

Quarterly CPQCC Data Training Webinar #1 :

Using the CPQCC Reports to Evaluate Your
NICU's Quality of Care
By Dr. Jeffrey Gould MD, MPH

September 21, 2016 1:00pm-3:00pm

CPQCC

california perinatal
quality care collaborative



California Perinatal Quality Care Collaborative (CPQCC) Established 1997

Jeffrey B. Gould, MD, MPH

Principal Investigator, CPQCC/CMQCC

Director, Perinatal Epidemiology and Health Outcomes Research Unit

Division of Neonatal and Developmental Medicine

Stanford University School of Medicine



QUALITY IMPROVEMENT: THE CHALLENGE

DATA

E-Collect High-Quality, Reliable Data



INFORMATION

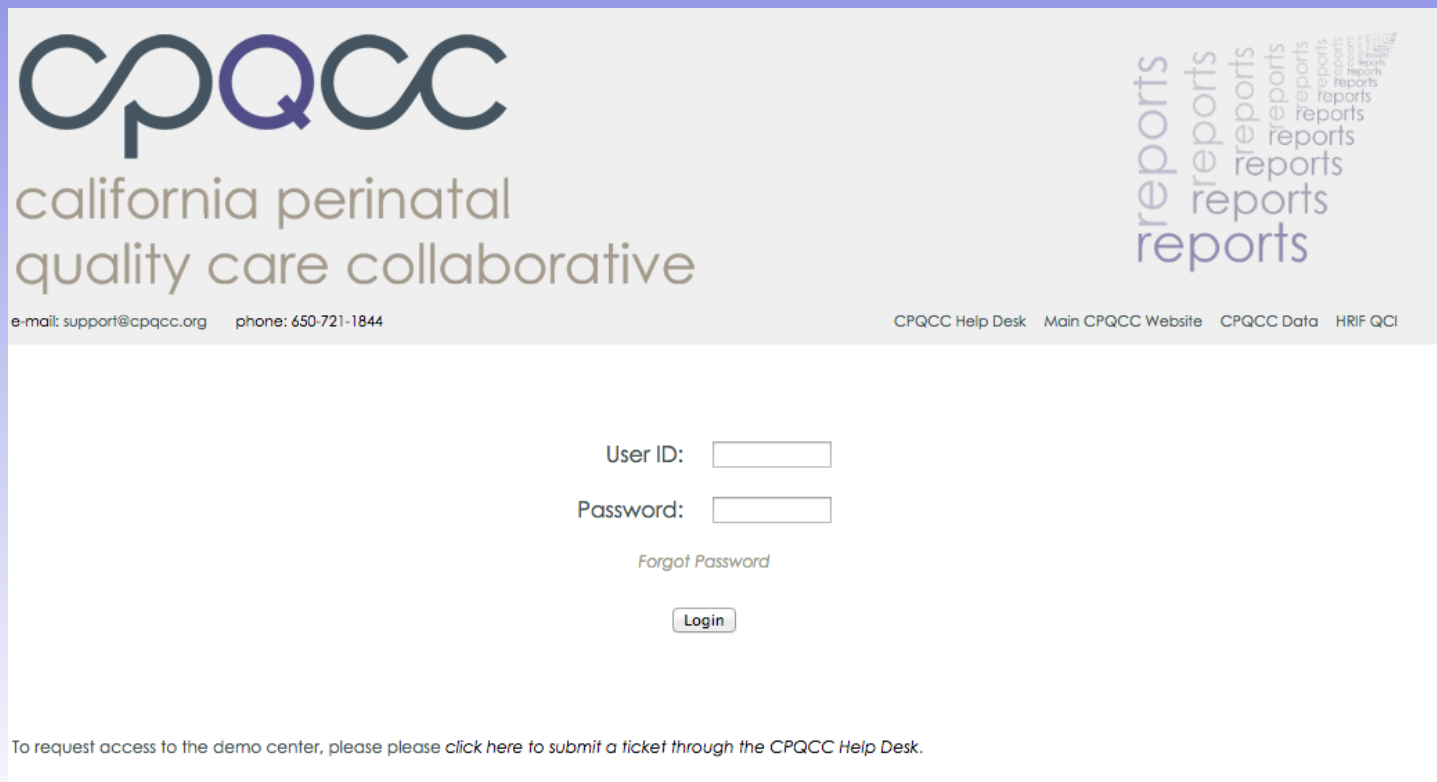
Provide Risk-Adjusted, Confidential, Real Time Reports That Inform and Organize Work



ACTION

*Support Perinatal Providers In Their Work
Of Improving Perinatal Care and Outcomes*

Goal: to demonstrate how to use www.cpqccreport.org to identify and track improvement opportunities



CPQCC
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quality care collaborative

e-mail: support@cpqcc.org phone: 650-721-1844

CPQCC Help Desk Main CPQCC Website CPQCC Data HRIF QCI

User ID:

Password:

[Forgot Password](#)

To request access to the demo center, please click [here](#) to submit a ticket through the CPQCC Help Desk.

Select Display ...

- Introduction
- ✓ NICU Snapshot
- CCS Report
- HRIF/CPQCC Match Summary
- HRIF/CPQCC Match Status Report
- Quality Indicators
- Eligibility ←
- Table
- Detail Table
- Standardized Table / Chart
- Unadjusted Trend Chart
- Transport In
- Transport Out

My Activity and Trending Topics

- Change password for DEMOuser
- Show Session History
- Show Favorites
- CMQCC Maternal Data Center

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**CPQCC Reports Home
Updates and Fixes**

02/26/2016

Revision to the HRIF/CPQCC Match Status Report

Based on your feedback, we have made a few modifications to the HRIF/CPQCC Match Status Report (formerly HRIF Infant Status Report) that is available on cpqccreport.org and on cpqccdata.org.

1. We have changed the wording from "Not Registered with HRIF" to "Unlinked CPQCC Record". This is a more appropriate nomenclature since an infant might very well be registered with HRIF, but does not match to a CPQCC infant due to differences in the details submitted to HRIF and CPQCC.
2. We have added more information to the report. Previously, HRIF records pertaining to infants discharged home from the reporting center were not included in the report. These infants are now included, and they are shown as "Unlinked HRIF Record" in the *HRIF Eligibility based on 5 Criteria / Match Status* column.

The addition of unlinked HRIF records to the report needs to be used with care, and it is important to fully understand the group of HRIF registrations that might not be linked to a CPQCC record. As you know the eligibility criteria for CPQCC and HRIF are not identical. The CPQCC/HRIF linkage focuses on the following groups of infants that are eligible for both, CPQCC and HRIF:

- Extremely Low Birth Weight Infants (ELBW) or infants with a birth weight of $\leq 1,000$ grams who are admitted to the reporting NICU at age 28 days or earlier.
- Very Low Birth Weight Infants (VLBW) or infants with a birth weight of $\leq 1,500$ grams who are admitted to the reporting NICU at age 28 days or earlier.
- Infants born at less than 28 weeks completed gestation who are admitted to the reporting NICU at age 28 days or earlier.
- Infants born at 29 to less than 32 weeks completed gestation who are admitted to the reporting NICU at age 28 days or earlier.
- Infants born at 36 weeks completed gestation or later and who received a diagnosis of moderate or severe HIE during their NICU stay who were admitted to the reporting NICU at age 28 days or earlier.
- Infants who experienced active cooling during their NICU stay and who were admitted to the reporting NICU at age 28 days or earlier.
- Infants with ECMO during their NICU stay and who were admitted to the reporting NICU at age 28 days or earlier.

Obviously an infant might meet other HRIF eligibility criteria, but not be eligible for CPQCC; and vice versa, an infant might meet other CPQCC eligibility criteria, but not be eligible for HRIF.

Unlinked CPQCC records listed with an HRIF eligibility criterion different from "*" pertain to infants who meet one of the criteria listed above. In other words, based on the CPQCC record, one of these criteria can be validated for these records, and these CPQCC infants should **always** match to an HRIF registration. All **Unlinked CPQCC records** listed with an HRIF eligibility criterion of "*" might include CPQCC eligible infants who are not HRIF eligible.

Unlinked HRIF records pertain to all unlinked HRIF infant registrations that do not match to a CPQCC record. However, with the exception of the group of VLBW infants and infants born at <32 weeks completed gestation, we do not know whether the infant actually qualified for CPQCC. Therefore, the revised match report might include unlinked HRIF records that will never link to a CPQCC record. To help you focus on those HRIF records that **should** link, we have highlighted records pertaining to VLBW infants or infants born at <32 weeks completed gestation in red as in **Unlinked HRIF record**.

The revised HRIF/CPQCC Match Status Report might be helpful for:

Identifying unlinked CPQCC infants that should be registered with HRIF

Set the filter to *Unlinked CPQCC record, HRIF Eligible due to VLBW, GA, HIE, ECMO or Cooling*. Only those CPQCC records are shown that have to be linked to an HRIF record to meet the CPQCC close-out requirement of 100% HRIF registration of eligible infants.

Identifying unlinked HRIF records

Set the filter to *Unlinked HRIF record*. Only those HRIF records are shown that are not matched to a CPQCC record. Note that not all these records have to be matched to a CPQCC record. In fact, some of these infants might not be part of the CPQCC data collection (admitted after 28 days; HRIF eligible, but not CPQCC eligible)

Make your selections

- Demo Center ▼
- Eligibility ▼
- 401-1500 BW or 22-29 GA ▼

Additional Options:

- All CPQCC Centers ▼
- Inborn and Outborn Infants ▼
- 2015 ▼

[LOGOUT](#)

[My Activity and Trending Topics](#)

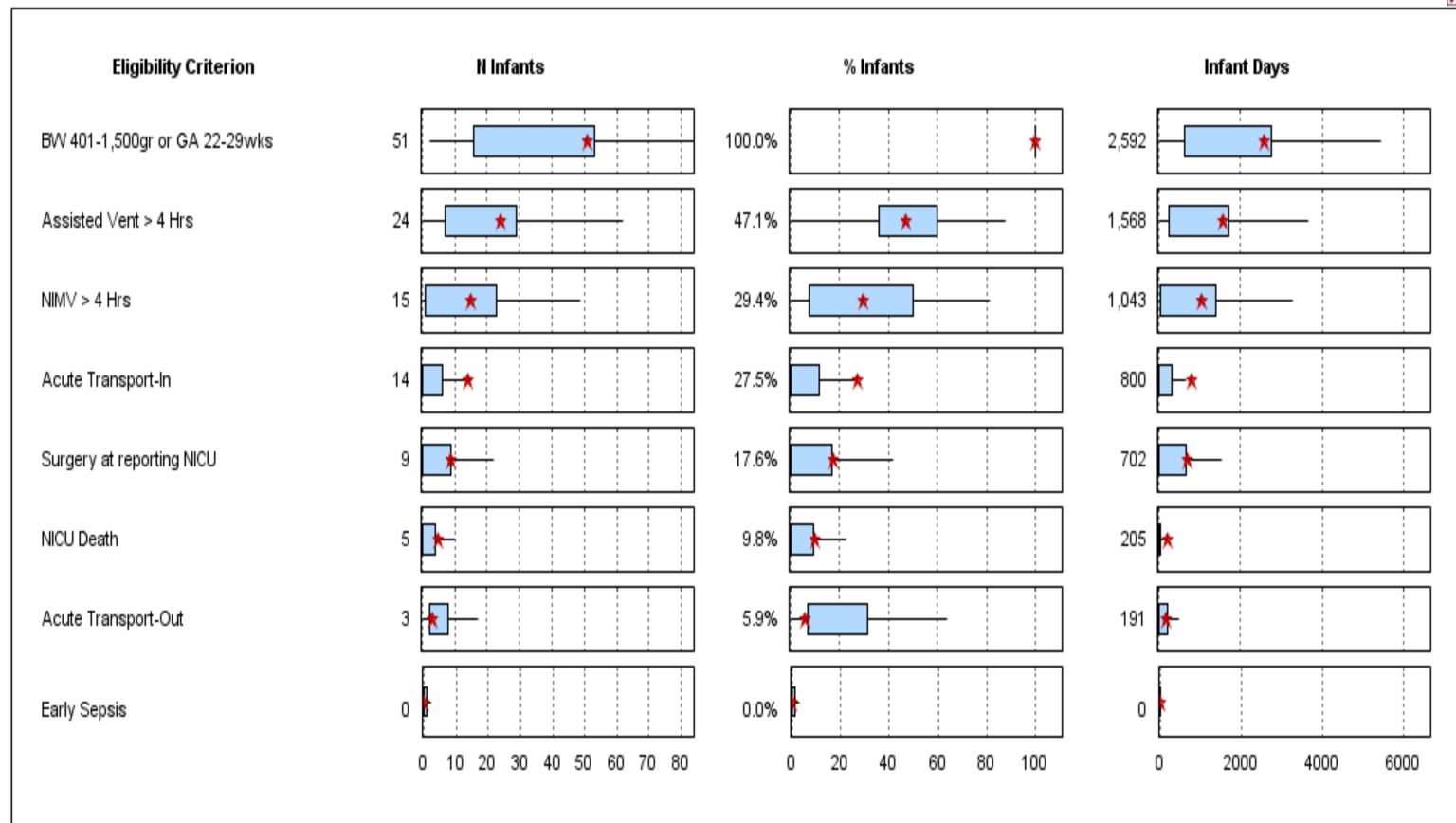
All CPQCC NICU Admissions 401 to 1,500 grams or 22 to 29 weeks of Gestation by Eligibility Criteria (N=51)

Comparison Group: All CPQCC NICUs

This report is final.

California Perinatal Quality Care Collaborative (CPQCC)

DEMO CENTER, 2015



Make your selections

- Demo Center ▼
- Eligibility ▼
- >1500 BW ▼

Additional Options:

- All CPQCC Centers ▼
- Inborn, Outborn and PDH Infants ▼
- 2015 ▼

[LOGOUT](#)

My Activity and Trending Topics

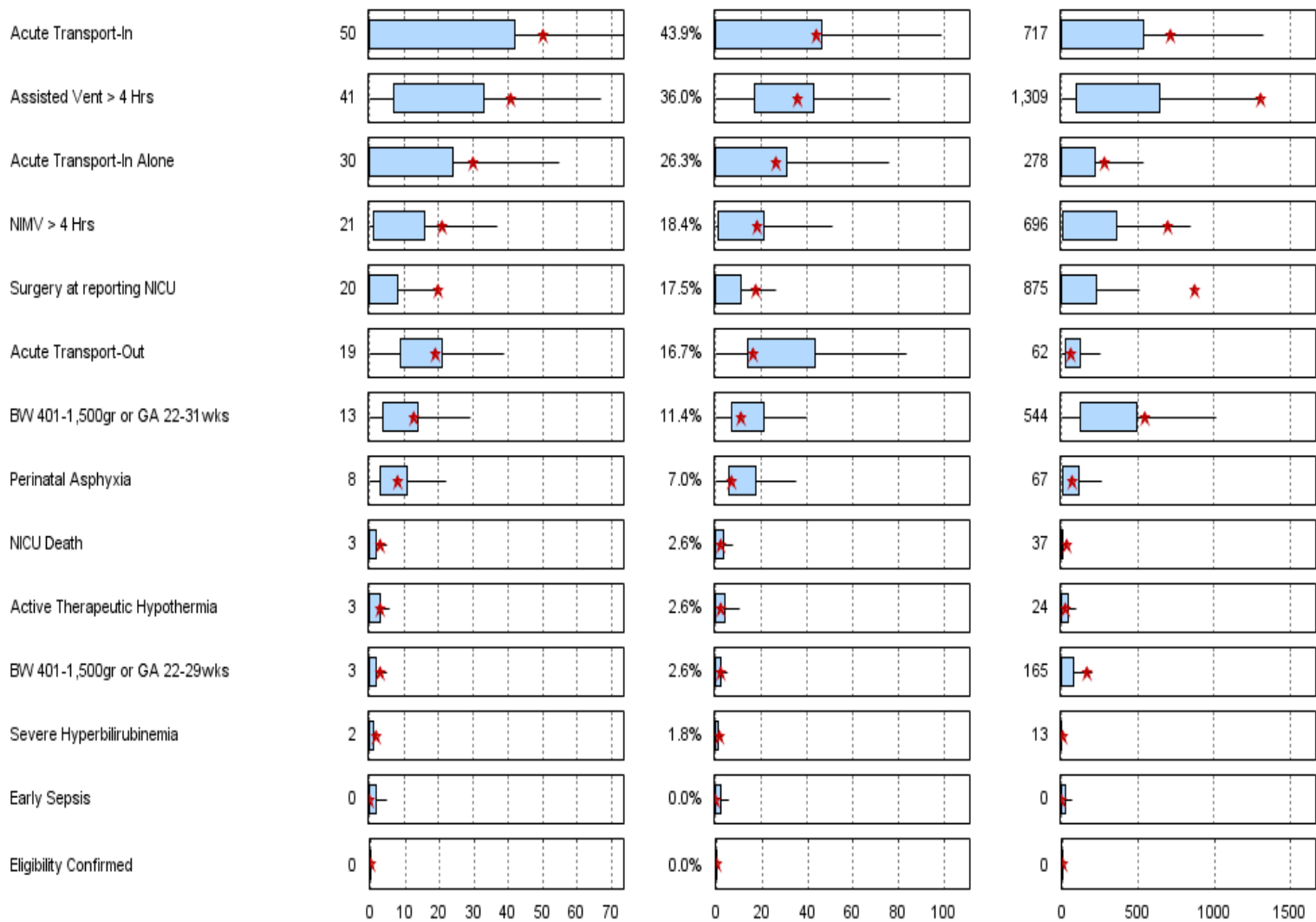
- [Change password for DEMOuser](#)
- [Show Session History](#)
- [Show Favorites](#)
- [CMQCC Maternal Data Center](#)

Eligibility Criterion

N Infants

% Infants

Infant Days



CPQCC Reports Home Updates and Fixes

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CPQCC NICU Snapshot, Infants 401-1,500 grams or 22 to 29 weeks gestation

DEMO CENTER

Last Updated: Feb 4, 2015 at 05:30

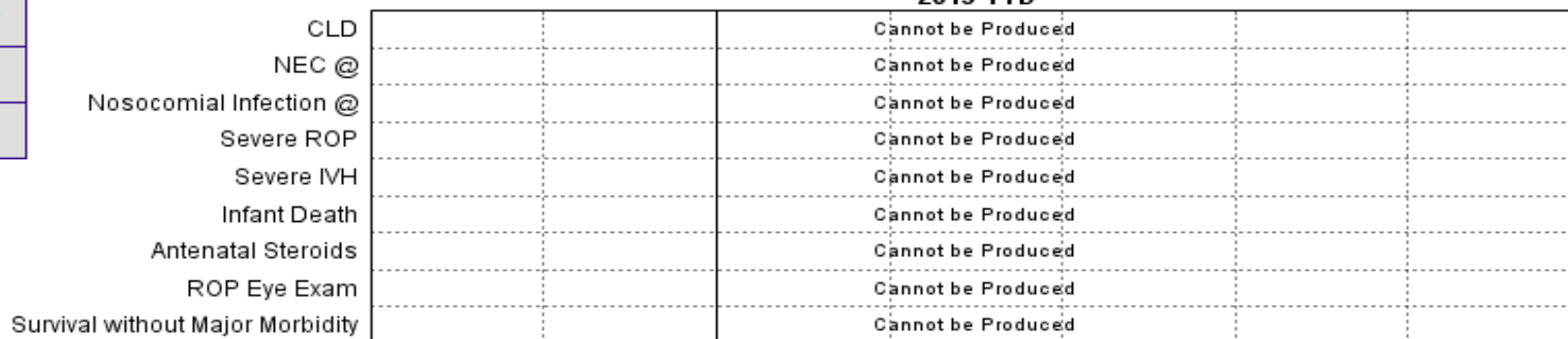
1-Year

3-Year

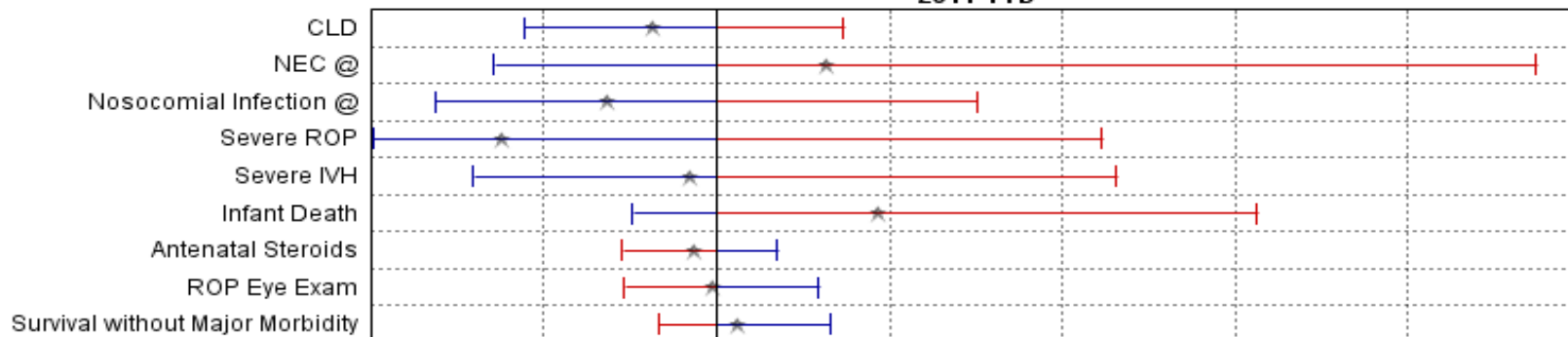
Table

Notes

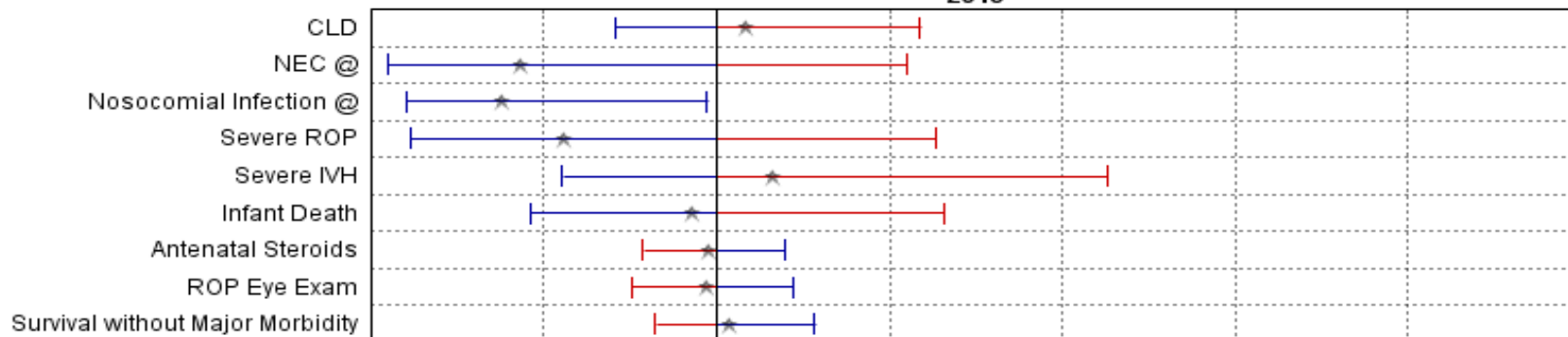
2015 YTD



2014 YTD



2013



0.0 0.5 1.0 1.5 2.0 2.5 3.0 3.5

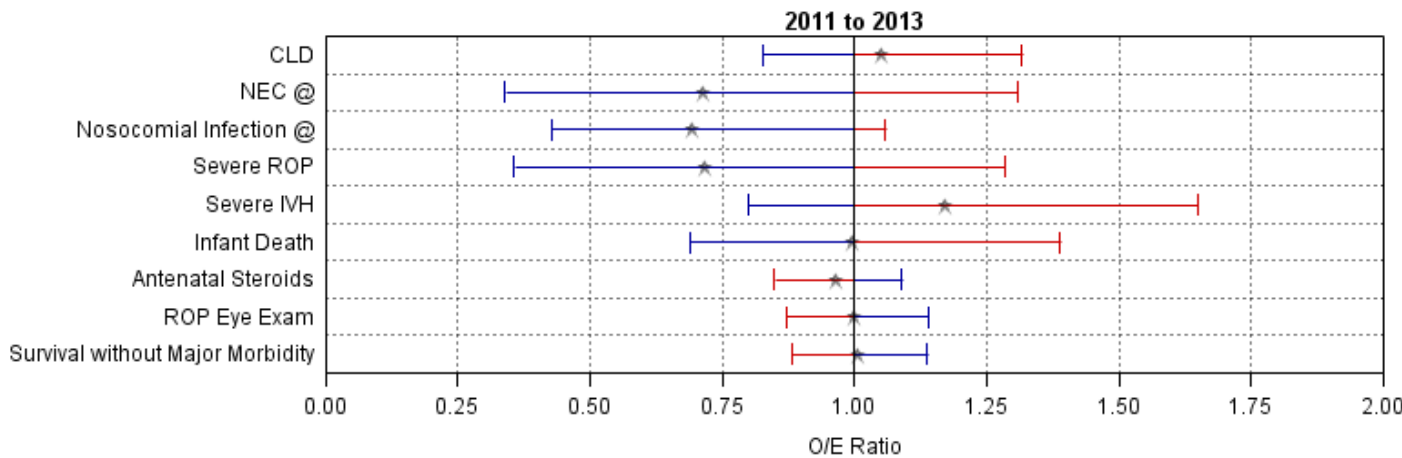
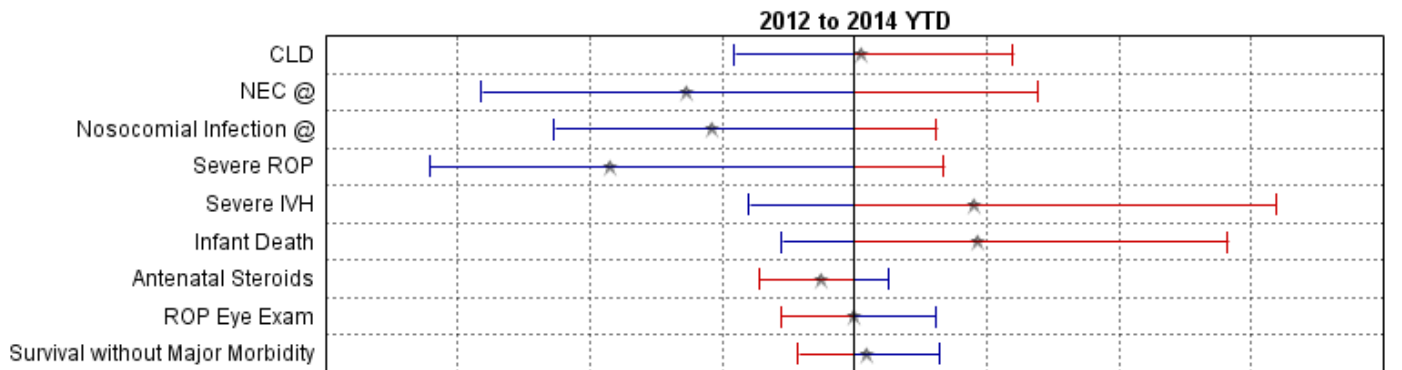
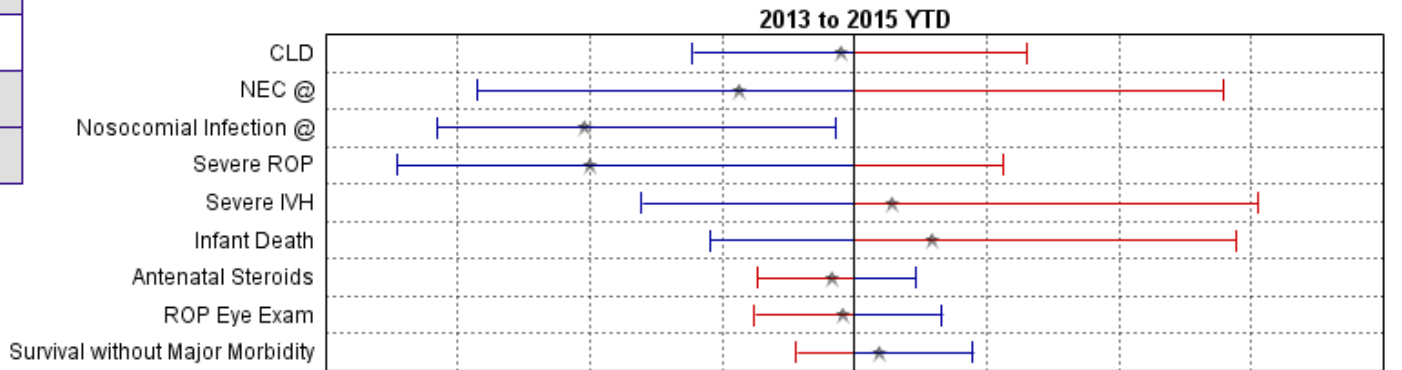
O/E Ratio

CPQCC NICU Snapshot, Infants 401-1,500 grams or 22 to 29 weeks gestation

DEMO CENTER

Last Updated: Feb 4, 2015 at 05:30

- 1-Year
- 3-Year
- Table
- Notes



CPQCC NICU Snapshot, Infants 401-1,500 grams or 22 to 29 weeks gestation

DEMO CENTER

Last Updated: Feb 4, 2015 at 05:30



CPQCC NICU Snapshot Detailed Notes and Background

The CPQCC NICU Snapshot includes 9 areas of quality improvement (QI) that were identified by the CPQCC Perinatal Quality Improvement Panel (PQIP) as key QI target areas. For all QI areas, the NICU Snapshot population consists of all infants with a birth weight of 401 to 1,500 grams or a gestational age of 22 to 29 completed weeks. With the exception of antenatal steroids, all NICU Snapshot measures exclude infants who died in the delivery room. Each QI area might define exclusions from the NICU Snapshot population as outlined below.

Chronic Lung Disease (CLD)

An infant is considered to have CLD if

- it was on either continuous or intermittent oxygen on the date of week 36 adjusted gestational age, or
- discharged home or transferred out and never re-admitted at 34 or 35 weeks adjusted gestational age and on oxygen at time of discharge.

If an infant is discharged prior to 34 weeks adjusted gestational age and not on oxygen at time of discharge, this infant is included in the at risk (denominator) population.

If an infant is discharged prior to 34 weeks adjusted gestational age and on oxygen at time of discharge, this infant is neither included in the at risk (denominator) population nor is it counted as an event (numerator).

If information on gestational age in weeks and days or oxygen status on the date of week 36 adjusted gestational age and oxygen at discharge are not reported, the infant is excluded from the numerator and denominator.

This CLD outcome is risk-adjusted for gestational age at birth, small for gestational age (SGA), no prenatal care, mortality risk associated with any congenital anomaly reported, multiple birth, 5-minute Apgar score, maternal ethnicity, maternal race, infant sex and inborn/outborn location of birth, and NICU CCS level. The risk-adjustment model is based on the most recent 3 years of closed-out data. [Click here to view model details in a new window.](#)

Necrotizing Enterocolitis (NEC)

An infant is considered to have NEC if NEC was diagnosed at surgery, diagnosed at postmortem examination, or diagnosed clinically and radiographically based on the following criteria:

1. One or more of the following clinical signs present:
 - Bilious gastric aspirate or emesis;
 - Abdominal distension;
 - Occult or gross blood in stool with no apparent rectal fissure.

AND

2. One or more of the following radiographic findings present:
 - Pneumatosis intestinalis;
 - Hepato-biliary gas;
 - Pneumoperitoneum.

For the NICU Snapshot, only infants who were diagnosed with NEC at the reporting NICU are included as an NEC event in the numerator.

If information on NEC is not reported, an infant is excluded from the numerator and denominator.

The NEC outcome is risk-adjusted for gestational age at birth, small for gestational age (SGA), no prenatal care, mortality risk associated with any congenital anomaly reported, multiple birth, 5-minute Apgar score, maternal ethnicity, maternal race, infant sex and inborn/outborn location of

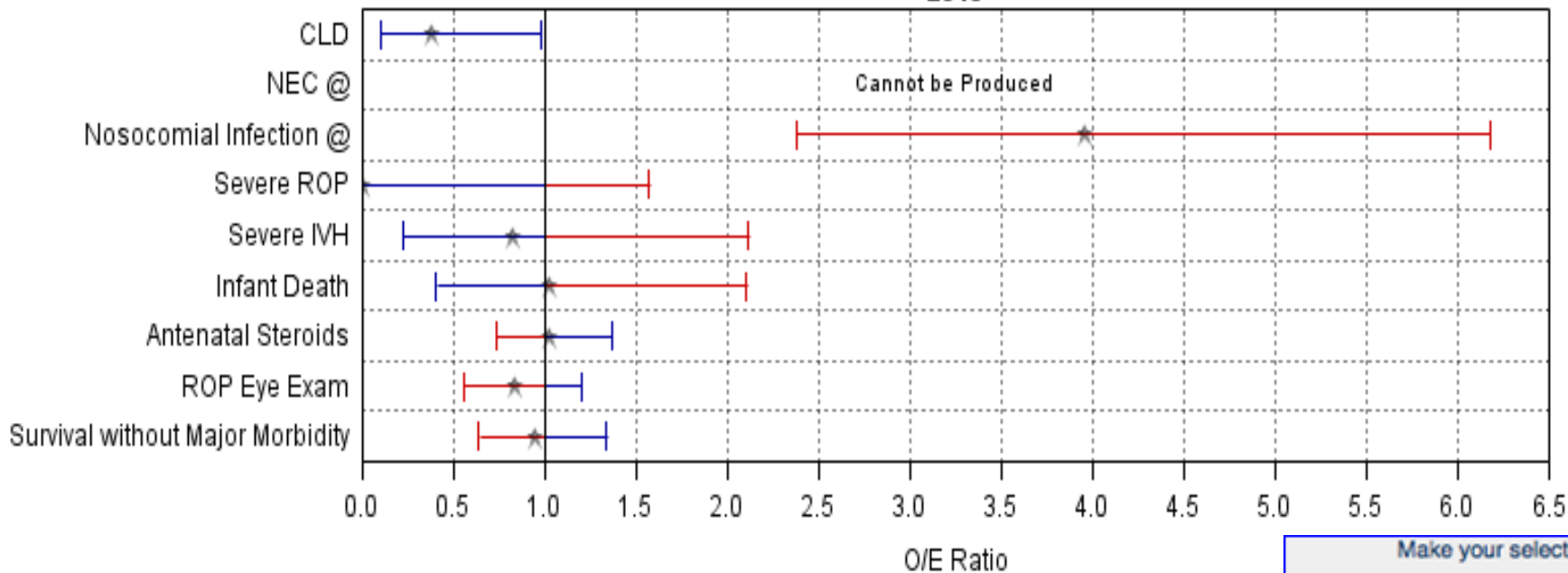
1-Year

3-Year

Table

Notes

2013



Make your selections

Demo Center

Select Display ...

Select Display ...

- Introduction
- NICU Snapshot
- CCS Report
- HRIF Summary Report
- HRIF Infant Status Report
- Quality Indicators
- Eligibility
- Table ←
- Detail Table
- Standardized Table / Chart
- Unadjusted Trend Chart
- Transport In
- Transport Out

What does this NICU snapshot tell us?

What kind of Infections? Inborn or Outborn?

INFECTIONS, 2013

All CPQCC Infants born between 01/01/2013 and 12/31/2013

This report is final.

California Perinatal Quality Care Collaborative (CPQCC)

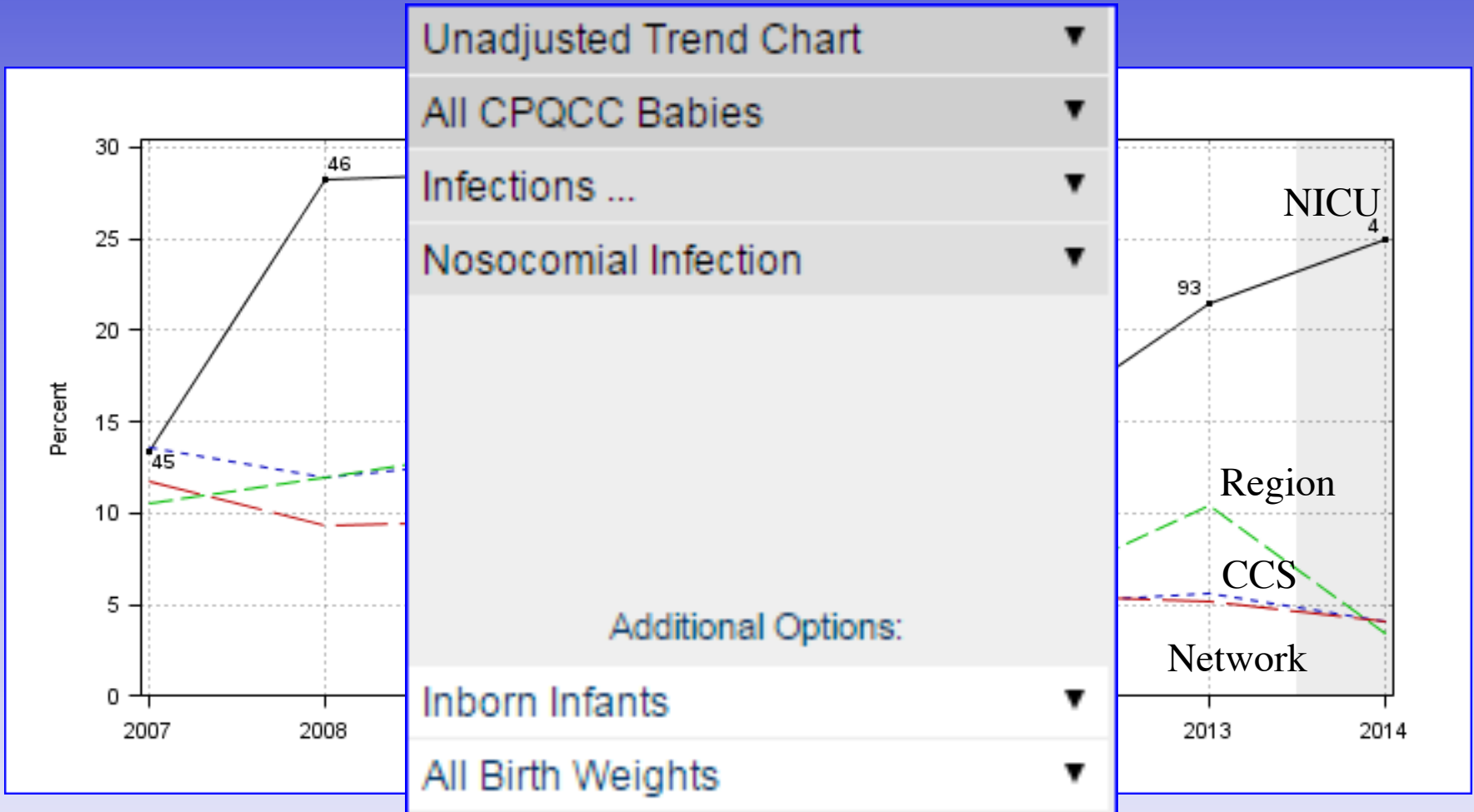
	Center (N = 171)				CPQCC (N Centers = 131)		Center-Network Comparison
	% Lower Quartile	% Upper Quartile					
Infections	Table ▼						
Early - Bacterial Pathogen	All CPQCC Babies ▼				0.0	3.4	H
GBS	Infections ▼				0.0	1.0	↓
E. Coli					0.0	1.0	↓
Other					0.0	1.3	↓
Late - Bacterial Pathogen					0.0	3.9	H•
GBS					0.0	0.2	↓
E. Coli					0.0	0.7	↓
Other					0.0	2.9	H•
Coag Neg Staph	Additional Options:				0.0	2.5	H•
Fungal	All CPQCC Centers ▼				0.0	0.0	↓
Nosocomial	Inborn, Outborn and PDH Infants ▼				1.4	5.9	H•
Late Infections at this Center	2013 ▼				0.0	3.8	H•
Late - Bacterial Pathogen					0.0	0.0	↓
GBS							
E. Coli	1	0.6	0.0	0.0	0.0	0.6	↓
Other	10	6.1	1.7	1.4	0.0	2.7	H•
Coag Neg Staph	15	9.1	4.2	0.6	0.0	2.1	H•
Fungal	2	1.2	3.4	0.0	0.0	0.0	↓
Nosocomial	22	13.3	6.8	3.3	0.0	5.6	H•

Notes:

Nosocomial Infection: What About Only Our Inborns? Did We Just Have A Bad Year?

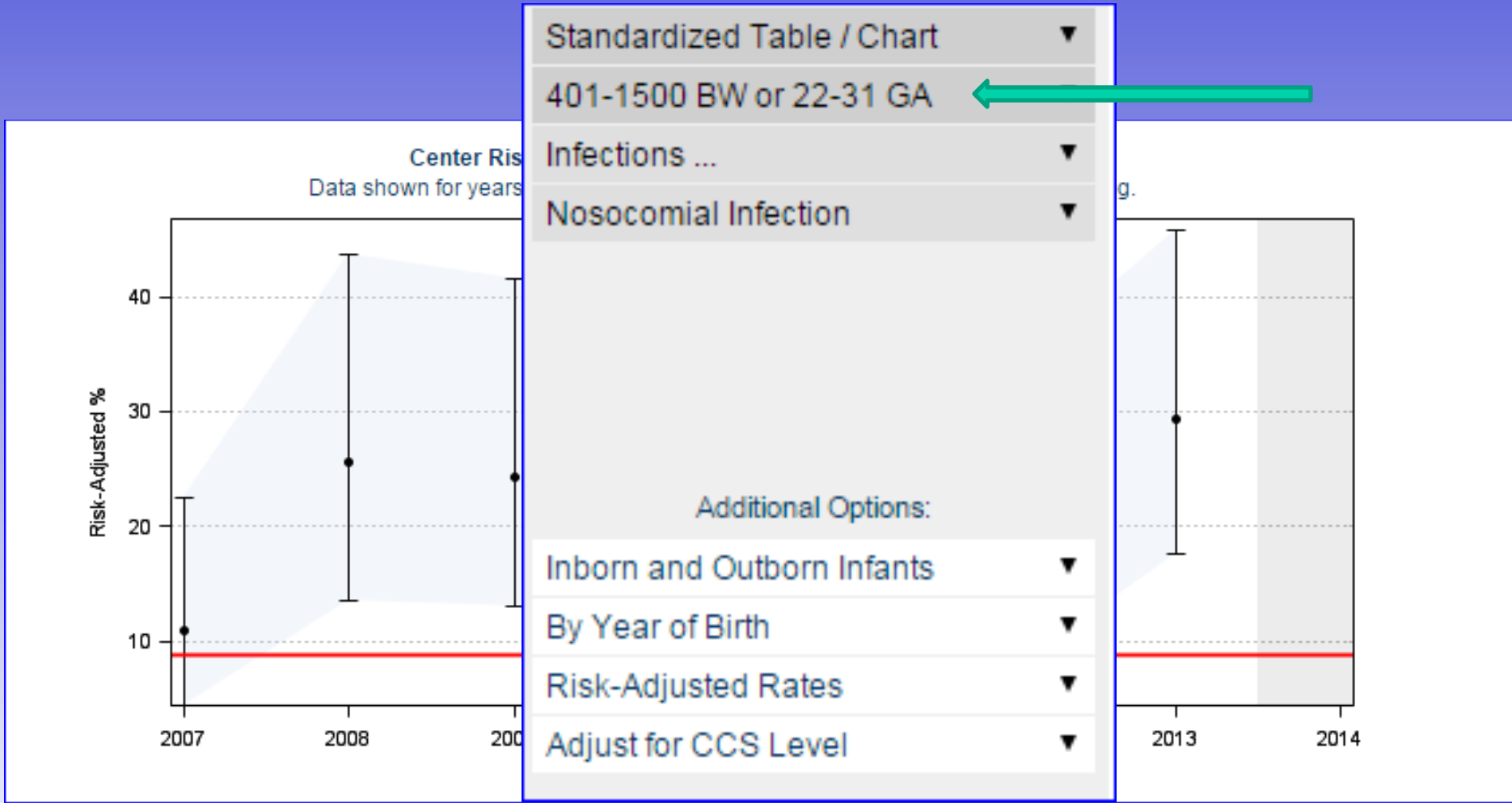
	Center (N = 98)			CPQCC (N Centers = 119)			Center-Network Comparison
	Median	% Lower Quartile	% Upper Quartile				
Infections	Table ▼						
	All CPQCC Babies ▼						
Early - Bacterial Pathogen	Infections ▼			2.3	0.0	4.1	H
GBS				0.0	0.0	1.3	L
E. Coli				0.0	0.0	1.2	L
Other				0.0	0.0	1.6	L
Late - Bacterial Pathogen				2.6	0.0	4.5	H •
GBS				0.0	0.0	0.0	L
E. Coli				0.0	0.0	0.7	L
Other				1.6	0.0	3.2	H •
Coag Neg Staph				1.2	0.0	2.8	H •
Fungal	Additional Options:						
Nosocomial	All CPQCC Centers ▼			0.0	0.0	0.0	L
	Inborn Infants ▼			4.3	0.9	6.0	H •
Late Infections at this Center	2013 ▼						
Late - Bacterial Pathogen				2.5	0.0	4.5	H •
GBS	1	1.1	0.0	0.0	0.0	0.0	L
E. Coli	1	1.1	0.0	0.0	0.0	0.7	L
Other	9	9.7	3.7	1.5	0.0	3.2	H •
Coag Neg Staph	14	15.1	9.3	0.9	0.0	2.7	H •
Fungal	2	2.2	7.4	0.0	0.0	0.0	L
Nosocomial	20	21.5	14.8	4.0	0.0	6.0	H •

Nosocomial Infection



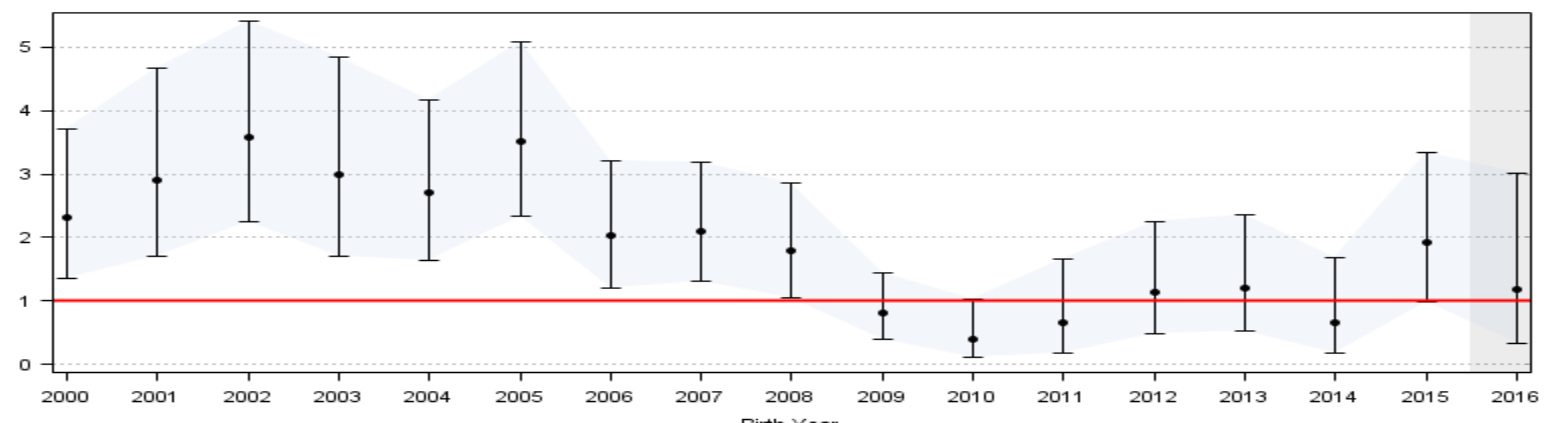
But Our Admits Are Sicker!

Nosocomial Infection



Well Just How Challenged Are We?

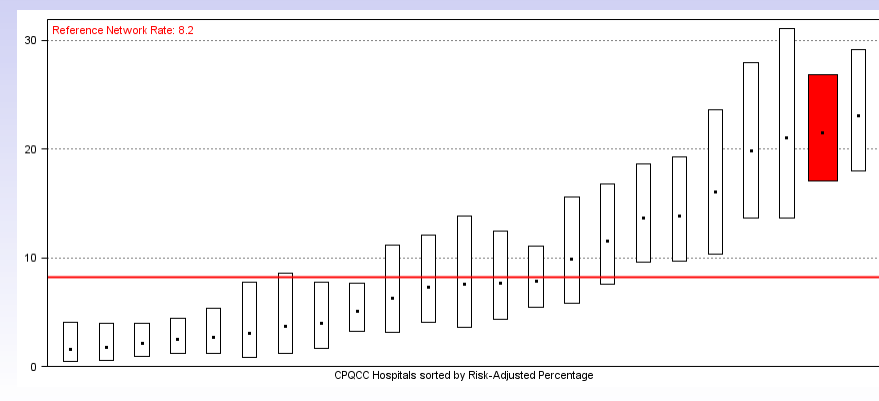
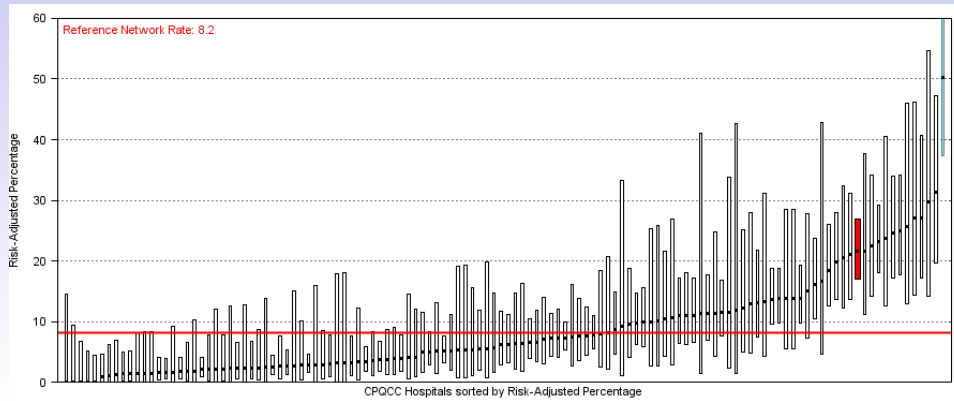
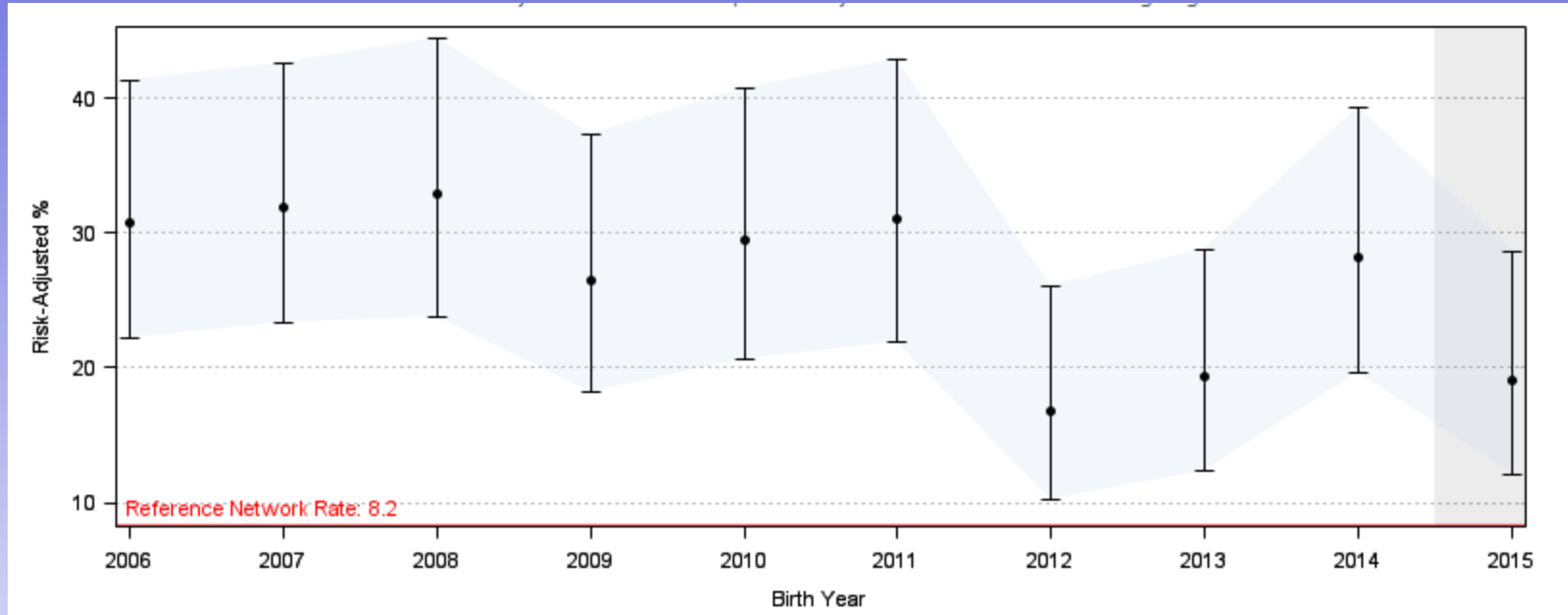
Birth Year	Center Infants Known Outcome	Risk Factor Imputation Used	Center Infants Unknown Outcome	Center Infants with Known Outcome				95% Confidence Limits for O/E Ratio	
				Observed Events	Observed %	Expected %	O/E Ratio	Lower	Upper
2000	113	0	2	17	15.0	6.5	2.31	1.35	3.70
2001	82	0	12	17	20.7	7.1	2.91	1.70	4.67
2002	82	0	15	22	26.8	7.5	3.58	2.24	5.41
2003	75	0	11	16	21.3	7.2	2.98	1.71	4.85
2004	90	0	13	20	22.2	8.2	2.70	1.65	4.17
2005	91	2	11	28	30.8	8.8	3.51	2.33	5.08
2006	95	0	17	18	18.9	9.3	2.03	1.20	3.20
2007	113	0	11	22	19.5	9.3	2.10	1.32	3.19
2008	126	0	1	17	13.5	7.5	1.79	1.04	2.87
2009	121	0	0	11	9.1	11.2	0.81	0.40	1.45
2010	114	0	0	4	3.5	8.7	0.40	0.11	1.03
2011	100	1	0	4	4.0	6.2	0.65	0.18	1.66
2012	86	0	0	8	9.3	8.2	1.14	0.49	2.25
2013	87	0	1	8	9.2	7.7	1.20	0.52	2.36
2014	86	0	0	4	4.7	7.1	0.65	0.18	1.68
2015	93	0	0	12	12.9	6.7	1.92	0.99	3.35



Standardized Table

Risk adjusted time trends

Overall and Level Specific position





california perinatal
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September 20, 2016

Contact Support

Help Desk

Welcome, Demo!

NICU User

Select Display ...

Introduction

✓ NICU Snapshot

CCS Report

HRIF/CPQCC Match Summary

HRIF/CPQCC Match Status Report

Quality Indicators

Eligibility

Table

Detail Table

Standardized Table / Chart

Unadjusted Trend Chart

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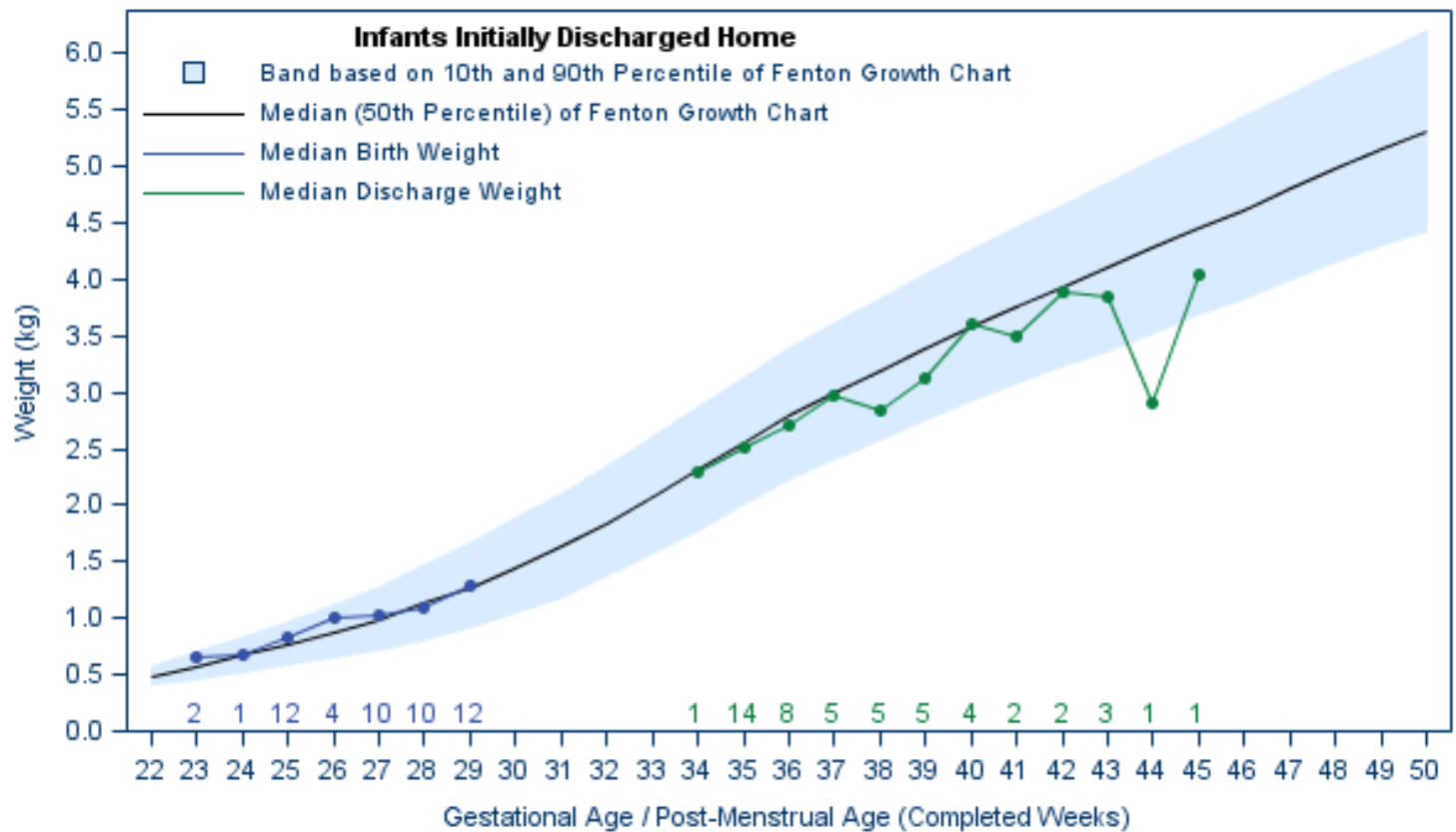
Show Favorites

CMQCC Maternal Data Center

What Can We Learn From The CCS Report?

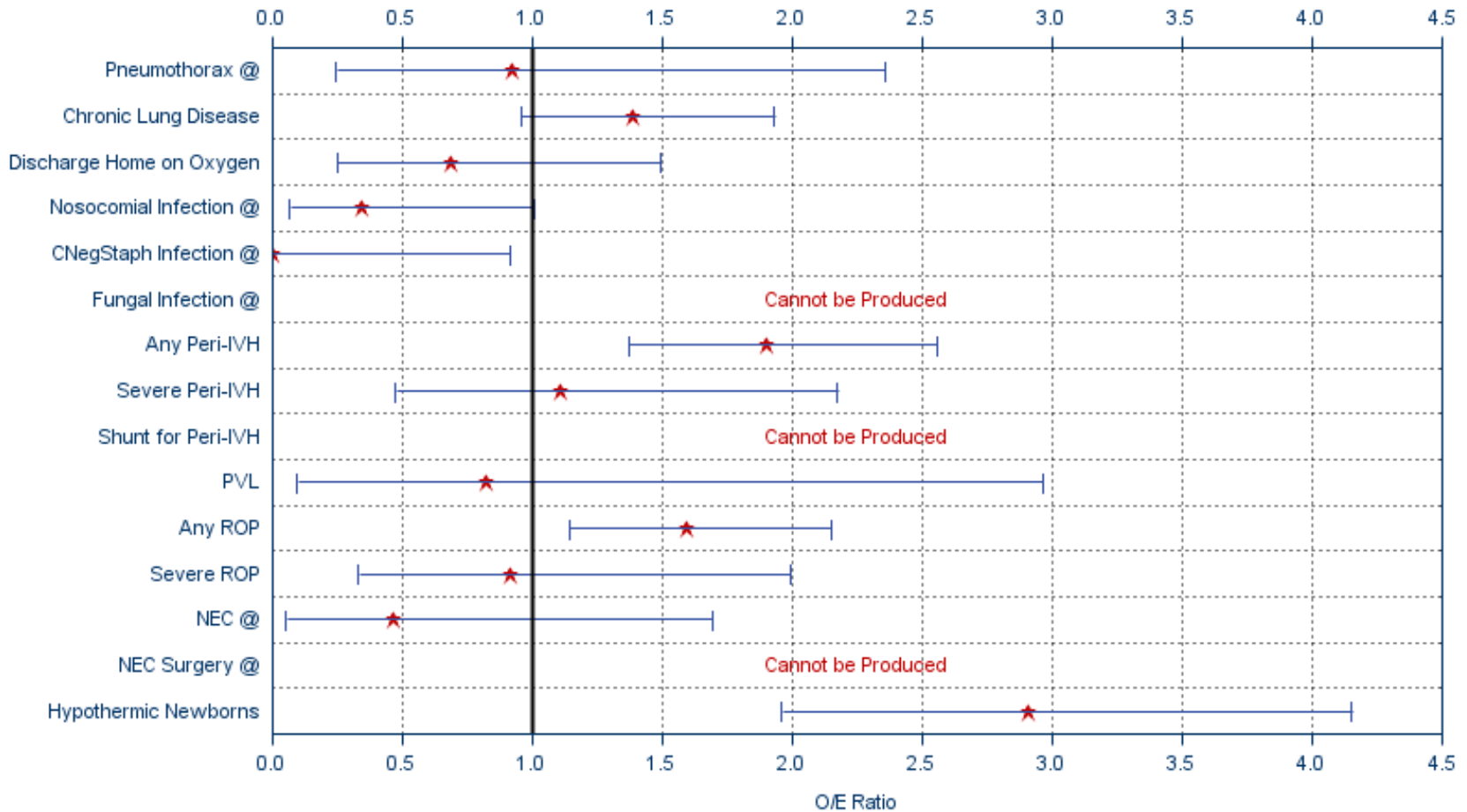
CCS REPORT, Topic I

I. Growth Trajectories for Infants 22 to 29 Weeks Admitted to NICU, 1/1/2013 to 12/31/2013



CCS REPORT, Table L for Hospital "X"

L. Observed to Expected Ratios for Major Morbidities of Infants 401 to 1,500 grams or 22 to 29 Weeks Gestation, 1/1/2013 to 12/31/2013



Back to CPQCC Tables

OTHER DIAGNOSES, 2013

All CPQCC Infants born between 01/01/2013 and 12/31/2013

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	Center (N = 229)			CPQCC (N Centers = 131)			Center-Network Comparison
	N	%	Last Year %	% Median	% Lower Quartile	% Upper Quartile	
Body Temperature at NICU admission							
< 36°C (Hypothermic)	41	20.2	28.1	2.8	0.6	7.4	H •
36-36.4°C (Cold Stressed)	44	21.7	18.0	16.1	11.1	21.7	H→
> 36.4°C	118	58.1	53.9	82.1	70.9	87.5	• —
Total	203	100.0	100.0				
Patent Ductus Arteriosus							
PDA (VON 2011 def)	6	2.6	1.7	3.2	0.0	9.1	—
PDA (expanded def)	30	13.1	8.4	19.4	11.8	25.5	→ —
Indomethacin	2	6.7	13.3	20.8	0.0	45.8	• —
Ibuprofen	0	-	100.0				
PDA Ligation	9	30.0	20.0	3.0	0.0	14.3	— •
Necrotizing Enterocolitis							
Necrotizing Enterocolitis	3	1.3	0.6	1.3	0.0	2.5	#
Necrotizing Enterocolitis at this Center	3	1.3	0.6	1.1	0.0	2.2	#
NEC Surgery	1	33.3	0.0	0.0	0.0	58.3	— • —
Gastro Intestinal							
Focal GI Perforation	4	1.7	4.0	0.3	0.0	1.7	#
Focal GI Perforation at this Center	3	1.3	2.3	0.3	0.0	1.4	#

Notes:

Table 1: Quality Indicator Metrics Compared to All CPQCC Centers Not Controlling for CCS Level, 2013

QI Metric	N	Observed %	Expected %	O/E Ratio	95% Confidence Limits for O/E Ratio	
					Lower	Upper
Antenatal Steroids for Inborn Infants 24/0 to 33/6 wks Gestation	67	92.5	88.2	1.0	0.8	1.3
Postnatal Steroids for CLD	24	54.2	24.6	2.2	1.2	3.8
Nosocomial Infections	67	11.9	13.4	0.9	0.4	1.8
Human Milk Nutrition for Infants Discharged Home	69	63.8	67.3	0.9	0.7	1.3

Table 2: Quality Indicator Metrics Controlling for CCS Level, 2013

QI Metric	N	Observed %	Expected %	O/E Ratio	95% Confidence Limits for O/E Ratio	
					Lower	Upper
Antenatal Steroids for Inborn Infants 24/0 to 33/6 wks Gestation	67	92.5	91.5	1.0	0.8	1.3
Postnatal Steroids for CLD	24	54.2	24.2	2.2	1.2	3.8
Nosocomial Infections	67	11.9	13.5	0.9	0.4	1.7
Human Milk Nutrition for Infants Discharged Home	69	63.8	64.4	1.0	0.7	1.3

Table 3: Quality Indicator Metrics 3-Year Aggregate Controlling for CCS Level, 2011-2013

QI Metric	N	Observed %	Expected %	O/E Ratio	95% Confidence Limits for O/E Ratio	
					Lower	Upper
Antenatal Steroids for Inborn Infants 24/0 to 33/6 wks Gestation	184	91.3	91.5	1.0	0.9	1.2
Postnatal Steroids for CLD	59	37.3	21.7	1.7	1.1	2.6
Nosocomial Infections	178	8.4	11.7	0.7	0.4	1.2
Human Milk Nutrition for Infants Discharged Home	198	66.2	64.2	1.0	0.9	1.2



	Center (N = 85)			CPQCC (N Centers = 130)			Center-Network Comparison
	N	%	Last Year %	% Median	% Lower Quartile	% Upper Quartile	
Diagnoses							
Respiratory Distress Syndrome							82.9
Meconium Aspiration Syndrome							0.0
Pneumothorax							6.2
Pneumothorax at this Center							5.6
CLD - VON Def 1							35.2
CLD - VON Def 2							28.6
CLD - VON Def 3							30.0
Interventions							
Use of Ventilation							68.3
Oxygen							100.0
CPAP							89.7
Conventional Ventilation							100.0
HiFi Ventilation							50.5
ECMO							0.0
Inhaled Nitric Oxide							4.0
Inhaled Nitric Oxide at this Center							3.9
Surfactant at any Time							64.5
Time to Surfactant: ≤ 15 minutes							32.5
Time to Surfactant: >15 - ≤ 30							20.5
Time to Surfactant: >30 - ≤ 60							21.7
Time to Surfactant: >60 - ≤ 120							27.0
Time to Surfactant: >120 minutes							50.0
Time to Surfactant: Total							
Supplemental Oxygen on Day 28							58.6
Supplemental Oxygen at 36 Wks.							35.2
Non-Oxygen Respiratory Support AGA							0.0
Postnatal Steroids							17.9
Chronic Lung Disease (CLD)							75.0
CLD at this Center							73.9
Extubation	4	20.0	52.8	39.2	14.3		51.0
Blood Pressure	7	35.0	47.4	46.4	25.0		66.7
Other Reason	7	35.0	31.6	0.0	0.0		20.0
Steroids for CLD - VON Def 1	13	54.2	21.1	14.3	0.0		33.3
Steroids for CLD - VON Def 2	13	54.2	21.1	13.3	0.0		33.3
Steroids for CLD - VON Def 3	13	54.2	21.1	14.8	0.0		33.3
Outcomes							
Discharged Home	69	81.2	82.1	73.6	65.3		82.5
... on Oxygen	14	20.3	9.4	4.2	0.0		10.2

Table ▼

401-1500 BW or 22-29 GA ▼

Respiratory ▼

Additional Options:

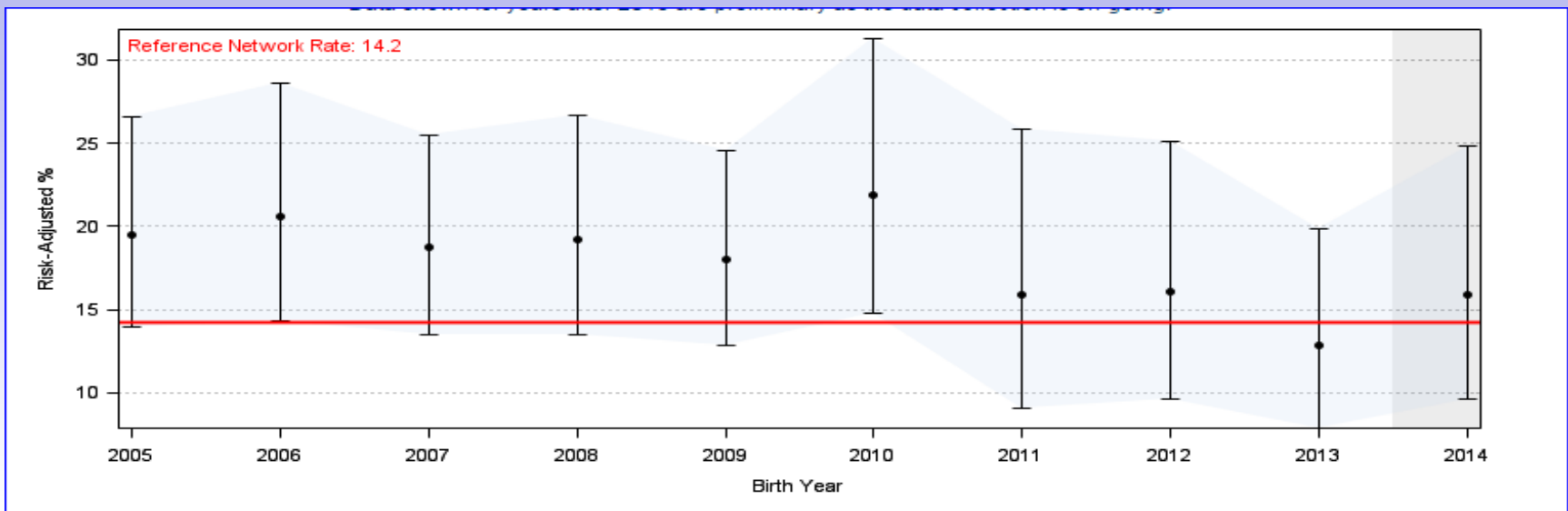
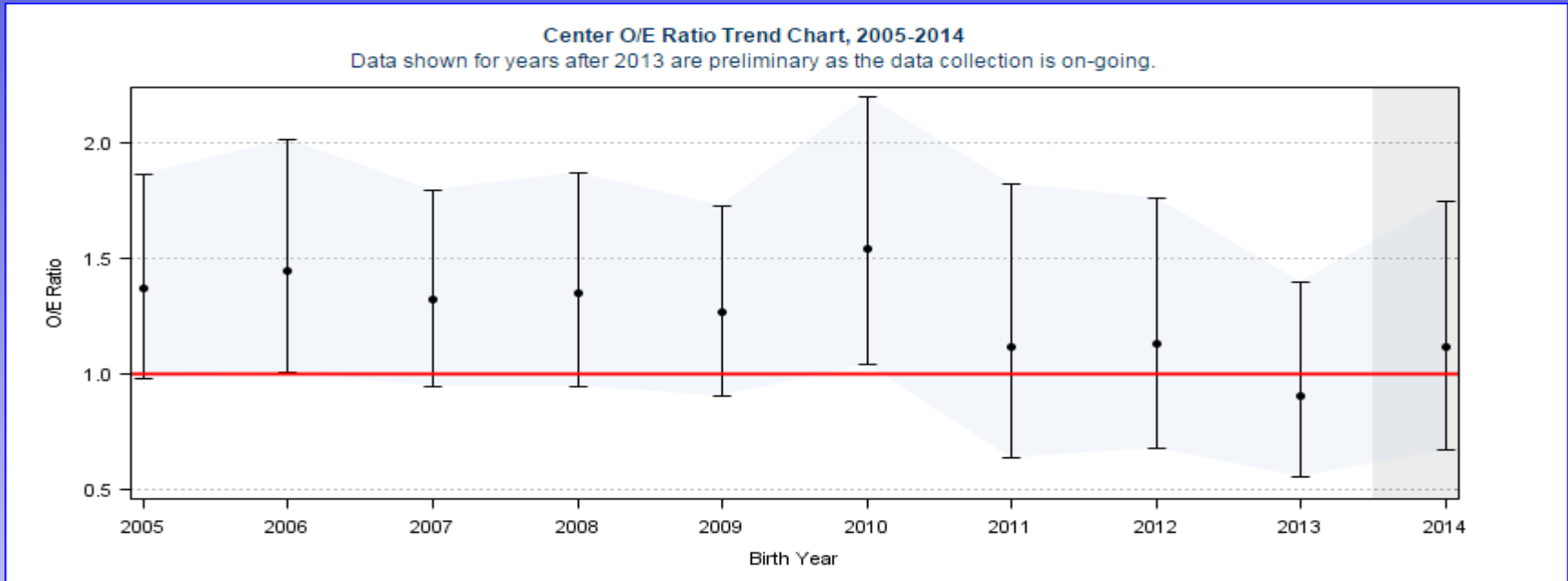
All CPQCC Centers ▼

Inborn and Outborn Infants ▼

2013 ▼

Topic Use The Standardized Table/Chart to Track Your Progress

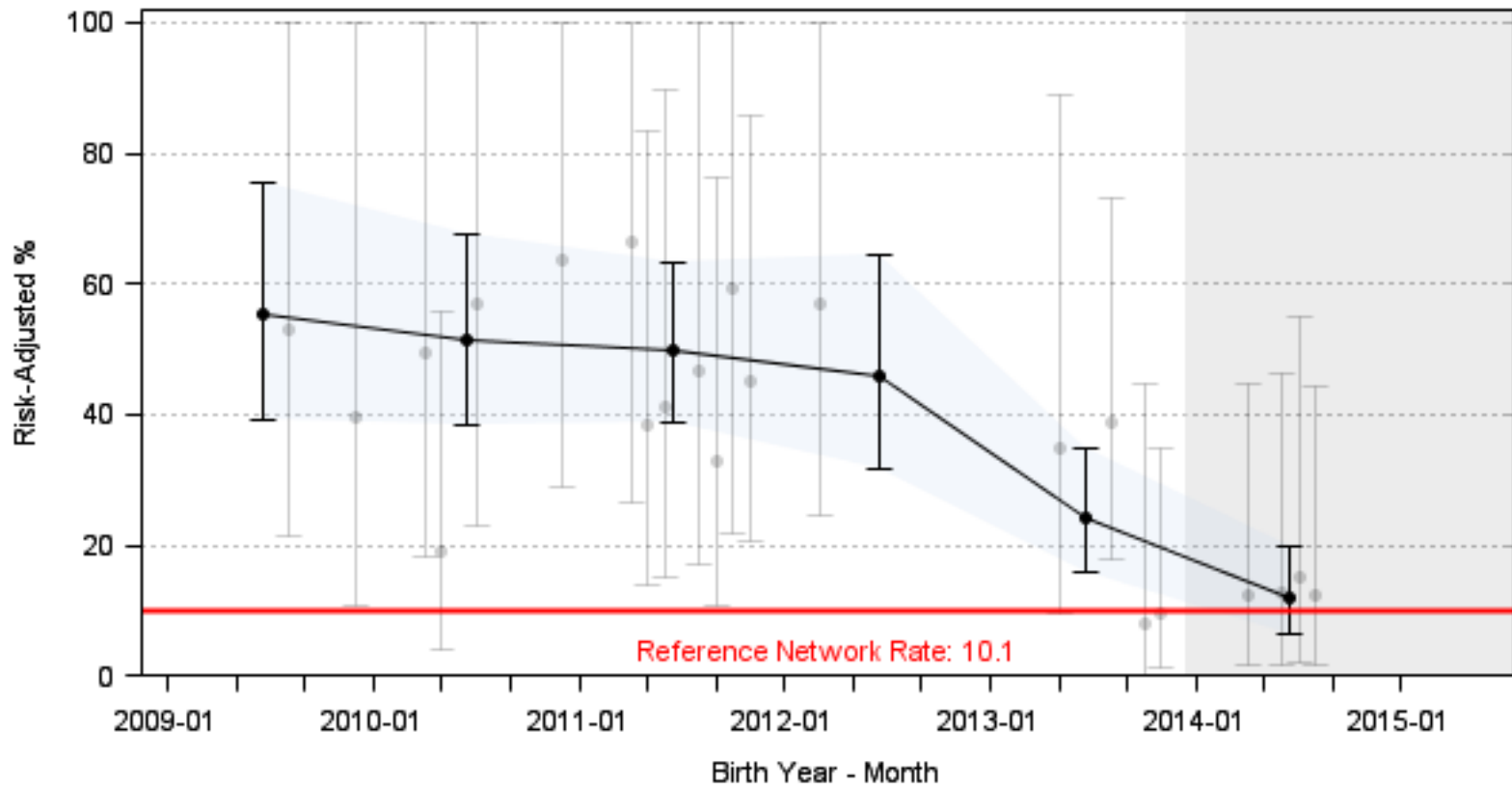
Example: Postnatal Steroids For CLD as O/E or as Rates



Hypothermia, <37 Degrees C

Center Risk-Adjusted Percentages Trend Chart by Month and Year of Discharge, 2009-2015

Data shown for years after 2013 are preliminary as the data collection is on-going.





california perinatal
quality care collaborative

February 10, 2016

Contact Support

[Help Desk](#)

Welcome, Jeff!

CPQCC Administrator

Make your selections

Demo Center ▼

Detail Table ▼

401-1500 BW or 22-29 GA ▼

Other ... ▼

Hypothermia ▼

Hypothermic Newborns (Body temperature under 36 °C)

All Infants 401 to 1,500 grams or 22 to 29 completed weeks of gestation, 01/01/2006 to 02/10/2016

Comparison Group: CPQCC Network

This report is final for years 2014 and earlier, and preliminary for years 2015 and later as the data collection is on-going.

California Perinatal Quality Care Collaborative (CPQCC)

DEMO CENTER



	Center			CPQCC Network		
	N	Total	%	N	Total	%
Total for 2006 through 2014						
251-500 grams	4	7	57.1	346	884	39.1
501-750 grams	17	82	20.7	2,290	8,581	26.7
751-1,000 grams	17	99	17.2	1,830	11,844	15.5
1,001-1,250 grams	14	103	13.6	1,526	13,090	11.7
1,251-1,500 grams	21	130	16.2	1,765	16,454	10.7
1,501-1,750 grams	0	8	0.0	93	1,177	7.9
1,751-2,000 grams	0	1	0.0	14	143	9.8
2,001-2,250 grams	0	1	0.0	3	31	9.7

QUALITY IMPROVEMENT: THE CHALLENGE

DATA

E-Collect High-Quality, Reliable Data



INFORMATION

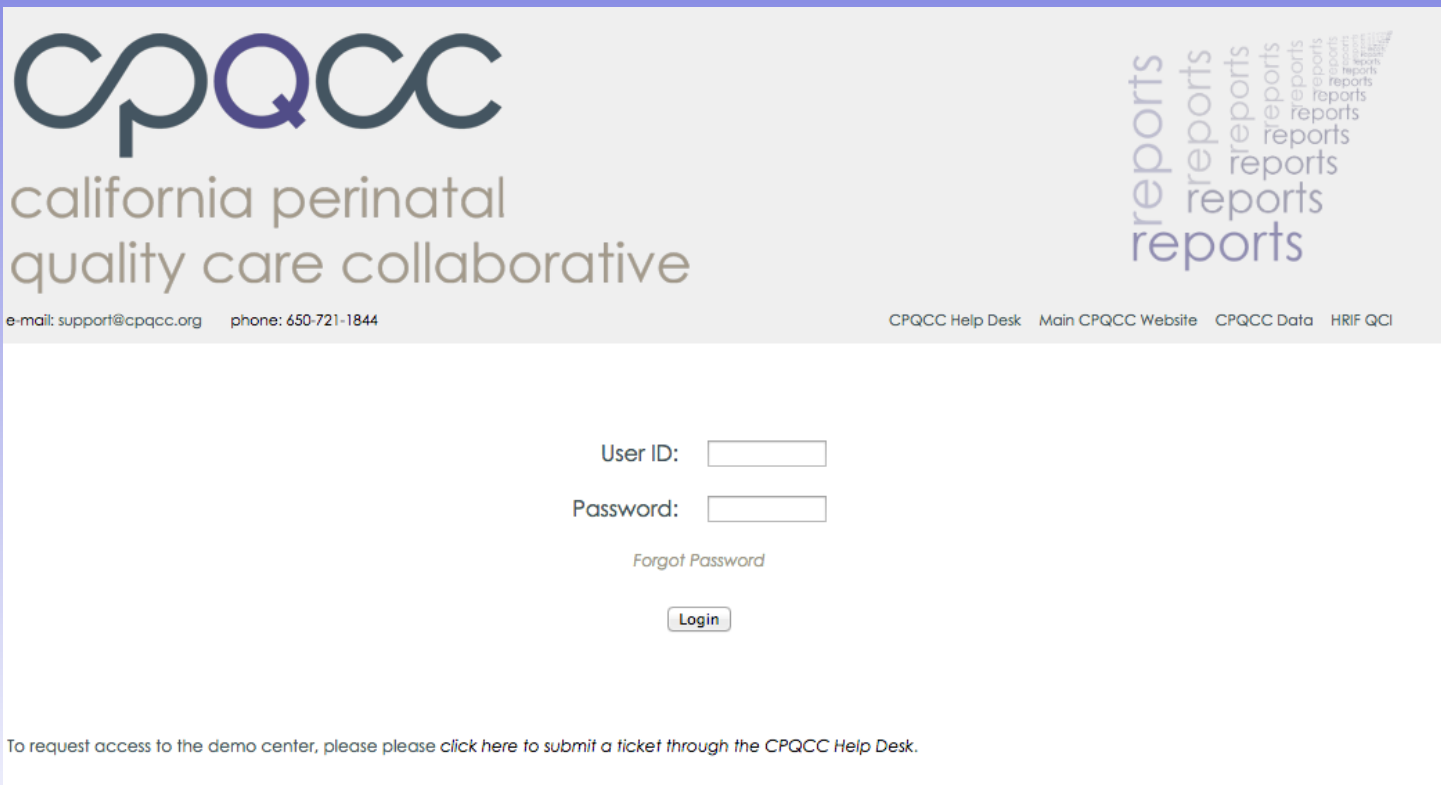
Provide Risk-Adjusted, Confidential, Real Time Reports That Inform and Organize Work



ACTION

Support Perinatal Providers In Their Work Of Improving Perinatal Care and Outcomes

The CPQCC report allows comparison with similar Ca NICUs to identify and track improvement opportunities



The screenshot shows the CPQCC login interface. At the top left is the CPQCC logo with the text "california perinatal quality care collaborative" below it. To the right is a decorative graphic of the word "reports" repeated in various sizes and orientations. Below the logo, contact information is provided: "e-mail: support@cpqcc.org" and "phone: 650-721-1844". A navigation bar at the top right contains links for "CPQCC Help Desk", "Main CPQCC Website", "CPQCC Data", and "HRIF QCI". The main content area features a login form with "User ID:" and "Password:" labels, each followed by a text input field. Below the password field is a "Forgot Password" link and a "Login" button. At the bottom of the page, a note states: "To request access to the demo center, please please click here to submit a ticket through the CPQCC Help Desk."

To request access to your center's CPQCC reports, please submit a request through the CPQCC Help Desk at www.cpqccsupport.org.

Support Center Home Knowledgebase Open a New Ticket Tickets (5)

Open a New Ticket

Please fill in the form below to open a new ticket.

Help Topic:

Email:
Client:

CPQCC ticket details

Please Describe Your CPQCC related issue

Issue with:
CPQCC Form:
Center ID(s):
Infant ID(s):
Browser:

Ticket Details

Please Describe Your Issue

Issue Summary:
Issue Details:

- Select —
- Data Entry/Report Questions
- Data Finalization/Close Out Check list
- Data Review/Phone Appointment
- Data Trainings
- Eligibility Questions
- General Inquiry/Feedback
- Membership (Invoices)
- New Members/Name Change
- System Tools/Resources
- Technical Support
- Transfer Record/Duplicates Records
- User Access/Password Reset
- VON Files
- Website Problem/Issues

Questions?

Q. Real time is babies that are discharged or we enter information before discharge?

A. Ideally real time data is data entered as soon as the baby has been discharged home. However you can enter data before discharge.

Q. Will this talk be available on line later?

A. Yes, for those who missed the webinar and would like to watch previous webinars, CPQCC will send out the recorded webinars and presentations to the membership. You can also find the recorded webinars at www.cpqcc.org.

Q. Can we talk about the relevance of HRIF data reporting?

A. HRIF reporting will be covered in the CPQCC Quarterly Data Training Webinar #3: The Value of the High-Risk Infant Follow-up Program, presented by Dr. Susan Hintz. Please go to www.cpqcc.org to register for this webinar.