.0	28.1	23.9
2 - 4 hours	10	76.9	47.9	45.8
4 - 8 hours	2	15.4	13.1	15.9
> 8 hours	0	0.0	1.0	1.1
Mean	3H 20M		2H 48M	2H 56M
Median	3H 14M		2H 20M	2H 30M

Table 9: Missing TRIPS by TRIPS Time and Birth Weight

Birth Weight (grams)	Referral			Initial Evaluation			NICU Admission		
	N	N Missing	%	N	N Missing	%	N	N Missing	%
All Birth Weights	15	6	40.0	15	2	13.3	15	1	6.7
500 or less	0	0	NA	0	0	NA	0	0	NA
501 to 750	0	0	NA	0	0	NA	0	0	NA
751 to 1,000	2	0	0.0	2	0	0.0	2	0	0.0
1,001 to 1,500	0	0	NA	0	0	NA	0	0	NA
1,501 to 2,500	3	1	33.3	3	1	33.3	3	0	0.0
over 2,500	10	5	50.0	10	1	10.0	10	1	10.0

Notes:

The TRIPS at Referral is not applicable for DR attendance transports, therefore DR attendance transports are not included in the TRIPS at referral column.

The TRIPS at Initial Evaluation is not applicable for self transports, therefore self transports are not included in the TRIPS at initial evaluation column.

Table 10: California TRIPS at Referral

TRIPS at Referral	Center		CPQCC Network %	Regional NICUs %
	N	%		
All Scores	9	100	100	100
14 or less / Prob. < 1%	6	66.7	80.1	76.7
15 to 31 / Prob. < 5%	1	11.1	13.0	14.8
32 to 38 / Prob. < 10%	2	22.2	4.4	5.3
39 to 49 / Prob. < 25%	0	0.0	2.3	3.1
>=50 / Prob. >= 25%	0	0.0	0.1	0.2
Mean Score	12.2		6.9	8.1
Median Score	0.0		0.0	3.0

Notes:
For each TRIPS score range, the associated estimated risk of death within 7 days of transfer is displayed in the first table column.

Table 11: Mean California TRIPS at Referral, by Birth Weight

Birth Weight (grams)	Center		CPQCC Network Mean	Regional NICUs Mean
	N	Mean		
All Birth Weights	9	12.2	6.9	8.1
500 or less	0	NA	22.3	21.2
501 to 750	0	NA	27.6	26.9
751 to 1,000	2	37.0	22.8	23.5
1,001 to 1,500	0	NA	10.0	10.3
1,501 to 2,500	2	0.0	5.9	7.0
over 2,500	5	7.2	5.7	6.7

Table 12: California TRIPS at Initial Evaluation

TRIPS at Initial Evaluation	Center		CPQCC Network %	Regional NICUs %
	n	%		
All Scores	13	100	100	100
14 or less / Prob. < 1%	8	61.5	80.0	76.7
15 to 31 / Prob. < 5%	3	23.1	12.8	14.4
32 to 38 / Prob. < 10%	1	7.7	3.9	4.6
39 to 49 / Prob. < 25%	1	7.7	2.9	3.7
>=50 / Prob. >= 25%	0	0.0	0.5	0.5
Mean Score	11.2		7.3	8.4
Median Score	4.0		3.0	3.0

Notes:
For each TRIPS score range, the associated estimated risk of death within 7 days of transfer is displayed in the first table column.

Table 13: Mean California TRIPS at Initial Evaluation, by Birth Weight

Birth Weight (grams)	Center		CPQCC Network Mean	Regional NICUs Mean
	N	Mean		

All Birth Weights	13	11.2	7.3	8.4
500 or less	0	NA	25.3	24.8
501 to 750	0	NA	28.3	27.8
751 to 1,000	2	39.0	26.8	27.7
1,001 to 1,500	0	NA	13.7	13.9
1,501 to 2,500	2	1.5	6.5	7.1
over 2,500	9	7.2	5.4	6.5

Table 14: California TRIPS at NICU Admission

TRIPS at NICU Admission	Center		CPQCC Network %	Regional NICUs %
	n	%		
All Scores	14	100	100	100
14 or less / Prob. < 1%	10	71.4	80.0	76.7
15 to 31 / Prob. < 5%	2	14.3	12.3	13.6
32 to 38 / Prob. < 10%	1	7.1	4.1	5.1
39 to 49 / Prob. < 25%	1	7.1	2.9	3.7
>=50 / Prob. >= 25%	0	0.0	0.8	0.9
Mean Score	11.0		7.1	8.2
Median Score	3.0		3.0	3.0

Notes:
For each TRIPS score range, the associated estimated risk of death within 7 days of transfer is displayed in the first table column.

Table 15: Mean California TRIPS at NICU Admission, by Birth Weight

Birth Weight (grams)	Center		CPQCC Network Mean	Regional NICUs Mean
	N	Mean		
All Birth Weights	14	11.0	7.1	8.2
500 or less	0	NA	28.8	26.6
501 to 750	0	NA	30.7	29.9
751 to 1,000	2	42.5	24.0	25.5
1,001 to 1,500	0	NA	14.2	14.2
1,501 to 2,500	3	1.0	6.1	6.9
over 2,500	9	7.3	5.0	6.1

Table 16: Mean change in TRIPS from Referral to Initial Evaluation, by Birth Weight

Birth Weight (grams)	QCP	Center				CPQCC Network Mean Change	Regional NICUs Mean Change
		N Infants	N Infants Exceeding QCP	% Infants Exceeding QCP	Mean Change		
All Birth Weights	-	9	0	0.0	1.7	0.6	0.5
500 or less	9	0	NA	NA	NA	3.0	3.6
501 to 750	9	0	NA	NA	NA	1.6	1.2
751 to 1,000	4	2	0	0.0	2.0	2.1	1.1
1,001 to 1,500	4	0	NA	NA	NA	1.4	1.0
1,501 to 2,500	4	2	0	0.0	1.5	0.8	0.5
over 2,500	4	5	0	0.0	1.6	0.3	0.4

Notes:

The TRIPS at Referral is not applicable for DR attendance transports, therefore DR attendance transports are not included in this table.

Self-Transports are not included in the table as the TRIPS variables are not applicable at initial evaluation.

Positive entries indicate that the TRIPS increased from referral to initial evaluation. Negative entries indicate that the TRIPS decreased from referral to initial evaluation.

QCP: The Quality Change Point is defined as the 90th percentile of the mean change in TRIPS based on the Transport Teams that perform at least 20 transports and account for roughly 25% of all transports with the lowest mean TRIPS change. The calculations are based on all CPeTS transports in 2012 to 2014.

Table 17: Mean change in TRIPS from Initial Evaluation to NICU Admission, by Birth Weight

Birth Weight (grams)	QCP	Center				CPQCC Network Mean Change	Regional NICUs Mean Change
		N Infants	N Infants Exceeding QCP	% Infants Exceeding QCP	Mean Change		
All Birth Weights	-	13	1	7.7	0.6	-0.1	0.1
500 or less	11	0	NA	NA	NA	3.5	1.8
501 to 750	11	0	NA	NA	NA	1.2	0.5
751 to 1,000	9	2	0	0.0	3.5	-1.5	-0.9
1,001 to 1,500	7	0	NA	NA	NA	1.0	0.9
1,501 to 2,500	4	2	0	0.0	0.0	-0.1	0.1
over 2,500	4	9	1	11.1	0.1	-0.2	-0.1

Notes:

Self-Transports are not included in the table as the TRIPS variables are not applicable at initial evaluation.

Positive entries indicate that the TRIPS increased from initial evaluation to NICU admission. Negative entries indicate that the TRIPS decreased from initial evaluation to NICU admission.

QCP: The Quality Change Point is defined as the 90th percentile of the mean change in TRIPS based on the Transport Teams that perform at least 20 transports and account for roughly 25% of all transports with the lowest mean TRIPS change. The calculations are based on all CPeTS transports in 2012 to 2014.

APPENDIX F-B: Sample Transport OUT Report

Neonatal Transports OUT Report

Infants born between 01/01/2019 and 06/07/2019

All Transport Types and All Transport Providers

This report is preliminary as the data collection is on-going.

California Perinatal Quality Care Collaborative (CPQCC) and California Perinatal Transport System (CPeTS)

REFERRING LOCATION: DEMO CENTER



Contents:

[Table 1: Acute Transport OUT Activity, by Birth Weight](#)

[Table 2: Acute Transport OUT Activity by Transport Type and by Birth Weight](#)

[Table 3: Acute Transport OUT Activity by Transport Provider and by Birth Weight](#)

[Table 4: Time from Maternal Admission to Infant Birth](#)

[Table 5: Mean Time from Maternal Admission to Infant Birth, by Birth Weight](#)

[Table 6: Median Time from Maternal Admission to Infant Birth, by Birth Weight](#)

[Table 7: Time from Birth to Referral](#)

[Table 8: California TRIPS at Referral](#)

[Table 9: Mean California TRIPS at Referral, by Birth Weight](#)

[Table 10: Time from Referral to Acceptance](#)

[Table 11: Time from Acceptance to Transport Team Departure for Referring Hospital](#)

[Table 12: Time from Acceptance to Transport Team Arrival at Referring Hospital](#)

[Table 13: Time from Referral to Transport Team Arrival at Referring Hospital](#)

[Table 14: Mean Change in California TRIPS from Referral to Initial Evaluation, by Birth Weight](#)

[Table 15: Mean Change in California TRIPS from Initial Evaluation to NICU Admission, by Birth Weight](#)

Table 1: Acute Transport OUT Activity, by Birth Weight

Birth Weight (grams)	Transports Originating From ...					
	Center			Regional NICUs		
	Births N	Transports N	%	Births N	Transports N	%
All	NA	22	NA	15,097	32	0.2
500 or less	NA	0	NA	23	0	0.0
501 to 750	NA	0	NA	48	0	0.0
751 to 1,000	NA	1	NA	67	2	3.0
1,001 to 1,500	NA	0	NA	188	2	1.1
1,501 to 2,500	NA	11	NA	1,158	8	0.7
over 2,500	NA	10	NA	13,613	20	0.1

The Births columns are based on birth records captured in real-time through AVSS. Births submitted to AVSS and with birth dates through 04-30-2019 are included in the table.

The final CCS based denominator of births for 2019 is going to be available on July 1, 2019.

Table 2: Acute Transport OUT Activity by Transport Type and by Birth Weight

Birth Weight (grams)	Center					Regional NICUs			
	n	DR	Emergent	Urgent	Scheduled	DR	Emergent	Urgent	Scheduled
All	23	8.7	39.1	43.5	8.7	0.0	13.2	50.0	36.8
500 or less	0	NA	NA	NA	NA	NA	NA	NA	NA
501 to 750	0	NA	NA	NA	NA	NA	NA	NA	NA
751 to 1,000	1	0.0	100	0.0	0.0	0.0	0.0	0.0	100
1,001 to 1,500	0	NA	NA	NA	NA	0.0	0.0	33.3	66.7
1,501 to 2,500	11	18.2	27.3	36.4	18.2	0.0	0.0	25.0	75.0
over 2,500	11	0.0	45.5	54.5	0.0	0.0	20.0	64.0	16.0

Transport Type Other is not shown in the table.

Table 3: Acute Transport OUT Activity by Transport Provider and by Birth Weight

Birth Weight (grams)	Center				Regional NICUs		
	N	Receiving Hospital	Contract Service	Referring Hospital	Receiving Hospital	Contract Service	Referring Hospital
All	23	87.0	13.0	0.0	73.7	2.6	23.7
500 or less	0	NA	NA	NA	NA	NA	NA
501 to 750	0	NA	NA	NA	NA	NA	NA
751 to 1,000	1	100	0.0	0.0	50.0	0.0	50.0
1,001 to 1,500	0	NA	NA	NA	100	0.0	0.0
1,501 to 2,500	11	90.9	9.1	0.0	62.5	0.0	37.5
over 2,500	11	81.8	18.2	0.0	76.0	4.0	20.0

Table 4: Time from Maternal Admission to Infant Birth

Time Difference	Center		Regional NICUs %	All CPeTS Transports %
	N	%		
All Infants Transferred Out	18	100	100	100
Post Birth Admission	0	0.0	8.7	1.8
0 - 2 hours	3	16.7	4.3	18.4
>2 - 4 hours	1	5.6	13.0	16.7
>4 - 6 hours	4	22.2	13.0	11.2
>6 - 12 hours	2	11.1	4.3	16.0
>12 - 36 hours	7	38.9	34.8	23.9
>36 hours	1	5.6	21.7	12.0
Mean	15H 36M		2D 14H 31M	21H 58M
Median	7H 17M		16H 56M	6H 32M

Table 5: Mean Time from Maternal Admission to Infant Birth, by Birth Weight

Birth Weight (grams)	Center		Regional NICUs Mean	All CPeTS Transports Mean
	N	Mean		
All	18	15H 36M	2D 14H 31M	21H 58M
500 or less	0	NA	NA	1D 13H 40M
501 to 750	0	NA	NA	3D 1H 50M
751 to 1,000	1	18H 29M	6D 23H 40M	1D 9H 60M
1,001 to 1,500	0	NA	3D 14H 4M	2D 6H 1M
1,501 to 2,500	10	14H 6M	4D 4H 3M	1D 1H 40M
over 2,500	7	17H 21M	1D 1H 24M	14H 13M

Table 6: Median Time from Maternal Admission to Infant Birth, by Birth Weight

Birth Weight (grams)	Center		Regional NICUs Mean	All CPeTS Transports Mean
	N	Mean		
All	18	7H 17M	16H 56M	6H 32M
500 or less	0	NA	NA	1D 7H 53M
501 to 750	0	NA	NA	5H 0M
751 to 1,000	1	18H 29M	6D 23H 40M	3H 53M

1,001 to 1,500	0	NA	3D 14H 4M	4H 39M
1,501 to 2,500	10	4H 35M	8H 14M	5H 29M
over 2,500	7	17H 4M	16H 56M	7H 47M

Table 7: Time from Birth to Referral

Time Difference	Center		Regional NICUs %	All CPeTS Transports %
	N	%		
All Infants Transferred Out	23	100	100	100
Referral before Birth	3	13.0	0.0	11.9
0 - 2 hours	7	30.4	9.1	23.5
>2 - 4 hours	1	4.3	9.1	9.8
>4 - 6 hours	0	0.0	6.1	5.5
>6 - 12 hours	2	8.7	12.1	6.8
>12 - 36 hours	5	21.7	18.2	16.6
>36 hours	5	21.7	45.5	25.9
Mean	2D 7H 33M		4D 20H 37M	1D 23H 46M
Median	8H 17M		1D 9H 30M	5H 48M

Table 8: California TRIPS at Referral

TRIPS at Referral	Center		Regional NICUs %	All CPeTS Transports %
	N	%		
All Scores	16	100	100	100
14 or less / Prob. < 1%	11	68.8	90.9	80.4
15 to 31 / Prob. < 5%	4	25.0	6.1	13.1
32 to 38 / Prob. < 10%	1	6.3	0.0	4.0
39 to 49 / Prob. < 25%	0	0.0	3.0	2.2
>=50 / Prob. >= 25%	0	0.0	0.0	0.1
Mean Score	9.2		4.7	6.8
Median Score	3.0		3.0	0.0

Notes:

For each TRIPS score range, the associated estimated risk of death within 7 days of transfer is displayed in the first table column.

Table 9: Mean California TRIPS at Referral, by Birth Weight

Birth Weight (grams)	Center		Regional NICUs Mean	All CPeTS Transports Mean
	N	Mean		
All	16	9.2	4.7	6.8
500 or less	0	NA	NA	22.3
501 to 750	0	NA	NA	28.4
751 to 1,000	1	38.0	8.5	23.6
1,001 to 1,500	0	NA	1.0	10.2
1,501 to 2,500	8	10.9	5.1	5.9
over 2,500	7	3.1	4.8	5.5

Table 10: Time from Referral to Acceptance

Time Difference	Center		Regional NICUs %	All CPeTS Transports %
	N	%		

All Infants Transferred Out	23	100	100	100
0 - 30 minutes	22	95.7	84.8	91.5
31 - 60 minutes	1	4.3	9.1	3.3
61 - 90 minutes	0	0.0	0.0	0.9
91 - 120 minutes	0	0.0	0.0	0.9
>2 hours	0	0.0	6.1	3.3
Mean	8M		20M	5H 31M
Median	5M		3M	0M

Table 11: Time from Acceptance to Transport Team Departure for Referring Hospital

Time Difference	Center		Regional NICUs %	All CPeTS Transports %
	N	%		
All Infants Transferred Out	22	100	100	100
0 - 30 minutes	7	31.8	45.8	33.8
31 - 60 minutes	14	63.6	20.8	37.3
61 - 90 minutes	1	4.5	4.2	11.3
91 - 120 minutes	0	0.0	0.0	5.0
>2 hours	0	0.0	29.2	12.6
Mean	36M		5H 29M	1H 36M
Median	42M		36M	42M

Table 12: Time from Acceptance to Transport Team Arrival at Referring Hospital

Time Difference	Center		Regional NICUs %	All CPeTS Transports %
	N	%		
All Infants Transferred Out	23	100	100	100
0 - 30 minutes	1	4.3	0.0	9.5
31 - 60 minutes	3	13.0	40.0	14.4
61 - 90 minutes	5	21.7	24.0	25.8
91 - 120 minutes	12	52.2	4.0	20.5
>2 hours	2	8.7	32.0	29.8
Mean	1H 36M		6H 1M	2H 25M
Median	1H 34M		1H 13M	1H 31M

Table 13: Time from Referral to Transport Team Arrival at Referring Hospital

Time Difference	Center		Regional NICUs %	All CPeTS Transports %
	N	%		
All Infants Transferred Out	23	100	100	100
0 - 30 minutes	1	4.3	0.0	8.8
31 - 60 minutes	2	8.7	32.0	11.2
61 - 90 minutes	4	17.4	20.0	22.9
91 - 120 minutes	13	56.5	16.0	21.9
>2 hours	3	13.0	32.0	35.2
Mean	1H 44M		6H 9M	3H 24M
Median	1H 44M		1H 20M	1H 39M

Table 14: Mean change in TRIPS from Referral to Initial Evaluation, by Birth Weight

Birth Weight (grams)	QCP	Center				Regional NICUs Mean Change	All CPeTS Transports Mean Change
		N Infants	N Infants Exceeding QCP	% Infants Exceeding QCP	Mean Change		
All	-	15	0	0.0	-1.0	1.6	0.6
500 or less	9	0	NA	NA	NA	NA	3.0
501 to 750	9	0	NA	NA	NA	NA	1.5
751 to 1,000	4	1	0	0.0	0.0	0.0	2.9
1,001 to 1,500	4	0	NA	NA	NA	0.0	1.5
1,501 to 2,500	4	7	0	0.0	-0.7	3.8	0.8
over 2,500	4	7	0	0.0	-1.4	1.3	0.3

Notes:

The TRIPS at Referral is not applicable for DR attendance transports, therefore DR attendance transports are not included in this table. Self Transports are not included in the table as the TRIPS variables are not applicable at initial evaluation.

Positive entries indicate that the TRIPS increased from referral to initial evaluation. Negative entries indicate that the TRIPS decreased from referral to initial evaluation.

QCP: The Quality Change Point is defined as the 90th percentile of the mean change in TRIPS based on the Transport Teams that perform at least 20 transports and account for roughly 25% of all transports with the lowest mean TRIPS change. The calculations are based on all CPeTS transports in 2012 to 2014.

Table 15: Mean change in TRIPS from Initial Evaluation to NICU Admission, by Birth Weight

Birth Weight (grams)	QCP	Center				Regional NICUs Mean Change	All CPeTS Transports Mean Change
		N Infants	N Infants Exceeding QCP	% Infants Exceeding QCP	Mean Change		
All	-	20	1	5.0	1.1	-1.3	-0.1
500 or less	11	0	NA	NA	NA	NA	3.5
501 to 750	11	0	NA	NA	NA	NA	1.3
751 to 1,000	9	1	0	0.0	0.0	-4.0	-1.5
1,001 to 1,500	7	0	NA	NA	NA	-1.0	1.0
1,501 to 2,500	4	9	1	11.1	1.9	-2.2	-0.1
over 2,500	4	10	0	0.0	0.4	-0.9	-0.3

Notes:

Self Transports are not included in the table as the TRIPS variables are not applicable at initial evaluation.

Positive entries indicate that the TRIPS increased from referral to initial evaluation. Negative entries indicate that the TRIPS decreased from referral to initial evaluation.

QCP: The Quality Change Point is defined as the 90th percentile of the mean change in TRIPS based on the Transport Teams that perform at least 20 transports and account for roughly 25% of all transports with the lowest mean TRIPS change. The calculations are based on all CPeTS transports in 2012-2014.