

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

Policy

CPeTS Neonatal Transport Data System components must be completed for all neonates acutely transferred to or from a CCS designated NICU as well as all facilities participating in CPQCC. An acute transfer is for the purpose of medical diagnostic or treatment services, surgery, and/or insurance and may be ASAP or Scheduled. Thirty-three required data elements will be electronically reported via the CPQCC Transport Activity Report. These required data elements were selected in-order to inform transport quality improvement issues felt to be most important by panels representing sending and receiving hospitals. Two transport forms are available. The Core CPeTS Neonatal Transport Form (CCNTF) consists only of these 33 data elements along with a separate Confidential Neonatal Transport Issues with Improvement Potential form. However, in reviewing this form, transport personnel and data abstractors requested that we also develop a more comprehensive transport inventory, the All California Neonatal Transport Form (ACNTF) in order to facilitate the communication of key clinically important information from the referring to the receiving hospital. Embedded in this model transport form are the 33 required elements. In addition, we have also included optional CPQCC data items that the data abstractors have found to be very difficult to locate in the medical records of transferred infant such as APGAR scores and antenatal conditions. We have also included data items that were felt to be useful in transferring the care of the infant across institutions, such as previous lab tests, medications and feeding. The extent to which The All California Neonatal Transport Form is completed beyond the 33 required data elements is at the discretion of the receiving NICU.

Materials

- A. All California Neonatal Transport Form (ACNTF)
- B. Core CPeTS Neonatal Transport Form (CCNTF)
- C. Data Definitions and Procedure Manual

Procedure (Directions for Completing The Core CPeTS Neonatal Transport Form (CCNTF)...required elements only)

- I. Data Collection Responsibility: Completing the CPeTS Neonatal Transport Form is the joint responsibility of the referring and receiving hospital.
- a. Data elements to be completed by the referring hospital are shown on the sample form in yellow – on the actual form they appear in 10% gray scale.
 - b. Data to be completed by the receiving facility are shown without any shading or color.
 - c. The second page of the core CPeTS transfer form , Confidential Transport Issues with Improvement Potential pertains to technical quality improvement issues– this section can be completed by staff from either facility. This section should be separated prior to placing the required elements form into the patient record. The separated Confidential Transport Issues with Improvement Potential section is then handled following internal hospital policies for QI data.
 - d. For all deaths prior to being admitted at the receiving NICU, complete paper transport form, and fax to the CPQCC Data Center at (510) 620-3144.

Procedure (Directions for Completing The All California Neonatal Transport Form)

- II. Data Collection Responsibility: Completing the All California Neonatal Transport Record (ACNTF) is the joint responsibility of the referring and receiving hospital.
- a. Data elements to be completed by the referring hospital are shown on the sample form in yellow – on the actual form they appear in 10% gray scale.
 - b. Data to be completed by the receiving facility are shown in blue on the sample form and 15% gray scale on the actual form.
 - c. Information collected for continuity of care is not highlighted and should be completed by members of both the referring and receiving hospitals in order to ensure safe and effective transfer of care.
 - d. The third page of the ACNTF, the “ Confidential Transport Issues with Improvement Potential” pertains to quality improvement issues and may be

completed by staff from either facility. This section should be separated prior to placing the form into the patient record. The separated Confidential Transport Issues with Improvement Potential Form is then handled following internal hospital policies for QI data. (Note: This form appears without highlight following the main form).

- e. For all infant deaths occurring between the departure from the referring facility and arrival at the receiving NICU, complete paper transport form, and fax to the CPQCC Data Center at (510) 620-3144.

III. Referring Hospital

- a. The neonatal transport form that is select for use [Core CPeTS Neonatal Transport Form (CCNTF) or the All California Neonatal Transport Form (ACNTF)] should be initiated when a neonate is identified as a potential candidate for transport to another facility.
- b. Information requested in the following sections should be obtained prior to calling the receiving hospital. This information is necessary in order to assess patient stability, potential complications and to co-manage care prior to transfer of care. (Note: Delay in referral to collect data should be avoided. If specific information is not available at the initial call it can be transmitted by telephone prior to transport team departure from the receiving hospital.)
 - i. **Referral Information**
 - ii. **Patient Identification/History**
 - iii. **Infant Condition Modified TRIPS Score**
- c. Information contained in these sections should be provided to the receiving hospital at the time of the referring call. Patient referral is usually accomplished by physician to physician consultation with follow up communication by nursing to facilitate and coordinate care prior to transport. Completing the NTR prior to the call and faxing this information to the receiving facility will help to ensure safe and effective hand off of patients between providers.
- d. The following sections should be completed prior to transport with the most current data available.

- i. **Clinical Information**
 - ii. **Other Significant Issues**
 - iii. **Information / Materials Sent with Transport Team and Care Providers.**
- e. **Prior to transport you must also complete the required data elements contained in the Referral Process section of the form.**
- f. Additional comments, documentation of procedures, patient response to procedures and other significant information can be recorded in the **Comments** section at any point in the transport process.
- g. Information gathered at any point during the resuscitation, stabilization, referral, and transport process regarding quality improvement issues, may be recorded in the **Confidential Neonatal Transport Issues with Improvement Potential** form found following ACNTF and CCNTF. It should be separated from the patient information sections (page 1 and 2) prior to placement of these sections in the patient record. The separated form is then handled following internal hospital policies for QI data. Issues identified should reviewed jointly by referring and receiving hospitals staff at Mortality and Morbidity Reviews, annual review of Regional Cooperation Agreement or other appropriate QI venue.

IV. Transport Team or Receiving Hospital

- a. Transport Team members or receiving hospital staff should review, with the informant from the referring hospital, all information in the following sections. Receipt of this information by fax may allow more complete communication and facilitate the transport.
 - i. **Referral Information**
 - ii. **Patient Identification/History**
 - iii. **Infant Condition Modified TRIPS Score** (referral) sections.
- b. On arrival at the referring hospital, the transport team members are responsible for assigning the second **Infant Condition Modified TRIPS Score** section within 15 minutes of arrival (Initial Transport Team).

- c. The following sections should be completed prior to transport with the most current data available in consultation with staff from the referring facility.
- d. Prior to leaving the referral hospital, the transport team is responsible to assure that all of the CPeTS required data elements asked of the referral hospital have been completed. In addition the transport team should ensure that those items that have been requested by the receiving hospital's transfer protocols are also completed.
 - i. **Clinical Information**
 - ii. **Other Significant Issues**
 - iii. **Referral Process**
 - iv. **Timeline**
 - v. **Information / Materials Sent with Transport Team and Care Providers**
- e. Additional comments, documentation of procedures, patient response to procedures and other significant information can be recorded in the **Comments** section at any point in the transport process.
- f. Upon return to receiving NICU (within 15 minutes of arrival) the third and final (NICU admit) **Infant Condition Modified TRIPS Score** section should be completed.
- g. Information gathered at any point during the resuscitation, stabilization, referral, and transport process regarding quality improvement issues, may be recorded on the **Confidential Neonatal Transport Issues with Improvement Potential Form** . It should be separated from the patient information sections (page 1 and 2) prior to placement of these sections in the patient record. The separate form is then handled following internal hospital policies for QI data. Issues identified should reviewed jointly by referring and receiving hospitals staff at Mortality and Morbidity Reviews, annual review of Regional Cooperation Agreement and/or Memorandum of Understanding (MOU), or other appropriate QI venue. These issues may also be used to identify joint policy and procedure requirements, educational opportunities and or gaps in services that should be referred to the teams responsible for

annual review and negotiation of their Regional Cooperation Agreement, Transport Agreement and/or Memorandum of Understanding (MOU).

V. Electronic Data Entry: After completing the chosen neonatal transport data collection form, per hospital policy it may be put in the patient's record as a Transfer Document. In addition a copy should be made and stored in a location designated by your CPQCC data abstracter. The 33 required data elements are entered into the required CPeTS dataset by the CPQCC data abstracter any time prior to the entry of the patient's core CPQCC data utilizing the CPQCC confidential online data entry system. To enter transport data the patient must have an assigned CPQCC ID number. Note that any CPeTS data element that is also on the CPQCC dataset will be propagated onto the CPQCC data entry screens thus avoiding the need for having to enter the same data twice.

- a. The 33 required data elements with item numbers (found in **BOLD** Red highlight on the sample and **BOLD** on the forms) are to be electronically reported via the CPQCC as described above. All acutely transported patients less than 29 days old are eligible for inclusion in the CPQCC dataset.

VI. Data definitions and directions for completing each item on the CCNTF can be found in the attached **2007 Manual of Definitions – Neonatal Transport Data Collection Tools.**