



# Matters of Record

Fall Final Harvest, 1, by Andy Ciordia, flickr gallery <http://www.flickr.com/photos/ciordia/280541430>

## News from the Center for Health Statistics Concerning the Oregon Birth Certificate

October 2013

### INSIDE

<i>Hospital birth record performance reports.....</i>	<i>1</i>
<i>Vital Records Modernization bill .....</i>	<i>2</i>
<i>Cigarette smoking reported per day .....</i>	<i>2</i>
<i>Tips on using OVERS for fetal death reporting .....</i>	<i>4</i>
<i>Now available: OVERS training for fetal death reporting .....</i>	<i>6</i>
<i>Online resource roundup .....</i>	<i>7</i>
<i>Contacts .....</i>	<i>8</i>
<i>Just for midwives.....</i>	<i>9</i>

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### Hospital birth record performance reports

We are excited to tell you that the Center for Health Statistics (CHS) will begin providing birth record performance reports for each hospital on a monthly basis effective this October. This is in direct response to requests from many of you for more frequent performance feedback. Providing these reports has also been something CHS has wanted to do for some time. The report received in October will contain September performance data for your hospital. The report you receive in November will contain October data, and so on. These reports will be sent by email to the birth clerk managers.

#### ***Why are these reports important?***

The reports are important because they contain data about your facility’s performance processing birth records. Selected measures include those set by Oregon law and those established by the National Center for Health Statistics (NCHS). Included in each report will be the Oregon requirements and the requirements of NCHS, which are described as “tolerance levels” for five key performance measures.

An example of a performance measure contained in the report is the average number of days between the date of birth and the date a record is signed in our Oregon Vital Events Registration System (OVERS). Oregon law requires that records be submitted (signed) within five days of birth. Many hospitals do not meet this requirement.

In addition to state requirements, the report includes national standards. NCHS has tolerance levels for “unknown” values on 100 key measures. The State of Oregon is routinely above tolerance for five measures and so is *required* to meet or improve “unknown”



(Continued on page 2)

values. This report will identify which, if any, of these areas need improvement at your facility so improvements can begin without waiting until the end of the year. Importantly, you will also be able to identify where you are doing well and congratulate your staff.

The five key “unknown” response areas, which will appear on each monthly report, are:

1. Residence is inside city limits (yes or no)
2. Mother’s race(s)
3. Number of prenatal visits
4. Mother’s weight at delivery
5. Infant breastfed at discharge

## Vital Records Modernization Bill

House Bill 2093 is referred to in Public Health as the Vital Records Modernization Bill. The new law goes into effect on January 1, 2014. (See the July 2013 newsletter for specifics on the bill). Since the passage of the bill in June, the Center for Health Statistics has been preparing administrative rules.



The Center for Health Statistics used three different Rule Advisory Committees to receive recommendations from partner

## Cigarette smoking reported per day

The purpose of the questions on cigarette smoking is to obtain the average number of cigarettes smoked *per day* by pregnant women. Women who smoke before pregnancy often decrease cigarette use or quit smoking during pregnancy. By asking

In summary, you will begin receiving this report each month starting in October. Each month you will be able to see whether you have improved and determine what more you may need to do to meet the measure. Instructions on how to read the report will also be included. If you have any questions about the report, please contact JoAnn Jackson, Registration Manager, at [joann.jackson@state.or.us](mailto:joann.jackson@state.or.us) or by phone at 971-673-1160.

*We would like to thank the following hospitals Legacy Emanuel, Providence Medford, Providence St. Vincent, and Sacred Heart River Bend for participating in our pilot and providing input on the content of the report. Thanks! ❖*

agencies and organizations to better match the “how” of the rule to the “what” of the law. These suggestions were incorporated into both our implementation plans as well as within the new rules for House Bill 2093 (see web page – <http://bit.ly/2013hb2093>).

About 80 percent of the law will remain the same and still reflects current practice. The remaining 20 percent updates our laws to account for changes in technology, security, and parentage establishment. We will continue regular communication with our partners to determine the appropriate training and support needed to make House Bill 2093 a success for all. So keep your eyes open for more details in the next few months. ❖

about cigarette use in four different time-periods, we capture this change.

In deciding when to follow up on the cigarette use information that you put on the

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birth record, we set the threshold based on smoking in the general population. This information is collected through the Behavior Risk Factor Surveillance System. Through that survey, we learned that only three to five percent of all Oregon women ages 18 to 34 smoked more than one pack of cigarettes daily. If the cigarette information reported on the birth record is *four times higher than the general population*, we ask you to verify the number of cigarettes smoked *per day*. Sending you this verification request after the mother has left the facility requires obtaining information from the medical record. Tobacco use is a fairly standard question for medical examinations. Information on use should be readily available in the patient’s medical history, although likely not in three month increments. The best check is to review the mother’s answer while you still have her in the facility.

**B**ecause tobacco use information on birth and fetal death certificates is used by researchers and policy makers, accuracy is important.

The CHS worksheets (<http://public.health.oregon.gov/BirthDeathCertificates/RegisterVitalRecords/Pages/InstructionsBirth.aspx#instructions>) are designed to report individual cigarettes smoked *per day* or by reporting the number of packs smoked *per day*. If your hospital has your own worksheets, the questions asked of the mother must be the same as on the state worksheet. Please review the worksheets in use to confirm the question on cigarette use clearly indicates *per day*.

**Common mistakes**

- Numbers of cigarettes smoked *per day*

are unlikely - One of the reasons for this is the person completing the record enters the total number of cigarettes or packs smoked during the entire three-month period. It is important to be sure you are entering the number of cigarettes or packs smoked, on average, in one day during that three-month period.

- No math is involved – You or the mother should not have to do any calculations. We are not asking for the total number of cigarettes smoked during the whole time period. We recently called to verify the amount when a birth clerk reported that the mother had smoked 90 packs per day. Ninety (90) packs (*19,800 cigarettes*) *per day* averages to almost 14 cigarettes every minute (day and night). Please question the mother on *per day* use when highly unlikely numbers are reported.
- Packs vs. Cigarettes - Another reason for high counts of cigarettes smoked *per day* is the accidental selection of “packs” instead of “cigarettes.” For each three-month period of pregnancy there are drop-down menus allowing you to select whether the person smoked a number of “cigarettes” or “packs” *per day*. One pack is equal to 20 cigarettes, so it is important this be entered correctly.
- Increases in use – We occasionally notice cigarette use increase in odd ways. We think this is the result of confusion when a mother reports one pack and then cut down to a small number of cigarettes *per day*, but mistakenly checks ‘packs’ again. For example, the mother reports smoking one pack *per day* before pregnancy, and then four packs per day during her

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pregnancy. She likely meant that she was smoking four cigarettes *per day*. Please review the mother’s worksheet before she is discharged whenever possible and confirm the number of cigarettes with the mother.

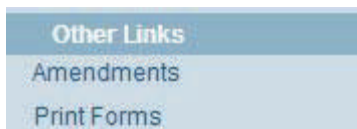
Because tobacco use information on birth and fetal death certificates is used by researchers and policy makers, accuracy is important. Accuracy also results in fewer callbacks and corrections on records, which saves time and money for all involved in record creation and registration. ❖

## Tips on using OVERS for fetal death reporting

It is mandatory to use the Oregon Vital Events Registration System (OVERS) to report fetal deaths. Since fetal deaths occur infrequently at most facilities, remembering the differences between reporting births and reporting fetal deaths can be challenging. Here are a few helpful things to remember when using OVERS to report a fetal death:

### ***1. Users Cannot Unsign/Uncertify a Fetal Death Report in OVERS***

The fetal death module of the OVERS system does not allow you to unsign a fetal death report to correct mistakes that are found after the report is signed but before it is registered. OVERS has a defect that causes this function to appear as available on the screen, but unsigning does not open the record. Therefore, if an error is discovered after signing a fetal death, the birth clerk must wait for the record to be registered before the correction can be made. The normal (like birth) amendment process can then be used to correct the record.



### ***2. Requiring a Fetal Death Report Depends on Delivery Weight and Gestational Age of the Fetus***

State law requires that fetal deaths, where the fetus has a delivery weight above or equal to 350 grams or, if delivery weight is unknown, gestation is 20 weeks or more, be reported to the Center for Health Statistics. This is different from reporting live births when every birth must be reported.

### ***3. Hospitals Do Not File Courtesy Fetal Death Reports***

If a fetus is delivered at home, hospitals are not allowed to file a fetal death report as a courtesy to the family. Fetal deaths occurring outside hospitals must be reported by the Medical Examiner unless a doctor attended at or immediately after the delivery. If a doctor attended, the doctor must report the fetal death.

### ***4. Disposition Permit Must Accompany Fetal Remains***

If the fetal remains will be removed from the hospital for disposition, a Fetal Disposition Permit **must** accompany the fetal remains.

There are two ways to access and complete the Fetal Disposition Permit within OVERS: **Within the Fetal Death Report Itself:**

You can access the fetal death disposition permit through the Print Forms link in the left hand menu of the fetal death report. This is the most convenient method because information already entered in the fetal death report will auto-fill in disposition permit.

**From the OVERS Main Menu > Print Forms:**

You can also access the Fetal Death Disposition Permit through the Main Menu under Print Forms. Since you are not in a specific record, information will not be auto-filled. The form is a fillable PDF which allows you to type the information needed and then print the report. This method should be used for non-reportable fetal deaths when the fetal remains are removed from the hospital.

### 5. Medical Information Collected for Fetal Death Reports Differs Slightly From Birth

The medical information collected on a fetal death differs slightly from that on births. Therefore, we have separate Parent and Facility worksheets for fetal death. Hospital staff should use the worksheets to ensure that the right information is collected for the fetal death report. The worksheets are designed to capture information in a way that allows ease of entry into the OVERS system. The worksheets are available as a Word document so hospitals can add their facility's information or logo. The questions should not be changed.

These worksheets can be found on our website at: <http://public.health.oregon.gov/BirthDeathCertificates/RegisterVitalRecords/Pages/InstructionsFetalDeath.aspx>

### 6. Father Information Can Be Added Without An AOP

The father's information can be included in

## Now available: OVERS training for fetal death reporting

The Oregon Vital Events Registration System (OVERS) is used to report fetal deaths in Oregon. The Center for Health Statistics has created an online training to help hospital staff responsible for completing the fetal death report. Fetal deaths occur infrequently and require different information than reports of live birth, so procedures can be confusing and difficult to remember. We strongly encourage anyone who completes fetal death reports to take this training.



The goal of this training is to provide fetal death reporters with the information needed to comply with Oregon law and to ensure the accurate reporting of the fetal death event. The training should take approximately 20 minutes to complete.

a fetal death report for unmarried mothers without additional documentation. An acknowledgment of paternity is not required. On the Marital Status page, select 'Yes' for the answer to the question "Will Father information be collected on this Report?". This will open up the Father page for data entry.

**Marital Status**

Marital Information

Was Mother Married at Conception, at Delivery or within 300 days of Delivery?

No

Paternity Information

Will Father information be collected on this Report?

Yes

Yes

No

Not Applicable

If you have more questions about reporting fetal deaths, please contact our Registration Supervisor, Cynthia Roeser, for more information. ❖

At the completion of the training users will have learned:

- Reporting requirements for fetal deaths that occur at your facility,
- The difference between a fetal death and an infant death,
- How to access and complete a fetal death report in OVERS,
- When and how to complete a disposition permit for transporting fetal remains away from your facility.

**How to access the training:** Go to our self-paced training page at <http://1.usa.gov/MwFD9W> and click on the link called, "Completing Fetal Death Reports".

If you have questions after completion of this training, please contact: Cynthia Roeser at 971-673-0478 or [cynthia.r.roeser@state.or.us](mailto:cynthia.r.roeser@state.or.us) ❖

## Online Resource Roundup

The Center for Health Statistics website is full of useful information and resources. Here are some of our most popular links:



### ***OVERS Information***

- Frequently Asked Questions - <http://bit.ly/oversfaqs>  
Helpful tips on entering special characters in a name, adding a birth attendant to the system and more.
- OVERS User Instruction Manuals - <http://bit.ly/OVERSmmanuals>  
A complete walkthrough of filing a birth record in OVERS as well as a Quick Start Guide with the basics.
- OVERS Enrollment Form - <http://bit.ly/overssignup>  
Complete this form and follow the instructions to sign up for OVERS.
- OVERS Birth Attendant Form- <http://bit.ly/oversbirthattendant>  
Form to request adding a birth attendant to the OVERS database for easy lookup when certifying births. When completing the form, use the external links below to look up the attendant's license information and NPI number.

### ***Registration Information***

- Registration Instructions - <http://1.usa.gov/ORBirthRegistration>  
Full legal instructions and requirements for completing a birth record on paper or online, family and facility worksheets, news, and information about our error reporting system for hospitals.
- Paternity Instructions - <http://bit.ly/orpaternityinfo>  
Contains detailed instructions for filling out Voluntary Acknowledgment of Paternity forms 45-21 and 45-31.
- Paternity Frequently Asked Questions - <http://bit.ly/orpaternityfaqs>  
In-depth guidance on subjects such as fees, timing, rights and responsibilities of the parents, and common scenarios regarding acknowledgements of paternity.
- Request for Vital Records Forms and Tags (Form 45-43) - <http://bit.ly/form45-43>  
Order form to request official supplies such as amendment forms and English and Spanish language paternity affidavits.

### ***External Resources***

- Oregon Board of Direct Entry Midwifery - <http://www.oregon.gov/OHLA/DEM/pages/index.aspx>
- Oregon State Board of Nursing - <http://www.oregon.gov/osbn/Pages/index.aspx>
- Oregon Medical Board - <http://www.oregon.gov/omb/Pages/index.aspx>
- Oregon Board of Naturopathic Medicine - <http://www.oregon.gov/OBNM/Pages/index.aspx>
- NPI Registry Search - <https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do>

We recommend you bookmark these sites for future reference. If you're using Internet Explorer as your browser, go to the page, click the star near the top of the window and click the Favorites tab. To save the page you're on to the list, click "Add to Favorites". ❖

## Wanted—Newsletter topics

Have a question or idea for a future newsletter article? Contact JoAnn Jackson at 971-673-1160 or [JoAnn.Jackson@state.or.us](mailto:JoAnn.Jackson@state.or.us). JoAnn collects ideas for articles and then shares them with the writing team.

## Thank you to the contributors of this newsletter:

James Burke, Karen Hampton, Cynthia Roeser, Judy Shiohi, Carolyn Hogg, Ember Talent, Karen Cooper, Dani Hall, Joyce Grant-Worley, JoAnn Jackson, Juana Anguiano Rivera, Jennifer Woodward, Lynda Jackson

## We're just a phone call away

Have a question? Try asking one of the helpful CHS staff listed below.

### Frequent Contacts

### CHS Managers

<b>Paternities</b> Debbie Gott 971-673-1155	<b>Filiations</b> Tony Bojanowski 971-673-1143	<b>State Registrar</b> Jennifer Woodward 971-673-1185	<b>OVERS Manager</b> Karen Hampton 971-673-1191
<b>Birth Corrections</b> <1 year, Amanda Vega 971-673-1169 1+year, Johanna Collins 971-673-1137	<b>Adoptions</b> Debbie Draghia 971-673-1152	<b>Amendments/Certification Manager</b> Carol Sanders 971-673-1178	<b>Data Processing Supervisor</b> Cynthia Roeser 971-673-0478
<b>Death Corrections</b> Patty Thompson 971-673-1163	<b>Delayed Filings</b> Becki Buskirk 971-673-1147	<b>Statistics Manager</b> Joyce Grant-Worley 971-673-1156	<b>Certification Supervisor</b> Karen Rangan 971-673-1182
	<b>OVERS Helpdesk</b> 971-673-0279	<b>Registration Manager</b> JoAnn Jackson 971-673-1160	

## The Center for Health Statistics' office is located at:

800 N.E. Oregon St.,  
 Suite 225  
 Portland, OR 97232-2162

**Mailing Address:** P.O. Box 14050  
 Portland, OR 97293-0050

**General info:** 971-673-1180  
**Order vital records:** 1-888-896-4988

**Website:** <http://public.health.oregon.gov/BirthDeathCertificates>

**OVERS website:** <http://healthoregon.org/overs>





## Primary Point of Contact

The Center for Health Statistics (CHS) recently designated a primary point of contact to better assist out of facility birth attendants. With a point of contact, you will be directed to the appropriate CHS employee for the issue with minimal delay and confusion. We believe this will ensure consistent and timely responses to any of your needs.



handshake I, by Álvaro Canivell, flickr gallery, <http://www.flickr.com/photos/ooohoooh/1350774613/>

Cynthia Roeser, Data Entry Supervisor, will be your point of contact. Cynthia works Monday through Friday, 7:30 AM to 4:30 PM. Cynthia's telephone number is 971-673-0478 and her email address is [Cynthia.R.Roeser@state.or.us](mailto:Cynthia.R.Roeser@state.or.us). Calls and messages will be returned as soon as possible. If leaving a message, include your question or need, your name, and your telephone number so your call can be returned effectively.

Some examples of questions that will be directed to Cynthia include:

- When do I need to be registered with CHS?
- How do I become registered with CHS?
- Why do I need to make an amendment?
- How do I make an amendment
- Why (and how) is delivering a baby outside a facility different than delivering a baby inside a licensed birthing center?

You can still call the OVERS help desk for

password resets and training on how to do something in OVERS. However, any questions regarding purposes, processes, or questions on a specific record will be directed to Cynthia.

## Paternity acknowledgment in OVERS for home births

If you are using OVERS for a home birth and the mother is not married, this article is for you. We recognize that for home births, the Mother Married and Paternity Acknowledgment questions in OVERS can be confusing because the wording refers to a birth that occurred in a hospital or free standing birth facility. This is the case for approximately 98% of the births in Oregon.

What do I need to do for home births?

The answer to these questions affects whether the father will be entered on the record now, and, if not now, by what method the father must be added in the future. Therefore, it is very important to the mother and child that these questions be completed carefully.

Step 1: The full question on the EBRs birth record is "Was Mother Married at Conception, at Birth or Within 300 Days of Birth?" There are four possible answers = *Yes, No, Oregon Registered Domestic Partnership, and Unknown*. One of these options must be selected as an answer for this question.

Step 2: The accompanying question on paternity must be answered from the dropdown-box. The paternity question is "Has acknowledgement of paternity been signed in the hospital?". The drop-down box has three possible answers for the question = *Yes, No, and Not Applicable*. Not Applicable is the default since most Oregon mothers are married at the time of

the child's birth and no paternity acknowledgement is required. *Not Applicable* is the correct answer only if mother's marital status was "Yes" or "Oregon Registered Domestic Partnership".

If mother's marital status is "No" then the paternity question must be answered either Yes or No. The question also applies to births at home and must be answered. The answer is "No" if a paternity acknowledgment was not signed and "Yes" if a paternity acknowledgment was signed. The paternity acknowledgment form that is completed for home births is the 45-21 Voluntary Acknowledgment of Paternity Affidavit. Remember if you have a completed Voluntary Acknowledgment of Paternity form, you must include the father's information in OVERS. The only way you can do that is if you answer the Acknowledgment signed question as "Yes".

If mother's marital status is "Unknown", then the paternity question must be answered "No".

When the paternity question is "Not Applicable" for a mother whose marital status is "No" or "Unknown", we receive an error from the National Center for Health Statistics. We then follow up with you to correct the item. By clarifying these questions, we will all avoid rework. Please contact Cynthia Roeser, primary point of contact, with any questions. ❖

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