

NICU Data Finalization Action Plan

Birth Year 2019

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Introduction

Dear CPQCC Member,

Centers who are unable to fulfill the April 7th deadline extension for submitting the April 1st deliverables must complete a NICU Data Finalization Action Plan. This form should be completed in conjunction with the 2019 NICU Data Finalization Guidelines.

The purpose of the action plan is to aid in the timely submission of all CPQCC NICU deliverables. This plan follows the progress of your center for an entire year, beginning with the February 1st deliverables due February 1, 2020 until the following April 1st deliverables due April 1, 2021. If your center is late in submission of any of the April 1st deliverables due on April 1, 2021, you must fill out a new action plan.

Please note that we've divided the plan into sections with follow-up dates and times. This plan should be thoroughly discussed and agreed upon by each team member prior to submission of this form to the NICU Data Center team. The action plan must be submitted completely along with any incomplete and/or missing deliverables by the deadlines in each section.

Please contact the NICU Data Center team by submitting a [Help Desk ticket](#). However, if your center has received an action plan, there may already be an existing ticket for your data finalization. In this case, rather than opening a new help ticket, please respond to the existing one with your questions and concerns. This way all communication can be kept in one place.

It is the responsibility of the member to contact the NICU Data Center team at the agreed follow-up date/time in **each** section regarding any missing or incomplete deliverables as well as your progress in completion of these deliverables.

Thank you,

NICU Data Center Team

I. February 1st – April 1st 2020 Deadlines (ext. deadline April 15th)

| | |
|-----------------|--|
| Date: | |
| Hospital: | |
| Team Leader: | |
| Data Contact(s) | |

Please fill in the name or the initials of the data contact AND back-up contact responsible for each deliverable.

| # | February 1 st 2019 Deliverables | Contact Responsible | Back-up Responsible | Submitted (Yes/No) | Complete Date (Or Date Expected) |
|---|---|------------------------|------------------------|-----------------------|-------------------------------------|
| 1 | 2020 Membership Dues Paid | | | | |
| 2 | Confirm receipt of Data Finalization Guidelines | | | | |
| 3 | Submit the VON/CPQCC Contact Report | | | | |
| # | April 1 st 2019 Deliverables | Contact Responsible | Back-up Responsible | Submitted (Yes/No) | Complete Date (Or Date Expected) |
| 4 | Completed 2017 SIH records | | | | |
| 5 | Submit the ID Confirmation Form | | | | |
| 6 | Submit complete data for all items not related to discharge into the NICU Database | | | | |
| 7 | Submit complete and 100% error data into the CCS Form | | | | |

| | | | | | |
|-----------------------|---|--|--|-----------|----------|
| 8 | Submit the VON Membership Survey completely | | | | |
| Follow-up Appointment | | | | Date/Time | Comments |
| | | | | | |

II. April 8th 2020 1st Quarter Report Deadline

| 1 st Quarter Follow-up Appointment | | | Date/Time | Comments |
|---|---------------------|---------------------|--------------------|------------------------------------|
| 2020 Deliverables | Contact Responsible | Back-up Responsible | Submitted (Yes/No) | Complete (Date) (Or Date Expected) |
| Q2 NICU cumulative data | | | | |
| CCS data | | | | |
| % HRIF referral/registration | | | | |

III. June 1st Deliverables

| # | 2019 Deliverables | Contact Responsible | Back-up Responsible | Submitted (Yes/No) | Complete (Date) (Or Date Expected) |
|----|--|---------------------|---------------------|--------------------|------------------------------------|
| 8 | Submit complete and 100% error free data into the NICU Database | | | | |
| 9 | Followed up on all warnings in your Error/Warning Report AND Minimized unknowns in Confirmed Unknown Report for <u>inborn infants</u> | | | | |
| 11 | Addressed all inconsistencies in Data Consistency Report | | | | |

| | | | | | |
|-----------------------|---|--|--|-----------|----------|
| 12 | 100% HRIF referral/registration (Required for CCS accredited NICUs only) | | | | |
| 13 | Confirm the CCS Report (June 2 nd – June 7 th) | | | | |
| Follow-up Appointment | | | | Date/Time | Comments |
| | | | | | |

IV. July 8th 2020 Quarter Report Deadline

| 2 nd Quarter Follow-up Appointment | | | Date/Time | Comments |
|---|---------------------|---------------------|--------------------|---------------------------------------|
| 2020 Deliverables | Contact Responsible | Back-up Responsible | Submitted (Yes/No) | Complete (Date) (Or Date Expected) |
| Q2 CPQCC cumulative data | | | | |
| CCS data | | | | |
| % HRIF referral/registration | | | | |

V. October 8th 2020 Quarter Report Deadline

| 3 rd Quarter Follow-up Appointment | | | Date/Time | Comments |
|---|---------------------|---------------------|--------------------|---------------------------------------|
| 2020 Deliverables | Contact Responsible | Back-up Responsible | Submitted (Yes/No) | Complete (Date) (Or Date Expected) |
| Q3 CPQCC cumulative data | | | | |
| CCS data | | | | |
| % HRIF referral/registration | | | | |

VI. January 8th 2020 Quarter Report Deadline

| 4 th Quarter Follow-up Appointment | | | Date/Time | Comments |
|---|---------------------|---------------------|--------------------|------------------------------------|
| 2020 Deliverables | Contact Responsible | Back-up Responsible | Submitted (Yes/No) | Complete (Date) (Or Date Expected) |
| Q4 CPQCC cumulative data | | | | |
| CCS data | | | | |
| % HRIF referral/registration | | | | |

VII. February 1st – April 1st 2020 Deadline

| # | February 1 st 2020 Deliverables | Contact Responsible | Back-up Responsible | Submitted (Yes/No) | Complete Date (Or Date Expected) |
|---|---|---------------------|---------------------|--------------------|----------------------------------|
| 1 | 2021 Membership Dues Paid | | | | |
| 2 | Confirm receipt of the Data Finalization Guidelines | | | | |
| 3 | Submit the VON/CPQCC Contact Report | | | | |
| # | April 1 st 2020 Deliverables | Contact Responsible | Back-up Responsible | Submitted (Yes/No) | Complete Date (Or Date Expected) |
| 4 | Completed 2019 SIH records | | | | |
| 5 | Submit the ID Confirmation Form | | | | |
| 6 | Submit complete data for all items not related | | | | |

| | | | | | |
|-----------------------|--|--|--|-----------|----------|
| | to discharge into the NICU Database | | | | |
| 7 | Submit complete and 100% error free data into the CCS Form | | | | |
| 8 | Submit the VON Membership Survey completely | | | | |
| Follow-up Appointment | | | | Date/Time | Comments |
| | | | | | |

Team Leader's Signature: _____

Date: _____