

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 2017**

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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

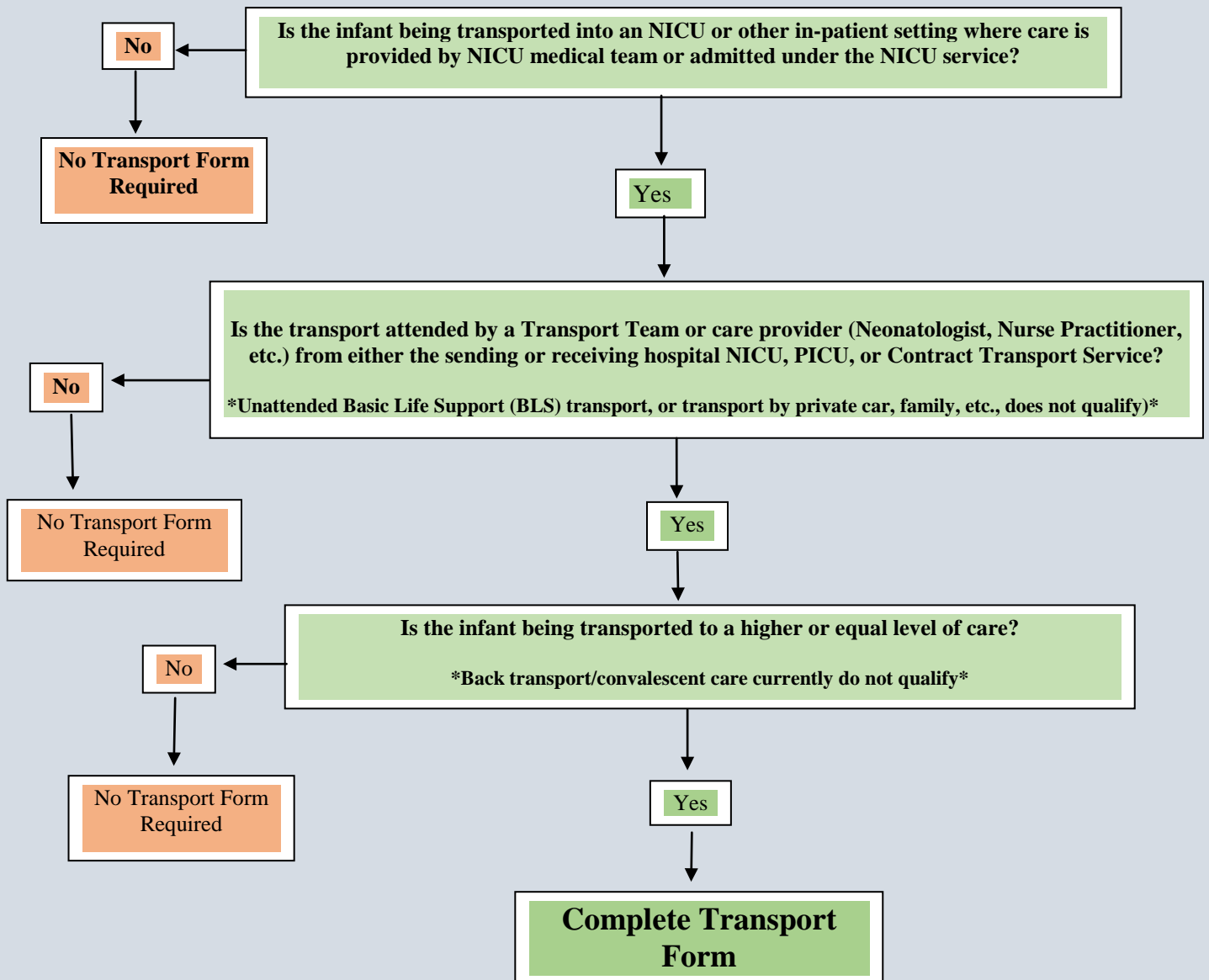
- 5) Infants included in the neonatal transport data set must meet inclusion criteria for CPQCC, as well as CPeTS. The following decision tree is intended to provide the primary criteria, and assist you with identifying those infants requiring data submission. As unique situations arise, please do not 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.
- ❖ 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 - 2017

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 is not provided, or that cannot be provided due to temporary staffing/census issues, or due to insurance restrictions, 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

***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).

Other (online form only). Check other if the transport does not conform to other definitions. Describe indication.

C.2 Indication for Transport (ADMISSIONS/DISCHARGE FORM [or A/D Form], Item 58).

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).

Insurance. Check if the infant was transported for insurance purposes.

Bed Availability. Check if the infant was transported due to bed availability issues at the sending facility.

II. CRITICAL BACKGROUND INFORMATION/DEMOGRAPHICS

C.3 Birth Weight (A/D FORM, Item 1).

Record the birth weight in grams. Since many weights may be obtained on 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 (A/D FORM, Item 3).

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 (A/D FORM, Item 5).

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

C.6 Diagnosed Prenatally Congenital Anomalies (A/D, Item 49a).

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 (A/D FORM Item 49b).

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 (A/D FORM, Item 9).

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 (A/D FORM, Item 13).

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 (A/D FORM, Item 17).

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.

C.9a (Online Form Only) Was Surfactant Given in Delivery Room (A/D FORM, Item 21).

Check **Yes, No or UNK**. **Yes** if the infant received surfactant in the Delivery Room.

C.9b (Online Form Only) Was Surfactant Given at Any Time? (A/D FORM, Item 21).

Check **Yes, No or UNK**. **Yes** if the infant received surfactant at any time. Include this information even if it occurred at the birth hospital prior to transport to your center.

*Note – On the Paper Form, **C.9** and **C.13** were merged. (**C.9/13**) to include delivery room and after administration of surfactant.

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.

Enter **Unk** if this information is unavailable (**Online Form** only).

C.11 (Online Form only Antenatal Steroid Administration (A/D FORM, Item 13).

Check **Yes, No or UNK** if the infant received an antenatal steroid at any time. Include this information even if it occurred at the birth hospital prior to transport to your center. **C.11** has been intentionally omitted from **Paper Form**.

C.12 Infant Birth Date and Time (A/D FORM, Item 4).

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.

ON PAPER FORM ONLY:

Check **Delivery Room** if the first dose was administered in the Delivery Room.

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 the 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 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 (C.21.a for Online Form) (20.0° to 45.0° C, or 68° to 113° F). (A/D FORM Item 22.b)

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. Enter **UNK** if temperature is unknown (Online only). If the infant is being actively cooled please enter the infant's actual temperature.

C.21.b Was the Infant Cooled for Hypoxic Ischemic Encephalopathy (HIE) (A/D FORM Item 22.c)

If the infant was undergoing intentional cooling for therapeutic purposes, indicate **Yes** or **No**

C.21.c Method of Cooling (A/D FORM Item 22.d, Online Form)

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. Enter **UNK** if unknown (**Online Form only**)

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.

- ❖ **C.28.a** Indicate infant’s systolic blood pressure
- ❖ **C.28.b** Indicate infant’s diastolic blood pressure
- ❖ **C.28.c** Indicate infant’s mean blood pressure
 - If too low to register, please check the box in the Online Form or in the space provided on the Paper Form.
 - Enter **UNK** if unknown

C.29 Use of Pressors.

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

V. REFERRAL PROCESS

C.30 Referring/Sending Hospital Name.

Write the name of the sending hospital in the designated space.

Write the previous CPQCC Infant ID number in the designated space (**Paper Form only**).

Sending Hospital Nursing Contact Information (**Paper Form only**)

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 (A/D Form, Item 7c).

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 describe (Used for 34b **Online Form**).

C.34b (Online Form only) 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.

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.

VI. ADDITIONAL DATA COLLECTED ON PAPER FORM ONLY

The following Unnumbered data points are included on the Paper Form to assist in data collection of frequently missing items on the Admission/Discharge Form.

- ❖ **Birth Head Circumference (A/D FORM, Item 2)**
Enter head circumference at birth, in centimeters.
- ❖ **Delivery Mode (A/D FORM, Item 16)**
Check corresponding box for **Spontaneous Vaginal**, **Operative Vaginal**, or **Cesarean**. Check **Unknown**, if information is not available.
- ❖ **Labor Type (A/D FORM, Item 14)**
Check corresponding box for Spontaneous, Induced, or Unknown if information is not available

❖ **Rupture of Membranes >18 hours**

Check **Yes** if membranes have been ruptured for greater than 18 hours

Check **No** if membranes have been ruptured for less than 18 hours

Check **Unknown** if data is unavailable

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

This data is mandatory for all infants transported in the State of California per California Perinatal Transport System.
4/2017

Rev

APPENDIX B

Birth Defects for Item C.6. (For Infants Born in 2017)

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 the 2017 CPQCC Manual of Definitions).

Central Nervous System Defects

101 Anencephaly
102 Meningocele
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 Penatalogy 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 3 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 (DESCRIBE)
- 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 2017) *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 |

| OSHPD # | 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 |
| OSHPD # | 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 | GLENDALE ADVENTIST MEDICAL CENTER | 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 |
| 191227 | HARBOR UCLA MEDICAL CENTER | TORRANCE | 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 FRANCO | 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 |
| 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 | LAKWOOD REGIONAL MEDICAL CENTER | LAKWOOD | 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 |

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| 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 |
| OSHPD # | 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 |

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| 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 |
| 191231 | OLIVE VIEW UCLA MEDICAL CENTER | SYLMAR | LOS ANGELES |
| 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 |
| OSHPD # | 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 |

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| 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 | 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 | SAN JOAQUIN COMMUNITY HOSPITAL | 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 |

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| 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 |

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| 361343 | ST. MARY MEDICAL CENTER IN APPLE VALLEY | APPLE VALLEY | SAN |
| 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 |
| 374141 | UCSD-LA JOLLA, JOHN M/SALLY B THORNTON HOSP & 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 | UKIAH VALLEY MEDICAL CENTER | 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 |

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| 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 | WHITE MEMORIAL MEDICAL CENTER | 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 2017

| | |
|---|--|
| 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 |
| CPQCC Member Facility Number | All Transports |
| Non-CPQCC Facility OSHPD Number | Delivery Room Requested |
| Perinatal Region (specify) | Emergent |
| Select One | Urgent |
| Transport In | Scheduled |
| Transport Out | Select One Transport Provider Type |
| Select One Data Year | Receiving Facility |
| 2016 | Referring Facility |
| 2015 | Contract Service |
| 2014 | |

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|---------------------------------|---|
| Select One From Below | Select One Transport Type |
| CPQCC Member Facility Number | All Transports |
| Non-CPQCC Facility OSHPD Number | Delivery Room Requested |
| Perinatal Region | Emergent |
| Select One | Urgent |
| Transport In | Scheduled |
| Transport Out | Select One Transport Provider Type |
| Select One Data Year | Receiving Facility |
| 2016 | Referring Facility |
| 2015 | Contract Service |
| 2014 | |

| | |
|---------------------------------|---|
| Select One From Below | Select One Transport Type |
| CPQCC Member Facility Number | All Transports |
| Non-CPQCC Facility OSHPD Number | Delivery Room Requested |
| Perinatal Region | Emergent |
| Select One | Urgent |
| Transport In | Scheduled |
| Transport Out | Select One Transport Provider Type |
| Select One Data Year | Receiving Facility |
| 2016 | Referring Facility |
| 2015 | Contract Service |
| 2014 | |

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 (maybe 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 Y <input type="checkbox"/> N | XX Y <input type="checkbox"/> N |
| ☼ Responsiveness: 0=Death 1=None, Seizure, Muscle Relaxant 2=Lethargic, no cry 3=Vigorously withdraws, cry † Method of cooling: Passive, Selective Head, Selective Body, Other, Unknown * Respiratory Status: 1=Respirator 2= Severe (apnea, gasping, intubated not on respirator) 3=Other ‡ Respiratory Support: 0 = None, 1 = Hood/Nasal Cannula. 2 = Nasal Continuous Positive Airway Pressure, 3 = Endotracheal Tube *Shaded areas not used for TRIPS Score calculations | | | |

| 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 |

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| 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 01/01/2017 and 06/07/2017

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



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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 | Emergent | Urgent | Scheduled | DR | Emergent | Urgent | Scheduled | DR | Emergent | Urgent | Scheduled |
| 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 |

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 | Helicopter | Fixed Wing | Ground | Helicopter | Fixed Wing | Ground | Helicopter | 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 | Regional NICUs |
|----------------------|--------|------|---------------|----------------|
| | N | Mean | Mean | 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 01/01/2017 and 06/07/2017

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



| |
|--|
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| 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 04-30-2017 are included in the table.

The final CCS based denominator of births for 2017 is going to be available on July 1, 2018.

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 | All CPeTS Transports |
|----------------------|--------|---------|----------------|----------------------|
| | N | Mean | Mean | 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 | All CPeTS Transports |
|----------------------|--------|---------|----------------|----------------------|
| | N | Mean | Mean | 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.