

BCPDR Reference Manual Update Effective 1 April 2014 Discharges

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Objectives



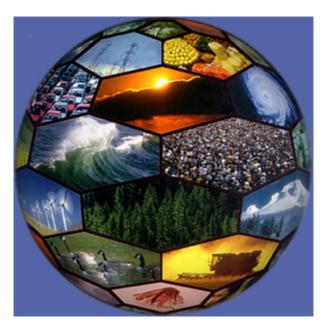
Objectives

- Global changes to the manual
- Deletions to the manual
- Revisions to the manual
- Additions to the manual
- What's in the future?





Global Changes to the Manual



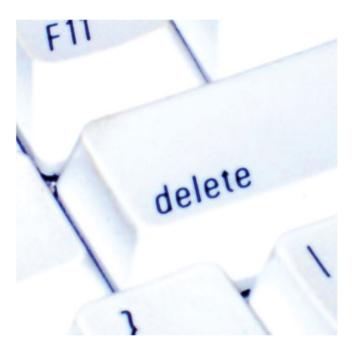
Global Changes to the Manual

- Changed print format to easily allow for future changes
- Changes highlighted Yellow ; Additions highlighted in Green
- Located on website is designed to be used electronically and is downloadable, searchable, and contains hyperlinks
- Added material and content taken from questions, workshops, and feedback from clients
- Changed some formatting to ensure consistency
- Added explanations, examples and clarifications
- NOT meant to be a completely new manual





Deletions to the Manual

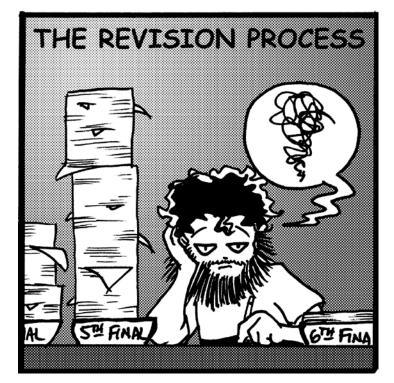


Deletions to the Manual

- All references to Source Documents
- Whitfield Chart
 - BC Vital Statistics Birth Weight Growth Charts
- References to the electronic HELP button
- All references to individual CIHI fields
 - Section 9.5 Field Values
 - Appendix 10.7 CIHI Tables
- Instructions & Form on how to utilize Supplementary Institution Field
 - Appendix 10.8.3 Utilization of a Supplementary Institution Field
 - Appendix 10.8.4 Form Activation of a Supplementary Institution Field







- Scope of Database
 - Key change for Postpartum Suite
 - Now includes: Mothers who deliver at home, with the attendance of a **registered** midwife, then admitted
 - Key change for Baby Transfer/Readmission Suite
 - **Now includes:** Newborns who are born at home, with the attendance of a **registered** midwife, then admitted



Indicates corresponding page in Reference Manual

• Scope of Database – Midwife Scenarios

Scenario	Special Rules	Time Period	Applicable Suite	Who Completes Suite
Delivers newborn/stillborn at home in BC with registered midwife present	Not admitted to hospital	Not applicable	Mother	PSBC Staff or Victoria General Staff
Newborn/stillborn born at home in BC with registered midwife present	Not admitted to hospital	Not applicable	Baby Newborn	PSBC Staff or Victoria General Staff
Delivers newborn/stillborn at home in BC with registered midwife present	Admitted to hospital	≤ 42 days post delivery	Postpartum	Hospital that mother admitted to
Newborn/stillborn born at home in BC with registered midwife present	Admitted to hospital	≤ 28 days of age	Baby Transfer/Readmission	Hospital that baby admitted to
Delivers newborn/stillborn at home in BC withou t a registered midwife present	Admitted to hospital	≤ 24 hours of delivery	Mother	Hospital that mother admitted to
Newborn/stillborn born at home in BC without a registered midwife present	Admitted to hospital; first hospital admission for newborn	≤ 24 hours of age	Baby Newborn	Hospital that newborn admitted to
Delivers newborn/stillborn at home in BC withou t a registered midwife present	Admitted to hospital	>24 hours and ≤ 42 days post delivery	Postpartum	Hospital that mother admitted to
Newborn/stillborn born at home in BC without a registered midwife present	Admitted to hospital/first hospital admission for newborn	>24 hours of age and ≤ 28 days of age	Baby Transfer/Readmission	Hospital that baby admitted to



- Fields Mother Suite
 - Spont. Abort & Induced (Therap) Abort Antenatal Screen
 - Revised Definition
 -prior to 20 completed weeks gestation and less than 500 grams.



- Fields Mother Suite
 - Labour & Delivery Presentation/Position Birth Summary Screen
 - Revised Explanation
 - Presentation Terms (refers to the fetus's body)
 - » Occiput (head)
 - » Cephalic (head)
 - » Vertex (head)
 - » Breech (buttocks)
 - » Sacral (buttocks)
 - » Transverse (body lying perpendicular)
 - Position Terms (refers to the baby's head position)
 - » Anterior
 - » Posterior
 - » Transverse



- Fields Mother Suite
 - Cervical Dilation Prior to CS Birth Summary Screen
 - Revised Definition
 - The last documented measurement of cervical dilation during active labour.....



- Fields Mother Suite
 - VBAC Attempted Birth Summary Screen
 - Added Examples
 - Eg: If the mother was booked for a repeat C/S, spontaneous labour occurs, and a C/S is done after the 2nd stage of labour is established. Attempt was made.



- Fields Mother Suite
 - Labour No Labour Birth Summary Screen
 - Added Note
 - Note: If date and time of first stage is not documented and there is no documentation of all three criteria of labour (painful contractions, cervical dilation, and effacement), abstract No Labour.



- Fields Mother Suite
 - Labour Augmented & Labour Induced Birth Summary Screen
 - Revised Explanation
 - When abstracting Induction/Augmentation, use the same logic as when determining Induction/Augmentation for CIHI purposes.



- Fields Mother Suite
 - Perineum/Vagina/Cervix Birth Summary Screen
 - Revised Definition
 -injury during **vaginal** delivery.



- Fields Mother Suite
 - History of Mental Illness PP Depression Risks Screen
 - Replaced Definition
 - Mother experienced postpartum depression after a previous delivery.



- Fields Mother Suite
 - Substance Use Risks Screen
 - Revised Definition
 - The mother used substances, including illicit drugs, at any time during the current pregnancy regardless of whether the mother was aware she was pregnant.
 - Added Note- Methadone
 - Note: Captured regardless of the reason that the mother was receiving methadone.
 - Revised Definition Prescription
 - Care provider lists documents mother's use of a prescription drug as a risk in this pregnancy.



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- Fields Postpartum Suite
 - Postpartum Infection Pregnancy/PP Screen
 - Revised Definition
 - Mother admitted within 42 days post delivery with any infection (not necessarily documented as a postpartum infection).



- Fields Baby Newborn Suite
 - Personal Health Number Baby Newborn Screen
 - Revised Explanation
 - Abstract '0' if the PHN is not available, if the PHN is an out of province number, or if the infant is a stillbirth.



- Fields Baby Newborn Suite
 - Stillbirth Newborn Record Screen
 - Revised Explanation
 - Vital Statistics Legal Definition of Stillbirth: The complete expulsion or extraction from its mother after at least 20 weeks pregnancy or after attaining a weight of ≥ 500 grams, of a product of conception in which, after the expulsion or extraction, there is no breathing, beating of heart, pulsation of the umbilical cord or unmistakable movement of voluntary muscle.
 - Added Note
 - This is different from the CIHI definition: Any intrauterine fetal demise or termination occurring at or after 20 completed weeks of gestation in which the fetus shows no signs of life.
 - The PDR database may therefore not always match with CIHI.



- Fields Baby Newborn Suite
 - Resuscitation Newborn Record Screen
 - Revised Definition
 - Applies to the initial resuscitation for the first hour after birth, or immediately prior to transfer to the NICU, whichever comes first.



- Fields Baby Newborn Suite
 - Meconium Present Newborn Record Screen
 - Revised Definition
 - The presence of thick or thin meconium at any time during the intrapartum period, including delivery.



- Fields Baby Newborn Suite
 - Suction Newborn Record Screen
 - Revised Definition
 - Suctioning during the birth episode, excluding routine
 suctioning (usually done when meconium is present).



- Fields Baby Newborn Suite
 - Resuscitation Oxygen Newborn Record Screen
 - Revised Explanation
 - Includes Continuous Positive Airway Pressure (CPAP) without intubation as long as oxygen is given with the CPAP. CPAP given on its own (on room air or without simultaneous oxygen administration) during the resuscitation period is not captured by the BCPDR.



- Fields Baby Newborn Suite
 - Newborn Feeding Breast Milk Newborn Record Screen
 - Replaced Explanation
 - Baby was given only breast milk (including expressed breast milk) either orally, or by gavage feed, for the duration of their hospital stay. If water was given with the breast milk, it is not exclusive breast milk. The breast milk may be given by the mother, health care provider, or family member / supporter.



- Fields Baby Newborn Suite & Baby Transfer/Readmission Suite
 - Method of Assisted Ventilation Baby Chart Screen
 - Added Definition
 - Applies to the time period following the initial resuscitation (begins one hour after birth or immediately upon arrival to the NICU, whichever comes first).
 - Added Explanation
 - Each field is independent of the other(s).



- Fields Baby Newborn Suite & Baby Transfer/Readmission Suite
 - Method of Assisted Ventilation CPAP Days Baby Chart Screen
 - Revised Explanation
 - Includes Biphasic CPAP, BiPAP, SiPAP, Bubble, and CPAP.
 - If baby receives oxygen via CPAP, also abstact for Oxygen Days.
 - If you are unsure how CPAP is documented at your site, please contact your neonatal care providers.



- Fields Baby Newborn Suite & Baby Transfer/Readmission Suite
 - Method of Assisted Ventilation Oxygen Days Baby Chart Screen
 - Revised Definition
 - The total of number of days (in whole numbers) the baby received continuous oxygen therapy or nasal prongs.
 - Revised Explanation
 - 21 or 21% is usually considered room air. Anything above this value is classified as oxygen.
 - Oxygen >21% can be delivered by CPAP, ventilator, oxyhood, incubator, or high flow nasal prongs. Low flow nasal prongs are always considered oxygen.



- Fields Baby Newborn Suite & Baby Transfer/Readmission Suite
 - NICU Days Level II & Level III CIHI Data Screen
 - Revised Definition
 - The total number of days (in whole numbers) baby was in the Neonatal Intensive Care Unit Level (II) (III) required Level (II) (III) care in the Neonatal Intensive Care Unit.



- Functions
 - 7.2 Linking & Unlinking Suites
 - Added Explanation
 - It is preferable to link from the Newborn Suite to the Mother Suite to minimize linking errors.
 - Added Note
 - If the Baby Newborn record is sent from an earlier file submission than the Mother record, <u>link</u> the Mother record <u>from</u> the <u>Baby Newborn record.</u>



• Functions

- 7.2.2 Linking Previously entered Mother Suite to Baby Transfer/Readmission Suite
 - Added Subtitle
 - Mother delivered baby at current hospital or within a

shared database

Transfer/Read	Find New Save Delate Exit	Yalidate Link
Baby Chart	975 We Care Hospital	•
CIHI CIHI Supplementary	Sumame Chart Number SMITH 12345 Biven Name Inpatient Number JOHN	Admission Date Time 06 Nov 2007 (2800) Discharge Date Time 07 Nov 2007 [1200]
	Mother's Linking Details Surname Given name SMITH MARY Personal Health# Date of Bith D 1 Mar 1970	Baby's Linking Details Bith Hospital We Care Hospital ~ Suite Complete Baby Linked



Functions

- 7.2.2 Linking Previously entered Mother Suite to Baby Transfer/Readmission Suite
 - Added Subtitle
 - Mother delivered baby at another hospital or not within a

shared database

Transfer/Read Baby Chart	Institution 975 We Care Hospital	Vaidate Link
CIHI Supplementary	Surname Chart Number SMITH 12345 Given Name Inpatient Number JOHN Sumame Birth Summe Birth Personal Health # SMITH D Sea Baby Sequence M 1 of	Admission Date Time 06 Nov 2007 0500 Discharge Date Time 07 Nov 2007 1200
	Mother's Linking Details Sumane Given name Personal Health# Date of Birth	Baby's Linking Details Birth Hospital



Functions

- 7.3 Deleting a Record
 - Replaced Section
 - This entire section has been rewritten to reflect the difference between Deleting Records Before Exporting and Deleting Records After Exporting. These two subsections have been further divided into Deleting Linked Records and Deleting Unlinked Records.
 - Key Points
 - Deleting records **prior** to exporting can be done at any time during data entry
 - Deleting records after exporting can only be done once you have contacted the PSBC Product Support Team and have completed a 'Record to Delete from the BCPDR' form
 - Linked records should be deleted separately from their own suites

It is highly recommended only one person at your site be responsible for deletions



Found on	
Page 129	

- Functions
 - 7.3.3 Deleting a Record After Exporting
 - Revised form

If the record to delete had been exported, record will be deleted from the Provincial D	please complete this form. Once this form is received the Database.
2. Loodio dio dalloioi Batoli B al dio bota	cable suite. om of the record on the ID/Status bar in each of the
Suites. mother_id: 12728 transfer_count	: 1 transfer_batch_id: 7/25/2013 2:21:11 PM
3. Complete this form and then delete rec	ord.
Record to L	Delete from the BCPDR
HOSPITAL:	INSTITUTION NO.:
CHART NUMBER:	PHN:
DISCHARGE DATE:	
PATIENT'S SURNAME:	
PATIENT'S GIVEN NAME:	
TYPE OF RECORD: Definition MOTHER BABY NEW	BORN BABY TRANSFER/ READMISSION
REASON FOR DELETION:	
TRANSFER_BATCH_ID OF RECORD DELE	ETED:
TRANSFER_BATCH_ID OF RECORD KEPT	R
	PERSON COMPLETING FORM:
Form Submission to PSBC: 1. Scan and upload the form by the eHeal Support team of the submission by ema OR	th Network Gateway (eNG). Notify the PSBC Product ail, <i>psbc@phsa.ca.</i>
2. Courier form to PSBC at: Perinatal Se West Tower 5555 West 1 Vancouver.	; Suite 350



• Reports

- 9.1 Provincial Reports
 - Added Note
 - To identify and explain our Provincial Reports that are available on PSBC's website:
 - » Annual Indicators for BC Residents and for Place of Delivery
 - » Core Surveillance Quarterly Report
 - » PSBC Perinatal Health Report
 - » Special Reports
 - » Facility-level Maternity and Neonatal Indicators



- Reports
 - 9.3 Ad Hoc Reports
 - Revised Subsection
 - PSBC no longer provides technical assistance for the use of MS Access.



- Reports
 - 9.5.1 Coded Field Values
 - Added Missing Field Name, Screen, Table, Code, & Description for:
 - Postpartum Urinary Infection
 - Postpartum Wound Infection
 - » Severity
 - » Type



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• Appendices

- 10.3 Weight Conversion Chart Pounds to Kilograms
 - Revised Values
 - Values were updated April 2014 .



• Appendices

- 10.6.3 Labour and Delivery Presentation and Position
 - Added Flowcharts
 - The Determination of Labour and Delivery Presentation and Position Flowcharts have been added to this appendix.



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- Neonatal Daily Classification (formerly known as NICU Daily Classification)
 - PSBC expanding the scope of Neonatal Daily Classification
 - Includes all newborns born in or admitted to facilities with planned maternity
 - Being rolled out in three (or four if required) phases
 - Phase 1 rollout complete
 - Phase 2 sites notified
 - Rollout to take place in July 2014
 - Phase 3 rollout to take place in the fall 2014
 - Detailed information to be communicated in coming weeks
 - To include Administrative, Clinical & HIM Management



• Appendices

– 10.1 PSBC Provincial Perinatal Forms Documentation Hierarchy

• Added Appendix to assist you in locating data fields

SUITE	SCREEN	FIELD NAME	RECOMMENDED	ALTERNATIVE SOURCE(S)	ADDITIONAL NOTES
Mother	Antenatal	Group B Strep - Results	Antenatal Record 2 (13)	Triage & Assessment 1 (3) Labour Partogram 1 (1)	
Mother	Antenatal	HBsAg Results	Antenatal Record 2 (13)		
Mother	Antenatal	HBsAg Testing	Antenatal Record 2 (13)		
Mother	Antenatal	HIV Testing	Antenatal Record 2 (13)		
Mother	Antenatal	Induced [Therap] Abort	Antenatal Record 1 (3)		
Mother	Antenatal	IVF	Antenatal Record 1 (5)		
Mother	Antenatal	Last Menstrual Period Date	Antenatal Record 1 (4) Antenatal Record 2 (14)	Triage & Assessment 1 (1)	Menses cycle in Antenatal Record 1 (4) indicates whether periods are regular

For Reference Purposes Only



• Appendices

- 10.5.1 Gestational Age Calculation Used by BCPDR Application
- 10.5.2 Gestational Age Calculation Used by PSBC Surveillance
 - Added Appendices



Appendices

- 10.7 Adapted Case Scenarios for Registration of Births and Stillbirths in British Columbia
 - Added Appendix Snapshot of Appendix

Signs of life detected after birth ²	Birth weight in grams	Gestational age in completed weeks at diagnosis of fetal death	Gestational age in completed weeks at birth / expulsion	Vital statistics registration / PDR abstract requirements ³	DAD abstract requirement
No	≥ 500 g	≥ 20	Unknown	Stillbirth	•
No	≥ 500 g	< 20	≥ 20	Stillbirth	No
No	≥ 500 g	< 20	< 20	Stillbirth	No

Legal requirement – Vital Statistics & PDR Abstract – based on *expulsion* or *extraction*

DAD Abstract requirement – based on *demise* or *termination*



Found on Page 251

• Appendices

- 10.8 Newborn Resuscitation & Ventilation

• Added Appendix

—	Definitions -	 Snapshot 	of Appendix
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	PDR Ab	PDR Abstract		
TYPE OF VENTILATION	RESUSCITATION	VENTILATION		
Invasive CPAP – no oxygen	Not captured in BCPDR	CPAP Days		
Invasive CPAP – with oxygen	Oxygen	CPAP Days plus Oxygen Days		
Non-Invasive CPAP – no oxygen	Not captured in BCPDR	CPAP Days		
Non-Invasive CPAP – with oxygen	Oxygen	CPAP Days plus Oxygen Days		



• Appendices

- 10.8 Newborn Resuscitation & Ventilation

• Added Appendix

- Scenario Table - Snapshot of Appendix

	Oxygen and/or ventilation in first 60 minutes of life OR until admission to NICU			Oxygen and/or ventilation in NICU		
Type of Hospital in which Newborn was Delivered	Newborn Received Oxygen and/or Vented in Delivery Room	Age in Minutes when Oxygen and/or Ventilation was Stopped	Resuscitation Section – Newborn Record Screen Requirements	Newborn Received 0 xygen and/or Vented in NICU	Method of Assisted Ventilation – Baby Chart Screen Requirements	
Hospital with a NICU	No	N/A	N/A	No	N/A	
	No	N/A	N/A	Yes	Abstract appropriate # of days	
	Yes	<60 minutes	Abstract Start and Stop Age	No	N/A	



Whether the hospital in which the baby was born in has a NICU can determine whether the information is captured in the Resuscitation Section of the Newborn Record Screen, the Method of Assisted Ventilation in the Baby Chart Screen, or both.

Found on Page 253

• Appendices

- 10.8 Newborn Resuscitation & Ventilation
 - Added Examples
 - During analysis it has been evident that the collection of Start Age & Stop Age may not be clear
 - » Eg: Baby born at 1206
 - » Resusc started at 55 seconds Start Age = .92 (55/60)
 - **Resusc stop at 3 min 15 sec Stop Age = 3.25** (15/60)



• Examples

- Infections Postpartum Infections
 - Added Examples
 - Based on clients' feedback we have added examples of when to abstract
 - » Postpartum Infection Yes
 - » Postpartum Infection No
 - » Postpartum Infection Unknown



• Examples

- Infections Newborn Infections
 - Added Examples
 - Based on clients' feedback we have added examples of when to abstract
 - » Infection Yes
 - » Infection No





What's in the Future?



What's in the Future?

- Evaluation of the rollout of the Reference Manual
- Further development of the Resources for Coders Page
- Development of a new web-based database
- Review of all our PSBC Forms
 - Neonatal Daily Classification will be incorporated into the Newborn Clinical Path



Thank you

- Reference Manual Team
 - Kenny Der
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o Telephone Helpline – 604.877.2121 local 223753

o Email helpline – psbc@phsa.ca

o Perinatal Services BC Website – www.perinatalservicesbc.ca



Resources - Website

- o **Resources for Coders** <u>www.perinatalservicesbc.ca/DataAndSurveillance/</u> <u>DataRegistry/Resources-for-coders</u>
 - o BCPDR Reference Manual April 2014
 - o Change Document
 - **o** Powerpoint Presentation
 - o **Bulletins**
 - o EDD Calculator
- o Other Resources
 - o Forms
 - o Surveillance Indicators
 - o Guidelines & Standards





