

Philippine Performance Evaluation and Assessment Scheme
PPEAS for Newborn Screening Continuity Clinics
Program Implementation Review
Newborn Screening Reference Center
National Institutes of Health, UP Manila



** Based on the PEAS (version 8/25/06) developed by Health Resources and Services Administration, Maternal and Child Health Bureau, Genetic Services Branch, and National Newborn Screening and Genetics Resource Center, Department of Pediatrics, The University of Texas Health Science Center at San Antonio.*

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COMPONENTS

- I. Operational Structure**
 - a. Team members
 - b. Operations and management
- II. Facility Support**
 - a. Infrastructure
 - b. Funding support for patients
- III. Information System**
 - a. Electronic /Online information
 - b. Manual filing system
- IV. Clinical Management and Referral network**
 - a. Care coordination with health providers
 - b. Network and linkages with program partners
- V. Advocacy Activities**
 - a. Communication plan for parents and health providers
 - b. Implementation of Health Promotion activities
- VI. Monitoring and Evaluation**
 - a. Patient tracking
 - b. Medical management and patient outcome data
- VII. Administrative**
 - a. Timeliness of submission of reports to NSRC, DOH RO, and NSC
 - b. Quality of reports
 - c. Staff Development
 - d. Others
- VIII. Innovation Strategies and Best Practices**
 - a. Projects of the clinic
 - b. Training of personnel
- IX. Significant findings, agreements, and recommendations**

OBJECTIVE: The PPEAS Tool for the Continuity Clinic aims to:

1. assess the progress of the long term follow up component of the NBS program, its strengths and weaknesses, best practices and barriers.
2. Provide solutions to identified problems, particularly the problems which impact on the goal of ensuring recall and appropriate long term management of endorsed confirmed cases, and,
3. Recommend ways to improve the implementation of the long term follow up component of the NBS program in the region and throughout the country.

I. OPERATIONAL STRUCTURE

	Indicators	Yes	No	In Progress	Remarks
A.	Team members				
1.	Sufficient trained staff are available to administer the program composed of				
	Follow-up head				
	Follow-up nurse				
2.	Organizational chart showing the relation of the CC team to the host facility is displayed				
3.	Written defined roles and responsibilities of team members				
B.	Operations and management				
1.	Manuals of operations exist that include but are not limited to: administrative policies, program operations, contingency plan when team member/s is/are replaced, fact sheets of disorders, clinical protocols, etc.				
2.	Flowchart of operations exists (indicating who are responsible for patient registry, lab tests, consultation, counselling, etc.)				
3.	Services available and provided (e.g. medical, counseling, monitoring tests, etc.)				
4.	Updated government license and/or MOA with host facility				

II. FACILITY SUPPORT

	Indicators	Yes	No	In Progress	Remarks
A.	Infrastructure				
1.	Sufficient infrastructure are in place to ensure an efficient operations of the clinic:				
2.	IT system that is acceptable to enable the clinic to function in its operations (i.e. able to perform data management of input, filing, storage/backup, printing, and maintenance)				

3.	Internet or Wifi capability that is acceptable to ensure efficient conduct of 4CA (Continuity Clinic Case Conference Audits) and CCORS (Continuity Clinic Online Record System) data management				
4.	Availability of necessary office equipment and supplies (computer, printer, filing cabinet, bond paper, report forms, envelopes, etc.)				
B.	Funding support for patients				
1.	Provision for laboratory testing, treatment, etc.				
2.	Provision of supplemental budgets for activities				

III. INFORMATION SYSTEM

	Indicators	Yes	No	In Progress	Remarks
	Information system (organized, secured and protected)				
1.	Manual filing system of documents				
2.	Electronic filing system (including CCORS online database)				
3.	Patient charts				
4.	Patient Directory including address, contact details of parents /guardians, etc.				
5.	Endorsement letters of patients from NSCs				
6.	Directory of specialists for referral and case management with contact details and clinic hours				
7.	Directory of DOH ROs, health facilities, and other partners /stakeholders				
8.	Official correspondences from NSRC				
9.	Correspondences to stakeholders (DOH-RO, DSWD, others)				
10.	Documentation of monitoring and evaluation reports of activities				
11.	Records are easily retrievable within 15 minutes				
12.	Monthly 3CA data reports (Continuity Clinic Case Audit)				
13.	Accomplishment reports				
14.	Memorandum of Agreements (MOAs)				

IV. CLINICAL MANAGEMENT and REFERRAL NETWORK

	Indicators	Yes	No	In Progress	Remarks
A.	Care coordination with health providers				
1.	Access to a specialist (directory of specialists)				
2.	System of referral to specialists, physicians, dieticians, other health providers (including telegenetics referral system); referral forms				
B.	Network and linkages with program partners				

1.	Established network /relationship with program partners (i.e. DOH RO, NSC, DSWD, LGU, Others) on:				
	a. Advocacy				
	b. Recall of patients				
	c. Financing (e.g. funding support for laboratory testing, treatment, etc; indicate amount or %)				
2.	Existence of MOA or written agreement with DOH RO on funding support				
3.	Existence of MOAs or written agreement with LGUs & other program partners				
4.	Documentation of funding support received from DOH RO and other partners				

V. ADVOCACY ACTIVITIES

	Indicators	Yes	No	In Progress	Remarks
A.	Communication Plan for parents and health providers				
1.	IEC/reference materials available				
2.	Posters				
3.	Brochures				
4.	Flipcharts				
5.	Innovations (IEC materials)				
6.	Activity proposals and plans for stakeholders (including lobby for funds)				
B.	Implementation of Health Promotion Activities				
1.	Active participation in NSC and other partners-sponsored activities				
2.	Conducts lectures on NBS with different stakeholders (mothers, parents, health providers)				
3.	Implementation of PSPME Follow up clinic (2X a year)				

VI. MONITORING AND EVALUATION

	Indicators	Yes	No	In Progress	Remarks
A.	Patient tracking				
1.	Acceptable Recall Rate (>80%) of patients endorsed by the NSCs (indicate current recall rate)				
2.	System of monitoring patients' consultation to other physicians' clinic /OPD of training institutions (e.g. maintenance of physical or electronic logbook)				
3.	System of following up patients' compliance to lab tests and medications (e.g. maintenance of physical or electronic logbook)				

4.	System of scheduling patients for consultation to continuity clinic (maintenance of physical or electronic schedule of appointments)				
5.	System of time management in a working week (maintenance of calendar with defined tasks and timeframe each working day)				
B.	Medical management and patient outcome data				
1.	Acceptable (1 to 2 days per week) clinic schedule of follow-up head				
2.	System of measuring patient status indicators - i.e. no. of patients with /who are: <ul style="list-style-type: none"> • Recalled /Unrecalled • Actual consults to continuity clinic • Treatment compliant /non-compliant • Indigent • Expired • Discharged • Lost to follow up 				
3.	System of monitoring outcome indicators /patient status and progress (including growth and development) <ul style="list-style-type: none"> • At par /Stunted /Underweight • School attendance • Dev Ped assessment 				
4.	Availability of equipment and instruments to measure outcome indicators (e.g. weighing scale, height chart, tape measure, etc.)				
5.	Parents are periodically asked to evaluate medical services provided and to identify other possible needs that could be met through the newborn screening program.				

VII. ADMINISTRATIVE

	Indicators	Yes	No	In Progress	Remarks
A.	Timeliness of submission of reports to NSRC, DOH RO, and NSC				
1.	Monthly 3CA data (Continuity Clinic Case Audit)				
2.	Accomplishment report				
3.	Interesting case presentation for 4CA every Continuity Clinic Case Conference Audit				
4.	Other reports or data requested by NSRC				
B.	Quality of reports				
1.	Reports submitted are complete and accurate				

2.	Endorsed patients are entered in CCORS database with updated information, within 2 weeks of endorsement from NSC				
C.	Staff development				
1.	Attendance and punctuality to all 4CA meetings				
	Follow-up head				
	Follow-up nurse				
2.	Attendance and punctuality to all trainings required by NSRC				
	Follow-up head				
	Follow-up nurse				
3.	Attendance and punctuality to DOH /NSRC annual strategic meeting				
	Follow-up head				
	Follow-up nurse				
D.	Others				
1.	Attendance and punctuality in the clinic				
2.	Cellphone and other resources are used in compliance with guidelines set by NSRC, host facility, or program partners				

VIII. INNOVATION STRATEGIES AND BEST PRACTICES

1. Projects implemented by the clinic to promote NBS advocacy to different stakeholders (please list)
2. Updated training of the personnel (please list)

Submitted by:

NBSCC Follow Up Head /Print Name and Signature	NBSCC Follow Up Nurse /Print Name and Signature