Finger Lakes Region

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

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Perinatal Program

**May 8th, 2019, Registrar Meeting Agenda**

**Attendance**: In person: Jeanne Brightly, Maureen Herbstsommer, Lisa Santos, Darlene Waters, Renee Yerger, By phone: Hannah Botticelli, Amy Burchell, Liz Rife, Catherine VanDerMeid. **This represents 5 of the 9 Finger Lakes Hospitals.**

1. **Outreach 2019 –** Some dates have been set. Please, mark your calendars if one of them is yours!
 ~~Unity - 6~~~~th~~ ~~Meeting date change from the Nov. minutes~~

~~Highland – April 4~~~~th~~~~, 7:30~~

~~Noyes- April 16~~~~th~~~~, 9:00 am~~

May 28th – Newark-Wayne – 7:30am

May 30th – Arnot and Corning TBD

RGH - June 13th

FFThompson – June 17th 7:30

SMH – to be determined

We reviewed how the Regions’ hospital gather their info. The 4 Monroe County hospital have dedicated Registrars who generally came to the job with little to know OB knowledge. These women have done an amazing job of learning the language of Obstetrics. In the 5 hospitals outside Monroe County, A nurse or other leadership person is responsible for entering the information into the SPDS after they’ve proof read it. The floor nurses and secretaries/ward clerks are responsible for gathering the information for the patient/father portion.

1. **Gathering Exercise –** Module 1 (Infant) Evaluation. This is an ongoing activity (One Module each meeting) and should be done as it is an easy way to review areas that might not occur often. If you weren’t at the meeting, the Module will be found at the end of the Minutes. Please, take a few minutes to complete the Evaluation. As always, continuing education and review of previously learned material enhances our performance. Let me know if you have any concerns with the information shared.
2. **Insurance Follow-up** – I had a few more questions. Darlene is going to help me again. This can be a tough area to understand.There is a “Hand-out” attached to hopefully add clarity to how to enter insurance info. Of note: If you can’t discern if the patient is insured or with Medicaid you have to enter “Self Pay”

And, as an addendum: sometimes to help Researchers determine where to focus their efforts they use Medicaid recipients as marked on the Birth data to help steer them in a direction of lower socioeconomic patients.

1. **Interactive discussion** – Indications, Induction vs Augmentation, Indications for C-section. I have created cards with a “Question AND answer”. You will be presenting this topic. The topics are familiar to most and will benefit our new(er) Registrars. And yes, I know we covered these topics at our last meeting but time did not allow for all of the question cards I created to have been gone through.
2. We covered Induction vs Augmentation – Labor is determined by cervical change, not by the frequency or intensity of contractions. You need to determine if there has been recent (within a few hours) cervical change. If not, then even if she is 5 cm dilated it is induction. If there is documentation of cervical change but the contractions have slowed down, then it is Augmentation.

Remember also that AROM may be done without it being Induction or Augmentation. Such instances include, application of an FSE, insertion of an IUPC, or just to see the color of the fluid

1. Failure to progress – After three hours of pushing without descent of the fetal head, the doctor offers and the mother accepts a C-sect. Elective would only be marked if the C-sect had been pre-scheduled. Fetus in Distress would only be marked if there was actual evidence of distress. Maternal Exhaustion is also marked as Failure to Progress.
2. Maternal condition – not preg related –The mother, a G1P0 had a heart attack when she was 12 weeks pregnant. It was in her best interest not to push.
3. Elective / other – A G2P1 had a 3rd degree laceration with her 1st delivery. Her provider offered the option of a c-sect without trial of labor and she accepted. Other would “flag” to indicate that there were extenuating circumstances.
4. **Transfer of Mother and baby to Strong –** Darlene explained to us that when she started in her position she with the other SMH Registrars were attempting to complete packets on every baby transferred only to learn that the birthing hospital had already done the work. She worked with the three hospitals that transfer to NICU the most and developed a transfer protocol if help was needed to get the right info to secure the Certificate of New Birth. Below is a summary of their protocol.
* To confirm the transfer process:
* When you have a mother/baby transfer to SMH and you wish for us to reach out to MOB for the birth certificate:
* Please send email with: MOB name, Baby’s DOB and marital status to ALL of us in SMH birth certificate office.
* We rotate weekends/holidays and weekly coverage.    This way each of us knows status of each request.
* Once we obtain the paperwork, we will scan and send email to you.   The originals will be sent via regular mail (to address provided).
* Any questions, please let me know.
* Thanks, Darlene S. Waters
1. **Scenarios –** *Please continue to bear with me on the Scenarios. I will be adding more information to help you understand more easily what I’m asking! I certainly am not a good “test” maker. Please, still continue to make every effort to do the monthly scenarios as they are e key to getting the information entered correctly in the SPDS workbook*

**February – Genetic Screening vs Testing**

1. The woman, aged 36, has a documented NIPT in her chart. Since our workbooks were created there have been multiple changes in Genetic Screening. This is a good place to remember that there are only two forms of Genetic Testing – Amniocentesis and Chorionic Villus Sampling (CVS) because they enter the uterus to get the fluid or blood sample.

No – She did not have genetic testing

1. The woman, aged 25, has a family history of Tay Sachs disease. She had an amniocentesis to check for genetic markers.

\_**X**\_ Fetal Genetic Testing

\_\_\_ MSAFP/triple screen Genetic screening is not always done it testing is planned.

1. The woman, aged 37, had Chorionic Villus Sampling documented in her chart.

No – She had Fetal Genetic Screening

Yes - genetic testing was offered

*6 of 30 Registrars responded to this Scenario****.*** *Am I asking too much?*

 **March – Insurance** *(see the handout on page 4. Darlene did a nice job of giving us a visual)*

1. The G1P0 has two Insurance cards. The first is Aetna, the 2nd is Blue Choice Option. How do you enter the information?

Private insurance is always first. In this case Medicaid is a secondary payer and as it is Blue Choice Option, HMO is ‘yes’

1. The mother says she’s Medicaid pending. She doesn’t have a card and doesn’t know her number.

You can:
\_**X**\_ Leave the number space blank.

\_**X**\_ Mark her as self-pay

\_**X**\_ Check the ePACES Medicaid enrollment site.

1. The women hands you a Universal Health Care MMC card. It has what appears to be a CIN#. How is this information entered?
 A managed care card is covered under the HMO area. So, Medicaid is primary, ‘no’ for secondary, and ‘yes’ for HMO
2. The woman has Medicaid, doesn’t have her card, and doesn’t know her number. She does know her Social Security number

You can:

\_**X**\_ Look in ePACES to see if she has a number.

\_**X**\_ Mark her as self-pay.

*7 of 28 Registrars responded to this. A rather disappointing response*

 **April**

It was a twin delivery.  Baby A was delivered via low-outlet forceps.  Baby B was footling breech.

The delivering doctor charted the following:  “An ultrasound was placed to evaluate presentation of baby B, which was still in Breech presentation. A hand was reached up and bulging membrane was palpated. Both of the fetal feet was manually grabbed and pulled down to baby's waist. Membrane was ruptured at time of grabbing the feet. Breech maneuver was continued to delivery both arms. Head was exposed with suprapubic pressure and flexion. Infant was immediately handed to pediatric staff for resuscitation.”

What is the Method of delivery for twin B? **Spontaneous**

 *14 of 30 Registrars responded to this Scenario. Better but still not goo.*

***Even if you see the answers before you take the time to respond, please, let me know that you have read the Scenario. Always keep in mind that these are learn/ learn exercises. . I keep track of who responds. It is included in the report I write to your supervisors after our Annual Reviews so it has the possibility of affecting your yearly evaluation. It, also, becomes part of the Quarterly Report that Dr. Glantz sends to the Department of Health.***

1. **Updating the Workbook –** I would encourage each of you who received the Survey Monkey from Deb Madaio’s office to complete it with as much detail as possible. As the Coordinator my input is limited. I will be sending a separate note to Deb with the concerns shared with me since I started here.
2. **August Meeting Proposition –** I have been able to arrange tours of 3-1400 (Strong’s High Risk Labor and Delivery Unit) and NICU in the Golisano Children’s Center for our August meeting. This will be a lunch meeting. It will start at noon and be about 2 hours long. You will need to park in the main hospital garage. Parking passes will be available. I will need a head-count in order to have enough food. So, check your calendars and let me know. I will send an Outlook calendar invitation the first week in June.
3. **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. When you have a free minute, you might take a look at it, especially the section referring to Registrars. I am open to needed corrections and possible additions!

##### Our next meeting will be Wednesday, August 14th, 2019, room TBA. We will meet in the hospital for lunch before our tours. See above

**Insurance Entry Examples:**

**1.**

|  |  |  |
| --- | --- | --- |
| **Parents** | **Payor** | **Primary Payor for this Delivery:** Straight MCD AB23456D**Select one:****X** Medicaid / Family Health Plus c Private Insurance c Indian Health Servicec CHAMPUS / TRICARE c Other Government / Child Health Plus B c Otherc Self-pay |
| If Medicaid is not the primary payor, is it a secondary payor for this delivery? c Yes **X** No | Is the mother enrolled in an HMO or other managed care plan? c Yes **X** No **QI** |

**2.**

MCD 2nd to FMC – ***only*** for Birth Control (Fidelis does not pay for Birth Control), so, except for the Birth Certificate Medicaid is secondary

|  |  |  |
| --- | --- | --- |
| **Parents** | **Payor** | **Primary Payor for this Delivery:**MVPO / CO / UHC, MMC, FMC**Select one:****X** Medicaid / Family Health Plus c Private Insurance c Indian Health Servicec CHAMPUS / TRICARE c Other Government / Child Health Plus B c Otherc Self-pay |
| If Medicaid is not the primary payor, is it a secondary payor for this delivery? c Yes **X** No | Is the mother enrolled in an HMO or other managed care plan? **X** Yes c No **QI** |

**3.**

|  |  |  |
| --- | --- | --- |
| **Parents** | **Payor** | **Primary Payor for this Delivery:** Private Primary MCD 2nd AB45678C**Select one:**c Medicaid / Family Health Plus **X** Private Insurance c Indian Health Servicec CHAMPUS / TRICARE c Other Government / Child Health Plus B c Otherc Self-pay |
| If Medicaid is not the primary payor, is it a secondary payor for this delivery? **X** Yes c No | Is the mother enrolled in an HMO or other managed care plan? c Yes **X** No **QI** |

When it is private , you can’t easily know or assume that it is an HMO; therefore the safest way is to mark “No” for HMO

**4.**

|  |  |  |
| --- | --- | --- |
| **Parents** | **Payor** | **Primary Payor for this Delivery:** MCR w/MCD 2nd AB12345C**Select one:**c Medicaid / Family Health Plus c Private Insurance c Indian Health Servicec CHAMPUS / TRICARE **X** Other Government / Child Health Plus B c Otherc Self-pay |
| If Medicaid is not the primary payor, is it a secondary payor for this delivery? **X** Yes c No | Is the mother enrolled in an HMO or other managed care plan? c Yes **X** No **QI** |

4/2019 D.Waters

**MODULE ONE - INFANT EVALUATION**

*(Please check the appropriate response)*

1. **How many hours of the infant’s life do the NYSDOH Guidelines specify are to be captured on the NYS birth certificate?**
	* 24hours
	* 48 hours
	* 72 hours
2. **If the infant’s weight is recorded in the delivery record as 2.5 kg what value do you enter?**
* 2.5
* 25.0
* 2500
1. **True or False, when the infant’s 5 minute Apgar is below ‘6’ you are required to also enter the infant’s 10 min Apgar score?**
* True
* False
1. **When the infant is transferred at <24 hours of age (less than 24 hours old) do you report the infant’s status as:**

 Alive:

* Yes
* No
* Infant transferred / status unknown
1. **Gestational age is stated in the mother’s record as 39 -4/7 weeks what value do you enter?**
* 39 weeks
* 40 weeks
1. **When determining gestational age is the Ballard Score considered to be the best estimate of clinical age?**
* Yes
* No
1. **If the infant received one feeding of breast milk 30 minutes after delivery and subsequently only received formula, what would be coded in response to the infant feeding question?**
* Breast milk only
* Formula only
* Both Breast milk and Formula
* Other
* Do not Know
1. **Check the respiratory therapies listed below, that if used would indicate infant required ‘Assisted ventilation required immediately following delivery?’**
* O2 positive pressure
* O2 (Blow by)
* CPAP
* PPV
* Bag and Mask
1. **If your hospital is designated a Level 1 hospital ( in Finger Lakes region all but SMH, AO & RGH are level 1) and the infant is transferred to your hospital’s Special Care Nursery (SCN) would you note this transfer as a ‘NICU Admission’ (Abnormal conditions of Newborn)?**
	* Yes
	* No
2. **If an infant fails their hearing test in one or both ears how would you enter the response to the hearing screen question?**
* Pass
* Refer
* Not performed- Medical Exclusion

*See answers on next page*

**MODULE ONE - INFANT EVALUATION *ANSWERS***

1. **How many hours of the infant’s life do the NYSDOH Guidelines specify are to be captured on the NYS birth certificate?**
* 24hours
* 48 hours

 ● 72 hours

Answer: Infant fields relate to the 1st 72 hours of an infant’s life. (Slide 1) The only exception relates to the coding of infant feeding when information up to the 5th day of life (or at time of discharge whichever comes first) is required. (Slide 14)

1. **If the infant’s weight is recorded in the delivery record as 2.5 kg what value do you enter?**
* 2.5
* 25.0

● 2500

Answer: If birth weight is recorded as grams (gm), enter weight in grams (if recorded as kilograms (kg) move decimal 3 places to the right and enter weight as grams, e.g. *3.390kg = 3390 grams*) (Slide 4)

**3. True or False, when the infant’s 5 minute Apgar is below “6” you are required to also enter the infant’s 10 min Apgar score?**

● True

* False

Answer: Record 1 min and 5 min Apgar scores for all infants and the 10 min score if the infant’s 5 min score is less than 6. (Slide 9)

4. **When the infant is transferred at <24 hours of age (less than 24 hours old) do you report the infant’s status as: Alive:**

● Yes

* No
* Infant transferred / status unknown

Answer: Coding should reflect the infant status at the time of transfer. This means that the coding for “is the infant still alive?” for transferred infants would be “Yes” (alive). *If infant were no longer alive infant would not be transferred.* (Slide10)

**5. Gestational age is stated in the mother’s record as 39 -4/7 weeks what value do you enter?**

● 39 weeks

* 40 weeks

 Answer: Enter the weeks of gestation only. DO NOT enter “Days” (do not round upward). (Slide 11)

6. **When determining gestational age is the Ballard Score considered to be the best estimate of clinical age?**

* Yes

● No

Answer: Use Dubowitz or Ballard scores ONLY if best OB estimate (determined by LMP or Ultrasound) is not available. (Slide 11)

1. **If the infant received one feeding of breast milk 30 minutes after delivery and subsequently only received formula, what would be coded in response to the infant feeding question?**
* Breast milk only
* Formula only

● Both Breast milk and Formula

* Other
* Do not Know

Answer: The intent of the question (as of Jan 1, 2011) is to capture information regarding how the infant was fed during his/her hospital stay. The actual question in the work book has not changed (how is infant being fed at discharge) but the information the NYSDOH is looking for has changed. Breast Milk only” and “Formula only” are exclusive fields; if any combination of the two were used enter “Both Breast Milk and Formula” (Slide 13)

8. **Check the respiratory therapies listed below, that if used would indicate infant required “Assisted ventilation required immediately following delivery?”**

● O2 positive pressure

* O2 (Blow by)

● CPAP

● PPV

● Bag and Mask

Answer: Assisted ventilation includes all forms of positive pressure ventilation (PPV) such as bag and mask, positive pressure mask, CPAP (Continuous Positive Airway Pressure), O2 pos. pressure or Neopuff. It does NOT include administration of O2 w/o pressure (Blow by). (See slide 22).

**9. If your hospital is designated a Level 1 hospital ( in our region all but SMH, AO & RGH) and the infant is transferred to your hospital’s Special Care Nursery (SCN) would you note this transfer as a “NICU Admission” (Abnormal conditions of Newborn)?**

* Yes

● No

Answer: Code infant transferred to the NICU or special care nursery (SCN) either within your hospital (if your hospital is a Level 2 or 3) or to a NICU or SCN at a hospital which is designated as a Level 2 or Level 3 hospital. Transfer to a SCN at a Level 1 hospital is not coded as a “NICU admission”. (Slide 23)

**10. If an infant fails the hearing test in one or both ears how would you enter the response to the hearing screen question?**

* Pass

● Refer

* Not performed- Medical Exclusion

Answer: The word “refer” in regard to hearing screenings is a failed result (or a “did not pass” result), not a referral for consultation with a specialist. Coder should report the final inpatient hearing screening results in SPDS. (Slide 20)

**Insurance Entry examples;**

1.

 

2.

 

3.

 

4.

 