



Analysis. Answers. Action.

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Timeliness 2.0 Workgroup

November 2, 2015

Membership

Cathy Wicklund, co-chair	Kellie Kelm, co-chair
Susan Tanksley, Texas PH Lab, APHL	Beth Tarini, pediatrician, researcher
Stephen McDonough, pediatrician	Dieter Matern, Mayo
Klaas Wierenga, pediatrician, geneticist	Ed McCabe, March of Dimes
Laura Malone – Vice President, Nursing and Clinical Services, Iowa	Emily Drake, Association of Women's Health, Obstetrics and Neonatal Nurses (AWHONN)
Amy Gaviligio, Follow up, Minnesota	Erica Wright, Follow up, Colorado
Bob Ostrander – family physician, ACMG	Stan Berberich, Iowa NBS Lab
George Dizikes, Illinois NBS lab	Cate Walsh Vockley, genetic counselor
Bill Morris, parent	Neil MacVicar, parent, MHA Service Corp.
Joseph Bocchini, pediatrician, SACHDNC Chair	APHL



CHARGE

- Optimize successful strategies to address NBS specimen collection and transport:
 - Engage key stakeholders in these processes
- Collect and disseminate timeliness specific practices from state NBS programs, including programs that have implemented efficiencies in collection, transport, screening and follow-up. This may include:
 - Updates from states at NBSTRN Regional Collaborative meetings
 - Updates from states participating in the NewSTEPs Collaborative Improvement and Innovation Network (CoIN) for Timeliness in newborn screening; NewSTEPs 360.
 - Updates from other timeliness efforts
- Investigate strategies for improved standardization of communication of NBS results to providers and families



AUGUST DISCUSSION

- Specimen collection
 - High unsat rate, hospital process issues
 - Collect data first
 - Figure out areas where our group could contribute
 - Prospective partners: Joint Commission, Midwives, Head of Hospital labs (SOPs), Hospital Association



NOVEMBER WEBINAR

- Presentations by two states on timeliness improvements
 - Iowa
 - Using existing infrastructure
 - Education, new partners
 - Michigan
 - Focus on transit time



CollN for Timeliness in Newborn Screening

The Iowa Newborn Screening Program
Experience To Date

HRSA/APHL CoIIN for Timeliness in NBS

- Iowa is one of 7 states involved in the CoIIN for timeliness in NBS.
- Project began in January 2015 and is in progress now.

Initial Make Up of the Iowa CoIN Team

- Initial team consisted of 5 individuals
- 1) Kim Piper, state genetics coordinator/Executive Director of the Center for Congenital and Inherited Disorders from the Iowa Department of Public Health; 2) Stan Berberich, NBS Lab Program Manager; 3) Carol Johnson, NBS Follow Up Coordinator; 4) Kristen Ernsperger, nurse education manager at Mercy Medical Center in Des Moines; and 5) Laura Malone/Jennifer Nutt from the Iowa Hospital Association

Education/Local CoIIN Teams

- Education to 5 birthing centers this year; regional education session this week to another 8 birthing centers
- 3 of the 5 centers are pilot sites for CoIIN
- General NBS education provided, with emphasis on timeliness/CoIIN project and time critical disorders
- 3 out of 5 centers have formed their own CoIIN teams! Specific CoIIN education provided to 2 local CoIIN teams

Use of Hospital-specific Cutoffs to Evaluate NBS Specimen Transit Time

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Epidemiologist

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Newborn Screening Program
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Evaluating Performance

- * Original measure:
 - * Percent of specimens received <72 hours of collection
- * Strengths
 - * Easy to understand
 - * Easy to calculate
- * Weaknesses
 - * Doesn't identify hospitals that could improve timeliness
 - * Can't adjust for weekends and varying pickup times

Solution

- * Needed to create hospital-specific cutoffs that account for:
 - * Specimen collection time
 - * Specimen collection day
 - * Courier pickup time for each day
- * Allow for better monitoring of transit time performance

Methods

- * Developed hospital-specific cutoffs for determining if specimens are received in the lab on or before the appropriate day

Saturday courier service:

Assume Hospital 1 has pickup Monday-Friday at 5:00 pm and Saturday at 1:00 pm:

Specimen Collection Time	Should arrive on or before*
Friday after 12:00 pm - Saturday at 8:00 am	Monday
Saturday after 8:00 am - Monday at 12:00 pm	Tuesday
Monday after 12:00 pm - Tuesday at 12:00 pm	Wednesday
Tuesday after 12:00 pm - Wednesday at 12:00 pm	Thursday
Wednesday after 12:00 pm - Thursday at 12:00 pm	Friday
Thursday after 12:00 pm - Friday at 12:00 pm	Saturday

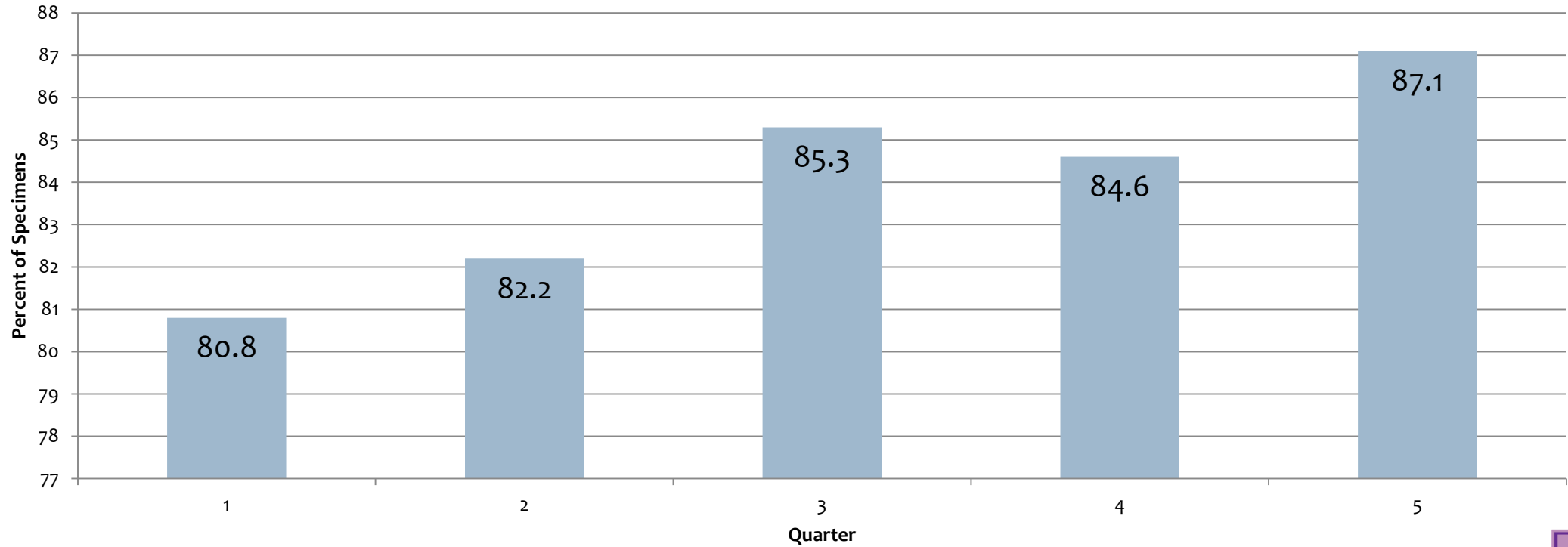
Sunday courier service:

Assume Hospital 2 has pickup Monday-Friday at 9:00 pm and Sunday at 3:00 pm:

Specimen Collection Time	Should arrive on or before*
Friday after 4:00 pm - Sunday at 10:00 am	Monday
Sunday after 10:00 am - Monday at 4:00 pm	Tuesday
Monday after 4:00 pm - Tuesday at 4:00 pm	Wednesday
Tuesday after 4:00 pm - Wednesday at 4:00 pm	Thursday
Wednesday after 4:00 pm - Thursday at 4:00 pm	Friday
Thursday after 4:00 pm - Friday at 4:00 pm	Saturday

Results

Percent of Specimens Arriving On
Appropriate Day or Before



COMMON THEMES

- Importance of education of newborn screening process, including critical nature of the test
- Identifying key people within birthing centers and hospital labs are critical for success
- Partnering with other state organizations are critical
- Monitoring courier utilization is key
- Identifying key outcomes to measure
- Identify incentives: competition between hospitals, highlighting hospitals who are excelling in newsletters etc.

FUTURE DISCUSSION

- Share experiences
- Take lessons learned and reach out to new partners to help states (e.g., nurses, midwives)
- Implementation science – could it help here?
- Next step, take same process and apply it to improve standardization of communication of NBS results to providers and families