OKLAHOMA NEWBORN SCREENING PROGRAM

HOSPITAL/FACILITY VISIT REQUEST

OKLAHOMA State Department of Health

Objectives:

- To share up-to-date feedback on facility performance as it relates to newborn screening (NBS) established goals for timeliness of collection and rates of unsatisfactory screens
- To offer educational support
- To identify opportunities for improved performance and communication

Requested Audience: A representative from each of the following areas:

- Administration
- Nursing
- Lab
- Risk Management/Quality

Visit Focus Areas:

- Newborn Screening Dried Bloodspot Collection
- Critical Congenital Heart Disease (CCHD) Screening
- Newborn Hearing Screening

Instructions: Please complete the following form and return via fax to: **405-900-7556** or email newbornscreen@health.ok.gov. We ask that you select a date/time that all representatives can be present, and that you allow a 30-day notice to increase the likelihood of our being able to meet the needs of your preferred date/time.

Hospital Contact Information

Job Title: _____

Name: _____

Email: _____ **Phone:** _____

Hospital/Facility Name: _____

Address: _____

Preferred Date/Time:

Choice #1: _____ _____

Choice #2: _____ _____

Choice #3: _____ _____

Comments/Requests:

Oklahoma Department of Health Newborn Screening Program
Follow-Up Phone: 405-426-8310
Follow-Up Fax: 405-900-7557
newbornscreen@health.ok.gov

NEWBORN SCREENING