

ORIENTATION/TRAINING PLAN FOR AREA SERVICE CENTER STAFF

Assign/ Start Date <small>Check box based on position of employee</small>	Time Frame <small>Time needed to master competency</small>	Core Competency	Date Accom.	Resources <small>AP = Adm. Policies for ASCs BO = Business Objects Reports PD = Project Director/Designee RL = Reference List RM = Resource Manual SOW = Scope of Work SS = Slide Show W = CDPH Website</small>	Notes
	1 mo.	1. State the definition and goal of newborn screening.		SS; W	
	1 mo.	2. Make arrangements for repeat recalls or confirmatory specimens, including transporting or mailing of specimens by approved carriers to NAPS labs and confirmatory labs, where to find TRFs and who orders it.		RM - specimen collection instructions; RL; TRF; NAPS lab; Revelyn Cayabyab	
	1-3 mos.	3. Describe the beginning and major program expansions of the California NBS Program.		SS; RL; W	
	1-3 mos.	4. Cite NBS Statutes/Regulations appropriately.		RM; RL	
	1-3 mos.	5. Describe the mission and organizational structure (in relation to CDPH, GDSP, ASC's NAPS labs, GDL, etc.) of the NBS Program.		SS; RM; W	
	1-3 mos.	6. List the four main categories of disorders for which the NBS program currently screens.		IIP; RM; W	
	1-3 mos.	7. List five key responsibilities of the ASC as outlined in the Contract SOW		SS; RM; SOW	
	1-3 mos.	8. Describe the specimen collection process (for initial specimens) including: a) NBS Test Request Form (TRF) completion b) Guidelines for safe handling of blood specimens, specimen drying, and preparation for transport		NCCLS video; H; TRF form; Poster	

1-3 mos.	9. Perform follow-up and track babies, as per protocols, from initial notification to case resolution, on the following results: a) Positives b) Inadequates c) Specimens flagged as early collections d) Post-transfusion follow-up (optional) e) Out-of-Hospital births (NBS-OH) f) Screens not obtained (NBS-NO) g) Test refusals h) Missing results		RM;	
1-3 mos.	10. Identify and demonstrate different approaches to locating and making contact with hard-to-find families.		Attachment ("Finding Baby" from R)	Need to post on website
1-3 mos.	11. Assist/guide PCPs in follow-up of interesting cases.		RM; W	
1-3 mos.	12. State one reason why you would contact the local public health department.			
1-3 mos.	13. Choose and modify appropriate follow-up letters to MDs and parents.		RM - Protocols; PD	
1-3 mos.	14. Order duplicate mailers in SIS; fax results in SIS; comply with HIPAA on release of information.		RM - Protocol 6.1; SIS Manual; PD	
1-3 mos.	15. List the name/topic of the 3 fact sheets for primary care providers, describe how to utilize them; explain process for ordering additional copies		RM - Protocols; Each specific Provider Fact Sheet; W; GeneHELP	
1-3 mos.	16. Demonstrate "good" or "excellent" skills when providing phone consultation to birth facilities and other stakeholders, addressing a variety of common issues, providing key information and referring to consultants and other staff as appropriate.			
1-3 mos.	17. Explain/interpret information on mailer such as reference range/cut-offs, meaning of out-of-range, IRT positive with no mutations, action required, etc.		RM - protocols; W	
1-3 mos.	18. Describe three mechanisms to identify babies not screened.		Regulations	Ex. 14 day chart review, out of hosp. form, MR requests

	1-3 mos.	19. Describe how and when to use NBS-NO Form.		RM	
	1-3 mos.	20. Identify the state NBS Branch staff member whom you interact with to accomplish the following tasks: a) Specimen transport b) Clinical follow-up questions c) SIS questions d) Hemoglobinopathies test results and lab issues e) NAPS lab issues f) Vendor Agreements/CCS Centers g) Protocols h) Ordering of TRFs i) Identify which special forms are obtained by calling Ordering Line j) Locate source of identifying additional state NBSP staff based on their functions.		RM - Section 2.6	
	1-6 mos.	21. List who receives mailers, timing of distribution, and what to do if information is incorrect.		SIS Handbook; SS; W; RM	
	2-4 mos.	22. Describe the general process for distributing patient educational materials to families. For the following specific publications, identify when they are used in the screening process, who is responsible for sending them, and list at least two key messages for each: a) Important Information for Parents b) Why Retest for..? Series c) Parents Guides to Disorders and Handbooks for Sickle Cell Disease (Part 1 & 2)		RM - protocols; GeneHELP list; Regs; Special Care Centers; Each specific brochure available via ASC or GeneHELP; PD	
	3 mos.	23. List the name and location of NAPS labs in your Region		RM; W	
	3 mos.	24. List the state or state contract labs that provide: a) Second tier CF testing (DNA) b) Third tier CF (DNA Sequencing) c) Second tier testing of 17-OHP (for CAH)		RM; W	

		<p>d) Confirmatory testing for all metabolic disorders except Biotinidase Deficiency (BD), Galactosemia, and PKU</p> <p>e) Confirmatory testing for Galactosemia</p> <p>f) Confirmatory testing for BD</p> <p>g) Confirmatory testing for PKU</p> <p>h) Confirmatory testing for hemoglobinopathies</p>		
	3 mos.	25. Describe Special Forms (NBS-NO, NBS-OH, NBS-MR, NBS-TR); how each is used; how to order more.		RM - 2.6; W; DHS Form #4475 "Leaving the Hospital Prior to 12 hours"
	3-6 mos.	<p>26. For each of the following disorders, give:</p> <p>a) brief description; b) screening methodology used in CA; c) birth prevalence in CA; and d) treatment:</p> <ul style="list-style-type: none"> - PKU - Galactosemia - Primary Congenital Hypothyroidism - Congenital Adrenal Hyperplasia - Cystic Fibrosis - Biotinidase Deficiency - Hemoglobinopathies/Traits (screening method only) <ul style="list-style-type: none"> - Sickle Cell Disease - Hemoglobin H/Constant Spring Disease (not "c") - Beta Thalassemia (not "c") - Alpha Thal. Major (not "c") - Beta Thalassemia (not "c") - S Trait - C Trait - D Trait - Metabolic Disorders ("b" only) - Fatty Acid Oxidation Disorders - Organic Acid Disorders - Amino Acid Disorders 		<p>SS; RM; W; RL; Educational brochures & videotapes available through GeneHELP Resource Center or ASC; Disorder Table (need to post on website)</p>
	3-6 mos.	27. Identify and describe key roles that local health agencies, i.e., birth registrars, health officers, public health nurses, local CCS staff, Child Protective Services, play in the NBS process.		CDPH CCS Website; Local List of County Registrars

	3-6 mos.	28. Refer patients to CCS-approved centers as appropriate, document in SIS; process forms as per protocols.		RM; W; CDPH CCS Website	
	3-6 mos.	29. Identify important cultural, ethnic, and religious issues that may impact newborn screening follow-up.		RL; PD	
	3-6 mos.	30. Describe how each of the following tools are used to evaluate performance of birth facilities: a) HEPP reports - quarterly, annual, monthly b) Survey and questionnaires c) Missing Results Requests d) Site visits e) Communication, feedback from facilities, agencies f) NBSP Business Objects reports		RM	
	3-6 mos.	31. Describe the following: a) Process for approval to attend conferences/trainings (including form completion, requirements for reimbursement, etc.) b) Travel requirements (state and agency) and procedures for gaining approval		AP	
PDs only	3-6 mos.	32. Describe the process for requesting: a) Line item transfers b) Contract amendments		GDSP contract; Local HR	
PDs only	3-6 mos.	33. Describe the process for hiring new staff, obtaining salary increases, and gaining approval from the State.		GDSP contract; Local HR	
	4-6 mos.	34. State the following statistics for California: a) approximate number of births/screens per year b) approximate number of newborns identified by NBSP per year with clinically significant disorders c) CA's population as a percent of U.S. population		SS; W	
	6 mos.	35. List five criteria for adding disorders to the screening panel		SS; H; W; RL	
	6 mos.	36. List 4 possible reasons for anomalous or inconsistent lab results.		RM	

6 mos.	37. Describe the steps to take when a possible missed case or inconsistent test result is reported to ASC.		RM - Protocols; PD; NBS Branch	
6-9 mos.	38. Develop an outline for hospital and community presentations using a standardized educational format.		NBS Training Form; RM - 6.11; Previous Outlines	
6-9 mos.	39. list the NBSP requirements related to educational presentations including the minimum number required per year, NBSP approved process, and documentation.		RM - 6.11; SOW; SS	
6-9 mos.	40. Conduct a real or mock training inservice/educational presentation		PD; SS	
6-9 mos.	41. State mechanisms for identifying facilities that are not conducting 14-day chart review in a timely manner, and action needed to assist facilities in meeting regulation requirements.		RM - Protocols; NBS Branch	
6-12 mos.	42. Utilize available resources in assisting families with transportation, translation, insurance, etc.		Local health department; Local resource list	
6-12 mos.	43. Conduct at least one site visit, demonstrating competency in: a) Notifying appropriate staff at hospital b) Confirmation of visit c) Preparing materials including agenda, slides, and handouts d) Use of PowerPoint, projector, and/or handouts e) Closing Summary f) Follow-up report or other correspondence identifying area(s) needing improvement g) Developing corrective action plan as necessary		ASC Policies; ASC Site Visit Tool	
6-12 mos.	44. Describe at least three different tools/mechanisms to assess needs of NBS providers and other stakeholders; develop and conduct needs assessment for one of the following groups: birth facilities, primary care providers, county registrars, public health departments.		ASC Provider File; PD; BO (HEPP Report)	

	6-12 mos.	45. Describe at least three different mechanisms to educate/inform birth facilities and the community.		PD; BO (HEPP Report)	
	6-12 mos.	46. Describe at least three different mechanisms to familiarize yourself with assigned perinatal facilities and their key players.		PD; Site Visits; BO (HEPP Report); NBS Branch	
	9-12 mos.	47. Provide feedback to birth facilities and other stakeholders by performing the following actions: a) demonstrate ability to analyze HEPP and other reports reflecting performance b) Summarize key findings c) Prepare draft HEPP cover letters for hospitals d) Discuss performance via phone e) Develop corrective action plan (CAP to address need for improvement f) Prepare newsletters or correspondence addressing performance		RM - Protocols; NBS Branch	
	9-12 mos.	48 a) Identify major problem or potential problem areas to focus on in Annual Quality Improvement Plan. b) Identify key strategies to help birth facilities improve performance. c) Develop measurable objectives, action plan, and evaluation after conducting assessment.		PD; NBS Branch	

	9-12 mos.	<p>49. Describe how the following six tools are used to evaluate or improve quality of ASC service:</p> <p>a) Contractor Quarterly Reports</p> <p>b) Ongoing contact with Program Contract Liaison and other NBS program staff</p> <p>c) HEPP reports</p> <p>d) Stale Dated Reports</p> <p>e) Missing result requests and ASC reports of their follow-up</p> <p>f) SIS documentation</p>		RM - Protocols; BO (correlate with special report)	
		50. Set priorities in resources allocation - who will get an inservice, how should facilities be prioritized for site visits.		PD; NBS Branch; BO Reports, spreadsheets, data files at ASC	
		<p>51. Document all follow-up activities correctly in SIS, and do so in a timely manner.</p> <p>a) Identify location of Business Objects (BO) in SIS.</p> <p>b) Explain and demonstrate how BO's table of contents is used and how information is compiled.</p> <p>c) Identify report numbers of HEPP for Regular/Other Nurseries.</p> <p>d) Identify report numbers for HEPP for NICU Nurseries.</p> <p>e) Explain and demonstrate how to refresh, download, print, and store reports for HEPP for each facility type of nursery.</p> <p>f) Identify peripheral report numbers that may coincide with use and function of the HEPP Report and their limitations.</p> <p>g) Explain and demonstrate how to refresh, download, print and store peripheral reports.</p>		RM; BO Table of Contents; Synopsis of SIS Production Reports	

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