



**Department  
of Health**

Medicaid  
Redesign Team

# **DSRIP Clinical Improvement Project: Perinatal Care (3.f.i.) Early Elective Delivery Metric**

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# Agenda

- Project Measures
- Data Collection
- Data Submission:
  - Using the NYSDOH Health Commerce System (HCS)
    - Scheduled Delivery Form
    - Stillbirth Aggregate Data Log
- Next Steps

# OVERVIEW OF PROJECT MEASURES

# DSRIP Project 3.f.i. - Associated Measures

Perinatal Measure Name	Data Source	Reporting Responsibility
Prevention Quality Indicator #9, Low Birth Weight	NYSDOH Medicaid Data Warehouse	NYSDOH
Well Care Visits in the First 15 Months (5 or more visits)		NYSDOH
Prenatal and Postpartum Care: Timeliness of Prenatal Care	Medical Record Review	PPS & NYSDOH
Prenatal and Postpartum Care: Postpartum Visits		PPS & NYSDOH
Frequency of Ongoing Prenatal Care (81% or more)		PPS & NYSDOH
Childhood Immunization Status (Combination 3 – 4313314)		PPS & NYSDOH
Lead Screening in Children		PPS & NYSDOH
Early Elective Deliveries		Hospital

# Medical Record Review

Participating hospitals are required to review medical records for **all scheduled deliveries** occurring at or after 36 0/7 weeks and at or before 38 6/7 weeks gestation.

# Early Elective Delivery Metric

Early Elective Delivery (EED) metric:

The **percent** of scheduled deliveries\* occurring at or after 36 0/7 weeks and at or before 38 6/7 weeks gestation **without documentation of an appropriate medical indication.**

\*Case definition:

For the purposes of this project, **scheduled deliveries** are defined as inductions or Cesarean sections prior to the onset of labor between 36 0/7 and 38 6/7 weeks gestational age.

Refer to the *DSRIP Measure Specification and Reporting Manual*:

[http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrp/docs/dsrp\\_specif\\_report\\_manual.pdf](http://www.health.ny.gov/health_care/medicaid/redesign/dsrp/docs/dsrp_specif_report_manual.pdf)



The New York State Perinatal Quality Collaborative (NYSPQC), an initiative of the New York State Department of Health, aims to provide the best and safest care for women and infants in New York State by preventing and minimizing harm through the use of evidence-based practice interventions.

Data collection will be done using tools developed by the NYSPQC.

# DATA COLLECTION



# Data Collection

- Data collection will use the two forms provided
  - Scheduled Delivery Form
  - Stillbirth Aggregate Data Log
- Field definitions for the data collection forms are specified in the “Field Manual”
- User instruction for data entry using the Health Commerce System (HCS) is provided in a “User Guide”

# Scheduled Delivery Form Overview

- One form should be submitted per case
- Data collected:
  - Patient demographics
  - Clinical data, including:
    - Gestational age, patient counseling, reason for scheduled delivery, infant outcome, etc.

# Scheduled Delivery Form – page 1

A. Patient Demographics			
1. Permanent Facility Identifier (PFI):	2. Facility Name:	3a. Sequence Number:	3b. System ID:
4. Admit Date (Month and Year): mm/yyyy	____/____(mm/yyyy)	5. Maternal Age: ____ years	*Medical Record Number:
Delivery Type			6. NOTES:
7. Vaginal:	Spontaneous <input type="checkbox"/>	Operative <input type="checkbox"/>	
8. Cesarean:	Primary <input type="checkbox"/>	Repeat <input type="checkbox"/>	
9. Induced Labor:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10. Patient ethnicity:	Hispanic <input type="checkbox"/>	Non-Hispanic <input type="checkbox"/>	Ethnicity Unknown <input type="checkbox"/>
11. Patient race:	White <input type="checkbox"/>	Black or African American <input type="checkbox"/>	American Indian/ Alaskan Native <input type="checkbox"/>
	Asian <input type="checkbox"/>	Native Hawaiian/ Other Pacific Islander <input type="checkbox"/>	Some Other Race <input type="checkbox"/>
12. Primary Insurer:	Medicaid <input type="checkbox"/>	Uninsured <input type="checkbox"/>	Private <input type="checkbox"/>
			Other <input type="checkbox"/>
B. Clinical Data			
13. Final Gestational Age at Delivery: ____ weeks ____ days			
14. Was gestational age documented in the chart?			<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Was gestational age of <b>less than 39 weeks</b> confirmed by one of the following?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• First or second trimester ultrasound &lt; 20 weeks</li> <li>• Fetal heart tones documented for 30 weeks by Doppler ultrasonography</li> <li>• 36 weeks since positive serum/urine human chorionic gonadotropin pregnancy test result</li> </ul>			
16. Was fetal lung maturity documented by amniocentesis?			<input type="checkbox"/> Yes <input type="checkbox"/> No
17. For inductions, was the Bishop Score of cervical status 8 or greater for a primigravida birth mother or 6 or greater for a multigravida birth mother?			<input type="checkbox"/> Score ≥8 primigravida, ≥6 multigravida <input type="checkbox"/> Determined, did not meet criteria <input type="checkbox"/> Not measured or cannot be calculated
Patient Counseling (18b and 18c are <u>only</u> required for RPCs participating in the OB Prenatal Education Project)			
18a. Was there documentation in the medical record that the maternal <u>and</u> fetal risks and benefits of scheduled delivery between 36 0/7 and 38 6/7 weeks were discussed with the mother?			<input type="checkbox"/> Yes <input type="checkbox"/> No
18b. Was there documentation in the medical record of the mother's preferred language? If yes, please specify the language.			<input type="checkbox"/> Yes, _____ <input type="checkbox"/> No
18c. Was patient education provided in the mother's preferred language?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Scheduled Delivery			
19. Was there documentation in the medical or prenatal record of the <u>primary</u> reason for scheduled delivery?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Which of the following was the <u>PRIMARY</u> reason documented in the medical records for a scheduled delivery between 36 0/7 and 38 6/7 weeks gestation? (Reasons can be maternal, fetal, psychosocial) ***SELECT ONLY ONE (AND SPECIFY BELOW AS NEEDED)***			
20. Maternal Reasons for Scheduled Delivery ***SELECT ONLY ONE***			
Premature rupture of membranes	<input type="checkbox"/>	Prepregnancy hypertension	<input type="checkbox"/>
Prolonged rupture of membranes	<input type="checkbox"/>	Gestational diabetes	<input type="checkbox"/>
Chorioamnionitis	<input type="checkbox"/>	Diabetes (Type I/II)	<input type="checkbox"/>
Placental abruption	<input type="checkbox"/>	Heart disease (specify in #23 below)	<input type="checkbox"/>
Placenta previa/Vasa previa	<input type="checkbox"/>	Liver disease (specify in #23 below)	<input type="checkbox"/>
Gestational hypertension	<input type="checkbox"/>	Renal disease (specify in #23 below)	<input type="checkbox"/>
Preeclampsia/Eclampsia	<input type="checkbox"/>	Pulmonary disease (specify in #23 below)	<input type="checkbox"/>
Placenta Accreta	<input type="checkbox"/>	Other (specify in #23 below)	<input type="checkbox"/>
		Hematological condition (specify in #23 below)	<input type="checkbox"/>
		Active genital herpes infection	<input type="checkbox"/>
		Prior myomectomy	<input type="checkbox"/>
		Prior vertical or "T" incision c-section	<input type="checkbox"/>
		History of poor pregnancy outcomes (specify in #23 below)	<input type="checkbox"/>
		History of fast labor (<3 hrs) and distant from hospital	<input type="checkbox"/>
		HIV	<input type="checkbox"/>

# Scheduled Delivery Form – page 2

New York State Perinatal Quality Collaborative – Scheduled Delivery Form			
Scheduled is defined as all inductions and cesarean sections prior to onset of labor between 36 0/7 and 38 6/7 weeks gestational age			
			3. Sequence Number (from front of form):
<b>21. Fetal Reasons for Scheduled Delivery ***SELECT ONLY ONE IF NO MATERNAL REASON SPECIFIED***</b>			
Oligohydramnios	<input type="checkbox"/>	Intrauterine growth restriction (< 5 <sup>th</sup> percentile for gestational age)	<input type="checkbox"/>
Macrosomia—Sono EFW>5,000 gms	<input type="checkbox"/>	Abnormal fetal testing (by NST, BPP, or continuous wave Doppler)	<input type="checkbox"/>
Major fetal anomaly	<input type="checkbox"/>	Alloimmunization/fetal hydrops	<input type="checkbox"/>
		Fetal demise	<input type="checkbox"/>
		Mono-Di Twins	<input type="checkbox"/>
		Other ( specify in #23 below)	<input type="checkbox"/>
<b>22. Psychosocial Reasons for Scheduled Delivery ***SELECT ONLY ONE IF NO MATERNAL OR FETAL REASON SPECIFIED***</b>			
Psychosocial stress (e.g., domestic violence, no social support, working long hrs. upright)	<input type="checkbox"/>	Patient request – “Elective”	<input type="checkbox"/>
		Convenience of patient/doctor (includes scheduling difficulties)	<input type="checkbox"/>
		Other (specify in #23 below)	<input type="checkbox"/>
23. Specify (narrative as directed above)			
24a. When ‘Other’ is selected as the Maternal or Fetal reason, was the reason for scheduled delivery reviewed by a designated reviewer or panel? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Review Pending		Results of scheduled delivery review from Q24a: 24b. Medically indicated based on review? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24c. If the answer to question 24a. is “Yes”, please explain decision based on review			
<b>Infant Outcome</b>			
25. Plurality – please enter the number of infants delivered:   _____			
26. Was any infant(s) admitted to the Neonatal Intensive Care Unit (NICU) for more than 4 hours?			<input type="checkbox"/> Yes <input type="checkbox"/> No
27. If ‘Yes’: Number of days in NICU (Baby #1)			
28. If ‘Yes’: Number of days in NICU (Baby #2)			
29. If ‘Yes’: Number of days in NICU (Baby #3)			
<b>C. Data collection, entry and verification</b>			
30. Initials of individual completing this form:		*Initials of obstetrician:	
<b>D. Optional Data Collection (for site use only)</b>			
31. Optional Field for Data Collection(#1)			
32. Optional Field for Data Collection(#2)			
33. Optional Field for Data Collection(#3)			
34. Optional Field for Data Collection(#4)			
35. Optional Field for Data Collection(#5)			

# Data Collection

- Two measurement periods for this project
  - Measurement Year 1
  - Measurement Year 2

# Data Collection – Measurement Year 1

- Time period: **July 1, 2014 through June 30, 2015**
- **Retrospective process:**
  - 1) Look back and review past medical charts to identify those that meet case definition
  - 2) Use the data collection form
  - 3) Submit data via the HCS by December 1, 2015

# Data Collection – Measurement Year 2

- Time period: **July 1, 2015 through June 30, 2016**
- **Prospective process:**
  - 1) Review medical charts each month to identify those that meet case definition
  - 2) Use the data collection form
  - 3) Submit data via the HCS on a monthly basis

*\*Data is due no later than the last Wednesday of each subsequent month, i.e. data for the month of July will be due the last Wednesday of August.*

*\*Start Measurement Year 2 data collection in July 2015.*

# **DATA SUBMISSION: USING THE NYSDOH HEALTH COMMERCE SYSTEM (HCS)**



# Data Entry Requirements for Using the NYSDOH Health Commerce System (HCS)

- If you have not already done so, please make sure each team member from your facility who will be using the system:
  - Has an HCS User Account ID; and
  - Is assigned to an HCS Role of “SDF Reporter”.

Instructions to do so will proceed.

# Login Screen

- When you click on the HCS link <https://commerce.health.state.ny.us/>, a login screen will appear that prompts for your User ID and Password
- Use this screen to log into the HCS

Welcome to NYSDOH HCS Andrew M. Cuomo, Governor | Howard A. Zucker, M.D., J.D., Commissioner

Please login to begin using the Health Commerce System

**Site Policies/Terms of Use**

Violation of the security and use agreement (e.g. sharing your account userid and password with someone else) will result in the temporary suspension of your account privileges until required remedial action is taken by executives at your facility.

Repeat offenses may result in the permanent removal of the account.

Contacting the Commerce Accounts Management Unit (CAMU) with someone else's account information will result in the account being disabled due to a security breach.

**Important Site Notices**

Contact the CAMU help desk For password and account questions.

Contact [hinweb@health.state.ny.us](mailto:hinweb@health.state.ny.us) if you are experiencing technical problems with the site.

The Office of Cyber Security necessitates that passwords for secured sites meet minimum requirements. [View the password requirements.](#)

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# Navigate to the NYSPQC Forms

- To access NYSPQC application
- My Content → All Applications

The screenshot shows the top navigation bar of the NYSPQC application. The 'My Content' menu is highlighted with a red circle, and its dropdown menu is open, with 'All Applications' also highlighted by a red circle. Below the navigation bar, there are sections for 'Important Health Events' (including 'Ebola Response 2014' and 'NYS PMP') and 'Important Health Notifications' (a table of notifications).

Posted	Priority	Keyword	Source	Audience	Description
04/24/2015	Advisory	Infectious Disease	CDC		Outbreak Who In
04/17/2015	Advisory	synthetic cannabinoid	NYSDOH		Increase and ED

# Navigate to the NYSPQC Forms

- The NYSPQC application can be chosen by clicking on the “N” box which will display all applications beginning with an “N”
- Click on the NYS Perinatal Quality Collaborative application, “NYS Perinatal Quality Collaborative (NYSPQC) Scheduled Delivery Form System”

Health Commerce System Applications

Browse by [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) [View All](#)

Application Name
<a href="#">National Poison Data System (see Profile for Access Info)</a>
<a href="#">Neonatal Intensive Care Unit</a>
<a href="#">New York Electronic HIV Management System</a>
<a href="#">New York Patient Occurrence Reporting and Tracking</a>
<a href="#">Newborn Screening Applications</a>
<a href="#">Nosocomial Outbreak Reporting Application (NORA)</a>
<a href="#">Nursing Home ADHC Rates</a>
<a href="#">Nursing Home Appeal System</a>
<a href="#">Nursing Home Cash Receipts Assessment</a>
<a href="#">Nursing Home Cost Report</a>
<a href="#">Nursing Home Medicare Maximization Form</a>
<a href="#">Nursing Home Rate Reports</a>
<a href="#">Nursing Home Rate Sheets 4/1/2009 and Forward</a>
<a href="#">Nursing Home Surveillance and Reporting System (HERDS)</a>
<a href="#">Nursing Home Trend and Roll Factor Reports</a>
<a href="#">NYCDOH EBC Submission</a>
<a href="#">NYEIS - Production (New York Early Intervention System)</a>
<a href="#">NYEIS Feature Request/Data Correction Request Upload</a>
<a href="#">NYS Council On Graduate Medical Education (COGME) Documents</a>
<a href="#">NYS County and Medicaid Managed Care Organization (MCO) Upload</a>
<a href="#">NYS Electronic Certificate of Need</a>
<a href="#">NYS Perinatal Quality Collaborative (NYSPQC) Scheduled Delivery Form System</a>
<a href="#">NYSPQC Insurance...</a>

# SCHEDULED DELIVERY FORM

- At the next screen, choose the “Data Entry” tab to enter or edit Scheduled Delivery records

**Health Electronic Response Data System (HERDS)**

HERDS 3.0 : tmg02 (Facility) 16 Online User(s) | [About](#) | [Comments](#) | [Help](#)

Session idle time expires in 60 min

Level Selector: **Home** **Data Entry** Reports

To Do: **General** **Periodic**

Showing Pages 1-4 Number Of Records Per Page: 5

Activity	Reporting Organization	Data Entry Organization	Form	Permission	Completion Status
H-389-NICS Readiness Survey - 2012	Z Test Hospital (PFI)	<a href="#">Z Test Hospital (PFI)</a>	H-389-NICS Readiness Survey - 2012	Save	Not Started
H-406-PICU Census Survey	Z Test Hospital (PFI)	<a href="#">Z Test Hospital (PFI)</a>	H-406-PICU Census Survey	Save	Not Started
Scheduled Delivery	Z Test Hospital (PFI)	<a href="#">SequenceNumber:00001 System ID:31571</a>	Scheduled Delivery Form	Save/Submit	Not Started
Scheduled Delivery	Z Test Hospital (PFI)	<a href="#">SequenceNumber:00003 System ID:31591</a>	Scheduled Delivery Form	Save/Submit	Not Started
Scheduled Delivery	Z Test Hospital (PFI)	<a href="#">SequenceNumber:00005 System ID:32031</a>	Scheduled Delivery Form	Save/Submit	Not Started

|« «Prev 1 2 3 4 Next» »|

**System/Activity Messages** Showing Pages 1-1 Number Of Messages Per Page: 5

Message Type	Activity	Message Posted	Message
System Messages	Not Applicable	07/09/2012 04:03 PM	System Maintenance Complete

- When the “Data Entry” screen is exposed, select the “Scheduled Delivery” option from the “Activity” drop-down menu

The screenshot displays the Health Electronic Response Data System (HERDS) interface. At the top left, the title "Health Electronic Response Data System (HERDS)" is shown. To the right, the user information "HERDS 3.0 : tmg02 (Facility) 15 Online User(s)" and links for "About", "Comments", and "Help" are visible. Below this, a session warning states "Session idle time expires in 60 min". A navigation bar contains "Level Selector", "Home", "Data Entry" (highlighted), and "Reports". The main content area is titled "Data Entry" and features a form with a required field "Activity:\*". The dropdown menu is open, showing a list of activity options: "Please Select Activity", "A Zombie Apocalypse CTI-114&116 Training Exercise", "CTI-114 Pilot Evaluation", "H-389-NICS Readiness Survey - 2012", "H-406-PICU Census Survey", "NIMS Tracking", and "Scheduled Delivery" (which is highlighted in blue).

- The organization name and Form options will appear next
- Select the Scheduled Delivery Form to begin to enter data

**NYSDOH HCS**  
Health Commerce System

Home

## Health Electronic Response Data System (HERDS)

HERDS  
Session

Level Selector Home **Data Entry** Reports

**Data Entry**

**Activity:** \* Scheduled Delivery

**Organization:** \* Z Test Hospital (PFI) (8888)  
[+ Show Organization Info](#)

**Form:** \* Please Select Form

- Please Select Form
- Maternal Hemorrhage/Hypertension
- NYSPQC Aggregate Data Log
- Scheduled Delivery Form**
- Stillbirth Aggregate Data Log
- Stillbirth Individual Event Log



- Use the data entity name to select previously entered records
- Use the “Add New Delivery” button to add new Scheduled Delivery forms

**Health Electronic Response Data System (HERDS)**

HERDS 3.0 : tmg02 (Facility) 17 Online User(s) | [About](#) | [Comments](#) | [Help](#)

Session idle time expires in 60 min

Level Selector Home **Data Entry** Reports

**Data Entry**

Activity: \* Scheduled Delivery

Organization: \* Z Test Hospital (PFI) (8888) [Show Organization Info](#)

Form: \* Scheduled Delivery Form

Data Entity Type: \* Delivery

Data Entity Name: \* Please Select Name [Add New Delivery](#)

- Please Select Name
- SequenceNumber:00000|System ID:31293
- SequenceNumber:00001|System ID:31571
- SequenceNumber:00003|System ID:31591
- SequenceNumber:00005|System ID:32031

- You must create a unique Sequence Number for every case
- Pad the Sequence Number with zeroes for a total of 5 characters in length
- Example, “00001” ,“00002” ....
- After assigning a new unique Sequence Number, the “Add” button should be clicked

**Health Electronic Response Data System (HERDS)**

HERDS 3.0 : tmg02 (Facility) 17 Online User(s) | [About](#) | [Comments](#) | [Help](#)

Session idle time expires in 39 min

Level Selector Home **Data Entry** Reports

**Data Entry**

Activity: \* Scheduled Delivery

Organization: \* Z Test Hospital (PFI) (8888)  
[+ Show Organization Info](#)

Form: \* Scheduled Delivery Form

Data Entity Type: \* Delivery

Data Entity Name: \* Please Select Name

**Add New Entity**

Entity Type	Delivery
Created By	Z Test Hospital (PFI)
<p><b>Sequence Number:</b> Enter a site-assigned Sequence Number that will be used in lieu of the medical record number for each delivery. The Sequence Number should be consecutive and not duplicate another patient's Sequence Number. The site-assigned Sequence Number should be recorded on the paper form and the electronic form. Duplicate Sequence Numbers should not be used to identify different Scheduled Delivery events from the same facility. The Sequence Number should be entered with left padded zeroes so that the number is 5 characters in length (e.g. 00001, 00045, 00236.....).</p> <p><b>Note:</b> This field may not be left blank.</p> <p><b>System ID:</b> The HERDS 3 system will assign a System ID value to your record that will be used to identify this specific electronic record. Please record this value on the corresponding paper form for later use when you want to search for or retrieve the record.</p>	
Sequence Number: * ID	<input type="text" value="00001"/>
System ID * ID	<input type="text" value="32151"/>

- The system will generate a value in the “System ID” field, record this number on the paper form

**Health Electronic Response Data System (HERDS)**

HERDS 3.0 : tmg02 (Facility) 17 Online User(s) | [About](#) | [Comments](#) | [Help](#)

Session idle time expires in 39 min

Level Selector Home **Data Entry** Reports

**Data Entry**

Activity: \* Scheduled Delivery

Organization: \* Z Test Hospital (PFI) (8888)  
[+ Show Organization Info](#)

Form: \* Scheduled Delivery Form

Data Entity Type: \* Delivery

Data Entity Name: \* Please Select Name

**Add New Entity**

Entity Type	Delivery
Created By	Z Test Hospital (PFI)

**Sequence Number:** Enter a site-assigned Sequence Number that will be used in lieu of the medical record number for each delivery. The Sequence Number should be consecutive and not duplicate another patient's Sequence Number. The site-assigned Sequence Number should be recorded on the paper form and the electronic form. Duplicate Sequence Numbers should not be used to identify different Scheduled Delivery events from the same facility. The Sequence Number should be entered with left padded zeroes so that the number is 5 characters in length (e.g. 00001, 00045, 00236.....).  
**Note:** This field may not be left blank.

**System ID:** The HERDS 3 system will assign a System ID value to your record that will be used to identify this specific electronic record. Please record this value on the corresponding paper form for later use when you want to search for or retrieve the record.

Sequence Number: \* ID 00001 ?

**System ID \* ID 32151**

- Begin to enter data following the format of the Scheduled Delivery Form

**Data Entry**

Activity: \* Scheduled Delivery

Organization: \* Z Test Hospital (PFI) (8888)  
[+ Show Organization Info](#)

Form: \* Scheduled Delivery Form

Data Entity Type: \* Delivery

Data Entity Name: \* SequenceNumber:00008|System ID:33111 Add New Delivery Edit

---

**Form Information**

Navigational Style: Section

\* Required Field   ✓ Data Saved to Work Area   ● Data Submitted to DOH  
← Current Field/Selection   ? Field Information   Ⓜ Field with Rules   ⚠ Warning   ! Error

---

**Scheduled Delivery Form** Review & Submit Save All Reset

Export options: [View Data PDF](#) [Blank Form PDF](#)

[Show/Hide sections](#)

Patient Record Status: Select a value ?

---

**A. Patient Demographics**

4a. Month of Maternal Admission to the Hospital Select a value ?

Year of maternal admission to the hospital (YYYY) \* Select a value ?

5. Maternal age on the date of admission in years \*  ?

6. NOTES

- Continue to enter data for each section

Export options: [View Data PDF](#) [Blank Form PDF](#) [Show/Hide sections](#)

Patient Record Status:  ?

**A. Patient Demographics**

4a. Month of Maternal Admission to the Hospital  ?

Year of maternal admission to the hospital (YYYY) \*  ?

5. Maternal age on the date of admission in years \*  ?

6. NOTES

Delivery Type

7. Vaginal  ? (R)

8. Cesarean  ? (R)


9. Induced Labor

10. Patient ethnicity

11. Patient Race

12. Primary insurer

# Continue to enter data



[Home](#) | [My Content](#) | [Print](#) | [Search](#) | [Help](#)

**B. Clinical Data**

13a. Final gestational age at delivery (weeks)  ?

13b. Final gestational age at delivery (days)  ?

14. Was gestational age documented in the chart?  ?

15. Was gestational age of **less than 39 weeks** confirmed by one of the following?  ?

- First or second trimester ultrasound < 20 weeks
- Fetal heart tones documented for 30 weeks by Doppler ultrasonography
- 36 weeks since positive serum/urine human gonadotropin pregnancy test result

16. Was fetal lung maturity documented by amniocentesis?  ?

17. For inductions, was the Bishop Score of cervical status 8 or greater for a primigravida birth mother or 6 or greater for a multigravida birth mother?  ?

**Patient Counseling**

18a. Was there documentation in the medical record that the maternal and fetal risks and benefits of scheduled delivery between 36 0/7 and 38 6/7 weeks were discussed with the mother?  ?

NOTE: At this time, 18b and 18c are required **only for RPCs** participating in the OB Prenatal Education Project

18b. Was there documentation in the medical record of the mother's preferred language? If yes, please specify the language below.  ?

If mother's preferred language is 'Other', please specify.

18c. Was patient education provided in the mother's preferred language?  ?

**Reason for Scheduled Delivery**

19. Was there documentation in the medical or prenatal record of the **primary** reason for scheduled delivery?  ?

Which of the following was the **PRIMARY** reason documented in the medical records for a scheduled delivery between 36 0/7 and 38 6/7 weeks gestation? (Reasons can be maternal, fetal, psychosocial)

\*\*\*SELECT ONLY ONE AND SPECIFY BELOW AS NEEDED\*\*\*

20. Maternal reasons for scheduled delivery **\*\*\*SELECT ONLY ONE\*\*\***  ? ?

21. Fetal reasons for scheduled delivery **\*\*\*SELECT ONLY ONE IF NO MATERNAL REASON SPECIFIED\*\*\***  ? ?

22. Psychosocial reasons for scheduled delivery **\*\*\*SELECT ONLY ONE IF NO MATERNAL OR FETAL REASON SPECIFIED\*\*\***  ? ?

23. Specify (narrative) Please explain the choice made as requested in above fields 20, 21, and 22

- After completing the form, click “Save All”

24a. When 'Other' is selected as the Maternal or Fetal reason, was the reason for scheduled delivery reviewed by a designated reviewer or panel?  ?

Results of scheduled delivery review from question 24a  
24b. Medically indicated based on review?  ?

If the answer to question 24a. is Yes  
24c. Explain decision based on review:  ?

Infant Outcome

25. Please enter the number of infants delivered

26. Was the infant(s) admitted to the Neonatal Intensive Care Unit (NICU) for more than four hours?  ?

27. If Yes: Number of days in NICU (Baby #1)

28. If Yes: Number of days in NICU (Baby #2)

29. If Yes: Number of days in NICU (Baby #3)

[C. Data collection, entry and verification](#)

30a. Initials of individual completing this form:

Scheduled Delivery Form

- Correct errors, if any are reported

**Scheduled Delivery Form** Review & Submit Save All Reset

Export options: [View Data PDF](#) [Blank Form PDF](#)

**!** You have 2 errors below. Review and make changes.

[Show/Hide](#) section:

Patient Record Status:  ?

**A. Patient Demographics**

4a. Month of Maternal Admission to the Hospital  ?

Year of maternal admission to the hospital (YYYY) \*  ?  
**is a Required field.**

5. Maternal age on the date of admission in years \*  ?  
**is a Required field.**

6. NOTES



- Then, click “Review and Submit”

24a. When 'Other' is selected as the Maternal or Fetal reason, was the reason for scheduled delivery reviewed by a designated reviewer or panel?  ?

Results of scheduled delivery review from question 24a  
24b. Medically indicated based on review?  ?

If the answer to question 24a. is Yes  
24c. Explain decision based on review:  ?

Infant Outcome

25. Please enter the number of infants delivered

26. Was the infant(s) admitted to the Neonatal Intensive Care Unit (NICU) for more than four hours?  ?

27. If Yes: Number of days in NICU (Baby #1)

28. If Yes: Number of days in NICU (Baby #2)

29. If Yes: Number of days in NICU (Baby #3)

[- C. Data collection, entry and verification](#)

30a. Initials of individual completing this form:

**Scheduled Delivery Form**

- “Review and Submit” will expose an audit trail, correct errors if any are reported

Level Selector Home **Data Entry** Reports

**Data Entry**

Activity: Scheduled Delivery

Organization: Z Test Hospital (PFI) (8888)  
[+ Show Organization Info](#)

Form: Scheduled Delivery Form

Data Entity Type: Delivery

Data Entity Name: SequenceNumber:11444|System ID:111091

---

**Scheduled Delivery Form** Click Enter or Modify Data button to return to Data Entry screen:

Export options: [View Table PDF](#)

**There are error(s) in data. Please correct them before submitting.**

Section	Field	Value	Data Status	User	Updated
-	<a href="#">Patient Record Status:</a>	-	-	-	-
<b>A. Patient Demographics</b>	<a href="#">4a. Month of Maternal Admission to the Hospital</a>	-	-	-	-
-	<a href="#">Year of maternal admission to the hospital (YYYY) *</a>	-	<b>! is a Required field.</b>	-	-
-	<a href="#">5. Maternal age on the date of admission in years *</a>	-	<b>! is a Required field.</b>	-	-
-	<a href="#">6. NOTES</a>	-	-	-	-
-	<a href="#">Delivery Type</a>	-	-	-	-
-	<a href="#">7. Vaginal</a>	-	-	-	-
-	<a href="#">8. Cesarean</a>	-	-	-	-
-	<a href="#">9. Induced Labor</a>	-	-	-	-
-	<a href="#">10. Patient ethnicity</a>	-	-	-	-
-	<a href="#">11. Patient Race</a>	-	-	-	-

- After correcting errors, click “Submit Data to DOH”

-	<a href="#">21. Fetal reasons for scheduled delivery ***SELECT ONLY ONE IF NO MATERNAL REASON SPECIFIED***</a>	-	-	-	-
-	<a href="#">22. Psychosocial reasons for scheduled delivery ***SELECT ONLY ONE IF NO MATERNAL OR FETAL REASON SPECIFIED***</a>	-	-	-	-
-	<a href="#">23. Specify (narrative) Please explain the choice made as requested in above fields 20, 21, and 22</a>	-	-	-	-
-	<a href="#">24a. When 'Other' is selected as the Maternal or Fetal reason, was the reason for scheduled delivery reviewed by a designated reviewer or panel?</a>	Review Pending	Submitted	ced05	12/05/2012 01:01 PM
-	<a href="#">Results of scheduled delivery review from question 24a</a>	-	-	-	-
-	<a href="#">24b. Medically indicated based on review?</a>	-	-	-	-
-	<a href="#">If the answer to question 24a. is Yes</a>	-	-	-	-
-	<a href="#">24c. Explain decision based on review:</a>	-	-	-	-
-	<a href="#">Infant Outcome</a>	-	-	-	-
-	<a href="#">25. Please enter the number of infants delivered</a>	1	Submitted	ced05	12/05/2012 01:01 PM
-	<a href="#">26. Was the infant(s) admitted to the Neonatal Intensive Care Unit (NICU) for more than four hours?</a>	No	Submitted	ced05	12/05/2012 01:01 PM
-	<a href="#">27. If Yes: Number of days in NICU (Baby #1)</a>	-	-	-	-
-	<a href="#">28. If Yes: Number of days in NICU (Baby #2)</a>	-	-	-	-
-	<a href="#">29. If Yes: Number of days in NICU (Baby #3)</a>	-	-	-	-
-	<a href="#">C. Data collection, entry and verification</a>	-	-	-	-
-	<a href="#">30a. Initials of individual completing this form:</a>	ced	Submitted	ced05	12/05/2012 01:01 PM

Scheduled Delivery Form

Click Enter or Modify Data button to return to Data Entry screen: Enter or Modify Data Submit Data to DOH

**NOTE:** If you do not complete this step, data will not be submitted to DOH

# Summary of Scheduled Delivery Form

- Enter data
- Click “Save All”
  - Correct any Error Messages that are displayed
- Click “Review and Submit”
  - Correct any Error Messages that are displayed
- Click “Submit Data to DOH” to complete the data submission action and create a record for permanent storage in the database

# STILLBIRTH AGGREGATE DATA LOG

# Stillbirth Aggregate Data Log

- If your facility has zero scheduled deliveries for a month, you must affirm this using the “Stillbirth Aggregate Data Log”
- This confirms that you had zero scheduled deliveries, and not that your data is missing for the month

- Once in the NYSPQC Scheduled Delivery Form System, choose the “Data Entry” tab

**Health Electronic Response Data System (HERDS)**

HERDS 3.0 : tmg02 (Facility) 16 Online User(s) | [About](#) | [Comments](#) | [Help](#)

Session idle time expires in 60 min

Level Selector: **Home** **Data Entry** Reports

To Do: **General** Periodic

Showing Pages 1-4 Number Of Records Per Page: 5

Activity	Reporting Organization	Data Entity Organization	Form	Permission	Completion Status
H-389-NICS Readiness Survey - 2012	Z Test Hospital (PFI)	<a href="#">Z Test Hospital (PFI)</a>	H-389-NICS Readiness Survey - 2012	Save	Not Started
H-406-PICU Census Survey	Z Test Hospital (PFI)	<a href="#">Z Test Hospital (PFI)</a>	H-406-PICU Census Survey	Save	Not Started
Scheduled Delivery	Z Test Hospital (PFI)	<a href="#">SequenceNumber:00001 System ID:31571</a>	Scheduled Delivery Form	Save/Submit	Not Started
Scheduled Delivery	Z Test Hospital (PFI)	<a href="#">SequenceNumber:00003 System ID:31591</a>	Scheduled Delivery Form	Save/Submit	Not Started
Scheduled Delivery	Z Test Hospital (PFI)	<a href="#">SequenceNumber:00005 System ID:32031</a>	Scheduled Delivery Form	Save/Submit	Not Started

Navigation: |<< <Prev 1 2 3 4 Next> >>|

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**System/Activity Messages**

Showing Pages 1-1 Number Of Messages Per Page: 5

Message Type	Activity	Message Posted	Message
System Messages	Not Applicable	07/09/2012 04:03 PM	System Maintenance Complete

- When the “Data Entry” screen is exposed, select the “Scheduled Delivery” option from the “Activity” drop-down menu

The screenshot displays the Health Electronic Response Data System (HERDS) interface. At the top left, the title "Health Electronic Response Data System (HERDS)" is shown in blue. To the right, a status bar indicates "HERDS 3.0 : tmg02 (Facility) 15 Online User(s) | [About](#) | [Comments](#) | [Help](#)" and a session timeout notice: "Session idle time expires in 60 min". Below the title bar is a navigation menu with tabs for "Level Selector", "Home", "Data Entry", and "Reports". The "Data Entry" tab is currently active. Underneath, a section titled "Data Entry" contains a form with a label "Activity: \*" and a dropdown menu. The dropdown menu is open, showing a list of activity options: "Please Select Activity", "A Zombie Apocalypse CTI-114&116 Training Exercise", "CTI-114 Pilot Evaluation", "H-389-NICS Readiness Survey - 2012", "H-406-PICU Census Survey", "NIMS Tracking", and "Scheduled Delivery". The "Scheduled Delivery" option is highlighted in blue, indicating it is the selected option.



- The organization name and Form options will appear
- Select the Stillbirth Aggregate Data Log to enter data

The screenshot displays the HERDS 3.0 interface. At the top left is the NYSDOH HCS logo. The top right navigation bar includes links for Home, My Content, Print, and Search. A status bar indicates 'HERDS 3.0 : alr06 (Facility) 91 Online User(s) | Abc' and 'Session idle time expires in 60 min'. Below this is a breadcrumb trail: Level Selector > Home > Data Entry > Reports. The main content area is titled 'Data Entry' and contains several dropdown menus:

- Activity:** Scheduled Delivery
- Organization:** Z Test Hospital (PFI) (8888) with a '+ Show Organization Info' link below it.
- Form:** Stillbirth Aggregate Data Log
- Data Entry Type:** Please Select Form
- Data Entry Name:** A dropdown menu with options: Maternal Hemorrhage/Hypertension, NYSPQC Aggregate Data Log, Scheduled Delivery Form, Stillbirth Aggregate Data Log (highlighted in blue), and Stillbirth Individual Event Log.
- Time Period:** Stillbirth Individual Event Log

- # Select a month for data entry

**Activity:** Scheduled Delivery

**Organization:** Z Test Hospital (PFI) (8888)  
[Show Organization Info](#)

**Form:** Stillbirth Aggregate Data Log

**Data Entity Type:** Hospital (pfi)

**Data Entity Name:** Z Test Hospital (PFI) (8888)  
[Show Facility Info](#)

**Time Period:** Please Select Time Period

- Monthly : 05/01/2015 12:00 AM
- Monthly : 04/01/2015 12:00 AM
- Monthly : 03/01/2015 12:00 AM
- Monthly : 02/01/2015 12:00 AM
- Monthly : 01/01/2015 12:00 AM
- Monthly : 12/01/2014 12:00 AM
- Monthly : 11/01/2014 12:00 AM
- Monthly : 10/01/2014 12:00 AM

- The time period is for the month of data being submitted, NOT the month you are submitting the data in.
- Example: Choose "Monthly: 07/01/2015 12:00AM" for the data entry of July 2015 data.

- If no scheduled deliveries, enter “0” into the field labeled “Total of all scheduled deliveries between 36 0/7 and 38 6/7 weeks gestational age during the month and year time frame”
- Select “Yes” to confirm zero scheduled deliveries, then select “Save All”

admission  ?

Count of ALL deliveries during the month of admission  ?

36 0/7 to 38 6/7 Weeks

Count of Stillbirths between 36 0/7 and 38 6/7 weeks gestation during the month of admission  ?

Count of all live births between 36 0/7 and 38 6/7 weeks gestation during the month of admission  ?

Count of ALL deliveries between 36 0/7 and 38 6/7 weeks gestation during the month of admission  ?

Total of all scheduled deliveries between 36 0/7 and 38 6/7 weeks gestational age during the month and year time frame:

Confirm when zero scheduled deliveries within the 36 0/7 and 38 6/7 week gestational age range:

Select a value

Yes

No

Stillbirth Aggregate Data Log

Save All Reset

- After saving, click “Review & Submit”

**Data Entry**

Activity: Scheduled Delivery

Organization: Z Test Hospital (PFI) (8888)  
[Show Organization Info](#)

Form: Stillbirth Aggregate Data Log

Data Entity Type: Hospital (pfi)

Data Entity Name: Z Test Hospital (PFI) (8888)  
[Show Facility Info](#)

Time Period: Monthly : 05/01/2015 12:00 AM

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**Form Information**

Navigational Style: Section

\* Required Field   ✓ Data Saved to Work Area   ● Data Submitted to DOH  
← Current Field/Selection   ? Field Information   Ⓜ Field with Rules   ⚠ Warning   ! Error

**Stillbirth Aggregate Data Log**   [Review & Submit](#)   [Save All](#)   [Reset](#)

Export options: [View Data PDF](#)   [Blank Form PDF](#)   [Show/Hide sections](#)

**Stillbirth Monthly Log**

Count of Stillbirths, Live Births, and Deliveries Each Month

Count of ALL Stillbirths during the month of admission  ?

Count of ALL live births during the month of admission  ?

Count of ALL deliveries during the month of admission  ?

36 0/7 to 38 6/7 Weeks

Count of Stillbirths between 36 0/7 and 38 6/7 weeks gestation during the month of admission  ?

Count of all live births between 36 0/7 and 38 6/7 weeks gestation during the month of admission  ?

Count of ALL deliveries between 36 0/7 and 38 6/7 weeks gestation during the month of admission  ?

Total of all scheduled deliveries between 36 0/7 and 38 6/7 weeks gestational age during the month and year time frame:

Confirm when zero scheduled deliveries within the 36 0/7 and 38 6/7 week gestational age range:  Select a value

**Stillbirth Aggregate Data Log**   [Review & Submit](#)   [Save All](#)   [Reset](#)

- Review the audit trail for errors and then click “Submit Data to DOH”

- Data Entry

Activity: \*

Organization: \*   
+ Show Organization Info

Form: \*

Data Entity Type: \*

Data Entity Name: \*   
+ Show Facility Info

Time Period: \*

Stillbirth Aggregate Data Log
Click Enter or Modify Data button to return to Data Entry screen:

Export options: [View Table PDF](#)

Section	Field	Value	Data Status	User	Updated
<a href="#">Stillbirth Monthly Log</a>	<a href="#">Count of Stillbirths, Live Births, and Deliveries Each Month</a>	-	-		-
-	<a href="#">Count of ALL Stillbirths during the month of admission</a>	-	-		-
-	<a href="#">Count of ALL live births during the month of admission</a>	-	-		-
-	<a href="#">Count of ALL deliveries during the month of admission</a>	-	-		-
-	<a href="#">36 0/7 to 38 6/7 Weeks</a>	-	-		-
-	<a href="#">Count of Stillbirths between 36 0/7 and 38 6/7 weeks gestation during the month of admission</a>	-	-		-
-	<a href="#">Count of all live births between 36 0/7 and 38 6/7 weeks gestation during the month of admission</a>	-	-		-
-	<a href="#">Count of ALL deliveries between 36 0/7 and 38 6/7 weeks gestation during the month of admission</a>	-	-		-
-	<a href="#">Total of all scheduled deliveries between 36 0/7 and 38 6/7 weeks gestational age during the month and year time frame:</a>	-	-		-
-	<a href="#">Confirm when zero scheduled deliveries within the 36 0/7 and 38 6/7 week gestational age range:</a>	-	-		-

Stillbirth Aggregate Data Log
Click Enter or Modify Data button to return to Data Entry screen:

# Summary of Stillbirth Aggregate Data Log

- Enter data
- Click “Save All”
- Click “Review and Submit”
  - Correct any Error Messages that are displayed
- Click “Submit Data to DOH” to complete the data submission action and affirm zero scheduled deliveries

# NEXT STEPS

# Data Collection Tools and Guides

- Tools and guides will be distributed and are also available on NYSPQC website ([www.NYSPQC.org](http://www.NYSPQC.org))
  - Scheduled Delivery Form
  - Stillbirth Aggregate Data Log
  - NYSPQC Scheduled Delivery Form and Stillbirth Aggregate Data Log Data Collection Field Manual
  - NYSPQC Scheduled Delivery Form System User Guide



# Next Steps

- Make sure the appropriate staff on your hospital team has an HCS Account and proper role assignment
- Send your HCS User ID to the [NYSPQC@health.ny.gov](mailto:NYSPQC@health.ny.gov) mailbox for our records

# Next Steps

## What to do if your designated staff member DOES NOT have an HCS account

- 1) E-mail **NYSPQC@health.ny.gov** in order to receive information regarding applying for an account.
- 2) Once HCS account information is received, please contact **NYSPQC@health.ny.gov** with the account information, and for further instructions related to role assignment.

# Next Steps

## What to do if your designated staff member DOES have an HCS account

E-mail your Health Commerce System User ID to **[NYSPQC@health.ny.gov](mailto:NYSPQC@health.ny.gov)**, so that we may verify that you have been assigned to the proper role for data entry.

# Next Steps

**What to do if your designated staff member DOES have an HCS account but is not assigned to the role of “SDF Reporter”**

E-mail **[NYSPQC@health.ny.gov](mailto:NYSPQC@health.ny.gov)** in order to obtain instructions for being assigned to the appropriate role.

# Next Steps

- **Measurement Year 1**

- Begin retrospective chart review for Measurement Year 1, July 1, 2014 through June 30, 2015
- Submit data via the HCS by December 1, 2015

- **Measurement Year 2**

- Data collection for Measurement Year 2 will begin July 1, 2015
- Data for the month of July 2015 is due Wednesday, August 26, 2015

# Questions?



# Contact

*For questions regarding the  
NYSPQC form and data submission:*

New York State Perinatal  
Quality Collaborative  
Empire State Plaza  
Corning Tower, Room 984  
Albany, NY 12237

Ph: 518/473-9883

F: 518/474-1420

[NYSPQC@health.ny.gov](mailto:NYSPQC@health.ny.gov)

[www.nyspqc.org](http://www.nyspqc.org)

*For questions regarding DSRIP:*

DSRIP Program  
One Commerce Plaza  
99 Washington Ave, Room 720  
Albany, NY 12210

Ph: 518/486-1042

[Dsrip@health.ny.gov](mailto:Dsrip@health.ny.gov)

[http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/](http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/)