



Fall/Winter 2011

Newborn Screening Program Area Service Center 99

Rady Children's Hospital San Diego
Serving San Diego, Orange, Riverside
& Imperial Counties



NEW FORM: 27 SERIES TRF

In December, a new Test Request Form (TRF) will be introduced with several changes:

Social Security Number: Enter only last four (4) digits of mother's social security number. If mother doesn't have SSN, enter 9999.

Additional Contact Number: Enter alternate phone number for mother.

Ward of the Court: Enter information about person responsible, or legal guardian if the baby is a ward of the court.
Gestational Age at Delivery: Enter gestational age in weeks.

NPO Status at Time of Collection: Mark Yes or No.

Nursery Type: A field for 'Home Birth' was added.

Additional Blood Spot: A 6th blood is now required which allows for testing of more disorders. The Program now screens for 80 disorders!

Please use all 26 series TRF stock prior to implementing the use of new 27 series TRFs.

If you have any questions about the new form, please contact our office.

Volume
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NEWBORN SCREENING MISSING RESULT (NBS-MR) FORM

The NBS-MR form is used by perinatal licensed health facilities and midwives when an NBS has been collected but no results have been received.

Per CA Title 17, the completed NBS-MR form is to be submitted to the Genetic Disease Screening Program (GDSP).

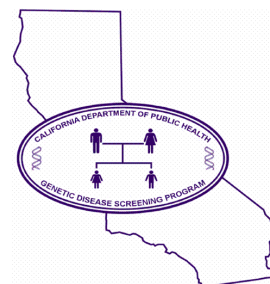
In the past couple of years, we have requested that hospital staff fax the NBS-MR form to the NBS Area Service Center, in addition to mailing a copy to the Genetic Disease Screening Program (GDSP).

Now staff need only to mail the NBS-MR to the GDSP at the following address:

850 Marina Bay Parkway, F175 Mail Stop
8200 Richmond, CA
94804.

**Interested in Electronic Mailers?
Call or e-mail us to get connected!**

Robin.Thomas@cdph.ca.gov
510-412-1519





**NEWBORN SCREENING
CONTACT INFORMATION**

LOCATED AT:

7920 Frost Street, Suite 302
San Diego, CA 92123

MAILING ADDRESS:

3020 Children's Way
Mail Code 5116
San Diego, CA 92123

TOLL FREE: (800) 793-1313

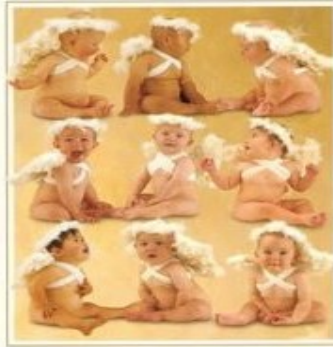
PHONE: (858) 966-8708

FAX: (858) 966-8709

www.rchsd.org/newbornscreening

nbs@rchsd.org

Many thanks for your hard work and support of the Newborn Screening Program. We have seen a significant decrease in documentation errors and appreciate your diligence. We look forward to an even more successful 2012-2013 program year!



The Hospital Evaluation Performance Profile (HEPP) Report is constructed by the Newborn Screening (NBS) Program of the Genetic Disease Screening Program (GDSP) of the California Department of Public Health in Richmond, California.

The HEPP monitors both the completion of the NBS Test Request Form (TRF) and the adequacy, timing and transport of the mandatory Newborn Screening Test. This quality improvement tool provides feedback to newborn screening providers on their screening performance.

Regular nurseries and NICUs routinely receive HEPP reports quarterly and annually. Additionally, if there is an excessive number of deficiencies in one month, they will receive a HEPP report for that month.

HEPP REPORT EXPLANATION

Demographic Data Item	Purpose	Observed Errors	Correct Completion of Field
Race/Ethnicity	Identify newborn.	Left blank or used erroneous info from guessing	Fill in all that apply for parents. Fill in "other" if Race/Ethnicity is not listed & specify in the space provided.
Multiple Births	Correctly identify newborns by birth order to prevent confusion.	Left blank or used 1,2, etc. Identified incorrect sibling.	Specify A, B, C, etc. based on birth order
On TPN /hyperal or amino acids at time of collection	Aid in interpreting metabolic test results	Left blank or filled in incorrectly	Fill in Yes or No
Gender	Identify correct sex of newborn	Left blank. Filled in both or wrong gender	Fill in Male or Female
All feeding since birth	Aid in interpreting metabolic results. Data source for CA breastfeeding project	Left blank or more than one choice selected	Fill in the one circle that applies. Any amount of human milk and/or formula is counted as feeding. NICU may leave unmarked when baby is NPO.
RBC transfusion before collection	Used to interpret test results	Left blank or entered erroneous data such as marking "No" with date & time of transfusion on TRF	Mark "No" if not transfused before NBS collection. Mark "Yes" and provide date & time if transfused before NBS collection.



Total Screened 84

Total above Cut-Off 4

Missing Demographic Data	Number	Hospital Percent	State Cut-Off
Missing Birth Date Count			0.0%
Missing Birth Time Count			0.2%
Missing Birth Weight Count			0.2%
Missing Gender Count			0.2%
Missing Ethnicity Count	1	1.19%	1.0%
Missing Mother's Zip Code Count			1.0%
Missing Collection Date Count			0.0%
Missing Collection Time Count			1.0%
Missing Mother's Maiden Name Count			1.0%
Missing Mothers DOB Count			1.0%
Missing Mother's SSN Count	1	1.19%	4.0%
Missing Medical License No. Count	10	11.90%	3.0%
Missing RBC Transfusion Before Collection Count	2	2.38%	0.2%
Missing Feeding Since Birth Count	1	1.19%	2.0%
NBS Inadequate Collection Process Count			0.5%
NBS Inadequate Handling and Transport Count			0.5%
NBS Inadequate Spec Card/TRF Issues Count			0.8%
NBS Inadequate Misc Count			0.5%
Test Done =< 12 Hours			0.1%
Test Done > 6 Days			0.5%
Transit Delay Count > 5 Days	2	2.38%	2.40%
Average Number of Transit Days	2.01		
NBS Corrected EIM Count	1	1.19%	0.0%
NBS Unexplained Early Count			0.2%