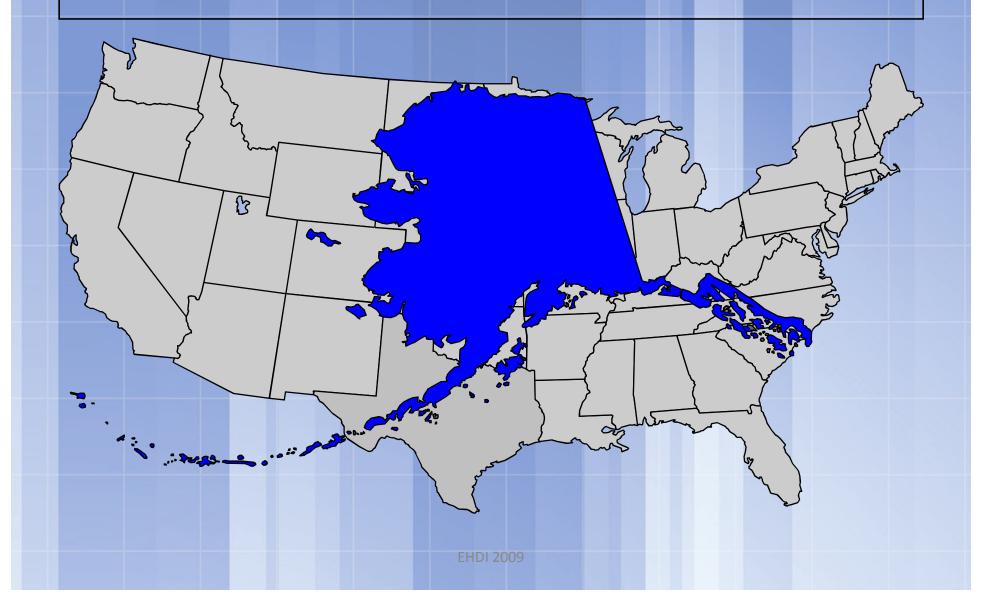
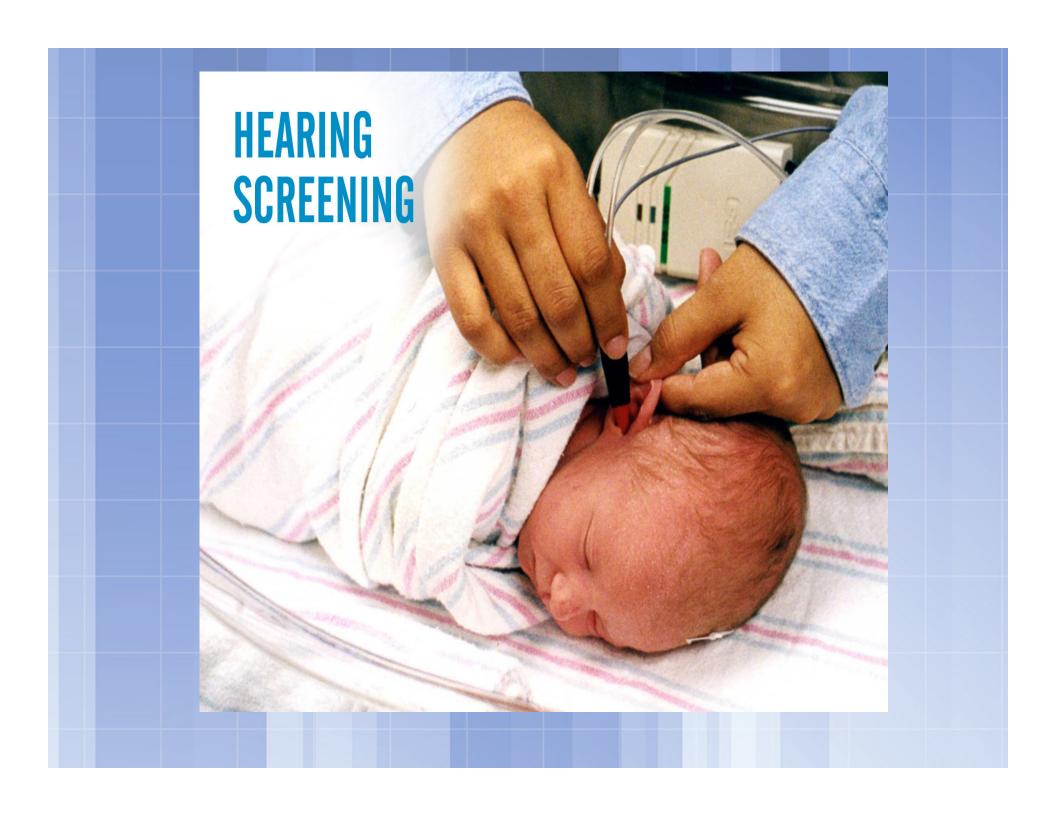
The Alaska EHDI and Bloodspot Database Integration Project

EHDI Conference
Tuesday, March 10, 2009
Dallas, Texas
Thalia Wood, MPH and Lura Daussat, MPH

Alaska





EHDI Database

- Database went live June 1, 2005
- Most birthing hospitals began right away to enter their newborn hearing screening data
- Screening equipment was placed in 8 public health nursing offices in areas of the state identified as having high home/midwifery center births
- Nurses from these centers were also trained on use of the database

NBS Database

- The NBMS program manager was also the EHDI Surveillance manager
- NBMS follow-up was being done through a very simple Excel spreadsheet
- Follow-up was done on any sample needing a repeat specimen (i.e. a bad collection or an abnormal value)
- Difficult to run reports from this existing database

Newborn Dried Bloodspot Screening





Alaska 1st Specimen Card

1st Arrhanding A			\$11 pt 1115 Z	
Buby's Last Name	Bety's First Name	Bend Report to POP/Clinic:		CODE
(; Single Birth, or () 8	AJE SIGN A B C D E F CI-de Dra	Address:		
Food Source Diseas, D Leat Dates 24 Hours. Ei hone Coher Hyper- Factors: Diseastation	Directory Dione: Last RBC Transforter Date 1.00 1.	Specimen Date - To	ne of Day . Sale Present	W.Y. D
	r Hosp. CODE	Mother's Address-Number &	Sheel	
Bely born 4	Pac/ty	CrysV-large	State	Zip Crote
		Telephone Homber		

BIOHAZARI

Integration of Database

- Decision was made to work with the EHDI database vendor to include the metabolic screening data
- This is also one of the goals stated in the CDC guidance for the EHDI grant and was written into the State of Alaska application for continuing funding
- Work began in earnest on this project in 2006
- Integrated database went live January 2008

Why integrate EHDI and NBS?

Assure thorough and accurate care for each child born

Helps prevent children being missed

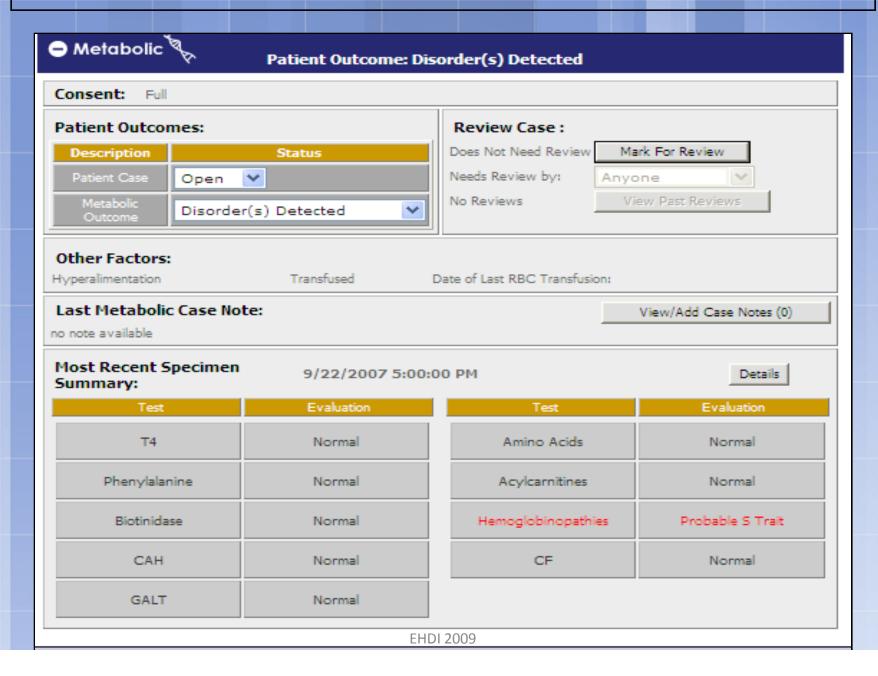
 Connect information "silos" that contribute to disjointed care for child and family

Raise the performance bar for both programs

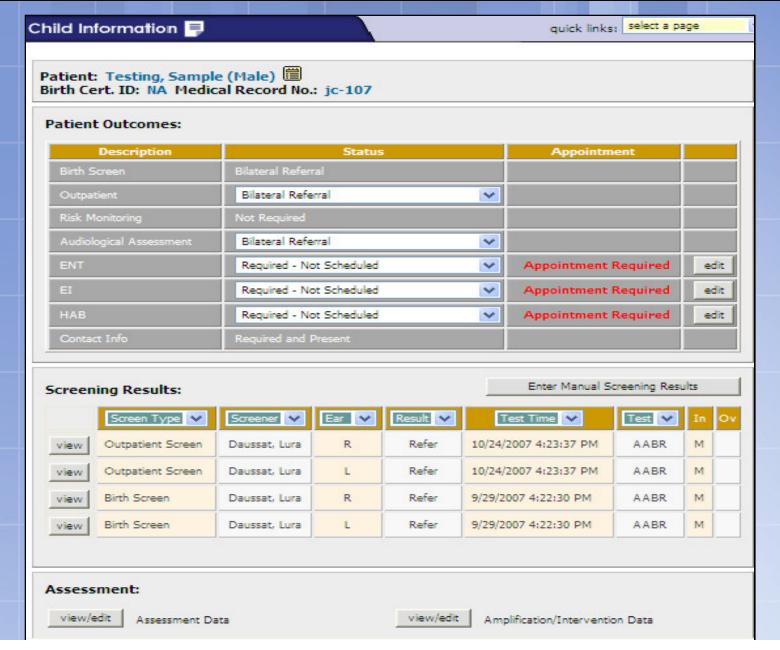
Results

- Integrated information system for newborn screening that captured patient characteristics
- Serves as a cross-check for NBS, and NBS for NBHS, so all infants receive screening and follow-up in both programs
- The integrated system allows multiple authorized care providers to be associated with the baby's record
- Updates health records in real time, facilitating comprehensive care of the child.

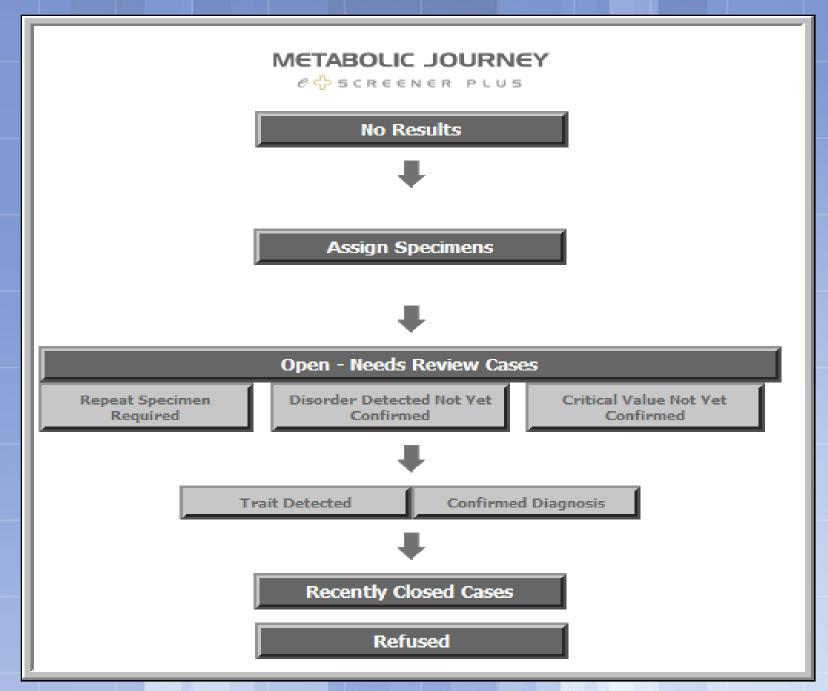
Metabolic Record



Hearing Record



EHDI 2009



Specimen Details

Child Information 🗐

quick links: select a page

Patient: Testing, Sample (Male)

Birth Cert. ID: NA Medical Record No.: jc-107

Metabolic and Genetic Specimen

Patient Information:

Date of Birth: 9/19/2007 Time of Birth: 12:43 PM Black Race: Birth Weight: 3333 g Birth Order: 1 of 1 Ethnicity No

(Hispanic):

PCP/Medical Home Information:

Address: Send Report to

PCP/Medical Home:

Doctor's Code: Telephone Number:

Hospital Information:

Name: ZZZ THALIA TEST FAC

Code: AKJOHN

Address: 2112 THALIA STREET JUNEAU AK 99801

Telephone Number:

Submitter Information:

NEYHART, JOY DO Name:

Code: AK3390

Address: 3268 HOSPITAL DR STE D JUNEAU

AK 998017800

Mother's Information:

Name: ROSE, MOTHER

Date of Birth: 4/5/1985

Address: ANCHORAGE, AK 11111

Telephone Number:

Lab Information:

Card Specimen Type: 1st Specimen Lab Specimen Type: 1st Specimen Kit Number: 051106324 Accession (lab) number: 20071840192

Specimen Information:

Date and Time of Specimen Collected: 9/22/2007 5:00:00 PM Specimen Status: Disorder(s) Detected

12 Hour(s) Present Weight: 4025 (g) Age at specimen collection: Transit Time: 0 Hour(s)

Other Factors:

Food source last 24 hours: other not specified

Hyperalimentation: Transfusion: Date of Last RBC Transfusion:

Screening Results

Test Results:

Alaska Resources



Test	Status	Result	Evaluation	Reference
T4	NOR	13,3 ug/dL	Normal	** Age Adjusted **
Phenylalanine	NOR	< 200 uM	Normal	Normal < 200 uM
Biotinidase	NOR	Has Color	Normal	Normal Has Color
САН	NOR	24.08 ng/mL	Normal	** Age Adjusted **
GALT	NOR	Fluorescence	Normal	Normal=Fluorescence
Amino Acids	NOR	Normal	Normal	Normal
Acylcarnitines	NOR	Normal	Normal	Normal
Hemoglobinopathies	FAS	FAS	Probable S Trait	Normal = FA
CF	NOR	21.5 ng/mL	Normal	** Age Adjusted **

Return to Metabolic Tab

Benefits

- Web-based information system for EHDI and NBS screening
- HIPAA compliant system that meets the needs of both programs
- Pulls bloodspot test data directly from Oregon Public Health Lab
- Imports hearing screen data from hearing screening technology

Challenges

- Access to specific arenas of care while maintaining confidential and secure records
- Developing appropriate access rights for the application
- Distinguishing case notes specific to the arena of care
- Consent to each program

Another Challenge: Getting Patients to the Clinic for F/U



Lessons Learned

- Metabolic screening is often downloaded before hearing screening results are entered
- This results in a large unassigned specimen queue
- Identifies which institutions need additional education
- Changes made as we went to enhance the search capabilities

Another Lesson Learned: Twins present particular problems for matching



Public Health Implications

- CDC EHDI grant
- Addition of PCP could ensure patient has "medical home"
- Decrease Lost to Follow-up and Missed babies for EHDI
- Ensure all babies are screened for both hearing loss and metabolic and genetic conditions

Contact information

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Thank you!