

**Oklahoma Newborn Screening (NBS) Program**  
**Oklahoma State Department of Health (OSDH)**  
 Hospital Annual Self-Evaluation Form



Date: \_\_\_\_\_ Name & Title: \_\_\_\_\_

Hospital: \_\_\_\_\_ Location/Unit: \_\_\_\_\_

**Newborn Screening Policy Check**

Does your unit have a written NBS policy?  Yes  No

If so, does it comply with the Oklahoma NBS Rules and Regulations?  Yes  No

<b>NBS Policy Review</b>	<b>Addressed/Nursing Protocol</b>	<b>Not Addressed</b>
Definition of Screening		
Physician Order for NBS		
Training of Staff		
Description/Procedures for Specimen Collection: How to collect, method of collection, materials to use, etc.		
Time of NBS Collection for term, healthy newborns; NICU newborns; transfused newborns; specimens collected at < 24 hours of age, etc.		
Parental Refusals: <i>religious practices &amp; tenets only</i>		
Filter Paper Demographic Information & Filling out the Form		
NBS Demographic Correction Procedures		
Filter Paper Specimen Drying Procedures		
Collection Log Requirements		
NBS Results: Receipt, Documentation, Data Entry		

**Unit Processes Review**

<b>NBS Unit Processes</b>
Do you have a system in place to ensure that every newborn is screened prior to discharge? (Ex: NBS is part of infant care plan, designated person in charge of ensuring collection before discharge, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No
How often are filter paper expiration dates checked? <input type="checkbox"/> Other: _____ <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every ___ Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Every ___ Months <input type="checkbox"/> Yearly
Who is responsible for checking expiration dates? _____
How are filter papers ordered? _____
Who orders filter papers? _____
Where are extra filter papers stored? _____
Parent education materials provided: <input type="checkbox"/> Verbal Discussion <input type="checkbox"/> NBS Brochure(s) <input type="checkbox"/> Other: _____
Are parents advised to check with their baby's PCP during the first doctor's visit regarding NBS results? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your facility utilize a NBS Refusal Form? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are parents' fears/questions addressed regarding NBS in the event of a refusal? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>*Keep a copy of the Refusal Form for hospital records &amp; fax a copy to the NBS Program: 405-271-4892*</b>
Is the demographic information written on the filter paper form verified with parents at the time of specimen collection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are parents advised of the importance of having a planned pediatrician? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>*It is imperative that the accurate planned PCP is known in the event of abnormal NBS results so that timely notification &amp; follow-up of the results can occur*</b>

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Where are filter papers placed to dry? \_\_\_\_\_

Do filter papers dry horizontally for at least 3-4 hours?  Yes  No

Is the risk for contamination at the drying location minimized? (Ex: free of standing water, away from open sources of food & drinks, away from direct sunlight & moving sources of air, etc.)  Yes  No

Who checks on the drying status of filter paper specimens? \_\_\_\_\_

Location where specimen date & time of collection are documented: \_\_\_\_\_

Who receives NBS results? \_\_\_\_\_

Who records/enters NBS results? \_\_\_\_\_

How are NBS results entered?  
 Scanned to record  Manually entered  Log Book entry  Other: \_\_\_\_\_

**Newborn Screening Collection Log Check**

Does your unit maintain a Collection Log for specimens?  Yes  No

Collection Log Components	Yes	No	Collection Log Components	Yes	No
Infant's Name			Specimen Collection Date		
Date of Birth			Specimen Collection Time		
Time of Birth			Collector Initials		
Medical Record Number			Test Results		
Attending Physician			Date Test Results Received		
Planned Pediatrician upon Discharge			Courier Pickup Date		
TPN Status			Other: _____		
Filter Paper Serial Number					

Transit Time/Courier Check	Yes	No
Is a Courier/Transport Log maintained?		
Days of week for courier pickup (circle all that apply): <b>S M T W TH F S</b>		
Location & time for Monday - Friday specimen pick-up: _____		
Location & time for Saturday - Sunday specimen pick-up: _____		
Is the courier barcode located near specimen pick-up?		
Are demographics/specimen quality double-checked before submission to courier?		
Are NBS specimens batched (held before sending with the courier)?		
<b>*Oklahoma NBS Rules and Regulations state that NBS specimens should be received at the OSDH Public Health Laboratory before 48 hours after time of specimen collection*</b>		

NBS Training Check
Training Audience & Frequency:
<input type="checkbox"/> <b>New Trainees</b>
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every ___ Weeks <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____
<input type="checkbox"/> <b>Staff Refresher</b>
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every ___ Weeks <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____
<input type="checkbox"/> <b>Clerical</b>
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every ___ Weeks <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____
Is additional training provided to collectors of unsatisfactory specimens? <input type="checkbox"/> Yes <input type="checkbox"/> No