



Does Every Baby Get Screened?

Overhauling Birth Monitoring
in Washington State

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Washington State Newborn Screening



OUR MISSION: EVERY BABY IS SCREENED



Washington State Newborn Screening forms. The forms include sections for Mother's Information, Child's Information, Birth Facility, and Special Considerations. A large green question mark is overlaid on the forms.

OUR MISSION: EVERY BABY IS SCREENED

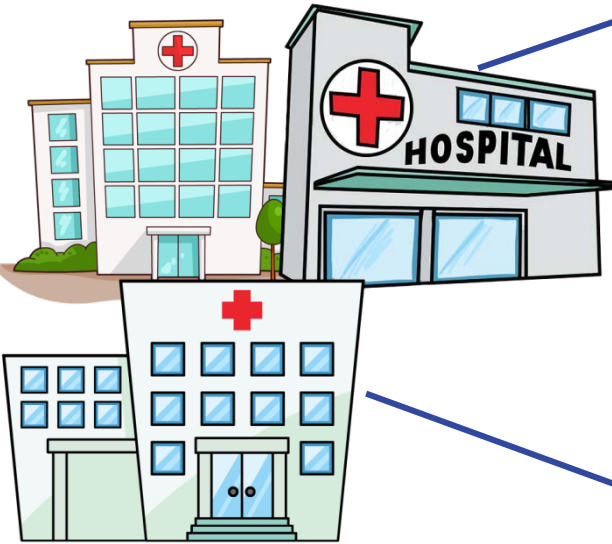


**Number of
Babies Born?**



**Number of
Babies Tested?**

BIRTH MONITORING BEFORE



Weekly Birth Rosters

WASHINGTON STATE NEWBORN SCREENING

MOTHER'S INFORMATION

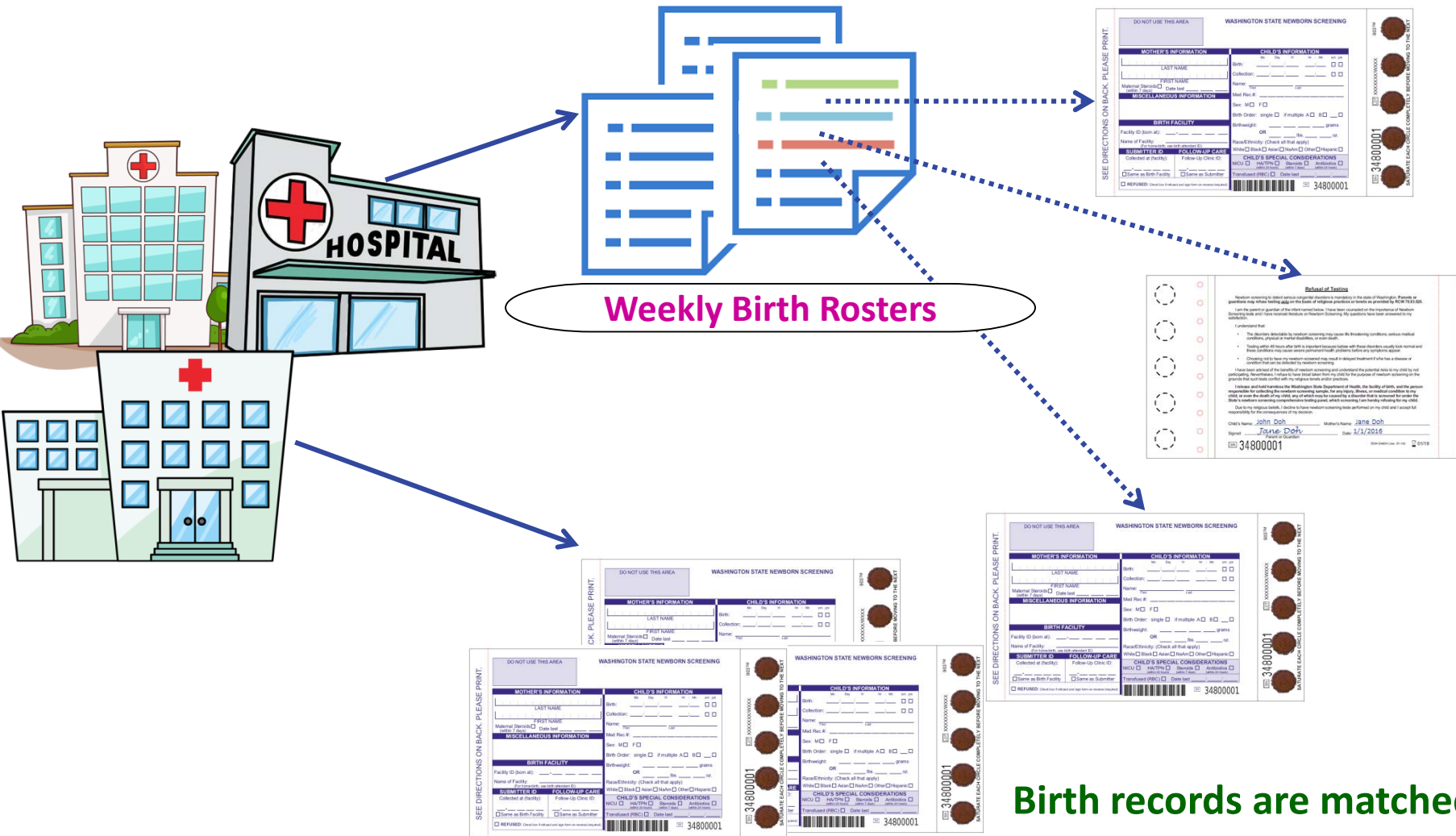
CHILD'S INFORMATION

BIRTH FACILITY

CHILD'S SPECIAL CONSIDERATIONS

34800001

BIRTH MONITORING BEFORE



Weekly Birth Rosters

Birth records are matched to specimens received

BIRTH MONITORING BEFORE

Approx. 6,000 Unmatched Specimens per year

- First specimen on out-of-hospital birth?
- Unlinked second screen?
- Adoption?
- Border baby?

Unmatched specimens created issues with program evaluation and statistics. Could not accurately account for them

The Problem...



**Spent a lot of time considering the problem,
mapped it out on white boards and
discussed how we get to where we want to be**

The Solution...



Data Collection Changes

SEE DIRECTIONS ON BACK. PLEASE PRINT.

DO NOT USE THIS AREA

WASHINGTON STATE NEWBORN SCREENING

MOTHER'S INFORMATION

LAST NAME

FIRST NAME

Maternal Steroids Date last _____
(within 7 days)

MISCELLANEOUS INFORMATION

BIRTH FACILITY

Facility ID (born at): **X - 9 9 9 9**

Name of Facility: **Out of State Birth**
(For home-birth, use birth attendant ID)

SUBMITTER ID

Collected at (facility): _____

Same as Birth Facility

FOLLOW-UP CARE

Follow-Up Clinic ID: _____

Same as Submitter

REFUSED: Check box if refused and sign form on reverse (required)

CHILD'S INFORMATION

Mo Day Yr Hr : Mn am pm

Birth: ____/____/____ : ____:____

Collection: ____/____/____ : ____:____

Name: _____
First Last

Med Rec #: _____

Sex: M F

Birth Order: single if multiple A B ____

Birthweight: _____ grams
OR _____ lbs. _____ oz.

Race/Ethnicity: (Check all that apply)
White Black Asian NaAm Other Hispanic

CHILD'S SPECIAL CONSIDERATIONS

NICU HA/TPN Steroids Antibiotics
(within 24 hours) (within 7 days) (within 24 hours)

Transfused (RBC) Date last ____/____/____

 SN 34800001

903™

LOT XXXXXXXX/WXXX

SN 34800001



SATURATE EACH CIRCLE COMPLETELY BEFORE MOVING TO THE NEXT

Created generic Out-of-State birth code

Data Collection Changes

SEE DIRECTIONS ON BACK. PLEASE PRINT.

DO NOT USE THIS AREA

WASHINGTON STATE NEWBORN SCREENING

MOTHER'S INFORMATION

LAST NAME

FIRST NAME

Maternal Steroids (within 7 days) Date last _____

MISCELLANEOUS INFORMATION

BIRTH FACILITY

Facility ID (born at): **B - 1 0 0 1**

Name of Facility: **Birth Center**
(For home-birth, use birth attendant ID)

SUBMITTER ID

Collected at (facility):

Same as Birth Facility

FOLLOW-UP CARE

Follow-Up Clinic ID:

Same as Submitter

REFUSED: Check box if refused and sign form on reverse (required)

CHILD'S INFORMATION

Mo Day Yr Hr : Mn am pm

Birth: ____/____/____ : ____:____

Collection: ____/____/____ : ____:____

Name: _____
First Last

Med Rec #: _____

Sex: M F

Birth Order: single if multiple A B ____

Birthweight: _____ grams
OR _____ lbs. _____ oz.

Race/Ethnicity: (Check all that apply)

White Black Asian NaAm Other Hispanic

CHILD'S SPECIAL CONSIDERATIONS

NICU HA/TPN Steroids Antibiotics
(within 24 hours) (within 7 days) (within 24 hours)

Transfused (RBC) Date last ____/____/____



SN 34800001

903™

LOT XXXXXXXX/WXXX

SN 34800001



SATURATE EACH CIRCLE COMPLETELY BEFORE MOVING TO THE NEXT


Created new codes for Free-Standing Birth Centers

Data Collection Changes

SEE DIRECTIONS ON BACK. PLEASE PRINT.

DO NOT USE THIS AREA

WASHINGTON STATE NEWBORN SCREENING

MOTHER'S INFORMATION		CHILD'S INFORMATION	
LAST NAME		Birth: Mo / Day / Yr Hr : Mn am pm	
FIRST NAME		Collection: Mo / Day / Yr Hr : Mn am pm	
Maternal Steroids <input type="checkbox"/> (within 7 days)	Date last	Name: First Last	
MISCELLANEOUS INFORMATION		Med Rec #:	
		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
		Birth Order: single <input type="checkbox"/> if multiple A <input type="checkbox"/> B <input type="checkbox"/>	
BIRTH FACILITY		Birthweight: _____ grams	
Facility ID (born at):	M_0701	OR _____ lbs. _____ oz.	
Name of Facility:	Midwife Jane	Race/Ethnicity: (Check all that apply)	
(For home-birth, use birth attendant ID)		White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> NaAm <input type="checkbox"/> Other <input type="checkbox"/> Hispanic <input type="checkbox"/>	
SUBMITTER ID	FOLLOW-UP CARE	CHILD'S SPECIAL CONSIDERATIONS	
Collected at (facility):	Follow-Up Clinic ID:	NICU <input type="checkbox"/> HA/TPN <input type="checkbox"/> Steroids <input type="checkbox"/> Antibiotics <input type="checkbox"/>	
<input type="checkbox"/> Same as Birth Facility	<input type="checkbox"/> Same as Submitter	(within 24 hours) (within 7 days) (within 24 hours)	
<input type="checkbox"/> REFUSED: Check box if refused and sign form on reverse (required)		Transfused (RBC) <input type="checkbox"/> Date last	
		 SN 34800001	

903™

LOT XXXXXXXX/WXXX

SN 34800001



SATURATE EACH CIRCLE COMPLETELY BEFORE MOVING TO THE NEXT

Created new codes for all home-birth attendant midwives

BIRTH MONITORING NOW



Hospitals



Birth Centers



Midwives



Clinics

DO NOT USE THIS AREA

WASHINGTON STATE NEWBORN SCREENING

MOTHER'S INFORMATION

CHILD'S INFORMATION

MISCELLANEOUS INFORMATION

BIRTH FACILITY

CHILD'S SPECIAL CONSIDERATIONS

34800001

BIRTH MONITORING NOW



Hospitals



Birth Centers



Midwives



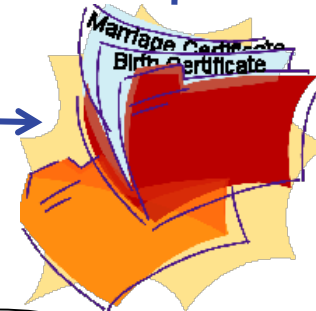
Clinics



Weekly Birth Rosters



Birth Certificates



Extract birth records from birth certificate export for all out-of-hospital births

BIRTH MONITORING NOW



Hospitals



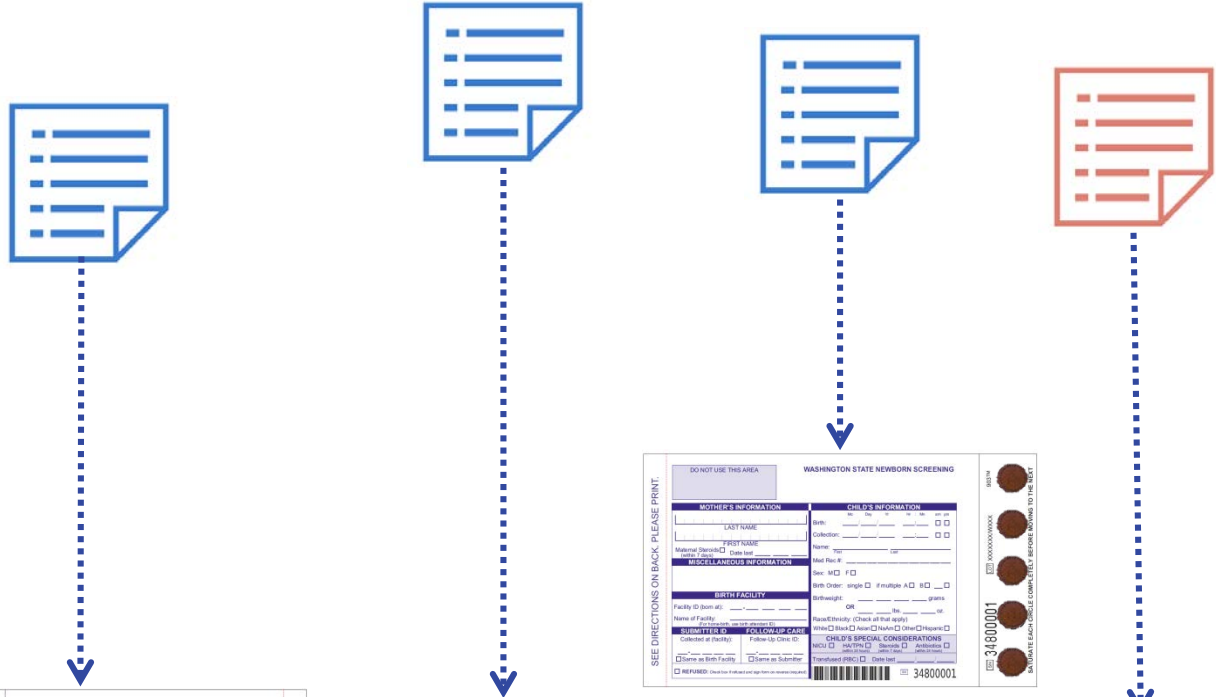
Birth Centers



Midwives



Clinics



Return of Test(s)

Washington screening to detect serious congenital disorders is mandatory in the state of Washington. Parents or guardians may elect to opt-out of the state's screening program as provided by RCW 73B.02.010.

Let the parent or guardian affirm the opt-out below. It has been established by the Department of Health that the parent or guardian's opt-out is irrevocable. It is the parent's responsibility to ensure that the opt-out is completed for every child. Opt-out forms are available at the Department of Health website: www.doh.wa.gov.

Opt-out forms are available at the Department of Health website: www.doh.wa.gov.

Child's Name: John Doh Mother's Name: Jane Doh
 Signed: Jane Doh Date: 1/1/2016
 34800001

WASHINGTON STATE NEWBORN SCREENING

MOTHER'S INFORMATION

LAST NAME: _____
 FIRST NAME: _____
 Date of Birth: _____

CHILD'S INFORMATION

Sex: Male Female
 Race: White Black Asian Other

BIRTH FACILITY

Facility ID (born at): _____ OR _____
 Name of Facility: _____
 Date of Birth: _____

CHILD'S SPECIAL CONSIDERATIONS

MCU: None High Moderate Severe

34800001

WASHINGTON STATE NEWBORN SCREENING

MOTHER'S INFORMATION

LAST NAME: _____
 FIRST NAME: _____
 Date of Birth: _____

CHILD'S INFORMATION

Sex: Male Female
 Race: White Black Asian Other

BIRTH FACILITY

Facility ID (born at): _____ OR _____
 Name of Facility: _____
 Date of Birth: _____

CHILD'S SPECIAL CONSIDERATIONS

MCU: None High Moderate Severe

34800001

WASHINGTON STATE NEWBORN SCREENING

MOTHER'S INFORMATION

LAST NAME: _____
 FIRST NAME: _____
 Date of Birth: _____

CHILD'S INFORMATION

Sex: Male Female
 Race: White Black Asian Other

BIRTH FACILITY

Facility ID (born at): _____ OR _____
 Name of Facility: _____
 Date of Birth: _____

CHILD'S SPECIAL CONSIDERATIONS

MCU: None High Moderate Severe

34800001

Return of Test(s)

Washington screening to detect serious congenital disorders is mandatory in the state of Washington. Parents or guardians may elect to opt-out of the state's screening program as provided by RCW 73B.02.010.

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Opt-out forms are available at the Department of Health website: www.doh.wa.gov.

Child's Name: John Doh Mother's Name: Jane Doh
 Signed: Jane Doh Date: 1/1/2016
 34800001

Birth records are matched to specimens received

BIRTH MONITORING NOW

The image displays four overlapping forms for Washington State Newborn Screening. Each form is titled "WASHINGTON STATE NEWBORN SCREENING" and includes the following sections:

- DO NOT USE THIS AREA** (at the top)
- MOTHER'S INFORMATION**: LAST NAME, FIRST NAME, Maternal Prenatal Testing Done, Date last.
- MISCELLANEOUS INFORMATION**: Name of Facility, Name of Facility (if not at facility), Date last.
- BIRTH FACILITY**: Facility ID (born at), Name of Facility, Date last.
- CHILD'S INFORMATION**: Birth (date, time, sex), Collection, Name, Med Rec #, Sex, Race, Birth Order, Birth weight, Race/Ethnicity, Follow-Up Clinic ID, Transferred (PRC), Date last.
- CHILD'S SPECIAL CONSIDERATIONS**: NICU, High Risk, Special, Antibiotic, Transferred (PRC), Date last.
- CHILD'S SPECIAL CONSIDERATIONS** (bottom section): NICU, High Risk, Special, Antibiotic, Transferred (PRC), Date last.

Each form also features a barcode with the number 34800001 and a "NEW" stamp. Vertical text on the left and right sides of the forms reads "SEE DIRECTIONS ON BACK, PLEASE PRINT." and "DO NOT WRITE IN THESE AREAS. COMPLETELY REMOVE STICKERS TO THE LEFT."

93%
Out-of-Hospital Births

'LONELY' SPECIMENS

Specimens not matched to a birth record
(or linked to a previous specimen)

6,000 'Lonely'
Specimens/Year



3,000 'Lonely'
Specimens/Year

The image shows a stack of Washington State Newborn Screening forms. The forms are organized into sections: 'MOTHER'S INFORMATION' (including Last Name, First Name, and Maternal Specialty), 'CHILD'S INFORMATION' (including Birth, Collection, Name, and Sex), 'BIRTH FACILITY', 'MISCELLANEOUS INFORMATION', 'SUBMITTER ID', and 'FOLLOWUP CARE'. Each form includes a barcode with the number 34800001 and a 'DATE TEST' field. The forms are stacked, with some overlapping, and are set against a background of a map of Washington state.



170,000 Specimens
on 88,000 Newborns

'LONELY' SPECIMENS

Specimens not matched to a birth record
(or linked to a previous specimen)

SEE DIRECTIONS ON BACK PLEASE PRINT.

DO NOT USE THIS AREA WASHINGTON STATE NEWBORN SCREENING

MOTHER'S INFORMATION	CHILD'S INFORMATION
LAST NAME	Birth
FIRST NAME	Collection
Miscellaneous Information	Sex M <input type="checkbox"/> F <input type="checkbox"/>
BIRTH FACILITY	Birth Order: single <input type="checkbox"/> if multiple A <input type="checkbox"/> B <input type="checkbox"/>
DIAGNOSTIC / FOLLOW-UP CASE	CHILD'S SPECIAL CONSIDERATIONS

34800001

Unreported Births

SEE DIRECTIONS ON BACK PLEASE PRINT.

DO NOT USE THIS AREA WASHINGTON STATE NEWBORN SCREENING

MOTHER'S INFORMATION	CHILD'S INFORMATION
LAST NAME	Birth
FIRST NAME	Collection
Miscellaneous Information	Sex M <input type="checkbox"/> F <input type="checkbox"/>
BIRTH FACILITY	Birth Order: single <input type="checkbox"/> if multiple A <input type="checkbox"/> B <input type="checkbox"/>
DIAGNOSTIC / FOLLOW-UP CASE	CHILD'S SPECIAL CONSIDERATIONS

34800001

Out of State Births
"Border Babies"

SEE DIRECTIONS ON BACK PLEASE PRINT.

DO NOT USE THIS AREA WASHINGTON STATE NEWBORN SCREENING

MOTHER'S INFORMATION	CHILD'S INFORMATION
LAST NAME	Birth
FIRST NAME	Collection
Miscellaneous Information	Sex M <input type="checkbox"/> F <input type="checkbox"/>
BIRTH FACILITY	Birth Order: single <input type="checkbox"/> if multiple A <input type="checkbox"/> B <input type="checkbox"/>
DIAGNOSTIC / FOLLOW-UP CASE	CHILD'S SPECIAL CONSIDERATIONS

34800001

Demographic Errors

SEE DIRECTIONS ON BACK PLEASE PRINT.

DO NOT USE THIS AREA WASHINGTON STATE NEWBORN SCREENING

MOTHER'S INFORMATION	CHILD'S INFORMATION
LAST NAME	Birth
FIRST NAME	Collection
Miscellaneous Information	Sex M <input type="checkbox"/> F <input type="checkbox"/>
BIRTH FACILITY	Birth Order: single <input type="checkbox"/> if multiple A <input type="checkbox"/> B <input type="checkbox"/>
DIAGNOSTIC / FOLLOW-UP CASE	CHILD'S SPECIAL CONSIDERATIONS

34800001

Adoptions
Foster Care / CPS

Four main causes of 'Lonely' specimens

UNREPORTED BIRTHS

Births not included on weekly Hospital Birth Roster



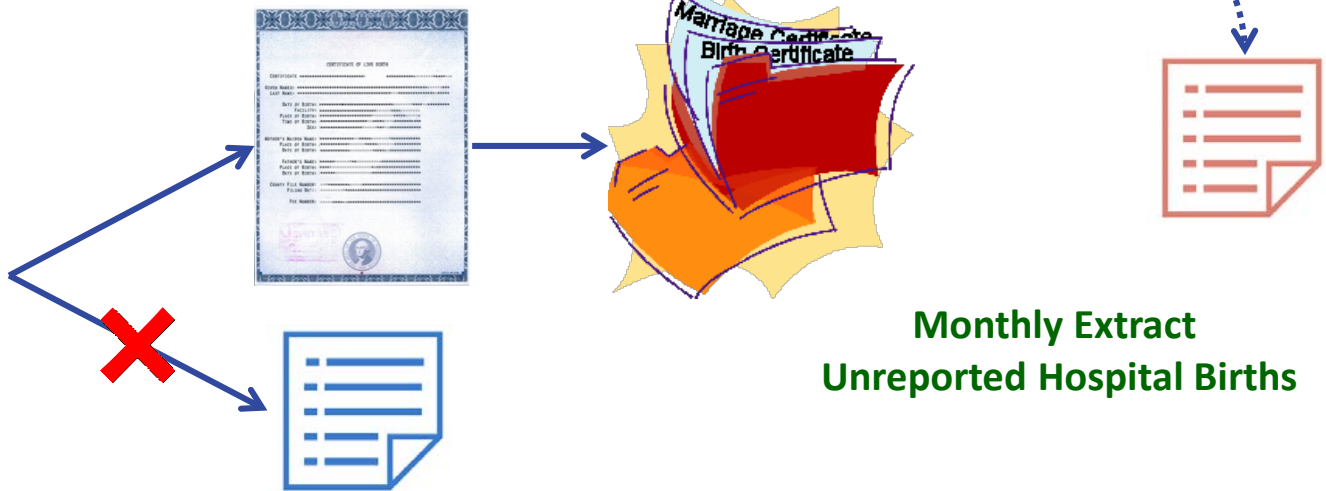
DO NOT USE THIS AREA WASHINGTON STATE NEWBORN SCREENING

SEE DIRECTIONS ON BACK, PLEASE PRINT.

MOTHER'S INFORMATION	CHILD'S INFORMATION
LAST NAME	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
FIRST NAME	Education: _____
Medical Insurance: <input type="checkbox"/> Other Ins: _____	Name: _____
MARITAL STATUS	Age: _____
BIRTH FACILITY	Med. Rec. # _____
Facility ID (omit #): _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Name of Facility: _____	Birth Order: single <input type="checkbox"/> 1st multiple A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z
Collect at Facility: <input type="checkbox"/> Follow-up Clinic ID: _____	Birthweight: _____
Collected at Birth Facility: <input type="checkbox"/> Name as Submitted: _____	OR _____
REFUSED: Check box if refused and age born in separate column	Name/Ethnicity (Check all that apply): _____
	Race <input type="checkbox"/> Check <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Other <input type="checkbox"/> Unknown
	CHILD'S SPECIAL CONSIDERATIONS
	NICU <input type="checkbox"/> Transferred NICU <input type="checkbox"/> Other <input type="checkbox"/> _____

34800001

Unreported Births



Monthly Extract
Unreported Hospital Births

UNREPORTED BIRTHS

Births not included on weekly Hospital Birth Roster



DO NOT USE THIS AREA WASHINGTON STATE NEWBORN SCREENING

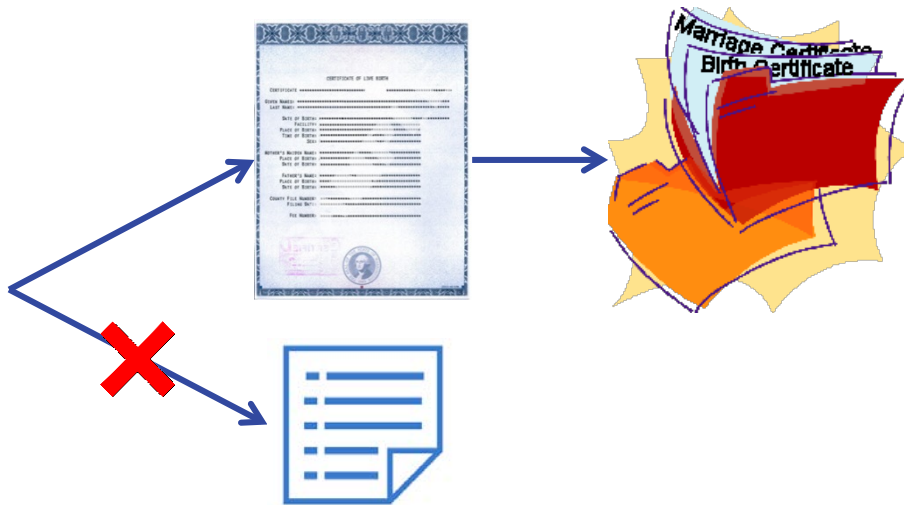
SEE DIRECTIONS ON BACK, PLEASE PRINT.

MOTHER'S INFORMATION	CHILD'S INFORMATION
LAST NAME	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
FIRST NAME	Education: <input type="checkbox"/> HS <input type="checkbox"/> Coll <input type="checkbox"/> Post
Medical Insurance: <input type="checkbox"/> Other Ins: <input type="checkbox"/>	Name: _____
MOCELLANEOUS INFORMATION	Med. Rec. #: _____
BIRTH FACILITY	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
Facility ID (from #): _____	Birth Order: single <input type="checkbox"/> 1st multiple A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Name of Facility: _____	Birthweight: _____ lbs _____ oz _____ gms
Collector at Facility: _____	OR _____
Follow-up Clinic ID: _____	Name/Ethnicity (Check all that apply): _____
Specimen at Birth Facility: <input type="checkbox"/> Same as Birth Facility <input type="checkbox"/> Name as Submitted	None <input type="checkbox"/> Chinese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Japanese <input type="checkbox"/>
REFUSED: Check box if child and/or parent has refused specimen	CHILD'S SPECIAL CONSIDERATIONS
	None <input type="checkbox"/> Special <input type="checkbox"/> Arrested <input type="checkbox"/>
	Transfused (RBC) <input type="checkbox"/> Other: _____

34800001



Unreported Births



Records are matched to specimens received

'LONELY' SPECIMENS

Specimens not matched to a birth record
(or linked to a previous specimen)

Monthly Birth Monitoring
~90/month

WASHINGTON STATE NEWBORN SCREENING

MOTHER'S INFORMATION: LAST NAME, FIRST NAME, Maternal Ethnicity, Date test

CHILD'S INFORMATION: Birth, Collection, Name, Sex, Birth Order, Birthweight, Race/Ethnicity

BIRTH FACILITY: Facility, Name of Facility, Collect at (check one)

CHILD'S SPECIAL CONSIDERATIONS: MCHU, Autism, Transfused (MCHU), Date test

Barcode: 34800001

Out of State Births
"Border Babies"

WASHINGTON STATE NEWBORN SCREENING

MOTHER'S INFORMATION: LAST NAME, FIRST NAME, Maternal Ethnicity, Date test

CHILD'S INFORMATION: Birth, Collection, Name, Sex, Birth Order, Birthweight, Race/Ethnicity

BIRTH FACILITY: Facility, Name of Facility, Collect at (check one)

CHILD'S SPECIAL CONSIDERATIONS: MCHU, Autism, Transfused (MCHU), Date test

Barcode: 34800001

Demographic Errors

WASHINGTON STATE NEWBORN SCREENING

MOTHER'S INFORMATION: LAST NAME, FIRST NAME, Maternal Ethnicity, Date test

CHILD'S INFORMATION: Birth, Collection, Name, Sex, Birth Order, Birthweight, Race/Ethnicity

BIRTH FACILITY: Facility, Name of Facility, Collect at (check one)

CHILD'S SPECIAL CONSIDERATIONS: MCHU, Autism, Transfused (MCHU), Date test

Barcode: 34800001

Adoptions
Foster Care / CPS

'LONELY' SPECIMENS

Specimens not matched to a birth record
(or linked to a previous specimen)

Monthly Birth
Monitoring
~90/month

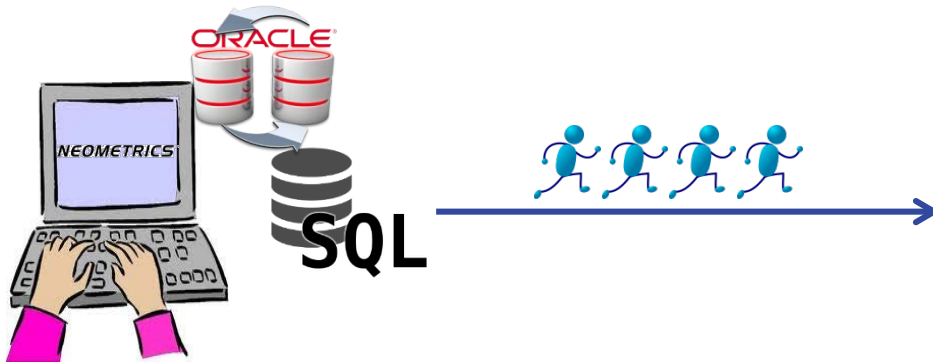
Create
Out of State
Birth Records
~30/month

The image shows three overlapping forms for Washington State Newborn Screening. Each form is divided into several sections: 'MOTHER'S INFORMATION' (including Last Name, First Name, Date of Birth, Sex, and Birth Order), 'CHILD'S INFORMATION' (including Birth Date, Sex, and Birth Order), 'BIRTH FACILITY' (including Facility ID and Name), and 'CHILD'S SPECIAL CONSIDERATIONS' (including Race/Ethnicity, Religion, and Special Needs). There are also checkboxes for 'SUBMITTER ID' and 'FOLLOW-UP CARE'. The forms are numbered 34800001 and include a barcode at the bottom.

Demographic Errors
Adoptions
Foster Care / CPS

DATABASE QUERIES

Incorrect or missing demographic information



Missing Mother's First or Last Name

MOTHER'S INFORMATION									
?	?	?	?	?	?	?	?	?	?
LAST NAME									
?	?	?	?	?					
FIRST NAME									

Missing Date of Birth

CHILD'S INFORMATION									
Birth:	Mo	Day	Yr	Hr	Mn	am	pm		
	?	?	?					<input type="checkbox"/>	<input type="checkbox"/>

Mismatched Twins

Birth Order:	single	<input checked="" type="checkbox"/>	if multiple	A	<input checked="" type="checkbox"/>	B	<input type="checkbox"/>	__	<input type="checkbox"/>
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Demographic Errors
Adoptions
Foster Care / CPS

Update/correct demographic errors to
match and link specimens

'LONELY' SPECIMENS

Specimens not matched to a birth record
(or linked to a previous specimen)

Monthly Birth
Monitoring
~90/month

Create
Out of State
Birth Records
~30/month

WASHINGTON STATE NEWBORN SCREENING

MOTHER'S INFORMATION

CHILD'S INFORMATION

BIRTH FACILITY

CHILD'S SPECIAL CONSIDERATIONS

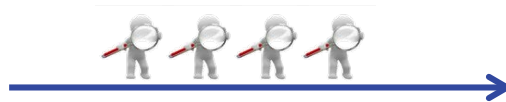
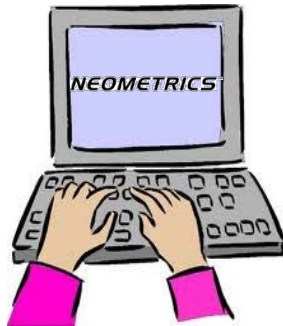
34800001

Demographic Errors
Adoptions
Foster Care / CPS

Database
Queries
~20/month

MANUAL REVIEW

Incorrect or missing demographic information



Incorrect Name

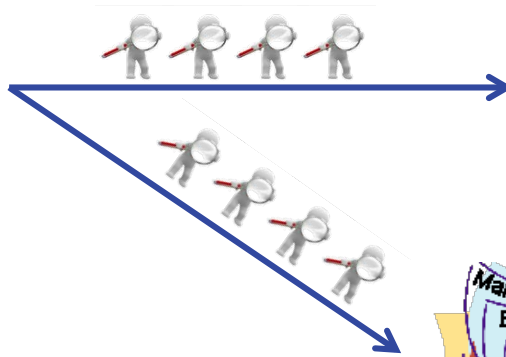
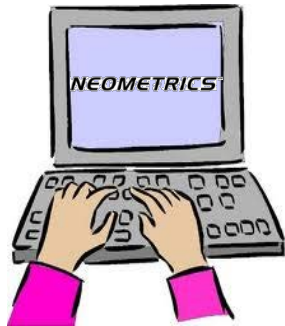
MOTHER'S INFORMATION	
FIRST NAME	LAST NAME
LAST NAME	FIRST NAME

Demographic Errors
Adoptions
Foster Care / CPS

Edit incorrect demographics to match
and link specimens

MANUAL REVIEW

Incorrect or missing demographic information

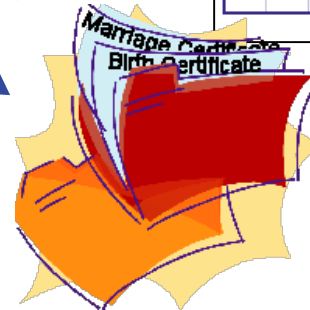


Incorrect Name

MOTHER'S INFORMATION	
FOSTER/ ADOPTIVE MOM	
LAST NAME	
FIRST NAME	

MOTHER'S INFORMATION	
BABY'S NAME	
LAST NAME	
FIRST NAME	

Demographic Errors
Adoptions
Foster Care / CPS



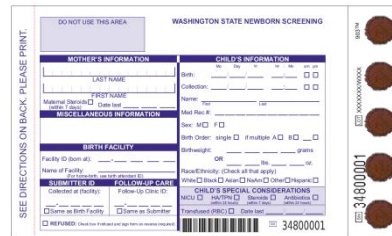
Edit incorrect demographics to match
and link specimens

'LONELY' SPECIMENS

Specimens not matched to a birth record
(or linked to a previous specimen)

Monthly Birth
Monitoring
~90/month

Create
Out of State
Birth Records
~30/month



The image shows a Washington State Newborn Screening form. It is a complex document with multiple sections for data entry. The sections include: 'MOTHER'S INFORMATION' (Last Name, First Name, Address, City, State, Zip), 'MISCELLANEOUS INFORMATION' (Facility ID, Date of Birth, Sex, Race, Ethnicity, Religion, etc.), 'BIRTH FACILITY' (Facility ID, Name, Address, City, State, Zip), 'NEWBORN'S INFORMATION' (Name, Sex, Race, Ethnicity, Religion, etc.), 'FOLLOW-UP CASE' (Collected at (state), Follow-up Clinic (state), etc.), and 'CHILD'S SPECIAL CONSIDERATIONS' (NICU, Special Diet, etc.). The form also includes a barcode and the number 34800001. On the right side, there are four circular markers for blood samples, each labeled '3480000000' and '3480000000'. The text 'SEE DIRECTIONS ON BACK, PLEASE PRINT.' is visible on the left side of the form.

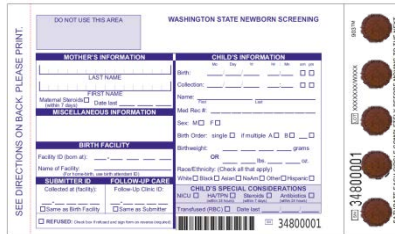
Demographic Errors
Adoptions
Foster Care / CPS

Database
Queries
~20/month

Manual Review
~35/month

'LONELY' SPECIMEN FAXES

Specimens *still* not matched to a birth record
(or linked to a previous specimen)



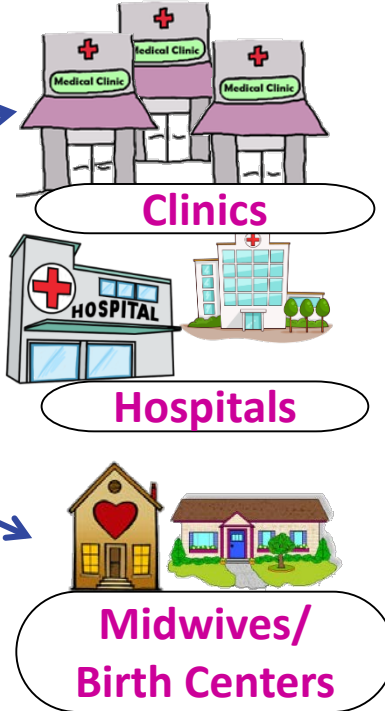
WASHINGTON STATE NEWBORN SCREENING

DO NOT USE THIS AREA

SEE DIRECTIONS ON BACK, PLEASE PRINT.

MOTHER'S INFORMATION	CHILD'S INFORMATION
LAST NAME	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
FIRST NAME	Collection: <input type="checkbox"/> <input type="checkbox"/>
Medical Record #	Name: _____
DOB	Age: _____
MISCELLANEOUS INFORMATION	Med Rec # _____
BIRTH FACILITY	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Facility (if born at): _____	Birth Order: single <input type="checkbox"/> if multiple A <input type="checkbox"/> B <input type="checkbox"/>
Name of Facility: _____	Birthweight: _____ grams
Collected at (facility): _____	OR _____
Follow-Up Clinic ID: _____	Name of Facility: _____
Child's SPECIAL CONSIDERATIONS	Race/Ethnicity (check all that apply): _____
MCID: _____	APC: _____
State or Birth Facility: _____	Specialist: _____
There are Submitter: _____	Transported (specimen): _____
REFUSED: Check box if refused and age born is entered (required)	

34800001



Send faxes to the submitter to get additional
information on the baby/specimen

'LONELY' SPECIMEN FAXES

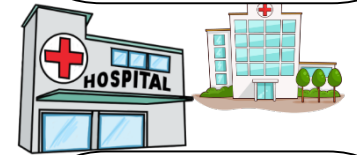
Specimens *still* not matched to a birth record
(or linked to a previous specimen)



WASHINGTON STATE NEWBORN SCREENING form. Includes fields for Mother's Information (Last Name, First Name, Maternal (Spanish) One-time), Child's Information (Sex, Collection, Name, Med Rec #, Birth Order, Birth Weight, Gestational Age, Race, Ethnicity), and Birth Facility (Name, Address, Phone, Fax, Email, Website, Referral Agency, Child's Special Considerations). Includes a barcode and the number 34800001.



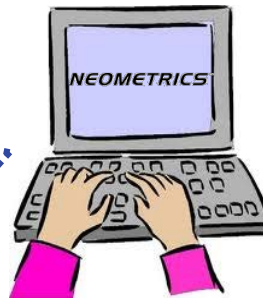
Clinics



Hospitals



Midwives/
Birth Centers



Washington State Newborn Screening form with a pencil icon pointing to the 'MOTHER'S INFORMATION' section, indicating editing.

Use information received to edit the demographics or create a birth record

'LONELY' SPECIMENS

Specimens not matched to a birth record
(or linked to a previous specimen)

**Monthly Birth
Monitoring**
~90/month

**Create
Out of State
Birth Records**
~30/month

**'Lonely'
Specimen Faxes**
~80/month

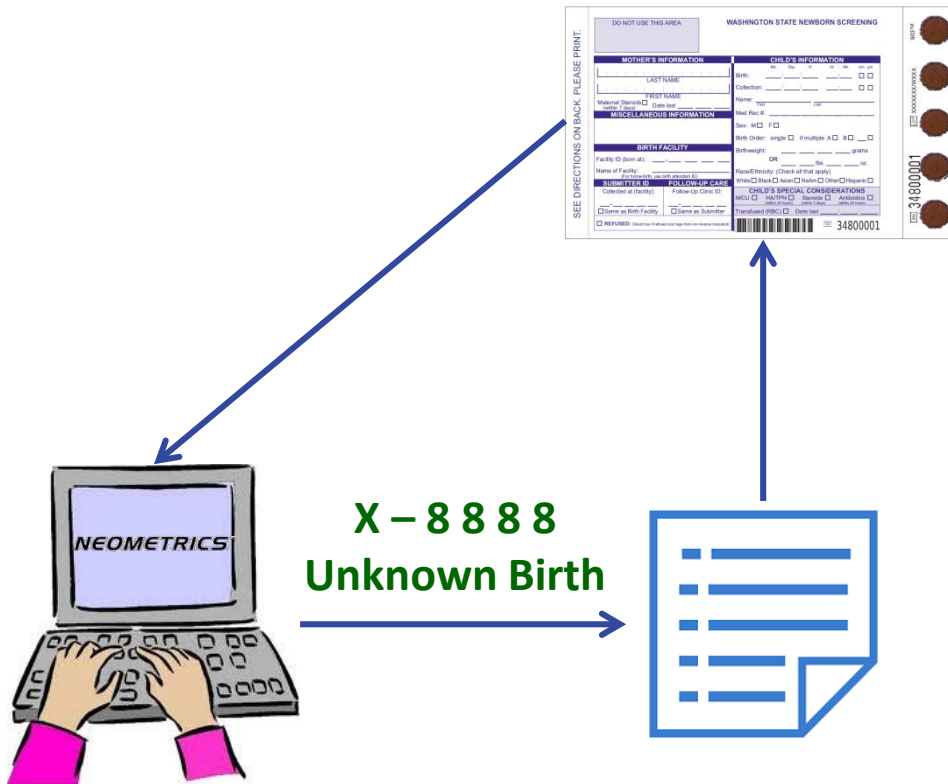
**Database
Queries**
~20/month

Manual Review
~55/month

UNKNOWN BIRTHS

Specimens where the place of birth cannot be identified

Unknown Births
~3/month



IMPACT: INCREASED STAFF TIME



8 hrs / Week



Mostly spent on follow-up for out-of-hospital births that did not get screened



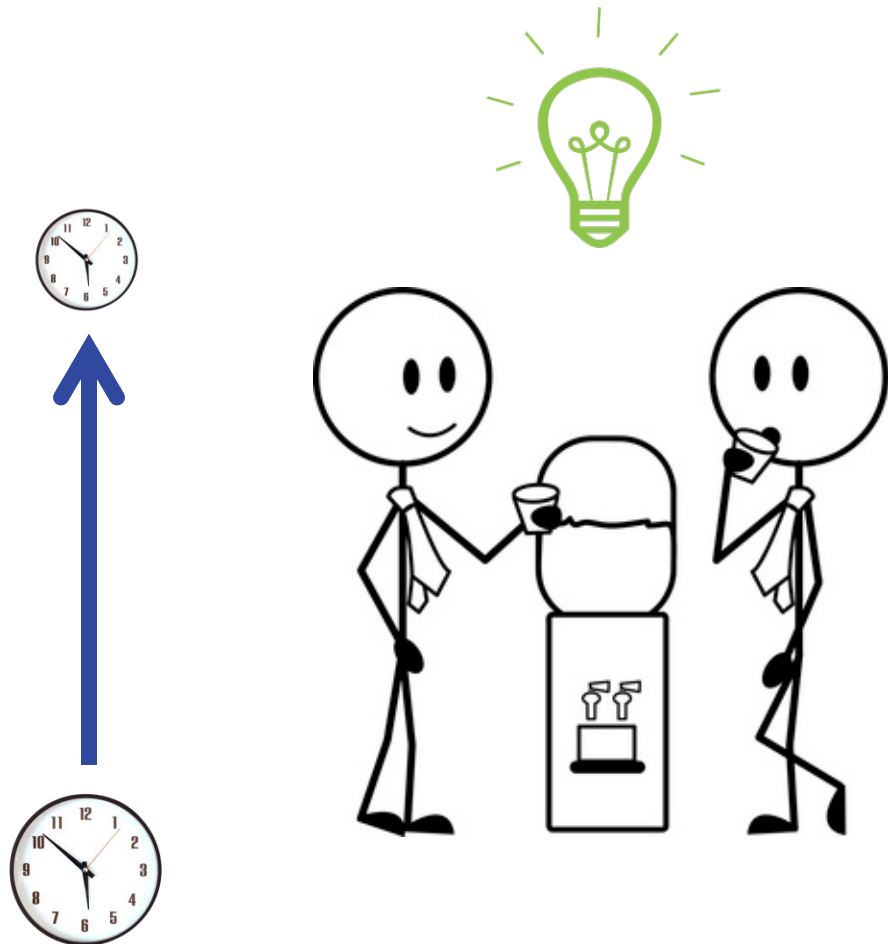
10 hrs / Month

Improving the process, running and creating queries

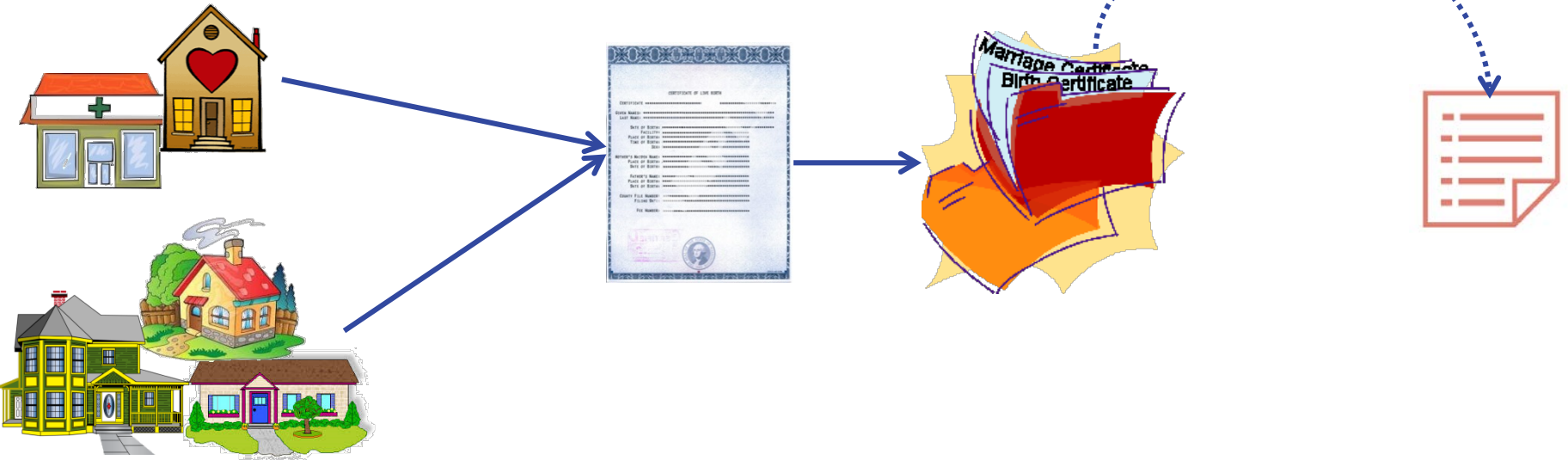
IMPACT: INCREASED STAFF TIME

More automation and improved matching algorithms should reduce overall staff time...

Giving us more time to do other important improvements



IMPACT: IMPROVED SAFETY NET



Out-of-Hospital birth monitoring

IMPACT: IMPROVED SAFETY NET



20 Babies / Year

**Received screening because of
birth monitoring efforts**

IMPACT: IMPROVED SAFETY NET



70 Babies / Year



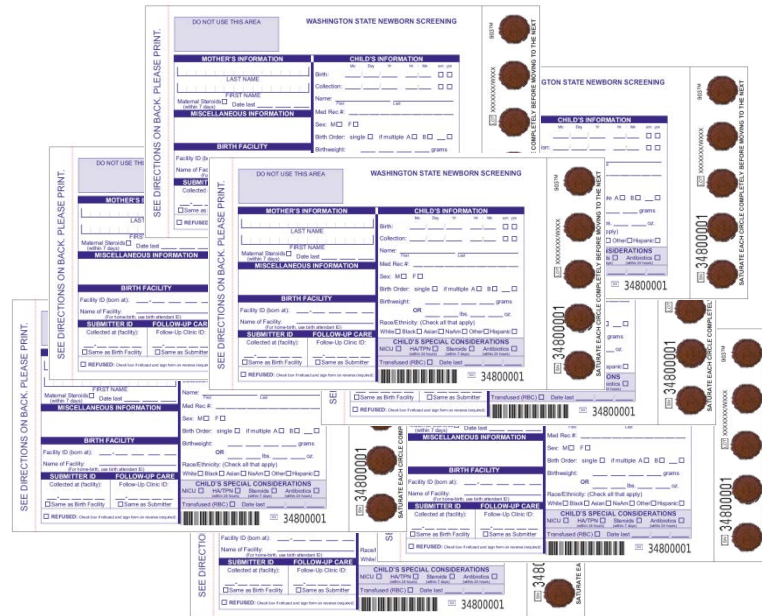
+50!!

20 Babies / Year

Received screening because of
birth monitoring efforts

IMPACT: REDUCTION IN 'LONELY' SPECIMENS

6,000
Specimens/ Year



IMPACT: REDUCTION IN 'LONELY' SPECIMENS

6,000
Specimens/ Year



ZERO!
Specimens/ Year

IMPACT: IMPROVED DATA AND REPORTING

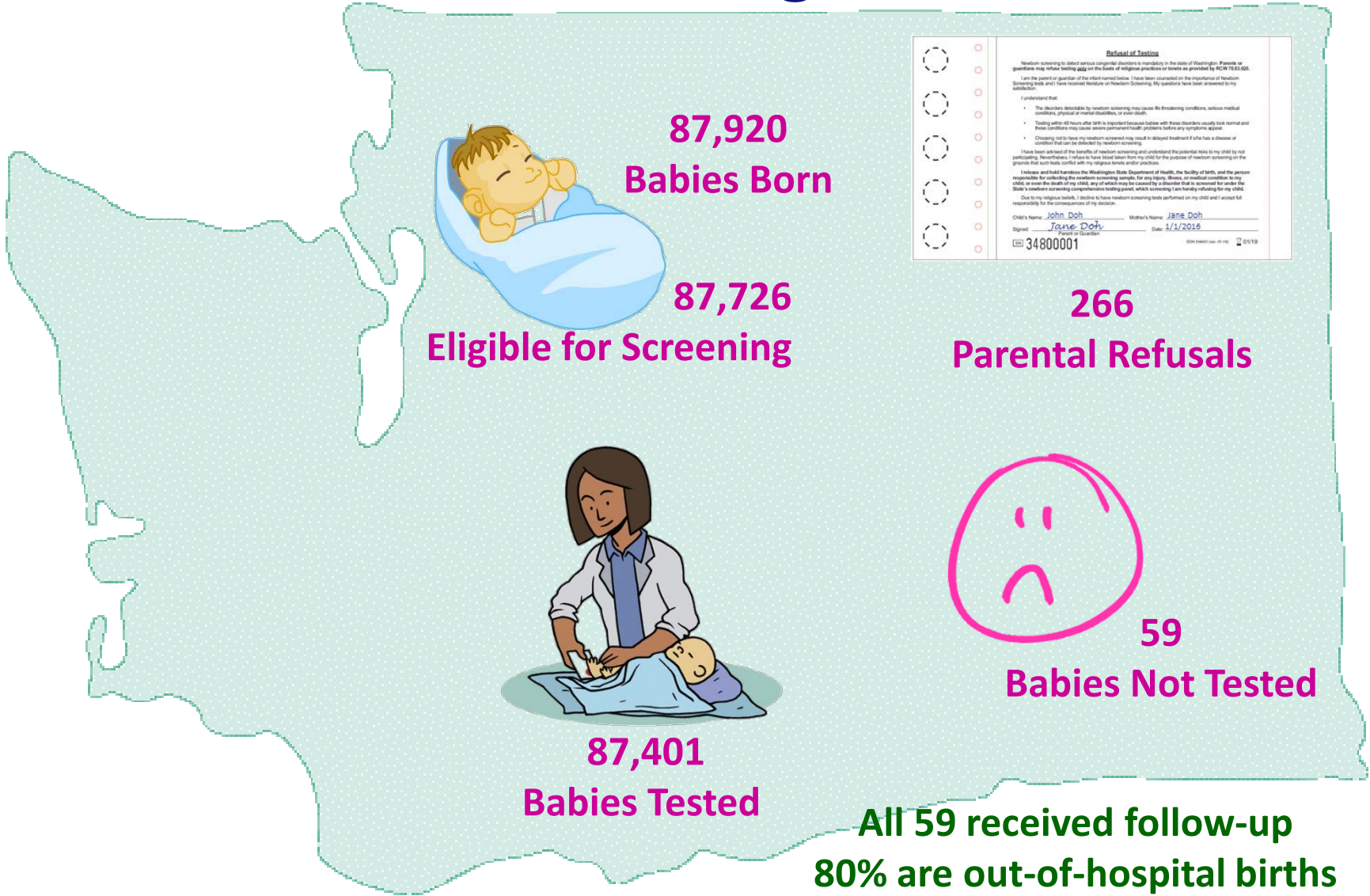


**Number of
Babies Born?**



**Number of
Babies Tested?**

2015 Screening Statistics

A sample of a newborn screening refusal form. The form is titled "Refusal of Testing" and contains several sections of text, including a statement of understanding, a list of conditions, and a signature line. The form is partially filled out with handwritten text.

Refusal of Testing

Newborn screening to detect serious congenital disorders is mandatory in the state of Washington. Parents or guardians may decline testing only on the basis of religious practices or beliefs as provided by RCW 73B.01.00.

I am the parent or guardian of the infant named below. I have been counseled on the importance of newborn screening tests and have received literature on newborn screening. My questions have been answered to my satisfaction.

I understand that:

- The disorders detectable by newborn screening may cause life-threatening conditions, serious medical conditions, physical or mental disabilities, or even death.
- Testing earlier will allow early care to improve outcomes. Babies with these disorders usually look normal and these disorders may cause severe permanent health problems before any symptoms appear.
- Choosing not to have my newborn screened may result in delayed treatment if he/she has a disease or condition that can be detected by newborn screening.

I have been advised of the benefits of newborn screening and understand the potential risks to my child by not participating. Nevertheless, I refuse to have blood drawn from my child for the purpose of newborn screening on the grounds that such tests conflict with my religious beliefs and/or practices.

I believe and feel confident the Washington State Department of Health, the facility of birth, and the person responsible for collecting the newborn screening sample, for any injury, illness, or medical condition to my child, or even the death of my child, are not liable to be caused by a disorder that is screened for under the State's newborn screening comprehensive testing panel, which screening I am hereby refusing for my child.

Due to my religious beliefs, I decline to have newborn screening tests performed on my child and I accept full responsibility for the consequences of my decision.

Child's Name: John Doh Mother's Name: Jane Doh
Signed: Jane Doh Date: 1/1/2015
ID: 34800001 (DOB 000001 (00 00 00) 0115)



So....Does Every Baby Get Screened?



99.9% Tested

(or had a valid parental refusal)

**Thank
You!!**

**Washington State
Newborn Screening**

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PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER COMMUNITY