

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

<p>Use reminders to prompt screening – smart sets</p> <p>Use appropriate screen</p> <p>Screen all children before age 3, as needed and if not screened then before 5 years of age</p> <p>Develop a standardized consent process to share information</p> <p>ID those 3-5 who have not been screened</p> <p>Catch up 4-5 YO</p> <p>Use reminders to prompt screening</p>
<p>Build relationships with referral sources</p> <p>Meet monthly to problem solve</p> <p>Refer immediately after concern surfaces</p> <p>Use Teach Back for import of referral with family</p>
<p>Create a registry or spread sheet to track</p> <p>Set tracking intervals</p> <p>Communicate with clinic providers, family and EI/HMG</p>
<p>Define follow up interval</p> <p>Follow up in office visits, incorporate into smart sets</p> <p>Check in with family if accessed services, satisfied with process, have any concerns.</p> <p>Develop a phone survey and survey 5 families a month</p> <p>Track on registry or spread sheet</p>
<p>Co-create care plan to leverage services and resources</p> <p>Use Teach Back for import of referral</p> <p>Inform family of resources /financing</p>
<p>Hold period meeting at clinic for all players if needed</p> <p>Incorporate parent partners to QI team</p> <p>Problem solve at meeting</p>

ABCD 2016
MN Department of Health
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Tessa.Wetjen@state.mn.us

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



Department of Health

Maternal & Child Health Section

P.O. Box 64882, St. Paul, MN 55164

Phone: 651-201-3760

<http://www.health.state.mn.us>

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