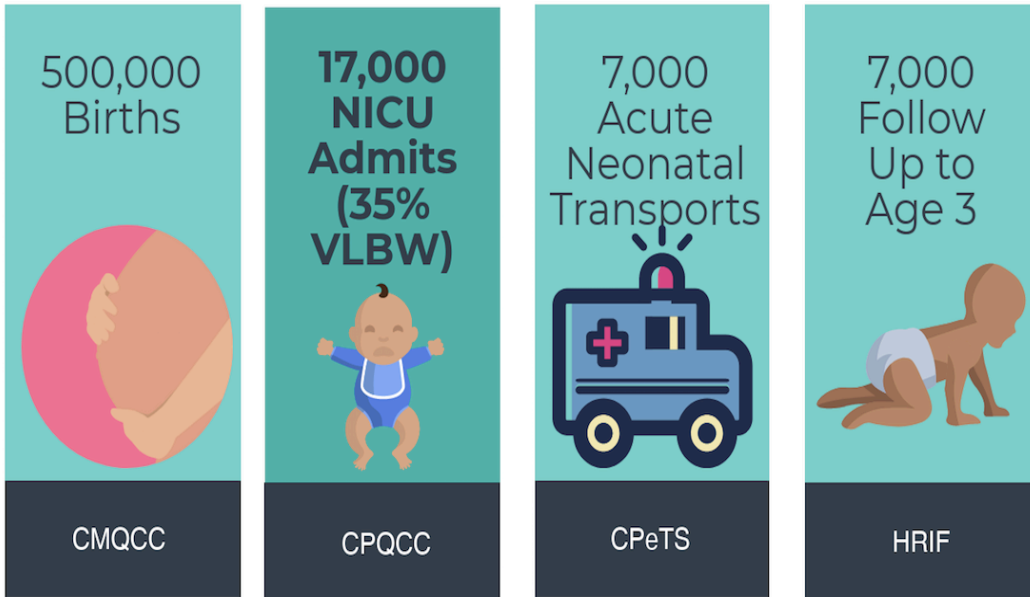

CPQCC CCS High Risk Infant Follow Up

Data in Action Webinar
February 21, 2018

Webinar Overview

- What is CPQCC CCS HRIF?
- Security upgrades, improvements for users
- HRIF usage overview, HRIF reports review
- HRIF referral and follow up – barriers, challenges, successes
- Service utilization and unmet needs identified at HRIF visits: “small babies”, “big babies”
 - CHD requiring neonatal intervention – update, opportunities
- Coming to HRIF –
 - Primary data files for sites, expanded special report data – *release in 1-2 weeks*
 - HRIF Clinic Capacity Survey – *release today*
 - HRIF Dashboard – *General concept, call for feedback*

California population-based perinatal epidemiology and quality improvement collaboratives



CPQCC

- 130+ hospitals capturing >95% of all VLBW infants.
- Perinatal and neonatal data and short-term outcomes → performance improvement and benchmarking
- Statewide QI collaboratives, QI research

CPQCC CCS HRIF

- A web-based infrastructure for consistent HRIF care, real-time case management.
- Support site-specific performance improvement, state-based assessment, and PI and QI efforts.
- Better understand the NICU-to-early childhood trajectory for high risk infants and families.

Continuum of care structure – unique to California!



Who do we serve? – *HRIF Eligibility and Visits*



- ALL infants ≤ 1500 grams BW or < 32 weeks EGA.
- Infants > 1500 grams BW with range of neurologic, cardiovascular risk factors.
- Provides for series of visits through 3 years
 - Information about functional and neurodevelopmental, but also use and need for services, hospitalizations, household/family challenges.



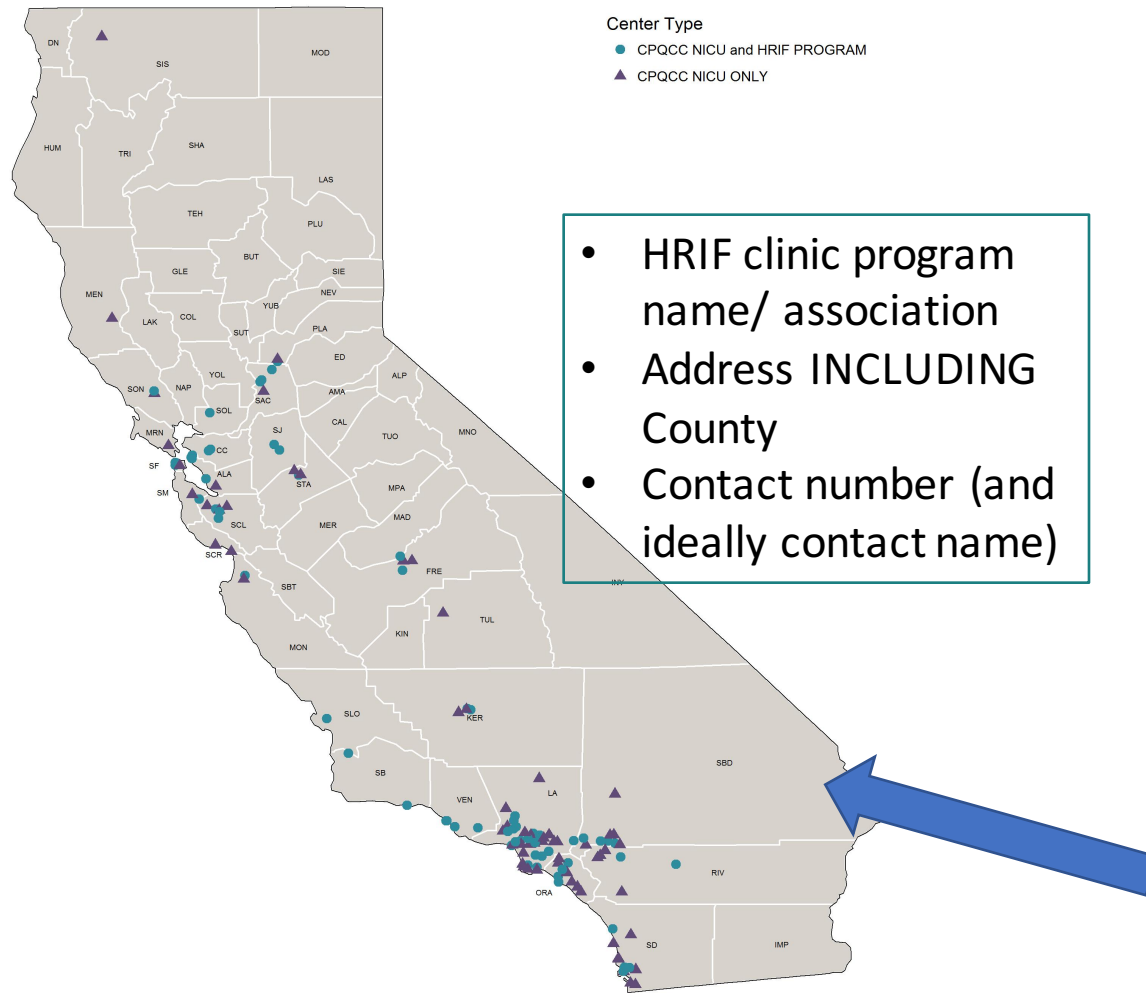
State of California—Health and Human Services
Department of Health Care Services

DATE: October 12, 2016

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES
ADMINISTRATORS, CCS MEDICAL CONSULTANTS
SYSTEMS OF CARE DIVISION (SCD) PROGRAM MANAGERS

SUBJECT: HIGH RISK INFANT FOLLOW-UP (HRIF) PROGRAM SERVICES

Who do we serve? – *HRIF providers, data users*



- **69 HRIF clinics** with registration entry privileges.
- **636 total Duo HRIF users.**
 - Some data users, some referral-enabled users, some NICU users – or combinations.

For the future - - will survey to determine additional (satellite) HRIF clinics, site details on “hover and discover” or “click and learn” interactive map components.

Security upgrades and improvements



- Security upgrades and critical maintenance over holiday break – completion required work through mid January.
 - Steps to protect patient information, healthcare systems, and the HRIF Reporting System database.
- Security of the HRIF database further enhanced by using a strategy known as “whitelisting”.
 - Registry of approved IP addresses; all entities are **denied access, except those included in the whitelist.**

Security upgrades and improvements

NO CONNECTION

Access to the HRIF-QCI Reporting System is Restricted to Authorized Users.

If you are having trouble gaining access, it is because your healthcare entity network is not currently recognized.

Please contact your IT department to request the “Public IP Address Ranges” used by the hospital's network. Submit a help ticket at www.cpqcchelp.org (<http://www.cpqcchelp.org/>) and provide the ranges in the description.

Whitelisting IP address ranges is the new security procedure we have implemented to enhance the security of the system. We apologize if this causes a temporary delay in your access. Thank you for your understanding and assistance in protecting the important data in the HRIF-QCI Reporting System. **NOTE:** Access is only authorized while connected to your organization's network. Access from home or while traveling is not permitted.

If you have any questions or require additional information, please submit a help ticket at www.cpqcchelp.org (<http://www.cpqcchelp.org/>).









- IP address ranges known for those logged into the system within past 3 months
- Each user to **contact their IT Department** to request the IP address ranges used on the hospital's network.
- www.cpqcchelp.org help ticket to provide IP address ranges.

-
- Due to delays arising from required system enhancements and server complexities, we have **extended all of the 2018 HRIF Data Finalization Process deliverables deadlines by a month.**

DATA FINALIZATION PROCESS (DFP)

HIGH RISK INFANT FOLLOW-UP QUALITY OF CARE INITIATIVE

Schedule for 2018

JAN - MAR	APR 1 st	MAY 1 st	MAY 2 nd	MAY 17 th	JUL 1 st	JUL 11 st	AUG - DEC
							
Data Review	Super Star HRIF Program Award	DEADLINE	HRIF Follow-up Rate Award	DEADLINE HRIF CCS Report	DEADLINE	HRIF Crown Award	Data Review
Utilize Reporting System Tools: HRIF Tracker; CPQCC Ref Num; Error & Warning and Closeout Checklist	Submission of No Priority/ Error & Warning Cases for 2014 Born Infants, Closed RR Forms for All 2016 Born Infants AND SV #1 of All expected 2016 Born Infants	Data Final for 2014 Born Infants AND SV #1 of All expected 2016 Born Infants	Core Visit F/U Rates for 2014 Born Infants: 1 st => 80% 2 nd => 70% 3 rd => 60%	2014 Born Infants ----- Confirm report by May 17th	Register ALL 2017 Born Infants AND Confirm HRIF Directory Contacts	Granted to HRIF Programs who meet All Closeout Deliverable Deadlines: Apr 1 st , May 17 th and Jul 1 st	Utilize Reporting System Tools: HRIF Tracker; CPQCC Ref Num; Error & Warning and Closeout Checklist

HRIF Usage Statistics & Reports Review

HOME CPQCC DATA LOG IN CPQCC REPORT LOG IN HRIF QCI LOG IN CPQCC EXTRANET LOG IN CPQCC HELP DESK USER LOG IN



About Us

Perinatal Programs

QI Projects

QI Toolkits

QI Research



“Our goal is to improve the health of pregnant women and newborns by making sure that approaches to illness that have been demonstrated to be effective are actually being carried out.”

– JEFFREY B GOULD, MD, MPH, PRINCIPAL INVESTIGATOR, CPQCC

← PQIP Committee

Quality Improvement

PQIP defines indicators and benchmarks, recommends quality improvement objectives, provides performance improvement, and assists providers in a multi-step transformation of data into improved care. More



All CPQCC CCS HRIF - Usage Statistics

- **Since 2009** - ~ 69,000 high risk infants registered in the CPQCC-CCS HRIF QCI.
 - ~95,000 Standard Visits performed
 - ~7,400 Additional Visits performed
- About 50% are VLBW (≤1500 g) - ~34,800 of registered/ referred
- **Other:**
 - <26 weeks: ~5,500
 - <28 weeks: ~13,000
 - >37 weeks: ~ 17,000

2014 Birth Year

- **For birth year 2014** – 8403 have been registered in CPQCC CCS HRIF
 - ≤ 1500 grams BW \rightarrow ~4300
 - < 1000 grams BW \rightarrow ~1550
 - < 28 weeks GA \rightarrow ~1590
 - > 37 weeks \rightarrow ~2220
 - Other
 - Medi-Cal (any part of insurance of mother) \rightarrow ~55%
 - Full time employment for primary caregiver \rightarrow ~34%
 - Primary language in home English \rightarrow ~72%

2014 Birth Year

MEDICAL ELIGIBILITY PROFILE

Medical Eligibility Profile

Gestational Age at Birth < 32 weeks	4956	59%	61.7%	51.6%	75.8%	+ -
<= 1500 grams	4339	51.6%	52.6%	46.9%	61.7%	+ -
Oxygen > 28 Days and CLD	853	10.2%	10.7%	4.5%	14.5%	+
Documented Seizure Activity	344	4.1%	4.5%	2.5%	6.2%	+
iNO > 4 Hours for PPHN	307	3.7%	3.1%	1.8%	4.9%	+
Persistent Apnea	289	3.4%	2.9%	1.5%	4.9%	+
ECMO	71	0.8%	1.5%	1%	1.9%	+
Neonatal Encephalopathy	34	0.4%	1%	0.7%	2%	+

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

HRIF Summary Reports **HRIF CCS Reports** **Usage Statistic Report** **NICU Report**

HRIF SUMMARY REPORT

HRIF Summary Report is updated in real time

HRIF Program	<input type="text" value="All"/>
Discharge NICU	<input type="text" value="All"/>
Infant's Birth Year	<input type="text" value="All"/>
Infant's Birth Weight or Gestational Age	<input type="text" value="All"/>
Infant's Qualifying Medical Condition	<input type="text" value="All"/>
Report Name	<input type="text" value="-- Select a Report --"/>

View Report

HRIF SUMMARY REPORT

HRIF Summary Report is updated in real time

HRIF Program

All

Discharge NICU

All

Infant's Birth Year

- ✓ All
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
- 2018
- Custom Birth Year

**Infant's Birth Weight
or Gestational Age**

**Infant's Qualifying
Medical Condition**

Report Name

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

HRIF Summary Reports **HRIF CCS Reports** **Usage Statistic Report** **NICU Report**

HRIF SUMMARY REPORT

HRIF Summary Report is updated in real time

HRIF Program

All

Discharge NICU

All

Infant's Birth Year

All

**Infant's Birth Weight
or Gestational Age**

- ✓ All
- Birth Weight < 1000 grams
- Birth Weight <= 1500 grams
- Birth Weight > 1500 grams
- Gestational Age < 26 weeks
- Gestational Age < 28 weeks
- Gestational Age < 32 weeks
- Gestational Age < 37 weeks
- Gestational Age >= 37 weeks
- Custom Birth Weight
- Custom Gestational Age (Weeks)

**Infant's Qualifying
Medical Condition**

Report Name

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

HRIF Summary Reports **HRIF CCS Reports** **Usage Statistic Report** **NICU Report**

HRIF SUMMARY REPORT

HRIF Summary Report is updated in real time

HRIF Program

All

Discharge NICU

All

Infant's Birth Year

All

**Infant's Birth Weight
or Gestational Age**

All

**Infant's Qualifying
Medical Condition**

- ✓ All
- O2 >= 28 days
- Intracranial Pathology
- HIE/Neonatal Encephalopathy
- iNo > 4 hrs
- CHD requiring surgery

Report Name

HRIF SUMMARY REPORT

HRIF Summary Report is updated in real time

HRIF Program	<input type="text" value="All"/>
Discharge NICU	<input type="text" value="All"/>
Infant's Birth Year	<input type="text" value="All"/>
Infant's Birth Weight or Gestational Age	<input type="text" value="All"/>
Infant's Qualifying Medical Condition	<input type="text" value="All"/>
Report Name	<input type="text" value="-- Select a Report --"/>

- ✓ -- Select a Report --
- Registration Summary Report
- Standard Visit Summary Report (Core Visit #1)
- Standard Visit Summary Report (Core Visit #2)
- Standard Visit Summary Report (Core Visit #3)
- Standard Visit Summary Report (0 - 11 months)
- Standard Visit Summary Report (12 - 17 months)
- Standard Visit Summary Report (18 months and above)

HRIF SUMMARY REPORT

HRIF Summary Report is updated in real time

HRIF Program

Discharge NICU

Infant's Birth Year

Infant's Birth Weight or Gestational Age

Infant's Qualifying Medical Condition

Report Name

Report Section Name

- ✓ -- Select a Report Section Name --
- FOLLOW UP STATUS AND DISPOSITION
- MEDICAL ELIGIBILITY PROFILE
- SOCIODEMOGRAPHIC FACTORS (DATA CAPTURED ON RR FORM)
- LANGUAGE ASSISTANCE AND INSURANCE
- PATIENT AGE AND GROWTH METRICS
- CAREGIVER AND LIVING ENVIRONMENT
- INTERVAL HOSPITALIZATIONS AND SURGERIES
- INTERVAL MEDICINES AND EQUIPMENT
- MEDICAL SERVICES REVIEW
- NEUROSENSORY ASSESSMENT
- NEUROLOGICAL ASSESSMENT AND CEREBRAL PALSY
- DEVELOPMENTAL ASSESSMENT AND AUTISM
- SPECIAL SERVICES REVIEW
- STATE PROGRAMS AND SOCIAL CONCERNS/RESOURCES

NICU SUMMARY REPORT

NICU Summary Report is updated in real time

NICU Hospital

Infant's Birth Year

**Infant's Birth Weight or
Gestational Age**

**Infant's Qualifying
Medical Condition**

Inborn/OutBorn

Report Name

Report Section Name

- All
- Inborn, discharged from my NICU
- Inborn, transferred out
- Outborn

View Report

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

HRIF Summary Reports **HRIF CCS Reports** **Usage Statistic Report** **NICU Report**

HRIF SUMMARY REPORT

HRIF Summary Report is updated in real time

HRIF Program

All

Discharge NICU

All

Infant's Birth Year

All

**Infant's Birth Weight
or Gestational Age**

All

**Infant's Qualifying
Medical Condition**

All

Report Name

-- Select a Report --

View Report



HRIF CCS REPORT

HRIF CCS Report is static and only available for closed birth years.

HRIF Program	<input type="text" value="All"/>
Infant's Birth Year	<input type="text" value="2013"/>
Infant's Birth Weight or Gestational Age	<input type="text" value="All"/>
Infant's Qualifying Medical Condition	<input type="text" value="All"/>

[View Report](#)

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

HRIF Summary Reports **HRIF CCS Reports** **Usage Statistic Report** **NICU Report**

HRIF CCS REPORT

HRIF CCS Report is static and only available for closed birth years.

HRIF Program

All

Infant's Birth Year

✓ 2013

2012

2011

2010

2009

Custom Birth Year

**Infant's Birth Weight
or Gestational Age**

**Infant's Qualifying
Medical Condition**

View Report

Birth year 2014 –
HRIF data final by
May 1st; CCS Report
final by May 16th

HRIF CCS REPORT

HRIF CCS Report is static and only available for closed birth years.

HRIF Program

All

Infant's Birth Year

2013

**Infant's Birth Weight
or Gestational Age**

**Infant's Qualifying
Medical Condition**

- ✓ All
- Birth Weight < 1000 grams
- Birth Weight <= 1500 grams
- Birth Weight > 1500 grams
- Gestational Age < 26 weeks
- Gestational Age < 28 weeks
- Gestational Age < 32 weeks
- Gestational Age < 37 weeks
- Gestational Age >= 37 weeks
- Custom Birth Weight
- Custom Gestational Age (Weeks)

All
Code: All
2013

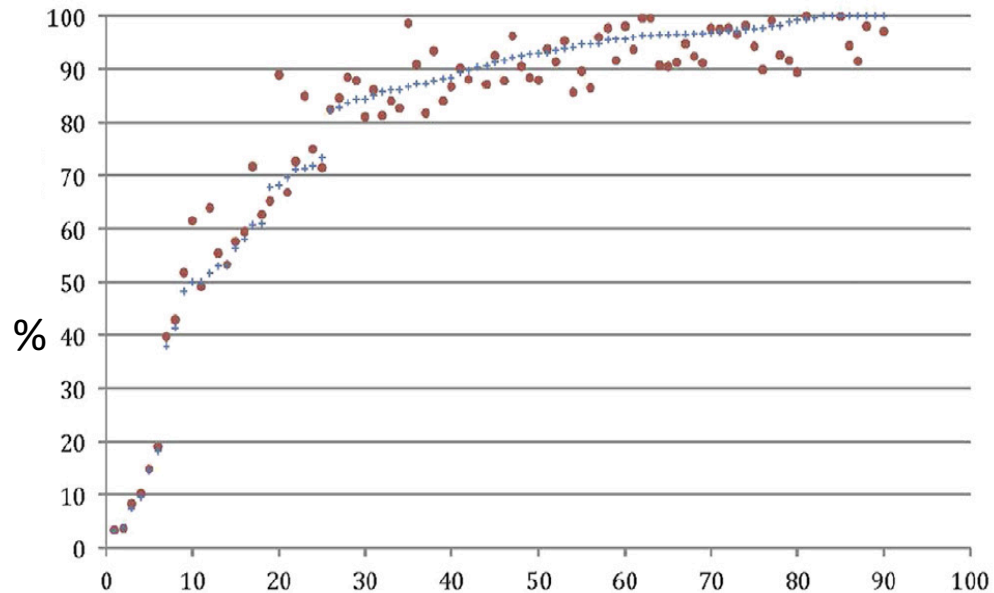
Infant's Birth Weight/Gestational Age: All
Infant's Medical Eligibility Criteria: All
Report Date: 2017-04-03

2014 Birth Year (data not final)

Patient description	% seen of expected	
	1 st core visit	2 nd core visit
< 1000 g	78.6% (median 85.7%)	66.6% (median 73.6%)
<28 weeks	78.6% (median 83.9%)	65.1% (median 71.2%)
<26 weeks	81.2% (median 90%)	68.6% (median 75%)
HIE/Neo Enceph	70.5% (median 78.6%)	57.7% (median 66.7%)

Recognition of HRIF referral failure & statewide PI intervention

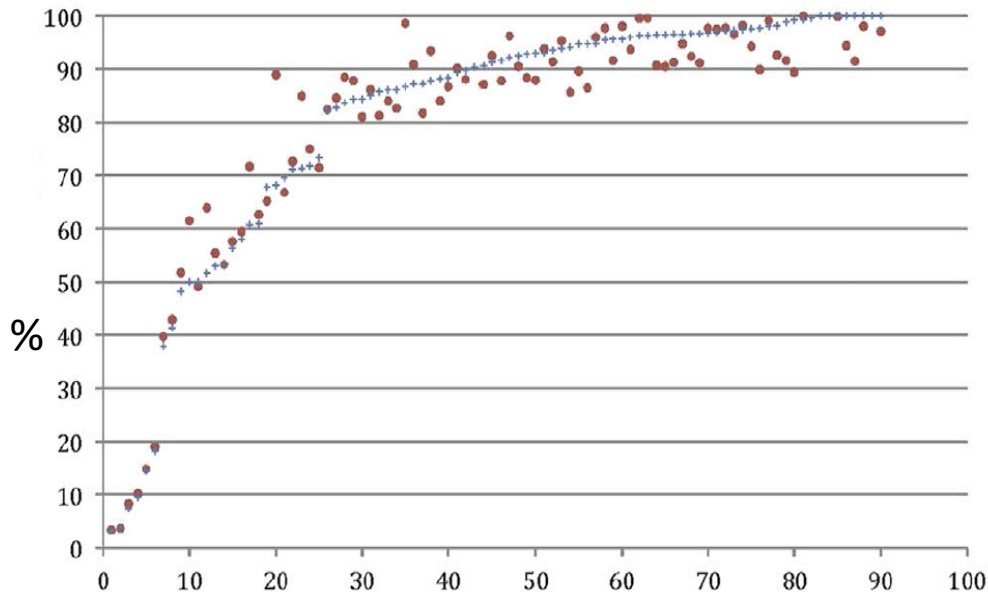
- Overall VLBW referral rate to **HRIF** was just **80%** at NICU discharge for birth year 2010-2011.



Hintz SR, et al. J Pediatr 2015;166:289-95

Recognition of HRIF referral failure & statewide PI intervention

- Overall VLBW referral rate to HRIF was just 80% at NICU discharge for birth year 2010-2011.



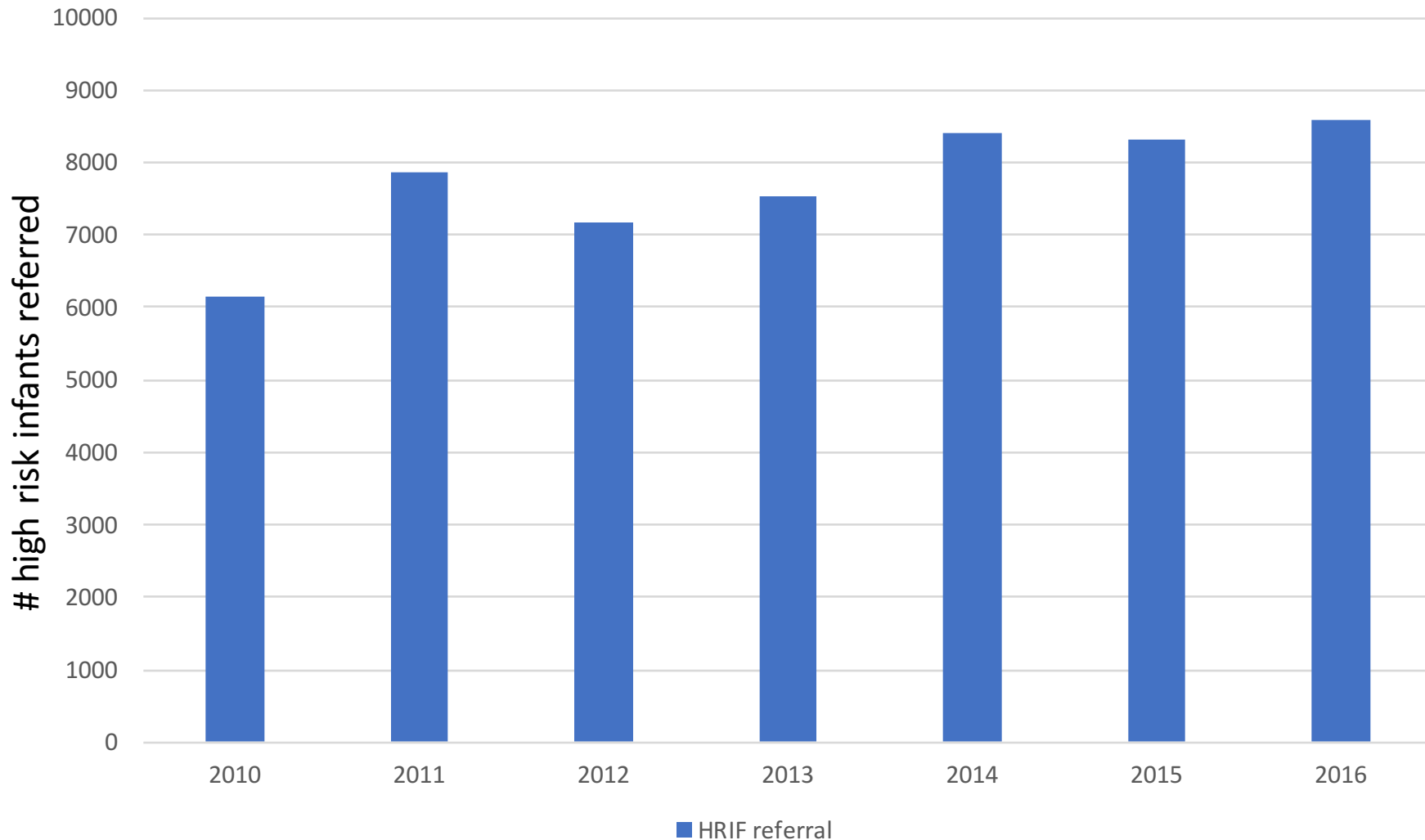
Hintz SR, et al. J Pediatr 2015;166:289-95

HRIF/CPQCC Match Summary Report for Infants Discharged Home, 1/1/2017 to 12/31/2017

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

HRIF Category	N Infants	Infants Referred to HRIF	Referral %	Referral % CCS NICUs	Referral % Regional NICUs
Very Low Birth Weight Infants (<=1,500 grams)	35	35	100.0	92.1	92.6
Extremely Low Birth Weight Infants (<1,000 grams)	8	8	100.0	92.2	90.5
Gestational Age < 28 Weeks	8	8	100.0	91.1	91.5
Infants with Moderate/Severe HIE	14	14	100.0	95.0	95.2
Infants with Cooling	23	23	100.0	94.0	94.9
Infants with ECMO	2	2	100.0	86.4	85.4
Infants with Congenital Heart Disease	28	28	100.0	83.2	83.2
Infants with Nitric Oxide	13	13	100.0	85.4	85.5
Infants with Seizures	24	24	100.0	82.1	82.8
Infants Referred for any of the Reasons Above	100	100	100.0	90.1	89.8
Additional Infants with Gestational Ages 28 to 31 Weeks	18	18	100.0	91.4	91.5
Infants Referred for any of the Reasons Above	118	118	100.0	90.3	90.0
CPQCC Infants Referred for Other Reasons		36			
All Referrals		154			

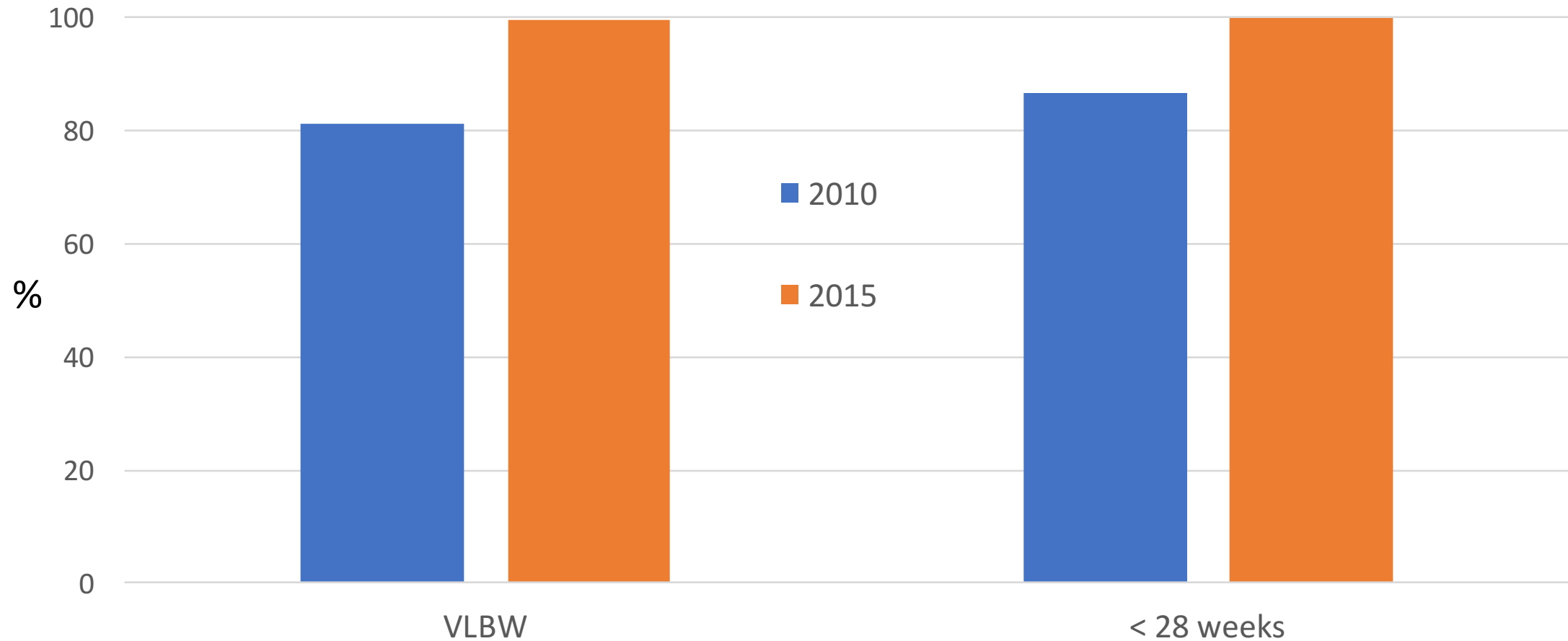
Referral to CPQCC CCS HRIF by birth year



The # of high risk infants referred to CPQCC CCS HRIF has **increased since 2010.**

From just over 6000/year to **more than 8500/year**

Improved referral to CPQCC CCS HRIF at NICU discharge



Programmatic and Administrative Barriers to High-Risk Infant Follow-Up Care

• Survey details

- 53 questions divided into the following categories: (1) NICU to HRIF referrals, (2) HRIF program structure and personnel, (3) HRIF program visits and follow-up strategies, (4) HRIF program resources, and (5) HRIF challenges.
- **82% of HRIF programs in CPQCC CCS HRIF responded** → 90% from Program Coordinators



Tang BJ, et al. Am J Perinatol. 2018 Feb 13. [Epub ahead of print]

Barriers and challenges to successful follow up

Table 2 Strategies to improve no-show rates at HRIF

Strategies used to follow up with families after missed HRIF visit	N (%)
Multiple calls until personal response and reschedule	43 (77)
Postcard or letter by mail	41 (73)
Call to pediatrician	21 (38)
One call only—leave message if no answer	10 (18)
Email	5 (9)
Robo-call	0
Strategies used to remind families of upcoming HRIF visits	
Personal call	52 (93)
Postcard or letter by mail	40 (71)
“Robo-call”	16 (29)
Email	10 (18)
Other	7 (13)

Table 4 Resource needs and barriers in HRIF

Areas considered significant barriers and challenges to successful follow-up	N	(%)
Parent/family work schedule	39	(70)
Parent/family perception that the child is doing well and no need for HRIF	38	(68)
Transportation issues	37	(66)
Patient/family distance from clinic	30	(54)
Insurance	30	(54)
Limited availability for HRIF clinic times	26	(46)
Limited personnel for tracking/follow-up calls in HRIF program	23	(41)
Parent/family refusal for other reasons	18	(32)
Other	10	(18)



Tang BJ, et al. Am J Perinatol. 2018 Feb 13. [Epub ahead of print]

Multivariable model – Factors associated with successful 1st HRIF

Factor	Adjusted OR (95% CI)	p-value
<i>Associated with higher odds - -</i>		
Maternal age (vs. <20 years)		
30-39	1.8 (1.3 – 2.3)	<0.0001
40+	1.7 (1.2 – 2.5)	0.007
Maternal prenatal care	2.0 (1.4 – 2.9)	0.0005
Birth weight (vs. 1251-1499 g)		
501-750 g	2.1 (1.6 – 2.8)	<0.0001
751-1000 g	1.8 (1.5 – 2.3)	<0.0001
1001-1250 g	1.4 (1.2 – 1.7)	0.0006
Insurance (vs CCS or MediCal only)		
HMO/PPO + CCS	2.0 (1.4 - 2.9)	<0.0001
HRIF program VLBW volume (vs. lowest quartile)		
2 nd quartile	4.5 (2.4 – 8.4)	<0.0001
3 rd quartile	2.2 (1.2 – 4.0)	0.009
<i>Associated with lower odds - -</i>		
Maternal race African American	0.6 (0.5 – 0.8)	<0.0001
SGA at 33+ weeks	0.7 (0.4 – 0.9)	0.02
One parent 1 ^o caregiver (vs. both)	0.7 (0.6 – 0.8)	0.0001
Miles from HRIF program (vs. lowest quartile)		
Highest quartile	0.6 (0.5 – 0.8)	0.0001
3 rd quartile	0.7 (0.6 – 0.9)	0.008



But why is the HRIF visit even important?

Why is the HRIF visit important?

- The **interdisciplinary HRIF team has special expertise** to recognize evolving difficulties, identify resources.
- Without the HRIF visit, these **needs may not be identified**.
 - Earlier identification allows for early intervention, which *ultimately may improve outcomes*.

Our question: Are substantial incremental medical, functional, and family needs identified at the 1st and 2nd HRIF visit?

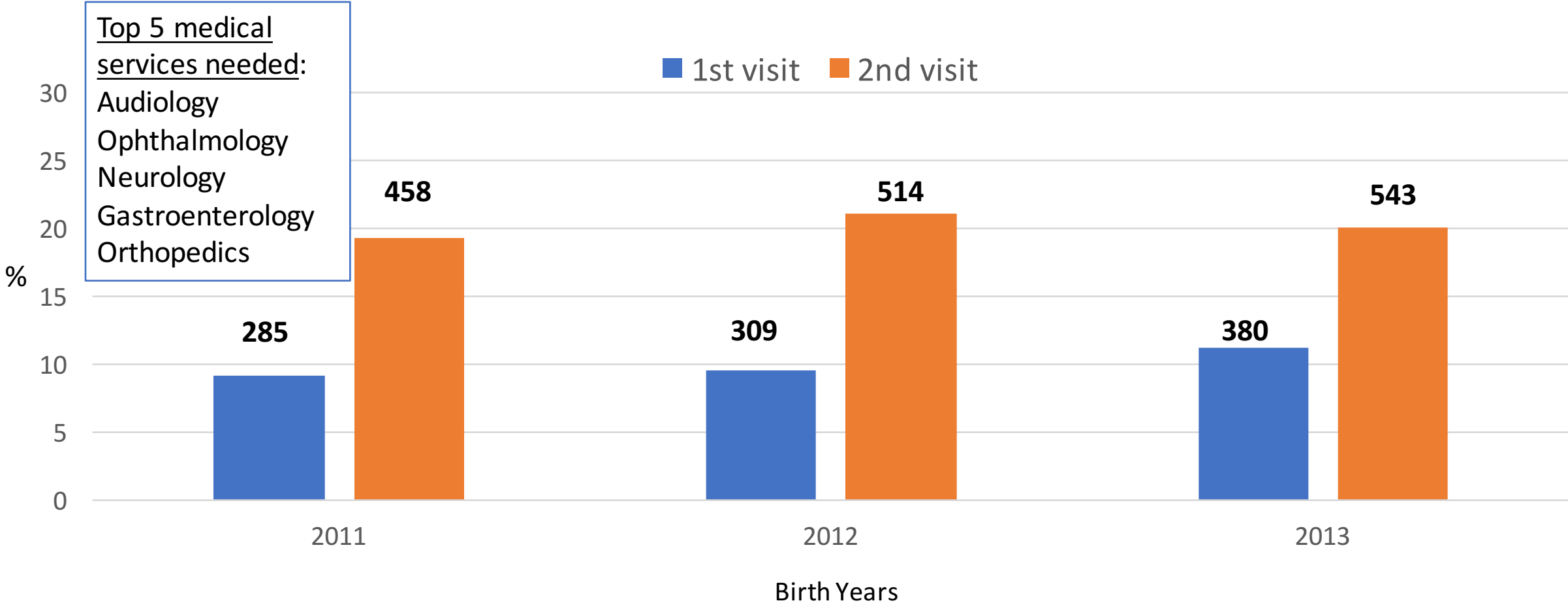
• Service Utilization at 1st HRIF Visit

VLBW = very low birth weight; HIE = hypoxic ischemic encephalopathy

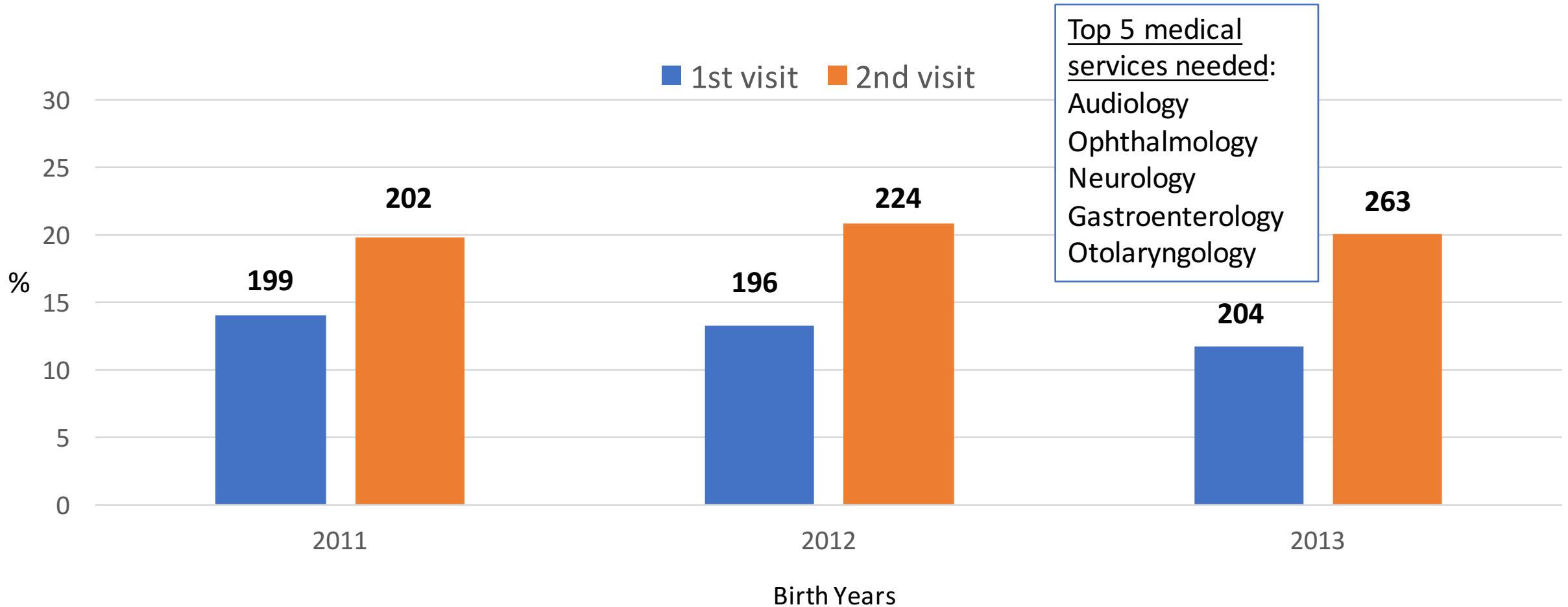
	VLBW N=4900	HIE N=193
Medical specialties - currently receiving	n (%)	n (%)
0	1845 (38%)	68 (35%)
1 to 2	2502 (51%)	90 (47%)
3 to 4	477 (10%)	30 (16%)
5 or more	76 (2%)	5 (3%)
Special services - currently receiving		
0	3369 (59%)	105 (54%)
1 to 2	1344 (27%)	65 (34%)
3 to 4	168 (3%)	21 (11%)
5 or more	19 (0.4%)	2 (1%)

Median age at follow up = 6 months

VLBW - Unmet needs for medical subspecialty services requiring referral at 1st and 2nd HRIF visits



“Big babies” - Unmet needs for medical subspecialty services requiring referral at 1st and 2nd HRIF visits





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



EDMUND G. BROWN JR.
GOVERNOR

September 27, 2017

Program Letter: 01-0917

To: Medical Directors and Coordinators of California Children's Services
Program (CCS) - Approved High Risk Infant Follow-up (HRIF) Programs

Subject: Clarification of Congenital Heart Disease Eligibility Criteria

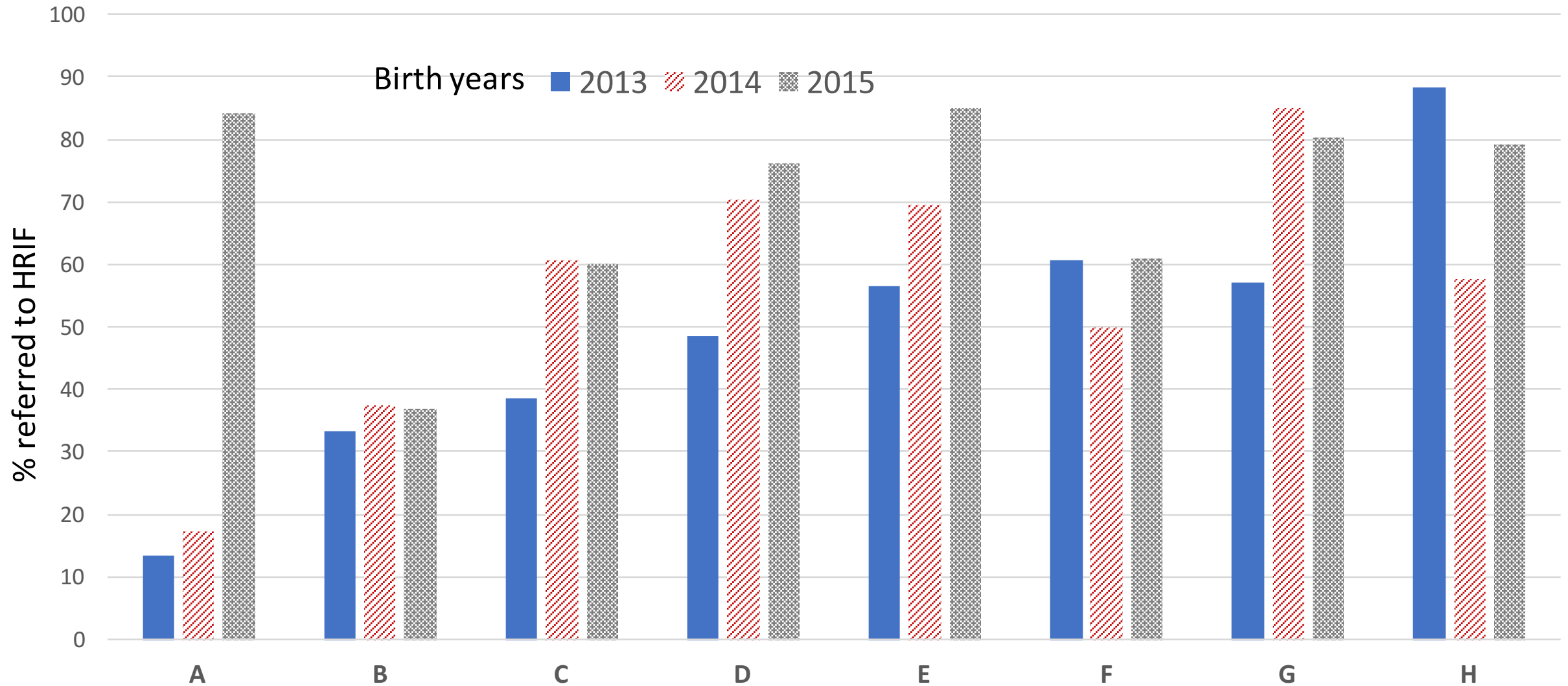
Dear HRIF Medical Director and HRIF Coordinator:

The HRIF Numbered Letter 05-1016 and HRIF Program Letter 01-1016, both dated October 12, 2016, updated the Medical Eligibility criteria for HRIF to include Congenital Heart Disease (CHD) requiring surgery or minimally invasive intervention. This letter is written to address several requests from HRIF local programs to further clarify the CHD Medical Eligibility criteria and provide some case examples.

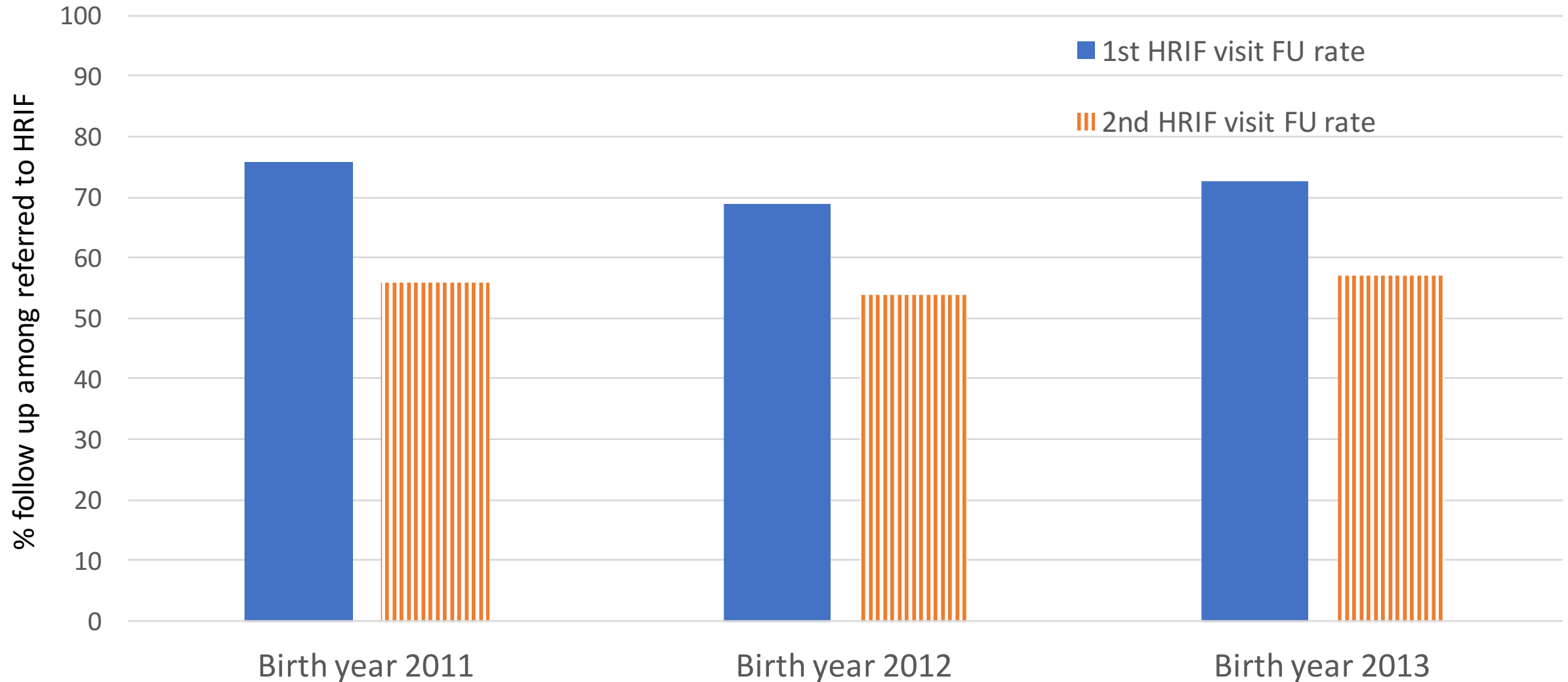
For birth years 2013-2015,
of 41,689 CPQCC infants
survived to discharge home

- 2124 had been identified with major CHD diagnoses.
 - 46.2% referred to HRIF.
- **1319 had CHD requiring intervention.**
 - **60.1% referred to HRIF**

CHD neonates requiring intervention - rates of referral to HRIF at discharge: Highest volume CHD intervention CPQCC NICUs, birth years 2013-2015



Follow up rates to 1st and 2nd HRIF visits among CHD neonates in CPQCC requiring intervention, birth years 2011-2013



Unmet needs for medical subspecialty services requiring referral at 1st and 2nd HRIF visits

Birth year	2011	2012	2013
1st HRIF visit (n)	153	128	153
Medical services – referred at visit, n (%)			
0 services	120 (78%)	104 (81%)	133 (87%)
1 service	26 (17%)	17 (13%)	16 (11%)
2 or more services	7 (5%)	7 (6%)	4 (2%)
2nd HRIF visit (n)	113	100	120
Medical services – referred at visit, n (%)			
0 services	78 (69%)	77 (77%)	86 (72%)
1 service	25 (22%)	19 (19%)	27 (23%)
2 or more services	10 (9%)	4 (4%)	7 (6%)

CHD requiring neonatal surgery in California

- Significant opportunities to improve HRIF referral and follow up exist for CHD infants requiring neonatal surgery in California.
- Substantial additional needs are identified at HRIF visits, with ~ 1 in 4 of these children requiring at least 1 service referral at the 2nd visit.
- Process improvements have already been undertaken across California through the CPQCC CCS HRIF → clarification of CHD-related HRIF eligibility, highlighting expectations for referral at NICU discharge.

CHD requiring neonatal intervention – *Next steps*

- Data thus far represent CPQCC CHD patients → *does not represent comprehensive neonatal CHD population.*
- Goal to identify data additions required to cardiac data in California CVICUs – **synergize** elements to with short forms/ limited data collection instruments.
 - Currently in pilot project with CHLA (VPS database)
- ****Will reach out to HRIF groups at major CV sites, assemble key stakeholders at sites, integrate data from CVICUs, facilitate HRIF referrals and FU.**



Site-specific Primary Data Files

*Available for download in
1-2 weeks!*



- Because of the highly sensitive nature of the data, **only one individual will be assigned to download these data** – The Medical Director of the HRIF clinic.
- The Medical Director may share the files as he/she feels appropriate.

The screenshot displays the CPQCC (California Perinatal Quality Care Collaborative) web application interface. At the top, the CPQCC logo and the title 'High Risk Infant Follow-up Quality of Care Initiative' are visible. The user is identified as 'Erika Gray, Welcome Super User'. The navigation menu includes 'Find Patient', 'Pending Cases', 'Registration', 'Referral', 'Report', 'Tools', 'Admin', 'Help', and 'Log Out'. Below the navigation menu, there are links for 'HRIF Summary Reports', 'HRIF CCS Reports', 'Usage Statistic Report', 'NICU Report', and 'Data Download'. The 'Data Download' section features a 'Notice' with a warning icon, stating that the user is a Super User and ensuring that patient data is handled as protected health information. A checkbox for acknowledging the terms is present but unchecked. Below the notice, there are dropdown menus for 'HRIF Program' and 'Infant's Birth Year' (with options 2013, 2012, 2011, 2010, 2009), and a 'Download' button.

DATA DOWNLOAD



Notice

- I, Erika Gray, am a Super User of the HRIF Reporting System.
- I will ensure that any patient data exported from the web-based HRIF Reporting System will be handled in the same manner as any protected health information .
- The Primary Data Files will be downloaded and stored on a secure machine.

Acknowledged by Erika Gray at Tue Feb 20 09:09:11 PST 2018

HRIF Program

Infant's Birth Year

2013 2012 2011 2010 2009

Download

DATA DOWNLOAD



Notice

- I, Erika Gray, am a Super User of the HRIF Reporting System.
- I will ensure that any patient data exported from the web-based HRIF Reporting System will be handled in the same manner as any protected health information .
- The Primary Data Files will be downloaded and stored on a secure machine.

Acknowledged by Erika Gray at Tue Feb 20 09:09:11 PST 2018

HRIF Program

Lucile Packard Children's Hospital Stanford - 434040 - 404

Infant's Birth Year

2013 2012 2011 2010 2009

Download

8 Files with each birth year download

- HRIF Primary Data “Read Me” pdf
- HRIF Data Dictionary

 abc_2012_Registration.csv
 abc_2012_NoShowVisit.csv
 abc_2012_AdditionalVisit.csv
 abc_2012_StandardVisit.csv
 abc_2012_SvHospReason.csv
 abc_2012_SvOtherMed.csv

abc_2012_XXXX:

site #_ Birth Year_ data description

HRIF Data Dictionary - screenshot

A	B	C	D	E	F	G
Section	Variable Name	Item on Form / Description	Revision Information	Data Type	Possible Value	Coding Rules
Program Registration Information	VISIT_ID	Not on the form. But this is the unique number corresponding to each standard visit which is used for linking standard visit dataset with hospital reason dataset. Number of hospital visits corresponding to the ith standard visit.		NUMERIC		
	HRIF_ID	HRIF I.D. #		NUMERIC		
	CHANGEABLE_HRIF_ID			NUMERIC		
	CCS_NOT_HRIF_REFID	Infant enrolled in a CCS clinic other than the HRIF program	Added in 2018	NUMERIC	{434, 435, 436}	434 = No; 435 = Yes; 436 = Unknown
	CCS_NUM	CCS #		NUMERIC		
	NOT_CPQCC_ELIGIBLE	Infant NOT CPQCC Eligible	Added in 2012	CHARACTER	True/False	
	CPQCC_NUM_OSHPD	CPQCC Reference (OSHPD Facility Code)	Required since 2010	NUMERIC		
	CPQCC_NUM_PATIENT_SEQ	CPQCC Reference (CPQCC Patient ID Number)	Required since 2010	NUMERIC		
	DATE_OF_BIRTH	Date of Birth	Required since 2010	NUMERIC		
	BIRTH_HOSP_ID	Birth Hospital	Required since 2010	NUMERIC		
	BIRTH_WEIGHT	Birth Weight	Required since 2010	NUMERIC		
	GESTATIONAL_AGE_WEEKS	Gestational Age (Weeks)	Required since 2010	NUMERIC		
	GESTATIONAL_AGE_DAYS	Gestational Age (Days)	Required since 2010	NUMERIC		
	SINGLETON_MULTIPLE_REFID	Singleton/Multiple	Required since 2010	NUMERIC	{63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 169}	77 = 5E; 76 = 5D; 75 = 5C; 74 = 5B; 73 = 5A; 72 = 4D; 71 = 4C; 70 = 4B; 69 = 4A; 68 = 3C; 67 = 3B; 66 = 3A; 65 = 2B; 64 = 2A; 63 = Unknown; 169 = Single
	INFANT_GENDER_REFID	Infant's Gender	Required since 2010	NUMERIC	{78, 79, 80}	78 = Unknown; 79 = Female; 80 = Male
	INFANT_ETHNICITY_REFID	Infant's Ethnicity		NUMERIC	{81, 82, 83, 170}	81 = Unknown; 82 = Hispanic/Latino; 83 = Non-Hispanic; 170 = Declined
INFANT_RACE_CAT_REFID	Infant's race SINGLE vs. Multi		NUMERIC	{428, 429}	428 = Single; 429 = Multiracial	
INFANT_RACE_REFID	Infant's race	In 2017 race category 86 was seperated into two categories 88 and 90	NUMERIC	{84, 85, 86, 87, 88, 89, 90, 91, 613}	84 = Unknown; 85 = American (North, South or Central) Indian or Alaskan Native; 86 = Asian, Native Hawaiian or Other Pacific Islander; 87 = Black or African American; 88 = Asian; 89 = White; 90 = Native Hawaiian or Other Pacific Islander; 91 = Declined; 613 = Other	
DISHCHARGE_NICU_ID	Hospital Discharging to Home		NUMERIC			
DATE_OF_DISCHARGE	Date of Discharge to Home		NUMERIC			

▶ Registration Standard Visit Additional Visit Client Not Seen +



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HRIF Primary Data Read Me

HRIF PRIMARY DATA FOLDER

There will be a total of eight (8) files in the CSV (Comma Separated Value) format and were born in the selected birth cohort year. File names will be listed as "CenterNumber_Bi" captures all changes since 2010 as well as

File **abc_xxxx_AdditionalVisit.csv** contain infants/children who were followed by center that additional visits were not entered or dataset is HRIF_ID which is unique per patient

File **abc_xxxx_StandardVisit.csv** contains data from the STANDARD VISIT (SV) FORM **except** the **Hospitalization Since Last Visit** and **Other Medical Condition** sections. It contains all SVs for infants/children who were followed by center **abc** and born in year **xxxx**. Each patient is identified by the HRIF_ID. Each distinct visit is identified by the VISIT_ID. An example is shown as follows:

VISIT_ID	HRIF_ID	DATE_OF_VISIT	STANDARD_VISIT_ID
1111	123	13-Sep-13	1
1112	123	5-Dec-14	2
1113	123	6-Nov-15	3
1114	124	1-Jun-12	1
1115	124	13-Sep-13	2
1116	125	6-Jul-12	1

HRIF patient 123 has completed all three standard visits. Each visit is identified through a unique VISIT_ID. Users can sort by HRIF_ID and DATE_OF_VISIT to obtain a chronological standard visit dataset. Another example would be patient 124 who has completed two standard visits, hence there will be only two rows of data designated for that infant/child in the standard visit dataset.



“Special Reports” → goal for site-specific report availability in *Summer 2018*

- Identification and % referral of HRIF eligible infants by major eligibility criteria
- CCS eligible conditions at time of discharge from CCS NICUs and % referral to HRIF
- ***Identification of additional CCS medical eligibility at HRIF standard visits 1 and 2***
 - *****Goal to add special services*****
- HRIF follow up to 1st and 2nd visits among major HRIF risk categories (VLBW, “big baby”, CHD requiring intervention in NICU admission)

HRIF Clinic Capacity issues

- Given the committed work of CPQCC NICUs and HRIF teams to assure referral/ registration to HRIF and follow up,
 - **This has uncovered capacity challenges in clinics due to the lack of space and/or availability, resources/ staff, etc.**
- In partnership with CCS, we developed a short survey to help identify perceived barriers and challenges related to HRIF clinic capacity .
- The survey also includes a few questions about how HRIF-eligible CHD patients are identified, referred and followed in HRIF clinics.
- **Will just sent to HRIF programs TODAY --> Due MARCH 7th**

Contact Information

Name:

Email Address:

Hospital/Center Name:

Is your HRIF program / clinic currently experiencing capacity challenges for follow-up visits (*i.e., difficulties in accommodating all referrals in a timely fashion*)?

Yes

No



This is your chance to share your insights (and frustrations) about capacity challenges and barriers with our CCS partners!

Capacity issues

- **Contributing factors**
 - *i.e., inability to hire staff or providers due to financial or availability issues; limited clinic hours or space; etc.*
- **Current approach to addressing or avoiding challenges**
 - *i.e., limit registration to only specific patient groups; attempt to transfer referrals to other HRIF Programs; etc.*
- **Plans to ameliorate**
 - *i.e., new hires; new satellite sites or additional clinic days; etc.*
- **CHD patients requiring intervention**
 - Barriers to following
 - Existence of cardiac follow up clinic in your institution
 - Effectiveness of communication with cardiac teams

Capacity issues

Table 3 Composition of staff in HRIF

Number of providers staffed in clinic	N (%)
1	10 (17)
2	6 (12)
3	9 (17)
4 or more	29 (54)
Dedicated administrative assistant and/or clinic scheduler	N (%)
Do not have a dedicated person	18 (33)
Part-time person	24 (44)
One full-time person	9 (16)
More than one full-time person	4 (7)

Table 4 Resource needs and barriers in HRIF

Areas of significant resource needs for HRIF	N	(%)
Additional funding	30	(54)
More space in clinic facilities and/or expanded number of half-day clinics	28	(50)
Additional personnel for scheduling/follow-up calls	26	(46)
Better access to subspecialists for referrals	19	(34)
Additional personnel for coordination of services	18	(32)
Expansion to additional outreach locations	16	(29)
Other	14	(25)
More medical and NP providers	13	(23)
More psychologists and/or other staff qualified to conduct developmental and behavioral testing	8	(14)

Tang BJ, et al. Am J Perinatol. 2018 Feb 13. [Epub ahead of print]

-
- **Dashboards – CPQCC and *explorations* for CPQCC CCS HRIF**
 - **GOAL – HRIF Dashboard ~ End of year 2018 (??)**



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About Us

Perinatal Programs

QI Projects

QI Toolkits

QI Research



“Our goal is to improve the health of pregnant women and newborns by making sure that approaches to illness that have been demonstrated to be effective are actually being carried out.”

– JEFFREY B GOULD, MD, MPH, PRINCIPAL INVESTIGATOR, CPQCC



PQIP Committee

Quality Improvement

PQIP defines indicators and benchmarks, recommends quality improvement objectives, provides performance improvement, and assists providers in a multi-step transformation of data into improved care. More





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February 20, 2018
Contact Support
[Help Desk](#)

Welcome, Susan!
CPQCC Administrator

Make your selections

- Demo Center
- Home

[LOGOUT](#)

My Activity and Trending Topics
[cpqccreport.org Activity](#)
[HRIF Summary for all CPQCC NICUs](#)
[CCS Report Tool](#)

Change password for srhintz
[Show Session History](#)
[Show Favorites](#)

3 users online at 11:43:41 PM
srhintz (3)

Quick Intro

Getting Started

Data Bases and Denominators

Website User Interface Basics

Session History

Favorites

Context-Sensitive Information

My Activity and Trending Topics

Dashboard

SB NICU / Region Snapshot

CCS Report

HRIF

Quality Indicators

Eligibility

Basic Table

Detail Tables

Control Charts

Risk-adjusted Trend / Comparison

CPeTS

CPQCC Members

Risk-Adjustment Models

Drop-Down List Variable Locator

Update Log

Future Plans

Feedback

Credits



Make your selections

- Demo Center ▾
- Control Chart ▾
- 401-1500 BW or 22-29 GA ▾
- Discharge ... ▾
- Survival w/out Major Morbidity ▾

Additional Options:

- Inborn and Outborn Infants ▾
- By Birth Timing ▾
- No GA Based Subset ▾

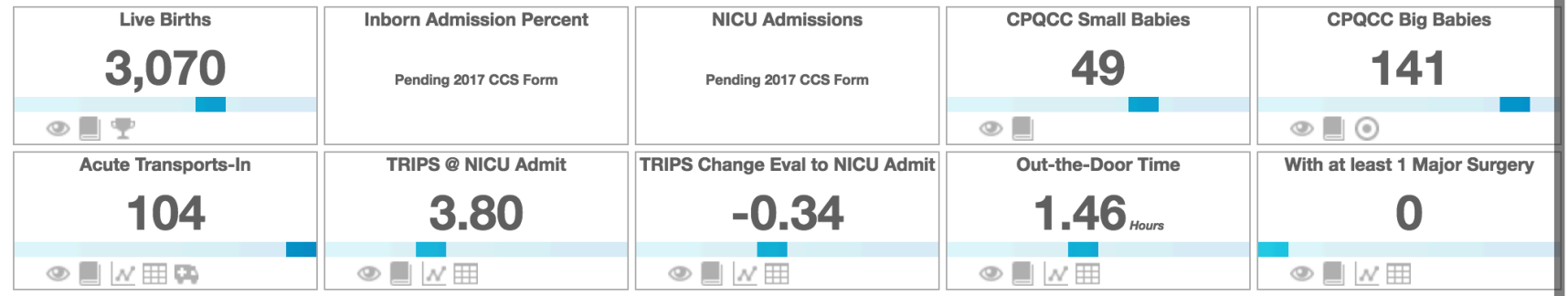
LOGOUT

My Activity and Trending Topics
cpqccreport.org Activity
HRIF Summary for all CPQCC NICUs
CCS Report Tool

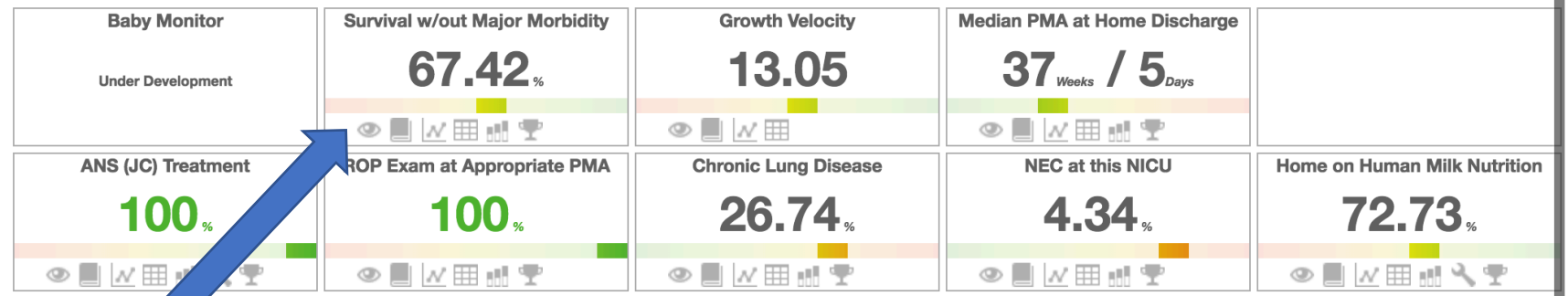
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Show Session History
Show Favorites

1 user online at 11:33:27 PM
srhinz

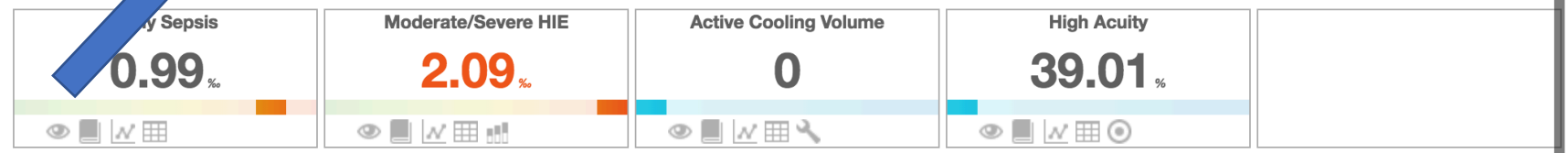
NICU Operations



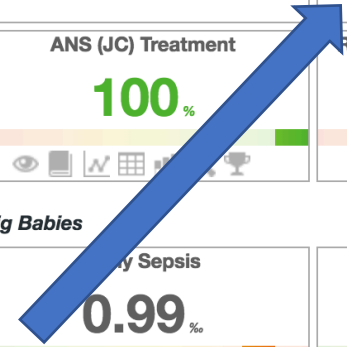
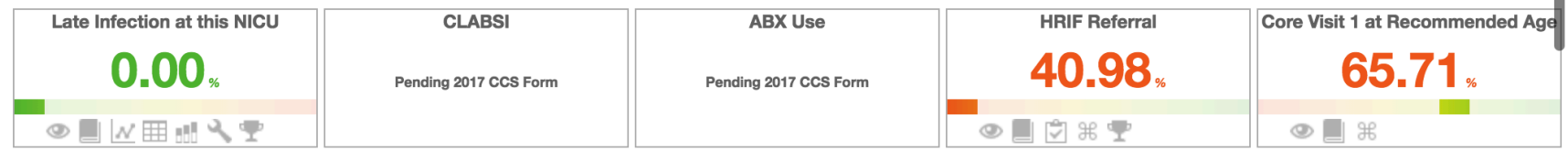
VON Small Babies



Big Babies



Infection Control



Make your selections

- Demo Center ▾
- Control Chart ▾
- 401-1500 BW or 22-29 GA ▾
- Discharge ... ▾
- Survival w/out Major Morbidity ▾

Additional Options:

- Inborn and Outborn Infants ▾
- By Birth Timing ▾
- No GA Based Subset ▾

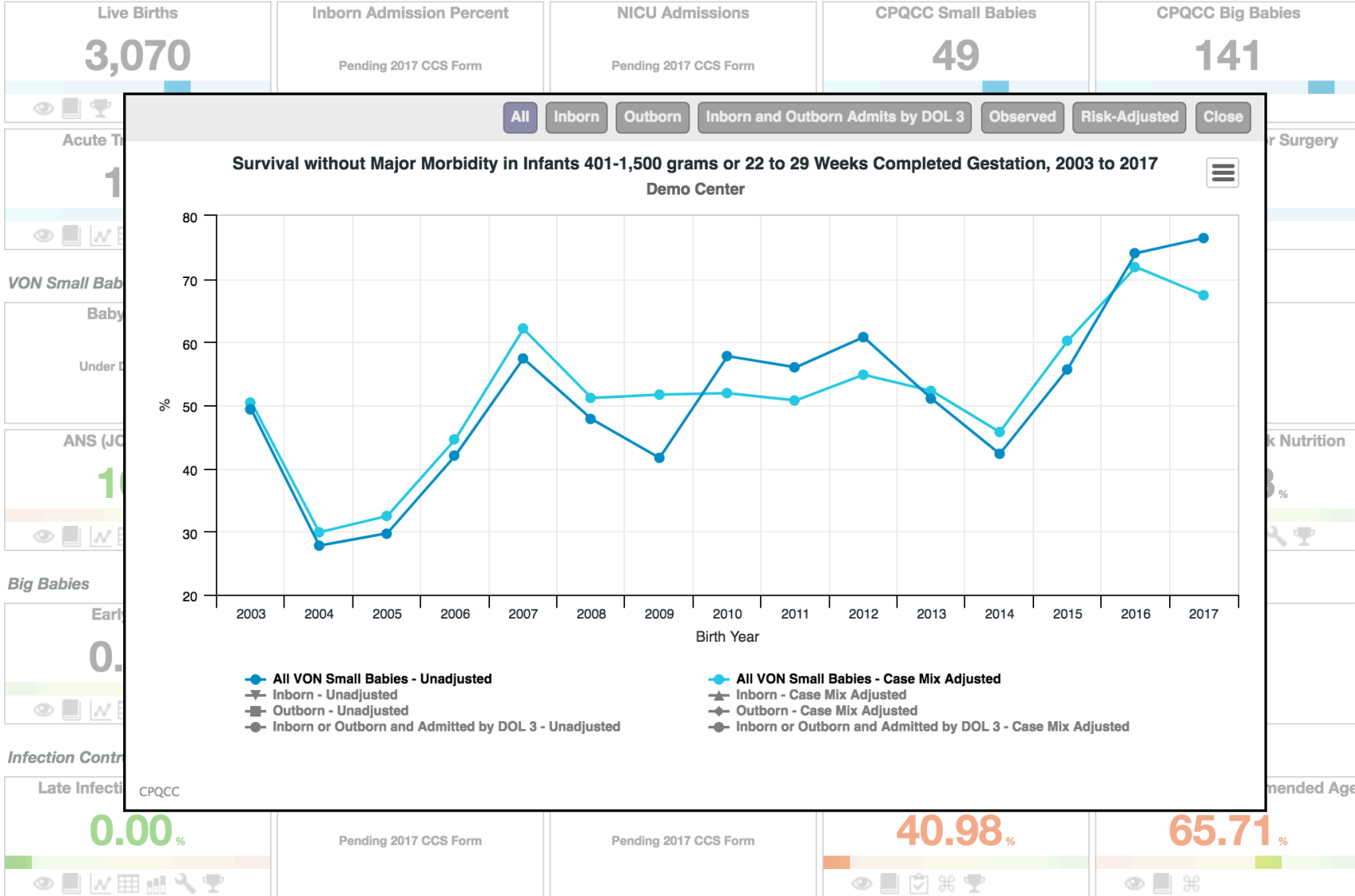
[LOGOUT](#)

My Activity and Trending Topics
[cpqccreport.org Activity](#)
[HRIF Summary for all CPQCC NICUS](#)
[CCS Report Tool](#)

[Change password for shrintz](#)
[Show Session History](#)
[Show Favorites](#)

1 user online at 11:33:27 PM
shrintz

NICU Operations



With the July 2017 close-out, the CPQCC data center added NICU and region dashboards to the cpqccreport.org website. The dashboards were the result of a 1-year process guided by the CPQCC PQIP committee with the goal of simplifying access to the many different reports and features of the report website.

An annotated example of a NICU dashboard is shown below.

CPQCC
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July 7, 2017
Contact Support
Help Desk

Welcome, Joe!
NICU User

Make your selections

Demo Center
Dashboard

New option "Dashboard" in the second drop-down menu that generates a NICU / region dashboard.

LOGOUT

My Activity and Trending Topics

Change password for jpickle
Hide Session History
Show Favorites
CPQCC Maternal Data Center

You can send us feedback through this link.

Send us your feedback

NICU Dashboard for Demo Center

2016 2017

Session History: Demo Center, Dashboard

Use the session history to quickly re-access the dashboard.

NICU and region dashboards are available for the two recent years.

When interpreting dashboard numbers, keep in mind what data have been entered, and

... when the dashboard was last updated. Usually the dashboard is updated daily at around 5 AM.

Last dates reported for this center in CPQCC: Birth date: 03/30/2017. Admission Date: 03/30/2017. Discharge Date: 06/02/2017. Last update of live births data: 05-31-2017.

Dashboard last updated: Jul 3, 2017 at 11:46

NICU Operations

Live Births 4,475	Inborn Admission Percent 9.63%	NICU Admissions 901	CPQCC Small Babies 115	CPQCC Big Babies 343
Acute Transports-In 216	TRIPS @ NICU Admit 12.4	TRIPS Change Eval to NICU Admit -0.42	Out-the-Door Time 3.49 Hours	With at least 1 Major Surgery 175

VON Small Babies

Baby Monitor Under Development	Survival w/out Major Morbidity 64.32%	Growth Velocity 11.92	Median PMA at Home Discharge 40 Weeks / 5 Days
ANS (J/C) Treatment 100%	ROP Exam at Appropriate PMA 100%	Chronic Lung Disease 30.65%	NEC at this NICU 2.05%
Home on Human Milk Nutrition 90.48%			

Big Babies

Early Sepsis 0.23%	Moderate/Severe HIE 0.72%	Active Cooling Volume 29	High Acuity 76.68%
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Infection Control

Late Infection at this NICU 5.39%	CLABSI 1.64 %/Line Days	ABX Use 25.24%	HRIF HRIF Referral 100%	Core Visit 1 at Recommended Age Under Development
---	-----------------------------------	--------------------------	--------------------------------------	--

Dashboards are loaded by default upon logon for users with access to a single center. The dashboard shows the current NICU or region status with respect to metrics reflecting NICU operations, VON Small Babies (401 to 1,500 grams or 22 to 29 completed weeks gestation), CPQCC Big Babies, Infection Control, and High Risk Infant Follow-up (HRIF). The different metrics are each shown in separate boxes:

Make your selections

- Demo Center ▾
- Control Chart ▾
- 401-1500 BW or 22-29 GA ▾
- Discharge ... ▾
- Survival w/out Major Morbidity ▾

Additional Options:

- Inborn and Outborn Infants ▾
- By Birth Timing ▾
- No GA Based Subset ▾

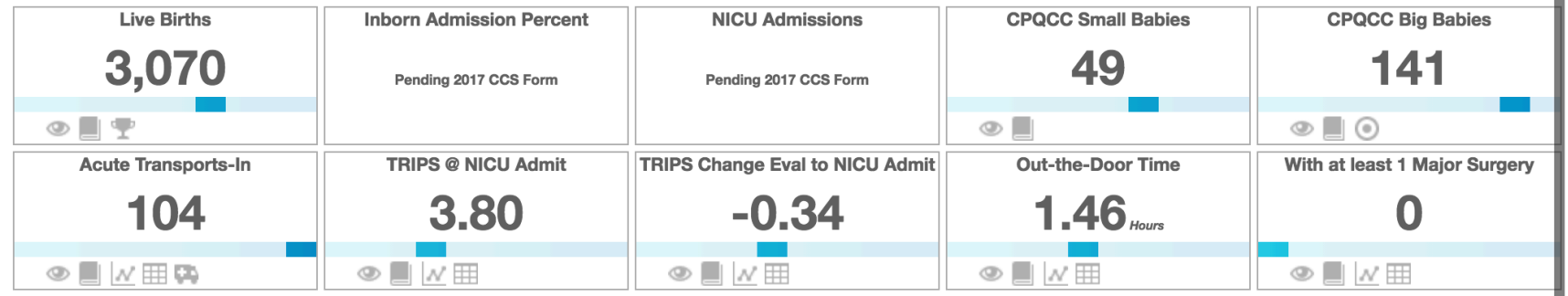
LOGOUT

My Activity and Trending Topics
cpqccreport.org Activity
HRIF Summary for all CPQCC NICUs
CCS Report Tool

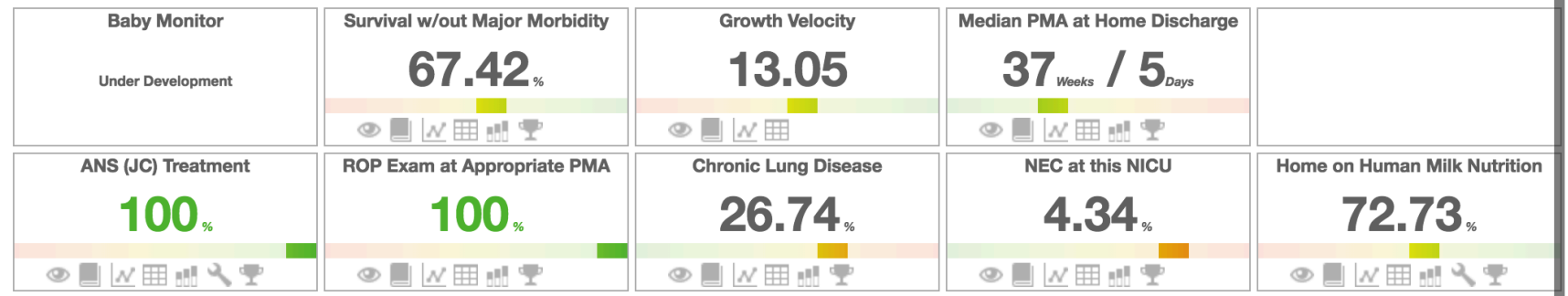
Change password for srhinz
Show Session History
Show Favorites

1 user online at 11:33:27 PM
srhinz

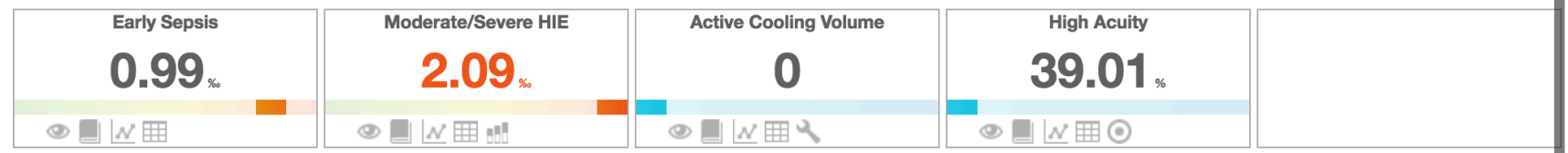
NICU Operations



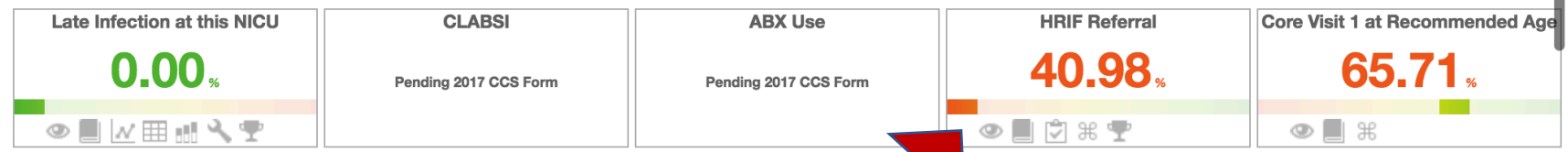
VON Small Babies



Big Babies



Infection Control



Make your selections

- Demo Center ▾
- Control Chart ▾
- 401-1500 BW or 22-29 GA ▾
- Discharge ... ▾
- Survival w/out Major Morbidity ▾

Additional Options:

- Inborn and Outborn Infants ▾
- By Birth Timing ▾
- No GA Based Subset ▾

LOGOUT

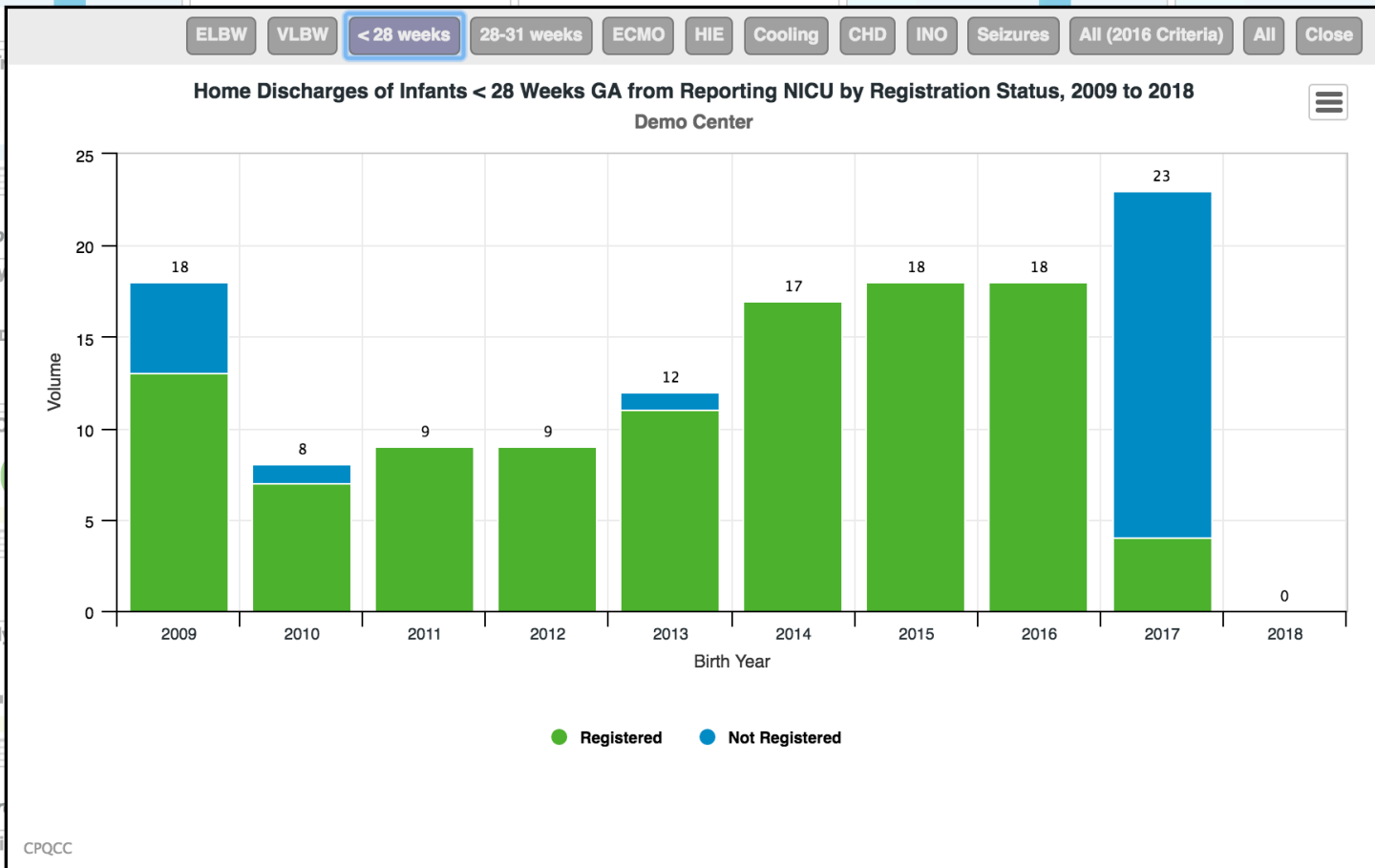
My Activity and Trending Topics
[cpqccreport.org Activity](#)
[HRIF Summary for all CPQCC NICUs](#)
[CCS Report Tool](#)

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[Show Session History](#)
[Show Favorites](#)

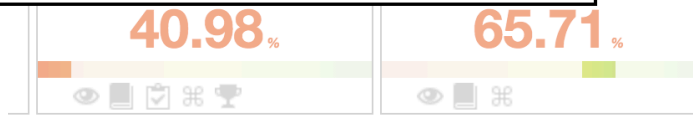
1 user online at 11:33:27 PM
srhinz

NICU Operations

Live Births 3,070	Inborn Admission Percent Pending 2017 CCS Form	NICU Admissions Pending 2017 CCS Form	CPQCC Small Babies 49	CPQCC Big Babies 141
------------------------------------	--	---	--	---------------------------------------



Links to site's HRIF Match Summary and Detailed Report and CPQCC CCS HRIF



Make your selections

- Demo Center ▾
- Control Chart ▾
- 401-1500 BW or 22-29 GA ▾
- Discharge ... ▾
- Survival w/out Major Morbidity ▾

Additional Options:

- Inborn and Outborn Infants ▾
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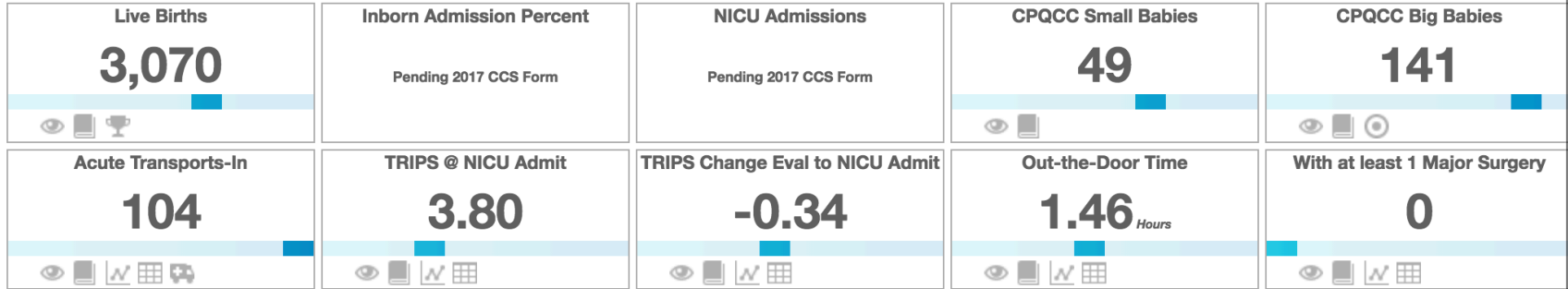
LOGOUT

My Activity and Trending Topics
cpqccreport.org Activity
HRIF Summary for all CPQCC NICUs
CCS Report Tool

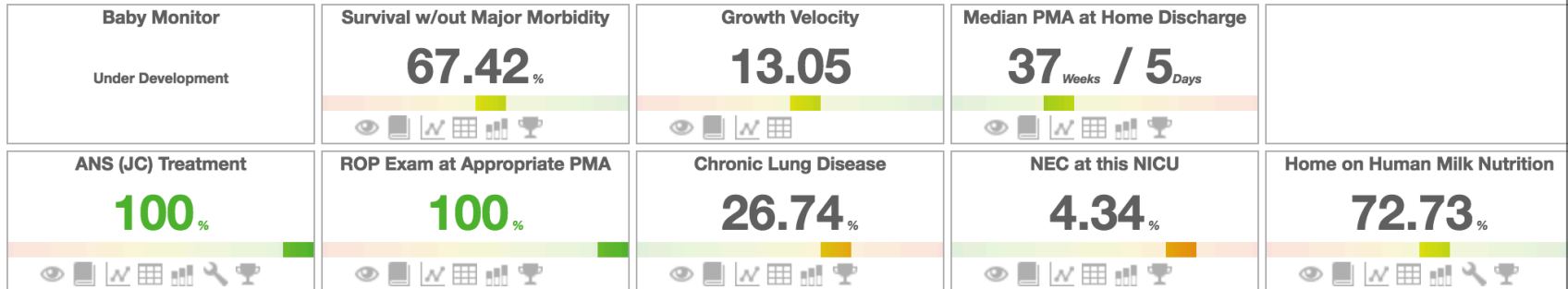
Change password for srhinz
Show Session History
Show Favorites

1 user online at 11:33:27 PM
srhinz

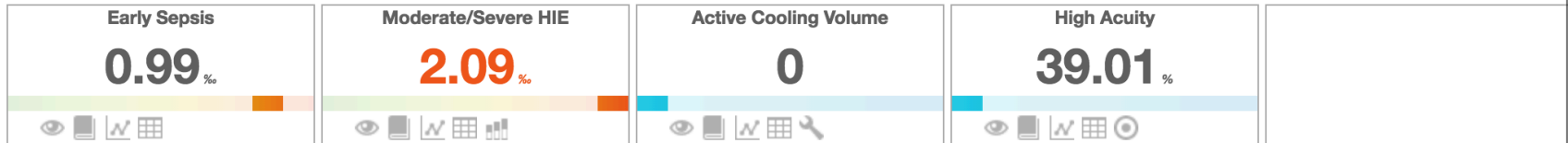
NICU Operations



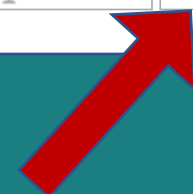
VON Small Babies



Big Babies



Infection Control



Make your selections

- Demo Center
- Control Chart
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Additional Options:

- Inborn and Outborn Infants
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[LOGOUT](#)

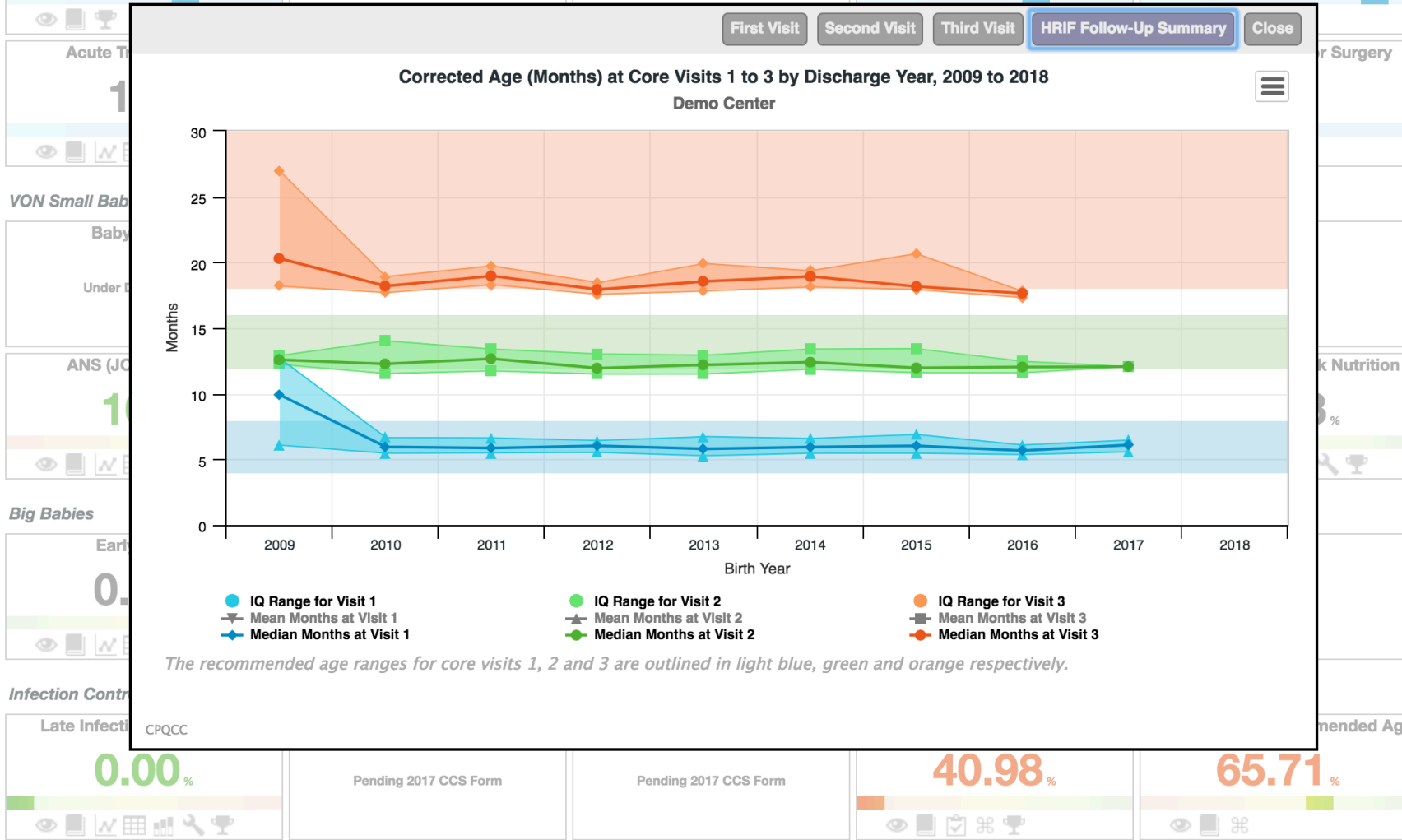
My Activity and Trending Topics
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HRIF Summary for all CPQCC NICUs
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Show Favorites

1 user online at 11:33:27 PM
srhinz

NICU Operations

<p>Live Births</p> <p>3,070</p>	<p>Inborn Admission Percent</p> <p>Pending 2017 CCS Form</p>	<p>NICU Admissions</p> <p>Pending 2017 CCS Form</p>	<p>CPQCC Small Babies</p> <p>49</p>	<p>CPQCC Big Babies</p> <p>141</p>
--	--	---	--	---



Infection Contr

<p>Late Infection CPQCC</p> <p>0.00%</p>	<p>Pending 2017 CCS Form</p>	<p>Pending 2017 CCS Form</p>	<p>40.98%</p>	<p>65.71%</p>
---	------------------------------	------------------------------	----------------------	----------------------

Potential areas of focus for CPQCC CCS HRIF Dashboard

→ *All showing overall HRIF in California, highlighting your site*

→ *Button filters by eligibility – EGA range, ELBW, VLBW, HIE, CHD, etc.*

- Follow up *rates* over standard visits and years –
- Age at follow up visit by standard visit and over years –
- Growth parameters (and %iles), breastmilk at 1st visit
- Hospitalizations, Surgeries, Medications, Equip by visit and over years
- Medical and Special Services -
 - Receiving at visit, required at visit, longitudinal trajectory of referred and received challenges.
- HRIF Program Profile information - Medical eligibility, sociodemographic, caregiver information, caregiver concerns

	Core Visit #1				Core Visit #2				Core Visit #3			
Hospitalizations Since Last Visit	N	%	N	%	N	%	N	%	N	%	N	%
Yes	34	17.2%	469	14.7%	23	14.6%	278	10.7%	17	13.2%	170	8.7%
Hospitalization Reasons												
Respiratory Illness	19	9.6%	231	7.3%	14	8.9%	148	5.7%	10	7.8%	84	4.3%
Having Surgeries During Hospitalization	11	5.6%	151	4.7%	9	5.7%	91	3.5%	4	3.1%	47	2.4%
Other Medical Rehospitalization(s)	4	2%	60	1.9%	1	0.6%	29	1.1%	1	0.8%	14	0.7%
Gastrointestinal Infection(s)	0	0%	21	0.7%	2	1.3%	15	0.6%	1	0.8%	12	0.6%
Other Infection(s)	2	1%	29	0.9%	0	0%	18	0.7%	0	0%	15	0.8%
Seizure Disorder(s)	0	0%	8	0.3%	0	0%	6	0.2%	2	1.6%	9	0.5%
Urinary Tract Infection(s)	0	0%	12	0.4%	1	0.6%	3	0.1%	0	0%	1	0.1%
Surgeries Since Last Visit												
Yes	18	9.1%	263	8.3%	12	7.6%	179	6.9%	13	10.1%	114	5.9%
Surgery Reasons												
Other Surgical Procedures	4	2%	27	0.8%	8	5.1%	42	1.6%	3	2.3%	28	1.4%
Other Gastrointestinal Surgical Procedures	4	2%	19	0.6%	3	1.9%	13	0.5%	0	0%	7	0.4%
Inguinal Hernia Repair	6	3%	111	3.5%	1	0.6%	34	1.3%	0	0%	11	0.6%
Tympanostomy Tubes	0	0%	4	0.1%	3	1.9%	24	0.9%	2	1.6%	24	1.2%
Gastrostomy Tube Placement	1	0.5%	12	0.4%	2	1.3%	10	0.4%	2	1.6%	8	0.4%
Retinopathy of Prematurity	1	0.5%	27	0.8%	2	1.3%	8	0.3%	1	0.8%	2	0.1%
Other Genitourinary Surgical Procedures	0	0%	9	0.3%	0	0%	20	0.8%	2	1.6%	12	0.6%
Other ENT Surgical Procedures	0	0%	10	0.3%	0	0%	16	0.6%	2	1.6%	12	0.6%
Cardiac Surgery	2	1%	18	0.6%	0	0%	4	0.2%	0	0%	4	0.2%
Shunt/Shunt Revision	0	0%	14	0.4%	0	0%	8	0.3%	1	0.8%	7	0.4%

Example site –
CCS Report (2013)



HRIF SUMMARY REPORT

HRIF Summary Report is updated in real time

HRIF Program

Discharge NICU

Infant's Birth Year

Infant's Birth Weight or Gestational Age

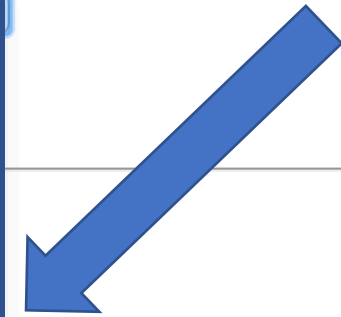
Infant's Qualifying Medical Condition

Report Name

Report Section Name

- ✓ -- Select a Report Section Name --
- FOLLOW UP STATUS AND DISPOSITION
- MEDICAL ELIGIBILITY PROFILE
- SOCIODEMOGRAPHIC FACTORS (DATA CAPTURED ON RR FORM)
- LANGUAGE ASSISTANCE AND INSURANCE
- PATIENT AGE AND GROWTH METRICS
- CAREGIVER AND LIVING ENVIRONMENT
- INTERVAL HOSPITALIZATIONS AND SURGERIES
- INTERVAL MEDICINES AND EQUIPMENT
- MEDICAL SERVICES REVIEW
- NEUROSENSORY ASSESSMENT
- NEUROLOGICAL ASSESSMENT AND CEREBRAL PALSY
- DEVELOPMENTAL ASSESSMENT AND AUTISM
- SPECIAL SERVICES REVIEW
- STATE PROGRAMS AND SOCIAL CONCERNS/RESOURCES

A WEALTH of
information
about your
site and
California!



	Num	%	Num	%	% Median	% Lower Quartile	% Upper Quartile	
PRIMARY CARE PROVIDER								
Child has a Primary Care Provider (Added Jan 2012)								
Yes	195	100%	2883	99.8%	100%	100%	100%	†
Primary Care Provider Acts as the Child's Medical Home (Added Jan 2012)								
No	180	92.3%	1281	44.3%	43.4%	8.2%	100%	
Yes	15	7.7%	1515	52.4%	86.4%	48.8%	95.8%	
HOSPITALIZATIONS								
Hospitalizations Since Discharge or Last Visit								
No	169	86.7%	2593	89.7%	91.5%	85.7%	95.2%	
Yes	26	13.3%	296	10.2%	10.4%	5.9%	15.3%	
Hospitalization Reasons								
Respiratory Illness	19	73.1%	181	61.1%	71.4%	33.3%	100%	
Other Infection(s)	3	11.5%	29	9.8%	33.3%	16.7%	57.1%	
Other Medical Rehospitalization(s)	2	7.7%	30	10.1%	21.4%	14.3%	33.3%	
Having Surgeries During Hospitalization	2	7.7%	104	35.1%	50%	25%	100%	
Unknown	1	3.8%	6	2%	41.7%	13.3%	87.5%	
Gastrointestinal Infection(s)	1	3.8%	17	5.7%	16.7%	11.3%	25%	

	Num	%	Num	%	% Median	% Lower Quartile	% Upper Quartile	
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MEDICATIONS

Medications Since Discharge or Last Visit

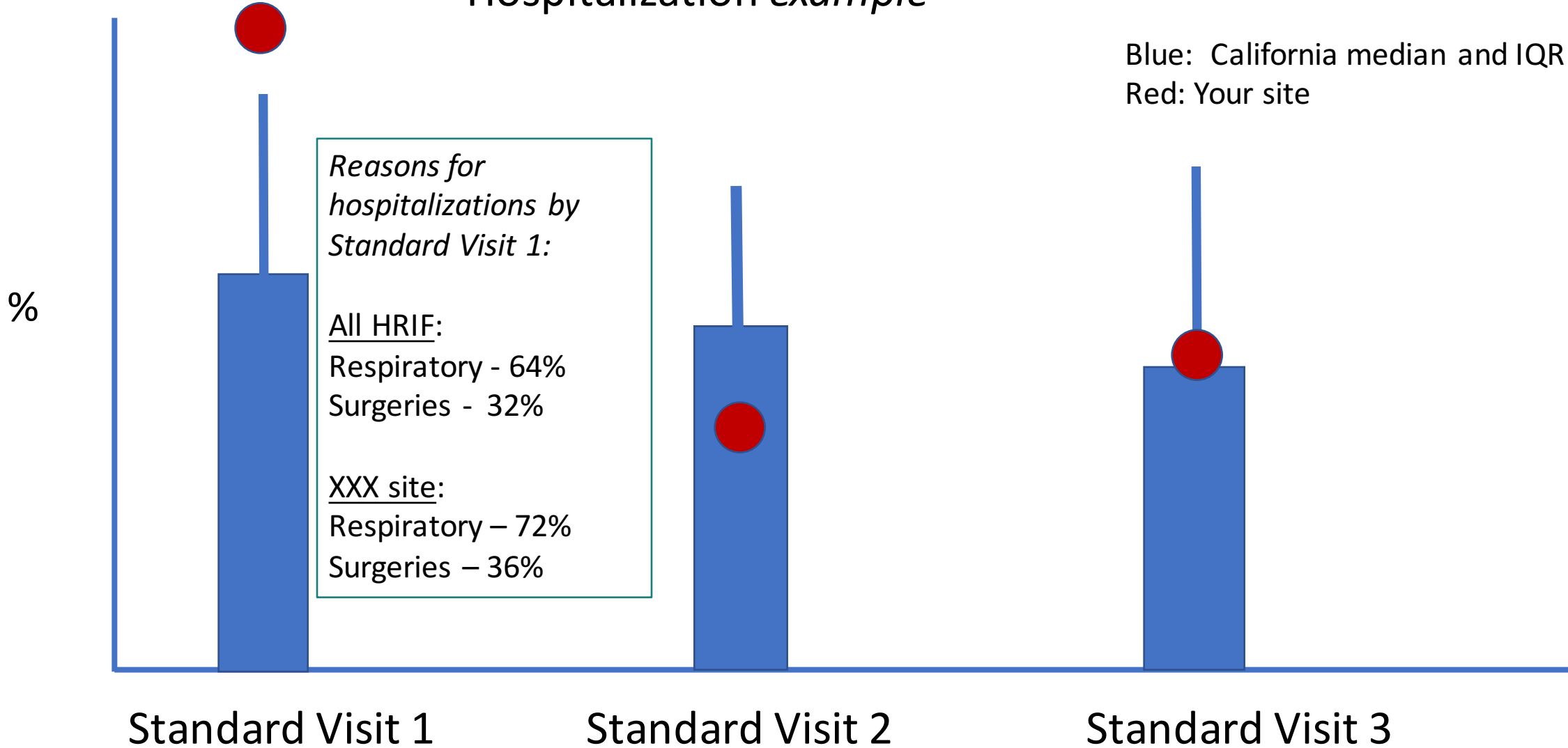
No	110	56.4%	1777	61.5%	67.2%	50%	84%	
Yes	85	43.6%	1111	38.4%	37.9%	18.4%	50%	

Medication Details

Nutrition Supplements	35	41.2%	408	36.7%	40.8%	29.6%	57.1%	
Nutrition Supplements - Dietary (Added Jan 2010)	35	41.2%	385	34.7%	40.1%	27.4%	55.9%	
Inhaled Bronchodilators (inter.)	31	36.5%	476	42.8%	46.8%	33.3%	53.6%	
Other	23	27.1%	235	21.2%	25%	15.5%	39%	
Inhaled Steroids (daily)	17	20%	145	13.1%	14.5%	8.8%	23.6%	
Inhaled Bronchodilators (daily)	10	11.8%	71	6.4%	10.1%	5.3%	16.7%	
Antibiotics/Antifungal	9	10.6%	172	15.5%	17.4%	12.2%	30.5%	
Anti Reflux Medication	8	9.4%	144	13%	14.3%	10.5%	21.7%	
Inhaled Steroids (inter.)	4	4.7%	106	9.5%	14.3%	7.2%	23.3%	
Nutrition Supplements - Enteral (Added Jan 2010)	1	1.2%	40	3.6%	5.3%	3.1%	14.3%	
Oral Steroids (Added Jan 2013)	1	1.2%	36	3.2%	8.2%	5.3%	12.2%	
Antihypertensive	1	1.2%	6	0.5%	4.5%	1.3%	8.3%	
Anti Seizure Medication	1	1.2%	18	1.6%	4.8%	3.8%	6.7%	

	Num	%	Num	%	% Median	% Lower Quartile	% Upper Quartile	
EQUIPMENT								
Equipment Since Discharge or Last Visit								
No	170	87.2%	2489	86.1%	93.8%	77.7%	100%	
Yes	25	12.8%	401	13.9%	12.8%	5.6%	24.7%	
Equipment Details								
Nebulizer	18	72%	321	80%	90%	75%	100%	
Other	3	12%	32	8%	10%	7.7%	25.4%	
Apnea/CR monitor	3	12%	28	7%	20%	15%	22.9%	
Braces/Castings/Orthotics	2	8%	22	5.5%	12.5%	8%	50%	
Enteral Feeding Equipment (Added Jan 2010)	2	8%	49	12.2%	25%	10%	50%	

Hospitalization example -



HRIF site All California
 N % N %

Med

IQR

BREASTMILK

Is Child Currently Receiving Breastmilk? (Added Jan 2015)

	HRIF site N	HRIF site %	All California N	All California %	Med	IQR	
None	55	64%	2102	58.5%	57.1%	45.8% - 71.4%	+ -
Some	14	16.3%	423	11.8%	12.2%	7.4% - 20%	+ -
Exclusively	5	5.8%	122	3.4%	4.4%	2.7% - 6.7%	+ -

Median

Q1

Q3


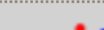








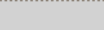

Median

Q1

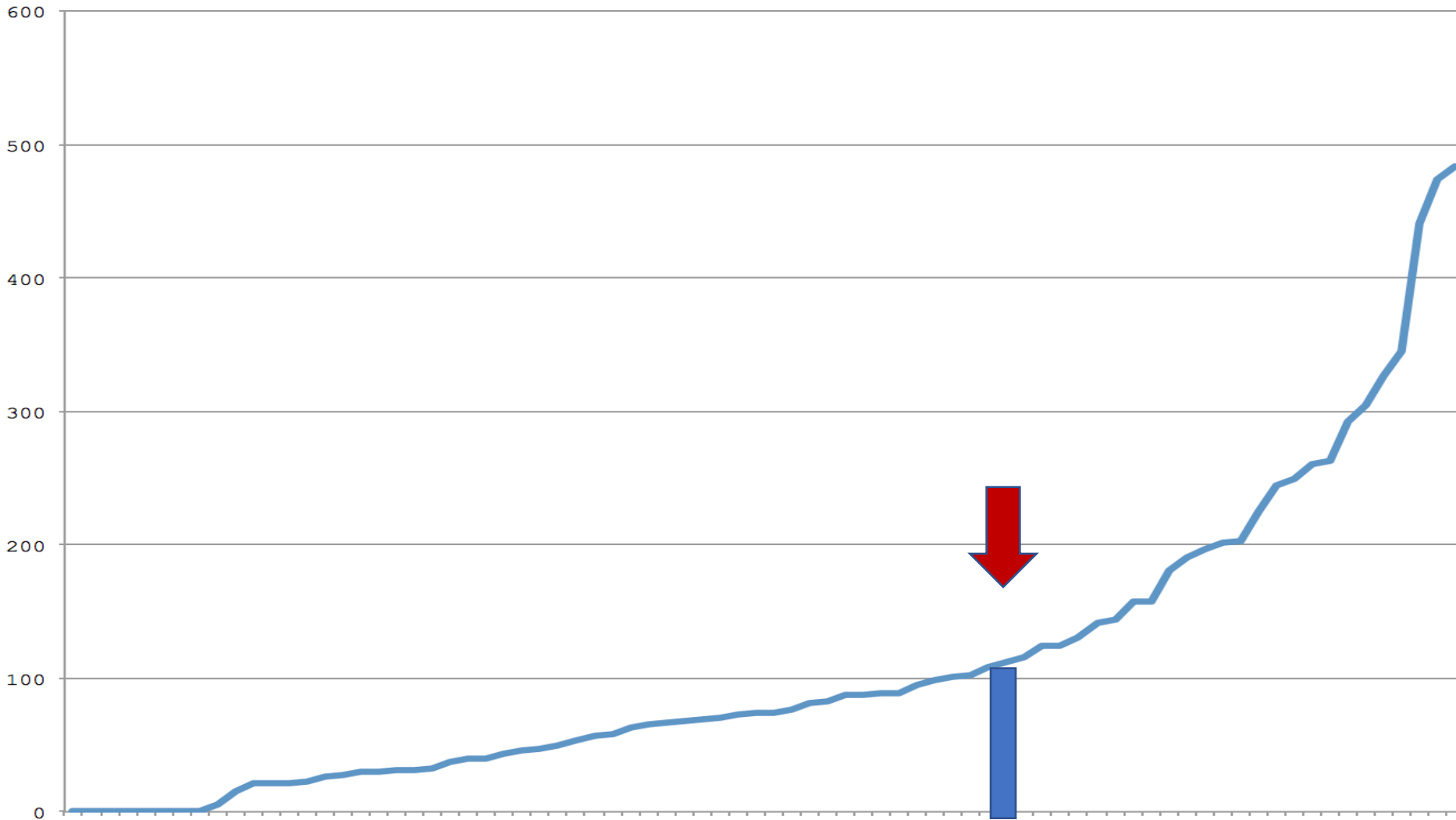
Q3

PATIENT AGE AND GROWTH METRICS

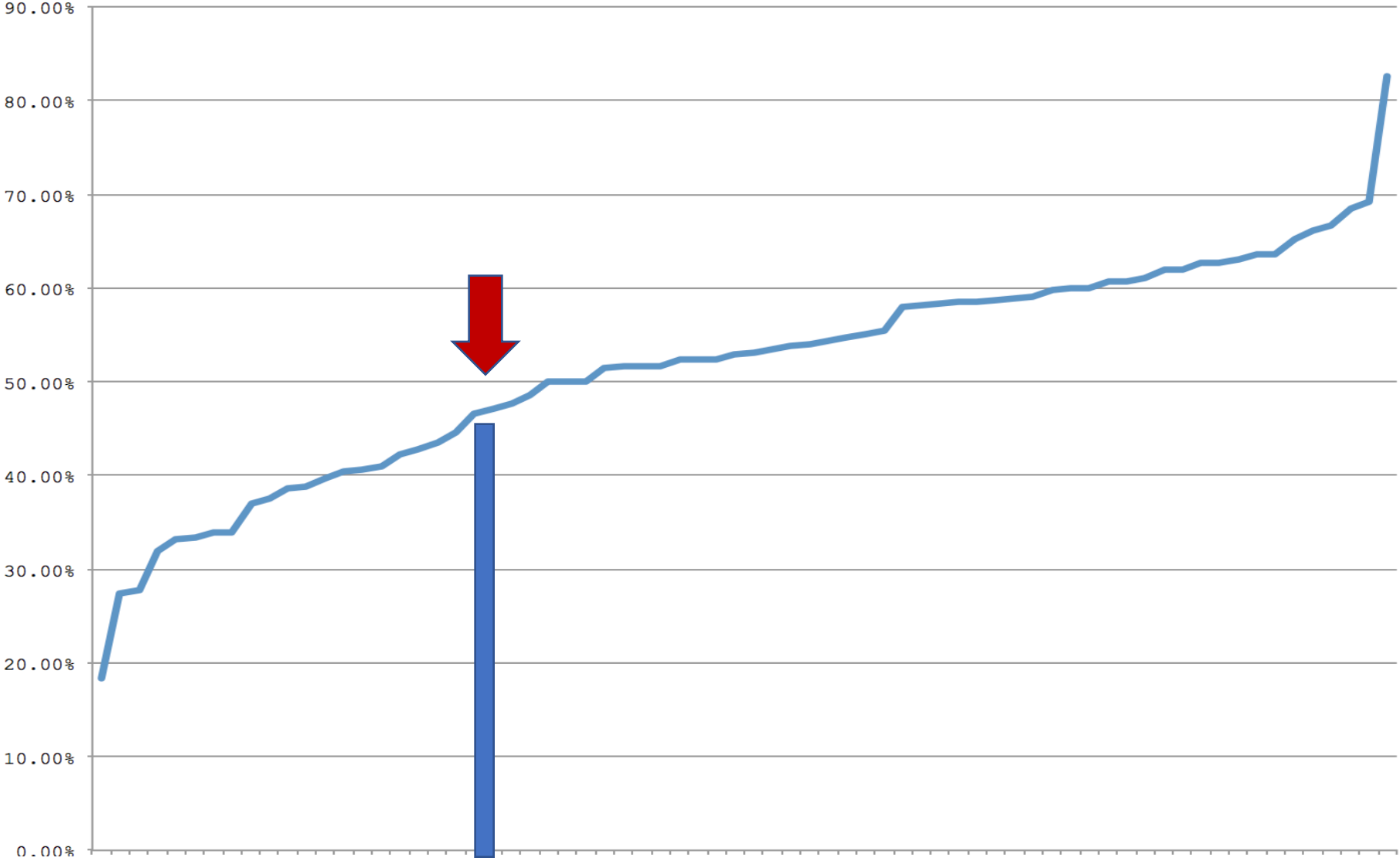
	HRIF site Median	HRIF site Q1	HRIF site Q3	All California Median	All California Q1	All California Q3
Adjusted Age	7 mon	6.2 mon	8.3 mon	6.3 mon	5.4 mon	7.6 mon
Chronological Age	9.6 mon	8.7 mon	10.8 mon	9 mon	8 mon	10.3 mon
Weight	17.9 lb 8.1 kg	16.1 lb 7.3 kg	19.4 lb 8.8 kg	16.5 lb 7.5 kg	14.6 lb 6.6 kg	18.5 lb 8.4 kg
Length	26.4 in 67 cm	26 in 66 cm	27.6 in 70 cm	26 in 66 cm	25 in 63.4 cm	27.2 in 69.2 cm
Head Circumference	17.3 in 44 cm	16.9 in 43 cm	17.9 in 45.5 cm	17.1 in 43.5 cm	16.5 in 42 cm	17.7 in 45 cm

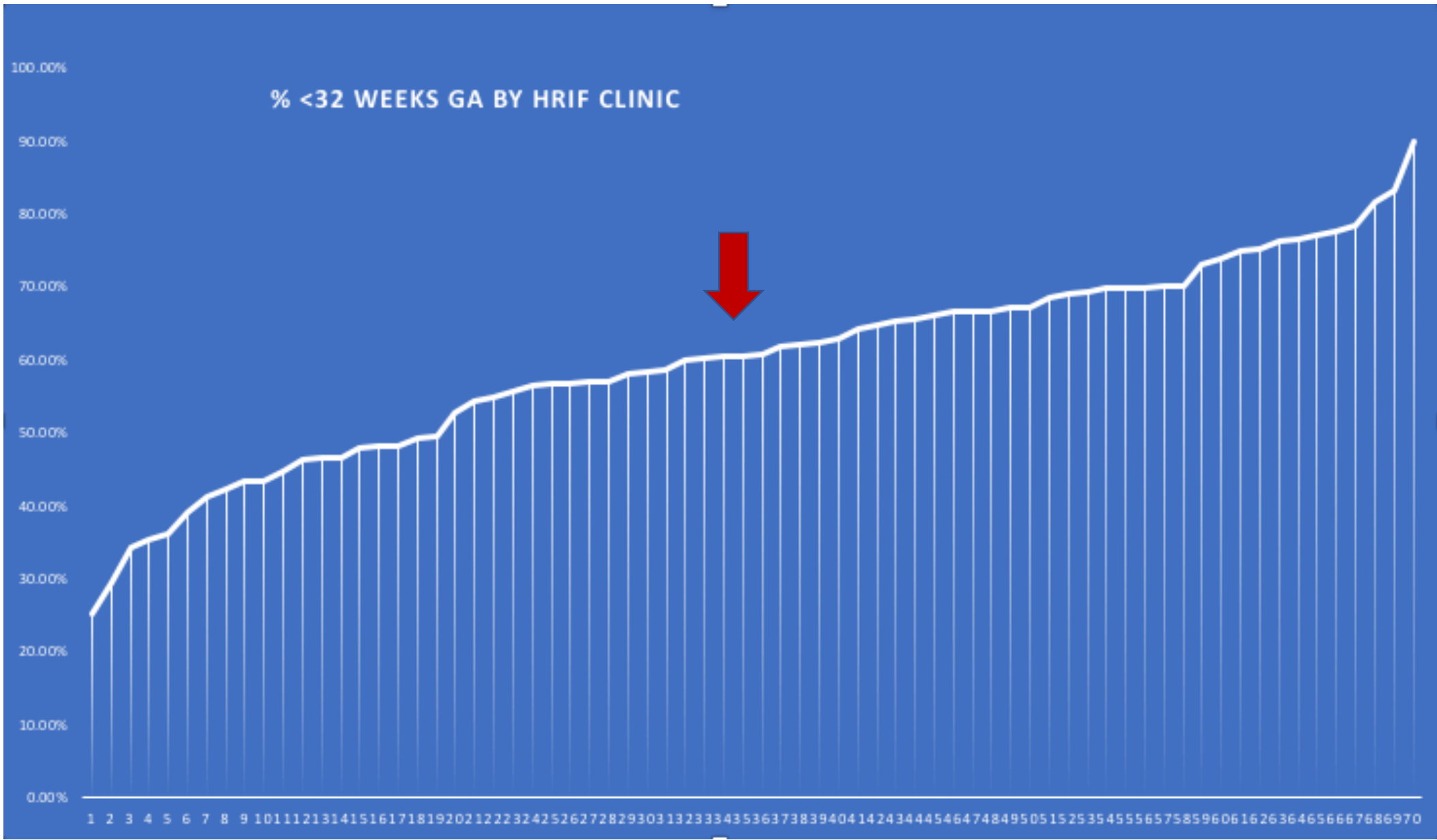
	HRIF site		All California		Med	IQR		
	N	%	N	%				
Caregiver Concerns								
Yes	44	51.2%	1200	33.4%	34.7%	19.6%	47%	
None	42	48.8%	2387	66.4%	66.7%	56.3%	85.7%	
Details of Caregiver Concerns								
Motor Skills, Movement	17	38.6%	497	41.4%	42.9%	28.6%	58.8%	
Feeding and Growth	13	29.5%	385	32.1%	33.9%	26%	44.3%	
Other	9	20.5%	287	23.9%	26.7%	14.3%	50%	
Behavioral	6	13.6%	49	4.1%	7.1%	5.2%	10.7%	
Calming/Crying	2	4.5%	42	3.5%	7%	4.9%	11.1%	
Speech and Language	2	4.5%	97	8.1%	11.4%	5.9%	17.8%	
Sleeping/Napping	2	4.5%	72	6%	9.1%	6.3%	20%	
Vision	2	4.5%	61	5.1%	6.3%	4.4%	12.3%	
Frequent Illness	1	2.3%	40	3.3%	7%	3.5%	13.1%	
Gastrointestinal/Stooling/Spitting-up	1	2.3%	135	11.3%	14.3%	9.7%	28.4%	

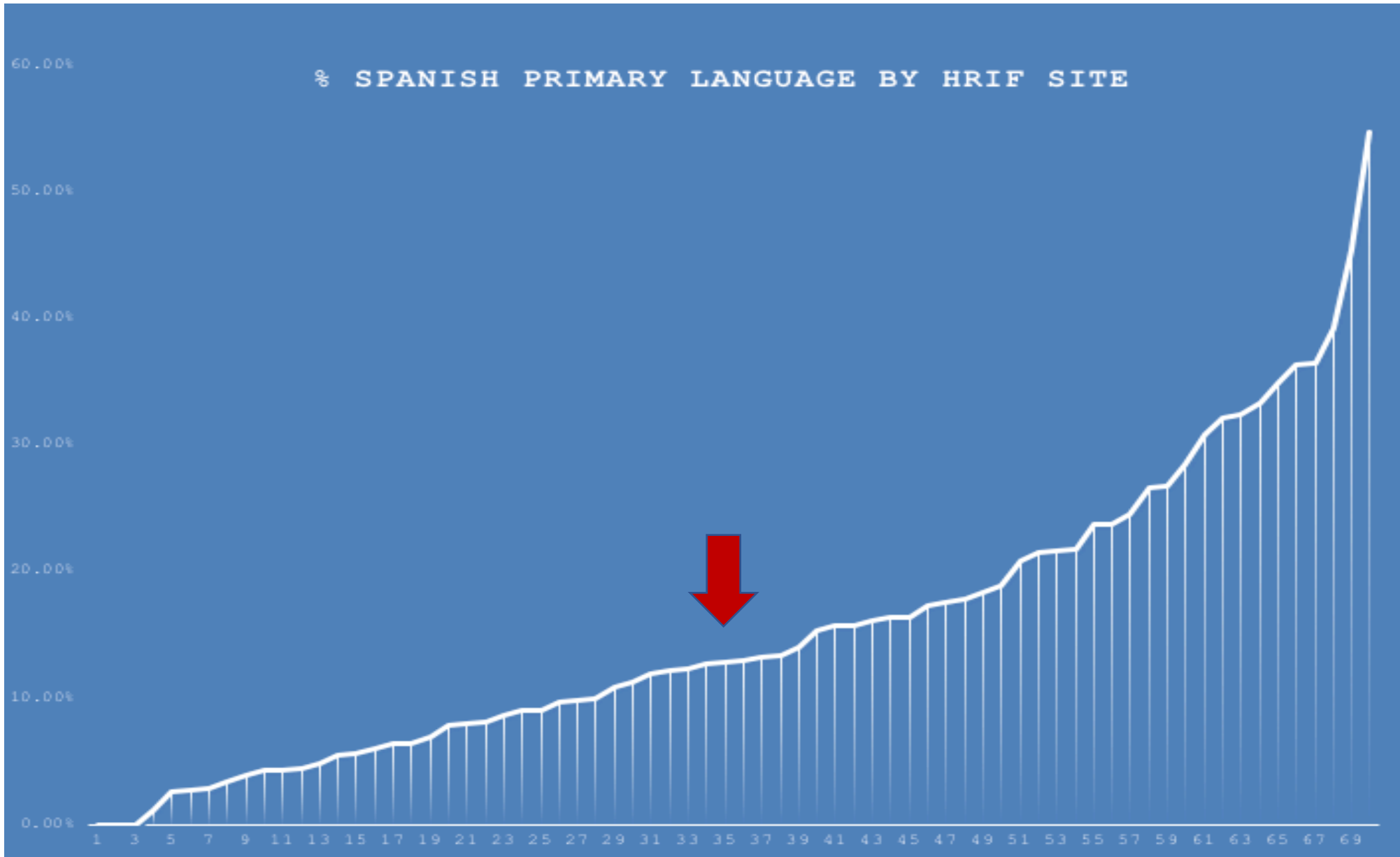
Annual HRIF clinic volume across sites



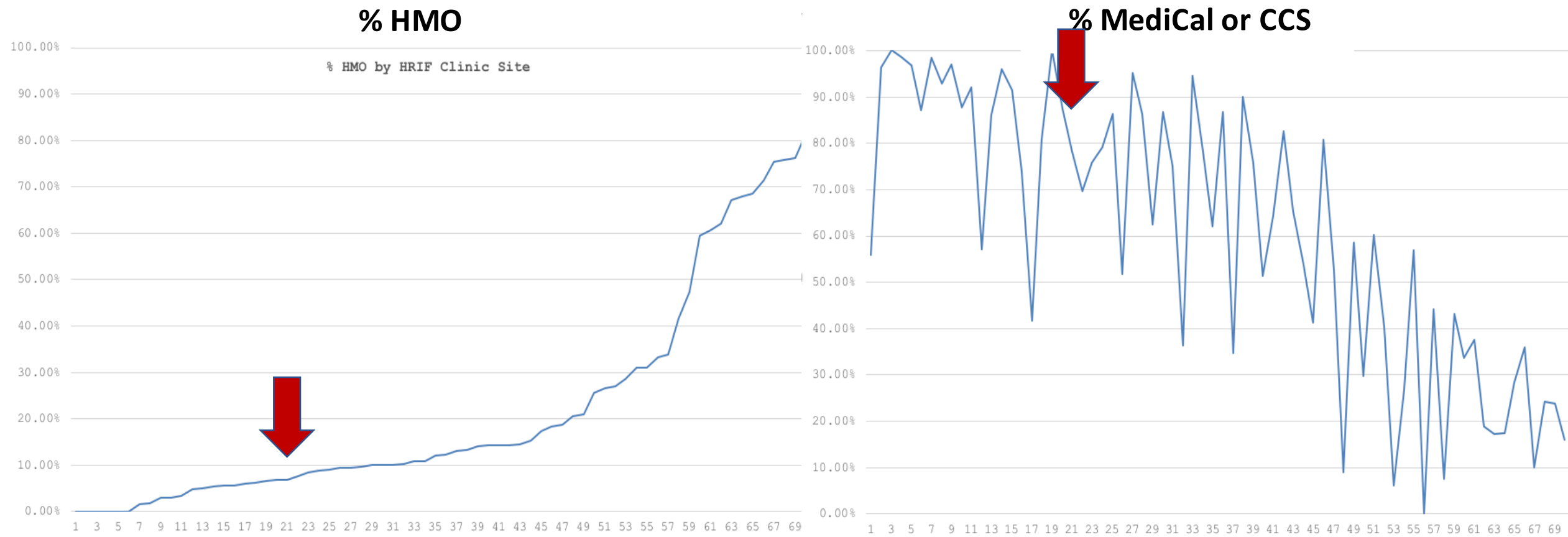
% VLBW across HRIF clinics







Differences in payor mix across HRIF clinics



HRIF Dashboard Concept: **We want your input!**









- Most important information to you - and what you think is NOT important
- Your favorite choices/ ideas for graphics



DATA FINALIZATION PROCESS (DFP)

HIGH RISK INFANT FOLLOW-UP QUALITY OF CARE INITIATIVE

Schedule for 2018

JAN - MAR	APR 1 st	MAY 1 st	MAY 2 nd	MAY 17 th	JUL 1 st	JUL 11 st	AUG - DEC
							
Data Review	Super Star HRIF Program Award	DEADLINE	HRIF Follow-up Rate Award	DEADLINE HRIF CCS Report	DEADLINE	HRIF Crown Award	Data Review
Utilize Reporting System Tools: HRIF Tracker; CPQCC Ref Num; Error & Warning and Closeout Checklist	Submission of No Priority/ Error & Warning Cases for 2014 Born Infants, Closed RR Forms for All 2016 Born Infants AND SV #1 of All expected 2016 Born Infants	Data Final for 2014 Born Infants AND SV #1 of All expected 2016 Born Infants	Core Visit F/U Rates for 2014 Born Infants: 1 st => 80% 2 nd => 70% 3 rd => 60%	2014 Born Infants ----- Confirm report by May 17th	Register ALL 2017 Born Infants AND Confirm HRIF Directory Contacts	Granted to HRIF Programs who meet All Closeout Deliverable Deadlines: Apr 1 st , May 17 th and Jul 1 st	Utilize Reporting System Tools: HRIF Tracker; CPQCC Ref Num; Error & Warning and Closeout Checklist

- Need help? Need access?
- Input on other needed reports, dashboard content?

→ www.cpqcchelp.org

- Questions or comments?

Feel free to email!

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eegray22@stanford.edu



Access to HRIF-QCI Reporting System



Modified on: Tue, 16 Jan, 2018 at 2:34 PM

To be granted access to the HRIF-QCI Reporting System, please [submit a help ticket](#) with the following required information:

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.

* Please contact your IT department to request the "Public IP Address Ranges" used by the hospital's network. Submit a help ticket at www.cpqcchelp.org and provide the ranges in the description. **NOTE:** Access is only authorized while connected to your organization's network. Access from home or while traveling is not permitted. This is a new security procedure to enhance the security of the system.