

Newborn Metabolic Screening Program Master Evidence Cross Reference Tables

July 31, 2014

Prepared by

Newborn Child and Youth Screening

For more information

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Table 1: 2010 Alberta Newborn Metabolic Screening Program Policy Document - Roles and Responsibilities: Cross Referenced with Evidence and Newborn Metabolic Screening Program Initiative Key Projects					
Organization <small>*as per the 2010 AHW NMS Policy document</small>	Responsibilities & Sub-responsibilities <small>*as per the 2010 AHW NMS Policy document</small>	Evidence <small>(deliverables and outputs of Key Projects achieving the Roles and Responsibilities)</small>	Key Project & Completion Date		
AHS	1. Develops and implements the NMS Program delivery plan	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.2 Newborn Blood Spot Screening Sample Collection Procedure ○ A.3 Newborn Blood Spot Screening Follow-Up Procedure ○ A.4 Newborn Blood Spot Screening Contacting the Parents/Guardians Guideline ○ A.5 Newborn Blood Spot Screening Neonatal Intensive Care Unit or Special Care Nursery Guideline 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.1 Clinical Policy Suite Implementation Strategy 	1.2	Clinical Policy Suite Implementation	March 31, 2014
AHS	1a. Development and dissemination of provincial NMS procedures for implementing current AHW policy	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.2 Newborn Blood Spot Screening Sample Collection Procedure ○ A.3 Newborn Blood Spot Screening Follow-Up Procedure ○ A.4 Newborn Blood Spot Screening Contacting the Parents/Guardians Guideline ○ A.5 Newborn Blood Spot Screening Neonatal Intensive Care Unit or Special Care Nursery Guideline 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.1 Clinical Policy Suite Implementation Strategy 	1.2	Clinical Policy Suite Implementation	March 31, 2014



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AHS	1b. Development of training materials and training for program delivery	○ D.1 Staff Education Resources	2.2	Staff Education	March 25, 2013
AHS	1c. Quality assurance activities and planning	○ J.1 Quality Management Framework	4.1	Quality Management	February 23, 2013
AHS	1d. Development of a business continuity plan which identifies and addresses key organizational positions and infrastructure required for program delivery	○ I.6 Business Continuity Planning Guide ○ I.7 Business Impact Analysis and Recommended Strategies Reports ○ I.8 Service Disruption Guide	2.4	Business Continuity	November 15, 2013
AHS	1e. Coordinated delivery of NMS Program components	○ J.1 Quality Management Framework	4.1	Quality Management	February 23, 2013
AHS	1f. Development of a communication plan	○ L.1 Initiative Communication Plan ○ L.2 Newborn Metabolic Screening Program Communication Framework	2.6	Communication	March 31, 2012
AHS	1g. Protocols to provide timely and effective assessment, diagnosis and treatment of screen positive infants	○ A.1 Newborn Metabolic Screening Program Policy ○ A.3 Newborn Blood Spot Screening Follow-Up Procedure	1.1	Clinical Policy Suite Development	March 31, 2013
		○ B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014



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AHS	1h. Development of policies and procedures on sample storage and retention	o A.1 Newborn Metabolic Screening Program Policy	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014
AHS	1i. Processes to develop, revise, procure and distribute requisitions	o J.1 Quality Management Framework	4.1	Quality Management	February 23, 2013
AHS	2. Designates a senior executive with accountability for the NMS Program delivery plan	o C.2 NMS Program Annual Report, 2010-2011 o G.1 Briefing Note o G.3 Memorandum	Action Planning, 2010: Senior Medical Officer of Health, Population, Public & Aboriginal Health (PPAH, formerly Population and Public Health)		
AHS	3. Monitors and reports on program performance as required by AHW	o K.1 Performance Management Overview	3.1	Performance Management	March 27, 2013
AHS	4. Properly registers all infants born in Alberta in the Person Directory application	o A.1 Newborn Metabolic Screening Program Policy	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014



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AHS	5. Maintains capacity/expertise/infrastructure for NMS Program delivery and follow-up of infants who screen positive at all times	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.2 Newborn Blood Spot Screening Sample Collection Procedure ○ A.3 Newborn Blood Spot Screening Follow-Up Procedure 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
		<ul style="list-style-type: none"> ○ I.6 Business Continuity Planning Guide ○ I.7 Business Impact Analysis and Recommended Strategies Reports 	2.4	Business Continuity	November 15, 2013
AHS	6. Collects newborn screening samples and completes the NMS requisition in accordance with AHW policies	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.2 Newborn Blood Spot Screening Sample Collection Procedure 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
AHS	7. Provides parents with sufficient information to understand the purpose of the screen and the reasons for it	<ul style="list-style-type: none"> ○ E.1 Parent Information Sheets 	2.5	Parent Information	March 19, 2013
AHS	8. Participates in informational sessions with key stakeholders	<ul style="list-style-type: none"> ○ L.3 Knowledge Exchange Framework ○ L.4 New Steps Webinar: list of webinars; email invite 	2.8	Knowledge Exchange	March 31, 2012



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AHS	9. Develops and prepares operational informational materials and provides input into program informational materials	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.2 Newborn Blood Spot Screening Sample Collection Procedure ○ A.3 Newborn Blood Spot Screening Follow-Up Procedure 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ D.1 Staff Education Resources 	2.2	Staff Education	March 25, 2013
AHS	10. Provides data for surveillance purposes as required by AHW	<ul style="list-style-type: none"> ○ O.1 Alberta Health/AHS Partnership ○ O.2 Alberta Health/AHS Communication 	2.1	Alberta Health/AHS Partnership	July 16, 2012
		<ul style="list-style-type: none"> ○ K.1 Performance Management Overview 	3.1	Performance Management	March 27, 2013
		<ul style="list-style-type: none"> ○ I.1 Business Overview 	3.2	Business Functions	March 31, 2013
		<ul style="list-style-type: none"> ○ I.4 Business Integration Guide 	3.4	Business Integration	March 25, 2013
AHS NMS and MD Labs	11. Tests all samples in accordance with the <i>College of Physicians and Surgeons Laboratory Accreditation Standards</i>	<ul style="list-style-type: none"> ○ C.2 NMS Program Annual Report, 2010-2011 	Action Planning, 2010: NMS and MD Labs accredited by College of Physician and Surgeons of Alberta Diagnostic Laboratory Testing		
AHS NMS and MD Labs	12. Reports the results in accordance with AHW policy	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014



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AHS Metabolic, Cystic Fibrosis and Paediatric Endocrinology Clinics	13. Accept referrals and facilitate assessment and follow up in a timely manner	o A.1 Newborn Metabolic Screening Program Policy o A.3 Newborn Blood Spot Screening Follow-Up Procedure	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014
AHS Metabolic, Cystic Fibrosis and Paediatric Endocrinology Clinics	14. Participate with the NMS Lab, as required, to determine cut-off points for screening test results for referral	o F.2 Congenital Hypothyroidism Resources	2.7	Provider Information	March 31, 2013
AHS Metabolic, Cystic Fibrosis and Paediatric Endocrinology Clinics	15. Notify the NMS Lab of the final outcome of diagnostic studies on all patients referred from the NMS Lab	o A.1 Newborn Metabolic Screening Program Policy o A.3 Newborn Blood Spot Screening Follow-Up Procedure	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014
Primary Care Providers	16. If participating in sample collection, collect the sample and complete the NMS requisition in accordance with AHW policies	o B.3 Thank You Letter ASA 2014 o B.4 Advertisement in Alberta Doctors' Digest January-February 2014/Volume 39/Number 1	1.2	Clinical Policy Suite Implementation	March 31, 2014
Primary Care Providers	17. Provide parents with sufficient information to understand the purpose of the screen and the reasons for it	o E.1 Parent Information Sheets	2.5	Parent Information	March 19, 2013
		o F.1 Condition Facts Sheets	2.7	Provider Information	March 19, 2013



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Primary Care Providers	18. Act promptly on positive screening results by contacting the speciality clinics (such as cystic fibrosis clinic, metabolic clinic) and families	<ul style="list-style-type: none"> ○ F.2 Congenital Hypothyroidism Resources ○ F.3 Thank You Letter ASA 2013 	2.7	Provider Information	March 19, 2013
Primary Care Providers	19. Notify the NMS Lab on the final outcome of diagnostic studies on patients referred from the NMS Lab	<ul style="list-style-type: none"> ○ F.3 Thank You Letter ASA 2013 ○ F.4 Preliminary Results Sheets ○ F.5 NMS Clinical Follow-up Form 	2.7	Provider Information	March 19, 2013
AHS NMS and MD Labs	20. Submits test results to the NMS Application according to AHW data submission requirements	<ul style="list-style-type: none"> ○ I.4 Business Integration Guide ○ I.9 Statement of Compliance 	3.4	Business Integration	March 31, 2011
				Action Planning, 2010: NMS and MD Labs submit test results to the NMS Application according to AHW data submission requirements	



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AHS	1. Clear accountability and lines of responsibility are a requirement for effective program delivery.	<ul style="list-style-type: none"> o G.4 NMS Action Plan Governance Structure 	Action Planning, 2010: NMS Program Initiative governance structure		
AHS	1.1 AHS must implement and deliver the NMS Program.	<ul style="list-style-type: none"> o A.1 Newborn Metabolic Screening Program Policy o A.2 Newborn Blood Spot Screening Sample Collection Procedure o A.3 Newborn Blood Spot Screening Follow-Up Procedure o A.4 Newborn Blood Spot Screening Contacting the Parents/Guardians Guideline o A.5 Newborn Blood Spot Screening Neonatal Intensive Care Unit or Special Care Nursery Guideline 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> o B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
AHS	1.2 The CEO of AHS shall be accountable for whether the NMS Program operates in accordance with current AHW policy and standards.	<ul style="list-style-type: none"> o C.2 NMS Program Annual Report, 2010-2011 	Annual Report, 2011-2012: Chief Executive Officer is accountable for the NMS Program operations within AHS		
		<ul style="list-style-type: none"> o G.2 Briefing note approved by AHS CEO 	Action Planning 2010: Chief Executive Officer is accountable for the NMS Program operations within AHS		
AHS	1.3 AHS must designate a senior executive with responsibility for the NMS Program delivery plan and adherence to current AHW policy and standards.	<ul style="list-style-type: none"> o C.2 NMS Program Annual Report, 2010-2011 	Annual Report, 2011-2012: Senior Medical Officer of Health, Population, PPAH (formerly Population and Public Health)		
		<ul style="list-style-type: none"> o G.1 Briefing note o G.3 Memorandum 	Action Planning 2010: Senior Medical Officer of Health, Population, PPAH (formerly Population and Public Health)		



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AHS	1.4 AHS must designate NMS managers and NMS contacts with responsibility for monitoring and reporting on the NMS Program, in sufficient numbers to operate the program in adherence to current AHW policy and standards.	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.3 Newborn Blood Spot Screening Follow-Up Procedure 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
AHS	2. The goal of the program is that all babies have an initial screen reported on or before the 10 th day of age (except for DNA testing of CF results).	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
AHS	2.1 The expectation is that AHS will align its processes so that initial screens are reported wherever reasonably possible on or before the 10 th day of age.	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
AHS	2.2 Guidelines provided within this document are benchmarks for processes in the screening process and shall not supersede the overall reporting standard of 10 days.	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014



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AHS	2.3 AHS must evaluate all aspects of program delivery and whenever possible reduce delays and strive to minimize the period of time between birth and reporting of screen result.	o K.1 Performance Management Overview	3.1	Performance Management	March 27, 2013
		o M.1 Evaluation Framework	3.3	Evaluation	April 30, 2013
		o J.1 Quality Management Framework	4.1	Quality Management	February 23, 2013
AHS	2.4 AHS must develop an emergency preparedness plan and maintain delivery of NMS Program services during emergencies and infectious disease events.	o A.1 Newborn Metabolic Screening Program Policy	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014
		o I.6 Business Continuity Planning Guide o I.7 Business Impact Analysis and Recommended Strategies Reports	2.4	Business Continuity	November 15, 2013
AHS	3. Procedures and operational policies related to program activity must be developed, implemented provincially and maintained to reflect current AHW policy.	o A.1 Newborn Metabolic Screening Program Policy o A.2 Newborn Blood Spot Screening Sample Collection Procedure o A.3 Newborn Blood Spot Screening Follow-Up Procedure	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014



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AHS	3.1 Operational policies, procedures, plans and training and informational materials related to NMS Program delivery must be submitted to AHW on request and AHW may request modifications to these documents.	<ul style="list-style-type: none"> ○ O.1 Alberta Health/AHS Partnership ○ O.2 Alberta Health/AHS Communication ○ O.3 Alberta Health/AHS Communication Pathways ○ O.4 NMS Program Annual Report for Alberta Health ○ O.5 Infant Investigations Requested by Alberta Health 	2.1	Alberta Health/AHS Partnership	July 16, 2012
AHS	3.2 AHW must be notified of any significant operational changes to the NMS Program in a timely manner.	<ul style="list-style-type: none"> ○ O.1 Alberta Health/AHS Partnership ○ O.2 Alberta Health/AHS Communication ○ O.3 Alberta Health/AHS Communication Pathways ○ O.4 NMS Program Annual Report for Alberta Health ○ O.5 Infant Investigations Requested by Alberta Health 	2.1	Alberta Health/AHS Partnership	July 16, 2012
AHS	4. Newborn Metabolic Screening is part of the health care services provided to infants born in Alberta.	<ul style="list-style-type: none"> ○ C.2 NMS Program Annual Report 2010-2011 	Action Planning, 2010: Newborn blood spot screening is part of postpartum care within AHS		
		<ul style="list-style-type: none"> ○ N.1 Alberta Health: 5-Year Health Action Plan 	Alberta Health Services and Alberta Health and Wellness' Joint 5-Year Health Action Plan – Becoming the Best		
AHS	4.1 AHS must make all reasonable efforts to screen all infants born in Alberta.	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014



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AHS	4.2 AHS must provide training to staff registering newborns in the Person Directory application, obtaining the screening samples and accessing the NMS Application.	o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014
		o D.1 Staff Education Resources	2.2	Staff Education	March 25, 2013
AHS	4.3 AHS must register infants born in Alberta in the Person Directory application through the "add newborn" function within 24 hours of birth.	o A.1 Newborn Metabolic Screening Program Policy	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014
AHS	5. Newborn metabolic screening is part of the standard of care that every baby born in Alberta receives. Parents/guardians must be informed about the nature and purpose of newborn metabolic screening.	o A.1 Newborn Metabolic Screening Program Policy o A.2 Newborn Blood Spot Screening Sample Collection Procedure	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014
		o E.1 Parent Information Sheets	2.5	Parent Information	March 19, 2013
AHS	5.1 The health professional taking the sample for screening or the primary care provider who is requisitioning the sample must inform the parent of the reason for the screen and provide information about the program before the sample is collected.	o A.1 Newborn Metabolic Screening Program Policy o A.2 Newborn Blood Spot Screening Sample Collection Procedure	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014
		o E.1 Parent Information Sheets	2.5	Parent Information	March 19, 2013



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AHS	6. If parents/guardians decline to have the newborn screen sample collected it is important that they are informed of the purpose of the test and the possible implications of refusing the screen.	o A.1 Newborn Metabolic Screening Program Policy o A.2 Newborn Blood Spot Screening Sample Collection Procedure	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014
		o E.1 Parent Information Sheets	2.5	Parent Information	March 19, 2013
AHS	6.1 Parents/guardians who decline the screening must be informed by the health professional arranging sample collection or the primary care provider who is treating the infant about the possible implications of the infant not being screened. Refusal of screening must be adequately documented by the health professional in accordance with direction from AHS' legal counsel.	o A.1 Newborn Metabolic Screening Program Policy o A.2 Newborn Blood Spot Screening Sample Collection Procedure	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014
		o E.1 Parent Information Sheets	2.5	Parent Information	March 19, 2013
AHS	7. Newborn metabolic screening applies to all disorders in the screening list; there is no option for selective screening.	o C.1 Newborn Metabolic Screening Initiative: Action Plan Report	Action Planning, 2010: Newborn blood spot screening consists of one screening panel and there is no option for selective screening		



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AHS	7.1 Parents/guardians who do not wish their child to be screened for all the disorders are therefore refusing the screen and must be immediately referred, by the health professional providing care, to their physician for follow up and the parents' decision must be documented.	o A.1 Newborn Metabolic Screening Program Policy o A.2 Newborn Blood Spot Screening Sample Collection Procedure	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014
		o E.1 Parent Information Sheets	2.5	Parent Information	March 19, 2013
AHS	7.2 Parents/guardians who accept screening and request additional testing for disorders not on the list should have the newborn's sample collected as per protocol and referred to their physician for any additional screening.	o A.1 Newborn Metabolic Screening Program Policy o A.2 Newborn Blood Spot Screening Sample Collection Procedure	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014
		o E.1 Parent Information Sheets	2.5	Parent Information	March 19, 2013
AHS	8. Screening will not be provided in cases where a physician advises that screening should not be done for a clinical reason.	o C.1 Newborn Metabolic Screening Initiative: Action Plan Report	Action Planning, 2010: Screening is not provided to infants when a physician advises it should not be done for a clinical reason		
AHS	8.1 It is the responsibility of AHS to obtain legal advice on how to respond to a physician who advises against screening and to document physician refusal of screening.	o A.1 Newborn Metabolic Screening Program Policy o A.2 Newborn Blood Spot Screening Sample Collection Procedure	1.1	Clinical Policy Suite Development	March 31, 2013
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AHS	9. If an infant is born in Alberta, AHS is responsible for obtaining the sample for newborn metabolic screening and for transporting samples to the NMS Lab within the specified timeframe.	o A.1 Newborn Metabolic Screening Program Policy	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014
AHS	9.1 AHS must collect initial samples from infants between 24 hours and 72 hours of age and as close to the 24 hours as reasonably possible.	o A.1 Newborn Metabolic Screening Program Policy o A.2 Newborn Blood Spot Screening Sample Collection Procedure o A.5 Newborn Blood Spot Screening Neonatal Intensive Care Unit or Special Care Nursery Guideline	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014
AHS	9.2 AHS must collect a repeat screen between three and six weeks of age for all infants who are in the neonatal intensive care	o A.5 Newborn Blood Spot Screening Neonatal Intensive Care Unit or Special Care Nursery Guideline	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014



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AHS	9.3 Samples must be taken according to the instructions provided by the NMS Laboratory.	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.2 Newborn Blood Spot Screening Sample Collection Procedure 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
AHS	9.4 The health professional taking the sample must fill out the NMS requisition completely and accurately.	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.2 Newborn Blood Spot Screening Sample Collection Procedure 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
AHS	9.5 AHS shall create, monitor and manage a province-wide system to deliver samples to the NMS Lab.	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.2 Newborn Blood Spot Screening Sample Collection Procedure 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
AHS	9.6 AHS must deliver samples to the NMS Lab within three days of sample collection.	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.2 Newborn Blood Spot Screening Sample Collection Procedure 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014



Table 2: 2010 Alberta Newborn Metabolic Screening Program Policy Document Standards and Sub-Standards: Cross Referenced with Evidence and Newborn Metabolic Screening Program Initiative Key Project					
Organization <small>*as per the 2010 AHW NMS Policy document</small>	Standards & Sub-standards <small>*as per the 2010 AHW NMS Policy document</small>	Evidence <small>(deliverables and outputs of Key Projects achieving the Standards and Sub-Standards)</small>	Key Project & Completion Date		
AHS	10. AHS is responsible for monitoring alerts in the NMS Application and ensuring appropriate actions are performed in accordance with AHW policies and standards.	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.3 Newborn Blood Spot Screening Follow-Up Procedure 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
		<ul style="list-style-type: none"> ○ H.3 Alert Distribution Process ○ H.4 Alert Distribution Daily Checklist ○ H.5 NMS Application Comment Coding Key 	1.3	Alert Distribution	March 31, 2012
AHS	10.1 NMS contacts must check the NMS Application for alerts and perform activities related to alert management every business day.	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.3 Newborn Blood Spot Screening Follow-Up Procedure 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
		<ul style="list-style-type: none"> ○ H.3 Alert Distribution Instructions ○ H.4 Alert Distribution Daily Checklist ○ H.5 NMS Application Comment Coding Key 	1.3	Alert Distribution	March 31, 2012



Table 2: 2010 Alberta Newborn Metabolic Screening Program Policy Document Standards and Sub-Standards: Cross Referenced with Evidence and Newborn Metabolic Screening Program Initiative Key Project					
Organization <small>*as per the 2010 AHW NMS Policy document</small>	Standards & Sub-standards <small>*as per the 2010 AHW NMS Policy document</small>	Evidence <small>(deliverables and outputs of Key Projects achieving the Standards and Sub-Standards)</small>	Key Project & Completion Date		
AHS	10.2 When an alert is posted, AHS must collect and submit a repeat sample within 4 days of the alert posting (except for increased tyrosine).	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.3 Newborn Blood Spot Screening Follow-Up Procedure ○ A.5 Newborn Blood Spot Screening Neonatal Intensive Care Unit or Special Care Nursery Guideline 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
		<ul style="list-style-type: none"> ○ H.3 Alert Distribution Instructions ○ H.4 Alert Distribution Daily Checklist 	1.3	Alert Distribution	March 31, 2012
AHS	10.3 In the case of increased tyrosine, AHS must collect and submit a repeat sample between 30 and 42 days of age.	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.3 Newborn Blood Spot Screening Follow-Up Procedure 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
		<ul style="list-style-type: none"> ○ H.3 Alert Distribution Instructions ○ H.4 Alert Distribution Daily Checklist 	1.3	Alert Distribution	March 31, 2012
AHS	10.4 AHS must implement a process for contacting families for screens and efforts to contact the family must be documented in the NMS Application.	<ul style="list-style-type: none"> ○ A.4 Newborn Blood Spot Screening Contacting Parents/ Guardians Guideline 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
		<ul style="list-style-type: none"> ○ H.3 Alert Distribution Instructions ○ H.4 Alert Distribution Daily Checklist 	1.3	Alert Distribution	March 31, 2012



Table 2: 2010 Alberta Newborn Metabolic Screening Program Policy Document Standards and Sub-Standards: Cross Referenced with Evidence and Newborn Metabolic Screening Program Initiative Key Project					
Organization <small>*as per the 2010 AHW NMS Policy document</small>	Standards & Sub-standards <small>*as per the 2010 AHW NMS Policy document</small>	Evidence <small>(deliverables and outputs of Key Projects achieving the Standards and Sub-Standards)</small>	Key Project & Completion Date		
AHS	10.5 AHS must implement a process for determining when it is appropriate to manually close alerts in the NMS Application (when efforts to collect the sample have been unsuccessful) and explanations for closing alerts must be documented in the NMS Application.	o A.1 Newborn Metabolic Screening Program Policy o A.3 Newborn Blood Spot Screening Follow-Up Procedure	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014
		o H.3 Alert Distribution Instructions	1.3	Alert Distribution	March 31, 2012
AHS	10.6 If the newborn has moved out of province, AHS shall notify a person responsible for NMS in the jurisdiction where the infant resides of the status of screening and document notification in the NMS Application.	o A.1 Newborn Metabolic Screening Program Policy o A.3 Newborn Blood Spot Screening Follow-Up Procedure	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014
		o H.3 Alert Distribution Instructions	1.3	Alert Distribution	March 31, 2012
AHS	11. AHS must designate a single laboratory as the provincial NMS Laboratory.	o C.1 Newborn Metabolic Screening Initiative: Action Plan Report	Action Planning, 2010: The NMS Lab in the UAH, Edmonton is the designated provincial AHS NMS Laboratory		
AHS	11.1 The NMS Laboratory is responsible for timely testing of all initial and repeat screens.	o A.1 Newborn Metabolic Screening Program Policy	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014



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Organization <small>*as per the 2010 AHW NMS Policy document</small>	Standards & Sub-standards <small>*as per the 2010 AHW NMS Policy document</small>	Evidence <small>(deliverables and outputs of Key Projects achieving the Standards and Sub-Standards)</small>	Key Project & Completion Date		
AHS	11.2 The NMS Lab must be fully operational on all business days. It must not be closed for more than two consecutive days.	o A.1 Newborn Metabolic Screening Program Policy	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014
		o P.1 NMS Lab 6-day Work Week Plan o P.2 NMS Lab staff and MD Lab staffing improvements o P.3 NMS and MD Lab equipment improvements	1.4	Lab Capacity	March 31, 2012
AHS	11.3 The NMS Laboratory must accurately record the date and time when a sample arrives in the NMS Laboratory.	o P.4 NMS Lab Standard Operating Procedures (SOPs)	1.4	Lab Capacity	March 31, 2012
AHS	11.4 The NMS Laboratory must enter a sample in the Laboratory Information System whenever possible on the day received and in any event within two days of arrival.	o A.1 Newborn Metabolic Screening Program Policy	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014
AHS	11.5 The NMS Laboratory must analyze samples whenever possible on the day received and in any event within two days of arrival.	o A.1 Newborn Metabolic Screening Program Policy	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014



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Organization <small>*as per the 2010 AHW NMS Policy document</small>	Standards & Sub-standards <small>*as per the 2010 AHW NMS Policy document</small>	Evidence <small>(deliverables and outputs of Key Projects achieving the Standards and Sub-Standards)</small>	Key Project & Completion Date		
AHS	11.6 The NMS Laboratory must check the NMS Application for alerts and perform activities related to alert management every business day.	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.3 Newborn Blood Spot Screening Follow-Up Procedure 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
AHS	11.7 Laboratory policies related to retention, security, access to, quality assurance and reporting of NMS samples must be submitted to AHW on request and AHW may request modifications to these documents.	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
		<ul style="list-style-type: none"> ○ O.1 Alberta Health/AHS Partnership ○ O.2 Alberta Health/AHS Communication ○ O.3 Alberta Health/AHS Communication Pathways 	2.1	Alberta Health/AHS Partnership	July 16, 2012
AHS	12. AHS must designate a single laboratory as the NMS Molecular Diagnostic Laboratory.	<ul style="list-style-type: none"> ○ C.1 Newborn Metabolic Screening Initiative: Action Plan Report 	Action Planning, 2010: The MD Lab in the UAH, Edmonton is the designated AHS NMS Molecular Diagnostic Laboratory		
AHS	12.1 The Molecular Diagnostic Laboratory is responsible for the DNA testing component of CF screening.	<ul style="list-style-type: none"> ○ C.1 Newborn Metabolic Screening Initiative: Action Plan Report 	Action Planning, 2010: The MD Lab in the UAH, Edmonton is responsible for the DNA testing component of CF screening within AHS		



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Organization <small>*as per the 2010 AHW NMS Policy document</small>	Standards & Sub-standards <small>*as per the 2010 AHW NMS Policy document</small>	Evidence <small>(deliverables and outputs of Key Projects achieving the Standards and Sub-Standards)</small>	Key Project & Completion Date		
AHS	13. The sample is collected only for the purpose of NMS screening for the newborn.	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.2 Newborn Blood Spot Screening Sample Collection Procedure 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
AHS	13.1 All research requests regarding access to NMS samples must be made in accordance with the requirements of the <i>Health Information Act</i> .	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
AHS	14. NMS Lab results must be reported to the: primary care provider as documented on the requisition; the birth facility; the NMS Application and the Electronic Health Record (EHR).	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
		<ul style="list-style-type: none"> ○ I.5 Information Flow Report 	3.4	Business Integration	March 25, 2013
AHS	14.1 The NMS Lab must issue an alert or have test results posted within four days of receipt of the sample (except for DNA testing for CF).	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014



Table 2: 2010 Alberta Newborn Metabolic Screening Program Policy Document Standards and Sub-Standards: Cross Referenced with Evidence and Newborn Metabolic Screening Program Initiative Key Project					
Organization <small>*as per the 2010 AHW NMS Policy document</small>	Standards & Sub-standards <small>*as per the 2010 AHW NMS Policy document</small>	Evidence <small>(deliverables and outputs of Key Projects achieving the Standards and Sub-Standards)</small>	Key Project & Completion Date		
AHS	14.2 The Molecular Diagnostic Laboratory must report CF DNA results on referred specimens to the NMS Lab. The NMS Lab must issue an alert or have test results posted for CF DNA results within 21 days of receipt of the sample.	o A.1 Newborn Metabolic Screening Program Policy	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014
AHS	14.3 AHS must report NMS Laboratory data electronically to the NMS Application in a format acceptable to AHW, and the delivery of the electronic messages must be monitored and any interruption to delivery identified, reported to AHW and resolved in a timely manner.	o I.5 Information Flow Report	3.4	Business Integration	March 25, 2013
AHS	15. All children with abnormal screen results must receive timely and appropriate referral for follow up and treatment.	o A.1 Newborn Metabolic Screening Program Policy o A.3 Newborn Blood Spot Screening Follow-Up Procedure	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014



Table 2: 2010 Alberta Newborn Metabolic Screening Program Policy Document Standards and Sub-Standards: Cross Referenced with Evidence and Newborn Metabolic Screening Program Initiative Key Project					
Organization <small>*as per the 2010 AHW NMS Policy document</small>	Standards & Sub-standards <small>*as per the 2010 AHW NMS Policy document</small>	Evidence <small>(deliverables and outputs of Key Projects achieving the Standards and Sub-Standards)</small>	Key Project & Completion Date		
AHS	15.1 AHS must establish protocols for referral and follow up for each of the disorders screened for in consultation with specialty clinics and AHW.	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.3 Newborn Blood Spot Screening Follow-Up Procedure 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
		<ul style="list-style-type: none"> ○ F.2 Congenital Hypothyroidism Resources 	2.7	Provider Information	March 19, 2013
AHS	15.2 The NMS Lab must report abnormal test results to primary care providers and specialty clinics in accordance with the AHS protocols for referral and follow up.	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.3 Newborn Blood Spot Screening Follow-Up Procedure 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
		<ul style="list-style-type: none"> ○ F.1 Condition Facts Sheets ○ F.2 Congenital Hypothyroidism Resources 	2.7	Provider Information	March 19, 2013
AHS	16. It is the responsibility of primary care providers and specialty clinics to follow up with families and provide timely assessment, diagnosis and treatment.	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.3 Newborn Blood Spot Screening Follow-Up Procedure 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
		<ul style="list-style-type: none"> ○ F.1 Condition Facts Sheets ○ F.2 Congenital Hypothyroidism Resources 	2.7	Provider Information	March 19, 2013



Table 2: 2010 Alberta Newborn Metabolic Screening Program Policy Document Standards and Sub-Standards: Cross Referenced with Evidence and Newborn Metabolic Screening Program Initiative Key Project					
Organization <small>*as per the 2010 AHW NMS Policy document</small>	Standards & Sub-standards <small>*as per the 2010 AHW NMS Policy document</small>	Evidence <small>(deliverables and outputs of Key Projects achieving the Standards and Sub-Standards)</small>	Key Project & Completion Date		
AHS	16.1 Primary care providers receiving notification of abnormal test results must follow up with the family and/or specialty clinic as appropriate or immediately notify the NMS Lab if unable to contact the family.	<ul style="list-style-type: none"> ○ F.2 Congenital Hypothyroidism Resources 	2.7	Provider Information	March 19, 2013
AHS	16.2 Specialty clinics must contact the family upon notification by the NMS Lab that there is no primary care provider, or one cannot be contacted, or upon request of the primary care provider.	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.3 Newborn Blood Spot Screening Follow-Up Procedure 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation 	1.2	Clinical Policy Suite Implementation	March 31, 2014
		<ul style="list-style-type: none"> ○ F.2 Congenital Hypothyroidism Resources 	2.7	Provider Information	March 19, 2013
AHS	16.3 Specialty clinics and physicians must provide diagnostic results (when available) to the NMS Lab for quality assurance purposes.	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.3 Newborn Blood Spot Screening Follow-Up Procedure 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation 	1.2	Clinical Policy Suite Implementation	March 31, 2014



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Organization <small>*as per the 2010 AHW NMS Policy document</small>	Standards & Sub-standards <small>*as per the 2010 AHW NMS Policy document</small>	Evidence <small>(deliverables and outputs of Key Projects achieving the Standards and Sub-Standards)</small>	Key Project & Completion Date		
AHS	17. The reporting and investigation of incidents must identify potential risks, actions required to prevent similar occurrences and opportunities for quality improvement.	o H.1 Patient Safety Overview	2.3	Patient Safety	March 27, 2013
		o J.1 Quality Management Framework	4.1	Quality Management	February 23, 2013
AHS	17.1 Any individual who knows or suspects of an incident must report the incident to the Alberta Health and Wellness NMS Program contact in a timely manner.	o A.1 Newborn Metabolic Screening Program Policy o A.3 Newborn Blood Spot Screening Follow-Up Procedure	1.1	Clinical Policy Suite Development	March 31, 2013
		o B.2 Clinical Policy Suite Implementation Communication	1.2	Clinical Policy Suite Implementation	March 31, 2014
		o H.1 Patient Safety Overview	2.3	Patient Safety	March 27, 2013
AHS	17.2 On request from AHW, the designated AHS senior executive responsible for NMS Program delivery must investigate incidents promptly and report outcome, recommendations and steps taken to AHW.	o H.1 Patient Safety Overview	2.3	Patient Safety	March 27, 2013
		o J.1 Quality Management Framework	4.1	Quality Management	February 23, 2013
AHW	17.3 AHW may perform its own investigation of incidents at its discretion.	N/A Responsibility of Alberta Health	N/A	N/A	N/A



Table 3: 2009 Newborn Metabolic Screening Program Audit Recommendations: Cross Referenced with Evidence and Newborn Metabolic Screening Program Initiative Key Project					
Audit Type	Recommendations <small>*as per correspondence between AHS and AHW dated July 29, 2009 and December 18, 2009</small>	Evidence <small>(deliverables and outputs of Key Projects achieving the Audit Recommendations)</small>	Key Project & Completion Date		
2009 Audit Review	1. Develop province-wide guidelines that address documentation standards related to NMS alerts	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.3 Newborn Blood Spot Screening Follow-Up Procedure 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
2009 Audit Review	2. Develop province-wide standards that address standard processes for confirming an informed parental refusal	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.2 Newborn Blood Spot Screening Collection Procedure ○ H.2 Refusal Form 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
2009 Audit Review	3. Develop province-wide guidelines that address standard processes for following up with out-of-province infants	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.3 Newborn Blood Spot Screening Follow-Up Procedure ○ A.4 Newborn Blood Spot Screening Contacting the Parents/Guardians Guideline 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014



Table 3: 2009 Newborn Metabolic Screening Program Audit Recommendations: Cross Referenced with Evidence and Newborn Metabolic Screening Program Initiative Key Project					
Audit Type	Recommendations <small>*as per correspondence between AHS and AHW dated July 29, 2009 and December 18, 2009</small>	Evidence <small>(deliverables and outputs of Key Projects achieving the Audit Recommendations)</small>	Key Project & Completion Date		
2009 Audit Review	4. Modify the NMS Database to ensure alignment with documentation standards and processes	<ul style="list-style-type: none"> ○ I.1 Business Overview ○ I.2 Newborn Blood Spot Screening Pathway Process Maps ○ I.3 Change Management Guide 	3.2	Business Functions	March 31, 2013
		<ul style="list-style-type: none"> ○ I.5 Information Flow Report 	3.4	Business Integration	March 25, 2013
2009 Audit Review	5. Investigate issues and options regarding transportation delays	<ul style="list-style-type: none"> ○ Q.1 Newborn Metabolic Screen Collection Project South Zone (Power Point Presentation presented to Steering Committee) 	4.2	Quality Improvement	February 23, 2013
2009 Audit Review	6. Investigate issues and options regarding the transfer of responsibility for follow-up from the local AHS zone to FNIHB, including issues with information sharing and the inability of nurses working in First Nations' communities to access the NMS Application database	<ul style="list-style-type: none"> ○ O.6 FNIHB/AHS Partnership 	2.9	FNIHB/AHS Partnership	January 9, 2013
2009 Audit Review	7. Investigate issues and options regarding collaboration with midwives regarding informed parental consent of NMS	<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014



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Audit Type	Recommendations <small>*as per correspondence between AHS and AHW dated July 29, 2009 and December 18, 2009</small>	Evidence <small>(deliverables and outputs of Key Projects achieving the Audit Recommendations)</small>	Key Project & Completion Date		
2009 Audit Review	8. Determine the need for ongoing in-servicing opportunities and further education of health care providers regarding process and documentation standards	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.2 Newborn Blood Spot Screening Sample Collection Procedure ○ A.3 Newborn Blood Spot Screening Follow-Up Procedure ○ A.4 Newborn Blood Spot Screening Contacting the Parents/Guardians Guideline ○ A.5 Newborn Blood Spot Screening Neonatal Intensive Care Unit or Special Care Nursery Guideline 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014
2009 Audit Review	9. Develop a quality improvement, quality assurance strategy	<ul style="list-style-type: none"> ○ J.1 Quality Management Framework 	4.1	Quality Management	February 23, 2013
Final Audit Report	10. Establish processes that support the collection of an initial NMS sample prior to discharge from hospital for infants living in remote areas	<ul style="list-style-type: none"> ○ A.1 Newborn Metabolic Screening Program Policy ○ A.2 Newborn Blood Spot Screening Sample Collection Procedure 	1.1	Clinical Policy Suite Development	March 31, 2013
		<ul style="list-style-type: none"> ○ B.2 Clinical Policy Suite Implementation Communication 	1.2	Clinical Policy Suite Implementation	March 31, 2014



Table 3: 2009 Newborn Metabolic Screening Program Audit Recommendations: Cross Referenced with Evidence and Newborn Metabolic Screening Program Initiative Key Project					
Audit Type	Recommendations <i>*as per correspondence between AHS and AHW dated July 29, 2009 and December 18, 2009</i>	Evidence <i>(deliverables and outputs of Key Projects achieving the Audit Recommendations)</i>	Key Project & Completion Date		
Final Audit Report	11. Enter discussions with the Alberta College of Physicians and Surgeons regarding the development of NMS Program resources to support physicians practicing in remote areas in providing follow-up care to infants who screen positive for a metabolic disorder	<ul style="list-style-type: none"> ○ F.2 Congenital Hypothyroidism Resources ○ F.3 Thank You Letter ASA Conference 2013 	2.7	Provider Information	March 19, 2013
Final Audit Report	12. Develop written resources for parents of infants who screens positive for a metabolic disorder	<ul style="list-style-type: none"> ○ E.1 Parent Information Sheets 	2.5	Parent Information	March 19, 2013

