Finger Lakes Region

**Regional Perinatal Center Dept. Of Health Sciences**

U of R Medical Center **Data Coordinator**

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Perinatal Program

**May 10th, 2017 Registrar Meeting Minutes**

1. **Attendance:** Jeanne Brightly, Tracey Fish, Maureen Herbstsommer, Amanda Roach, Catherine VanDerMeid, Rosemary Varga
2. Module 1 – New Birth Registration and Institution evaluation was completed and discussed. Several comments arose around the baby’s surname. Please, review the HELPER Guidelines direction re: this point.

The question about time if the baby is born at midnight resulted in a review that there is no ‘0000 hrs.’ so, the baby is born at ‘2400 hrs.’ ‘0001 hr’ is the next day.

We also, reviewed the information from Deb Madaio regarding the Certifier, that when completing the SPDS entry if “information same as above” the certifier will be left blank. Hand-printing the Certifier’s name and license # are completely acceptable. This may assist if the provider will not be available in a timely way.

1. **Data Entry Quality reviews:**

Registrar reviews continue- since our last meeting I have been to Unity, FFF Thompson, G. Corning, and Arnot-Ogden. Still to come are RGH, Noyes, Newark-Wayne, and SMH.

1. **Outreach Meetings:** A reminder note re: Outreach Meetings – It is to yours and your supervisors benefit to attend at least the 1st ½ of the meetings during which Dr. Glantz shares Regional data derived from your entries. In the past changes in how the data is provided to you have changed because of your input in these sessions.

This year’s Meetings are: Highland, March 2nd

Unity, March 29th

FF Thompson, April 10th

Corning / Elmira, April 28th

Strong May 24th, review only, no Outreach meeting

Rochester General, June 15th, Weiner Conf. room

Noyes, June 20th

Newark-Wayne, June 27th

Please, try to plan your time so that you can attend the Outreach Meeting scheduled for your hospital.

1. **Data Quality:**

* We received a notice from the state that some operating systems will no longer be supported by HCS. Will this affect any of you? Catherine mentioned that you may need to adjust the “Compatibility View” if you are having any trouble opening the program. If this is unfamiliar to you, your IT dept. should be able to help.
* I looked into the time limit re: entering Birth Certificate information into the SPDS. There is a NYS law stating that the information needs to be in the County Registrars hands within 5 days from the birth. The only exception is when the 5th day falls on a Sunday or holiday. That being said, those working with us at the state level fully realize that the 5 day limit is many time ludicrous. Deb Madaio said that she usually uses a 3 week measure re: lateness. There is information in the updated HELPER Guidelines for you to refer to. (Corning and Elmira, I will snail mail you the update to your update.) Medicaid does have the ability to levee a fine ($3,500.00 per offense – not per day) but never has and doesn’t foresee a practice change.

You can use this information as you will. Sometimes just the knowledge that there is a law and a potential monetary penalty is enough to have those under whom you work better understand your position.

1. **Coder questions answered:**

* Is treated HSV 1 entered? – No, only HSV II – vaginal Herpes
* The midwife wrote that she ‘verted’ the head to LOA. Is that a version? There was no mention of malpresentation. – No. She used the term in its loosest translation. A better word could have been rotated.
* What is done if the manufacturer is not in the list for immunoglobulin or Hep B inoculation? – Leave the space blank. Call the SPDS Help Desk and inform them. This situation arises infrequently. It is covered in the HELPER Guidelines

1. **Scenarios:**

**2017 March scenario**

The woman, aged 32 yr., had a total thyroidectomy in 2010 and is prescribed synthroid.  During her pregnancy, her levels were inconsistent and her synthroid prescription was adjusted twice in an effort to keep her levels safe and her activity normal.

**Prenatal Care**

**Risk Factors in this Pregnancy**

\_\_\_None \_\_\_Unknown at this time

**Select all that apply:**

\_\_\_Prepregnancy Diabetes \_\_\_Gestational Diabetes \_\_\_Prepregnancy Hypertension

\_X\_Other Serious Chronic Illness \_\_\_Abruptio Placenta \_\_\_Gestational Hypertension

\_\_\_Other Poor Pregnancy Outcome \_\_\_Other Vaginal Bleeding \_\_\_Eclampsia

\_\_\_Prelabor Referred for High Risk Care \_\_\_Previous Low Birth Weight Infant

\_\_\_Previous Preterm Births

\_\_\_Pregnancy resulted from infertility treatment (if yes, check all that apply)

\_\_\_ Fertility-enhancing drugs, artificial or intrauterine insemination

\_\_\_ Assisted reproductive technology (e.g. IVF, GIFT) **Number of eggs implanted:** (if applicable) **\_\_\_**

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| --- | --- |
| **Number of coders who participated** | **# correct answers Q1** |
| **20** | **20** |
|  |  |

**2017 April Scenario**

The following scenario was presented at one of our regional hospitals. Determine how the woman’s G’s and P’s, (gravity = total number of pregnancies and her Parity = number of living children) were calculated.

The woman is currently pregnant. She is a G8 P1. She has a history of 5 SABs.  First pregnancy was twins.  At about "7 months" (per pt.) the woman was assaulted the causing her to deliver at home, one stillborn and one live infant who died at 5 months.  She also has one other full term living child.

Please complete the following:

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1 1 5 1 7 (The ‘now dead’& ’20 wks. or more’ are twins)

1. **Web Page:** [**https://www.urmc.rochester.edu/finger-lakes-regional-perinatal-program.aspx**](https://www.urmc.rochester.edu/finger-lakes-regional-perinatal-program.aspx)This address will stay on the Minutes as a reminder that it is there. I will note in the minutes when items change.

Of note re: the web page – Besides having a Registrars section there are also forms available for maternal transfers and for requests for access to the SPDS data.

1. How serious is it if a patient refuses to answer some of the questions? All of the questions have been included for research reasons. But no one can or should be forced to answer questions they are not comfortable with. Your explanations as to why the questions are asked (i.e. de-identified and to help providers realize that there may be areas that need further attention in their patient care) can go a long way toward increasing their comfort level. It is true that there is some exploration of the financial resources of Medicaid families if gainful employment seems to be higher than the acceptable limits.

Of note every pregnant woman is eligible for Medicaid It’s easy to get and lasts thru the post-partum visit.

##### We will be holding our next Coder Meeting July 12th, 2017 at the Saunders Research Bldg., 265 Crittenden Blvd. on the Strong Hospital Campus, room 2420 A&B, (top of the stairs). Parking passes and a Conference Line will be available. And it really will be July 12th this time! ☺