

Questions from Chat Window & Attendees NAS Reporting Webinar 3/19/2013

Q: Henry County Medical Center, Rhonda Carnell: Is there any coding information available?

A: The standard ICD-9 code for NAS is 779.5 (Drug withdrawal syndrome in a newborn).

Q: University of TN: When you submit the report, if you have another baby to submit, you have to go all the way through the website to enter another baby. Would be more user-friendly if there was a button to make it easier to enter another baby (rather than go back through the entire web page to find the link).

A: Great suggestion! We will work to make that happen. ***(Follow-up: this has been completed as of 3/19/2013).***

Q: Fort Sanders Regional Medical Center - Bernie Hurst: I was printing the report to place with my face sheet - it won't let me print anymore as of Monday? Any reason for this?

A: We are not sure—we will check w/ Survey Monkey and get back to you. ***(Follow-up: this may have been due to a system update. Please try again and let us know if it is still not working).***

Q: Donna Gollighugh: do we only enter babies that we treat?

A: Any baby with a diagnosis of NAS should be reported. Not all babies with NAS will require pharmacologic treatment; some may only need supportive therapy (ie nutrition) or management of environmental stimuli. Even though those are not pharmacologic modalities, they still constitute treatment. If a baby has a diagnosis of NAS, regardless of how you treat, you should report.

Q: TriStar Centennial: Is it necessary to document that the NAS reporting has been completed?

A: There is no requirement from TDH to document in the chart. However, your hospital may have its own policy re: documentation. From the standpoint of compliance with reporting requirements, it would probably be good to document. Reporting conditions on the Department's list is required.

Q: Fort Sanders Regional Medical Center - Bernie Hurst: Do we include any baby with the 779.5 code

A: Yes, the intent is that any baby who has a diagnosis of NAS would be reported. We have not changed the diagnostic criteria—in other words, if this diagnosis would have been made prior to January 1, 2013, the only thing that has changed is that you now will report that diagnosis to TDH.

Q: Cumberland Medical Center-Betty Hooper: When submitting report second page will not print with results.

A: Is this a new problem? (Betty: No, has never worked). Will look into this with Survey Monkey.

Q: Karen Clark: We are supposed to report babies showing symptoms, however, babies born with psych drugs don't show the same type of symptoms. Are we supposed to consider them NAS and make a report as well?

A: If a baby is going through withdrawal and you would ascribe a diagnosis of NAS, then you should report. We have not changed the diagnostic criteria, it is just now a requirement to report.

Q: Regional Medical Center, Memphis- Do we report hospital-induced NAS?

A: The primary goal for this reporting system is to collect babies with prenatal or fetal exposure leading to NAS. If you report these babies (by listing a comment in the "other" field for source of exposure), we will not be counting those babies in our weekly surveillance summaries.

Q: NorthCrest Medical Center Dana Gloyd: If an infant is transferred for being drug exposed but signs/symptoms do not start till day of life 3-7 who is required to report? Example infant transferred at 2 hours of life for opiate/cocaine positive mom no signs/symptoms at time of transfer who reports?

A: The provider/hospital who makes the diagnosis should report. In the case you describe, the baby was known to be drug exposed but asymptomatic, so the transferring hospital would not report (because they did not have a diagnosis of NAS). Once the diagnosis is established (in your example, by the receiving hospital), the receiving hospital would make the report. If the diagnosis is made in an outpatient setting (ie

in a primary care clinic after hospital discharge), then the provider making the diagnosis would report from the outpatient setting.

- Q: NorthCrest Medical Center Dana Gloyd: How can we get a copy of slides for use in staff development?
Great education information!
- A: Slides will be available on the website and the webinar is being recorded, so a link will be made available to all the hospitals. (Link to recorded webinar is: <http://stateoftennessee.adobeconnect.com/p81aespuand/>).
- Q: East TN Children's Hospital—for babies born at another hospital that are transferred, we are having difficulty identifying whether the baby has been reported. Would help if there was a way to identify once a child had been reported, so we would know that the case had been reported (or was going to be reported).
- A: In developing the system, we tried to strike a balance between asking for too much information (particularly identifiable information) and asking enough so that we could take what data we do have and weed out duplicates. You might consider talking with referring centers and thinking about how you build this into your hand-off process (ask question of whether the referring hospital has made report to TDH already). If it is questionable whether a report has been made and you are not sure, you could submit and we could try to weed out the duplicate on this end (using the date of birth, county, gender, and transfer status).
- Q: Follow-up from East TN Children's Hospital: We ask the question at handoff, but sometimes get blank looks—may not know who is responsible for reporting or whether reporting has occurred. This call should help with that—we may go back and report all the cases we've had since January 1 to be sure we are caught up.
- A: Let's talk offline to see if we can come up with a strategy for those cases from your hospital and avoid a problem of having duplicates. If you have particular hospitals that you need outreach, our local health departments may be able to help reach out to them to address that problem.

Polls from NAS Reporting Webinar 3/19/2013

Poll 1: Have you (or has someone at your hospital) submitted a report of NAS us

Prepare View Votes Close

Poll 1: Have you (or has someone at your hospital) submitted a report of NAS using the Tennessee Department of Health online system?

<input type="radio"/> Yes		70.2... (26)
<input type="radio"/> No		29.7... (11)
<input checked="" type="radio"/> No Vote		

Broadcast Results

Poll 2: In your hospital, who submits the report of an NAS case through the Ten

Prepare View Votes Close

Poll 2: In your hospital, who submits the report of an NAS case through the Tennessee Department of Health's online system?

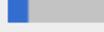
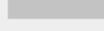
<input type="radio"/> Nurse		32.4... (12)
<input type="radio"/> Advanced Practice Nurse		2.70% (1)
<input type="radio"/> Physician		2.70% (1)
<input type="radio"/> Case Manager		5.41% (2)
<input type="radio"/> Social Worker		18.9... (7)
<input type="radio"/> Infection Control Staff		13.5... (5)
<input type="radio"/> Administrative/Clerical Staff		13.5... (5)
<input type="radio"/> Other		10.8... (4)
<input checked="" type="radio"/> No Vote		

Broadcast Results

Poll 3: If you have reported a case of NAS to the Tennessee Department of Helat

Prepare View Votes Close

Poll 3: If you have reported a case of NAS to the Tennessee Department of Helath online system, how easy was it to submit the report?

<input type="radio"/> Very easy		79.1... (19)
<input type="radio"/> Somewhat easy		20.8... (5)
<input type="radio"/> Somewhat difficult		0% (0)
<input type="radio"/> Very difficult		0% (0)
<input checked="" type="radio"/> No Vote		

Broadcast Results