

MDH FHV Screening & Referrals Driver Diagram

SMART Aim	Primary Drivers <i>Critical system elements that are necessary and sufficient to achieve the aim</i>	Changes <i>Ideas that will result in improvement</i>
By September 30, 2017, improve child development through developmental, social emotional and caregiver depression screening so that 95% or more of those with a positive screen or concern are referred, and 95% or more of those referred receive further evaluation.	PD1. Referrals	<ul style="list-style-type: none"> • Hold joint education/training event for FHV and community service providers • Meet consistently with partners, including parent partners, to problem solve • Develop and implement guidelines for when to refer and to whom (algorithm for social-emotional screening and referral being developed) • Use scripts during screening and referral process • Refer immediately after concern surfaces • Make active referrals, warm handovers (develop process); • Test one referral to understand process at baseline • Train co-workers on new processes and practices • Develop referral resource list and test for accuracy and availability
	PD2. Data systems and reporting	<ul style="list-style-type: none"> • Develop a registry or spread sheet or use existing data system to track referrals and follow-up (may rely upon self-report from families, not system report for outcome of follow-up) • Use a tickler system for making timely referrals and following-up on referrals made. • Set tracking intervals • Communicate with family and referral providers • Retrospectively review charts to identify missed referral opportunities
	PD3. System for follow-up	<ul style="list-style-type: none"> • Define follow-up interval; develop guidelines for follow-up • Regular communication with the community service providers (with consent) and support the link between client and service provider • Follow-up in next HV • Survey 5 families a month • Track in registry, spreadsheet or data system

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	PD4. Family Resource Utilization	<ul style="list-style-type: none"> • Inform families of resources and costs; anticipatory guidance and education • Protocol for addressing parent concerns • Use scripts about importance of connection to services • Explain service options in plain language • Use Teach Back with family for importance of referral • Check-in with family if accessed services, satisfied with process, have any concerns • Referrals and linkages HV recommends are acceptable to family • Use educational tools to open conversation & increase receptivity of client/family to referral and resources