ACHIA Early Screening Key Driver 2017

ACHIA
HELP ME GROW ALABAMA
EARLY SCREENING
CONTINUOUS QUALITY IMPROVEMENT
COLLABORATIVE

Global Aim

We will build a sustainable patient-centered quality improvement infrastructure within our practice where children at risk for developmental, autism and/or behavioral concerns are identified through early screening and receive services in a coordinated early childhood health and developmental system.

Specific Aim

Between January and October 2017 we will increase the rate at which children ages 9 – 36 months are appropriately screened* for developmental delay, autism, and behavioral problems to 90%.

* screened with correct tool, tool scored, documented and reviewed with family, positive results referred.

Measures/Goals:

- 90% of well child visits ages 9-36 months complete early screening*
- 90% of children identified as at risk through screening referred for appropriate services

*9 mo ASQ-3
18 mo ASQ-3 & MCHAT-R/F
24 mo ASQ-3 & MCHAT-R/F
36 mo ASQ-SE

Key Drivers

Interventions

Engage CQI Team and Practice
- The CQI Team and practice is active and engaged in improving practice processes and patient outcomes

CQI Core Team:
- Form 3 person interdisciplinary team and meet routinely
- Meet with CQI Coach at practice
- Communicate to practice importance and goals of early screening
- Collect, enter, review baseline and monthly data with team and practice
- Use data to inform CQI tools such as aims statement, process maps, and PDSAs
- Involve Parents/Families in workflow design
- Complete monthly CQI assignments
- Participate in monthly webinars
- Ensure Knowledge of Evidence-based medicine

Manage Population
- Practice patients ages 0-36 months tracked to ensure early screening completion

- Select and populate a tracking/registry tool
- Use the tool to manage patient care & support population management
- Ensure visits are coded properly

Use Planned Care Approach to Ensure Reliable Early Screening and Referrals
- All children receive appropriate screen and children at risk are referred
- Care Team is aware of patient needs and works together to ensure optimal care

- Determine workflow to support reliable use of the screener at the time of the well child visit
- Communicate results to family
- Monitor use of screening tools
- Identify Referral sources and supports such as 211 and Help Me Grow
- Monitor and address referral results

Develop Protocols
- Standardized practice-wide process for early screening implemented and sustained
- Practice/site-wide developmental screening guidelines implemented for sustainability

- Select and customize evidence-based protocols for screening and referrals
- Determine staff workflow to support protocols, including standing orders
- Maintain protocols and update as needed

Provide Self-Management Support (SMS)
- Realized patient/family and care team relationship support parents awareness of developmental/behavioral status and how to support optimal development

- Obtain patient education materials
- Gauge caregiver's self-assessment of comfort in supporting child's development
- Determine staff workflow to support SMS
- Provide training to staff in SMS
- Document & monitor patient progress toward goals
- Link families with community resources