Finger Lakes Region

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

U of R Medical Center **Data Coordinator**

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Perinatal Program

**March 8th, 2017 Coder Meeting Minutes**

1. **Attendance:** J. Brightly, M. Tuohey, D. Waters, L. Daniels, J. Bubel, M. Herbstsommer, A. Burchell, C. VanDerMeid, N. Hancock, R. Varga (4 hospitals represented)
2. The meeting started with the Registrars reviewing the portions of the soon to be updated Registrar Training Modules. They had sections of each module and attempted to answer the questions based on chart info extraction, scenarios, and module evaluations.
3. **Data Entry Quality reviews:**

I have started doing the 2017 reviews. Even though I’ve been here for over one year there are still things that are new to me. And, while, this is a review it is, also, a learning experience, hopefully for all involved.

Several of the hospitals have programs built into their computer system that follow the workbook. When a detail is charted by the nurses or doctors, it automatically flows to the Registrars page, decreasing the amount of time spent searching. It was noted that there can still be errors and you need to be aware of your entries in that they make sense.

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

 Rochester General, June 15th

 Noyes, June 20th

 Newark-Wayne, June 27th

 My goal is to meet with each hospitals’ Registrars on the day of the Outreach. If I haven’t already been in touch with you, I will be so that we can arrange a time.

 Reviewed that Strong doesn’t have formal Outreach meetings as the transfers come here. The data is reviewed erratically w/ the hospital staff and their staff meetings

1. **SPDS Data:** The 2016 data is now available. Please send me a copy of your PFI file. I will forward it to Joe Duckett, the SPDS data analyst. He will de-identify it and make it available to researchers. AO, HH and Unity have their files to me already!
2. **Data Quality:**
* When I requested some info from billing I received some information re: Medicaid. There is a statement that “Current state regulations require hospitals and all approved Medicaid providers to conduct Medicaid eligibility verification (eMedNY) clearance on each presenting Medicaid recipient…”
As I’ve never heard of this, I might assume that it’s a billing thing. But would this decrease discrepancies if the Coders were made aware of it.
Does this seem like a track worth pursuing? – The general consensus was, ‘No’.
* Who does fetal death certs at your hospital? The situation varies from hospital to hospital.
* How do you get you BC and AOP forms? Do you have them copied in your own hospital? Do you order them thru the state? All present said tha the AOP is ordered from the state. The BC Work book is either ordered from the state or printed in-house.
1. **What’s in a name? Coders vs registrars?** I asked this question at the last meeting and then asked Drs. Glantz and Dozier. As a result, I will be starting to refer to ‘Coders” as ‘Registrars’ to better reflect what you do. There may be some areas where the term ‘Code’ is easiest but I will be switching to ‘Data Extraction, Abstraction, Collection and / or entry as the situation requires’ where ever possible.
2. **Scenarios:**

**January:** Patient at 38 weeks, who is a previous C-section x1, presents in active labor. We are a non-VBAC hospital, so, we code elective / other. But given the push for no elective deliveries prior to 39 weeks do I also select ‘Maternal Condition - Pregnancy Related’?

**Indications for C-section**

\_\_\_ Failure to Progress \_\_\_ Fetus at Risk (NRFHT) \_\_\_ Malpresentation

\_\_\_ Refused VBAC \_\_\_ Previous C-sect \_X\_ Elective

\_X\_ Maternal Cond. (Preg. Related) \_\_\_Maternal Cond. (Not Preg. Related) \_X\_ Other

*As the hospital is a non-VBAC/TOLAC of labor hospital and there was only one previous C-sect. is coded ‘Elective’ and ‘Other’ with the addition of ‘Maternal Condition-Preg. Related’ to indicate a need to do it before 39 weeks.*

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| --- | --- | --- | --- |
| **Number of coders who participated** | **# correct answers Q1** | **# correct answers Q2** | **# correct answers Q3** |
| 23/31 (1 excused) | **18** | **17** | **14** |

**February:** **The woman came into the hospital in labor. She’d been diagnosed with kidney stones causing acute pain and interfering with urination during the pregnancy and had a nephrostomy tube placed during her 6th month.**

**Prenatal Care**

**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

Per Dr. Glantz: It (a nephrostomy) implies a moderate-severe degree of hydronephrosis, usually due to renal stones or occasionally to some other source of ureteral obstruction and should be coded (as ‘Other Serious Chronic Illness’).

This one generated lots of feedback – initially not enough info. After revision it still didn’t seem to be an enterable ailment to some. Dr. G was asked to weigh in. – R

His response: I still would code it as Other Serious Chronic Disease.  It was not chronic as in existing before pregnancy, but it had a chronic element as in persisting for a significant duration of pregnancy.  Plus, it is important and there is no other field for such diagnoses.  If one had a sudden stroke, heart attack, or broke their neck and became quadriplegic, I would code them as Other Serious Chronic Disease, even though these occurred during pregnancy.

While the jury remains out on how you should answer this question in actual scenarios, it would have been a clearer scenario if I had said that the woman suffered from frequent bouts of kidney stones. Keep teaching me!

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

***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**           **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

Dr. Glantz response to this scenario: Hmmm.  I know what you’re getting at here, but we frequently make small adjustments to pregnant women’s Synthroid doses. In my mind (i.e., subjectively), unless the scenario patient was frankly thyrotoxic or myxedematous, I would not code this as other serious chronic illness.  .

At one time Dr. Glantz, also, classified any illness in which cessation of the medication would cause problems for the mother or the baby should be considered a “Serious Chronic Illness”

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1. **Coder questions answered:**

When you feel the need to call the state for an answer, would you please drop me an email with the concern and the state’s response? If you have a question, so does someone else have the question or will in the future. I will continue to share via these minutes.

* It was 2nd baby, 1st preg. was a 24 wk. IUFD. We coded it as prev. preterm birth, LBW birth, poor pregnancy outcome and prev. spontaneous loss greater than 20 wks. In all the years I've been coding, I've always coded this scenario that way and this is the 1st time it's ever been questioned. Dr. G agreed with the Registrar’s data entry.

*The discussion on this one centered around something possibly being miss marked as everyone agreed that all mentioned should have been so marked.*

* When do Cert. of Live Birth need to be sent to the Co. Vital Stat Office.

*The state seems to be aware that 5 days is not sufficient for completion In all cases. Deb Madaio at one point said tht if all are submitted within 3 weeks there would be no concerns from her office. Another said that they had been told that 7 days from the birth was more realistic as many hospitals only have Monday through Friday Registrars. So, the bottom line is keep up the good work and get the Certificates of Live Birth in as efficiently as possible.*

Where do you send your Cert. of Live Birth? *The City of Rochester sends theirs to the County Office of Vital Statistics, Noyes has a dedicated Birth Registrar in Dansville. The process, though, seems to be the same. You send your CoLB along with an AOP if indicated and any other forms that may be necessary. The 1st recipient makes copies and sends them to the SPDS office and the Office of Putative Paternity. The original recipient keeps the originals in their system*

* We have a case here where mom had IVF.  The embryos had genetic testing prior to implantation. Is this documentable? Per Dr. G. YES
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.

##### We will be holding our next Coder Meeting May 10th, 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. *I haven’t been successful in figuring out the system for obtaining the use of a Conference line. I will continue my quest*