TICR logo

# WORKSHEET: ASSESSING CURRENT SCREENING PROCESSES

One focus of this TICR QI collaborative is to screen for barriers to early relational health for children less than 5 years of age. Over the next 9 months your core team will either improve a current screening process for a potential barrier to early relational health or integrate a new screen.

### For practices currently utilizing one or more screens:

The following worksheet is a guide to help assess a current a *screening process* workflow for your practice. Complete the worksheet for each screen you currently use. If there are fuzzy steps in the current process, consider improving the current screen before introducing a new screen.

For the purposes of this worksheet, a screening process is defined as the method of early identification and intervention for potential risks to early relational health through ongoing surveillance, routine screening per AAP guidelines, family-centered discussion of results, interpretation, and—when concerns are identified—referral and follow-up.

### For practices not currently utilizing one or more screens:

No need to complete this worksheet. You will utilize a similar assessment in the coming months to help you select your new screen.

### **STEP 1:** Identify current screening tools. What formal assessments are we currently using to identify concerns?

Perinatal depression screening:	 	 	
Social drivers of health tool(s)/questions:	 	 	
Social-emotional screening:			

Complete the CURRENT workflow assessment worksheet for all formal assessments currently in use in the practice.

	RRENT Workflow essment worksheet	PERINATAL DEPRESSION SCREENING	SOCIAL DRIVERS OF HEALTH SCREENING	SOCIAL-EMOTIONAL SCREENING
1.)	At what ages of the child do the family receive the screenings?			
	Recommendations:	1,2,4,and 6 months	6, 15, 24 and 48 months	6, 15, 24 and 48 months
2.)	How do caregivers access the screening tool to complete it? (Ex: EMR portal, paper version in office, laminated wipe-away)			
3.)	If paper, who ensures that copies of the screening tool are available for caregivers to complete each day?			
4.)	When in the visit do the caregivers receive the screening tool?			
5.)	Who gives the caregiver the screening tool?			
6.)	Who scores the screening tool?			
7.)	When does the provider review the screening results?			
	Where are screening results documented?			

	RRENT Workflow essment worksheet	PERINATAL DEPRESSION SCREENING	SOCIAL DRIVERS OF HEALTH SCREENING	SOCIAL-EMOTIONAL SCREENING
8.)	For positive screens, what are available interventions?			
	Where are recommended interventions documented in the EHR?			
9.)	For referrals, who facilitates them?			
	What tools are used to track referrals / interventions?			
11.)	What happens with the screening tool after it has been discussed with the caregiver? (Ex: results recorded in EMR, scanned into chart, shredded, wiped away)			
12.)	Who gives the caregiver educational materials? When will these be presented?			
13.)	Where are your supply of educational materials? (paper, website, EMR)			
	Who reviews the materials on a regular basis to ensure they are up-to-date?			

	RRENT Workflow essment worksheet	PERINATAL DEPRESSION SCREENING	SOCIAL DRIVERS OF HEALTH SCREENING	SOCIAL-EMOTIONAL SCREENING
14.)	Who makes sure that materials (including screening tools and educational materials) are restocked and readily available?			
15.)	Who facilitate following up with families to determine the outcomes of the referral?			
16.)	Where will follow-up notes be recorded?			

## **STEP 6**: Identify program supports. What partners do your currently work with to support patients? What materials do your currently utilize?

### RESOURCES FOR DEVELOPMENTAL CONCERNS

Local care coordination service program for children:	
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Developmental behavioral pediatrician:	
Speech therapist:	
Occupational therapist:	
Physical therapist:	
Child Care Resource and Referral Agency (CCR&R):	
Child Care Health Consultants:	
Infant Mental Health Consultants:	
Head Start:	
Caregivers as Teachers:	
School system preschool coordinator:	
Local early childhood collaboration:	
Local family support group:	
School nurse contact:	
Exceptional child contact (school system):	
State/Local education office:	
Local <u>Easter Seals</u> :	

Loc	al <u>The Arc</u> :	
Sch	ool United Way:	
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MENT	AL HEALTH RESOURCE	:s
Mat	ternal depression:	
Pos	al services identified by the street	
Loc	al new moms group:	
Car	egiveral/Caregiver depression:	
Chil	ld psychologist:	
Chil	ld behavioral therapist:	
Sub	ostance use support:	
Dor	mestic violence support:	
Pos Nat Nat Nat	enal Resources:  httpartum Progress  ional Alliance on Mental Illness  800-950-NAMI (6264)  ional Institute of Mental Health ional Suicide Prevention Lifelin 1-800-273-TALK (8255) or Livestance and Mental Health Servention SAMHSA Treatment Referral F	<u>ne</u> ve Online Chat
FAMIL	Y SUPPORT RESOURC	ES
Stat	te/Local health department:	
ider	al home visiting program ntified by the <u>Maternal and</u> Id Health Bureau:	
Car	egivering groups:	
	al food pantries listed on ding America website:	

Local homeless shelter:	
Local contact information for Public Housing Authority programs:	
Supplemental Nutrition Assistance Program (food stamps):	<u>e</u>
Women, Infants, and Children (WIC) services:	
National Diaper Network:	
Local <u>homelessness prevention</u> <u>provider</u> :	
State/Local legal services agency:	
STEP 7: Engaging staff in th	e concepts, principles and process.
How do your staff support the process staff be refreshed/reminded of this inf	? How do new staff receive initial training on the concepts? How are ormation?
staff be refreshed/reminded of this inf	make changes as necessary? Are there be regular forums for feedback?
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### **ACKNOWLEDGEMENTS:**

This resource was adapted from a version developed by the North Carolina Assuring Better Child Health and Development program. And the AAP Selecting a Screening Tool