CCHD Quarterly Reporting Required Data Elements

Facility ID _________

(Total unduplicated count of)
1. Neonates who were screened _________
2. Positive Screens _________
3. Negative screens _________
4. Neonates whose parents or guardians objected to the CCHD screening _________
5. Live births, if the report is being submitted by a medical facility _________
6. Transfers into the facility, not previously screened _________
7. Total neonates not screened _________

(The following items must add up to the “Total neonates not screened”)
   ECHO completed _________
   transfer out of the facility _________
   NICU complications _________
   missed screening _________
   death _________
   other _________
   not yet >= 24 hours _________

(NOTE: “not yet >= 24 hours” is for that rare case where the infant is not yet 24 hours on the day you are doing the quarterly totals - this is a mathematical exception, not an exception to the rule that all infants MUST be screened)