

What's New with HRIF

Data Training Session

October 30, 2024

Webinar Logistics



All attendees are muted upon entry.



Please use the Q & A function – we will do our best to answer questions during the webinar.



We welcome your feedback and recommendations for improving future webinars.

Webinar Logistics

- The slides and webinar recording will be sent out after the webinar and will also be posted on the CPQCC website at <https://cpqcc.org/engage/annual-data-training-webinars-2024>
- If you attend as a team, please create a sign in sheet and send it to contactmccpop@stanford.edu to be eligible for contact hours/CEU's
- Attendees will be eligible for contact hours through the the Mid-Coastal California Perinatal Outreach Program (MCCPOP). MCCPOP is approved as a provider of continuing education by the California Board of Registered Nurses, Provider #3104. This course has been approved for **up to** 1.5 contact hours for the 90-minute events and 1.0 contact hours for the 60-minute events.
- Attendees must remain on the webinar for the entire time and fill out our survey in order to receive contact hours. The survey will be available immediately following this webinar.

Presenter



Susan Hintz
HRIF Medical Director
CPQCC HRIF



Erika Gray
Program Manager
CPQCC HRIF

CPQCC HRIF Team Members



Eileen Loh
Software Engineer



Tianyao Lu
Biostatistician

Continuum of care structure – unique to California!



All NICU Admissions
Higher Acuity Admissions
Maternal Exposures
Neonatal Transport Data



RPPC Data



CMQCC Data



HRIF Data

Agenda

DURATION	TOPIC	PRESENTER
12:00 – 12:05 PM (5 min)	Welcome & Introductions	Communications Team
12:05 – 12:10 PM (5 min)	CCS HRIF Program & Database Access	Susan Hintz
12:10 – 12:25 PM (15 min)	Quality Improvement Projects & Research	Susan Hintz
12:25 – 1:05 PM (40 min)	Reporting System <ul style="list-style-type: none"> • Database Changes for 2025 • System Tools / Dashboards 	Erika Gray
1:05 – 1:15 PM (10 min)	Data Finalization Process & Awards	Erika Gray
1:15 – 1:20 PM (5 min)	HRIF Resources	Erika Gray
1:15 – 1:30 PM (10 min)	Q&A Session	Group


CCS HRIF Program & Database Access



CCS HRIF Program

- 1979** CCS launches statewide “NICU Follow Up Program” to provide follow-up care to high risk infants discharged from the NICU.
- 2006** CCS partners with CPQCC to completely restructure and remodel high risk infant follow up
- 2010** CPQCC CCS HRIF Quality Care Initiative is launched.

Diagnostic Services:

- Comprehensive History & Physical Exam with Neurologic Assessment
 - Developmental Assessment
 - Family Psychosocial and Needs Assessment
 - Hearing Assessment
 - Ophthalmologic Assessment
 - Coordinator Services
- 

BY THE NUMBERS



500K

BIRTHS

CMQCC



100K/17K

**NICU/HIGH RISK
ADMITS**

CPQCC/CMQCC



140/220

**NICUs/BIRTH
HOSPITALS**



7K

**ACUTE
NEONATAL
TRANSPORTS**

CPeTS

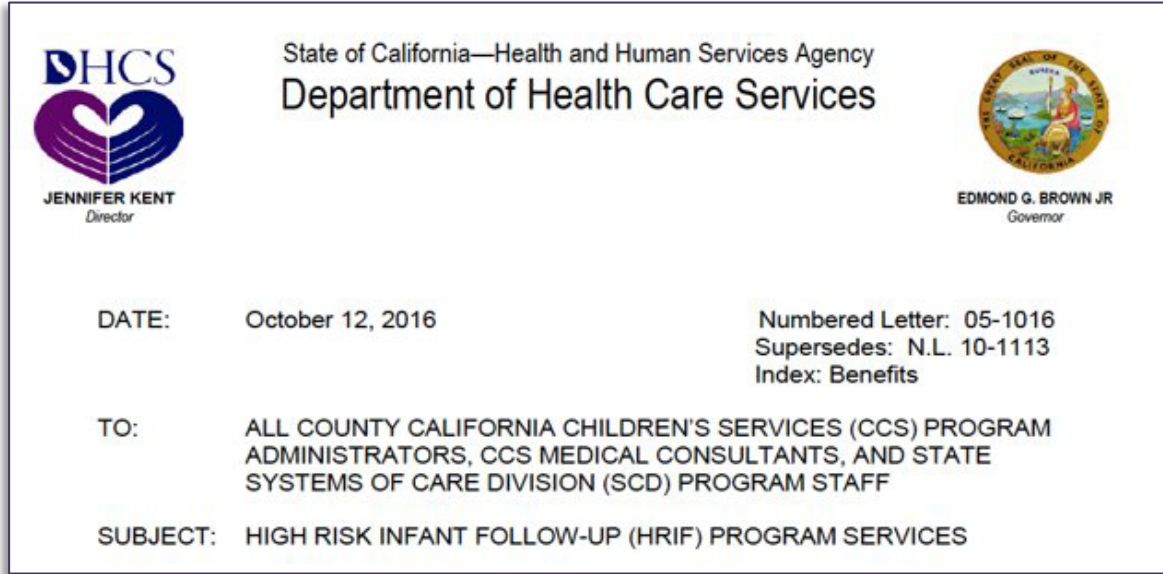


9K

**HIGH-RISK
INFANTS
REGISTERED**

HRIF

Who do we serve? - CCS HRIF Eligibility



Medical Eligibility: Big Babies

A range of neurologic, cardiovascular risk factors including, but not limited to:

- Placed on ECMO, nitric oxide more than 4 hours, other;
- Congenital heart disease requiring surgery or intervention,
- History of observed clinical or EEG seizure activity,
- History and/or findings consistent with neonatal encephalopathy,
- Other problems that could result in a neurologic abnormality

Medical Eligibility: Small Babies

- Birth weight less than or equal to 1500g
- OR
- GA at birth less than 32 weeks

NICU Referral Requirements

- Each CCS approved NICU must have an organized HRIF Program or a written agreement with another CCS -approved HRIF Program.
- It is the **responsibility of the discharging to home CCS NICU/hospital or the last CCS NICU/hospital providing care** to make the referral to the HRIF clinic.

The NICU Referral Process:

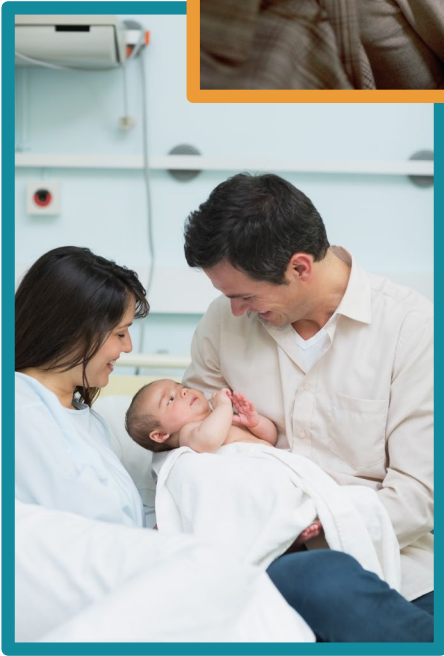
1. Complete Referral/Registration (RR) Form and submit via [HRIF Reporting System](#) at time of discharge to home
2. Submit a Service Authorization Request (SAR) to the local CCS Office to gain approval for HRIF services (Service Code Group [SCG] 06 should be requested)
3. Send a copy of the child's discharge summary to the HRIF clinic
[High Risk Infant Follow-up Program Letter: 01-1016](#) (supersedes 01-1113)

HRIF Visits: Number and Timing



Provides for 3 “Standard” or core visits

- #1: 4 - 8 months
- #2: 12 - 16 months
- #3: 18 - 36 months



Additional visits covered by CCS as determined to be needed by HRIF team.

HRIF Visits: Beyond Neurodevelopment



- Neurosensory, neurologic, developmental assessments, autism screening, *but much more* –
 - Hospitalizations, surgeries, medications, equipment
 - Medical services and Special services
 - Data on “Receiving”, “Referred”, but also “Referred and NOT receiving” *and why*.
 - Early Start, Medical Therapy Program -
 - Parent concerns – Living/ care arrangements, caregiver concerns, language in household, family social economic stressors

HRIF Reporting Requirements

The HRIF Coordinator is responsible for **ensuring that data is collected and reported to the Systems of Care Division, CCS HRIF Program and CPQCC.**

The HRIF Coordinator will:

- Coordinate the collection, collation, and reporting of required data
- Provide data to HRIF Reporting System: <https://www.ccshrif.org>.
- Ensure required data is submitted accurately and meets all required deadlines
- Review and share results of HRIF reports with HRIF & NICU teams
- Fully participate in the CCS HRIF Program evaluation
- Provide data and information that is required for the CCS HRIF Program evaluation



How to request access to the HRIF Reporting System?

Requirements for Access

<https://www.cpqcc.org/follow/hrif-data/how>

1. Your hospital must currently have a CCS-approved NICU or HRIF Program
2. You must be listed on the Member Directory

If you do not meet the above qualifications, then an authorized user must request access on your behalf. Make sure to include the authorized person in the help ticket request.

How to Access the Reporting System from Home

- Contact your hospital's IT team
- Install a VPN (Virtual Private Network) access portal on your computer

VPN enables users to send and receive data across a shared or public network as if your computing devices was directly connected to your hospital's private network.

Requirements for Access

<https://www.cpqcc.org/follow/hrif-data/how>

1. Center Name
- ★ 2. Computer Public IP Address: Contact your IT department to request the “Public IP Address Ranges” used by the hospital’s network and provide the ranges in the description of the help ticket. **Note:** Access to the HRIF Reporting System is only authorized while connected to your organization’s network.
3. Does your center provide HRIF services? (Y/N)
4. Full name (First and Last)
5. Title
6. E-mail Address
- ★ 7. Phone Number
- ★ 8. User Account Access (contacts can have multiple accounts):

Submit a help ticket at
www.cpqcchelp.org
with the required
information listed.

Data User: HRIF clinic staff responsible for submitting all data forms for patients receiving follow-up services in their clinic. Can generate the HRIF Summary and CCS Annual Reports.

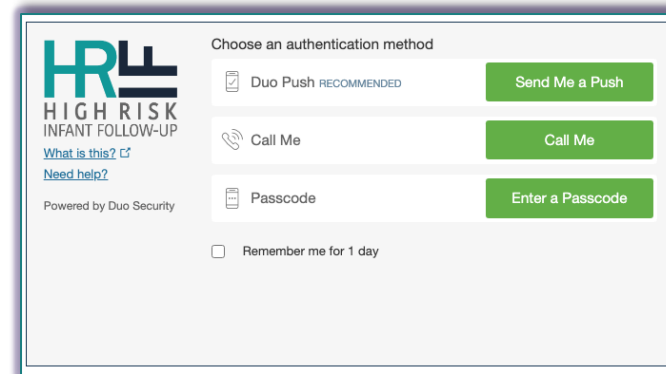
Referral User: CCS-approved NICU and/or HRIF clinic staff who refer eligible infants to an HRIF clinic.

NICU User: CCS-approved NICU staff who can generate the NICU Summary Report.

Data Reporting System Access

MANY layers of security!

1. Must supply **public IP address ranges** from your hospital/ institution network. The system will not allow access if not connected to authorized network. (*VPN can allow you to access from home*)
2. Must obtain **CPQCC Password**
3. **Duo Secure**





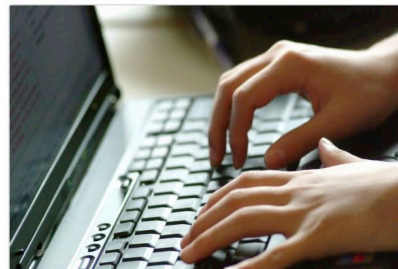
Welcome to CPQCC

See What We Did in 2023

[View the Annual Report](#)



**Join the 2025 California
NICU Family Advisory
Council**



NICU Data Contacts

- Learn more about the NICU Database



Quality Contacts

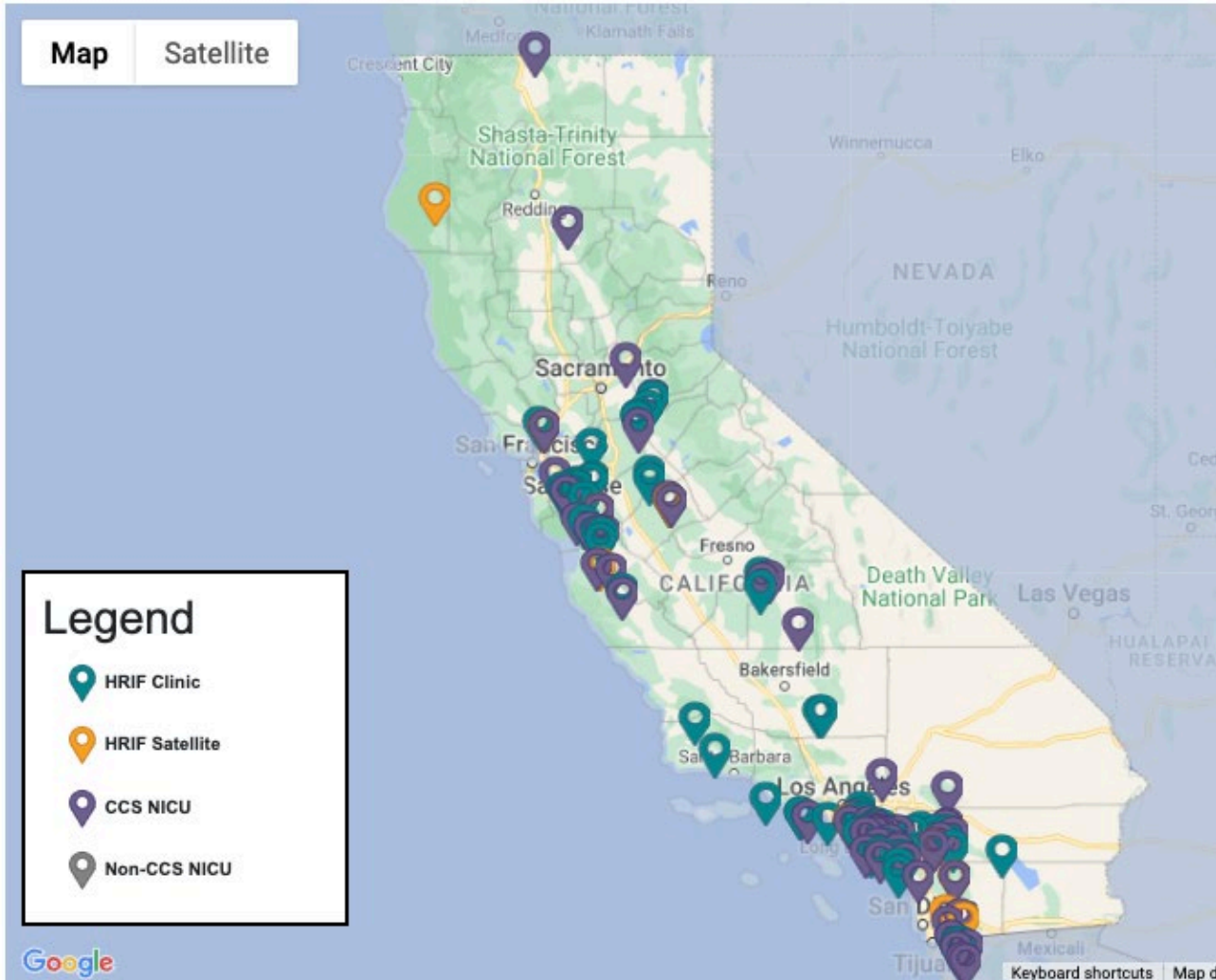
- Review our toolkits
- Nominate someone for a QI Award



HRIF Data Contacts

- Learn about the HRIF Reporting System

CCS HRIF Program & NICU sites



124 CCS NICUs

24 Regional

85 Community

15 Intermediate

66 HRIF Program Clinics

24 Regional

42 Community

12 HRIF Satellite Clinics

By the Numbers: Referrals and Visits

Through October 2024

128,800 high risk infants registered statewide

21,700 < 28 weeks

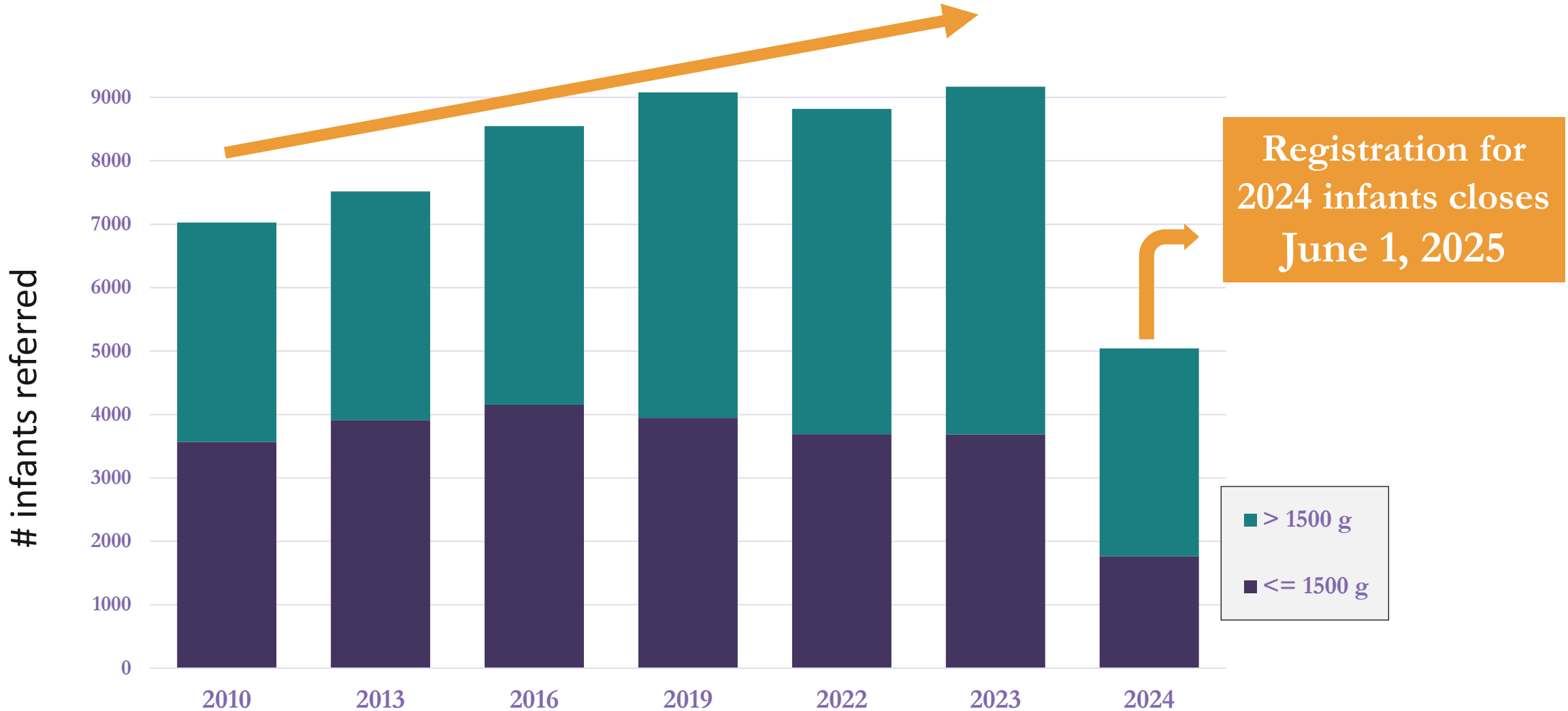
9,500 < 26 weeks

59,800 VLBWs registered/referred (≤ 1500 g)

186,900 standard visits performed

12,400 additional visits performed

Referral to HRIF by birth year



Recently published

THE JOURNAL OF PEDIATRICS • www.jpeds.com

**ORIGINAL
ARTICLES**



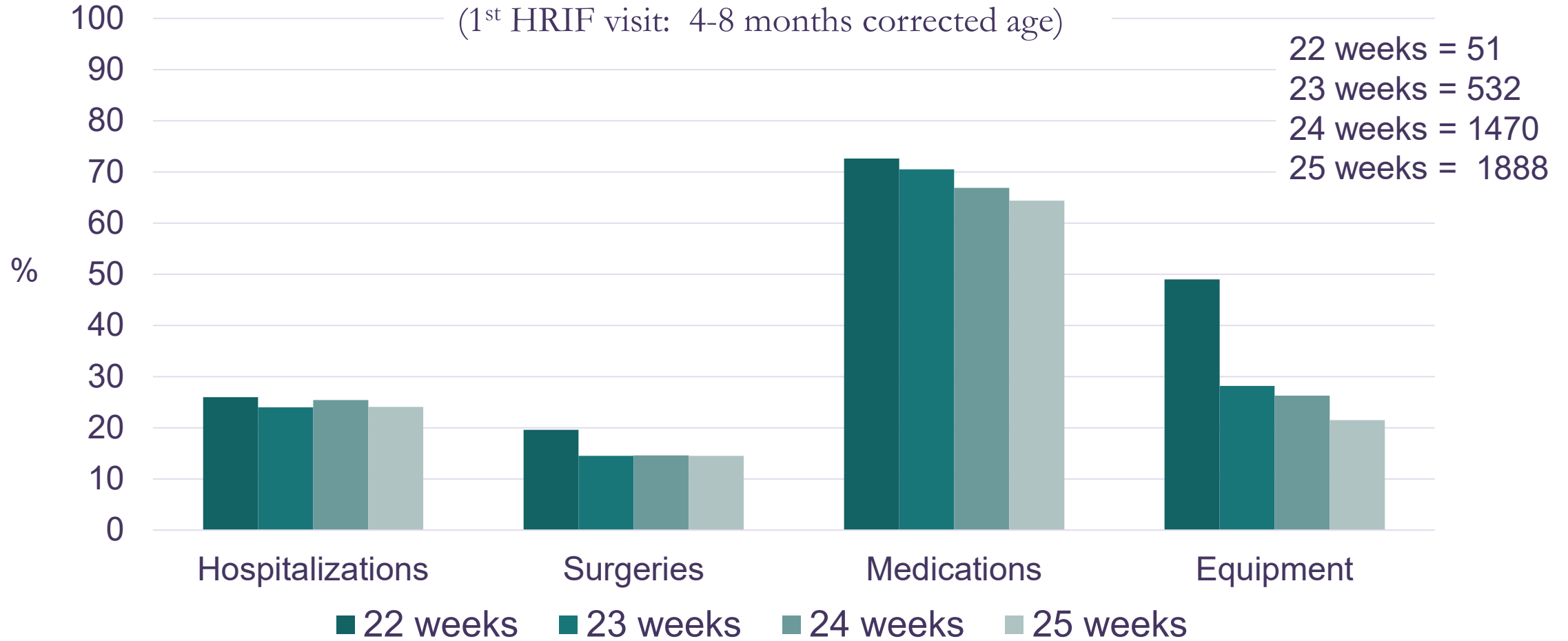
Resource and Service Use after Discharge Among Infants 22-25 Weeks Estimated Gestational Age at the First High-Risk Infant Follow-Up Visit in California

[https://www.jpeds.com/article/S0022-3476\(24\)00275-0/fulltext](https://www.jpeds.com/article/S0022-3476(24)00275-0/fulltext)

Background and Objectives

- Parent and family counseling has typically focused on survival and neurodevelopmental outcomes.
 - But **parents and families** indicate that **other post-discharge outcomes** - *including functional, family, and medical outcomes* - can be more relevant to them.
- CPQCC CCS HRIF sought to understand **medical and resource needs, coordinated medical and special service use and needs at the 1st HRIF visit, and to evaluate potential disparities in receipt of services among children 22-25 weeks EGA (birth years 2010-2017).**

Resources utilized at 1st HRIF visit



J Pediatr 2024;274:114172

Medical and special service use at 1st visit & assuring access to needed coordinated services and care

	22 weeks EGA (N=51)	23 weeks EGA (N=532)	24 weeks EGA (N=1470)	25 weeks EGA (N=1888)
Receiving medical services				
None	8 (15.7%)	79 (14.9%)	299 (20.3%)	437 (23.2%)
1	10 (19.6%)	100 (18.8%)	351 (23.9%)	523 (27.7%)
2+	33 (64.7%)	353 (66.4%)	820 (55.8%)	928 (49.2%)
Receiving special services				
None	19 (37.3%)	221 (41.5%)	671 (45.7%)	933 (49.4%)
1+	32 (62.8%)	311 (58.5%)	799 (54.4%)	955 (50.6%)
Referral made to medical services at 1st HRIF visit				
Yes	13 (27.5%)	83 (15.6%)	189 (12.9%)	235 (12.5%)
No	37 (72.6%)	449 (84.4%)	1281 (87.1%)	1653 (87.5%)
Referral made to special services at 1st HRIF visit				
Yes	24 (47.1%)	194 (36.5%)	518 (35.2%)	609 (32.3%)
No	27 (52.9%)	338 (63.5%)	952 (64.8%)	1279 (67.7%)

Conclusions

- Infants born extraordinarily preterm have substantial medical and resource needs in the early post-discharge period.
- In addition to expected clinical factors, high MS and SS utilization were associated with maternal and sociodemographic factors, which reflects disparities in post-discharge care.
- Early functional and medical resource use information could be valuable to parents; integration of this kind of information should be considered by NICU providers to appropriately prepare and refer families.



QI PROJECTS IN PROGRESS/ FUTURE

Data to Action



**Supporting Early
Detection of
Cerebral Palsy in
California**



Early Diagnosis and Treatment of Cerebral Palsy in Children with a History of Preterm Birth

JAMA Pediatrics | Review

Early, Accurate Diagnosis and Early Intervention in Cerebral Palsy Advances in Diagnosis and Treatment

Iona Novak, PhD; Cathy Morgan, PhD; Lars Addé, PhD; James Blackman, PhD; Roslyn N. Boyd, PhD; Janice Brunstrom-Hernandez, MD; Giovanni Cioni, MD; Diane Damiano, PhD; Johanna Darrah, PhD; Ann-Christin Eliasson, PhD; Linda S. de Vries, PhD; Christa Einspieler, PhD; Michael Fahey, PhD; Darcy Fehlings, PhD; Donna M. Ferriero, MD; Linda Fetters, PhD; Simona Fiori, PhD; Hans Forssberg, PhD; Andrew M. Gordon, PhD; Susan Greaves, PhD; Andrea Guzzetta, PhD; Mijna Hadders-Algra, PhD; Regina Harbourne, PhD; Angelina Kakooza-Mwesige, PhD; Petra Karlsson, PhD; Lena Krumlind-Sundholm, PhD; Beatrice Latal, MD; Alison Loughran-Fowlds, PhD; Nathalie Maitre, PhD; Sarah McIntyre, PhD; Garey Noritz, MD; Lindsay Pennington, PhD; Domenico M. Romeo, PhD; Roberta Shepherd, PhD; Alicia J. Spittle, PhD; Marelle Thornton, DipEd; Jane Valentine, MRCP; Karen Walker, PhD; Robert White, MBA; Nadia Badawi, PhD

Alicia J. Spittle, PhD^{a,b,c,*},
Joy E. Olsen, PhD^{b,c}, Iona N

JAMA Pediatrics | Review

Early Intervention for Children Aged 0 to 2 Years With or at High Risk of Cerebral Palsy International Clinical Practice Guideline Based on Systematic Reviews

Catherine Morgan, PhD; Linda Fetters, PhD; Lars Addé, PhD; Nadia Badawi, PhD; Ada Bancalé, NPT; Roslyn N. Boyd, PhD; Olena Chorna, CCRP; Giovanni Cioni, MD; Diane L. Damiano, PhD; Johanna Darrah, PhD; Linda S. de Vries, PhD; Stacey Dusing, PhD; Christa Einspieler, PhD; Ann-Christin Eliasson, PhD; Donna Ferriero, MD; Darcy Fehlings, MD; Hans Forssberg, MD; Andrew M. Gordon, PhD; Susan Greaves, PhD; Andrea Guzzetta, PhD; Mijna Hadders-Algra, PhD; Regina Harbourne, PhD; Petra Karlsson, PhD; Lena Krumlind-Sundholm, PhD; Beatrice Latal, PhD; Alison Loughran-Fowlds, PhD; Catherine Mak, PhD; Nathalie Maitre, MD; Sarah McIntyre, PhD; Cristina Mei, PhD; Angela Morgan, PhD; Angelina Kakooza-Mwesige, PhD; Domenico M. Romeo, PhD; Katherine Sanchez, PhD; Alicia Spittle, PhD; Roberta Shepherd, PhD; Marelle Thornton, DipEd; Jane Valentine, PhD; Roslyn Ward, PhD; Koa Whittingham, PhD; Alleh Zamany, DPT; Iona Novak, PhD

- Substantial and growing evidence supporting early detection of cerebral palsy (CP) - and therefore potential deployment data-driven interventions.
- Some California NICU and HRIF teams have considered integration - **but with variable approaches.**
- Early detection begins with a medical history, includes neuroimaging, *standardized neurological and standardized motor assessments.*

STANDARD VISIT (SV) FORM



CEREBRAL PALSY (CP)																	
<p>Was Early Cerebral Palsy Diagnosis Made? <i>(Complete if the Child is < 18 Months Adjusted Age)</i></p> <p><input type="checkbox"/> No (skip to Developmental Assessment)</p> <p><input type="checkbox"/> Yes</p> <p style="text-align: center;">Select the Assessment Used to Arrive at Early Diagnosis of Cerebral Palsy: (check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Alberta Infant Motor Scale (AIMS) <input type="checkbox"/> General Movement Assessment (GMA) <input type="checkbox"/> Motor Assessment of Infants (MAI) <input type="checkbox"/> Neurological exam with GMFCS assessment <input type="checkbox"/> Test of Infant Motor Performance (TIMP) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Developmental Assessment of Young Children (DAYC) <input type="checkbox"/> Hammersmith Infant Neurological Exam (HINE) <input type="checkbox"/> Magnetic Resonance Imaging (MRI) <input type="checkbox"/> Neuro Sensory Motor Developmental Assessment (NSMDA) <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Alberta Infant Motor Scale (AIMS) <input type="checkbox"/> General Movement Assessment (GMA) <input type="checkbox"/> Motor Assessment of Infants (MAI) <input type="checkbox"/> Neurological exam with GMFCS assessment <input type="checkbox"/> Test of Infant Motor Performance (TIMP)	<input type="checkbox"/> Developmental Assessment of Young Children (DAYC) <input type="checkbox"/> Hammersmith Infant Neurological Exam (HINE) <input type="checkbox"/> Magnetic Resonance Imaging (MRI) <input type="checkbox"/> Neuro Sensory Motor Developmental Assessment (NSMDA) <input type="checkbox"/> Other: _____														
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<p>Does the Child Have Cerebral Palsy? <i>(Complete if the Child is ≥ 18 Months Adjusted Age)</i></p> <p><input type="checkbox"/> No (skip to Developmental Assessment)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Suspect</p> <p style="text-align: center;">Gross Motor Function Classification System (GMFCS) Adjusted Age: (check only one)</p> <table style="width: 100%; border: none;"> <thead> <tr> <th colspan="2" style="background-color: #d3d3d3; text-align: left; padding: 2px;"><i>Child 18 - 24 months of age adjusted for prematurity</i></th> <th colspan="2" style="background-color: #d3d3d3; text-align: left; padding: 2px;"><i>Child ≥ 24 - 36 months of age adjusted for prematurity</i></th> </tr> </thead> <tbody> <tr> <td style="width: 25%;"><input type="checkbox"/> Level I</td> <td style="width: 25%;"><input type="checkbox"/> Level IV</td> <td style="width: 25%;"><input type="checkbox"/> Level I</td> <td style="width: 25%;"><input type="checkbox"/> Level IV</td> </tr> <tr> <td><input type="checkbox"/> Level II</td> <td><input type="checkbox"/> Level V</td> <td><input type="checkbox"/> Level II</td> <td><input type="checkbox"/> Level V</td> </tr> <tr> <td><input type="checkbox"/> Level III</td> <td><input type="checkbox"/> Unable to Determine</td> <td><input type="checkbox"/> Level III</td> <td><input type="checkbox"/> Unable to Determine</td> </tr> </tbody> </table> <p><input type="checkbox"/> Unable to Determine</p>		<i>Child 18 - 24 months of age adjusted for prematurity</i>		<i>Child ≥ 24 - 36 months of age adjusted for prematurity</i>		<input type="checkbox"/> Level I	<input type="checkbox"/> Level IV	<input type="checkbox"/> Level I	<input type="checkbox"/> Level IV	<input type="checkbox"/> Level II	<input type="checkbox"/> Level V	<input type="checkbox"/> Level II	<input type="checkbox"/> Level V	<input type="checkbox"/> Level III	<input type="checkbox"/> Unable to Determine	<input type="checkbox"/> Level III	<input type="checkbox"/> Unable to Determine
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Early CP Detection – HRIF Site Survey

Of responding sites

- **Just ~half** responded that they are using any assessments for **early CP detection**.
 - Most indicated **GMFCS or neuro exam only**; just **~1/3** using **GMA, HINE, or TIMP**.
 - Only about half indicated that their team has formal training
 - Of note – some sites **NOT** yet integrating early CP detection have team members with training.
- **90% of ALL responding sites indicated they would be interested in participating in formal training.**

Opportunity for Quality Improvement

Training and Education

CPQCC is partnering with EI3 (USC, Dr. Stacey Dusing) to facilitate HINE training workshops for interested HRIF clinics in California!

Evaluate improvement in early CP detection across California, assess changes in referral and access to MTP and EI, longitudinal evaluation of shifts in later neuromotor outcome.

Submit a Help Ticket at www.cpqcchelp.org for more information.

Learning from Parent Voices



How do we usually look at problems faced by children and families in the NICU and beyond?

Investigators and clinicians identify potential challenges or problems – primarily for *infants*.



Research, intervention, outcomes, and improvement goals follow on *based on investigator/clinician-directed priorities*.

What's missing?

PARENT PERSPECTIVE!



Listening to Parent Voices

What works and what doesn't for parents and families *during their journey*?

What do parents
need in the NICU
and after
discharge?

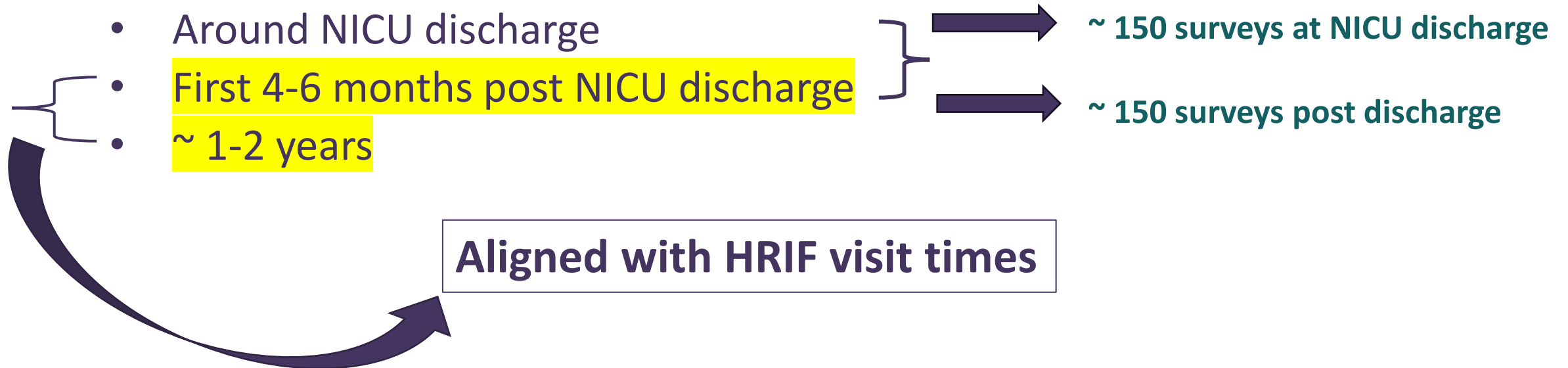
What works and
doesn't work for
parents in their
own words?

What are the gaps
and the resilience
factors that
parents identify?

Parent Voices Project: NICU and beyond

What works and what doesn't for parents and families during their journey?

Phase 1 = survey (short, open-ended queries)



Parent Voices Project: Phase 1 (survey)

NICU and beyond

*Parent Voices SURVEY
by QR code to facilitate
ease of completion; at
bedside, in HRIF clinic,
or by telehealth.*



*At NICU bedside – around
time of discharge*

<https://healthier.stanfordchildrens.org/en/storytime-at-nicu/>

Parent Voices Project: Phase 1 (survey)

NICU and beyond

*Parent Voices SURVEY
by QR code to facilitate
ease of completion; at
bedside, in HRIF clinic,
or by telehealth.*



*In the first post-discharge months and
at 1-2 years in HRIF clinic / telehealth*

Parent Voices Project: NICU and beyond

What works and what doesn't for parents and families during their journey?

Would your HRIF site be interested in participating?

Goal to launch *surveys* in HRIF clinics in early 2025 –

Submit a Help Ticket at www.cpqcchelp.org for more information.

Analyze Your Own HRIF Clinic Data

The screenshot displays the HRIF web application interface. At the top, the user is identified as 'Susan Hintz, MD, Super User'. The left sidebar contains a navigation menu with items such as 'Clinic Dashboard', 'Find Patient', 'Pending Cases', 'Registration', 'Referral', 'Cardiac', 'Reports', 'Tools', 'Member Directory', 'Map', 'Online Manual', and 'COVID-19 Family Impact Study'. The 'Reports' menu item is highlighted with an orange arrow. The main content area shows a section for 'YOUR SITE' with a year selection dropdown (2010-2018) and a list of files to be included in the primary data folder. A 'Download' button is visible below the list. A callout box on the right side of the screen provides a detailed list of the files that will be included in the data export.

Susan Hintz, MD, Super User

HRIF
HIGH RISK
INFANT FOLLOW-UP

- Clinic Dashboard
- Find Patient
- Pending Cases
- Registration
- Referral >
- Cardiac >
- Reports** →
- Tools >
- Member Directory
- Map
- Online Manual
- COVID-19 Family Impact Study

HRIF Report

Prog Profile

Service Refs

CCS Annual

NICU Summary

Cardiac Summary

Export Data (Data Requestor)

Clinic Activity Report

Admin Reports

YOUR SITE

2010 2011 2012 2013 2014 2015 2016 2017 2018

The Primary Data folder will include the following (8) files:

- HRIF Primary Data Read Me
- HRIF Data Dictionary 2010+
- Additional Visit
- No Show Visit
- Registration
- Standard Visit
- SV Hospital Reason
- SV Other Medical Conditions

Download

- HRIF_Data_Dictionary_2010+v03.2021.xlsx
- HRIF_Primary_Data_ReadMe.pdf
- HrifPrimaryData_AdditionalVisit_2016.csv
- HrifPrimaryData_NoShowVisit_2016.csv
- HrifPrimaryData_Registration_2016.csv
- HrifPrimaryData_StandardVisit_2016.csv
- HrifPrimaryData_SvHospReason_2016.csv
- HrifPrimaryData_SvOtherMed_2016.csv



Project: Launch a Series of Surveys

Short 10-questions

Survey #1 – Operations

- FTE % HRIF Coordinator
- Clinic Visit Structure

PURPOSE: collect information to improve and develop standardized processes (i.e., program guidelines / best practices) for the statewide CCS HRIF Programs.

Survey #2 – Support

- How are eligible patients identified (NICU or HRIF staff)?
- How are transfers and no-shows managed?

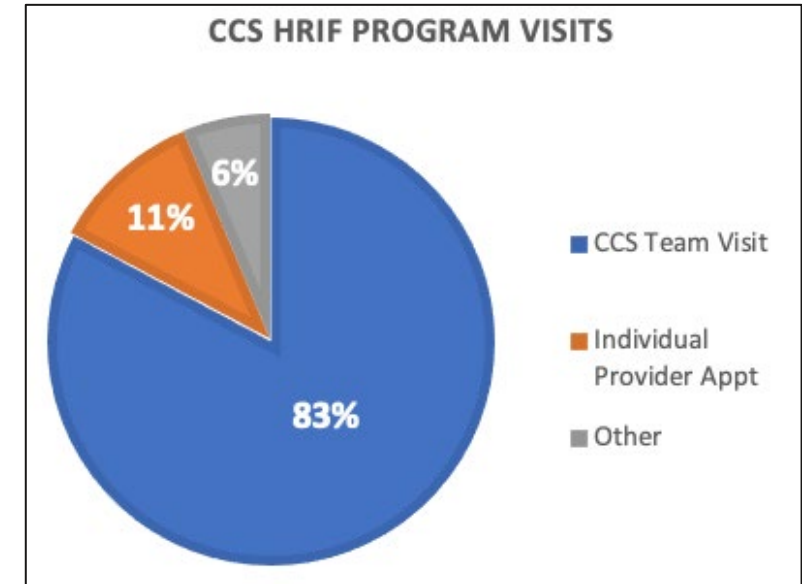
Survey #3 - Data Collection

- How is data extracted and entered in the system?
- When is clinic notes/charting done?

Survey #1 Preliminary Results

96% Response Rate (64/66 HRIF clinics)

- **44 (68%)** follow both CCS-HRIF eligible and Non-CCS HRIF eligible patients.
- **Who serves as the CCS HRIF Program Coordinator:**
 - **Nurse Specialist/Registered Nurse = 46 (68%)**
 - Social Worker = 6 (9%)
 - Pediatrician/Neonatologist = 6 (9%)
- **Coordinator's functions/responsibilities are shared in 25 (40%) clinics.**



Reporting Forms & 2025 Changes



Referral/Registration (RR) form

17 Required Fields that **MUST** be entered to save online record:

- NICU Reference ID
- Date of Birth
- Birth Hospital
- Birth Weight
- Gestational Age
- Singleton/Multiple
- Infant Sex
- Infant's Ethnicity
- Infant's Race
- **Infant's Race/Ethnicity**
- Hospital Discharging to Home
- Date of Discharge to Home
- Birth Mother's Date of Birth
- Birth Mother's Ethnicity
- Birth Mother's Race
- **Birth Mother's Race/Ethnicity**
- Insurance
- Primary Language Spoken at Home
- Medical Eligibility Profile

NOTE: The **Unable to Complete Form** checkbox should **ONLY** be used when:

- Infant expired prior to initial core visit
- Parents refused follow-up services
- Lost to follow (unable to contact the family after multiple attempts)

CNSD form is required!

Standard Visit (SV) form

- The **3 standard core visits** recommended time periods:

Visit #1 (4 - 8 mos)

Visit #2 (12 - 16 mos)

Visit #3 (18 – 36 mos)

Developmental Test must be performed.

- **8 Required Fields - MUST be entered** to save online form. Saved entry screens can be recalled later to make necessary updates.

- **Date of Visit**
- **This visit was conducted**
- **Core Visit (auto)**
- **Was a Neurologic Exam Performed**
- **This Part of the Visit was Done by (Neurologic Assessment)**
- **Developmental Assessment Performed**
- **This Part of the Visit was Done by (Developmental Core Visit Assessment)**
- **Disposition**

Additional Visit (AV) form

- May occur **before, between and/or after** the recommended timeframes for **standard core visits**.
- This form captures:
 - **Date**
 - **Reason** (Social Risk, Case Management, Concerns with Neuro/Developmental Course or Other)
 - **Disposition**

All fields are required to save online form.

Client Not Seen Discharge (CNSD) form

Use this form when:

1. Unable to contact after 3-5 attempts
 2. **No Show:** primary caregiver reschedule (less than 24 hours) OR does not show-up
 3. **Service declined**
 4. **Infant expired, family relocated, insurance denied** prior to core visit
 5. **Infant transferred** to another HRIF Program for follow-up services.
- This form captures the **Date, Category, Reason** and **Disposition**.

All fields are required to save online form.



2025 Data Changes

RR form

Figure 2. Race and Ethnicity Question with Minimum Categories Only and Examples

Effective March 28, 2024, the Office of Management and Budget (OMB) has revised the standards to federal reporting on race and ethnicity data (SPD 15).

CPQCC NICU and HRIF databases will be implementing OMB update to race and ethnicity, starting with infant's born in 2025.

What is your race and/or ethnicity?

Select all that apply.

American Indian or Alaska Native

For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

Asian

For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.

Black or African American

For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.

Hispanic or Latino

For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.

Middle Eastern or North African

For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.

Native Hawaiian or Pacific Islander

For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.

White

For example, English, German, Irish, Italian, Polish, Scottish, etc.

CHANGE

1. Add new **Middle Eastern or North African** and **Declined** selections
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - **Middle Eastern or North African**
 - Native Hawaiian or Pacific Islander
 - White
 - Other
 - Unknown
 - **Declined**

CHANGE

2. Infant's Race/Ethnicity (check all that apply)

NOTE: Applies to Referral/Registrations for infants born in 2025.


*Infant's Sex:		<input type="checkbox"/> Male	<input type="checkbox"/> Undetermined	*Infant's Ethnicity:		<input type="checkbox"/> Hispanic /Latino	<input type="checkbox"/> Non-Hispanic
		<input type="checkbox"/> Female	<input type="checkbox"/> Unknown			<input type="checkbox"/> Unknown	
*Infant's Race		<i>check only ONE</i> <input type="checkbox"/> Single: <input type="checkbox"/> Multiracial: <input type="checkbox"/> Unknown:					
		<input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American (North, South or Central) Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Unknown					
NEW ITEM - COMPLETE FOR INFANTS BORN IN 2025							
*Infant's Race/Ethnicity (Check all that apply)		<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Declined					



CHANGE

3. Birth Mother's Race/Ethnicity (check all that apply)

NOTE: Applies to Referral/Registrations for infants born in 2025.

*Birth Mother's Date of Birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (MM-DD-YYYY)		*Birth Mother's Ethnicity <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Unknown		<input type="checkbox"/> Non-Hispanic
*Birth Mother's Race	<i>check only ONE</i> <input type="checkbox"/> Single: <input type="checkbox"/> Multiracial: <input type="checkbox"/> Unknown:	<input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American (North, South or Central) Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Unknown		
	NEW ITEM - COMPLETE FOR INFANTS BORN IN 2025			
 *Birth Mother's Race/Ethnicity (Check all that apply)	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> White <input type="checkbox"/> Unknown	<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Declined		

SV form

4. New Question – **Was an ASD diagnosis made at this visit (i.e., concurrent DBP evaluation)?**
 - Select **No** if the infant/child was not diagnosis with autism spectrum disorder (ASD) at this visit concurrent with a Developmental Behavioral Pediatrics (DBP) or psychology evaluation. Proceed to **Early Start (ES) Program**.
 - Select **Yes** if the infant/child was diagnosis with autism spectrum disorder (ASD) at this visit concurrent with a Developmental Behavioral Pediatrics (DBP) or psychology evaluation.

5. If Yes, **How was the diagnosis made:**
Autism Diagnostic Observation Schedule (ADOS); Other Diagnostic Tools; or Other Clinical Evaluation

CHANGE

AUTISM SPECTRUM SCREEN (Optional)

Has a Diagnosis of Autism Spectrum Disorder Been Made? No Yes (Skip to Early Start Program)

Was an Autism Spectrum Screen Performed During this Visit? No Yes (complete below)

Screening Tool Used:
 M-CHAT-RF
 CSBS-DP
 Other/Not Listed

Screening Results:
 Pass
 Did Not Pass

M-CHAT-RF Risk Level:
 Low Risk
 Medium Risk
 High Risk

Was the Infant Referred for Further Autism Spectrum Assessment? No Yes

Was an ASD diagnosis made at this visit (i.e. concurrent DBP evaluation)? No Yes (complete below)

How was the diagnosis made: Autism Diagnostic Observation Schedule (ADOS) Other Diagnostic Tools Other Clinical Evaluation

SV form

6. New Social Concerns and Resources option – **Already Receiving Services**

definition: If the child/family is currently receiving intervention services.

NOTE: If additional intervention services are needed, select the appropriate option “Yes, Referred to Social Worker” or “Yes, Referred to Other Community Resources”.

CHANGE

SOCIAL CONCERNS AND RESOURCES		
Caregiver-Child Disruptions or Concerns <i>Single parent, divorce, prolonged separation (incarceration, military service) multiple changes in caregivers/daycare, caregiver chronic illness</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Already Receiving Services	<input type="checkbox"/> Yes, Referral Not Necessary <input type="checkbox"/> Yes, Referred to Social Worker <input type="checkbox"/> Yes, Referred to Other Community Resources
Economic/Environmental Concerns/Stressors <i>Housing insecurity, lack of resources-\$\$, insurance (or high co-pay), lack of reliable transportation for medical needs</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Already Receiving Services	<input type="checkbox"/> Yes, Referral Not Necessary <input type="checkbox"/> Yes, Referred to Social Worker <input type="checkbox"/> Yes, Referred to Other Community Resources
Community & Relationship Concerns <i>Emotional support from family/friends, supportive and safe intimate relationship, safe neighborhood, and resources for needs</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Already Receiving Services	<input type="checkbox"/> Yes, Referral Not Necessary <input type="checkbox"/> Yes, Referred to Social Worker <input type="checkbox"/> Yes, Referred to Other Community Resources
Parent-Child Concerns <i>Feeding & growth, calming, behavior, sleep, other</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Already Receiving Services	<input type="checkbox"/> Yes, Referral Not Necessary <input type="checkbox"/> Yes, Referred to Social Worker <input type="checkbox"/> Yes, Referred to Other Community Resources
Food Insecurity <i>Lack of resources\$\$ to purchase food, not enough food to feed the family</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Already Receiving Services	<input type="checkbox"/> Yes, Referral Not Necessary <input type="checkbox"/> Yes, Referred to Social Worker <input type="checkbox"/> Yes, Referred to Other Community Resources

SV form

7. Remove **Has the Child Been Tested for COVID-19?** and **Was the Delay Due to the COVID-19 Pandemic?** from **Other Medical Conditions**.

CHANGE

OTHER MEDICAL CONDITIONS			
Has the Child Been Tested for COVID-19?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown
Has the Child's Immunization Schedule Ever Been Delayed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete below)	<input type="checkbox"/> Unknown
Was the Delay Due to the COVID-19 Pandemic?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Were there Additional Medical Conditions Identified that may Impact the Child's Outcome? (check all categories that apply and provide a description of the diagnosis)		<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete below)

AV form

8. Add the **Standard Visit** form **Autism Spectrum Screen (Optional)** section.

CHANGE

AUTISM SPECTRUM SCREEN (Optional)			
Has a Diagnosis of Autism Spectrum Disorder Been Made?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Was an Autism Spectrum Screen Performed During this Visit?		<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete below)
Screening Tool Used:	<input type="checkbox"/> M-CHAT-RF	Screening Results:	<input type="checkbox"/> Pass
	<input type="checkbox"/> CSBS-DP		<input type="checkbox"/> Did Not Pass
	<input type="checkbox"/> Other/Not Listed		M-CHAT-RF Risk Level:
			<input type="checkbox"/> Low Risk
			<input type="checkbox"/> Medium Risk
			<input type="checkbox"/> High Risk
Was the Infant Referred for Further Autism Spectrum Assessment?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Was an ASD diagnosis made at this visit (i.e. concurrent DBP evaluation)?		<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete below)
How was the diagnosis made:	<input type="checkbox"/> Autism Diagnostic Observation Schedule (ADOS)	<input type="checkbox"/> Other Diagnostic Tools	<input type="checkbox"/> Other Clinical Evaluation

STANDARD VISIT (SV) FORM

HRIF I.D.# _____

NAME: _____ (Last, First)

***Required Field**
***Date of Visit:** --- (MM-DD-YYYY)
 In-person Telehealth (audio + video observation) Phone Only

***This visit was conducted:** #1 (4-8 months) #2 (12-16 months) #3 (18-36 months)

Core Visit (1)

Zip Code of Primary Caregiver: _____

Chronological Age: _____ Months _____ Days **Adjusted Age:** _____ Months _____ Days

Interpreter Used

No
 Yes: Spanish Arabic Armenian
 Cantonese Farsi/Persian Hindi
 Hmong/Miao Japanese Korean
 Mandarin Mixteco Mon-Khmer/Cambodian
 Punjabi Russian Sign Language
 Tagalog Thai Vietnamese
 Other: _____

Insurance (Check all that apply)
 CCS Commercial HMO Commercial PPO Medi-Cal
 Point of Service/EPO No Insurance/Self Pay Other Unknown

PATIENT ASSESSMENT

Weight	Length	Head Circumference
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (kg) or <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (lbs) <input type="checkbox"/> <input type="checkbox"/> (oz)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (cm) or <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (in)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (cm) or <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (in)
Reason NOT Collected: <input type="checkbox"/> Not Routinely Done <input type="checkbox"/> Unable to Obtain <input type="checkbox"/> Other	Reason NOT Collected: <input type="checkbox"/> Not Routinely Done <input type="checkbox"/> Unable to Obtain <input type="checkbox"/> Other	Reason NOT Collected: <input type="checkbox"/> Not Routinely Done <input type="checkbox"/> Unable to Obtain <input type="checkbox"/> Other

GENERAL ASSESSMENT

Is the Child Currently Receiving Breastmilk? Exclusively Some None

Living Arrangement of the Child
 Both Parents Other Relatives/Not Parents One Parent One Parent/Other Relatives
 Foster Family/CPS Unknown Non Relative Foster/Adoptive Family
 Pediatric Subacute Facility Other

Education of Primary Caregiver
 <9th Grade Some High School High School Degree/GED
 Some College College Degree Graduate School or Degree
 Other Unknown Declined

Caregiver Employment
 Full-Time Part-Time Work From Home Temporary
 Multiple Jobs Other Declined Not Currently Employed
 None Yes Unknown

Routine Child Care
 If Yes, Check all that apply:
 Child Care Outside of Home Home Babysitter/Nanny Not Used Routinely
 Specialized Medical Setting Other

Caregiver Concerns of the Child

If Yes, Check all that apply:
 Behavioral Calming/Crying Feeding & Growth
 Frequent Illness Gastrointestinal/Spitting-up Hearing
 Medications Motor Skills, Movement Pain
 Sensory Processing Speech & Language Stress
 Sleeping/Napping Vision Other

(1) Core Visits: The HRIF Clinic has three core visits that take place during the following recommended time periods: Visit #1 (4-8 months), Visit #2 (12-16 months) and Visit #3 (18-36 months). Visit #1 is the initial first visit to the HRIF Clinic, even if the patient is older than 8 months corrected age.

ADDITIONAL VISIT (AV) FORM

HRIF I.D.# _____

NAME: _____ (Last, First)

***Required Field**
***DATE OF ADDITIONAL VISIT:** --- (MM-DD-YYYY)
 In-person Telehealth (audio + video observation) Phone Only

*** This visit was conducted:** In-person Telehealth (audio + video observation) Phone Only

REASON FOR ADDITIONAL VISIT (Required Field)

Social Risk Concern With Neuro/Developmental Course
 Case Management Other: _____

DISPOSITION (Required Field)

Scheduled To Return Will Be Followed by Another CCS HRIF Clinic (1)
 Discharged:
 Graduated Closed Out of Program
 Family Moving Out of State/Country Family Withdrew Prior To Completion
 Will be Followed Elsewhere Completed HRIF Core Visits, Referred For Additional Resources

REFERRAL/REGISTRATION (RR) FORM

HRIF I.D.# _____

HOSPITAL/CENTER INFORMATION (Optional)

Hospital Specific Medical I.D.#: _____

Infant's First Name: _____
Infant's Last Name: _____
Infant's AKA-1 Last Name: _____
Infant's AKA-2 Last Name: _____
Primary Caregiver's First Name: _____
Primary Caregiver's Last Name: _____
Street Address: _____
City: _____ **State/Country:** CA **Zip Code:** _____

Home Phone Number: (____) _____-_____
Alternate Street Address: _____
City: _____ **State/Country:** CA **Zip Code:** _____

Alternate Phone Number: (____) _____-_____
PROGRAM REGISTRATION INFORMATION

CCS #: _____ Infant NOT CPQCC NICU Eligible

***NICU Reference ID:** _____ (NICU HCUI ID (formerly OS/PR) - NICU Record ID)

***Date of Birth:** --- (MM-DD-YYYY)

***Birth Hospital:** _____

***Birth Weight:** _____ Grams

***Gestational Age:** _____ Weeks _____ Days (0-6)

***Single/Multiple:** Singleton Multiple: _____ (ex: 2A)

***Infant's Sex:** Female Male Undetermined Unknown

***Infant's Race/Ethnicity (Check all that apply)**

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic / Latino
<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> Other
<input type="checkbox"/> Unknown	

***Hospital Discharging to Home:** _____

CLIENT NOT SEEN / DISCHARGE (CNSD) FORM

HRIF I.D.# _____

NAME: _____ (Last, First)

***Required Field**
***DATE CLIENT NOT SEEN / DISCHARGE:** --- (MM-DD-YYYY)

CATEGORY (Required Field)

No Appointment Scheduled Core Visit Appointment Scheduled Discharged

REASON FOR CLIENT NOT SEEN / DISCHARGE (Required Field)

Appt Cancelled/COVID-19 Related Parent Declines Due to Cost
 Infant Illness Insurance Authorization Problems
 Infant Hospitalized CCS Denied
 Infant Referred to Another HRIF Clinic Lack of Transportation
 Infant/Family Moved Within California Lost to Follow-up
 Infant/Family Moved Out of State Unable to Contact
 Infant Expired Other: _____
 Parent Illness
 Parent Refused
 Parent Competing Priorities No Show/Reason Unknown

DISPOSITION (Required Field)

Scheduled Appointment Will Schedule Appointment Will Be Followed by Another CCS HRIF Clinic (1)
DISCHARGED: Family Moving Out of State/Country Will be Followed Elsewhere Closed Out of Program

NEW forms will be released JANUARY 2025
<https://www.cpqcc.org/follow/hrif-data-resources>

Reporting System



HRIF Database Development

2009

2020

HIGH RISK INFANT FOLLOW-UP QUALITY OF CARE INITIATIVE
Erika Gray, welcome to Kaiser Permanente Medical Center - Santa Clara

Find Patient | New Patient | Patient Record | Reports | Admin | Help | Sign Out

Patient Registration

NEW REFERRAL/REGISTRATION FORM This form is complete

*Referral Date

HOSPITAL/CENTER INFORMATION (Optional and for internal use only)

PROGRAM REGISTRATION INFORMATION

CCS # *CPQCC Reference # (CCS NICU OSHPD Code - CPQCC Patient #)

*Date of Birth

*Birth Hospital

*Birth Weight *Gestational Age

*Singleton/Multiple *Infant's Gender

Infant's Ethnicity

Infant's Race Single - Select the race that appears first in the hierarchy -

Hospital Discharging to Home

Referring CCS NICU

Date of Discharge to Home *Biological Mother's Date of Birth Unknown

Biological Mother's Ethnicity

Biological Mother's Race Single - Select

Insurance CCS Commercial Medi-Cal Point of Service Uninsured

2016

cpqcc High Risk Infant Follow-up Quality of Care Initiative
california perinatal quality care collaborative Erika Gray, Welcome Super User

Find Patient | Pending Cases | Registration | Patient Record | Referral | Report | Tools | Admin | Help | Sign Out

Quick Patient Search

QUICK PATIENT SEARCH

HRIF Program

HRIF I.D. #

CCS #

CPQCC Reference # (CCS NICU OSHPD Code - CPQCC Network Patient ID #)

Hospital Specific Medical I.D. #

Infant's Last Name

Infant's First Name

Infant's Date of Birth

Infant's Birth Year

Birth Hospital

Birth Mother's Date of Birth

To view ALL patient records, just click the "Search" button

Clinic Dashboard Current Birth Years: 2020-2023

HRIF Clinic

29029
Current Registrations

8
Transfer Cases

1336
Pending Cases

2255
Error Cases

253
Priority Cases

Expected Cases By Adjusted Age

Total Expected Cases: 27847

Updated yesterday at 11:59 PM

Activity By Month

Updated yesterday at 11:59 PM

Navigation Panel **Spotlight**

☰ Erika Gray, Super User

🔍
☰ 10+
🔔 10+
👤

- 📊 Clinic Dashboard
- 🏠 HE Dashboard
- 🔍 Find Patient
- 🕒 Pending Cases
- 👤 Registration
- 🔄 Case Transfer
- 📄 Referral >
- ❤️ Cardiac >
- 📄 Reports >
- 🛠️ Tools >
- 👤 Member Directory
- 🗺️ Map
- 📖 Online Manual

Locate

Map

Locate

Map Satellite

Legend

- 📍 HRIF Clinic
- 📍 HRIF Satellite
- 📍 CCS NICU
- 📍 Non-CCS NICU

Distance and Approx Travel Time: 18.1 mi, 24 mins

Report Options

Nicu:

- 🕒 Pending Cases 1671
- ⊗ Error Cases 2739
- ❗ Priority Cases 353

📣 Announcements

	Doc Date	Created On				
995	02-03-2024	02-04-2024	JWNZNC	0000	<input type="checkbox"/>	<input type="checkbox"/>
990	08-10-2024	08-15-2024	JWNZNC	0000	<input type="checkbox"/>	<input type="checkbox"/>
984	06-21-2024	06-21-2024	JWNZNC	0000	<input type="checkbox"/>	<input type="checkbox"/>
990	09-29-2024	10-06-2024	JWNZNC	00000	<input type="checkbox"/>	<input type="checkbox"/>



Registration,
Referral
or
Transfer?

What's the Difference?

REGISTRATION

Patient will receive follow up care in your HRIF clinic.

Data User Access

REFERRAL

CCS NICU refer patient to a HRIF clinic

HRIF Clinic refer patient to another HRIF clinic.


Referral User Access

TRANSFER

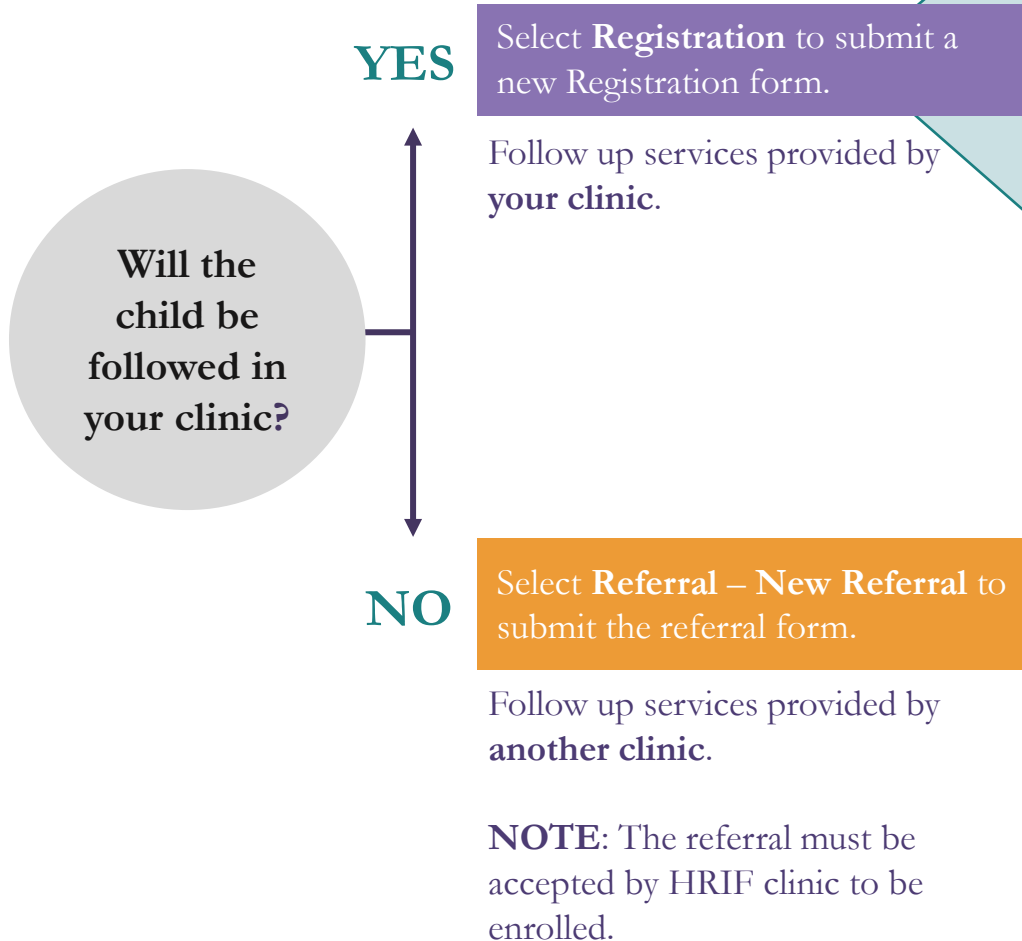
Patient was registered/referred to your HRIF clinic **but** now will be receiving follow up care from another HRIF clinic.

Data User Access

Data and Referral user access



- 📍 Clinic Dashboard
- 🏠 HE Dashboard
- 🔍 Find Patient
- 🕒 Pending Cases
- 👤 Registration
- 🔄 Case Transfer
- 📄 Referral >
- ❤️ Cardiac >
- 📄 Reports >
- 🔧 Tools >
- 👤 Member Directory
- 📍 Map
- 📖 Online Manual



Common case scenarios for enrolled patients and steps to properly document in the Reporting System.

Transfer to another CCS HRIF Program in California

Submit a **CNSD** form, enter:

- Reason = **Infant Referred to Another HRIF Program**
- Disposition = **Will be followed by another CCS HRIF Program**

Request a Case Transfer - The record will be transferred to another HRIF Program and will be removed from your system.

Child will be followed at a Non-CCS HRIF Program in California or Out of State/Country

Submit a **CNSD** form, enter:

- Reason = **Infant Referred to Another HRIF Program**
- Disposition = **Discharged - Will be followed Elsewhere**

The record status will be closed and remain in your system.

Family Moves Out of State/Country

Submit a **CNSD** form, enter:

- Reason = **Infant/Family Moved Out of State**
- Disposition = **Discharged – Family Moving Out of State/Country**

The record status will be closed and remain in your system.

Case Transfer

How-to-video: <https://www.youtube.com/watch?v=YyxRuseXGT4>

IMPORTANT: Contact the CCS HRIF Clinic Coordinator to inform them of the patient.

Transfer Record ✕

The case **must** meet the following requirements to process the transfer request:

- All forms are closed (RR, SV, AV, CNSD).
- **Will be followed by another CCS HRIF Program** is selected in the most recent form's disposition.
- The **Seen Date** on the most recent form **must be within 60 days** when requesting a transfer. If greater 60 days, submit a new CNSD form.

Questions? - submit a [helpdesk ticket](#).

Close

How to Request a Transfer?

How-to-video: <https://www.youtube.com/watch?v=YyxRuseXGT4>

#1

HRIF I.D.#: ABDL9LXXIN Name: sutcb, dloof DOB: 02-08-2023

Case History New Form ▾ Transfer Record

★ = Indicates Referral/Registration (RR) and Standard Visit (SV) forms.

Form Name	Visit Date	Status	Disposition	Created On/By	Updated On/By
★ RR		Closed	---	04-17-2023 at 10:29 AM by Tertius Lydgate, MD	04-17-2023 at 10:29 AM by Tertius Lydgate, MD

#2

Transfer Record

Select HRIF clinic location:

How to Accept Transfers?

NOTE: Transfers must be accepted within in 2-weeks of the transfer date.

Clinic Dashboard Current Birth Years: 2020-2023

HRIF Clinic x

[View Dashboard](#)

29029

Current Registrations

[View Details](#)

8

Transfer Cases

[View Details](#)

1336

Pending Cases

[View Details](#)

2255

Error Cases

[View Details](#)

253

Priority Cases

[View Details](#)

Expected Cases By Adjusted Age

Total Expected Cases: 27847

● Seen ● Expected Not Seen

Activity By Month

Values

How to Manage Transfers?

Active Transfers

Not Approved						
#	HRIF ID#	DOB	Declined By/On	Declined HRIF Clinic	Requested HRIF Clinic	Reason
1	HDFXLONLI9	07-28-2024	Erika Gray on 09-30-2024	South Park Hospital	Emerald City Hospital	Transfer Returned/ Exceed Acceptance Period
2	PBF9X9NYIX	05-09-2022	Erika Gray on 09-30-2024	St. Elsewhere Medical Center	Bik Bot Hospital	Transfer Returned/ Exceed Acceptance Period

NOTE: Transfers not accepted in 2-weeks will be returned.

Transfer OUT Pending						
#	HRIF ID#	DOB	Requested On/By	Requested HRIF Clinic	Transfer to HRIF Clinic	Actions
1	ABDDIOPLIN	04-10-2024	Erika Gray on 10-22-2024	Middlemarch Medical Center	Central Perk Hospital	Cancel
2	ABDPVLNXIN	08-06-2023	Erika Gray on 10-22-2024	Middlemarch Medical Center	Coolsville Hospital	Cancel

Actions – Cancel, recalls the transfer request.



📍 Clinic Dashboard

🏠 HE Dashboard

🔍 Find Patient

🕒 Pending Cases

👤 Registration

↔️ Case Transfer

📄 Referral >

❤️ Cardiac >

📊 Reports >

🛠️ Tools >

👥 Member Directory

📍 Map

📖 Online Manual

Transfer History

Transfer IN / Declined - 854 Transfer Records

Show 10 entries

Search:

#	HRIF ID#	Name	DOB	Adjusted Age	Transfer Date	Transfer From	Status
1	PYB9ODVXII	nxabr, xjvbr	07-31-2023	2	07-19-2023	The Matrix Medical Center	Approved
2	PYBYVVYXIP	ouycb, djkgb	02-07-2023	6	07-20-2023	Frostbite Falls	Approved

Transfer OUT - 854 Transfer Records

Show 10 entries

Search:

#	HRIF ID#	Name	DOB	Enrolled	Transfer Date	Transfer To	Status
1	ABYLDOVYIX	iqtpv, zrrgn	06-24-2022	07-02-2022	05-18-2023	Disneyland Children's Hospital	Approved
2	ABYNOXLYIX	jzhmx, tiduc	02-12-2022	03-29-2022	05-25-2023	Disneyland Children's Hospital	Approved



Record Tracker

Clinic Dashboard

HE Dashboard

Find Patient

Pending Cases

Registration

Case Transfer

Referral

Cardiac

Reports

Tools

Closeout Checklist

Record Tracker

Error and Warning Report

NICU Reference IDs / Timely Referral

Member Directory

Download icon

- Copy
- Excel
- CSV
- Print

HRIF Program: DBP

Infant's Birth Year:

Case Status:

[View Report](#)

Show entries Search:

HRIF ID#	Name	DOB	Cur Adj Age	Cur Chron Age	SV #1	SV #2	SV #3	Latest CNSD or AV	Status
DBPODYOLIY	xpgey, zezqu	04-02-2024	6.7	6.7	Date Expected: 01-02-2025	Date Expected: 09-02-2025	Date Expected: 04-02-2027		Upcoming SV#1
DBPYDOOLIY	gpwtk, jmbiu	04-05-2024	6.6	6.6	Date Expected: 01-05-2025	Date Expected: 09-05-2025	Date Expected: 04-05-2027		Upcoming SV#1
DBPYOOLIY	dvjkg, rtujk	01-12-2024	7.1	9.3	Date Expected: 01-06-2025	Date Expected: 09-06-2025	Date Expected: 01-12-2027		Upcoming SV#1
DBP99YLLIY	gmaka, decbx	03-21-2024	7	7	Date Expected: 01-10-2025	Date Expected: 09-10-2025	Date Expected: 03-21-2027		Upcoming SV#1

RYF9YP9XIO	piajr, suack	10-01-2023	12.7	12.7	Visit Date: 03-14-2024 Disposition: Scheduled to Return	Date Expected: 03-01-2025	Date Expected: 10-01-2026		Upcoming SV#2
------------	--------------	------------	------	------	--	---------------------------	---------------------------	--	---------------

DASHBOARDS

- Clinic
- Health Equity



HRIF Clinic

[View Dashboard](#)

30210

Current Registrations

View Details >

12

Transfer Cases

View Details >

1477

Pending Cases

View Details >

2507

Error Cases

View Details >

290

Priority Cases

View Details >

Expected Cases By Adjusted Age ↓

Activity By Month ↓

View Details:

- Transfer Cases
- Pending Cases
- Error Cases
- Priority Cases

Opens the associated system tool and displays the case

Registration Details X Cases: 28960

Total Registered Cases – 30210

- Open
- Graduated
- Expired
- Moved Out of State
- Closed - Other

- Expected Not Seen
- SV 1
- SV 3

[Close](#)

Clinic Dashboard - Graphics Index

- NOTICE BOXES
 - Current Registrations
 - Pending Cases
 - Error Cases
 - Priority Cases
- CHARTS
 - Expected Cases By Adjusted Age
 - Activity by Month
 - Visits

NOTE: The Clinic Dashboard graphics: Notice Boxes and Charts are updated nightly.

Notice Box Descriptions

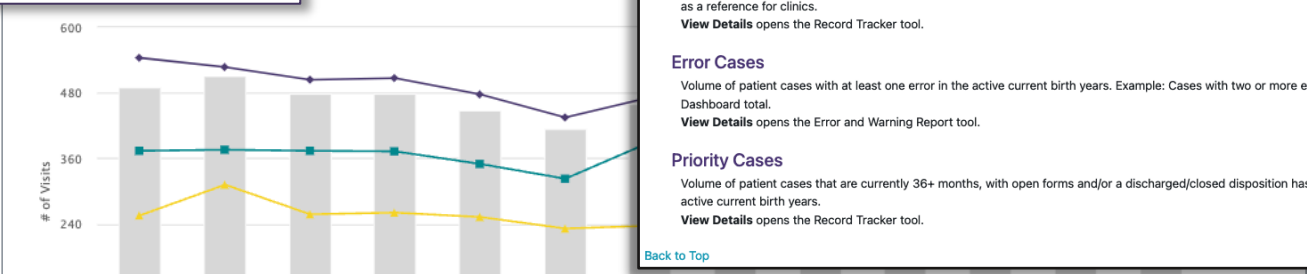
Current Registration
Volume of patient cases registered in the active current birth years.
View Details opens a pie chart that shows the number and percentage of **Open, Graduated, Expired, Moved Out of State** and **Closed-Other** patient cases registered in the active current birth years.

Pending Cases
Volume of patient cases with **Referral Forms Pending Acceptance; Patient Records with Open Forms; and Rejected Referrals** in the active current birth years.
NOTE: **Transferred Patient Records within Last 6 Months** is not included in the Pending Cases - Clinic Dashboard total as these cases are just listed as a reference for clinics.
View Details opens the Record Tracker tool.

Error Cases
Volume of patient cases with at least one error in the active current birth years. Example: Cases with two or more errors will be counted once in the Clinic Dashboard total.
View Details opens the Error and Warning Report tool.

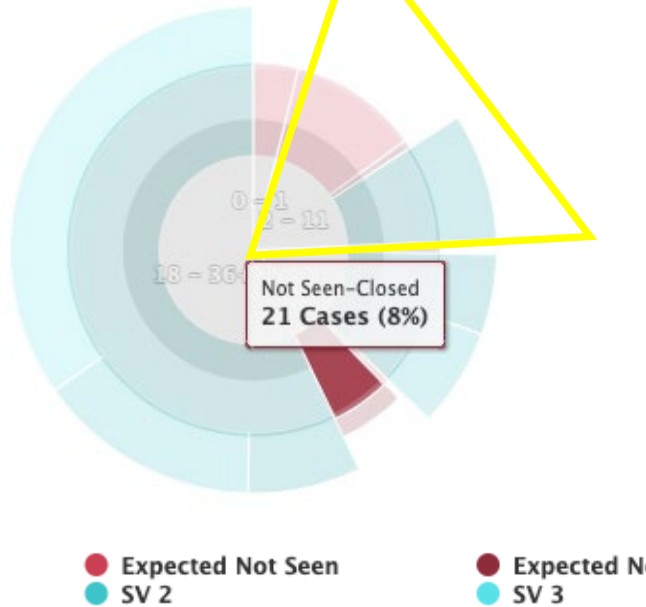
Priority Cases
Volume of patient cases that are currently 36+ months, with open forms and/or a discharged/closed disposition has not been submitted for cases in the active current birth years.
View Details opens the Record Tracker tool.

[Back to Top](#)



Expected Cases By Adjusted Age

Total Expected Cases: 411



Expected Not Seen-Closed

Show 10 entries

HRIF ID	First Name	Last Name	DOB	Adjusted Age
DIDYDII	rplxs		06/17/2019	35
DNYDIII	mztmv	ijror	01/13/2019	40
DOI9DII	wstfs	dfqhi	04/30/2020	24
DX9D9I	odaor	cxokz	06/08/2018	47
IN9D9I	dfotu	tuydb	06/08/2018	47
IYOPVI	ypxzn	yrwvf	01/13/2018	52
IYXDIII	pbtdv	remxc	03/09/2020	26
LDDXIII	mzsys	kfbxd	10/16/2020	19
LNNVDII	wekav	lnvyf	10/28/2019	30
LNYI9I	otuvp	pnbuu	07/18/2018	45

Showing 1 to 10 of 21 entries

Previous 1 2 3 Next

Close

Expected Not Seen

Show 10 entries

HRIF ID	First Name	Last Name	DOB	Adjusted Age
999DYII	pdlyk	tvjhw	07/02/2021	7
9IPPYII	jllsy	baqab	12/07/2021	4
9ODYII	wltkj	ztfyk	09/23/2021	6
9OYXYII	ubprf	iplte	10/08/2021	4
9Y9PYII	hdkzj	rmakn	01/05/2022	2
D9IPYII	mggid	keshl	02/02/2022	3
DXL9III	qpmdr	ykuco	06/26/2021	10
INOIYII	srdaz	onxoq	09/19/2021	6
IYNIYY	rntin	qpstr	08/31/2021	7
L9DIYII	qcndd	pkczm	06/11/2021	8

Showing 1 to 10 of 46 entries

Previous 1 2 3 4 5 Next

Close

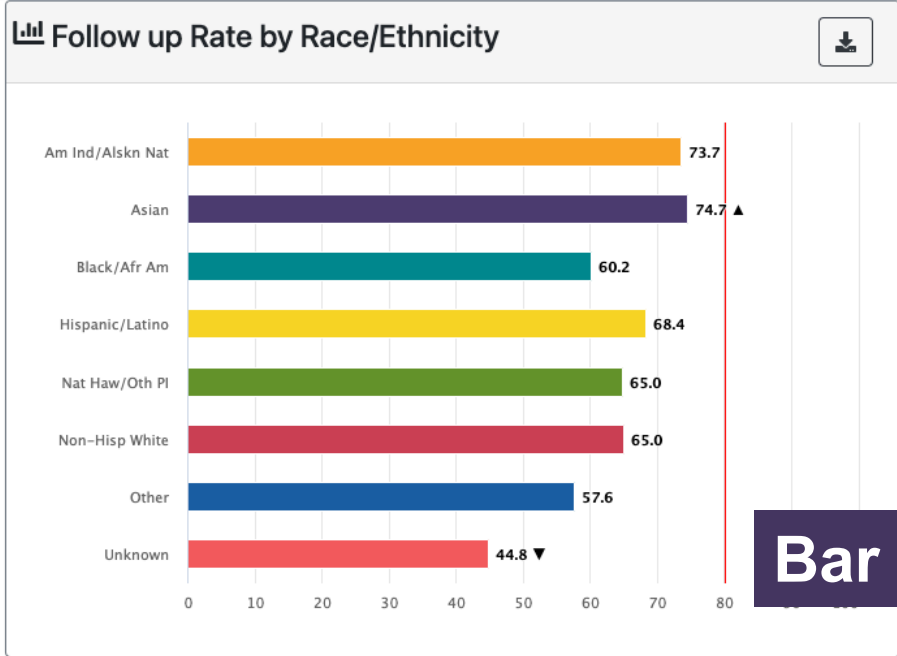
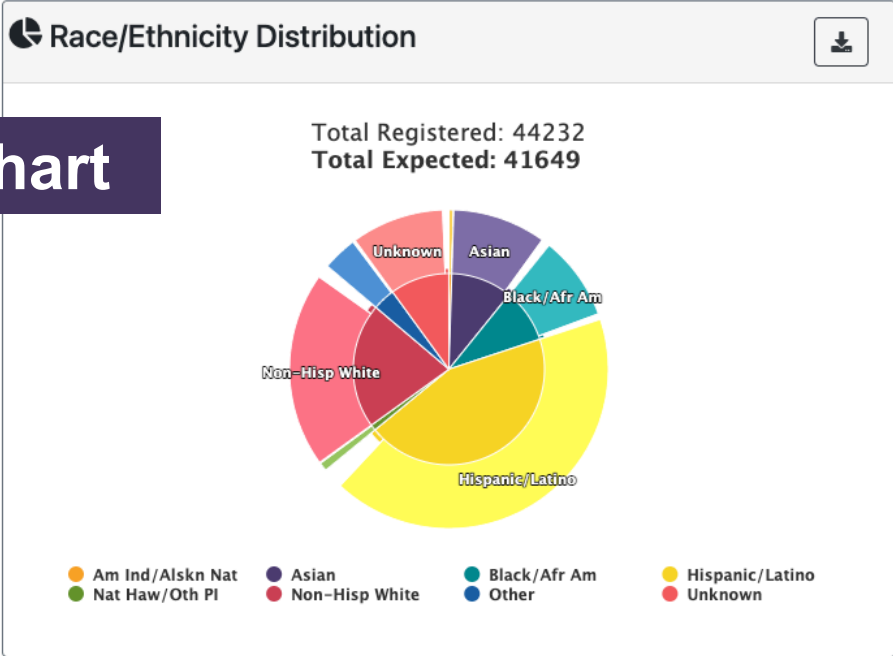
Health Equity (HE) Dashboard



Factors: Race/Ethnicity Birth Years: 2017 - 2021 BW or GA: All

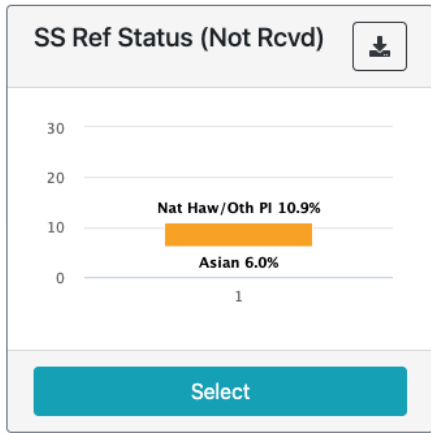
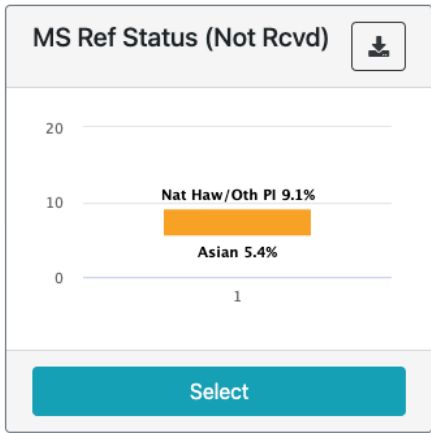
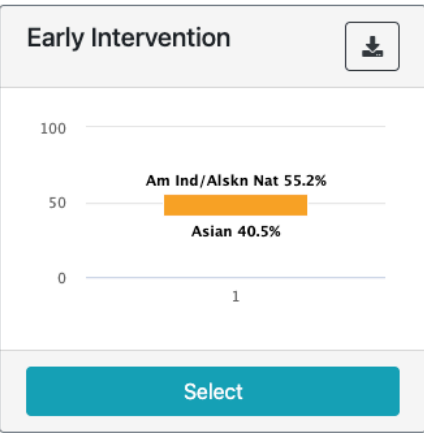
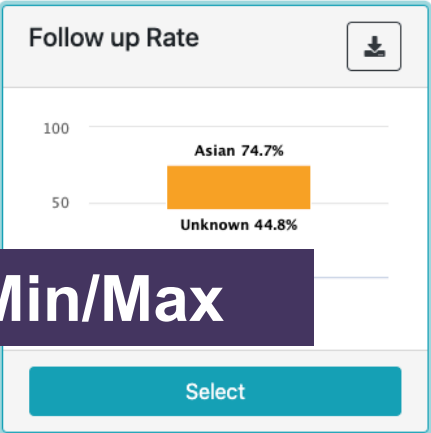
SV 1 SV 2 SV 3

Pie Chart



Bar Chart

Outcome Min/Max



University Filter Selections

HE Dashboard

Factors: Race/Ethnicity ▾

Birth Years: 2019 - 2023 ▾

BW or GA: All ▾

SV 1 SV 2 SV 3



✓ Race/Ethnicity

Language

Insurance

✓ 2019 - 2023

2014 - 2018

✓ All

<= 1500 g or < 32 wks

> 1500 g and >= 32 wks

Custom Birth Weight

Custom Gestational Age (Weeks)

Outcome Bar Chart

SV form data

Up Triangle = identifies the fa

Down Triangle = identifies the

Pattern / Light Shade Color = identifies the distribution.





Outcome Min/Max Charts

SV form data

Displays the maximal present difference between the highest and lowest values.

Selecting a card will change the data in the Outcome Bar Chart.

Follow up Rate: Unknown  

Show 10 entries Search:


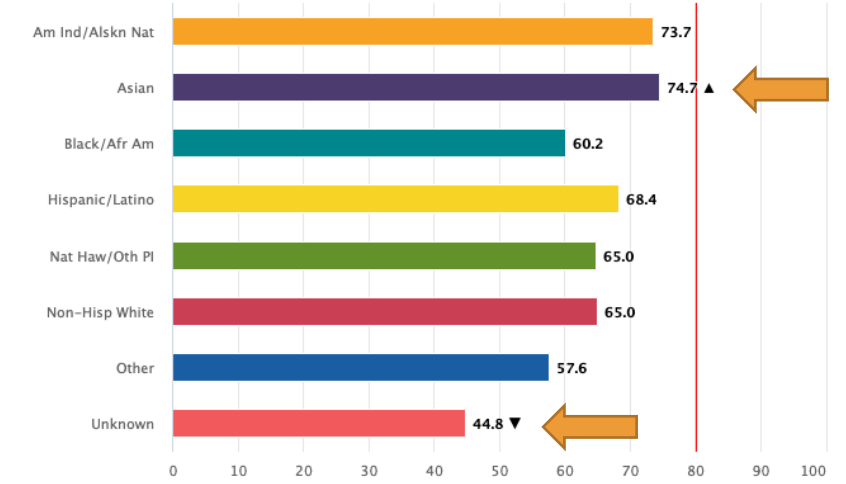
HRIF ID	First Name	Last Name	DOB
ABDDIPYDIN	dqtrg	zfbtf	08-26-2019
ABF9ON9VN	akvxv	lxclk	05-02-2018
ABFDDPVDIN	tlpnt	jhyrm	02-06-2020
ABFI99NVV	ilgif	npndi	05-25-2018
ABFLNVDIIN	eopxu	ocpwq	06-25-2020
ABFODILIIN	qskzm	wnzct	05-25-2020
ABFPDLL9N	zebhd	xvnxy	10-24-2018
ABFYNINDIX	krurn	hqkdr	04-29-2020
ABFYNODXIN	cedfj	cgqfs	08-28-2022
ABRILXPDIN	yrlyc	mngys	11-28-2019

Showing 1 to 10 of 2,168 entries

Previous **1** 2 3 4 5 ... 217 Next

Close

Follow up Rate by Race/Ethnicity

NICU Teams Gain HRIF Access!



NICU leaders and teams should request HRIF database access to refer patients and view NICU Summary reports!

Submit a help ticket at www.cpqcchelp.org



NICU Summary Report

View Report Options

Please select options for report.

Select Report

NICU Hospital	All
Inborn/OutBorn	All
Infant's Birth Year	All
Infant's Birth Weight or Gestational Age	All
Infant's Qualifying Medical Condition	All
Report Name	-- Select a Report --
Report Section Name	-- Select a Report Section Name --

Select Inborn, Outborn

- ✓ -- Select a Report Section Name --
- Follow Up Status and Disposition
- Medical Eligibility Profile
- Sociodemographic Factors (Data Captured on RR Form)
- Language Assistance and Insurance
- Patient Age and Growth Metrics
- Caregiver and Living Environment
- Interval Hospitalizations and Surgeries
- Interval Medicines and Equipment
- Medical Services Review
- Neurosensory Assessment
- Neurological Assessment and Cerebral Palsy
- Developmental Assessment and Autism
- Special Services Review
- State Programs and Social Concerns/Resources
- Other Medical Conditions

View Report

Clinic Dashboard

HE Dashboard

Find Patient

Pending Cases

Registration

Referral >

Cardiac >

Reports v

HRIF Report

Prog Profile

Service Refs

CCS Annual

NICU Summary

Cardiac Summary

Export Data (Data Requestor)

Clinic Activity Report

Admin Reports

NICU Referral Dashboard

Available Spring 2025



11237
Current Referrals

View Details >

563
Pending Referrals

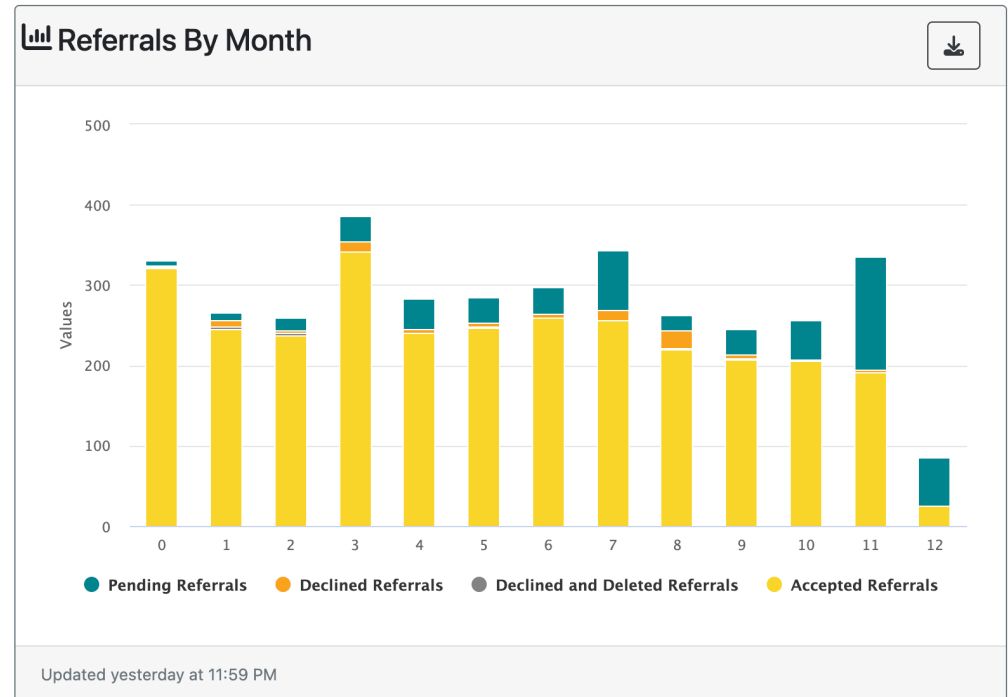
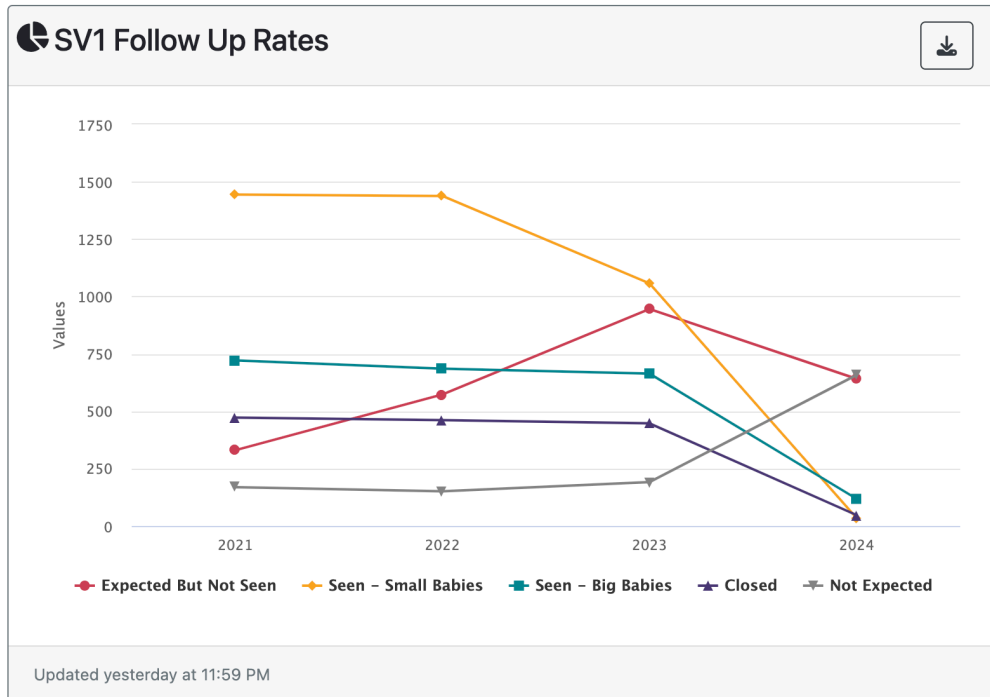
View Details >

263
Declined Referrals

View Details >

89%
Timely Referrals

View Details >



Data Finalization Process (DFP)



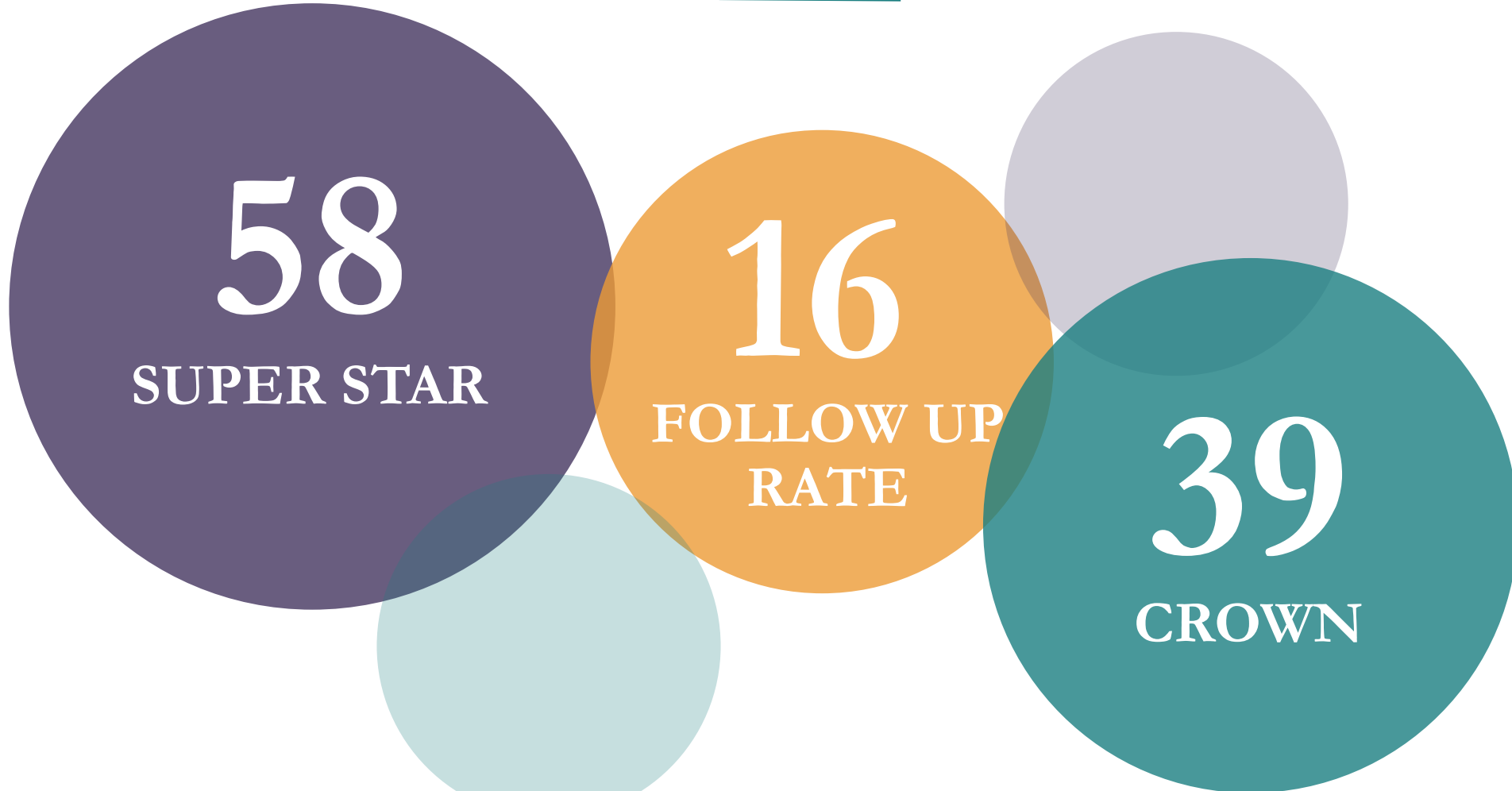
2024 Closeout Review

66 HRIF Clinics

- 1 Item 1: Record Closed 2020**
93% completed (62 clinics)
- 2 Item 2: No Issues / Errors 2020**
90% completed (60 clinics)
- 3 Items 3: Closed 2022 RR Forms**
100% completed
- 4 Item 4: SV#1 Submission 2022**
96% completed (64 clinics)
- 5 Item 5: Confirmed 2020 CCS Report**
71% completed (47 clinics)
- 6 Item 6: 2023 Referral/Registrations**
68% completed (45 clinics)

2024 AWARDS

89% Clinics Received an Award (13 granted all 3 awards)



<https://www.cpqcc.org/about/our-members/member-awards>

2024 Award Winners

1. Adventist Health - Glendale
2. Adventist Health Sierra Vista
3. Alta Bates Summit Medical Center
4. Anderson Lucchetti Women's and Children's Center
5. Arrowhead Regional Medical Center
6. Bakersfield Memorial Hospital
7. California Pacific Medical Center
8. Cedars Sinai Medical Center
9. CHOC Children's Hospital
10. Community Memorial Hospital of Ventura
11. Community Regional Medical Center
12. Doctors Medical Center
13. Fountain Valley Regional Hospital and Medical Center - Euclid
14. Good Samaritan Hospital - San Jose
15. Hoag Memorial Hospital Presbyterian
16. Huntington Memorial Hospital
17. John Muir Medical Center

2024 Award Winners

18. Kaiser - Baldwin Park

19. Kaiser - Downey

20. Kaiser - Fontana

21. Kaiser - Los Angeles

22. Kaiser - Oakland

23. Kaiser - Orange County - Anaheim

24. Kaiser - Panorama City

25. Kaiser - Roseville

26. Kaiser - San Diego

27. Kaiser - San Francisco

28. Kaiser - San Leandro

29. Kaiser - Santa Clara

30. Kern Medical Center

31. LAC/Harbor - UCLA Medical Center

32. LAC/Olive View - UCLA Medical
Center

33. Loma Linda University Children's
Hospital

34. Los Angeles General Medical Center

2024 Award Winners

- 35. Los Robles Hospital & Medical Center
- 36. Lucile Packard Children's Hospital
Stanford
- 37. Marian Regional Medical Center
- 38. Memorialcare Miller Children's and
Women's Hospital at Long Beach
- 39. Mercy San Juan Medical Center
- 40. Natividad Medical Center
- 41. Northbay Medical Center
- 42. Providence Cedars-Sinai Tarzana
Medical Center
- 43. Providence Holy Cross Medical Center
- 44. Rady Children's Hospital - San Diego
- 45. Riverside University Health System
Medical Center
- 46. San Antonio Regional Hospital
- 47. Santa Barbara Cottage Hospital
- 48. Santa Clara Valley Medical Center

2024 Award Winners

- 49. Santa Monica - UCLA Medical Center
- 50. Sharp Mary Birch Hospital for Women and Newborns
- 51. St. Joseph's Medical Center of Stockton
- 52. Sutter Santa Rosa Regional Hospital
- 53. UC Davis Medical Center
- 54. UC Irvine Medical Center
- 55. UC San Diego Medical Center – Hillcrest
- 56. UCLA Mattel Children's Hospital
- 57. UCSF Benioff Children's Hospital - San Francisco
- 58. Valley Children's Hospital
- 59. Valley Presbyterian Hospital

MEMBER DATA AWARDS

- NICU Awards
- HRIF Awards

Web Link:

<https://www.cpqcc.org/about/our-members/member-awards>

The screenshot shows the CPQCC website with a purple header. The logo 'cpqcc' and 'california perinatal quality care collaborative' are in the top left. A search bar is in the top right. The navigation menu includes 'About', 'NICU', 'Analysis', 'Improvement', 'Follow-Up', and 'Engage'. A sidebar on the left lists various site sections. The main content area is titled 'Member Data Awards' and includes an introductory paragraph. Below this are four award cards: 'NICU Gold Star', 'HRIF Super Star', 'NICU Super Star', and 'HRIF Follow-up', each with a description and a link to view certificates.

LOG IN

Search this site...

cpqcc
california perinatal
quality care collaborative


[About](#) [NICU](#) [Analysis](#) [Improvement](#) [Follow-Up](#) [Engage](#)

[Who We Are](#)
[What We Do](#)
[Membership](#)
 [Becoming a Member](#)
 [Current Members](#)
 [Member Awards](#)
 [Data Mentorship](#)
[Our Staff](#)
[Our Partners](#)
[News and Events](#)

Member Data Awards

We present the following awards to members who go above and beyond to meet data entry deadlines. Data abstraction for our NICU and HRIF databases takes a lot of time and hard work and we are honored to work with such dedicated teams across California! For more information on CPQCC's quality improvement awards, visit the [Quality Improvement Awards page](#).


NICU Gold Star



Awarded to NICUs that submit all June 1st required items by May 15th.

[View award certificates.](#)


HRIF Super Star



Awarded to HRIF clinics that submit items 1-4 on the HRIF Closeout Checklist by June 1st.

[View award certificates.](#)


NICU Super Star



Awarded to NICUs that submit the contact report by January 15th and the April 1st deliverables by March 15th.

[View award certificates.](#)

HRIF Follow-up



Awarded to HRIF clinics with core visit follow-up rates for the closing birth year of $\geq 80\%$ for the first visit, $\geq 70\%$ for the second visit, and $\geq 60\%$ for the third visit as of July 2nd.










[View award certificates.](#)



2025 Data Finalization

2025 Closeout Schedule

Preview CCS Annual Report - April 1st

JAN - MAY	APR 1 st	MAY 1 st	JUN 1 st	JUN 2 nd	JUNE 17 th	JUL 1 st	JUL 11 th	AUG - DEC
								
DATA REVIEW	PREVIEW REPORT	SUPER STAR AWARD	DEADLINE	FOLLOW-UP RATE AWARD	DEADLINE	DEADLINE	CROWN AWARD	DATA REVIEW
<p>Use the Reporting System tools:</p> <ul style="list-style-type: none"> (1) Closeout Checklist (2) Record Tracker (3) NICU Reference ID/Timely Referral (4) Error and Warning 	<p>Review draft CCS Annual Report for infants born in 2021</p> <p>-----</p> <p>Nightly updates for 2021 data changes</p>	<p>Submission of No Priority/ Error & Warning Cases for Infants born in 2021;</p> <p>Closed RR forms and</p> <p>SV #1 for All expected infants born in 2023</p>	<p>Data finalized for infants born in 2021; Closed RR forms</p> <p>and</p> <p>SV #1 for All expected infants born in 2023</p>	<p>Core Visit F/U Rates for infants born 2021:</p> <p>1st => 80%</p> <p>2nd => 70%</p> <p>3rd => 60%</p>	<p>CCS Annual Report for infants born in 2021</p> <p>-----</p> <p>Report available June 2nd must confirm by June 17th</p>	<p>Register/ accept all HRIF eligible infants born in 2024</p> <p>and</p> <p>Confirm HRIF Directory Contacts</p>	<p>Granted to HRIF Clinics that meet All Closeout Deliverable Deadlines:</p> <p>June 1st June 17th July 1st</p>	<p>Use the Reporting System tools:</p> <ul style="list-style-type: none"> (1) Closeout Checklist (2) Record Tracker (3) NICU Reference ID/Timely Referral (4) Error and Warning

2024 Closeout Checklist



Super

Complete
items 1 – 4 by
May 1st



Crown

Complete
items 1 – 7
by the
Deadline

Closeout Checklist

NOTICE

- Closeout Checklist is updated nightly.
- Items #1-4 & 7 are automatically checked by the system or HRIF Support.
- Item #5 **must be confirmed** by the HRIF Medical Director or Coordinator by **June 17th**.
- Item #6 **must be checked manually** by the HRIF Clinic.
- For any questions or requests, submit a help ticket at www.cpqcchelp.org.

#	Item	Resource	Deadline	Complete
1	Submission of no priority cases for infants born in 2021	HRIF Record Tracker	06-01-2025	<input type="checkbox"/>
2	Submission of no error and warning cases for infants born in 2021	Error and Warning Report	06-01-2025	<input type="checkbox"/>
3	Close RR Forms for all infants born in 2023	Error and Warning Report	06-01-2025	<input type="checkbox"/>
4	Submission of SV #1 and/or AV form for all expected infants born in 2023	Error and Warning Report	06-01-2025	<input type="checkbox"/>
5	Confirm the CCS Annual Report for infants born in 2021 <i>(available June 2nd)</i>	CCS Report	06-17-2025	<input type="checkbox"/>
6	Register/accept all eligible HRIF infants born in 2024 from referring CCS	CPQCC/HRIF Linkage Report (cpqccreport.org)	07-01-2025	<input type="checkbox"/>
7	Review and sign off on the HRIF Directory	Update Directory Page	07-01-2025	<input type="checkbox"/>

User Comments:

Admin Comments:

[Save](#)

Item #5. Confirm HRIF CCS Annual Report

Report available **June 2, 2025**

HRIF CCS Report

[+ View Report Options](#)

CCS Report Attestation

I am the: Medical Director HRIF Coordinator Proxy for Medical Director/HRIF Coordinator

I, Erika Gray, have reviewed the data values in this report on 06-12-2025.
I confirm that the data is complete and accurately reflects the activity of Hundred Acre Wood Memorial for patients born in 2021.

[Confirm Report](#)

HRIF CCS Annual Report

Go to Report: [Follow Up Status](#) / [Patient Assessment](#) / [Hospitalization & Surgeries](#) / [Medical & Special Services](#)
/ [General & Resource Assessment](#) / [Neurologic & Neurosensory Exam](#) / [Developmental Assessment](#) / [Other Medical Conditions](#)

Table 1. Follow Up Status [Back to Top](#)

	Core Visit #1				Core Visit #2				Core Visit #3			
	HCAI 434040 Expected* 134		All Expected* 3761		HCAI 434040 Expected* 130		All Expected* 3721		HCAI 434040 Expected* 129		All Expected* 3665	
	N	%	N	%	N	%	N	%	N	%	N	%
Among Registered Cases												
Seen Cases	129	96.3%	2895	77%	105	80.8%	2197	59%	83	64.3%	1525	41.6%
Closed Cases Infant Expired	1	0.7%	31	0.8%	1	0.8%	39	1%	1	0.8%	41	1.1%
Closed Cases Moved Out of State/Country	5	3.7%	102	2.7%	9	6.9%	134	3.6%	10	7.8%	188	5.1%
Closed Cases Other	2	1.5%	468	12.4%	7	5.4%	964	25.9%	36	27.9%	1671	45.6%
Cases NOT Seen But Expected	3	2.2%	398	10.6%	18	13.8%	561	15.1%	10	7.8%	469	12.8%
Seen Cases Visit Conducted (Added Mar 2020/rev Jan 2021)												
Telehealth (audio + video observation)	16	11.9%	112	3%	36	27.7%	309	8.3%	35	27.1%	237	6.5%
In-person	3	2.2%	329	8.7%	25	19.2%	1045	28.1%	47	36.4%	1253	34.2%
Closed Cases Other												
Discharged - Closed Out of Program	2	100%	410	87.6%	7	100%	847	87.9%	29	80.6%	1363	81.6%
Discharged - Graduated	0	0%	0	0%	0	0%	15	1.6%	4	11.1%	119	7.1%
Discharged - Completed HRIF Core Visits, Referred For Additional Resources	0	0%	0	0%	0	0%	2	0.2%	2	5.6%	26	1.6%
Discharged - Will be Followed Elsewhere	0	0%	58	12.4%	0	0%	95	9.9%	1	2.8%	154	9.2%

Item #6. Registered All Infants Born in 2024

MUST be checked manually by the HRIF Clinic by 07-01-2025

6	Register/accept all eligible HRIF infants born in 2024 from referring CCS	CPQCC/HRIF Linkage Report (cpqccreport.org)	07-01-2025	
---	---	--	------------	---

Save



Submit a Help Desk ticket to request access to view the HRIF/NICU Match Reports available in the NICU Database at www.cpqccreport.org

Update HRIF Directory

Item #7 – Closeout Checklist

Clinic Coordinator

Full Name (First and Last)

Title

Street Address (Line 1)

Street Address (Line 2)

City

State

Zip

Phone

Fax (secure)

Fax

Email

Clinic Medical Director

Full Name

Title

Phone

Email

NICU Contact 2

Full Name

Title

Phone

Email

HRIF SPECIALTY OUTREACH SATELLITE CLINICS

HRIF Clinic affiliated with a Specialty Outreach Satellite Clinic: reset

Please fill in your name to indicate who last updated this directory.

Last Update By (Firstname Lastname)
* must provide value

Search for HRIF ID ...

NOTE: The Last Modified Date must be during the calendar year 2025 to be complete.

2025 Data Finalization Materials

HRIF Data Resource webpage:

<https://www.cpqcc.org/follow/hrif-data-resources>

- NICU & HRIF Calendar
- Process Guidelines
- Quick Reference Sheet
- Schedule

california perinatal
quality care collaborative

2025 NICU & HRIF Data Finalization Calendar

HIGH RISK
INFANT FOLLOW-UP

January							February							March						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4							1							1
5	6	7	8	9	10	11	2	3	4	5	6	7	8	2	3	4	5	6	7	8
12	13	14	15	16	17	18	9	10	11	12	13	14	15	9	10	11	12	13	14	15
19	20	21	22	23	24	25	16	17	18	19	20	21	22	16	17	18	19	20	21	22
26	27	28	29	30	31		23	24	25	26	27	28		23	24	25	26	27	28	29
														30	31					

April							May							June						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5					1	2	3	1	2	3	4	5	6	7
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28
27	28	29	30				25	26	27	28	29	30	31	29	30					

July							August							September						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5						1	2	1	2	3	4	5	6	
6	7	8	9	10	11	12	3	4	5	6	7	8	9	7	8	9	10	11	12	13
13	14	15	16	17	18	19	10	11	12	13	14	15	16	14	15	16	17	18	19	20
20	21	22	23	24	25	26	17	18	19	20	21	22	23	21	22	23	24	25	26	27
27	28	29	30	31			24	25	26	27	28	29	30	28	29	30				

October							November							December						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
													1							
5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13
12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20
19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27
26	27	28	29	30	31		23	24	25	26	27	28	29	28	29	30	31			

NICU		HRIF	
2/1	Deadline Items # 1 & 2	5/1	Super Star Award
3/15	Superstar Award	6/1	Deadline Items # 1 - 4
4/1	Deadline Items # 3 - 8	6/2	Follow-up Rate Award
5/15	Gold Star Award	6/17	Deadline Item # 5
6/1	Deadline Items # 9 - 13	7/1	Deadline Items # 6 & 7
6/2	Early Bird Award	7/11	Crown Award
6/2	All Star Award		
6/7	Deadline Item # 14		
6/7	Crown Award		

Office Closure & Holidays	
1/1	New Year's Day
1/20	Martin Luther King
2/17	President's Day
5/26	Memorial Day
7/4	Independence Day
9/1	Labor Day
11/27	Thanksgiving Day
12/25	Christmas Day
12/22-31	Winter Closure

NICU Quarterly Deadline
NICU Quarterly Report Available
Annual Data Training & Program Updates

🔴 = Deadlines 🟢 = Awards

california perinatal
quality care collaborative

DATA FINALIZATION PROCESS 2025 QUICK REFERENCE SHEET

HIGH RISK
INFANT FOLLOW-UP

The data finalization process is designed to assist HRIF Clinics with complete and accurate submission of:

- Born in 2021: All infant records
- Born in 2023: All Registration/Referral (RR) forms closed Standard Visit (SV) #1 [and/or Additional Visit (AV)] forms for all expected infants
- Born in 2024: All Referral/Registration (RR) forms

For assistance, submit a Help Desk ticket at www.cpqcchelp.org.

APRIL 1, 2025	<ul style="list-style-type: none"> • Preview 2021 CCS Annual Report NOTE: The report will be updated nightly to reflect any 2021 data changes. <ul style="list-style-type: none"> • Review the draft annual report for accuracy and completeness.
JUNE 1, 2025	<ul style="list-style-type: none"> • Born in 2021: infant records are completed and finalized <ul style="list-style-type: none"> • Make corrections and close online entry to the RR, SV, AV and CNSD forms for all submitted case records. • Review the NICU Reference IDs/Timely Referral tool to verify that all NICU eligible infants have a valid NICU Record ID entered. • Review the Record Tracker tool to verify that all cases records are closed. • Review the Error and Warning Report tool to verify that all case records are complete. • Born in 2023: Close RR Forms <ul style="list-style-type: none"> • Review the Error and Warning Report tool to verify that all RR forms are closed. NOTE: This Form is Closed checkbox should be checked. • Born in 2023: Submission of SV #1 (and/or AV) form for all expected infants <ul style="list-style-type: none"> • Review the Record Tracker tool to verify that all expected infants born in 2023 have an SV #1 or AV form submitted and closed.
JUNE 17, 2025	<ul style="list-style-type: none"> • Review and confirm the 2021 CCS Annual Report <ul style="list-style-type: none"> • The final annual report will be available on June 2nd. • The HRIF Clinic Medical Director/Coordinator MUST confirm the report. • If the HRIF Clinic Medical Director or Coordinator is unable to confirm, then a proxy can confirm the report on their behalf.
JULY 1, 2025	<ul style="list-style-type: none"> • Born in 2023: Register and accept all eligible HRIF infants NOTE: The HRIF Reporting System will not accept registrations for infants born before 2024. NOTE: This item must be checked manually by the HRIF Clinic. <ul style="list-style-type: none"> • Collaborate with the NICU Data Contacts or NICU Discharge Planner to verify that all HRIF eligible infants have been referred/registered. • Review the "HRIF/NICU Match Detail Report" on the NICU Report site (www.cpqccreport.org) to identify eligible infants. Submit a Help Desk ticket if you need access to NICU Report. • Review the NICU Reference IDs/Timely Referral tool to verify that all eligible NICU infants born in 2024 have a valid NICU Record ID. • Review and sign off on the HRIF Directory NOTE: Last Modified Date must be during the calendar year 2025. <ul style="list-style-type: none"> • Make sure that all information for your clinic is current and complete. In the Reporting System click the user icon in the top right corner and select Update Directory. • It is required to enter the first and last name of the person who Last Updated the directory. The text field is located at the bottom of the online form.

NOTE: All system tools are updated nightly and located in the HRIF Reporting System under Tools.

Resources



Reporting System Tools

Record Tracker

Assist clinics with **tracking, submission and closing** patient records.

Case Transfer

Clinics can **create, manage and track** patient records that have been **transferred to/from another clinic**.

NICU Reference IDs/ Timely Referral

Clinic staff can **update missing CPQCC NICU Record IDs** and patient timely HRIF referral.

Closeout Checklist

This tool provides a **list of items to assist clinics in finalizing (closing) submitted data**.

Error & Warning Report

Alerts data users of **missing or incorrect data entries** and provides an action plan to resolve the issue:

- Expected SV #1 missing
- Missing NICU Record ID
- Duplicate Record

HRIF Data Resources

The resources below are designed to assist HRIF Data Contacts in abstracting and entering data into the HRIF Reporting System as efficiently and effectively as possible. If you have a question regarding any of these resources, please submit a ticket through our [Help Desk](#).

Resources for entering data into the NICU Database can be found on the [Data Resources](#) page under NICU.

Medical Eligibility Criteria

- CCS HRIF Program Medical Eligibility Criteria - Flow Chart

Manual and Forms

- HRIF Operations Manual
- Referral/Registration (RR) Form
- Standard Visit (SV) Form
- Additional Visit (AV) Form
- Client Not Seen/Discharge (CNSD) Form

HRIF Clinic Tools

- HRIF Family Handout
- HRIF Guidance for Telehealth Visits
- CCS NICU HRIF Eligible Infants Referral Guidelines
- CCS HRIF Program Billing Codes
- Gross Motor Function Classification System (GMFCS) - Expanded and Revised 2007

Family Information Form

The Family Information Form collects social-demographic information about HRIF patients and their families to determine the specific needs of this

2024 Data Finalization

- NICU & HRIF Data Finalization Calendar
- Process Guidelines
- Quick Reference Sheet
- Schedule

Referral/Registration Electronic Data Submission - 2023 & 2024


- RR EDS Instructions
- RR EDS Skeleton File (.csv)


EDS Instructions

Table of Contents


- WHAT IS ELECTRONIC DATA SUBMISSION (EDS)? 1
- BENEFITS OF EDS PARTICIPATION
- CAVEATS AND CONSIDERATIONS.....
- HOW TO PARTICIPATE IN EDS
- IMPORTANT TERMS
- FILES (OR DATA FILES)
- DATA FIELDS.....
- RECORDS
- FILE CONTENTS.....
- SUMMARY OF EDS PROCEDURES FOR 2023 & 2024
- WHAT TO EXPECT.....
- SUBMITTING EDS FILES (2023 & 2024 BIRTH YEAR)
- COMMON FILE RECORD ISSUES
- TRACKING FIELDS OF THE EDS SPECIFICATIONS.....
- RECORD KEYS.....
- Row ID.....
- Submit Type.....
- HRIF Clinic ID.....
- APPENDICES
- APPENDIX A. 2023 & 2024 HRIF REFERRAL REGISTRATION EDS SPECIFICATIONS.....


Variable Name	Item on RR Form / Description	Data Field	Data Type	Possible Value	Coding Rules
ROW_ID	Not on the RR form	Required	NUMERIC	{1 - 9999}	
SUBMIT_TYPE	Not on the RR form	Required	NUMERIC	{1 - 9999}	
HRIF_CLINIC_ID	Not on the RR form. It is available on the electronic data entry form for capturing HRIF clinic ID	Required	CHARACTER	REFERRAL, REGISTRATION, CARDIAC	
CPQCC_OSHPD	CPQCC Reference (HCAI ID)	Required	NUMERIC	6-digits (HCAI ID formerly OSHPD)	
NICU_RECORD_ID	CPQCC Reference (CPQCC Patient ID)	Required	NUMERIC	6-digits (HCAI ID formerly OSHPD)	
NOT_CPQCC_ELIGIBLE	Infant NOT CPQCC	Required	NUMERIC	5-digits (0000 - 9999)	
DATE_OF_BIRTH	Date of Birth	Required	CHARACTER	True/False	
BIRTH_HOSP_ID	Birth Hospital	Required	NUMERIC	MM/DD/YYYY	
BIRTH_WEIGHT	Birth Weight	Required	NUMERIC	6-digits (HCAI ID formerly OSHPD)	
GESTATIONAL_AGE_WEEKS	Gestational Age (Weeks)	Required	NUMERIC	{300 - 700}	
GESTATIONAL_AGE_DAYS	Gestational Age (Days)	Required	NUMERIC	{22 - 50}	
SINGLETON_MULTIPLE_REFID	Singleton/Multiple	Required	NUMERIC	{10 - 6}	
INFANT_SEX_REFID	Infant's Sex	Required	NUMERIC	{63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 169}	63 = Unknown; 64 = 2A; 65 = 2B; 66 = 3A; 67 = 3B; 68 = 3C; 69 = 4A; 70 = 4B; 71 = 4C; 72 = 4D; 73 = 5A; 74 = 5B; 75 = 5C; 76 = 5D; 77 = 5E; 169 = Single
					78 = Unknown; 79 = Female; 80 = Male; 92 = Undetermined


 Clinic Dashboard

 HE Dashboard


 Find Patient

 Pending Cases


 Registration


 Case Transfer

 Referral >


 Cardiac >

 Reports >

 Tools >

 Member Directory

 Map

 Online Manual

HRIF Online Help Manual

System Overview

Dashboard

Health Equity Dashboard

Registration/Referral

Standard Visit

Client Not Seen

Additional Visit

Tools

Reports

HRIF Reporting System - Quick Reference

- **MEDICAL ELIGIBILITY CRITERIA**
- **REPORTING FORMS**
 - REFERRAL/REGISTRATION (RR) FORM
 - STANDARD VISIT (SV) FORM
 - ADDITIONAL VISIT (AV) FORM
 - CLIENT NOT SEEN/DISCHARGE (CNSD) FORM
- **TRANSFER REQUEST REQUIREMENTS AND PROCESS**
- **VIEW AND DELETE RECORDS**
- **HCAI FACILITY IDs**
- **TECHNICAL SUPPORT**

Data Resources Webpage

<https://www.cpqcc.org/follow/hrif-data-resources>

1. CPQCC Website: www.cpqcc.org

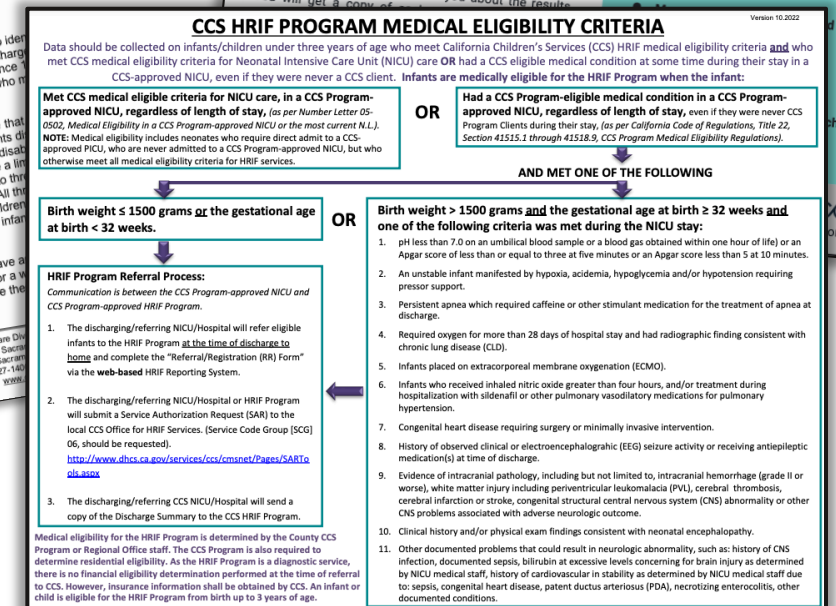
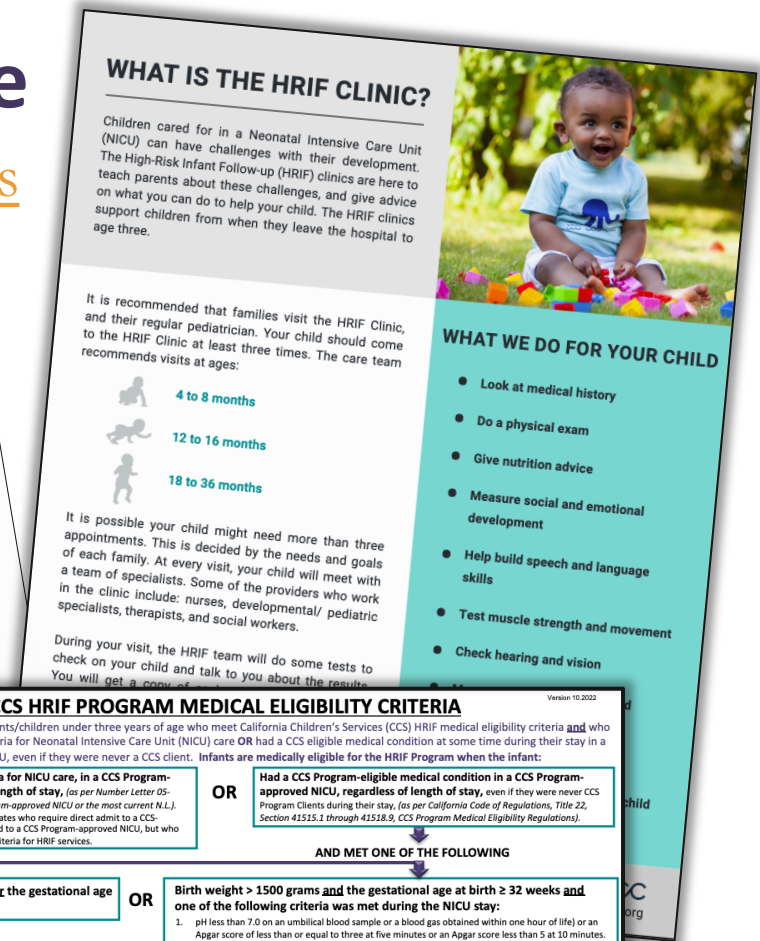
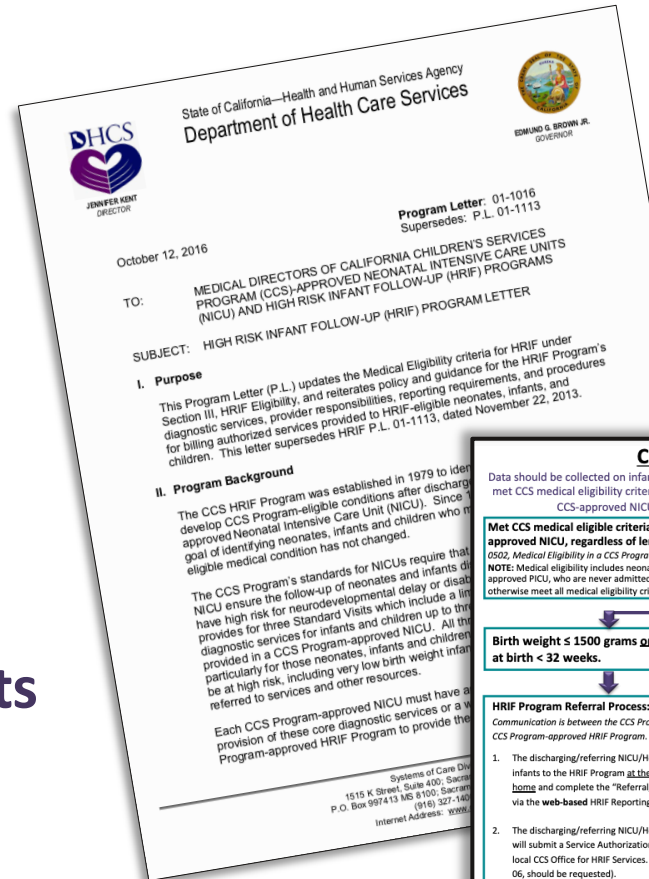
- [What Is HRIF?](#)
- [HRIF Data Resources](#)
- [CCS – Program Number Letters](#)

2. 2025 Data Finalization

3. HRIF Family Handout

4. CCS NICU HRIF Eligible Infants Referral Guidelines

5. HRIF Guidance for Telehealth Visits



Data Resources Webpage

<https://www.cpqcc.org/follow/hrif-data-resources>

2024 Birth Year

Medical Eligibility Criteria

- CCS HRIF Program Medical Eligibility Criteria - Flow Chart

Manual and Forms

- 2024 CPQCC DB Changes
- 2024 HRIF Operations Manual
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- Standard Visit (SV) Form
- Additional Visit (AV) Form
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HRIF Clinic Tools

- HRIF Family Handout
- HRIF Guidance for Telehealth Visits
- CCS NICU Referral HRIF Guidelines
- CCS HRIF Program Billing Codes
- Gross Motor Function Classification System (GMFCS) - Expanded and Revised 2007

Family Information Form

The Family Information Form collects social-demographic information about HRIF patients and their families to determine the specific needs of this patient population and develop better standards of care for California HRIF Programs.

- **English** - Instructions and Form
- **Spanish** - Instructions and Form
- **Vietnamese** - Instructions and Form

2024 Data Finalization

- NICU & HRIF Data Finalization Calendar
- Process Guidelines
- Quick Reference Sheet
- Schedule

Referral/Registration Electronic Data Submission – 2023 & 2024

- RR EDS Instructions
- RR EDS Skeleton File (.csv)

Presentations

- What's New with HRIF Data (Oct 2022)
- What's New with HRIF Data (Oct 2021)

California Children Services (CCS)

- Updates and news from CCS
- Clarification of Congenital Heart Disease Eligibility Criteria
- Clarification of Hypoglycemia Eligibility Criteria
- High Risk Infant Follow-up Program Letter

The Program Letter (P.L.) updates the Medical Eligibility criteria for HRIF under Section III, HRIF Eligibility, and reiterates policy and guidance for the HRIF Program's diagnostic services, provider responsibilities, reporting requirements, and procedures for billing authorized services provided to HRIF-eligible neonates, infants, and children. This letter supersedes HRIF P.L. 01-1113, dated November 22, 2013.

- CCS Memo 8-2012
- Hearing Assessment Requirements
- CCS County Offices
- CCS Provider Process
- SAR Authorization Process
- Whole Child Model

CCS Manual of Procedures

- Regional NICU Standards
- Community NICU Standards
- Intermediate NICU Standards

CCS State Contact

CCS HRIF Program Policy and Procedures

QUESTIONS

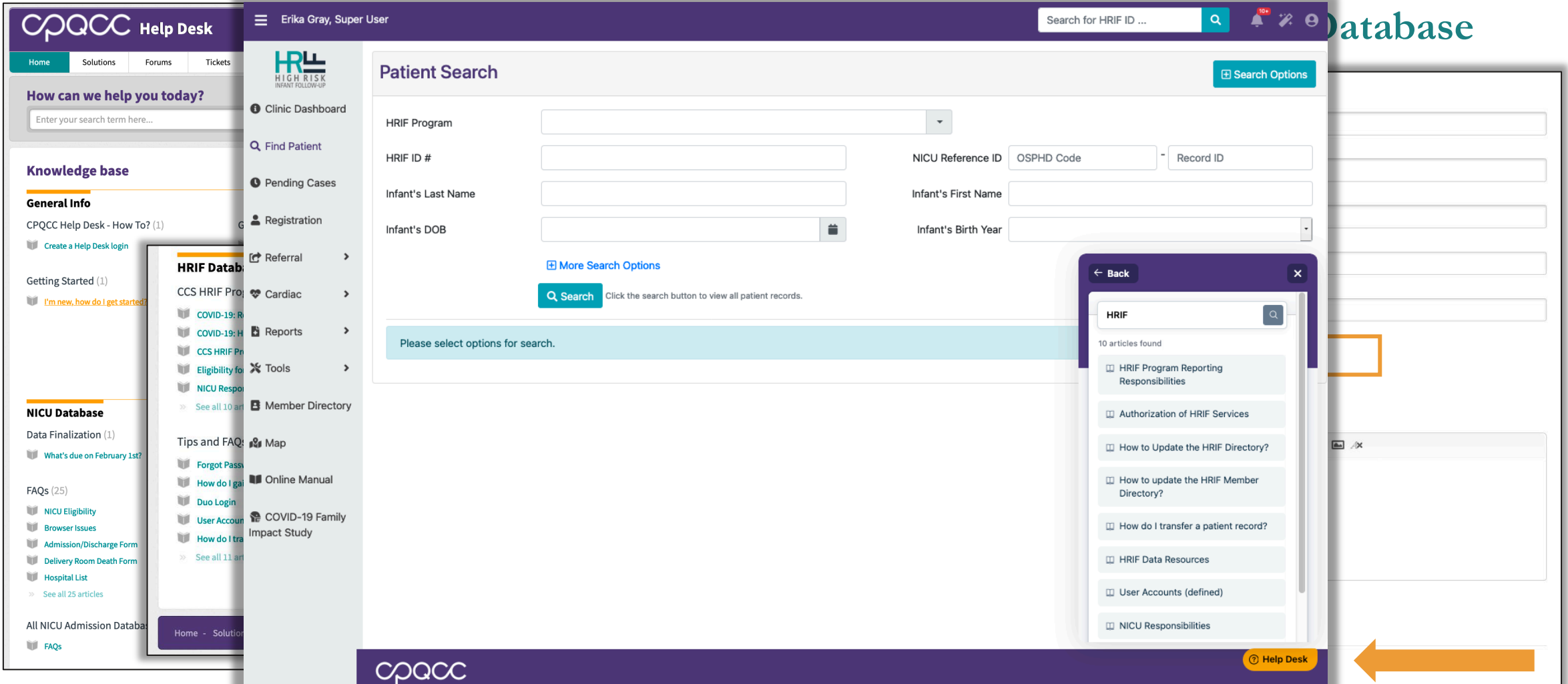
- Becoming a California Children's Service Provider
 - URL <https://www.dhcs.ca.gov/services/ccs/Pages/ProviderEnroll.aspx>
- Service Authorization Service (SAR)
- Billing/Insurance
- CCS County Issues
- Whole Child Model
 - URL <https://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx>

California Department of Health Care Services (DHCS)

HRIF@dhcs.ca.gov

Need More Assistance!

Submit a Help Desk ticket at www.cpqcchelp.org



The screenshot displays the CPQCC Help Desk interface. The main navigation bar includes 'Home', 'Solutions', 'Forums', and 'Tickets'. The user is logged in as 'Erika Gray, Super User'. A search bar at the top right is labeled 'Search for HRIF ID ...'. The 'Patient Search' section features several input fields: 'HRIF Program', 'HRIF ID #', 'NICU Reference ID' (with sub-fields for 'OSPHD Code' and 'Record ID'), 'Infant's Last Name', 'Infant's First Name', 'Infant's Birth Year', and 'Infant's DOB'. A 'Search' button is present, along with a message: 'Click the search button to view all patient records.' Below this is a message: 'Please select options for search.' A 'More Search Options' link is also visible. On the left, a sidebar menu lists various sections: 'Clinic Dashboard', 'Find Patient', 'Pending Cases', 'Registration', 'Referral', 'Cardiac', 'Reports', 'Tools', 'Member Directory', 'Map', 'Online Manual', and 'COVID-19 Family Impact Study'. The 'HRIF Database' section is highlighted, showing a list of articles under 'NICU Database' and 'FAQs'. A modal window titled 'HRIF' is open, displaying a search result for '10 articles found' with a list of topics including 'HRIF Program Reporting Responsibilities', 'Authorization of HRIF Services', 'How to Update the HRIF Directory?', 'How to update the HRIF Member Directory?', 'How do I transfer a patient record?', 'HRIF Data Resources', 'User Accounts (defined)', and 'NICU Responsibilities'. An orange arrow points from the 'HRIF Database' section to the modal window. Another orange arrow points from the 'Help Desk' button in the bottom right corner to the text 'Submit a Help Desk ticket at www.cpqcchelp.org'.

** Pop-Up Workshop **

February/March 2025



Short informal trainings that will provide users a deep dive into to specific reporting system features or engage in new system improvements.

Agenda

- 20 - 30 mins – Review Topic
- 15 mins – Q/A and open discussion

Workshop Topics:

- ❖ Data Finalization/Closeout Checklist
- ❖ System Tools
- ❖ Clinic Dashboard
- ❖ Reports (HRIF/NICU Summary, Clinic Activity)
- ❖ Health Equity Dashboard
- ❖ Case Transfer
- ❖ Referrals/Case Transfers
- ❖ System Interface/Navigation
- ❖ HRIF Program – Guidelines
- ❖ EDS Option – Referrals/Registrations
- ❖ Hidden Gems/Cool Features

QUESTIONS?



Recording and Webinar Evaluation

!!ATTENTION!!

At the end of this webinar please click the evaluation link provided to submit your evaluation for this data trainings.

Note: CEU's will be accumulated and distributed after all data training sessions have been completed (for live sessions only)

The webinar recording and slides will also be posted at:
<https://cpqcc.org/engage/annual-data-training-webinars-2024>

THANK YOU!

HRLL
HIGH RISK
INFANT FOLLOW-UP