

HRIF Reporting System

2020 Data Training Sessions

HRIF Reporting System

The web-based HRIF Reporting System was developed for
CCS HRIF Program medically eligible infants,
regardless of insurance status or CPQCC NICU medical eligibility.

Overview

- ❖ Reporting System Access
- ❖ Report Forms Review & Revisions
- ❖ System Tools & Database Improvements
- ❖ Data Finalization Process
- ❖ Resources
- ❖ NICU Database
- ❖ Helpful Tips



Reporting System Access



How to Get Access?

1. Center Name
2. Does your center provide HRIF services?
3. Full Name:
4. Title:
5. Email Address:
6. Phone Number:
7. Computer Public IP Address*
8. User Account Access (contacts can have multiple accounts):
 - **Data User:** CCS-approved HRIF Program staff submits all data forms: Referral/Registration (RR), Standard Visit (SV), Additional Visit (AV) and Client Not Seen Discharge (CNSD) for infants/children receiving follow-up services from their own HRIF Program. Data Users can generate and view the HRIF Summary and HRIF CCS Annual Reports.
 - **Referral User:** CCS-approved NICU and/or HRIF Program staff who refers HRIF eligible infants to a CCS HRIF Program and only has access to submit the "Referral/Registration (RR) Form". Currently no access to generate or view reports.
 - **NICU User:** CCS-approved NICU staff (read-only access) generate and view NICU Summary Report.

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



Notice

The following web browsers are supported for data submission in HRIF Reporting System (www.ccshrif.org):

Please make sure to update your web browsers if they are out-of-date.

- Microsoft IE 10/11
- Microsoft Edge
- Firefox
- Google Chrome

Registered Email Address:

Password:

Sign In

[Forgot password or Need access? Submit a Help Desk ticket](#)

Visit the [HRIF Data Resources](#) to download the Manual and Forms, HRIF Clinic Tools and Data Finalization materials.

www.ccshrif.org

Secure Access

(Mobile and/or Landline Phone)

HR
HIGH RISK
INFANT FOLLOW-UP

[What is this?](#) [Need help?](#)

Powered by Duo Security

Device: Android (XXX-XXX-7608)
 Landline (XXX-XXX-1306)

Choose an authentication method

Duo Push Used automatically

Call Me

Passcode

Remember me for 1 day

Pushed a login request to your device...

User Account Interface

Find Patient

Pending Cases

Registration

Patient Record

Referral

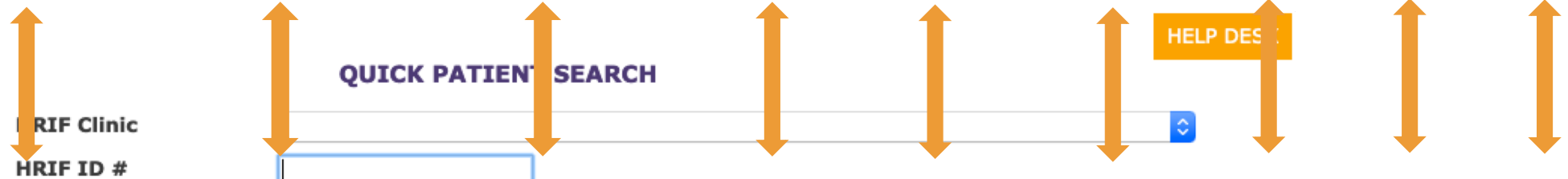
Cardiac

Reports

Tools

Admin

Help



- 1. Referral Forms
- 2. Rejected Referral Forms
- 3. Patient's Referred Reports
- 4. Patient Records with Open Forms
- 5. Transferred Patient Record
- 1. HRIF On-line Summary
- 2. Case Transfer Tracker
- 3. Standard Cardiac Referral Form
- 4. Error and Warning Report
- 5. Closeout Checklist
- 1. HRIF Record Tracker
- 2. Case Transfer Tracker
- 3. Standard Cardiac Referral Form
- 4. Error and Warning Report
- 5. Closeout Checklist

Birth Mother's DOB

Search Click the search button to view all patient records.

Report Forms Review / Revisions



Referral/Registration (RR) form

11 Required Fields that **MUST** be entered in order to save online record:

1. NICU Record ID
2. Gestational Age
3. Hospital Discharging to Home
4. Date of Birth
5. Singleton/Multiple
6. Date of Discharge to Home
7. Birth Hospital
8. Infant's Sex
9. Birth Mother's Date of Birth
10. Birth Weight
11. Medical Eligibility Criteria

“Unable to complete form” checkbox should **ONLY** be used for the following reasons:

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

Submission of
a CNSD Form
is required!

REFERRAL/REGISTRATION (RR) FORM



*Required Field

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

Infant enrolled in a CCS clinic other than the HRIF Program: No Yes Unknown

CCS # Infant **NOT** NICU Eligible

*NICU Reference ID - (NICU OSHPD Facility Code - NICU Record ID)

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

*Birth Hospital:

*Birth Weight: Grams *Gestational Age: Weeks Days (0-6)

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

*Infant's Sex: Male Undetermined Female Unknown Infant's Ethnicity: Hispanic /Latino Non-Hispanic Unknown Declined

Infant's Race *check only ONE*

Single: Black or African American Asian Native Hawaiian or Other Pacific Islander American (North, South or Central) Indian or Alaskan Native White Other Multiracial: Unknown Declined

*Hospital Discharging to Home:

Referring CCS NICU:

CCS Cardiac Center:

*Date of Discharge to Home: -- (MM-DD-YYYY) Infant Still in Hospital

PROGRAM REGISTRATION INFORMATION - continue

*Birth Mother's Date of Birth -- (MM-DD-YYYY) Unknown Birth Mother's Ethnicity Hispanic /Latino Non-Hispanic Unknown Declined

Birth Mother's Race *check only ONE*

Single: Black or African American Asian Native Hawaiian or Other Pacific Islander American (North, South or Central) Indian or Alaskan Native White Other Multiracial: Unknown Declined

Insurance (Check all that apply)

CCS Commercial HMO Commercial PPO Medi-Cal Point of Service/EPO No Insurance/Self Pay Other Unknown

Primary Caregiver

Mother Other Relatives/Not Parents Foster Family/CPS Other Father Non-Relative Pediatric Subacute Facility Unknown Both Parents Foster/Adoptive Family

Zip Code of Pediatric Subacute Facility, if Checked:

Zip Code of Primary Caregiver Residence:

Education of Primary Caregiver

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

Caregiver Employment

Full-Time Multiple Jobs Unknown Part-Time Work From Home Declined Temporary Not Currently Employed

Primary Language Spoken at Home (Check only ONE)

English Spanish Arabic Cantonese Khmer Hmong/Miao Korean Farsi/Persian Russian Sign Language Mandarin Vietnamese Declined Tagalog Unknown

Secondary Language Spoken at Home (Optional - Check only ONE)

N/A English Spanish Arabic Armenian Cambodian/Khmer Hmong/Miao Cantonese Farsi/Persian Russian Korean Mandarin Tagalog Vietnamese Sign Language Unknown Declined

*MEDICAL ELIGIBILITY PROFILE (Check all that apply)

*Required Section

Birth Weight ≤ 1500 Grams Seizure Activity / Anti-Seizure Meds INO > 4 Hours / Meds for PPHN Gestational age at Birth < 32 Weeks Oxygen > 28 Days and CLD ECMO Persistent Apnea Neonatal Encephalopathy CHD Requiring Surgery / Intervention: > Was the Norwood or a single ventricle palliation procedure performed? No Yes

Persistently Unstable Infant:

Hypoxia Acidemia Hypoglycemia Hypotension Requiring Pressors

Cardiorespiratory Depression:

Apgar Score ≤ 3 at 5 Minutes Apgar Score < 5 at 10 Minutes pH < 7.0 on an Umbilical Blood Sample pH < 7.0 on Blood Gas at < 1 Hour of Age

Intracranial Pathology with Potential for Adverse Neurologic Outcome:

Intracranial Hemorrhage PVL Cerebral Thrombosis Cerebral Infarction Developmental CNS Abnormality Other

Other Problems that Could Result in Neurologic Abnormality:

CNS Infection Documented Sepsis Bilirubin Cardiovascular Instability HIE Other

2020 HRIF Database Change

RR form – Program Registration Information

Infant's Sex (*Required Field)

*Infant's Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Undetermined
	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown

CHANGE:

- Variable name “**Infant Gender**” will change to “**Infant's Sex**”
- Add “**Undetermined**” option

Updated 2020 Definition: Infant's Sex (Required Field)

- Select **Male** or **Female**.
- Select **Undetermined** when sex is not assigned as male or female by the time of discharge because it has been considered to be undetermined (or “ambiguous”) by the clinical team.
- Select **Unknown** if sex cannot be obtained.

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)

- **5 Required Fields - MUST** be entered in order to **save online form**. Saved entry screens can be recalled at a later date to make necessary updates.

1. Date of Visit

2. Core Visit (auto)

3. Neurologic Exam

4. Developmental Assessment

5. Disposition

A developmental
test must be
performed during
the 3rd visit.

STANDARD VISIT (SV) FORM



NAME: _____ (Last, First) HRIF I.D. # _____

*Required Field

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

VISIT ASSESSMENT

*Core Visit (I) #1 (4-8 months) #2 (12-16 months) #3 (18-36 months)

Infant enrolled in a CCS clinic other than the HRIF Program: No Yes Unknown

Zip Code of Primary Caregiver:

Chronological Age: Months Days Adjusted Age: Months Days

Interpreter Used No
 Yes: Spanish Arabic Armenian
 Cambodian/Khmer Cantonese Farsi/Persian
 Hmong/Miao Korean Mandarin Tagalog
 Russian Sign Language Vietnamese Unknown
 Declined 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="text"/> <input type="text"/> <input type="text"/> (kg)	<input type="text"/> <input type="text"/> <input type="text"/> (cm)	<input type="text"/> <input type="text"/> <input type="text"/> (cm)
or <input type="text"/> (lbs) <input type="text"/> (oz)	or <input type="text"/> (in)	or <input type="text"/> (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 One Parent One Parent/Other Relatives
 Other Relatives/Not Parents Non Relative Foster/Adoptive Family
 Foster Family/CPS Pediatric Subacute Facility Other
 Unknown

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

Caregiver Employment
 Full-Time Multiple Jobs Unknown
 Part-Time Work From Home Declined
 Temporary Not Currently Employed

Routine Child Care
 None Yes Unknown
 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
 None Yes Unknown
 If Yes, Check all that apply:
 Behavioral Calming/Crying Feeding & Growth
 Frequent Illness Gastrointestinal/Stooling/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). NOTE: Core Visit #1 is the initial first visit to the HRIF Clinic, even if the patient is older than 8 months corrected age.

STANDARD VISIT (SV) FORM



NAME: _____ (Last, First) HRIF I.D. # _____

EARLY START (ES) PROGRAM

Is the Child Currently Receiving Early Intervention Services Through Early Start (Regional Center and/or LEA)? (check only one)
 Yes No, Not Required No, Referred at Visit No, Referral Failure
 No, Pending Services No, Parent Refused Service No, Determined Ineligible by ES Unknown

MEDICAL THERAPY PROGRAM (MTP)

Is the Child Currently Receiving Services Through CCS Medical Therapy Program (MTP)? (check only one)
 Yes No, Not Required No, Referred at Visit No, Referral Failure
 No, Pending Services No, Parent Refused Service No, Determined Ineligible by ES Unknown

SPECIAL SERVICES REVIEW

Is the Child Receiving or Being Referred for Special Services?
 No (Skip to Resources and Social Concerns) Yes (Complete below) Unknown

Behavior Intervention	Feeding Therapy	Infant Development Services	Hearing Services	Nutritional Therapy
<input type="checkbox"/> Does Not Need <input type="checkbox"/> Receiving <input type="checkbox"/> Complete <input type="checkbox"/> Referred at Time of Visit	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Receiving <input type="checkbox"/> Complete <input type="checkbox"/> Referred at Time of Visit	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Receiving <input type="checkbox"/> Complete <input type="checkbox"/> Referred at Time of Visit	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Receiving <input type="checkbox"/> Complete <input type="checkbox"/> Referred at Time of Visit	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Receiving <input type="checkbox"/> Complete <input type="checkbox"/> Referred at Time of Visit
Referred, but Not Receiving (check reason) <input type="checkbox"/> Missed Appointment <input type="checkbox"/> Waiting List / Visit Pending <input type="checkbox"/> Re-Referral <input type="checkbox"/> Insurance/HMO Denied <input type="checkbox"/> Service Not Available <input type="checkbox"/> Service Cancelled <input type="checkbox"/> Parent Declined/Refused Service <input type="checkbox"/> Other/Unknown Reason	Referred, but Not Receiving (check reason) <input type="checkbox"/> Missed Appointment <input type="checkbox"/> Waiting List / Visit Pending <input type="checkbox"/> Re-Referral <input type="checkbox"/> Insurance/HMO Denied <input type="checkbox"/> Service Not Available <input type="checkbox"/> Service Cancelled <input type="checkbox"/> Parent Declined/Refused Service <input type="checkbox"/> Other/Unknown Reason	Referred, but Not Receiving (check reason) <input type="checkbox"/> Missed Appointment <input type="checkbox"/> Waiting List / Visit Pending <input type="checkbox"/> Re-Referral <input type="checkbox"/> Insurance/HMO Denied <input type="checkbox"/> Service Not Available <input type="checkbox"/> Service Cancelled <input type="checkbox"/> Parent Declined/Refused Service <input type="checkbox"/> Other/Unknown Reason	Referred, but Not Receiving (check reason) <input type="checkbox"/> Missed Appointment <input type="checkbox"/> Waiting List / Visit Pending <input type="checkbox"/> Re-Referral <input type="checkbox"/> Insurance/HMO Denied <input type="checkbox"/> Service Not Available <input type="checkbox"/> Service Cancelled <input type="checkbox"/> Parent Declined/Refused Service <input type="checkbox"/> Other/Unknown Reason	Referred, but Not Receiving (check reason) <input type="checkbox"/> Missed Appointment <input type="checkbox"/> Waiting List / Visit Pending <input type="checkbox"/> Re-Referral <input type="checkbox"/> Insurance/HMO Denied <input type="checkbox"/> Service Not Available <input type="checkbox"/> Service Cancelled <input type="checkbox"/> Parent Declined/Refused Service <input type="checkbox"/> Other/Unknown Reason
Service Provider: <input type="checkbox"/> Early Intervention Specialist <input type="checkbox"/> Licensed Clinical Social Worker <input type="checkbox"/> Psychologist <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Service Provider: <input type="checkbox"/> Early Intervention Specialist <input type="checkbox"/> Certified Lactation Consultant <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> Registered Dietitian <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Speech/Language Pathologist <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Service Provider: <input type="checkbox"/> Early Intervention Specialist <input type="checkbox"/> Licensed Clinical Social Worker <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Psychologist <input type="checkbox"/> Registered Nurse <input type="checkbox"/> MSW <input type="checkbox"/> Speech/Language Pathologist <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Service Provider: <input type="checkbox"/> Audiologist <input type="checkbox"/> Early Intervention Specialist <input type="checkbox"/> ENT <input type="checkbox"/> Speech/Language Pathologist <input type="checkbox"/> Teacher of the Deaf <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Service Provider: <input type="checkbox"/> Certified Lactation Consultant <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Registered Dietitian <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Other <input type="checkbox"/> Unknown

2020 HRIF Database Change

SV form – Development Assessment

The Developmental Assessment section online version format will change to a dropdown selection instead of a radio button.

DEVELOPMENTAL TESTS

Bayley Scales of Infant and Toddler Development (Bayley-III or Bayley 4) "Hardcopy" - enter score			
Cognitive Composite	Score: _____	<input type="checkbox"/> Unable to Assess	<input type="checkbox"/> Did Not Assess
Receptive Language Scaled Score	Score: _____	<input type="checkbox"/> Unable to Assess	<input type="checkbox"/> Did Not Assess
Expressive Language Scaled Score	Score: _____	<input type="checkbox"/> Unable to Assess	<input type="checkbox"/> Did Not Assess
Language Composite	Score: _____	<input type="checkbox"/> Unable to Assess	<input type="checkbox"/> Did Not Assess
Fine Motor Scaled Score	Score: _____	<input type="checkbox"/> Unable to Assess	<input type="checkbox"/> Did Not Assess
Gross Motor Scaled Score	Score: _____	<input type="checkbox"/> Unable to Assess	<input type="checkbox"/> Did Not Assess
Motor Composite	Score: _____	<input type="checkbox"/> Unable to Assess	<input type="checkbox"/> Did Not Assess
Social-Emotional Composite	Score: _____	<input type="checkbox"/> Unable to Assess	<input type="checkbox"/> Did Not Assess
Adaptive-Behavior Composite	Score: _____	<input type="checkbox"/> Unable to Assess	<input type="checkbox"/> Did Not Assess
Bayley Scales of Infant and Toddler Development (Bayley-III or Bayley 4) "Computer" - enter score			
Receptive Language Scaled Score	Score: _____	<input type="checkbox"/> Unable to Assess	<input type="checkbox"/> Did Not Assess
Expressive Language Scaled Score	Score: _____	<input type="checkbox"/> Unable to Assess	<input type="checkbox"/> Did Not Assess
Fine Motor Scaled Score	Score: _____	<input type="checkbox"/> Unable to Assess	<input type="checkbox"/> Did Not Assess
Gross Motor Scaled Score	Score: _____	<input type="checkbox"/> Unable to Assess	<input type="checkbox"/> Did Not Assess
Cognitive Composite	Score: _____	<input type="checkbox"/> Unable to Assess	<input type="checkbox"/> Did Not Assess
Language Composite	Score: _____	<input type="checkbox"/> Unable to Assess	<input type="checkbox"/> Did Not Assess
Motor Composite	Score: _____	<input type="checkbox"/> Unable to Assess	<input type="checkbox"/> Did Not Assess
Personal-Social Composite	Score: _____	<input type="checkbox"/> Unable to Assess	<input type="checkbox"/> Did Not Assess
Adaptive Composite	Score: _____	<input type="checkbox"/> Unable to Assess	<input type="checkbox"/> Did Not Assess

Additional Visit (AV) form

- May occur before, between and/or after the recommended time frames for standard core visits.
- This form only captures the **date**, **reason** (Social Risk, Case Management, Concerns with Neuro/Developmental Course or Other) and **disposition** for the additional visit.
- **All fields are required in order to save online form.**

ADDITIONAL VISIT (AV) FORM

NAME: _____ (Last, First) HRIF I.D.# _____	
* Required Field * DATE OF ADDITIONAL VISIT: <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)	
*REASON FOR ADDITIONAL VISIT (Required Field)	
<input type="checkbox"/> Social Risk	<input type="checkbox"/> Concern <u>With</u> Neuro/Developmental Course
<input type="checkbox"/> Case Management	<input type="checkbox"/> <u>Other:</u> _____
*DISPOSITION (Required Field)	
<input type="checkbox"/> Scheduled To Return	<input type="checkbox"/> Will Be Followed by Another CCS HRIF Clinic (1)
DISCHARGED:	
<input type="checkbox"/> Graduated	<input type="checkbox"/> Closed Out of Program
<input type="checkbox"/> Family Moving Out of State/Country	<input type="checkbox"/> Family Withdrew Prior To Completion
<input type="checkbox"/> Will be Followed Elsewhere	<input type="checkbox"/> Completed HRIF Core Visits, Referred For Additional Resources
HOSPITAL/CENTER INFORMATION (Optional)	
Hospital Specific Medical I.D. # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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: CA Zip Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home Phone Number: (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Alternate Street Address: _____	
Alternate City: _____	State: CA Zip Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Alternate Phone Number: (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
(1) Submit a Help Desk ticket at: https://www.cpqchelp.org/ , to request to transfer the patient record to another CCS HRIF Clinic. Include in the ticket request the patient's "HRIF ID Number", "Birth Weight or Gestational Age" and the "CCS HRIF Clinic, where the patient will be transferred for follow-up services".	

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 only the **date, category, reason** and **disposition** for the client not seen visit.
 - **All fields are required in order to save online form.**



CLIENT NOT SEEN / DISCHARGE (CNSD) FORM



NAME: _____ (Last, First) HRIF I.D.# _____

*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)

- | | |
|---|---|
| <input type="checkbox"/> Infant Illness | <input type="checkbox"/> Parent Declines Due to Cost |
| <input type="checkbox"/> Infant Hospitalized | <input type="checkbox"/> Insurance Authorization Problems |
| <input type="checkbox"/> Infant Referred to Another HRIF Clinic | <input type="checkbox"/> CCS Denied |
| <input type="checkbox"/> Infant/Family Moved Within California | <input type="checkbox"/> Lack of Transportation |
| <input type="checkbox"/> Infant/Family Moved Out of State | <input type="checkbox"/> Lost to Follow-up |
| <input type="checkbox"/> Infant Expired | <input type="checkbox"/> Unable to Contact |
| <input type="checkbox"/> Parent Illness | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Parent Refused | <input type="text"/> |
| <input type="checkbox"/> Parent Competing Priorities | <input type="checkbox"/> 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

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: CA Zip Code:

Home Phone Number: () -

Alternate Street Address: _____

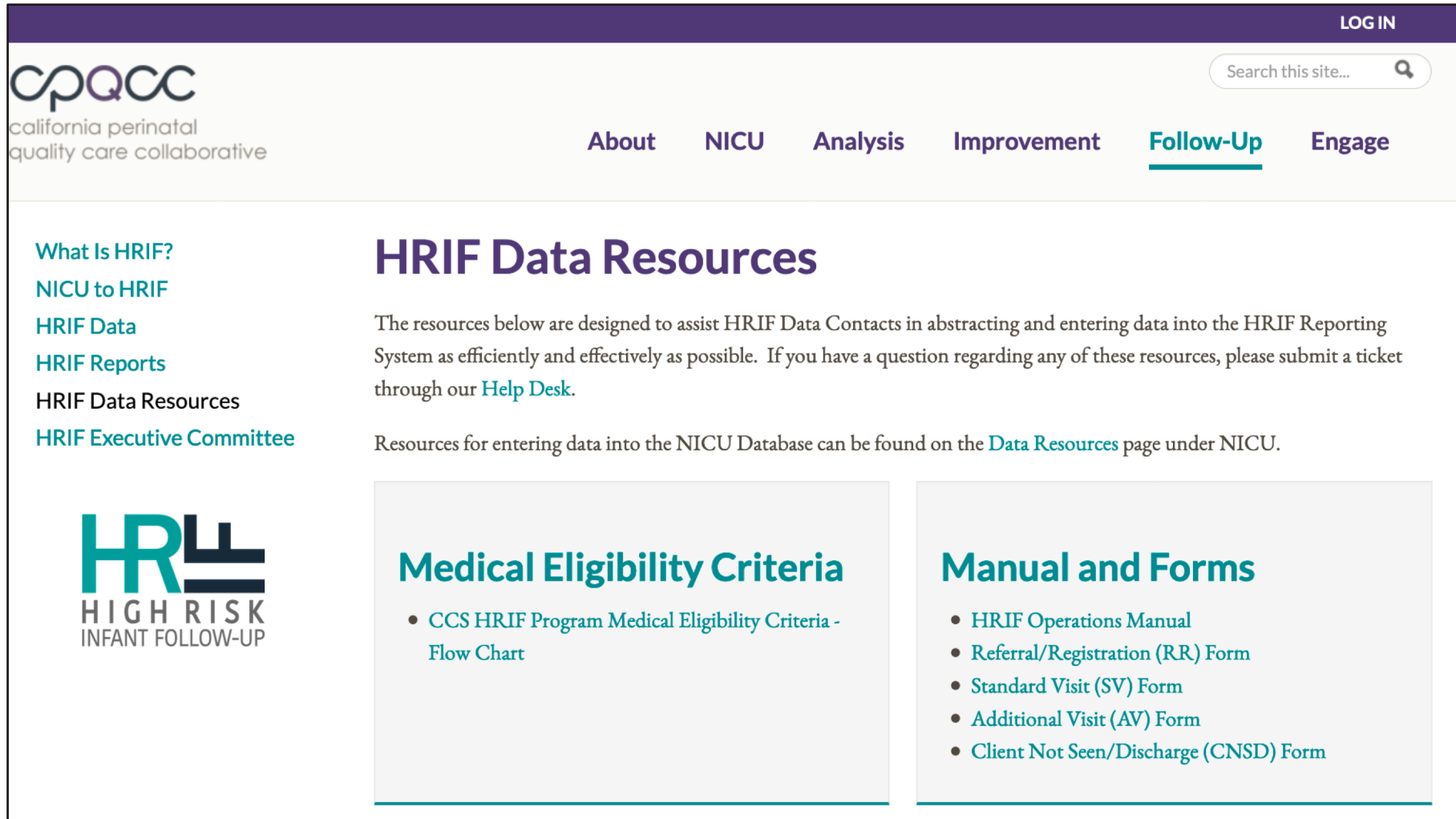
Alternate City: _____ State: CA Zip Code:

Alternate Phone Number: () -

(1) Submit a Help Desk ticket at: <https://www.cpgcchelp.org/>, to request to transfer the patient record to another CCS HRIF Clinic. Include in the ticket request the patient's "HRIF ID Number", "Birth Weight or Gestational Age" and the "CCS HRIF Clinic, where the patient will be transferred for follow-up services".

HRIF Data Resources

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



The screenshot shows the CPQCC website's "HRIF Data Resources" page. The page has a purple header with a "LOG IN" button and a search bar. The main navigation includes "About", "NICU", "Analysis", "Improvement", "Follow-Up" (which is underlined), and "Engage". On the left, there is a sidebar with links: "What Is HRIF?", "NICU to HRIF", "HRIF Data", "HRIF Reports", "HRIF Data Resources", and "HRIF Executive Committee". The main content area features the "HRIF Data Resources" title, a paragraph explaining the resources' purpose, and a link to the "Help Desk". Below this, a note states that resources for entering data into the NICU Database are found on the "Data Resources" page under NICU. At the bottom, there are two columns of resource boxes: "Medical Eligibility Criteria" with a link to the "CCS HRIF Program Medical Eligibility Criteria - Flow Chart", and "Manual and Forms" with a list of documents including the "HRIF Operations Manual", "Referral/Registration (RR) Form", "Standard Visit (SV) Form", "Additional Visit (AV) Form", and "Client Not Seen/Discharge (CNSD) Form".

LOG IN

Search this site...

CPQCC
california perinatal
quality care collaborative

About NICU Analysis Improvement Follow-Up Engage

What Is HRIF?
NICU to HRIF
HRIF Data
HRIF Reports
HRIF Data Resources
HRIF Executive Committee

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](#)

System Tools & Database Improvements



System Tools

Record Tracker

This tool helps the HRIF clinic track, submit and finalize/close patient records.

NICU Record ID

Provides a full list of the registered infants by birth year and allows the HRIF clinic staff to update/ enter the NICU Record ID.

Error & Warning

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

- Missing Mother DOB
- Expected SV #1 missing
- Missing NICU Record ID

Case Transfer Tracker

This tool helps the HRIF clinic keep track of patient records that were transferred to another clinic.

Closeout Checklist

This tool provides a list of items to assist clinics in finalizing submitted data.

HRIF RECORD TRACKER

HRIF Record Tracker Report is updated immediately.

HRIF Clinic

Infant's Birth Year

Case Status

- ✓ All
- Priority Case
- Warning Case
- Closed Case

Order By

#	HRIF ID#	Name	DOB	Curr Adj Age (Months)	Curr Chron Age (Months)	SV#1	SV#2	SV#3	Latest Client Not Seen or Additional Visit	Case Status
			-2016	37.6	37.6	Date Expected: 07-23-2017	Date Expected: 03-25-2018	Date Expected: 08-13-2019	Date: 12-08-2016 Reason: Case Management Disposition: Scheduled to Return	Priority Case
			2017	27.5	27.5	Visit Date: 02-01-2018 Disposition: Scheduled to Return	Visit Date: 12-18-2018 Disposition: Scheduled to Return	Date Expected: 06-16-2020		
			-2017	25.2	25.2	Visit Date: 06-18-2018 Disposition: Will be Followed by Another CCS HRIF Program	Date Expected: 04-01-2019	Date Expected: 08-28-2020		Warning Case



Click this icon to download a spreadsheet of the HRIF Record Tracker



CASE TRANSFER TRACKER

Infant's Transfer Year

Transfer To

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

CASE TRANSFERS

#	HRIF ID#	Infant Name	Date of Birth	Enrolled On	Transferred On	Transferred From	Transferred To
1	3899	{	2014	03-26-2014	02-01-2016	Your Center's Name	KP - Roseville
2	5090		2014	01-09-2015	09-01-2016	Your Center's Name	Alta Bates Summit Med Ctr-Alta Bates Campus
3	3846		2015	05-20-2015	05-26-2016	Your Center's Name	Tri-City Hospital District
4	1018		2015	06-25-2015	10-28-2016	Your Center's Name	Rady Children's Hospital - San Diego
5	1185		2015	10-28-2015	07-27-2016	Your Center's Name	Alta Bates Summit Med Ctr-Alta Bates Campus
6	5673	{	2015	12-30-2015	02-01-2016	Your Center's Name	KP - Roseville

NICU REFERENCE IDS

HRIF Clinic

Infant's Birth Year/Month

From To

Birth Weight

[View Report](#)

[Update Selected Records](#)

#	HRIF ID#	Discharge Date	Birth Hosp	Gender	DOB	Birth Weight	GA (weeks & days)	Birth Order	NICU Reference ID		NOT NICU Eligible	Update Record
									OSHPD Facility Code	NICU Record ID		
1	412	2019	Emanuel Medical Center, Inc ()	Male	02 19	1180	28weeks 0days	Singleton	434040	99999	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	419	2019	Doctors Medical Center ()	Male	03 19	850	28weeks 5days	Singleton	500852	99999	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	004	2019	Memorial Hospital Medical Center - Modesto ()	Male	04 19	771	26weeks 0days	Singleton	500852	99999	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	561	2019	Doctors Medical Center ()	Male	01 19	835	24weeks 6days	Singleton	500852	4	<input type="checkbox"/>	<input type="checkbox"/>



ERROR AND WARNING REPORT

Error and Warning Report is updated immediately

HRIF Program

Infant's Birth Year


Issue

Sort By

[View Report](#)

#	HRIF ID#	DOB	Description of Issue	Form	Action	Current Entry
1	720	2018	Patient is over 8 mos. adjusted age and does not have a SV #1 or AV.	SV#1	Please schedule/submit the SV #1 or submit a CNSD Form to close the case.	
2	720	2018	Patient is currently >= 12 months adjusted age and no forms have been submitted.	RR	Please submit a CNS/D Form to document why the patient is not being followed.	13 months
3	567	2018	Patient is over 8 mos. adjusted age and does not have a SV #1 or AV.	SV#1	Please schedule/submit the SV #1 or submit a CNSD Form to close the case.	
4	648	2018	Patient is over 8 mos. adjusted age and does not have a SV #1 or AV.	SV#1	Please schedule/submit the SV #1 or submit a CNSD Form to close the case.	

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 **April 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 the birth birthYear 2016 (20 incomplete)	HRIF Record Tracker	04-01-2020	<input type="checkbox"/>
2	Submission of no error or warning cases for the birth birthYear 2016 (2 incomplete)	Error and Warning Report	04-01-2020	<input type="checkbox"/>
3	Close RR Forms for All 2018 born Infants (25 incomplete)	Error and Warning Report	04-01-2020	<input type="checkbox"/>
4	Submission of SV #1 (and/or AV) of all total 2018 born infants (34 incomplete)	Error and Warning Report	04-01-2020	<input type="checkbox"/>
5	Confirmation of the HRIF CCS report for the birth birthYear 2016 <i>NOTE: The report will be available on April 1st, 2020.</i>	CCS Report	04-17-2020	<input type="checkbox"/>
6	Registered and accepted all eligible HRIF infants from your center for birth birthYear 2019	CPQCC/HRIF Linkage Report (cpqccreport.org)	06-01-2020	<input type="checkbox"/>
7	Submission and sign-off of HRIF-QCI contact directory	Update Directory Page	06-01-2020	<input type="checkbox"/>

User Comments:

Admin Comments:

--	--

Update

HRIF Clinic ID	
Clinic Name	
HRIF Data Collection Started	06-15-2009
Provide HRIF Services	Y
Data Requestor	Diab, Nicole (nrdiab@ucdavis.edu) , Hansen, MD, Robin (rlhansen@ucdavis.edu)
Data Users	Diab, Nicole (nrdiab@ucdavis.edu) , Hansen, MD, Robin (rlhansen@ucdavis.edu) , Boyers, LCSW, Linda (linda.boyers@ucdmc.ucdavis.edu) , Sayabath, Symone (symone.sayabath@ucdmc.ucdavis.edu)
Referral Users	Diab, Nicole (nrdiab@ucdavis.edu) , Boyers, LCSW, Linda (linda.boyers@ucdmc.ucdavis.edu)
NICU Users	Hansen, MD, Robin (rlhansen@ucdavis.edu) , Boyers, LCSW, Linda (linda.boyers@ucdmc.ucdavis.edu)
Cardiac Users (only for sites with a cardiac unit)	
Inactive Users	Boyers, LCSW, Linda (linda.boyers@ucdmc.ucdavis.edu) Sayabath, Symone (symone.sayabath@ucdmc.ucdavis.edu)
Perinatal Region (RPPC)	2
OSHPD Facility Code	341006
CCS NICU Level	Regional

UPDATE YOUR PASSWORD



Please follow these rules to define your HRIF login password:

- minimum length 7 characters
- must have at least one non-numeric letter
- must not be the same as the registered email account or part of the email account before "@"
- must not be found in a pre-defined dictionary as is
- must not be found in a pre-defined dictionary when numeric prefix and numeric postfix are stripped
- must not be found in a pre-defined dictionary when first and second number-to-letter transformation are done

Current Password

New Password

Re-type New Password

Update

UPDATE DIRECTORY



Program Newsletter

- To subscribe to our program newsletter(s) and/or update your MailChimp profile, please click here to complete the [online form](#).



Directory Center

Center Name



Update HRIF Directory Contacts

Download Directory



california perinatal
quality care collaborative

Please take a moment to select your email preferences.
We only want to send you information that you want to receive. Nothing more, nothing less!

First Name

Last Name

Email Address

Hospital/Organization Name

Role

Data Emails

NICU Data

HRIF Data

Report Emails

NICU Reports

HRIF Reports

Quality Improvement Emails

New Tools & Projects

QI Education

Research Emails

Collaboration opportunities

Results

General Emails

Quarterly Newsletter

Subscribe

UPDATE DIRECTORY



Program Newsletter

- To subscribe to our program newsletter(s) and/or update your MailChimp profile, please click here to complete the [online form](#).

Directory Center

Center Name

Update HRIF Directory Contacts



HRIF Program Contact (Coordinator)

Full Name (First Last)	Sandra Lombardi-Lytle RN, BSN, CCM, PHN, I
Title	HRIF Program Coordinator
Street Address (Line 1)	750 Welch Rd
Street Address (Line 2)	Suite 212
City	Palo Alto
State	CA
Zip	94304
Phone	650-724-5513
Fax (secure)	(650) 724-6500
Fax	
Email	SLombardi@stanfordchildrens.org

Download Directory

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

Last Update By (Firstname Lastname)

Karen Schroeder

* must provide value

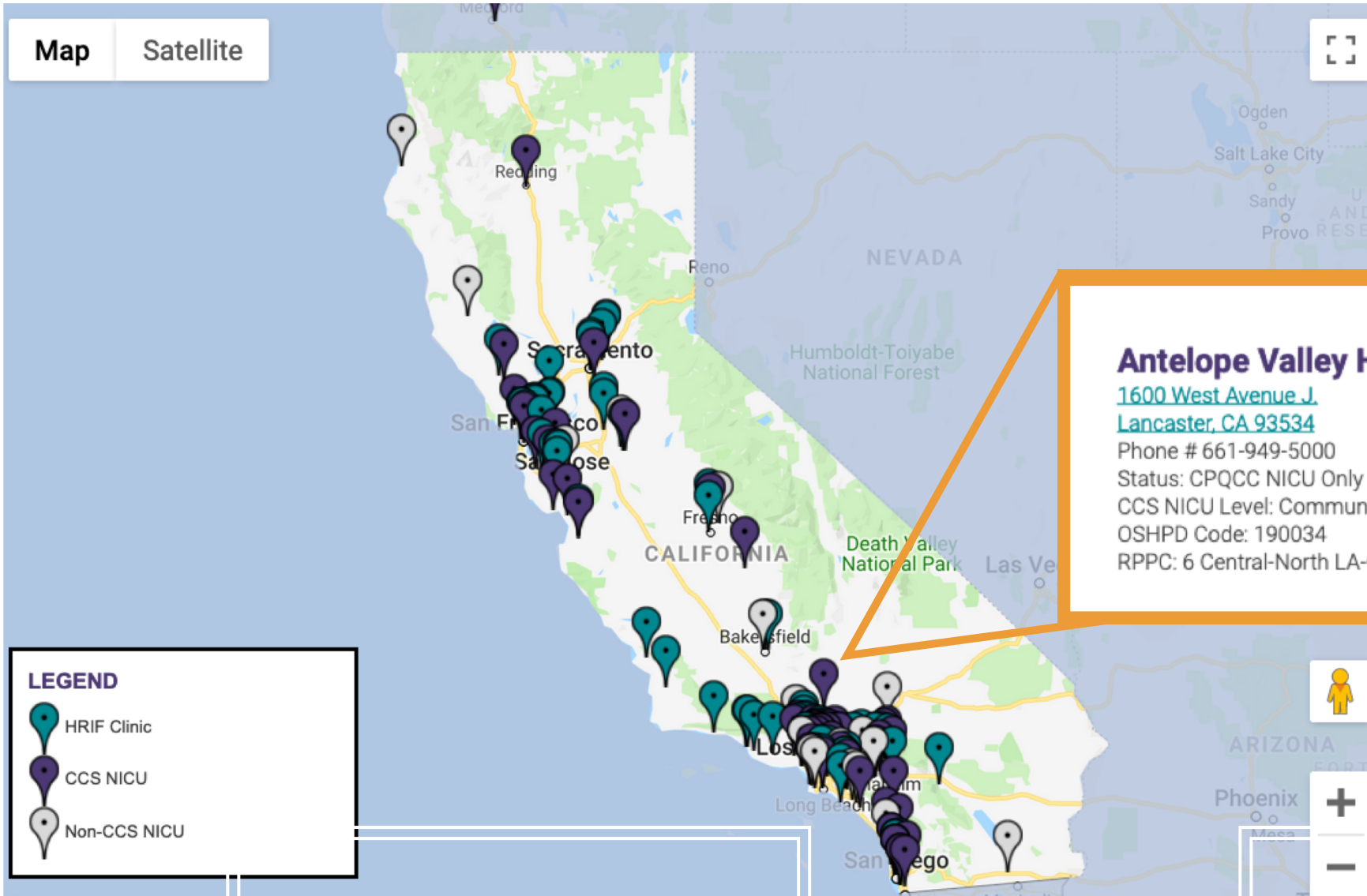
Submit

Update Directory

- At the bottom of the survey is a section titled: “HRIF SPECIALTY OUTREACH SATELLITE CLINICS”
- Select **“Yes”** for **“HRIF Program affiliated with a Specialty Outreach Satellite Clinic”**
- Indicate the number of affiliated satellite clinics
- Complete the fields listed for each satellite clinic.

It's highly recommend that you review and update the directory every 6 months.

The screenshot shows a web form titled "HRIF SPECIALTY OUTREACH SATELLITE CLINICS". It contains several sections: 1. A question "HRIF Program affiliated with a Specialty Outreach Satellite Clinic:" with radio buttons for "Yes" (selected) and "No", and a "reset" link. 2. A question "Please select the number of satellite clinics affiliated with your HRIF Program?" with five radio buttons labeled 1 through 5, and a "reset" link. 3. A section titled "Satellite Clinic #1 - complete all fields" with five input fields: "Clinic Name", "Phone Number", "Street Address", "City", and "Zip Code". 4. A section titled "Please fill in your name to indicate who last updated this directory." with a label "Last Update By (Firstname Lastname)", a red asterisk note "* must provide value", and an input field containing "HRIF Support". 5. A "Submit" button at the bottom.



Map Satellite



Antelope Valley Hospital
[1600 West Avenue J](#)
[Lancaster, CA 93534](#)
 Phone # 661-949-5000
 Status: CPQCC NICU Only
 CCS NICU Level: Community
 OSHPD Code: 190034
 RPPC: 6 Central-North LA-Coastal Valley (CNLA-CV)

LEGEND

- HRIF Clinic
- CCS NICU
- Non-CCS NICU



Database Improvements

1

Cardiac Electronic Data Submission (EDS) & Reports

Will allow Cardiac centers to **import a csv data file** to pre-populate the RR form and generate a HRIF report for patients cared for in their Cardiac unit.

2

Dashboard

4-6 **interactive graphics** (clinic population, patient follow-up rates, service utilization, and clinic disparities)

3

Unknown Tool

The system will identify data variables with high percentage of unknown. **This will be a NEW Closeout Checklist deliverable due June 1st.**

4

Inconsistency Report

Using the HRIF/NICU Detail Report to validate the RR submissions. The referring center will be responsible for updating and confirming the RR data. **This will be a NEW Closeout Checklist deliverable due June 1st.**

Cardiac Electronic Data Submission (EDS)

REPORTING SYSTEM
Erika Gray, Welcome to Lucile Packard Children's Hospital Stanford

Cardiac Reports Admin Help Sign Out
Cardiac Patient Search Cardiac Pending Cases Cardiac Referral **EDS**

ELECTRONIC DATA SUBMISSION

File Name: Browse... No file selected.
Upload File

HRIF Cardiac Electronic Data Submission (EDS)
2020 Birth Year Referrals

cpacc HRLL

The following HRIF IDs have been saved:

- 10787797
- 10787798
- 10787799

Row Id	NICU Oshpd Code-NICU Report ID	DOB	Gender	Birth Hospital	HRIF Clinic	Issues	Submit	Action
1	384200-6873	02-14-2019	F	Anderson Lucchetti WChsp Center	UCSF Benioff ChHsp in SF		<input checked="" type="checkbox"/>	Review Delete
2	384200-6930	01-03-2019	M	Anderson Lucchetti WChsp Center	UCSF Benioff ChHsp in SF		<input checked="" type="checkbox"/>	Review Delete
3	384200-6859	03-09-2019	M	Anderson Lucchetti WChsp Center	UCSF Benioff ChHsp in SF		<input checked="" type="checkbox"/>	Review Delete
4	384200-6934	09-08-2014	F	Anderson Lucchetti WChsp Center	UCSF Benioff ChHsp in SF	• Registration is closed for birth years <= 2018.	<input type="checkbox"/>	Review Delete
5	384200-7002	01-05-2019	M	Anderson Lucchetti WChsp Center	UCSF Benioff ChHsp in SF		<input checked="" type="checkbox"/>	Review Delete
6	384200-99999	02-10-2019	F	Anderson Lucchetti WChsp Center	KP Oakland	• Date of discharge can not be after date of birth.	<input type="checkbox"/>	Review Delete
7	434040-99999	10-27-2018	M	Anderson Lucchetti WChsp Center	LPCH at Stanford	• Missing MEP_CHD_NORWOOD_REFID when MEP_CHD is TRUE. • Registration is closed for birth years <= 2018.	<input type="checkbox"/>	Review Delete
8	434040-99999	07-14-2018	F	Anderson Lucchetti WChsp Center	LPCH at Stanford	• Registration is closed for birth years <= 2018. • Possible Duplicate Records.	<input type="checkbox"/>	Review Delete
9	384200-7054	12-16-2018	M	Anderson Lucchetti WChsp Center	LPCH at Stanford	• Registration is closed for birth years <= 2018. • Possible Duplicate Records.	<input type="checkbox"/>	Review Delete
10	384200-7031	11-24-2018	F	Anderson Lucchetti WChsp Center	LPCH at Stanford	• Registration is closed for birth years <= 2018.	<input type="checkbox"/>	Review Delete

Submit Records

Data Option Available January 2020!

Data Finalization Process (DFP)



2019 Closeout Summary

68 HRIF Clinics

1

Item 1 and 2: Priority Cases and Errors

- 100% completed

2

Items 3: Unclosed 2017 RR forms

- 67 clinics completed
- 1 clinic (2 incomplete records)

3

Item 4: Submission of 2017 SV#1

- 65 clinics completed
- 3 clinics (29 incomplete records)

4

Item 5: Confirm CCS Report

- 53 clinics completed

5

Item 6: 2017 Infants Registered

- 55 clinics completed

6

Item 7: Update HRIF Directory

- 66 clinics completed

80% clinics completed ALL closeout items

Total Awards

18
Clinics received
all 3 Awards in
2019



79%
Received Super
Star Award in
2019

Member Awards

Super Star



Clinic submitted items
1 - 4 by March 1st

Crown



Clinic submitted all required items
1-7 by their designated deadlines:

- April 1st
- April 17th
- June 1st

Follow-up



Clinic met core visit follow-up
rates for the closing birth year:

- $\geq 80\%$ Visit #1
- $\geq 70\%$ Visit #2
- $\geq 60\%$ Visit #3

Surprise



Positive performance in a
particular area:

- Timely Referral

Award Winners



Congratulations to the **53 HRIF Clinics** that met the **March 1st** deadline.

1. Adventist Health - Glendale
2. Alta Bates Summit Med Ctr
3. California Pacific Med Ctr
4. Cedars Sinai Medical Center
5. Children's Hospital Of Orange County
6. Community Memorial Hospital - San Buena Ventura
7. Community Regional Medical Center - Fresno
8. Desert Regional Medical Center
9. Doctors Medical Center
10. Good Samaritan Hospital - San Jose
11. Hoag Memorial Hospital Presbyterian
12. Huntington Memorial Hospital
13. John Muir Medical Center
14. KFH - Downey
15. KFH – Fontana
16. KFH - Oakland Campus
17. KFH - Orange County - Anaheim
18. KFH - Panorama City
19. KFH – Roseville
20. KFH – San Diego
21. KFH - San Francisco
22. KFH - San Leandro (Hayward)

- 
23. **KFH - Santa Clara**
 24. **KFH - Sunset/Los Angeles**
 25. **KFH - Walnut Creek**
 26. **Kern Medical**
 27. **LAC+USC Medical Center**
 28. **LAC/Harbor-UCLA Medical Center**
 29. **LAC/Olive View - UCLA Medical Center**
 30. **Los Robles Hospital & Medical Center**
 31. **Lucile Packard Children's Hospital Stanford**
 32. **Marian Regional Medical Center**
 33. **Mercy San Juan Hospital**
 34. **Miller Children's and Women's Hospital At Long Beach Memorial Hospital**
 35. **Natividad Medical Center**
 36. **North Bay Medical Center**
 37. **PIH Health Hospital – Whittier**
 38. **Pomona Valley Hospital Medical Center**
 39. **Providence Holy Cross Medical Center**
 40. **Providence Tarzana Medical Center**
 41. **Riverside University Health System Medical Center**
 42. **San Antonio Regional Hospital**
 43. **Santa Clara Valley Medical Center**
 44. **Santa Monica - UCLA Medical Center & Orthopaedic Hospital**
 45. **St. John's Regional Medical Center**
 46. **St. Joseph's Medical Center Of Stockton**
 47. **Sutter Santa Rosa Regional Hospital**
 48. **Tri-City Medical Center**
 49. **UCSD Medical Center – Hillcrest**
 50. **UCSF Benioff Children's Hospital - San Francisco**
 51. **University Of California Davis Medical Center**
 52. **University Of California Irvine Medical Center**
 53. **Valley Presbyterian Hospital**

Award Winners



Congratulations to the **12 HRIF Clinics** that met the core visit **Follow-up Rates**.

1. Hoag Memorial Hospital Presbyterian
2. KFH - Downey
3. KFH - Fontana
4. KFH - Orange County - Anaheim
5. KFH - Panorama City
6. KFH - San Diego
7. KFH - Roseville
8. KFH - Walnut Creek
9. Lucile Packard Children's Hospital Stanford
10. North Bay Medical Center
11. Santa Clara Valley Medical Center
12. UCSF Benioff Children's Hospital - San Francisco

Award Winners



Congratulations to the **39 HRIF Clinics** that met **all closeout deadlines**.

1. Adventist Health - Glendale
2. Anderson Lucchetti Women's and Children's Center
3. Bakersfield Memorial Hospital
4. Cedars Sinai Medical Center
5. Children's Hospital of Orange County
6. Community Memorial Hospital - Ventura
7. Community Regional Medical Center - Fresno
8. Doctors Medical Center
9. Hoag Memorial Hospital Presbyterian
10. Huntington Memorial Hospital
11. KFH - Downey
12. KFH - Fontana
13. KFH - Orange County - Anaheim
14. KFH - Panorama City
15. KFH - San Diego
16. KFH - Santa Clara
17. KFH - Roseville
18. Kern Medical Center
19. LAC/Harbor - UCLA Medical Center
20. Loma Linda University Children's Hospital

Award Winners



Congratulations to the **39 HRIF Clinics** that met **all closeout deadlines**.

21. Los Robles Hospital & Medical Center
22. Lucile Packard Children's Hospital Stanford
23. Mercy San Juan Hospital
24. Miller Children's and Women's Hospital at Long Beach Memorial Hospital
25. North Bay Medical Center
26. Pomona Valley Hospital Medical Center
27. Providence Holy Cross Medical Center
28. Rady Children's Hospital - San Diego
29. Riverside University Health System Medical Center
30. Santa Clara Valley Medical Center
31. Santa Monica - UCLA Medical Center
32. St. Francis Medical Center
33. St. Joseph's Medical Center of Stockton
34. UCLA Mattel Children's Hospital
35. UCSF Benioff Children's Hospital - San Francisco
36. University of California Davis Medical Center
37. University of California Irvine Medical Center
38. Valley Presbyterian Hospital
39. Ventura County Medical Center

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Increasing Timely Follow-Up

MAY 15, 2019

In the spirit of continuous quality improvement, CPQCC has begun recognizing NICUs and HRIF Clinics which have improved the timeliness of their referrals of eligible high-risk infants to follow-up care. During last year's data finalization process, we noticed that some centers were referring infants to HRIF anywhere between 6-12 months after the patient was discharged home.

Delays in referral increase the risk that the center may be unable to locate the family and may result in the infant missing the first two recommended follow-up visits (typically conducted at 4-8 months and 12-16 months). CPQCC recommends that eligible infants be referred to HRIF within two months of being discharged from the NICU.

To motivate centers to improve the speed of their referrals, CPQCC has begun sending quarterly reminders to all member NICUs and HRIF Clinics about the importance of timely referrals and awarding centers who meet the within two months of discharge recommendation with the Surprise Award, which is granted to centers for positive performance in different areas year to year. 40% of centers have now met the timely referral recommendation for VLBW infants born in 2018.

Learn more about our awards [here](#) or visit your center's [member page](#) to see if you have won an award.



CCS NICU to HRIF Referral Guidelines

Purpose: assist **CCS NICUs** with timely infant referrals to **HRIF clinics** and to meet CPQCC expectations.

“As part of the CCS NICU discharge planning process, the NICU must identify and refer to the CCS Program clients identified as potentially eligible for the HRIF Program.”

- Referral guidelines are sent to all NICU contacts on a quarterly basis.
- NICUs are contacted if they have more than 10 HRIF eligible infants, who have not been referred/linked to a HRIF record.
- April 2019 – Surprise Awards were given to centers who referred/registered eligible infants to a HRIF clinic within 2-months of the patients discharge to home date.

Surprise Timely Referral Awards









Congratulations to the **45 CCS Centers.**

1. Anderson Lucchetti Women's and Children's Ctr
2. Centinela Hospital Medical Center
3. CHOC Children's at Mission Hospital
4. Community Memorial Hospital of Ventura
5. El Camino Hospital
6. Garfield Medical Center
7. Glendale Memorial Hospital and Health Center
8. Good Samaritan Hospital (HCA), San Jose
9. Grossmont Hospital, Women's Health Center
10. Hollywood Presbyterian Medical Center
11. John Muir Health, Walnut Creek Medical Center
12. KFH - Downey
13. KFH - Fontana
14. KFH - Oakland
15. KFH - Orange County - Anaheim
16. KFH - Panorama City
17. KFH - San Diego
18. KFH - Santa Clara
19. KFH - Woodland Hills
20. LAC/Harbor - UCLA Medical Center
21. LAC/USC Medical Center
22. Los Robles Hospital & Medical Center

Surprise Timely Referral Awards

23. Marin General Hospital
24. Miller Children's and Women's Hospital at Long Beach
25. O'Connor Hospital
26. Orange County Global Medical Center
27. Parkview Community Hospital
28. Providence Little Company of Mary Medical Center
29. Providence St. Joseph Medical Center
30. Rady Children's Hosp. at Scripps Mercy Chula Vista
31. Rady Children's Hosp. at Scripps Mercy San Diego
32. Rady Children's Hospital at Scripps Encinitas
33. Redlands Community Hospital
34. Salinas Valley Memorial Hospital
35. San Joaquin General Hospital
36. Santa Clara Valley Medical Center
37. Santa Rosa Memorial Hospital
38. St. Joseph's Medical Center, Stockton
39. St. Mary Medical Center
40. St. Mary Medical Center in Apple Valley
41. Sutter Roseville Medical Center
42. Sutter Santa Rosa Regional Hospital
43. UC Irvine Medical Center
44. UCSD Health La Jolla - Jacobs Medical Center
45. Watsonville Community Hospital

2020 Data Finalization Schedule

JAN - MAR	MAR 1 st	APR 1 st	APR 2 nd	APR 17 th	JUN 1 st	JUN 11 st	JUL - DEC
							
Data Review	Super Star HRIF Clinic Award	DEADLINE	Follow-up Rate Award	DEADLINE	DEADLINE	Crown Award	Data Review
Utilize Reporting System tools: Closeout Checklist; Record Tracker; Manage NICU Reference ID; Error and Warning	Submission of No Priority/ Error & Warning Cases for Infants born in 2016; Closed RR forms AND SV #1 for All expected infants born in 2018	Data finalized for infants born in 2016; Closed RR forms AND SV #1 for All expected infants born in 2018	Core Visit F/U Rates for infants born 2016: 1 st => 80% 2 nd => 70% 3 rd => 60%	CCS Annual Report for infants born in 2016 ----- Report available April 2 nd must Confirm by April 17th	Register/ accept all HRIF eligible infants born in 2019 AND Confirm HRIF Directory Contacts	Granted to HRIF Clinics that meet All Closeout Deliverable Deadlines: Apr 1st, Apr 17th and Jun 1st	Utilize Reporting System tools: Closeout Checklist; Record Tracker; Manage NICU Reference ID; Error and Warning



Super Star

Complete items 1 – 4 by **March 1st**



Crown

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 **April 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 the birth birthYear 2016 <i>(22 incomplete)</i>	HRIF Record Tracker	04-01-2020	<input type="checkbox"/>
2	Submission of no error or warning cases for the birth birthYear 2016 <i>(2 incomplete)</i>	Error and Warning Report	04-01-2020	<input type="checkbox"/>
3	Close RR Forms for All 2018 born Infants <i>(26 incomplete)</i>	Error and Warning Report	04-01-2020	<input type="checkbox"/>
4	Submission of SV #1 (and/or AV) of all total 2018 born infants <i>(31 incomplete)</i>	Error and Warning Report	04-01-2020	<input type="checkbox"/>
5	Confirmation of the HRIF CCS report for the birth birthYear 2016 NOTE: The report will be available on April 1st, 2020.	CCS Report	04-17-2020	<input type="checkbox"/>
6	Registered and accepted all eligible HRIF infants from your center for birth birthYear 2019	CPQCC/HRIF Linkage Report (cpqccreport.org)	06-01-2020	<input type="checkbox"/>
7	Submission and sign-off of HRIF-QCI contact directory	Update Directory Page	06-01-2020	<input type="checkbox"/>

User Comments:

Admin Comments:

Update

Resources



Resources

1. CPQCC Website: www.cpqcc.org

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

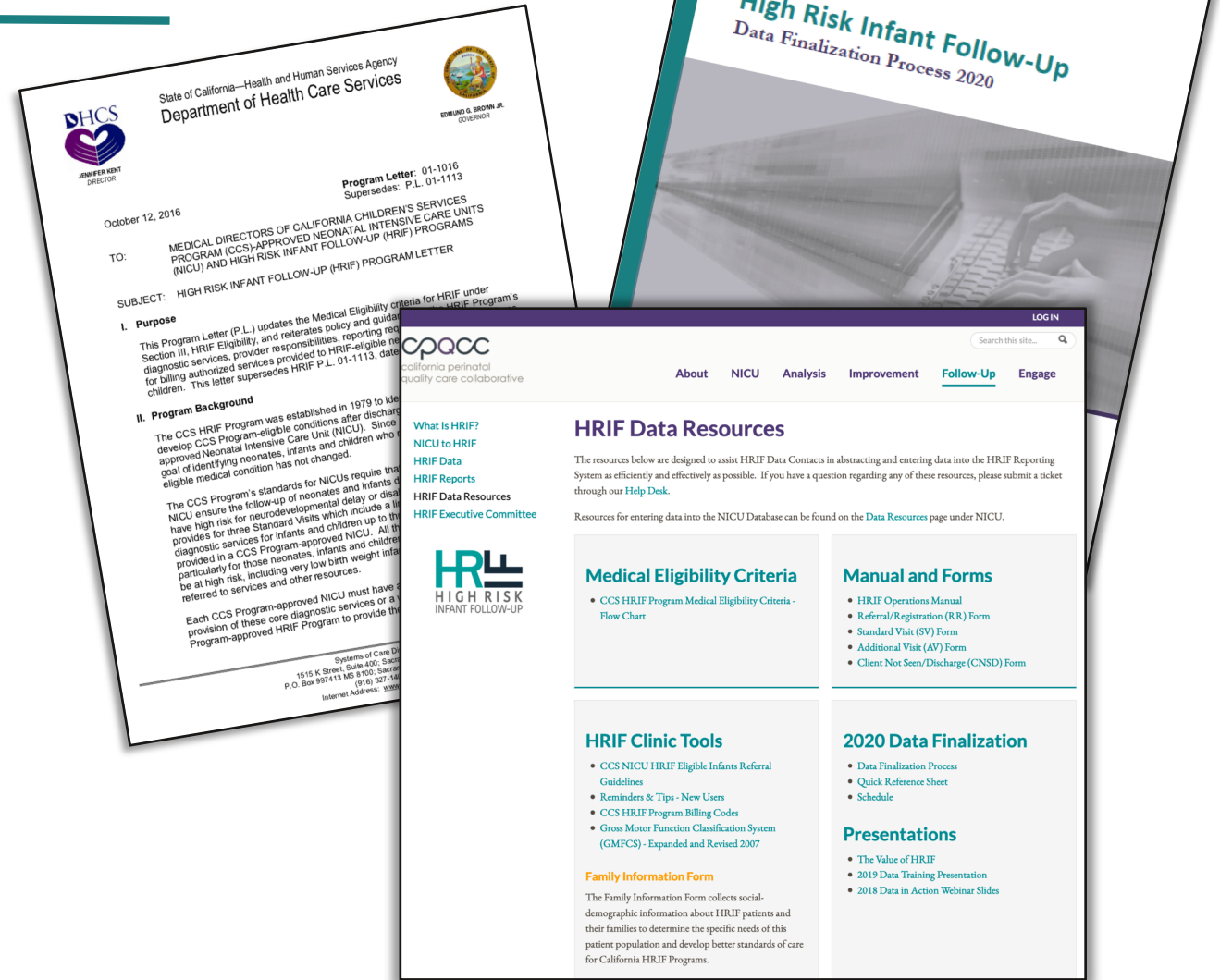
2. Help Desk: www.cpqcchelp.org

- Request Type: **HRIF Support**

3. Family HRIF Handout

4. Directories

- CPQCC Member Directory
- DHCS HRIF Directory



WHAT IS THE HRIF CLINIC?

Children cared for in a neonatal intensive care unit (NICU) as a result of premature birth, or other medical conditions present before or shortly after birth may be at risk for challenges with growth, speech, motor, sensory, or cognitive development.

High-Risk Infant Follow-up (HRIF) clinics are designed to help families identify challenges early and to provide recommendations and referrals that assist NICU graduates with their growth and development from discharge to age three.



SERVICES INCLUDE:

- Review of medical history
- Physical exam and nutrition support
- Social and emotional development
- Speech and language development
- Evaluation of muscle strength, movement

Visits to the HRIF Clinic are recommended in addition to regular appointments with your pediatrician. Your child should attend at least three scheduled clinic visits at the following months corrected age:



XYZ HRIF Clinic
 Phone **123-456-7890**
1234 Street
Anywhere, California 12345

- Evaluation of family needs and priorities
- Educating family on how to enhance growth and development

When necessary, referrals to community agencies and early intervention programs will be provided.

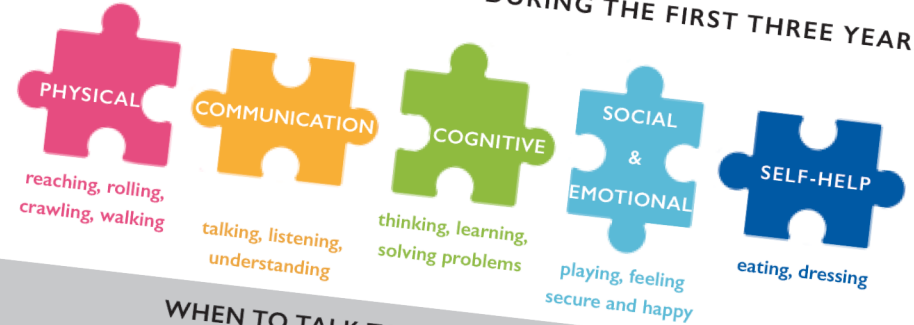
We look forward to partnering with you and your family to support your child's development!

XYZ HRIF Clinic
 1234 Street
 Anywhere, California 1234

CLINIC LOGO HERE



SKILLS THAT TYPICALLY DEVELOP DURING THE FIRST THREE YEARS



WHEN TO TALK TO YOUR CHILD'S DOCTOR

Every child develops at his or her own pace, but certain signs could indicate a delay in development. Act early by talking with your child's doctor or health care provider if you are concerned that by the following corrected ages your child:

<h3>6 MONTHS</h3> <ul style="list-style-type: none"> • Doesn't try to get things that are in reach • Shows no affection for caregivers • Doesn't respond to sounds around 	<h3>12 MONTHS</h3> <ul style="list-style-type: none"> • Doesn't crawl • Can't stand when supported • Doesn't search for things that 	<h3>24 MONTHS</h3> <ul style="list-style-type: none"> • Doesn't use 2-word phrases (for example, "drink milk")
--	--	---

CLINIC LOGO HERE



<ul style="list-style-type: none"> • Seems very stiff, with tight muscles 	<ul style="list-style-type: none"> • Loses skills s/he once had
--	--



Milestones matter! Track your child's milestones at key developmental stages from 2 months to 5 years with CDC Milestones Tracker: <https://www.cdc.gov/ncbddd/actearly/milestones-app.html>

XYZ HRIF Clinic
 1234 Street
 Anywhere, California 1234

CLINIC LOGO HERE



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>

Maria Jocson, MD, MPH, FAAP

California Department of Health Care Services (CDHCS)

Maria.Jocson@dhcs.ca.gov



View/Update DHCS HRIF Directory

<https://www.dhcs.ca.gov/services/ccs/Pages/HRIF.aspx> - directory



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Services Individuals Providers & Partners Laws & Regulations Data & Statistics Forms & Publications Search

03-0606	06-27-06	HRIF Required Report Forms
01-0611	06-03-11	HRIF Program Reporting Requirements

HRIF Directory Updates

Staffing changes and annual directory updates can be made on the [CCS Special Care Center Directory Update Sheet \(DHCS 4507\)](#).

HRIF Special Care Center numbers can be obtained at:

- [High Risk follow-Up \(Community\)](#)
- [High Risk Follow-Up \(Regional\)](#)



View/Update DHCS HRIF Directory

<https://www.dhcs.ca.gov/services/ccs/Pages/HRIF.aspx#directory>



Services Individuals Providers & Partners La

High Risk Infant Follow-up (Community)

Facility Name
Adventist Health Glendale
Alta Bates Summit Medical Center
Arrowhead Regional Medical Center
Bakersfield Memorial Hospital
Community Memorial Hospital
Community Regional Medical Center
Desert Regional Medical Center Inc.
Doctors Medical Center
Fountain Valley Regional Hospital & Medical Center

Department Of Health Care Services
Children's Medical Services (CMS)
MS 8100
P.O.Box 997413
Sacramento, CA 95899-7413
(916) 322-8702

7.38.14

Glendale Adventist Med
AKA: Adventist Health Glendale
Adventist Health Glendale
HRIF - Community

Glendale Adventist Med
1509 Wilson Ter
Glendale, CA 91206
(213) 245-1121
County: Los Angeles

Program(s): CCS Min age: Max Age:

For Appointments Contact:
Telly Young R.N., M.N.

Glendale Adventist Medical Center
1509 Wilson Terrace
Glendale, CA 91206
(213) 245-1121

For Authorizations Contact:
Mona Chung M.D.

Glendale Adventist Medical Center
1509 Wilson Terrace
Glendale, CA 91206
(213) 245-1121

Modesto

Fountain Valley

Last Updated: 02/21/2019 3:06 PM



SCC Directory Update Cover Sheet

https://www.dhcs.ca.gov/formsandpubs/forms/Documents/Directory_Template_ADA.pdf

- The Medical Director **must** sign this cover sheet.
- E- mail the completed cover sheet and your edited SCC directory listing to **CCSFacilityData@dhcs.ca.gov**
- Updates are made routinely. Changes are posted on the CCS website at the end of each workweek.

State of California – Health and Human Services Agency Department of Health Care Services

SPECIAL CARE CENTER (SCC) DIRECTORY UPDATE COVER SHEET

To: Provider and Facility Site Review Unit **Contact person:** _____

E-mail: CCSFacilityData@dhcs.ca.gov **Facility name:** _____

Date: _____ **SCC #:** _____

Phone: _____

Total pages: _____

Medical Director (Print) **Medical Director (Signature)**

INSTRUCTIONS

1. Find and print your SCC directory listing in the Special Care Center section of the CCS website www.dhcs.ca.gov/services/ccs.
2. Fill in the changes (including additions or removals of staff) directly on your SCC directory listing. Please ensure you provide the NPI number, as there are many similar names.
3. If staff have been added to or removed from your SCC directory listing, supply their active Provide Number, discipline, and effective date(s) using the table below.

STAFF NAME (Last Name, First Name)	DISCIPLINE (i.e. Pediatric Cardiology)	STAFF NPI and/or LICENSE NUMBER	ACTION	EFFECTIVE DATE (MM/DD/YY)
			<input type="radio"/> Add <input type="radio"/> Remove	
			<input type="radio"/> Add <input type="radio"/> Remove	
			<input type="radio"/> Add <input type="radio"/> Remove	
			<input type="radio"/> Add <input type="radio"/> Remove	
			<input type="radio"/> Add <input type="radio"/> Remove	
			<input type="radio"/> Add <input type="radio"/> Remove	
			<input type="radio"/> Add <input type="radio"/> Remove	
			<input type="radio"/> Add <input type="radio"/> Remove	
			<input type="radio"/> Add <input type="radio"/> Remove	
			<input type="radio"/> Add <input type="radio"/> Remove	
			<input type="radio"/> Add <input type="radio"/> Remove	

4. Complete the top portion of this cover sheet. The Medical Director **must** sign this cover sheet.
5. E-mail the completed cover sheet and your edited SCC directory listing to CCSFacilityData@dhcs.ca.gov
6. Updates are made routinely. Changes are posted on the CCS website at the end of each workweek.

Need More Assistance!

Submit a Help Desk ticket at www.cpqcchelp.org
to request a personal HRIF Video Training



In the the request indicate your data role:

- HRIF Clinic staff
- Referring CCS NICU



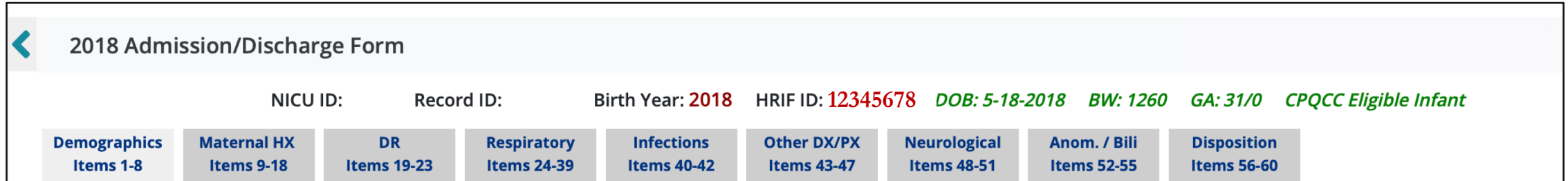
NICU Database Updates



HRIF Visibility

To improve NICU to HRIF data the following updates were made in the NICU Database:

- **AD form includes the HRIF ID#** for patients matched to a HRIF record
- **Hyperlinks to HRIF Reporting System** on NICU Dashboard
- Matched report includes **all discharged from the reporting system or discharged home after transported to a NON-CCS NICU and timely referral rate.**



2018 Admission/Discharge Form

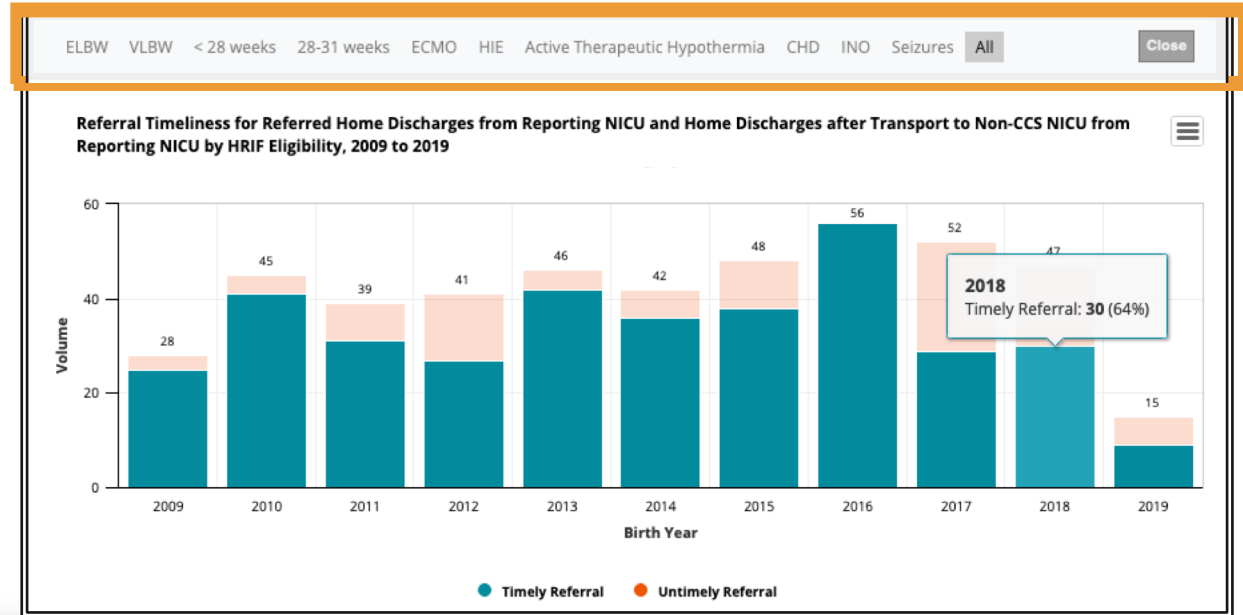
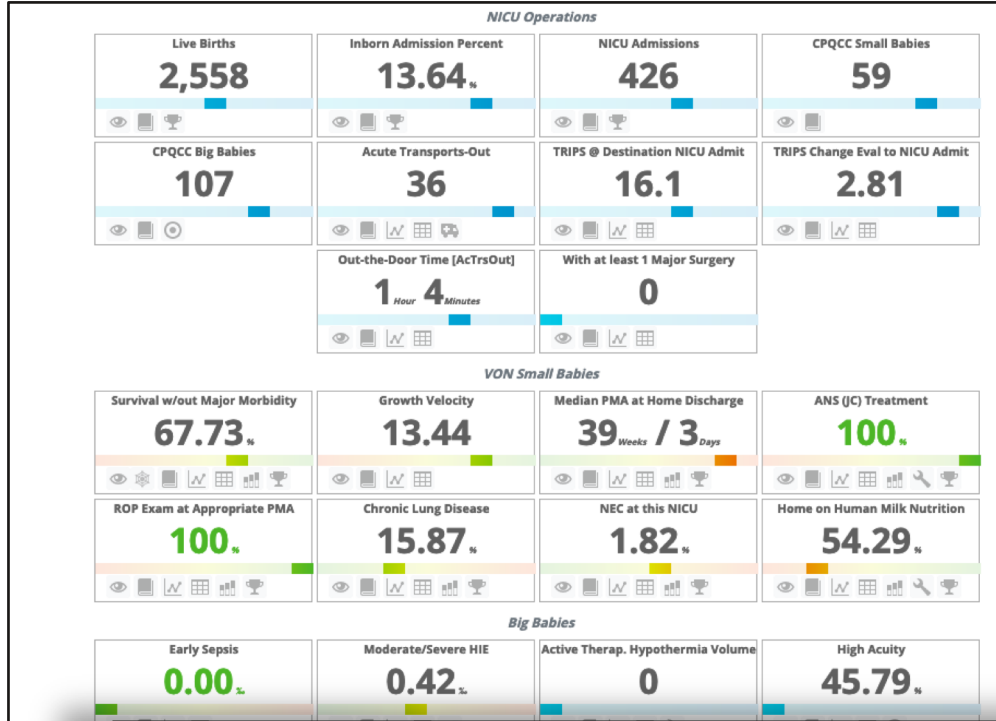
NICU ID: Record ID: Birth Year: **2018** HRIF ID: **12345678** *DOB: 5-18-2018* *BW: 1260* *GA: 31/0* *CPQCC Eligible Infant*

Demographics Items 1-8	Maternal HX Items 9-18	DR Items 19-23	Respiratory Items 24-39	Infections Items 40-42	Other DX/PX Items 43-47	Neurological Items 48-51	Anom. / Bili Items 52-55	Disposition Items 56-60
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NICU Dashboard

<https://www.cpqccreport.org>

NICU Dashboard is only available to NICU Database users.





Timely Referral - referral made within 2-months of discharge to home.

HRIF/NICU Match Summary

<https://www.cpqccreport.org>

The NICU Database for infants born in 2018 is complete. HRIF registration is possible for up to 3 years from discharge home.

CSV 

HRIF Group	Reporting Center			Community NICUs			
	N Eligible	N Referred	% Referred	N Timely	% Timely	% Referred	% Timely
HRIF referrals by reporting NICU excluding referrals on behalf of other CCS NICUs							
All HRIF referrals by reporting NICU		244		133	54.73		77.15
NICU records at reporting NICU for infants discharged home from reporting NICU							
Linked HRIF/NICU infants referred with NICU record at reporting NICU		224		122	54.71		79.12
Linked HRIF/NICU Infants referred with confirmed HRIF eligibility reason 	197	197	100	108	55.1	99.91	79.85
Very low birth weight infants (<=1,500 grams)	144	144	100	86	60.14	99.96	81.81
Extremely low birth weight infants (<1,000 grams)	60	60	100	37	61.67	100	84.98
Gestational age < 28 weeks	59	59	100	37	62.71	100	85.87
Gestational age 28 to 31 weeks	96	96	100	53	55.21	99.9	78.22
Infants with moderate/severe HIE	3	3	100	2	66.67	100	83.52
Infants treated with active therapeutic hypothermia	10	10	100	4	40	100	84.05
Infants treated with ECMO	0			na	na	100	71.43
Infants treated with surgery for Congenital Heart Disease	7	7	100	4	57.14	100	87.06
Infants treated with inhaled Nitric Oxide > 4 hours	9	9	100	3	33.33	100	78.36
Infants with seizures	3	3	100	2	66.67	100	84.55
Infant referred to HRIF by reporting NICU, but not linked to any NICU record		12		7	58.33		64.05

For detailed information on the HRIF/NICU match status, select the HRIF/NICU Match Detail report option in the navigation bar.
 The above table reflects HRIF registrations through 10-07-2019. Any changes in your data after this date are not reflected in the report shown.
 To view detailed HRIF outcomes reports visit the [HRIF Reporting System](#).



HRIF/NICU Match Details

<https://www.cpqccreport.org>

This report is preliminary as the data collection is on-going.

Show 15 entries

Unlinked NICU record, HRIF Eligible due to VLBW, GA, HIE, ECMO, Active Therap Hypoth, CHD, I

Record ID	DOB MM-DD-YYYY	Sex	BW (grams)	GA (wks/dys)	Birth Location	DOL Admitted HERE	Discharge Location (HRIF)	Discharge Location (NICU DB)	Multiple Status	Notes
+	-2019	le	2,610	36 / 0	19 8	8		HERE	Singleton	
+	-2019	le	3,430	40 / 6	19 6	1		N-190756	Singleton	Active Therapeutic Hypothermia & Seizures Unlinked NICU record
+	-2019	le	605	23 / 1	19 3	21		HERE	Singleton	VLBW & GA < 32 weeks & CHD Unlinked NICU record

Want access to view
HRIF/NICU Match Reports!

Submit a
Help Desk ticket at
www.cpqcchelp.org

Helpful Tips



1. Transferred Patient Records Within Last 6 Months

TRANSFERRED PATIENT RECORDS WITHIN LAST 6 MONTHS - 5 **BACK TO TOP**

	HRIF ID#	Infant's Name	DOB	Adjusted Age	Transferred On
1	831		-2019	2 months	09-03-2019
2	137		-2019	7 months	07-31-2019
3	1763		-2019	3 months	07-30-2019
4	1762		-2019	3 months	07-30-2019
5	170		-2017	26 months	05-10-2019

HOW TO USE THE CNSD FORM

- If unable to contact family to establish a 1st visit after multiple attempts (3-5), **close the case on the date of the last attempt. Disposition = Discharged, Closed out Program**
NOTE: SV #1 should occur between 4-8 months
- If the child meets HRIF criteria, but the family lives or moves out of state/country prior to visit, **register the patient and submit CNSD form. Disposition = Discharged – Family Moved Out of State/Country**
- **Discharged Dispositions** will not freeze/lock the case record. If the child comes to clinic at 16, 24 or 30 months, the system will accept 3 SV forms up to the child's 3rd birthday.
- Use the **Other** reason text field, **only** if none of the reasons listed are applicable.

TRANSFER RECORD POLICY

How to Request a Transfer:

Submit a Help Desk ticket include the **HRIF ID #** , **birth weight** or **gestational age** and the **name/or location of the transferred to HRIF Clinic**.

- Records are **only** transferred when HRIF Support receives an acceptance confirmation from the transfer to HRIF Clinic Coordinator. **NOTE:** Transfer requests not confirmed within 2-weeks will be closed by HRIF Support.
- CNSD form's date of Not Seen should **NOT be greater than 2 months** when requesting a transfer.
- Records are transferred **every Friday**; request received on Friday will be transferred the following week.

Common Issues and Solutions

- **Who is responsible for referring HRIF eligible infants?** The discharging to home **or** last CCS NICU who provided care to the infant.
- **What is the HRIF ID Number?** A computer generated number assigned to the infant/child after submission of the “RR form” in the Reporting System.
- **How do you register a patient who is still in hospital (SIH) on/after the June 1st?**
 - You can register the patient as SIH prior to the June 1st deadline. The patient’s date of discharge to home can be added to record at a later date.
 - Refer/Register the infant at the time of discharge to home. The system has been updated and will now accept records for infants born in the previous year (2018) who were still in the hospital (never discharge to home) on or after the June 1st deadline.

Common Issues and Solutions

- How do you obtain a NICU Record ID?
 - Contact the NICU Data Contact person from the birth/discharge CCS NICU.
 - Request access to the HRIF/NICU Match Detail Report to view all NICU Database infants discharge from your reporting center.
- Infant has two NICU Record IDs, which one do I use? Either one, the number you choose to use **must** be paired with the Center's OSHPD code who assigned the NICU Record ID.
- Not Sure if the Infant Qualified for a NICU Record ID: Enter “00000” as the NICU Record ID. This code indicates you are not sure if infant meet NICU eligibility or a NICU Record ID has not been assigned to the infant at the time of referral/registration.
- Infant Qualified for CPQCC, but no ID was assigned: Enter “77777” as the NICU Record ID. This code indicates the infant was never assigned a Record ID.

HRIF DATABASE

Helpful Tips

1

Get Mom's or Dad's email before leaving NICU as another means of getting in contact. Ask transferring hospitals to get them before discharge. L. Taylor, SCVMC

2

I keep a log of all admits to the NICU and on Mondays I go through all the admits and discharges on a weekly basis. S. Burdick, LAMC

3

We use case management meetings as a time to enter a lot of our visit data. Various team members (MD, testers, SW) read out information from their notes or the computer during the meeting and the coordinator enters it into the website. J. Struthers, KP Roseville

4

I keep the record open until all information is complete. That way I have a tickler to go back and add missing info. L. Taylor, SCVMC

5

Run the HRIF/NICU Match Report monthly or every couple months. Easier to keep track of eligible kids and who has been given a number etc. L. Stablein, UC Irvine

6

We use an epic pre-built form that provides a structure for the team to fill in HRIF data (if it is not completed), coordinator goes over it before submitting, so accurate data is available for data collection. I. Purdy, Mattel Children's UCLA.

HRIL
HIGH RISK
INFANT FOLLOW-UP