Minnesota ABCD Project 2016 Driver Diagram

**Driver Diagram**

**Aim**
- Improve screening and referrals so all children are ready for school

**Key Drivers**
- Timely Screening of Children
- Appropriate and Timely Referral
- Effective Tracking Mechanism
- Knowledgeable Follow up
- Informed Families utilizing resources
- Shared Information

**Change Ideas**
- Use reminders to prompt screening – smart sets
- Use appropriate screen
- Screen all children before age 3, as needed and if not screened then before 5 years of age
- Develop a standardized consent process to share information
- ID those 3-5 who have not been screened
- Catch up 4-5 YO
- Use reminders to prompt screening

- Build relationships with referral sources
- Meet monthly to problem solve
- Refer immediately after concern surfaces
- Use Teach Back for import of referral with family

- Create a registry or spreadsheet to track
- Set tracking intervals
- Communicate with clinic providers, family and EI/HMG

- Define follow up intervals
- Follow up in office visits, incorporate into smart sets
- Check in with family if accessed services, satisfied with process, have any concerns.
- Develop a phone survey and survey 5 families a month
- Track on registry or spreadsheet

- Co-create care plan to leverage services and resources
- Use Teach Back for import of referral
- Inform family of resources /financing

- Hold periodic meeting at clinic for all players if needed
- Incorporate parent partners to QI team
- Problem solve at meeting
**AIM:** Improve screening and referrals so all children are ready for school

**Key drivers**

- **Timely screening of children**
  - Use reminders to prompt screening – smart sets
  - Use appropriate screen
  - Screen all children before age 3, as needed and if not screened then before 5 years of age
  - Develop a standardized consent process to share information
  - ID those 3-5 who have not been screened
  - Catch up 4-5 YO
  - Use reminders to prompt screening

- **Appropriate and timely referral**
  - Build relationships with referral sources
  - Meet monthly to problem solve
  - Refer immediately after concern surfaces
  - Use Teach Back for import of referral with family

- **Effective tracking mechanism**
  - Create a registry or spread sheet to track
  - Set tracking intervals
  - Communicate with clinic providers, family and EI/HMG

- **Knowledgeable follow up**
  - Define follow up interval
  - Follow up in office visits, incorporate into smart sets
  - Check in with family if accessed services, satisfied with process, have any concerns.
  - Develop a phone survey and survey 5 families a month
  - Track on registry or spread sheet

- **Informed families utilizing resources**
  - Co-create care plan to leverage services and resources
  - Use Teach Back for import of referral
  - Inform family of resources /financing

- **Shared information**
  - Hold period meeting at clinic for all players if needed
- Incorporate parent partners to QI team
- Problem solve at meeting