

Evaluation of the Newborn Screening Program Implementation at the Newborn Screening Facilities (NSFs)

To ensure the quality and sustainability of the Newborn Screening system, the Newborn Screening Reference Center and the DOH Regional Offices are conducting an evaluation of the Newborn Screening Facilities (NSFs). This evaluation tool aims to determine the factors at play in the NBS implementation, particularly the problems which impact on achieving DOH's goal of "every parent informed, every newborn screened, every health facility equipped and with health practitioner trained to provide newborn screening service". Results of this evaluation will be the basis for recommendations to improve the implementation of the NBS program in your health facility, and in all Newborn Screening Facilities.

Thank you for your cooperation.

Hospital Code:	Name of NSF:
Printed Name and Signature:	Date Accomplished:
Complete Address (Please also indicate ZIP Code):	
Contact Numbers:	

I. Existence of a newborn screening program in the health facility	YES	NO	REMARKS
1. DOH-NIH certificate exists as proof that the facility offers NBS services.			
2. Issuances from NSC, DOH, NSRC are available.			
3. Signage exists informing the public that NBS services are available.			
4. The health facility has a copy of the NSC Administrative Mechanics			
5. The NBS service is offered/available 24/7.			
6. NBS is included in the orientation of all employees in the health facility.			
7. Any case of refusal for religious reasons is documented.			
8. Any refusal for reasons other than religion are documented.			
9. A written protocol exists describing in detail all the procedures involved in newborn screening			

	YES	NO	REMARKS
10. Specimen collection procedure is followed.			
a) informing the patient about NBS			
b) Ensuring completeness, accuracy and legibility of patient information.			
c) Identifying the patient correctly			
d) Properly and legibly filling of the collection card			
e) Collecting an acceptable heel prick specimen.			
f) Proper drying of blood spots before shipment.			
g) Proper packing and shipping specimens.			
h) Documenting date and time of specimen shipment.			
i) Record-keeping to document that testing and follow-up occurred.			
j) Receiving results and releasing results to parents			
k) Acting on results when appropriate			
11. A client educational program exists that may include:			
a) NBS posters in strategic locations			
b) Mechanism for viewing video clips			
c) Mothers' classes/bench conferences			
d) NBS pink brochures			
II. Existence of an Effective Newborn Screening Team	YES	NO	REMARKS
1. The health facility has a working NBS Team composed of at least:			
a) A trained NBS Coordinator			
b) A trained assistant NBS Coordinator			
2. At least one person is trained in and responsible for:			
a) proper sample collection			
b) releasing of result			
c) tracking of patients			
III. Facility Support	YES	NO	REMARKS
1. An area designated for drying specimen collected			
2. NBS collection kits are available at all times and are stored in a clean and dry environment.			

3. Facility is maintaining at least one-month supply of cards.			
	YES	NO	REMARKS
4. Secured and confidential logbook/information system of patients is maintained.			
i. Information system includes:			
a) Patient Information (mother's name, baby's surname)			
b) Date specimen is collected			
c) Date sent to NSC			
d) Result Information (date received and released)			
ii. Logbook of positive patients includes:			
a) Patient Information (mother's name, baby's surname and disorder)			
b) Date and time of recall			
5. Abnormal results are relayed to the parents within 24 hours from the receipt of result from the NSC			
6. A secure and confidential system for NBS result is maintained.			
7. A detailed protocol for recalling patients exists.			
8. The system include a mechanism for seeking assistance from:			
i. NSC. If yes how many times?			
ii. DOH. If yes how many times?			
iii. LGU. If yes how many times?			
IV. Administrative support for NBS implementation	YES	NO	REMARKS
A scheme is provided in addressing service delivery for indigent patients			
V. Quality improvement of NBS			
1. The health facility management has an annual quality assessment of the status of the NBS program			
2. The NBS team conducts a quarterly assessment that includes:			
i. Review of specimen cards quality			
ii. Problems encountered			
iii. Timeliness of collection, submission and reporting			
iv. Coverage			
VI. Reporting: Quarterly submission to Regional Office	YES	NO	REMARKS
1. Livebirths			
2. Number of screened			

3. Number of refusals			
VII. Other Remarks			
Printed Name and Signature:	Date accomplished:		