OKLAHOMA NEWBORN SCREENING PROGRAM

POST SITE VISIT REPORT

OKLAHOMA State Department of Health | Newborn Screening Program

Date: _____ Hospital Name: _____

OSDH NBS attendee(s): _____

Names/titles of hospital staff attendees: _____

_____

Approximate length of visit: _____

For each section below, please indicate whether the topic was addressed during the site visit. Use the comments section to provide additional information on any obstacles needing attention or exemplary actions noted during the visit. If no is marked, please address why.

Pre-Visit Preparation	YES	NO
Pre-visit checklist faxed/emailed.		
Pre-visit checklist returned by facility.		
Pre-visit checklist reviewed at visit.		
Tableau reports printed/reviewed.		
Information regarding available training tools distributed appropriately.		

Comments:

Collection of Specimens	YES	NO
Discuss parent education/completion of demographic form.		
Discuss who collects, timeframe for collection.		
View/discuss where filter paper is stored.		
Discuss method, location and length of drying time.		
Discuss courier/transport of filter paper.		
Training of personnel on collecting specimens.		
Refusal processes.		
Recollection of unsat/abnormal specimens.		

Comments:

Monthly Reports on Tableau	YES	NO
Discuss who reviews the reports (who has access to Tableau?).		
Discuss how reports are shared with all staff involved in NBS.		
Discuss how reports are utilized for QA/QI.		
Review 6 months of reports with current staff.		
Address possible areas of improvement with staff.		

Comments:

Guidelines for NICU/PICU	YES	NO
Discuss when a dried blood spot is collected.		
Discuss when/if a 2nd specimen is collected.		
Discuss how reports are utilized for QA/QI.		
Discuss infants on special feeds, transfusion, LBW.		
Discuss transfers, expired babies.		

Comments:

Point of Care Screening	YES	NO
Discuss who conducts CCHD screening.		
Discuss cardiology resources.		
Review facility CCHD algorithm and protocol.		
Discuss who conduct hearing screening.		
Discuss how hearing results are given to family.		
Discuss hearing referral processes/resources for family.		

Comments:

Target areas for quality improvement:

Post site visit recommendations for quality improvement:

Oklahoma State Department of Health - Newborn Screening Program
Follow-Up Phone: 405-426-8310
Follow-Up Fax: 405-900-7556
newbornscreen@health.ok.gov

NEWBORN SCREENING