Entering a new client into IPHIS:

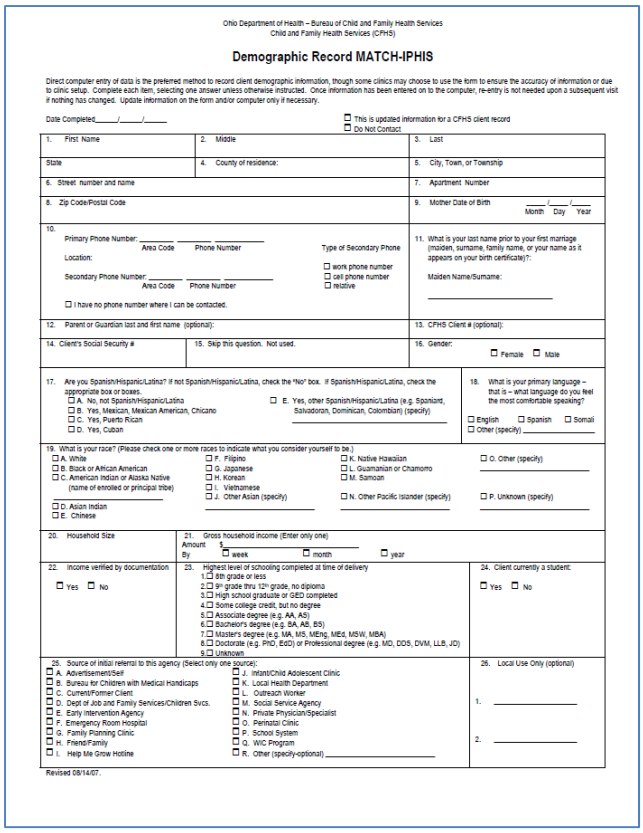
The procedures outlined in this document, will provide you with the recommended method on how to conduct a search for a client, how to enter a "First Encounter," and how to enter subsequent encounters into the IPHIS (Integrated Perinatal Health Information System) system.

Because clients sometimes move from one county to another and often have name changes, the IPHIS system was developed as a shared data resource. This allows a CFHS client seen in one county to be seen at another CFHS clinic in a different county while still maintaining the client's perinatal health record in the IPHIS system.

Depending on how your clinic is set up, the individual who is filling out the IPHIS demographic and encounter forms may be different from those who are entering the data into the IPHIS system. This document will provide your staff with strategies to ensure the information is captured and entered .

The process for entering a client into the IPHIS system is as follows:

A demographic form is filled for each client. This form is used to create an "identity" for the client in the IPHIS system.



Ohio Department of Health – Bureau of Child and Family Health Services
Child and Family Health Services (CFHS)

Demographic Record MATCH-IPHIS

Direct computer entry of data is the preferred method to record client demographic information, though some clinics may choose to use the form to ensure the accuracy of information or due to clinic setup. Complete each item, selecting one answer unless otherwise instructed. Once information has been entered on to the computer, re-entry is not needed upon a subsequent visit if nothing has changed. Update information on the form and/or computer only if necessary.

Date Completed_____/_____/_____

☐ This is updated information for a CFHS client record
☐ Do Not Contact

1. First Name	2. Middle	3. Last
State	4. County of residence:	5. City, Town, or Township
6. Street number and name		7. Apartment Number
8. Zip Code/Postal Code		9. Mother Date of Birth ____/____/____ Month Day Year

10. Primary Phone Number: ____ ____ Area Code Phone Number
Location:
Secondary Phone Number: ____ ____ Area Code Phone Number
☐ I have no phone number where I can be contacted.
Type of Secondary Phone
☐ work phone number
☐ cell phone number
☐ relative

11. What is your last name prior to your first marriage (maiden, surname, family name, or your name as it appears on your birth certificate)?:
Maiden Name/Surname:

12. Parent or Guardian last and first name (optional):

13. CFHS Client # (optional):

14. Client's Social Security #

15. Skip this question. Not used.

16. Gender: ☐ Female ☐ Male

17. Are you Spanish/Hispanic/Latina? If not Spanish/Hispanic/Latina, check the "No" box. If Spanish/Hispanic/Latina, check the appropriate box or boxes.
☐ A. No, not Spanish/Hispanic/Latina
☐ B. Yes, Mexican, Mexican American, Chicano
☐ C. Yes, Puerto Rican
☐ D. Yes, Cuban
☐ E. Yes, other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Dominican, Colombian) (specify) _____

18. What is your primary language – that is – what language do you feel the most comfortable speaking?
☐ English ☐ Spanish ☐ Somali
☐ Other (specify) _____

19. What is your race? (Please check one or more races to indicate what you consider yourself to be.)
☐ A. White
☐ B. Black or African American
☐ C. American Indian or Alaska Native (name of enrolled or principal tribe) _____
☐ D. Asian Indian
☐ E. Chinese
☐ F. Filipino
☐ G. Japanese
☐ H. Korean
☐ I. Vietnamese
☐ J. Other Asian (specify) _____
☐ K. Native Hawaiian
☐ L. Guamanian or Chamorro
☐ M. Samoan
☐ N. Other Pacific Islander (specify) _____
☐ O. Other (specify) _____
☐ P. Unknown (specify) _____

20. Household Size

21. Gross household income (Enter only one)
Amount $_____
By ☐ week ☐ month ☐ year

22. Income verified by documentation
☐ Yes ☐ No

23. Highest level of schooling completed at time of delivery
1. ☐ 8th grade or less
2. ☐ 9th grade thru 12th grade, no diploma
3. ☐ High school graduate or GED completed
4. ☐ Some college credit, but no degree
5. ☐ Associate degree (e.g. AA, AS)
6. ☐ Bachelor's degree (e.g. BA, AB, BS)
7. ☐ Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
8. ☐ Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)
9. ☐ Unknown

24. Client currently a student:
☐ Yes ☐ No

25. Source of initial referral to this agency (Select only one source):
☐ A. Advertisement/Self
☐ B. Bureau for Children with Medical Handicaps
☐ C. Current/Former Client
☐ D. Dept of Job and Family Services/Children Svcs.
☐ E. Early Intervention Agency
☐ F. Emergency Room Hospital
☐ G. Family Planning Clinic
☐ H. Friend/Family
☐ I. Help Me Grow Hotline
☐ J. Infant/Child Adolescent Clinic
☐ K. Local Health Department
☐ L. Outreach Worker
☐ M. Social Service Agency
☐ N. Private Physician/Specialist
☐ O. Perinatal Clinic
☐ P. School System
☐ Q. WIC Program
☐ R. Other (specify-optional) _____

26. Local Use Only (optional)
1. _____
2. _____

Revised 08/14/07.

Data entry staff may receive more than one demographic form for a client, when demographic information has changed (e.g. new address, new contact number, etc.) at subsequent visits.

It is important that your data entry staff does not assume the client is not in the IPHIS system just because they receive a demographic form!

More information on how to conduct a proper search for clients is covered later in this document.

Complete questions 10-17 at the FIRST ENCOUNTER of each pregnancy ONLY.

Date of First Encounter ___ / ___ / _____ (MM/DD/YYYY)

10. Intendedness
- ❑ A. The client wanted to be pregnant sooner
- ❑ B. The client wanted to be pregnant later
- ❑ C. The client wanted to be pregnant then
- ❑ D. The client did not want to be pregnant then or at any time in the future

11. Number of previous pregnancies _____ Date of last live birth/other pregnancy outcome: ___ / ___ / _____ (MM/DD/YYYY)

12. Weeks gestation at time of admission to clinic: _____

13. If prenatal care began prior to this encounter, record weeks gestation when care began. _____

14. Expected Date of Confinement ___ / ___ / _____ (MM/DD/YYYY)

15. Risk status (Check only one based on ODJFS Prenatal Risk Assessment Form)
- ❑ A. No Risk
- ❑ B. Previous Pre-term
- ❑ C. Poor Outcome
- ❑ D. Both Pre-term and Poor Outcome

16. Does client have any pre-existing chronic conditions?
❑ Yes ❑ No

17. Weight-Related Risk Conditions (Check only one)
- ❑ A. No Risk
- ❑ B. Underweight (<90% standard wt/ht)
- ❑ C. Overweight (120-134% standard wt/ht)
- ❑ D. Obese (≥135% standard wt/ht)

Complete sections 18-21 at the END OF PRENATAL CARE (only to be filled out if pregnancy termination occurs or out of state prenatal care is sought).

18. How many cigarettes OR packs of cigarettes did you smoke on a typical day during each of the following time periods? If you NEVER smoked, enter zero (0) for each time period.

	# of cigarettes		# of packs
Three months before pregnancy	_____	OR	_____
First three months of pregnancy	_____	OR	_____
Second three months of pregnancy	_____	OR	_____
Third trimester of pregnancy	_____	OR	_____

19. Pregnancy Outcome Information (Check only one)
- ❑ A. Delivered (If delivered, select one of the following below):
  - ❑ Live Birth
  - ❑ Neonatal Death
  - ❑ Post-neonatal Death
  - ❑ Delivered - Unknown
- ❑ B. Elective Abortion
- ❑ C. Spontaneous Abortion
- ❑ D. Fetal Death
- ❑ E. Lost to Follow Up
- ❑ F. Delivered - Unknown

20. Birth Information

Method of Delivery
Delivery Type ❑ Vaginal ❑ Cesarean ❑ Unknown

Special Care ❑ Yes ❑ No ❑ Unknown

Multiple Birth ❑ Yes ❑ No ❑ Unknown

Plurality (Specify 1 (single), 2 (twin), 3 (triplet), 4 (quadruplet), 5 (quintuplet), 6 (sextuplet), 7 (septuplet), etc.) (Include all live births and fetal losses resulting from this pregnancy.):_____

Date of Birth ___ / ___ / _____ (MM/DD/YYYY) ❑ Unknown

Obstetric estimate of gestation at delivery (completed weeks): _____ ❑ Unknown

Birth weight: _____ (grams) (Do not convert lb/oz to grams)
If weight in grams is not available, birth weight: _____ (lb/oz)

Facility I.D. (National Provider Identifier): _____

21. Baby's Legal Name

First _____ Middle_____ Last_____ Suffix_____

Revised 12/20/07.

Next an encounter form is filled for the client to capture information regarding their visit.

If this is the client's first visit for the current pregnancy they are in, the top portion of the second page of the encounter form must be filled out. (Example shown left – outlined in red) This section is titled "Complete questions 10-17 at the FIRST ENCOUNTER of each pregnancy ONLY."

This section of the form can be left blank for the rest of the client's visits for their current pregnancy. If the client is returning for a first visit with a different pregnancy in the future, then the staff would again fill out this portion of the form, indicating that this was the first encounter for the new pregnancy.

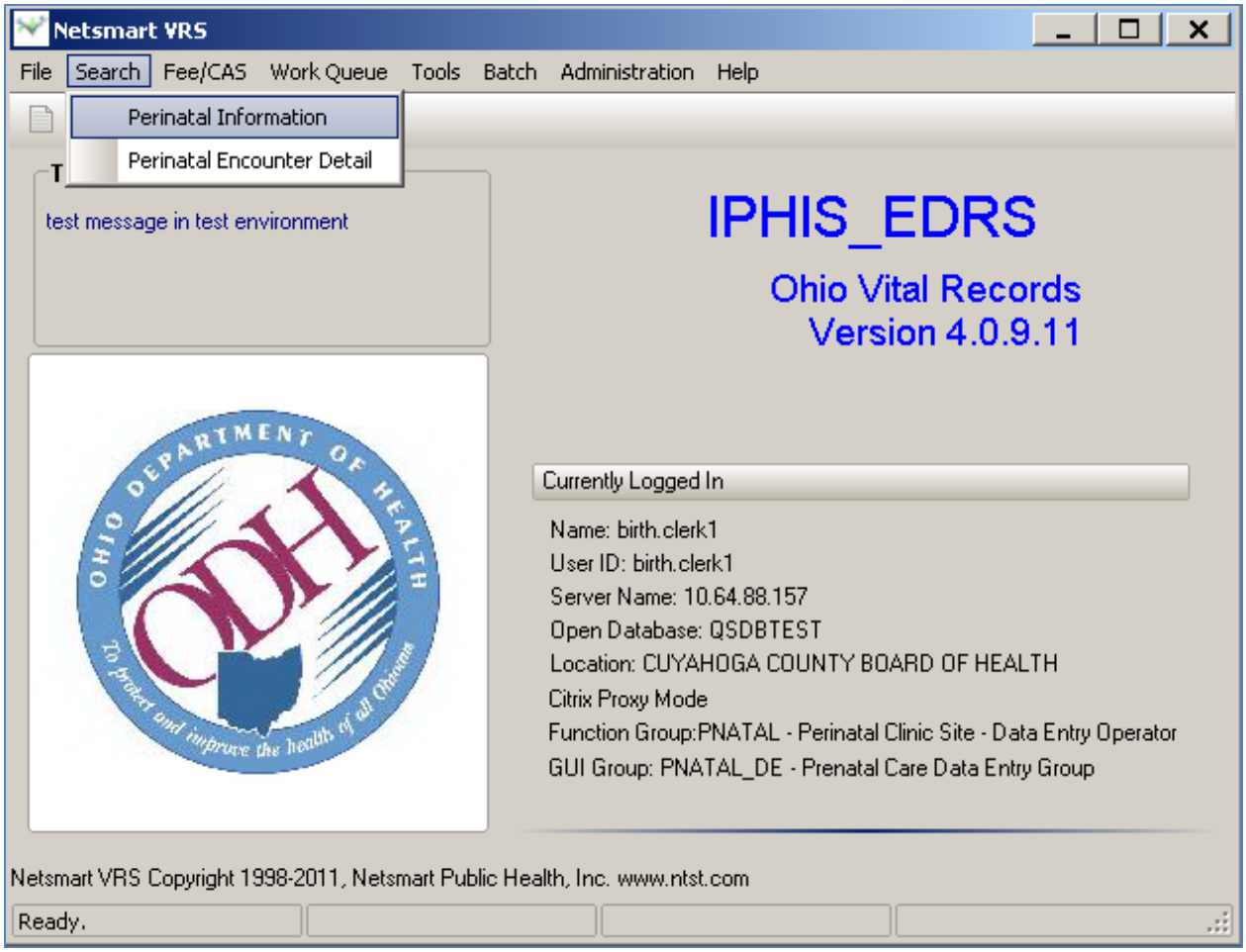
If the First Encounter section is filled out, it is a good indicator to data entry staff that this is the client's first encounter for the current pregnancy they are in however, there are some additional procedures that should be followed to ensure the first encounter is recorded correctly.

After the demographic and encounter forms have been filled out, it is time to enter the client's information into the IPHIS system.

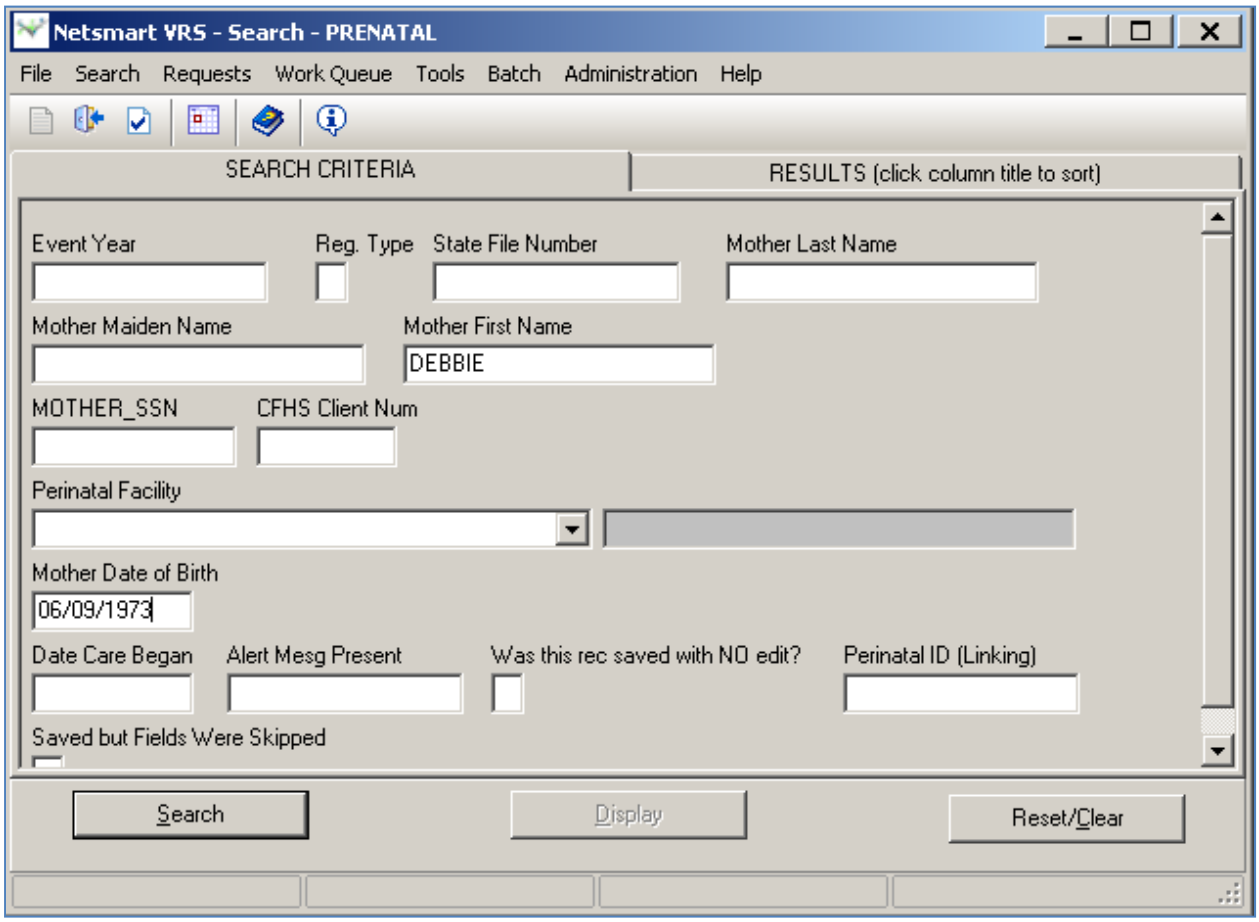
Conducting a thorough search for your client is extremely important to ensure that you do not create a duplicate demographic in the system. In the following example, we will be conducting a search for a client named Debbie Smith.

To begin, we will search to see if our client has a demographic record in the IPHIS system:

Search > Perinatal Information

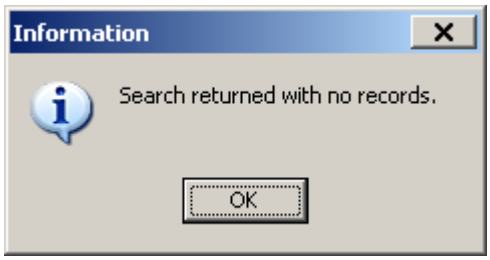


Next a search screen will appear. Due to potential data entry errors and name changes, we recommend that you conduct a search for the **First Name** and **Birth Date** first.

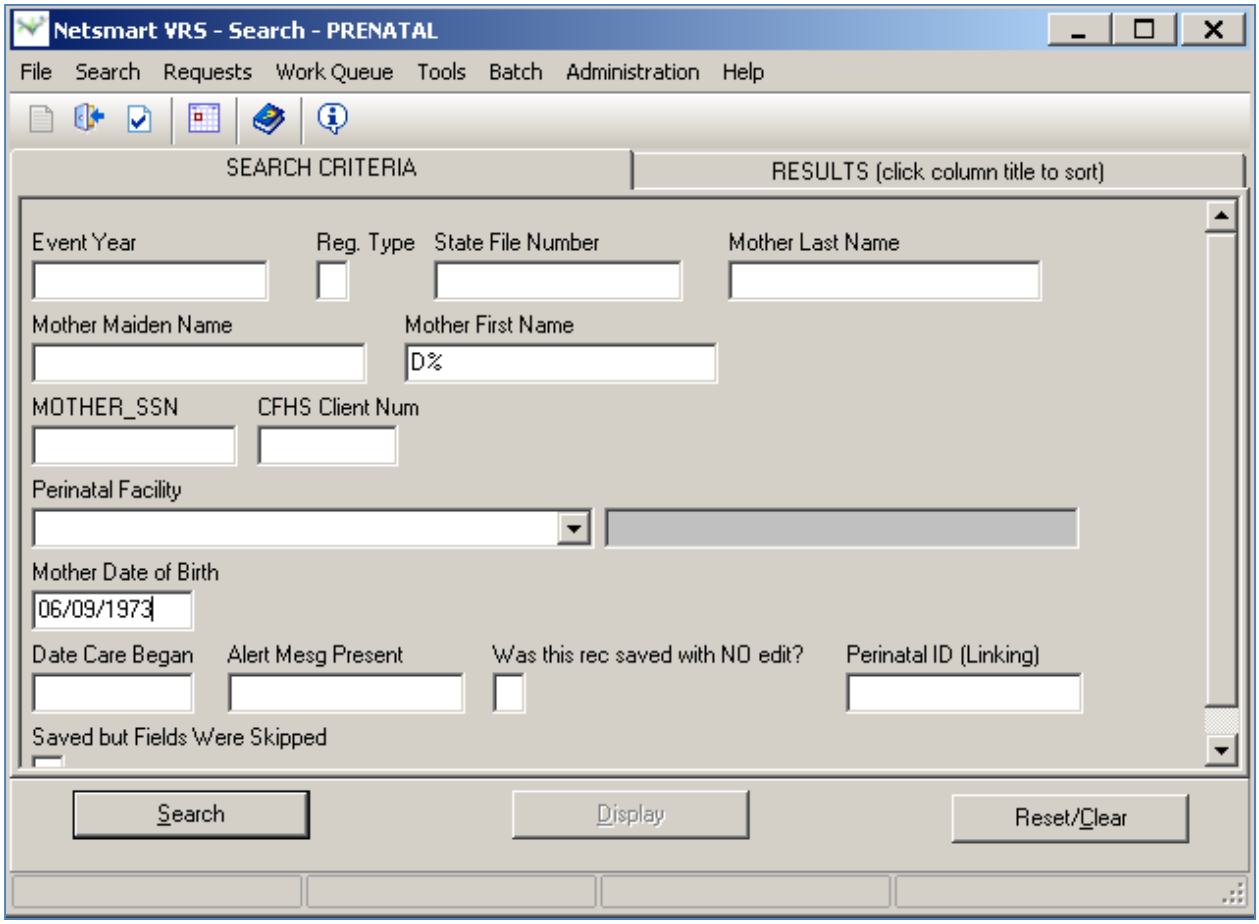


Once you have entered the criteria, click the “Search” button.

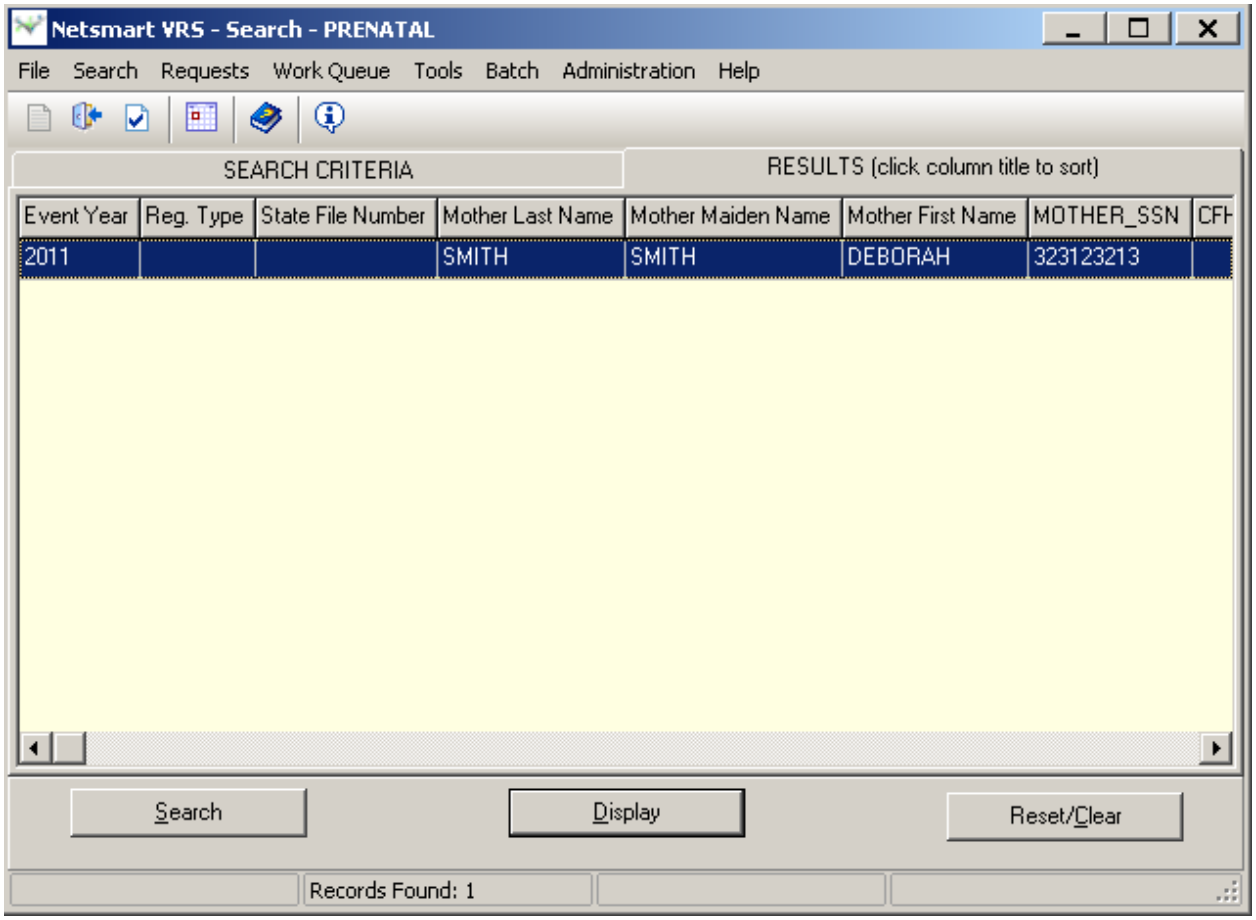
If you receive the following message, you then need to modify your search parameters and conduct a more thorough search:



If you are unable to locate the client by searching their first name and birth date, try using a wildcard search. In the example below, by placing a '%' sign after the first letter of the first name, we can now search for any client in the IPHIS system with a birth date of 6/9/73 and a first name starting with the letter "D."



Next we click the "Search" button and receive the following results:



We now see that the client is in the system with the name entered as “Deborah.” This explains why we could not find the client on our initial search when we were searching for a client named “Debbie” along with the birth date.

The more information you search for will limit the search results you receive. For example, if you were to search for the following criteria: First Name, Last Name, Birth Date, Social Security Number, the client would have to be in the system with all four items matching. By reducing the amount of information we are searching for (e.g. First Name and Birth Date) you will have a better chance of success in finding the client.

By using the scroll bar at the bottom you can see more information about the demographic record

Mother Maiden Name	Mother First Name	MOTHER_SSN	CFHS Client Num	Perinatal Facility	Mother Date of Birth	Date
SMITH	DEBORAH	323123213		CUYAHOGA COUNTY	06/09/1973	05/1

In the example above, we can now see the client's birth date, social security number and other identifying information by using the scroll bar located at the bottom.

Next, we double click on the client's record to bring up the client's demographic:

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<No Alerts>

Client | Ethnic/Race | System Flags

General

Status: COMPLETE

Date Worksheet was Completed: 04/01/2010

DO NOT CONTACT ☐

Client Information

1. Client's Current Legal First Name: DEBORAH
2. Middle Name: H
3. Last Name: SMITH

State: OHIO

4. Residence County: CUYAHOGA

5. City, Town, or Township: WESTLAKE

6. Address: 320 HALIFAX DRIVE

7. Apartment Number:

8. Zip Code/Postal Code: 44145

Mother Information

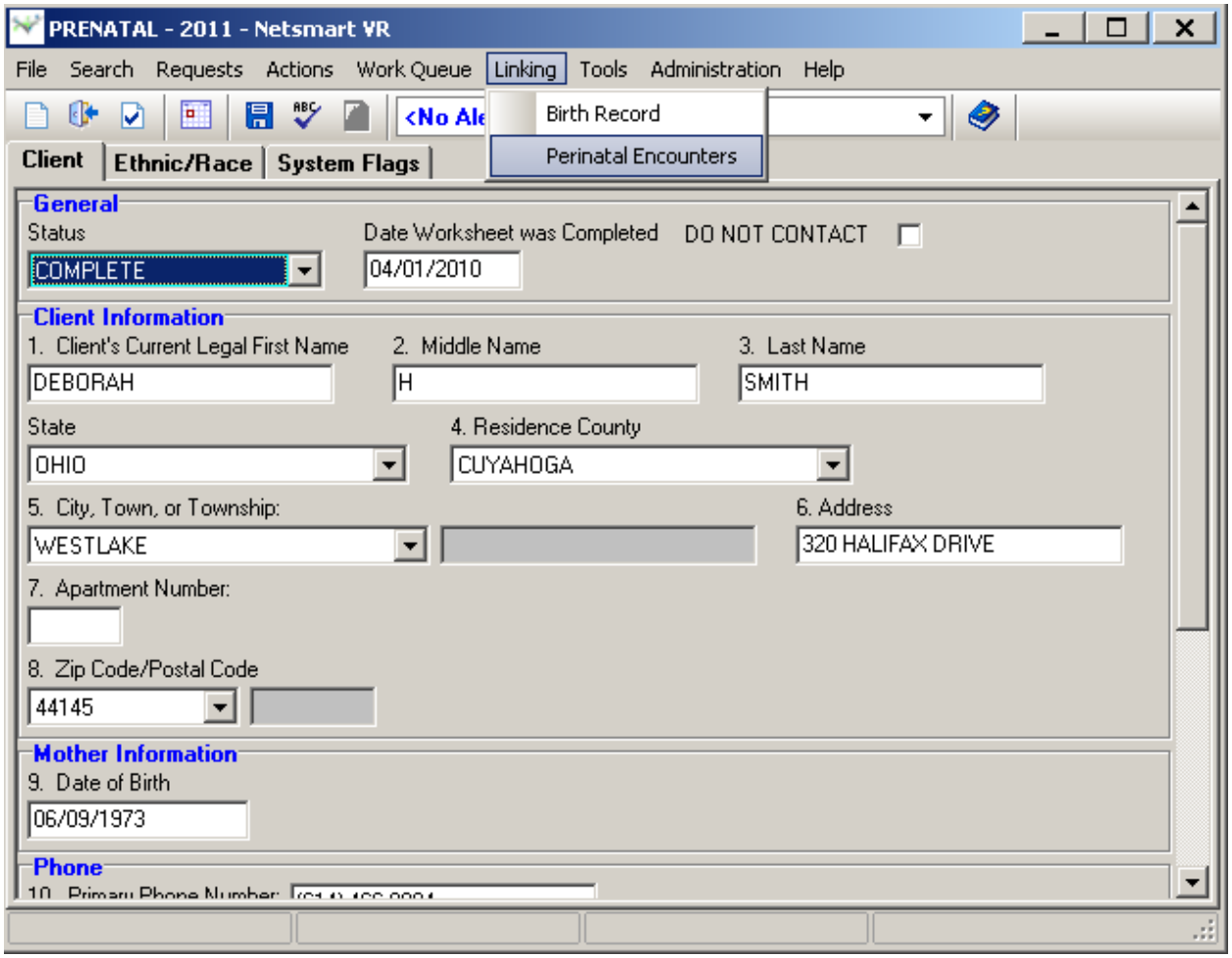
9. Date of Birth: 06/09/1973

Phone

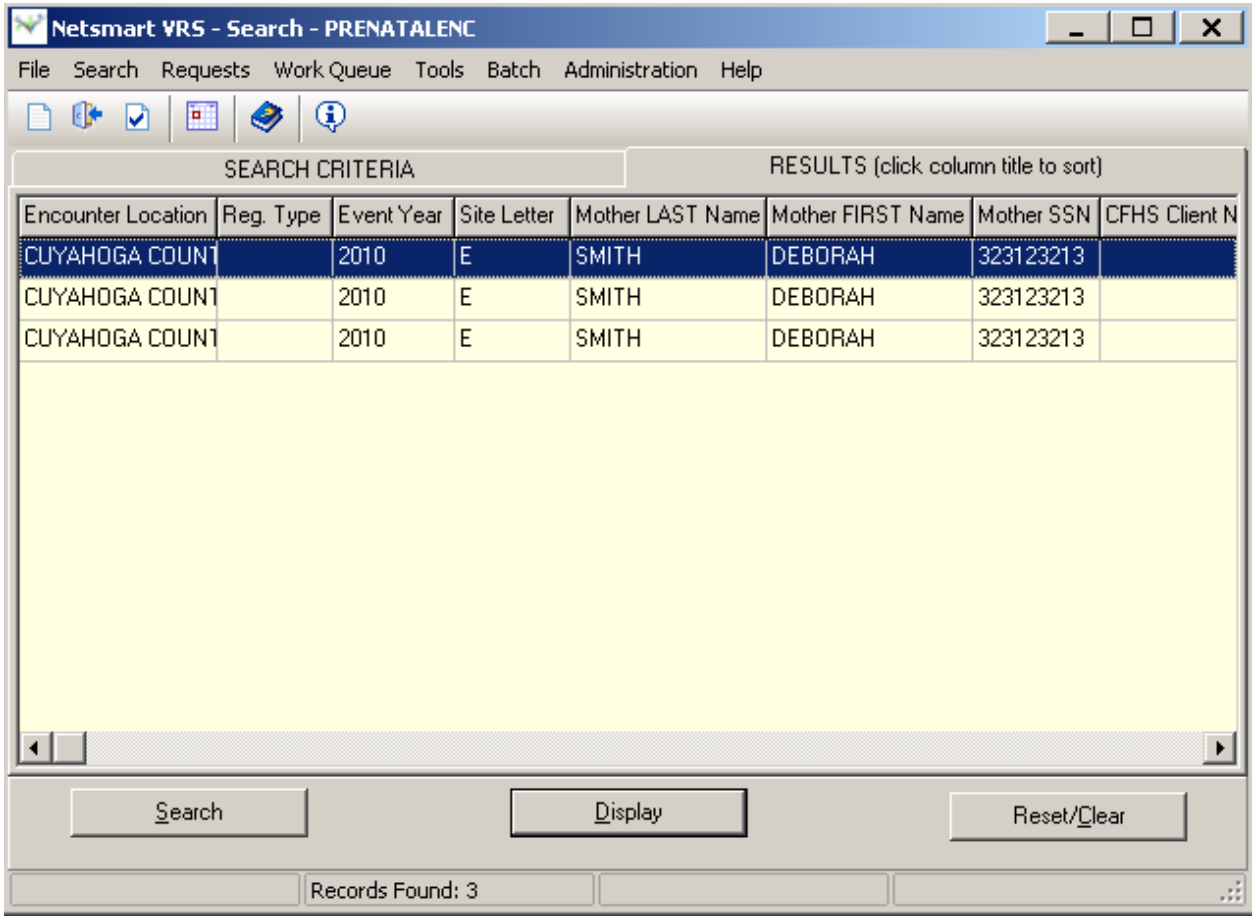
10. Primary Phone Number:

From here, we can look and see what encounters have been entered for this client so far.

With the demographic pulled up go to Linking > Perinatal Encounters

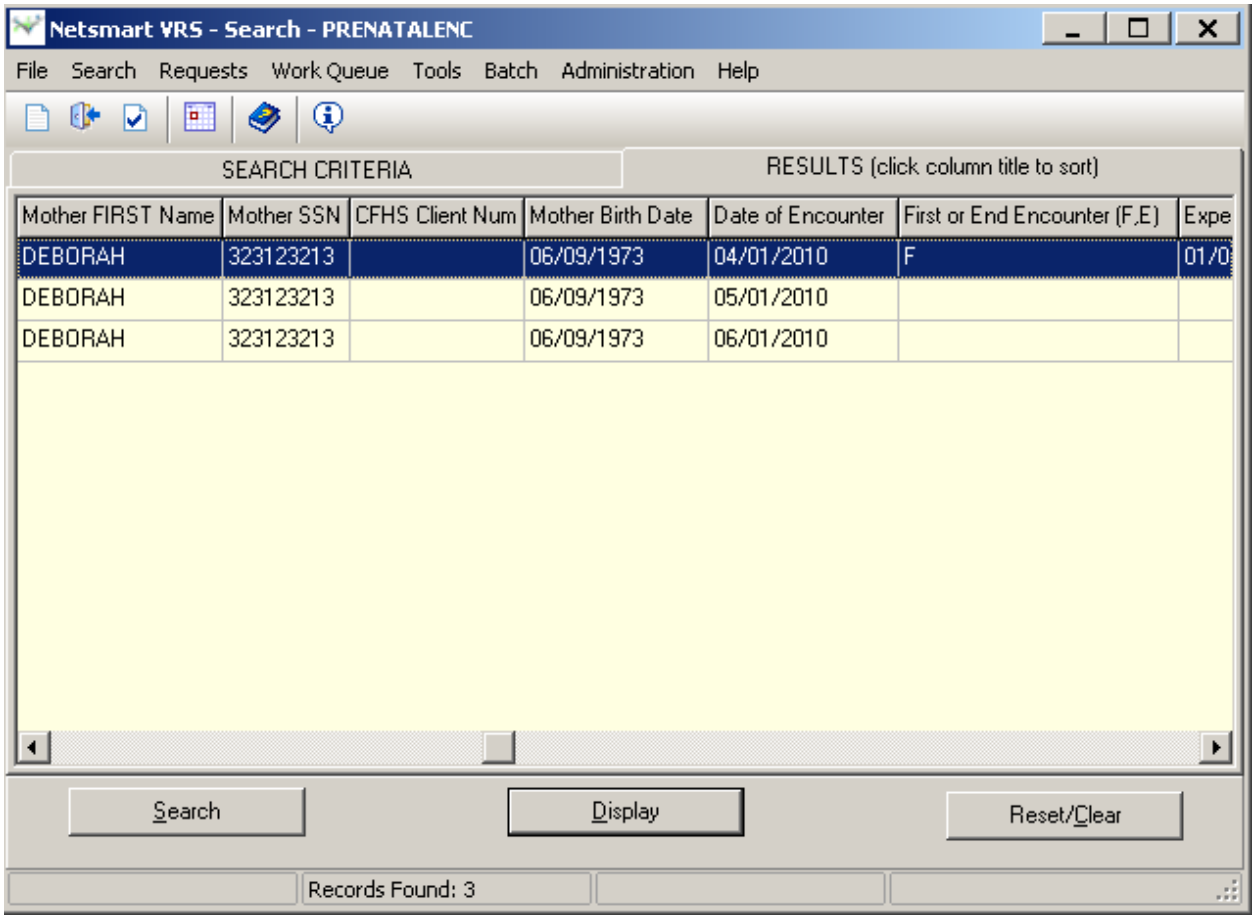


This will pull up a screen similar to the search screen; however this screen displays any encounters attached to the demographic record.



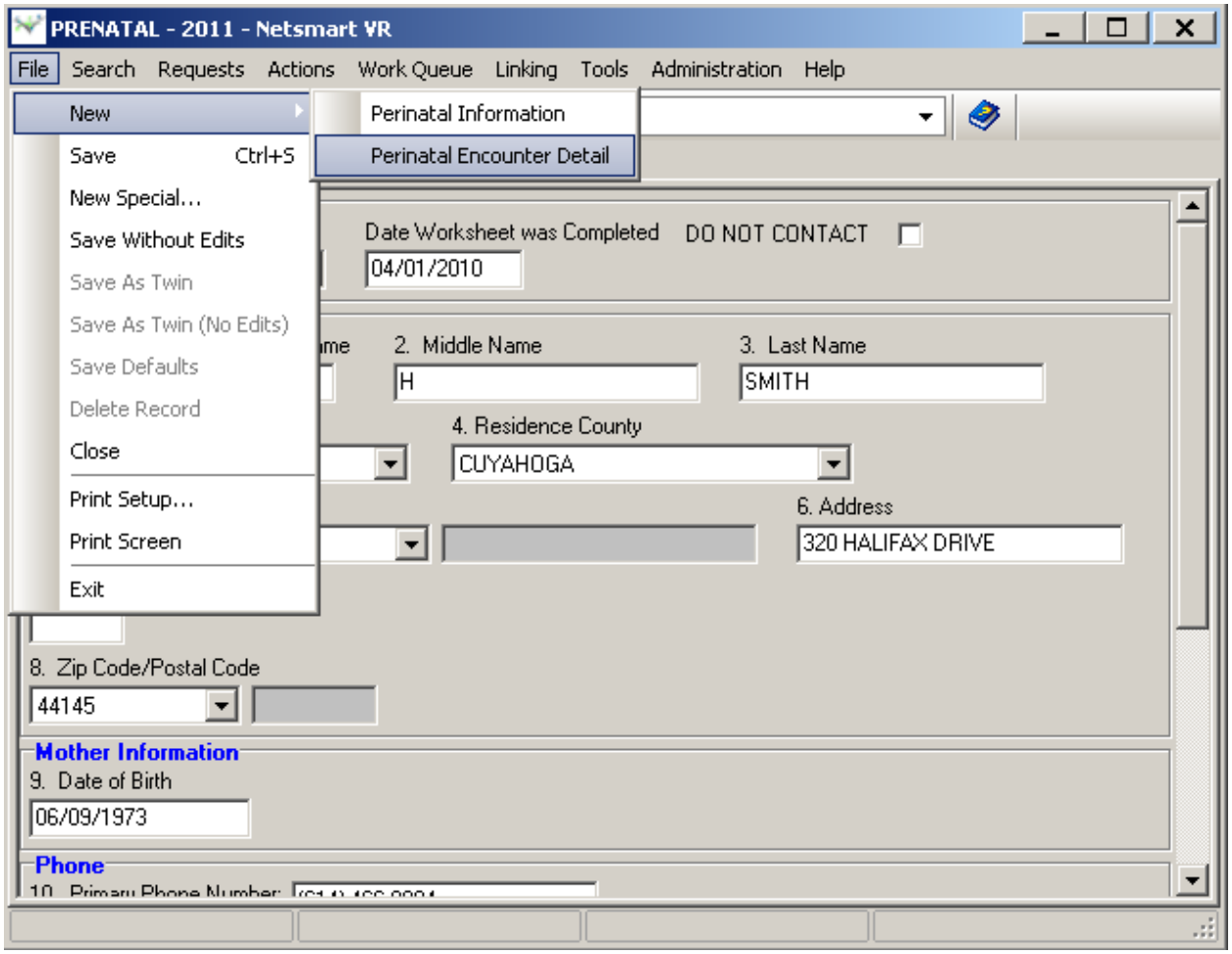
Here we see, Deborah Smith has three encounters attached to her demographic file.

By using the slider bar located at the bottom, we see more information about these three encounters:



Here we can see that this client had a first encounter (denoted by the letter F) on 4/1/2010. The client also had two subsequent visits on 5/1/2010 and 6/1/2010.

For our example, our client Deborah Smith is coming in for her first visit for a second pregnancy. We will go through the steps to enter a new encounter for Deborah below. From Deborah's demographic record:



We go to New > Perinatal Encounter Detail

*Note: You have to have the clients demographic pulled up first to create an encounter.

Deborah is coming in for her first visit for her current pregnancy on 5/23/11. Under the "First Encounter or Ending Encounter (F, E)" box we will enter a letter 'F' to note this is her first encounter for this pregnancy.

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Encounter Info | Ques 1-4 | Ques 5-6 | Ques 7-9 | First Enc Only | End of Care | Flags

Client

Last Name: SMITH
First Name: DEBORAH
Middle Name: H
Birth Date: 06/09/1973
Social Security Num: 323123213
CFHS Client Num:

Encounter

Date of Encounter: 05/23/2011
CFHS Grantee: CUYAHOGA COUNTY BOARD OF HEALTH
Site Letter: E
Home Visit: N
First Encounter or Ending Encounter (F,E): F
WIC Participant:
HMG Participant:
Principal source of payment for this encounter:
If uninsured/underinsured, indicate status:

When you enter a 'F' in the "First Encounter or Ending Encounter (F, E)" box, you will be required to enter information on the "First Enc Only" tab (pictured below).

Encounter Info | Ques 1-4 | Ques 5-6 | Ques 7-9 | First Enc Only | End of Care | Flags

First Encounter Only

Date of First Encounter: / /
10. Intendedness:
11. Number of previous pregnancies: Date of last live birth/other pregnancy outcome: / /
12. Weeks gestation at time of admission to clinic:
13. Weeks gestation when care began:
14. Expected Date of Confinement: / /
15. Risk Status:
16. Does client have any pre-existing chronic conditions?:
17. Weight-Related Risk Conditions:

Complete questions 10-17 at the FIRST ENCOUNTER of each pregnancy ONLY.

Date of First Encounter ___ / ___ / _____ (MM/DD/YYYY)

10. Intendedness
- ❑ A. The client wanted to be pregnant sooner
- ❑ B. The client wanted to be pregnant later
- ❑ C. The client wanted to be pregnant then
- ❑ D. The client did not want to be pregnant then or at any time in the future

11. Number of previous pregnancies _____ Date of last live birth/other pregnancy outcome: ___ / ___ / _____ (MM/DD/YYYY)

12. Weeks gestation at time of admission to clinic: _____

13. If prenatal care began prior to this encounter, record weeks gestation when care began. _____

14. Expected Date of Confinement ___ / ___ / _____ (MM/DD/YYYY)

15. Risk status (Check only one based on ODJFS Prenatal Risk Assessment Form)
- ❑ A. No Risk
- ❑ B. Previous Pre-term
- ❑ C. Poor Outcome
- ❑ D. Both Pre-term and Poor Outcome

16. Does client have any pre-existing chronic conditions?
❑ Yes ❑ No

17. Weight-Related Risk Conditions (Check only one)
- ❑ A. No Risk
- ❑ B. Underweight (<90% standard wt/ht)
- ❑ C. Overweight (120-134% standard wt/ht)
- ❑ D. Obese (≥135% standard wt/ht)

Complete sections 18-21 at the END OF PRENATAL CARE (only to be filled out if pregnancy termination occurs or out of state prenatal care is sought).

18. How many cigarettes OR packs of cigarettes did you smoke on a typical day during each of the following time periods? If you NEVER smoked, enter zero (0) for each time period.

	# of cigarettes		# of packs
Three months before pregnancy	_____	OR	_____
First three months of pregnancy	_____	OR	_____
Second three months of pregnancy	_____	OR	_____
Third trimester of pregnancy	_____	OR	_____

19. Pregnancy Outcome Information (Check only one)
- ❑ A. Delivered (If delivered, select one of the following below):
  - ❑ Live Birth
  - ❑ Neonatal Death
  - ❑ Post-neonatal Death
  - ❑ Delivered - Unknown
- ❑ B. Elective Abortion
- ❑ C. Spontaneous Abortion
- ❑ D. Fetal Death
- ❑ E. Lost to Follow Up
- ❑ F. Delivered - Unknown

20. Birth Information

Method of Delivery
Delivery Type ❑ Vaginal ❑ Cesarean ❑ Unknown

Special Care ❑ Yes ❑ No ❑ Unknown

Multiple Birth ❑ Yes ❑ No ❑ Unknown

Plurality (Specify 1 (single), 2 (twin), 3 (triplet), 4 (quadruplet), 5 (quintuplet), 6 (sextuplet), 7 (septuplet), etc.) (Include all live births and fetal losses resulting from this pregnancy.):____

Date of Birth ___ / ___ / _____ (MM/DD/YYYY) ❑ Unknown

Obstetric estimate of gestation at delivery (completed weeks): _____ ❑ Unknown

Birth weight: _____ (grams) (Do not convert lb/oz to grams)
If weight in grams is not available, birth weight: _____ (lb/oz)

Facility I.D. (National Provider Identifier): _____

21. Baby's Legal Name

First _____ Middle _____ Last _____ Suffix _____

Revised 12/20/07.

The information on the "First Enc Only" tab is the same information that is collected on the4 top portion of the second sheet of the IPHIS encounter form.

IPHIS was designed, so that a CFHS client's data could be captured and then attached to the birth outcome information, thus providing ODH and your agency with important data.

Once you have entered the client's information into IPHIS, it becomes available to the birthing clerks in Ohio, who use a different part of the IPHIS system to generate birth outcomes and information for the birth certificate. The birthing clerks are supposed to conduct a thorough search in the IPHIS system and then connect the information to the birth certificate. The advantage for them is it reduces the amount of data entry they have to do. Unfortunately, we have never had good compliance from the birthing clerks in conducting this process. ODH developed a computer program that goes through the CFHS entered records and all birth records. If the first name, last name, birth date and social security numbers all match, then a connection is made electronically. If those four things are not present, then no connection is made and attempts to make the connection manually.

While the connection rate is still low, ODH can provide you with a birth outcome report upon request.

When a CFHS client comes in for their first visit for their current pregnancy:

- The top portion on the second page of the IPHIS encounter form is filled out.
- A letter 'F' is entered into the "First Encounter or Ending Encounter (F, E)" box in the IPHIS system.
- Information is entered on the "First Enc Only" tab box in the IPHIS system.

When a CFHS client returns for subsequent visits for their current pregnancy:

- Neither the top portion or the bottom portion of the IPHIS encounter form is filled out
- The "First Encounter or Ending Encounter (F, E)" box in the IPHIS system is left blank.

When to fill out the "End of Care" portion of the second page of the IPHIS Encounter form:

The best way to know when to fill out the "End of Care" portion of the form is if the birth results with NO Ohio Birth Certificate being generated.

A couple of examples:

1. Your client goes to West Virginia for the weekend and gives birth there, thus no Ohio birth certificate is generated. If the client returns for a post partum visit and provides you with the birth outcome information, then you would:
    - The bottom portion on the second page of the IPHIS encounter form is filled out.
    - A letter 'E' is entered into the "First Encounter or Ending Encounter (F, E)" box in the IPHIS system.
    - Information is entered on the "End of Care" tab box in the IPHIS system.

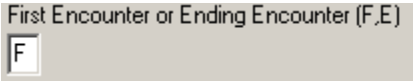
2. Your client has a miscarriage. If the client returns for a post partum visit and provides you with the birth outcome information, then you would:
    - The bottom portion on the second page of the IPHIS encounter form is filled out.
    - A letter 'E' is entered into the "First Encounter or Ending Encounter (F, E)" box in the IPHIS system.
    - Information is entered on the "End of Care" tab box in the IPHIS system.

Can I change information on a demographic record?

Yes. You can change information on a demographic record (e.g. Client's last name, Address, Contact number, etc.) by pulling up the current demographic record, making your changes, and re-saving the record. Do not make a duplicate demographic record to make changes to client information.

Pregnancy Tests

Please remember that when a client is seen at the beginning of a new pregnancy that the visit should be marked as a first encounter



Information about the due date and previous pregnancies is then entered on the first encounter tab. If the client has received a positive pregnancy test, this is a first encounter even if you are not providing any other services to the client.