Developmental Screening Learning Community

November 20, 2019
# Developmental Screening Learning Community Call

**November 20, 2019**  
9:00-10:00 a.m.

**Meeting Information:**  
Zoom Meeting Room: [https://zoom.us/j/3933567720](https://zoom.us/j/3933567720)  
Conference Call-in #: 1-408-638-0968  
Meeting ID #: 393-356-7720

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>9:00-9:05 a.m.</td>
<td>Welcome &amp; Introduction</td>
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<td>9:05-9:20 a.m.</td>
<td>General Updates</td>
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<td>REDCap Updates</td>
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<td><em>Stephanie West, PhD, Epidemiologist/Evaluator</em></td>
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<td>9:20-9:45 a.m.</td>
<td>Developmental Screening Quality Improvement Project</td>
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<td>Driver Diagram</td>
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<td>Team Highlights:</td>
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<td>- Douglas County</td>
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<td>- Franklin</td>
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<td>- Grant County</td>
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<td>- Sokaogon Chippewa Community</td>
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<td>- St. Croix County</td>
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<td>9:45-9:55 a.m.</td>
<td>Learning Community Check-in</td>
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<td>9:55-10:00 a.m.</td>
<td>Wrap-up &amp; Next Steps</td>
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<td>Plus/Delta Exercise</td>
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<td>2020 Meetings (Wednesdays at 9-10am):</td>
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<td>- April 1, 2020</td>
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<td>- June 10, 2020</td>
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<td>- September 2, 2020</td>
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<td>- November 18, 2020</td>
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REDCap Updates

Log In

DHS REDCap requires a Wisconsin Logon Management System (WILMS) account for login.

To create or reset a WILMS ID, please go to https://register.wisconsin.gov

If you need further logon or project assistance, please contact DHS REDCap Administrator - Stephanie West

NOTE: If you need access to a project or a group of projects, please email DHS REDCap Administrator the project name(s) and your WILMS user id.

Please log in with your user name and password. If you are having trouble logging in, please contact The WILMS Helpdesk.

Welcome to REDCap!

REDCap is a mature, secure web application for building and managing online surveys and databases. Using REDCap’s streamlined process for rapidly

REDCap Features

Build online surveys and databases quickly.
## Family of Measures

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>GOAL</th>
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<tr>
<td>• Sites listed in REDCap conducting developmental screening</td>
<td>69%</td>
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<tr>
<td>• Sites receiving training on developmental screening</td>
<td>77%</td>
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<tr>
<td>• Sites changing protocols or practices to include developmental screening</td>
<td>74%</td>
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<tr>
<td>• PH professionals believing developmental screening work does not complement their other professional responsibilities</td>
<td>&lt;20%</td>
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2019 Developmental Screening Quality Improvement Project

<table>
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<tr>
<th>AIM</th>
<th>Drivers</th>
<th>Tests of Change</th>
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</table>
| By December 31, 2019, 69% of sites listed in REDCap will be conducting developmental screening. | Local public health department provides education and promotion of developmental screening in their community | • Include information in birth letters to families  
• Provide trainings to specified target audience (physicians, child care providers, community partners)  
• Intentional outreach to target audiences via email, call and in-person meetings  
• Share information at a community event |
| Collaborate with relevant partners                                    |                                                                                           | • Attend early childhood coalition meetings  
• Provide technical assistance to partners  
• Share best practices with or across Health Departments  
• Develop relationships with a clinical partner who is conducting developmental screening |
| Promote screening availability by multiple partners in the community  |                                                                                           | • Explore who in the community is currently using screening  
• Provide screening opportunities at established events |
| Advocate for systems (like WIR) that identify children in need of screening or appropriate follow-up |                                                                                           | • Share data with partners to create common messaging  
• Work with statewide organizations including WPHA, WCHQ, WNA, WHA and WI AAP to discuss advocacy efforts  
• Identify a community champion to support advocacy efforts |
| Conduct a community assessment                                        |                                                                                           | • Identify where screening is being done in your community  
• Identify what resources are available and what resources are needed  
• Identify who is interested in receiving training |
| Promote established referral networks                                 |                                                                                           | • Provide information to partners on Regional Centers for Children and Youth with Special Health Care Needs  
• Provide information to partners on Well Badger  
• Maintain local listing of resources |
| Participate in learning community opportunities on developmental screening |                                                                                           | • Initiate discussions with other health departments in Life QI  
• Share resources and best practices in Life QI  
• Document your Plan-Do-Study-Act (PDSA) cycles in Life QI  
• Participate on learning community calls  
• Partner with the Medical Home Initiative for technical assistance |

**Measures**

1. Percent of sites conducting developmental screening (Outcome)  
2. Percent of sites that received training (Process)  
3. Percent of sites that changed their protocols or practices to include developmental screening (Process)  
4. Percent of LPHD professionals who disagree/strongly disagree that developmental screening work complements other professional responsibilities (Balancing)
Sites Conducting Developmental Screening

Goal

June  | August  | November
---    | ---     | ---
50%    | 40%     | 45%
Sites that have received training

Goal

June August November

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Sites that have changed their protocols

Goal

June August November
Developmental screening does not complement other work

**Direction of goodness**
Douglas County

• Item tested:
  Outreach & education to the community on surveillance & screening
    o CDC tracker app & brochure
    o Promotion at Health Fairs
    o Opioid prevention grant work
    o Positive Parenting handouts: https://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/index.html
Douglas County

• Tips:
  – Be patient, take time to find advocates in your community to support and help with coordination of child development trainings, outreach, and continued support
  – Partner & Connect
    • CCR&R, B-3, Head Start, School Districts, Naomi, Clinics, Parents, etc.
Douglas County

• Question:
This is our last year working with this initiative. Are there any other teams that have completed the strategies from this initiative as well and how will you continue to offer support to promote the importance of child development screenings and awareness in your community?
MCH 2019 IN FRANKLIN, WI

CHILD DEVELOPMENT SCREENING IN THE COMMUNITY
HISTORY

Began exploring ASQ in 2006
Physician’s offices Jan 2015-Dec 2016
  3 Doctor offices trained and using ASQ
Daycares Jan 2017-Dec 2018
  4 Daycares trained and 2 currently using
COMMUNITY

PROMOTE AQ-3 SCREENINGS

• SENSORY PLAYTIME
• Infant massage
• PARENTING TALKS WITH Parent Network
• SCHOOLS
CHALLENGE

PARENTAL BUY-IN
TIP

GET CREATIVE

• MEET PEOPLE (DOCTORS, DAY CARE WORKERS, PARENTS) WHERE THEY ARE AT
• FIND OUT WHAT THE LEARNER WANTS TO GET OUT OF THE SESSION
• DON’T BE AFRAID TO UTILIZE NON-TRADITIONAL PARTNERS
QUESTION

WHAT NON-TRADITIONAL PARTNERS DO YOU WORK WITH TO MEET YOUR CHILD DEVELOPMENT GOALS?
Phone Outreach

Grant and Crawford Counties

Clinic Manager Buy-In
- Introduction of initiative/goals
- Professional Outreach Offerings

Incentives
- Free Onsite Training
- CEU’S
- Ongoing Technical Assistance
Progress - May 17-June 21st

**Surveys Sent**
- 13 Practices = 24 sites

**Survey Responses**
- 11 Practices = 22 Sites
  - Completed Survey
- 1 Practice Opted Out
- 1 Practice - lack of knowledge and team engagement
Results

101 Providers

Providers Serving children <6 years = 92

- 68 use ASQ-3 at AAP recommended 9, 18, 24 or 36 months
- 4 use “other” DS tools

- 53 use M-CHAT Autism Screen at AAP recommended 18 & 24 months
Attention areas

Barriers to Screening

- Time -3 Practices
- Refer to? -3 Practices
- Lack of training -2 Practices
- Failure to follow best practice -2 Practices

Acceptance of Training

- 8 practices accepted professional outreach offering from the Children’s Health Alliance of Wisconsin
Lunch & Learn Trainings

3 sites held a 60 minute Lunch & Learn

★ 29 staff members trained
★ 10 of whom were clinicians
★ 19 evaluations were completed
100%

Knowledge of developmental screening increased!
95%

Awareness of recommended referrals and resources for children with concerning screening results increased somewhat or alot
95% were satisfied or highly satisfied with the overall training.
Please Explain

“As a result of the training, did your knowledge of developmental screening increase?”

→ Learned a lot of new resources in the area
→ I was not aware of many of these resources
→ I was not aware of the resource center, ABC for Health or Parent to Parent
Please Explain

“As a result of the training, did your awareness of recommended referrals and resources for children with concerning screens increase?”

➔ New knowledge of resources will help me to educate families about their options
➔ Great to learn about new resources, I will recommend 211 to more families
“Name two ways you will use the information in your work”

→ I will screen using the AAP recommendations  

→ Incorporate additional contact information in practice with individuals as needed  

→ Increase referrals  

→ Clarify Epic workflows internally  

→ Clarify frequency of ASQ use within our practice  

→ Share resources with parents and other clinicians  

→ Care coordination
Sustainability
Launched the first Developmental Screening Survey

Hosted Brookes Publishing 2-day Comprehensive ASQ Training Seminar

Launched and hosted the first DS Coalition meeting

Joined the Action/Momentum Lab. DS survey to Grant and Crawford Counties

Momentum Lab - end of the 100 Sprint / 3 sites trained
Next steps

**Schedule/hold quarterly DS coalition meeting**
Using the ASQ Training Portal materials and inviting guest speakers for various community partners

**Deliver “Screening Tools” totes to trained sites**
Active check-ins for technical assistance with site delivery

**Maintain referral listings, developmental surveillance materials for sites.**
Lessons Learned

1. Developmental Surveillance and Screening activities are hugely variable in terms of target populations, measures and procedures used, implementing personnel and comprehensiveness, feedback and follow-up.

2. Some providers are comfortable with their primitive practices.
Grant County

• Tip:
  – **Engage** individuals and organizations that have no knowledge of us and no clear connection to the goals of our work
  – **Empower** the leaders
  – What worked
Grant County

Question:
What are some of the hurdles that you have experienced when it came to gaining trust and how were you able to overcome and successfully train sites?
Sokaogon Chippewa Community

• Item Tested: Implementing ASQ-3 instead of screening templates in our electronic health record
Sokaogon Chippewa Community

Tip:
Offer to go through the ASQ with the parent if they are unwilling to do so. Many times our parents have more than one child in the room and are unable to properly fill out the ASQ.
• Question:
Our Family Services Dept uses a program called DAISEY to record their ASQs. Family Services is sometimes capturing data that our health clinic providers will never see. What would be the best way to have the captured data available to both departments?
# 2019 Developmental Screening Quality Improvement Project

**AIM**

By December 31, 2019, 69% of sites listed in REDCap will be conducting developmental screening.

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What is something you have tested this year? How did it go? Adopt/Abandon/Adjust?

**Test of Change:** Engage with Early Childhood Coalition partners to create and share a local developmental screening resource handout.

- **Prediction:** Creating a handout will support childcare providers to implement ASQ3 screenings at their sites.

- **Results:** Positive feedback from attendees at the ASQ3 training. (Adopt: will include in packets with other resources for child care providers)

- **Bonus Result:** Increased communication, collaboration, and active engagement among early childhood coalition partners regarding developmental screening.

**Drivers**

1. Collaborate with relevant partners
2. Promote established referral networks
What is one tip you have for other teams working on developmental screening?

• **Stay Involved with Early Childhood Coalitions**
  • Systems work is slow and it can’t be done alone.
  • Keep sharing your message with the group: eventually the timing will be right for more a more collaborative effort.

• **Work with your CCR&R for ASQ3 Training**
  • 3 hour training only $25.00 per participant
  • Access for participants to all screening tools and handouts after homework assignment is completed.
• Does anyone work with child care providers who implement ASQ3 screenings, and make the referrals directly (send results to the child’s medical home, or to B-3)? If so, what type of release of information do they use?
Learning Community Check-in
Plus/Delta Exercise

• What did you like about today’s call?

• What could be improved on for future calls?
End of Year Items

• 2020 Meetings (Wednesdays at 9-10am):
  – April 1, 2020
  – June 10, 2020
  – September 2, 2020
  – November 18, 2020

• Naomi will be on maternity leave soon, reach out to Leah Ludlum
  Leah.Ludlum@dhs.wisconsin.gov or Geeta Wadhwani GWadhwani@chw.org with any questions
Thank you!

Naomi Kowald (nkowald@chw.org)