

**REPORTING NEWBORN SCREENING FOR CRITICAL CONGENITAL HEART DISEASE  
(CCHD) RESULTS  
TO  
THE OHIO DEPARTMENT OF HEALTH**

**REPORTING REQUIREMENTS:**

All birth hospitals are required to designate a CCHD Newborn Screening Coordinator and report that individual's name and contact information to Anna Starr at the Ohio Department of Health (ODH). CCHD Coordinator's Contact information can be sent to: [Anna.Starr@odh.ohio.gov](mailto:Anna.Starr@odh.ohio.gov)

All birth hospitals with access to the Ohio Vital Records IPHIS electronic birth certificate system must report CCHD newborn screening results through that system via the CCHD reporting tab.

Children's hospitals or other facilities that do not have access to the Ohio Vital Records IPHIS electronic birth certificate system must report results by submitting the Critical Congenital Heart Disease Newborn Screening Report Form to the Ohio Department of Health (ODH) by:

Email to: [Anna.Starr@odh.ohio.gov](mailto:Anna.Starr@odh.ohio.gov) or

Fax to Anna Starr's attention at 614-564-2424

## INSTRUCTIONS FOR BIRTH HOSPITALS COMPLETING THE OHIO VITAL STATISTICS ELECTRONIC BIRTH CERTIFICATE CCHD TAB

1. Birth hospitals should identify who within the hospital is going to enter the CCHD newborn screening results.
  - a. **Birth Clerks** can start vital statistic birth certificates, but cannot go back in and revise or add CCHD results once the birth record is completed.
  - b. **CCHD Clerk** is a NEW ROLE that can be requested. CCHD Clerks are similar to HEARING CLERKS – they cannot start a birth record, but they can enter the CCHD screening results, or revise the CCHD screening results at any time (after a record has been started).
  - c. **If a birth hospital would like to request an individual to have the CCHD Clerk role, the facility IPHIS user administrator can request this through the Vital Statistics (VS) HelpDesk at [vs.helpdesk@odh.ohio.gov](mailto:vs.helpdesk@odh.ohio.gov)**
  
2. Once a birth record has been started, either a Birth Clerk or a CCHD Clerk can click on the CCHD tab to enter results. Following are tables with various scenarios: 1) Baby not screened; 2) Baby screened and passed; 3) Baby fails screening immediately; and 4) Baby screened: Fails then passes; and 5) Baby Screened 3 times and Fails.

<b>BABY NOT SCREENED</b>
Choose appropriate <u>Reason Not Screened</u> in drop down box
Skip down to <u>CCHD Complete</u> and mark YES
<b>Save Record</b> by hitting the save icon at top of screen – looks like little diskette
<b>YOU ARE DONE</b>

<b>BABY SCREENED AND PASSED</b>
Initial Screening <ul style="list-style-type: none"> <li>• Enter age in hours</li> <li>• Enter Pulse Ox Percentage for both Hand and Foot</li> <li>• Mark Screening Result – PASS</li> </ul>
Skip down to <u>CCHD Complete</u> and mark YES
<b>Save Record</b> by hitting the save icon at the top of the screen – looks like a little diskette
<b>YOU ARE DONE</b>

**BABY FAILS SCREENING IMMEDIATELY**

If any reading is <90% = Baby Fails Immediately

**Initial Screening**

- Enter age in hours
- Enter Pulse Ox Percentage for both Hand and Foot
- Mark Screening Result – FAIL

Final Disposition – if baby transported, mark YES

- Facility where transported to will populate from the Newborn tab on the birth record

Echo Test Performed – if YES, note test results in dropdown

CCHD Complete – Mark Yes

**YOU ARE DONE**

**BABY SCREENED: FAILS THEN PASSES**

**Initial Screening**

- Enter age in hours
- Enter Pulse Ox Percentage for both Hand and Foot
- Mark Screening Result – FAIL

**2<sup>nd</sup> Screening**

- Enter age in hours
- Enter Pulse Ox Percentage for both Hand and Foot
- Mark Screening Result – IF PASS

Skip down to CCHD Complete and mark YES

**Save Record** by hitting the save icon at the top of the screen – looks like a little diskette

**YOU ARE DONE**

- Mark Screening Result – IF FAIL, REPORT 3<sup>RD</sup> SCREENING RESULTS BELOW

**3<sup>rd</sup> Screening**

- Enter age in hours
- Enter Pulse Ox Percentage for both Hand and Foot
- Mark Screening Result – IF PASS

Skip down to CCHD Complete and mark YES

**Save Record** by hitting the save icon at the top of the screen – looks like a little diskette

**YOU ARE DONE**

**BABY SCREENED 3 TIMES AND FAILS**

**Initial Screening**

- Enter age in hours
- Enter Pulse Ox Percentage for both Hand and Foot
- Mark Screening Result – FAIL

**2<sup>nd</sup> Screening**

- Enter age in hours
- Enter Pulse Ox Percentage for both Hand and Foot
- Mark Screening Result – FAIL

**3<sup>rd</sup> Screening**

- Enter age in hours
- Enter Pulse Ox Percentage for both Hand and Foot
- Mark Screening Result – FAIL

**Final Disposition – if baby transported, mark YES**

- Facility where transported to will populate from another tab on the birth record

**Echo Test Performed** – if YES, note test results in dropdown

**CCHD Complete** – Mark Yes

**Save Record** by hitting the save icon at the top of the screen – looks like a little diskette

**YOU ARE DONE**

**Screening Disposition**  
Reason Not Screened  
Baby transferred to another facility before screening could be

**Initial Screening**  
Age in Hours  
  
Pulse Ox Saturation Results - % Hand  % Foot   
Screening Result

**Second Screening**  
Age in Hours  
  
Pulse Ox Saturation Results - % Hand  % Foot   
Screening Result

**Third Screening**  
Age in Hours  
  
Pulse Ox Saturation Results - % Hand  % Foot   
Screening Result

**Final Disposition**  
Baby Transported?  Facility   
Echo Test Performed?  Echo Test Result

**CCHD Complete**  
CCHD Updates Completed?

		<input type="text" value="&lt;No Alerts&gt;"/>										
Summary	Mother	Mother 2	Father	Admin	Facility	Prenatal	Preg	Labor/Del	Newborn	Hep-B	Hearing	CCHD
<b>Screening Disposition</b>												
Reason Not Screened												
<input type="text"/>												
<b>Initial Screening</b>												
Age in Hours												
<input type="text" value="024"/>												
Pulse O <sub>2</sub> Saturation Results - % Hand    % Foot												
<input type="text" value="092"/>						<input type="text" value="096"/>						
Screening Result												
<input type="text" value="Fail"/>												
<b>Second Screening</b>												
Age in Hours												
<input type="text" value="025"/>												
Pulse O <sub>2</sub> Saturation Results - % Hand    % Foot												
<input type="text" value="091"/>						<input type="text" value="096"/>						
Screening Result												
<input type="text" value="Fail"/>												
<b>Third Screening</b>												
Age in Hours												
<input type="text" value="026"/>												
Pulse O <sub>2</sub> Saturation Results - % Hand    % Foot												
<input type="text" value="092"/>						<input type="text" value="096"/>						
Screening Result												
<input type="text" value="Fail"/>												
<b>Final Disposition</b>												
Baby Transported?    Facility												
<input type="text" value="YES"/>						<input type="text"/>						
Echo Test Performed?    Echo Test Result												
<input type="text"/>						<input type="text"/>						
<b>CCHD Complete</b>												
CCHD Updates Completed?												
<input type="text" value="YES"/>												

**INSTRUCTIONS FOR CHILDREN’S HOSPITALS AND OTHER FACILITIES  
WITHOUT ACCESS TO THE OHIO VITAL STATISTICS ELECTRONIC BIRTH  
CERTIFICATE CCHD TAB**

Newborns that are transferred to children’s hospitals or other tertiary care centers before a CCHD newborn screening can be completed are required to be screened by the receiving hospital, when it is medically appropriate, or before discharge.

Hospitals without access to the baby’s Ohio Vital Statistics electronic birth certificate are required to complete and submit the ***Critical Congenital Heart Disease Newborn Screening Report Form*** to the Ohio Department of Health via:

Email: [Anna.Starr@odh.ohio.gov](mailto:Anna.Starr@odh.ohio.gov)

Fax: to Anna Starr’s attention at 614-564-2424

Instructions:

- Complete the demographic information on the baby using the fields on the top of the form.
- Report the CCHD screening results using the bottom part of the form.
- Submit the form using any of the following methods:
  - Complete the form electronically, hit the Submit button on the top right and the form will automatically email to [Anna.Starr@odh.ohio.gov](mailto:Anna.Starr@odh.ohio.gov)
  - Complete the form (by hand or electronically) and fax to Anna Starr’s attention to: 614-564-2424
  - Complete the forms (by hand or electronically) and batch them and email to Anna Starr at [Anna.Starr@odh.ohio.gov](mailto:Anna.Starr@odh.ohio.gov)

# Ohio Department of Health – Critical Congenital Heart Disease Newborn Screening Report

Hospital Name

<b>Birth</b> See instructions on back			
<input type="checkbox"/> Single <input type="checkbox"/> Multiple:		Order delivered: _____	Infant's birthdate (mm/dd/yyyy)
Infant's name	last	first	middle initial    suffix
Mother's name	last	first	middle initial    maiden
Mother's address – Number and street		Apartment	County of residence
City	State	Zip	Country, if not US
Phone number		Cell phone <input type="checkbox"/>	Email Address
Discharge Caregiver if NOT mother, check Not Applicable or complete below			<input type="checkbox"/> Not applicable
Name		Relationship	
Address		Phone number	
<b>Screening Disposition</b> Fill out section completely			
Screening Completed?		If not, why?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Baby Transferred	<input type="checkbox"/> Parent Objection
		<input type="checkbox"/> Known Dx. of CCHD	<input type="checkbox"/> Technical Problem
			<input type="checkbox"/> Diagnostic Testing Done, No CCHD
			<input type="checkbox"/> Discharged home on O <sub>2</sub>
			<input type="checkbox"/> Other: _____
<b>Initial Screening</b>			
Date (mm/dd/yyyy)		Age In Hours	Age in Days - NICU
Pulse Ox Saturation Results: % Right Hand		Pulse Ox Saturation Results: % Either Foot	
Screening Result <input type="checkbox"/> Pass <input type="checkbox"/> Fail			
<b>Second Screening</b> Only Required if Failed 1 <sup>st</sup> Screening			
Date (mm/dd/yyyy)		Age In Hours	Age in Days - NICU
Pulse Ox Saturation Results: % Right Hand		Pulse Ox Saturation Results: % Either Foot	
Screening Result <input type="checkbox"/> Pass <input type="checkbox"/> Fail			
<b>Third Screening</b> Only Required if Failed 2 <sup>nd</sup> Screening			
Date (mm/dd/yyyy)		Age In Hours	Age in Days - NICU
Pulse Ox Saturation Results: % Right Hand		Pulse Ox Saturation Results: % Either Foot	
Screening Result <input type="checkbox"/> Pass <input type="checkbox"/> Fail			
<b>Final Disposition</b>			
Baby Transported		Facility	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Echo Test Performed		Echo Test Result	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Parent Referred to Outpatient Cardiology
CCHD Updates Completed?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		

It is **required** that Ohio birth hospitals report this information via the CCHD tab on the Ohio Electronic Birth Certificate.

Children's hospitals and birth facilities that do not have access to the Ohio Electronic Birth Certificate must send this form via **email** to: [Anna.Starr@odh.ohio.gov](mailto:Anna.Starr@odh.ohio.gov) or via **fax** to: 614-564-2424, attention Anna Starr.

