



## CHANGE IDEA: Embed a workflow to streamline recommended screenings into the electronic health record (EHR) to support comprehensive care planning and documentation.

### STEP 1: GET READY (TASKS)

- A. Convene a multidisciplinary team (e.g., clinical, IT, behavioral health, social work) to assess current screening workflows.
- B. Discuss the pros and cons of EHR-based versus paper screening workflows. Consider a hybrid approach to meet families' literacy and digital access needs.
- C. Select validated tools for each screening domain (e.g., Ages & Stages Questionnaires, Third Edition; M-CHAT-R/F [Modified Checklist for Autism in Toddlers, Revised with Follow-up]; Edinburgh Postnatal Depression Scale).
- D. Assess current EHR capabilities and identify gaps in screening documentation and data capture.
- E. Review resources like the Early Childhood Developmental Health Systems: Evidence to Impact Center's [Getting Started Guide: Implementing a Screening Process](#) to inform your team's screening workflow. Existing EHR tools or internal resources may also support this test of change.

### STEP 2: PLAN AND PRACTICE

Pilot integrated screening workflows within a single age group (e.g., 18- or 24-month visits), focusing on streamlined data entry and team workflow.

#### SAMPLE PROCESS:

- A. Identify eligible patients in advance using visit scheduling reports.
- B. Assign pre-visit screening tasks to front-desk staff or care coordinators using the patient portal or paper forms.
- C. Embed key screenings (e.g., developmental, social-emotional, autism, perinatal depression) into the EHR using discrete fields and auto-scoring where possible.
- D. Create a workflow for clinicians to review results in real-time and provide referrals or interventions as needed.

### STEP 3: REVIEW AND REFINE

Collect data on screening completion rates, referrals, and staff and family feedback. Identify technical or workflow issues and refine EHR templates and staff roles as needed.

### STEP 4: EXPAND

Gradually expand the pilot to additional well-child visit age groups. Tailor screening tools by age. Train additional staff and integrate screening data with population health dashboards when available.

## STEP 5: SUSTAIN

Conduct periodic reviews of the expanded workflow using Plan-Do-Study-Act (PDSA) cycles and evaluate outcomes such as early identification and connection to services.

Establish policies for routine screening documentation and EHR maintenance. Provide ongoing staff training and integrate screening metrics into quality improvement goals and reporting when appropriate.