

CP 1.7 Screening Information System (SIS), NBS Guidelines for Use of

General Information:

- **Description:** SIS is a fully integrated clinical screening system that supports California's Newborn and Prenatal Screening Programs. The system allows users to capture, store, analyze and review patient test samples and demographic data, and initiate and manage the subsequent processing, tracking, follow-up, billing and reporting activities associated with case management. It is a web-based application, allowing users to access the system from any computer with an Internet Explorer web browser. Those with access to SIS have security limitations based on their need to create, read, update and/or delete SIS information.
- **SIS Pathway:** In order to access SIS from any computer, enter **SIS.dhs.ca.gov** in Internet Explorer.
- **SIS Help Desk/Tech Support:** Support for SIS is available 7 days per week, 7:00AM – 7:00 PM by phone or e-mail. Weekends are staffed on-call and phone voicemail is checked frequently.
Phone Number: 510-307-8928
E-mail: SISHelp@dhs.ca.gov

Screening Information System (SIS)

- **Summary of SIS Lab Process:** TRF information is scanned and key entered into SIS by the NAPS labs. Scanned images of TRFs are available for viewing by ASC staff in SIS.
- **Business Objects (BO):** Some of the elements tracked by SIS are transferred to the "universe" of objects in BO and are used by the BO program to create standard reports. Users can also create their own reports using the elements contained in the BO Universe.

Policy - Documentation in SIS:

Documentation entries into SIS are considered to be legal documentation of case activities and should follow all guidelines for legal medical record documentation. It is important to enter information promptly when the action is completed so that others in the ASC or in GDSP can review. This prevents duplicate actions by multiple users. All activities (phone calls, discussions with providers, parents, referral to CCS, CPS, etc) must be documented either in the Case Notes or by Tracking Events (TE) – See

1.7 Screening Information System (SIS), NBS Guidelines for Use of

below for additional information. Entries should be made at the time that actions are taken and should not be held for entry at a later time. All entries shall be made into SIS no later than the end of the next business day after the action is taken.

Abbreviations in SIS will be limited to abbreviations listed in 1.7.1 (*Abbreviations Approved for Documentation in SIS*). If additional abbreviations are needed for efficient use of SIS, a request should be made by the ASC to the NBS Program ASC Vendor Agreement Liaison.

Description of Functions & General Guidelines for using SIS:

Case Notes: Case notes should be used for any information that cannot be described/entered by a Tracking Event (TE). Case notes must be entered no less often than every two weeks on every case in process prior to referral to a CCS-approved Special Care Center. After referral to a Special Care Center, entries shall be made no less often than once a month. Case Notes are analogous to progress notes, or medical record documentation. They should document conversations with parents, care providers, status of case (i.e., who is involved in case, clinical status of the baby, mode of communication – phone, letter, etc).

Tracking Events (TEs):

1. Except as listed below, the ASC staff may use some discretion in utilizing the TEs that they deem appropriate for the activity or action taken.
2. Tracking Events #110 (Clinician notified of MS/MS result) and #111 (Hospital staff notified of MS/MS result) should be used when calling out MS/MS positive cases.
3. Enter the appropriate TE (e.g. #104 for Gal, 110 for ms/ms, etc.) for notification of MD of positive results. This TE should always be used for the date that the primary care physician/neonatologist is notified of the test result. This is necessary to compute the age at physician notification in the registry data and if the notification occurred in the timeframes set forth in the ASC Scope of Work. As a matter of practice, the information included in this notification is:

- baby's name,
- baby's date of birth,
- interpretation of result,
- result values relating to interpretation of result,
- verification of mother/baby contact information,
- recommendations for follow-up, including referral to a CCS center.

It is not necessary to write this initial notification of the MD about positive results in case notes because it is captured by the TE.

4. Cases can be re-opened in SIS using TE #142 (Reopen case).

Alerts: Alerts can be viewed in two ways: 1) An alert associated with a case on the Headline Case List is designated by a “!” in the right column. Clicking on the “!” will view the alert. 2) Alerts can be viewed on the Alert Screen by Alert number (e.g. all Alert #87 can be viewed in a list).

1.7 Screening Information System (SIS), NBS Guidelines for Use of

- Alerts should be used by ASC staff and GDSP monitoring staff to set a notification of an activity needing to be accomplished at a future date.
- Alerts should be reviewed weekly and canceled to avoid accumulation of large numbers of them.

One-page Summary: The one-page summary was developed in SIS to be available to send to the physician before the mailer is generated. The information on the summary is pulled from the C of C and therefore will not be generated until after a C of C is entered. It contains only those results that are positive and will not contain negative results. It can be viewed from the Case Summary Screen (bottom of page).

Mailers:

1. Mailers can be viewed on the Case Summary Screen by clicking on the mailer link at the bottom of the page. Click on “*” to pull up and review mailer, print a copy from the PDF of the mailer, and mail or fax (see below).

Trigger date indicates that the mailer is ready to be sent out. On inadequates and earlies, the trigger date is the day after the 3-day hold. File date is the date that the mailer was actually created (always in very late evening or early morning). The file is sent to the mailing vendor the next business day. It is reasonable to allow a 1½ to two days for the image to appear and be attached to the record. On negative cases, the trigger date and the file date are generally the same. For interesting cases, the trigger date is 3 days after the file date. The mailers can be sent earlier from the Tracking Events page if necessary by using “generate mailer”

Faxing Mailers:

1. All HIPAA privacy rules still apply. Mailers can be re-sent to the provider of record immediately, but all others still need to send a signed consent for results.
2. Verify that the fax number provided is a secure fax line.
3. Go to the Case Summary page and find the “fax section” under the “search for mailers” section. Click on the radio button for “other fax number”. Enter the secure fax number carefully and verify it by checking it. There is currently no acknowledgement that the fax has been sent or error message if the fax is busy or the number is incorrect.
4. Click on the blue hyperlink “Fax Result Mailer PDF. DO NOT click on “Send Fax Results” (it will send an inappropriate copy of the case summary screen).
5. A grey pop-up will appear, asking if you really want to send a fax; click yes, if you do.

1.7 Screening Information System (SIS), NBS Guidelines for Use of

6. As long as the PDF of the mailer is available, the fax will be sent. If the case is very new and there is no PDF, or if it is older, a red error message will appear at the top of the case summary screen.
7. SIS creates a Case Note with who sent the fax and to what number. It does not contain information about who it went to.
8. The fax is sent with a cover sheet that is partially filled from SIS. Richmond information is included for the “sender”. A note is also included stating that the receiver can contact their local staff with questions. If ASC staff receive an inquiry about an unfamiliar fax sent, the Case Notes provide a record of the fax.

Special Forms (NBS-MR, NBS-OH, & NBS-NO) Processing: Special Forms are scanned or entered into SIS. SIS looks for a match to the accession number (for missing results) and to other demographic data (for other special forms). If no match is found, the form appears on a potential match page at GDSP to be matched. Those that can be are matched at GDSP. Any not matched at GDSP are sent to the Headline Case Screen for the appropriate ASC to assure that baby has been screened.

The ASC will facilitate collection of a specimen and when an accession number is entered into SIS for the specimen, SIS will match those that have the same information as the special form (NBS-NO). If none is found by SIS, the ASC will match the special form to the initial accession number to close the case.

Entering confirmatory lab results into SIS: With the exception of **Confirmatory tests for hemoglobin and biotinidase (which are entered by contract confirmatory labs), confirmatory tests must be entered by ASC staff on the Confirmatory Results Screen** , The ordering physicians are asked to submit copies of any confirmatory metabolic test results from non-Quest labs to GDSP MS/MS Reviewer. If the ASC receives any copies of MS/MS lab results from outside labs, they should forward them to GDSP MS/MS Reviewer. Hard copies of Quest lab results are sent to GDSP from Quest. Copies of confirmatory results for the other disorders must be obtained from the ordering physician.

Case Resolution (See also Case Resolution Protocol):

1. All initial positives or Hb A-only cases (whether ultimate resolution is positive or negative) should be resolved on the Case Resolution Screen. Resolve as a “disorder” or “no disorder”. Date treatment was started (if available) should be entered as a part of resolution. Cases will remain on the Headline Case List for 2 days after closing. Transfused cases are also resolved on the Case Resolution Screen and need to be resolved for Hemoglobin. For cases with a service report, most fields should be pre-filled.
2. To resolve CAH cases, resolve 11-Beta cases as “CAH – Other”, not as “Non-Classical”.

1.7 Screening Information System (SIS), NBS Guidelines for Use of

3. Always select “disorder” for any disease or variant, benign or otherwise, which appears on the drop-down list (for example homozygous EE would be closed as “disorder”), then select the specific type from the list. One exception to this is a hemoglobin positive that is resolved as a trait. In this case, use “not a disorder”.
4. The “Maternal Condition” is available on the drop down menu for resolving a case. This should only be used if the newborn is unaffected.
5. Cases can be closed in SIS without lab results entered. Lab results should be entered at a later time when the hard copy of the result has been received (See above).
6. Cases should not be closed in SIS until the ALL results are completed (including 2nd tier CAH and CF DNA testing) and the mailer has gone out. In the event an ASC wishes to close the case before the mailer has been released, the ASC should “push” the mailer out, then close the case.
7. All inadequates and earlies should be resolved with TE’s # 120 – 125.
8. Ascertainment Codes: An ascertainment code should always be entered as a part of case resolution. The following are the ascertainment codes in SIS:
 - A = screened and positive through the CA NBS Program
 - B = born in CA, but not identified by through the CA NBS Program (variety of reasons, e.g. military births in CA not screened in CA).
 - C = born/screened outside of CA
 - D = screened negative in CA by NBS, but proven to be a case (missed cases)

Correcting Earlies:

Corrections for SIS errors for earlies may be done before all results are posted. The early mailer will go out after 3 days. If corrections are made after that time on the “update” screen (from the case summary), new mailers will automatically be sent. The hospital and/or physician will need to be notified that they will receive 2 mailers and that the “modified” mailer is correct.

Passwords: SIS requires that passwords be changed every 60 days. There will be no prompt when the user password expires, but SIS will be inaccessible to the user. SIS passwords can also be changed at any time at the discretion of the user. Passwords should be at least 8 characters long and a mixture of letters, numbers, and special characters.

1. When password expires and needs to be changed, use the “Change Your Password” link on the SIS Portal Page and follow instructions to change password. Close Internet Explorer completely after changing the password, then re-open SIS application to work on SIS.

1.7 Screening Information System (SIS), NBS Guidelines for Use of

2. If user forgets SIS password, use the “I Forgot My Password” link on SIS Portal Page, use drop-down box to choose the correct question that was answered initially when account first set up. This information can also be viewed and changed if needed by going to the SIS Portal Page and clicking on the link “Update Your Personal Information”.

Processing of Requests for Results from Physicians: If a request for a NBS result is received in the ASC, the information is in SIS and the physician requesting is the physician of record, then the ASC staff should process the request per Section 6.3 Release of Results. If the baby was born prior to the date that SIS records are retained, ASC staff should describe the information needed to process the request (per protocol) and instruct the requester to fax the information and request to GDSP (510-412-1559).

Processing of Other Requests for Results: ASC should process the request per Section 6.3 Release of Results.

Attachments:

1.7.1 Approved Abbreviations for Documentation in SIS