Randy: I am one of the project directors for the California Newborn Screening Program. I'm excited about this presentation today for a number of reasons, but one of the reasons is, we are literally doing this on location and [inaudible 00:00:16] and I am at Sutter here and we've got some of the Sutter folks in the room with us and we'll be introducing those folks as we go along or talking about them anyway. So, we'll go ahead and get started and talk about what we've done and we're very pleased with what we've done here with the Sutter project.

What I'd like to do in the presentation, I'm going to give sort of a brief overview of the way the Newborn Screening Program is set up in California, then I'm going to give you an overview of what we've been doing with these particular Sutter hospitals since January of 2016, and then we're going to focus in on what we've done this year in trying to improve our transport times. So, I'll sort of get started here with an overview of California. You're probably aware, California's a pretty big state. We have nearly 500,000 births a year and it is basically too large to try to do everything with newborn screening, particularly follow-up all in one place. So what California has done is they have broken the state up regionally and established what's called area service centers and the area service centers are the ones who are responsible, number one for doing the short term follow-up on our newborn screening cases, and then also responsible for providing oversight for all of the facilities in their area.

This is a map of California and the regional area service centers. There are seven of them, two of them are with Kaiser Permanente, which is an HMO-type medical system and they're sort of a closed system and they operate within all the same regs and everything else, but they basically divide the state in half within their system, Kaiser North and Kaiser South. Then, going further into the regional, we have Stanford, Valley Children's Hospital, which is where I'm from, UCLA, Harbor UCLA and Rady's Children's Hospital in San Diego. You can probably see from the map there, Valley Children's, the area service center geographically is quite large. We extend in the south down to Kern County, the Bakersfield area if you're familiar with that, all the way up to Oregon and over to the Nevada border. We have 32 counties that we service and 50 plus hospitals and many, many small providers such as midwives. This is how our newborn screening follow-up and oversight is set up.

The other part to take a look at here is the way our labs are set up. They are set up regionally as well, but they are not the exact same regions. As you can see from the map here, their regions are a little bit larger. We basically have three in the state, plus the two Kaiser. All of these regions are set up by the number of specimens that they are dealing with. That is why, like in our region for the ASC, we're so large is because we have many more rural type areas. We do have a few large population centers, but

certainly not like like they have in the Bay Area and down south in the L.A. area. So, this is how the labs are set up and this is called the NAPS Lab, which is the Newborn and Prenatal Screening Labs. One advantage we have here in California, I know that it's not everywhere, is that those are running seven days a week, so that is a big plus for us here. That has really contributed for us to be able to do a good job for our families.

We do have some challenges in California, and as I mentioned before it's a very big state, so we have transportation challenges. Currently, we provide courier services that is available to all the hospitals in the state through a company called Golden State Overnight, or GSO, and they provide overnight service most places to our NAPS Labs, however there are some outlying areas, for example, I have several of those on like the eastern side of the Sierra or the far northern part of the state where we have two-day delivery for them. So that is already a challenge there for all of those facilities. And there are a few others spread throughout the state as well. Additionally, we are only able to get service from them Monday through Saturday on a best case scenario, and just like our delivery, there are some facilities that they only will serve Monday through Friday. So when you combine the fact that we may have few day delivery service and we only have a courier that will come Monday through Friday, for some of these hospitals, you can see where we do have some challenges here in the state.

Over the past few years within the program, we've had some significant changes. Things that we have done to try and improve our timeliness, going back to the Coin Project and of course New Step 360. I'm going to highlight a couple of those here real quick. One of the things we've done is we revised what's called our HEPP, which is the Hospital Evaluation Performance Profile. We have split that into two parts. We have one report that focuses on the PRF completion and inadequate collection and then we've separated out our timeliness as far as their time of collection and what the transit days are. So this allows us to focus a bit better on this. As you can see here, this is one of our HEPP reports from one of our hospitals, Sutter Davis, and you can take a look there. You can see how it's broken down for age of collection and the number of transit days.

Another thing that has happened in California and this is very big news, is we have updated Title XVII regulations, which is basically the standards under the law that the hospitals all have to follow, and we have made changes in there, numerous, but one of the focuses is now that we are requiring that the hospitals collect between 12 and 48 hours. Now of course, not everybody is going to be 100% compliant with that. We know that, but this is a much improved regulation than what we previously had which basically said by the sixth day of age and as close to discharge as possible. So this has allowed us to really focus in and work with our facilities, tell them, "Yeah, the regs say you need to do that," and not just "Gee, this is just what we would like you to do." So these have been very instrumental in improving our performance here in California.

I'm going to talk a little bit now about the Sutter Project and how we started. Basically, I like to tell this little story, is we had received a report from the California Department of Public Health, basically sort of ranking how all of our facilities were

doing with timeliness, so the common sense thing to do is then of course go to the bottom of that list and see who's doing the worst and pay those folks a visit and that's exactly what we did. And one of those hospitals was one of the facilities we'll be talking about later, Sutter Roseville, and they were near the bottom and we were visiting there and we were going through their process and talking to them about how they could improve. I mentioned the fact that one of their sister facilities, Sutter Davis, was just really doing outstanding. They said to me, "Well, they always do great. What is it that they do?" And I said, "You know, that is a really, really, good question."

So, what we did then was we went to the top of the list and we did a site visit with Sutter Davis Hospital and it was through there that we found a champion, not just for this facility, but really for all the Sutter Hospitals and beyond to even non-Sutter facilities in Pam Hill. Pam is here with me today and she'll be able to answer any questions that you might have. She has really ... when we say the word champion, she really does sort of embody that and has really taken this under her wing and really moved forward with trying to improve newborn screening timeliness performance. So here's an overall timeline of that. I'm not going to go into a lot of details, but basically that meeting happened in January of 2016. By March, we were working with Pam presenting to us at the State at our project directors meeting, as well as working with her facility to, I guess we say, refine processes and try to implement this on a larger basis. By April, we had team members identified. One of the things that we did, and you can look at the PDSA project here as we were planning and then we started doing. We began a pilot project with the Sutter five facilities that we're going to talk about with providing monthly feedback rather than quarterly feedback as to their newborn screening timeliness on the HEPP reports.

By May, we had an improvement plan for them from the corporate level, and this corporate support for trying to improve this, setting up with these five facilities, not just Sutter Davis, and moving forward. Then from June to December, basically that's our sort of doing phase. Pam was busy doing gemba walks at the facilities. We were trying to get everybody on board for that. When we hit our S phase, which was kind of studying what we were doing, we saw that we were doing pretty good with our collection timeliness, but the transit was not where we wanted. So, Pam came up with the idea, and we'll talk about that, of trying to improve our transport by doing something that was very radical for us in California, and that was provide seven-day basically pick-up and transport to the NAPS Labs, which is something that nobody in the state has with the exception of, as I mentioned, the closed Kaiser facilities. So, for freestanding hospitals, this just wasn't happening anywhere else. We had some planning that went on in the spring, a conference call, we started training our couriers and then basically the time frame of April 22nd to 24th, we went live with our plan.

I'm going to just briefly step back a moment, and I mentioned that we were doing very well with our timeliness for specimen collection, and this is the way specimen collection looks for these Sutter five facilities since the beginning of our pilot program. We overall are easily meeting our goals here. The green areas are either 12 to 24 or 24 to 48 hours. We do have a few specimens that are being collected between 48 and 72 hours. What you don't see on this chart, however, is anything greater than 72. When I reviewed this data again, over all of this period of time, there

literally is zero greater than 72. We did have a very small handful of less than 12 hours and unknowns but we have nobody that's really, really late here.

The other thing that's sort of interesting here and time wise I could spend a lot of time just talking about Pam, but Pam had some changes in her life during this time. One of those changes was she transferred from Sutter Davis where we met her, over to Sutter Regional, a bigger facility, more births as she was taking on this role with us and so we saw a little bit of a decline during that time. She also had some family issues in the winter last year and we also saw a little decline during that time too. So, I won't go into too much of that, but basically this speaks to the importance of a champion and what an impact they have. That impact wasn't just felt at her own facility, it was felt throughout the system.

I'm going to focus in now on our transport plan which we've been working on since January of this year. It sounds very simple, basically with the idea we were going to use their own courier, Accurate Courier, to fill in the gaps, so to speak. One of the Sutter facilities did not have Saturday pickup, so what we did with them is they used Accurate Courier on Saturday to pick up the specimens at Sutter Amador and transport those on Saturday over to Sutter Medical Center Sacramento, the larger regional hospital. Then GSO would pick those up, the state-run courier, would pick those up on Saturday and take those to the NAPS Lab. Now, one important note here is that even though they're picking that up late Saturday afternoon, they do not deliver on Sunday, so these are being delivered Monday morning at the NAPS Lab. But the alternative to that, what was happening before, was those specimens literally sitting until Monday at Sutter Amador and not arriving at the lab until Tuesday.

Then on Sunday, this is where we really got creative. Again, we had Accurate Courier on Sunday picking up specimens from Sutter Amador, taking it to Sutter Medical Center in Sacramento and then what we had is the Accurate Courier picking up all of those Sunday specimens from Sutter Amador as well as the other four pilot Sutter facilities, picking those up and making a dedicated run to the NAPS Lab early on Monday morning, so that when the NAPS Lab opened up, those specimens are sitting there. Again, what would normally happen here is that all of those specimens would be picked up on Monday and received at the lab on Tuesday.

So, we're going to take a look at what impact this has had, but just quickly wanted to show you sort of some of the things that Sutter has done in putting this together. They've created special envelopes for this to work with the Accurate Couriers that are specifically for this. This separates them away from our GSO transport also, as well as priority envelopes that are designated as being specifically for this program that we use specifically on those days. What I have here on the next several slides, we're going to look at the individual facilities, their performance. These are arranged by the number of specimens, the most being first here, at the regional hospital Sutter Medical Center Sacramento. January, in their regular nursery, the graph on the left is their regular nursery, the graph on the right is their NICU. They were down around 60% of meeting our timeliness goals. You can see, we started creeping up, even before we implemented this program in April. We had a bit of a drop in June. We're talking about that, we're not sure what happened there exactly 100%, but still, you

can definitely see that there's a tremendous trending up. And then the NICU, they went from an 81% and they've been steadily in the 90s.

When we looked at Sutter Roseville, remember that facility that I said that was among the worst? Well, even in the time until we started this, they had transformed themselves tremendously and were doing much better. They started out at around 75% trending up to 87% at the regular nursery and then 85%, bouncing around a bit, but we interestingly had 100% month in March and a 96% in June, so we're very pleased with that. Now these are some of the smaller hospitals, when I mentioned the hospital that was the cream of the crop, this is it right here, Sutter Davis, and you can look at where they were at. They were already at 91% before we even started, but look at that in April and June and they were sitting at 100%. This sort of proves that this can work with this sort of transportation. This one is a real success story. This is a facility that had struggled and thanks to Pam's work and what we've done there, they literally have turned themselves around and you can see that progress up to 93% for the month of June.

And then our little hospital, the one where we're doing all that special stuff for on Saturday and Sunday, you can see where they started out at only 42%. We're not meeting the goal of 85 yet, but we have definitely improved. So when we take a look at all of the hospitals in the project, we were starting out at about 69% percent. Statewide, we average about 75%, for all facilities [inaudible 00:19:31] in my region, and we have that now up to the point where we are meeting our goal at greater than 85% here for the last May and June. So, here we are. Are we making a difference? Well, I think we are. Through this process, you can see how we've utilized PDSA, planning, doing, studying what we're doing and then adjusting and making some changes to the overall process and continuing to try to improve. We are very early results since this just started at the end of April, but at this point, we're meeting the goal and we're pretty happy about that. However, I can speak for Pam and I know the folks that I've got here for Sutter in the office, they are striving for perfection. They want to see everybody at 100%. And I don't know whether that's going to happen, but I know that they're not going to be happy at 85. They're going to want to continue to push those numbers.

The other thing we know is collection timeliness is very good. The process that we started back in January of 2016 has contributed to that and we're very pleased with what we've done with timeliness. So now, we just need to continue to move the needle on the transport. But challenges remain. As I said, we want to improve these numbers even more and this is a special project we've got going here. What do we do for the rest of the state? And it is something that I know the California Department of Public Health, the Genetic Disease Screening Program is working on trying to improve our courier services, trying to get everybody as many days as possible. We'd like to see everybody in the state getting seven day a week overnight service, it's just not there yet.

Where do we go from here? Well, it's interesting. I've got another fairly large group with Dignity Health with Catholic Hospitals who have approached me about wanting to do this very same thing. So, I think one of the takeaway lessons here is that there's

a real partnership between the state public health program and these individual hospital facility systems coming together and trying to improve performance across the board, because we all have the same goals and that's providing the best service that we can caring for our babies.

A couple of quick acknowledgements, Pamela Hill from Sutter Medical Center. I can't say enough great stuff about her. I want to thank Robin up at the State, our liaison for our area service centers guidance and sort of spearheading this thing. Bob Currier, also up at CDPH, with giving me the data, even some of the last minute data just this week trying to get these graphs all put together. And of course Yvonne, from New Steps 360, guiding us and providing that encouragement. The ASC project directors at all the other facilities, Eva will name them individually, so I'll let her do that. Norda Thompson, she's my newborn screening coordinator, who oversees the Sutter facilities and she is also my PowerPoint Sherpa. Without her, this would not have come together or believe me, it wouldn't have been something you'd want to see if I had put it together. Also, a couple of people from Sutter Davis, really there's dozens if not hundreds of people at Sutter Davis we should thank, but I'm going to single out a few. Patty Wade at Sutter Davis Hospital, initially working with us and setting up some of the tools that we use to get this level of performance.

Cindy Gilgroy, here at Sutter Medical Center Sacramento. She's in the room with me. She's a really driving force with driving the performance here, as well as Bren Valdez, who's the same thing and she's the one that designed and put together those very cool envelopes and the transport materials for the pilot program. So, I've been talking now, and I will stop.

Sarah: It's really amazing to see what a difference having the courier and then finding a champion can do. So thank you also to Pam for being on the call and we look forward to being able to ask you questions at the end of the webinar today. Next we have Eva Berman, who will be presenting on the monthly hospital reports. We're going to keep the California show going. So, Eva, take it away.

Eva Berman: Hi. I am here at UCLA and a warm welcome to everybody from our southern California sunny center here. Let me ... can everybody see my screen?

Sarah: Yes, we can see it Eva.

Eva Berman: Hopefully, yes. Great. So my presentation has to do with a look at what impact would providing monthly feedback to facilities have regarding the transit times. We do not have an ability or a way at this point yet to provide seven day courier service to these facilities. So we wanted to find out a look at something else. What else can we do to move the needle, to move the transit needle? As Randy mentioned earlier, we are a little bit of information on our area service center. We are one out of seven area service centers. We have approximately 80,000 newborn screening panels annually collected in our area. We comprise of 37 hospitals and we're all over the place in size. We have tiny little hospitals with 250 births annually up to 8,000 live births in a year. We also have 29 NICUs in the service area and an additional 28 midwife practices and they range between 10 to 100 babies a year. Additionally, there are some very small

midwife providers that we also reach out to with information, news about the regulations and what we have to do.

Demographically, the catchment area for UCLA is much smaller than Randy's area and that is due to the more tighter populated area that the Greater Los Angeles area has. A little bit of background [inaudible 00:26:27] the plan. Of course this last fiscal year that just ended at the end of June was the second year of the QI project for collection and transit time. Again, our experience has been the same, measurable improvement has been seen with the collection times, and I really must attribute that to I think the nursery, nursing and laboratories. They in general have a better ownership of the collection times. When you have transit, when you deal with transit, there are a lot more players involved. Anybody from preparing the specimens, collecting specimens, preparing them for transit, then the folks who prepare the transit logs and then ultimately the courier. So it's a little bit less easy or more difficult to control that piece where a collection time, if I'm taking care of that baby, I can control when I'm going to collect that.

As Randy mentioned before, so traditionally and with all of our other hospitals, we provide data and feedback to our facilities quarterly, every three months, which really makes the data quite stale. Let's say that we have the first quarter of a calendar year, January through March, we would have that data available to us at about April 15th. By the time we're able to provide that data to our facilities, it's already going to be the latter part of April. If we're providing data from January, it's not always that meaningful for them and even if it is meaningful, it is much, much more difficult for them to, in a quick way, to address what is going on with the present time. So we wanted to know, since we can't provide the seven day pickup for them, what else can we do? What would happen if we had a dialog with them and provided them with this California data, facility-specific data, monthly? So, we chose two facilities, one small facility with approximately 650 newborn screening panels a year and another what we call a medium-large facility with approximately 2500 panels per year to take part in the monthly back and forth dialog. Both of these facilities have both a nursery and a NICU and both of them have six day courier pickup.

This slide speaks to the small facility, the one with the 650 panels annually. Their nursery department data, I've broken this up to nursery and NICU for both facilities. So you can see, both of these facilities started at much below the goal. Like Randy mentioned, across California, our transit times are somewhere between 72% to 75% traditionally. So, they started right at the 75% and at the end of June, they ended up 78.38%. If you look at the little broken black line, that's kind of the median line showing a trend. Even though this particular facility's nursery they ended up at the end of this study at 78.38%, which was an improvement, from where they started, the trend line, they showed a downward trend. Now why is that? Because they had this dip in April. April was a horrible month for them at 53.85% and I'm going to talk about a little bit more. Monthly calls and emails and conversation back and forth, obviously we wanted to find out what happened over here and you're going to see that in another slide that the same pattern repeated itself. But because of this, if we had not had this dip here, we would have been able to show an upward trend for this nursery as well.

Looking at the nursery data for my medium-large facility, they started at 70%, 70.56%, and ended up a little bit below the goal. We want them [inaudible 00:31:10] the goal and they will get there. Here the trend line shows, we broke it down to three months and three months. For the first three months, they were at just about 73% and they do show an upward trend overall. They did not have that April dip. Obviously their April was great. If I look at the NICU data, this is my small facility, they again they started at 40% of this NICU's transit ... specimens were transported to the processing lab, sorry, within the 48 hour timeline and they ended up more than doubling their transit times which is really great. The trend line, obviously this facility shows a nice upward trend overall. Here, I want you guys to remember this percentage, even though they're not quite at goal, I want to make a point about that in a little bit.

But first, let's look at the NICU data from my large facility. They started just below goal. Kept getting our dialog, nothing really happened over here. They listened very well, went to 100% and then they had this April dip. So I really wanted to understand, since both facilities had that April dip, what happened here? And both of these facilities got back to me and saying they looked at their staffing, who was present on those ... April was a month when there was Easter and holidays and both facilities reported back to me that their regular staff had taken several days off and they attested these dips to having floater staff. So then, the discussion began, "Well how can we brace against this because there are holidays going to happen all throughout the year?" We have lots of them and this is a predictable thing, so what are the steps that these facilities can take to safeguard from this kind of dip happening in the future? So that was actually a really good learning point for us that when we have holidays, we still need to make sure that the collection and the transit times happen as we expect them to.

This, if we look at the trend lines, the median, the trend lines for these two facilities, we do see a downward trend, but had we not had this April dip, we would have been able to show an upward trend for the NICU in my large facility as well based simply on the fact that they started at 83% and ended at past goal at 90.48%. What did we learn really from this? The biggest take home point is that it is very, very important to just continue to communicate, understand what their different processes are, who are the different participants? In both of these facilities, they do things very differently. My small facility, nurses do not collect the newborn screens, nor are they part of the shipping process. They have the laboratory come up and basically take care of all of it. So then I said, "Well, really? Let me fully understand that." Does that mean that ... at first they were saying that nursing is not at all involved, but they are involved. They do have to put in the orders for these, so they do have to understand when is this order for collection being put in so that the collection and transit can happen.

So even if at first you might think or management at the facility might say, "We're not involved in that," they really are. Everybody is a player. So, good communication and truly understanding what is it that they do is really incredibly helpful. What I also learned was celebrating victories, giving good feedback sometimes is worth gold. A lot of times, even if we had a good month in this little six month study that we did, giving good and positive feedback the facility management were very, very happy to share

these little victories with their staff. And that's always encouraging and generally the following month would seem to be a good month for them based on that positive feedback and just spurs them on to go forward and continue to do all that good work.

This is another good take home point. The percentages do not always tell the whole story. This is especially true with the small facility. Here, I want to go back to my small facility's NICU data. They are so close here to the goal at 83.33%. And so I wanted to look at it even closer and understand what does that consist of? This is such a small facility that in the month of June, they only had seven specimens total in the entire month that were sent out and this 83.34 % represents six out of seven of their specimens were actually on time. That one specimen that took greater than 48 hours made their number dip down to this. So if I look at it a different way, if six out of seven of their specimens were handled and transported on time, that's actually 99% of all of their specimens that were timely. But because when you look at averages or percentages, especially with the smaller facilities, it doesn't always tell the whole story. And that's a good take home point or as [inaudible 00:37:39] said, it was a good learning process for me to really understand, communicate and give them feedback what do these numbers mean and not just look at the average percentages for them.

Going forward, what do we want to do? The feedback that we keep getting from both of these facilities, they are very, very appreciative of the monthly feedback and the timeliness of the data that we are able to present to them. So, we want to go ahead and explore whatever possibilities we might have in order to be able to produce and distribute the HEPP report, the Hospital Evaluation and Performance Profile report to all of our area facilities monthly. We feel that that would be something that would really help that transit needle finally go forward. Identifying a champion, Randy has the best example of having found a champion and how much that can really help the facility in reaching their goal. Who is it that we can identify that can promote the timeliness on the inside?

In a couple of these conversations that we had certainly if we can identify somebody in the management position, that would be ideal. With the larger facilities with the clinical ladder, one of the things that we talked about with my larger facility is the nursing process, when they have their clinical ladder, somebody is wanting to go from Clinical II to Clinical III, maybe they want to take this on as a project and champion the newborn screening transit cause and take it forward with that. That was one of the good thoughts, good ideas that we want to promote to all of our other facilities as we continue this process.

We also want to make sure that we can raise our profiles, get those timeliness goals to be included in the weekly dashboard goals. I know there is [Carrie 00:39:49] in San Diego, hi Carrie, and probably a couple of other of our facilitators for area service centers that have achieved that, but that is something that would be really great. There's a two point thing about that. It kind of takes the hands-off a little bit for us and a little bit for the nursery management because the larger hospital management group will have then or is owning this process. It's on their daily or weekly dashboard goals to get this timeliness project to move forward. And finally, persist, persist and then when you think you're done and you have a great month, you need to persist

again. It's never done. And finally, I want to thank Robin Thomas from CDPH, our newborn screening ASC liaison for all of her great support, Yvonne from New Steps 360, hope she is having a great vacation, and my fellow newborn screening area service center directors [inaudible 00:41:00] from Harbor UCLA, Carrie from ASC 99 in San Diego, Randy at Valley Children's Central California and the whole team here at UCLA. Thank you so much.

Sarah: Great. Thank you so much Eva for a wonderful presentation. I think you gave some really great take home messages there. Thanks for sharing your data and making sure we understand that data as well. So now we can open it up for questions. So you can either write your question in the chat box or I can unmute the line and you can ask it over the phone. I will do that. Just bear with me one second. Okay, so, does anyone have any questions? Again, you can write that over the chat box or you can say them over the phone. We do have a few comments saying, "Great presentations" and "Thanks for sharing." I agree. We do have some discussion questions if there are no questions.

Speaker 4: So, I had a question, I'm sorry.

Sarah: Yep.

Speaker 4: This question's for Eva. Eva, have you compared the data that you showed us here with maybe a smaller hospital and a larger hospital that are still receiving quarterly reports to see if there's any difference between the data between those hospitals?

Eva Berman: Absolutely. And that would have ... I thought about that. Thank you for that. That would have been a really fun slide to put together, unfortunately, that thought struck me after the fact after I had put the presentation together. But, I did look at it actually overall. We're in the process of finishing our annual report and even though many of the facilities because we do do that quarterly reporting to them and an annual site visit to everybody, the message gets to them, but it is not as consistent and climbing towards the goal. Pretty much the ones that are getting the quarterly reports, they are absolutely all over the place. It's kind of like the cartoon fever curve, if you were to have a line graph, it's just back and forth, up and down, up and down with those facilities. I couldn't see or I would see very few that would have a more consistent progress towards the goal. And these, remember, we only have six days, we even have facilities with five day transit times or courier pickup rather, so it really ... yes, it did make a difference to have this monthly dialog. Thank you.

Speaker 4: Thanks, Eva.

Speaker 5: Hey Sarah, we can't hear you.

Sarah: Oh, sorry. Could you hear me?

Speaker 5: Yes. We can hear you now.

Sarah: Okay. So the question in the chat box is when California changed the regulations to shorten the required collection time, were there any regulations added to allow for enforcement or is it still a metaphorical slap on the hand if they don't comply?

Randy: Robin? Is Robin on? Can we get Robin to address that from CDPH? Carrie?

Sarah: I don't know, Carrie, is Robin ...? I don't see Robin on. All participants are unmuted so Robin if you are on [inaudible 00:45:37]. Robin, are you on? It doesn't look like she's on, so are you able to tackle that question, Randy? Oh, I think you're-

Randy: Yeah, that is I guess what you could say a loaded question so to speak. There was not to my knowledge anything from an enforcement point of view as far as what the area service centers have. In other words, when we have a facility who is having a problem performing, I can't have any sort of punitive action against them in any way. One of the things to keep in mind is that the folks who work at the area service centers are actually not state employees. We don't directly work for CDPH. We are considered contract agents, but we each are employees of our individual facilities and for me that's Valley Children's Hospital. But that being said, if we run into a facility that does not want to comply and refuses basically to try to follow the regulations, then we report that to the folks up at CDPH and there are some things that they can do. What's been mentioned before is having to do with licensing and accreditation and things such as that. There's not something in the regs that says for a first infraction there's a fine of X or anything like that. So there is some action that the state can take, but we would simply pass that on to them to deal with that if we ran into that.

That being said, I haven't had anybody that simply tells me to go jump in the lake, so to speak. We did have some considerable pushback when we were asking them to do some of the things that are in the new regulation. We have something that's called online specimen tracking, for ensuring that the specimen's received at the lab, that they were not being asked to do before and before the regs were final, it took quite a while to get the regs finalized so to speak, but we were asking them to do that anyway. I did have some [inaudible 00:48:24] pushing back on that. But since we have final regs, I haven't had anybody tell me they're not going to do it. Eva, Carrie, do you have anything to add?

I guess not.

Sarah: Okay. [inaudible 00:48:52] does anyone else have any questions that they wanted to ask us over the phone or in the chat box?

Carrie: [inaudible 00:48:59]

Sarah: I don't think we can hear you, Carrie. It's kind of sounding like chipmunks over here.

Randy: Her audio.

Speaker 5: Yeah, Carrie, I think something's wrong with your audio, so ... [crosstalk 00:49:23] chipmunk happening over there in California I guess. Well, [crosstalk 00:49:30] Carrie and see and follow-up if she has anything else to add.

Sarah: Yeah. If there are no other questions over the phone, we can go over to some of the discussion questions that we had prepared. So, one of them was, and I don't know if Eva maybe wants to start with this and then we can open it up to the broader group, but how have you worked with hospitals to ensure that everyone involved in newborn screening is seeing the hospital report and helping to identify solutions. So, Eva, do you want to start and then we can open it up to the bigger group?

Randy: Who start?

Speaker 5: Eva. I think she [inaudible 00:50:15]. I don't know.

Sarah: Or does anyone else in California want to start?

Randy: Well, I've got the Sutter folks here, so I'm going to let them kind of chime in on this and share what they do since obviously they do a great job, so, what do you guys do to make sure that the information is getting shared?

Pam Hill: Thank you Randy. This is Pam and I'm here with our staff and supervisors Cindy and Bren and we receive from Norda Thompson a monthly HEPP report, which has been very helpful since last June. We used to [inaudible 00:51:03] the quarterly report, so with this process improvement journey, they've been getting the monthly email to me. I then take and disseminate the monthly report to the champions of each of the hospitals, the lab leadership and the nursing leadership. So they're receiving monthly HEPP reports, through me, from Norda to me to them every month. Our nursing, of course, receives the quarterly HEPP report which then they share with lab. So that's the process we have right now is the monthly reports is what we're really looking at. I also can share those ... each facility lab leadership can share those with their nursing champion. And so that's how we do it in the North Valley here at Sutter.

Randy: And also, we've got some of this information on a dashboard?

Pam Hill: Actually, we have our shared project on a dashboard for our laboratory and that everyone can access. It isn't Sutter-wide shared yet.

Randy: Okay.

Pam Hill: I think that will be something to do going forward.

Randy: Okay.

Sarah: Thanks. Does anyone else have anything to add to that or have a different experience in their own program?

Randy: If you look at the chat, Robin has a response to the last question.

Sarah: Oh yeah, Robin said, "As Randy stated, we can report to licensing and certification boards if there are compliance issues." So thanks, Robin. Anybody in the larger group have questions? Again, you can write it over the chat box or unmute yourself. Okay. If we could go on to one more discussion question. One other question was how do you even find champions? So, I guess, what is that first step? How do find the champions and how do you get buy-in from more than one facility? Kind of a loaded question too.

Randy: Well-

Speaker 5: [crosstalk 00:53:35] that sometimes that it can just be luck that you do find a champion. I know a lot of states are very lucky with that. But for states that haven't had that luck, have there been any strategies to find that champion? And Randy, sorry, I didn't mean to cut you off.

Randy: Okay. Well, we have found ours when we do our hospital site visits. And basically, we do that, we're pulling together the major stakeholders in the hospital from lab and the nursery and the medical records, accreditation regulatory folks. We bring them in there and I just basically ask. And as Eva mentioned, there are sometimes people who are wanting that for a clinical ladder situation and the nurse managers are aware of that and they can set it up sort of from there. As far as Sutter, well, Pam just sort of fell into our lap. I mean, we were just very, very lucky with that. But, I have not had another strategy for going out and getting champions other than just directly asking them when I do site visits.

Pam Hill: I'd like to really comment on that, about being considered a champion. You know, when you have people like Randy invested in the health of all the babies and someone of that ... your partner in the public health comes to you and says this is what you're doing, this is what others are doing, what are you doing right? Well, one of the things that we at Sutter Davis didn't even realize until Randy pointed it out to us, that we were doing better than most. So, the recognition is huge, the recognition of what we were doing right. And then, the fact is, we have a very strong partnership here, our Sutter Hospitals do and we don't think it's just all about us. So, we thought we have an obligation to take that and help and try to share our process. I think one of the key findings that we realized around this transit time change was no one understood the why. Everyone on the team, whether it's the courier or the nurses or the lab or ... our partnership with Randy is critical and I'm so enjoying the partnership and the care that he and Norda have given us. They give us the monthly reports, they answer our questions when we're rewriting policy.

It's really a huge team and down to the courier understand that this they have that they're taking on Saturdays and Sundays is critical. They own it. Everyone's owning it. But that's because they understand the why and the deadly delay. So that message of the why being brought to us and realizing we could lead change, it's a win/win. So I could get really ... I could go on and on, but the people I have in this room with me, between Cindy Gilgroy and Bren Valdez and Randy is ... you know, we could move mountains with that message, because everyone wants to do the right thing, they

really do. And just giving it to them, the time and somebody's taking the time to explain to them why this is important, get rid of your waiting time and your waste. It really is about Randy trying to champion around telling us the why. And so, we just went for it. It wasn't hard. It wasn't hard in that we were invested. So, thank you, I didn't mean to take the stage there too long.

Randy: No, no.

Sarah: Thank you, Pam. And it is the top of the hour, but we do have a couple more questions in the chat box, so I think we're going to, if it's all right with the folks in California, continue with those questions and if you have to leave that's fine. But is that all right if we ask just a couple more questions?

Pam Hill: Absolutely.

Randy: I'm fine with that.

Sarah: All right. Great. So, we had a question for Randy. Did any of the hospitals you are working with share in your passion for using PDSAs and if so, did they share their process or results?

Randy: Some. And they have different ... not everybody uses PDSA as a model, but when you look at whatever performance improvement or quality improvement model you follow, they're all pretty similar. So, some of the hospitals really focus on that. Some of the hospitals, generally it's the larger sort of groups that tend to focus on more of those sort of things and nursing theories and things such as that. When you get to the more free-standing rural hospitals, the language is not quite the same. The passion can be the same for doing the very best. I mean, I have a hospital that probably couldn't tell me PDSA from a donut, but they're very proud of the fact that everybody that goes to their hospital gets the best care, they know who they are, they have like 100% rate with getting the specimen collected. Whenever there's an issue where somebody has to be called back in for a repeat specimen, they're their friends and neighbors and they get them back in. So, it's just sort of a different language and different sort of small town attitude. I know that may not totally answer the question, but that's what I have found. The larger facilities like Sutter Dignity Health, even like Valley Children's Health Care, those type of things, that's a language that they're used to speaking. So maybe that's a lesson to be learned to, is approaching people in the language that they do understand.

Sarah: Thank you. And then the final question is did Sutter change hospital nursery and NICU workflow to get the NBS cards ready for the courier? Any key findings that other hospitals could implement?

Pam Hill: Could you repeat that question? I lost a few words.

Sarah: Sure. Sure. Did Sutter change hospital nursery and NICU workflow to get the NBS cards ready for the courier? And are there any key findings that other hospitals could implement?

Pam Hill: Yes. Yes, that's a good question, thank you for asking it. We have changed workflow and what we found the critical, most important key was to have a process where you collect and ship in the same day. If you can do that, your going to meet your metrics. And you have to look at your order to collect and then your collect to transport. What's that process look like? So, we've tightened up a lot and Sutter Davis does early morning rounding. Every day, the lab collects the same time, the card is filled out and ready. They take it back, they process it and they ship it. So that's simplistically stating a lot of 21 steps in the process from the order to the transport. But that is what we've shared and we've taken it to the other four hospitals. Sutter Medical Center here at the big center I'm at now, we have a huge amount of births and we are going to move to the lab collecting for the majority of these newborn screens, TRF cards, in August/September.

So we're hoping with the increase, the seven days a week couriering and then moving to that rounding in the morning, early morning rounds for the mom and baby all at once, they're in the room together, they get the mom and they get the baby and they're done. It's a patient satisfier as well and they really are in the room long enough to have a positive experience with the mother and move it on through the process and out the door the same day. So that is really the key to success and every step is double checked.

Randy: I'll just add to that, I mean, she said it. To state it simply, collect and out the same day. That's very easy to say, but when she literally does, and I say she, Pam, the system has, there is a 21-step process that they have laid out literally from the first order all the way through the process and they've broken that down. As they have looked at the other hospitals in the Sutter system participating in the pilot, that's how they've examined the process is step by step through each of these 21 steps and trying to get it to fit. So, it sounds easy, but it gets down to each facility taking the time to go step by step through their own processes and look where there are opportunities to make things work a little more efficiently and expedite how quickly we can get that nice, dried, adequate specimen out the door and into the courier's hand.

Sarah: Thank you so much.

Eva Berman: This is Eva. Can you hear me?

Sarah: There is some background noise. I think it might be best if you could maybe type in the chat box. I don't think the audio is quite working.

Randy: Poor Carrie.

Pam Hill: Yeah. That's too bad.

Eva Berman: Are you able to hear me?

Pam Hill: Oh, there-

Randy: Oh, there you are Carrie.

Pam Hill: Yeah.

Sarah: We can't hear you anymore. Could you maybe type in in the chat box? I'm sorry, I think you're having some audio ... there is still some background noise, but maybe we can follow up after the webinar with some additional comments if that would be easiest. But thank you so much to all of our-

Eva Berman: Can you hear me? This is Eva.

Sarah: Yes, I can hear you.

Eva Berman: I wanted to make a quick comment on the changing the workflow. One of my experiences with the small facility NICU that went from 40% transit times to 84%. What I found is their nursing staff was collecting the specimens in the room and what they would do is they left the specimen collection cards in the room to dry out. Now, we all know nurses work 12 hours a day and they were not paying any attention to the fact that the specimen was actually dry after three hours and could be readied for shipment that day. So when we understood that process, generally nursing would just go before their shift and kind of like tie up loose ends, 6:00 maybe even close to 7:00 before shift change, collect those cards and that would effectively just make those shipments, those specimens be shipped out not that same day but the next day. So that was one of the key things that we understood. Now, we don't want to leave those specimen collection cards in the room to dry, lets have a general area where we're going to take them right away from the room and designate another person after three hours to ready them for shipment that day.

Sarah: Great. Thanks for adding that. So, it is 4:10, so we're going to wrap up today's call. Thank you so much to our presenters and I do have just a quick announcement before we leave today's call. So as many of you know, we are in the process of updating and redesigning our New Steps website, and as part of that redesign, we are collecting screening stories from newborn screening programs to show successes that they've had in newborn screening, just to show the important work that you do every single day. So if you have stories that you would like to submit to our website, please feel free to email me with those and we will be happy to post those and share all of your successes. So, thank you again for a wonderful call, and we will see you next month.

Randy: Thank you.