P-249 - USHUAIA NEWBORN SCREENING: QUALITY INDICATORS

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**INTRODUCTION:** The estimated population of Ushuaia is 65,000 people. There are about 1200 births per year and 51.2\% of the total number of births take place in public hospitals. Public health institutions participate in the National Strengthening Program (Programa Nacional de Fortalecimiento de la Detección Precoz de Enfermedades Congénitas), send samples to NBS Laboratory of Hospital “Prof. Dr. Juan P. Garrahan” in Buenos Aires (3099 km away) and has current coverage of approximately 98.15\% of newborns. **OBJECTIVE:** Our aim is to improve the quality of the NBS in the Ushuaia’s public hospital. **MATERIALS AND METHODS:** Retrospective and descriptive study to evaluate quality of NBS in Ushuaia’s public hospital. We determined program, pre-analytical, analytical and post-analytical quality indicators (PQIs, Pre-AQIs, AQIs and Post-AQIs respectively). PQIs: Total births per year, coverage rate. Pre-AQIs: median age at specimen collection, percentage of specimens in transit for 8 days or less, percentage of unsuitable samples. AQIs: recall rate. Post-AQIs: percentage of recall specimens in transit for 8 days or less, median age at diagnostic confirm. **RESULTS:** PQIs: Total births in 2016 was n: 717, NBS n: 702, coverage rate 97.9\% vs. Total births in 2018 n: 612, NBS n: 609, coverage rate 99.5\%. Pre-AQIs: Median age of specimen collection was 48.5 h, with 98\% collected between 48 and 72 hours of age (target 95\% collected between 48 and 72 hours of age). Percentage of specimens in transit for 8 day or less was 44\% in 2016 vs. 72\% in 2018 (target was 95\%). Percentage of unsuitable samples was 0.64\% in 2016 vs. 0.13 \% in 2018 (target less than 0.5\%). AQIs: Recall rate was 4.4\% in 2016 vs. 6.6 \% in 2018. Post-AQIs: Percentage of recall specimens in transit for 8 days or less was 57.7 \% in 2016 vs. 74.71 \% in 2018. Median age at diagnostic confirmation was 12 days of age (n: 2. Diagnostic CH) **CONCLUSIONS:** According to these data, we emphasize that there is still a need for system-wide assessment and improvement. Pre-analytical, analytical and post-analytical stages must be monitored frequently to ensure children receive optimal health care.