

NICU DATABASE REVISION FORM

CPQCC is committed to ensuring that changes to data items contained in our NICU Database serve a quality improvement purpose and add value to the data and reports we generate. Please use the form below to structure your recommendations for revising, adding, or deleting data items in database. When using this form please:

- Refer to the item numbers and definitions in the NICU Manual of Definitions for the current data collection year.
- It is important that all new data items be added by September 1st prior to the year that the change will take effect.
- Use a separate form for each item reviewed, as it is possible that adding, deleting, or modifying one item may require changes to other items.

| DATA ITEM SUMMARY | | | |
|---------------------------------------|-----------------------------------|---|------------|
| Request Date | Item Name | Item Number | |
| | | | |
| | | | |
| REASON FOR ADDING/UPDATING ITEM | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| RECOMMENDATIONS | | | |
| (Select one or more) | | | |
| No change | | | |
| Revise existing item | | | |
| Delete existing item | l | | |
| Add new item | | | |
| DEFINITION | | | |
| (Please provide the proposed definit | tion exactly as it would appear i | in the NICU Manual of Definitions) | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | POPULATI | ON | |
| (Please indicate the population for v | | icate if the population will be defined base | d on other |
| | asure only applicable to infants | of certain birth weight, gestational age, loo | ation of |
| birth, age at admission, etc.) | | | |
| | | | |

MEDICAL SCHOOL OFFICE BUILDING • 1265 WELCH ROAD • MC 5415 • STANFORD, CA 94305

(650) 721-6540 • info@cpqcc.org • www.cpqcc.org

RATIONALE FOR THE RECOMMENDATION

(Please provide a brief analysis of the pros and cons for the recommendation. Points to address include feasibility, accuracy, and ease of data collection, utility of the item (for risk adjustment or assessing practice or outcomes), consistency with prior years, and comparison to similar items in other relevant neonatal databases (see below).

IMPACT ON OTHER DATA ITEMS

(Please indicate if and how the proposed change would affect the definition, interpretation, or reporting of other items in the database).

COMPATABILITY WITH OTHER RELEVANT NEONATAL DATABASES

(Please indicate how the proposed definition or change compares to definitions of similar items in the NICHD Neonatal Network Database, the Vermont Oxford Network (VON), or other databases relevant to neonatal care).

REPORTING

(Please indicate how the data item would be reported to members in the annual quality management report. Please indicate the denominator that should be used when calculating the measures for reporting. Indicate the strata for reporting in tables and describe any proposed figures. Address any anticipated problems with missing data and how these would be handled.)

ELECTRONIC HEALTH RECORD (EHR)

(Please indicate if this item would be feasible to extract from an existing electronic health record.)

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CPQCC

NATIONAL QUALITY MEASURES

(Please indicate if the proposed item is related to current measures endorsed by any other QI group(s), (i.e. CDC, etc.)

TIMELINE

(Please indicate the proposed data collection year to begin collecting this item. The development of new items usually requires the minimum of at least one year of advanced planning.)

REFERENCES

(Please provide relevant citations.)

Requester Name

Date requested

Reviewer Name

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Date reviewed