Here are some important considerations about implementing the SWYC screener and achieving consistently high screening rates. For additional support, reach out to TEAM UP's implementation manager, Charlotte Vieira (charlotte.vieira@bmc.org).

Consider how the SWYC will be introduced to the caregiver

- Cohort 1 FMEA¹ results, outlined in the below linked FMEA paper, indicated that caregivers' understanding of, and participation in, the screening process was critical to success. When the SWYC is introduced to the caregiver, think about the following:
 - o Give the caregiver a brief explanation of why we are asking for the form to be completed. For example:
 - "Each time your child comes in for a well child check, we ask that you fill out this form. This helps your provider to get a snapshot of how your child is developing so that the two of you can discuss that together."
 - "I realize that you completed a similar form just a few months ago when you were last in for a well child check, but it's important to do this at every visit. Some of the questions are the same, and some of them are different."
 - o Confirm the caregiver's language preference.
 - o Confirm the caregiver's literacy level. Offer assistance to read the form if appropriate.
 - o Remind the caregiver that there are two sides to the form.

Begin the SWYC screening process as early as possible in the visit

• The SWYC takes some time to complete. Begin the process as early as possible, and take advantage of any 'down time', like when the family is in the waiting room, or awaiting the provider in the examination room.

Add a step in your workflow to confirm that the SWYC is complete

- Make sure the SWYC is reviewed before or during the visit. This could be something that the MA does as part of the rooming process.
- Think about the hand-off between the MA and the provider. This is often a spot where there is inconsistency that can lead to incomplete screeners.
 - o How does the MA let the provider know that the family is ready to be seen?
 - How does the MA let the provider know that the SWYC is complete? Or, if it's not complete, what outstanding issues the provider should address?

Decide how the screening results are entered into the EMR

- Cohort 1 CHCs saw improvements in their screening rates when this task was completed by MAs during rooming, rather than by providers after the visit.
- Clearly identify who enters the SWYC into the EMR, and when.

Resources

- Cohort 1 Universal Screening FMEA Worksheets
- Universal Screening Memo
- Cohort 1 FMEA Paper
- TEAM UP Symposium Implementation Breakout 2020

¹ FMEA, or Failure Modes and Effects Analysis, is a quality improvement methodology for identifying points of breakdown in a process and the impacts they may have on care delivery (http://www.ihi.org/resources/Pages/Tools/FailureModesandEffectsAnalysisTool.aspx).