## NEWBORN METABOLIC SCREENING PROGRAM QUALITY IMPROVEMENT ✓ CHECKLIST

Last Updated: 07/28/2014

How is	your facility monitoring newborn screening collection card filter paper?  Are they stored in a clean dry place in a vertical position?  Is the supply monitored to assure that the availability of collection card filter paper is within the expiration date?  Does the nursery or lab staff assure collection cards filter paper NEVER come in contact with anything other than the baby's blood and the filter paper never touches the bench top?
	How does the nursery or lab assure staff wear gloves when completing the filter paper and make sure the flap is closed over the filter paper? Is the newborn screening staff aware the collection card filter paper is not to be crushed, and care is taken when storing in charts?
Who at	your facility completes the South Dakota Newborn Screening Collection Card?  Does the nursery or lab staff ensure ALL fields of the collection card are completed, legible, and accurate?
ls your	facility providing adequate and accurate newborn screening documentation?  Is there a log in the nursery or lab documenting each newborn's date and time of birth and blood collection?  Does your facility use the log to track the specimens until the results are received?  Does your facility keep the carbon copy of the NBS form, and is it viewed for completeness and legibility?  Is there someone at your facility to track unsatisfactory specimens?  Does your facility have a system set up to guarantee that ALL newborns are screened prior to discharge?
How is	parent newborn screening education conducted? Is newborn screening education started during the perinatal period? Does the nursery or lab give parents the "Newborn Screening" pamphlet provided to facilities by the SDNSP free of charge?
Are sta	ff performing newborn screening heel sticks at your facility properly trained?  Are they properly trained in the collection procedure on filter paper?  Are they able to describe and identify a satisfactory specimen?  Are they able to describe and identify an unsatisfactory specimen?  Are you able to track unsatisfactory specimens back to the individual who collected it and retrain as needed?  Do they know all the newborn screening disorders screened for in South Dakota?  Are they using correct terminology - "newborn screening tests" instead of calling it the "PKU test"?
Are ne	wborn screening specimens handled and sent out (courier service) properly?  Are specimens dried for at least 3 hours away from heat and sunlight on a horizontal, level, non-absorbent surface, such as drying racks, prior to courier pickup?  Are all specimens mailed within 24 hours of collection?  Are steps taken to avoid subjecting the specimens to heat and humidity prior to courier pickup?  Has your facility assigned someone to review each newborn screening collection card prior to courier pickup to make sure the form is complete, legible, and satisfactory?

SOUTH DAKOTA HEALTH