

**RPPC Site Visit Form Key
FY 2013-2014 Revision**

General/Facility Information

- **Facility Name**
- **Facility MCH Code:** This is the number used to identify facilities in Perinatal Profiles.
- **Primary Contact Name/Title**
- **Primary Contact Phone #**
- **Facility Staff Present for Site Visit:** Write in the names and titles for all facility staff present during the site visit.
- **Date of Site Visit**
- **Prior year live birth census:** Write in the actual number (or attending staff's best estimate if actual is unknown) of live births that occurred during the calendar year prior to site visit.
- **Current Level of Care:** Check off the box corresponding to the facility's current level of neonatal care.
 - **CCS-designated:** For intermediate, community and regional facilities, indicate whether facility is CCS-designated.
- **RCAs:** List all facilities with which the facility being visited holds current Regional Cooperation Agreements.
- **Transfer/Transport Agreements:** List all facilities with which the facility being visited holds current Transfer/Transport Agreements.

Data Review

- **Transport/CPeTS Data Reviewed:** Indicate whether transport/CPeTS data were reviewed and comment on related discussion (see below for examples).
 - Time between maternal admit and infant birth
 - Changes in TRIPS score at each point in the transport process
 - Comparisons to like facilities statewide
 - Maternal transport data (if applicable)
- **Breastfeeding Data Reviewed:** Indicate whether breastfeeding data were reviewed and comment on related discussion (see below for examples).
 - Compare hospital data to other hospitals, county and state
 - Changes in rates over time in relationship to changes in practices and policies
 - CDC National Survey of Maternity Care Practices in Infant Nutrition and Care (mPINC)
 - Does the hospital participate in the mPINC survey and if so, would they like RPPC to review their data?
- **California Maternal Data Center (CMDc) Reviewed:** Indicate whether the CMDc was reviewed and comment on related discussion (see below for examples).
 - Hospital status (e.g., active track, QI collaborative user, in process, etc.)
 - Clinical quality measures and comparison to state, region and other hospitals
 - Data quality measures and comparison to state, region and other hospitals
 - Other statistics and comparison to state, region and other hospitals
- **Other Data Reviewed:** List any other types of data that were reviewed and provide any relevant comments (see below for examples).
 - Core Measure Data

- CMQCC
- CPQCC
- Hospital Association Data

Quality Improvement Initiatives and Collaboratives

- Indicate the QI initiatives/collaboratives the facility belongs to or participates in:
 - CMQCC (e.g., Preeclampsia Quality Improvement Collaborative)
 - CPQCC (e.g., 2013 CPQCC/CCS Optimizing Length of Stay (LOS))
 - Other: Indicate any other QI initiatives/collaboratives and/or community groups/coalitions the facility belongs to or participates in (e.g., Breastfeeding Coalition, Perinatal Nurse Leadership, corporate or facility directed QI, Patient Safety First)
 - Use this space to comment on practice and/or policy change due to current legislative requirements (e.g., CCHD screening, Hospital Infant Feeding Act).

Resources Provided at Today's Site Visit: Indicate the resources provided to facility staff (e.g., copies of Perinatal Profiles, educational materials).

Additional Comments: This space is available for additional comments of any nature, including items specific to RPPC region not already addressed by the site visit form (e.g., changes in administration/leadership).

Follow-up: Use this area to document anything requiring RPPC follow-up. Provide an estimated date of completion for each follow-up item. The actual date of completion may be added to the form when each follow-up item has been completed.