



Telling the CPQCC Story

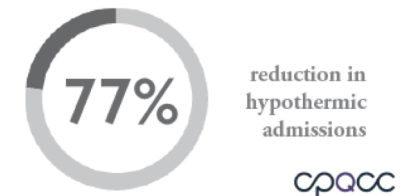
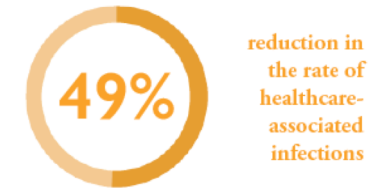
Communicating your great achievements!



Improving how we communicate

Thanks to the hard work of our members...

... California saw significant improvement in neonatal care between 2006-2015!



- 1 Highlight all of **YOUR** hard work improving care and outcomes for California's most vulnerable infants.
- 2 Ensure consistent language throughout all of CPQCC's products to communicate a clear and accurate message.

What are we talking about today?

Agenda items

1 Website redesign

- An exciting new look and feel plus streamlined content

2 Improving email communication

- Reducing volume
- Targeting our audience
- Giving you the information you need

3 Data team survey

- Recommendations on how to structure your team and allocate time for data abstraction and entry

Website Redesign



Consistent language

Glossary

A

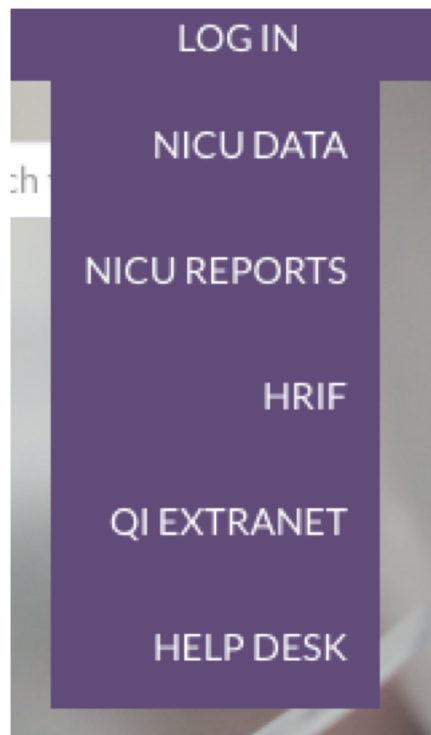
Appropriate for gestational age (AGA)

An infant with a birth weight between the 10th-90th percentile for their gestational age

B

Big Baby

An infant born at 32 weeks of gestation or later and with a birth weight of greater than 1,500 grams. Big Babies are only eligible for entry into the NICU Database if they are admitted to the NICU and experience one of [eleven specific conditions/treatments](#).



NICU Data/Database/Reports – rather than CPQCC Data/Reports

HRIF Data/Reporting System/Reports – no change

Glossary section – under the “Engage” menu

NEW TOOLKIT!

"Nutritional Support of the Very Low Birth Weight Infant"

Download

21%

Reduction in mortality for VLBW infants

99%

Referral of VLBW infants for follow-up care

77%

Reduction in hypothermic admissions

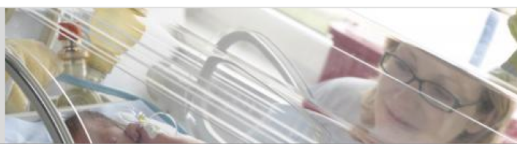
49%

Decrease in the rate of healthcare-associated infections

Discover what made these results possible >>

Redesign Goals

- Clean, streamlined, and engaging design
- Highlight **YOUR** achievements
- Make content easy to find and easy to read



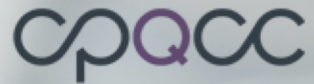
Recruiting NICU Moms for a pilot study

AUG 20, 2018

CPQCC is recruiting mothers of preterm infants currently admitted to the NICU at Lucile

Streamlined structure

LOG IN



california perinatal
quality care collaborative

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Our Members

Our members represent over 90% of the NICUs in California, including all CCS approved intermediate, community, and regional NICUs. These NICUs care for more than 95% of the state's VLBW infants. Improvements in outcomes made by our members have profound and long-lasting impacts for all of California.



Our Staff page



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Staff

CPQCC staff are an invaluable part of improving care for vulnerable infants in California.

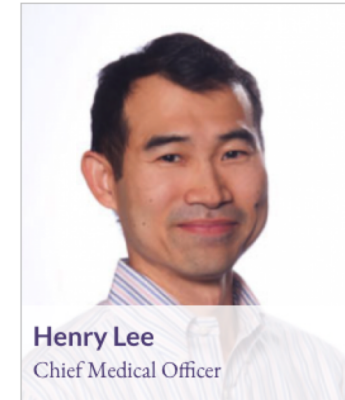
Leadership



Jeffrey Gould
Chief Executive Officer



Susan R. Hintz
HRIF Medical Director



Henry Lee
Chief Medical Officer



Courtney Nisbet
Associate Director of Quality



Jochen Profit
Chief Scientific Officer



Rebecca Robinson
Administrative Director

Our Staff page

Staff



Mihoko Bennett
Biostatistician



Janine Bergin
Research Assistant



Anjali Chowfla
Communications Manager



Xin Cui
Biostatistician



Fulani Davis
Program Manager



Ravi Dhurjati
Research Scientist

NICU Data page

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NICU Data

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NICU Data

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- The NICU Database consists of two major data sets which house critical information on the care provided in member NICUs (NICU data set) as well as on acute transports in and out of these NICUs (transport data set). The data sets are organized by birth year.
- These two data sets cover approximately 95% of the state’s very low birth weight infant population and form the backbone of all of the quality improvement and research activities that we undertake.
- The NICU Database tracks episodes of care that begin within the first 28 days of life, known as the perinatal period. Episodes of care starting on the 29th day of life or later are not tracked.
- Data Contacts from our member hospitals enter data into our web-based system on a daily, quarterly, and annual basis. In June of each year, data from the previous calendar year is “closed” in a process called Data Finalization.

Who

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WHO

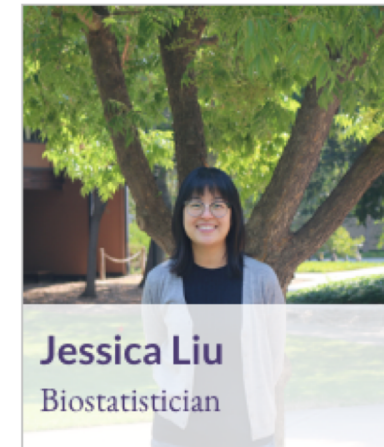
WHAT

WHEN

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The NICU Database is managed by our NICU Data Center team, dedicated program managers, coordinators, and biostatisticians who support members in abstracting, entering, and analyzing their data. The NICU Data Center has also developed a range of online tools designed to assist Data Contacts in entering complete, accurate, and timely data.



What

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Important Notes About NICU Database Eligibility:

- We are now offering members access to an optional All NICU Admissions Database, which allows centers to track ALL infants admitted to their NICU and not just those that meet the eligibility criteria listed above. The All NICU Admissions Database is

The NICU Database contains detailed information on two distinct populations of live born infants – **Small Babies** and **Big Babies**. Stillborn babies are not eligible for entry into the database. Live-born babies that die within 12 hours of birth, prior to admission into the NICU, are entered into the NICU Database as a “delivery room death.”

Small Babies

An infant is considered a “small baby” if they:

- Were born between 22 weeks, 0 days and 31 weeks, 6 days of gestation or
- Had a birth weight between 401-1,500 grams

All small babies are eligible for entry into the NICU Database, regardless of whether they were born at your hospital (“inborn”) or were born at a different hospital (“outborn”) but were acutely transferred to your hospital for care by any service (not just the NICU), as long as the transfer occurred before the baby’s 28th day of life.

Is This Baby Eligible?



Was the baby born alive?

Yes



Did the baby die within 12 hours of birth, before being admitted to the NICU?

No



Was the baby born between 22 weeks and 31 weeks, 6 days gestation or with a birth weight between 401-1,500 grams?

Yes

Start Again

The baby qualifies as a "Small Baby" and is eligible for entry into the NICU Database.

When

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Use the calendar below to keep track of what data you need to submit and **by when**. Click on the dates to see additional details on data submission requirements.

The period between **February 1st - June 7th** is considered “**data finalization**”. During this period, member hospitals complete a series of steps to ensure that all data for the previous birth year is entered completely and accurately. At the end of data finalization, CPQCC uses the complete data to generate and submit each hospital’s CCS Report on their behalf.

Our Data Center team is on hand throughout the data finalization process to assist members in meeting each deadline. In addition, members can refer to our [NICU Data Resources](#).

January

JAN 1

Start entering data on infants born during the current calendar year on the NICU Data Site

JAN 8

Enter data for all babies born between October-December of the previous calendar year through the NICU Data Site.

JAN 9

Q4 Report available through the [NICU Data Site](#).

JAN 15

Data Finalization Guidelines for the current calendar year released via email. Data Contacts are required to confirm receipt of the guidelines by sending a return email to the CPQCC Data Center

NICU Reports page



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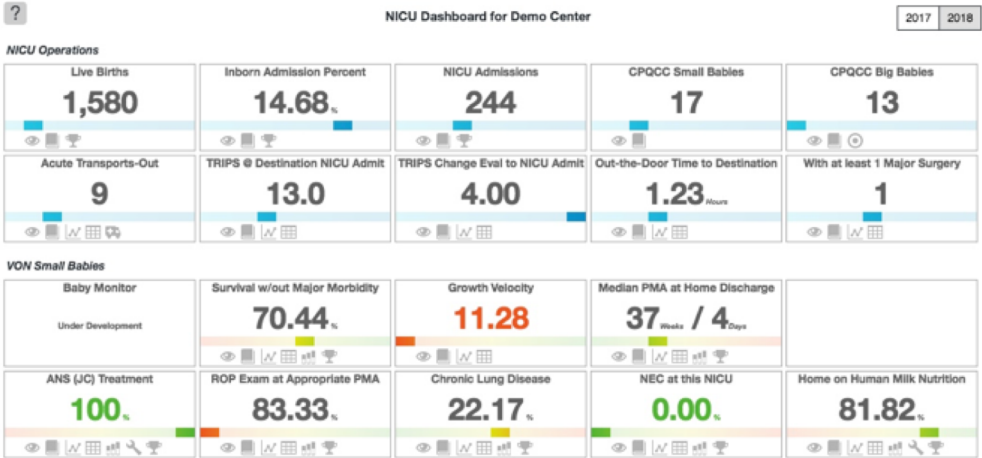
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NICU Reports

CPQCC's [NICU Reports](#) site allows you to visualize and understand your NICU data and use those insights to drive improvements in NICU care. Below we profile a few of our most exciting types of reports. [For more information on available reports >](#)

Dashboard

The Dashboard serves as a launchpad for quality improvement, providing a snapshot of both clinical and operational metrics for each NICU. The dashboard can be used to get a sense of areas where a unit is performing well and areas that may require further attention. Graphs can be downloaded in JPEG or PDF formats for distribution among the NICU team or to hospital leadership.



NICU Data Resources page



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- NICU Reports
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NICU Data Resources

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

Resources for entering data into the HRIF Reporting System can be found on the [Data Resources](#) page under Follow-up.

2018 Birth Year

- Mandated Changes
- Item Numbers Crosswalk

Data Finalization

- Sample Close-Out Checklist (NOTE: This is just a sample. Each center’s checklist must be filled out and submitted electronically through the [NICU Data site](#)).
- Still-In-Hospital (SIH) Table
- EDS Instructions and Specifications
- EDS Excel File
- EDS Skeleton CVS File

Manual of Definitions

- Manual
- Manual Appendices

Formerly the “Downloads” page

HRIF Data page



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HRIF Data

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In order to improve follow-up care for high-risk infants, CPQCC and CCS launched the web-based HRIF Reporting System in 2009, to collect and track data on HRIF programs across California. The reporting system helps:

- **HRIF programs** compare their activities with other programs throughout the state and identify opportunities for quality improvement
- **NICUs** reduce long-term morbidity by strengthening their ability to recognize and refer eligible patients to HRIF
- **CCS** assess site-specific successes in follow-up care, as well as support real-time case management

By connecting the HRIF and NICU databases, CPQCC has helped California to become a leader in enhancing quality along the continuum of care for high-risk infants from birth through the first three years of life. The NICU-level HRIF Report **allows hospitals to track outcomes for high-risk infants discharged from their NICU over the first three years of their lives.** This provides the opportunity for NICUs to see the long-term effects of quality improvement projects.



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The HRIF Reporting System is managed by the HRIF Support team. The HRIF Support team is available to assist HRIF Programs in abstracting, entering, and analyzing their data as well as navigating the state's HRIF system. The team has developed a range of online tools designed to assist HRIF Data Contacts in entering complete, accurate, and timely data.

The HRIF team can help you understand:

- How to enter your data (questions about medical eligibility, transfers, and definitions)
- What your data is telling you (questions about the System Tools, HRIF and NICU Summary Reports)

To contact the HRIF Support team for assistance with your data, submit a ticket at our [Help Desk](#).

HRIF Support

For data and reporting questions.



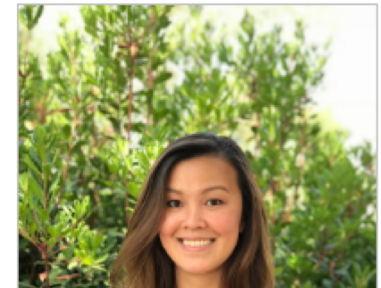
Erika Gray
Program Manager



Eileen Loh
Software Engineer



Tianyao Lu
Biostatistician



Carolyn Pham
Program Coordinator

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The HRIF Reporting System contains detailed information on all infants and children eligible for follow-up care. Eligibility for HRIF services begins at birth and lasts up until three years of age. Use the flow chart below to determine if a child is eligible for HRIF services and entry into the HRIF Reporting System.



Did the child meet CCS medical eligibility criteria for care in a CCS-approved NICU?

No



Did the child have a birthweight of less than 1500 grams or a gestational age at birth of less than 32 weeks?

Yes

Start Again

They are eligible for HRIF Services and entry into the HRIF Reporting System.

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Use the calendar below to keep track of what HRIF data you need to submit and by when. Click on the dates to see additional details on data submission requirements. **The period between January 1st - June 7th is considered “data finalization”.** During this period, member HRIF Programs complete a series of steps to ensure that all data for the previous birth years are entered completely and accurately. At the end of data finalization, CPQCC uses the complete data to generate an Annual Report to send to CCS behalf of each HRIF Program.

Our HRIF Support team is on hand throughout the data finalization process to assist members in meeting each deadline. In addition, members can refer to the Data Finalization Process Guidelines and Tools on the [HRIF Resource Page](#).

January

JAN 1

Submit a [Help Ticket](#) to schedule a data review (optional).

March

MAR 1

HRIF members that meet the April 1 deadline by this date are eligible for the HRIF Super Star Award.

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For more information on the various HRIF reports or for a tutorial on how to use them, please contact [Erika Gray](#), HRIF Program Manager.

HRIF Reports

The HRIF Reporting System includes reports designed to help HRIF Programs and NICUs turn data into action.

Summary Reports



The screenshot shows the HRIF Summary Report interface. At the top, the CPQCC logo and 'High Risk Infant Follow-up Quality of Care Initiative' are displayed. A navigation bar includes 'Find Patient', 'Pending Cases', 'Registration', 'Referral', 'Report', 'Tools', 'Admin', 'Help', and 'Sign Out'. The 'Report' tab is active, showing 'HRIF Summary', 'HRIF CCS Reports', and 'NICU Summary'. The main content area is titled 'HRIF SUMMARY REPORT' and includes a note: 'HRIF Summary Report is updated nightly'. Below this, there are several dropdown menus for filtering: 'HRIF Program' (All), 'Discharge NICU' (All), 'Infant's Birth Year' (All), 'Infant's Birth Weight or Gestational Age' (All), and 'Infant's Qualifying Medical Condition' (All). A 'Report Name' dropdown is set to '-- Select a Report --'. A 'View Report' button is located at the bottom of the form.

The Summary Reports provide an overview of the patients registered and receiving follow-up services in an HRIF clinic. The **HRIF Summary Report** includes data the individual patients seen and followed by an HRIF Program, regardless of where the infants were born or discharged from. The **NICU Summary Report** includes data on individual patients that a NICU has referred for follow-up care, regardless of the location where they are receiving their follow-up services. These reports are updated in near real-time, allowing sites to access information about their successes and challenges; make comparisons across the state,

HRIF Data Resources page



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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 Manual of Definitions](#)
- [Referral/Registration \(RR\) Form](#)
- [Standard Visit \(SV\) Form](#)
- [Additional Visit \(AV\) Form](#)
- [Client Not Seen/Discharge \(CNSD\) Form](#)

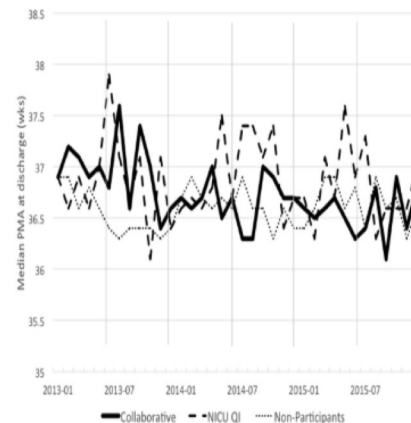
Improvement Results page

Results

Antibiotic Stewardship

June 2016 to November 2017

Our Antibiotic Stewardship Collaborative included 28 of our member NICUs, the largest group to date, and aimed to reduce antibiotic utilization rates through the application of a bundle of best practices, including routine antibiotic “time-outs” 48-72 hours after obtaining cultures. While a thorough analysis of the data is still underway, preliminary findings indicate that the collaborative group eliminated roughly 11,700 “antibiotic days” across California and **safely decreased the antibiotic utilization rate (AUR) by 13.8%**. These improvements helped to decrease the risk of antibiotic resistance and adverse drug events as well as the cost of care at these NICUs.



Optimizing Length of Separation

June 2013 to May 2015

20 of our member NICUs participated in the Optimizing Length of Separation Collaborative, which aimed to reduce length of hospital stay by three days for infants born between 27-32 weeks gestational age. Participants were encouraged to use a standardized approach to feeding, discharge planning, and apnea/bradycardia management in order to achieve this aim. By the end of the 18-month collaborative, **participants decreased length of separation by three days** and increased early discharge (before 36 weeks, 5 days) to 41.9% from 31.6%.

Related Publication: [Comparison of Collaborative Versus Single-Site Improvement to Reduce NICU Length of Stay](#)

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RESOURCE

Nutritional Support of the VLBW Infant

QI TOOLKIT SEPTEMBER 2018

EVENTS

2019 Data Training in Santa Clara

TRAINING OCTOBER 2018

EVENTS

2019 Data Training in Anaheim

TRAINING OCTOBER 2018

EVENTS

2019 Data Training in Glendale

TRAINING OCTOBER 2018

FAQs page



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FAQs

- [Do data definitions in the NICU and HRIF Databases change? How does this happen?](#)
- [Does my NICU need to be CCS-approved in order to become a CPQCC member?](#)
- [What is the difference between the NICU Database and the All NICU Admissions Database? Are they the same thing?](#)
- [How are the annual membership fees determined?](#)
- [My NICU does not treat very many VLBW infants. Is there any value in joining CPQCC?](#)

Do data definitions in the NICU and HRIF Databases change? How does this happen?

In the spirit of continuous quality improvement, we are constantly considering changes to the NICU and HRIF Databases, adding new variables, renaming or redefining existing items to stay up to date with evolving care standards, or removing variables that are no longer needed. To minimize confusion, the changes are only pushed to the databases once a year, on January 1st.

Let's use 2019 as an example. Below is how we would go about making changes to the NICU Database for babies born in calendar year 2019. Changes to the HRIF Database follow a similar process.

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Glossary

A

Appropriate for gestational age (AGA)

An infant with a birth weight between the 10th-90th percentile for their gestational age

B

Big Baby

An infant born at 32 weeks of gestation or later and with a birth weight of greater than 1,500 grams. Big Babies are only eligible for entry into the NICU Database if they are admitted to the NICU and experience one of [eleven specific conditions/treatments](#).

C

CCS

California Children's Services. The unit within California's Department of Public Health responsible for children with special medical needs, including those admitted into the NICU and those requiring follow-up care after discharge through an HRIF Program.

Have Website Feedback?

Contact Anjali Chowfla at anjali@cpqcc.org.

Email Communication



Improving Email Communication

Our goal: fewer but better quality emails



Reducing volume

Limiting emails to no more than one per week.



Topic specific groups

Receive emails pertaining to the specific topics you are interested in.



What you need to and want to know

Soliciting ideas for a member-driven newsletter.

Improving Email Communication

Topic specific groups

1 Data

- Data Finalization reminders
- Resources for data abstraction and entry
- Data awards
- Training and webinars

2 Reports

- Tips on how to use reports
- Push/alert reports – **in development!**

3 Membership Information

- CPQCC announcements
- New opportunities for members
- Fee information

4 Volunteer Committees

- Requests for guidance
- Meeting information

5 Quality Improvement

- New collaborative projects
- QI tools and education
- Toolkits

6 Research

- Study enrollment
- Publications and results

Improving Email Communication

Mailing list cleanup

[View this email in your browser](#)

CPQCC

Spring Cleaning!

(in the fall)

We're doing a clean up of our mailing lists so that we only send you the emails that you want to receive.

Nothing more, nothing less!

Please take a second to update your preferences below.
Thank you for helping us clean up!

UPDATE

[Twitter](#) [Facebook](#) [LinkedIn](#)

CPQCC
california perinatal
quality care collaborative

Please update your email preferences!

*We only want to send you emails that you want to receive.
Nothing more, nothing less!*

First Name
Anjali

Last Name
Chowla

Email Address
a*****@s*****.edu

Hospital/Organization Name
CPQCC

Role
Communications Manager

Data Emails

- NICU Data
- HRIF Data

Report Emails

- NICU Reports
- HRIF Reports

Quality Improvement Emails

- New tools, resources, & projects
- QI Education (tips & tricks)

Research Emails

- Collaboration opportunities
- Results

Newsletters

- CPQCC Quarterly Newsletter

Improving Email Communication

Quarterly Newsletters



- Quarterly e-newsletters
- Themed? Educational? Resource based?

What do you need and want to know?

Email anjali@cpqcc.org or find me during lunch!

Data Team
Survey



Data Team Survey

Why did we ask you all of those questions?



- We know that data collection is burdensome, we want to know how burdensome!
- Many sites have expressed that hospital leadership does not understand or support the time and effort required for data abstraction/entry
- Survey responses will allow us to tailor our support to you and make recommendations on ideal team composition/structure and time allocation

Data Team Survey

Response Rate

46%

NICU teams

49%

HRIF teams

Data Team Survey

Preliminary Results

Who do you think should be on the data team?

31%

RN

16%

Data Analyst

10%

MD

How many people are on your data team?

34%

1 person

31%

2 people

19%

3 people

Data Team Survey

Preliminary Results

How often are you abstracting data?

40%
Weekly

20%
Varies

19%
Daily

How many hours do you spend abstracting data per session?

33%
4-8 hours

23%
< 4 hours

21%
8-16 hours

Data Team Survey

Preliminary Results

How often are you
entering data?

44%

Weekly

23%

Varies

16%

Monthly

How many hours do you spend
entering data per session?

46%

4-8 hours

19%

8-16 hours

17%

< 4 hours

Data Team Survey

Preliminary Results

How often are you tracking data?

38%

Weekly

20%

Monthly

16%

Varies

How many hours do you spend tracking data per session?

60%

< 4 hours

13%

16-24 hours

13%

4-8 hours

Data Team Survey



- Revised questions will be included in training evaluation
- Total of 8 questions
- < 5 min time commitment