Finger Lakes Region

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

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Perinatal Program

**November 8th, 2017 Registrar Meeting Agenda**

1. **Attendance:** Jeanne Brightly, Michelle Tuohey, Maureen Herbstsommer, Catherine VanDerMeid, Jan Bubel (P), Amy Burchell (P), Darlene Waters (P), Rosemary Varga
2. **Gathering Exercise –** Module 3 Evaluation. Found at the end of the Agenda. Those attending completed the Module 3 evaluation. The only question arose was re: a diagnosis of CPD as a reason for a C-sect. As the answers are also attached I’ll let you look for yourself. Please, take a minute and do the Eval if you haven’t recently completed it as a portion of your recent employment. It is a good review.
3. **Update on Guest Speaker –** Twylla Dillon, Senior Analytics Manager of [Finger Lakes Performing Provider System](https://www.linkedin.com/company/finger-lakes-performing-provider-system?trk=ppro_cprof), [University of Rochester Medical Center](https://www.linkedin.com/company/university-of-rochester-medical-center?trk=ppro_cprof)will present her PhD Thesis Proposal on Nov. 15th. She will be using some info gathered from information we have given her! – Keep her in your good thoughts!
4. **Data Entry Quality reviews:**
	* + - **From Rosemary –** What happens if you enter a Therapeutic AB in the reduction of IVF babies, is multiple birth noted on the CoLB. My understanding of the responses is that if pregnancy is reduced and the number of babies is no longer mentioned but changed to the number of babies delivered then there is no way of documenting the “reduction”, “vanishing” twin, or molar pregnancy. If the mother wants the child acknowledged, the plurality will need to reflect it. This will be difficult to discern. If the mother brings it up as an issue, it will need to be addressed. Otherwise, treat is as directed by Dr. Glantz – don’t attempt to include it.
* In discussion at the meeting, Anne’s question, which follows, needs further explanation. She is indeed studying “Unintended Pregnancies”. The question asked in SPDS is the only place this issue is addressed in data collection. It is a question which, many times, is asked in one of the 1st prenatal visits, but there is currently no way to capture that piece through our information collection. From experiencing response from the Registrars attending, a woman may change her answer from the visit to the completion of the “Interview” portion.

Luckily that is not our concern! We, the Registrars, need only attempt to have our ladies answer the question.

To that note, our goal should be to have less than 10% unanswered.

The question of validity will be dealt with by others.

**From Anne Kern, Monroe County Public Health Program Coordinator** – “I’ve been looking at unplanned pregnancy for a project with Common Ground Health/Healthy Baby Network.
Over time, the proportion of blanks (unknowns) in Monroe County increased from 8% in 2007 to 18% in 2015 making it difficult to understand if rates are really improving.
I did a pivot table of unplanned preg by hospital for 2015.  Each seems to be problematic.
Any insight on why this is occurring and what might be a resolution.”

*This concern refers to women’s answers to the “Interview” question.*

|  |
| --- |
| 5. Thinking back to just before you were pregnant, how did you feel about becoming pregnant? |
|  ⬜ You wanted to be pregnant sooner ⬜ You wanted to be pregnant then | ⬜ You wanted to be pregnant later⬜ You didn’t want to be pregnant then or at any time in the future |

*In looking at all of the percentage numbers are better overall outcome can be achieved. Also, based on the voluntary aspect of these questions we will never reach 0%.*

*The solution to the issue is a tough on. Attached is a data set from Joe Duckett with 2015- 2017. Hopefully, if done correctly, you will have the copy with your hospital identified. Anne’s info was from a compilation from 2007 – 2015. As you can see we’ve all made improvements from that period.*

* **Infant name** – A HIM rep found a “discrepancy’ between the name on the “New Birth” portion and the “Social Security” Release of information Attestation. So, I checked again with Monique Rabideau and Deb Madaio, the name should be checked on all three places. The HELPER Guidelines AOP information has a paragraph entitled “Baby name” – It says that the name line can be left blank. **Monique says that is no so**. There must be something in the name space. If the baby has not been named yet “unnamed” can be entered.

Also mentioned was that the mother should place the babies name on the AOP form before the family takes it to the father for his signature as is discussed below with the Scenario results.

1. **Discrepancies:** I emailed back and forth with Brian Gallagher this afternoon and learned that you should have received notification re: possible discrepancies between SPDS, SPARCS, and Medicaid in your PFI files As you address these issues and make any necessary corrections, would you send me a copy of your data? I will use this info as with the Anne Kern issue to give input to the state before a new system is in place that may emphasize that in general SPDS is correct. Aspects of the areas requesting corrections may also be incorporated in Scenarios
2. **Coder questions answered:**

The patient was declared mentally incompetent on admission to the hospital and a C-sect was performed to 'save' the baby. She and the biologic dad want to sign an Acknowledgement of Paternity. Is this allowable?

*The declaration of incompetence was only for the sake of the baby. They can sign the Acknowledgement of Paternity*

1. **Scenario**

 **September**

While the mother is still a patient, and after the baby is born, the family asks if they can take the Acknowledgement of Paternity to the jail where the father of the baby is incarcerated and ask the guards to witness his signature. The mother has completed the infant portion. Family, if the mother is still in the hospital, will bring the form back to the delivering hospital and the OB staff or Birth Registrars will witness the mother’s signature and completed form will be sent to the County Registrar with the C o LB. Before it is sent to the County Registrar the Hospital Birth Registrar will ensure that nothing has been changed / altered on the infant portion and if a correction has been made on the father’s portion it is with a single line through and then initialed. *This is an accepted procedure*

If the mother has been discharged before the father’s signature can be witnessed, the mother will need to fill in the infant section before the father signs it and then take the form to the County Registrar and have her signature witnessed there. *This is also an acceptable procedure.*

20 of 34 Registrars answered this Scenario of those 14 and 15 answered correctly. We all learned something!

**October**

The baby has been delivered. Child Protective Services (CPS) is involved. It has been determined that the baby is to go immediately into foster care. The foster parents and the CPS representative are at the hospital with the correct paper work to have the baby released to them. They are asking that the Birth Certificate and Social Security Card for the baby be sent to the foster parents.

*As the mother has not relinquished parental rights, the Birth Certificate and Social Security card will be sent to her. If the foster parents require a copy, their case worker at Social Services will need to make application through their County Vital Statistics Office.*

24 of 34 Registrars answered. 23 answered correctly. Good work!

1. **SPDS Coorindators**

There will be a bi-monthly Conference Call on December 20th. On the agenda will be the information that SPDS will be replaced. The information is scant. What has been mentioned by the DOH is that it will happen and will probably include the fetal death portion of our hospitals documentation. How this will impact our current system has not yet been addressed. From my brief experience I expect this will me a multi-year process. What I do know for sure is that NO resources will go toward making SPDS any easier to work with. Therefore an added agenda item will be the possible creation of a document that will focus on items that have changed in SPDS but are not reflected in the workbook. This would be distributed to all NYS Regions.

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.

There is now an **“Asked and Answered”** page under the Registrars’ tab on the web page. It has almost all of the clarifying questions from 2010 to present

1. **Any else for the good of the nation???**

As happens many times when the “formal” portion of the meeting is over and the agenda is complete those present sat around chatting, sharing how things were going at their hospitals, and comparing practices. One piece that came up again was Jeanne’s sharing of Unity’s use of ePace to find the most accurate information available. I’ve attached some info from NYS if you want to follow-up on it. It will require authorization. As we talked, the two possible places through which that authorization would come are billing and med records. It may be different for each hospital

As always, please, get back to me with question or concerns!

##### Our next meeting will be January 10th, 2018 in SRB 2420 A&B. A ZOOM Conference Line will be available.

**MODULE THREE EVALUATION**

*(Please check the appropriate response)*

1. **If a mother requests transfer to another hospital for personal reasons is *Mother Transferred in the Antepartum* checked “Yes”?**
	1. No
	2. Yes
2. **If mother is not weighed on admission to L&D which of the following is correct when entering *Mother’s Weight at Delivery*?**
	* Use weight from last prenatal visit
	* Leave field blank as there is no actual L&D weight
	* Use prenatal visit weight only if within 2 weeks of delivery
3. **Is the use of forceps to extract the infant from the uterus during a C-section entered in the *Attempted Procedures* field?**
* No
	1. Yes
1. ***Trial labor* is coded if a mother with a C-section planned prior to the onset of labor is experiencing labor on admission to L&D.**
	1. True
	2. False
2. **“Elective” when selected as an indication for C-section means that the C-section was planned (prior to the onset of labor).**
	* True
	* False
3. **If the mother is eligible for a VBAC (had one prior C-section) but the hospital does not perform VBACs which of the *Indications for C-section* below should be entered?**
* Refused VBAC
	1. Elective/Other
	2. Neither of the above
1. **If an infant is noted to have “persistent decels” necessitating an immediate C-section, which of the *Indications for C-section* below should be entered?**
* Failure to Progress
* Maternal Condition- pregnancy related
* Fetus at Risk / NFS
1. **When a mother who had one previous C-section delivers again by C-section, ‘Previous C-section’ is always entered as an *Indication for the C-section*.**
* True
* False
1. **If a C-section is performed for the condition “cephalopelvic disproportion” (CPD) diagnosed prior to the onset of labor which of the following *Indications for C-section* would likely be entered?**
* Failure to Progress
* Elective
* Maternal Condition Pregnancy Related
* Other
1. **If the amniotic sac (membranes) ruptured after the onset of labor and more than 12 hours prior to delivery which of the following would you select:**
* Prolonged rupture of Membranes
* Premature Rupture of Membranes
* Prolonged Labor

**MODULE THREE EVALUATION *ANSWERS***

1. **If a mother requests transfer to another hospital for personal reasons is *Mother Transferred in the Antepartum* checked “Yes”?**
* No

o Yes

Answer: “Yes” *only* entered when maternal transfer is for medical reasons. (Slide 3)

1. **If mother is not weighed on admission to L&D which of the following is correct when entering *Mother’s Weight at Delivery*?**
* Use weight from last prenatal visit
* Leave field blank as there is no actual L&D weight
* Use prenatal visit weight only if within 2 weeks of delivery

Answer: Prenatal weight within 2 weeks of delivery can be used for L&D weight. (Slide 4)

1. **Is the use of forceps to extract the infant from the uterus during a C-section entered in the *Attempted Procedures* field?**
* No
* Yes

Answer: The use of forceps / vacuum to extract the infant from the uterus during a C-section is *NOT* entered. (Slide 10)

1. ***Trial of labor* is coded if a mother with a C-section planned prior to the onset of labor is experiencing labor on admission to L&D**.

o True

* False

Answer: If a woman is admitted in labor and the C-section was planned prior to the onset of labor and the baby is delivered by C-section, Trial of Labor should be entered as ‘No’. (Slide 11)

1. **“Elective” when selected as an indication for C-section means that the C-section was planned (prior to the onset of labor).**
* True

o False

Answer: The term “elective” means that the C-section was planned prior to the

onset of labor (Slide 15)

1. **If the mother is eligible for a VBAC (had one prior C-section) but the hospital does not perform VBACs which of the *Indications for C-section* below should be entered?**
* Refused VBAC
* Elective/Other
* Neither of the above

Answer: Enter ‘Elective’ as the C-sect was planned before admission and ‘Other’ as indication that the hospital does not do VBAC’s and other. (Slide 12)

1. **If an infant is noted to have “persistent decels” necessitating an immediate C-section, which of the *Indications for C-section* below should be entered?**
* Failure to Progress
* Maternal Condition- pregnancy related
* Fetus at Risk / NFS

Answer: Indicators for Fetus at Risk include “Persistent late decelerations during most contractions” (Slide 13)

1. **When a mother who had one previous C-section delivers again by C-section, ‘Previous C-section’ is always entered as an *Indication for the C-section*.**

o True

* False

Answer: Select “Previous C-section” if a mother has had 2 or more consecutive transverse cut C-sections or just one prior classical C-section. If you do not know what type of incision was used for the previous C-section assume it was a transverse incision. (Classical incisions are very rare) (Slide 16)

1. **If a C-section is performed for the condition “cephalopelvic disproportion” (CPD) diagnosed prior to the onset of labor which of the following *Indications for C-section* would likely be entered?**
* Failure to Progress
* Elective
* Maternal Condition Pregnancy Related
* Other

Answer: “Elective” (C-section planned prior to the onset of labor) and “Other” would be entered for CPD. (Slide 17)

1. **If the amniotic sac (membranes) ruptured after the onset of labor and more than 12 hours prior to delivery which of the following would you select:**
* Prolonged rupture of Membranes
* Premature Rupture of Membranes
* Prolonged Labor

Answer: “Prolonged rupture of membranes” is selected when membranes have been ruptured for 12 hours or more prior to delivery. “Premature rupture of membranes” is selected only when membranes rupture prior to the onset of labor which is not true in the example above. “Prolonged labor” is concerned with the length of labor (20 hours or more) and has nothing to do with the rupture of membranes. (Slide 20)