



2021 APHL NewSTEPs Continuous Quality Improvement (CQI) National Meeting

Knowledge is Power: Education as an Improvement Tool Q&A

Question	Answer
Can you share the framework that you have develop to help guide and support the development of newborn screening educational practices? [for Expecting Health]	A direct link can be found on the BFT website: https://www.babysfirsttest.org/sites/default/files/NBS%20Best%20Practice%20Framework _Final_0.pdf
Are there unique challenges to accessing parents/providers at the various sites? Have you had to adapt educational materials for the different sites? [for Iowa]	We have not yet adapted the wiki site/educational materials based on the various sites. However, we are open to discussing that and making changes if necessary.
How did you get the clinics to be on board with this project? This adds extra work to their duties, right? Did you offer the clinics incentives, was their an agreement signed with the clinics? [for Iowa]	Yes, there is an agreement with the clinics. The team through phone and email communications and through existing relationships recruits them. The goal is to limit the time and additional duties required by the clinics, knowing that prenatal clinics already have lots of education and time demands. No additional incentive for clinics other than that this project would be good for their patients in the long run.
Can all hospitals see all data, or each hospital can only see their own data? [for Colorado]	Each hospital can only see their own data. However, the tableau view contains no PHI (Protected Health Information) and so if hospitals wanted to compare themselves to other facilities they can.
Do the hospitals have a specific identifier number or are they identified by their actual name? [for Colorado]	They are identified by their actual name.
These educational materials are great! Are they located on your website? [for Colorado]	We would be happy to send over the educational materials if you would provide your email addresses.
Did you receive any pushback from hospitals regarding their data being visible to other facilities? [for Colorado]	We did not receive any pushback from any health facilities. The detailed reports for HIPPA purposes get sent to each facility separately. As far as just having that general information in Tableau, we have not received any pushback. We hope that they will see it as friendly competition (which is what it seems).





Are the webinars recorded and accessible to the cohort to re-watch? [for Georgia]	Yes, all webinars are recorded and available to view.
You may have said this and I missed it, but how did you ID your cohort hospitals? [for Georgia]	All hospitals were given ID's but they all have names.
Did you come up with the idea to establish the core collection team for day/night shift or did this come about through feedback you received? [for Georgia]	The hospitals came up with that intervention themselves.
Is the NBS symposium just for facilities in Puerto Rico or for other states? [for Puerto Rico]	We are still in the coordination phase with our institution, but yes, it is a goal for this meeting to be available for anyone who is interested.
Are midwives able to collect newborn screen specimens or do they refer them to another provider? [for Puerto Rico]	Yes, in Puerto Rico midwives collect the samples.
For those of you utilizing QR codes in your work, which QR code generators are you using? Are you using static or dynamic codes and are you gathering analytics on the use/clicks on the QR code? [Open Discussion]	 We have been using Flowcode. For our education, we use Venngage and they are in the process of making their program QR friendly so that might change. But for now, its Flowcode. We use QR codes in ALL of our provider and family fact sheets that get sent to NICU's and providers. This is for IA, ND, and AK. California uses the Office Public Affairs to generate QR codes and we track hits.
Do other NBS programs create material guidance for preemies? [Open Discussion]	We do here in Minnesota.