Integrating Lab and Follow-Up Staff

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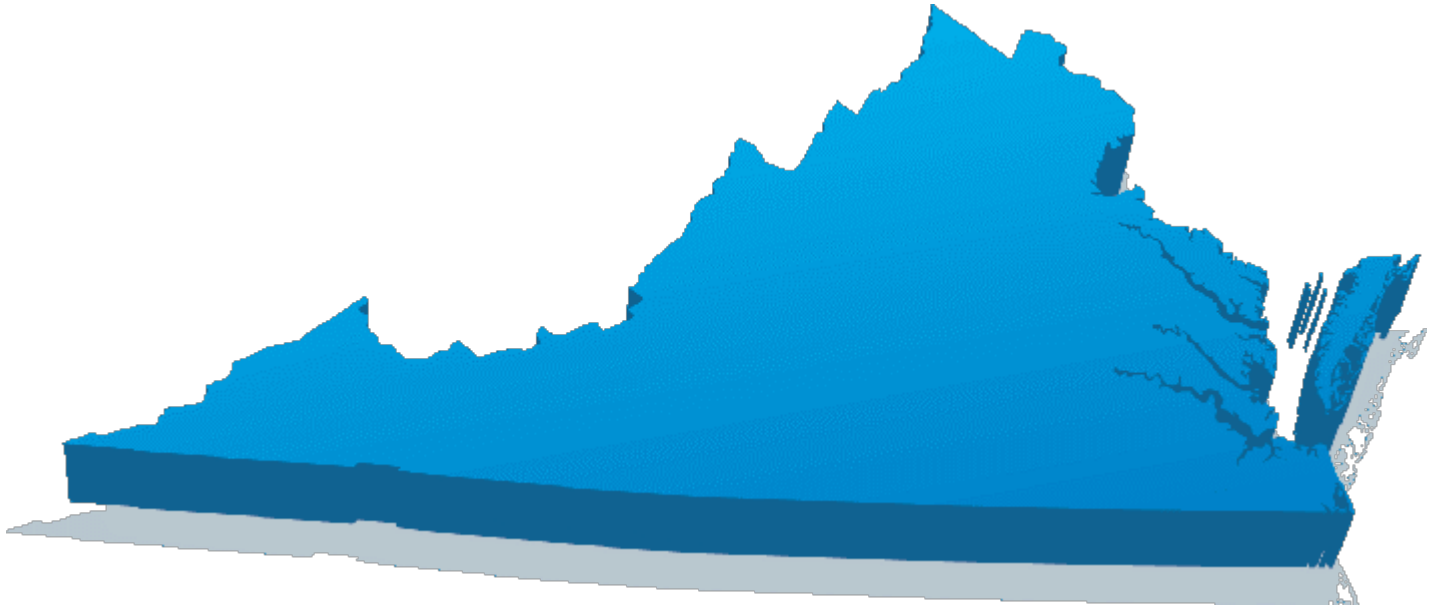
Overview of Newborn Screening



100,000 births in Virginia each year

20,000 infants need follow-up services each year

3,000 clinically diagnosed infants since 1966

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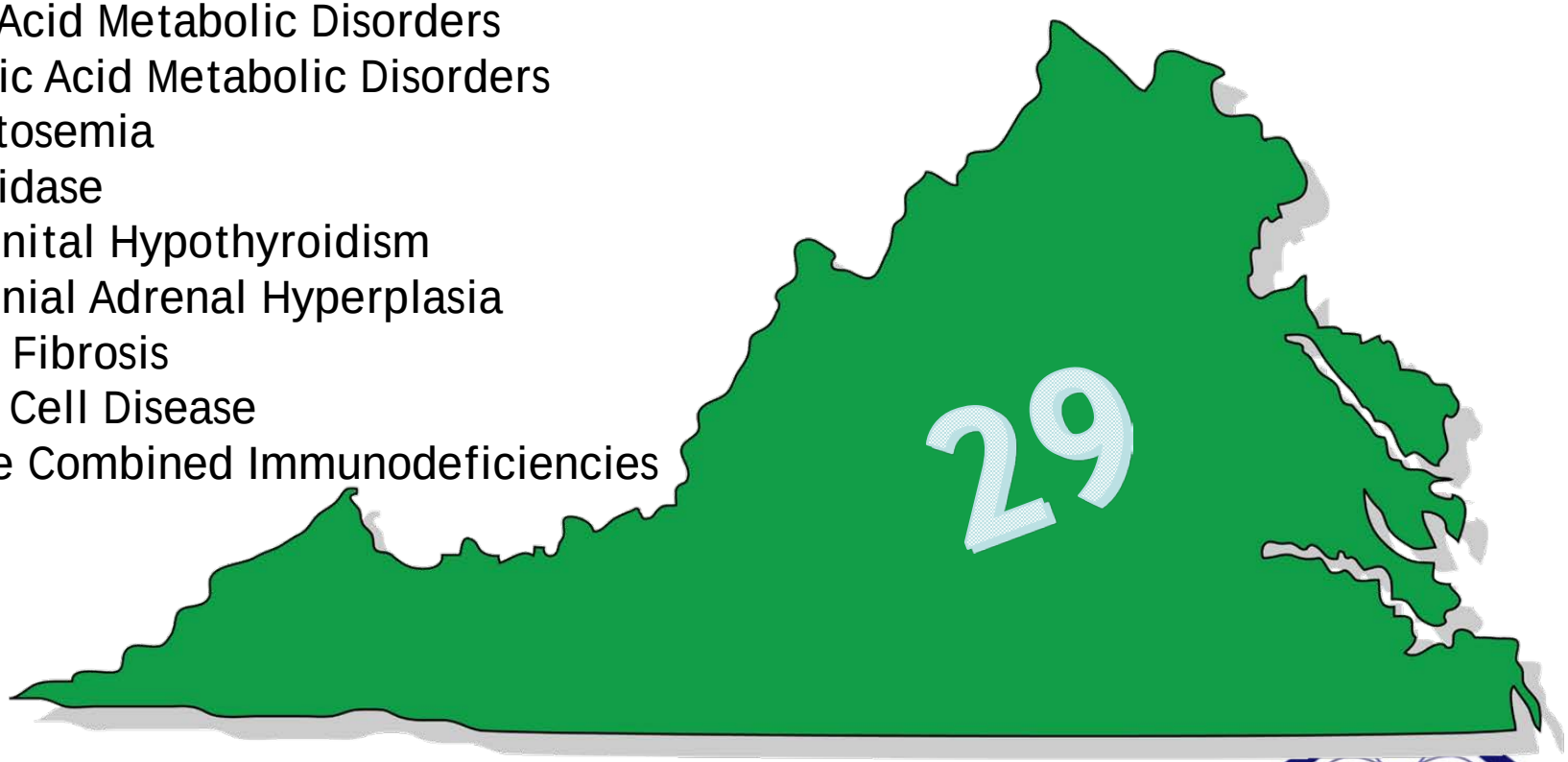
Newborn Screening Disorders

- Amino Acid Metabolic Disorders
- Fatty Acid Metabolic Disorders
- Organic Acid Metabolic Disorders
- Galactosemia
- Biotinidase
- Congenital Hypothyroidism
- Congenial Adrenal Hyperplasia
- Cystic Fibrosis
- Sickle Cell Disease
- Severe Combined Immunodeficiencies



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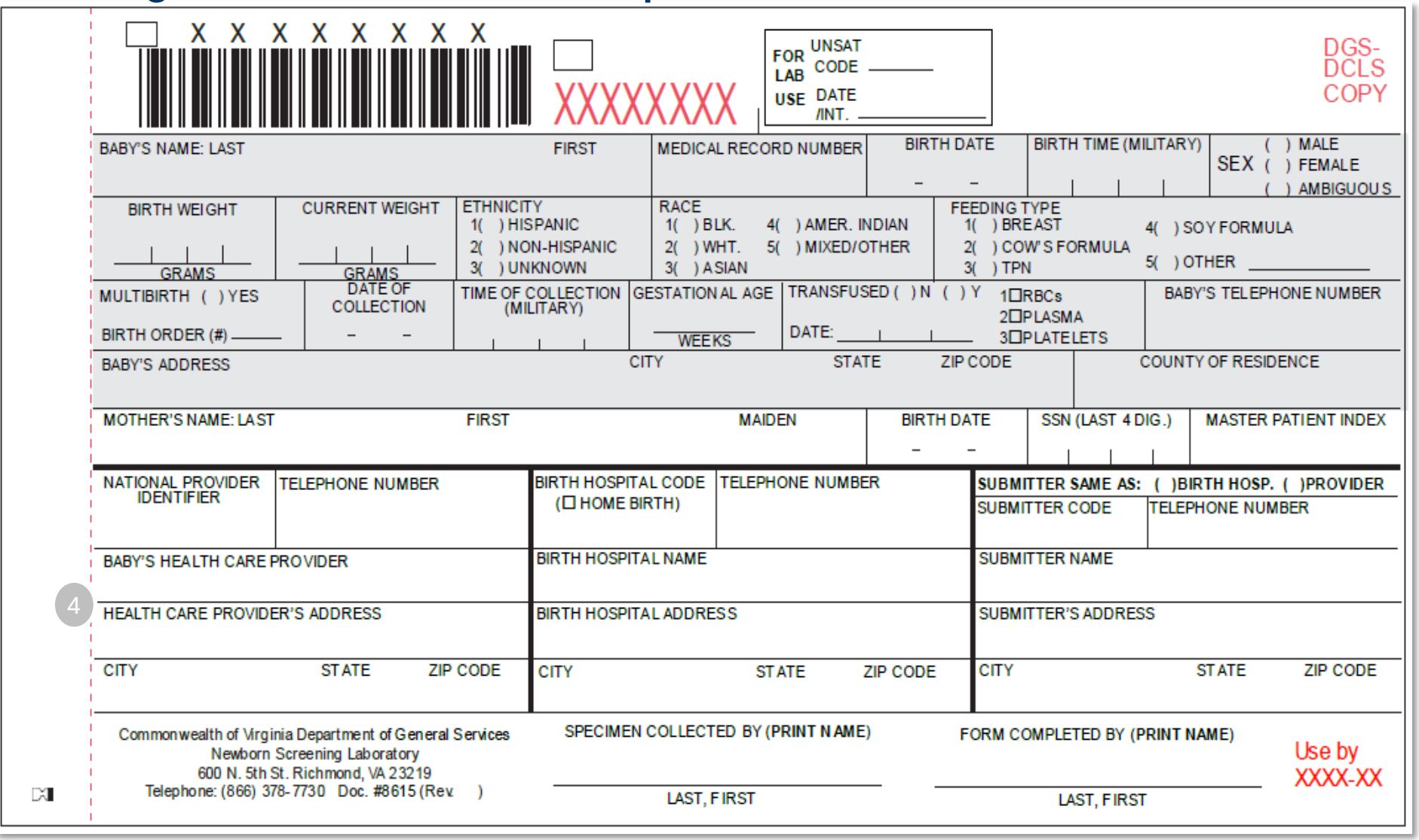
Virginia's Dried Blood Spot Card



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☐ XXXXXXXX

FOR LAB USE — UNSAT CODE _____ DATE /INT. _____

DGS-DCLS COPY

BABY'S NAME: LAST FIRST | MEDICAL RECORD NUMBER | BIRTH DATE – – | BIRTH TIME (MILITARY) | SEX ( ) MALE ( ) FEMALE ( ) AMBIGUOUS

BIRTH WEIGHT ___ GRAMS | CURRENT WEIGHT ___ GRAMS | ETHNICITY 1( ) HISPANIC 2( ) NON-HISPANIC 3( ) UNKNOWN | RACE 1( ) BLK. 2( ) WHT. 3( ) ASIAN 4( ) AMER. INDIAN 5( ) MIXED/OTHER | FEEDING TYPE 1( ) BREAST 2( ) COW'S FORMULA 3( ) TPN 4( ) SOY FORMULA 5( ) OTHER _____

MULTIBIRTH ( ) YES BIRTH ORDER (#) _____ | DATE OF COLLECTION – – | TIME OF COLLECTION (MILITARY) | GESTATIONAL AGE ___ WEEKS | TRANSFUSED ( ) N ( ) Y DATE: ___ 1☐RBCs 2☐PLASMA 3☐PLATELETS | BABY'S TELEPHONE NUMBER

BABY'S ADDRESS CITY STATE ZIP CODE | COUNTY OF RESIDENCE

MOTHER'S NAME: LAST FIRST MAIDEN | BIRTH DATE – – | SSN (LAST 4 DIG.) | MASTER PATIENT INDEX

NATIONAL PROVIDER IDENTIFIER	TELEPHONE NUMBER	BIRTH HOSPITAL CODE (☐ HOME BIRTH)	TELEPHONE NUMBER	SUBMITTER SAME AS: ( )BIRTH HOSP. ( )PROVIDER SUBMITTER CODE	TELEPHONE NUMBER
BABY'S HEALTH CARE PROVIDER		BIRTH HOSPITAL NAME		SUBMITTER NAME	
HEALTH CARE PROVIDER'S ADDRESS		BIRTH HOSPITAL ADDRESS		SUBMITTER'S ADDRESS	
CITY STATE ZIP CODE		CITY STATE ZIP CODE		CITY STATE ZIP CODE	

Commonwealth of Virginia Department of General Services
Newborn Screening Laboratory
600 N. 5th St. Richmond, VA 23219
Telephone: (866) 378-7730 Doc. #8615 (Rev)

SPECIMEN COLLECTED BY (PRINT NAME) _____ LAST, FIRST

FORM COMPLETED BY (PRINT NAME) _____ LAST, FIRST

Use by XXXX-XX

4

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Staffing

- ***Lab:***
  - Approximately 30 scientists
  - Data Entry
  - Support Staff
  - Leadership
- ***Follow-Up:***
  - 4 Follow-Up Nurses
    - Telecommute option
  - Support Staff
  - Leadership

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Courier Transportation

- Courier services available 6 days a week across state to 59 hospitals
- Pickup in evening, arrive at laboratory in early AM
- Offer UPS Next-Day service for out of hospital birth providers

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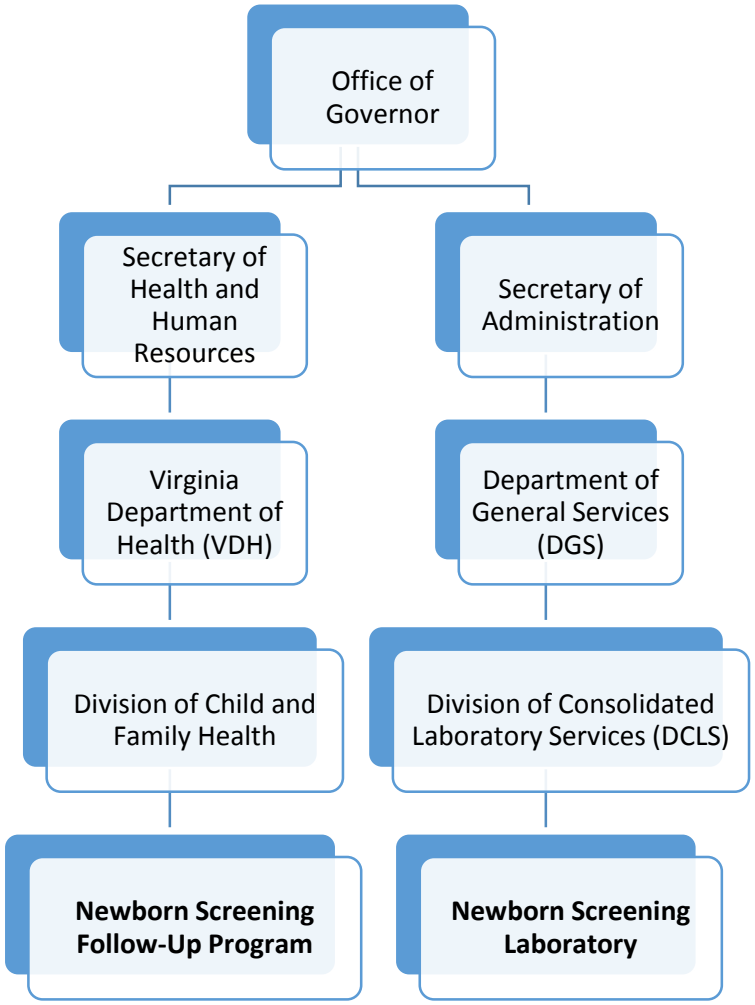
Co-Location in Virginia

Background:

- Laboratory and Follow-up staff are under two different agencies
- Physical location about a mile apart



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Co-Location in Virginia: Pre-Implementation

Communication:

Interface	Frequency
Face to Face	Monthly
Phone	Rarely, as needed

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Co-Location in Virginia: Pre-Implementation

Steps Prior to Implementation:

- Evaluate strategies and barriers with implementation
- Evaluate advantages and disadvantages with co-location to move follow-up staff from the Department of Health (VDH) to the laboratory at the Division of Consolidated Laboratory Services (DCLS)

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Co-Location in Virginia: Pre-Implementation

Steps Prior to Implementation:

- Multiple meetings with stakeholders including staff and leadership
- Identify workspace for Follow-up staff at laboratory
- Review potential barriers with implementation and identify strategies for resolution

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Co-Location in Virginia: Pre-Implementation

Barrier	
Access to Resources	With move, potential loss of immediate access to resources at VDH (epidemiology, leadership, etc.)

Solution
Follow-up supervisor maintains presence in both facilities for access to resources and collaboration

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Co-Location in Virginia: Pre-Implementation

Barrier	
Communication	Existing phone numbers for follow-up not transferable to DCLS
	Access to electronic medical record on follow-up server at VDH

Solution
Procure cellular phones for follow-up staff to forward established program phone numbers for seamless communication with stakeholders
Coordinate remote access with I.T. support

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Co-Location in Virginia: Pre-Implementation

Barrier	
Parking	DCLS newborn screening laboratory is approximately 1 mile from VDH

Solution
Transfer parking of follow-up staff to laboratory parking garage
Secure agency parking spot for Follow-up supervisor at laboratory

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Co-Location in Virginia: Pre-Implementation

Barrier	
Processes	Obstruction in current workflows with absence of interaction with admin staff
	Fax confirmations print at VDH

Solution
Use of intra-office mail, electronic folders, and collaboration with administrative staff for courier
Setup receipt of digital fax confirmations via secure email

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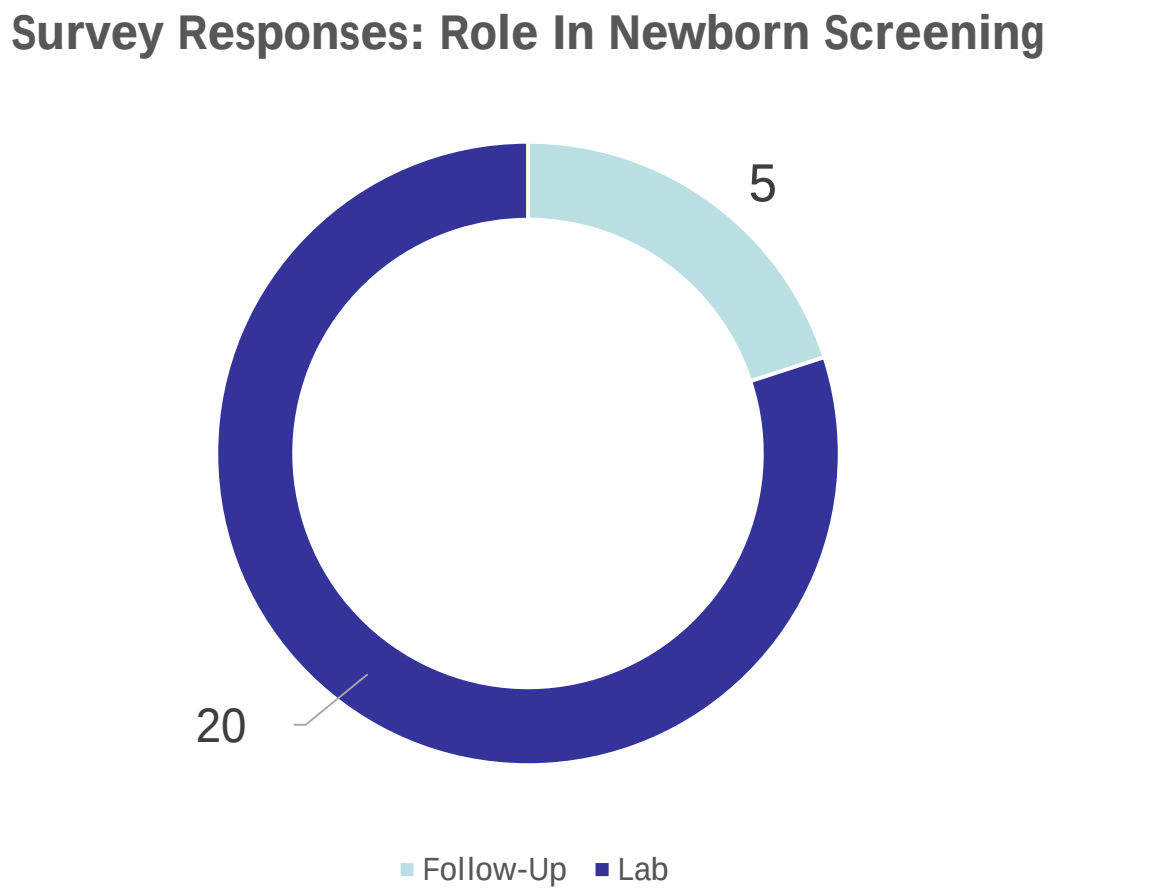
Co-Location in Virginia: One Year Review Survey



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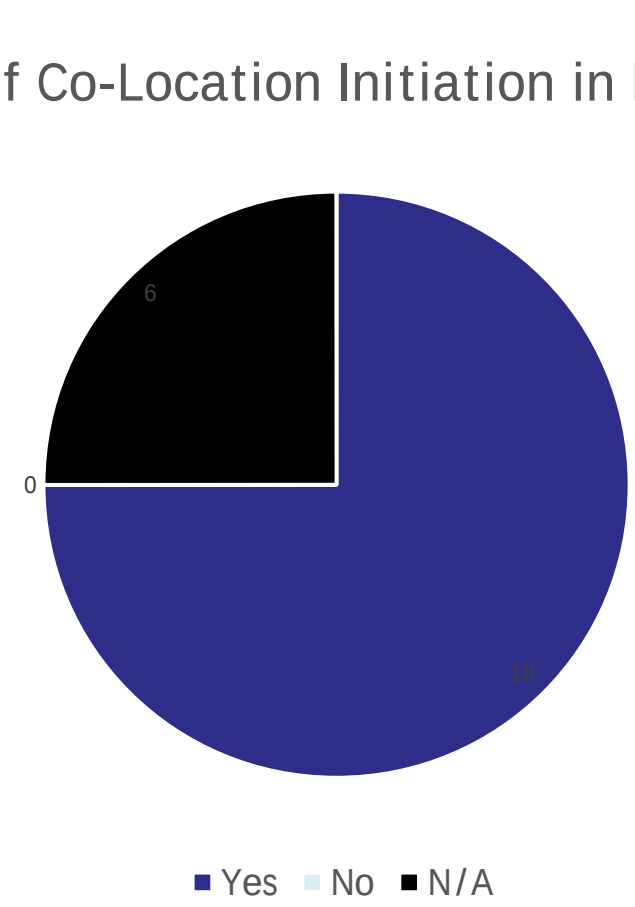
Co-Location in Virginia: One Year Review Survey



100% of staff in support

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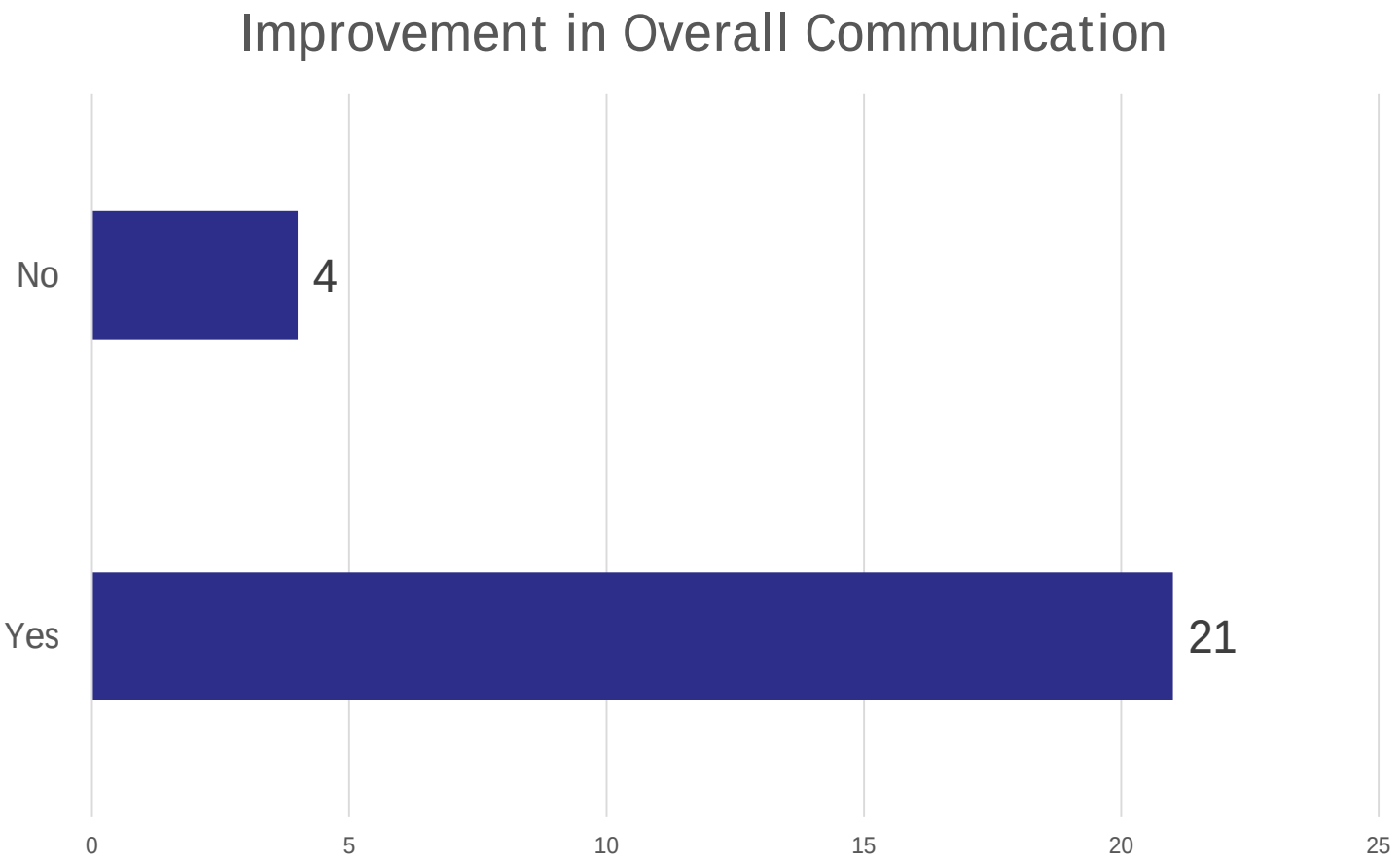
Co-Location in Virginia: One Year Review Survey



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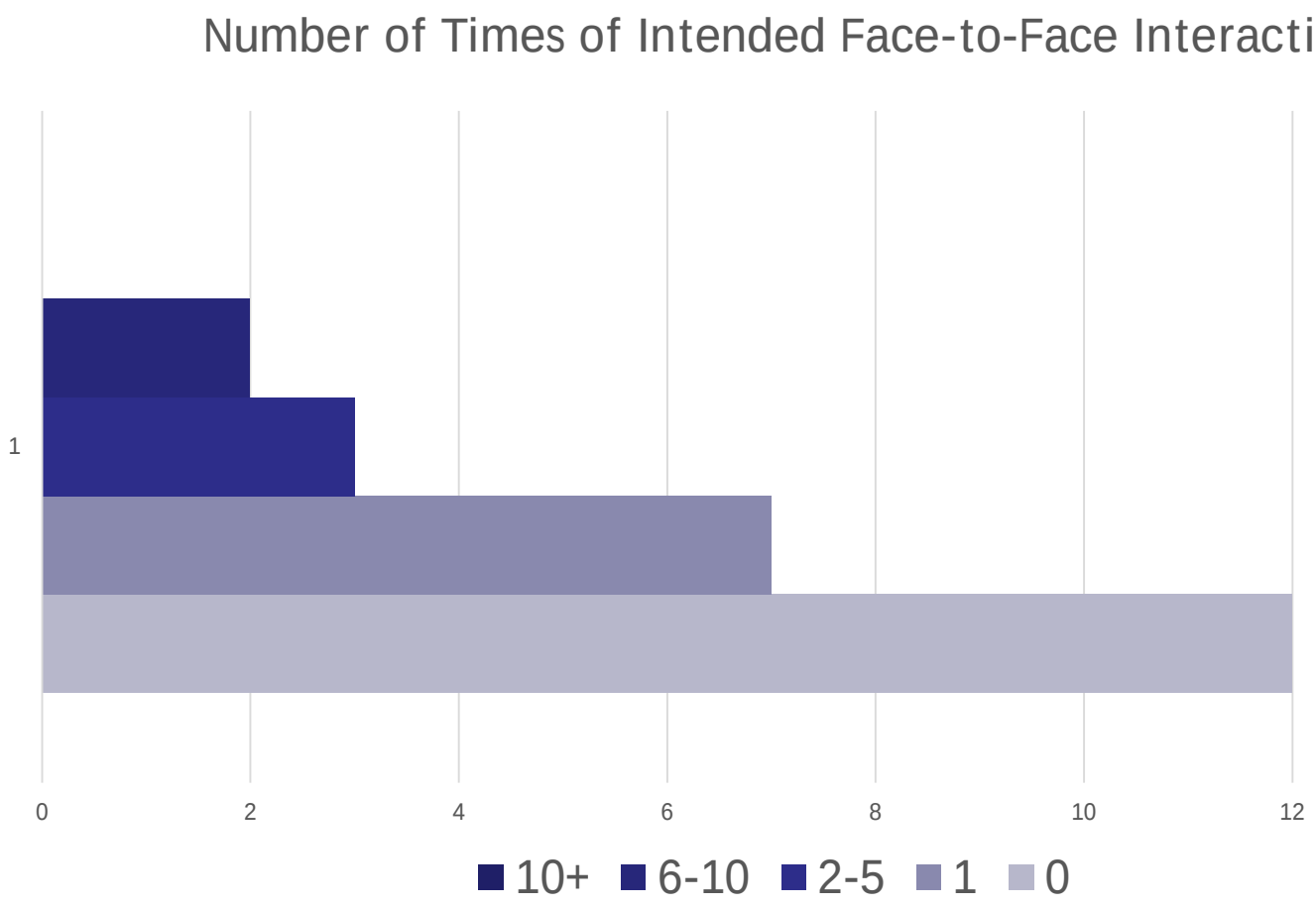
Co-Location in Virginia: One Year Review Survey



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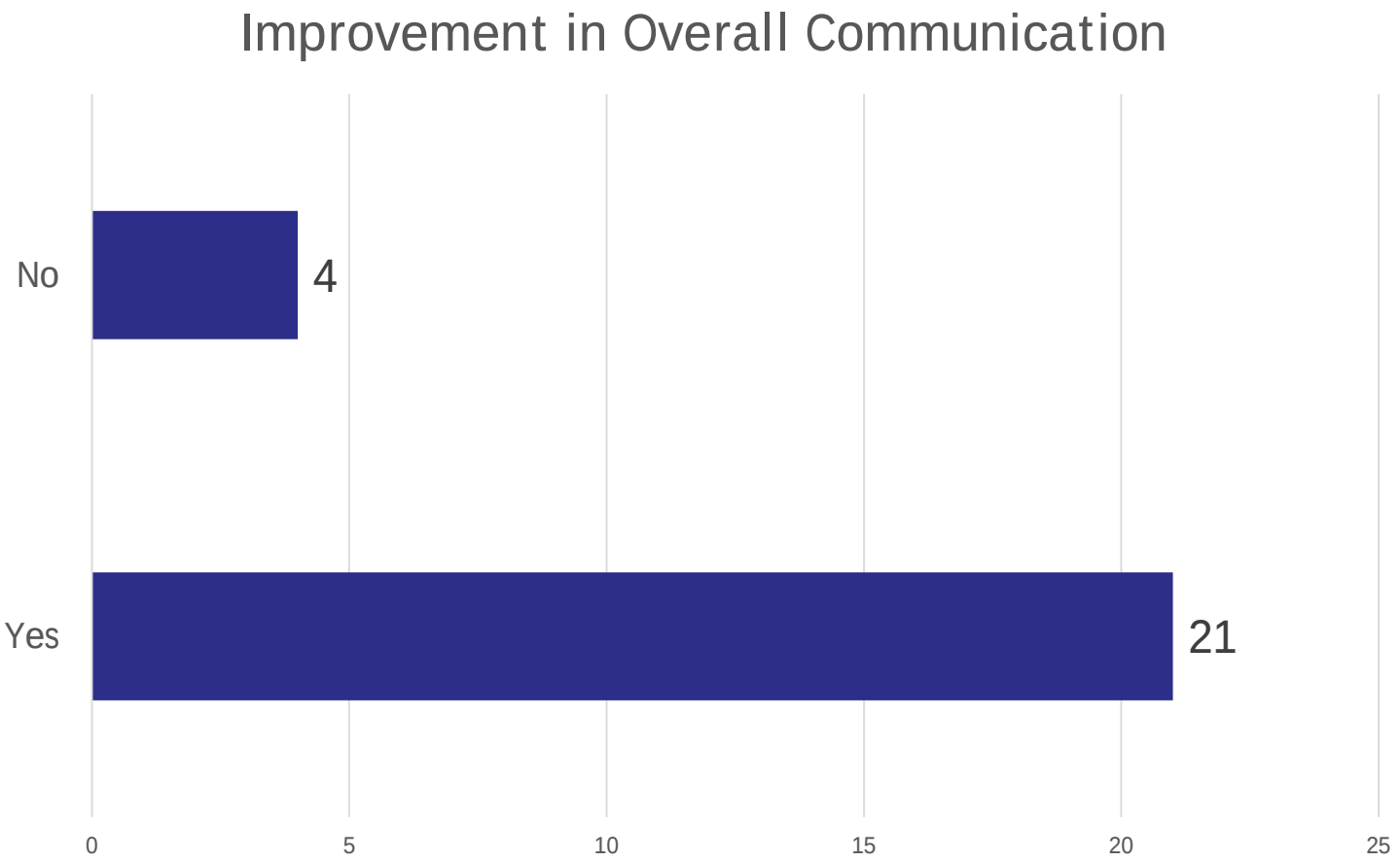
Co-Location in Virginia: One Year Review Survey



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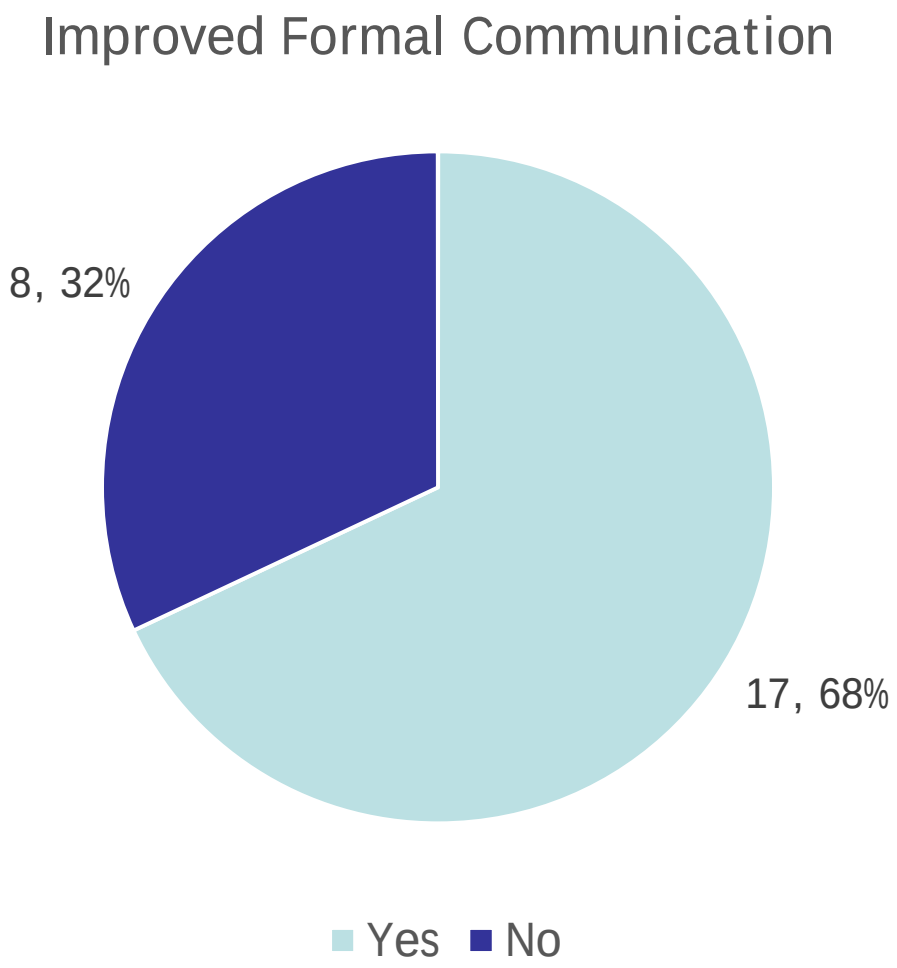
Co-Location in Virginia: One Year Review Survey



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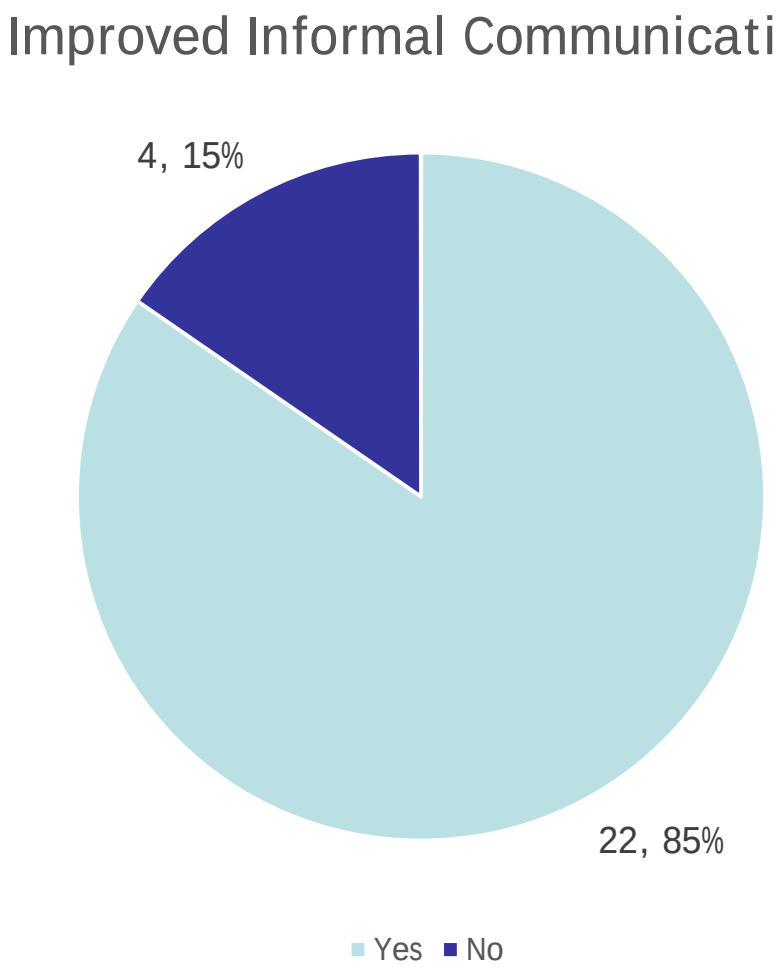
Co-Location in Virginia: One Year Review Survey



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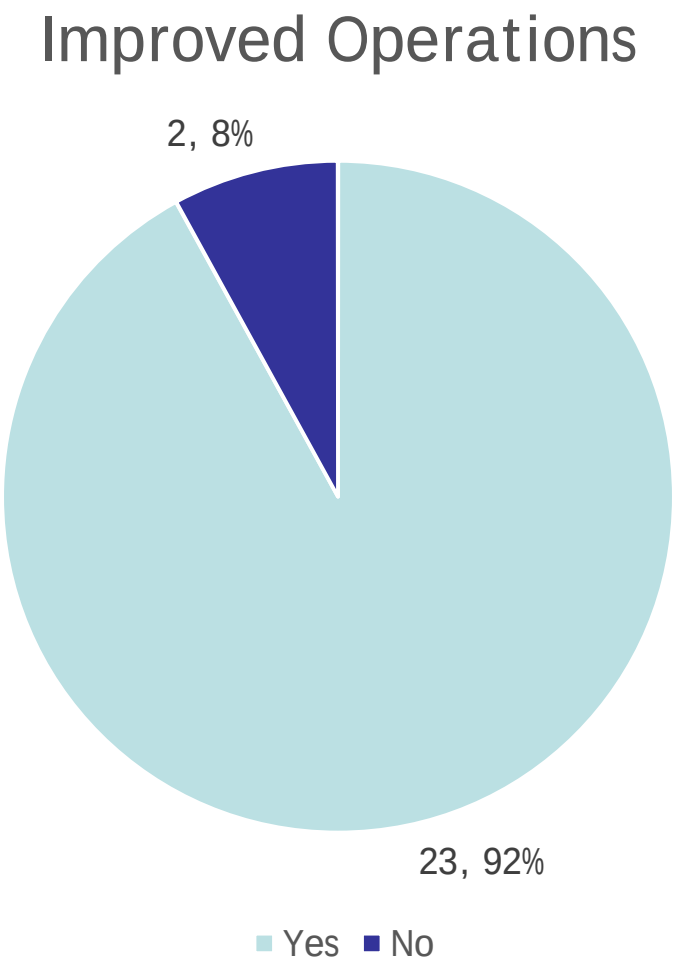
Co-Location in Virginia: One Year Review Survey



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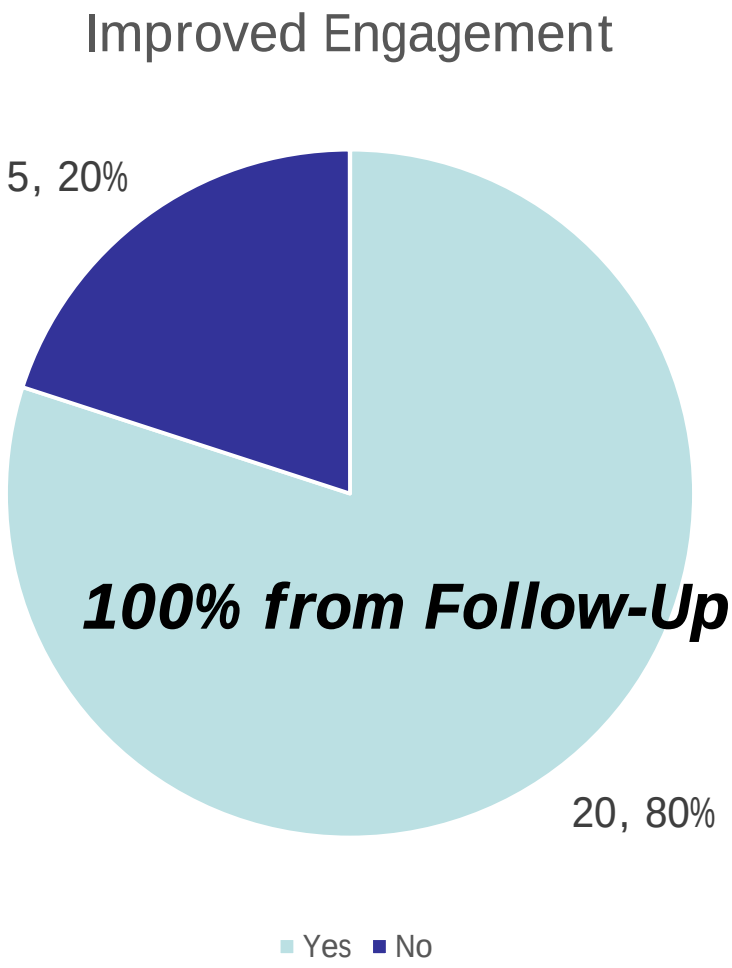
Co-Location in Virginia: One Year Review Survey



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Co-Location in Virginia: One Year Review Survey

Comments:

I enjoy having the nurses on site.

I can easily transfer a call or run upstairs to ask them a question.

It is also nice to get to know each personally.

I feel like we are all part of the same team.

It would be beneficial to eventually have the entire Follow-up team co-located

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Co-Location in Virginia: Outcomes

Co-location Strengths
Improves communication around reporting newborn screening results
Frequent face-to-face interaction
Faster resolution of problems (i.e. data entry discrepancy, question regarding follow-up recommendation)
Novel informal communication
Improves understanding/linkage of broader newborn screening program
Increases learning opportunities
Improves engagement of follow-up staff

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Co-Location in Virginia: Outcomes

Co-location Challenges
Added expense for second location (hardware, rent, IT support)
Co-location may result in loss of resources
Increases demand on follow-up supervisor to maintain presence in multiple locations
Co-location does not guarantee improved communication

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Co-Location in Virginia: Recommendations

Allow time to plan for barriers and solutions for seamless integration
NBS programs not able to co-locate should implement regular meetings and consider utilization of video conferencing to imitate face-to-face interaction.

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Co-Location in Virginia: Next Steps

Continue to work on communication and face-to-face interaction
Utilize co-location to initiate notification of unsatisfactory samples more quickly

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www.NewbornScreeningEducation.org

NEWBORN SCREENING EDUCATION

Newborn Screening Education Offers 4 Online Learning Opportunities

Critical Congenital Heart Disease Screening

Approximately 1 in 100 infants is born with some type of congenital heart disease (CHD). Some forms of CHD cause little or no problems, but other forms, referred to as critical congenital heart disease (CCHD), present a significant risk of morbidity or mortality if not diagnosed soon after birth. To identify those infants at risk, all infants should be screened using pulse oximetry prior to discharge from the nursery. This educational module offers evidence-based content for healthcare providers on the identification and implications of CCHD, assistance in establishing a screening program, and resources for helping parents understand the testing process and results.

Newborn Dried Blood-Spot Screening

Newborn Screening is a public health activity used for early identification of infants affected by certain genetic, metabolic, hormonal and/or functional conditions. Screening detects disorders in newborns that, if left untreated, can cause serious illness, disability, and even death. Currently, the U. S. Department of Health and Human Services recommends screening for 29 heritable disorders and genetic diseases performed through dried blood-spot screening.

SCID: This module now includes learning content on Severe Combined Immunodeficiency Disorder (SCID). This rare group of inherited disorders is almost always fatal but can be successfully treated if detected early.

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Contact Information

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Public Health Nurse Supervisor
Dried Blood Spot and Critical Congenital Heart Disease (CCHD)
Newborn Screening Program
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Email: christen.crews@vdh.virginia.gov

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