Getting Started

1) Assess current protocols: Developmental Screening and Surveillance

What are we currently using for developmental screening? A formal, standardized tool? _______ Informal Checklist? _______ Nothing? _______

Are we screening routinely at 6 months, 12 months, 18 or 24 months, 36 months, 48 months, and 60 months? Yes_________ No_______ . If no, what ages are we missing? ________________. Why are they missing?

2) Identify Physician Champion:

A Physician is the “voice” of the quality improvement initiative. They can help facilitate communication with MDs, office staff and other community groups, both formally and informally, about the screening and referral system.

3) Select a Developmental Screening Tool:

A variety of screening tools are available to providers. Please refer to www.dbpeds.org for a complete list. The ASQ and PEDS “have been put to the test in practices throughout NC” and practice staff has overwhelmingly said the ASQ and PEDS work in a busy primary care practice. You may order these screening tools by mail or on-line:

(ASQ) www.brookespublishing.com
Paul H. Brookes Publishing
P.O. Box 10624
Baltimore, MD 21285-0624
(May be photocopied)

(PEDs) http://www.pedstest.com
Ellsworth & Vandermeer Press, LLC
P.O. Box 68164
Nashville, TN 37206
(Cannot be copied. Refills must be ordered.)
After selecting a tool, remember the schedule for screenings as endorsed by the NCPS is: 6 months, 12 months, 18 or 24 months, 36 months, 48 months, and 60 months. Screenings outside of the "routine" ages can be used at the discretion of the provider.

4) Integrating Screening and Referral - “Mapping the Workflow”

Systematically integrating screening and referral into the practice is essential to program success and sustainability.

Step #1- Identify “Key” Practice Staff who will help map the workflow.

Physician Champion ________________________  
Practice Manager ________________________  
Nursing Manager ________________________  
Other: ________________________  

Step #2- Develop a Formal Chart that outlines your workflow/process.  
The following worksheet has been developed as a guide to help you in developing your practice workflow.

a.  
(Who will ensure each day that copies of the screening tool are available for parents to complete?)

b.  
(When in the visit will the parent receive the screening tool and who will give it to the parent?)

c.  
(Who scores the tool?)

d.  
(When does the provider/nurse review the screening tool with the parent?)

e.  
(How will referrals be handled for children identified at risk?)

f.  
(Who will be responsible for facilitating referrals?)
g. (Who is going to give the parent educational material? When is the best time to give it to the parent?)

h. (What happens to the screening tool after it has been discussed with the parent?)

i. (Where will you keep your supply of educational materials?)

j. (Who makes sure materials are restocked and readily available?)

5) Identify Program Supports- Materials and Partners

When integrating your system of screening and referral, please note that supportive materials are available, e.g., early intervention brochures. Select which materials you will provide to parents as together you work with their child.

Identifying and establishing relationships with community partners is critical to your local process. This worksheet serves as a guide in developing your customized list. May include but not be limited to:

Child Service Coordinator/s: __________________________
________________________

Children’s Developmental Services Agency (CDSA):
________________________
________________________

Preschool Program Representative

Local Mental Health Entity (LME):
________________________

Private Mental Health Providers: __________________________
________________________
Family Support Network:  

Head Start:  

Health check Coordinator:  

School Nurse/s:  

Smart Start:  

Medicaid Managed Care Representative:  

Other:  

6) Conduct Staff Orientations:

Introduce the new workflow and procedures to your staff. Walk through the process and determine if it works the same in practice as it did on paper. Adjust as necessary. Republish the map and formally incorporate into the office protocols. Remember to periodically monitor progress, offer feedback and make adjustments if necessary.

Introduce the concept, principles, and processes of Early Intervention to your staff. A copy of the outlined workflow can become a part of your office policy and protocols.

BEGIN!