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PDR Helpline
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PDR Bulletin

November 2016

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1. Introducing PSBC Product Support Analysts

Linda Lee and Sylvie Martel

Linda joined Perinatal Services BC in February 2008 after two years as a senior data coordinator at the BC Cancer Research Centre and over 10 years as a data analyst with the Trauma Registry at Vancouver General Hospital.

Sylvie joined PSBC in December 2015 after eight years at BC Women's Hospital & Health Centre working in the role of data quality analyst for PHSA and as a coder.

Linda and Sylvie provide support for the Perinatal Data Registry (PDR). This includes responding to coder questions regarding data collection, data quality edits, and period end submissions. Other responsibilities include preparing data quality reports, facility submission reports, conducting chart reviews, and participating in other projects.

2. Fiscal Year 2016/17 Data Submission Deadlines

1st Quarter End Date:	16 June 2016
1st Quarter Deadline:	16 September 2016
2nd Quarter End Date:	8 September 2016
2nd Quarter Deadline:	8 December 2016
3rd Quarter End Date:	1 December 2016
3rd Quarter Deadline:	1 March 2017
4th Quarter End Date:	31 March 2017
4th Quarter Deadline:	31 May 2017

3. Revised PDR Scope

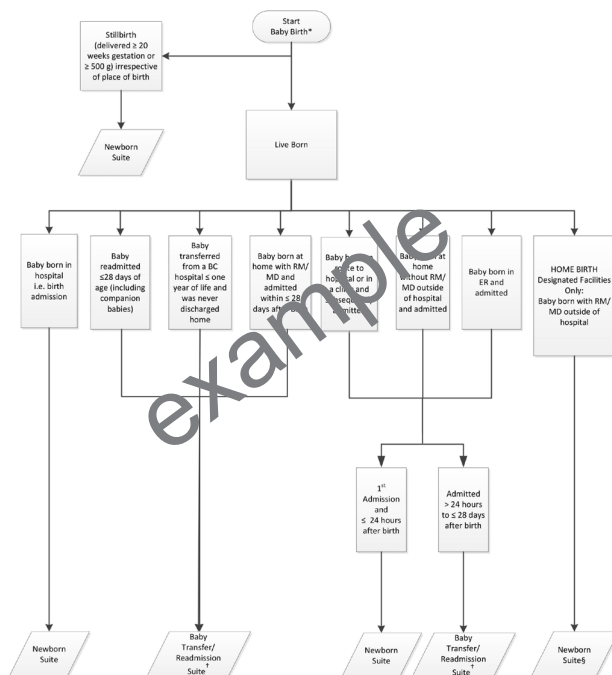
Please refer to attached documents.

The revision to the PDR scope was developed in response to questions we have received regarding the existing scope contained in the PDR manual and to reflect changes to home birth data collection for designated facilities effective April 1, 2016. Our intention is to provide a user-friendly resource for coders to help identify which suite to complete in the PDR.

NOTE: Please replace the existing PDR Scope with the attached revision.

The format has changed, and the new version is presented as a flowchart and table; one set for Mothers and one for Babies. The two formats present the same information; however, the table provides a little more detail. Coders can choose to use whichever format they prefer.

PDR Suite examples have also been created as an additional resource for coders to use.



4. Why Delivery Presentation Matters

Delivery presentation is a key factor in determining how women who give birth are classified into clinically relevant groups. Based on PDR data, PSBC uses the [Robson Ten Group Classification](#) system to categorize women into clinically relevant, mutually exclusive obstetric groups based on maternal and fetal factors. This classification is most commonly used to assess contributors to the cesarean delivery rate.

PSBC posts provincial Robson tables in the [Special Reports](#) section of our website, and facility-level reports are sent to Perinatal and Clinical Leads.

While there should only be 10 groups, PSBC reports include data for women who cannot be classified because of missing information. The most common reason a delivery cannot be classified is due to missing information on the baby's presentation at the time of delivery.

Delivery presentation is also an important variable for PSBC's [Facility-Level Indicators](#) because most indicators are only calculated for babies delivered in vertex presentation.

Incomplete information on baby presentation at delivery raises questions regarding data quality and chart completeness and impacts the reporting of multiple indicators.

PSBC advises that the following primary documents should be considered when abstracting delivery presentation:

- Labour and Birth Summary Record (Sections 3 and 4);
- Operative Report or Delivery Note;
- Labour Partogram; and
- Progress Notes.

On the BC Labour and Birth Summary Record, there are two sections that coders can utilize to identify the presentation:

- Fetal Presentation (Section 3); and
- Fetal Position at Delivery (Section 4).

5. Data Collection Amendments and Clarifications

BC PDR Changes Effective immediately

Suite & Screen Data Field	V6.01 Ref Manual	Amendment		Clarification
		FROM	TO	
PDR SCOPE				
All Suites	Page 3-4	1.2 Scope of Hospital Data Collection	<p>The format has changed, and the new version is presented as a flowchart and table; one set for Mothers and one for Babies. These resources are more user-friendly for coders to help identify which suite to complete in the PDR.</p> <p>The revision to the PDR scope was developed in response to questions regarding the existing scope contained in the PDR manual and to reflect the changes to home birth data collection for designated facilities effective April 1, 2016.</p>	Replace the Scope of Hospital Data Collection with the new PDR Scope documents
MOTHER SUITE – BIRTH SUMMARY SCREEN				
Cervical Dilation Prior to C/S	Page 27	The last documented measurement of cervical dilation during labour, in centimeters, prior to C/S. Only abstract if mother was in labour before proceeding to C/S. Leave blank if mother had an elective C/S and was never in labour.	<p>The last documented measurement of cervical dilation during labour, in centimeters, prior to C/S. Only abstract if mother was in labour before proceeding to C/S. Leave blank if mother had an elective C/S and was never in labour.</p> <p>If a range is given, abstract the maximum. Example: if the dilation range is between 5-6 cm, abstract 6 cm.</p>	Add example to the definition
VBAC Attempted	Page 27	The mother had a previous C/S, and for the current pregnancy a vaginal delivery was attempted. This field indicates the intent, not the outcome of the attempted vaginal birth after C/S (VBAC).	<p>The mother had a previous C/S, and for the current pregnancy a vaginal delivery was attempted. This field indicates the intent, not the outcome of the attempted vaginal birth after C/S (VBAC).</p> <p>Abstract 'No' if the mother presents to hospital in labour but declines VBAC.</p>	Add clarification to the instructions

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BC PDR Changes
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Suite & Screen Data Field	V6.01 Ref Manual	Amendment		Clarification
		FROM	TO	
BABY NEWBORN SUITE - NEWBORN RECORD SCREEN				
Newborn Feeding	Page 78	The substance given to the baby during the entire hospital stay, including at discharge, irrespective of mode.	<p>The substance given to the newborn during the entire hospital stay, including at discharge. Newborn Feeding is oral feeding only and does NOT include TPN.</p> <p>E.g. If the baby received TPN and breast milk during the admission, select breast milk only. TPN is captured on the Chart Data Screen.</p>	Replace the definition and Add example to the new definition
BABY NEWBORN SUITE - BABY CHART SCREEN				
Discharge To – Adoption	Page 80	Discharged home with adoptive parents.	<p>Discharge home with adoptive parents.</p> <p>Eg: Surrogate mother delivers and baby goes home with:</p> <ol style="list-style-type: none"> 1. Biological Father 2. Adoptive parents where neither one are the biological parents 	Add examples to the definition
Method of Assisted Ventilation	Page 81	Applies to the time period following the initial resuscitation (begins one hour after birth or immediately upon arrival to the NICU, whichever comes first).	<p>Collect CPAP, Oxygen, and Ventilation Days separately for each day the patient is given CPAP and/or Oxygen and/or Ventilation and/or TPN.</p> <p>Do not abstract Noninvasive Ventilation (NIV) as CPAP Days.</p>	Replace the definition and Add clarification to the new definition
Oxygen Days	Page 82	The total number of days (in whole numbers) the baby received oxygen therapy.	<p>The total number of days (in whole numbers) the baby received oxygen therapy.</p> <p>Abstract for Oxygen Days if the oxygen therapy is >0 litres.</p>	Add clarification to the definition

6. How to Correct Your Data Quality Edits

The following table provides tips on how to correct a few of the data quality edits included in our Data Quality tool and Supplementary Data Quality reports.

Error ID	Error Description	Tips / How to Correct
ENTRY05	Newborn not linked to Mother	<p>TIP: We recommend you complete linkages from the Baby Newborn suite <u>not</u> from the Mother suite</p> <p>How to correct this error if mom and baby appears linked in your local data:</p> <ul style="list-style-type: none"> In the Baby Newborn suite, change the first letter of the surname (i.e. from upper case to lower case), then save and validate. Do the same for the corresponding Mother suite. <p>OR</p> <ul style="list-style-type: none"> Unlink the suites (see page 126 BCPDR Reference Manual for details) and re-link from the Baby Newborn suite
ENTRY06	Mother is not linked to Baby	
ENTRY06	Delivery info for <number> newborns in the birth summary screen but mom has <number> linked newborn(s)	<p>Example: Delivery info for two newborns in the birth summary screen but mom has one linked newborn.</p> <p>How to correct:</p> <ul style="list-style-type: none"> Link all the babies from the delivery to the Mother suite. Exception: if a baby has not been discharged from hospital yet, highlight the case on the DQ report to identify it as an exception.
GA03C1	Warning: Baby's estimated gestational age is missing or <37 weeks but admission weight >3800g. Please check admit weight, LMP, 1st US, GA by mat chart, and GA by exam.	<p>TIP: This DQ edit requires review of both the Baby Newborn suite and Mother suite to complete the correction.</p> <p>How to correct:</p> <ul style="list-style-type: none"> In the Baby Newborn suite, verify the GA by Exam, GA from Maternal Chart, and the admission weight. In the corresponding Mother suite, verify the gestational age by using a pregnancy wheel to confirm the date of LMP and the First Ultrasound <20 Weeks are correct. Note: Dates for LMP and First Ultrasound <20 weeks should be (day, month, year). A transposition of day and month can trigger this error (E.g. 02/06/2016 is June 2, 2016 and 06/02/2016 is February 6, 2016). Correct the PDR antenatal screen <u>OR</u> the PDR Newborn Record screen <u>OR</u> the PDR CIHI screen <u>OR</u> the CIHI abstract depending on which field(s) is(are) incorrect.
GA03C2	Warning: Baby's estimated gestational age is missing or <30 weeks but admission weight >2000g. Please check admit weight, LMP, 1st US, GA by maternal chart and GA by exam.	

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Error ID	Error Description	Tips / How to Correct
GA05	Warning: GA by LMP and newborn exam differ by more than 3 weeks. Please check LMP, 1 st US, GA by mat chart, and GA by exam.	How to correct: <ul style="list-style-type: none"> In the Baby Newborn suite, verify the GA from Maternal Chart and GA by Exam. In the Mother suite, verify the LMP and First Ultrasound <20 Weeks dates using a pregnancy wheel to confirm the GA by Maternal Chart and GA by Exam. Tip: check that the dates have not been transposed. Correct the PDR antenatal screen <u>OR</u> the PDR Newborn Record screen depending on which field is incorrect.
SEQ01	Mother birth count(#) does not equal (NB or XF) birth count (#)	How to correct: <ul style="list-style-type: none"> Verify the Baby Sequence on the Baby Newborn screen and ensure it matches the sequencing on the Mother suite Birth Summary screen. If there are multiple babies, verify the Baby Sequence on each Baby Newborn or Baby Transfer screen is correct.
VBAC05B	Previous uterine scar is not coded BUT previous caesarean deliveries is ≥1. Please check documentation.	This DQ edit is not applicable for: <ul style="list-style-type: none"> Mother delivers outside of hospital with the attendance of a RM/MD and is admitted to the hospital following delivery. How to correct: <ul style="list-style-type: none"> Verify chart documentation to confirm if the mother had a previous c/s. If yes, add the appropriate code to both the CIHI abstracting system and to the CIHI screen in the PDR. If the mother did not have a previous c/s, correct the PDR Antenatal screen.

7. Reminders

PDR Reference Manual

Please ensure you are using the [PDR Reference Manual](#) (Version 6.01) that was revised in April 2014.

Pregnancy Wheel and/or EDD Calculator

A pregnancy wheel and estimated due date (EDD) calculator are essential tools for coders when abstracting in the PDR and completing Data Quality edits.

Pregnancy wheels are available for purchase by emailing PSBC at psbc@phsa.ca. An online [EDD calculator](#) is available on the [Resources for Coders](#) page of the PSBC website.

Data Submissions

Please email psbc@phsa.ca to notify us when you have submitted your data.

Product Support

There are many ways to connect with Perinatal Services BC:

PDR Helpline: 604-877-2121, ext 223753 (staffed five days a week, with the exception of statutory holidays and Christmas week)

PSBC Email: psbc@phsa.ca

PSBC Website: Resources for Coders page <http://tiny.cc/PSBCCoderResources>

Product Support Analysts:

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