USE OF OB ADT DATA

Admission/discharge/transfer (ADT) data is transmitted to CCNC twice daily by many North Carolina hospitals. The OB ADT report provides a list of patients with pregnancy-related hospital utilization. Accuracy of this data or complete capture of pregnancy-related hospital visits is dependent on the information entered at each individual hospital. CMIS uses ADT data to send notifications to OBCMs for any hospital utilization (pregnancy-related or otherwise) among patients on their active caseload (OB Heavy, Medium or Light) or who were deferred and have a current due date or a due date that is within the past 30 days. OBCMs should set their profile in CMIS to receive ADT notifications at CMIS > User Workspace > My Profile > Notification > ADT. Each agency also needs to review the OB ADT report available on the CCNC Informatics Center Reports website to identify patients with pregnancy-related hospital utilization who are not on an active caseload.

ADT NOTIFICATIONS RECEIVED FOR PATIENTS **ASSIGNED TO** AN OBCM

1) Click on the red Notifications tab in CMIS and read the patient-specific information that is provided (the Notifications tab will be highlighted in red if an ADT notification has been sent to an OBCM for a specific patient).
2) Click on the menu function beside the patient's name and choose "go to patient" to access the patient's record in CMIS.
3) Within 72 hours of receiving a notification for any hospitalization except for term delivery, the OBCM must complete a claims review and chart review and attempt to engage the patient.
   a. Complete a claims review (i.e., review claims data under the Provider Portal tab and utilization data under the Utilization tab on the Demographics page).
   b. Complete a case review by looking at the patient's goals, recent tasks, the pregnancy assessment and the comprehensive health assessment if there is one.
   c. Document a task note which indicates that an ADT notification has been received and claims and case reviews have been done (task type is Case Review/Chart Audit, intervention is Referral Received).
   d. Document the attempted, completed and/or pending task(s) reflecting outreach to engage the patient.
4) If the ADT notification is for a patient hospitalized for term delivery, document a task (task type is Case Review/Chart Audit, intervention is Referral Received) that indicates that an ADT notification was received and set a pending task for needed postpartum follow up with the patient.
5) If an ADT notification is received for a patient in Deferred status for any hospital utilization other than term delivery, the OBCM should attempt to engage the patient based on receiving a new referral. Put the patient in Pending status and create a pending task to conduct outreach to engage the patient.

<u>OB ADT REPORT</u>

1) Supervisor, team leader or other assigned person should regularly review the OB ADT REPORT in the Informatics Center (icreports.n3cn.org) as often as necessary to identify pregnant patients with hospital utilization in a timely manner. The OB ADT report can be found here:
IC Reports>Local Health Department Standard Reports>PMH reports>Current hospital visits
   - For visit type choose ED, Inpatient, and Observation (do not include Outpatient and Unmapped).
   - For Admission Date choose a value related to how often you check this OB ADT report (for example 24-48 hours can be chosen if staff is checking this report every other day).
   - Other fields should say "Select All".
2) Search for each patient in CMIS.
3) Assign an OBCM to any patient less than 37 weeks gestation (if gestation is known) or for whom the hospitalization is not related to term delivery and put the patient in Pending status.
4) Create a pending task for the assigned OBCM (task type Case Review/Chart Audit, intervention Referral Received, task with CCNC Data/Claims).
5) Document a completed task indicating that the patient was referred for OBCM services through an ADT report (task type Claims Review, intervention Referral Sent, task with CCNC Data/Claims).
6) Within 72 hours of receiving the referral, the OBCM must attempt to engage the patient and document this activity as a task.
7) If a patient is on the OB ADT report for hospitalization for term delivery, no care management intervention is required.