



**NewSTEPS 360: April All-Awardee Meeting
Education Video Production
April 28, 2016**

Erica: Or [inaudible 00:00:02] being thought of in a story board, at least how we wrote it was just showing the specimen coming in. How they looked at for quality and then really the punching of the specimens and then the different types of machines that the specimens might be run on. Those kind of video shots ... Mark whose on our team as well suggested some of the machines that actually do something versus some of the others that just make it look as interesting as we can. Is that the plan?

Speaker 2: Yes.

Erica: That's one of the issues that came up when we looked at the New York video [inaudible 00:00:38] said sure go ahead and use it. We would have has to edit a lot of it because their very specific with their HIV screenings being enforced. Always things that kind of popped up that were very state specific that would be confusing to our labs and hospital here. We want to make it as gentle as we can and really go on with the national guidelines. Embed those in our videos and hope that that way we could, it doesn't age out within a year or too.

Yvonne: That makes sense. That's very helpful, thank you. My other question is; I think with the CLSI [Clinical & Laboratory Standards Institute] part of it is distribution, so I'm wondering have you guys [inaudible 00:01:16] make sure people have access to it?

Erica: One of the things Danielle from Wyoming talks about ... One of the things Danielle talks about was really that one thing where we lacked in our grant application was our distribution plan. That's something we're also working on simultaneously of how we're going to launch this. We also have the Colorado hospital association representing our team. We're hoping to add the March of Dimes educational person that their hiring in Colorado/Wyoming in the coming months to our team.

Emily and I have been branching out with AWHONN [Association of Women's Health, Obstetric and Neonatal Nurses], they seem to hit a lot of the nursery directors, a lot of education with them. Just utilizing our partners as part of the distribution team. It's come up when we were in DC maybe rolling out parts of the video to hospitals that are really close with making sure when they watch it, kind of pilot to see is there is any concerns or questions from the actual script writing as well as the actual video. Even as simple as taking some videos on cell phones and sending it to them and saying this is what we think

it's going to look like. What would be your comments before we [inaudible 00:02:32]. Full on introductions, film it all and then get feedback from the hospitals that we didn't quite hit the mark with what they wanted.

Yvonne: That's an awesome PDSA [Plan, Do, Study, Act] cycle. Thank you

Erica: I'm learning all this public health stuff, Yvonne.

Cooper: Question here. [inaudible 00:02:50] Cooper from California program. One of the ... The things that is not under control and might be good to look is the type of holistic lancet. One of the issue that exist, obviously, and its major issue is that those ... It's been a huge liability, first of all. Many hospital, I know they try to use a single lancet for, regardless [inaudible 00:03:22] or training or not training. However, because of the depths of [inaudible 00:03:32] and the [inaudible 00:03:36] cart. It's becoming [inaudible 00:03:38]. There are three different forms based on very premature, mature, and based on the maturity that ideally should be used in different settings. The reason is that otherwise there is a possibility that ...

Yvonne: I'm going to interrupt you. [inaudible 00:04:00] you know you're sharing your screen and you may not want to be sharing you screen.

Cooper: Hello.

Yvonne: Okay, go. I'm sorry. Go ahead.

Cooper: If this is about the type of lancet is being used for cutting purposes. Obviously if they use the bigger cut for the smaller babies that is a liability because they could cut the bone and nerve. When I read the papers, they are not so much information around that however there is a guideline and very well process reading what needs to be used. I'm not sure it's been applied universally. That's something, an education piece. Especially this is because as laboratory, we are responsible from collection and after. The collection device, obviously the laboratory responsibility to define what sort of collection device should be used during the process. That's something that I think education materials should cover as well.

Yvonne: Erica will you ... Thank you for that feedback. It sounds like you want to go more broad. Were you thinking of delving into some of those specifics?

Erica: No. I guess as we're writing the script we'll get a better idea of just what level detail we're going to go through for collection. Those are the kind of things that I worry about would be so specific. Again, we're really trying to at least capture the broader community of all of Colorado and all of Wyoming hospitals.

Yvonne: Go ahead.

Erica: We have to be careful of those kind of ...

Yvonne: I wonder if as you move forward, if one of your PDSA cycles you want to add before you go to the hospitals.

Speaker 5: Audio options.

Yvonne: Thank you. As you go forward with your PDSA cycles before you go to the hospitals, I wonder if you want to run it by this group as well. You might consider showing us some of it and seeing if some people have input if we want to try to make it multi-state. I don't know what your flexibility is with that.

Speaker 5: There is another call.

Erica: [inaudible 00:06:39] We were even [inaudible 00:06:41] we were hoping to reach out to our partners and make sure that we're not saying anything or going to be filming anything that would be inaccurate. We also talked a lot about the voice over. Like film the actual footage, but have that voice over. [inaudible 00:06:58]

Yvonne: We need to remind people to put it on mute. Thank you Erica. I'll take the pressure off of you and you can go back to take your daughter to work day. For NYMAC, do I have someone from NYMAC who can address their questions.

Beth: Yes, Beth Fogel is on the phone.

Yvonne: Great. Beth can you see the questions still in the chat?

Beth: UH, let's see. No, but I have the email. Hang on let me pull that up and I can go from that. Okay. Is this specifically about our video or all of our education efforts?

Yvonne: We're mostly interested in the video education effort because that was the main focus of the call but if we have time we can go broader. I think a lot of people are thinking through and as [inaudible 00:07:48] by watching all of you.

Beth: Sure, okay. Our video is targeting anyone who collects a specimen. That could be a phlebotomist in the hospital, a nurse in the hospital, a pediatrician whose collecting specimens in their office if the baby needs to have a retest done or didn't have an initial screen at the hospital for some reason. The focus of the message is really on collecting a good specimen and specimen collection protocols; as well as getting the timeliness message in there everywhere we possibly could. Why timeliness is important. I think as Erica mentioned, New York has a video that we've been using but we didn't have that timeliness

message as much of a focus in the video. It's strictly a specimen collection training tool.

We really tried to include more of that timeliness message in the video script. Where are we in the process? We had an intern who is from the School of Public Health. It took her just about the semester to write the script. That was because she conducted interviews over the phone with each state newborn screening program to gather information on their processes and recommendations because we wanted to make sure that the scripts was universal enough at least to be used in the NYMAC region without it causing any issues for them with things like mentioning a condition that's not screened for. That sort of thing we wanted to avoid in the script.

She started off with developing her list of questions, contacting each state and doing interviews, then actually was able to begin writing. Once she finished writing, we went through internal reviews, we had the hospital, hospital staff from around the region that collects specimens as well as deal with newborn screening follow-up. Review the script, each state reviewed the script, and then it had to go through a New York state Department of Health approval process. The script has now been approved and we have a contract with the office of general services. New York state has a group that produces videos. We are filming at local hospital on May 9th.

Their turnaround time after the filming hopefully will be relatively quick. I'm happy to share the script with anybody. We can send that out to the group if that would be helpful. At least a starting point for anyone else whose making a video. That's where we are.

Yvonne: What's the length of the video, Beth. How long do you think yours is going to be?

Beth: A lot of what took some time too was reading the script and practicing and timing it. It comes out to just about 20 minutes.

Yvonne: Are you ...

Beth: We'll see once we actually have the footage.

Yvonne: Are you thinking of chunking it as well, or do you think you're going to end up with the 20 minutes?

Beth: I think we're going to end up with one video. We'll see once they try and match up the text with what's actually happening in the background during the specimen collection process. I think it'll be close to that.

- Yvonne: I'm really bad at cutting people off. You guys should just know that about me because we have a three year relationship here. Is there anything else?
- Beth: The question, why are we making our own? For exactly the same thing Erica said. We have some feedback from other states in the NYMAC region. The CLSI video, it's challenging to use because of copyright issues and other state specific videos are just that state specific. When they went out to perform education at their hospitals, they found themselves saying, here is our video, or here is a video you can use but ignore 'xyz' points in this video. We really wanted to have one that they didn't have to do that. It could be broadly shared amongst the hospitals without that [inaudible 00:12:22].
- Yvonne: Great. Let me open up for questions so I don't dominate. Does anyone have any questions for Beth about the process, or anything you want know how to do?
- Mary: I have a question. My name is Mary, I'm from Montana. Do you have any data that shows that when you send the videos to hospitals that people actually look at them?
- Beth: That's a good question and I don't have data. The New York state video is on our website. I can ask our web group if they can give me the Google analytics data for that. It's on YouTube so I should be able to get how many views it had on YouTube. I guess that doesn't necessarily mean that it's people at hospitals watching it but, it's likely someone whose collecting specimens whose viewing the video.
- Cooper: I can comment here. We have done in my previous work, we have done exactly the same. We [inaudible 00:13:30] CLSI video and we distributed to almost 20 different collection sites. This was just selected collection site because what we did, we studied where the areas they really the have highest level of unsatisfactory sample and we just send the video to those site and we communicated with those managers, laboratory managers, to make sure they're watching.
- If we just followed ... We have sent, initially, universal memo and encourage them to purchase but nobody followed our recommendation and we continue to receive unsatisfactory sample. The timeliness is one thing. I would say timeliness, most of the time, we may look at it. The more important part of the video is accurately collection process. That part it never happen unless there is a good communication in place. In our case after we communicated a couple of times, yes it did work much better, but it wasn't like straight forward.
- Yvonne: When you send the videos, you're sending it to them and you know they're watching because you're asking them to? How are you track ...
- Cooper: Yes.

Yvonne: Okay.

Cooper: The process is that always we gone through to managers. The communication process, first of all at the center, we looked at where the areas that we see highest level of unsatisfactory. We've been monitoring the number of unsatisfactory sample [inaudible 00:15:17]. We looked at that and then we were sending those video only to ... Because we couldn't buy for every single site, it's quite expensive. I think it's about \$450 for those CD. We just bought enough to send it to those 5 that they needed more education. We send there and at the same time we communicated to the laboratory manager because the collection almost ... Universal is done through laboratories, right. That's their duties. They make sure that the collectors, [inaudible 00:16:03] that they were collecting they are watching it.

Another point that is important, I think it's very difficult to apply, but what we noticed that there site that they do have less number of obviously the babies and they have more adult collection. Those site you see higher level of unsatisfactory because collection of babies requires a number to be competent. For those 5 we try to recommend that if they laboratory and themselves, they could collect it. Because majority of the ... For instance, ICU [intensive care unit] babies or those cases, the nurses are good to collect, however ... Sometimes based on the hospital, the collection could be done through nurses or could be done directly by laboratory personnel.

We recommend, if the process they do have a specific nurse, this done routinely by nurse, continue to do so. If not, then assign somebody within the laboratory. One person or a group of persons do the work so they become competent in collection process. These are things that we work, and it did work. It became much better after a while. I'm coming back to the video, if you just send the video and request them to watch without the personnel which they need time. Most of the time they do need to do it during the work hours. They're managers are the people who give them dedicated time to do so and they make sure that the people who are collecting it are. We have to say if the baby collections done with certain number of people, not everybody needs to watch this video.

Yvonne: Working with the managers sounds good because they can give the time and they understand the importance. Beth, I have a question for you. You went on YouTube for your other one. What was the reasoning for that versus DVD or CD?

Cooper: This is about 2-3, at least 3 years ago. More than 3 years ago. At the time, I think even YouTube; there are a couple of others. We wanted to provide something official version of CLSI. Even YouTube, we didn't all of depend. I know there are couple of version of collection on YouTube you can use. We

wanted something on CLSI, follow exactly from more as a laboratory and respect CLSI. We follow their recommendation.

Yvonne: Right.

Cooper: I remember we made one by iPhone ourself, but we never, ever implemented.

Yvonne: There is a nice change in technology with the iPhones and stuff. I have a question for the group. Distribution is coming up as an issue. I think the question from Montana was a good one. If you send it to them, will anybody watch. I think part of what I hear from some of you is that they don't. They have the CLSI video and they lose it or they don't ... staff turnover. What are you guys finding that's successful to get those education messages out besides what we just heard.

Beth: I have a suggestion that works well. This is Beth. We send out quarterly reports to the hospitals on their performance and that goes to the managers of the nursery and the NICU. It goes to the CEO of the hospital actually because of how our regulations are written. Along with that email, saying how their performing in specimen collection and timeliness, we use that as an opportunity to share educational materials with them. Each quarter we try and come up with something we can send them along with that that will promote education for their staff. If you're sending a quarterly report, and they're looking at it going, oh we're not doing very well, that's a place that they can ... If you give them the education material right then, it'll be more likely.

Yvonne: Earlier my question was kind of directed at you too. Why did you do YouTube instead of a video? Was it access? Was it costs? What went into that choice?

Beth: All of the above. We wanted it to be accessible. They actually, our web team embedded the YouTube video into our website. I think it was just a place to host video. You know the Department of Health has YouTube channel. They have set that precedent using it for other educational videos that have been produced through the department. It does have that tracking feature as well. I hadn't checked it before, but while we were chatting, I looked and we have 2,699 views. I have no idea who those views are, but I know that it is getting viewed.

Yvonne: The evaluator in me would say, boy after you send up that monthly report, it's be interesting to see if those views go up sharply right after. That's some ways to look at data. Others, how are you finding that you're able to distribute in a way that people pick it up and use it?

Erica: This is Erica. One of the things, as we're still working through our distribution plan. What we've learned, and I think I was getting cut off a little bit was about Moodle was what Wisconsin was using. That's an online free educational

resource where you can embed a video but then folks have to let you know whose watching it and where they're from so that we'll get a better idea if we could track those with hospital performances.

Yvonne: Is Wisconsin on the phone, or on the meeting? No. Okay. I've never used Moodle. That sound very interesting. Has anyone used it? It sounds like online is a great way for distribution. CDs are good but they're money. What else are people doing to try to make sure ... I live, Beth, the idea of when you give the report, giving the resources. Has anyone else tried anything like that, or tried anything that they find increases people attending to these educational messages? Any messages, not just video, but any.

Speaker 2: This is Janice from the March of Dimes. If you attach CME or CEUs, that sometimes helps.

Yvonne: Do you ...

Speaker 2: I don't know how that would work for the video, but certainly other forms.

Yvonne: Right. To do that you actually have to share it with them and they have to approve it. Is that something that you guys have done?

Speaker 2: We're in approval of continuing nurse education, not for medical.

Yvonne: Okay. If someone was interested in that process, they could talk to you about your experience?

Speaker 2: Yes.

Yvonne: Have any of you guys tried to do CEUs?

Speaker 8: This is Jennifer in Virginia. We have our newborn screening educational website. Newbornscreeningeducation.org and we have CEUs attached to that that we pay for on an annual basis right now. It is free for everybody. It was free for Virginia residents at one point but now we have opened it up so it could be free to anybody, nurses and medical professionals. It does cover collection techniques but doesn't have the video component to it. It does go through collection techniques and how to fill out cards and then some follow-up. I don't know if anybody's had a chance to go and look at that. It's really nice but the cost is a factor.

Yvonne: Right.

Speaker 8: To keep those CMEs up.

Yvonne: Thanks.

Cooper: Somebody mentioned about the approval process that required be done within the hospital. That's a very important point that one need to consider. Because none of these things can happen unless the internal process and actualization process. I don't think even in ICU group they would put in place unless they go through those. Maybe they have already a process. I'm sure they do, all of them they do have a retain document. What I'm trying to say that another problem that we have to consider is that once we send it to hospital how likely they will approve it. If they have already a system in place, they say we do have it, we don't need more. They might say, oh that's fine, we can add it. Those are the things that we have to consider.

Yvonne: Has anyone had any success or any barriers you've overcome with hospitals picking up education materials and being willing to share them? Is that a common barrier? Maybe not. Is anyone else doing video? I knew of NIMAC and Colorado/Wyoming. Is there anyone else that's doing video that I'm missing?

Robin: This is Robin in California. We have it on our list but we haven't started working yet. I was going to say that sharing educational materials because our area service centers are required to go out and meet with the hospitals. Once they assemble the team and get their meeting date, usually they're sharing materials and the staff is very willing to take the materials and utilize them. We do have, at least once every 3 years, it used to be once every 2 years, a requirement that they have to go out and meet with the staff.

Yvonne: Right. I do like that model. That's great. Do you want to really quickly go through our questions and tell us what your video would be focusing on?

Robin: Like I said, we haven't gotten very far along. We want to focus on a video that touches everybody that touches a specimen. From A to Z, just like everybody else discussed. Going through the collection process, to the shipping, all the way through to reaching our lab.

Yvonne: Do you need [inaudible 00:27:46] California specific, or would you be able to use like what Colorado/Wyoming is doing or NIMAC?

Robin: I'd certainly like to look at it. We do have a issue of having our forms expiring. I don't know if anyone's touching that in their video, but that's a big thing for us to make sure the hospitals don't use expired forms. That would certainly be something that we highlight in our video. Our collection time is a little bit different than some of the other states because we allow collection as early as 12 hours.

Yvonne: Right. That's my final big question before we move on to other education materials. What would you need to pick up one of the videos that's already

being processed, or being made? For Colorado/Wyoming or NIMAC's efforts, is there something that you would want to see or think about if you were going to try to adopt that in your own state. Is that impossible? What's the feedback and discussion on that? Does anyone else need video, or do you all have your video needs met? Karen I'm going to call on you because I can see you and you're in Texas. Do you already have stuff? You're on mute. Wait, we need to unmute you. Sara can you unmute Karen? There we go. Nope, you muted it. There we go.

Karen: Am I muted now?

Yvonne: You're good.

Karen: Yes we have a few things but they're very old, they're dated. We are looking at videos. Ours is a little bit different in that ... Again, we're just getting started but we want to do, we're calling them "vignettes" because they're going to be so short; less than 5 minutes. We want them to be extremely focused on an educational components. Whether that improving specimen collections. The states that was saying they're about to write script, or they have a script, we would love to see that script.

That would be awesome to help us because we're just getting going. Anything from completing our cards because we have a lot of incomplete cards and a lot of quality issues with cards. We're really going to be focusing on quality. Again, we're just getting going also. As far as using others, it's be great to see them. One of our challenges is that a lot of the things that we've seen have been an hour long, or 30 minutes long, or even longer. That's a lot of commitment. We really wanted to just make this thing pop; get the message across quickly.

Yvonne: When you say vignettes, and the timing, because I know timing is important. Are you looking at 5 minutes, 15?

Karen: We're really hoping to keep it around 5, or even less, really, really targeted. That way we can incorporate it into other trainings and just make it a compliment to a bigger training. It puts emphasis on it. It makes it a little bit more interesting. Maybe get some of the families involved just a little bit; touching on maybe a theme of maybe having a single family throughout the series of vignettes. We don't know for sure yet.

Yvonne: Thank you. Iowa, I know that you guys have been doing a lot of things around education. Have you been trying to incorporate video?

Ashley: This is Ashley from Iowa. If there is back ground noise let me know because I am currently at a hospital in their lobby. In January we did a webinar that I think was really helpful. We used ZOOM, so it was cheap. We had 90 participants. We learned a couple of things that ... We did offer nursing CEUs

so that was a big draw for that. We recorded it and posted it on Iowa Department of Public Health's website for those who weren't able to attend and then marketed it through our listserv. I think it's been useful.

This last month I've been on 12 or 13 hospital visits and I think every single visit, at least one person ... We try to get lab and nursing staff at the same meeting, at least someone from their facility had attended the webinar. We're familiar with timeliness. The webinar was focused on newborn timeliness, giving them they why. The infrastructure available in Iowa, meaning the courier and our night lab staff. We were really showing them our coined infographic and using that opportunity that everyone else mentioned that those hospitals that might need improvement. Here are some education materials on collection, drying racks, CLSI things if they were interested in. A lot of people were interested in those materials at that time.

I think that's been useful. I think we learned some things in the future we might want to be able to capture. I think we had names but sometimes we didn't know what facility they were from for the nursing team. Other lessons learned, I don't know, Piper are there other things from that webinar that ... I think we're going to use them ... We're redesigning our cards seem like a good way to get the message out there not traveling across the state. If we can get people to continue to participate in them; or at least watch the recordings.

Yvonne: Are the webinars an hour, Ashley?

Ashley: This one happened to be, I think it was ... Was it an hour and then we have some conversation afterwards.

Piper: We planned it for 2 hours and the first hour was strictly on the education component, and the the second half (which did not have the CEUs attached) was conversation. People were sharing their best practices and kind of helping each other out. It turned out really well. Also, Pat Blake, I know you're still on the call. If you want to talk about what were some ideas of what we're planning to do, fire away.

Pat: I'd like to respond to Texas' idea about vignettes, I love that idea. Making the video shorter so that people can watch them at their convenience, easier to make time available when they're 5 minutes or less. We did a video a few years ago and its 10 minutes in length. That's a long time to hold somebody's attention. I think when we do a video next, we'll probably do it a lot shorter time frame; maybe 2 to 3 minutes. I like the idea, I'm not sure who said it, but about packaging it. Distribution of it in packages so that folks could almost use like a ... They'd have a system where they could watch, download or watch a video that at any time on the topic. Maybe we have 4 different topics, we got 4 different topics of maybe 2 to 3 minutes each.

What we are looking at doing is communications with the hospital and the video that we have set planned for year 2 to year 3. We're kind of looking at that timing and questioning if it would be, if that's the appropriate time. Some of the elements that I've been thinking about is doing something with the courier. Going out with the courier and doing a short video with the whole courier process. Driving a portion, riding along with the courier, the stops that the courier makes and picks up assessments and then bringing them back to the laboratory. Another area of interest are the midwives. That is one of the areas that we want to reach out to for education materials. There's a lot of different subjects that I think could be captured and explained in a very short video of a couple minutes.

Karen: Who is this?

Pat: Sorry, this is Pat from Iowa.

Yvonne: Pat do you want to tell us your role on the team?

Pat: Sure. I'm with the laboratory and I am the communications person. I am working on the educational and the communications materials.

Yvonne: I think one of the things I like about your perspective is the sense of timing and so ... Do you have ... I did some interviews with newborn screening. People were talking about rolling out stuff for new steps when it came up people wanted short. I didn't know if you had any experience with talking to people or if you have any ... You talk about downloading, do you have any recommendations on platforms?

Pat: Really prefer YouTube, for a couple of reasons. Of course, there is the cost and the accessibility but also being able to track. Even though you don't know exactly whose watching it, you can see the number of people who have watched it. I really like YouTube. My preference for video in time in general, I think the preference in time is getting shorter and shorter. Maybe 5 years ago, we would watch something that was 10 minutes long. In general, we've all gotten so used to watching shorter and shorter videos that now the more common experience, or the audience tend to be more comfortable in 2 minutes or less. If you look at something on YouTube, really a lot of information is communicated in 1 to 2 minutes. That's my preference. Now you can make videos with just 1 second each. There are platforms that you can use to create videos and vignettes. Of course that's extreme but the point being, to me the shorter is the better.

Yvonne: Right. I think like Erica had said earlier too, we've done this in some of the other work I've done in medical home where you make a longer video (which was a while ago) being able to section it out. The fact that there are some natural breaks in that video, might lend itself to some of that short pieces. We just have 5 minutes. Does anyone else have a question, or a thought to think

about as we move forward with educations? Specifically more video education. Anything that you'd want to think about if you were going to share with someone. Is there something that you need or you'd want to have addressed, or a topic?

Carol: Hi, this is Carol. I have a quick comment, something to think about. Almost a year ago we were starting to do some hospital visits and we, this video that Pat is referring to that we had made, we had people tell us that in their hospital their internet is locked down. So they're not able to view those kinds of videos. I wondered if anybody's had any issues with that or if that is part of your plan. How are you going to work around that it that's an issue?

Yvonne: Erica, do you know if Moodle is one that's available to hospital staff? Do you know anything about that?

Emily: This is Emily, Erica took her [inaudible 00:40:34] out. Again, that's the one Wisconsin has been using, so because of that it makes me think that maybe it is more accessible to hospitals and not necessarily a mock down. When we spoke with Patrice at EPHL, she didn't mention having any issues like that.

Yvonne: That is a good point, Carol. I do think YouTube would get locked down.

Carol: Yes.

Yvonne: You're on mute still. Does anyone else ... Is there a platform that you know that hospitals can use, or that you've had success with them being able to go in and happen to other than DVDs. Because we're close to top of the hour and I want to respect your time. I just want to ... One of the things that Pat brought up was midwives and we're starting to hear some of those questions around educating midwives. That's actually going to be our next topic. Next month is going to be ... [inaudible 00:41:40] we brought midwives on, but this time we're really going to be interested in hearing from you guys and what you're doing around midwives and education and concerns so that we can start to think through those issues. I will give you back 2 quality minutes of your day. Thank you! Thank you for using video, it's always great to see you guys. Corgrats again to California for getting that Legislation passed, it's a huge deal. Talk you all soon. Have a good day.