All Albany Children Ready School Readiness Pilot Project

Failure Mode and Effect Analysis V.1.

NOTES:

i. The following FMEA diagram shows how the stated process has potential/real failure modes--hypothetical situations that would lead to the process breaking down or overall failure of the project.

ii. This tool allows us to better understand where potential failures may occur (bottom boxes) and help proactively prevent failure at each step in the process with a designed intervention (top boxes)

iii. FMEA diagrams are typically validated with data after a process has had a chance to fully operationalize

THE ALBANY PROMISE

Interventions	Additional reminders by Peds offices and/or MCP remind parents in timely manner	Peds office staff receives addtl. reimbursement for universal screening implementation ASQ kits & questionnaire are provided to all providers	Questionnaire version (paper or electronic) is selected by site to have greatest chance of successful implementation into current workflow	Peds are trained to use cutoff score & develop familiarity with the tool
Process	Parent brings child to well-child visit	Parent completes ASQ during pediatric visit (**equipment needed if electronic*)	Screening scores/data capture is entered into the child's EMR	Pediatrician reviews scores and determines if referral is appropriate based on scores (below/at cutoff children only)
Failure Mode	Parent/families aren't reminded about well-child visits Transportation issues impede execution Work schedule conflicts with appointment times	Not all peds offices are using standardized tool Not all peds office have the materials needed for ASQ completion Peds aren't required to screen children	Paper copies of ASQ aren't compatible with EMR Workload in pediatric office is too heavy, data entry doesn't happen in a timely manner Tool doesn't get scored properly	Pediatrician isn't familiar with the tool, feels unprepared to make a decision based on its results Pediatrician makes judgement call on development of child, instead of using cutoff score

Interventions	Peds/office staff are uniformly trained on the tool New process is built into ped office workflow	Peds/office staff are uniformly trained on the tool New process is built into ped office workflow	Peds are provided with clear direction on referral procedure Standardized forms are used at all provider sites Routine schedule for information update to peds.	Standardized reporting documents are used across provider sites Work with peds to ensure process isn't overwhelming to office workflow
Process	Pediatrician reviews scores with parent; provides parent with copy of the screen; discusses next steps*	Pediatrician gains parental release for data sharing btwn EI & Pediatrician & MCP (FERPA & HIPPA compliant)	Pediatrician executes referrals to SPOE if child <3y/o; or CPSE if child >3 y/o	MCP liaison receives screening data (daily)
Failure Mode	No photocopy availability in office Ped doesn't have time to review scores with parent Ped doesn't feel comfortable with how to talk to parent of child in need	Parent doesn't sign off Parent is nervous about data sharing Ped forgets to get parental release	Ped office workflow doesn't allow for timely referral to be made Outdated/incorrect contact information for where referrals are placed	Ped office workflow doesn't allow for timely dissemination of information Labor intensive process breeds resentment of new process

Interventions	Ensure the use of a standardized referral form Communicate effectively with peds offices why full scope of information is needed	Use of online SPOE system eliminates errors being made; referral options become automated	Short-term tracking of referral volume should provide early warning of possible system overload	Short-term tracking of referral volume should provide early warning of possible system overload
Process	SPOE inputs referral information into PeerPlace	Options for services generated based on data entry	Early Intervention accepts referral	Early Intervention service coordinator is assigned to family; visits family
Failure Mode	Incorrect information is entered Not enough information exists for referral to be targeted	Referral agent makes a gut-instinct decision on what services would be best	Number of referrals becomes overwhelming to county; unable to keep up with influx	Number of referrals becomes overwhelming to county; unable to keep up with influx

Interventions	Short-term tracking of referral volume should provide early warning of possible system overload Communication to key leadership early on to create management plan	Short-term tracking of service volume should provide early warning of possible system overload Communication to key leadership early on to create management plan	Short-term data feedback will clarify if lack of services exist Communication to key leadership early on to create management plan	Standardized reporting tool is implemented/used New work stream is incorporated into existing capacity at EI
Process	Early Intervention service coordinator arranges for evaluation by approved evaluation team	If child is eligible based on eval, child/family moves into EI services	If child is ineligible for EI services, referral to community resources	Early Intervention creates feedback loop w/pediatrician and MCP liaison by 45 days
Failure Mode	Number of referrals becomes overwhelming to county; unable to keep up with influx	Level of need becomes too great given current service provider capacity	Not enough community services exist for non-EI eligible population Cost of services dissuade family execution of referral	Workflow becomes overwhelming and information isn't fed back in a timely manner Information is fed back in non-standardized and/or unhelpful way

Interventions	New process is embedded into current workflow/office capacity Communication with peds office ensures understanding of why they are best as 1st outreach partner	MCP works closely with peds office to understand family dynamic and possible reasons why referral wasn't executed on	New process is embedded into current workflow/office capacity	Standardized reporting document is used across MCPs Tool is piloted with a handful of providers first to ensure usefulness
Process	Pediatrician conducts 1st follow-up with family of referred child	MCP liaison follows up with parent/family if referral hasn't been executed by family	Pediatrician encourages well-child visits to parents to ensure 9, 18, and 30 month screens are completed	MCP liaison quarterly reports on screening/referrals/services to pediatricians (aggregated, not patient-level)
Failure Mode	Ped office workflow is unable to accommodate this new task/is overwhelmed Labor intensive process breeds resentment of new process	Family doesn't know MCP liaison, doesn't feel a connection Family does not respond Contact information outdated	Ped office workflow is unable to accommodate this new task/is overwhelmed	Data is inactionable Not enough data Sites don't see value in the report