



HEALTHY STEPS FOR YOUNG CHILDREN PROGRAM

PROTOCOL: CHILD DEVELOPMENT TELEPHONE INFORMATION LINE

I. DEFINITION

The Child Development Telephone Information Line is a non-medical telephone line for mothers and fathers (as well as guardians and caregivers) to ask developmental and behavioral questions about their child outside of office and home visits and parent group sessions. The Child Development Telephone Information Line will be staffed by a Healthy Steps Specialist and is a complement to the practice's existing medical information/emergency line. The Child Development Telephone Information Line is a non-crisis service and does not substitute for a medical advice line. It gives mothers and fathers access to the Healthy StepsSM practice whenever they have questions or need advice about child development and behavior.

Objectives:

- To provide information to mothers and fathers on issues of child development and behavior, thereby promoting parental confidence, strengthening the parent-child relationship, and decreasing parental stress, insecurity, and feelings of isolation.
- To strengthen the relationship between the family, the Healthy Steps Specialist, and the practice.
- To support physicians/pediatric nurse practitioners by providing information to mothers and fathers and addressing their concerns about developmental and behavioral issues during "off-hours" when physicians/pediatric nurse practitioners are unavailable.
- To reinforce information that physicians/pediatric nurse practitioners share with mothers and fathers on issues of normal child development and temperament.

II. SPECIFICATIONS

Each Healthy Steps Specialist will have a telephone and telephone number for families to call for information. An answering machine will also be provided to record calls when the Healthy Steps Specialist is unavailable (e.g. after hours, while performing other duties). Answering machines should have the capacity to indicate the time and date of the call to assist the Healthy Steps Specialist in responding to calls. In this way, the Child Development Telephone Information Line will be available to parents 24 hours a day, seven days a week.

Existing office or after-hours call-in lines will transfer appropriate calls to the Healthy Steps Specialist whenever possible. Details of these arrangements will be determined by each practice.

A. Hours of Operations: Each Healthy Steps Specialist should have specific call-in hours when mothers and fathers may telephone for immediate assistance. The call-in hours should be set to accommodate most families (e.g. from 7:30 am to 8:30 am or during the lunch hour). At other times, calls will be recorded and returned, preferably by the end of the day but no later than the next day.

The Healthy Steps protocols were originally developed as program requirements for use in the national evaluation phase of the program. In order to ensure the integrity of the evaluation, all sites needed to implement Healthy Steps in virtually the same manner. Because evaluation concerns will not affect new practices beginning Healthy Steps operations, these practices will have considerable flexibility in shaping their Healthy Steps programs. New practices should therefore use these protocols as guidance in their decision making.

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Existing Healthy Steps sites found that specific call-in hours did not affect when families used the Child Development Telephone Information Line. This requirement was subsequently eliminated.

Data on use of the Child Development Telephone Information Line, as well as on the nature of the calls, will be used by the practice to adjust office procedures and identify issues of concern to mothers and fathers. Initially, the number, timing, and nature of the calls will be analyzed monthly for purposes of improving service (e.g., adjusting “call-in” hours to better match when calls come in). After several months of possible refinement and adjustment, analysis will focus more on the content of the calls and how the Healthy Steps team can address mothers’ and fathers’ most common concerns during office or home visits or through additional parent handouts or parent group sessions.

B. Procedures: During the initial intake, mothers and fathers will learn how and when they can use the Child Development Telephone Information Line, and how it differs from the medical information/emergency line. This information will also be included in the Welcome to the Practice book.

The purpose of the Child Development Telephone Information Line is to provide timely response to mothers and fathers on issues of child development and behavior. Consequently, the goal should be to respond immediately to all calls that come in during the “call-in” hours, and to return messages left on the answering machine as quickly as possible. In addition, it is important to communicate directly with the person who made the initial call. If necessary, the Healthy Steps Specialist will make several attempts to follow up. For families with an answering machine, messages will be left on three separate days, asking mothers and fathers to call back with a preferred time and number for reaching them. Responses to mothers’ and fathers’ questions and concerns will not be left on the answering machine. For families who do not have an answering machine, three attempts will be made to reach them by phone, and then a postcard will be sent encouraging the family to call the Healthy Steps practice at a specific time when they are likely to reach the Healthy Steps Specialist. If the question asked is addressed by one of the parent handouts, it should be sent to the family along with the postcard.

To ensure consistency across calls, information provided in response to calls will be based on the parent handouts and community resources referral information. Each practice will define the appropriate boundaries of the medical information/emergency line and the Child Development Telephone Information Line.

As noted above, many practices already have pre-Healthy Steps telephone information lines, and the integration of the Healthy Steps procedures with existing call-in systems will be practice-specific. Each practice will establish its own procedures for transferring calls of a medical nature from the Healthy Steps Specialist to a physician or pediatric nurse practitioner.

C. Documentation: All calls to the Child Development Telephone Information Line will be documented in two places:

- The Child Development Telephone Information Line Log will track the time, date, name of caller and child, concern or problem, advice given, and follow up required for all incoming calls; document pertinent information to use when returning calls; and serve as the central source on the type of calls received. Logging all calls will be the responsibility of the Healthy Steps Specialist.

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- The Healthy Steps Specialist Family Encounter Form will be used to record demographic data, the parent's concern, the type of advice given, and any follow up, if necessary. The Encounter Form will be in triplicate--one copy to be retained in the family's Healthy Steps file, a second for the evaluation, and a third to be sent to the child's physician or pediatric nurse practitioner.

D. Reference: The procedures for responding to Child Development Telephone Information Line inquiries is provided in Chapter 8 of *Strategies for Change: Child Development in Primary Care for Young Children*.

III. EXPECTED OUTCOMES (EXAMPLES)

- Mothers and fathers will make use of the Child Development Telephone Information Line when they have concerns about development, behavior, and parenting.
- Timely and useful information will be provided by the Healthy Step Specialist in response to calls, resulting in greater parental confidence and reduced stress.
- A stronger relationship will be forged between the family and the Healthy Steps Specialist and by extension, between the family and the practice.
- Medical calls will be successfully triaged to the medical information/emergency advice line.

IV. MEASURES FOR CHILD DEVELOPMENT TELEPHONE INFORMATION LINE (PARTIAL LIST)

- Number of calls received.
- Frequency of usage (number of repeat callers).
- Number of calls returned.
- Promptness of returning calls.
- Parent satisfaction (usefulness of information, timeliness of information received, greater sense of confidence, reduced stress or feeling of isolation).
- Provider satisfaction.