OFF THE RECORD

techniques, tips, and traps for users of the electronic birth certificate (EBC)

Kudos for timely birth certificates

Providence Seaside Hospital
Coquille Valley Hospital
St. Charles Medical Center
Holy Rosary Hospital
St. Vincent Hospital
Rogue Valley Medical Center
Three Rivers Community Hospital
Peace Harbor Hospital
Sacred Heart General Hospital
Emanuel Hospital
St. Elizabeth Hospital
Good Samaritan Hospital - Corvallis
Meridian Park Hospital
Mountain View Hospital
Merle West Medical Center
Santiam Memorial Hospital
Portland Adventist Medical Center
Providence Portland Medical Center
Willamette Valley Medical Center

December 2003

INSIDE

Fee Increase December 1, 2003
EBC Revision Mailed
Staffing
No Dad on Birth Certificates
HIPAA Privacy/Public Health
Birth Worksheet
Frequent Issues on Birth Certs.

Center for Health Statistics
800 N.E. Oregon St.
Portland, OR 97232-2162
(503)731-4354
FAX (503)731-3076

DHS
Oregon Department of Human Services

Late Filing of Birth Certificates

Please make every effort to send each birth certificate within the five days set by law. Oregon Revised Statute (ORS) 432.206 requires a certificate of birth be filed with the county registrar or the Center for Health Statistics within five days of the birth. Only 37% of Oregon hospitals routinely sent birth records within the required time between January and June 2003. The average statewide was eight days between birth and sending the birth record through EBC, by either modem or mailed floppy disk. Hospitals' averages ranged from 3 to 23 days in the first half of this year. A few hospitals moved to an average of more than 40 days during the summer. The size of the hospital and/or the number of births didn't predict timely filing.

In addition to a legal requirement, sending the birth data quickly is important for the parents who need a birth certificate for their child or who are waiting for the child's SSN. We often have parents contact us only to find that the birth certificate isn't available more than a month after the birth.

Also, it is essential for counties to mail paper copies to State Vital Records in a timely manner. We ask that counties routinely mail certificates to us at least once a week.

Reminder:
Birth 'certificates' issued by hospitals are not a legal record and cannot be used as legal documentation. If relevant to your hospital, please tell parents that the 'certificate', a wonderful memento of the birth that often includes the footprints of the baby, decorative borders, and seals, is not an official birth record and cannot be used as a legal record.

Fee Increase Takes Effect December 1, 2003

Starting December 1, the fee for the first copy of the birth certificate will be $20. The fee for each additional copy ordered at the same time will be $15. The charge for Heirloom Birth Certificates will increase to $45. The fee increase will allow CHS to maintain current customer service levels, and update our record systems to collect data in compliance with state needs and new national standards.

Orders requested by fax, telephone, Internet or mail, and billed to credit cards will be charged the $20 fee for the first record plus a $12.50 quick processing fee, and $15 for each additional record.

Beginning January 1, 2004, orders received with incorrect payment amount will be returned to the individual. This will delay processing those requests. We greatly value your assistance in sharing information with parents on how to order birth certificates, including cost. Please help us minimize the number of orders delayed by letting people know of the fee change immediately. We also ask that any forms or handouts, with current fees listed be updated to reflect the fee change.

New Brochure

CHS has created a pamphlet about birth certificates for hospitals and county registrars to give to clients. These are available on the web at www.healthoregon.org/chs or they can be ordered from us. Call Lynda Jackson at (503)731-4354 to get an order form.

EBC Revision Mailed

Thank you for your patience with the EBC update recall we recently experienced. For those who installed the first update, there was a bug that caused the program to skip over the Live Births Now Dead field if the Live Births Now Living field is 0.

Genesis mailed a new version of the EBC software (4.4.02), minus the bug to hospitals the week of November 10. **Please load** the new version immediately if you haven't already done so. The changes in this version include clarifying race reporting, correcting a saving issue on the Immunization screen, and a new section on metabolic screening.

Directions for using the new questions on the Immunization screen were sent separately. Please have the program updated as soon as possible (to correct the saving issue) and begin completing the new questions on the immunization screen no later than January 1, 2004. David Lazlo at (503) 382-2646 is available to answer questions on hearing screenings.

What about the rumor (years ago) that we were switching to a web-based system? Decreasing state and federal funds has held up changing to a web-based electronic registration system. With the fee increase, we plan to develop a system for reporting deaths first, then use that experience to create a web-based birth registration system. Both systems will have numerous opportunities for input from our partners while in development. If things go well, a new birth reporting system could be in place in 2007.

If you have questions on the EBC system, Azure Diamon at (503) 731-4474 has the answers to many common (and a few unusual) questions. For technical questions, (installing or other interactions specific to your computer network for example), Amy at Genesis (717) 909-8540 or Genesis (717) 909-8500 ext 1 would be the better resource, but we are always happy to be the first stop for information.

Staffing

The Registration Manager position remains vacant. Before hiring occurs, Jennifer Woodward will decide the specific job duties based on the needs of our local partners and our staff. Carol Sanders, manager of the Certification Unit, is covering most of the duties relating to births in the meantime. And of course, Kathy and Azure are available to answer your questions as always.

Contacts:
Kathy Cook, amendments (503) 731-4426
Azure Diamon, EBC (503) 731-4474
Carol Sanders, births (503) 731-4416
Jennifer Woodward, death, fetal death, marriage and divorce (503) 731-4109

Married Mothers + Unmarried Fathers = No Dad on Birth Certificates

If the mother of a child was married at the time of conception, during the pregnancy or at birth, the acknowledgement of paternity affidavit **cannot** be used to have a father's name put on the birth certificate. **Only the husband's name can be listed** (or none if the mother declines to give the information.) This is a limitation of the law and is true even if the husband agrees that he is not the father.

If a mother is married at any of the times stated above, ask for her husband's name rather than the 'father's' name to avoid confusion over who can be listed on the certificate. If the mother chooses to have no father listed, statistical information on the biological father (race, Hispanic ethnicity, education, etc.) may be included.

Paternity can be established by court or administrative order (such as child support). If a mother or father wants to establish paternity, they can ask a family law attorney, the State's Division of Child Support, or, if receiving public assistance, their case worker.

Division of Child Support, Department of Justice

Information by telephone

Salem area:	(503) 373-7300
Toll-free in Oregon:	(800) 850-0228
Outside Oregon:	(503) 378-5567
TDD:	(503) 956-6244

Or at
http://dcs.state.or.us/faqs/faqs.htm#3

HIPAA Privacy and Public Health

The Health Insurance Portability and Accountability Act (HIPAA) has required hospitals and other medical facilities to take even greater care in keeping personal information confidential. HIPAA specifically allows Public Health Authorities, such as the Center for Health Statistics, to collect individual level information on reportable events. County registrars are also authorized to collect data under HIPAA. All of the information requested on the birth certificate is necessary for public health, including

information about testing and immunization against diseases.

To make it easier for hospital staff to identify whom information can be given to, Jennifer Woodward sent a memo including CHS contacts in April 2003. A copy of that memo, including a list of names on the second page, is attached for your reference. If you are unsure about sharing information with someone who says they work for the Center for Health Statistics, (the State Vital Records office), here are two ways to check:

- Call our published number then ask to be transferred to the individual;

  or

- Contact Jennifer Woodward or Carol Sanders to confirm the person is employed and has access to birth or death record information.

Birth Worksheets Not to Be Saved in Medical Record

Medical records can be viewed on request by patients under HIPAA and subpoenaed by court or administrative order. The bottom section of the birth certificate that is "information for medical and Health use only" cannot be released unless authorized by the State Registrar for statistical or research purposes. The information is not subject to subpoena or court order, and shall not be admissible before any court, tribunal or judicial body. To maintain the highest level of confidentiality, please keep the birth certificate worksheet in a separate location. We are reviewing the retention schedule for worksheets and will let you know what we decide.

Requesting Samples of Worksheets

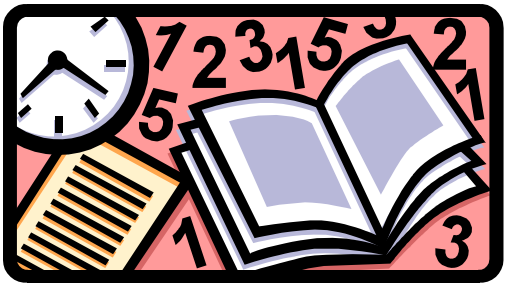
We are gathering samples of birth worksheets and would love to see whatever form you use. We are also interested in comments about what works well and what seems to confuse parents or staff. Our goal is to combine the best to be found and share the results across the State.

Please make comments on your worksheet or on a separate sheet. It would also be helpful to know the source if that information isn't already on the worksheet (i.e., 'Parent completes to here', 'Find in medical record', 'Nurse completes this section'). But mostly, we would like to see what people are using. Please send a sample of your worksheet as soon as possible to:

Kathy Cook
Email (if electronic file available)
Kathy.L.Cook@state.or.us

Mail: P O Box 14050,
Portland OR 97293-0050

FAX: (503) 731-4084



Mailed disks sometimes arrive in poor condition; we suggest cushioning in a padded mailer to avoid having to resend. Or invest in a few rigid plastic cases – for about $1.40 each (list price in Boise Cascade), you have extra protection in the mail – and we'll send them back.

The Not-So-Great Unknowns

Oregon is legally required to submit data to the National Center for Health Statistics (NCHS). A contract with NCHS helps meet the costs of collecting and maintaining the data. This contract includes data quality standards. If we don't meet those standards, we lose contract money (but still have to submit the data).

It is also immensely more useful for state and local planning if data is reported. For example, local health departments and medical providers often use the information on prenatal care by county of residence to decide what services are needed. They can then look at information organized by age, education, race and ethnicity to decide where and how to best advertise those services. And, babies born with low birth weights often require additional medical care; the training and equipment needed must be determined and obtained for the future based on current information.

Earlier this year we contacted several hospitals that had high numbers of unknowns for race and ethnicity to update 2002 data. We will be contacting hospitals soon to follow-up on unknowns on several elements of 2003 birth data. We will send letters telling each hospital its percentage of unknowns. We will also include a list of records that need to be double-checked or updated.

Some examples of the current status of data quality for Oregon:

<u>Mother's race:</u>
State average unknowns - 0.7%
Hospital range - 0.0% to 5.6%

<u>Father's race</u> (not including when father not listed):
State average unknowns – 0.9%
Hospital range – 0.0% to 5.6%

<u>Mother's education</u>:
State average unknowns – 1.7%
Hospital range – 0.0% to 13.9%

The mother should be asked demographic questions such as race, ethnicity, education, tobacco and alcohol use, and family history of hearing loss before leaving the hospital. Mothers (or any relative) should not be asked to complete detailed medical information (medical factors, complications, procedures, or anomalies). Use the medical record to complete these items. Each hospital will have their own way of completing the sections, whether by an RN or records clerk. The medical information is required.

We know that sometimes the information is truly unknown, and occasionally people will refuse to report some fields, such as education or race. But these instances should be few, particularly after sharing information on confidentiality and the usefulness of the data.

Frequent Issues on Birth Certificates

<u>Overlapping dates</u> are appearing more frequently. For example, last menses date and date of last birth are the same. If possible, please confirm questionable dates before submitting the certificate (keeping in mind the five day timeline).

Asian Indian versus American (North, Central or South) Indian: Be sure to code people born in the country of India as Asian Indians (A) rather than American Indians (I) unless they specifically identify themselves as American Indian.

Additional race coding: If a person reports being Hispanic as their race and they were born in Mexico, code to White. Use the race-coding sheet (copy attached) to look up the country of birth before choosing other or unknown.

People born in Mexico are usually (although by no means always) Hispanic. If you have a parent who was born in Mexico and is listed as non-Hispanic, please confirm this information before sending the birth certificate (keeping in mind the five day timeline).

Don't hesitate to use the memo field. (access by the shortcut of Alt + M). It is a very useful way to explain possible discrepancies while the information is fresh in your mind.

Examples of good use:

Father born in Mexico who isn't Hispanic: Write 'confirmed father born in Mexico and non-Hispanic' and avoid our call.

Multiple births reported without matching number of birth certificates: Note the fetal death with month and year and be sure to include the fetal death under terminations of pregnancy if the system will accept date during current pregnancy (and avoid our call).

Mothers who continued to have menses during pregnancy: Write something like 'mother continued menses throughout pregnancy' (and avoid another call).

Mother married, refused husband information.

Use the memo field anytime you think you are likely to get a call from our office to confirm or clarify the information.

Vital Statistics Trivia

Tuesday was the busiest day for births in 2002, with 7,271 babies born to Oregon residents. Sunday was the slowest, with only 4,773 babies. See Table 2-26 in our Annual Report for how the other days stacked up.

Jacob has been the most common name given to boys born in Oregon since 1995, and Emily has been the most common name given to girls born in Oregon since 1996. (In 1995 Emily lost to Jessica, 314 to 315.) In 2002, 5,602 different girls names were used while only 3,696 boys names were used. See Table 38 in our Annual Report (Table 37 before 2002) to see the other top ten names. Or look for your name on the baby names page at http://www.dhs.state.or.us/publichealth/chs/babyname/babyname.cfm. Information is available for births from 1961 to 2002.

These and other tables can be found in the Natality chapter of the Annual Report at http://www.dhs.state.or.us/publichealth/chs/babyname/babyname.cfm. The report includes 38 tables covering births by county of residence on prenatal care, tobacco use, birth weight, and more, as well as statewide tables on method of delivery, mother's country of birth, and complications of labor and delivery.

Go to our web site at http://www.dhs.state.or.us/publichealth/chs to see more information on births, deaths, teen pregnancy, abortions, marriages and divorces.