



CPQCC/CPeTS Network Database

Frequently Asked Questions For Infants Born in 2009

Version 12.07
December 3, 2009

CPeTS Database On-Line Form

- Q:** Are the data entry screens built yet -- we are building the documentation forms now, and making them mirror the data entry area works best?
- A:** The development of the data entry screens for the on-line Core CPeTS Neonatal Transport Form (CCNTF) of the CPeTS Database was beta-tested by volunteer CPQCC Members from November 1 through December 14, 2006. The 2006 CPQCC data management system was upgraded on December 15, 2006 to incorporate these changes. The 2009 system upgrades for www.cpqccdata.org went live on January 1, 2009.

The on-line form of the Core CPeTS Neonatal Transport Form (CCNTF) has been designed to collect selected variables from the paper All California Neonatal Transport Form (ACNTF). We plan to release the Manual, EDS specifications and forms on the www.cpqcc.org website by Friday, December 22, 2006.

2009 EDS Specifications

- Q:** Will there be an electronic data transfer specifications document?
- A:** Yes, we are finalizing the EDS specifications for a combined CPQCC Network – CPeTS Database. The EDS specifications are divided into three sections: 1) ID Section, 2) CPeTS section, and 3) CPQCC section.

We have added a tracking variable to identify records that are eligible into the CPeTS database. In short the CPQCC Network Database will be expanded with the linkage to the Core CPeTS Neonatal Transport Form (CCNTF). The 2009 EDS Specifications for the CPQCC Network Database (Version 9.06, Sept 11, 2006) has been revised to incorporate these updates.

Indications for referral

T.1 Transport type

- Q:** Why has Urgent been added to transport type?
- A:** Urgent neonatal transports are transports that need to happen within 6 hours. Your Transport team may be out on a transport and does not need to divert or you may need to negotiate beds. The baby is stable enough to wait

T.2 Reverse Transports

- Q:** How will CPQCC handle reverse or back transports - at least half of the babies we transport out are babies who go to a lower level of care AND did not have a diagnosis which got them into the CPQCC data set. At the NCPeTS our transport coordinator was told these would need to be reported to CPQCC but I was unclear of the mechanism - same numbering sequence? Only send the reverse transport data? Or are these babies to be a new admit criteria for the CPQCC dataset?
- A:** The policy is that the paper All California Neonatal Transport Form (ACNTF) MUST be completed for all neonates transferred to or from a CCS designated NICU, as well as, all facilities participating in CPQCC. Completing the paper All California Neonatal Transport Form (ACNTF) is the joint responsibility of the referring and receiving hospital.

Then, the Receiving hospital has the responsibility to identify the Acute Transfer cases and then to initiate an on-line Core CPeTS Neonatal Transport Form (CCNTF) for all eligible infants into the CPeTS Database. The on-line CCNTF consists of select data elements from the paper ACNTF that will be electronically reported through the CPeTS Database. The Data Contact simply has to log-on to CPQCC's www.cpqccdata.org site.

Only acute transfers are included in the combined CPQCC Network - CPeTS database. However, the All California Neonatal Transport Form (paper form) could prove useful in it's entirely or in part to document and transfer information between hospitals for an infant who is no an acute transport. This would be at the discretion of the involved hospitals and it is important to note that information collected using this form on a non-acute transport is not to be entered into the CPeTS database.

The on-line Core CPeTS Neonatal Transport Form (CCNTF) is designed to only pick up Acute Transfers. Acute transfers are defined as "An infant with medical problems that require acute resolution for survival who is transferred in order to obtain medical, diagnostic, or surgical therapy that is not provided, or that cannot be effectively provided due to temporary staffing/census issues, or that can not be provided due to insurance restrictions at the referring hospital is considered acute." Acute transfers can be classified as either ASAP or Scheduled.

A baby therefore is always eligible for the entire set of CPQCC forms if it is eligible for the CPeTS Database (either because of birth weight, gestational age, or because it is an acute transfer). If after being transferred into a CPQCC center, the baby is transferred back, this is picked up by the transfer-out section of the Admission/Discharge (A/D) form. Three situations are possible:

- a) **The baby is transferred out for non-acute reasons (growth/discharge planning or chronic care).** In this case, CPQCC should not get any more forms for this baby. There should only be one CCNT form and one A/D form for this baby. The transfer-out section of the A/D section submitted by the CPQCC center should be updated.
- b) **The baby is transferred out to a CPQCC center for acute reasons within 28 days of life.** In this case, the receiving hospital has to fill out a CCNT form and an A/D form, and the combined CPQCC Network – CPeTS Database will have two CCNT forms and two A/D forms for this baby. The reason for the transfer out of the first CPQCC center has to clearly indicate acute reasons.
- c) **The baby is transferred out to a non-CPQCC center for acute reasons within 28 days of life.** In this case, the receiving hospital does not participate in CPQCC, and there are no more forms to send to CPQCC. For this baby, only the additional information collected via the transfer-out section of the A/D form will be collected.

With the demographic information we collect on the CCNTF and A/D forms we will be able to link all these records.

- Q:** If the CPeTS form is to be used for ACUTE Transports only, why is growth/Discharge Planning and Chronic care listed under indications on the form?
- A:** At this time the CPeTS Data inclusion criteria must mirror the CPQCC data set Inclusion criteria-thus we are electronically collecting data on all acute transports, Transports for insurance reasons, higher level of care, etc., but not back transports.
- Q:** We only refer transported babies. Do we use the CPeTS form?
- A:** Yes, centers who refer babies must complete the T.1 – T.13 on the CPeTS form and Assign the TRIPS Score (T.14 a) within 15 minutes of the referral time. This form is then given to the Transport Team to complete and the data is entered into CPQCC by the receiving center.

CPeTS Eligibility

- Q:** Do we need to fill out the form for an infant born after 10/15/2006?
- A:** Yes, this is required for ALL eligible infants starting in birth year 2009.
- Q:** Is this only for babies 1-28 days of age, or any transport regardless of age?
- A:** CPeTS Eligible infants fulfill the CPQCC birth weight criteria (401-1500g or G.A. 22- 29^{6/7}; or greater than 1500g) and must be acutely transferred by Day 28 of life.
- Q:** What do we need to do when we add an infant who should not be included in the CPQCC data collection? Do we need to file paperwork?
- A:** Only babies eligible for CPQCC are entered into the CPeTS database.
- Q:** If a baby is born at the end of one calendar year but not transferred until early the next calendar year, which dataset should they be entered in to?
- A:** Both CPQCC and CPeTS use baby's birth date as the deciding factor. If a baby is born in 2009 but not transferred to your hospital until 2009, this baby would be part of your 2009 data set.
- Q:** An infant (BWGT=400g, G.A. 21^{6/7}) was acutely transported by Day 28 of life. Would this infant be eligible into CPeTS even though not eligible into CPQCC?
- A:** Transport Teams should complete the A.C.N.T.F. for babies too small or too young to include in the CPQCC database. These records should be filed in house. Do not send these forms to the Data Center.
- Q:** An infant (BWGT=500g, G.A. 25^{6/7}) was acutely transported after Day 28 of life. Is there an explicit Day 28 cut-off to be eligible into the CPeTS database?
- A:** Initially the CPeTS database is limited to infants admitted to a NICU for any reason prior to 29 days of life who are subsequently acutely transferred at any age during that admission. A 1 year old acute transfer would qualify if admitted to the NICU prior to 29 days and still in the NICU at 1 year of age.
- Q:** An infant (BWGT=1500g, G.A. 34, inborn, with no other qualifying factors) was admitted to the NICU by 28 days of life and transported out after Day 28. Will this baby be eligible for the database?
- A:** A big baby admitted to the NICU prior to Day 28 who does not qualify initially, but who is admitted and transferred out at Day 100 will then qualify for CPQCC and CPeTS.

- Q:** What do we do with babies who are older than Day 28? How do you track transports (acute) that do not fall into CPQCC Database?
- A:** You would use the paper A.C.N.T.F. which is found on our www.cpqcc.org site in the CPeTS section on the Data Center page.
- Q:** What if a baby's only transfer reason was for census? Is the baby eligible for CPeTS? CPQCC?
- A:** If it is a small baby (<1500g), then YES. If it is a big baby (>1500g) AND needs medical treatment, then YES. If it is a big baby AND a feeder/grower, then NO. This is the same for both CPeTS and CPQCC.
- Q:** What about infants who are non-acute transports?
- A:** The A.C.N.T.F. could prove useful in its entirety or in part to document and transfer information between hospitals for an infant who is not an acute transport. This would be at the discretion of the involved hospitals and it is important to note that information collected using this form on a non-acute transport is NOT to be entered into the CPeTS dataset.
- Q:** What about safe surrenders, there is usually no maternal information that comes with the baby? Do I still need to fill out a CPeTS form?
- A:** Yes, however the Data Center will override the maternal information for these cases.

T.3 Referral and Acceptance Times

- Q:** What happens when we are on a call to pick up Baby A and the referral center says Baby A has stabilized but that Baby B now needs to be transported acutely? What referral times should we use for Baby B?
- A:** Referral time is still the time the first call was received. The acceptance time and departure time will be the same. It doesn't matter if you happen to be in the neighborhood.
- Q:** We are a really small center so referral times and acceptance times are usually just yelled across the room! What should we document?
- A:** Document the time you first called the referral center and the time the transport was accepted either through the dispatch center or when your Attending got acceptance confirmation.

T.10 Prenatal diagnosis of Congenital Anomalies

- Q:** What happens if the prenatal diagnosis is different from the actual diagnosis at birth?
- A:** The current recommendation is "if the diagnosis is not correct, as noted at birth, it should not be included"

T.14-T.25 Referral TRIPS Score

- Q:** Which vital signs shall we use for the Referral (a) TRIPS Score?
- A:** The referral vital signs should be obtained within 15 minutes of the initial call to the Receiving center. This information is necessary in order to assess patient stability, potential complications and to co-manage care prior to transfer of care

Hyperbili Infants

- Q:** If a hyperbili baby is transferred to our facility via our transport team and admitted to our PICU for phototherapy, should only a CPeTS be submitted for the baby?
- A:** If an infant who fulfill the CPQCC birth weight criteria is acutely transferred in by Day 28, a CPeTS form should be completed. Hyperbili is considered an acute transfer for medical/diagnostic services. However, if a baby was previously discharged home, then you would NOT fill out a CPeTS form but you would fill out the A/D form including items 50-52 pertaining to the hyperbili questions.
- Q:** If a hyperbili baby is brought in by a private vehicle and is admitted into the NICU for >25 bilirubin and or, an exchange transfusion, should the center only report the CPQCC admit abstract minus the CPeTS?
- A:** Acute transfer=CPeTS. If the infant was previously discharged home and has a bili of >25 and/or exchange, fill out the hyperbili items on the CPQCC A/D forms.
- Q:** If a baby is brought in by our transport team and admitted to our NICU but has a bilirubin of <25, should that baby be submitted for CPeTS and admission abstraction (CPQCC A/D form)? Or just CPeTS?
- A:** If the bilirubin is <25 but the baby had an exchange transfusion, this infant would qualify for both CPeTS and CPQCC. Therefore both forms would be filled out in the online system.

Data Collection Issues

- Q:** When a transport arrives for birth, the referral TRIPS score is not done and gets listed as pending information. Is there any way to make that N/A?
- A:** NO, this data is essential to CPeTS and must be retrieved by the Data Team at each center. This data is state mandated and considered reasonable data information for a proper transport.
- Q:** How do we fill out any information that is unknown or not applicable?
- A:** As of June 7th, 2009, the Data Center will allow the following variables to be set to missing (with a reasonable explanation): respiratory rate, heart rate, and temperature. Otherwise, ALL other variables without unknown options are considered required elements.

CPeTS Form

- Q:** For Items T3, T4, T5, T6, T12, T13, T14, T32, and T33 could an unknown box be made available for date AND time? This way, the date could be entered while the time marked as an unknown, instead of both being unknown.
- A:** NO, this data is essential to CPeTS and must be retrieved by the Data Team at each center. This data is state mandated and considered reasonable data information for a proper transport.
- Q:** I need to skip the CPeTS section and go straight to the A/D form. Can the CPQCC office manually override the CPeTS section?
- A:** As of May 2009, it is possible to open a CPQCC form before a CPeTS form. If an infant has a CPeTS and an A/D form, any edits to items T6-T10, T12, and T13 need to be initiated on the CPeTS form.

ITEM T13.

- Q: Is it possible to remove the sentence “click here to copy birth date and time” from T13. Surfactant is never administered exactly at the time of birth?
- A: The date and time of birth are not acceptable responses here. The reason that the option to copy them is available is to aid in the calculation of when the surfactant was administered.

ITEM 14A.

- Q: Can section 14A (referring vitals) be left blank since it may be 20 minutes until these can be taken? This creates a conflict between T3 time and T14A time?
- A: Yes, you can complete this item. Contact the Data Center so that we can include an explanation that the referral occurred after the 15 minute window.

ITEM T16.

- Q: T16 does not accommodate HFV. Is there any way to add a high frequency box?
- A: The upper limit for this item has been increased to 400 resp/min. The upper limit of heart rate has also been increased to 400 beats/min.

ITEM T18.

- Q: Can nasal cannula be added as an option to T18, #2 because if the RN marks “other,” then T19 automatically marks all boxes N/A?
- A: No, nasal cannula is covered by T25.

ITEM 21.

- Q: The baby arrived at the receiving hospital with a diastolic of 71. The form says it can not be higher than 70. Should it be recorded as 70?
- A: As of 06/13/07, the upper limit for both blood pressure parameters has been increased to 140 for systolic pressure and 100 for diastolic pressure.

ITEM 32.

- Q: Is it possible to remove the sentence “click here to copy birth date and time” from T32. This will never be the same date and time?
- A: Again, this option is used to aid in calculating departure time and is not an acceptable answer to the T32 item.

Special Cases

- Q: What if a baby gets transferred from Center A to Center B and then back to Center A? Does Center A have to fill anything out when the baby comes back? Does the form filled out for the first transfer just come back with the baby? The problem lies with starting a new CPeTS form? Should the infant be assigned a new ID?
- A: The CPeTS form is only filled out for the first transfer. No CPeTS form is needed when the infant is transferred the second time. New ID's are assigned ONLY if the infant is discharged home and re-admitted.

Q: Should a CPeTS form be initiated if the infant dies en route to a receiving hospital?

A: No, please do not submit data or fax forms to the Data Center in this instance.

Q: How should we document neonatal deaths while on transport?

A: For all deaths on transport prior to being admitted to the receiving center, complete a paper transport form and fax it to the CPQCC data Center at (510) 620-3144

Q: Baby A was born at home and admitted to a hospital's NICU. When inputted correctly, the data is tagged as erroneous because the date and time of birth occur before maternal admission.

A: (As of 06/27/07) This error notification has been removed. It is possible to input data in maternal time of admission occurs after the infant's time of birth.

Q: We share beds with another hospital. How should we fill out the forms?

A: If an Acute transfer takes place, the referral center should complete T.1-T.13 and the TRIPS Score T.14a

Medical Records

Q: Is the CPeTS form considered a part of the Medical Chart?

A: Each hospital would have to approve the form going into the chart since it is not a Hospital form.