



## **Neonatal Daily Classification Frequently Asked Questions (FAQs) for Coders**

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Perinatal Services BC (PSBC) is expanding the use of the Neonatal Daily Classification tool to include all newborns born in or transferred to facilities with maternity (including single room maternity care), postpartum, pediatric, special care, or neonatal intensive care units.

**1. When is this coming into effect for coders?**

- Education to begin January 2015.
- Abstraction to begin immediately following education.

**2. My hospital has been collecting this information since fiscal 2011/12. How is this any different?**

- The classification has been expanded. It began with only NICU sites collecting the information on babies in the NICU. It is now being phased in to all hospitals that have planned maternity care and is applicable to all babies.
- The time has been added to the Neonatal Daily Classification Monthly Record.
- The instructions regarding how to collect dates and times have been updated as of December 2014.

**3. Why was the abstraction of the Neonatal Daily Classification temporarily halted in August 2014 for babies outside of the NICU?**

- It was determined that sites throughout the province were not consistently entering the information in the same manner.

**4. When is this coming into effect for clinicians?**

- All sites throughout the province have been trained with the exception of Interior Health which will take place in January/February 2015.

**5. When do care providers complete the Neonatal Daily Classification?**

- It is done daily, including the day of discharge.

**6. Which units record the Neonatal Daily Classification on either of the Newborn Clinical Path or Neonatal Daily Classification Monthly Record?**

- All maternity (including single room maternity care), postpartum, pediatric, special care, or neonatal intensive care units providing newborn care complete either the Newborn Clinical Path or the Monthly Record.
  - NICUs collect the information on the Neonatal Daily Classification Monthly Record.
  - Single room maternity/postpartum units collect the information on the Newborn Clinical Path.
  - Pediatric units may collect the information on either form.

**7. What do I do if I see a ✓ written in a column on the Newborn Clinical Path?**

- If a ✓ is documented in the 'N' (Normal) column, this indicates a 1a classification.
- If a ✓ is indicated in the 'V' (Variances/Concerns) column, it is not up to the coder to search for the variance in the nursing notes. Consider this classification to be invalid and refer to Abstraction Rules.

**8. What do I do if a classification is written in the incorrect column?**

- If a 1a classification is written in the 'V' (Variance/Concerns) column, consider the classification to be a 1a.
- If another classification other than 1a is documented in the 'N' (Normal) column, use the classification as documented.

**9. What do I do if there is more than one classification noted for a particular day?**

- Choose the highest classification level recorded.
- This is also applicable for those cases in which a baby is transferred from NICU (using a Monthly Record) to the ward/rooming in (using a Newborn Care Path)

**10. What do I do if there are days that are missing a classification level?**

- Only document the information that appears on the Newborn Clinical Path or the Monthly Record. Do not make assumptions. This classification is considered invalid. Refer to the Abstraction Rules.

**11. What do I do if there is a date and time noted but no classification level?**

- As the time could refer to assessment of something other than the Neonatal Daily Classification (e.g. head, ears, mouth), consider this classification to be invalid. In these cases, SCU times will always be 9999; refer to the Abstraction Rules to determine the SCU date.

**12. What do I do if the Neonatal Daily Classification is not recorded on the Newborn Clinical Path and there is no Monthly Record in the chart?**

- If this is an unusual occurrence, do not complete the SCU Group 13 in the DAD abstract.
- If this is happening on a regular basis, contact PSBC or your Clinical Site Champion to determine why you are missing forms.
  - Ensure you check with your health authority to determine if the classification is being captured electronically.

**13. What about babies that are captured in the Transfer/Readmission Suite?**

- All babies captured in the Transfer/Readmission Suite should have a Neonatal Daily Classification for each day of their stay.

**14. What do I do if there are seven or more separate groups of SCU days noted on the Newborn Clinical Path or Monthly Record?**

- Ensure your abstracting system is able to **capture** >6 SCU occurrences.
- Record as many SCU occurrences as appear on the chart.
- Only six SCU occurrences will be **sent** to CIHI.
- It is not necessary at this time to activate and/or use the Abstract overflow field (Group 7, Field 04 in DAD) in order to indicate that there are >6 SCU occurrences

**15. What do I do if the Neonatal Daily Classification Monthly Record is entirely blank?**

- Use your institution policy for dealing with blank forms.