

OFFICE SYSTEMS INVENTORY

Instructions: To complete this tool, we recommend including your lead 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 office that make it possible for your practice to:



- Meet parents' informational needs and address their concerns about their child's learning, development, and behavior,
- Identify children at risk through the use of structured developmental and psychosocial assessments and screening at appropriate visits,
- Provide a strong and streamlined link to community resources for families who need or want them, and
- Promote optimal parent/child relationships.

1. Eliciting Parents' Informational Needs

Check off each office system your practice *currently* uses or has in place.

- We utilize a formal and informal survey to focus the visit on the parents' informational needs (e.g., a formal survey such as the *Promoting Healthy Development Survey* or an informal survey, such as questions routinely asked at beginning of visit).
- We have established practice-wide guidelines on anticipatory guidance and parent education topics.
- We have embedded practice guidelines into a clinical tool, such as a preventive services summary/flow sheet, health maintenance record, or a well-child care record.
- We have established practice-wide guidelines for annually updating and reviewing anticipatory guidance and parent education guidelines.
- We have implemented an annual chart review or parent survey to measure performance of anticipatory guidance and parent education.
- We have circulated results of the chart review to clinicians to plan for system changes.

SCORE: __/6

2. Identifying Children at Risk

- We use standardized structured screening tools to identify children at risk for developmental delays (e.g., ASQ, PEDS).
- We identify high-risk families through psychosocial screening for maternal depression, substance abuse and domestic violence.
- We elicit parent/family strengths at well-child visits.
- We use tools at each well-child visit that alert the physician to needed preventive and developmental services and risk screenings (e.g., chart screening prior to visit, flag on chart).

- We utilize a screening and prompting system for needed preventive and developmental services at both well-child and non-well child visits.
- We train and utilize office staff to prompt practitioners to use preventive and developmental screening systems routinely.
- We have established a registry to monitor the care of high-risk patients (e.g., developmentally delayed, at-risk family).
- We utilize a recall system to follow up with children who have missed well-child appointments.

SCORE: __/8

3. Linking Families to Community Resources for Additional Care

- We identify and utilize community resources to meet the needs of the practice population.
- We identify and train a staff person to regularly update a community resources listing.
- We organize and make accessible a listing of community resources.
- We identify and utilize a central contact and referral source in the community for needed referrals.
- We have created/adapted a standard referral form to send information to community agencies.
- We have created/adapted a standard referral form to request information from community agencies.
- We utilize a tracking system to follow up on referrals to community agencies.

SCORE: __/7

4. Promoting Optimal Parent/Child Relationships

- We designate a clinical staff person to train office staff about anticipatory guidance and parent education guidelines.
- We train and utilize clinic personnel (other than the physician) to conduct problem-focused counseling on specific topics (e.g., car seat safety, toilet training).
- We provide patient goal setting and/or written plans to facilitate behavior change.
- We provide patient education materials about specific topics (e.g., toilet training, sleep) that are consistent with the practice guidelines.
- We organize and make accessible patient education materials.
- We have created/adapted a standardized way to document anticipatory guidance and patient education (e.g., flow sheet, computerized record).

SCORE: __/6

	Score	Possible Total	Rating Your Office Systems
Section 1		6	Above 20 points: Your practice likely has a

Section 2	8	number of well-developed office systems in place.
Section 3	7	
Section 4	6	10-20 points: It is likely there are some systems within your office that need improvement. The sub-scores for each system will help you identify specific opportunities for improvement.
Total	27	

Lower than 10 points: Your office probably does not have a large number of systems in place.