

Is this email not displaying? [View in Browser](#)



Perinatal Data Registry Project Update

June 15, 2017

[Unsubscribe](#) | [Printable Version](#)

In This Issue

- New PDR: Status Report
- Change Request Process
- Forms Redevelopment Project
- Coder Survey Results

New PDR: Status Report

The new PDR will be completed in two phases:

- Phase 1: Replace existing PDR with new technology and data processes – expected completion March 2018;
- Phase 2: Build interfaces to health authority and other external systems – commences March 2018, expected completion to be determined.

Developing the new PDR includes:

- updating provincial perinatal forms in parallel to system development (see article below);
- creating accurate business requirements from which the solution can be designed and built;
- reviewing and validating prototypes to ensure functionality expectations are being met; and
- end-to-end testing of the solution to ensure the as-built solution meets the business needs and the end user community.

Phase 1 Timeline



Our project team has been busy! We have developed the project charter and business requirements, and work is underway to complete our privacy impact and software risk assessments. Additionally, we are developing plans to integrate patient identity information from the Ministry of Health’s Enterprise Master Patient Index (EMPI). And to facilitate our work, the following groups have been established:

- Project Change Control Committee;
- Data Warehouse Technical Working Group; and
- Communication & Engagement Working Group.

Opportunities for Stakeholder Involvement

We are currently building parts of the system, and an early prototype will be available for users to review in early summer. Later this summer, we will engage our stakeholders to review reporting requirements. If you are interested in being involved in either of these, please email our Communications Officer, [Lubna Ekramoddoullah](#).

For more information on the PDR Project, watch our Tea & Talk presentation, [New BC Perinatal Data Registry: Where are things at?](#)

Change Request Process

We recognize that new change requests may impact resource allocation, project finance, and timelines. An established change request process will clearly ensure a transparent process and help with decision-making. Criteria will be based on what the benefits are from making the change, whether there is evidence to support the change, what impact it will have on the project, and what the dependencies are to implement the change.

We are currently reviewing nine change requests for Phase 1. All new requests will be evaluated for inclusion in Phase 2.

We have developed a four-step change request process:



1. Intake

The [Change Request Form](#) needs to be completed and submitted to our PDR Project Manager, [Philip Pang](#).

There are two parts on the form. If the request does not impact data fields or perinatal forms, only Part 1 needs to be completed. If the request directly impacts data fields or perinatal forms, Part 2 also needs to be completed. We expect that most change requests will be the latter. Requestors will need to describe what they want changed, propose a new definition, including reason for the change, and include as much as possible about the feasibility of capturing the new data as well as any other supporting information, including a literature search and references.

2. Assess

The Project Change Control Committee will be responsible for assessing all change requests and making recommendations to the PDR Steering Committee.

Evaluation criteria includes:

- Is there supporting evidence for the documented benefits?
- Is the change technically feasible?
- Will it alter business requirements?
- Is there a workaround?
- Will additional funding be needed?
- Will it delay the project?

For change requests that pass evaluation, the Project Change Control Committee will develop potential solutions to implement the changes and recommend the best solution to the PDR Steering Committee.

3. Decision

The PDR Steering Committee will make the final decision on whether a change is implemented. The PDR Project Manager will communicate all decisions made by the PDR Steering Committee.

4. Manage

The PDR Project Manager will implement all approved requests, which will include:

- developing specifications and confirming business requirements;
- engaging subject matter experts;
- working with PSBC to update forms;
- reprioritizing features and functionality;
- readjusting timelines; and
- seeking new funding.

If you have any questions, please contact PDR Project Manager, [Philip Pang](#).

Forms Redevelopment Project

The provincial perinatal forms are heavily interdependent upon the PDR project and vice versa. As such, and in alignment with the natural cycle of revisions, PSBC is revising eight of its provincial perinatal forms in preparation for the new PDR.

Revising and redesigning the forms will allow them to reflect current changes in practice. It will also provide additional data fields and opportunities for improved formatting to make them easier to use and abstract and be better aligned with practice and surveillance requirements.

The Perinatal Forms Redevelopment project will focus primarily on the eight forms that most impact the new PDR, and the work will be completed in three phases to coordinate with the PDR project schedule:

Phase 1: Summer 2017

- Antenatal Record Part 1 & 2

Phase 2: Fall 2017

- Triage and Assessment
- Labour and Birth Summary
- Labour Partogram

Phase 3: Winter 2017

- Newborn Record Part 1 & 2
- Newborn Clinical Path
- Postpartum Clinical Path
- Newborn Resuscitation Record



With an entire suite of forms under revision, it is not feasible to pilot every single form. However, we will be piloting some of the forms, such as the Labour and Birth Summary, which will be piloted later this year in selected sites across the province. Additional forms for

piloting will be determined at a later date. PSBC will provide training on the redesigned forms prior to implementation.

If you would like to provide feedback on the forms being revised or get involved as a pilot site, please email our Communications Officer, [Lubna Ekramoddoullah](#).

A Note about Electronic Forms

As we talk to our stakeholders about the Forms Redevelopment Project, we have received questions about why we are not developing electronic forms for the Antenatal Record Part 1 & 2.

The answer is that these electronic forms already exist within electronic medical record (EMR) systems found in provider offices. PSBC is not seeking to duplicate EMRs and will instead work with the EMR vendors, like Oscar and Wolf, to update existing electronic versions.

In anticipation of new initiatives by health authorities to integrate provider EMRs with acute hospital systems, we will be building the new PDR system to accommodate direct data feeds that will contain antenatal data in the future.

Coder Survey Results

In March, we held a consultation session by webinar with 20 Health Information Management (HIM) coders representing each health authority.

We also conducted a one-question survey for coders, so we could gauge their current satisfaction level with the PDR and obtain a baseline. The question was "What is your level of satisfaction with the PDR today?" with a rating of 1-10 (1=extremely dissatisfied, 10=extremely satisfied).

There were 50 respondents, and the average rating was 6 out of 10.



Respondents were asked to provide a reason for their rating, and much of the feedback was the same. Below are the main comments as well as how the new PDR will address them.

Comment	New PDR Functionality
<p>Navigation and Data Entry</p> <ul style="list-style-type: none"> • Fields are not user-friendly to navigate, field layout doesn't match current forms. • Entering data is cumbersome, have to jump back and forth between screens; doesn't function smoothly. • Too time consuming and complicated. • Too much mouse-clicking; would be nice if more keyboard use could be implemented. 	<p>The new PDR has a new design that is aesthetically appealing and easier to use. Some design features include:</p> <ul style="list-style-type: none"> • Simplified workflows Spend less time navigating the system to get work done. Each user's workflow has been analyzed to determine which steps can be streamlined, automated, and removed.

	<ul style="list-style-type: none"> • Single-screen data entry The structure of the data entry screens have changed to provide a more natural flow that will allow all relevant information to be captured in a single screen. This will eliminate the need to switch back and forth between screens. • Web interface Users will use only a web browser, and the system will be up and running faster with familiar design concepts seen on other websites. No additional software needs to be installed. • Responsive design Pages will adapt to different screen sizes and be readable regardless of screen resolution.
<p>Data Fields</p> <ul style="list-style-type: none"> • Some of the fields should have the most common answer pop up first. • Date format is very picky; would like to see the date format be the same as our abstracting system YYYY-MM-DD. 	<p>Improved Input Tools and Field Validation</p> <p>The system will provide assistance with ensuring that fields are easy to complete by utilizing standard date formats and by incorporating intuitive input tools, such as auto-predict, so that users no longer have to hunt for the appropriate entry in a list. Users will also receive immediate feedback on any input errors through field level validation.</p>
<p>Duplication</p> <ul style="list-style-type: none"> • A lot of the information we put in is duplicate to what we have already put in our abstracting system • Data is unnecessary/redundant; should link with CIHI 	<p>As part of the Data Field Evaluation initiative, PSBC assessed duplication between PDR fields and diagnosis or procedure codes. Numerous PDR-specific variables will be discontinued in the new PDR because they are adequately captured by ICD-10-CA or CCI codes.</p>
<p>Manual</p> <ul style="list-style-type: none"> • Would like to see the updated PDR manual incorporated into the help button in the new version. • Will be great if each PDR field has a link that brings you to the most updated instructions on how to abstract that field, instead of having to open up the PDR reference manual and try to find that section about that field. 	<p>Context-Sensitive Help The PDR will have built-in context-sensitive help features that can provide information specific to the page that is being viewed.</p> <p>Input Field Tooltips Each field will have labels that can display tooltips that will provide the most updated instructions on how to abstract the field simply by hovering your mouse over the label.</p>

An early prototype of the new PDR will be available for coders to review in early summer. If you are interested, contact our Communications Officer, [Lubna Ekramoddoullah](#).

Perinatal Services BC, an agency of the Provincial Health Services Authority, provides across the continuum of perinatal care in British Columbia, focusing on perinatal system planning, clinical practice standards, performance monitoring, and quality improvement. PSBC works in collaboration with the Ministry of Health, health authorities, and other key stakeholders. PSBC is the central source in the province for evidence-based perinatal information. To learn more, visit www.perinatalservicesbc.ca.

Our Vision: Healthy women having healthy pregnancies and infants.

Our Mission: Through partnerships and collaboration and by building a high quality system of care across the continuum, we will optimize pregnancy and birth outcomes as a foundation for a healthy population.

Perinatal Data Registry Project Update is a newsletter from Perinatal Services BC.

© 2017 Perinatal Services BC. All rights reserved.

[Terms of Use](#) | [Privacy](#)

[Subscribe](#) | [Unsubscribe](#) | [Printable Version](#)

www.perinatalservicesbc.ca

Perinatal Services BC
West Tower, Suite 350
555 West 12th Avenue
Vancouver, BC V5Z 3X7