Finger Lakes Region

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

U of R Medical Center **Data Coordinator**

601 Elmwood Ave. Box 668 65 Crittenden Blvd. Box CU420644 Rochester, NY 14642 Rochester, NY 14642-0644

Phone: 585-275-4930 Phone: 585-276-8737

Fax: 585-4614532

Perinatal Program

**September 6th, 2017 Registrar Meeting Minutes**

1. **Attendance:** D. Waters (SMH), M. Herbstsommer (HH), A Burchell (HH), N Egan (SMH) C.Saur (SMH), J Brightly (Unity), L Dennis (SMH), A Roach (GC), S O’Brian (GC), S Peers (NW) *did I miss somebody on the conf line?*
2. **Gathering Exercise –** Module 2 Evaluation Those who were able to answer the Module 2 Eval ques. Had few to no problems. For those of you who haven’t seen them yet, please, take a minute to use the eval as a review of knowledge that you may already possess. Let me know if you have problems with any of the questions. We will do Module 3 Eval at our November Meeting!
3. **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)

The Finger Lakes Performing Provider System (FLPPS) is a partnership comprised of 19 hospitals, 6,700 healthcare providers and more than 600 healthcare and community-based organizations in the Finger Lakes Region. The FLPPS central office supports the FLPPS Partnership in building an integrated healthcare delivery system (IDS) to better support Medicaid and uninsured populations across the Finger Lakes region.

Twylla works under the FLPPS DSRIP – It took me a bit to untangle the acronym and then then what the letters stood. Now I figure you’re all waiting with baited breath, it’s the Finger Lakes Performing Provider System – Delivery System Reform Incentive Payment. The general goal is to form regional collaboratives and implement innovative system transformation to better serve Medicaid and uninsured populations.

Her primary focus is on how to decrease the incidence of low birth weight infants. The bottom line goal is to work with mothers in the community to determine what variables (these are uncovered thru the information we provide in the Cert. of Live Birth info) may be better controlled and then how to teach the mothers how to exert that control. There is a 5 year budget which is half over and she feels that it would take at least 10 years to see any fruits of their labors. One area she mentioned that was the honesty of patients with re: opiate use. She was pleasantly surprised to learn that we have good access to PHI and that our mothers are quite forth coming when it may impact on their babies health. So, she had high praise first for the info she was able to glean through the data system and was further grateful for the validation that the data is quite accurate! Good work, ladies!

She said that there is money to be spent on decreasing the variables which prevent a mom from seeking proper care and they are feverishly trying to determine the best way to spend it.

As it gets closer to the project culmination, she may be able to come back and talk about the “finished” product

1. **Data Entry Quality reviews:**

There was a question and answer log started at the inception of the SPDS way back in 2004. I have the files from 2010. While an attempt is made to review at the Registrars Meeting any questions that come across the Coordinators desk, I thought it might be helpful to hav the archive available to you. As I complete the integration of several files I will be putting a new file on the Finger Lakes Region website.

A question from past years – Baby’s name had a ‘colon’ in it which cannot be entered on line, “Instructed to enter it manually”. Please, explain this for me *All present said that a colon cannot be entered into the system in any way and that a space or a dash may be inserted. There would then be an explanation to the parents as to why the birth certificate can’t be as they desire.*

What do you do when you don’t know the Country code? *I was told that there is a drop down box with all of the Country 2-letter codes*

1. **Data Quality:**

Open discussion on the presentation from NYSDOH re: Acknowledgement of Paternity. There was a bit of history offered. Amy and Jeanne remembered when the Office of Putative Paternity used to pay the hospital $20.00 for each form completed. It was then (years unknown) reduced to $10.00 and then eliminated. The AoP was created to decrease the Court workload, as all paternity acknowledgements had to go to Court for a decision. When the AoP was instituted it was a notarized form. For that time period identification was required before a signature could be witnessed. The system became a burden and therefore the burden was placed on the signers and identification was longer required. I’m not sure when but Monique Rabideau, from the Office of Child Support, was very clear when she said that we cannot ask for identification of marital status by NYS Law. She did say that there are ways to get around asking directly.

1. **Coder questions answered:**

* *5/16/2017 RGH* - When a baby is transferred to the SCN at a level 2 hospital, is it a NICU admission?

Yes, When it’s in the same hospital, you don’t do “transferred out” you use the “Abnormal Conditions…>Admit to NICU”, for Discharge it’s transferred out at the date it went to the SCN and the feeding is followed for the 5 day rule.

1. **Scenario**

**2017 July**

Baby New was delivered by emergency C-sect under general anesthesia She weighed 4075 gm. A routine blood sugar test revealed severe hypoglycemia. The baby was given 5cc of formula in the OR. Mom was awake enough for the next feeding and the baby was put to breast. Breast feeding went well and the mom plans to continue exclusive breast feeding.

The answer is “both Breast Milk and Formula”. Only ‘sweeties’ or meds are not included.

**2017 August**

3 situations were given

1st Mary and Jane, married. No AOP, mother/mother

2nd Single Susan with Jim and Bob, married. Jim is biologic father. Yes, AOP, mother father

3rd Pregnant Becky with her husband Leo and Jeff with his husband Gene. Becky says that Gene is the biologic father. No AOP, Mother/father. Order of Filiation needed. Birth Cert issued without a father’s name

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **# of Registrars who participated** | **AOP y/n** | **M/M, M/F** | | **AOP y/n** | **M/M, M/F** | **AOP y/n** | **M/M, M/F** |
| **21/34** | **19** | **21** | **21** | | **21** | **21** | **21** |

1. **SPDS Coordinators -** Rosemary will participate in a SPDS Coordinators Conference Call on September 20th. The issues are varied but one of them will be an attempt to set up a meeting with the DOH folks to discuss a formal update of the workbook and a more formal outline of their responsibility to us and the Registrars in our Regions

As we discussed this issue Nicole from Strong was praised for her accuracy and speed of entry and Maureen from Highland was lauded for her accuracy of entry

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.

I am working on a way to create a file of all of the questions that have been asked and their answers since 2010 from my files

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

##### Our next meeting will be November 8th in SRB 2420 A&B. A Conference Line has been secured

**MODULE TWO EVALUATION**

(Please check the appropriate response)

1. **Which of the following congenital malformations is least likely to be identified prenatally?**

* Anencephaly
* Meningomyelocele/Spina Bifida
* Congenital Diaphragmatic Hernia
* Omphalocele
* Gastroschisis
* Limb Reduction Defect
* Cleft Palate

1. **For a congenital malformation that is likely to be identified prenatally, which of the records below would be the best source of information related to testing & diagnosis?** 
   * Infant’s record
   * Hospital record (L&D)
   * Mother’s prenatal record
2. **If a diagnosis is suspected or discussed for one of the anomalies listed in the Birth Certificate work book, but is not diagnosed what should you enter?**

* ‘Unknown at this time’
* ‘None’
* ‘Yes’ next to the suspected anomaly
* ‘No’ next to the suspected anomaly

1. **If the anomaly is not listed in the Birth Certificate work book you should enter all ‘None of the listed’**

* True
* False

1. **A Level II ultrasound can be used to identify any of the congenital anomalies listed in work book.**

* True
* False

1. **Accurate entry of congenital malformations provides which of the following information (check all that apply)**

* Establish the need for services
* Identify causal links
* Track changes in incidence over time

1. **The MSAFP/ triple screen testing involves getting urine from the expectant mother and looking at levels of various proteins**

* True
* False

1. **Which of the genetic tests listed below can be done within the 1st trimester of pregnancy?**

* Chorionic Villus Sampling (CVS)
* Amniocentesis

1. **If a significant birth defect not listed on the birth certificate is identified, is it reported?**

* It is not reported
* It is reported by the hospital to the NYS Congenital Malformations Registry
* It is identified on the birth certificate

1. **Downs syndrome is often diagnosed prenatally**

* True
* False

**MODULE TWO EVALUATION *ANSWERS***

1. **Which of the following congenital malformations are likely to be identified prenatally? (check all that apply)**

* Anencephaly
* Meningomyelocele / Spina Bifida
* Congenital Diaphragmatic Hernia
* Omphalocele
* Gastroschisis
* Limb Reduction Defect
* Cleft Palate

Answer: Cleft palate may be diagnosed prenatally but is most often diagnosed after the infant is born. (Slides 5, 6, 8, 9, 10, 11, 12, 13)

1. **For a congenital malformation that is likely to be identified prenatally, which of the records below would be the best source of information related to testing & diagnosis?**

* Infant’s record
* Hospital record (L&D)

● Mother’s prenatal record

Answer: Check the mother’s prenatal record for tests and diagnoses made during pregnancy (Slides 3, 17)

**3. If a diagnosis is suspected or discussed for one of the anomalies listed in the Birth Certificate work booklet, but is not diagnosed what should you enter?**

● Unknown at this time

* None
* ‘Yes’ next to the suspected anomaly
* ‘No’ next to the suspected anomaly

Answer: If a diagnosis is suspected or discussed (for one of the anomalies listed) but is not diagnosed, enter ‘Unknown at this time’ (Slide 4)

**4. If the anomaly is not listed in the Birth Certificate work booklet you should enter all ‘No’s”**

● True

* False

Answer: If no anomalies listed are present enter ‘None’. (Slide 4)

**5. A Level II ultrasound can always be used to identify any of the congenital anomalies listed in work booklet.**

* True

● False

Answer: Only those anomalies that can be identified prenatally will benefit from ultrasound. Cleft palate is often identified at birth (Slides 5, 6, 8, 9, 10, 11, 12, 13)

**6. Accurate entry of congenital malformations provides which of the following information (check all that apply)**

● Establish the need for services

● Identify causal links

● Track changes in incidence over time

Answer: Accurate coding of Congenital Anomalies provides information which can help establish the need for services, causal links and changes in the incidence of the defect. (Slide 2)

7. **MSAFP/ triple screen testing involves getting urine from the expectant mother and looking at the levels of various proteins .**

* True

● False

Answer: MSAFP/ triple screen testing involves drawing blood from the expectant

mother and looking at the levels of various proteins and then comparing these

levels with the established norms. (Slide 19)

**8. Which of the genetic tests listed below can be done within the 1st trimester of pregnancy?**

● Chorionic Villus Sampling (CVS)

* Amniocentesis

Answer: Amniocentesis uses chromosomes taken from cells in amniotic fluid in second/ third trimester (Slide 20) while CVS uses chromosomes from cells taken from chorionic tissue early in pregnancy (Slide 21)

**9. If a significant birth defect not listed on the birth certificate is identified, is it reported?**

* It is not reported

● It is reported by the hospital to the NYS Congenital Malformations

Registry

* It is identified on the birth certificate

Answer: A significant birth defect that is not currently coded on the birth certificate will be reported by the hospital to the NYS Congenital Malformations Registry by the Health Information Departmant(Slide 22)

10. **Downs syndrome is often diagnosed prenatally?**

● True

* False

Answer: A suspected diagnosis of Downs can result from abnormal prenatal ultrasound and triple marker screen which can be confirmed by amnio or CVS (Slide 14)