

# CADLC Akron Collaborative - Developmental Systems Inventory (follow-up)

## Demographic

Instructions: The purpose of this tool is to help a practice team assess the office systems in place in your practice that support developmental services. It is recommended that the **entire project team complete this tool together**. The project team in each office may vary somewhat; it may include the lead project clinician, lead nurse, office administrator, and one or two other clinicians and staff. This tool will help you assess the degree to which systems exist in your practice in the following areas:

\* **1. Practice Name:**

\* **2. Date of Inventory**

Date of Inventory      MM      DD      YYYY  
 /  /

## Key Driver #1

Children and Families are Partners in Decision Making Regarding the Child's Care

\* **3. Our practice utilizes a mechanism for parent (and, if appropriate, child) feedback about developmental assessment.**

Yes

No

## Key Driver #2

All clinicians will develop office systems that can integrate appropriate tools and schedules for models for monitoring development throughout childhood

\* **4. Our practice utilizes surveillance at all well child visits to elicit parent (and, if appropriate, child) concerns regarding development.**

Yes

No

## Key Driver #3

Healthcare providers utilize evidence-based screening at specific well child visits

\* **5. Our practice uses a standardized, validated screening tool (e.g. PEDS, ASQ) to elicit parent concerns and developmental delay.**

Yes

No

## CADLC Akron Collaborative - Developmental Systems Inventory (follow-up)

\* **6. Our practice uses a specific standardized, validated screening tool (e.g. ASQ:SE) to elicit social-emotional concerns.**

Yes

No

\* **7. Our practice uses a structured tool for autism screening (e.g. MCHAT) at 24 month well child visits (e.g. OH AAP recommended Schedule)**

Yes

No

\* **8. At our practice, a specific staff person is responsible to make sure screening tools are available and used at each well child visit (this is likely to happen in different ways at each practice-e.g., may be attached to each chart for well child visit, mailed to parent before well child visit, etc.).**

Yes

No

\* **9. Our practice utilizes appropriate billing codes for developmental, autism, and the social emotional screening**

Yes

No

### Key Driver #4

Timely referral to evidence based evaluation and intervention services for children identified as at risk or with developmental and social emotional delay

\* **10. Our practice refers children who are found to be at risk on developmental, autism, and social emotional screening to Help-Me-Grow for early intervention as well as appropriate medical evaluation).**

Yes

No

## CADLC Akron Collaborative - Developmental Systems Inventory (follow-up)

- \* **11. Our practice has identified local community resources to assist families who have children with developmental delay or autism and other conditions: and this list is easily accessible to everyone in our practice who needs it.**

Yes

No

- \* **12. Someone in our practice is responsible for regularly updating the practice's community resource information (e.g., checking contact information, confirming eligibility).**

Yes

No

- \* **13. The materials we use for community referrals are organized and accessible to all staff in the practice.**

Yes

No

- \* **14. Our practice utilizes a referral tracking system (e.g. registry or log that notes which children have been referred, to what clinicians or agencies, and whether follow up has been received).**

Yes

No

- \* **15. To coordinate referrals with community agencies, we currently use a standardized referral form or have a standard way to communicate written information about patients we send to community agencies.**

Yes

No

- \* **16. To coordinate referrals with community agencies, we currently have a standard way to request written information back from the referral agency (e.g. , non-carbon forms).**

Yes

No

## CADLC Akron Collaborative - Developmental Systems Inventory (follow-up)

\* 17. To coordinate referrals with community agencies, we currently have a system to ensure a primary care to specialist feedback loop and ongoing communication.

Yes

No