



CHIRP User's Guide for HCP

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CHAPTER 1 Log on to the CHIRP Application

1) To Access CHIRP, once on the internet, you go to: <https://cxf.dphe.state.co.us>

You will see the following screen:

2) Enter your CITRIX USERID and PASSWORD and click on **Log In**

Then you will see the following screen:

3) Click on the CHIRP icon for HCP data entry.

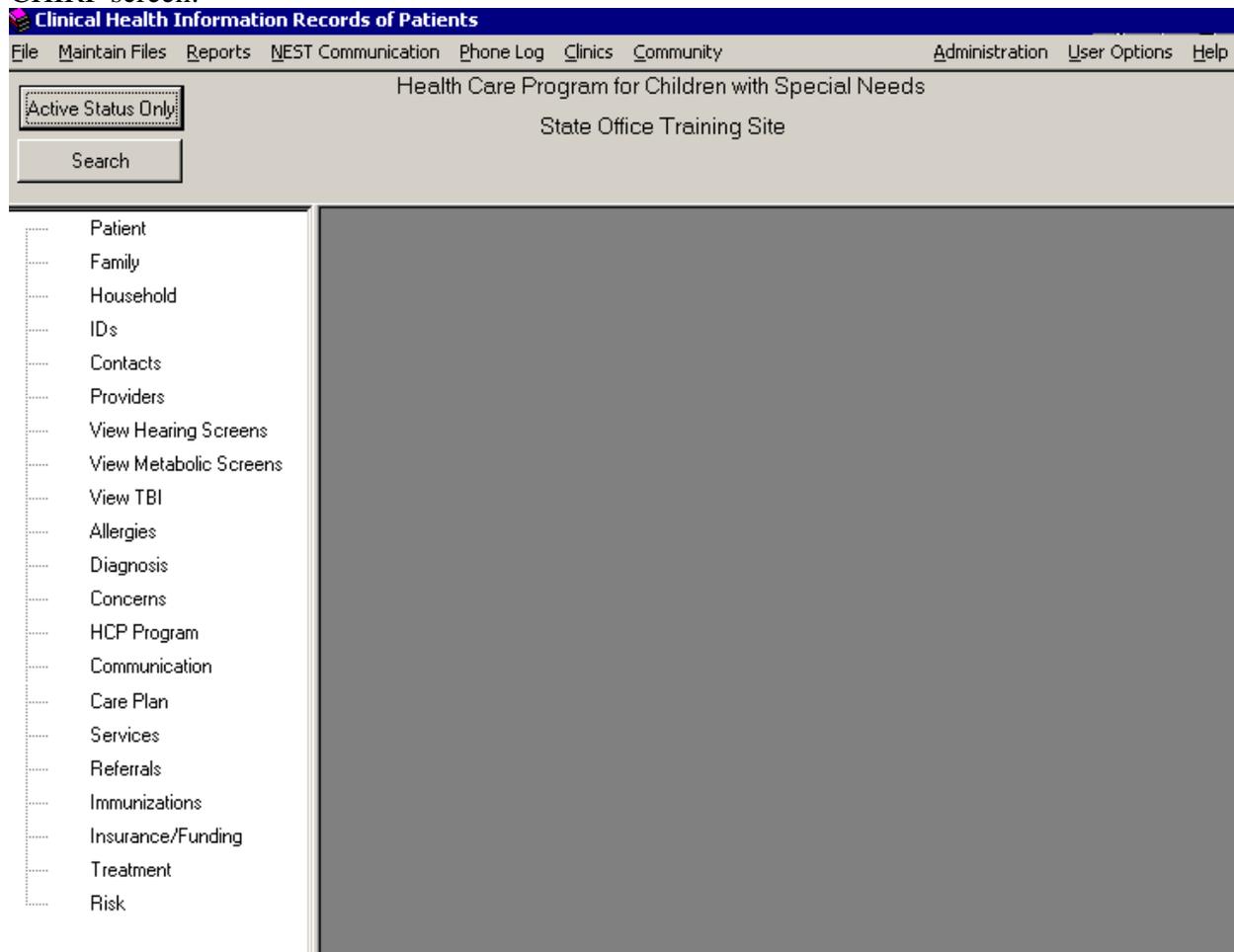
IRIS_HCP is view only after January 3, 2006. IRIS Reports can still be printed.
CHIRP-IRIS is a Training/Testing Site for CHIRP.

CHAPTER 2 Security by site

You will be presented with the following pop-up screen to sign in to the CHIRP Application:

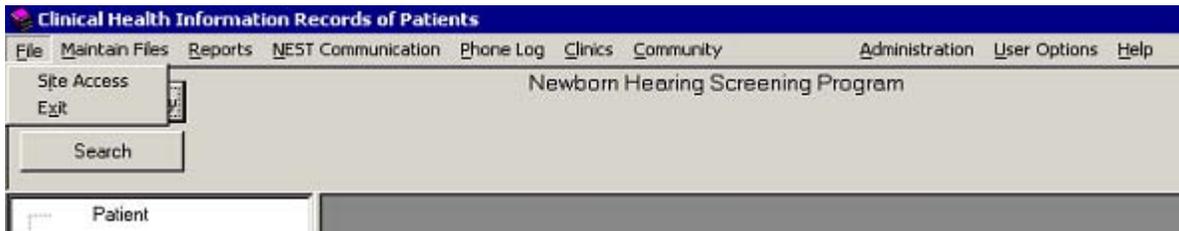


1) Enter your USERID and PASSWORD and click on **OK** and you will be presented with the CHIRP screen:

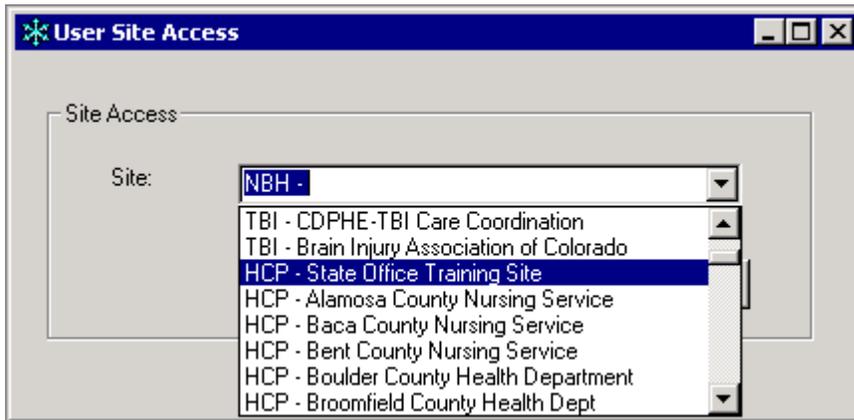


NOTE: If you are only authorized to one HCP site, then you won't be able to perform the following procedure.

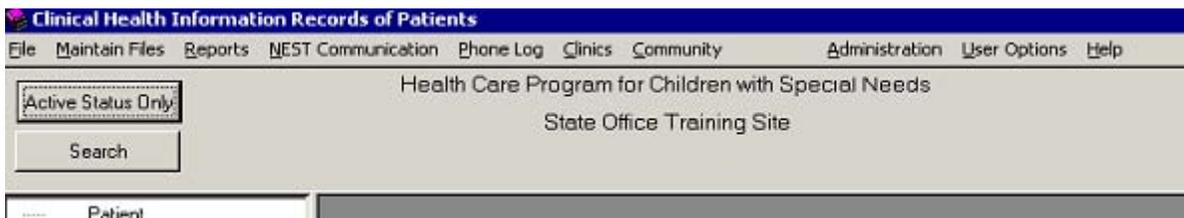
The name of the site you are currently signed in to is displayed at the top center of the screen. (This example is the Newborn Hearing Screening Program site). In most cases, this will be the site you want to work in. However, if you are authorized to access more than one site, to change the site, click on FILE in the top tool bar and receive a list of options:



Click on SITE ACCESS and the following pop-up will appear:



The drop-down list will display all the sites you have been authorized to view. So when the following functions in this guide are performed, they will pertain only to those patients within this site. (The exception will be clinics, which is discussed later). The name of the site that you select will then appear at the top of the screen.



CHAPTER 3 Security Authorizations and Access

Who's Who in CHIRP:

The State Data Owner – this is the person responsible for being the liaison between the HCP program and the IT staff developing and maintaining the CHIRP application. The data owner signs off on all requests for access to HCP data. They also assure that the appropriate level of access is applied.

The State CHIRP Administrator(s) – this is the person(s) responsible for setting up new users, maintaining existing users, resetting passwords, maintaining the drop down lists and operating the NEST interface. This is also the role that administers the HELP line.

The user(s) – these come in two parts:

- **The state user(s)** – these are the users who develop policies and procedures. The state user(s) work with the data owner to assure the policies and procedures are supported by the application.
- **The regional and county user(s)** – these are the HCP staff in the regional offices and/or nursing sites that use CHIRP to record their activities relating to the Patients and their families they are supporting.

The State IT staff – these are the members of the team supporting the application. They assure that the application is working and is available to the users. They prioritize the workload and effect changes and enhancements as requested by the data owner and the users through the data owner.

Access Levels (roles):

State Administrator (State User- HCP State Access) – the person who is authorized for this role has access to maintain the files, maintain the users and is capable of 'fixing' minor problems within the database itself.

Local Registrar (Regional User with HCP Full Access) – the person who is authorized for this role has access to view the names of all the children registered in HCP in the SEARCH regardless of which site services this child. If a child is selected from the SEARCH result list and this child is not in a site the user is authorized for, a pop up message appears with the information about where this child is receiving services. This allows the registrar to decide whether to enter the person as a new person or to contact the site where the child is being serviced and transfer the child to their site.

Local Update (Regional User with HCP Partial Access) – the person who is authorized for this role has access to view the names of all the children registered in their HCP site(s) and to add any new information relating to that child. This role cannot register or transfer children since they cannot search the whole state caseload.

Local Read Only (Regional User with HCP Read Access) – the person who is authorized for this role has access to view the names of all the children registered in their HCP site(s) and to view the information relating to that child. This person cannot make any changes to the data.

Local Community (Regional User with HCP Limited) – the person who is authorized for this role has the capability to only enter community encounters and phone log information.

Who's who Effective 2006:

State Date Owner – Shirley Babler

State Users – Lynn Bindel and State Program Consultants

State Administrator – Sue Dabiri

State IT – Nest Team - Cathy Gunderson, Pam DeAndrea, Bruce Straw, Paul Turtle. Sue Dabiri

SCOPE: Scope is a very important concept that you must understand and be aware of in order to understand the data you are looking at in the CHIRP application.

Scope refers to which sites you are authorized to view based on your job function, i.e., on a need to know basis. If you are a person who is authorized to register new Patients into HCP for your office, you will have the option on a Search to see all of the children within the state who have been registered with HCP (by checking the All Program Search box), but unless you are also authorized to the specific site where a Patient is registered, you will not be able to see more than the name and birth date on the search results.

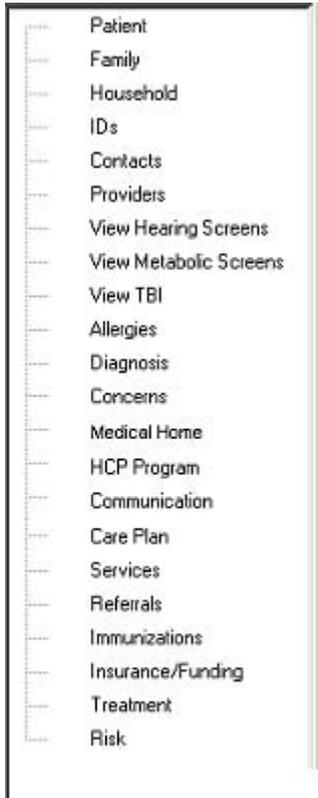
If you have access to more than one site, you will have the option of seeing all the Patient names in a search for all the sites you are authorized to view (by checking the All Site Search).

So when you perform a search, the resulting list will be limited by the scope you have been authorized for as well as your search criteria. For an example, a **SEARCH ALL** won't display all the Patients matching your search criteria within the HCP program in the state, but rather will only display the results based on the criteria you enter, the setting on the STATUS of the search and the scope you have been authorized for your job.

GIGO – Garbage in, Garbage Out: GIGO is another important concept that you must be aware of. The CHIRP application is capable of holding a lot of information and of performing valuable functions, but if the data is missing or is inaccurate, the results of any function will be unreliable. No system can be 100% correct and no matter how careful and diligent people are, mistakes are made and data entry is forgotten or overlooked for more 'important' functions. But data are important for the overall program, and for each individual user's use of the system, so we all need to strive for the best data to reside in CHIRP.

CHAPTER 4 The TREE

The TREE is what we call the structure that exists down the left hand side of the screen. This structure is your navigation tool to add, update or review data entered for a particular Patient (person). The tree for HCP/CHIRP looks like this:



Once you have selected a Patient to work with, you can immediately ‘jump’ to any piece of information within the tree. Two features alert you to the presence of data within a ‘branch’ (AKA node) of the tree.

- There will be a ‘box’ to the left of a node with a Plus sign in it:

Family
 Household

To Expand the information in this node, click on the little box:

Family
 ├── Greenleaf, Legolas Sr. (Father)
 └── Greenleaf, Gretta (Mother)

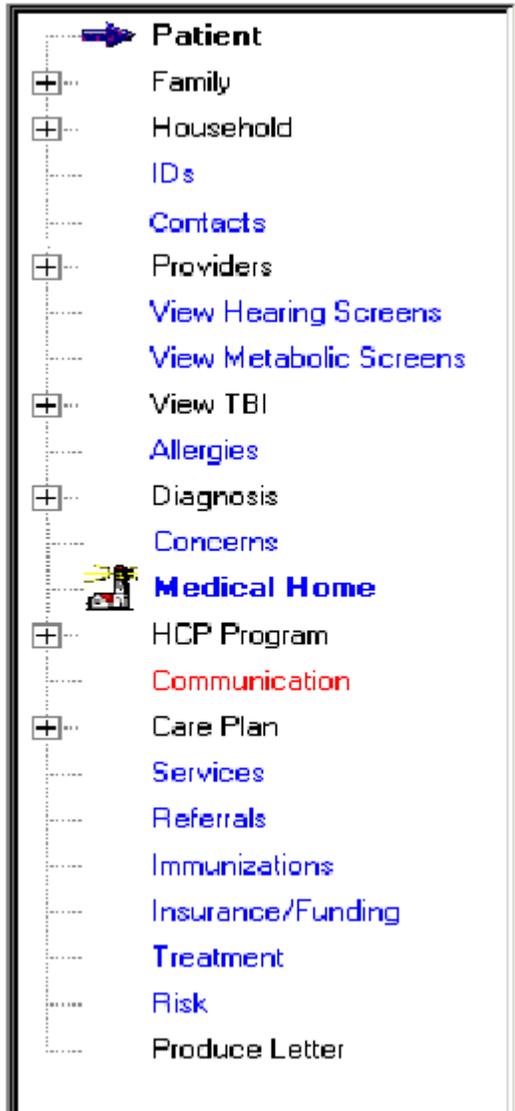
You can now click on the sub-node for further information

- The name of the node will appear in a different color (Blue, Green, or Red)

├── [View Hearing Screens](#)
 └── [View Metabolic Screens](#)

Click on the node to view information previously entered. (Single or double click works)

A Fully loaded tree with information in every branch would look like this:



The best way to set up a new Patient / Case is to follow the branches down the tree.

The tree was designed to provide the user with a quick overview of the Patient's case. Expansion on the boxes can provide a quick reference for the user to locate emergency contacts as well as knowing if there are actions that need to be performed on this case.

But before you start entering a new patient, you should always be sure that the person doesn't already exist in the database.

You should always start with the SEARCH screen to:

- Find the patient you need to record information on, or
- To assure a patient doesn't already exist before entering as a new Patient.

CHAPTER 5 CHIRP Basics

CHIRP is written to be consistent with the way you perform tasks. Here are a few of the basic rules for using CHIRP.

- Always use the SEARCH screen to locate the person/case you want to work with.
- To enter new data for a particular node on the tree, place the cursor on the word describing that node, right click the mouse and an **ADD** button will appear, click on that button and you will be presented with a blank screen for data entry.
- All DATE fields where you can enter data has a box after it that looks like this: . When you click on that box, the current date will be placed in that field. You can then either change that date or leave it as is.
- You can enter a date as MM/DD/YY or MM/DD/YYYY. If you choose to only enter the last two digits, CHIRP will expand to the four digits when you move off that field.
- Most CHIRP screens where you enter data have 3 buttons at the bottom of the screen, here are their functions:

SAVE	This button will save the new information you have entered on this screen.
CLEAR	This button will return the information displayed on the screen to what it was after the last SAVE
CLOSE	This button will close the current screen and a previous screen will be displayed. If you CLOSE on the Patient screen, the screen will be blank. If you close a screen before saving, the new data will be lost.

- CHIRP screen where there is a list of previously entered entries have two buttons at the bottom of the screen, here are their functions:

ADD	This button will present a blank screen to data enter a new entry..
CLOSE	This button will close the current screen and a previous screen will be displayed.

- ID and date of the last person to update a screen: At the bottom of each screen that contains data, is the user ID of the last person to enter data on that screen and the date that this occurred. If the source of the information was not entered from the HCP site that you are currently signed into, you may only view the data. In some cases, like the comments on a Communication, you will not even be able to view the data.

- All drop down screens are pre-populated. You can select the down arrow and make a selection from the list presented or you can start typing the value you want in the field and when the value you want appears in the field, tab to the next field to save that value.
- Displaying more data by opening fields: You can place your cursor on a horizontal line in the display area and drag that line to the right or left to open up a field to see more information if the original size did not allow for all the information to show. This is most commonly used to allow more space for the tree and it's expanded nodes.
- Dark Blue Bar: If a screen you are looking at has a dark blue bar at the top, you can click on that bar and drag the screen to reveal data underneath it if you need to.
- After viewing a screen and you have made no changes, the best way to exist would be to click on **CLEAR** and then **CLOSE**.
- Status and Status Date: At the bottom of each screen is a Status field and a Status Date field. As you are entering new data, these fields show the defaults, which are ACTIVE and the current date. You, as the user, can override these dates but this would be an exception, not the normal way of processing. The Status Date may need to be changed to reflect something important, i.e., the actual date when the event took place that you are recording at a later time. Usually, except for the Status and Status Date on the Patient screen, these two fields reflect the day the data was first entered into CHIRP. (See the discussion of Status in the next section.)

CHAPTER 6 Search for a Person

The **SEARCH** button on the CHIRP screen appears in the upper left hand corner and looks like this:



With the **Active Status Only** button displayed, all the information you will be seeing will be with an ACTIVE Status.

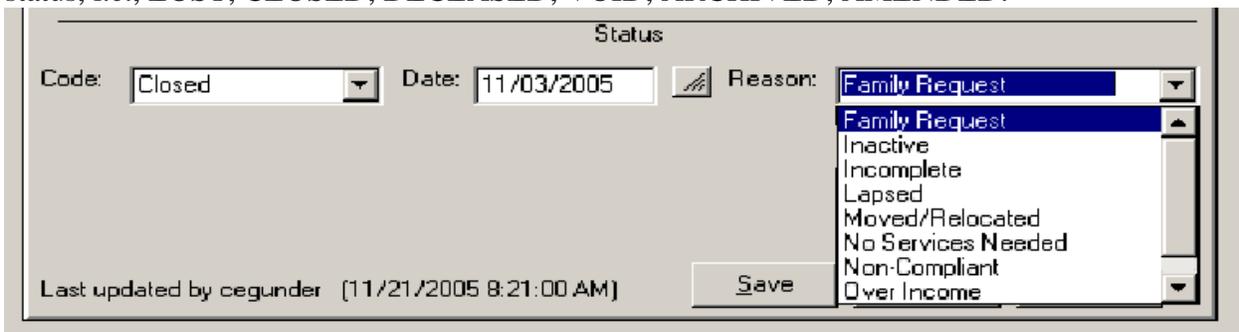
If you click on the **Active Status Only** button, it will turn into an **All Status** button and will be Green:



With the **All Status** button displayed, you will see all the information within your site, no matter what the status is, i.e., ACTIVE, LOST, CLOSED, DECEASED, VOID, ARCHIVED, AMMENDED.

Every screen displayed will contain a status referring to the data on that screen or line item in a list. **The Status on the Patient screen takes precedence over all statuses in the database associated with that patient.** So if the Child is deceased or the case is closed, with the **Active Status Only** button displayed, this child will not appear in the search results. If you want to search for a child and you suspect the case was closed or that the child was "lost to follow-up" (LTF), search with the **All Status** button on.

Because the status of the Patient represents the determination of the whole case for that Patient, a REASON is required whenever the status changes from an ACTIVE status to a non-ACTIVE status, i.e., LOST, CLOSED, DECEASED, VOID, ARCHIVED, AMENDED.



CHAPTER 7 Explanation of STATUS codes

Patient Screen Status: The Status on the Patient Screen supersedes the status on all other screens.

Active – Child is active for Care Coordination

Deceased – Child is deceased

Deceased Reasons:

- Per Co-Hear
- Per Family
- Per Hospital Report
- Per Other Source
- Per Part C
- Per Vital Records (Used by NEST)

VOID – Data entry error and data needs to be deleted
(State will delete voided data monthly)

Voided Reasons:

- Duplicate Record
- Per Vital Records

Lost – “Lost to Contact”

Lost Reasons:

- No Phone
- No Postal Service

Closed – Child is being closed to HCP Care Coordination services

Closed Reasons:

- Family Request
- Inactive
- Incomplete
- Lapsed
- Moved/Relocated
- No Services Needed
- Non-Compliant
- Over aged

Archived – Not used for the Patient Record

Status on All Other Screens:

Active – Data on screen is current

The screen data can be current even when the patient is closed.

Archived – Record is needed for future reference when a new screen is added
(Not all screens have archive; archived screens show on Tree when a search is done with “All Status”)

VOID – Data entry error and data needs to be deleted
(State will delete voided data monthly)

Closed – Only used on Patient Screen

Deceased – Only used on Patient Screen

Lost – “Lost to Contact” – Only used on Patient Screen

You should always start your CHIRP session with the SEARCH screen to locate your Patient and /or to make sure that you are not entering the same child more than once.

Click on **Search** in the upper left hand part of the screen and the CHIRP SEARCH Screen will display:

Person Search

Criteria - Please Select Up To Two Items To Search On

Patient's Date of Birth [] Patient's First Name []

Mother's Last Name (HH) [] Patient's Last Name []

Mother's Maiden Name [] Father's Last Name (HH) []

CHIRP ID Number [] Mother's Last Name At Birth []

EBC Number [] Birth Hospital []

Please Enter Patient Identification to Search On

ID Type [] Value []

Please Enter Diagnosis To Search On

Diagnosis Category [] Diagnosis Type []

Please Enter Patient Provider To Search On

Provider Type []

Provider []

Please Note: To Perform A Wildcard Search Type Search Text Followed By '\''

All Program Search

Patient of Program All Sites Search

Find Clear Num Of Records Rtn: []

Last Name	First Name	Middle Name	Person ID	Birth Date	Status

Show All Select Add Patient Close

If you are performing a search and have entered the criteria, you then can either click on the **FIND** button, or you can hit the enter key since the **FIND** key is set up as the default on this screen.

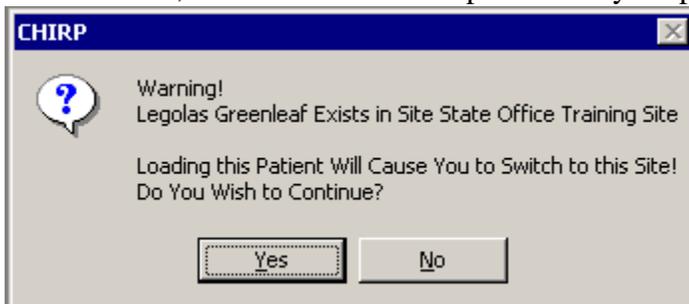
If you want to view all the names within the site you are signed on to (within you SCOPE), click on the **Show All** button at the bottom of the screen.

There are several boxes to check to define the scope of your search. Here is an explanation of the boxes:

Name for Check Box	Description
All Program Search	If you have registrar authority (HCP Full Access), with this checked you could view all the children in <u>HCP statewide</u> . This option (check box) will appear on the search screen only if you have the registrar authority.
Patient of Program	This will limit your search to only those children designated as a Patient of the Program – a check box on the Patient screen. When this is checked, a blue arrow appears beside the Patient's name. <u>Each HCP Office determines how this will be used to identify a specific caseload for the region or site.</u>
All Site Search	This will display all the children in <u>all the sites you have the authorization to view</u> . This allows a HCP Regional Office to view all county sites in the Region. Without this checked, you will only see the children in the site you have signed on to. This option (check box) will appear on the search screen only if you have authority to more than one site.

SPECIAL NOTE ON Selecting a Patient not in the current site: If you select a Patient from the screen and that child is in a different site than the one you are sign onto then:

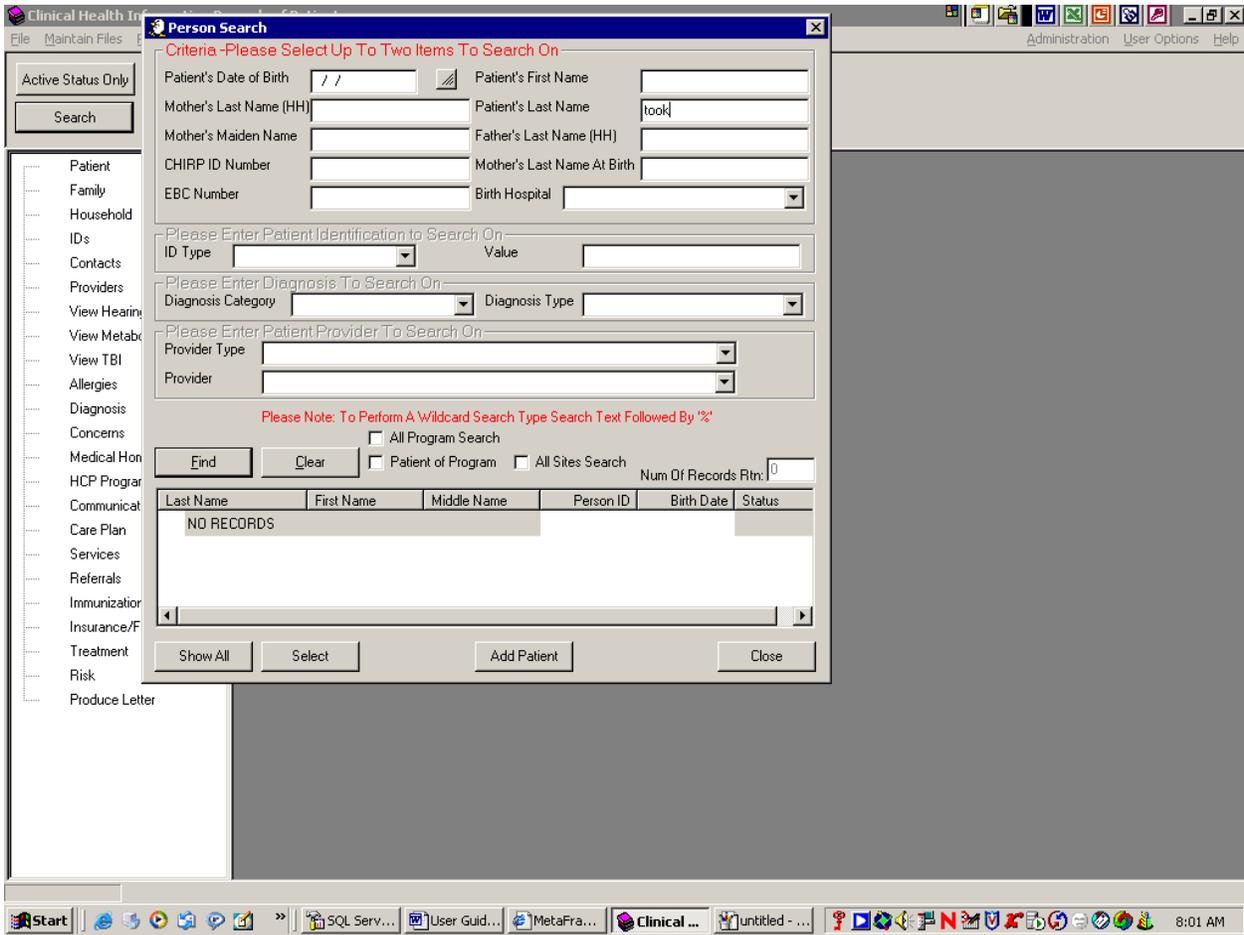
- If you have access to that other site, a pop-up box will appear and alert you to the fact that if you continue, CHIRP will change the site you are signed onto to be the one where that Patient is entered, which shouldn't be a problem in your processing, just click on **YES**.



- If you do not have access to that other site, a pop-up box will appear to inform you that the Patient exists but is on a site that you do not have access to view and therefore, the information about that Patient will not load in the tree. In this instance, you should contact the registrar at the other site and have them transfer the child to your site if you are assuming the care coordination for this Patient at your site.

For Registrars: You will be able to view all the names within the state for the HCP program, but if you are not authorized for the site where a Patient is registered and you select that Patient, the information about that Patient will not load in the tree, but you will get a message indicating who you need to contact to have that person transferred to your site.

The Registrar can add new patients and complete transfers from their site to another site. If a user who does not have 'full access' needs to add a person, they must first get permission from the registrar in their region.



There are five major sections on the SEARCH screen:

1. The upper part of the search screen allows you to look for a specific individual. You can enter demographic information that should limit your search to just those individuals that match that information. You can combine two search criteria in this section, i.e., the birth date and the last name or the mother's last name and the hospital where the birth took place. **SPECIAL NOTE:** If you search by the CHIRP ID Number, that Patient will load and the Patient screen for that Patient will display.
2. The next section lets you identify the target of your search by certain types of unique identifiers. To use this section, first choose the ID Type you want to look for. This could be the Medicaid number, the last four digits of a SSN, or a specific insurance policy number. After choosing the ID Type, then enter the actual value in the value field and perform a **FIND**. The EBC Number in the upper part could also be searched for by using this section, but since this is so common for searching, it was added to the top section.
3. The next section lets you search for Patients based on the type of diagnosis they have been identified with. First select the Diagnosis Category, then the Diagnosis type and

perform a **FIND**. This is a valuable tool when counting the number of Patient (in your Scope) with a particular diagnosis.

4. The next section lets you search for Patients based on an association with a provider. If you are a Care Coordinator, you can select HCP Staff as the provider type, then select your name as the Provider, click on **FIND** or click the enter key and every patient to which you are associated in the Provider node will display in the results of the search.
5. The results display area.
 - The results of the search will be based on the selection you make on the search screen and the scope of the search based on the check boxes and the authorization you have been set up with.
 - Two features alert you to the fact that there was no match for this search:
 1. The Number of Records Returned will be "0" (zero)
 2. The word **NO RECORDS** will appear in the search result box.
 - There are many kinds of searches you can perform from this screen. Before entering a new person, make sure you have tried every way possible to search for this child knowing that the last name can be spelled differently or that the name may have changed since birth.
 - A *wildcard* search can be done by entering part of a name and then entering a % at some point. All matching entries that match up to the place where the % exists will be returned in the search box.
 - To select a person from the list, you can highlight the row and click on the **Select** button, or you can double click on the highlighted row.
 - If you are confident that the child you were looking for does not exist on the database and you need to start recording data, with no match found, click on **ADD PATIENT** at the bottom of the SEARCH screen.
 - To move quickly to a point in the result list, put the cursor in the list box and type the letter you wish to start working with the results in the search from.
 - You can click on the name of the column in the results area and the results will be resorted in ascending order for the values in that column. A good example of using this method is when you aren't sure of a last name, but pretty sure about the first name. Do a *wildcard* search on part of the last name, click on the first name column to sort in that order and then look for the first name.
 - With an Hispanic last name made up of two other last names, use a *wildcard* search and sort by first name to find the Patient. This will find the Patient whether the last name is hyphenated, separated with a blank or not separated at all.

Chapter 8 Add a New Patient

The screenshot shows the CHIRP software interface for adding a new patient. The window title is "Clinical Health Information Records of Patients - [Patient]". The main area shows a form for patient information. The patient's name is "Wilson", and the status is "Active" with a date of "12/19/2005". The form includes fields for Name (Last, First, Middle, Suffix), AKA, Nickname, Occupation, Title, Gender, Country of Origin, Language, Race, Ethnicity, Birth Date, SSN Last 4 Digits, Program Info, First Entered Date, Guardian Signed Consent Form, Signed Date, Patient of this Program, and CRCSN Notified. A "Notes" field is also present. The status is set to "Active" and the date is "12/19/2005". The last updated by is "cegunder" on "12/19/2005 8:45:00 AM". Buttons for "Save", "Clear", and "Close" are visible at the bottom of the form.

You are now ready to enter a new Patient. Enter as much information as you have. The Status and Status date at the bottom of the screen default to ACTIVE and the current date. You may change those if you want the date to coincide with the actual date the person registered with HCP or leave it as the date they were entered into CHIRP. The Status should remain ACTIVE until an event occurs which changes the Patient's relationship with the HCP program.

Click on **SAVE** when you are finished.

NOTE on Required fields: Very few fields are required by CHIRP in order to **SAVE** on the Patient Screen. You must have a Last Name. Common sense dictates that the more data you have and the more accurate that it is, the better use this data will be to you and to the HCP program.

Once you click on **SAVE**, the name, DOB and status with status date appear on the top:

The screenshot shows the CHIRP software interface for a patient record. At the top, a blue header reads "Clinical Health Information Records of Patients - [Patient]". Below this is a menu bar with options: File, Maintain Files, Reports, NEST Communication, Phone Log, Clinics, and Community. The main title area says "Health Care Program for Children with Special Needs" and "State Office Training Site".

On the left is a vertical navigation menu with the following items: Patient, Family, Household, IDs, Contacts, Providers, View Hearing Screens, View Metabolic Screens, View TBI, Allergies, Diagnosis, Concerns, Medical Home, HCP Program, Communication, Care Plan, Services, Referrals, Immunizations, Insurance/Funding, Treatment, Risk, and Produce Letter. The "Patient" item is highlighted with a blue arrow.

The main data entry form is titled "Patient:" and is divided into sections:

- Name:** Last (Greenleaf), First (Legolas), Middle (), Suffix ().
- AKA:** Lightfoot.
- Nickname:** Legs. **Occupation:** (), **Title:** ().
- Gender:** Male. **Country of Origin:** USA. **Language:** ().
- Race:** Caucasian/White. **Ethnicity:** Non Hispanic.
- Birth Date:** 03/11/2005. **SSN Last 4 Digits:** ().
- Program Info:** First Entered Date: (/ /).
- Guardian:** Guardian Signed Consent Form: (), Signed Date: 12/06/2005.
- Patient of this Program:** (unchecked).
- CRCSN Notified:** (unchecked).

At the bottom of the form, there is a **Status** section with **Code:** Active and **Date:** 12/06/2005. Below this, it says "Last updated by bdeloian (12/6/2005 1:54:00 PM)" and has buttons for Save, Clear, and Close.

The user ID and date/time of the last change appear on the bottom.

Patient of the Program box: On the right hand side just below the middle of the screen there is a box labeled Patient of the Program. If that box is checked, it will add a blue arrow beside the Patient node in the tree. The blue arrow will also appear beside the name in a Search list. You may also perform a search and click on the Patient of the Program box in the search screen and then only those Patients will appear as a result of the search.



The CRCSN notify box does not apply to HCP, so ignore this box.

NOTE: For HCP, Patient of the Program (POP) can be defined by each Regional site. You may want to keep track of Children who are referred from the NICU, have a particular kind of insurance coverage, are receiving a level of care coordination. This will be a useful tool when using your search screen. Before using the POP box, each site should decide how they want to define it. Chapter 9.....Add an AKA or Alias for the Person/Patient

On the Patient Screen, add the Alias in the AKA fields.

Clinical Health Information Records of Patients - [Patient]

File Maintain Files Reports NEST Communication Phone Log Clinics Community

Health Care Program for Children with Special Needs
State Office Training Site

Active Status Only

Search

HCP 78018 Greenleaf, Legolas (Date of Birth - 3/11/2005) (Active 12/6/2005)

Patient	Patient		Birth		Birth Parents	
	Last	First	Middle	Suffix		
Family	Name: Greenleaf	Legolas				
Household	AKA:	Lightfoot				
IDs	Nickname: Legs	Occupation:	Title:			
Contacts	Gender: Male	Country of Origin: USA	Language:			
Providers	Race: Caucasian/White	Ethnicity: Non Hispanic				
View Hearing Screens	Birth Date: 03/11/2005	SSN Last 4 Digits:	Program Info			
View Metabolic Screens	Guardian	Guardian Signed Consent Form:	First Entered Date: / /			
View TBI	Signed Date: 12/06/2005		Patient of this Program: <input type="checkbox"/>			
Allergies	Notes:		CRCSN Notified: <input type="checkbox"/>			
Diagnosis						
Concerns						
Medical Home						
HCP Program						
Communication						
Care Plan						
Services						
Referrals						
Immunizations						
Insurance/Funding						
Treatment						
Risk						
Produce Letter						

Code: Active Date: 12/06/2005

Status

Last updated by bdeloian (12/6/2005 1:54:00 PM)

Save Clear Close

When you are performing a search, both the NAME fields and the AKA fields will be used in the search.

If a name appears in the Search List with an asterisk (*) beside it, it means that the person was chosen for the list based on the AKA name.

The Birth Information:

Behind the Patient tab are two other tabs, which can hold information about the Birth. These "Birth" tabs are view only.



When the interface is implemented with the NEST, if data is sent to HCP for a new Patient and this Patient was identified through the Newborn Screening program, the birth information will be populated with data from the birth certificate for the child to be used to assist in the location of the Patient or in the familiarization of the Patient's situation to assist in care coordination.

At the bottom of the screen, the last "updated by" will indicate that the information came from the EBC (Electronic Birth Certificate Extract). The information can only be viewed since the data came from the birth certificate and can only be changed by Vital Records.

This information will only be available when a child is identified from the Newborn Screening or Newborn Metabolic programs.

A screenshot of the 'Birth' tab in the HCP interface. The form contains the following fields and controls:

- Hospital Record Number:** [Text Input]
- Birth Date:** [03/11/2005] [Calendar Icon]
- Birth Time:** [Time Input]
- Birth Weight:** [Text Input] lbs [Text Input] oz [Text Input] grams
- Multi Birth:** [Dropdown Menu]
- Birth Order:** [Dropdown Menu]
- Birth Hospital:** [Dropdown Menu]
- Birth State:** [Dropdown Menu]
- Birth County:** [Text Input]
- Mother Resident State:** [Dropdown Menu]
- Discharge Date:** [Date Input] [Calendar Icon]
- Mother Resident County:** [Text Input]
- Discharge Type:** [discharged] [Dropdown Menu]
- Gestational Age (Weeks):** [Text Input]
- HRS In NICU:** [Text Input]
- APGAR 1:** [Text Input]
- APGAR 5:** [Text Input]
- Status Code:** [Dropdown Menu]
- Status Date:** [Date Input]
- Abstracted Details:**
 - Y/N
 - Date Abstracted:** [Date Input]
- Close** [Button]
- Please Note: Birth Record Save On Parents TAB** [Text]

Chapter 10 Add a Family Member

Place the cursor over the word FAMILY in the tree and perform a RIGHT click. A button pops up that says **Add Family Member**.



Click on that button and you will be presented with the screen to add a family member:

 A screenshot of a web-based form titled 'Family Member'. The form has three tabs: 'Family Member' (selected), 'Addresses', and 'Notes'. The form contains several input fields and checkboxes:

- Name: Four input fields for Last, First, Middle, and Suffix.
- Relationship to Frodo Baggins: A dropdown menu.
- Title: A dropdown menu.
- Guardian:
- Emergency Contact:
- Patient of this Program:
- Country of Origin: Input field with 'USA' entered.
- Date Of Birth: Input field with '/' and '/' characters.
- Gender: A dropdown menu.
- Race: A dropdown menu.
- Ethnicity: A dropdown menu.
- SSN: Input field with '-' and '-' characters.
- Occupation: Input field.
- Language: A dropdown menu.
- Status Code: A dropdown menu with 'Active' selected.
- Status Date: Input field with '11/23/2005' entered.
- Member of Household(s): (None)

 At the bottom right of the form are three buttons: 'Save', 'Clear', and 'Close'.

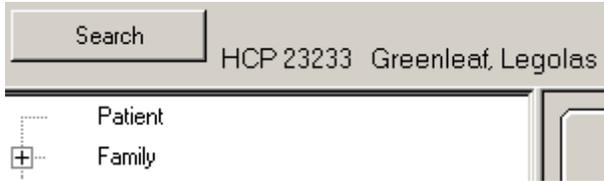
You may add as many Family members in this way as you need/want. They can be any person who is associated with the Patient that is significant enough that the user wants to document their presence. They can be living in the same household or not.

If there is another member in the household that is an HCP client, there is a way to designate that, which will be discussed on the next CHIRP page.

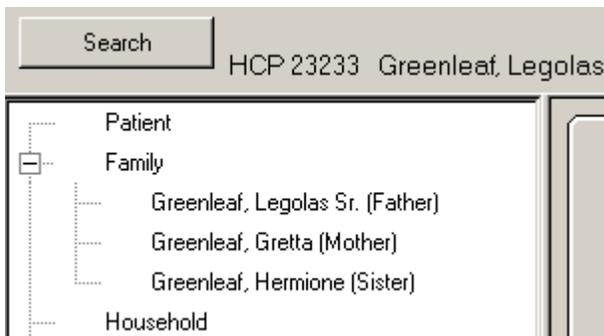
Address(es) for a Family member can only be added through adding a household and then putting that family member into the household. The households that a family member is a part of will appear at the bottom of this screen. All Addresses associated with all the households will appear under the ADDRESSES tab once the Family Member is associated with a household and will be display only.

Add a Family Member (continued):

After you have entered one Family Member, a box with a "+" appears to the left of the Family node.



This means that there is information there. Click on that box and the Family node will be expanded:



Each Family member you entered will display along with the relationship to the Patient.

On the Family Member Screen there are several important boxes:



Each of these will have an effect on the Family member's name in the tree:

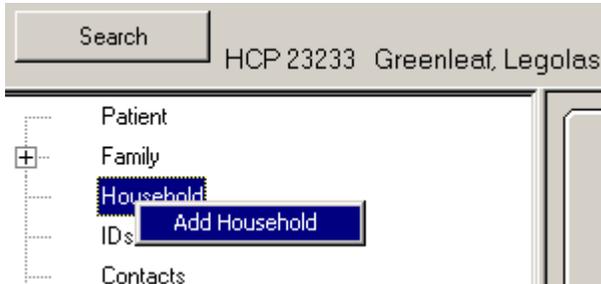
Name of Box	Results in the Tree
Guardian	
Emergency Contact	The name in RED
Patient of this Program	

Appearing as:



Chapter 11 Set up a Household

Place the cursor over the word **HOUSEHOLD** in the tree and perform a **RIGHT** click. A button pops up that says **Add Household**.



Click on that button and you will be presented with the screen to add a Household:

The screenshot shows a form titled 'Household' with three tabs: 'Household', 'Household Members', and 'Address'. The 'Household' tab is active. The form contains the following fields and controls:

- Type: [Dropdown menu]
- Spoken Language: [Dropdown menu]
- Written Language: [Dropdown menu]
- Adults in Household: [Text input]
- Children in Household: [Text input]
- Household Medicaid Number: [Text input]
- Notes: [Text area]
- Patient Resident:
- English in Home:
- Status Code: [Dropdown menu, value: Active]
- Status Date: [Text input, value: 10/26/2005]
- Buttons: Save, Clear, Close

Below the form, the text 'Household Updated' is displayed.

Multiple Households

You may add as many Households as you need/want. The Patient Resident box should be checked on the household where the Patient Resides. It will result in a special icon in the tree. In this example, the Patient resides in the Parent's Residence:



Associate Family Members with the households:

Household | Household Members | Address

Type: Patient Resident:

Spoken Language: English in Home:

Written Language:

Adults in Household: Children in Household:

Household Medicaid Number:

Notes:

Status Code: Status Date:

Last updated by cegunder (10/29/2005 1:03:00 PM)

Once you have saved the household information, the other two tabs are no longer 'grayed' so the user can add data. (Grayed indicates un-selectable). Click on the Household Members tab:

Household | **Household Members** | Address

Name	Date Of Birth
Greenleaf, Legolas, Jr.---Self	03/11/2005

Add a Family Member

- Greenleaf, Legolas Jr. (Self)
- Greenleaf, Legolas Sr. (Father)
- Greenleaf, Gretta (Mother)
- Greenleaf, Hermione (Sister)

The Patient is always a member of a household, whether resident or not, so the name of the patient will appear. Click on the **Add Member** button and a drop down will appear with all the family members listed. Highlight the name you want to add and click **OK** for each person being added to this household. Now when viewing the family member, the name of each household they are associated with will appear on that screen and the associated addresses will also appear under the Family Member's address tab.

Add Addresses for a Household:

Multiple Addresses

Click on the Address tab to enter Household addresses.

Click on (New Address) to enter a new address. A household can have multiple addresses.

Click on the Correspondence box if this is the address you want to use to send letters. Click on the NO Label box if you do not want to include this address in a mass mailing or when creating labels.

Use the NO LABEL check box to exclude this address from a production of labels for any reason.

System determines to whom letters are addressed:

- Correspondence will be directed to the Family member who has the Guardian box checked and who is associated with the Household where the child resides.
- If more than one Guardian exists, then both will be directed to.
- If no Guardian exists, then the Father, then the Mother, then any person in the household or 'To the parents of' depending on the specifications of the correspondence.

NOTE: Family income is entered and the % of poverty is shown on the HCP Program Screen and is described later. However, you MUST enter the number of Adults and children on the Household screen.

Chapter 12 Add Patient Identifiers

Place the cursor over the word IDs in the tree and RIGHT click on the mouse. A button pops up that says **Add Patient IDs**.



Click on that button and you will be presented with the screen to add an ID that is unique to this Patient:

A screenshot of a dialog box titled 'Add/Update IDs'. The dialog has a light gray background and a blue title bar. It contains several input fields and dropdown menus for entering patient ID information. At the bottom right, there are three buttons: 'Save', 'Clear', and 'Close'.

Effective Date:	<input type="text" value="//"/>	<input type="checkbox"/>
Ending Date:	<input type="text" value="//"/>	<input type="checkbox"/>
ID Type:	<input type="text"/>	<input type="checkbox"/>
Identification:	<input type="text"/>	
Issuing Organization:	<input type="text"/>	
Status:	<input type="text" value="Active"/>	<input type="checkbox"/>
Status Date:	<input type="text" value="11/22/2005"/>	<input type="checkbox"/>
Update Info		

You may enter as many unique Identifiers as you want to. These IDs will be transmitted to the NEST (once that interface is functional) to aid in the de-duplication process. The NEST will also send some unique IDs to HCP for a patient, i.e., a Medicaid number, if entered from another agency.

Once an ID is added, the word in the tree will be blue and if you click on ID, you will be presented with a list of all the IDs entered so far. To add another ID, click on the **Add** at the bottom and you will be presented with a blank screen to add an ID.

A screenshot of a dialog box titled 'IDs'. It contains a table with two rows of data. Below the table are navigation arrows and two buttons: 'Add' and 'Close'.

Effective Date	Ending Date	ID Type	Identification	Issuing Organization	Status
9/22/2005		Medicaid	Y1234567	State of Colorado	Active
9/22/2005		EBC Number	200512345	CDPHE	Active

Chapter 13 Add Contacts

Place the cursor over the word **Contacts** in the tree and **RIGHT** click on the mouse. A button pops up that says **Add Contact**.



Click on that button and you will be presented with screen to add the Contact.

You may enter as many Contacts as you want to. A Contact is any person or organization that is not part of a household or is not a provider of a paid service or consulting service who is significant to this Patient and who you want to document for future reference.

Contacts are only related to one person.

Once a Contact has been entered, the word will appear blue in the tree. Click on that word and you will be provided with a list of contacts for that Patient.

If you click on the **EMERGENCY CONTACT** box on the Contact screen, the name of the Contact will appear in **RED** when the list is shown.

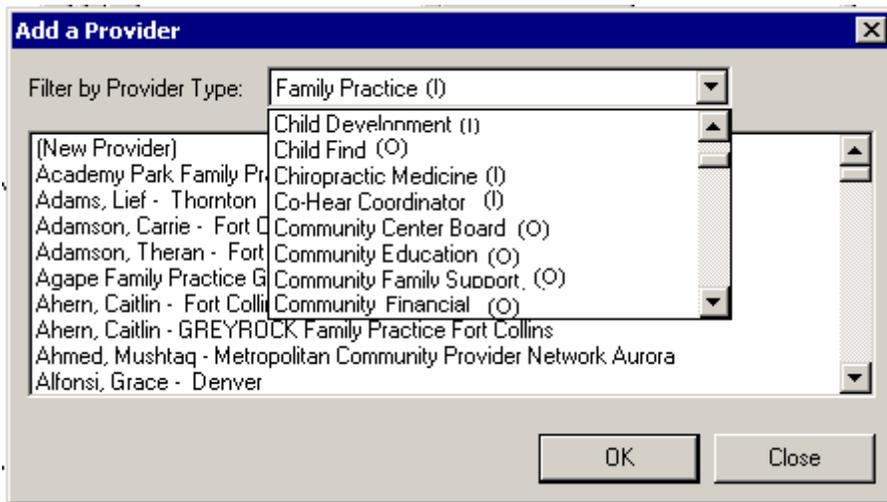
Chapter 14 Add Providers

Place the cursor over the word Provider in the tree and RIGHT click on the mouse. A button pops up that says **Add Provider**.



Click on that button and you will be presented with the pop-up to first select the Provider Type. You must first select a Provider Type, then all of the providers defined as that type in the system will displayed in the next drop down list. If you place the cursor in the box with the list, you can type a letter and the list will display from the first provider with that value

NOTE on Provider Types: Providers are designated either as an INDIVIDUAL (I) or as an ORGANIZATION (O). If you are referring a client to an organization and not specifically to a certain person, or if you are generically describing the service type, i.e., WIC, then you should use a Provider Type of ORGANIZATION. If you were referring to a specific individual provider, then you would use a Provider type for an INDIVIDUAL provider. This designation is used primarily when printing reports.



Then for that type of provider, select from the drop down. Click on **OK** and you will be presented with the screen displaying the information about that provider.

Or

If the Provider you need in not in the list, then select the {New Provider} from the top of the list. Click **OK** and you will be presented with a blank form to enter the Provider into the system.

Once a Provider is entered into CHIRP, the provider will show on the drop down lists for that provider type for all users.

You may enter as many Providers as you want to. A Provider is any person or organization that is a provider of a paid service or a consulting service for the Patient and/or the Patient's family.

Caution: You may update information about a Provider such as the address or phone numbers; however, the spelling of the name can only be changed by an HCP CHIRP administrator, so be careful as you add new providers. If the name is misspelled, contact an HCP administrator to correct.

When you click on **SAVE** you are establishing a relationship (association) between your Patient and this Provider. You will see two sets of user IDs / date on this screen. The first set (Patient Association) indicates who entered this relationship and the second (Provider) indicates who set up the Provider.

If you click on the little  box to the left of the word Provider in the tree, you will expand the node and all the Providers already associated will be displayed along with the Provider type.

-  Providers
 - Adamson, Theran - (Family Practice)
 -  **Gregg, Kelly - (General Practice)**
 - Bereskin, Gayle - (Acupuncture)
 - GUNNISON HEARING CENTER (Audio Services)
 - Griffin, Beverly - (HCP Staff)
- View Hearing Screens

If you click on PCP box on the Provider screen, the little medical bag  will appear next to that provider's name when that node is expanded.

To view the detail about a Provider, click on the name and you will be presented with the detail for that Provider.

Providers can be selected from a drop down list when entering data on other nodes to document the delivery of services. These are selected in conjunction by first selecting the provider type.

HCP Staff names (in IRIS) are included in the provider list as Provider Type: "HCP Staff". This needs to be entered since for each child receiving Care Coordination there is a need to be able to indicate the "Care Coordinator".

In many situations, CHIRP will add the provider relationship for you. For instance, if you set up a care plan and select an HCP staff member as the care coordinator, CHIRP will also put that staff member in the list of Providers for that Patient.

If a relationship between the Patient and a Provider is no longer valid, you can click on that Provider from the Provider list in the tree. Then, when this is displayed, you can change the STATUS on this screen. Changing the status from ACTIVE on this screen only effects the relationship between the Patient and this Provider. You cannot delete a provider. If a Provider is not longer a valid provider, i.e., deceased, retired, or in anyway out of business, contact the help line and report this.

Chapter 15 Add Allergies

Place the cursor over the word Allergies in the tree and RIGHT click on the mouse. A button pops up that says **Add Allergies**.



Click on that button and you will be presented with the screen to add an Allergy that applies to the Patient:

Add/Update Allergies

Allergy ID Date: /

Allergy:

Result:

Comment:

Status: Status Date:

Abstracted Details

Y/N Date Abstracted:

Update Info

You may enter as many Allergies as you want to. Once an allergy is added, the word in the tree will be blue and if you click on that word, you will be presented with a list of all the allergies entered so far. To add another allergy, click on the **Add** at the bottom and you will be presented with a blank screen to add an allergy.

Allergies

Date	Allergy	Result	Comment	Status	Status Date	Updated
11/22/2005	Bee stings	Rash		Active	11/22/2005	2005 5:24:1
11/3/2005	Amoxicillin	Drug Reaction		Active	11/3/2005	005 11:21:1

Chapter 16 Add a Diagnosis

Place the cursor over the word Diagnosis in the tree and RIGHT click on the mouse. A button pops up that says **Add Diagnosis**.



And you will be presented with the following pop-up screen:

 A screenshot of a dialog box titled 'Add a Diagnosis'. The dialog contains three sections, each with a red heading and a dropdown menu:

- Please Enter Diagnosis To Add**: Contains 'Diagnosis Category:' and 'Diagnosis Type:' dropdowns.
- Please Enter ICD9 To Add**: Contains an 'ICD9 Code:' dropdown.
- Please Enter ICD10 To Add**: Contains an 'ICD10 Code:' dropdown.

 At the bottom of the dialog are three buttons: 'OK', 'Clear', and 'Close'.

You may enter the diagnosis EITHER:

- By selecting the category and then the type, OR
- By selecting the known ICD9 code, OR
- By selecting the known ICD10 code (not available as of 1/3/06)

After indicating the Diagnosis, click on **OK**

Adding a Diagnosis (Continued)

The screenshot shows a software window titled "Diagnosis" with three tabs: "Diagnosis", "Test Results", and "Quant". The "Diagnosis" tab is selected. The form contains the following fields and controls:

- Diagnosis Date:** 01/19/2006 (with a calendar icon)
- Primary Diagnosis:**
- Program Source:** HCP
- Diagnosis Category:** Congenital Anomalies 740-759.9
- Diagnosis:** Absence of vertebra, congenital 756.13 (dropdown menu)
- Source of Information:** (dropdown menu)
- Provider Type:** (dropdown menu)
- Provider:** (dropdown menu)
- Notes:** (large text area)
- Status Code:** Active (dropdown menu)
- Status Date:** 01/19/2006 (with a calendar icon)
- Abstracted Details:** Y/N
- Date Abstracted:** / /
- Buttons:** Save, Clear, Close

The ICD9 and/or ICD10 (when available) code will appear along with the diagnosis.

Enter the Diagnosis Date and the Source of the Information. If HCP enters a diagnosis reported by the family, enter HCP as the Source of the Information. When HCP appears as the source of the diagnosis, it indicates the original source of the diagnosis is unknown, which is to say that the information from the family is not a confirmatory source of the information.

If a clinic provider determines the diagnosis or the diagnosis is reported on a medical record from a physician or health care provider, the provider is entered in the Source of Information Field.

Indicating the Primary Diagnosis:

When you **SAVE** this diagnosis, a pop-up will appear asking if this is the PRIMARY DIAGNOSIS. If this is the most significant diagnosis, or the primary one you are working from, or the only one that exists, click YES.

Each subsequent diagnosis will ask the same question about the PRIMARY DIAGNOSIS. This will help with data collection and reporting on diagnoses.

The PRIMARY DIAGNOSIS is most important when there are more than one diagnosis or one type of diagnosis. The person should only be counted once for the overall condition. The best example of this would be a bilateral hearing loss. There will be two diagnoses of a confirmed hearing loss: one for the left ear and one for the right ear. The powers that be have determined that the ear with the best hearing will be the primary diagnosis. So when statistics are run for a hearing loss, this child will only be counted once – for the best hearing ear. (The theory being that statistically how *well* a child can hear is what is counted.)

When the Diagnosis node is expanded, the Primary Diagnosis will appear in the list with a red dart: 

Chapter 17 Add a Concern

Place your cursor over the word CONCERNS in the Patient tree and right click the mouse.

The **Add Concern** Button will appear.



Click on that new button and you will be presented with the following pop-up screen to add a new concern:

Concerns

Date:

Concern:

Concern Status:

Staff Member:

Care Coordination
 Yes
 No

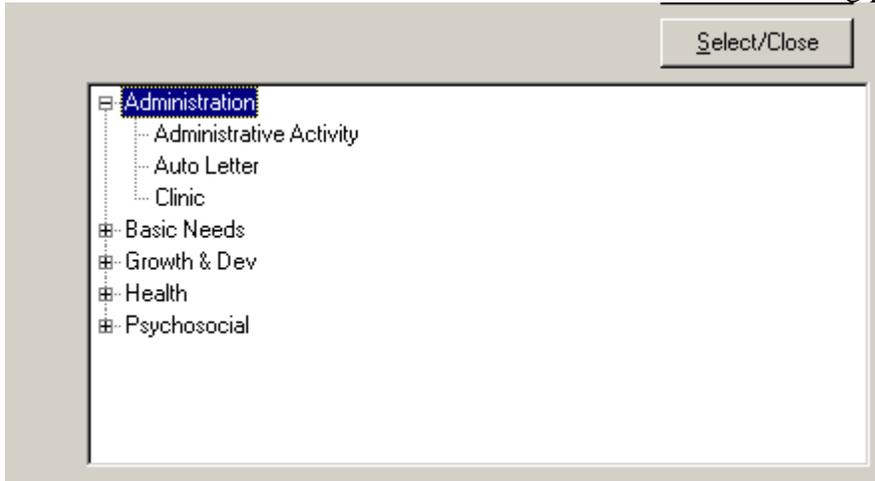
Status Code:

Status Date:

Click on the Concern List button and select a concern category and click on the box to expand.



Then select the Concern you want to use. Then click on the **Select/Close** button. Click on Care Coordination YES or NO to document if care coordination is being provided for the concern.



When concerns are identified with Level I Care Coordination (Resource and Referral), the concern can be selected from a drop down list of previously entered concerns on the referral screen when referrals are documented.

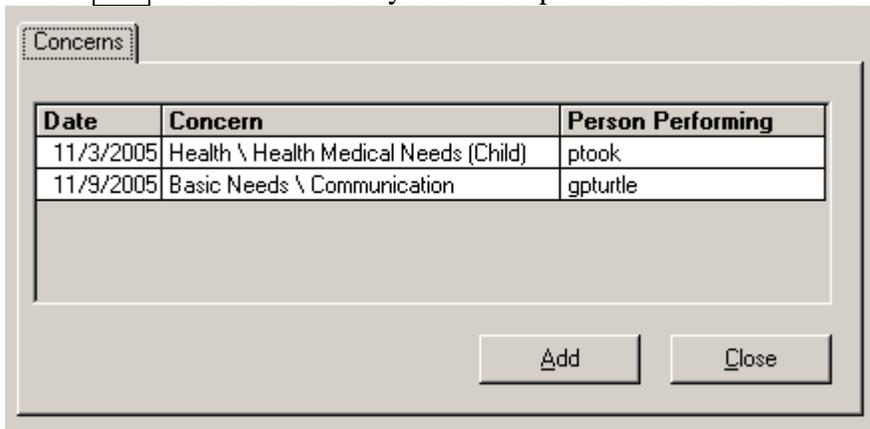
Concerns are added through the Concerns Screen for Level II and Level III Care Coordination. There may be concerns identified that the Care Coordinator will not be providing Care Coordination for or writing a Care Plan for.

When completing a Care Plan for Level III Care Coordination, you must first add a concern through the Concerns Screen before goals are added to the Care Plan.

Finish entering the data and click on the **SAVE** button.

Concern Status is added by opening a concern and selecting a concern status. This is part of the on-going routine HCP Review process with new concerns added as needed.

Once a concern is added, the word in the tree will be blue and if you click on that word, you will be presented with a list of all the concerns entered for the child. To add another concern, click on the **Add** at the bottom and you will be presented with a blank screen to add a concern.



Chapter 18 Add Medical Home

Place your cursor over the word MEDICAL HOME.



Click with your mouse and you will be presented with the following screen to add the Medical Home data:

Medical Home

Date:

Does the Patient Have:

Usual Source of Care
 Easy Referrals
 Family Centered Care
 Effective Care Coordination

Provider Type:

PCP Provider:

Status Code:

Status Date:

If the answers to the questions asked indicate that the child has a Medical Home, a lighthouse icon will appear beside the Medical Home in the Tree.



The Medical Home questions need to be evaluated during the on-going routine Review process.

NOTE: If you enter a PCP on the Medical Home screen, it will add that provider to the PROVIDER node in the tree and indicate with the PCP icon that this is the Primary Care Physician. If there already is a PCP in the Provider list, it will display when you display the Medical Home screen. If you change the Provider on this screen, it will change the PCP icon to the new provider and remove it from the existing Provider.

Chapter 19 Add HCP Program Information

Place your cursor over the word HCP Program in the tree and Right click. An Add button will appear, click on that button to Add a new HCP Program.

Click with your mouse and you will be presented with the following screen to add the HCP Program data:

NOTE: Only one HCP program needs to be entered. It reflects the current status of the Patient displayed. Only one HCP program can be active at any time, so if you add a new HCP Program entry, the previous one will be archived by the system.

Enter information into the HCP Program node:

The screenshot shows a web-based form for adding HCP Program information. The form is titled "HCP Program" and is organized into several sections:

- Care Coordinator Staff:** A dropdown menu showing "Adler, CPNP, Mary".
- Program Site:** A dropdown menu showing "State Office Training Site".
- Notification Source:** An empty dropdown menu.
- Referral Source:** A dropdown menu showing "CHIP (Colo Home Intervention)".
- Household Calculation:** A section with input fields for "Adults in Household" (2) and "Children in Household" (1). Below these are fields for "Verified Date" (//), "Annual Income", and "% Poverty".
- Effective Date:** A date field showing "01/03/2006".
- Inactivated Date:** A date field showing "05/31/2006".
- Care Coordination Review Date:** A date field showing "04/03/2006".
- Next F/U Date:** A date field showing "//".
- Status Code:** A dropdown menu showing "Active".
- Status Date:** A date field showing "01/03/2006".
- Buttons:** "Save", "Clear", and "Close" buttons are located at the bottom right.
- Footer:** "Last updated by gpturtle (1/3/2006 7:31:00 AM)" is displayed at the bottom.

Select the staff member who is the care coordinator for this Patient from the drop-down list.

The Adults in the Household and the Children in the Household are populated from the household where the child resides. The annual family income is added to this screen. The CHIRP System calculates the percent (%) of Poverty based on these two fields added together. The information on the income and % poverty is needed for clinics only.

The Level of care is determined by the CHIRP System and will change depending on the dates and activities recorded for the Patient.

Levels of Care Coordination are determined by the CHIRP System based on the following:

Level I -

- Phone log entry

OR

- HCP Program Screen without Effective Date (Used for notifications from CRCSN and NBH)

Level II -

- HCP Program Screen with an Effective date
- Communications and Referrals documented

Level III -

- HCP Program Screen with an Effective date
- Communications and Referrals documented
- Active Care Plan documented
- Services documented

NOTE: If a record does not have a HCP Program Screen or there isn't an Effective Date, it is considered Level I Care Coordination

Enter an effective date. The effective date should be the date the child started Care Coordination for Level II or Level III Care Coordination. This may be the same or different than the First Entered Date on the Patient Screen.

- The Inactivated Date is populated by the system as the end of the 4th month after Effective Date.
- Care Coordination Review Date is populated by the system as 3 months after the Effective Date.
- The follow-up date is for local offices to decide how to use. It indicates a date when the Care Coordinator wants to have contact with the patient/family that is different than the other dates.

As communications are documented with the reason of "Care Coordination", the Inactivated Date and Review Date are advanced 3 and 4 months from the date on that communication.

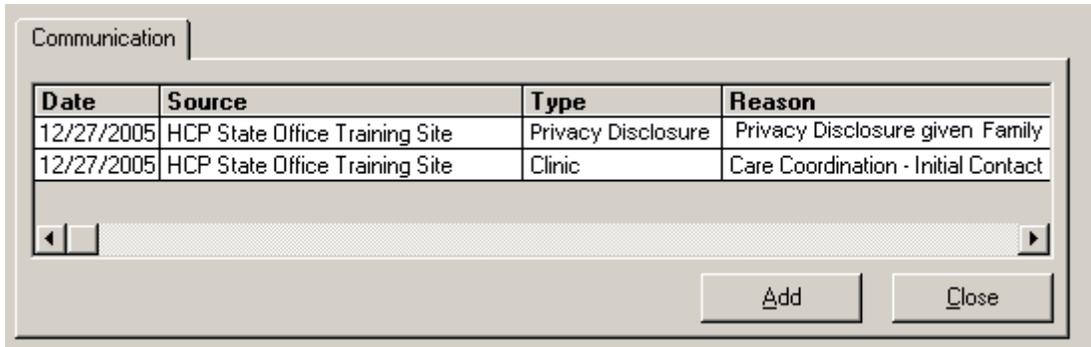
CHIRP Reports can be run to show both the patients with Inactivated Dates and Scheduled Care Coordination Review Dates during a requested report date range. Regional Offices can run these reports on a monthly basis to act as a tickler for the Care Coordinators.

The Effective Date remains the same unless the record is closed and re-opened. If the record is re-opened, the child's status on the patient screen is changed to "Active" and a new effective date is entered on a new HCP Program Screen. When a review is completed with communications and the Communication Result is not "Care Coordination Closed" a new Inactivated Date is added to the HCP Program Screen since the family wishes to continue Care Coordination. If a review is not performed, the Inactivated Date remains lapsed and will show on the Care Coordination Inactivated Report. Users will need to review the report and either

continue Care Coordination by entering a Communication or change the status to Closed for Care Coordination.

If the result of the Communication for the Review is 'Care Coordination Closed', then no changes are made to any dates on the HCP Program Screen. The Care Coordinator should change the status to "Closed" on the Patient screen to reflect the case is no longer active.

SPECIAL NOTE: When you enter or change the date in the Privacy Disclosure date field, a communication will automatically be produced by the system to record the fact that the disclosure was Privacy Disclosure given to family:



Notification and Referral Source:

The Referral Source needs to be populated by the user when a HCP Program screen is added for a patient. This documents where the child was referred from for HCP services (examples: self/family, provider, community program, etc.).

The Notification Source should be left blank unless a child needs to be transferred to a different site. (See discussion on transferring a client to a different site). Using the Referral Source for HCP data replaces the need for this field to document where the child was referred.

After HCP CHIRP is connected with the NEST, the Notification Source is populated with the source of the data that is entered in CHIRP. The care coordinator will be notified with the ALERT Button when data is received from the NEST. (See discussion about using the ALERT Button for both transferring and receiving data from the NEST).

CRCSN and NBH Notifications: (Current entry of CRCSN and NBHS)

Only three fields need to be completed on the HCP Program Screen when notifications are first received: (Do not enter an Effective Date when first entering the notifications.)

- Care Coordination Staff
- Program Site (Current site already populated)
- Referral Source

Save the HCP Program Screen after these are entered.

After the Care Coordinator contacts the patient/family, the decision is made to either close the child or open for Level II or III Care Coordination. If the record is opened for Level II or III, an Effective Date is entered on the HCP Program Screen and the screen is saved. The other dates are populated from the Effective Date.

Chapter 20 Add a Communication

Move your cursor over the Communication work in the Patient Tree and right click on the mouse. The **Add Communication** button will appear.



Click on that button and you will be presented with this

Add/Update Communication

Communications | Related Concerns and Referrals

Date: //

Type: [Dropdown]

Reason: [Dropdown]

Contact: [Text]

Household Member: [Dropdown]

Relationship To Patient: [Text]

Result: [Dropdown]

Person Performing Communication: Gunderson, Cathy [Dropdown]

Duration in Minutes: 15 Minutes [Dropdown]

Concerns: Growth & Dev/Hearing - [Text Area]

Comments: [Text Area]

Status: Active [Dropdown] | Status Date: 12/23/2005 [Text]

[Save] [Clear] [Close]

Enter the date the communication happened. This may be different than the date the data entry is done.

A list of the Concerns added for this Patient will be displayed. Add new concerns in Concerns before completing a communication. This allows concerns to be selected with the communication.

Select the appropriate values to populate Communication Type and Reason and enter the name or description of the person you contacted.

The person performing the communication defaults to the staff member who is signed on but can be overridden by the user. This needs to be overridden if the HCP Technician completes data entry for the staff member that did the communication.

If the person you contacted was not a member of the household, household member and relationship to patient is not needed.

The result of the communication is a required field and therefore needs to be completed for each communication. This allows the user to document what happened i.e. "left message", etc.

The status and status date do not need to be revised unless something is amended or archived. The status of the child is changed on the Patient screen.

Once a communication is entered, or if a communication was sent via the NEST, a field will appear in the upper right hand corner that reveals the source of the communication.

Once at least one communication is entered, when you click on the COMMUNCATON node in the tree you will see a list of the communications with the most recent at the top of the list:

Date	Contact	Reason	Source
1/4/2006	Foster, Susan - Atenci	Transfer between HCP sites	HCP State Office Training Sit
1/4/2006	Dabiri, Sue - Turtle, P	Transfer between HCP sites	HCP Alamosa County Nursing
1/3/2006	Griffith, RD, Julie	Patient Association	HCP State Office Training Sit

Click on a communication to see the details.

Add Related Concerns and Referrals

Referrals are added only through a Communication (or on the phone log). The Communication Type indicates if the communication was by phone, with a person (One on One), e-mail, correspondence, etc. The Communication Reason indicates if the communication was for "Referral". When the communication screen is completed, the tab for Related Concerns and Referrals will be available. The user can enter one or many referrals for each Communication documented. The user can select one or many concerns for each communication. Click on the Related Concerns and Referrals tab to get this screen:

The screenshot shows a software window titled "Add/Update Communication" with two tabs: "Communications" and "Related Concerns and Referrals". The "Related Concerns and Referrals" tab is active. The form includes the following elements:

- Date:** A text box containing "12/23/2005" with a calendar icon.
- Related Concern:** A dropdown menu.
- Referral:** A section with two sub-sections:
 - Select a Direction:** Radio buttons for "From" and "To".
 - Select a Referral Provider:** A dropdown for "Provider Type" and a text box for "Provider".
- Referral Outcome:** A dropdown menu.
- Outcome Date:** A text box with slashes " / / " and a calendar icon.
- Comments:** A large text area with scrollbars.
- Status Code:** A dropdown menu showing "Active".
- Status Date:** A text box containing "12/23/2005" with a calendar icon.
- Buttons:** "Save", "Clear", and "Close" buttons are located at the bottom right of the window.

The concern list will be all the concerns previously entered under the CONCERNS node in the Patient Tree. Select the concern that is related to this communication and if there is a referral involved, that information can be entered also. Example: Concern: food Referral: WIC. If there haven't been any concerns entered under Concerns i.e. for Level I (Resource and Referral), add a concern for the current referral.

Enter the referral as "TO" when the staff is giving a family a referral as part of Level I (Resource and Referral – Phone Log) or Level II or III.

HCP does not use the option "FROM" as referrals/notifications to HCP are documented on the HCP Program Screen.

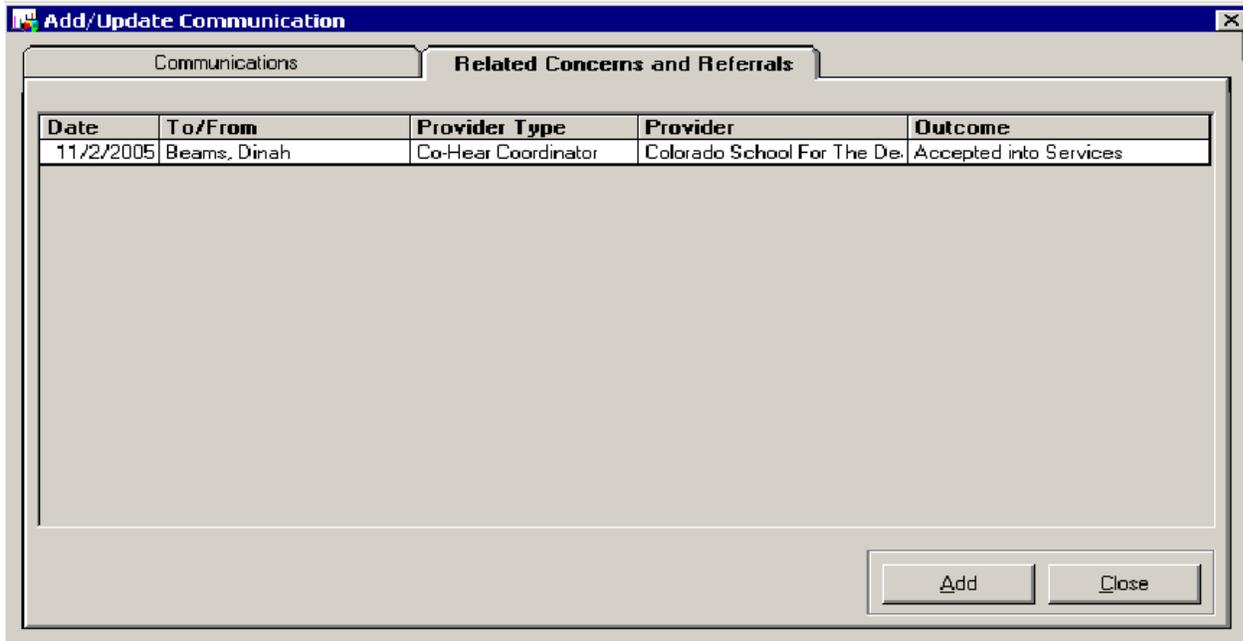
Select the Provider Type. The drop down list of provider types is a choice of specialty, agency, or community resources. The Provider drop down list populates depending on the type of provider selected.

The Referral Outcome is completed as part of the on-going routine Review process to document if the child/family received assistance from the referral. The outcome can also be entered anytime the Care Coordinator follow-ups with the child/family and determines if they received assistance from the referral. Completing the outcome is the only data available to measure the success of the referrals as part of Care Coordination. (See Viewing Referrals)

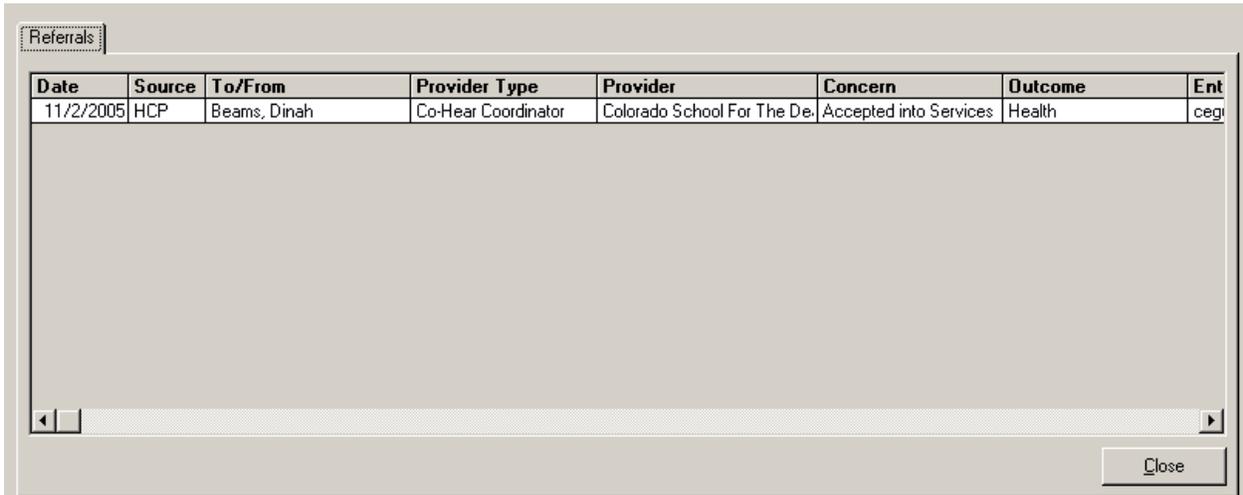
Click on the **SAVE** after each referral and/or concern is entered.

Viewing Referrals

Every Referral must be entered associated with a communication. All the referrals entered with a communication can be viewed by selecting the communication and then click on the tab for referrals:



Or, to review all Referrals, Click on the Referrals node in the tree to see all the Referrals:



To update the outcome for a referral, you may select from either Referral list, which will take you to the referral associated with the communication, or go through the communication node.

Chapter 21 Add Care Plan

Move your cursor over the Care Plan words in the Patient Tree and right click on the mouse. The **Add Care Plan** button will appear.



Click on that button and you will be presented with the screen to establish a Care Plan:

Care Plan	Goals	Actions
Care Plan		
Source Site:	HCP State Office Training Site	Care Plan #: 1
Start Date:	12/23/2005	Program: HCP
End Date:	12/22/2006	
Signed Date:	12/23/2005	
Signed By:	Gretchen Greenleaf (Mother)	
Staff Coordinator:	Gunderson, Cathy	
Status Code:	Active	
Status Date:	12/23/2005	
<input type="button" value="Save"/> <input type="button" value="Clear"/> <input type="button" value="Close"/>		
Last updated by cegunder (12/23/2005 3:10:00 PM)		

The Care Plan must be set up before you can enter Goals or Actions. On this screen the Source Program is the site from where the Care Plan will be coordinated.

Each new Care Plan added will be given the next sequential number. This is to facilitate a reference to a care plan in the event that more than one exists for a Patient, or if one or more have been archived.

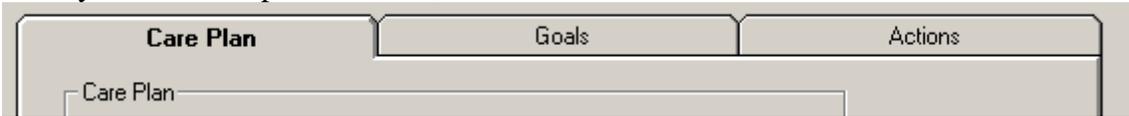
The Program identification is to indicate if this Care Plan is for HCP or for TBI.

Most Care Plans are on-going with revisions to goals and actions. If a Care Plan is no longer valid, you should change the STATUS on this screen for that Care Plan to **CLOSED** or **ARCHIVED** and click on the box after the Status Date to put in the current date and click on **SAVE**. You will still be able to see this Care Plan when you turn on the **ALL STATUS** button.

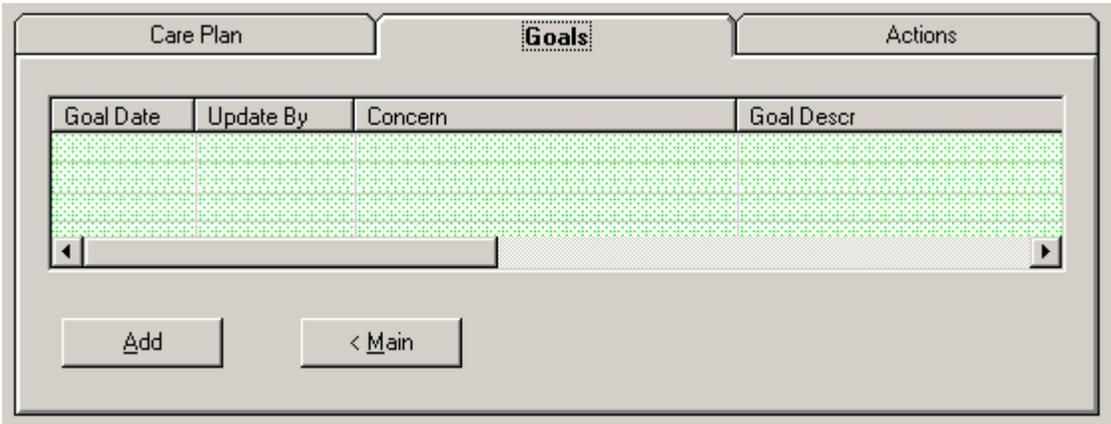
A new Care Plan can be added if the previous one is closed or archived. A Care Plan can be voided if it was entered in error.

Add Goals to a Care Plan:

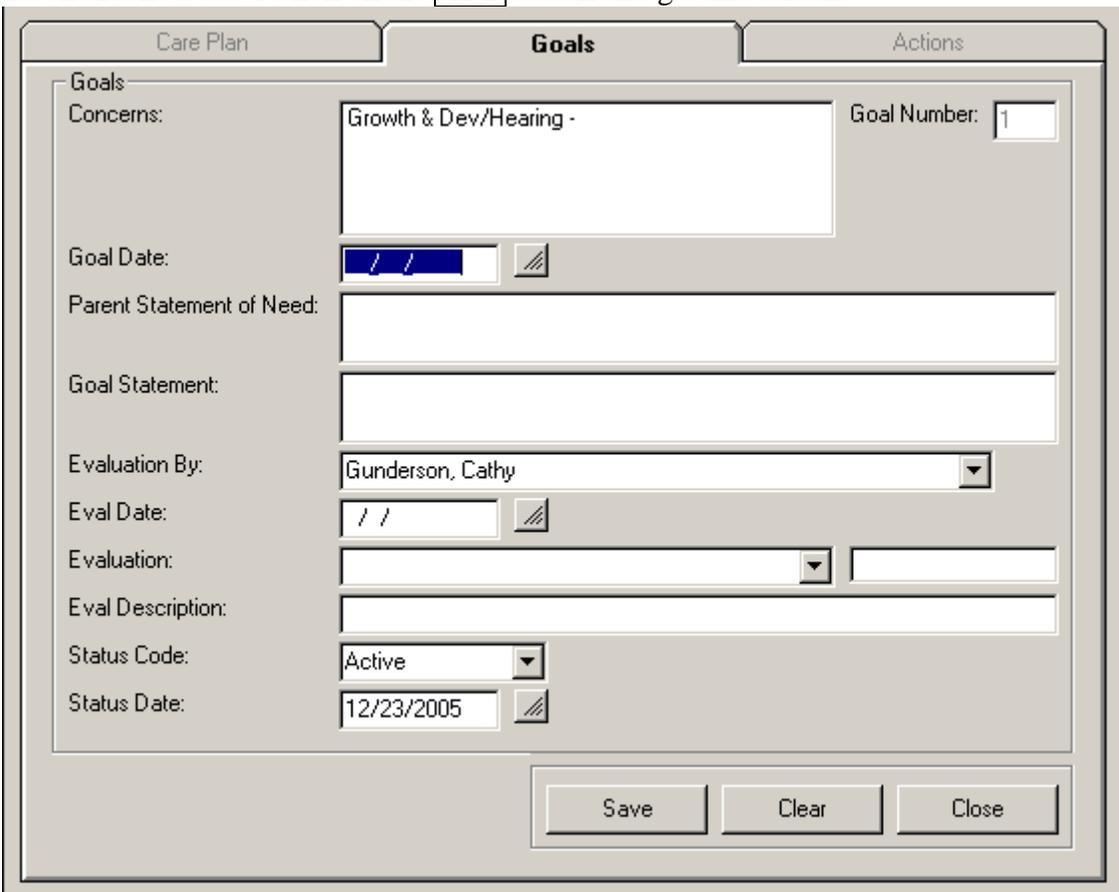
Once you have set up a Care Plan, click on the tab GOALS:



You will receive a list box for the Goals:



To enter a new Goal Click on the **ADD** button and get this screen:



Each new Goal added will be given the next sequential number. This is to facilitate a reference to a Goal when more than one exists for a Patient.

The pre-identified Concerns are listed only for your convenience.

There is a text field to enter the statement of need by the family as well as the agreed upon Goal Statement.

Enter your text data for the goal, then click on the **SAVE** button.

You may enter as many Goals as you need to. You cannot enter any actions or services without first entering Goals on a Care Plan.

Once a Goal is added, when you click on the Goals tab, you will be presented with a list of all the Goals entered so far. To add another Goal, click on the **Add** at the bottom and you will be presented with a blank screen to add a Goal.

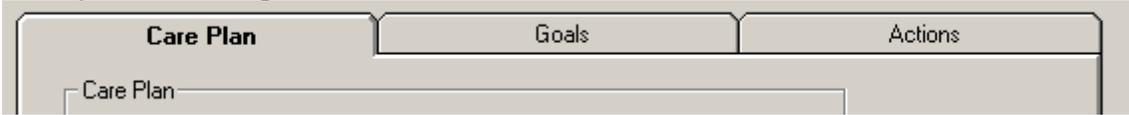
Goal Date	Update By	Concern	Goal Descr
11/22/2005	cegunder	Basic Needs \ Communication	Pay the Phone bill for emergency
11/22/2005	cegunder	Health \ Health Medical Needs (Child)	Find a pediatric dentist

Buttons: **Add**, **< Main**

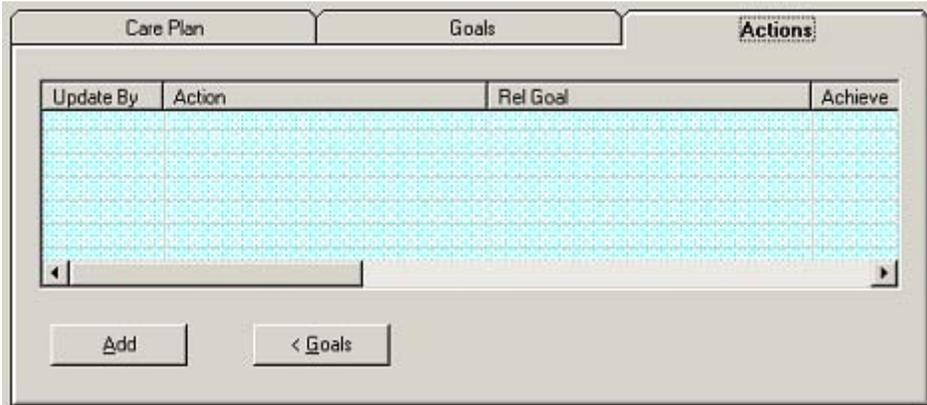
The goal evaluation for each goal is added during the HCP Review process as an on-going care coordination activity.

Add Actions for this Goals in the Care Plan:

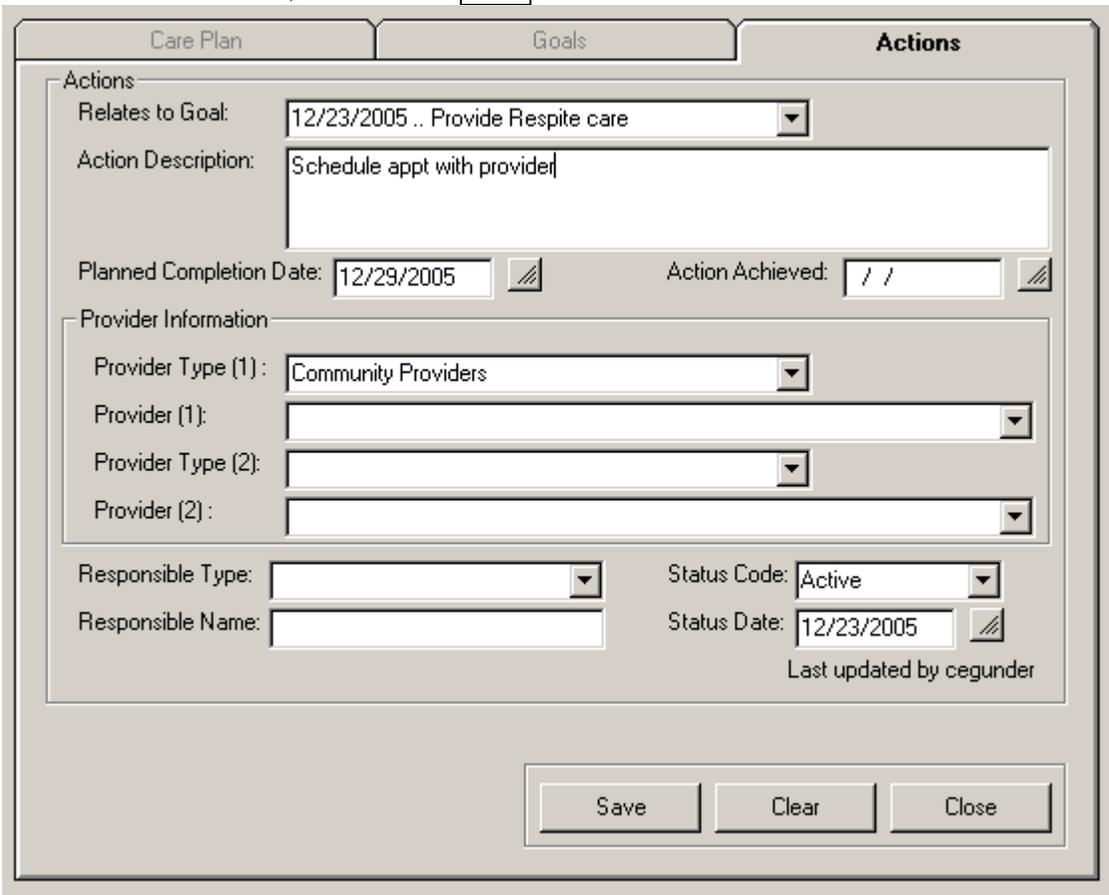
Once you have set up GOALS, click on the ACTIONS Tab:



You will receive a list box for the Actions:



To enter a new Action, click on the **ADD** button at the bottom of the screen:



You may enter as many Actions as you want to. Each Action needs to relate to a Goal that has already been set up for this Care Plan. Select the Goal that each Action relates to.

22 Add Services

Move your cursor over the Services word in the Patient Tree and right click on the mouse. The **Add Service** button will appear.



Click on that button and you will be presented with this screen:

 A screenshot of a software dialog box titled 'Add/ Update Service'. The dialog contains several input fields and buttons. At the top, there are two dropdown menus: 'For Care Plan:' and 'For Goal:'. Below these are two date fields: 'Begin Date:' and 'End Date:', each with a calendar icon. To the right of the date fields is a radio button labeled 'Acquired Service'. Below the dates are four more dropdown menus: 'Service Type:', 'Payer Type:', 'Provider Type:', and 'Provider:'. Below these is a dropdown menu for 'Responsible Staff:'. A large text area for 'Description:' is located below the 'Responsible Staff:' dropdown. At the bottom left, there are two more dropdown menus: 'Status Code:' (set to 'Active') and 'Status Date:' (set to '01/03/2006'). At the bottom right, there are three buttons: 'Save', 'Clear', and 'Close'.

Enter the Start Date as the date the care coordinator is setting up the service.

End Date: The system populates an auto date for 1 year. Enter the End Date if known when the service will end. OK to leave as one year when not known but needs to be updated when "Service Acquired" is entered. Enter the date the last visit or service was completed.

Each service can be related to a pre-existing Goal in a Care Plan. This can be left blank if there isn't a care plan. You can add as many services as you need to. After you have entered at least one service, the SERVICE node in the tree will be blue.

- Enter Service Type and Payer Type.
- Enter Provider Type and Provider to document who is providing service. This can include HCP Staff.
- Enter lead Responsible Staff – person responsible to f/u with family to see if Service has been acquired.

Documenting Acquired Service –

Document if the service has been acquired during the on-going routine Review process. This is the only way the Program has to know if children have received services during care coordination. This should not be entered until a follow-up with the patient/family determines that they have started to receive the service or they have acquired the service.

When you click on the word Services in the tree, you will get a list of all the services that have been entered:

Begin	End	Status	Type	Descr	Goal
11/3/2005	11/3/2005	Active	DME Supply		Have digital he
11/22/2005	11/22/2005	Active	Public Service		Pay the Phone

To add an additional Service, click on the **ADD** button.

To mark the Service Acquired, click on the line for the service you wish to mark Acquired.

23 Add Immunizations

(Optional Data Entry for HCP)

Move your cursor over the Immunization word in the Patient Tree and right click on the mouse. The **Add Immunization** button will appear.



Click on that button and you will be presented with this screen:

- The list of immunizations is those prescribed for children. If you need to have one added to the drop down list, contact your state HCP administrator.
- Once immunizations have been added, the word in the tree will be blue. Click on the word and you will receive a list of the immunizations that have been recorded.

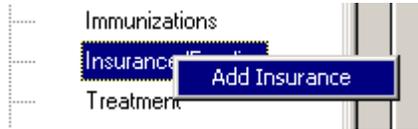
Immunizations

Name Of Vaccine	Immunization Date	Dose	Manufacturer	Lot	Status
DTP/DTAP-1	9/22/2005				Active
DTP/DTAP-2	10/5/2005				Active
TD - 1	9/22/2005				Active
OPV/IPV - 1	9/22/2005				Active

Add Close

24 Enter information about the Funding Source(s)

Right click on the Insurance/Funding node in the tree and receive the button to **Add Insurance** :



Click on the **Add Insurance** button and receive the following screen to enter the information:

A screenshot of a dialog box titled 'Add/Update Insurance'. The dialog contains the following fields and controls:

- Policy ID:
- Begin Date:
- End Date:
- Type:
- Company Name:
- Contact:
- Phone:
- Primary Insured:
- Notes:
- Status:
- Status Date:
- Update Info

At the bottom of the dialog are three buttons: **Save**, **Clear**, and **Close**.

Enter as much information as available. Very few of these fields are required since there may only be partial information available. The ID can be added here or under IDs on the tree.

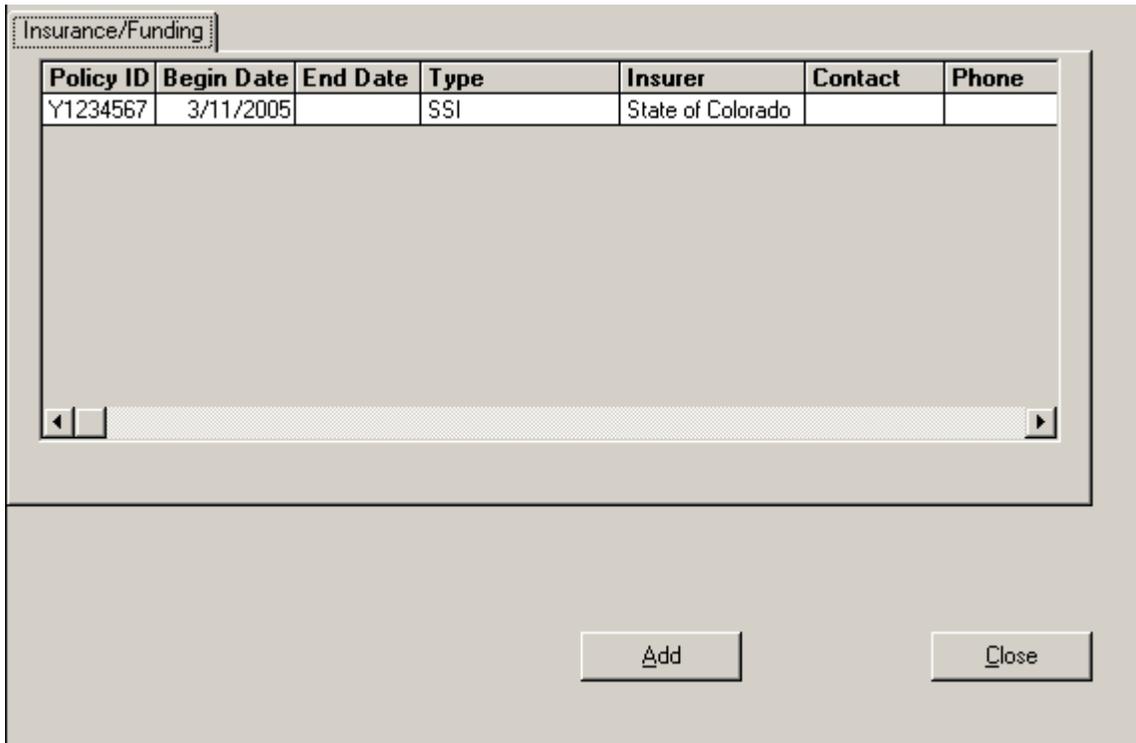
You may enter as many Funding sources as you want/need through this screen. If one becomes inactive you may either but in the End Date or change the Status to CLOSED.

To View the Funding sources, click on the Insurance/Funding node in the tree:

The node will be in blue if there is data to be viewed:

- Immunizations
- Insurance/Funding
- Treatment

A list of the Insurance/Funding Source will be presented:



The screenshot shows a window titled "Insurance/Funding" containing a table with the following data:

Policy ID	Begin Date	End Date	Type	Insurer	Contact	Phone
Y1234567	3/11/2005		SSI	State of Colorado		

Below the table are two buttons: "Add" and "Close".

If you want the span of coverage to continue to appear on this list, leave the Status as ACTIVE for this entry. If you no longer want this coverage to appear, you can change the status to CLOSED and it will only appear if the **ALL STATUS** button in the upper left hand corner is on.

25 Add Treatment

(Not Ready for HCP, 1/3/06)

Move your cursor over the Treatment word in the Patient Tree and right click on the mouse. The **Add Treatment** button will appear.



Click on that button and you will be presented with this screen:

Add/Update Treatment

Category: [] Start Date: [/ /] End Date: [/ /]

Type: [] Value: [] Unit Of Measure: []

Method: [] Outcome: []

Transplant Donor: [] Transplant Source: []

Transplant Result: [] Comment: []

Status Code: Active []

Status Date: 11/22/2005 []

Abstracted Details

Y/N Date Abstracted: [/ /]

[Save] [Clear] [Close]

Enter the information in the fields and click on SAVE. Once a treatment has been entered, the word in the tree will be blue, Click on word and you will display a list of all treatments:

Treatment

Start Dat	End Date	Category	Type	Value	Metha	Outco	Donor	Source	Resu
11/3/2005		Amplification							

[Add] [Close]

Chapter 26 Add Risk

(Not Ready for HCP, 1/3/06)

Move your cursor over the Risk word in the Patient Tree and right click on the mouse. The **Add Risk** button will appear.



Click on that button and receive the following screen for updating risks:

Add/Update Risk

Edit

Risk Factor:

Risk Source: Risk Date:

Notes:

Status Code: Status Date:

Once a risk has been entered, the word in the tree will be blue. Click on the word and a list of all risk factors entered will display:

Risk

Risk Factor	Risk Source	Risk Date	Notes
Family History		12/28/2005	
NICU over 48 hours		12/28/2005	

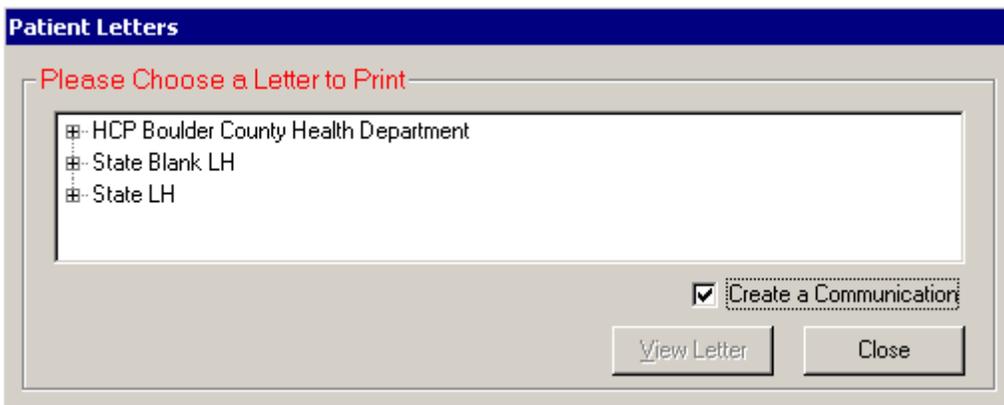
Chapter 27 Produce Letters

Letters are produced on an individual basis. So you must first select the Patient from a search and have the Tree loaded for the Patient for which you want to produce a letter.

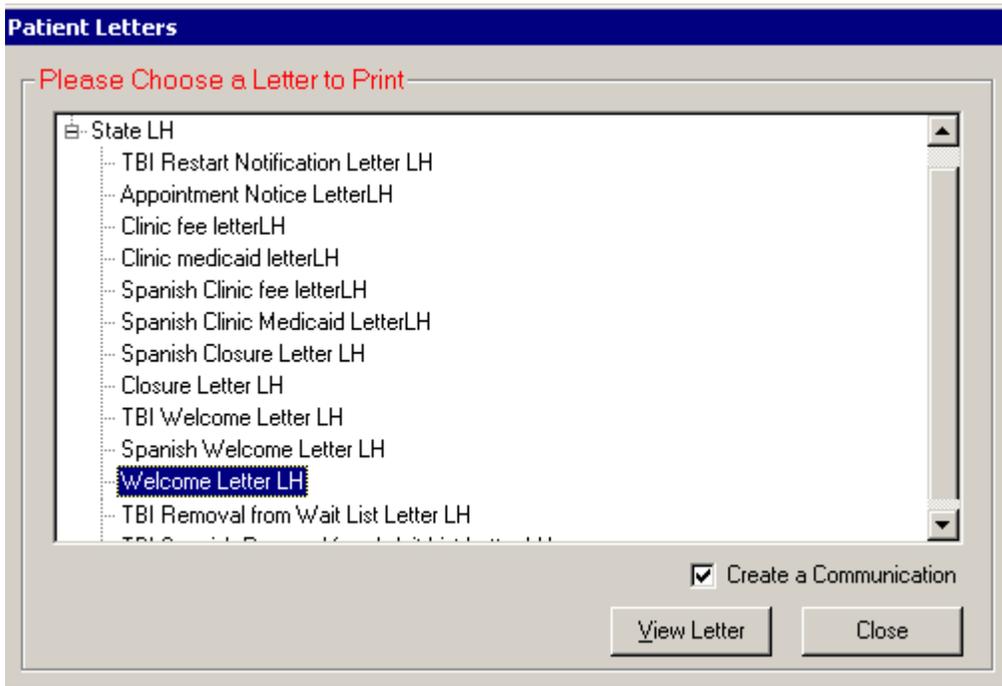
Move your cursor over the words Produce Letter in the tree and click on the words:

└── Produce Letter

You will be presented with the option to choose a letter with a State Letter Head or State Blank Letter Head. If your site has Local letters, then you will have a third line to choose your letters.



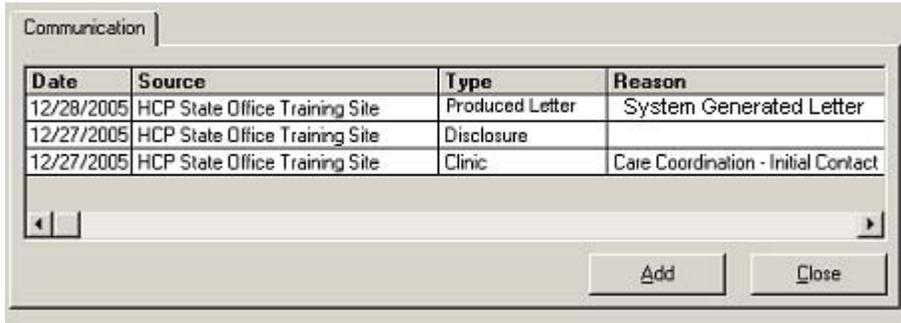
Click on the box symbol  to the left of your choice to expand the selection of letters:



Select the letter you want to produce and click on **View Letter**.

The letter will be displayed in WORD and you may now make any changes you wish and print the letter.

A check box appears above the **View Letter** button for Create A Communication. The default is checked which means when you produce this letter, i.e., **when you click on the View Letter button**, an automatic communication will be created to record this fact for you for this Patient.



If you do not want this recorded as a communication, then you can un-check the Create a Communication box. But if you do this and use the letter, you should enter the communication yourself to assure an accurate account of the communications with respect to this Patient.

The name of the letter you produced will appear in the comments field on the communications screen when you view the communication detail.

The CHIRP letters are in WORD so can be changed as needed. However, if permanent changes are needed to the letters, please call the CHIRP Help Line. The CHIRP Administrator will work with you to revise the letters as needed.

Chapter 28 Special Features

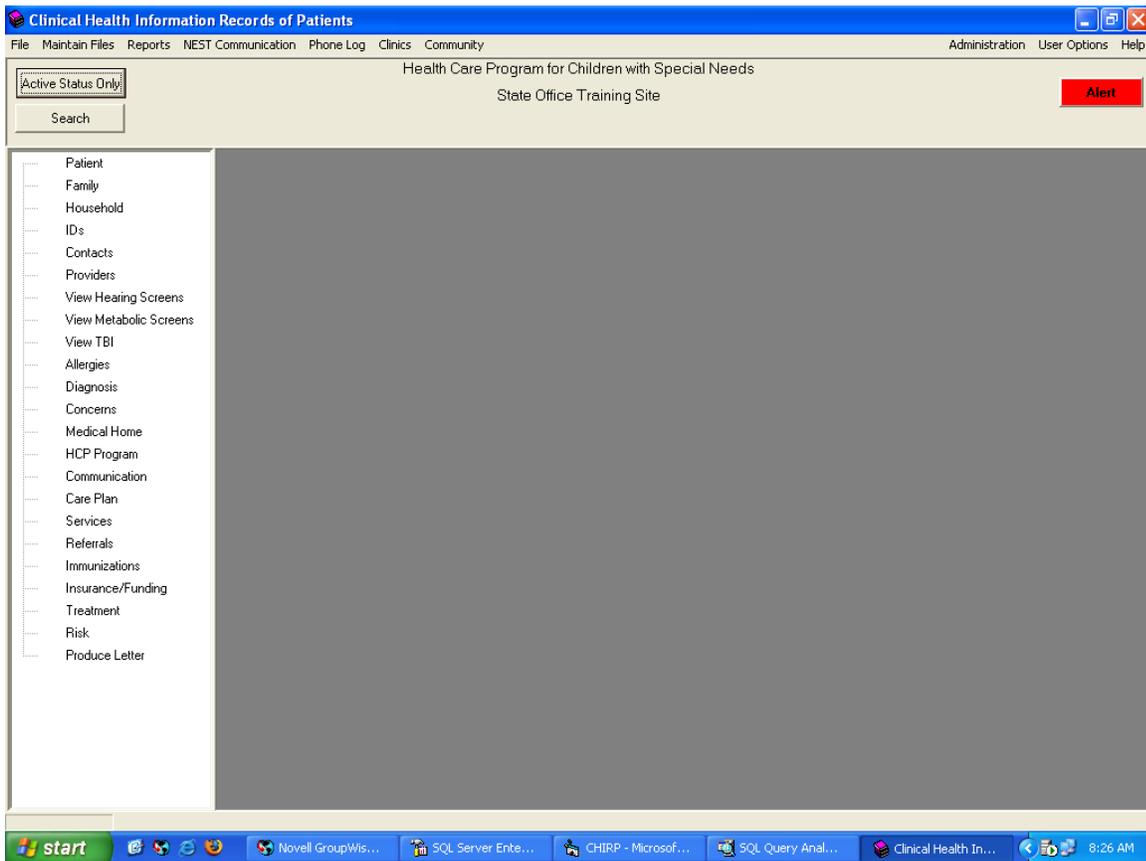
The **ALERT** Feature:

(As of 1/1/2006 only working for HCP when transferring patients to another site)

NOTE: The Notification part of the **ALERT** feature will work after HCP/CHIRP is interfacing with the NEST. However, when transferring patients to another site, this feature is working.

A special feature of CHIRP is the **ALERT**. When a user signs onto CHIRP, the system checks to see if there are any cases:

- Within that user's scopeand
- For which that user is listed in the PROVIDER nodeand
- A communication exists that requires either
 - Viewing
 - A reply

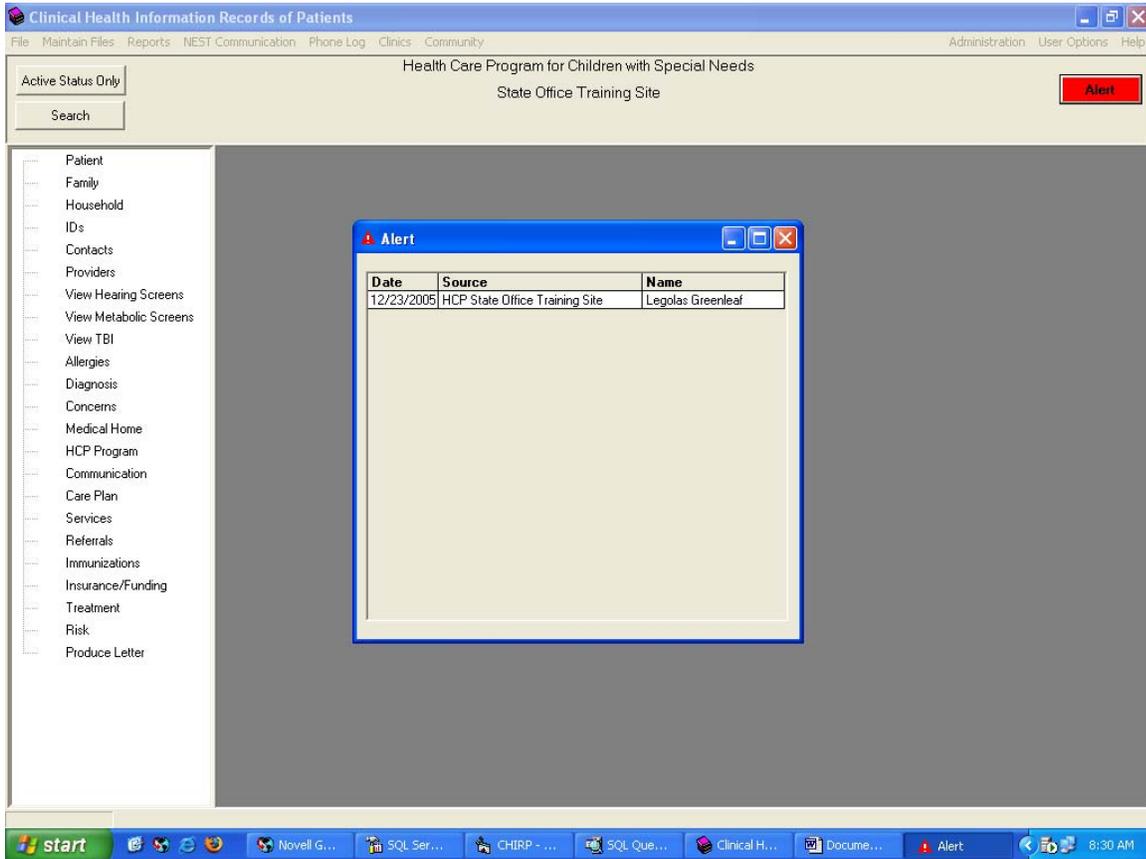


IMPORTANT NOTE: In order for the **ALERT** to work, the HCP Staff member must be both

1. an authorized user of the HCP/CHIRP and
2. in the Provider table with an active association with the Patient.

If more than one person is an active user of the HCP staff and who is also a provider within the Patient's tree, each staff will see the **ALERT** button when they sign on.

Upon seeing the **ALERT**, the user should click on that button.



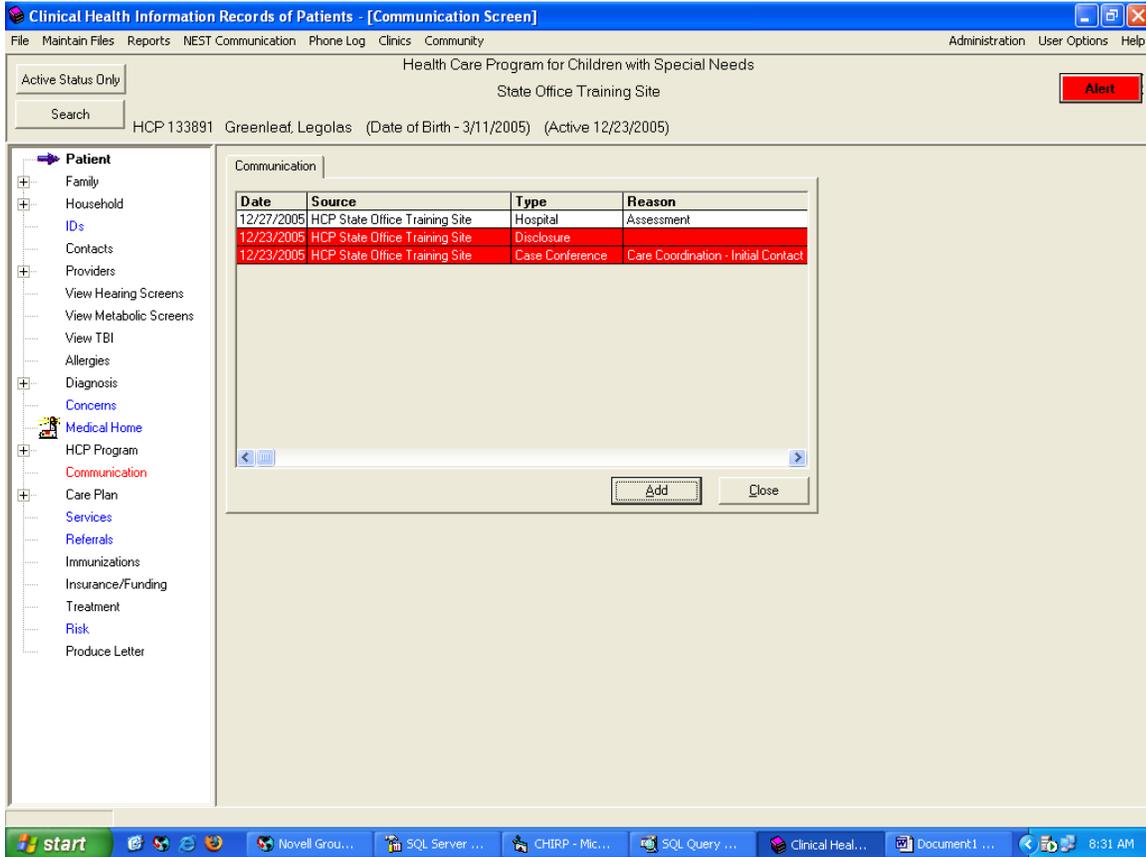
A list of all the Patients with a communication that either needs to be viewed or replied to will display.

There are three circumstances which result in **ALERT**

- 1) Another program has sent a request for information from HCP – this requires a **REPLY**
- 2) Another program has sent information pertaining this Patient through the NEST and upon viewing this communication; you will know what that information was. CHIRP will have populated your tables with the new information, and this is a way to alert you to the fact that new information is available.
- 3) A transfer has taken place within the HCP program between sites. The site to which the patient was transferred will receive the **ALERT**

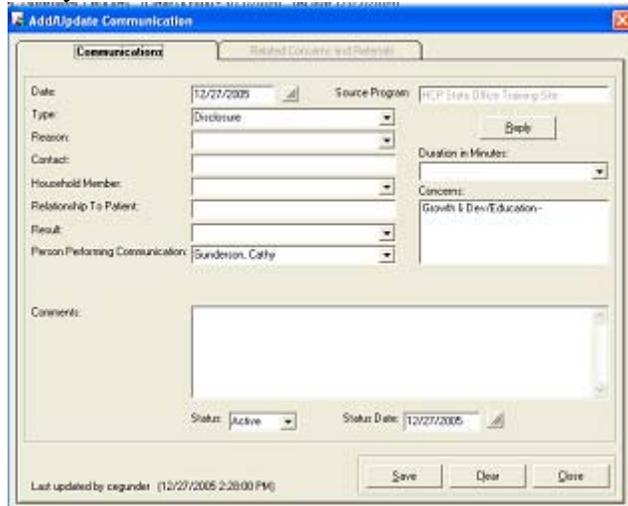
- The **REPLY** request communication can only be turned off when an actual reply is entered into CHIRP by clicking on the **REPLY** button and entering the reply.
- The **REVIEW** can only be turned off by clicking on the **REVIEWED** button.

The user can click on the line from this box and the system will load that patient and open the communication list for the Patient. Note that the node **Communication** is red in the tree:

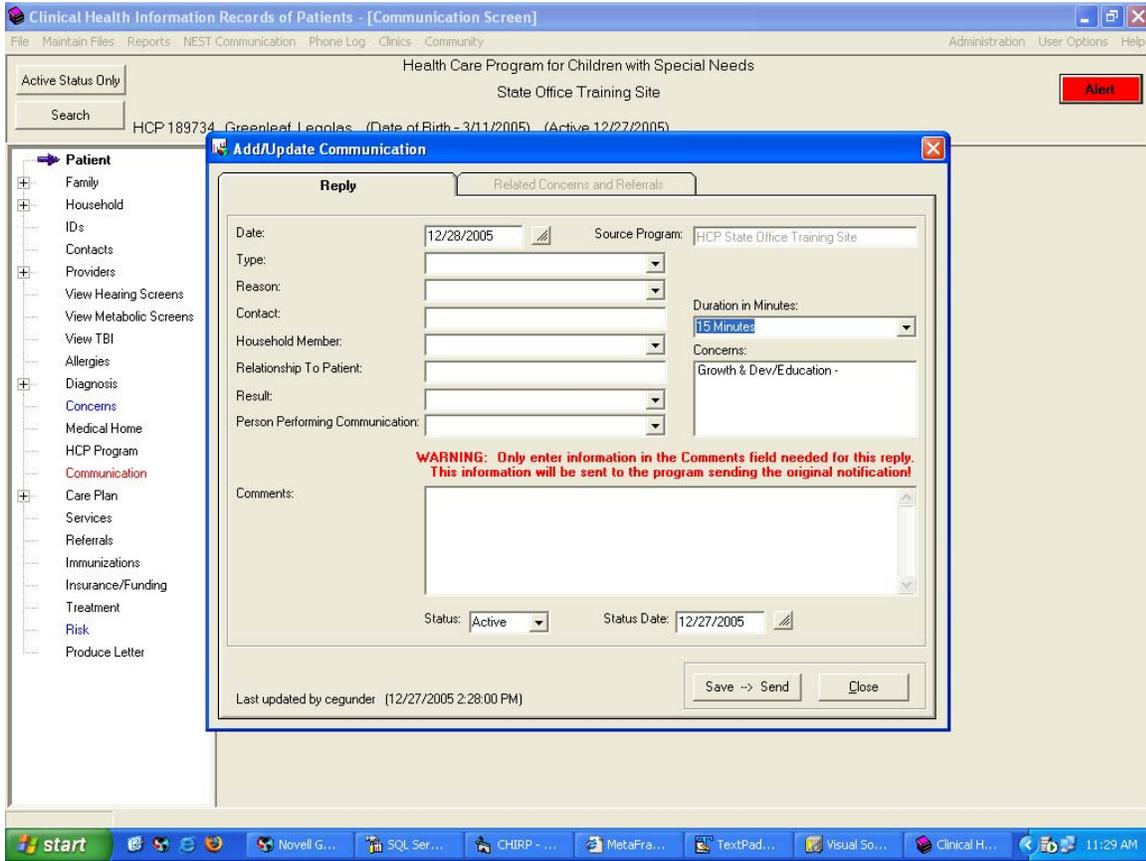


Double click on the line to view the details of the communication:

- If this is an informational communication, viewing the communication will remove the redness of the communication – so be sure you read this communication and take appropriate action.
- If this is a communication requesting a reply, the communication screen will have a REPLY button. This communication will remain RED until a REPLY has been entered which will be send by CHIRP to the NEST to be forwarded to the appropriate program.



Once you are ready to reply to the communication, click on the Reply button and you will receive a special communication screen on which you enter your reply.



This reply will show in the list of communications as well as being transmitted to the NEST for distribution.

If the source program is not the same as the program you are signed onto, you will not be able to make any changes to a communication or to the reply once it is saved.

Transferring a Patient to another site

NOTE: This function is only available for those persons who are authorized to do registrations (HCP Full Access).

This process is used when a Patient needs to be transferred to a different HCP site because the family has moved and the care coordination now needs to be transferred.

This function is performed from the HCP Program screen. A person who is authorized in a site to register new Patients can go into this screen and the drop-down list for the Program Site is not grayed. For most users, the value in this field is the current site and cannot be changed.

To effect a change in the site for a Patient:

- 1) From the HCP Program screen, select from the drop down for the Program Site field, the new site name. This should be the site the child needs to transfer to.

The screenshot shows the 'HCP Program' form with the following fields and values:

- Care Coordinator Staff: Atencio, Yvette
- Program Site: State Office Training Site
- Notification Source: Alamosa County Nursing Service
- Referral Source: Vocation Rehab
- Notification Date: / /
- Privacy Disclosure: 01/12/2006
- Household Calculation: (checkbox)
- Level I: (dropdown)
- HCP: (checkbox)
- TBI: (checkbox)

- 2) In the Notification source field, select the name of your current site.
- 3) Enter other appropriate data, i.e., date
- 4) Save the Program. Once the Save button is clicked, the Patient now belongs in the new site. As soon as you leave that Patient, they will appear in the other site.
- 5) The HCP Program record in the original site will be archived.
- 6) A new HCP Program will be created for the new site.
- 7) A communication is created showing that a transfer was performed for the Patient. This will be an informational communication, which will generate an **ALERT** situation for the registrar at the new site.

- 8) An association between the Patient and the registrar at the new site will be created by the system which will trigger the **ALERT** when the registrar at the new site next signs onto CHIRP.
- 9) The Registrar needs to assign the appropriate Staff person(s) in the provider section and close the associations with the old site that no longer apply.
- 10) A communication is created showing that an assignment was made to a new HCP Staff member. When the newly associated HCP Staff member signs on to CHIRP, they will be **ALERTed** to the new assignment.

NOTE: The notes associated with a communication, which was generated at a different site, will not be displayed at the new site. Any communication generated with a different source cannot be modified at the new site.

The Top Toolbar

The Top Toolbar has several features that are available to the CHIRP user. We will go through each feature from left to right and explain their purpose.

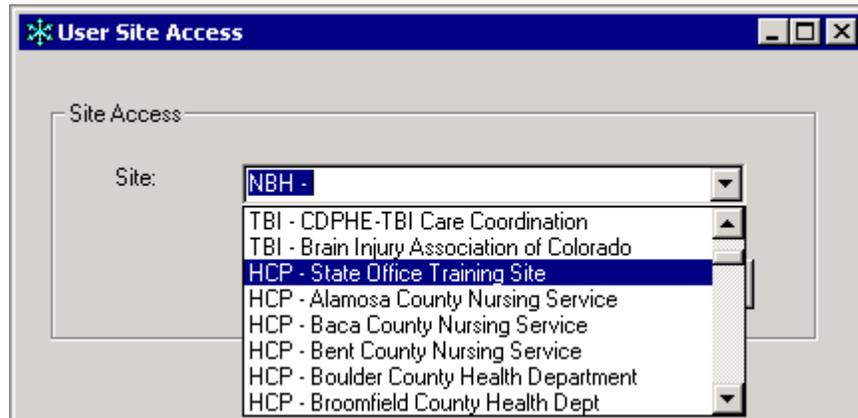


1) **File:** This feature has two options:

The first is to change which site you are currently viewing. The name of the site you are currently signed in to is displayed at the top center of the screen. (This example is Newborn Hearing Screening Program site). In most cases, this will be the site you want to work in. However, if you are authorized to access more than one site, to change the site, click on FILE in the top tool bar and receive a list of options:



Click on SITE ACCESS and the following pop-up will appear:



The drop-down list will display all the sites you have been authorized to view. So when the following functions are performed, they will pertain only to those patients within this site. (The exception will be clinics, which is discussed later). The name of the site that you select will then appear at the top of the screen.

- The second is to exit the CHIRP Application. Clicking on this will return you to the CITRIX icon screen. It is always advisable to exit CHIRP when you are through. You may also click on the X box in the upper right hand corner for the same results.

2) **Maintain Files** – this feature allows the administrator to add values to drop-down lists or to correct spellings, etc., in other words, to maintain the files for drop-down values. HCP will administer these kinds of changes at the state level, so this feature will not be available to most HCP user.

- 3) **Reports** – to run a report you can click on this feature and you will be presented with the following screen (**NOTE: This screen under construction and may appear differently**):

The screenshot shows a window titled "HCP Report Selection". It contains the following elements:

- A label "Select report from list below:" above a dropdown menu.
- A checkbox labeled "Select All Regions" above a table with columns "HCP Region" and "HCP Region ID". The table contains one row: "El Paso" with ID "7", which is checked.
- A checkbox labeled "Select All Sites" above a table with columns "Program Code", "SiteName", and "Program ID". The table contains two rows: "HCP" at "El Paso County Dept of H..." with ID "27", and "HCP" at "Teller County Public Healt..." with ID "66". Both are unchecked.
- A checkbox labeled "Select All Staff" above an empty text box.
- Buttons for "Run Report", "Clear", and "Close" at the bottom.

In the first field, select the drop-down arrow and select the report you want to produce from the list by high-lighting it in the list. It will appear in the first box. Some reports require additional choices. These choices will appear as needed.

Additional information will be provided in future revisions of the CHIRP User Guide plus a future list of report descriptions in the appendix.

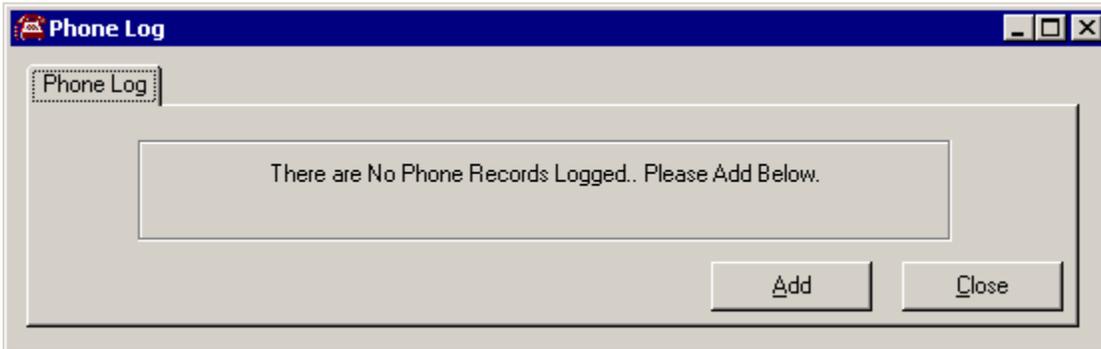
- 4) **NEST Communications** – this feature allows an administrator to set up and activate the communication with the NEST Application. This will be done at a regularly scheduled time from the state office once the NEST is implemented. More will information about this will be available once the NEST is implemented.

- 5) **Phone Log** – the phone log feature was developed to allow CHIRP users to record communications on behalf of their program, which are a one-time referral or consult. This will allow a consistent and easy way to document Level I Care Coordination.

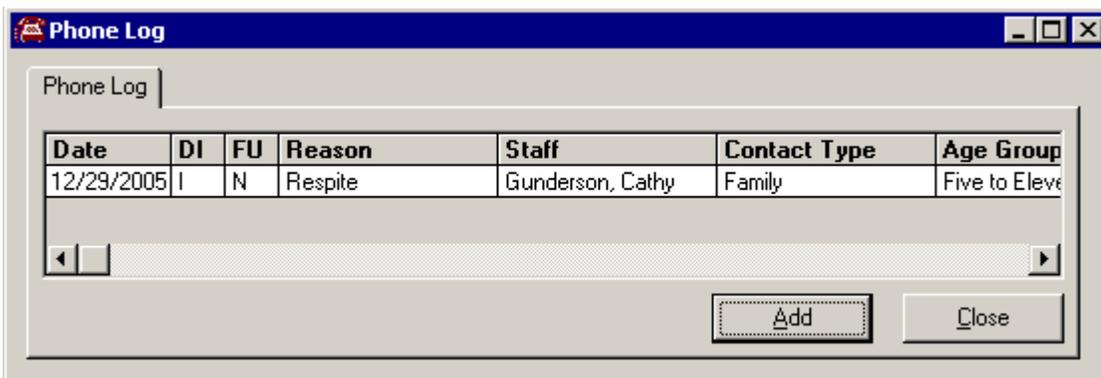
The HCP Triage Tool for Level I is to assist HCP staff with collecting data for the phone log.

The phone log lists all the phone communications for the person who is signed on at the time the feature is selected. You may enter phone-logging information for another person and it will show in their list when they sign on and view the phone log. If you wish to see the phone log of another person, you can run a report (not yet ready) which will allow you to view or print another person's log, if you are authorized to the same site as the person whose log you are attempting to print.

Click on Phone in the top tool bar and if this is the first time this is used by you, then you will receive this screen:



If you already have phone logs entered into the system, you will receive this screen. To view the detail on a phone log, double click on that line in the list.



To add a new phone log, click on the **Add** button and you will get the screen to record the phone call:

The screenshot shows a software window titled "Phone Log" with three tabs: "Phone Log", "Referrals", and "Contact Information". The "Phone Log" tab is active. The form contains the following fields and controls:

- Phone Date:** A date input field with slashes (//) and a calendar icon.
- Contact Type:** A dropdown menu.
- Staff:** A dropdown menu with "Gunderson, Cathy" selected.
- Duration in Minutes:** A dropdown menu with "15 Minutes" selected.
- Reasons:** A section with a "Category:" dropdown and another empty dropdown below it.
- Comments:** A large text area with a vertical scrollbar.
- Incoming Call:** Radio buttons for "Yes" (selected) and "No".
- Need Follow-up:** Radio buttons for "Yes" and "No" (selected).
- Birth Date:** A date input field with slashes (//) and a calendar icon.
- Age Group:** A dropdown menu.
- Status:** A dropdown menu with "Active" selected.
- Status Date:** A date input field with "12/29/2005" and a calendar icon.
- Buttons:** "Save", "Clear", and "Close" buttons.

Enter the information you need, like the date and the contact type. If you can get the birth date, enter that value, and CHIRP will calculate the age group for you. You can select an age group without knowing the exact birth date.

The default for an incoming call is YES. However, if you want to log a quick phone call out, you may also do this.

The default for Need Follow-up is NO. However, you may change that is you want to produce a list from the phone log of things you still need to follow-up on. Once the follow-up is complete, you can click on the NO button.

The default Staff name is the person who is signed on, however, you may change this if you are entering phone logs for another person from a hard copy.

The duration default for the phone call is the smallest increment – 15 minutes. However, you may change that if the phone call takes more time.

The Reason for the call is in two parts. The first is the category and the second is a specific area. Having this information will provide invaluable data for the type of calls that the program receives.

Once you have Saved a phone log, the other tabs become available for entering data. The first tab is Referrals. Click on that tab to record the referrals you made on this phone call.

The screenshot shows a window titled "Phone Log" with three tabs: "Phone Log", "Referrals", and "Contact Information". The "Referrals" tab is active. The form contains the following fields and controls:

- Provider Type: [Dropdown menu]
- Provider: [Dropdown menu]
- Comments: [Text area]
- Status: [Dropdown menu] (set to "Active")
- Status Date: [Date field] (set to "12/29/2005")
- Buttons: Save, Clear, Close

You can enter as many referrals associated with this phone log as you want to.

The second tab is for Contact Information. This is available in case you need to save contact information in order to send out some materials, call about an upcoming event or for some other reason. The check box on the Phone Log for Follow-up Needed should be YES for this to print out on a report. The majority of Level I contacts will not need this contact information.

The screenshot shows the same "Phone Log" window, but with the "Contact Information" tab selected. The form contains the following fields and controls:

- Reason: [Text field] (set to "Respite")
- Name: [Form with columns for Title, Last, First, Middle, and Suffix]
- Address: [Text field]
- Telephone: [Text field] (format: - . -)
- Other: [Text field] (format: - . -)
- City/State/Zip: [Text field] (set to "CO") [Dropdown menu]
- Email: [Text field]
- County: [Dropdown menu]
- Comments: [Text area]
- Status: [Dropdown menu] (set to "Active")
- Status Date: [Date field] (set to "12/29/2005")
- Buttons: Save, Clear, Close
- Footer: Last updated by cegunder (12/29/2005 2:18:00 PM)

- 6) **Clinics** – when this is implemented, you will be able to enter and view all the clinics scheduled for HCP. You will be able to register any children from sites you are authorized for and you can register them in clinics being held outside of your jurisdiction. THIS IS NOT YET IMPLEMENTED.
- 7) **Community Encounters** – the feature allows you to view and enter encounters made at the community level.

Click on the Word COMMUNITY and receive this screen:

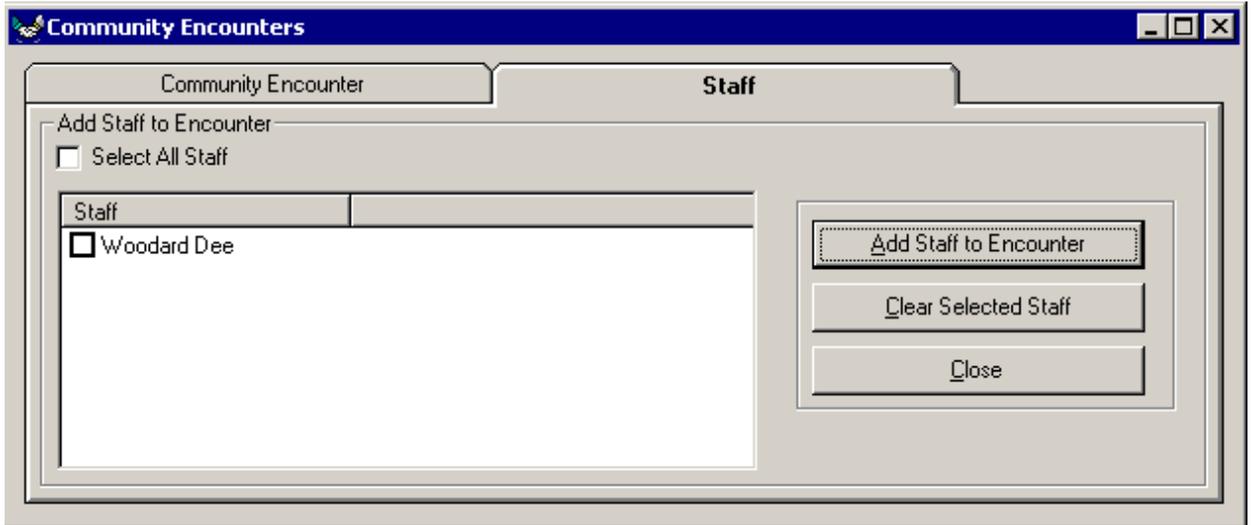
If you first get a screen that says there are no Records added, click on the **ADD** button at the bottom of the screen.

Enter the information about the Community event. Be sure to mark the performance measures and enter the primary staff member who coordinated the event in the field on this screen.

Click on the **SAVE** button to save this information.

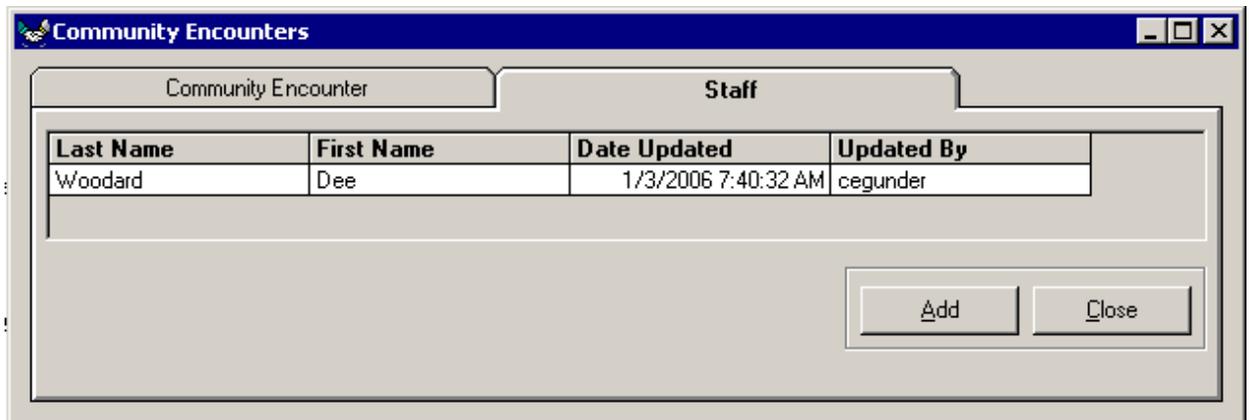
To Add additional Staff members that participated in this event, you can now click on the tab that says STAFF.

You will receive the following screen that will allow you to add many more staff members.



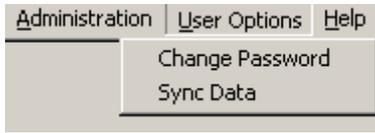
This example only has one other staff member for this site listed. Check off each Staff who participated in the event, or if all participated, check the Select All Staff box. When you have identified all the staff members, click on the ADD Staff to Encounter button.

When reviewing the event, the staff will be listed as such:



Administration – Only state personnel can access the Administration function from the top tool bar.

User Options – Click on this function and you will receive a drop down of two options:



To change your Password, click on that option and you will be presented with a screen to change your password:



Type your new password in each of the two fields and click on **OK**. You will get a confirmation that your password has been changed

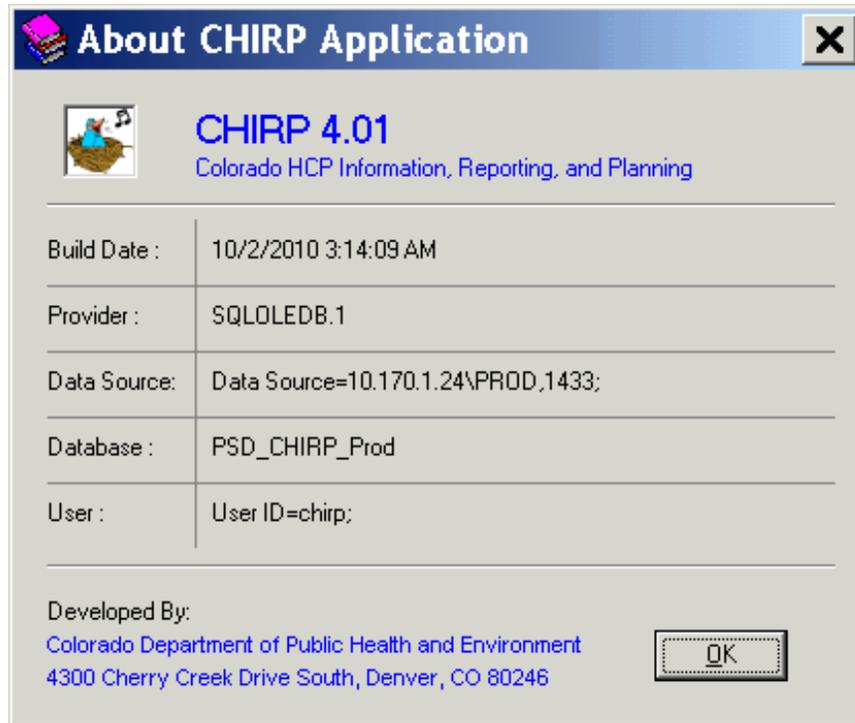


NOTE: There is no set time in CHIRP (yet) to require you to change your password. There is, however, a 60 day interval on CITRIX. You can keep your CHIRP password in sync with your CITRIX password by changing the CHIRP password whenever you must change your CITRIX password. This is highly recommended.

- 8) **HELP** – this function has a very important feature if you have more than one version of CHIRP to which you have access. If you ever wonder which database you are working on, Click on the HELP



Click on the About CHIRP and you will get an informational screen:



The most important field for you to look at is the Database field.

If you are playing around and learning CHIRP, this field should say

PSD_CHIRP_Iris

If you are doing 'for real' work, then this field should say

PSD_CHIRP_PROD

**BE SURE YOU ARE IN THE CORRECT
DATABASE FOR THE WORK YOU ARE
DOING!!!!!!**

Appendix A: Glossary

TERM	MEANING
CDPHE	Colorado Department of Public Health and Environment – the state agency providing services to the public to promote better health and environment for the citizens of Colorado.
CHIRP	Colorado HCP Information, Reporting, and Planning – developed as part of the EHDI/NEST Project. It's intent is to help a local agency maintain it's client cohort.
CRCSN	Colorado Responds to Children with Special Needs – a division within CDPHE to maintain a registry of children identified through several sources that potentially have a special need. This department then works to determine if this family is receiving the services it needs.
CSHCN	Children with Special Health Care Needs – a federal acronym to define this cohort.
CYSHCN	Children and Youth with Special Health Care Needs – a division with in the PSD Department of CDPHE. Specifically to monitor and assist families that have children in this category.
EHDI	Early Hearing Detection and Integration – a Federal program designed to assist states in setting up newborn screening for hearing loss and to monitor children through diagnosis and intervention.
HCP	Health Care Program for Children with Special Needs – the Colorado Title IV program designed to provide services to families that have a child with special needs.
HOH	Head of Household
IRIS	Integrated Registration Information System – used in HCP, PN+, FP and clones for WCCI.
NEST	Newborn Evaluation Screening and Tracking – developed as part of the EHDI/NEST Project. It's intent is to be the central repository of children born in or moved to Colorado that have a special health care need. It is the hub of integration for agencies working with CYSHCN and shares information based on need to know and set business rules.
PSD	Preventative Services Department – the department within CDPHE intended to develop programs that promote early detection for problems that might lead to developmental delays

	and provide for intervention or prevention.
TANSTAAFL	There Ain't No Such Thing As A Free Lunch
TLA	Three Letter Acronym – self explanatory
Scope	A term to describe the amount of data a user is allowed to view based on their security authorization(s).
GIGO	Garbage In – Garbage: Out A term referring to the fact that if the data put is in not reliable, neither will the data coming out.

HCP CHIRP Data Entry for TBI Care Coordination

Appendix C: Index (To be completed in the future)
