



Neonatal NAS Initiative Webinar

Your line has been placed on mute. The webinar will begin shortly.

June 11, 2019

2:00-3:00pm



GaPQC Reminders



- Please send in your VON LMS Enrollment spreadsheets to Kaitlyn.Kopp@dph.ga.gov if you have not already done so
- VON will be emailing your Data Champions about the VON Day Audit



Neonatal Abstinence Syndrome

Reporting NAS in Georgia

SendSS NAS Module Demonstration

Georgia Perinatal Quality Collaborative / A. Elise Barnes, MPH / June 11, 2019

Outline

- NAS Data Sources
- Reporting NAS
- How to Report: Demonstration of SendSS NAS Reporting Module
- Examples of NAS Reports
- Feedback/Questions on NAS Module
- Supplemental Information
 - Other Scenarios you Might Encounter
 - Tools and Features
 - Best Practices

NAS Data Sources

Hospital Discharge Data

- Administrative dataset using ICD-10-CM codes applied to a medical record by coders at discharge
- Pros:
 - Statewide
 - Codes should be used consistently
 - Capture cases not reported through SendSS
- Cons:
 - In practice, coding might be inconsistent across facilities and individuals
 - No additional information about substance type or signs/symptoms available
 - De-identified data → hard to link to other data sources (e.g., birth certificates)
 - “Unique” identifier assigned during data cleaning might not be unique

SendSS NAS Reporting Module

- Reports submitted in the State Electronic Notifiable Disease Surveillance System (SendSS)
- Pros:
 - Collects information not provided by HDD (e.g., maternal history, signs/symptoms, infant toxicology results)
 - Requires **intent**, so cases not accidentally reported
 - Reportable condition by Georgia law (O.C.G.A. § 31-12-2)
- Cons:
 - Inconsistency in how cases are **identified** and **reported**
 - Information is frequently **missing**
 - Burden on reporters

Reporting NAS

Who? What? When?

Who?

Any neonate with:

- Signs/symptoms consistent with NAS AND/OR
- Positive toxicology (for any substance)

What?

- Maternal and infant demographics
- Maternal substance use/abuse history
- Signs/symptoms
- **All** infant toxicology results

When?

- Reportable within **30 days** of identification

Legislation

House Bill 249 (effective July 1, 2017) modified the Official Code of Georgia Annotated Section 31-12-2 to read:

*The department shall require **notice and reporting of incidents of neonatal abstinence syndrome**. A health care provider, coroner, or medical examiner, or any other person or entity the department determines has knowledge of diagnosis or health outcomes related, directly or indirectly, to neonatal abstinence syndrome **shall report incidents** of neonatal abstinence syndrome to the department. The department shall **provide an annual report** to the President of the Senate, the Speaker of the House of Representatives, the chairperson of the House Committee on Health and Human Services, and the chairperson of the Senate Health and Human Services Committee. Such annual report shall include any department **findings and recommendations** on how to reduce the number of infants born with neonatal abstinence syndrome.*

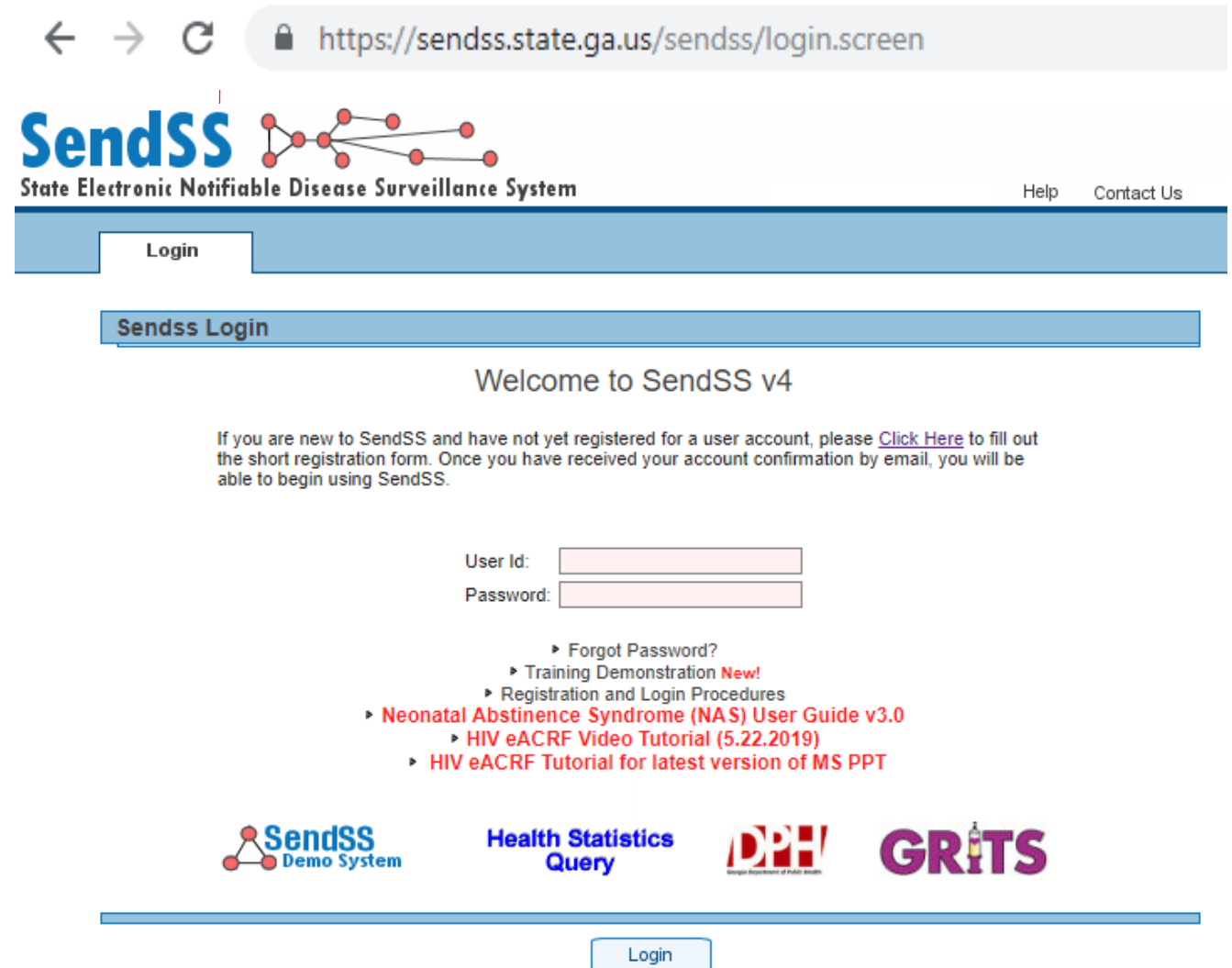
Why Do NAS Surveillance?

- Case identification
- Estimate burden
- Inform programmatic interventions
 - Recommendations for prevention
 - Monitor treatment
 - Allocation of funds (Vermont Oxford Network)
- ***We could not do this without you!***

SendSS Demonstration

State Electronic Notifiable Disease Surveillance System

- Online platform for notifiable disease reporting
- NAS-specific module
- <https://sendss.state.ga.us/sendss/login.screen>



The screenshot shows the web browser address bar with the URL <https://sendss.state.ga.us/sendss/login.screen>. The page header includes the SendSS logo (State Electronic Notifiable Disease Surveillance System) and navigation links for Help and Contact Us. A blue navigation bar contains a 'Login' button. Below this is a 'Sendss Login' section with the heading 'Welcome to SendSS v4'. A message informs new users that they must register first, with a link to 'Click Here' for the registration form. The login form consists of two input fields: 'User Id:' and 'Password:'. Below the form are several links: 'Forgot Password?', 'Training Demonstration New!', 'Registration and Login Procedures', 'Neonatal Abstinence Syndrome (NAS) User Guide v3.0', 'HIV eACRF Video Tutorial (5.22.2019)', and 'HIV eACRF Tutorial for latest version of MS PPT'. The footer contains logos for SendSS Demo System, Health Statistics Query, DPH (Georgia Department of Public Health), and GRITS. A 'Login' button is also present at the bottom center of the page.

New SendSS User

New users can register for an account by selecting "Click Here" on login homepage

SendSS State Electronic Notifiable Disease Surveillance System

Help Contact Us

Login

SendSS Login

Welcome to SendSS v4

If you are new to SendSS and have not yet registered for a user account, please [Click Here](#) to fill out the short registration form. Once you have received your account confirmation by email, you will be able to begin using SendSS.

User Id:

Password:

- ▶ Forgot Password?
- ▶ Training Demonstration **New!**
- ▶ Registration and Login Procedures
- ▶ Neonatal Abstinence Syndrome (NAS) User Guide v3.0
- ▶ HIV eACRF Video Tutorial (5.22.2019)

SendSS Demo System Health Statistics Query DPH Georgia Department of Public Health GRITS

Login

Enter required information

SendSS State Electronic Notifiable Disease Surveillance System

Help Contact Us

Login

Registration Form

Personal Information

Please select an Id you can easily remember. Examples: Name: John Smith UserId: jsmith1960
Name: William B Hartsfield UserId: willyB

User Id

Password

User Information

First Name

Last Name

E-Mail Address

Phone Ext

Fax Number

Pager Number

Title
Choose One

Enter Title if not in list

Please choose your type of organization from the list below. Once your type is selected, select your organization. If you can not find your organization, please select "Enter New Organization" in the "Organization" drop down box.

Type of Organization

Organization

Tips for SendSS Registration

- Select a username you can remember and write it down
- Choose a password you can remember, but others cannot easily guess
 - Password must be at least 8 characters and include one uppercase, one lowercase, and one number
- Don't forget to list your phone extension if you have one
- For organization type, most NAS reporters will select "Hospital"
 - Then select your facility from the drop-down list under "Organization"
 - After selecting the facility, SendSS will auto-populate the address, which is not editable

New SendSS User (cont.)

- Check “Neonatal Abstinence Syndrome (NAS) Reporting” to register for the module
- Check department(s) where you work

Access Required

SendSS Newborn

Birth Defects Reporter **New!** *Choose this if you are a reporter of Birth Defects for your organization*

General Notifiable User Syndromic Surveillance TB User

STD User

HIV USER HIV FIELD USER HIVADMIN

STD Case Management **Public Health Workers Only**

Lead User Varicella User HL7-Cancer Registry

Survey User Ga Birth Defects File Transfer Immunization Assessment System

RevMaxx File Check GPLH File Transfer BCW Providers

EMS IMS Vital Records IISS On Call User

Central Intake Data System Animal Bite Module Employee Database Administrator

Neonatal Abstinence Syndrome (NAS) Reporting **New!**

Please select the department you belong to, for which you will be reporting the NAS Module

Labor & Delivery Postpartum NICU/ Nursery Women's Services Perinatal Services Other

Safe To Sleep Campaign (S2S) **New!**

Nurse Database

Data Request Database

AP Database

Grants Tracking

Low THC Oil Registry

Ga Public Health Calendar

Progress Check


Maternal Mortality Report

UpToDate Admin *(Only check this box if you need Admin privileges for your district. If you need regular UpToDate access, please visit - <https://sendss.state.ga.us/sendss!/uptodate.login>)*

Car Seat User Admin *(Only check this box if you need Admin privileges for your region. If you need regular (grantee) Car Seat Monthly Reporting access, please visit - <https://sendss.state.ga.us/sendss!/carseat.login>)*

New SendSS User (cont.)

- Fill in whether you will be the sole reporter for your facility. If you are unsure, click "Unknown."
- After you answer the remaining questions, click "Save"

 **Supporting Information for Access**

Are you the only person from your organization using SENDSS ? Yes No Unknown

Has your organization had formal SENDSS training? Yes No Unknown

How did you hear about SENDSS?

Save

New SendSS User (cont.)

Screen once registration is completed.

Request will be reviewed, and access granted shortly after registration.

Sendss Login

Welcome to SendSS v4

If you are new to SendSS and have not yet registered for a user account, please [Click Here](#) to fill out the short registration form. Once you have received your account confirmation by email, you will be able to begin using SendSS.

Thank you for taking the time to register. An email will be sent to you once you have been approved. If you use an email filter, please add sendssupport@dhr.state.ga.us to your approved list.

User Id:

Password:

- ▶ [Forgot Password?](#)
- ▶ [Training Demonstration **New!**](#)
- ▶ [Registration and Login Procedures](#)
- ▶ [Neonatal Abstinence Syndrome \(NAS\) User Guide](#)

Login

Login to SendSS

SendSS
State Electronic Notifiable Disease Surveillance System

Help Contact Us

Login

Sendss Login

Welcome to SendSS v4

If you are new to SendSS and have not yet registered for a user account, please [Click Here](#) to fill out the short registration form. Once you have received your account confirmation by email, you will be able to begin using SendSS.

User Id:

Password:

[Forgot Password?](#)

[Training Demonstration **New!**](#)

[Registration and Login Procedures](#)

[Neonatal Abstinence Syndrome \(NAS\) User Guide v3.0](#)

[HIV eACRF Video Tutorial \(5.22.2019\)](#)

SendSS Demo System

Health Statistics Query

DPH
Georgia Department of Public Health

GRITS

Login

- Select “I agree with this statement”

SendSS
State Electronic Notifiable Disease Surveillance System

Help Contact Us

Sendss Privacy Statement

This system will allow persons authorized by DHR to access protected health information about individuals for reporting and treatment purposes. This information is entitled to significant privacy protections under federal and state law. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits a covered entity to use and disclose protected health information without written authorization if the use or disclosure is for treatment, payment, or health care operations. However, HIPAA requires covered entities to have in place appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information. The disclosure of this information to unauthorized persons or for unauthorized purposes is prohibited without the written consent of the person who is the subject of the information, unless specifically permitted by federal or state law. Unauthorized disclosures of this information may result in significant criminal or civil penalties, as well as punishment up to and including the termination of employment. Failure to properly logout of SENDSS can result in an unauthorized disclosure. Any unauthorized disclosures will be investigated promptly and thoroughly prosecuted.

Agreeing with the Privacy Statement confirms your status as an authorized SENDSS user who is accessing the database only for reporting and treatment purposes. Agreeing with the Privacy Statement also confirms that as an authorized SENDSS user you will reasonably safeguard protected health information from any use or disclosure that is in violation of the Privacy Statement or state and federal law.

Source: HIPAA, 45 CFR §§ 164.502, 164.506, 164.530.

[I agree with this statement](#)

[I disagree with this statement](#)

Home Screen Login Notes

- “Help” = Link to a document about features in SendSS
- “Contact Us” = Will send an internal message to SendSS Support team
- NAS User Guide v3.0 for case reporting link is on the SendSS login page, which might be helpful if you haven’t looked at it already; however, this guide is slightly outdated.
 - Due to this, **please follow the best practices, recommendations, and guidelines provided here** over any contrary directions found in the reporting guide
 - We are currently updating the NAS User Guide and will post it once completed

Login Notes Cont.

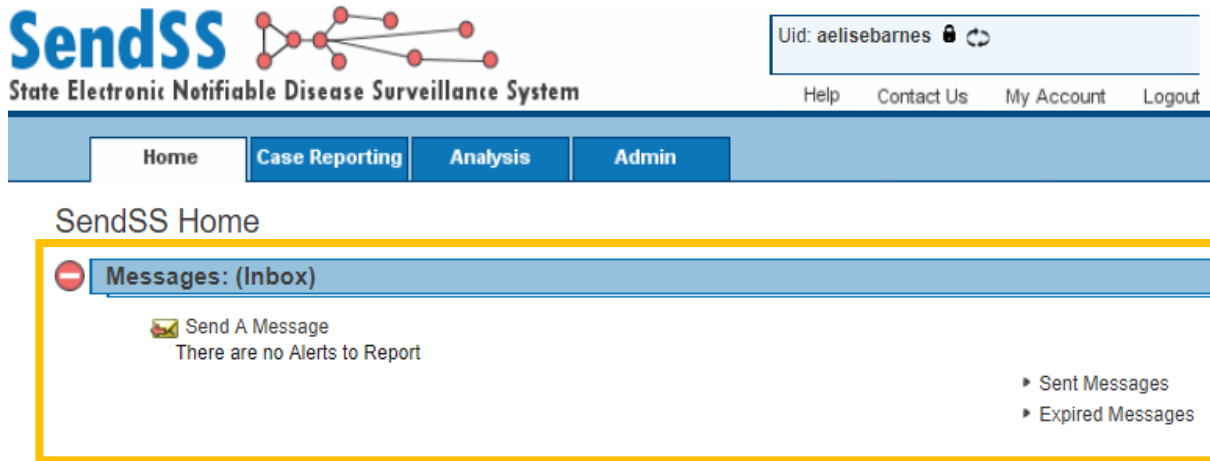
- Passwords expire every three months
 - At next login after the password expiration date, follow prompts to update password
- Click “Forgot Password?” and follow instructions for password reset
 - Account will lock after three failed login attempts, so reset password prior to being locked out
- If account is inactive for three months, it will be temporarily locked
 - **Tip: Set a monthly calendar reminder to login to SendSS** to prevent account from being locked and from missing any messages you may have received
- If your account is locked for any reason, manual intervention by the SendSS Support team is required
 - To contact SendSS Support, send an email to SendSS.Support@dph.ga.gov

Report NAS Cases

- Home screen once logged in
- Messages* will appear here

To report a case

- Hover over "Case Reporting" tab
- Select "Report/Update Case"



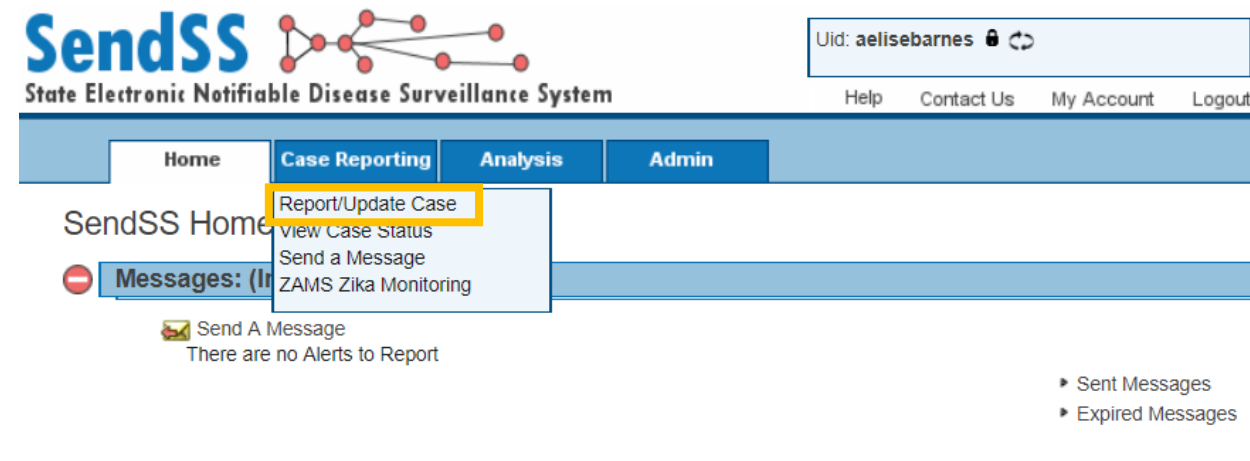
SendSS Home

Messages: (Inbox)

Send A Message
There are no Alerts to Report

▶ Sent Messages
▶ Expired Messages

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SendSS Home

Case Reporting

Report/Update Case
View Case Status
Send a Message
ZAMS Zika Monitoring

Messages: (Inbox)

Send A Message
There are no Alerts to Report

▶ Sent Messages
▶ Expired Messages

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Patient Search Screen

- Enter **maternal** demographic information into search screen
- Select NAS as “Disease/Diagnosis”
- Date of onset*:
 - Date infant began showing signs or symptoms (s/s) OR
 - Date of positive infant toxicology§
- Click “Search”

SendSS State Electronic Notifiable Disease Surveillance System

Uid: aelizebarnes

Help Contact Us My Account Logout

Home Case Reporting Analysis Admin

Patient Search

Patient Search Criteria

Please enter patient Id or Last Name to begin your search. Fields marked ● are mandatory

Last Name: Test First Name: Aebtest Middle Name:

Nickname (AKA): Search on nickname only

Date of Birth (mm/dd/yyyy): 01/01/2000 Sex: Female SSN: --

Disease Information

Select the Disease/Diagnosis you are reporting and to the best of your knowledge, the Date of Onset (If you don't know the Date of Onset, please use Lab Date); when finished, click Search.

Disease/Diagnosis: Neonatal Abstinence Syndrome (NAS)

Date of Onset (mm/dd/yyyy): 01/01/2019

Choose One: Neonatal Abstinence Syndrome (NAS)

Abstinence Syndrome(NAS) Reporting

PLEASE NOTE: the new NAS report form was implemented on January 1, 2018. Please refer to the User Guide ([link](#)) or contact the State NAS Coordinator if you have questions. Please double check you have filled in only the Mother's Information in the Patient Search Criteria before clicking on Search.

Search

*Cannot edit the date of onset after entering it in this initial search screen, so please make sure it is correct to the best of your knowledge.

§Should use the **date the specimen was collected**, not the date the positive toxicology results were received.

Patient Search Results

- If editing an existing case or reporting a new child for a previously entered mother*, select the mother by clicking on her name
- If the mother you are searching for is not found, select "Create New Patient"

Patient Search Results: Following patients located

Patient Search Criteria

Last Searched For:
 Last Name: Test First Name: Aebtest Middle Name: Nick Name:
 Gender: Female Date of Birth: 01-01-2000 SSN: --

Disease Information

Disease Information for this Report:
 Disease: Neonatal Abstinence Syndrome (NAS) Date of Onset: 01-01-2019

Patient Search Results

Your search returned the following (125) patients based on your search criteria. If one of these individuals is your patient, select their name to proceed. If you wish to create a new patient, click the "Create New Patient" link below.

Page: 1 2 3 4 5 6

[Create New Patient](#)

Name	Date of Birth	Sex	Street Address	City	Updated	Rank
Test, Aebtest	01-01-2000	Female	2 Peachtree Street Nw, Suite 14-416	Atlanta	05-24-2019	
Test, Aebtest2	01-01-2000	Female	2 Peachtree Street Nw, Suite 14-416	Atlanta	05-15-2019	
Test, Aebtest3	01-01-2000	Female	2 Peachtree Street Nw, Suite 14-416	Atlanta	05-15-2019	
Test, Ashley		Unknown		Unknown	05-24-2016	
Test, Test	01-01-1970	Female	123456	Unknown	05-13-2015	
Test, Test	08-20-1954	Female	1111	Savannah	11-29-2011	
Test, Test	03-19-1900	Female	Street Address Opt	Unknown	10-25-2016	
Test, Test		Unknown		Unknown	02-09-2010	
Test, Test		Unknown		Unknown	01-26-2011	
Test, Test	01-01-1970	Female		Unknown	12-06-2017	
Test, Test		Unknown		Unknown	07-17-2018	
Test, Test	10-10-1964	Female	Unknown	Unknown	03-08-2016	
Test, Test		Unknown		Unknown	02-04-2014	
Test, Test	05-28-1984	Unknown		Unknown	05-27-2014	
Test, Test		Unknown		Unknown	06-19-2014	
Test, Test	05-28-1984	Female	Test	Atlanta	08-15-2018	
Test, Test	02-22-1989	Female		Unknown	09-24-2018	
Test, Theresa	05-13-1966	Female		Unknown	04-02-2018	
Test100, Test	01-01-1970	Female	Astreeet	Alexander	01-05-2016	
Test, Abg	10-10-1931	Female	2879 Benjamin Lane	Atlanta	01-02-2018	
Test, Afm		Unknown		Unknown	11-07-2018	
Test, Bethany	08-02-1986	Female		Unknown	07-16-2015	
Test, Harrison	03-03-2012	Unknown		Unknown	09-06-2013	
Test, Julie		Female		Unknown	10-01-2001	
Test, Lab	02-02-1974	Female		Unknown	02-23-2018	

next ▶

Search

*For information about updating an existing case or reporting a new child for a previously entered mother, see the supplementary slides

Entering a New Case

- Enter all available maternal demographic information
- Select “Add New Child” under NAS Reporting

SendSS State Electronic Notifiable Disease Surveillance System

Uid: aelisebarnes Help Contact Us My Account Logout

Home Case Reporting Analysis Admin

Neonatal Abstinence Syndrome (NAS) Report Form

Mother Demographics

Last Name: Test	First Name: Aebtest	Middle Name:	Maiden Name:
Zip:	County:	City:	State: GA
Street Address:	Phone:	Date of Birth:	Medrec:
Race: Choose One		Ethnicity: Choose One	

NAS Reporting

Add New Child

Save

Fields in Reporting Module

Enter the infant's demographic information as completely as possible

NAS Reporting Record - 1

Reported By : aelisebarnes

Last Updated By : NA on NA

Infant Demographics

Last Name: ●

First Name:

Middle Name:

Gender: ●

Gestational Age at Birth: ●

Weeks: Days:

Date of Birth: ●

/ /

Infant Control#:

Medical Rec#:

Fields in Reporting Module (cont.)

- Module captures information about maternal health history during **current** pregnancy
 - Maternal history source
 - If mother was receiving MAT or supervised pain therapy
 - Substance use during current pregnancy (rx and non-rx)
- Complete this section to best of ability using information available in mother's record

Maternal History for Current Pregnancy.

Maternal History Source (select all that apply): ●

<input type="checkbox"/> Direct from Patient/Family	<input type="checkbox"/> Medical Record
<input type="checkbox"/> Maternal Toxicology	<input type="checkbox"/> PDMP
<input type="checkbox"/> Maternal History Unknown	<input type="checkbox"/> Other

Maternal Substance test done? Yes No Unknown

Alcohol Use: Yes No Unknown

Tobacco use: Yes No Unknown

Is mother on supervised Medication Assisted Treatment (RX) ? Yes No Unknown

Is mother on supervised pain therapy (Rx) ? Yes No Unknown

Is mother Tx for psychiatric/neuro condition (Rx) ? Yes No Unknown

Please list the substances (Rx or non-Rx) that mother was using during the current pregnancy.

Antidepressants: Yes No Unknown

Cannabinoids: Yes No Unknown

Depressants: Yes No Unknown

Stimulants: Yes No Unknown

Prescription Opioids: Yes No Unknown

Illicit Opioids: Yes No Unknown

Synthetic and New Psychoactive substances: Yes No Unknown

Other Substances: Yes No Unknown

Comments/Notes:

Fields in Reporting Module (cont.)

- All of these fields should be fully completed
- Information in this section includes:
 - Reporting/birth hospital
 - Twin gestation
 - Why infant was assessed for NAS
 - Standard scoring tool
 - Signs/symptoms

NAS Reporting

Type of Setting for this report: Hospital of Birth Outpatient Facility Infant received as a transfer (not the hospital of birth) Readmitted Infant

Infant's Birth Facility: (Check box if same Reporting Facility) Reporting Facility:

Choose One Choose One

Is this a multiple birth? Yes No

Why was infant assessed for substance exposure? (select all that apply)

No Prenatal care
 Minimal/late Prenatal care
 Maternal Substance use history
 Maternal Intoxication
 Other

Were infant's clinical symptoms assessed using a standardized NAS scoring tool?

Yes No Unknown Other

Infant with clinical signs consistent with NAS: Yes No

Supporting Information (select all symptoms that apply):

Tremors Hyperirritability Excessive Crying Diarrhea
 Vomiting Blotchy Skin Coloring Excessive Sucking Sweating
 Hyperactive Reflexes Seizures Poor ability or inability to feed
 No Symptoms Fever/ Temperature Instability Other

Fields in Reporting Module (cont.)

- To enter substance test results for the infant, select "Add New Sample"
- Select specimen type, date of collection, which substances were tested for, results of the test (both positive and negative)
- If prescribed to mother during pregnancy, check the prescribed box
- If substance is not listed, select "Other" and write substance into free-text box that appears
- Results for each specimen type must be saved separately prior to saving the entire report*

Infant Lab Result
None Entered

Add New Sample

Sample Record for Infant

Specimen source : Urine Meconium Umbilical Cord Hair

Date Sample was Tested (mm/dd/yyyy) : / /

Select all substances included in the lab test and enter result :

Substance Name	Test Status	Prescribed?
<input type="checkbox"/> Amphetamines (Adderall, Desoxyn, Dexedrine, Dextrostat)		
<input type="checkbox"/> Barbituates (Luminal, Phenobarbital, Seconal)		
<input type="checkbox"/> Benzodiazepines (Alprazolam, Ativan, Valium, Xanax)		
<input type="checkbox"/> Cocaine Metabolites		
<input type="checkbox"/> Ethyl Alcohol		
<input type="checkbox"/> Marijuana/Cannabinoid/THC		
<input type="checkbox"/> MDMA		
<input type="checkbox"/> Methamphetamines (Meth, Chrystal, Chalk, Ice)		
<input type="checkbox"/> Opiate - Buprenorphine (Suputex or Suboxone)		
<input type="checkbox"/> Opiate - Codeine		
<input type="checkbox"/> Opiates - Fentanyl		
<input type="checkbox"/> Opiates - Heroin/6-MAM		
<input type="checkbox"/> Opiates - Morphine		
<input type="checkbox"/> Opiates - Meperidine		
<input type="checkbox"/> Opiates - Methadone		
<input type="checkbox"/> Opiates - Hydrocodone/Hydromorphone		
<input type="checkbox"/> Opiates - Oxycodone/Oxymorphone		
<input type="checkbox"/> Opiates - Unspecified		
<input type="checkbox"/> Opiates - Propoxyphene		
<input type="checkbox"/> Opiates - Tramadol		
<input type="checkbox"/> Phencyclidene (PCP)		
<input type="checkbox"/> Tricyclic Antidepressants		
<input type="checkbox"/> Other		

Comments/Notes:

Close Save

*If more than one substance test was done, please enter information from each test, including both positive and negative results. Save the results of the first specimen/test before adding another sample by selecting "Add New Sample" and following the same process.

Fields in Reporting Module (cont.)

- Medications used to treat the infant
- Case reported to DFCS and/or referred to Children 1st

Medications (Mark any medications used to treat infant)

None:

Yes	No		Yes	No	
<input type="radio"/>	<input type="radio"/>	Clonidine	<input type="radio"/>	<input type="radio"/>	Methadone
<input type="radio"/>	<input type="radio"/>	Phenobarbital	<input type="radio"/>	<input type="radio"/>	Morphine

(List all drugs not in the above list)

Other:

Date first med started (mm/dd/yyyy) / /

Time first med started (hh:mm) :

Disclaimer

Have you reported this child to the Division of Family and Children Services as required by Georgia's mandatory reporting statute § O.C.G.A 19-7-5? Yes No

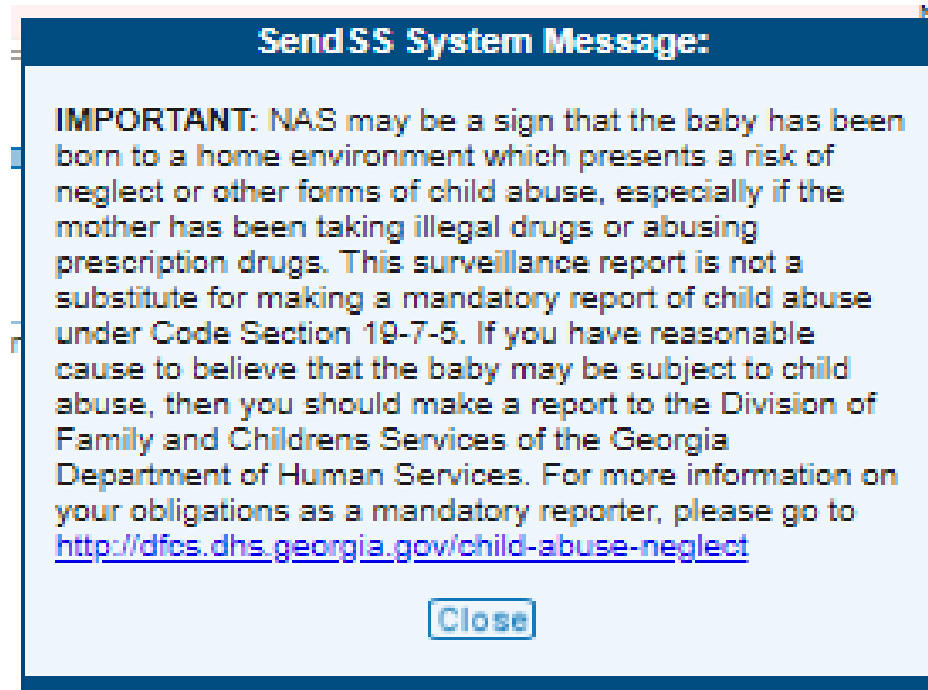
Have you referred this infant to Children 1st? Yes No

Submitted by: aelisebarnes Ref: 29725 / 1

You **must** select "Save NAS Record #1" first, then select "Save" at the bottom of the report

Fields in Reporting Module (cont.)

If the case was properly saved, this SendSS system message will be generated.



Example Reports

Example 1: Complete

- Maternal and infant demographic information is as complete as possible
- Enter infant's first name and gestational age in days and weeks, if available
- Including medical record numbers and mother's maiden name is helpful

SendSS State Electronic Notifiable Disease Surveillance System

Uid: aelisebarnes

[Help](#) [Contact Us](#) [My Account](#) [Logout](#)

[Home](#) [Case Reporting](#) [Analysis](#) [Admin](#)

Neonatal Abstinence Syndrome (NAS) Report Form

Mother Demographics

Last Name: First Name: Middle Name: Maiden Name:

Zip: County: City: State:

Street Address: Phone: Date of Birth: / / Medrec:

Race: Ethnicity:

NAS Reporting

Reporting Date	Reporting Facility	Birth Facility	Symptoms	NAS Signs
15-May-19	Archbold Memorial Hospital	Archbold Memorial Hospital	Tremors	Yes

NAS Reporting Record - 1

Reported By: aelisebarnes Last Updated By: aelisebarnes on 15-MAY-19

Infant Demographics

Last Name: First Name: Middle Name: Gender:

Gestational Age at Birth: Weeks Days Date of Birth: / / Infant Control#: Medical Rec#:

Example 1: Complete (cont.)

- Options were selected for each question and responses correspond
- If unknown, then "Unknown" selected
- If "Yes" checked for the substances used, more detail was provided
- Helpful to include:
 - Date** of positive screen if known or **time frame** of reported use
 - Specific substance** tested positive for (e.g., if stimulants checked "Yes", then specify "UDS+ for cocaine on date")
 - If the substance was **prescribed**
 - Any **additional notes** for clarity

Maternal History for Current Pregnancy

Maternal History Source (select all that apply):

Direct from Patient/Family Medical Record
 Maternal Toxicology PDMP
 Maternal History Unknown Other

Maternal Substance test done? Yes No Unknown

Alcohol Use: Yes No Unknown

Tobacco use: Yes No Unknown

Is mother on supervised Medication Assisted Treatment (RX)? Yes No Unknown

Is mother on supervised pain therapy (Rx)? Yes No Unknown

Is mother Tx for psychiatric/neuro condition (Rx)? Yes No Unknown

Please list the substances (Rx or non-Rx) that mother was using during the current pregnancy

Antidepressants: Yes No Unknown

Cannabinoids: Yes No Unknown If yes, describe: UDS + 9/1/18

Depressants: Yes No Unknown

Stimulants: Yes No Unknown

Prescription Opioids: Yes No Unknown If yes, describe: MAT (methadone)

Illicit Opioids: Yes No Unknown

Synthetic and New Psychoactive substances: Yes No Unknown

Other Substances: Yes No Unknown

Comments/Notes: Maternal UDS + for THC 9/1/18, stated she has stopped smoking since, subsequent UDS all negative except for methadone (prescribed)

Example 1: Complete (cont.)

- All sections were complete
- Responses corresponded
- If "Other" was selected, corresponding free-text was entered

NAS Reporting

Type of Setting for this report: Hospital of Birth Infant received as a transfer (not the hospital of birth)
 Outpatient Facility Readmitted Infant

Infant's Birth Facility: (Check box if same Reporting Facility) Reporting Facility:
Archbold Memorial Hospital Archbold Memorial Hospital

Is this a multiple birth? Yes No

Why was infant assessed for substance exposure? (select all that apply)

No Prenatal care
 Minimal/late Prenatal care
 Maternal Substance use history
 Maternal Intoxication
 Other

Were infant's clinical symptoms assessed using a standardized NAS scoring tool?
 Yes No Unknown Other

Infant with clinical signs consistent with NAS: Yes No

Supporting Information (select all symptoms that apply):

<input checked="" type="checkbox"/> Tremors	<input type="checkbox"/> Hyperirritability	<input type="checkbox"/> Excessive Crying	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Blotchy Skin Coloring	<input type="checkbox"/> Excessive Sucking	<input type="checkbox"/> Sweating
<input checked="" type="checkbox"/> Hyperactive Reflexes	<input type="checkbox"/> Seizures	<input type="checkbox"/> Poor ability or inability to feed	
<input type="checkbox"/> No Symptoms	<input type="checkbox"/> Fever/ Temperature Instability	<input checked="" type="checkbox"/> Other	

Sneezing, nasal stuffiness

Example 1: Complete (cont.)

- Both specimen types were entered and saved
- Positive and negative substance test results were reported
- Prescribed checkbox selected* and corresponds to previous information
- Note: summary view of substance results does not properly align with expanded view

Infant Lab Result				
Sample Date	Sample Used	Substance	Test Status	Prescribed?
02-JAN-19	Meconium	Amphetamines	Negative	Yes
		Benzodiazepines	Negative	
		Cocaine	Positive	
		Cannabinoid	Negative	
		Opiates - Methadone	Negative	
		Opiates - Unspecified	Negative	
01-JAN-19	Urine	Amphetamines	Negative	
		Cocaine	Negative	
		MDMA	Positive	
		Opiates - Unspecified	Negative	
		Phencyclidene (PCP)	Negative	

Add New Sample

Infant Lab Result				
Sample Date	Sample Used	Substance	Test Status	Prescribed?
02-JAN-19	Meconium	Amphetamines Benzodiazepines Cocaine Cannabinoid Opiates - Methadone Opiates - Unspecified Phencyclidene (PCP)	Negative Negative Positive Negative Negative Negative Positive	Yes

Sample Record for Infant

Specimen source : Urine Meconium Umbilical Cord Hair

Date Sample was Tested (mm/dd/yyyy) : 01/02/2019

Select all substances included in the lab test and enter result :

Substance Name	Test Status	Prescribed?
<input checked="" type="checkbox"/> Amphetamines (Adderall, Desoxyn, Dexedrine, Dextrostat)	Negative	<input type="checkbox"/>
<input type="checkbox"/> Barbituates (Luminal, Phenobarbital, Seconal)	Negative	<input type="checkbox"/>
<input checked="" type="checkbox"/> Benzodiazepines (Alprazolam, Ativan, Valium, Xanax)	Negative	<input type="checkbox"/>
<input checked="" type="checkbox"/> Cocaine Metabolites	Negative	<input type="checkbox"/>
<input type="checkbox"/> Ethyl Alcohol		
<input checked="" type="checkbox"/> Marijuana/Cannabinoid/THC	Positive	<input type="checkbox"/>
<input type="checkbox"/> MDMA		
<input type="checkbox"/> Methamphetamines (Meth, Chrystal, Chalk, Ice)		
<input type="checkbox"/> Opiate - Buprenorphine (Suputex or Suboxone)		
<input type="checkbox"/> Opiate - Codeine		
<input type="checkbox"/> Opiates - Fentanyl		
<input type="checkbox"/> Opiates - Heroin/6-MAM		
<input type="checkbox"/> Opiates - Morphine		
<input type="checkbox"/> Opiates - Meperidine		
<input checked="" type="checkbox"/> Opiates - Methadone	Positive	<input checked="" type="checkbox"/>
<input type="checkbox"/> Opiates - Hydrocodone/Hydromorphone		
<input type="checkbox"/> Opiates - Oxycodone/Oxymorphone		
<input checked="" type="checkbox"/> Opiates - Unspecified	Negative	<input type="checkbox"/>
<input type="checkbox"/> Opiates - Propoxyphene		
<input type="checkbox"/> Opiates - Tramadol		
<input checked="" type="checkbox"/> Phencyclidene (PCP)	Negative	<input type="checkbox"/>
<input type="checkbox"/> Tricyclic Antidepressants		
<input type="checkbox"/> Other		

Comments/Notes:

*Reminder that the prescribed checkbox under infant substance test results refers to a medication/drug **prescribed to the mother** during the current pregnancy

Example 1 (cont.)

- A selection was made for medications to treat
- Corresponding start date/time of medication administration was entered
- Responses selected for both the disclaimers
- “Save NAS Record #1” selected prior to saving the entire report

Overall, what made this example “good”?

- Complete answers
- “Unknown” selected appropriately
- No discrepancies in responses
- Additional information was provided for clarity
- Everything was saved

Medications (Mark any medications used to treat infant)

None:

Yes	No	Clonidine	Yes	No	Methadone
<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Phenobarbital	<input type="radio"/>	<input type="radio"/>	Morphine

(List all drugs not in the above list)
Other: _____

Date first med started (mm/dd/yyyy) Time first med started (hh:mm) :

Disclaimer

Have you reported this child to the Division of Family and Children Services as required by Georgia's mandatory reporting statute § O.C.G.A 19-7-5? Yes No

Have you referred this infant to Children 1st? Yes No

Submitted by: aelisebarnes Ref: 1946443 / 1

Example 2*: Missingness

- Missing infant first name, gestational age in days, medical record number§
- “Other” is selected, but no free-text is written
- Only one of the six questions in the maternal history section is completed
- Nothing filled in for substances used during the current pregnancy

NAS Reporting Record - 1
 Reported By : *aelisebarnes* Last Updated By : *aelisebarnes* on 16-MAY-19

Infant Demographics

Last Name: First Name: Middle Name: Gender:

Gestational Age at Birth: Weeks Days: Date of Birth: / / Infant Control#: Medical Rec#:

Maternal History for Current Pregnancy

Maternal History Source (select all that apply):

Direct from Patient/Family Medical Record
 Maternal Toxicology PDMP
 Maternal History Unknown Other

Maternal Substance test done?

Alcohol Use: Yes No Unknown
 Tobacco use: Yes No Unknown
 Is mother on supervised Medication Assisted Treatment (Rx) ? Yes No Unknown
 Is mother on supervised pain therapy (Rx) ? Yes No Unknown
 Is mother Tx for psychiatric/neuro condition (Rx) ? Yes No Unknown

Please list the substances (Rx or non-Rx) that mother was using during the current pregnancy

Antidepressants: Yes No Unknown
 Cannabinoids: Yes No Unknown
 Depressants: Yes No Unknown
 Stimulants: Yes No Unknown
 Prescription Opioids: Yes No Unknown
 Illicit Opioids: Yes No Unknown
 Synthetic and New Psychoactive substances: Yes No Unknown
 Other Substances: Yes No Unknown

Comments/Notes:

*Screenshots of maternal demographic information, medications, and disclaimers were not included in Examples 2 and 3 since these sections are typically not as problematic. §I realize this information is not always available, which is fine. However, if you can include it, that would be helpful.

Example 2: Missingness (cont.)

- “Other” is selected, but no free-text is entered
- No reason selected for why infant was assessed for substance exposure

NAS Reporting

Type of Setting for this report: Hospital of Birth Infant received as a transfer (not the hospital of birth)
 Outpatient Facility Readmitted Infant

Infant's Birth Facility: (Check box if same Reporting Facility) Reporting Facility:

Other Other

Other: Other:

Is this a multiple birth? Yes No

Why was infant assessed for substance exposure? (select all that apply)

- No Prenatal care
- Minimal/late Prenatal care
- Maternal Substance use history
- Maternal Intoxication
- Other

Example 2: Missingness (cont.)

- Only positive substance test results were entered

Were infant's clinical symptoms assessed using a standardized NAS scoring tool?
 Yes No Unknown Other

Infant with clinical signs consistent with NAS: Yes No

Supporting Information (select all symptoms that apply):

<input type="checkbox"/> Tremors	<input type="checkbox"/> Hyperirritability	<input type="checkbox"/> Excessive Crying	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Blotchy Skin Coloring	<input type="checkbox"/> Excessive Sucking	<input type="checkbox"/> Sweating
<input type="checkbox"/> Hyperactive Reflexes	<input type="checkbox"/> Seizures	<input type="checkbox"/> Poor ability or inability to feed	
<input checked="" type="checkbox"/> No Symptoms	<input type="checkbox"/> Fever/ Temperature Instability	<input type="checkbox"/> Other	

Infant Lab Result					
	Sample Date	Sample Used	Substance	Test Status	Prescribed?
+	24-APR-19	Urine	Amphetamines Opiates - Methadone	Positive Positive	

[Add New Sample](#)

What could be improved?

- Multiple sections left blank
- Solution: If you do not have the information available, select "Unknown" and/or leave a note

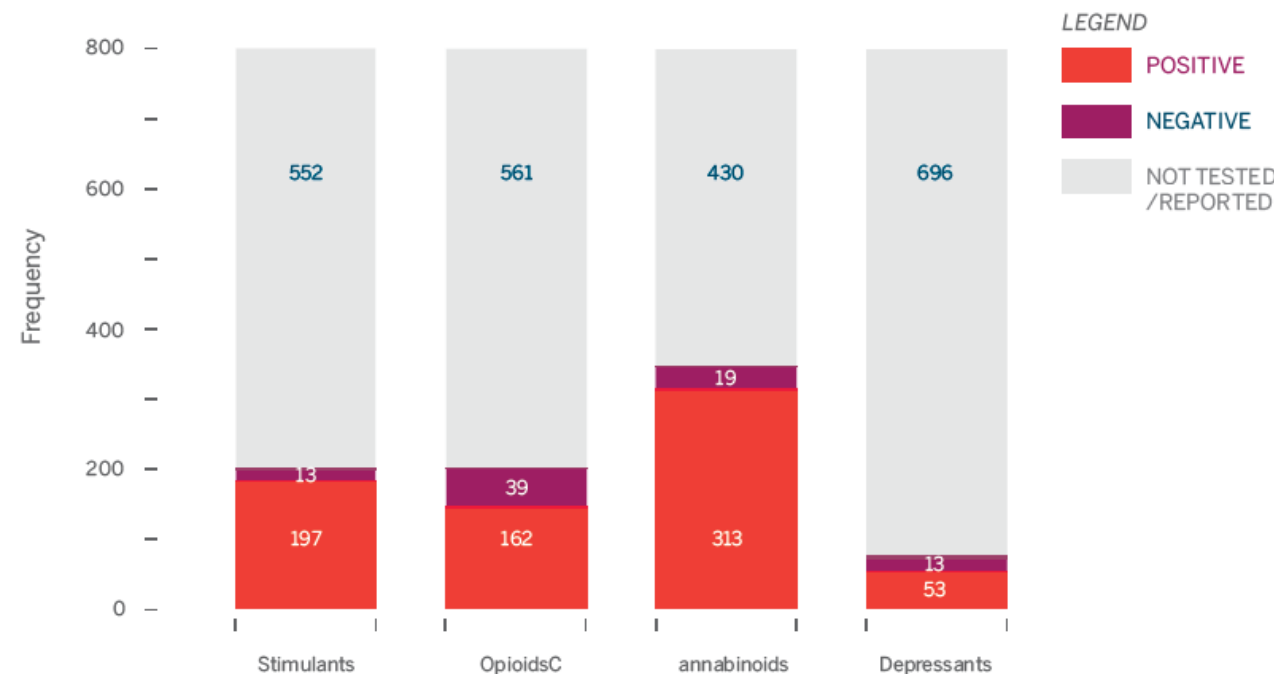
Missingness: Why Does It Matter?

- It might seem obvious something left blank is unknown, but unless that is specified, we (DPH) cannot make that assumption ourselves. We aim to analyze the results of the **information reported, not our inferences** about what the reporters meant because our interpretation might be incorrect and introduce bias.
- If large portions of a report are left blank, might assume you accidentally missed that section and ask you to re-look at the case.
- Hopefully, some of the issues of missingness shown in this example can be resolved by adding better logic checks to the module, but until that happens, we appreciate whatever reporters can do on their end to provide the most complete and accurate information. (We recognize this can be burdensome, so **thank you all for the time and effort you put into case reporting!**)

Missingness: Why Does It Matter? (cont.)

- We request **positive and negative** substance test results **from each infant substance test** to better understand how many infants tested positive for a specific substance among those tested
 - Without negative results reported, we don't know how many infants were tested (since not all facilities test for the same substances)
 - Which means we do not have an accurate denominator for calculations (positive reporting bias)
- Figure 7 from the 2017 NAS Annual Surveillance Report highlights why we are pushing for positive and negative results to be reported

FIGURE 7. TOXICOLOGY SCREENING RESULTS BY SUBSTANCE CLASS* AMONG CONFIRMED CASES, GEORGIA, 2017 (N=762)



*Classes are not mutually exclusive, as an infant could have a positive toxicology screen for more than one substance/class.
SOURCE: State Electronic Notifiable Disease Surveillance System NAS reporting form (2017). Georgia Department of Public Health. Data pulled September 5, 2018.

Georgia Department of Public Health. (2019). Neonatal Abstinence Syndrome Annual Surveillance Report – 2017. Atlanta, GA. Available from https://dph.georgia.gov/sites/dph.georgia.gov/files/MCH/NAS/NAS_Brochure_2017_FINAL_Digital.pdf

Example 3: Discrepant Information

NAS Reporting Record - 1

Reported By : aelisebarnes Last Updated By : aelisebarnes on 15-MAY-19

Infant Demographics

Last Name: First Name: Middle Name: Gender:

Gestational Age at Birth: Weeks: Days: Date of Birth: Infant Control#: Medical Rec#:

Maternal History for Current Pregnancy

Maternal History Source (select all that apply):

- Direct from Patient/Family
- Maternal Toxicology
- Maternal History Unknown
- Medical Record
- PDMP
- Other

Maternal Substance test done? Yes No Unknown

Alcohol Use: Yes No Unknown

Tobacco use: Yes No Unknown

Is mother on supervised Medication Assisted Treatment (RX) ? Yes No Unknown

Is mother on supervised pain therapy (Rx) ? Yes No Unknown

Is mother Tx for psychiatric/neuro condition (Rx) ? Yes No Unknown

Please list the substances (Rx or non-Rx) that mother was using during the current pregnancy.

Antidepressants: Yes No Unknown

Cannabinoids: Yes No Unknown

Depressants: Yes No Unknown

Stimulants: Yes No Unknown

Prescription Opioids: Yes No Unknown

Illicit Opioids: Yes No Unknown

Synthetic and New Psychoactive substances: Yes No Unknown

Other Substances: Yes No Unknown

If yes, describe:

Comments/Notes:

NAS Reporting

Type of Setting for this report: Hospital of Birth Infant received as a transfer (not the hospital of birth) Outpatient Facility Readmitted Infant

Infant's Birth Facility: (Check box if same Reporting Facility) Other: Reporting Facility:

Is this a multiple birth? Yes No

Why was infant assessed for substance exposure? (select all that apply)

- No Prenatal care
- Minimal/late Prenatal care
- Maternal Substance use history
- Maternal Intoxication
- Other

Other:

Were infant's clinical symptoms assessed using a standardized NAS scoring tool? Yes No Unknown Other

Infant with clinical signs consistent with NAS: Yes No

Supporting Information (select all symptoms that apply):

- Tremors
- Hyperirritability
- Vomiting
- Blotchy Skin Coloring
- Hyperactive Reflexes
- Seizures
- No Symptoms
- Fever/ Temperature Instability
- Excessive Crying
- Diarrhea
- Excessive Sucking
- Sweating
- Poor ability or inability to feed
- Other

Sample Date	Sample Used	Substance	Test Status	Prescribed?
27-DEC-18	Urine	Amphetamines Opiates - Methadone	Positive	Yes

Add New Sample

Example 3: Discrepant Information Notes

Discrepant information from the screenshots (color-coordinated) and possible questions that might require clarification from reporters

- The date of the infant substance test for the urine sample is prior to the infant's DOB
 - Which of the dates are incorrect? Did the reporter accidentally list the mom's substance test results in the infant section?
- "Yes" selected for maternal substance test done, but "Unknown" is selected for almost all of the substances used during the current pregnancy, with a couple left blank
 - Was a test done, but you do not have the results available? If so, please note that. Why are some marked "Unknown" and some are blank? Was this purposeful or were some responses accidentally missed?
- "Unknown" selected for stimulants under substances used during the current pregnancy, but the reason why the infant was assessed said "mom used cocaine"
 - Was "Unknown" selected because mom had previous history of cocaine use, but reporter was unsure if they used cocaine during the current pregnancy? If so, please note this in the comments to prevent us from asking for clarification.

Example 3: Discrepant Information Notes (cont.)

- Nothing or “Unknown” selected for supervised pain therapy, MAT, prescription opioids, and illicit opioids, yet the “Prescribed” checkbox is selected for methadone under the infant substance test results
 - Was methadone actually prescribed during the current pregnancy? Was the checkbox under infant test results selected by accident? Did the reporter think the checkbox referred to a medication prescribed to the infant, not the mom?
- Reported twice that the infant had no signs/symptoms, but two symptoms were selected
 - Hopefully better logic can be implemented to prevent these types of discrepancies from occurring

Example 3: Discrepant Information Notes (cont.)

- For substances used during current pregnancy, “Yes” is only selected for cannabinoids. The associated note says “meconium + for THC.” However, urine is the only specimen type included under infant substance test results, not meconium.
 - Was the specimen type incorrectly entered as urine, but the results are actually from meconium? Were both urine and meconium tests done but the reporter forgot to include the meconium results?
 - Infant substance test results should not be used to infer maternal substance use. All information about maternal use should come from mother’s chart, self-report, toxicology results, etc.
 - Why? We can make these same inferences about maternal use ourselves based on the infant substance test results. We rely on reporters to fill in the gaps about information we cannot easily access ourselves (i.e., mom’s medical record)

Example 3: Discrepant Information Notes (cont.)

What could be improved?

- Answers illogical/contradictory
- No additional notes or explanation included
- Infant substance tests results used to infer maternal substance use
- Some information still blank
- Only positive substance test results included

Discrepant Information: Why Does It Matter?

- Discrepant information usually takes the most time and effort to resolve
- Requires reporters to re-review charts, locate the correct answer, and update cases they have already submitted
- If there are known inconsistencies in the report, then please leave a note or message for us
 - It might save you some time and hassle in the long run!

Feedback or Questions on Reporting Module

Other Scenarios You May Encounter

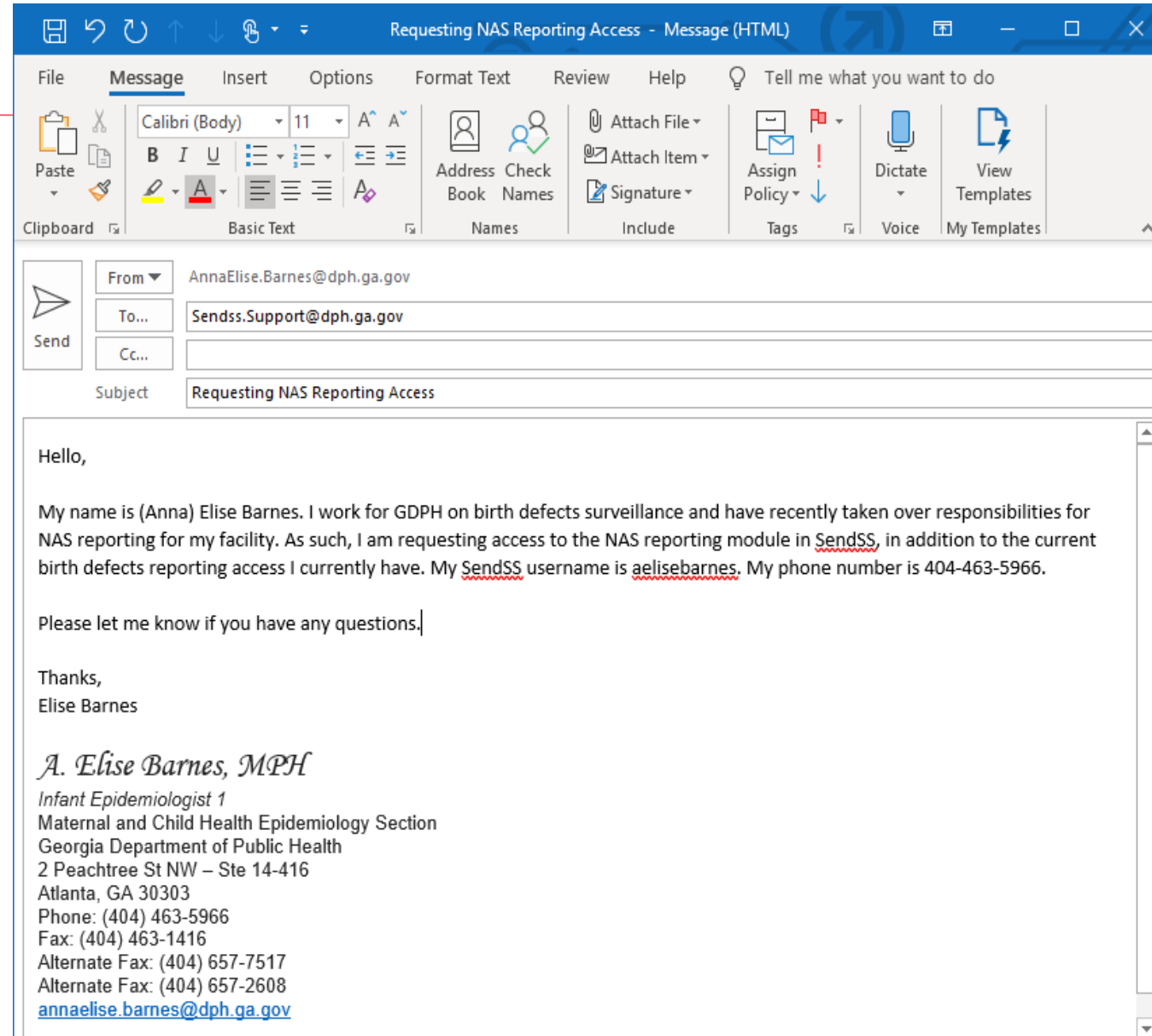
Existing SendSS User

Existing user*, but new to NAS reporting?

- Need to request access to SendSS NAS reporting module

Email SendSS.Support@dph.ga.gov:

- Subject: "Requesting NAS Reporting Access"
- In body, include 1) name, 2) SendSS username, 3) contact information



*Some people might report other diseases/conditions through SendSS, so they already have an account, but do not currently have access to NAS reporting. This requires their account permissions to be updated.

Updating an Existing Case

If editing an existing case or reporting a new child for a previously entered mother, select the mother from the search results by clicking on her name

SendSS State Electronic Notifiable Disease Surveillance System

Uid: aelisebarnes Help Contact Us My Account Logout

Home Case Reporting Analysis Admin

Patient Search Results: Following patients located

+ Patient Search Criteria

Last Searched For:
Last Name: Test First Name: Aebtest Middle Name: Nick Name:
Gender: Date of Birth: -- SSN: --

+ Disease Information

Disease Information for this Report:
Disease: Neonatal Abstinence Syndrome (NAS) Date of Onset: 01-01-2019

- Patient Search Results

Your search returned the following (182) patients based on your search criteria. If one of these individuals is your patient, select their name to proceed. If you wish to create a new patient, click the "Create New Patient" link below.

Page: 1 2 3 4 5 6 7 8

Create New Patient

Name	Date of Birth	Sex	Street Address	City	Updated	Rank
Test, Aebtest	01-01-2000	Female	2 Peachtree Street Nw, Suite 14-416	Atlanta	05-24-2019	
Test, Aebtest2	01-01-2000	Female	2 Peachtree Street Nw, Suite 14-416	Atlanta	05-15-2019	
Test, Aebtest3	01-01-2000	Female	2 Peachtree Street Nw, Suite 14-416	Atlanta	05-15-2019	
Test, Ashley		Unknown		Unknown	05-24-2016	

Updating an Existing Case (cont.)

Once you have selected the correct mother:

1. Expand the NAS report of interest
2. Make the necessary edits
3. Select "Save NAS Record #_" which is at the bottom of the expanded report (not shown)

Close without Saving

Save NAS Record #1

4. Once you have saved the NAS Record, it will automatically minimize the report back to the original view
5. Press "Save" to ensure all changes were saved

Note: You should not be able to edit a report originally submitted by another reporter

The screenshot displays the SendSS State Electronic Notifiable Disease Surveillance System interface. The top navigation bar includes "Home", "Case Reporting", "Analysis", and "Admin". The user is logged in as "UId: aelisebarnes". The main content area is titled "Neonatal Abstinence Syndrome (NAS) Report Form".

The "Mother Demographics" section contains the following fields:

Last Name: TEST	First Name: AEBTEST	Middle Name:	Maiden Name:
Zip: 30303	County: FULTON	City: ATLANTA	State: GA
Street Address: 2 PEACHTREE STREE	Phone:	Date of Birth: 01/01/2000	Medrec:
Race: Unknown		Ethnicity: Unknown	

The "NAS Reporting" section contains a table with the following data:

Reporting Date	Reporting Facility	Birth Facility	Symptoms	NAS Signs
24-Apr-19	Archbold Memorial Hospital	Archbold Memorial Hospital	None	No

At the bottom of the form, there is a "Save" button and an "Add New Child" link.

Adding a New Report to an Existing Case

If you need to add an additional report* to a previously entered mother:

1. Search for the mother
2. Select the correct option by clicking on mother's name (not shown)
3. Select "Add New Child" once inside the record
4. Enter the case as you normally would
5. Select "Save NAS Record #2"
6. Then press "Save"

Close without Saving Save NAS Record #2

The screenshot shows the SendSS State Electronic Notifiable Disease Surveillance System interface. The user is logged in as 'aelisebarnes'. The navigation menu includes Home, Case Reporting, Analysis, and Admin. The current page is the 'Neonatal Abstinence Syndrome (NAS) Report Form'. The form is divided into two main sections: 'Mother Demographics' and 'NAS Reporting'. The 'Mother Demographics' section contains fields for Last Name (TEST), First Name (AEBTEST), Middle Name, Maiden Name, Zip (30303), County (FULTON), City (ATLANTA), State (GA), Street Address (2 PEACHTREE STREE), Phone, Date of Birth (01/01/2000), Medrec, Race (Unknown), and Ethnicity (Unknown). The 'NAS Reporting' section contains a table with columns for Reporting Date, Reporting Facility, Birth Facility, Symptoms, and NAS Signs. The table has one row with the following data: Reporting Date: 24-Apr-19, Reporting Facility: Archbold Memorial Hospital, Birth Facility: Archbold Memorial Hospital, Symptoms: None, NAS Signs: No. At the bottom of the form, there are two buttons: 'Close without Saving' and 'Save NAS Record #2'. A yellow box highlights the 'Add New Child' button in the bottom right corner. Another yellow box highlights the 'Save' button at the bottom center of the form.

SendSS State Electronic Notifiable Disease Surveillance System

Uid: aelisebarnes Help Contact Us My Account Logout

Home Case Reporting Analysis Admin

Neonatal Abstinence Syndrome (NAS) Report Form

Mother Demographics

Last Name: TEST First Name: AEBTEST Middle Name: Maiden Name:
Zip: 30303 County: FULTON City: ATLANTA State: GA
Street Address: 2 PEACHTREE STREE Phone: Date of Birth: 01/01/2000 Medrec:
Race: Unknown Ethnicity: Unknown

NAS Reporting

Reporting Date	Reporting Facility	Birth Facility	Symptoms	NAS Signs
24-Apr-19	Archbold Memorial Hospital	Archbold Memorial Hospital	None	No

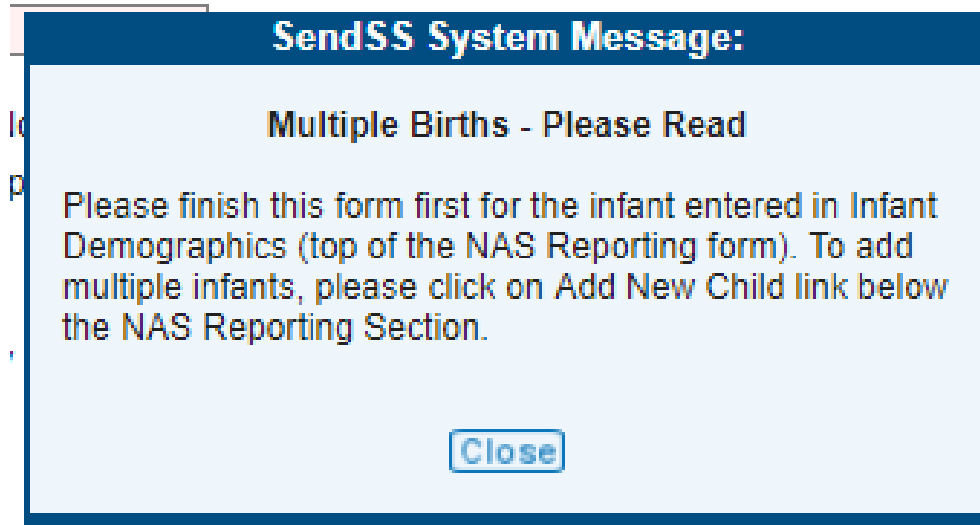
Close without Saving Save NAS Record #2 Add New Child

Save

*This could occur if multiple births (e.g., twins) or if infant from previous pregnancy was reported with NAS and mom had an infant during recent pregnancy with NAS (e.g., NAS reported for infants born in 2017 and 2019)

Multiple Births

- When entering a case, if select "Yes" for multiple births, will receive a pop-up warning



- Close the message, finish entering the first report, select "Save NAS Record #1," then select "Add New Child"
- Enter all of the necessary info for the second infant, then select "Save NAS Record #2"
- Then press "Save"
- Maternal demographic information will auto-populate for the second report using information from the first report to save time and prevent discrepancies

No Maternal Information Available

- If no maternal information is available at all (e.g., infant was a Safe Haven drop-off, adoption, etc.), please contact us and we will decide how to proceed with entering the case since reports are submitted under mothers

Tools and Features

Messaging

Once a report is saved, landing screen has messaging and progress note options available

SendSS State Electronic Notifiable Disease Surveillance System

Uid: aelisebarnes

Help Contact Us My Account Logout

Home Case Reporting Analysis Admin

Neonatal Abstinence Syndrome (NAS) Report Form Send A Message Progress Notes (0)

Mother Demographics

Last Name: TEST	First Name: AEBTEST	Middle Name:	Maiden Name:
Zip: 30303	County: FULTON	City: ATLANTA	State: GA
Street Address: 2 PEACHTREE STREET NW, SUITE 14-416	Phone:	Date of Birth: 01/01/2000	Medrec:
Race : Unknown		Ethnicity : Unknown	

NAS Reporting

Reporting Date	Reporting Location	Signs	NAS Signs
24-Apr-19	Archbold Hos	ne	No

SendSS System Message:

IMPORTANT: NAS may be a sign that the baby has been born to a home environment which presents a risk of neglect or other forms of child abuse, especially if the mother has been taking illegal drugs or abusing prescription drugs. This surveillance report is not a substitute for making a mandatory report of child abuse under Code Section 19-7-5. If you have reasonable cause to believe that the baby may be subject to child abuse, then you should make a report to the Division of Family and Childrens Services of the Georgia Department of Human Services. For more information on your obligations as a mandatory reporter, please go to <http://dfcs.dhs.georgia.gov/child-abuse-neglect>

Close

Messaging (cont.)

- To send me a message about a case, click “Send A Message”, select me as the recipient, type your note, press “Send”
- “Send Message & Email” was created to also send a message to the recipient’s external email account, but this option does not work
- If you send a message while in the specific case you want to discuss, the message will link directly back to that case

Send a Message - Google Chrome

https://sendss.state.ga.us/sendss/!generatealerts.userselectalert?VPATIENTID=193944...

Enter Your Message:

Send Message To:

- Barber, Luci - Lcbarber
- Barcnas Luna, Concepcion - Kidzclayton1
- Barclay, Maritza - Mbarclay
- Barefield, Connie - Crbarefield
- Barefield, Tracy - Tracybarefield
- Barge, Cindy - Cindybarge
- Barlow, Al - Abarlow
- Barlow, Jessica - Jsbarlo
- Barnes, Allison - Abarnes
- Barnes, Anna - Aelisebarnes**

Selected Values:

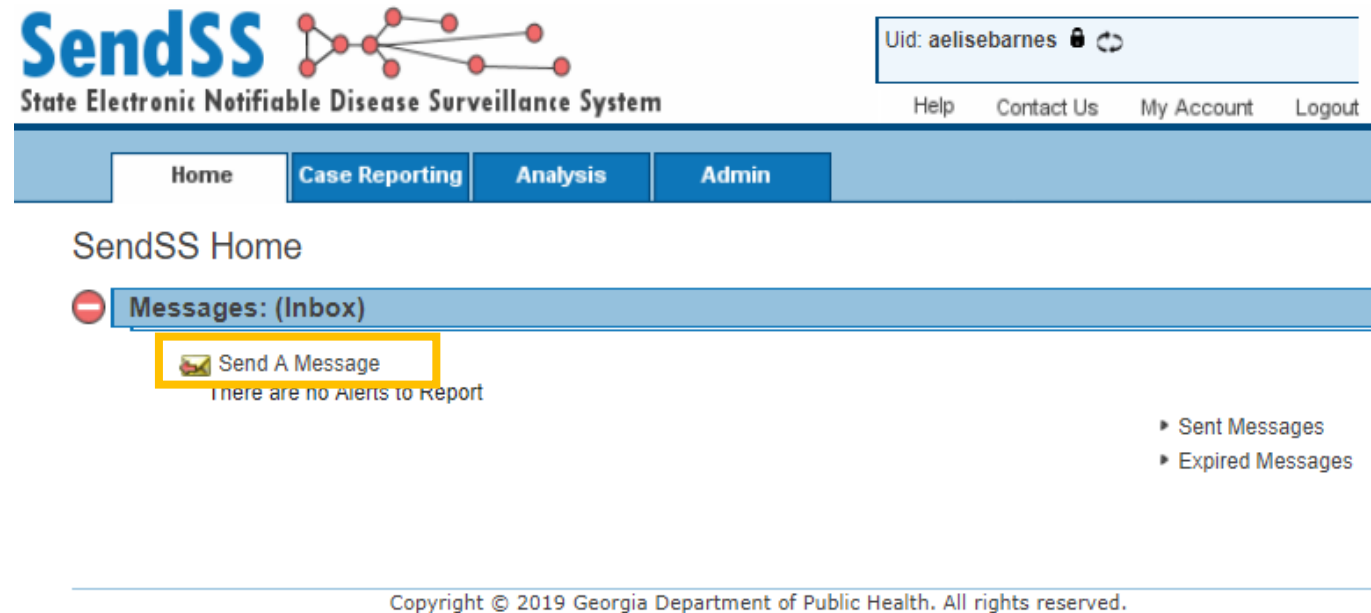
Barnes, Anna - Aelisebarnes

Please Enter A Message:

Send Send Message & E-Mail

Messaging (cont.)

- Can send a message from your home screen
- If you do, it will not be linked to a specific case, which can make it harder to locate
- Messages expire after 30 days, so please login regularly



SendSS
State Electronic Notifiable Disease Surveillance System

UId: aelisebarnes 🔒 ↻

Help Contact Us My Account Logout

Home Case Reporting Analysis Admin

SendSS Home

Messages: (Inbox)

Send A Message
There are no Alerts to Report

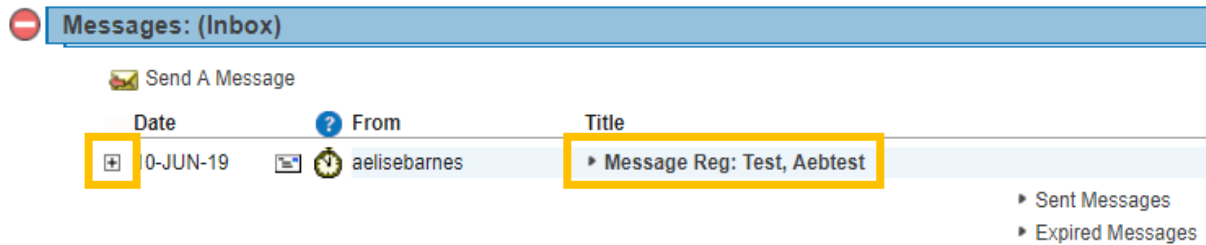
▶ Sent Messages
▶ Expired Messages

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Messaging (cont.)

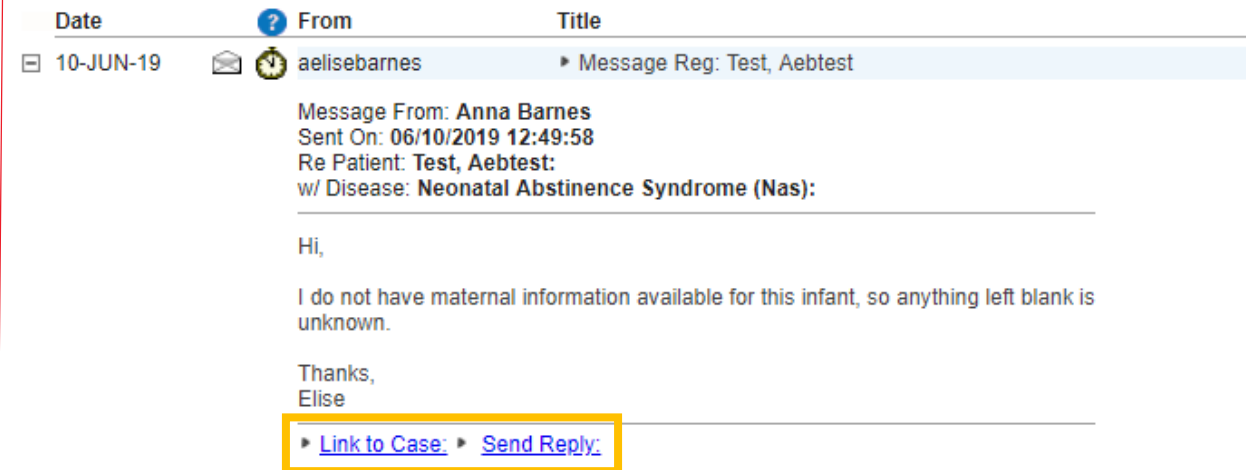
This is what your home screen will look like if you have a message

SendSS Home



- To read the message, click on the message title or the “+” button
- This will expand the message

- “Link to Case” takes you from home screen to the case the message is linked to
- From there, you can make any necessary edits or address questions on case
- Or you can click “Send Reply” to respond



Progress Notes

- You can also write a note in the progress notes
- Anyone viewing a case can see the progress notes (unlike messages which are private)
- Like messaging, you can use this to provide any supplementary information, clarify responses, etc.
- Type the information, press "Save", and it will save the submitting user and timestamp the note
- Progress notes are attached to the specific case (unlike unlinked messages, cannot create a progress note from home screen)

The screenshot shows a web browser window with the URL <https://sendss.state.ga.us/sendss/lprogressnote.prompt?pPersonId=1939448&plncidentid=1>. The page title is "SendSS State Electronic Notifiable Disease Surveillance System". The main content area is titled "Progress Notes" and displays patient information: "Patient: Test, Aebtest", "DOB: 01/01/2000", and "Gender: Female". Below this, a message states "No Progress Notes On File for this Patient and Incident". A section titled "Add a New Progress Note" contains a text input field labeled "Progress Note:". At the bottom of the form, there are two buttons: "Save" (highlighted with a yellow box) and "Close Window".

Best Practices

Recommendations for Reporting

- Please complete all sections as much as possible based on the information available
- Check your responses for discrepant information
- If something does not make sense, but that is the information you have available, note that in the comments, progress notes, or send me a message
- If information is missing, select “Unknown”
- If associated free-text box appears, make sure to write in a response

Under substances used during the current pregnancy (in maternal health history section):

- Prescription opioids are those that are usually obtained by a prescription, even if the mother was not prescribed it herself
- Illicit opioids are those not commonly prescribed (i.e., “street drugs,” like heroin)
- Do not infer maternal substance use based on positive infant test

Under infant substance test results:

- The “Prescribed” checkbox refers to substances prescribed to the mother during the current pregnancy

Recommendations for Reporting (cont.)

- Report positive and negative infant substance test results for each test
 - Email DPH.NAS@dph.ga.gov or call me if you have any questions specifically related to NAS reporting
 - Email SendSS Support at SendSS.Support@dph.ga.gov if you have problems with your SendSS account
- Set a monthly calendar reminder to login to SendSS to ensure you do not miss any messages you might have received
 - If I have sent you a message about missing information, questions about discrepancies, etc.:
 1. Please make any necessary updates to the case AND
 2. Message me back (can be just “done” or with an actual explanation/response to my question)

THANK YOU FOR YOUR CONTRIBUTIONS TO THIS WORK!

A. Elise Barnes, MPH

Infant Epidemiologist

Newborn Surveillance Team

AnnaElise.Barnes@dph.ga.gov

404-463-5966



The Model For Improvement

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**(with generous contributions from Dr. Ravi Patel,
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The Model for Improvement

- What are we trying to accomplish?
 - AIM STATEMENT
- How will we know that a change is an improvement?
 - MEASURE
- What changes will result in an improvement
 - PROCESS IMPROVEMENT TOOLS
- Tests of change
 - Plan-Do-Study-Act (PDSA)

The Model for Improvement is recommended by the Institute for Healthcare Improvement and was originally developed by API (<http://www.apiweb.org/>)

Steps – Model for Improvement



1. Form a team

2. Make an AIM statement

3. Establish measures
4. Identify and select changes to test using process improvement tools
5. Test changes using PDSA cycles
6. Implement changes that work
7. Spread changes to other locations



Step 1: Form a team



- **Want diverse representatives with different levels of expertise**
 - Make sure each center has one of the following: 1) a nurse 2) a physician; 3) hospital admin support (which may be a nursing or physician leader)
- **Project sponsor**
 - Person with authority who can help provide resources and overcome barriers (e.g. chief of quality, hospital admin.)

As Aubrey talked about at NGMC - Sponsor from Administration, PT was an active champion on the team

Step 2: Make an AIM statement

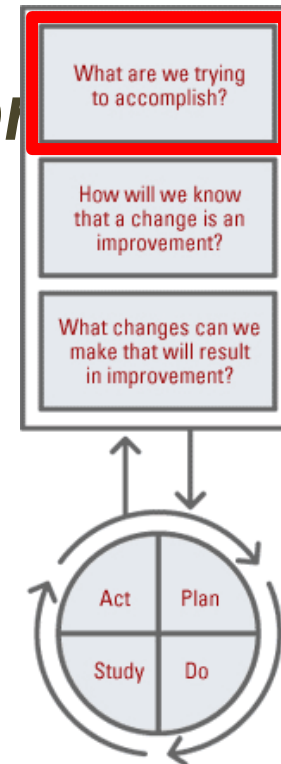


Think deeply about the problem:

What are you really trying to improve?

Your aim statement should be:

- **Specific**
- **Measureable**
- **Actionable**
- **Realistic**
- **Timely**



Step 2- SMART AIM



- **Specific:** Who? (target population and persons doing the activity) and What? (action/activity)
- **Measurable:** How much change is expected
- **Achievable:** Can be realistically accomplished given current resources and constraints
- **Relevant/Realistic:** Addresses the scope of the health program and proposes reasonable programmatic steps
- **Time-phased:** Provides a timeline indicating when the objective will be met



SMART AIM - Why?



- Devoting time and resources early on to intentionally writing a SMART aim is an investment in the future of a project/program
- By starting out with SMART aim(s), a program or plan can systematically and meaningfully measure progress, show achievements and identify opportunities for improvement



Specific



- **AIMS should be well-defined, and clear to other team members and to stakeholders who also understand the program or plan.**
- **What:**
 - What exactly will you do?
 - What is the action?
 - What do you intend to impact?
- **Who:**
 - Who is responsible for carrying out the action?
- **What are you intending to impact or who is your target population?**

Measurable



- How much and in what direction will the change occur?
- What data will be used to prove the target is met?
- Where will this data come from?
 - Try to pick a measure that is meaningful. The easiest things to measure may not be the most meaningful.
 - Is there a stand-in or proxy measure that needs to be used
 - **Key Terms**
 - **Measure:** Show success or impact over time. It is the number, percent or some standard unit to express how you are doing at achieving the goal or outcome.
 - **Target:** The desired level of performance you want to see that represents success.

Achievable



- Aims should be within reach for your team or program, considering available resources, knowledge and time.
- How can this Aim be accomplished?
- Given the current time frame or environment, can this Aim be achieved? Should we scale it up or down?
- What resources will help us achieve this Aim? What limitations or constraints stand in our way?



Relevant/Realistic



- **Will this Aim lead to achieving this organization's goals?**
- **Does it seem worthwhile to measure this Aim?
Does it seem reasonable to measure this?**
- **Aims related to your organization's mission and guiding principles are more likely to be approved by your organizational leadership; Aims supported by other stakeholders will lead to a greater level of buy-in.**



Time bound



- **Aims should be achievable within a specific time frame that isn't so soon as to prevent success, or so far away as to encourage procrastination.**
- **When will this Aim be achieved?**
- **Is this time-frame realistic?**
- **Should it be closer or further in the future?**



SMART AIM - Statement template



We will increase/decrease
_____ (what) among
_____ (population) from
 X (baseline) to Y (goal) by
_____ (date)

Example of a SMART AIM



We aim to decrease the length of stay among newborns diagnosed with NAS among participating GaPQC hospitals from 11.2 days to 10.1 days by 9/30/2021

At XYZ, we will educate 80% of the staff and providers taking care of newborns on NAS scoring by October 2020



Example of a SMART AIM

Neonatal Abstinence Syndrome Kansas State Initiative SMART AIMS

AIM 1	By October 2020, 85% of all Kansas birth centers enrolled in VON NAS Universal Training Program will have achieved "Center of Excellence" designation
AIM 2	By October 2020, less than 50% of infants at risk for NAS will be directly admitted to the NICU
AIM 3	By October 2020, the number of infants at risk for NAS who require pharmacological treatment will decrease by 25%
AIM 4	By October 2020, the LOS of Kansas infants with NAS treated pharmacologically will decrease by 2 days



TO DO

**Each Center Send Out
Your SMART AIM(S)
to Katie before the next
webinar in July**

