

TNSPMP MEETING AGENDA AND NOTES



TNSPMP PROJECT TEAM MEETING
 DRURY INN & SUITES - SAN ANTONIO
 THURSDAY - JUNE 26, 2008
 TNSPMP FACILITATOR: ROBIN SCOTT
 MEETING NOTES

ATTENDEES:

<i>Sandra Billings</i>	
<i>George R. Buchanan</i>	
<i>Kari Casas</i>	√
<i>Donna Claeys</i>	√
<i>Robert Crumb</i>	
<i>Margaret Drummond-Borg</i>	√
<i>Alice Gong</i>	√
<i>Jose L. Gonzalez</i>	√
<i>Charleta Guillory</i>	√
<i>Cheryl Hermerath</i>	√
<i>Scott D. McLean</i>	√
<i>Francisco Ramirez</i>	√
<i>John Saito</i>	
<i>Stuart K. Shapira</i>	√
<i>Eileen Sheridan-Shayeb</i>	
<i>Reid Sutton</i>	√
<i>Larry Sweetman</i>	√
<i>Lois Taylor</i>	√
<i>Brad Therrell</i>	

<i>Sister Mary Nicholas Vincelli</i>	√
<i>Morgan Walthall</i>	√
<i>Don P. Wilson</i>	√
<i>Jerald L. Zarin</i>	√
<i>Margaret Bruch</i>	√
<i>Sherry Clay</i>	√
<i>Mirsa Douglass</i>	√
<i>Eldridge Hutcheson</i>	√
<i>Daisy Johnson</i>	√
<i>David R. Martinez</i>	√
<i>Jann Melton-Kissel</i>	
<i>Susan Neill</i>	
<i>Sharon Newcomb-Kase</i>	√
<i>Susan Tanksley</i>	√
<i>Simran Tiwana</i>	√
<i>Donna Williams</i>	√
<i>Susan Snyder</i>	
<i>Lisa Kalman</i>	√
<i>Colleen Buechner for NNSGRC</i>	√

TNSPMP PROGRESS UPDATE AND FUTURE VISION

Susan Tanksley provided a progress update and future vision for the project.

ORIENTATION ON PERFORMANCE MEASURES

Mirsa Douglass provided an overview of performance measures as it relates to the project.



RECAP OF THE NBS “REPORT CARD” WEBINAR

Donna Williams presented a recap of the suggestions made during the NBS Report Card Webinar (held 06/13/08). She also provided an overview of report cards and similar tools used by other state programs including Florida, Oregon, New Hampshire, and Nebraska.

The following is a list of suggestions provided during the Webinar held June 13th, 2008. A copy of the newborn screening report card that was reviewed can be found at the end of these meeting notes.

- Clarity of Terms and Categories
 - For the section highlighted in yellow on the report card, indicate infant’s age at time of “collection” versus “screen” for better clarity
 - Provide time of collection statistics by both first and second screens
 - Clarify that the “Rank” in the statistics section of the report card pertains to specimen quality
 - Include an asterisk when “Category” or “Category Totals” are referenced on the report
 - Include a narrative explanation for the term “Category Totals”
 - Suggestions for Additional Information on Report Card
 - Include cost/liability information resulting from unsatisfactory specimens
 - Include an overall submitter score on the report card
 - Change the report focus and data from number of “unsatisfactory” screens to the number of “satisfactory” screens
 - Include statistics from the previous year (submitter baseline) for comparative analysis
 - Include predefined thresholds for specific categories. Use these thresholds to auto generate a comment for improvement needed at the bottom of the page. These comments should be analogous to the education focus for site visits.
 - Add time of collection in addition to date of collection
 - Review the definitions of high, middle, and low categories used to classify submitter volumes. Category needs to be meaningful.
 - Formatting
 - Include pictorial representation of results such as graphs and pie charts
 - Print as a two-page report and/or print on both sides
 - Distribution and Access
 - Allow follow-up educators access to view and print reports
 - Post report cards on the web
 - Offer report cards more frequently (e.g. monthly)
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ROUNDTABLE DISCUSSIONS ON NBS REPORT CARDS

Roundtable groups discussed suggestions and recommendations for newborn screening report cards with consideration to areas such as clarity, formatting, distribution and access, and additional performance measures to track.

Comments are grouped by discussion table.

The following are comments made by Charleta Guillory, Don Wilson, Morgan Walthall, Donna Williams, Yvonne Caimanque, and Judy Chrisman.

- The blue section which covers specimen quality is very overwhelming and difficult to decipher; consider including top 10 issues in this section and aligning information vertically for the entire report card
- Distribute report cards to the quality assurance areas for submitters
- Give a final “grade” at the bottom of the report
- Include a customized note on educational needs based on report card performance such as including a 1-800 support number for those who are performing poorly
- It would be beneficial to integrate newborn hearing screening statistics with newborn screening report card
- Change the frequency of reports from quarterly to monthly. This is important for high volume submitters.
- Send newborn screening summary statistics to pediatricians and/or professional groups

The following are comments made by Jose Gonzalez, Daisy Johnson, and Susan Hoffpauir.

- Recommend distinguishing between first and second screen results for age at time of collection
- It is important to know the difference between first and second screens. First screens are coming from hospitals while second screens are coming from PCPs (Primary Care Physicians)
- List submitter performance on a percentile-basis
- Misinterpreted report card on initial review. Education on how to read the report card is critical.

The following are comments made by Francisco Ramirez, Susan Tanksley, Scott McLean, Stuart Shapira, Lisa Kalman, and David Martinez.

- Consider different formats for report cards based on audience; one with high level statistics (big picture snapshot) for the hospital administrators, and another containing more specific details for collection managers, nurses, and quality assurance personnel.
 - Consider formatting report card similar to the Texas Assessment of Knowledge and Skills (TAKS) provided to students on test performance. The TAKS report provides a sliding scale of where students should be performing. The report also provides a visual slash mark to represent their comparative academic standing.
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- Present an overall score (index) for submitter performance that encompasses feedback for the various sections of the report card.
- With each report card distribution, include a letter briefly explaining report cards (education). This will be especially helpful with turnaround of hospital staff.
- Need to separate data on first and second screens.
- Use a percentile ranking approach on report card for comparative analysis versus reporting the absolute ranking which is currently being used on the report card (e.g. 114 out of 114).
- Consider removing assay interference, laboratory accident, no blood received, improper collection form, and specimen damaged in transport. Specimen damaged in transport, assay interference and laboratory accident does not pertain to submitter performance.
- Simplify the section on transit time.
- Include infant's age at "Time of birth" and "Time of collection".
- Infants age at time of screen is not meaningful without measuring against first or second screen.
- Include percent of completed fields on submission form. Hold submitters accountable.
- Break out time of birth and time of collection.
- Capture specimen collector initials, and report specific issues by collector.
- Provide Web access of reports or electronically send to specific people in hospital. Look into posting online (password protected).
- Use one column for unsatisfactory specimen, use back page for reasons or only put columns that contain data.
- Reorganize unsatisfactory columns by who causes the problem (ex. laboratory technician error versus hospital error).
- Add space on collection form for initials of specimen collector.
- For the specimen quality section, there is no need to show "0" if there is nothing in column.
- Organize columns based on area: collection, mail out, transit.
- Start sending monthly reports to laboratory, quality assurance, nursery, and administration areas.

The following are comments made by Margaret Drummond-Borg, Alice Gong, Sherry Clay, Sister Mary Nicholas Vincelli, Jerald Zarin, and Donna Claeys.

- Use one column for unsatisfactory issues; then list which unsatisfactory issues were identified, or print only the columns that include non zero data and not the columns that produce a '0'.
 - Reorganize to have distinct unsatisfactory types between submitter issues and laboratory issues.
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- Increase the frequency of reporting to a monthly basis. This allows high volume submitters to make changes more rapidly. This also allows smaller/less frequent submitters to correct errors while the procedure is still fresh.
- Send the report cards to: quality assurance, laboratory, and nurseries.
- Hold submitters accountable for missing fields
 - Date/time of birth
 - Date/time of collection
- Require the capture of technician's initials on newborn screening collection forms and hold submitters accountable if missing.
- Identify the age of first collection in hours instead of days.

The following comments made by Colleen Buechner, Sharon Newcomb-Kase, Margaret Bruch, Mirsa Douglass, and Simran Tiwana.

- Have separate columns capturing infant age at the time of specimen collection and infant age at the time of specimen analysis.
- Measure time to physician notification of positive screen.
- Measure time from physician notification to infant's recall into the doctor's office.

The following are comments made by Reid Sutton, Eldridge Hutcheson, Larry Sweetman, Cheryl Hermerath, Lois Taylor, and Kari Casas.

- A lot is going on the card – very busy and difficult to read.
- Simplify the unsatisfactory reasons. For example, make single category that includes a combination of rare reasons. Also, do not include the columns populating the zeros for unsatisfactory types.
- The section on “Time from Collection to Receipt” is complicated. Simplify the qualitative feedback to three categories great, good, and poor.
- Infant's age at time of screen is not clear. This information cannot be acted on for quality improvement purposes. Hospitals are not going to retrospectively investigate the statistics if they are not already straight forward. We would recommend removing this information if it is not meaningful or useful to submitters.
- Consider breaking out time of birth and sample collection.
- Consider sending reports via electronic mail.

CAH PRESENTATION

Jose Gonzalez presented an overview on congenital adrenal hyperplasia.
