

HUMAN MILK WELL BABY TRACK DATA ENTRY INSTRUCTIONS

TO BEGIN

1) To increase reliability and speed of access, data is stored in a database site that, while similar in appearance, is completely separate from pqcnc.org

2) For security, you MUST log on separately to the data site

3) The data site is located here -

<http://www.pqcnc.org/milk>

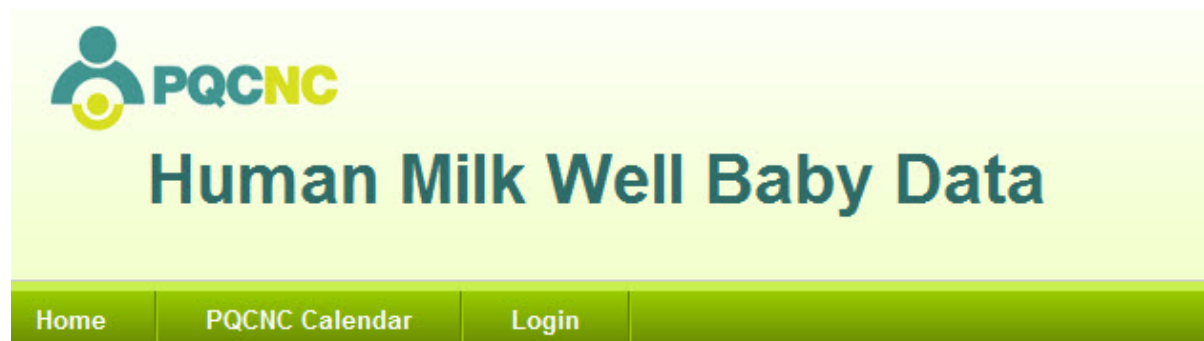
- there will also soon be a link from the Human Milk section of pqcnc.org. Keep in mind that if you click over to the data site from pqcnc.org you may need to log in again

GAINING ACCESS

1) If you currently have a pqcnc logon please email me with your Login ID and I will give you access to the data site

2) If you do not have a current Login ID you will need to create one

3) Click on "Login"



Welcome to the Human Milk Well Baby Data Site!

The exclusive human milk for babies (EHM4B) neonatal health initiative will focus on the use of human milk. Tracks have been designed for Newborn Critical Care Centers (NCCC) to focus on supports and barriers to under 1500 grams and/or for maternity care centers to focus on supporting mothers choice to provide exclu infants. The initiative will reduce variations in care and increase the number of infants nourished by mother's

To view or work with Human Milk data, please log in above.

4) Click on create new account



User account

Enter your Human Milk Well Baby Data username.

Password: *

Enter the password that accompanies your username.

5) Fill in the form that appears and click "Submit"

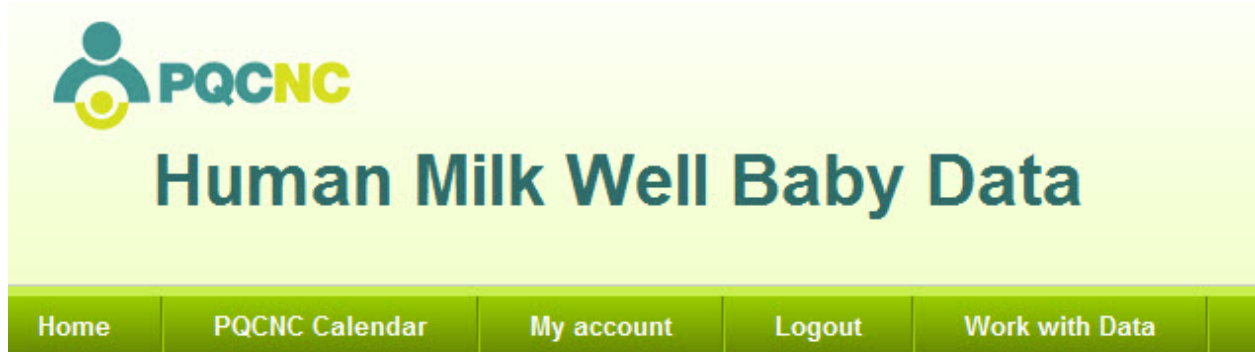
6) Email me the Login ID you selected and I will give you access

7) Once you have access you can begin working with data

WORKING WITH DATA

Accessing the **Forms**

1) Login

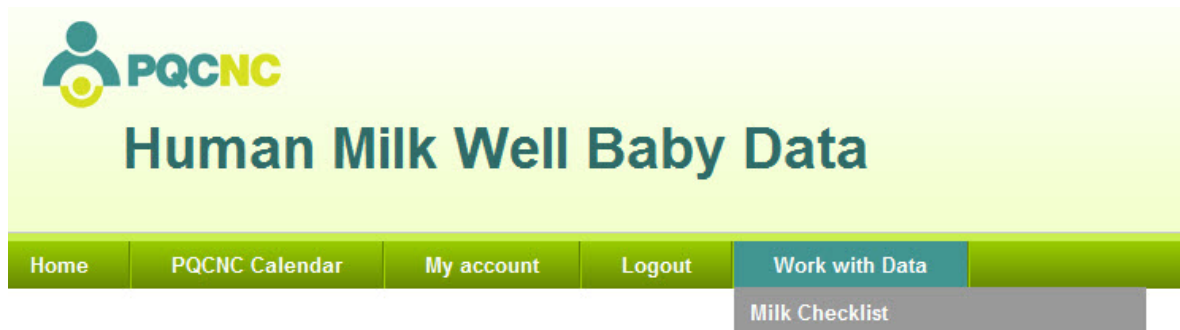


Welcome to the Human Milk Well Baby Data Site!

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To view or work with Human Milk data, please log in above.

2) Once you are logged in you will see a new menu item "Work with Data"



Welcome to the Human Milk Well Baby Data Site!

The exclusive human milk for babies (EHM4B) neonatal health initiative will focus on the use of human milk in hospitals for infa Tracks have been designed for Newborn Critical Care Centers (NCCC) to focus on supports and barriers to getting mother's mill under 1500 grams and/or for maternity care centers to focus on supporting mothers choice to provide exclusive breastfeeding fc infants. The initiative will reduce variations in care and increase the number of infants nourished by mother's milk.

3) Select "Milk Checklist" from the drop-down menu



Milk Checklist

To create or edit a set of forms, please begin

Facility Code:

Chart Number:

[Get Checklist](#)

- 4) Enter your three digit facility code
- 5) Enter the 'chart number' which is the tracking number you are using to distinguish between forms and NOT the actual chart number. Click on "Get Checklist" (see next page for illustration)
- 6) The data entry form you are working from is divided into two types of information - specific information that is collected per shift which you will enter in the section entitled "Shift Forms" and demographic information about the patient (part of which is entered following discharge) which you will enter in the section entitled "Overview Form" (see next page for illustration)



Milk Checklist

To create or edit a set of forms, please begin by entering the following information:

Facility Code:

999

Chart Number:

102

[Get Checklist](#)

Overview Form

- [Overview - Create](#)

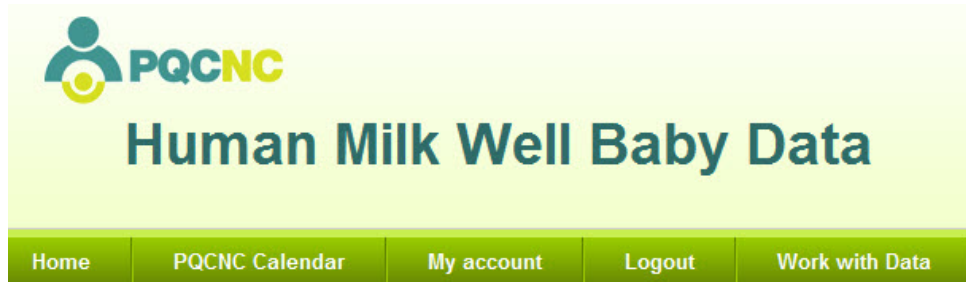
Shift Forms

For 12 hour shifts, please complete the first 6. For 8 hour shifts, please complete the first 3.

- [Shift #1 - Create](#)
- [Shift #2 - Create](#)
- [Shift #3 - Create](#)
- [Shift #4 - Create](#)
- [Shift #5 - Create](#)
- [Shift #6 - Create](#)
- [Shift #7 - Create](#)
- [Shift #8 - Create](#)
- [Shift #9 - Create](#)

Working with **SHIFT FORMS**

1) Select "Create" next to the appropriate shift which will bring up the data entry screen.



The screenshot shows the PQCNC Human Milk Well Baby Data form. At the top is the PQCNC logo and the title "Human Milk Well Baby Data". Below the title is a navigation bar with five buttons: "Home", "PQCNC Calendar", "My account", "Logout", and "Work with Data".

Create Milk Shift Form

Facility Code: *

Chart Number: *

Shift Number: *

Shift End Time: *

Documented breastfeeding support this shift: *
 No Yes 100% Formula fed

Number of times mom and baby are skin-to-skin for a minimum of one hour during this shift: *
 0 1 2 or more

Hours mom and baby separated (mom and baby not in same room) during this shift: *
 0 1-59 minutes 60-120 minutes more than 2 hours

Did you provide a pacifier for this baby on this shift: *
 Yes No

2) Transfer data from your paper form to the web form. Click "Save"

Your results will display, as well as a green box

- To return to the checklist, please [click here](#)

3) Click on "please click here" and you will be returned to the checklist page where you can create the next appropriate shift as listed on your paper form

4) Repeat this process until you have entered all the 'shift' data from your form.

Working with the **OVERVIEW FORM**



Milk Checklist

To create or edit a set of forms, please begin by entering the following information:

Facility Code:

Chart Number:

[Get Checklist](#)

Overview Form

- [Overview - Create](#)

Shift Forms

For 12 hour shifts, please complete the first 6. For 8 hour shifts, please complete the first 9.

- [Shift #1 - Create](#)
- [Shift #2 - Create](#)
- [Shift #3 - Create](#)
- [Shift #4 - Create](#)
- [Shift #5 - Create](#)
- [Shift #6 - Create](#)
- [Shift #7 - Create](#)
- [Shift #8 - Create](#)
- [Shift #9 - Create](#)

1) Select "Create" next to "Overview"



Human Milk Well Baby D

[Home](#)[PQCNC Calendar](#)[My account](#)[Logout](#)[V](#)

Create Milk Overview Form

Facility Code: *

Chart Number: *

Estimated Gestational Age: *

 weeks

Multiple Birth: *

Singleton Multiple

Type of Birth: *

Vaginal Birth Birth through an abdominal incision

Notified of presence of skilled support for breastfeeding: *

Yes No

Is there documentation that mother was informed between L&D admission and discharge about pre

Skin-to-skin immediately after birth: *

Yes No

Is there documentation that the mother and infant were skin-to-skin (i.e., infant placed unclothed dir the mother was responsive?

2) Transfer data from your paper form to the web form. NOTE: You will not be able to save a partial form so please ensure paper form is complete before beginning Overview data entry. Click "Save"

Your results will display as well as a green box

- To return to the checklist, please [click here](#)

3) Click on "please click here" and you will be returned to the checklist page.



*Moving to the **NEXT PATIENT***

1) You can begin the next patient by entering a new chart number in the Chart Number box and clicking "Get Checklist" from any screen where those options are available or by following the steps beginning with Step 3 of ACCESSING THE FORMS above

CHECKING / UPDATING / CORRECTING DATA

You can enter the facility code and chart number of previously entered forms to check or correct your data entries on the "Milk Checklist" screen

*Need to **CHECK YOUR WORK?***

- 1) Navigate to the appropriate patient (see ACCESSING THE FORMS above)
- 2) Click "View" next to the shift you wish to check

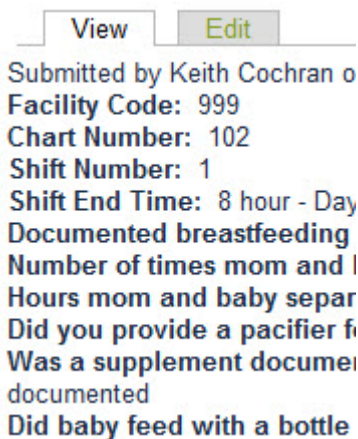
Shift Forms

For 12 hour shifts, please complete the first 6. For 8 hour shifts, complete all 9.

- Shift #1: 8 hour - Day (updated 12/8/2010 1:00 pm) - [View](#)

*Need to **MAKE A CORRECTION?***

- 1) From the 'View' of the appropriate shift form click on "Edit"



View Edit

Submitted by Keith Cochran o
Facility Code: 999
Chart Number: 102
Shift Number: 1
Shift End Time: 8 hour - Day
Documented breastfeeding
Number of times mom and I
Hours mom and baby separ
Did you provide a pacifier f
Was a supplement docume
documented
Did baby feed with a bottle

- 2) Make whatever changes are needed and click "Save"

NOTE: When viewing, correcting or updating data when your changes are saved you will need to return to Step 1 of ACCESSING THE FORMS to continue working with data.