“Setting the Stage for Success”

Risk Assessment Screening and Formal Surveillance

Getting Started

1) Assess current protocols: Developmental Screening and Surveillance
   a) What are we currently using for School Age and Adolescent Risk Assessment Screening and Formal Surveillance?
      A formal standardized tool _____  *Informal Checklist _____  *Nothing _____
      *If item is selected, please see Section 2 of this document
   b) For our school age children and adolescents, are we screening their development and social/emotional status routinely during their well child checks?
      Yes ____  No____
   c) Are we screening development and social/emotional status upon concerns?
      Yes ____  No____
   d) Do we have a referral process for any positive screenings?
      Yes ____  No____
   e) Do we have a process for informing patients/parents about confidentiality?
      f) Yes ____  No____

2) Select a Formal Standardized Tool

   If your practice is not already using a standardized tool, contact your Pediatric QI Specialist and begin the process of tool selection.

   A variety of screening and surveillance tools are available to providers. Please refer to

   After selecting tools to use, remember these tools can be utilized upon the well child check or as concerns arise. A total of two risk assessment screenings can be billed during one session.

3) Identify a Practice Champion

   A practice champion is the “voice” of the quality improvement initiative. They can help facilitate communication with providers, office staff, and other community groups about the screening and referral system. This can be done formally and informally.
4) Integrating Screening and Referral – “Mapping the Workflow”

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

1st Step – Identify “Key” practice staff to help map the workflow

Provider Champion ____________________________
Office Manager ______________________________
Lead Nurse ________________________________
Other _______________________________________

2nd Step – Develop a flow chart that outlines your workflow/process. The following questions are to help guide your practice in developing the workflow. (Keep in mind that prior to adolescence, the structure of the visit needs to change to incorporate private discussion time for the provider and patient. Your practice will need a policy to inform patients/parents about confidentiality.

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

b) During the visit, when will the parent/patient receive the screening tool and who will provide it to them?

c) Where will the form be filled out?

d) If patient is an adolescent, are they provided an opportunity to complete tool in private?

e) When scoring is needed, who scores the tool?

f) Does the provider allot one-on-one time with the patient to discuss any questions, concerns, or review answers to the tool?

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

h) What is the practice process for follow up visits if a patient has a positive screen?

*If the provider makes a referral for this patient, see items i-k

i) How will the referrals be handled for those school age children and adolescents who are identified as at risk/have positive screens?

j) Who will be responsible for facilitating the referrals?

k) What is the process for tracking the referral and feedback?
l) What happens to the screening tool after it has been discussed with the parent/patient? ________________________________________________________________
m) Who will give the parent/patient educational material? When is the best time to give it to them? ________________________________________________________________
n) Where will you keep your supply of educational materials? __________________
o) Who makes sure that the screenings and materials are restocked and readily available? ________________________________________________________________

5) **Conduct Staff Orientations**

Discuss the importance and relevance of completing school age and adolescent risks and strengths surveillance/screenings with your staff. Introduce the new workflow and processes to them. Walk through all aspects of the process and determine if it works the same in practice as it did on paper. Use small tests of change to evaluate your processes; adjust as necessary. See attached Plan, Do, Study, Act (PDSA) worksheet for guidance. Once all the changes have been evaluated, formally incorporate the revised process into office protocols. Periodically monitor progress, offer feedback, and continue to make adjustments as needed! Remember to utilize your Pediatric QI Specialist for assistance!

6) **Identify Program Supports – Materials and Partners**

When integrating your system of screening and referral, please note that supportive materials are available. Select which materials you will provide to parents/patients. Several handouts for use can be located in the Mental Health Toolkit. Resources are accessible online as well; among these are [www.adolescenthealth.org](http://www.adolescenthealth.org), [www.healthychildren.org](http://www.healthychildren.org), and [www.aap.org/mentalhealth](http://www.aap.org/mentalhealth). Other resources include [www.icarenc.org](http://www.icarenc.org) and [www.communitycarenc.com](http://www.communitycarenc.com).

Also, please see the attached Community Resource List that your practice to customize; it can serve as a guide for local contacts. Identifying and establishing relationships with community partners is critical to your local process.
<table>
<thead>
<tr>
<th>Program</th>
<th>Contact Name and Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric QI Specialist</td>
<td></td>
</tr>
<tr>
<td>CCNC/Network Care Manager</td>
<td></td>
</tr>
<tr>
<td>Health Check Coordinator</td>
<td></td>
</tr>
<tr>
<td>Network Psychiatrist</td>
<td></td>
</tr>
<tr>
<td>CAP Care Manager</td>
<td></td>
</tr>
<tr>
<td>School Nurse</td>
<td></td>
</tr>
<tr>
<td>School EC Director</td>
<td></td>
</tr>
<tr>
<td>Mental Health Providers (may include local therapists, psychiatrists, an after hours contact)</td>
<td></td>
</tr>
<tr>
<td>Mobile Crisis</td>
<td></td>
</tr>
<tr>
<td>Screening, Triage, Referral</td>
<td></td>
</tr>
<tr>
<td>Family Support Network Representative</td>
<td></td>
</tr>
<tr>
<td>Carolina Access /DSS (Eligibility)</td>
<td></td>
</tr>
<tr>
<td>Medicaid Managed Care Representative</td>
<td></td>
</tr>
<tr>
<td>Health Choice Line (Enrollment, Coverage, etc)</td>
<td>1-800-422-4658</td>
</tr>
</tbody>
</table>

*Please refer to attachment ‘Developing Relationships with Referral Partners’ as well as the screening/referral flow sheet.*