



Coder Meeting

July 2011

Agenda

- Infant transfer coding decision
- Hearing screening
- May Coder Fax
- Introduction to Helper guidelines
- Medical Chart review summary
- Downloading hospital data

Material for 1 Coder Fax from each hospital, please...

Infant transfer coding decision: Infant status and Infant feeding

Debbie Mateo, who also spoke to Lenny Kluz, reported the NYSDOH's decision to code these fields to reflect the infant status at the time of transfer.

- 'Is the Infant Still Alive?' for transferred infants would be 'Yes' (alive)
- Coding for the feeding question would be based on whatever the infant had been fed (if anything) prior to transfer..

Hearing Screening

Question

- We do our hearing screens and if they do not pass one or both ears before they are discharged we have them return in 1 -2 weeks to re-try them. If at this point they do not pass then the baby is referred. So the options on the SPDS is not really accurate. It is not simply pass or refer at discharge. A "repeat" option would be good to have.

Hearing Screening

Answer:

- The word "refer" in regards to data collection for SPDS and hearing screenings is a failed result (or a "did not pass" result), not the referral for consultation with a specialist.
- Rescreen results will be entered into a separate data system that is being worked on. When that system is ready for launch, providers will be notified.

If you have any other questions or need further clarification, please reply by email (jxh25@health.state.ny.us) or call us at 518-473-7016.



Hearing Screening

Question?

- When a baby fails the hearing test we refer them to a testing center. If they don't pass, I record that information.
- I do get the results back from the testing center whether they pass or fail there and I reported that also. How do I report it now?

Hearing Screening

Answer:

- Coder should report the final inpatient hearing screening results in SPDS. The infants that do not pass and are referred for an outpatient rescreen will be captured in the new Early Hearing Detection and Intervention Information System (EHDI-IS). This system is still being developed and we will be notifying birthing facilities and other providers when it is ready for implementation.
- In the meantime, the Coder should still get the results back from the hearing center and handle them the way she always has. It would be good to keep the inpatient screens in the logbook as well, so she can report aggregate data to us for 2011.

Hearing Screening

Question?

- If a baby is admitted to the NICU and therefore has their hearing screen delayed do I enter 'medical exception'?
- Do I go back and enter the hearing screen info into the birth certificate site after discharge? Does this require an unlock request from the state?

Hearing Screening

Answer:

- "Discharged" means discharged to home. Therefore if an infant's hearing screening is delayed due to a stay in the NICU, she would select "Not Screened - Medical Exclusion".
- She can go back and edit the results at a later date. As long as she is trying to update a record created by her hospital, she does not need any state intervention to unlock the record.



May Coder Fax

May Coder Fax

Infant

If Multiple Births: Number of Live Births: <u>0</u> Number of Fetal Deaths: <u>0</u>		Birth Weight: <u>est. 1000</u> grams <u> </u> lbs. <u> </u> oz.	
If birth weight < 1250 grams (2 lbs. 12 oz.), reason(s) for delivery at a less than level III hospital: (Only if applicable) <u>None</u> <u>Unknown at this time</u>			
Select all that apply: <input checked="" type="checkbox"/> Rapid / Advanced Labor <input type="checkbox"/> Bleeding <input type="checkbox"/> Fetus at Risk <input type="checkbox"/> Severe pre-eclampsia <input type="checkbox"/> Woman Refused Transfer <input type="checkbox"/> Other (specify)			
Infant Transferred: <input checked="" type="checkbox"/> Within 24 hrs <input type="checkbox"/> After 24 hrs <input type="checkbox"/> Not transferred		NYS Hospital Infant Transferred To: unknown	State/Terr./Province unknown
Apgar Scores 1 minute: <u>8</u> 5 minutes: <u>8</u> 10 minutes: <u> </u>		Is the Infant Alive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Infant Transferred/ Status Unknown	Clinical Estimate of Gestation: 26 (Weeks)
How is infant being fed at discharge? (Select one) <input type="checkbox"/> Breast Milk Only <input type="checkbox"/> Formula Only <input type="checkbox"/> Both Breast Milk and Formula <input checked="" type="checkbox"/> Other <input type="checkbox"/> Do Not Know			Newborn Treatment Given: <input type="checkbox"/> Conjunctivitis only <input type="checkbox"/> Vitamin K only <input checked="" type="checkbox"/> Both <input type="checkbox"/> Neither
Abnormal Conditions of the Newborn: <u>None</u> <u>Unknown at this time</u>			
Select all that apply <input checked="" type="checkbox"/> Assisted ventilation required immediately following delivery <input type="checkbox"/> Assisted ventilation required for more than six hours <input checked="" type="checkbox"/> Admission to NICU <input type="checkbox"/> Newborn given surfactant replacement therapy <input checked="" type="checkbox"/> Antibiotics received by the newborn for suspected neonatal sepsis <input type="checkbox"/> Seizures or serious neurologic dysfunction <input type="checkbox"/> Significant birth injury (skeletal fx, peripheral nerve injury, soft tissue/solid organ hemorrhage which requires intervention)			

Mav Coder Fax

Infant

If Multiple Births: Number of Live Births: <u>0</u>		Number of Fetal Deaths: <u>0</u>		Birth Weight: <u>est. 1000</u> grams _____ lbs. _____ oz.		
If birth weight < 1250 grams (2 lbs. 12 oz.), reason(s) for delivery at a less than level III hospital: (Only if applicable) <input type="checkbox"/> None <input type="checkbox"/> Unknown at this time						
Select all that apply: <input checked="" type="checkbox"/> Rapid/Advanced Labor <input type="checkbox"/> Bleeding <input type="checkbox"/> Fetus at Risk <input type="checkbox"/> Severe pre-eclampsia <input type="checkbox"/> Woman Refused Transfer <input type="checkbox"/> Other (specify) _____						

Clinical Estimate
of Gestation:
26 (Weeks)

INDICATIONS FOR SURGERY: The patient is an 18-year-old gravida 1, para 0 who was a late entry for obstetrical care in our practice. She is noted to be 26 weeks. She presented to the office of the Medical Associates with the complaint of vaginal discharge. The patient had an nonstress test and was noted to have a reassuring heart rate tracing for 26 weeks and was noted to not be contracting. On speculum exam the patient was noted to have a bulging bag of membranes in her vagina. Cervical exam demonstrated cervix was about 8 cm dilated with bulging bags fully noted in the vagina. I was able to palpate the fetus's lower extremities in the vagina. Membranes, of course, were intact at this point. Assessment at this time was cervical

inc
thi
past

Infant's Name: _____ Birth Date: 7-06 Time: 1519 5 AM / 2 PM
 Multiple Birth: Yes No Specify: _____
 Infant's Condition at Birth: _____
 Apgar Score: 1 min 8 5 min 8 Weight at Birth: ~~_____~~ est. 1000 grams
 Abnormalities Noted: _____

May Coder Fax

Infant Transferred: <input checked="" type="checkbox"/> Within 24 hrs <input type="checkbox"/> After 24 hrs <input type="checkbox"/> Not transferred			NYS Hospital Infant Transferred To: unknown	
Apgar Scores 1 minute: 5 minutes: 10 minutes:			Is the Infant Alive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Infant Transferred/ Status Unknown	
8	8		Clinical Estimate of Gestation: 26 (Weeks)	
How is infant being fed at discharge? (Select one) <input type="checkbox"/> Breast Milk Only <input type="checkbox"/> Formula Only <input type="checkbox"/> Both Breast Milk and Formula <input checked="" type="checkbox"/> Other <input type="checkbox"/> Do Not Know				
Abnormal Conditions of the Newborn: <input type="checkbox"/> None <input type="checkbox"/> Unknown at this time				
Select all that apply <input checked="" type="checkbox"/> Assisted ventilation required immediately following delivery <input type="checkbox"/> Assisted ventilation required				

The fetus went to the intensive care unit at [redacted] arranged. Mother was extubated without complications. Sh

Infant's Condition at Birth: _____
 Apgar Score: 1 min 8 5 min 8 Weight at Birth est. 1000 gram
 Abnormalities Noted: _____
 Resuscitation Required: Yes No
 Type: Stimulation, suction O₂ Positive Pressure Mask Intubation

Apgar Scores			Is the Infant Alive?	Clinical Estimate of Gestation:	Newborn Treatment Given:
1 minute:	5 minutes:	10 minutes:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	26 (Weeks)	<input type="checkbox"/> Conjunctivitis only
8	8		<input type="checkbox"/> Infant Transferred/ Status Unknown		<input type="checkbox"/> Vitamin K only
How is infant being fed at discharge? (Select one)					<input checked="" type="checkbox"/> Both
<input type="checkbox"/> Breast Milk Only <input type="checkbox"/> Formula Only <input type="checkbox"/> Both Breast Milk and Formula					<input type="checkbox"/> Neither
<input checked="" type="checkbox"/> Other <input type="checkbox"/> Do Not Know					
Abnormal Conditions of the Newborn:					
<input type="checkbox"/> None <input type="checkbox"/> Unknown at this time					
Select all that apply					
<input checked="" type="checkbox"/> Assisted ventilation required immediately following delivery		<input type="checkbox"/> Assisted ventilation required for more than six hours			
<input checked="" type="checkbox"/> Admission to NICU		<input type="checkbox"/> Newborn given surfactant replacement therapy			
<input checked="" type="checkbox"/> Antibiotics received by the newborn for suspected neonatal sepsis		<input type="checkbox"/> Seizures or serious neurologic dysfunction			
<input type="checkbox"/> Significant birth injury (skeletal fx, peripheral nerve injury, soft tissue/solid organ hemorrhage which requires intervention)					

The fetus went to the intensive care unit at 7:00 PM. Mother was extubated without complications. Sh
Sponge and needle counts were correct times two. Estimaf
Lactated Ringers.

MEDICATION	START/STOP	0000-0659	0700-1529	1530-2359
*** Medication Orders ***				
Ampicillin 50mg Im Q120				1605 AB
Gentamycin 2.5mg Im Q240				1605 AB
Vitamin K 1mg Im				1606

Vitamin K 1610
- Eye Prophylaxis
Agent used: E-mia-civ

Introduction to Helper Guidelines

HELPER GUIDELINES

FOR
THE NEW YORK STATE
CERTIFICATE OF LIVE BIRTH
& QUALITY IMPROVEMENT
2011

Bureau of Productions Systems Management
(Vital Records)

New York State Department of Health
June 2011

Introduction to Helper guidelines

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Finger Lakes Regional Perinatal Program

URMC » Finger Lakes Perinatal Programs

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- Regional Perinatal Forum
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- Regional NICU
- Summary Reports
- Outreach Services
- Data Sharing
- Links

Finger Lakes Regional Perinatal Programs

WELCOME to the Finger Lakes Regional Perinatal Programs (FLRPP) website.

The FLRPP consists of three primary divisions:

- » Obstetrics/Maternal-Fetal Medicine,
- » Pediatrics/Neonatology,
- » Division of Public Health Practice.

These three groups work together at the Regional Perinatal Center (RPC, the University of Rochester Medical Center/Strong Memorial Hospital) to fulfill the New York State Department of Health mission regarding:

1. Perinatal outreach and OB/Peds quality improvement at the 12 affiliate obstetric hospitals in the Finger Lakes Region
2. Management of the regional Perinatal Data System (PDS, the electronic birth certificate database) and the Neonatal Intensive Care Unit database (the NICU database)
3. Direction of the Finger Lakes Regional Perinatal Forum, a group of professionals who work collaboratively in the Finger Lakes region to improve perinatal outcomes

More detailed descriptions of the work being done in the Finger Lakes Region can be found by navigating through the web site. Included within this website are summaries of regional data, Perinatal Forums activities, presentations, personnel/ member lists, and schedules of future outreach visits and Perinatal Forums meetings.

We hope that you find this website informative and user-friendly; if you have any questions, suggestions, or concerns, please contact [Connie Bottoni](#)

<http://www.urmc.rochester.edu/flrpp/index.cfm>

Introduction to Helper guidelines

www.urmc.rochester.edu/flrpp/coder-information/

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URMC » Finger Lakes Perinatal Programs » Coder Information

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Coder Information

- » [Satellite Training Material](#)
- » [NYS Guidelines](#)
New York State Guidelines are constantly being updated. Contact your hospital birth certifier for the latest version. To identify who your hospital's birth certifier is, check the [Directory of Coders](#).
- » [Work Booklet](#)
The Work Booklet is subject to change. The most current version of the booklet can be obtained from your hospital's birth certifier. [A Spanish language version](#) is also available.
- » [Newborn Screening \(2010\)](#)
- » [Coding Birth Anomalies \(Presentation\)](#)
- » [Finger Lakes Region 2007 Perinatal Statistics \(Presentation\)](#)
- » [Improved Perinatal Outcomes through Reduction of Elective Deliveries Prior to 39 weeks \(Presentation\)](#)

Questions? Contact [Donna Hayes](#)

Coder Faxes

- » [Current Coder Fax](#)
- » [April 2011 Coder Fax](#)
- » [February 2011 Coder Fax](#)
- » [January 2011 Coder Fax](#)
- » [Past Coder Faxes 2010](#)
- » [Past Coder Faxes 2009](#)



Introduction to Helper guidelines

Previous C-Section Select this item if the mother had a previous cesarean delivery and was not eligible for trial of labor, e.g. due to classical uterine scar. *Do not code 'previous c-section' as an indication for c-section solely on the basis that the mother had a prior c-section. Select if the mother had 2 or more regular transverse cut sections or just one prior c-section where a classical (longitudinal, vertical incision) was used. (From Eileen Shields, DOH 5/2007 & Dr.Applegate, SPDS worksheet, 2007)*



Medical chart review

Medical chart review

- 25 coders from all 13 Finger Lakes regional hospitals completed the medical chart review of a common medical record in March 2011.
- 13 Coders attended the meeting where the chart was coded.
- The de-identified medical record was sent to 12 Coders who were unable to attend the meeting. They completed the coding at their place of work and faxed their worksheets for tabulation and feedback.
- 24 fields were found to be coded correctly by all 25 birth Coders.

Medical chart review

The correct Infant fields included:

- Apgar (1 min)
- Apgar (5 min)
- inf_status (at time birth certificate is filed)
- hepb_uniz (hepB immunization)
- noinfo_abn (no abnormal conditions of the newborn)
- none_congm (no congenital anomalies identified)

Medical chart review

The correct L&D fields included:

- delv_wt (mother's wt at delivery)
- forceps_met (was delivery with forceps attempted)
- vacuum_met (was delivery with vacuum attempted)
- epidural_a (epidural administer)
- route_main (route & method of delivery)
- efm (characteristics of labor & delivery: EFM)
- morbi_oper (maternal morbidity: unknown)

Medical chart review

The correct Prenatal Hx fields included:

- Pre_yes (mom received prenatal care)
- Imp_date (date of LMP)
- due_date (estimated due date)
- tot_preg(total # prior pregnancies)
- live_livex (total # previous live births)
- live_deadx (total # previous live births , now dead)
- u20_spon_p (total # spontaneous terminations <20 wks)
- o20_spon_p (total # spontaneous terminations 20 wks or more)
- induced_pr (total # induced terminations)



Medical chart review

The correct Prenatal Care fields included:

- alcohol_ot (alcohol consumed during this pregnancy)
- none_obpro (no obstetrical procedures)
- sero_test (serologic test for syphilis)



Medical chart review

- Some fields were not analyzed as they were expected to be difficult for coders from other hospitals to code correctly. These fields included 'primary payor', 'Medicaid', and 'is mother enrolled in an HMO'. This mother's medical insurance was one with which many of the Coders were not familiar.



Medical chart review

- Errors were found in 33 fields
- 64 errors were due to missing information. Some of the missing information was for fields where multiple conditions could have been coded but none were applicable. The Coder may have left the field blank thinking that when she or someone else at her hospital entered the data 'none' would be entered.



Medical chart review

- Each hospital medical records may be very different from the record reviewed.
- Some of the error may be attributed to either the difference in medical records and/or the element of restricted time.



Medical chart review

- When errors from those who coded at the meeting were tallied and divided by the number of Coders at the meeting the result was 4.5 errors per Coder.
- When the same calculation was done for those who did their coding away from the meeting there were 3.2 errors per coder.
- Time and pressure to do the coding in the group setting accounted for a portion of the errors but not the majority of them.



Medical chart review

- Percents of Coders who coded the fields correctly ranged from a low of 24% (inhalation anesthesia, Guideline error) to a high of 98% (8 fields were coded where only 1 Coder made an error).



Downloading Hospital Data

Downloading Hospital Data

The screenshot displays the HCS Home portal interface. The browser address bar shows the URL: <https://commerce.health.state.ny.us/hcsportal/appmanager/hcs/home>. The page features a navigation menu with links for Home, Topics, HCS Applications, Contact Us, and Logout. A search bar is located below the navigation menu. The main content area is divided into several sections:

- Important Situations:** Includes a banner for the "END GAME EXERCISE SERIES" and a "Visualization Portal" link.
- Important Health Notifications:** Features a "Sort by" dropdown set to "Date Posted", sorting options (Ascending/Descending), a "Notifications Display Period" dropdown set to "Month", and a "Refresh" button. A message below reads: "No Alert Notification for the selected period...Please select other period".
- Newsroom Highlights:** Contains a "New Items" section with a table of recent news items:

Date	Title
07/11/2011	Community-Based Care Toolkit
07/08/2011	GY10X - 4th Quarter Deliverables Report
07/07/2011	Cultural Competence & Risk Communication

- Events/Calendar:** Contains a table of upcoming events:

Date	Title
07/13/2011	Recognizing Risk Factors for Falling: Fall Preven ...
06/30/2011	Evidence-Based Public Health in Action, Strate-gie ...
06/29/2011	Treating Smokers with Mental Illness

- Newsletters:** Contains a table of recent newsletters:

Date	Title
07/01/2011	e-DLC - July, 2011
06/30/2011	In the Field Newsletter Summer 2011
06/28/2011	2011/07 Public Health Matters: The Forecast: Clima ...

- Press Releases:** Contains a table of recent press releases:

Date	Title
07/01/2011	New York's Youth Smoking Decline Fuels Drop in Adu ...
07/01/2011	State Health Department Announces Winners in Skin ...
07/01/2011	Celebrate the Fourth of July Safely, Without Perso ...

- User Survey:** Includes a "Take Survey" button and the text: "Please take this quick survey and let us know what you think of the HCS portal."

The left sidebar contains a "My Applications" section with a list of links. Two arrows point to the "SPDS Hospital Data Download" link in this list.

Downloading Hospital Data

The screenshot shows the NYSDOH HCS Health Commerce System interface. The browser address bar displays the URL: <https://commerce.health.state.ny.us/hcsportal/appmanager/hcs/home;jsessionid=mxg5TbR.QR.CCTkBjfvT0s2Txfy7Lbp2HYvc5GQndw2jb1QfjJmWJgl-548779B181260546949>. The page features a navigation menu with links for Home, Topics, HCS Applications, Contact Us, and Logout. A search bar is located below the navigation menu. The main content area is titled "New York State Perinatal Data System" and contains a yellow background with the text "Choose an action from the list below:" and a radio button for "Run Reports". A "Continue" button is also visible. A black arrow points to the "Run Reports" radio button.

Home Topics HCS Applications Contact Us Logout NYSDOH Health Commerce System

Add to Fav. Print

Welcome Barbara Suter

Search

Advanced Search

My Applications My Favorites

My Applications

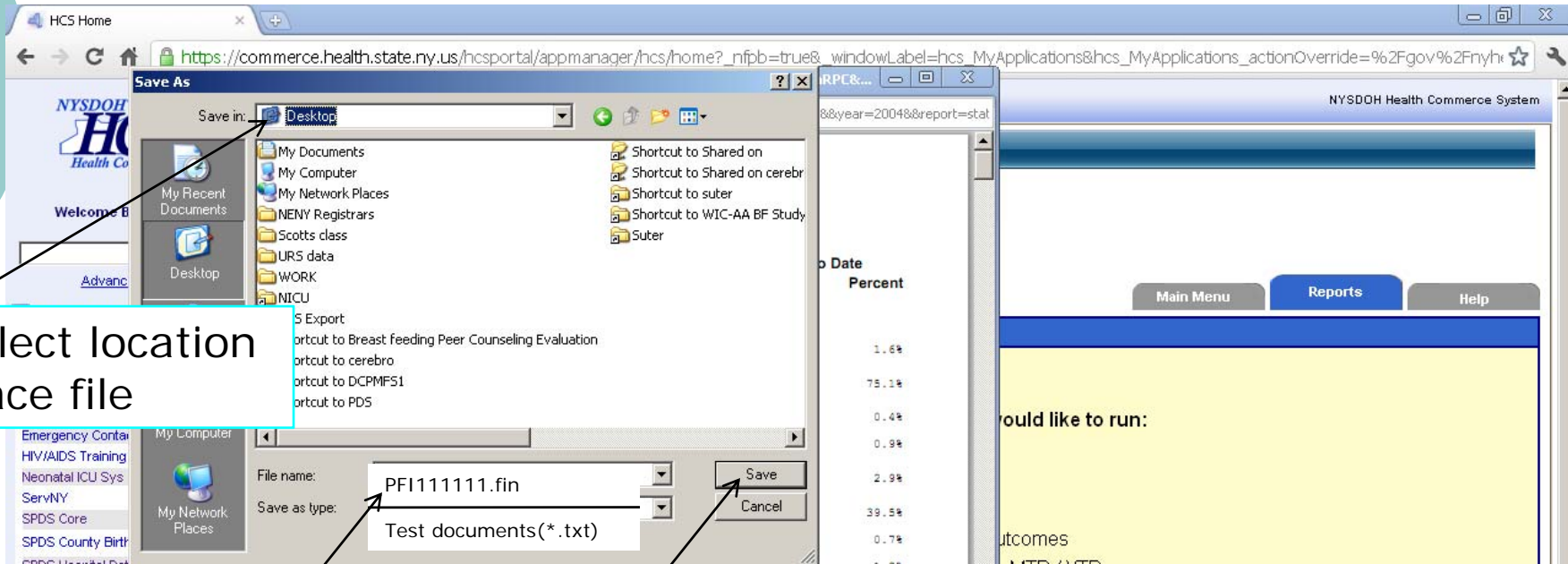
- Acronyms & Abbreviations
- Auth Training Agen
- CART
- Emergency Contacts
- HIV/AIDS Training Ctrs
- Neonatal ICU Sys
- ServNY
- SPDS Core
- SPDS County Birth Data
- SPDS Hospital Data Download

Choose an action from the list below:

Run Reports

Continue

Downloading Hospital Data



1. Select location to place file

2. Select file

3

Save data file to desktop

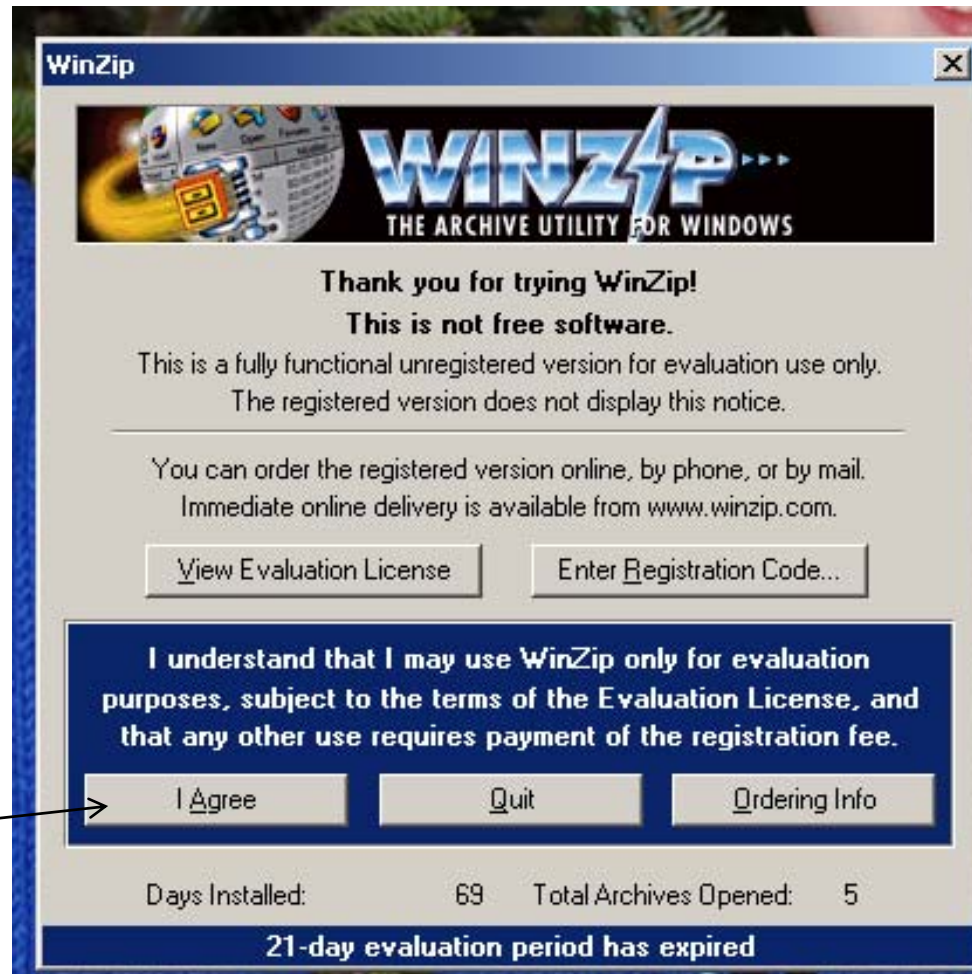
Downloading Hospital Data



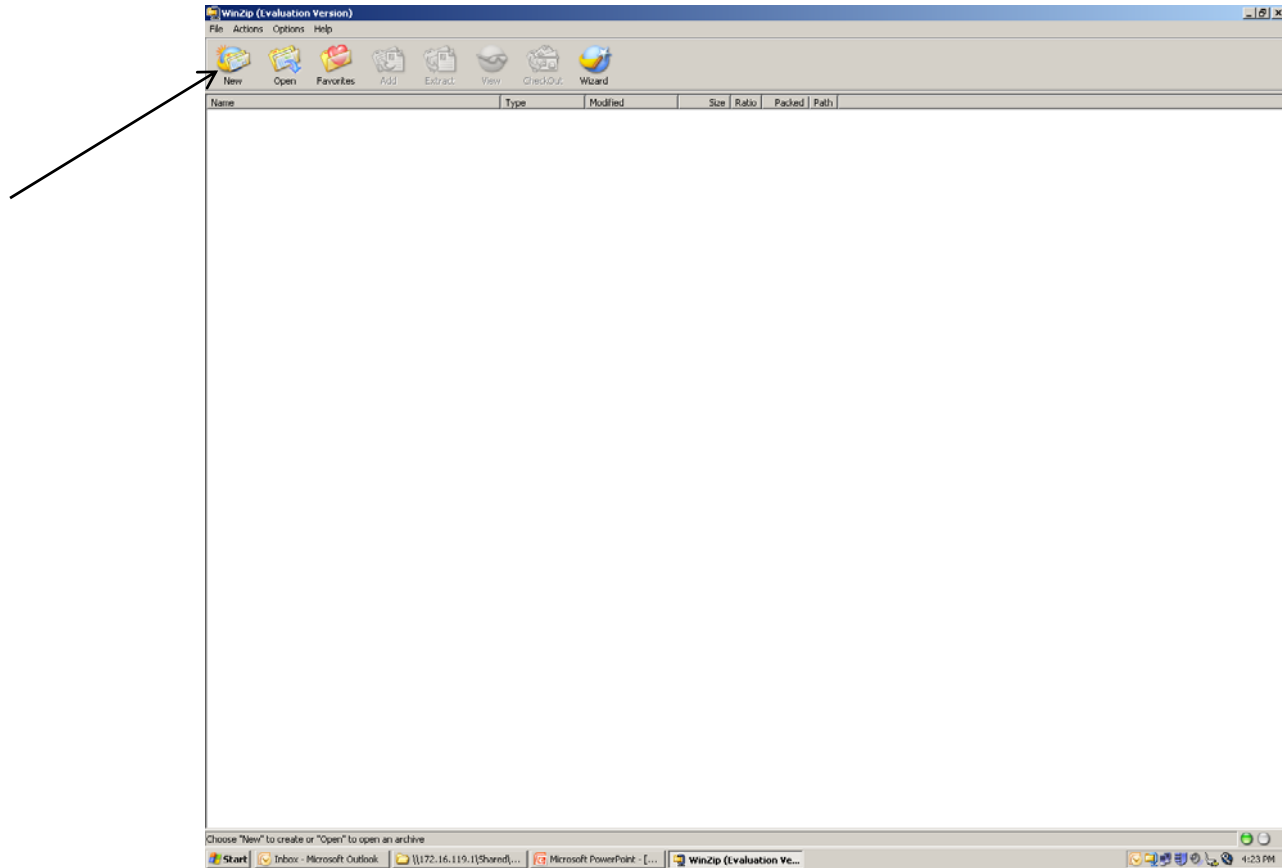
click

Open WinZip

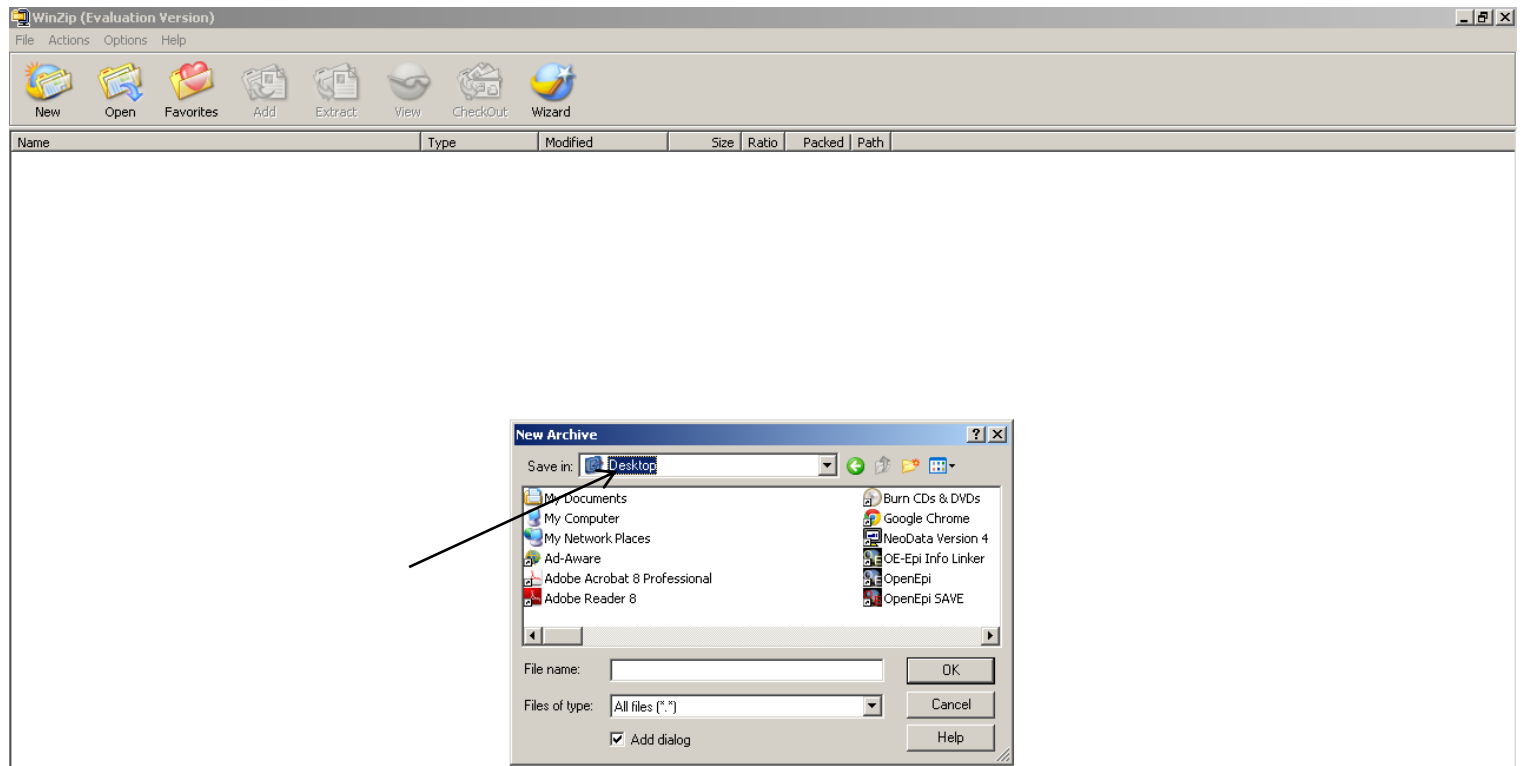
Downloading Hospital Data



Downloading Hospital Data

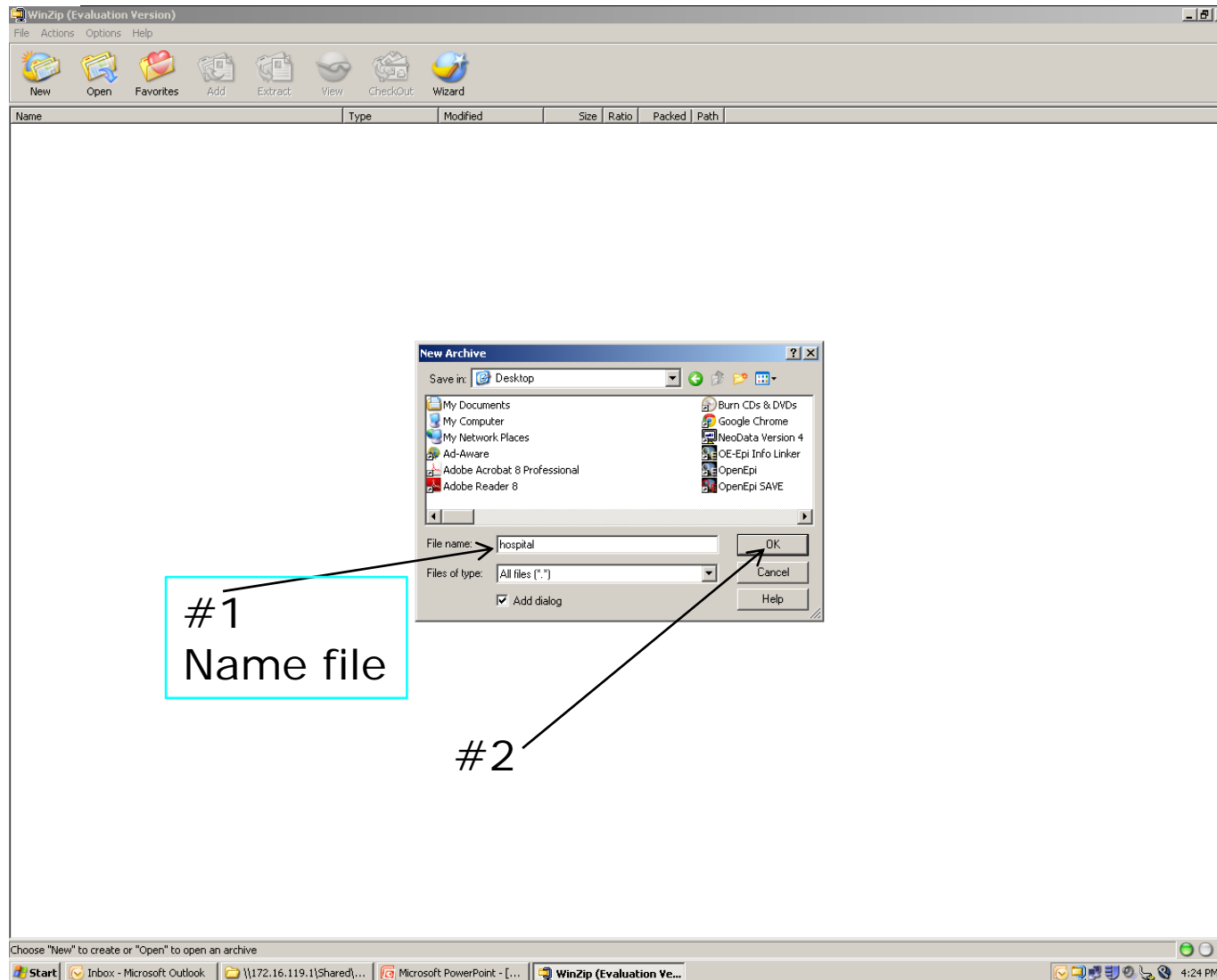


Downloading Hospital Data



Store zipped file on desktop

Downloading Hospital Data



Downloading Hospital Data

The screenshot shows the WinZip (Evaluation Version) interface with a file named 'hospital.ZIP' open. An 'Add' dialog box is displayed over the main window. The dialog box shows the 'Look in' field set to 'Desktop' and a list of files. The file 'HSPM_PM412 (2)' is selected and highlighted in blue. The 'File name' field contains 'HSPM_PM412 (2)'. The 'Add' button is highlighted. Below the dialog box, there are four numbered annotations: 1 points to the 'Look in' field, 2 points to the highlighted file, 3 points to the 'Password...' button, and 4 points to the 'Add' button. Below the annotations, the text 'Enter password' and 'Reenter password' is displayed. The taskbar at the bottom shows the Start button, several open applications including Microsoft Outlook and PowerPoint, and the system tray with the time 5:05 PM.

1

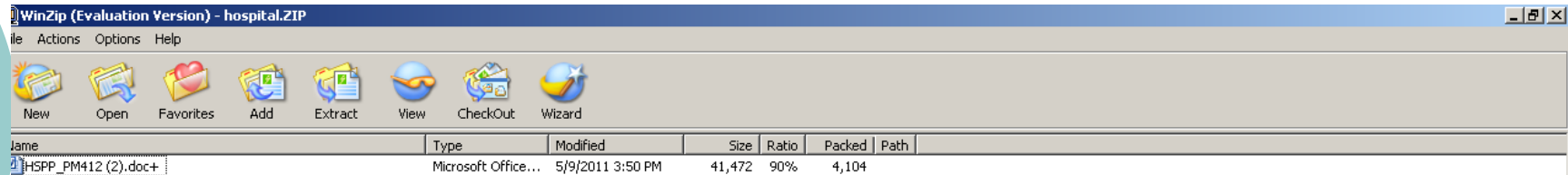
2 Highlight data file

3

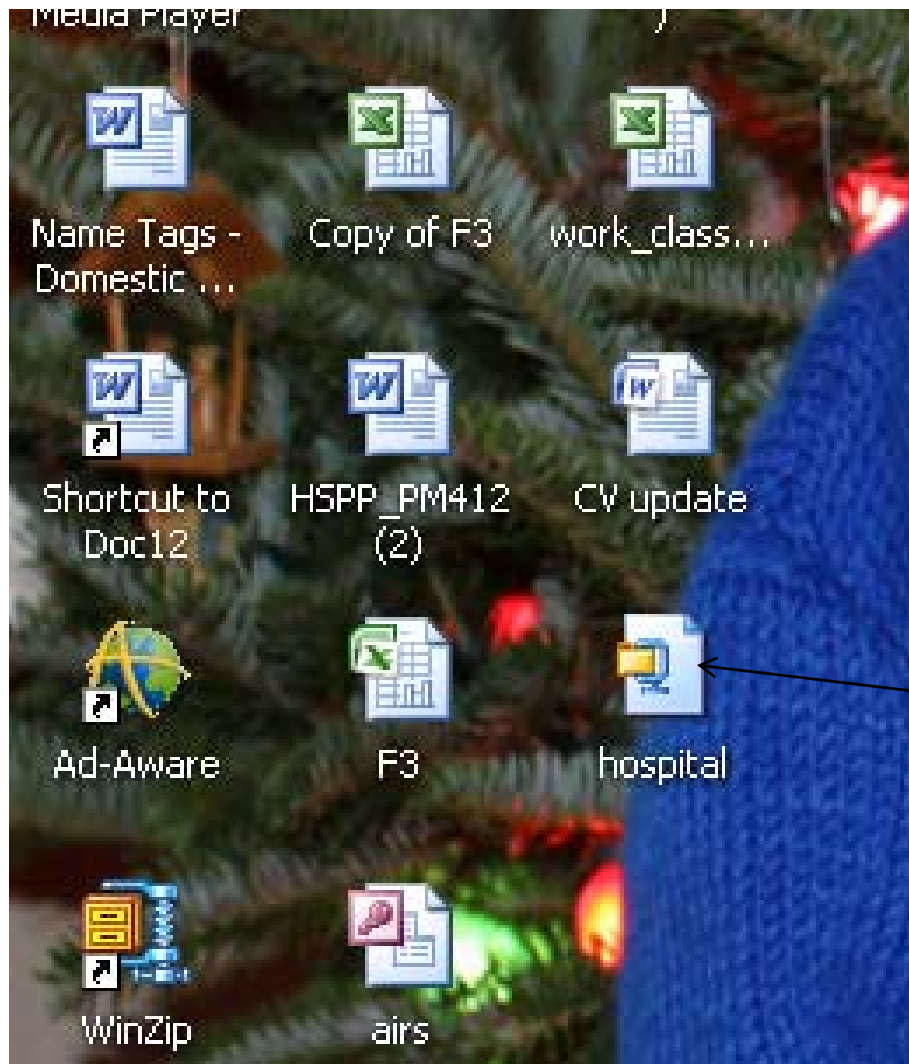
4

Enter password
Reenter password

Downloading Hospital Data



Downloading Hospital Data



Email this file to me
In a separate email
send me the password
So I can open the file



Again-

Material for 1 Coder Fax from each hospital, please...