Print Form

HOSPITAL ONLINE SURVEY

The statues that govern hospital birth staff, birthing centers, physicians, and midwives may be found in **Chapter 192 of the Texas Health and Safety Code**, **Chapter 191 of the Texas Administrative Code**, and **Chapter 160 of the Texas Family Code**.

NAME OF HOSPITAL:			SYSTEM NAME:
County:			City:
Title of Informant: ☐ Birth Clerk ☐ Administrator ☐ Certifier ☐ Other Please Specify:			
Name of Informant:			
Name of Informant's Supervisor:			
Physical Address:			
Mailing Address:			
Phone:			Fax:
Email:			
Contact During Survey:		Job Title:	
Contact Phone:		Contact Email:	

REGISTRATIONS			
Number of Birth Records Filed in the Previous Year		**Number of Institutions in Your System That File Records**	
Birth Certificates		Hospitals/Birth Centers	/

CERTIFICATE COPIES AND TRAINING				
Indicate vital records training you or your staff have received in regards to birth registration duties				
1. Vital Statistics Annual Conference	Year		Number of Staff	
2. Vital Statistics Regional Conference	Year		Number of Staff	
3. Acknowledgment of Paternity Certification	Year		Number of Staff	
4. TER Online Training	Year		Number of Staff	
5. Other (Explain):	Year		Number of Staff	

RESOURCES AND FUNCTIONS	
6. Do you reference the www.texasvsu.org website for information/resources?	☐ Yes ☐ No
7. Do you have a records preservation plan for your birth records? - Birth Worksheet, Verification of Birth Facts, Immtrac, AOP, and Parent's Worksheet - Please provide a copy of your preservation plan	☐ Yes ☐ No
8. Do you have a training manual for birth registration functions for new employees? -Please provide a copy of your training manual	☐ Yes ☐ No
9. Do you have a transition plan for a new administration? -Please provide a copy of your transition plan	☐ Yes ☐ No
10. Do you run timeliness reports?	☐ Yes ☐ No
11. Do you monitor timeliness on a quarterly basis?	☐ Yes ☐ No
12. Do you offer the Heirloom Birth Certificate Brochure?	☐ Yes ☐ No
13. Do you have the following current forms?	

B/C (VS-111 Rev. 1/2005)	☐ Yes	☐ No	Mother's Worksheet (VS-109.1, Rev. 2/2005)	☐ Yes	☐ No
Medical Worksheet (VS-109.2, Rev. 1/2005)	☐ Yes	☐ No	Mother's Worksheet (VS-109.1A, Rev. 1/2006)	☐ Yes	☐ No
			Certificate of Birth Resulting in Stillborn (VS-301, Rev. 12/2005)	☐ Yes	☐ No
Fetal D/C (VS-113, Rev. 1/2006)	☐ Yes	☐ No	Heirloom Birth Certificate	☐ Yes	☐ No
			Application for Certified Copy of Birth Record (VS-166.1, Rev. 12/2005)	☐ Yes	☐ No
AOP (VS-159.1M, Rev. 9/2005)	☐ Yes	☐ No			
Acknowledgment of Paternity Inquiry Request (VS-134.1, Rev.12/2005)	☐ Yes	☐ No			
Application for a New Birth Certificate Based on Parentage (VS- 166, Rev. 12/2005)	☐ Yes	☐ No			
Birth amendment (VS-170 Rev. 12/2005)	☐ Yes	☐ No			

Comments:

PROCEDURES	
Do you have procedures for the following:	
14. Adoptions? ☐ Yes ☐ No -Please provide a copy of procedures	15.* Handling of Gestational Agreements (i.e. Surrogacy)? -Please provide a copy of procedures ☐ Yes ☐ No
16. A Continuity of Operations Planning (COOP) Plan in case of an emergency or catastrophe? -Please provide a copy of procedures ☐ Yes ☐ No	
17. For handling non-institutional births? -Please provide a copy of procedures ☐ Yes ☐ No	
18. For handling non-institutional en-route births? -Please provide a copy of procedures ☐ Yes ☐ No	
19. For working with Child Protective Services? ☐ Yes ☐ No	
20. Abandoned Babies? ☐ Yes ☐ No	

* ***Please refer topic to your legal department whenever you receive a Gestational Agreement***

Comments:

RECORD CERTIFIERS	
21. How many certifiers do you have at your facility?	
22. Does your certifier also release the records? - if not, who certifies the record?	☐ Yes ☐ No
23. Do you have an alternate certifier?	☐ Yes ☐ No

Comments:

ACKNOWLEDGEMENT OF PATERNITY [TFC CHAPTER 160]	
24. Acknowledgment of Paternity offered to all unmarried mothers?	☐ Yes ☐ No
25. AOP Spanish Translation of Rights and Responsibilities?	☐ Yes ☐ No
26. Do you offer the Office of the Attorney General's paternity brochure to unmarried mothers and partners?	☐ Yes ☐ No
- Do you offer the Spanish version?	☐ Yes ☐ No
27. Photocopies of completed AOP offered to each party who signs the AOP?	☐ Yes ☐ No
28. Do you document the offer, acceptance and denial of AOP?	☐ Yes ☐ No

Comments:

TER USAGE / SOFTWARE ASSESSMENT	
Using TER To Register: **Births (including home births)** ☐ Yes ☐ No	**Deaths** ☐ Yes ☐ No
29. If you answered "No," please explain	
30. Is your hospital aware of the enforcement of vital statistics law? [HSC 191.027]	☐ Yes ☐ No
31. Are you using TER to generate AOP's?	☐ Yes ☐ No
32. Is your hospital reviewing the record before filing for comparison for verification of birth facts after parents have signed off on it? (accuracy)	☐ Yes ☐ No
33. If you are using TER to process birth records, do you log into TER daily and check your queues for records?	☐ Yes ☐ No
34. Are you using TER to input Immtrac Parent's Consent Choice?	☐ Yes ☐ No
35. Do you each have a separate user ID and password for each employee?	☐ Yes ☐ No
36. Are you updating your user security table by adding new employees and removing employees that no longer work at your facility?	☐ Yes ☐ No ☐ Yes ☐ No

Comments:

OTHER DUTIES AND RESPONSIBILITIES	
37. Do you periodically compare medical records with a sample of Birth Certificates for data quality for hospitals? **(for hospitals with more than 100 births per year)**	☐ Yes ☐ No
Does your hospital have less than 100 births per year?	☐ Yes ☐ No
38. Do you file Birth Certificates for mother's that deliver at your hospital but are transferred to another facility?	☐ Yes ☐ No
39. Do you inform the new parents how to order/obtain Birth Certificates from Vital Statistics?	☐ Yes ☐ No
40. Who obtains the mother's information for Birth Certificates? ☐ Birth Clerk ☐ Nurse ☐ Physician ☐ Other Please Specify:	
41. How do you interview the birth mother to receive vital data?	
- via telephone	☐ Yes ☐ No
- one on one (in person)	☐ Yes ☐ No
- written communication	☐ Yes ☐ No
- other	☐ Yes ☐ No
42. Do you explain to the mother the importance of the Birth Certificate and the data that is collected to the mother?	☐ Yes ☐ No
43. Do you require your staff to take an oath of confidentiality? [GC 552.115]	☐ Yes ☐ No

Comments:

FEEDBACK

Please feel free to leave feedback in this section

SURVEY PROCESS
Please complete this survey. This survey coincides with the 5 Star Criteria for 5 Star Awards.

SIGNATURE
By signing below, I attest that the information provided above is true and accurate.

Signature of Informant

Date

Signature of Informant's Supervisor

Date