



# NewSTEPS

A Program of the Association of Public Health Laboratories™

## **NewSTEPS Collaborative Improvement and Innovation Network (CoIIN) for Timeliness in Newborn Screening January 2015 - March 2016 Application Form**

### **PLEASE READ AND FOLLOW THESE APPLICATION INSTRUCTIONS:**

- ▶ A fully completed application must be received by **November 3, 2014**. If you would like a version of this application in Microsoft Word please contact [Sikha.Singh@aphl.org](mailto:Sikha.Singh@aphl.org)
- ▶ Application does not guarantee acceptance; capacity is limited.
- ▶ Applications received by **November 3, 2014** will be considered according to the goal of the state and the state's ability to make improvements based on answers to the questions in this application.
- ▶ A Technical Assistance webinar will be held on **October 16, 2014** from 3:30 pm- 4:30 pm ET to address questions pertaining to the application process. Please send any questions in advance to [Sikha.Singh@aphl.org](mailto:Sikha.Singh@aphl.org). Webinar details will be forthcoming on the NewSTEPS Listserv and on the [NewSTEPS website](#).
- ▶ Acceptance notifications will be sent on **November 14, 2014**.

### **PREREQUISITES:**

1. Applicant must show that the hospital system and state newborn screening administration supports this effort by having representatives from each system on the team and having supervisors sign off on page 3.
2. The whole team **must** be available for travel for a face-to-face meeting in Jan 15-16, 2015 in Washington DC and have the ability to participate on CoIIN for Timeliness calls (no more than one per month).
3. Applicant needs to demonstrate that baseline data on timeliness is already gathered or that it can be gathered within the first 3 months of the award.

4. At least one member of the five person state team needs to work in the **newborn screening system**, one member needs to work at a hospital, and one member needs to be part of the Hospital Association.

#### **CONTACT FOR APPLICATION**

Responses to the application should be submitted via email to [Sikha.singh@aphl.org](mailto:Sikha.singh@aphl.org)

#### **RESPONSE SUBMITTAL**

The completed application must contain the full legal name, telephone, fax, e-mail and business address of the point of contact person. Complete responses must be submitted by **5:00 pm EST, on November 3, 2014**. Email attachment is the designated means of receipt. It is the responsibility of the applicant to ensure that the response is received at APHL by this deadline. Submitters will receive a confirmation of receipt of their response by APHL. APHL may terminate or modify the application process at any time during the response period. All changes to the application will be posted to the [NewSTEPS Website](#). Responses that are not received by the stated deadline shall be determined to be non-responsive and at APHL's discretion may not be considered in the review of respondents.

*The development of this application was supported by Cooperative Agreement Number U22MC24078 from the Health Resources and Services Administration (HRSA). APHL is collaborating with the Colorado School of Public Health to implement this activity.*

**Please send completed application via email to Sikha Singh, [sikha.singh@aphl.org](mailto:sikha.singh@aphl.org) by November 3, 2014. For more information contact 240.485.2726.**

**BACKGROUND OF EFFORT:** In order to effectively reduce mortality and morbidity, newborn screening (NBS) must occur in a timely manner. Based on public comment during the September 2013 meeting of the Secretary’s Discretionary Advisory Committee on Heritable Diseases in Newborns and Children (DACHDNC) that raised the issue of timely NBS, the DACHDNC decided to review current policies and practices relating to timeliness of NBS in the United States. After an initial report in January 2014 based on survey data, discussions and review of pertinent literature, the DACHDNC recommended a series of timeframes related to NBS. The Newborn Screening Technical assistance and Evaluation Program (NewSTEPS) has worked over the past two years to develop a network, collect data from NBS programs and analyze quality practices within programs. NewSTEPS is supporting the planning and implementation of a pilot **Collaborative Improvement and Innovation Network (CoIIN)** for timeliness in NBS.

**WHAT IS A COIN?** A COIN, or Collaborative Innovation Network, has been defined as a “cyber team of self-motivated people with a collective vision that innovatively collaborate by sharing ideas, information, and work enabled by technology.”<sup>1</sup> A COIN moves beyond the traditional dissemination of information, by engaging self-motivated participants from multiple settings in the full spectrum of change implementation – from defining the problem, to crafting an intervention, to implementation and evaluation and, finally, to the diffusion and adaptation of effective innovations in new settings. Key elements of a COIN include: 1) reliance on distance-based technology for all Team activities; 2) expectation of rapid, on-going communication across all levels of the Team –everyone is part of the solution; and 3) commitment to ensuring that work processes are transparent.

**HOW IS A COIIN DIFFERENT FROM A COIN?** The **current** initiative, or Collaborative Improvement & Innovation Network (CoIIN), extends this model to include the concept of improvement in recognition of the need to strengthen existing investments in maternal and infant health as well as to develop innovative new approaches.

**OBJECTIVE:** The planning and implementation of a CoIIN for timeliness in NBS will allow programs to engage in quality improvement through shared collaborative learning of evidence-based strategies for improvement of timeliness within NBS, contributing to improved health outcomes. NewSTEPS will work with the states newborn screening system to help facilitate the collection of data needed to enable the states to build on current activities to develop and implement quality improvement practices/activities aimed at addressing timeliness in state newborn screening programs. The data generated from this CoIIN will have the potential to improve state timeliness around newborn screening. As a result, the lessons learned from the timeliness in newborn screening CoIIN will be reported once during the 15 month timeframe (interim findings) as well as within in a final report that will come out within 6 months of the CoIIN ending. The final outcome will include a development of sustained linkages to state-level efforts and networks for improvement of timeliness in newborn screening outcomes.

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<sup>1</sup> Gloor P. Swarm Creativity: Competitive Advantage through Collaborative Innovation Networks. New York, NY Oxford University Press, 2005.

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## OVERVIEW OF THE PROCESS/COMMITMENT:

1. Prior to the face-to-face meeting, teams will take part in a teleconference call where we will discuss the CoIIN method and begin to think through the common issues and root causes of barriers to timeliness.
2. Groups will then participate in a face-to-face meeting in Washington DC on January 15-16, 2015 where the group will continue to identify common issues, the root cause of the issues, and arrive at consensus on major issues that can be addressed within the project.
3. Group members will continue to meet over webinars and/or teleconference calls for approximately 15 months (funding permitting)<sup>2</sup>.
4. Groups will learn about/be reminded of the Plan-Do-Study-Act (PDSA) cycle and how it can be applied for the issues the group will tackle as part of the CoIIN.
5. Groups will also identify educational needs that NewSTEPS can assist with over webinars and/or teleconference.
6. Groups will strategize how to increase timeliness (policy change, training, etc.) that the state will implement at own cost and gain insight from various experts NewSTEPS will tap into based on the needs identified.
7. Throughout the process, groups will report on their progress (what is going well, what barriers they are encountering) and continue to get education and support from NewSTEPS and other states that are part of the collaborative.
8. NewSTEPS will provide run charts and other tools to assist states in tracking progress on quality improvements activities for newborn screening.
9. Groups will be asked to provide timeliness data ([Quality Indicator 5](#)) so NewSTEPS can track progress.
10. Lessons learned from this project will be shared with all states so everyone can benefit from these efforts.

**BUDGET:** You will notice there is no budget request form. If your state is accepted into the CoIIN, we will cover the cost of your team traveling to DC for the face-to-face meeting. All other costs will come from the state. This includes the costs for personnel to attend additional meetings and any changes made at the state level to improve timeliness. If states identify a need for funds to improve timeliness, we will pass that information onto HRSA.

**Expected Outcomes:** The main outcome will be that your state will have strategies to ensure that newborn screening blood spots arrive at the lab in a timely manner that you know firsthand will work and you should see improvement in the timing between birth and when the sample arrives at the lab. Another outcome is that NewSTEPS will have strategies to share with other states based on the lessons learned during this CoIIN. **Applicants must complete the chart below. If it is difficult to get supervisor signatures on one page, the applicant can provide multiple copies of this page.**

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<sup>2</sup> As this is a cooperative agreement, funding for this project is dependent on the availability of appropriated funds in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

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**Name of Newborn Screening Program:**

	<b>Team Member #1</b>	<b>Team Member #2</b>	<b>Team Member # 3</b>	<b>Team Member #4</b>	<b>Team Member #5</b>
<b>Name</b>					
<b>Title</b>					
<b>Representing</b>	<input type="checkbox"/> NBS <input type="checkbox"/> Hospital <input type="checkbox"/> Hospital Association <input type="checkbox"/> State Official <input type="checkbox"/> Other	<input type="checkbox"/> NBS <input type="checkbox"/> Hospital <input type="checkbox"/> Hospital Association <input type="checkbox"/> State Official <input type="checkbox"/> Other	<input type="checkbox"/> NBS <input type="checkbox"/> Hospital <input type="checkbox"/> Hospital Association <input type="checkbox"/> State Official <input type="checkbox"/> Other	<input type="checkbox"/> NBS <input type="checkbox"/> Hospital <input type="checkbox"/> Hospital Association <input type="checkbox"/> State Official <input type="checkbox"/> Other	<input type="checkbox"/> NBS <input type="checkbox"/> Hospital <input type="checkbox"/> Hospital Association <input type="checkbox"/> State Official <input type="checkbox"/> Other
<b>Address 1</b>					
<b>Phone</b>					
<b>Can attend meeting Jan 15-16, 2015</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Email</b>					
<b>Supervisor's Signature</b>					

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**Applicants must respond to the questions below.**

1. Please list your state's baseline [Quality Indicator 5](#) numbers for the following:
  - a. Average time between birth to bloodspot specimen collection.
  - b. Average time between bloodspot specimen collection to receipt by lab.
  - c. Average time between bloodspot specimen receipt to reporting out results [reported by analyte].
  
2. What is your state's overall goal to ensure newborn screening tests (blood spots) are collected, analyzed and reported in a timely manner?
  
3. In your view, which part of the newborn screening process or system is the most important target to increase timeliness for your state?
  
4. Tell us your current activities related to timeliness. What are some key activities you have implemented to decrease the time from birth to a blood spot specimen being received in the laboratory?
  
5. In your view, which hospitals in your state have the biggest challenges with timeliness? Are they part of the team assembled? Why or why not.
  
6. Describe the best reason your state should be included in this Collaborative Improvement and Innovation Network around Bloodspot Timeliness.

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