

Developmental Screening Is An Important Part Of Well Care: How Can We *Really* Make It Happen? Basic Principles For Practice Change In The Real World.

By Dianna Ploof, Ed.D and Sara C. Hamel, M.D. in the *American Academy of Pediatrics' Section on Developmental and Behavioral Pediatrics' Newsletter*, June 2002.

Change Principles When Initiating Quality Screening In Primary Care

Assuring committed leadership, achieving a shared definition of the problem and goal, involving those to be affected in the planning of change, and evaluating the goal achievement are all necessary ingredients to lasting change.

- **Committed Leadership**

There must be a respected champion for the change. This can be an individual or team within the organization or practice that believes in the value of developmental screening, shares their enthusiasm with others, and is prepared to keep the change effort in the front of people's consciousness for the long haul. It is *essential* that the leader be well-regarded and centrally committed to the idea. This is the first thing to consider, for no matter how good an idea is, without committed leadership, nothing will happen.

- **Shared Definition of Need/Problem**

Once there is established leadership support for change, in this case for instituting a developmental screen, the leader must help create or establish a shared understanding of the need for change. We all know of situations where a committed leader pushes a change or idea forward, but his or her efforts are met with resistance because it was not a shared agenda. This forced approach at best slows a change process, and at worst mobilizes sufficient energies to resist and oppose the change. Furthermore, when the group that will be most directly impacted by the change shares a sense of the need for the change, the change occurs more quickly and smoothly. Time spent up front with those being impacted can help to assure that an appropriate understanding of the problem and goal are achieved.

In the case of developmental screening, the leader could begin by convening a discussion group to determine the current thinking about the importance of screening, identification of perceived barriers to routine screening, and the value of implementing something new. Ideally, if most members of the group acknowledge some importance in doing routine developmental screening, the next step would be to ask, "If we think it's important, why isn't it happening?" and "If it were to happen, what would it look like?" The ultimate outcome of this exploration would be a clear definition of the problem and the goal. This would lead to the next step, which is called process planning.

- **A Process Planning Approach**

Process Planning is a fancy description for envisioning the process of change in a detailed step by step way. It helps one map the course of action and activity to get from one point to another. It answers the question "What will it take?" This is a different type of activity than most pediatricians engage in during day to day medical practice which involves making short term treatment plans with patients. Process Planning is a long term plan for change at a group/systems level. Process Planning increases the probability that the right people are informed, prepared and involved at the proper time, and minimizes surprises that may be problematic later. Elements of Process Planning include:

1. ***Developing a refined, detailed description of the final goal*** (examples: we want to use a screen at every visit, need a screen that is family centered and parent completed, takes less than five minutes to discuss with a parent and provider, involves minimal cost, has an easy protocol for responding to positive screens, etc.)

2. **Identifying who (people, departments, roles) will be directly affected by the change.** Each person or group identified will possess particular expertise about their part of the change process and outcome, and should be involved at appropriate times in the process in a way that maximizes their contribution and minimizes wasted time. That is, not everyone needs to come to every meeting about the change process, but everyone needs to have input at the appropriate time, and some consideration of how to do this should be part of the process plan. In the case of using a developmental screen in a pediatric practice, the ‘who’ list might include:
 - a. the clerical staff who would handling any paperwork involved, as well as anyone who supervises their work.
 - b. the receptionist(s) – who may be distributing/collecting screening instruments and interacting with families about them.
 - c. the nursing personnel , who may serve a variety of roles vis a vis developmental screening,
 - d. the primary care providers who will be interpreting and discussing results of screens
 - e. families whose children are seen at the practice
3. **Identifying groups of individuals who have particular expertise relevant to the desired change but who may not be directly impacted by the change.** These may include in-house personnel in the areas of billing, medical records, or legal services, as well as community providers of developmental services. These people serve consultant roles in the change process and must be included at the appropriate times.
4. **Listing anticipated barriers and points of resistance and thinking these through ahead of time with relevant people.** In the case of screening, this may mean addressing: 1) physical barriers, such as providing a space for new forms and a mechanism to get forms from parents’ hands to providers’ charts in time, 2) concerns that providers will not know what to do when a child is identified as having a developmental delay, or 3) concerns that families feel they are already filling out too many forms.
5. **Establishing a realistic timeline and target date** which details what needs to happen when along the way to reaching the final goal. (e.g., how long will it *really* take to preview and select screening tools, pilot them, get feedback from families, and troubleshoot unanticipated snags). If a target date is passed, readjust your plan and don’t give up on the goal.
6. **Planning for both formative and summative evaluation** and including these into the timeline of the process. Formative evaluation is an assessment of how things are going along the way. As the steps identified in the process plan are implemented, feedback should be gathered. This feedback will guide adjustments along the way and help to keep efforts on target. For example, if the goal of a practice is to institute the use of parent-completed developmental screening forms, seeking feedback from parents will provide important information regarding usability and satisfaction. This feedback may also result in positive comments that will keep the change effort going. Feedback should also be obtained from all others who are impacted by the change process. Summative evaluation is an assessment of the degree to which the original goal has been met. It measures the overall impact of using a developmental screening protocol on your practice. Questions to address in the final evaluation include: Has screening resulted in better patient care? Has it resulted in increased patient satisfaction? Has it taken more time for the practitioners in their well child encounters, or more time for other staff? Has there been increased identification and referral of children with developmental delays? Has developmental screening affected reimbursement?