

What's New with HRIF

2021 Data Training Session

October 28, 2020

Webinar Logistics

- Attendees are automatically muted upon entry
- The “chat” function has been disabled. **Please utilize the Q&A box if you are having technical difficulties and to submit any questions you have for the presenters. We will answer as many questions as possible during the Q&A portion of the webinar.**
- The slides and webinar recording will be sent out after the webinar and will also be posted on the CPQCC website at <https://www.cpqcc.org/engage/annual-data-training-webinars-2020>

Presenters



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CPQCC HRIF



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HRIF Team Members



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Type: **HRIF Database**

The screenshot shows the CPQCC Help Desk interface. At the top, there's a navigation bar with 'Home', 'Solutions', 'Forums', and 'Tickets'. Below this is a search bar with the text 'How can we help you today?' and a 'SEARCH' button. The main content area is divided into several sections: 'Knowledge base' with 'General Info' (CPQCC Help Desk - How To?, Create a Help Desk login, Supported Web Browsers, Business/Office Hours), 'Community forums' (CPQCC Data Mentorship Program, Data Mentorship - closed group, Closed Group Discussions), 'NICU Database' (Data Finalization, What's due on February), 'FAQs' (NICU Eligibility, Browser Issues, Admission/Discharge, Delivery Room Death, Hospital List), and 'All NICU Admission Data' (FAQs). A search filter is applied to 'HRIF Database', showing results for 'CCS HRIF Program' (10 articles), 'Reporting System' (3 articles), 'Tips and FAQs' (11 articles), and 'HRIF Agents' (1 article). A 'PQIP' section shows a recent post by Janella Parucha.

The 'Submit a ticket' form contains the following fields and options:

- Full name ***: Text input with value 'Erika Gray'
- Center name ***: Text input
- Center number**: Text input
- Email ***: Text input with value 'eegray22@stanford.edu'
- Subject ***: Text input
- Type ***: Dropdown menu with value 'HRIF Database'
- HRIF Inquiry ***: Dropdown menu with value '...'
- Description ***: Rich text editor with a toolbar (Bold, Italic, Underline, Bulleted List, Numbered List, Link, Unlink, Undo, Redo, Print, Close) and a '+ Attach a file' link below it.

At the bottom of the form are 'Submit' and 'Cancel' buttons.

Overview

- ❖ **CCS HRIF Program**
- ❖ **Database Usage and Access**
- ❖ **Telehealth – Virtual Visits**
- ❖ **2021 Database Changes & Forms**
- ❖ **System Improvements**
- ❖ **Tools & Resources**
- ❖ **Data Finalization Process**
- ❖ **Database Reports**
- ❖ **Q&A Session**



**CCS HRIF
Program**



CCS HRIF Program

1979 CCS launches statewide “NICU Follow Up Program” to provide follow-up care to high risk infants discharged from the NICU.

2006 CCS partners with CPQCC to completely restructure and remodel high risk infant follow up

2010 CPQCC CCS HRIF Quality Care Initiative is launched.

Diagnostic Services:

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

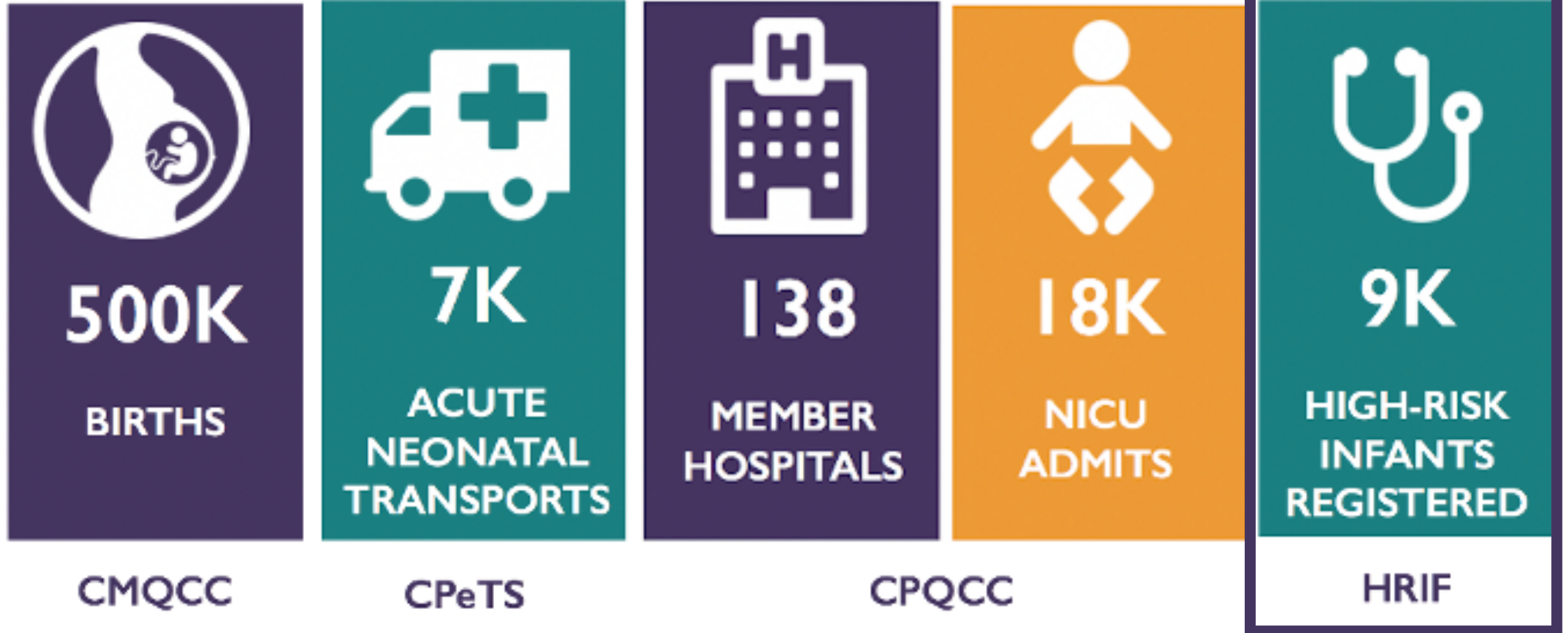


High Risk Infant Follow-up Program Letter: 01-1016 (supersedes 01-1113)

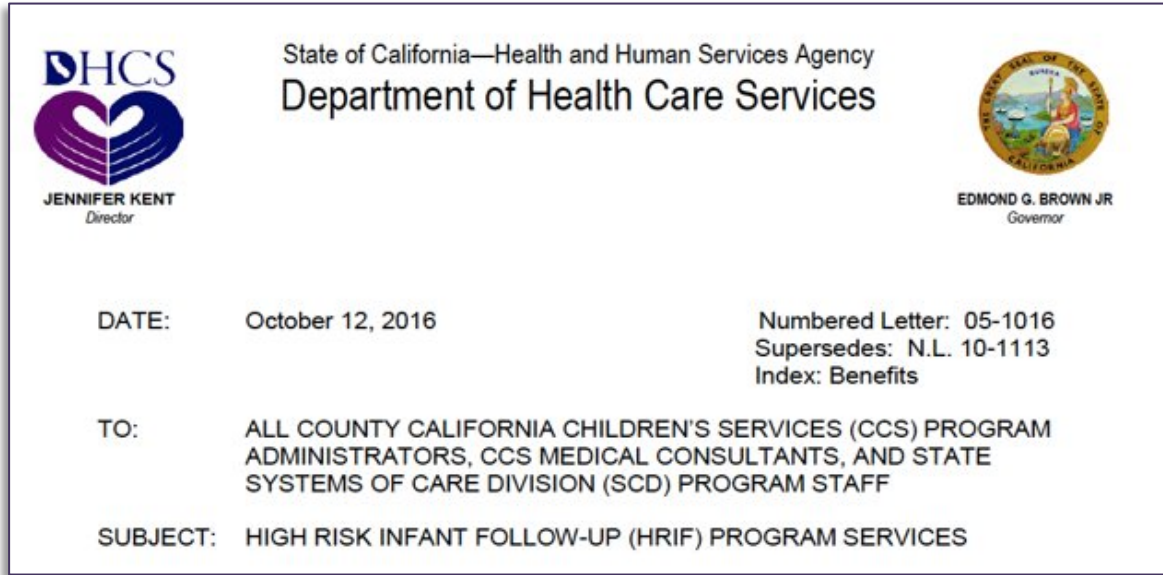
Goals for CCS CPQCC HRIF

- **Clarify eligibility, overhaul HRIF visit structure**
- **Create a new infrastructure for consistent HRIF care:**
 - Create a completely web-based system; develop online tools, reports, resources to support real-time case management.
- **Support clinical care, site-specific and statewide improvements:**
 - Sites and state evaluate challenges/ barriers/ gaps/ disparities - targeting areas for improvement.
 - Support site-specific and statewide QI/ PI.
- **A framework to understand the NICU-to-childhood trajectory:**
 - Build a *true continuum of care structure*, linking to CPQCC.

BY THE NUMBERS



Who do we serve? - CCS HRIF Eligibility



Medical Eligibility: Big Babies

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

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

Medical Eligibility: Small Babies

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



https://cpqcc/follow/what-hrif/who



- About
- NICU
- Analysis
- Improvement
- Follow-Up**
- Engage

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



Who is eligible for HRIF in California?

- WHAT
- WHY
- WHO**
- WHEN
- HOW

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

- Yes
- No
- Start Again

Become a member

Join a QI project

Collaborate on research



1265 Welch Road, MS 5415
 Stanford, CA 94305
 Tel:+1 650.721.6540



CONTACT US



CCS HRIF PROGRAM MEDICAL ELIGIBILITY CRITERIA

Data should be collected on infants/children under three years of age who meet California Children’s Services (CCS) HRIF medical eligibility criteria **and** who met CCS medical eligibility criteria for Neonatal Intensive Care Unit (NICU) care **OR** had a CCS eligible medical condition at some time during their stay in a CCS-approved NICU, even if they were never a CCS client. **Infants are medically eligible for the HRIF Program when the infant:**

Met CCS medical eligible criteria for NICU care, in a CCS Program-approved NICU, regardless of length of stay, (as per Number Letter 05-0502, Medical Eligibility in a CCS Program-approved NICU or the most current N.L.). NOTE: Medical eligibility includes neonates who require direct admit to a CCS-approved PICU, who are never admitted to a CCS Program-approved NICU, but who otherwise meet all medical eligibility criteria for HRIF services.

OR Had a CCS Program-eligible medical condition in a CCS Program-approved NICU, regardless of length of stay, even if they were never CCS Program Clients during their stay, (as per California Code of Regulations, Title 22, Section 41515.1 through 41518.9, CCS Program Medical Eligibility Regulations).

AND MET ONE OF THE FOLLOWING:

Birth weight ≤ 1500 grams or the gestational age at birth < 32 weeks.

OR

Birth weight > 1500 grams and the gestational age at birth ≥ 32 weeks and one of the following criteria was met during the NICU stay:

1. pH less than 7.0 on an umbilical blood sample or a blood gas obtained within one hour of life) or an Apgar score of less than or equal to three at five minutes or an Apgar score less than 5 at 10 minutes.
2. An unstable infant manifested by hypoxia, acidemia, hypoglycemia and/or hypotension requiring pressor support.
3. Persistent apnea which required caffeine or other simulant medication for the treatment of apnea at discharge.
4. Required oxygen for more than 28 days of hospital stay and had radiographic finding consistent with chronic lung disease (CLD).
5. Infants placed on extracorporeal membrane oxygenation (ECMO).
6. Infants who received inhaled nitric oxide greater than four hours, and/or treatment during hospitalization with sildenafil or other pulmonary vasodilatory medications for pulmonary hypertension.
7. Congenital heart disease requiring surgery or minimally invasive intervention.
8. History of observed clinical or electroencephalographic (EEG) seizure activity or receiving antiepileptic medication(s) at time of discharge.
9. Evidence of intracranial pathology, including but not limited to, intracranial hemorrhage (grade II or worse), white matter injury including periventricular leukomalacia (PVL), cerebral thrombosis, cerebral infarction or stroke, congenital structural central nervous system (CNS) abnormality or other CNS problems associated with adverse neurologic outcome.
10. Clinical history and/or physical exam findings consistent with neonatal encephalopathy.
11. Other documented problems that could result in neurologic abnormality, such as: history of CNS infection, documented sepsis, bilirubin at excessive levels concerning for brain injury as determined by NICU medical staff, history of cardiovascular instability as determined by NICU medical staff due to: sepsis, congenital heart disease, patent ductus arteriosus (PDA), necrotizing enterocolitis, other documented conditions.

HRIF Program Referral Process:

Communication is between the CCS Program-approved NICU and HRIF Program.

1. The discharging/referring NICU/Hospital will refer eligible infants to the HRIF Program at the time of discharge to home, and complete the “Referral/Registration (RR) Form” via the **web-based** HRIF-QCI Reporting System.
2. The discharging/referring NICU/Hospital or HRIF Program will submit a Service Authorization Request (SAR) to the local CCS Office for HRIF Services. (Service Code Group [SCG] 06, should be requested).
<http://www.dhcs.ca.gov/services/ccs/cmsnet/Pages/SARToOls.aspx>
3. The discharging/referring NICU/Hospital will send a copy of the Discharge Summary to the HRIF Program.

Medical eligibility for the HRIF Program is determined by the County CCS Program or Regional Office staff. The CCS Program is also required to determine residential eligibility. As the HRIF Program is a diagnostic service, there is no financial eligibility determination performed at the time of referral to CCS. However, insurance information shall be obtained by CCS. An infant or child is eligible for the HRIF Program from birth up to 3 years of age.

NICU Referral Requirements

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

The NICU Referral Process:

1. **Complete Referral/Registration (RR) Form** and submit via HRIF Reporting System at time of discharge to home
2. **Submit a Service Authorization Request (SAR)** to the local **CCS Office** to gain approval for HRIF services (Service Code Group [SCG] 06 should be requested)
3. **Send a copy of the child's discharge summary** to the HRIF clinic

High Risk Infant Follow-up Program Letter: 01-1016 (supersedes 01-1113)

HRIF Visits: Number and Timing

Provides for **3 “Standard” or core visits:**

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

****NOTE:** CCS has extended support for HRIF visits through 42 months due to the challenges around COVID-19. **

Additional Visits covered by CCS as determined to be needed by HRIF team



HRIF Visits: Content



- Neurosensory, neurologic, developmental assessments, autism screening, but much more
 - Hospitalizations, surgeries, medications, equipment
 - Medical services and Special services
 - Data obtained about **Receiving, Referred**, but also **Referred and NOT receiving** and Why?
 - **Early Intervention, Medical Therapy Program**
 - **Concerns and Resources** – Living/ care arrangements, caregiver concerns, language in household, family social economic stressors

HRIF Clinic Structure



CCS HRIF clinics are CCS Program Special Care Center (SCC), the required team members include a CCS Program-approved: HRIF Program Medical Director (pediatrician or neonatologist), HRIF coordinator, ophthalmologist, audiologist, social worker, and an individual to perform the developmental assessment.

Each of these professionals may be reimbursed for the diagnostic services they provide.

HRIF Reporting Requirements

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

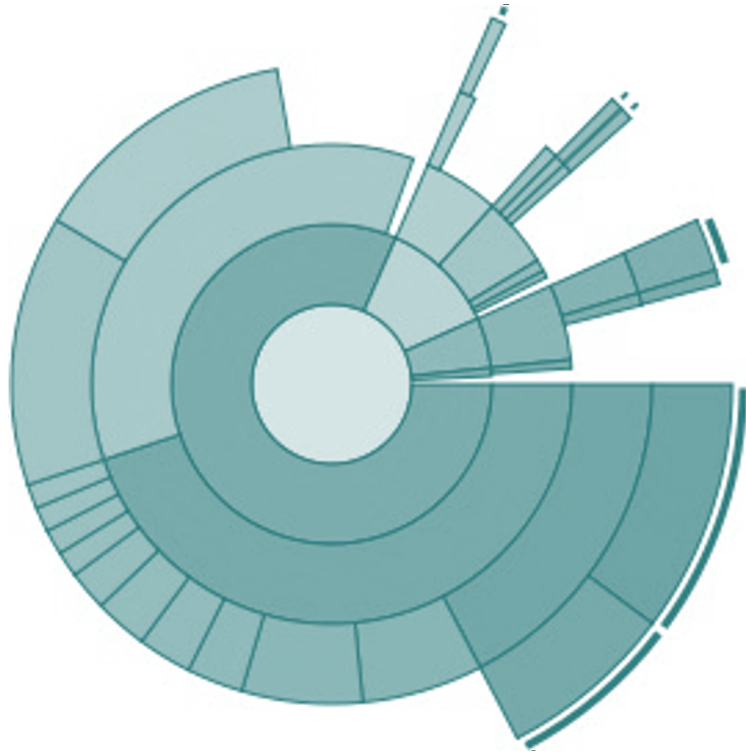
The HRIF Coordinator will:

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

Database Usage and Access



CCS NICUs and HRIF Programs



124 CCS NICUs (67 w/HRIF Clinics)

- 23 Regional
- 87 Community
- 14 Intermediate

67 HRIF Clinics

- 23 Regional
- 44 Community

57 Referring CCS NICUs

- 43 Community
- 14 Intermediate

By the Numbers

January 2009 through October 2020

92,600

high risk infants registered statewide!

130,100

standard visits performed

9,600

additional visits performed

45,100 (49%)

VLBW's registered/referred (≤ 1500 g)

16,400

<28 weeks

7,100

<26 weeks

By the Numbers

Birth year 2019

9,120

3,900

4,400

1,400

2,890

high risk infants registered

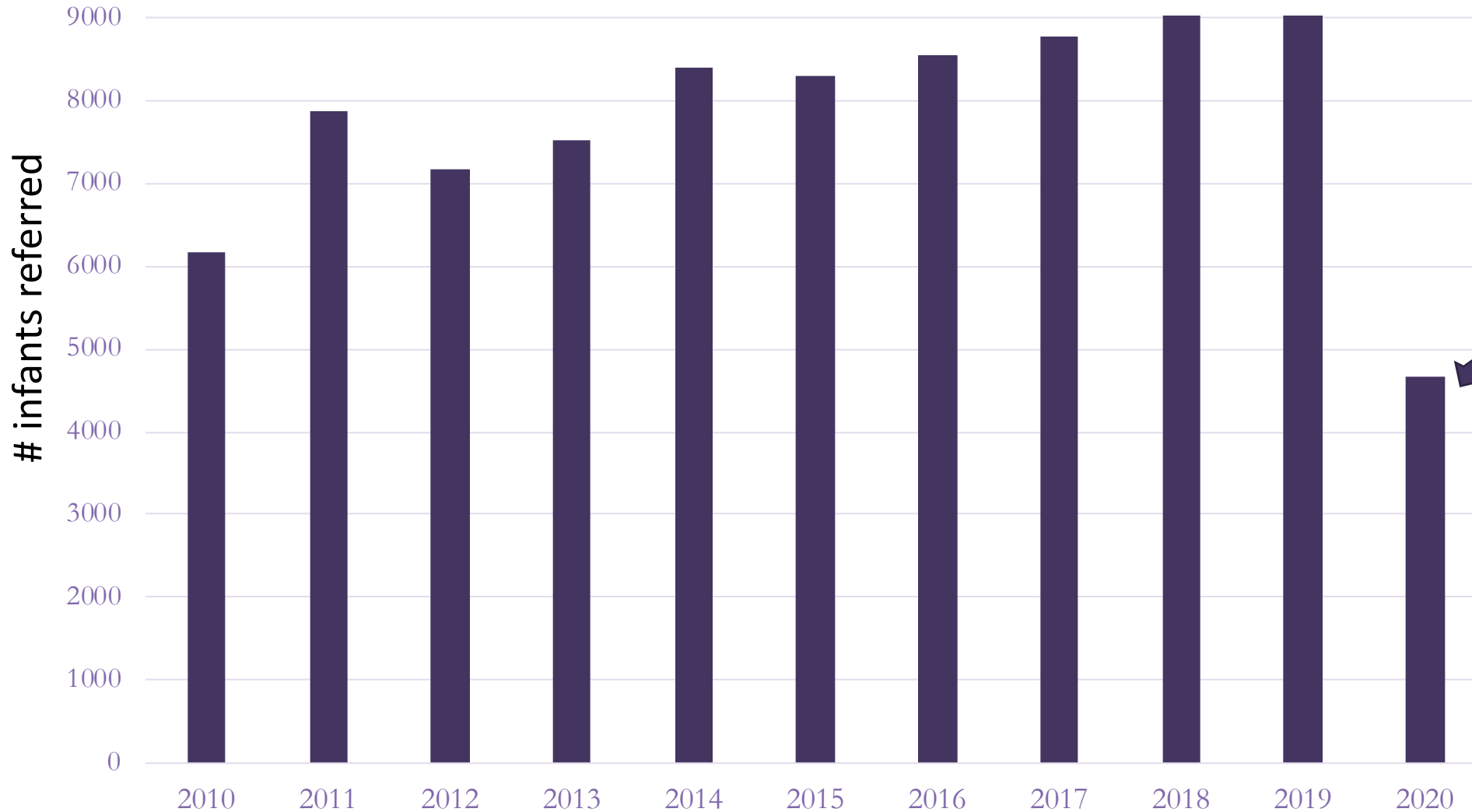
\leq 1500 grams

< 32 weeks

< 28 weeks

\geq 37 weeks

Referral to CPQCC CCS HRIF by Birth Year



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

2020 registration closes June 2021



How to gain access to the HRIF Reporting System?

Requirements for Access

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

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

How to Access the Reporting System from Home

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

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

Requirements for Access


1. Center Name
2. Does your center provide HRIF services? (Y/N)
3. Full name (First and Last)
4. Title
5. E-mail Address
6. Phone Number
- ★ 7. User Account Access (contacts can have multiple accounts):

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

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

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

- ★ 8. Computer Public IP Address



Contact your IT department to request the “Public IP Address Ranges” used by the hospital’s network and provide the ranges in the description of the help ticket. Note: Access is only authorized while connected to your organization’s network. Access from home or while traveling is not permitted. This procedure enhances the security of the Reporting System.

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

Data Reporting System Access

Many layers of security!

- Must obtain user account access through CPQCC
 - Password protected
- Must supply public IP address ranges from your hospital/ institution network
 - System will not allow access if not connected to authorized network. (*VPN can allow you to access from home*)
- Duo Secure

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

The screenshot shows the CPQCC website interface. At the top left is the CPQCC logo with the text "california perinatal quality care collaborative". To the right is a search bar. Below the logo is a navigation menu with links for "About", "NICU", "Analysis", "Improvement", and "Follow-Up". A teal banner below the navigation menu contains an information icon and the text "View COVID-19 resources for maternal and infant health". The main content area features a large image of a newborn baby's feet with medical sensors. Overlaid on the right side of the page is a dark purple dropdown menu with the following items: "LOGIN", "NICU DATA", "NICU REPORTS", "HRIF" (highlighted with a red arrow), "QI EXTRANET", and "HELP DESK".

*Addressing Racism &
Advancing Health Equity*

[View our statement](#)



REPORTING SYSTEM



Notice

- [Register for the Data Trainings](#)

The following web browsers are supported for data submission in HRIF Reporting System (www.ccsrif.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.

Submit a
help ticket
for
Password Reset
and Access!



HRIF
HIGH RISK
INFANT FOLLOW-UP
[What is this?](#)
[Need help?](#)
Powered by Duo Security

Choose an authentication method

Duo Push <small>RECOMMENDED</small>	Send Me a Push
Call Me	Call Me
Passcode	Enter a Passcode

Remember me for 1 day

Calculator 11:14 AM 100%

Login Request
Protected by Duo Security

HRIF
HIGH RISK
INFANT FOLLOW-UP

CPQCC HRIF
SU-HRIF

srhintz@stanford.edu

73.92.194.179
Los Altos, CA, US

11:13:56 AM PDT
October 24, 2020

Approve **Deny**

Telehealth – Virtual Visits





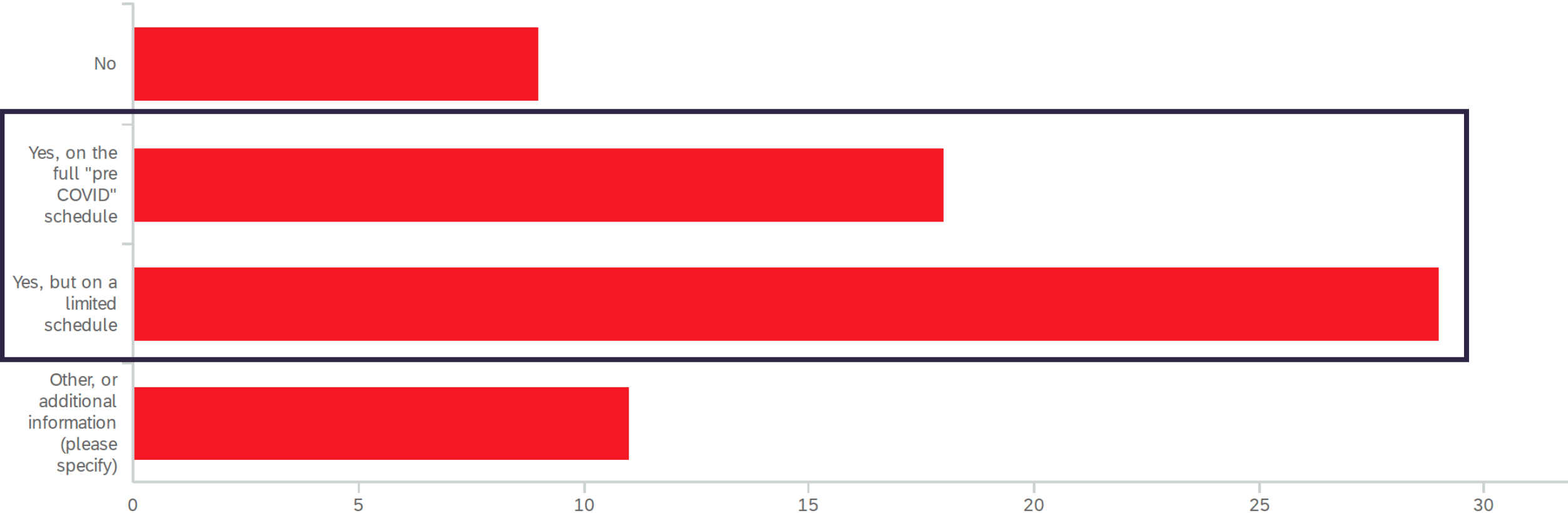
Select your HRIF Clinic center:

What date (mm/dd/yyyy) did your clinic officially close **in person** (face to face) HRIF visits?



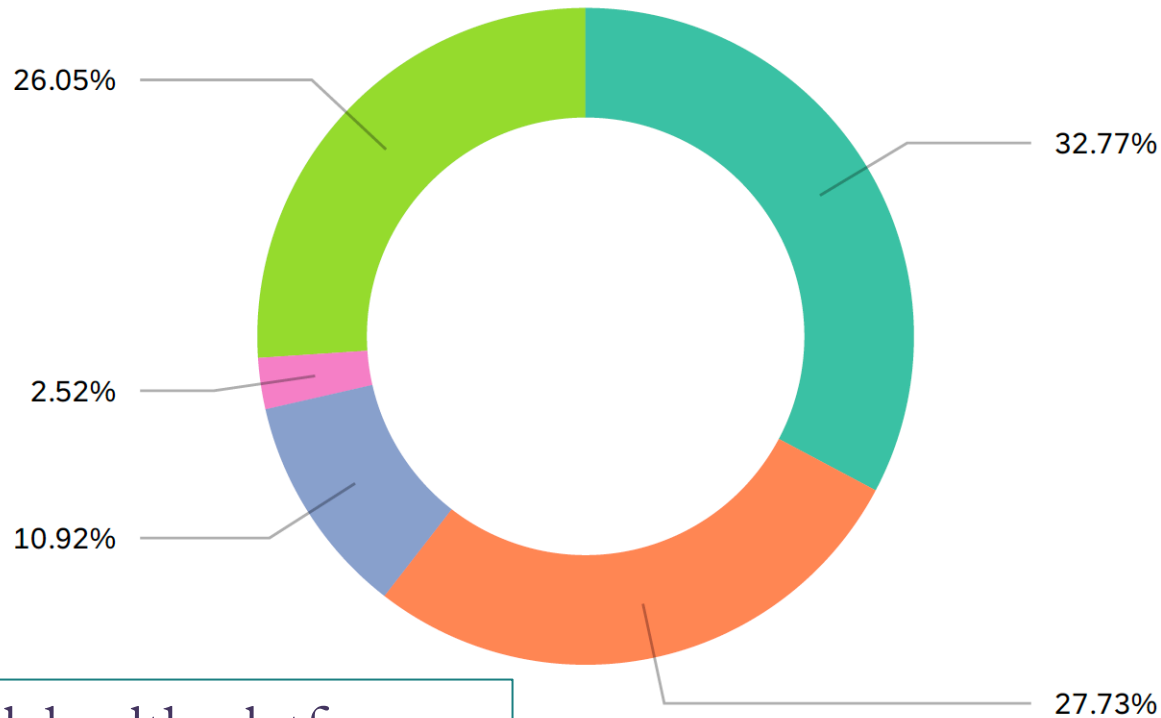
- Most between 3/11- 3/20
- A few outliers – 4/1 – 4/11

Q3 - Has your institution given approval or already started to resume in person (face to face) HRIF visits?



“Re-opening” dates → most in late May to mid June → some August

Q6 - How are HRIF children being followed in your clinic during COVID? (check all that apply)



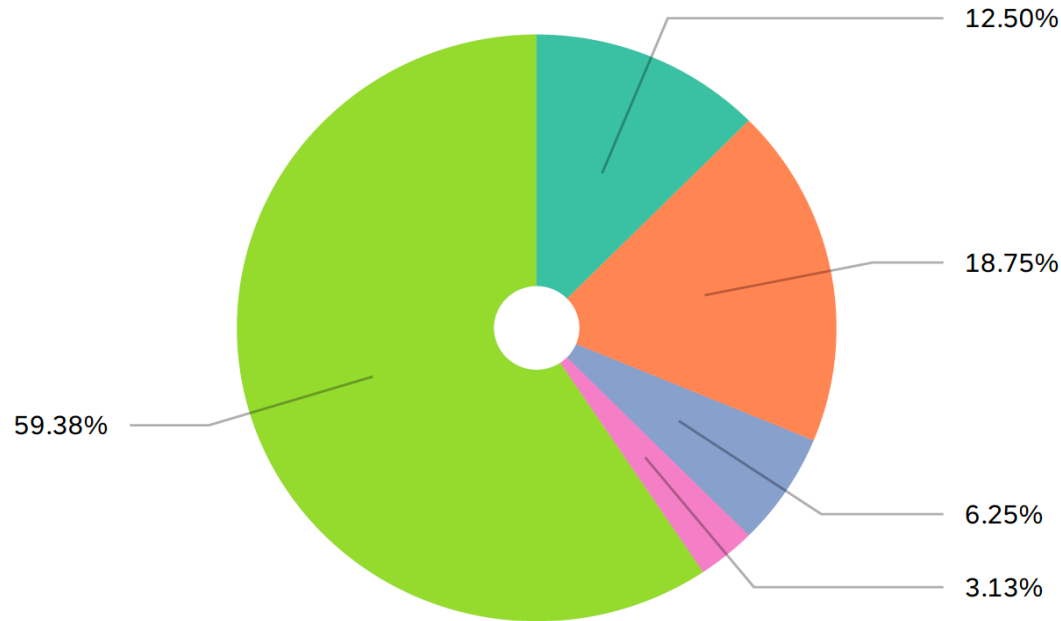
Telehealth	32.77%	39
Phone calls	27.73%	33
Postcards	10.92%	13
Nothing	2.52%	3
Other	26.05%	31
		119

Wide variety of telehealth platforms used by HRIF programs -

- We are doing telehealth (audio + video) visits
- We are making phone calls
- We are sending letters/postcards
- We are not doing anything
- Other (please specify)

Q8 - You indicated that your clinic is NOT doing telehealth visits, what are the barriers to implementing them? (check all that apply)

responses - 32

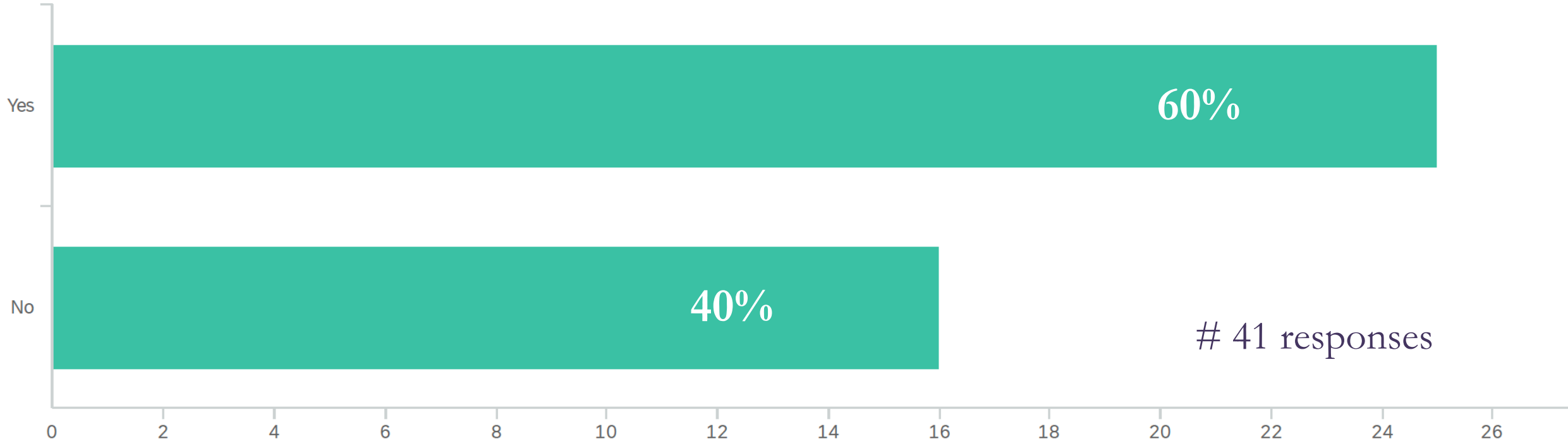


Majority of "other responses" :

- In person visits were resumed → teams felt assessments should be done and in person
- **Families with limited resources and inability to access telehealth**
- Unknown other options besides in person

- Our institution has not provided support to launch telehealth visits for any outpatient clinics.
- Our institution has not provided support to launch telehealth visits for HRIF, although they have provided support to other outpatient clinics.
- Our institution has indicated that telehealth is difficult to bill or cannot be billed.
- We do not know how to get telehealth visits started.
- Other (please provide comment)

Q9 - You indicated that your clinic is conducting telehealth visits, are you administering any standardized assessments by telehealth?



Wide variety of assessments being used by HRIF programs in telehealth visits - -

Overview – Recent state HRIF visits

- Added “telehealth” option on web-based Standard Visit data entry form in late March 2020
- “In flight” data:

HRIF Visits 6/1/20 - 8/31/20

	Missing	Televisit	In Person	Total
SV (% derived Among ALL SV 2882)	0 (0%)	1048 (36.36%)	1834 (63.64%)	2882
AV (% derived Among ALL AV 112)	0 (0%)	43 (38.39%)	69 (61.61%)	112
Total (% derived Among ALL Visits 2994)	0 (0%)	1091 (36.44%)	1903 (63.56%)	2994

CPQCC HRIF Telehealth Work Group

- Multiple stakeholders from across the state – psychologists and other providers (physicians and APPs), coordinators, CPQCC and CCS representatives.
- Goals:
 - Better understand current state for HRIF visits
 - Develop high level guidance on options for telehealth to inform HRIF Standard Visit changes
 - Develop guidance on prioritization
 - Highlight pros and cons of telehealth vs. in person visits

More to come - -

- Concepts from implementation planning:
 - **Develop guidance on prioritization strategies**, enhance recognition of barriers for in-person and telehealth visits → visits, patients, families.
 - Underscore value of team visits during telehealth.
 - **Advocate** for HRIF clinics currently without telehealth support.
 - For SV 2021: include a **limited number of *additional assessments appropriate for telehealth*** –input from California experts, across the U.S., beyond.
 - **Opportunity for quality improvement** and prospective investigation of process change implementation

2021 Database Changes & Forms



Referral/Registration (RR) form

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

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

“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!

RR form – Program Registration Information

Infant enrolled in a CCS Clinic other than the HRIF Program

CHANGE:

- Remove Infant enrolled in a CCS Clinic other than the HRIF Program

Referral Registration (RR) form

PROGRAM REGISTRATION INFORMATION

Infant enrolled in a CCS program other than HRIF No Yes Unknown

RR form – Program Registration Information

Infant's Ethnicity and Mother's Ethnicity

CHANGE:

- Remove **Declined** option

Updated 2021 Definition: Infant's Ethnicity and Mother's Ethnicity

- Select **Hispanic/Latino**
- Select **Non-Hispanic**
- Select **Unknown** if this information cannot be obtained.

RR form – Program Registration Information

Infant's Race and Mother's Race

CHANGE:

- Remove **Declined** option from race categories

Updated 2021 Definition: Infant's Race and Mother's Race

- Select **Black or African American**
- Select **Asian**
- Select **Native Hawaiian or Pacific Islander**
- Select **American (North, South or Central) Indian or Alaskan Native**
- Select **White**
- Select **Other**
- Select **Unknown** if this information cannot be obtained.

Prepopulate Data Fields

RR and SV forms

CHANGE: Carryover the following collected information from the previous forms:

- Insurance
- Living Arrangements of Child
- Education of Primary Caregiver
- Caregiver Employment
- Routine Child Care

Previous Standard Visit Values ×

Select values to carry over from previous standard visit form

<input type="checkbox"/> Insurance:	Medi-Cal
<input type="checkbox"/> Living Arrangement of the Child:	One Parent
<input type="checkbox"/> Education of Primary Caregiver:	College Degree
<input type="checkbox"/> Caregiver Employment:	Full-Time
<input type="checkbox"/> Routine Child Care:	

Copy Values Close

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. **This visit was conducted**

3. **Core Visit (auto)**

4. **Neurologic Exam**

5. **Developmental Assessment**

6. **Disposition**

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

SV form – Visit Assessment

Infant enrolled in a CCS Clinic other than the HRIF Program

CHANGE:

- Remove Infant enrolled in a CCS Clinic other than the HRIF Program

Standard Visit (SV) form

VISIT ASSESSMENT

***Core Visit** **Zip Code of Primary Caregiver**

(Core Visit is based on Adjusted Age) (will be updated in the Referral/Registration form)

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

SV form – Visit Assessment

This visit was conducted (required)

CHANGE:

- Add **This visit was conducted**
 - Select **In-Person** if the visit was an in-person clinic appointment.
 - Select **Telehealth (audio + video observation)** if the visit was a virtual visit appointment by Telehealth, Zoom, Webex or another audio/video application.
 - Select **Phone Only** if the visit was only a telephone audio appointment.

Standard Visit (SV) form

VISIT ASSESSMENT

***Core Visit** (1)

#1 (4-8 months)

#2 (12-16 months)

#3 (18-36 months)

***This visit was conducted:**

In-person

Telehealth (audio + video observation)

Phone Only

SV form – Medical Services Review

Allergy/Immunology

CHANGE:

- Add Allergy/Immunology medical service option

Standard Visit (SV) form

MEDICAL SERVICES REVIEW			
Is the Child Receiving or Being Referred for Medical Services?			
<input type="checkbox"/> No (Skip to Neurosensory Assessment)		<input type="checkbox"/> Yes (Complete below)	<input type="checkbox"/> Unknown (Skip to Neurosensory Assessment)
Allergy/Immunology	<input type="checkbox"/> Does Not Need	<u>Referred, but Not Receiving (check reason)</u>	
	<input type="checkbox"/> Receiving	<input type="checkbox"/> Missed Appointment	<input type="checkbox"/> Visit Pending
	<input type="checkbox"/> Complete	<input type="checkbox"/> Re-REFERRED	<input type="checkbox"/> Insurance/HMO Denied
	<input type="checkbox"/> Referred at Time of Visit	<input type="checkbox"/> Parent Declined/Refused Service	<input type="checkbox"/> Service Not Available
		<input type="checkbox"/> Other/Unknown Reason	

SV form – Neurological Assessment

This part of the visit was done by (required)

CHANGE:

- Add **This part of the visit was done by**
 - Select **In-Person** if the visit was an in-person clinic appointment.
 - Select **Telehealth (audio + video observation)** if the visit was a virtual visit appointment by Telehealth, Zoom, Webex or another audio/video application.
 - Select **Phone Only** if the visit was only a telephone audio appointment.

Standard Visit (SV) form

NEUROLOGIC ASSESSMENT				
<p>*This part of the visit was done by: <input type="checkbox"/> In-person <input type="checkbox"/> Telehealth (audio + video observation) <input type="checkbox"/> Phone Only</p>				
<p>*Was a Neurologic Exam Performed During this Core Visit?</p>				
<input type="checkbox"/> Yes	<p>Date Performed: <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)</p>			
<input type="checkbox"/> No	<p>Reason Why Exam NOT Performed:</p>	<input type="checkbox"/> Acute Illness <input type="checkbox"/> Known SEVERE Developmental Disability <input type="checkbox"/> Significant Sensory Impairment/Loss	<input type="checkbox"/> Behavior Problems <input type="checkbox"/> Primary Caregiver Refused <input type="checkbox"/> Other Medical Condition	<input type="checkbox"/> Examiner Not Available <input type="checkbox"/> Primary Language <input type="checkbox"/> Other

SV form – Developmental Assessment

This part of the visit was done by (required)

CHANGE:

- Add **This part of the visit was done by**
 - Select **In-Person** if the visit was an in-person clinic appointment.
 - Select **Telehealth (audio + video observation)** if the visit was a virtual visit appointment by Telehealth, Zoom, Webex or another audio/video application.
 - Select **Phone Only** if the visit was only a telephone audio appointment.

Standard Visit (SV) form

DEVELOPMENTAL CORE VISIT ASSESSMENT				
<p>*This part of the visit was done by: <input type="checkbox"/> In-person <input type="checkbox"/> Telehealth (audio + video observation) <input type="checkbox"/> Phone Only</p>				
<p>*Was a Developmental Assessment Screener or Test Performed During this Core Visit?</p>				
<input type="checkbox"/> Yes	Date Performed:	<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)	
<input type="checkbox"/> No	Reason Why Assessment NOT Performed:	<input type="checkbox"/> Acute Illness <input type="checkbox"/> Known SEVERE Developmental Disability <input type="checkbox"/> Significant Sensory Impairment/Loss	<input type="checkbox"/> Behavior Problems <input type="checkbox"/> Primary Caregiver Refused <input type="checkbox"/> Other Medical Condition	<input type="checkbox"/> Examiner Not Available <input type="checkbox"/> Primary Language <input type="checkbox"/> Other

SV form – Developmental Assessment

Bayley 4 Screener

CHANGE: Range categories updated

- **Low Risk** if the raw score falls within the low risk range on the table for the child’s age in months and days
- **Borderline Risk** if the raw score falls within the borderline risk range on the table for the child’s age in months and days
- **High Risk** if the raw score falls within the high risk range on the table for the child’s age in months and days

Standard Visit (SV) form

Bayley Scales of Infant and Toddler Development Screener 4 (Bayley 4) - check appropriate range					
Cognitive:	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Borderline Risk	<input type="checkbox"/> High Risk	<input type="checkbox"/> Unable to Assess	<input type="checkbox"/> Did Not Assess
Receptive Language:	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Borderline Risk	<input type="checkbox"/> High Risk	<input type="checkbox"/> Unable to Assess	<input type="checkbox"/> Did Not Assess
Expressive Language:	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Borderline Risk	<input type="checkbox"/> High Risk	<input type="checkbox"/> Unable to Assess	<input type="checkbox"/> Did Not Assess
Fine Motor:	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Borderline Risk	<input type="checkbox"/> High Risk	<input type="checkbox"/> Unable to Assess	<input type="checkbox"/> Did Not Assess
Gross Motor:	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Borderline Risk	<input type="checkbox"/> High Risk	<input type="checkbox"/> Unable to Assess	<input type="checkbox"/> Did Not Assess

SV form – Developmental Assessment

Bayley 4 Test (Hardcopy/Computer)

CHANGE: Score ranges updated

Composite - Standard Score Ranges	Sub-Domains - Scale Score Ranges
Extremely High/Very Exceptional (< 129)	Very High/Exceptional (> 13)
Very High/Exceptional (120 – 129)	High Average (12 - 13)
High Average (110 – 119)	Average (9 - 11)
Average (90 – 109)	Low Average (8)
Low Average (80 – 89)	Very Low/ Borderline (6 - 7)
Very Low/ Borderline (70 – 79)	Extremely Low (< 6)
Extremely Low (< 70)	

SV form – Social Concerns and Resources

Food Insecurity

CHANGE:

- Add **Food Insecurity**

Choose **one** of the options if **intervention is necessary**; in the instance that the primary caregiver within the past 12-months: Worried whether their food would run out before they got money to buy more or the food they bought just didn't last and they didn't have money to get more.

- Select **No**
- Select **Yes, Referral Not Necessary**
- Select **Yes, Referred to Social Worker**
- Select **Yes, Referred to Other Community Resources**

Standard Visit (SV) form

The Hunger Vital Sign™ is a validated two-question food insecurity screening tool. The two questions are drawn from USDA's 18-question Household Food Security Scale, which is the "gold standard" for food security measurement and used primarily for surveillance and research purposes. The Hunger Vital Sign™ provides a more practical tool for use in clinical settings and in community outreach. The [screening tool was validated](#) by Children's HealthWatch researchers. Hager ER, et al. Pediatrics 2010

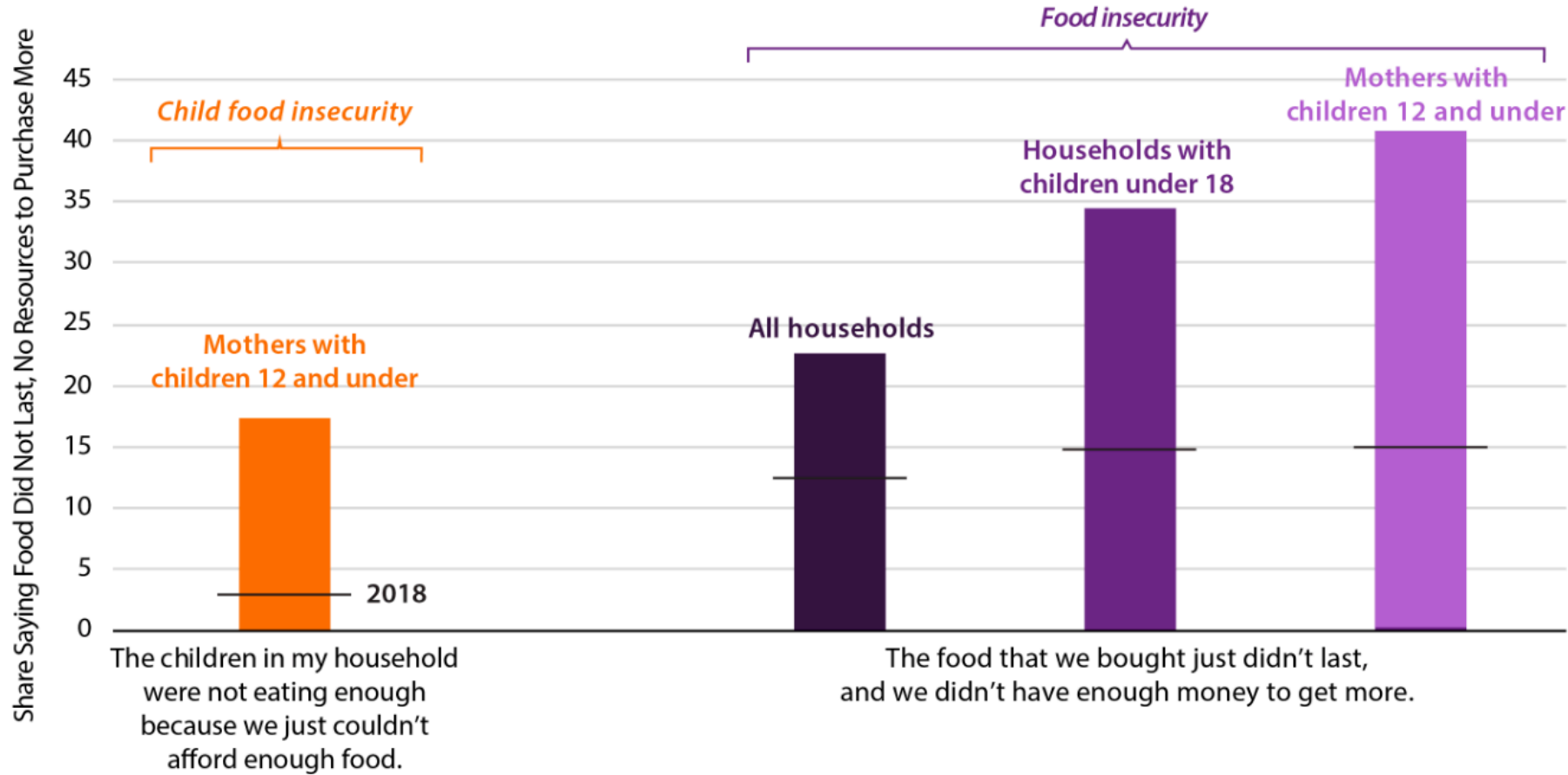
SOCIAL CONCERNS AND RESOURCES

Food Insecurity

Lack of resources\$\$ to purchase food, not enough food to feed the family

- | | |
|-----------------------------|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, Referral Not Necessary |
| | <input type="checkbox"/> Yes, Referred to Social Worker |
| | <input type="checkbox"/> Yes, Referred to Other Community Resources |

Food Insecurity in the United States, April 2020



<https://www.brookings.edu/blog/up-front/2020/05/06/the-covid-19-crisis-has-already-left-too-many-children-hungry-in-america/>

Additional Visit (AV) form

- May occur **before, between and/or after** the recommended timeframes 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.**

AV form

This visit was conducted (required)

CHANGE:

- Add **This visit was conducted**
 - Select **In-Person** if the visit was an in-person clinic appointment.
 - Select **Telehealth (audio + video observation)** if the visit was a virtual visit appointment by Telehealth, Zoom, Webex or another audio/video application.
 - Select **Phone Only** if the visit was only a telephone audio appointment.

Additional Visit (AV) form

***Required Field**

*** DATE OF ADDITIONAL VISIT:** -- (MM-DD-YYYY)

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

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.**

CNSD form – Reason

Appt Cancelled/COVID-19 Related

CHANGE:

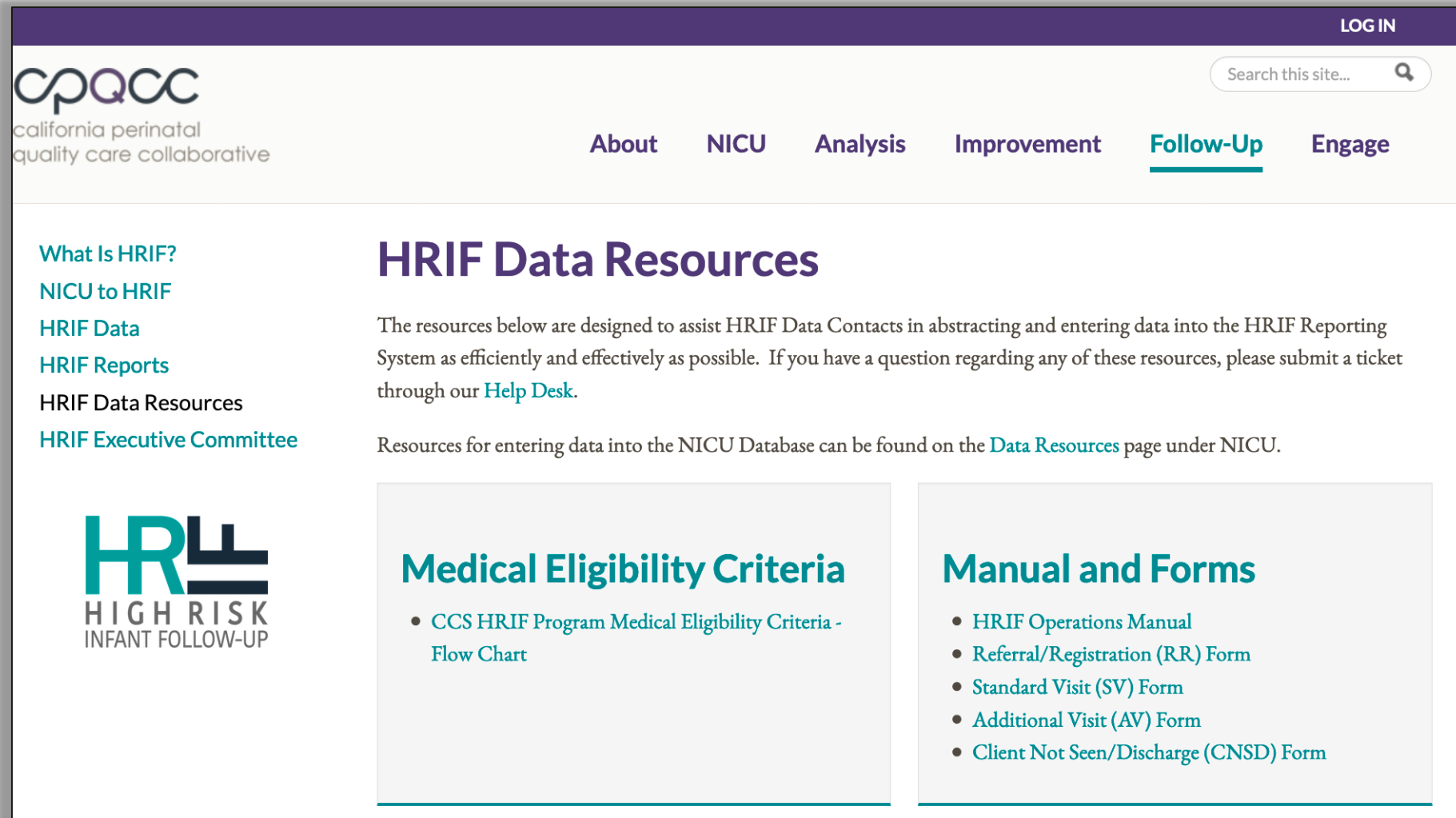
- Update **Appt Cancelled/COVID-19 Related**
 - If the infant/child is scheduled for standard visit and the parent (caregiver) cancelled/rescheduled the appointment to prevent the risk of Coronavirus/COVID-19 spread in the state of California or due to other COVID-19 related reasons such as: In home distance learning; no childcare/daycare for other children in the household; family/household member exposed to the coronavirus.

Client Not Seen Discharge(CNSD) form

*REASON FOR CLIENT NOT SEEN / DISCHARGE (Required Field)	
<input type="checkbox"/> Appt Cancelled/COVID-19 Related	<input type="checkbox"/> Parent Declines Due to Cost
<input type="checkbox"/> Infant Illness	<input type="checkbox"/> Insurance Authorization Problems

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 menu 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 paragraph 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 "CCS HRIF Program Medical Eligibility Criteria - Flow Chart", and "Manual and Forms" with links to "HRIF Operations Manual", "Referral/Registration (RR) Form", "Standard Visit (SV) Form", "Additional Visit (AV) Form", and "Client Not Seen/Discharge (CNSD) Form".

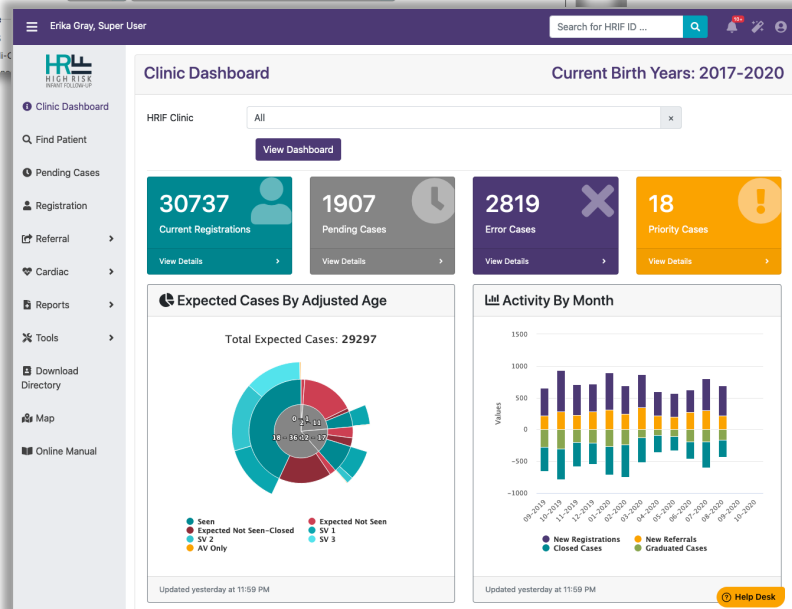
System Improvements



HRIF Database Development

2009

2019



2021

2009 Launch HRIF Reporting System

2011 HRIF Summary & CCS Reports

- Reference Number Tool

2013 HRIF Tracker Tool

- NICU Summary Reports

- HRIF/NICU Match Reports

2014 Launch Duo Secure

2016 New CCS HRIF P.L.

- Data Finalization Process

★ 2018 Primary Data Files/Download

★ 2019 Cardiac Referral User/EDS

★ 2020 Clinic Dashboard

Primary Data Files (Data Download)

Find Patient Pending Cases Registration Referral Cardiac **Reports** Tools Admin Help Sign Out

HRIF Summary CCS Annual NICU Summary Cardiac Summary Prog Profile Service Refs **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 Mon Oct 19 09:51:25 PDT 2020

HRIF Clinic

Infant's Birth Year

2010 2011 2012 2013 2014 2015 2016

Each birth year will include the 8 listed files:

- HRIF Primary Data ReadMe.pdf
- HRIF_data_dictionary_2010+.xlsx
- HrifPrimaryData_AdditionalVisit_2010.csv
- HrifPrimaryData_NoShowVisit_2010.csv
- HrifPrimaryData_Registration_2010.csv
- HrifPrimaryData_StandardVisit_2010.csv
- HrifPrimaryData_SvHospReason_2010.csv
- HrifPrimaryData_SvOtherMed_2010.csv

Available since 2018!

Cardiac User / Electronic Data Submission (EDS)

✔ **The following HRIF IDs have been saved:**

- 10787797
- 10787798
- 10787799

Row Id	NICU Osphd 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](#)

Release January 2020!

Navigation Panel and Features

Navigation Panel and Features

Top Navigation Bar: Erika Gray, Super User | Search for HRIF ID ... | 10+ notifications | User profile

Left Sidebar:

- Clinic Dashboard
- Find Patient
- Pending Cases
- Registration
- Referral >
- Cardiac >
- Reports >
- Tools >
- Download Directory
- Map
- Online Manual

Map: Shows HRIF Clinics (green pin), CCS NICU (purple pin), and Non-CCS NICU (grey pin) across California. Callout for Antelope Valley Hospital:

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)

Right Panel - Case Counts:

- Pending Cases **1912**
- Error Cases **2823**
- Priority Cases **19**

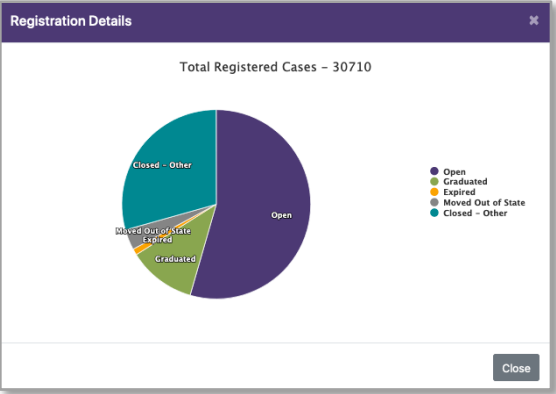
Right Panel - Clinic Settings:

- Clinic Settings
- Update Password
- Download Directory
- Newletter Preferences
- HRIF Data Resources
- Help Desk
- Change Clinic
- Logout

Bottom: Available November 2020!

Available November 2020!

Clinic Dashboard



Clinic Dashboard Current Birth Years: 2017-2020

HRIF Clinic: x

[View Dashboard](#)

30710

Current Registrations

View Details >

1660

Pending Cases

View Details >

3023

Error Cases

View Details >

220

Priority Cases

View Details >

Expected Cases By Adjusted Age

Total Expected Cases: 29273

Updated yesterday at 11:59 PM

Activity By Month

Updated yesterday at 11:59 PM

Visits [By Month](#) [By Year](#)

Updated yesterday at 11:59 PM

Expected Not Seen x

Show entries Search:

HRIF ID	First Name	Last Name	DOB
12322	tnxfq	lodxt	06/19/2019
12339	scnlg	gdyyj	08/15/2019
12341	nmvkt	aruvf	08/15/2019
12346	hfsrq	gwgjl	07/16/2019
12348	hmut	coauy	08/27/2019

View Details:

- Pending Cases
- Error Cases
- Priority Cases

 Opens the associated system tool

Reminder

“New” HRIF Reporting System Webinar

November 13, 2020

12 pm – 1:30 pm

Registration Link:

https://stanford.zoom.us/webinar/register/WN_YYGr_SIR3mZlylOHZ6l_w

Tools & Resources



How to Transfer Records

1. **Contact the CCS HRIF Clinic Coordinator** where the patient will be transferred, provide case information **and receive a confirmation via email** that the patient will be accepted and followed in their HRIF Clinic.
2. **Submit a Client Not Seen/Discharge (CNSD) form**, before requesting to transfer the patient's record:
 - Date the client was not seen
 - Category: **Discharged**
 - Reason: **Infant Referred to Another HRIF Program**
 - Disposition: **Will be Followed by Another CCS HRIF Program**
3. **Submit a Help Desk ticket requesting to transfer** the patient record to another CCS HRIF Clinic. Include the following information in the ticket request:
 - **Email confirmation from the HRIF Clinic Coordinator accepting the patient**
 - Record **HRIF ID Number**
 - Patient's **birth weight** or **gestational age**
 - **The CCS HRIF Clinic** where the patient will be transferred to for follow-up services

Transfer Record Policy

- 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. If greater than 2 months, submit another CNSD form or update the date of not seen in the latest CNSD form.
- If the child is greater than 28 months, HRIF Support will contact the transfer to HRIF Clinic Coordinator to confirm acceptance of the case prior to processing the transfer.
- **Records are transferred on a weekly basis.**

System Tools

Record Tracker

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

Case Transfer Tracker

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

Manage NICU Reference ID

Provides a list of the registered infants, allows the HRIF clinic staff to update the NICU Record ID.

Closeout Checklist

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

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

HRIF Family Handout

<https://www.cpqcc.org/resources/hrif-family-handout>

WHAT IS THE HRIF CLINIC?

Children cared for in a Neonatal Intensive Care Unit (NICU) can have challenges with their development. The High-Risk Infant Follow-up (HRIF) clinics are here to teach parents about these challenges, and give advice on what you can do to help your child. The HRIF clinics support children from when they leave the hospital to age three.



It is recommended that families visit the HRIF Clinic, and their regular pediatrician. Your child should come to the HRIF Clinic at least three times. The care team recommends visits at ages:

-  4 to 8 months
-  12 to 16 months
-  18 to 36 months

It is possible your child might need more than three appointments. This is decided by the needs and goals of each family. At every visit, your child will meet with a team of specialists. Some of the providers who work in the clinic include: nurses, developmental/ pediatric specialists, therapists, and social workers.

the HRIF team will do some tests to

WHAT WE DO FOR YOUR CHILD

- Look at medical history
- Do a physical exam
- Give nutrition advice
- Measure social and emotional development
- Help build speech and language skills
- Test muscle strength and movement
- Check hearing and vision
- Measure skills for thinking and

IN YOUR CHILD'S FIRST 3 YEARS, THEY WILL GAIN SKILLS IN



WHEN TO TALK TO YOUR CHILD'S DOCTOR

Every child develops at their own pace. But, there are signs that could mean there is a delay in your child's progress. Talk to your child's doctor, or health care provider, if you are worried. Let them know if your child is not able to do the following:

AGE: 6 MONTHS

- Try to get things that are near
- Show feelings for others
- Respond to sounds around them
- Getting things to mouth
- Make vowel sounds ("ah," "eh," "oh")
- Roll over in either direction
- Laugh or make joyful sounds

AGE: 12 MONTHS

- Crawl
- Stand with help
- Look for things that you hide
- Say single words like "mama" or "dada"
- Learn moves like waving or shaking head
- Point to things
- Remember the skills they

AGE: 24 MONTHS

- Use 2-word phrases like "drink milk"
- Know what to do with common things, like a brush, phone, fork, spoon
- Copy actions and words
- Follow simple instructions
- Walk steadily
- Remember the skills they

Developmental milestones adapted from Centers for Disease Control and Prevention ([cdc.gov/ncbddd/actearly/index.html](https://www.cdc.gov/ncbddd/actearly/index.html))

XYZ HRIF Clinic
1234 Street
Anywhere, California 1234
Phone: XXX-XXX-XXXX

ADD YOUR CLINIC
LOGO HERE

HRIF
HIGH RISK
INFANT FOLLOW-UP

cpqcc
cpqcc.org

Clinic Setting	Value(s)
HRIF Clinic ID	RYF
Clinic Name	Asgard Medical Center
HRIF Data Collection Started	06-17-2009
Provide HRIF Services	Y
Data Requestor	
Data Users	Norse God, Heimdall (heimdall@norsegods.org) ; Norse God, Odin (odin@norsegods.org) ; Odinson, Loki (loki@norsegods.org) ; Odinson, Thor (thor@norsegods.org)
Referral Users	Norse God, Heimdall (heimdall@norsegods.org) ; Norse God, Odin (odin@norsegods.org)
NICU Users	Norse God; Odin (odin@norsegods.org) , Odinson; Loki (loki@norsegods.org)
Cardiac Users (only for sites with a cardiac unit)	
Inactive Users	Nordjson, Freyr (freyr@norsegods.org) Odinson, Bragi (bragi@norsegods.org) , Odinvife, Frigg (frigg@norsegods.org)
Perinatal Region (RPPC)	6
OSHPD Facility Code	GMWZSG
CCS NICU Level	Community

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

[Text input field]

Last Name

[Text input field]

Email Address

[Text input field]

Hospital/Organization Name

[Text input field]

Role

[Text input field]

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



Download Directory

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

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

Last Update By (Firstname Lastname) <small>* must provide value</small>	Karen Schroeder
<input type="submit" value="Submit"/>	

Update Directory

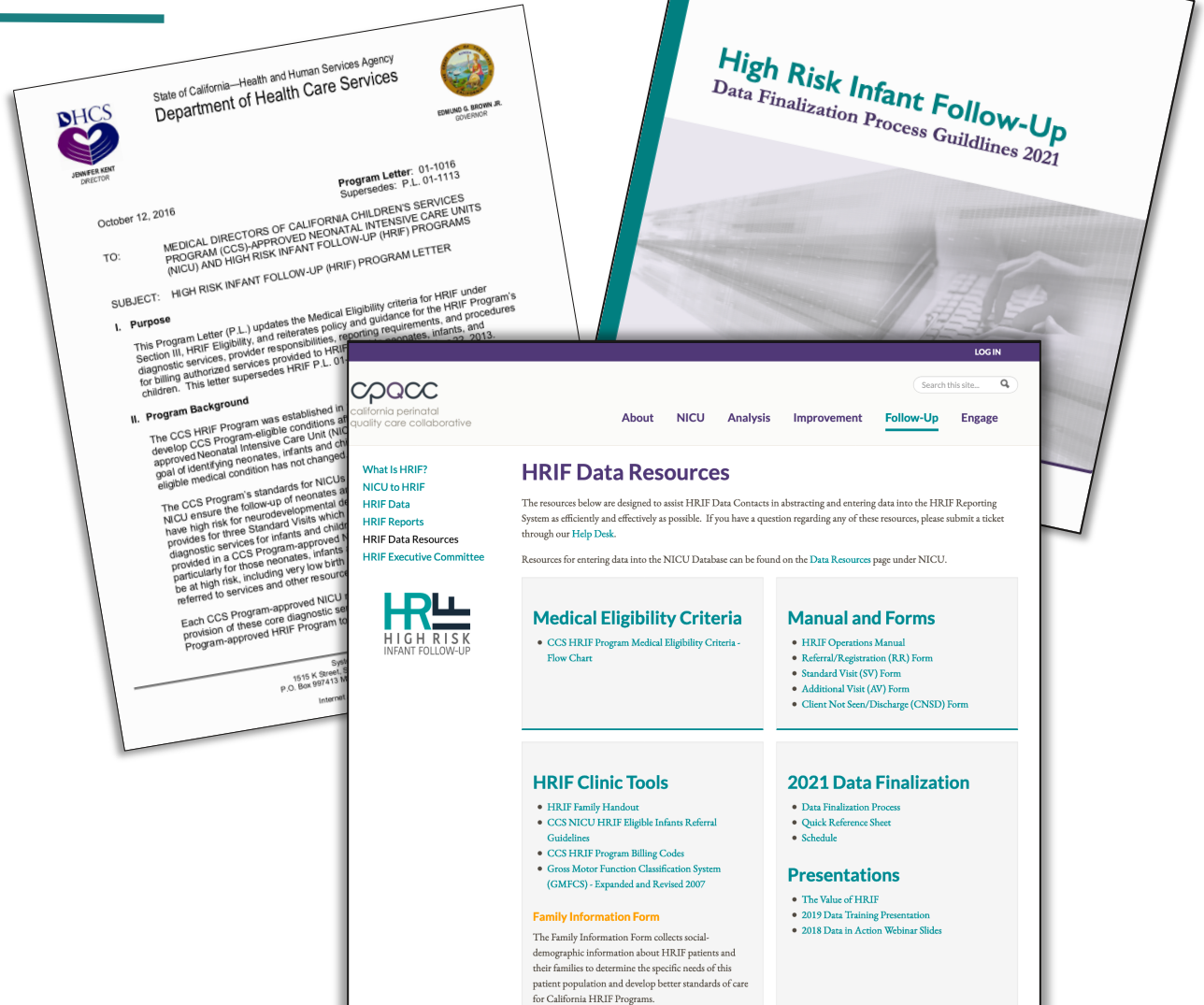
1. At the bottom of the survey is a section titled: **HRIF SPECIALTY OUTREACH SATELLITE CLINICS**
2. Select **Yes** for **HRIF Program affiliated with a Specialty Outreach Satellite Clinic**
3. Indicate the number of affiliated satellite clinics
4. Complete the fields listed for each satellite clinic.

It's highly recommended that you review the directory every 6 months, to make sure it's current.

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 "Yes" and "No" radio buttons 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.

Resources

1. **CPQCC Website:** www.cpqcc.org
 - [What Is HRIF?](#)
 - [HRIF Data Resources](#)
 - [CCS – Program Number Letters](#)
2. **2021 Data Finalization**
3. **CCS NICU HRIF Eligible Infants Referral Guidelines**
4. **CCS HRIF Program Billing Codes**
5. **Directories**
 - [CPQCC Member Directory](#)
 - [DHCS HRIF Directory](#)



Data Finalization Process (DFP)



2020 Closeout Summary

68 HRIF Clinics

1

Item 1 and 2: Priority Cases and Errors

- 100% completed

2

Items 3: Unclosed 2018 RR forms

- 65 clinics completed
- 3 clinic (21 incomplete records)

3

Item 4: Submission of 2018 SV #1

- 62 clinics completed
- 6 clinics (18 incomplete records)

4

Item 5: Confirm CCS Report

- 58 clinics completed

5

Item 6: 2017 Infants Registered

- 30 clinics completed

6

Item 7: Update HRIF Directory

- 65 clinics completed

Member Awards

Super Star



Clinic submitted items
1 - 4 by March 1st

Crown



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

- June 1st
- June 17th
- August 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

Congratulations Award Winners



49 HRIF Clinics met the **March 1st** deadline



18 HRIF Clinics met the follow-up rate for infants born in 2016



23 HRIF Clinics met the 2020 HRIF Data Finalization deadlines

Super Star Award



Adventist Health - Glendale

Alta Bates Summit Medical Center

Arrowhead Regional Medical Center

California Pacific Medical Center

Cedars Sinai Medical Center

Children's Hospital of Los Angeles

Community Memorial Hospital - Ventura

Community Regional Medical Center - Fresno

Desert Regional Medical Center

Doctors Medical Center

Fountain Valley Regional Hospital and
Medical Center - Euclid

Hoag Memorial Hospital Presbyterian

Huntington Memorial Hospital

John Muir Health - Walnut Creek Medical Center

Kern Medical Center

KFH - Downey

KFH - Fontana

KFH - Los Angeles

KFH - Orange County - Anaheim

KFH - Panorama City

KFH - Roseville

KFH - San Diego

KFH - San Francisco

KFH - San Leandro

Super Star Award



KFH - Santa Clara

KFH - Walnut Creek

LAC/Harbor - UCLA Medical Center

LAC/Olive View - UCLA Medical Center

Loma Linda University Children's Hospital

Los Robles Hospital & Medical Center

Marian Regional Medical Center

Memorialcare Miller Children's and Women's
Hospital at Long Beach

Mercy San Juan Hospital

Natividad Medical Center

Northbay Medical Center

Pomona Valley Hospital Medical Center

Providence Cedars-Sinai Tarzana Medical Center

Providence Holy Cross Medical Center

Santa Clara Valley Medical Center

Sharp Mary Birch Hospital for Women and Newborns

Sierra Vista Regional Medical Center

St. Francis Medical Center

St. John's Regional Medical Center

St. Joseph's Medical Center of Stockton

UC Davis Medical Center

UC Irvine Medical Center

UC San Diego Medical Center – Hillcrest

Valley Children's Hospital

Ventura County Medical Center

Follow-up Award



Alta Bates Summit Medical Center

John Muir Health - Walnut Creek Medical Center

KFH - Downey

KFH - Los Angeles

KFH - Oakland

KFH - Orange County - Anaheim

KFH - Panorama City

KFH - Roseville

KFH - San Diego

KFH - San Leandro

KFH - Walnut Creek

Los Robles Hospital & Medical Center

Lucile Packard Children's Hospital Stanford

Natividad Medical Center

Northbay Medical Center

Santa Clara Valley Medical Center

Sierra Vista Regional Medical Center

St. John's Regional Medical Center

KFH - Walnut Creek

Los Robles Hospital & Medical Center

Crown Award



Anderson Lucchetti Women's and Children's Center

Bakersfield Memorial Hospital

Children's Hospital of Orange County

Community Memorial Hospital - Ventura

Community Regional Medical Center - Fresno

Doctors Medical Center

Huntington Memorial Hospital

KFH - Downey

KFH - Fontana

KFH - Los Angeles

KFH - Orange County - Anaheim

KFH - Panorama City

KFH - Santa Clara

LAC/Olive View - UCLA Medical Center

Loma Linda University Children's Hospital

Mercy San Juan Hospital

Natividad Medical Center

Rady Children's Hospital - San Diego

Santa Barbara Cottage Hospital

Sutter Santa Rosa Regional Hospital

UC San Diego Medical Center – Hillcrest

UCLA Mattel Children's Hospital

Valley Presbyterian Hospital

DATA MANAGEMENT AWARDS

- NICU Awards
- HRIF Awards

The screenshot shows the CPQCC website with the 'Membership' dropdown menu open. The menu options are: Who We Are, What We Do, Membership (highlighted), Our Staff, Our Partners, and News and Events. The main content area features a 'Member Awards' section with four award cards: NICU Super Star, HRIF Super Star, NICU Early Bird, and HRIF Follow-up. Each card includes a description of the award criteria and a link to view award certificates.

CPQCC
california perinatal
quality care collaborative

Search this site...

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

Membership

- Who We Are
- What We Do
- Membership**
- Our Staff
- Our Partners
- News and Events

Member Awards

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

NICU Super Star

Awarded to NICUs that submit items 2-8 on the NICU Closeout Checklist before March 15th.

[View award certificates.](#)

HRIF Super Star

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

[View award certificates.](#)

NICU Early Bird

Awarded to NICUs that submit item 14 on the close-out checklist (CCS Report confirmation) on June 2nd.

[View award certificates.](#)

HRIF Follow-up

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

[View award certificates.](#)

Reminder

2020 Data Finalization Evaluation







DEADLINE: November 1, 2020

Evaluation Link:

https://stanforduniversity.qualtrics.com/jfe/form/SV_ac7x8ATRoDvCQfz



2021 Data Finalization Schedule

JAN - APR	MAY st	JUN st	JUN 2 nd	JUN 17 th	AUG st	AUG st	SEP - DEC
							
DATA REVIEW	SUPER STAR AWARD	DEADLINE	FOLLOW-UP RATE AWARD	DEADLINE	DEADLINE	CROWN AWARD	DATA REVIEW
Utilize Reporting System tools: Closeout Checklist; Record Tracker; NICU Reference ID/Timely Referral; Error and Warning	Submission of No Priority/ Error & Warning Cases for Infants born in 2017; Closed RR forms AND SV #1 for All expected infants born in 2019	Data finalized for infants born in 2017; Closed RR forms AND SV #1 for All expected infants born in 2019	Core Visit F/U Rates for infants born 2017: 1 st => 80% 2 nd => 70% 3 rd => 60%	CCS Annual Report for infants born in 2017 ----- Report available June 2 nd must Confirm by June 17th	Register/ accept all HRIF eligible infants born in 2020 AND Confirm HRIF Directory Contacts	Granted to HRIF Clinics that meet All Closeout Deliverable Deadlines: Jun 1st, Jun 17th and Aug 1st	Utilize Reporting System tools: Closeout Checklist; Record Tracker; NICU Reference ID/Timely Referral; Error and Warning

Closeout Checklist



Super Star

Complete items 1 – 4 by **May 1st**

NOTICE

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

#	Item	Resource	Deadline	Complete
1	Submission of no priority cases for infants born in 2017 <i>(29 incomplete)</i>	HRIF Record Tracker	06-01-2021	<input type="checkbox"/>
2	Submission of no error and warning cases for infants born in 2017 <i>(22 incomplete)</i>	Error and Warning Report	06-01-2021	<input type="checkbox"/>
3	Close RR Forms for all infants born in 2019 <i>(70 incomplete)</i>	Error and Warning Report	06-01-2021	<input type="checkbox"/>
4	Submission of SV #1 and/or AV form for all expected infants born in 2019 <i>(81 incomplete)</i>	Error and Warning Report	06-01-2021	<input type="checkbox"/>
5	Confirm the CCS Annual Report for infants born in 2017 (available June 2nd)	CCS Report	06-17-2021	<input type="checkbox"/>
6	Register/accept all eligible HRIF infants born in 2020 from referring CCS NICUs	HRIF/NICU Match Report (www.cpqccreport.org)	08-01-2021	<input type="checkbox"/>
7	Review and sign off on the HRIF Directory	Update Directory Page	08-01-2021	<input type="checkbox"/>

User Comments:

Admin Comments:

Save



Crown

Complete items 1 – 7 by the **Deadline**

Item #5. Confirm HRIF CCS Annual Report

HRIF CCS Report

[+ View Report Options](#)

CCS Report Attestation

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

I, Erika Gray, have reviewed the data values in this report on 06-10-2021.
I confirm that the data is complete and accurately reflects the activity of Hundred Acre Wood Memorial for patients born in 2017.

[Confirm Report](#)

Item #6. Registered All Infants Born in 2020

MUST be checked manually by the HRIF Clinic before **08-01-2021**

6	Register/accept all eligible HRIF infants born in 2020 from referring CCS NICUs	HRIF/NICU Match Report www.cpqccreport.org	08-01-2021	<input type="checkbox"/>
---	---	---	------------	--------------------------



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

Type: **HRIF Database**

The screenshot shows the CPQCC Help Desk interface. At the top, there's a navigation bar with 'Home', 'Solutions', 'Forums', and 'Tickets'. A search bar is present with the text 'How can we help you today?'. Below this, there are sections for 'Knowledge base' and 'Community forums'. The 'Knowledge base' section is expanded to show 'HRIF Database' with sub-categories like 'CCS HRIF Program', 'Reporting System', 'Tips and FAQs', and 'HRIF Agents'. An orange arrow points from the 'New support ticket' button in the top right of the knowledge base area to the 'Submit a ticket' form on the right.

Submit a ticket

Full name *

Center name *

Center number

Email *

Subject *

Type *

HRIF Inquiry *

Description *

B I U **☰ ☷** **🔗 📎** **🗑**

+ Attach a file

Learning from our patients and families

Database Reports

HRLL
HIGH RISK
INFANT FOLLOW-UP



[Find Patient](#) [Pending Cases](#) [Registration](#) [Referral](#) [Cardiac](#) [Reports](#) [Tools](#) [Admin](#) [Help](#) [Sign Out](#)

[HRIF Summary](#) [CCS Annual](#) [NICU Summary](#) [Cardiac Summary](#) [Prog Profile](#) [Service Refs](#) [Data Download](#)
[User Stats](#)

HRIF SUMMARY REPORT

HRIF Summary Report is updated nightly

HRIF Clinic:

Discharge NICU:

Infant's Birth Year:

Infant's Birth Weight or Gestational Age:

Infant's Qualifying Medical Condition:

Report Name:

[View Report](#)

Select *YOUR HRIF* program or *ALL* California programs

HRIF SUMMARY REPORT

HRIF Summary Report is updated nightly

HRIF Clinic

Discharge NICU

Infant's Birth Year

Infant's Birth Weight
or Gestational Age

Infant's Qualifying
Medical Condition

Report Name

[View Report](#)



Select ALL discharging NICUs referring to you or specific NICU

HRIF SUMMARY REPORT

HRIF Summary Report is updated nightly

HRIF Clinic

Discharge NICU

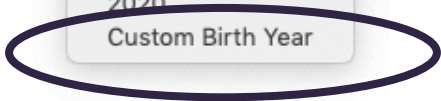
Infant's Birth Year

- All
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
- 2018
- 2019
- 2020
- Custom Birth Year

Infant's Birth Weight
or Gestational Age

Infant's Qualifying
Medical Condition

Report Name



- Find Patient
 - Pending Cases
 - Registration
 - Referral
 - Cardiac
 - Reports
 - Tools
 - Admin
 - Help
 - Sign Out
- HRIF Summary**
 - CCS Annual
 - NICU Summary
 - Cardiac Summary
 - Prog Profile
 - Service Refs
 - Data Download
- Usage Stats

HRIF SUMMARY REPORT

HRIF Summary Report is updated nightly

HRIF Clinic

Discharge NICU

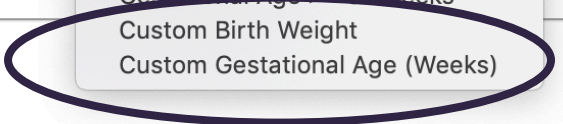
Infant's Birth Year

Infant's Birth Weight or Gestational Age

Infant's Qualifying Medical Condition

Report Name

- ✓ 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)



HRIF SUMMARY REPORT

HRIF Summary Report is updated nightly

HRIF Clinic

Discharge NICU

Infant's Birth Year

Infant's Birth Weight or Gestational Age

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 nightly

HRIF Clinic

Discharge NICU

Infant's Birth Year

Infant's Birth Weight or Gestational Age

Infant's Qualifying Medical Condition

Report Name

- ✓ -- 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 nightly

HRIF Clinic

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
- OTHER MEDICAL CONDITIONS

[Find Patient](#) [Pending Cases](#) [Registration](#) [Referral](#) [Cardiac](#) [Reports](#) [Tools](#) [Admin](#) [Help](#) [Sign Out](#)

[HRIF Summary Usage Stats](#) [CCS Annual](#) [NICU Summary](#) [Cardiac Summary](#) [Prog Profile](#) [Service Refs](#) [Data Download](#)

SERVICE REFERRALS REPORT

This report is only available for closed birth years.

HRIF Clinic

Infant's Birth Years

Custom Birth Year Range Min: Max:

Infant's Birth Weight or Gestational Age

Birth Weight <= 1500 grams

Infant's Qualifying Medical Condition

All

Standard Visit:

Standard Visit Summary Report (Core Visit #1)

[View Report](#)

2012 - 2015 INFANTS WITH BIRTH WEIGHT <= 1500 GRAMS AT SV #1

Service Referrals Report is updated nightly

2012	2013	2014	2015
# Seen: 43	# Seen: 39	# Seen: 38	# Seen: 39

EARLY START AND MEDICAL THERAPY PROGRAM

Early Start Referral or Receiving	16.3%	20.5%	18.4%	38.5%
Medical Therapy Program (MTP) Referral or Receiving (added Jan 2013)	4.7%	10.3%	0.0%	7.7%

MEDICAL SERVICES REFERRAL SUMMARY

Medical Services Received Prior to Visit

Medical Specialties

Any Medical Specialty	88.4%	76.9%	86.8%	89.7%
Audiology	4.7%	10.3%	2.6%	10.3%
Cardiology	14.0%	17.9%	31.6%	15.4%
Craniofacial (added Jan 2014)	0.0%	0.0%	0.0%	0.0%
Endocrinology	0.0%	0.0%	0.0%	2.6%
Gastroenterology	14.0%	10.3%	10.5%	17.9%
Hematology/Oncology (added Jan 2010)	0.0%	0.0%	2.6%	0.0%
Metabolic/Genetics	4.7%	7.7%	13.2%	7.7%
Nephrology	4.7%	2.6%	2.6%	0.0%
Neurology	4.7%	2.6%	5.3%	7.7%
Neurosurgery	0.0%	0.0%	0.0%	0.0%
Ophthalmology	76.7%	66.7%	76.3%	82.1%
Orthopedic	0.0%	0.0%	0.0%	0.0%
Otolaryngology (ENT)	4.7%	10.3%	0.0%	2.6%
Pulmonology	16.3%	46.2%	39.5%	30.8%
Surgery	11.6%	12.8%	15.8%	7.7%
Urology	4.7%	5.1%	10.5%	5.1%

Group Summary

No Medical Services	11.6%	23.1%	13.2%	10.3%
Received 1 or 2 Medical Services	67.4%	41.0%	52.6%	61.5%
Received 3 or More Medical Services	20.9%	35.9%	34.2%	28.2%

Medical Services Referred at Time of Visit

Medical Specialties				
Any Medical Specialty	16.3%	33.3%	13.2%	17.9%
Audiology	11.6%	15.4%	0.0%	2.6%
Cardiology	0.0%	0.0%	0.0%	0.0%
Craniofacial (added Jan 2014)	0.0%	0.0%	0.0%	0.0%
Endocrinology	0.0%	0.0%	0.0%	0.0%
Gastroenterology	2.3%	0.0%	0.0%	2.6%
Hematology/Oncology (added Jan 2010)	0.0%	0.0%	0.0%	0.0%
Metabolic/Genetics	0.0%	0.0%	0.0%	2.6%
Nephrology	0.0%	0.0%	0.0%	2.6%
Neurology	0.0%	5.1%	0.0%	5.1%
Neurosurgery	0.0%	0.0%	0.0%	0.0%
Ophthalmology	16.3%	17.9%	13.2%	5.1%
Orthopedic	0.0%	0.0%	0.0%	0.0%
Otolaryngology (ENT)	0.0%	0.0%	0.0%	0.0%
Pulmonology	2.3%	0.0%	0.0%	0.0%
Surgery	0.0%	0.0%	0.0%	0.0%
Urology	0.0%	0.0%	0.0%	0.0%

Group Summary	
No Medical Service Referrals	
Referred to 1 or 2 Medical Services	
Referred to 3 or More Medical Services	

83.7%	66.7%	86.8%	82.1%
14.0%	33.3%	13.2%	17.9%
2.3%	0.0%	0.0%	0.0%

If not for **HRIF visit**, referrals for these patients would at the very least have been further delayed.



Special Services Referred at Time of Visit

Special Services

Any Special Service	41.9%	53.8%	42.1%	28.2%
Behavior Intervention	2.3%	0.0%	0.0%	0.0%
Feeding Therapy	2.3%	2.6%	0.0%	0.0%
Hearing Services	7.0%	12.8%	0.0%	2.6%
Infant Development Services	4.7%	5.1%	0.0%	2.6%
Nutritional Therapy	2.3%	0.0%	2.6%	0.0%
Occupational Therapy (OT)	2.3%	0.0%	0.0%	2.6%
Physical Therapy (PT)	39.5%	28.2%	39.5%	23.1%
Social Work Intervention	0.0%	2.6%	0.0%	0.0%
Speech/Language Communication	2.3%	0.0%	0.0%	0.0%
Vision Services	7.0%	17.9%	13.2%	2.6%
Visiting, Public Health, and/or Home Nursing	0.0%	0.0%	0.0%	0.0%

Group Summary

No Special Service Referrals	58.1%	46.2%	57.9%	71.8%
Referred to 1 or 2 Special Services	37.2%	48.7%	42.1%	25.6%
Referred to 3 or More Special Services	4.7%	5.1%	0.0%	2.6%

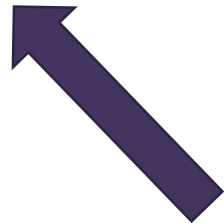
Find Patient	Pending Cases	Registration	Referral	Cardiac	Reports	Tools	Admin	Help	Sign Out
HRIF Summary Usage Stats	CCS Annual	NICU Summary	Cardiac Summary	Prog Profile	Service Refs	Data Download			

PROGRAM PROFILE REPORT

Birth Year:

Report Name

- ✓ -- Select a Report --
- MEDICAL ELIGIBILITY PROFILE
- BW & GA PROFILE
- LANGUAGES & INSURANCE



LANGUAGES & INSURANCE FOR BIRTH YEAR 2017

Program Profile Report is updated nightly

Hospital Name - Hrif Clinic Id	N	Primary Language Spoken at Home				Insurance			CCS + Medi-Cal
		English	Spanish	Unknown	Other	CCS	Commercial HMO	Commercial PPO	
ALL HRIF Clinics Median (Q1 - Q3)	8759	79.2% (69.4% - 87.0%)	9.7% (6.1% - 20.0%)	2.9% (1.4% - 6.3%)	5.3% (2.5% - 8.3%)	50.0% (17.8% - 66.2%)	13.7% (7.2% - 25.6%)	11.4% (5.2% - 27.2%)	65.7% (35.3% - 82.1%)
	195	94.9%	4.6%	0.5%	0.0%	23.6%	64.6%	0.5%	30.8%

LANGUAGES & INSURANCE FOR BIRTH YEAR 2017

Program Profile Report is updated nightly

Hospital Name - Hrif Clinic Id	N	Primary Language Spoken at Home				Insurance			CCS + Medi-Cal
		English	Spanish	Unknown	Other	CCS	Commercial HMO	Commercial PPO	
ALL HRIF Clinics Median (Q1 - Q3)	8759	79.2% (69.4% - 87.0%)	9.7% (6.1% - 20.0%)	2.9% (1.4% - 6.3%)	5.3% (2.5% - 8.3%)	50.0% (17.8% - 66.2%)	13.7% (7.2% - 25.6%)	11.4% (5.2% - 27.2%)	65.7% (35.3% - 82.1%)
[REDACTED]	96	75.0%	22.9%	1.0%	1.0%	94.8%	0.0%	0.0%	100.0%

MEDICAL ELIGIBILITY PROFILE FOR BIRTH YEAR 2017

Program Profile Report is updated nightly

Hospital Name - Hrif Clinic Id	N	Medical Eligibility Profile					HIE/Neonatal Encephalopathy	CHD (added Jan 2017)
		<= 1500 grams	< 32 weeks	Oxygen > 28 Days and CLD	Intracranial Pathology	iNO > Hours/Meds for PPHN		
ALL HRIF Clinics Median (Q1 - Q3)	8759	50.0% (40.3% - 58.2%)	58.7% (46.3% - 67.9%)	10.3% (5.6% - 14.6%)	8.3% (5.6% - 13.7%)	4.2% (2.3% - 5.5%)	4.9% (2.9% - 9.9%)	4.3% (2.6% - 6.8%)
	402	36.8%	44.0%	14.7%	17.2%	4.2%	10.4%	17.4%

MEDICAL ELIGIBILITY PROFILE FOR BIRTH YEAR 2017

Program Profile Report is updated nightly

Hospital Name - Hrif Clinic Id	N	Medical Eligibility Profile					HIE/Neonatal Encephalopathy	CHD (added Jan 2017)
		<= 1500 grams	< 32 weeks	Oxygen > 28 Days and CLD	Intracranial Pathology	iNO > Hours/Meds for PPHN		
ALL HRIF Clinics Median (Q1 - Q3)	8759	50.0% (40.3% - 58.2%)	58.7% (46.3% - 67.9%)	10.3% (5.6% - 14.6%)	8.3% (5.6% - 13.7%)	4.2% (2.3% - 5.5%)	4.9% (2.9% - 9.9%)	4.3% (2.6% - 6.8%)
	32	75.0%	81.3%	0.0%	0.0%	0.0%	0.0%	0.0%

HRIF CCS REPORT

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

HRIF Clinic

Infant's Birth Year

2016

Infant's Birth Weight or Gestational Age

Birth Weight <= 1500 grams

Infant's Qualifying Medical Condition

All

[View Report](#)

HRIF Clinic:

HRIF Clinic Oshpd Code:

Infant's Birth Year: 2016

Infant's Birth Weight/Gestational Age: Birth Weight <= 1500 grams

Infant's Medical Eligibility Criteria: All

Report Date: 2020-06-03

Shows information from all 3 core visits for each closed birth year

- [1. Follow Up Status](#)
- [2. Patient Assessment Quality Indicators at Core Visits](#)
- [3. Hospitalization and Surgeries](#)
- [4. Medical and Special Services](#)
- [5. General and Resource Assessment](#)
- [6. Neurologic and Neurosensory Exam](#)
- [7. Developmental Assessment](#)
- [8. Other Medical Conditions](#)

446 Registered Infants in 2016

Incomplete Priority Cases for 2016 is 0 / 446 (0.0 %)

There is a NICU Summary Report too!

What's that report for?



NICU SUMMARY REPORT

NICU Summary Report is updated nightly

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

[View Report](#)

NICU teams can review post-discharge outcomes of patients *from the NICU perspective.*

Filter by inborn/ outborn

Same report section options as HRIF

Selected Recent HRIF Manuscripts/ Projects

1

Factors Associated with Successful First High-Risk Infant Clinic Visit for Very Low Birth Weight Infants in California.

2

Improved Referral of Very Low Birthweight Infants to High-Risk Infant Follow-Up in California.

3

Beyond the First Wave: Consequences of COVID-19 on High-Risk Infants and Families

4

Factors Associated with Follow-Up of Infants with Hypoxic Ischemic Encephalopathy in High-Risk Infant Clinic in California - *submitted Oct 2020*

5

Rural location and other factors associated with 2nd HRIF visit attendance –*in process*

6

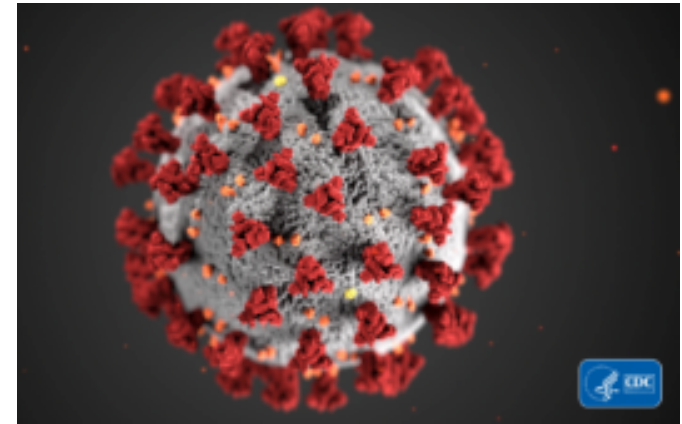
Sociodemographic and program-level disparities associated with sustained HRIF engagement in California – *in process*

What else and what's next?

- HRIF/ Transition Health Equity Work Group
- CPQCC CCS HRIF Telehealth Work Group
- Individual site / regional group QI and PI projects

What's Next? COVID-19 in Perinatal- Neonatal Medicine: *Potential gaps in our knowledge?*

- Data indicate that the impact of COVID-19 - the *disease itself* – likely not substantial for the preterm NICU population.
- However, the *effects* of the COVID-19 crisis – hospital policy changes; resource and services access; financial, employment, and other stressors - *have been felt profoundly by our maternal and neonatal units, and families of our NICU patients.*



California – through the CPQCC and HRIF - is uniquely positioned to explore questions related to the broader and longer-term impact of the COVID-19 crisis on families of children born preterm.

What's Next?: COVID-19 Family Impact Study



- Among children born <30 weeks GA from participating CPQCC sites and followed in connected CPQCC CCS HRIF programs, how are parents, families and children impacted by the COVID-19 pandemic crisis through 3+ years of age?



Project developed in coordination with:
CPQCC CCS HRIF Executive Committee
HRIF/ Transition Health Equity Work Group

Broad overview: COVID-19 Family Impact Study



- Serial, multilevel parent surveys, linked to information from NICUs and HRIF clinics, child NICU and HRIF course.
 - Determine how parents/families of children < 30 wks are impacted by the COVID-19 pandemic - parent stressors due to COVID, financial/resource stability, access to medical/special health care services - through 3+ years.
 - Evaluate factors associated with impact including sociodemographic disparities, child and family factors, NICU and HRIF site differences.

Groups both *in the NICU* during COVID and those *already discharged/in the community* at COVID outbreak.

COVID-19 Family Impact Study

Interested in learning more about participating?

- We would love to have you join the project!

- Susan Hintz at srhintz@stanford.edu
- Erika Gray at Erika@cpqcc.org

Q&A Session

CPQCC Panelists

- **Susan Hintz**, Medical Director, HRIF
- **Erika Gray**, Program Manager, HRIF
- **Tianyao Lu**, Biostatistician, HRIF
- **Fulani Davis**, Program Manager, NICU
- **Janella Parucha**, Program Manager, NICU

Closing

Reminder

“New” HRIF Reporting System Webinar

November 13, 2020

12 pm – 1:30 pm

Registration Link:

https://stanford.zoom.us/webinar/register/WN_YYGr_SIR3mZlylOHZ6l_w

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



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

Webinar Recording and Evaluation

- An email will be sent out after the webinar with a link to:
 - **Slide Presentation**
 - **Webinar Recording**
 - **Evaluation Survey**
- The webinar recording and slides will also be posted at:
<https://www.cpqcc.org/engage/annual-data-training-webinars-2020>

HRLL

HIGH RISK
INFANT FOLLOW-UP

Helpful Tips



CCS NICU to HRIF Referral Guidelines

August 2017

Purpose: assist **CCS NICUs** with **timely infant referrals to HRIF clinics** and to meet CPQCC expectations. Referral Guidelines are sent to all NICU/HRIF contacts every 4 – 6 months.

“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.”

Visit the [CCS Provider Standards](#) webpage to review the CCS NICU Provider Standards.

CCS NICU High Risk Infant Follow-up Eligible Infants Referral Guidelines

(estimate average 2 months NICU Stay)



- Infants discharged to home in January – March, should be registered before June
- Infants discharged to home in April – June, should be registered before September
- Infants discharged to home in July – September, should be registered before December
- Infants discharged to home in October – December, should be registered before March (new year)
- Any Still in Hospital (SIH) infants, should be registered once identified as eligible for HRIF

Note: All infants born in the year **MUST** be registered in the HRIF Reporting System before the June 1st deadline.

***CPQCC 3rd Quarter Expectation:** Infants born and discharged to home between January – July, should be registered in a HRIF clinic (Closeout Checklist item #13 = 100%).

***CPQCC 1st Quarter Expectation:** Infants born and discharged to home between August – December, (of the previous year), should be registered in a HRIF clinic.

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.

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.



View/Update DHCS HRIF Directory

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



Home About DHCS Translate



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

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 \(Community\)](#) = <https://www.dhcs.ca.gov/services/ccs/scc/Pages/HRIFCommunity.aspx>
- [High Risk Follow-Up \(Regional\)](#) = <https://www.dhcs.ca.gov/services/ccs/scc/Pages/HRIFRegional.aspx>



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 (Communit

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

- Find and print your SCC directory listing in the Special Care Center section of the CCS website www.dhcs.ca.gov/services/ccs.
- 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.
- 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	

- Complete the top portion of this cover sheet. 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.

Duo Secure Access

#1

HRLL
HIGH RISK
INFANT FOLLOW-UP

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

Powered by Duo Security

Protect Your CPQCC HRIF Account

Two-factor authentication enhances the security of your account by using a secondary device to verify your identity. This prevents anyone but you from accessing your account, even if they know your password.

This process will help you set up your account with this added layer of security.

Start setup

#3

HRLL
HIGH RISK
INFANT FOLLOW-UP

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

Powered by Duo Security

My Settings & Devices

Landline 650-725-1306 JUST ADDED

Default Device: Landline 650-725-1306

When I log in: Ask me to choose an authentication method
 Automatically call this device

Save **Continue to Login**

#2

HRLL
HIGH RISK
INFANT FOLLOW-UP

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

Powered by Duo Security

What type of device are you adding?

Mobile phone RECOMMENDED

Tablet (iPad, Nexus 7, etc.)

Landline

Continue

(Mobile or Landline)

#4

HRLL
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INFANT FOLLOW-UP

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

Powered by Duo Security

Choose an authentication method

Call Me **Call Me**

Bypass Code **Enter a Bypass Code**

Remember me for 1 day

Enrollment successful! This is the Duo login prompt that you'll normally see when logging in. ✕

Telepractice and the Bayley-4



“The Cognitive, Language and Motor subtests cannot be administered in a standardized format via telepractice...”

