

HRIF Reporting System

2019 Data Training Sessions

Overview

Agenda Topics

1. **CCS HRIF Program**
2. **Database Use & Access**
3. **Report Forms Review/Revisions**
4. **Data Finalization**
5. **System Reports**
6. **System Tools & Improvements**
7. **Resources**



CCS HRIF Program



CCS HRIF Program

1979 CCS launches statewide HRIF Program to provide follow-up care to high risk infants discharge from the NICU. Follow-up care includes six core diagnostic services.

2006 CPQCC launches HRIF Reporting System as part of CCS restructure of HRIF Program.

Core Diagnostic Services:

1. Comprehensive History & Physical Exam with Neurologic Assessment
2. Developmental Assessment
3. Family Psychosocial Assessment
4. Hearing Assessment
5. Ophthalmologic Assessment
6. Coordinator Services

Reporting System

CPQCC & CCS designed the HRIF Reporting System to:

- Identify QI opportunities for NICUs in the reduction of long term morbidity
- Allow HRIF clinics to compare their activities with sites throughout California
- Allow the state to assess site-specific successes
- Support real-time case management

REFERENCE: High Risk Infant Follow-up Program Number Letter (N.L.): 01-1113

NICU Referral Requirements

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

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.ccsshrif.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

CCS HRIF PROGRAM MEDICAL ELIGIBILITY CRITERIA

UPDATED 01/2017

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.



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



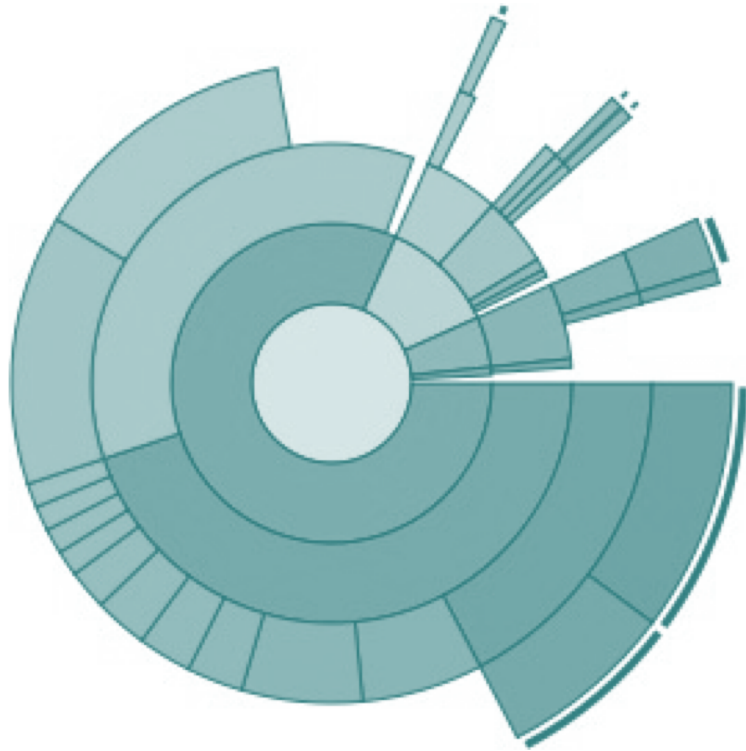
HRIF Reporting System

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

Database Use & Access



CCS NICUs and HRIF Programs



122 CCS NICUs (68 w/HRIF Clinics)

- 23 Regional
- 84 Community
- 15 Intermediate

68 (100%) HRIF Clinics

- 23 Regional
- 45 Community

54 Referring CCS NICUs

- 39 Community - 33 (84%) reporting online
- 14 Intermediate - 7 (50%) reporting online

By the Numbers

January 2009 through August 2018

74,600

high risk infants registered statewide!

102,800

standard visits performed

7,100

additional visits performed

37,000 (50%)

VLBW's registered/referred (≤ 1500 g)

13,500

<28 weeks

5,200

<26 weeks

By the Numbers

Birth year 2014

8,400

4,300

4,900

1,500

high risk infants registered

≤ 1500 grams

< 32 weeks

< 28 weeks

Birth year 2017

8,800

4,000

4,600

1,400

high risk infants registered

≤ 1500 grams

< 32 weeks

< 28 weeks

How to Get Access?

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

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

Keeping Your Data Safe

DUO Secure

Two-factor authentication adds a second layer of security to your account to make sure that your account stays safe, even if someone else knows your password

IP Address

- Request the “Public IP Address Ranges” used by the hospital's network
- **Access is only authorized while connected to your organization’s network**
- Access from home or while traveling is not permitted

Redesigned Website!

www.cpqcc.org

The screenshot shows the CPQCC website with a navigation menu in the top right corner. The 'HRIF' link is highlighted with an orange box and an orange arrow points to it from the right. Below the navigation menu is a search bar and a main banner featuring a newborn baby. The banner includes the CPQCC logo and the text 'NEW TOOLKIT!' followed by the title '"Nutritional Support of the Very Low Birth Weight Infant"'. A 'Download' button is located below the banner. Below the banner are four data points, each with a percentage in a circular graphic and a description:

Percentage	Description
21%	Reduction in mortality for VLBW infants
99%	Referral of VLBW infants for follow-up care
77%	Reduction in hypothermic admissions
49%	Decrease in the rate of healthcare-associated infections

At the bottom of the data points is a button that says 'Discover what made these results possible >>'.


HRIF Reporting System

Login Page

www.ccshrif.org

CPQCC
california perinatal
quality care collaborative

High Risk Infant Follow-up
Quality of Care Initiative

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

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

- Internet Explorer 8.0 or higher
- Mozilla 5.0 or higher
- Firefox 3.6.13 or higher
- Google Chrome 57.0 or higher
- Safari 10.0 or higher

Registered Email Address:

Password:

[Sign In](#)

[Forgot your password? Submit a Help ticket!](#)

Visit the [HRIF Resource Corner](#) to download the reporting forms, data finalization process and reporting system tools.

Secure Access

(Mobile and/or Landline Phone)

HR
HIGH RISK
INFANT FOLLOW-UP

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

Powered by Duo Security

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

Choose an authentication method

Duo Push Used automatically

Call Me

Passcode

Remember me for 1 day

Pushed a login request to your device...

Account User Interface

CPQCC
california perinatal
quality care collaborative

High Risk Infant Follow-up
Quality of Care Initiative

Erika Gray, Welcome Super User

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

Quick Patient Search

QUICK PATIENT SEARCH

Help Desk

HRIF Program

- 1.1. Referral Forms
2. Referred Referral Follow-up System
3. Patient Referral to a Referral
4. Patient Records
- 5.2. Transfer of Standard Visits
3. Additional Visits
5. Client Not Seen Discharge
4. New Client Not Seen Reports
1. Program Tracker
2. Medical Eligibility Summary of Forms
3. Update Password
4. Update Directory
5. Definition of Data Terms
6. Waiting Report
7. Definition of Data Terms
8. Missouri Checklist
9. Definition of Data Terms

Report Forms Review / Revisions



Referral/Registration (RR) Form

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

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

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

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

Submission of
a CNSD Form
is required!

REFERRAL/REGISTRATION (RR) FORM



*Required Field

HRIF I.D. #

HOSPITAL/CENTER INFORMATION (Optional)

Hospital Specific Medical I.D. #

Infant's First Name:

Infant's Last Name:

Infant's AKA-1 Last Name:

Infant's AKA-2 Last Name:

Primary Caregiver's First Name:

Primary Caregiver's Last Name:

Street Address:

City: State/Country: CA Zip Code:

Home Phone Number: () -

Alternate Street Address:

City: State/Country: CA Zip Code:

Alternate Phone Number: () -

PROGRAM REGISTRATION INFORMATION

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

CCS # Infant **NOT** NICU Eligible

*Record ID - (CCS NICU OSHPD Code - NICU Database Record ID)

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

*Birth Hospital:

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

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

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

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

*Hospital Discharging to Home:

REFERRAL/REGISTRATION (RR) FORM



*Required Field

HRIF I.D. #

PROGRAM REGISTRATION INFORMATION - continue

*Birth Mother's Date of Birth: -- (MM-DD-YYYY) Unknown

Birth Mother's Ethnicity: Hispanic /Latino Non-Hispanic Unknown Declined

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

Insurance (Check all that apply): CCS Commercial HMO Commercial PPO Medi-Cal Point of Service/EPO No Insurance/Self Pay Other Unknown

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

Zip Code of Pediatric Subacute Facility, if Checked:

Zip Code of Primary Caregiver Residence:

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

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

Primary Language Spoken at Home (Check only ONE): English Spanish Arabic Armenian Cambodian/Khmer Cantonese Farsi/Persian Hmong/Miao Korean Mandarin Russian Sign Language Tagalog Vietnamese Other Unknown Declined

Secondary Language Spoken at Home (Optional - Check only ONE): N/A English Spanish Arabic Armenian Cambodian/Khmer Cantonese Farsi/Persian Hmong/Miao Korean Mandarin Russian Sign Language Tagalog Vietnamese Other Unknown Declined

*MEDICAL ELIGIBILITY PROFILE (Check all that apply)

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

Persistently Unstable Infant: Hypoxia Acidemia Hypoglycemia Hypotension Requiring Pressors

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

2019 RR Form Change

New Item = “Referring CCS Cardiac Center”

If the infant/child was transferred to a CCS Cardiac Center and then discharged to home. Select the name of the CCS Cardiac Center that is making the referral to a HRIF Program.



*Hospital Discharging to Home:	
Referring CCS NICU:	
Referring CCS Cardiac Center:	
*Date of Discharge to Home: <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"/> Infant Still in Hospital

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)

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

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

1. Date of Visit

2. Core Visit (auto)

3. Neurologic Exam

4. Developmental Assessment

5. Disposition

STANDARD VISIT (SV) FORM



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

**Required Field*

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

VISIT ASSESSMENT

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

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

Zip Code of Primary Caregiver:

Chronological Age: Months Days Adjusted Age: Months Days

Interpreter Used No
 Yes: Spanish Arabic Armenian
 Cambodian/Khmer Cantonese Farsi/Persian
 Hmong/Miao Korean Mandarin
 Russian Sign Language Tagalog
 Vietnamese Other Unknown
 Declined

Insurance (Check all that apply)
 CCS Commercial HMO Commercial PPO Medi-Cal
 Point of Service/EPO No Insurance/Self Pay Other Unknown

PATIENT ASSESSMENT

Weight	Length	Head Circumference
<input type="text"/> <input type="text"/> <input type="text"/> (kg)	<input type="text"/> <input type="text"/> <input type="text"/> (cm)	<input type="text"/> <input type="text"/> <input type="text"/> (cm)
or <input type="text"/> (lbs) <input type="text"/> (oz)	or <input type="text"/> (in)	or <input type="text"/> (in)
Reason NOT Collected: <input type="checkbox"/> Not Routinely Done <input type="checkbox"/> Unable to Obtain <input type="checkbox"/> Other	Reason NOT Collected: <input type="checkbox"/> Not Routinely Done <input type="checkbox"/> Unable to Obtain <input type="checkbox"/> Other	Reason NOT Collected: <input type="checkbox"/> Not Routinely Done <input type="checkbox"/> Unable to Obtain <input type="checkbox"/> Other

GENERAL ASSESSMENT

Is the Child Currently Receiving Breastmilk? Exclusively Some None

Living Arrangement of the Child
 Both Parents One Parent One Parent/Other Relatives
 Other Relatives/Not Parents Non Relative Foster/Adoptive Family
 Foster Family/CPS Pediatric Subacute Facility Other
 Unknown

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

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

Routine Child Care
 None Yes Unknown
 If Yes, Check all that apply:
 Child Care Outside of Home Home Babysitter/Nanny Not Used Routinely
 Specialized Medical Setting Other

STANDARD VISIT (SV) FORM



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

**Required Field*

NEUROLOGIC ASSESSMENT - continue

C. Is There Scissoring of the Legs on Vertical Suspension? No Yes

D. Deep Tendon Reflexes:
 Right Upper Limb: Normal Increased Decreased Suspect Unable to Determine
 Left Upper Limb: Normal Increased Decreased Suspect Unable to Determine
 Right Lower Limb: Normal Increased Decreased Clonus Suspect Unable to Determine
 Left Lower Limb: Normal Increased Decreased Clonus Suspect Unable to Determine

E. Are Persistent Primitive Reflexes Present? No Yes Unknown

F. Are Abnormal Involuntary Movements Present? No Yes (check all that apply) Unknown
 Ataxia Choreoathetoid Tremors

G. Quality of Movement and Posture: Normal Abnormal Suspect Unable to Determine

Functional Assessment

A. Bimanual Function Normal Abnormal Suspect Unable to Determine
Only Complete if the Child is ≥ 15 Months Adjusted Age

B. Right Pincer Grasp Normal Abnormal Suspect Unable to Determine
 C. Left Pincer Grasp Normal Abnormal Suspect Unable to Determine

CEREBRAL PALSY (CP)

Does the Child Have Cerebral Palsy (CP)?
 No (skip to Developmental Assessment)
 Yes
 Suspect

Gross Motor Function Classification System (GMFCS) Adjusted Age: (check only one)

Child 18 - 24 months of age adjusted for prematurity	Child ≥ 24 - 36 months of age adjusted for prematurity
<input type="checkbox"/> Level I	<input type="checkbox"/> Level I
<input type="checkbox"/> Level II	<input type="checkbox"/> Level II
<input type="checkbox"/> Level III	<input type="checkbox"/> Level III
<input type="checkbox"/> Level IV	<input type="checkbox"/> Level IV
<input type="checkbox"/> Level V	<input type="checkbox"/> Level V
<input type="checkbox"/> Unable to Determine	<input type="checkbox"/> Unable to Determine

DEVELOPMENTAL CORE VISIT ASSESSMENT

**Was a Developmental Assessment Screener or Test Performed During this Core Visit?*

Yes Date Performed: -- (MM-DD-YYYY)

No Reason Why Assessment NOT Performed: Acute Illness Known SEVERE Developmental Disability Significant Sensory Impairment/Loss Behavior Problems Primary Caregiver Refused Other Medical Condition Examiner Not Available Primary Language Other

DEVELOPMENTAL SCREENERS

Bayley Infant Neurodevelopmental Screener (BINS) - check appropriate range
 Overall Classification: Low Risk Medium Risk High Risk Unable to Assess

Battelle Developmental Inventory Screening Test, 2nd Edition (BDIST) - check appropriate range
 Adaptive Domain: Pass Refer Unable to Assess Did Not Assess
 Personal-Social Domain: Pass Refer Unable to Assess Did Not Assess
 Communication: Pass Refer Unable to Assess Did Not Assess

Additional Visit (AV) Form

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

ADDITIONAL VISIT (AV) FORM

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

**Required Field*

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

*REASON FOR ADDITIONAL VISIT (Required Field)	
<input type="checkbox"/> Social Risk	<input type="checkbox"/> Concern With Neuro/Developmental Course
<input type="checkbox"/> Case Management	<input type="checkbox"/> Other: <input style="width: 100%;" type="text"/>
*DISPOSITION (Required Field)	
<input type="checkbox"/> Scheduled To Return	<input type="checkbox"/> Will Be Followed by Another CCS HRIF Program (1)
DISCHARGED:	
<input type="checkbox"/> Graduated	<input type="checkbox"/> Closed Out of Program
<input type="checkbox"/> Family Moving Out of State/Country	<input type="checkbox"/> Family Withdrew Prior To Completion
<input type="checkbox"/> Will be Followed Elsewhere	<input type="checkbox"/> Completed HRIF Core Visits, Referred For Additional Resources
HOSPITAL/CENTER INFORMATION (Optional)	
Hospital Specific Medical I.D. # <input style="width: 100%;" type="text"/>	
Infant's First Name: _____	
Infant's Last Name: _____	
Infant's AKA-1 Last Name: _____	
Infant's AKA-2 Last Name: _____	
Primary Caregiver's First Name: _____	
Primary Caregiver's Last Name: _____	
Street Address: _____	
City: _____	State: CA Zip Code: <input style="width: 100%;" type="text"/>
Home Phone Number: (<input style="width: 30px;" type="text"/>) <input style="width: 100%;" type="text"/>	
Alternate Street Address: _____	
Alternate City: _____	State: CA Zip Code: <input style="width: 100%;" type="text"/>
Alternate Phone Number: (<input style="width: 30px;" type="text"/>) <input style="width: 100%;" type="text"/>	

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

Client Not Seen Discharge (CNSD) Form

Use when:

1. **Unable to contact after 3-5 attempts**
 2. **No Show:** primary caregiver reschedule (less than 24 hours) OR does not show-up
 3. **Service declined**
 4. **Infant expired, family relocated, insurance denied** prior to core visit
 5. **Infant transferred** to another HRIF Program for follow-up services.
- This form captures only the date, category, reason and disposition for the client not seen visit.
 - **All fields are required** in order to save online form.

CLIENT NOT SEEN/DISCHARGE (CNSD) FORM

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

***Required Field**

*DATE CLIENT NOT SEEN/DISCHARGE: - - (MM-DD-YYYY)

*CATEGORY (Required Field)		
<input type="checkbox"/> No Appointment Scheduled	<input type="checkbox"/> Core Visit Appointment Scheduled	<input type="checkbox"/> Discharged
*REASON FOR CLIENT NOT SEEN / DISCHARGE (Required Field)		
<input type="checkbox"/> Infant Illness	<input type="checkbox"/> Parent Declines Due to Cost	
<input type="checkbox"/> Infant Hospitalized	<input type="checkbox"/> Insurance Authorization Problems	
<input type="checkbox"/> Infant Referred to Another HRIF Program	<input type="checkbox"/> CCS Denied	
<input type="checkbox"/> Infant/Family Moved Within California	<input type="checkbox"/> Lack of Transportation	
<input type="checkbox"/> Infant/Family Moved Out of State	<input type="checkbox"/> Lost to Follow-up	
<input type="checkbox"/> Infant Expired	<input type="checkbox"/> Unable to Contact	
<input type="checkbox"/> Parent Illness	<input type="checkbox"/> Other:	
<input type="checkbox"/> Parent Refused	<input style="width: 150px; height: 20px;" type="text"/>	
<input type="checkbox"/> Parent Competing Priorities	<input type="checkbox"/> No Show/Reason Unknown	
DISPOSITION (Required Field)		
<input type="checkbox"/> Scheduled Appointment	<input type="checkbox"/> Will Schedule Appointment	<input type="checkbox"/> Will Be Followed by Another CCS HRIF Program (1)
DISCHARGED: <input type="checkbox"/> Family Moving Out of State/Country <input type="checkbox"/> Will be Followed Elsewhere <input type="checkbox"/> Closed Out of Program		
HOSPITAL/CENTER INFORMATION (Optional)		
Hospital Specific Medical I.D. # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Infant's First Name: _____		
Infant's Last Name: _____		
Infant's AKA-1 Last Name: _____		
Infant's AKA-2 Last Name: _____		
Primary Caregiver's First Name: _____		
Primary Caregiver's Last Name: _____		
Street Address: _____		
City: _____	State: CA	Zip Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home Phone Number: (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Alternate Street Address: _____		
Alternate City: _____	State: CA	Zip Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Alternate Phone Number: (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

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

Data Finalization



2018 Closeout Summary

68 HRIF Clinics

1

Item 1: No Priority Cases

- 97% clinics completed

2

Items 2 and 3: No Errors and Closed 2016 RR Forms

- 100% clinics completed

3

Item 4: Submission of 2016 SV#1

- 85% clinics completed

4

Item 5: Confirm CCS Report

- 85% clinics completed

5

Item 6: 2017 Infants Registered

- 76% clinics completed

6

Item 7: Update HRIF Directory

- 95% clinics completed

76% clinics completed ALL closeout items

Super Star Award Winners



Congratulations to the **52 HRIF Programs** that met the **May 1st** deadline for:

- not having any Priority or Error/Warning Cases for the closing 2014 infant records
- Closed RR Forms for 2015 infants
- SV#1 for all expected 2015 infants.

Super Star Award Winners



- Alta Bates Summit Medical Center
- Anderson Lucchetti Women's and Children's Center
- Bakersfield Memorial Hospital
- California Pacific Medical Center
- Cedars Sinai Medical Center
- Children's Hospital of Orange County
- Community Memorial Hospital - San Buena Ventura
- Community Regional Medical Center - Fresno
- Desert Regional Medical Center
- Doctors Medical Center
- Fountain Valley Regional Hospital and Medical Center - Euclid
- Glendale Adventist Medical Center
- Good Samaritan Hospital - San Jose
- Harbor-UCLA Medical Center
- Hoag Memorial Hospital Presbyterian
- Huntington Memorial Hospital
- Kaiser Fnd Hosp - Clairemont Mesa
- Kaiser Fnd Hosp - Downey
- Kaiser Fnd Hosp - Fontana
- Kaiser Fnd Hosp - Orange County – Anaheim
- Kaiser Fnd Hosp - Panorama City
- Kaiser Permanente - Roseville

Super Star Award Winners

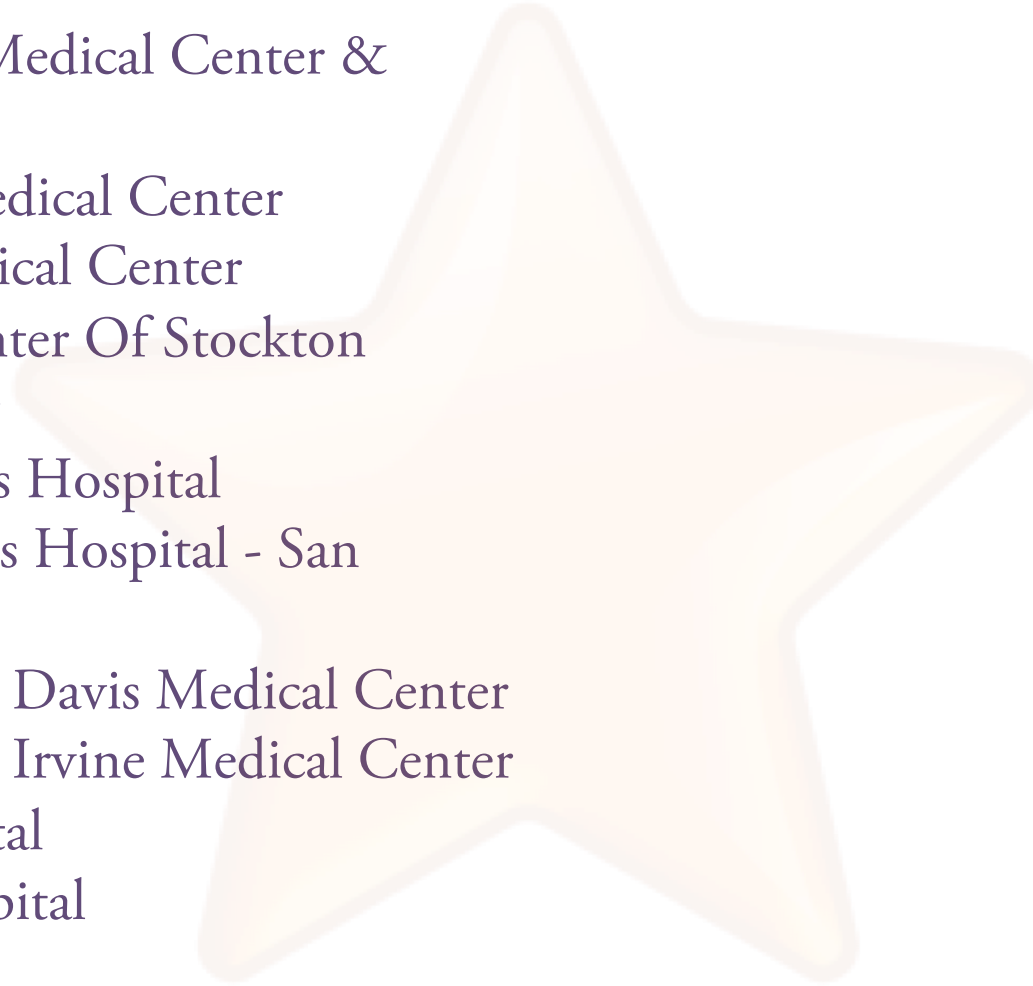


- Kaiser Permanente - San Francisco
- Kaiser Permanente - San Leandro (Hayward)
- Kaiser Permanente - Walnut Creek
- Kern Medical Center
- Los Robles Hospital & Medical Center
- Lucile Packard Children's Hospital Stanford
- Marian Regional Medical Center
- Mercy San Juan Hospital
- Miller Children's and Women's Hospital At Long Beach Memorial Hospital
- Natividad Medical Center
- North Bay Medical Center
- Olive View - UCLA Medical Center
- PIH Health Hospital – Whittier
- Providence Holy Cross Medical Center
- Providence Tarzana Medical Center
- Rady Children's Hospital - San Diego
- Riverside Universal Health System Medical Center
- San Antonio Regional Hospital
- Santa Barbara Cottage Hospital
- Santa Clara Valley Medical Center

Super Star Award Winners



- Santa Monica - UCLA Medical Center & Orthopaedic Hospital
- Sierra Vista Regional Medical Center
- St. John's Regional Medical Center
- St. Joseph's Medical Center Of Stockton
- Tri-City Medical Center
- UCLA Mattel Children's Hospital
- UCSF Benioff Children's Hospital - San Francisco
- University Of California Davis Medical Center
- University Of California Irvine Medical Center
- Valley Children's Hospital
- Valley Presbyterian Hospital



Follow-Up Rate Award Winners



Congratulations to the **7 HRIF Programs** that met the following recommendations for follow-up rates for the closing 2014 born infants:

- **1st Visit** $\geq 80\%$
- **2nd Visit** $\geq 70\%$
- **3rd Visit** $\geq 60\%$

Follow-Up Rate Award Winners



John Muir Medical Center – Walnut Creek
Kaiser Foundation Hospital - Clairemont Mesa
Kaiser Foundation Hospital - Orange County – Anaheim
Kaiser Foundation Hospital - Panorama City
Kaiser Permanente - San Leandro (Hayward)
Lucile Packard Children's Hospital Stanford
North Bay Medical Center

Crown Award Winners



Congratulations to the **40 HRIF Programs** that met the
2018 HRIF Data Finalization Deadlines:

- **May 1st**
- **May 17th**
- **July 1st**

Crown Award Winners











- Adventist Health - Glendale
- Anderson Lucchetti Women's and Children's Center
- Bakersfield Memorial Hospital
- California Pacific Medical Center
- Cedars Sinai Medical Center
- Children's Hospital of Orange County
- Community Memorial Hospital - Ventura
- Doctors Medical Center
- Fountain Valley Regional Hospital and MC
- Harbor-UCLA Medical Center
- Hoag Memorial Hospital Presbyterian
- Huntington Memorial Hospital
- Kaiser Fnd Hosp - Clairemont Mesa
- Kaiser Fnd Hosp - Fontana
- Kaiser Fnd Hosp - Orange County – Anaheim
- Kaiser Fnd Hosp - Panorama City
- Kaiser Fnd Hosp - Roseville
- Kaiser Fnd Hosp - Santa Clara
- Kaiser Fnd Hosp - Walnut Creek
- Kern Medical Center
- Loma Linda University Children's Hospital
- Los Robles Hospital and Medical Center

Crown Award Winners



- Lucile Packard Children's Hospital Stanford
- Marian Regional Medical Center
- Miller Children's and Women's Hospital at Long Beach Memorial Hospital
- North Bay Medical Center
- Olive View - UCLA Medical Center
- PIH Health Hospital - Whittier
- Providence Holy Cross Medical Center
- Rady Children's Hospital - San Diego
- Riverside Universal Health System Medical Center
- Santa Barbara Cottage Hospital
- Santa Clara Valley Medical Center
- St. John's Regional Medical Center
- St. Joseph's Medical Center of Stockton
- Tri-City Medical Center
- UCSD Medical Center - Hillcrest
- UCSF Benioff Children's Hospital - San Francisco
- University of California Davis Medical Center
- University of California Irvine Medical Center

2019 Closeout Checklist

JAN - MAR	MAR 1 st	APR 1 st	APR 2 nd	APR 17 th	JUN 1 st	JUN 11 st	JUL - DEC
							
Data Review	Super Star HRIF Program Award	DEADLINE	HRIF Follow-up Rate Award	DEADLINE HRIF CCS Report	DEADLINE	HRIF Crown Award	Data Review
Utilize Reporting System Tools: HRIF Tracker; NICU Record ID; Error & Warning and Closeout Checklist	Submission of No Priority/ Error & Warning Cases for 2015 Born Infants, Closed RR Forms for All 2017 Born Infants AND SV #1 of All expected 2017 Born Infants	Data Final for 2015 Born Infants AND Closed RR Forms AND SV #1 of All expected 2017 Born Infants	Core Visit F/U Rates for 2015 Born Infants: 1 st => 80% 2 nd => 70% 3 rd => 60%	2015 Born Infants ----- Confirm report by April 17th	Register ALL 2018 Born Infants AND Confirm HRIF Directory Contacts	Granted to HRIF Programs who meet All Closeout Deliverable Deadlines: Apr 1 st , Apr 17 th and Jun 1 st	Utilize Reporting System Tools: HRIF Tracker; NICU Record ID; Error & Warning and Closeout Checklist

CLOSEOUT CHECKLIST



NOTICE

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

#	Item	Resource	Deadline	Complete
1	Submission of no priority cases for the birth year 2015 (8 incomplete)	HRIF Record Tracker	04-01-2019	<input type="checkbox"/>
2	Submission of no error or warning cases for the birth year 2015 (6 incomplete)	Error and Warning Report	04-01-2019	<input type="checkbox"/>
3	Close RR Forms for All 2017 born Infants (9 incomplete)	Error and Warning Report	04-01-2019	<input type="checkbox"/>
4	Submission of SV #1 (and/or AV) of all total 2017 born infants (25 incomplete)	Error and Warning Report	04-01-2019	<input type="checkbox"/> 07-16-2018
5	Confirmation of the HRIF CCS report for the birth year 2015 NOTE: The report will be available on April 1st, 2019.	CCS Report	04-17-2019	<input type="checkbox"/>
6	Registered and accepted all eligible HRIF infants from your center for birth year 2018	CPQCC/HRIF Linkage Report (cpqccreport.org)	06-01-2019	<input type="checkbox"/>
7	Submission and sign-off of HRIF-QCI contact directory	Update Directory Page	06-01-2019	<input type="checkbox"/>



User Comments:

Admin Comments:

Update

Confirm HRIF CCS Annual Report

HRIF ATTESTATION AND CONFIRMATION STATUS

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

Proxy Role:

I, Erika Gray, have reviewed the data values in this report on 09/26/2016. I confirm that the data is complete and accurately reflects the activity of Children's Hospital Of Orange County for patients born in 2012.

Confirm Report

The data in this report was review and confirmed by Erika Gray, Program Manager, on 09/26/2016 as complete and accurate for patients of Children's Hospital Of Orange County born in 2012.

System Reports



System Reports

HRIF Summary

Includes data for **patients seen and followed by an HRIF clinic**, regardless of where the infants were born or discharged from.

NICU Summary

Includes data on **patients cared in a NICU and followed by an HRIF clinic for follow-up services**, regardless of the location where they are receiving their follow-up services.

CCS Annual

Displays closed year data for patients seen and followed by an HRIF clinic.

- Fulfills the CCS requirement to report on all CCS-accredited HRIF Program activity.
- Efficiently presents an annual compilation of the site-specific longitudinal outcomes.

HRIF SUMMARY REPORT

HRIF Summary Report is updated nightly

HRIF Program

Discharge NICU

Infant's Birth Year

Infant's Birth Weight or Gestational Age

Infant's Qualifying Medical Condition

Report Name

[View Report](#)

	HRIF Program (000000)		All HRIF Programs					Comparison with All HRIF Programs Data
	Total Reg : 65	Total Expected : 62	Total Registered Cases : 8306		Total Expected Cases : 7868		Total Seen Cases : 5838	
	Num	%	Num	%	% Median	% Lower Quartile	% Upper Quartile	
FOLLOW UP STATUS								
Visit Completion								
Among Registered Cases								
Seen Cases	41	63.1%	5838	70.3%	77.7%	63.5%	85.8%	+ -
Closed Case Seen Elsewhere	1	1.5%	176	2.1%	2.1%	1.2%	4.8%	+
Closed Case Moved Out of State/Country	2	3.1%	213	2.6%	3.1%	1.8%	4.3%	+
Closed Cases Other	15	23.1%	914	11%	10.1%	4.6%	16.9%	+ -
Cases NOT Seen But Expected	6	9.2%	1116	13.4%	8.7%	3.6%	15.2%	+

	HRIF Program (000000)		All HRIF Programs					Comparison with All HRIF Programs Data
	Total Reg : 453	Total Seen : 199	Total Registered Cases : 8306		Total Seen Cases : 5838			
	Num	%	Num	%	% Median	% Lower Quartile	% Upper Quartile	
MEDICAL SERVICES REVIEW								
Child Receiving or Being Referred for Medical Services								
Yes	179	89.9%	4092	70.1%	69.2%	44.8%	85.7%	+ -
No	20	10.1%	1744	29.9%	31.9%	16.6%	60.4%	- +
Medical Services Summary								
Ophthalmology	140	78.2%	2520	61.6%	67.6%	50.2%	79.3%	+ -
Pulmonology	49	27.4%	647	15.8%	13.2%	9.1%	19.5%	+ -
Cardiology	44	24.6%	995	24.3%	22.4%	14.3%	32.2%	+ -
Surgery	22	12.3%	511	12.5%	11.1%	8.4%	16.1%	+
Neurology	21	11.7%	741	18.1%	14.8%	11.7%	25.1%	+ -
Otolaryngology (ENT)	21	11.7%	262	6.4%	6.5%	3.8%	10.2%	+
Gastroenterology	19	10.6%	730	17.8%	13.2%	9.1%	20.5%	+ -

System Tools & Improvements



System Tools

Record Tracker

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

Record ID

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

Error & Warning

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

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

#	HRIF ID#	Name	DOB	Curr Adj Age (Months)	Curr Chron Age (Months)	SV#1	SV#2	SV#3	Latest Client Not Seen or Additional Visit	Case Status
38			11-26-2014	34.2	34.2	Visit Date: 04-28-2016 Disposition: Scheduled to Return	Date Expected: 07-13-2016	Date Expected: 11-26-2017		Warning Case
39			11-26-2014	34.2	34.2	Visit Date: 04-28-2016 Disposition: Scheduled to Return	Date Expected: 07-17-2016	Date Expected: 11-26-2017		Warning Case
40			11-17-2014	34.5	34.5	Visit Date: 12-17-2015 Disposition: Scheduled to Return	Date Expected: 07-27-2016	Date Expected: 11-17-2017	Date: 01-26-2017 Reason: No-show/Reason Unknown Disposition: Discharged - Closed Out of Program	Closed Case
41			03-13-2014	42.7	42.7	Date Expected: 01-27-2015	Date Expected: 09-27-2015	Date Expected: 03-13-2017	Date: 03-13-2017 Reason: Unable to Contact Disposition: Discharged - Closed Out of Program	Priority Case

NICU RECORD ID NUMBERS

HRIF Program:
Infant's Birth Year/Month: 2017-Jan to 2018-Jul
Birth Weight: Small Baby
Total Records: 67
Report Date: 2018-10-03

Update Selected Records

#	HRIF ID#	Discharge Date	Birth Hosp	Gender	DOB	Birth Weight	GA (weeks & days)	Birth Order	NICU Record ID Number		NOT NICU Eligible	Update Record
									OSHPD Facility Code	NICU Record ID		
1	01	08/26/2017	S t	Male	06/1	1365	eks ays	Singleton	9	36	<input type="checkbox"/>	<input type="checkbox"/>
2	37	03/10/2017	E	Male	01/1	1110	eks ays	Singleton	i3	20	<input type="checkbox"/>	<input type="checkbox"/>
3	17	03/31/2017	C	Male	01/1	1430	eks ays	Singleton	i0	99999	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	87	03/18/2017	E	Male	01/1	1450	eks ays	Singleton	i3	20	<input type="checkbox"/>	<input type="checkbox"/>
5	86	04/22/2017	C	Female	02/1	870	eks ays	Singleton	i0	90	<input type="checkbox"/>	<input type="checkbox"/>

HRIF ERROR AND WARNING REPORT

HRIF Program: All
 Infant's Birth Year: 2014
 Total Case Num: 4668
 Report Date: 2016-09-26 12:00 AM

Form Key:

RR = Referral/Registration
 SV#1 = Standard Visit #1
 SV#2 = Standard Visit #2
 SV#3 = Standard Visit #3
 AV#1 = Additional Visit #1
 AV#2 = Additional Visit #2
 AV#3 = Additional Visit #3
 CNS/D#1 = Client Not Seen/Discharge #1
 CNS/D#2 = Client Not Seen/Discharge #2
 CNS/D#3 = Client Not Seen/Discharge #3

#	HRIF ID#	DOB	Description of Issue	Form	Action	Current Entry
1		01,	Missing CPQCC ID#, patient's birth weight is <= 1500 grams.	RR	Contact the CPQCC Data Contact to obtain the CPQCC Patient ID Number.	-00000
6		02,	Patient is currently >= 12 months adjusted age and no forms have been submitted.	RR	Please submit a CNS/D Form to document why the patient is not being followed.	32 months
7		02,	Possible Duplicate Record	RR	Please contact Kaiser Permanente - Oakland Campus to resolve.	
16		06	Mother/Both Parents selected as "Primary Caregiver". Mother's date of birth cannot be coded as "Unknown".	RR	Please obtain and enter the mother's date of birth.	
17		06	Missing CPQCC ID#, patient's birth weight is <= 1500 grams.	RR	Contact the CPQCC Data Contact to obtain the CPQCC Patient ID Number.	-00000



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

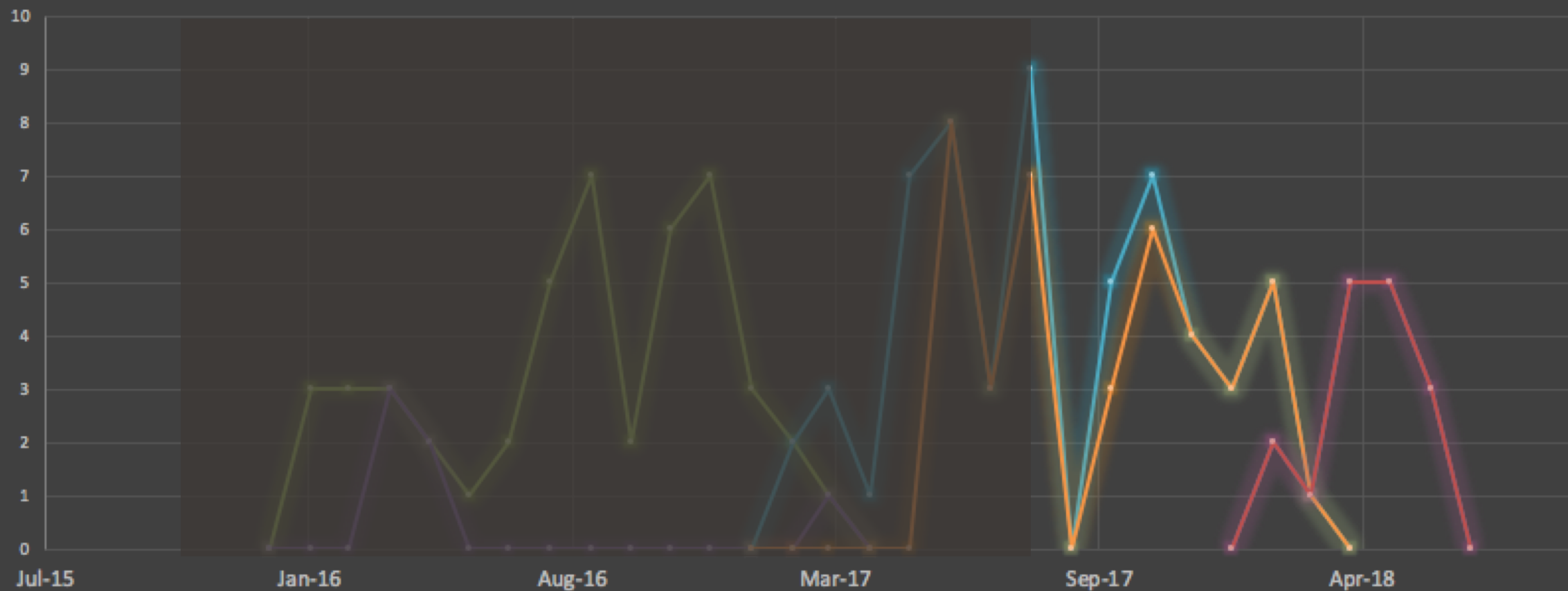
Note: All infants born in the year **MUST** be registered in the HRIF Reporting System before the June 1st deadline.

***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.

EFG Center - 2016 to 2018 (= <1500g or <32GA)

- Number Discharged birth year = 2016
- Number Discharged Birth Year = 2017
- Number Discharged Birth Year = 2018
- Number Referred Within 2 Month Birth Year = 2016
- Number Referred Within 2 Month Birth year = 2017
- Number Referred Within 2 Month Birth year = 2018



Improvements



Transferred Patient Records within Last 6 Months

Released March 2018

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

Pending Cases

PENDING CASES

TRANSFERRED PATIENT RECORDS WITHIN LAST 6 MONTHS - 622 [BACK TO TOP](#)

Scroll down to see more records.

	HRIF ID#	Infant's Name	DOB	Adjusted Age	Transferred On
1	0 2	M	-2016	28 months	09-17-2018
2	6 2	R	-2016	18 months	09-14-2018
3	0 4	It	-2018	6 months	09-14-2018
4	6 0	W	-2016	18 months	09-14-2018
5	9 0	M ine	-2017	7 months	09-14-2018
6	6 8	Z LY D.	-2017	11 months	09-14-2018

Program Settings

Released May 2018

Find Patient	Pending Cases	Registration	Referral	Report	Tools	Admin	Help	Sign Out
Program Settings	Update Password	Update Directory	User Management	Case Transfer				

HRIF Program Number	508
Center Name	Memorial Hospital Medical Center - Modesto
HRIF Data Collection Started	03-04-2014
Provide HRIF Services	N
Data Requestor	
Data Users	
Referral Users	Hays, RN, Kimberley (hayskj@sutterhealth.org) , Musson, Sonia (mussons@sutterhealth.org)
Nicu Users	Benjamin, Kristy (benjamk@sutterhealth.org)
Inactive Users	Benjamin, Kristy (benjamk@sutterhealth.org) Hays, RN, Kimberley (hayskj@sutterhealth.org) , Musson, Sonia (mussons@sutterhealth.org)
Perinatal Region (RPPC)	3
OSHPD Facility Code	500939
CCS Nicu Level	Intermediate

Data Requestor User Access

Released May 2018

Because of the highly sensitive nature of the Primary Data files, the Medical Director and HRIF Coordinator are the individuals who can be assigned as the **“Data Requestor”** to download the Primary Data Files.

The Medical Director or HRIF Coordinator may share the data files as he/she feels appropriate.

Primary Data Files

Released May 2018



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 Sun Jul 08 14:22:56 PDT 2018

HRIF Program

Infant's Birth Year

2010 2011 2012 2013 2014

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

Transfer Case Tracker

Available October 2018

This tool displays all records transferred from your clinic to another HRIF program.

Infant's Transfer Year

2018

Transfer To

All

Search

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

CASE TRANSFERS

HRIF ID#	Date of Birth	Registration Date	Transfer Date	Transferred From	Transferred To
1	93 01-	04-26-2017	02-09-2018	Kals	Kals
2	90 05-	09-14-2017	02-02-2018	Kals	Goc
3	61 02-	06-28-2017	01-17-2018	Kals (Ha)	Kals
4	23 07-	09-11-2017	01-24-2018	Kals	Lom
5	90 12-	05-12-2017	01-22-2018	Chil	Kals Ana

Future System Improvements

Spring/Summer 2019

1

Report (Snapshot)

- **Program Profile** – Med. criteria, insurance & language
- **Referral Services** – Referred at visit and not receiving (ES, MTP, Medical and Special Services)

2

Electronic Data Submission (EDS)

Will allow centers to **import a csv data file** to pre-populate the RR Form.

3

Cardiac User + Summary Report

- Will allow **cardiac units to refer HRIF infants through the system** (Ex case: CHD infants who bypass the NICU, admit to CVICU have surgery d/c home.)

4

Dashboard

Six interactive graphics (follow-up rate, services, neuro/dev outcomes and patient population map)

Resources



Resources

1. **CPQCC Website:** www.cpqcc.org
 - [What Is HRIF?](#)
 - [HRIF Resources](#)
2. **Help Desk:** www.cpqcchelp.org
 - Request Type: **HRIF Support**
3. **NICU/HRIF Directory**



Update Directory

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

Program Settings Update Password **Update Directory** User Management Case Transfer

UPDATE DIRECTORY

i **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

Update HRIF Directory Contacts ←

- “Fax” text field has been added to “HRIF Program Contact (Coordinator)”.
- This was requested to help assist with providing HRIF clinics with the requested information (i.e. NICU Summary).



HRIF Program Contact (Coordinator)	
Full Name (First Last)	Karen Schroeder, OTD, OTRIL, SWC
Title	HRIF Coordinator
Street Address (Line 1)	1509 Wilson Terrace
Street Address (Line 2)	NICU/HRIF
City	Glendale
State	CA
Zip	91206
Phone	(818) 409-8069
Fax	
Email	karen.schroeder@ah.org



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

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

HRIF SPECIALTY OUTREACH SATELLITE CLINICS

HRIF Program affiliated with a Specialty Outreach Satellite Clinic: Yes No reset

Please select the number of satellite clinics affiliated with your HRIF Program?

1 2 3 4 5 reset

Satellite Clinic #1 - complete all fields

Clinic Name

Phone Number

Street Address

City

Zip Code

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

Last Update By (Firstname Lastname) * must provide value

HRLL

HIGH RISK
INFANT FOLLOW-UP