Step 4: Define your Clinical Program

Each setting is different and you will bring to the program your own history of perinatal screening approaches, protocols, and referral processes. This step provides you with an opportunity to review your current practices and, in collaboration with the COPE team, consider how iCOPE can improve current practices and increase efficiencies.

Below is a series of considerations to help you and the COPE team understand your current practice and explore options to improve practice through implementing iCOPE.

Book a Planning Meeting with COPE

COPE is committed to facilitating short planning meetings with your team to help plan your program from start to finish. This includes defining the clinical service, the technical requirements and thinking through 'go live' approaches.

While it might seem difficult to get everyone together, it's much more efficient. It gives key people better opportunity to contribute and take ownership which really helps increase commitment. To book your meeting please contact us at icope@cope.org.au.

Understand Your Baseline

It's key to understand your starting point before implementing iCOPE. Begin by reviewing your current screening approaches – where you currently screen, the nature of your populations, when screening is conducted, where reports are directed and how referrals are made.

This initial scoping can be undertaken by completing the iCOPE Scoping Questionnaire to provide you and the COPE team with your baseline information, and help us co-design your Program together.

Plan the Program

Now is a great time to review your current protocols and consider how the introduction of iCOPE can improve your baseline. Below are some considerations.

a) Existing screening protocols

At which appointments will you routinely screen/rescreen and under which conditions? The National Guideline recommends as early as possible in pregnancy and repeat at 30 weeks. Screening is also recommended if concern for a patient's mental health status arises.

Given the efficiencies of digital screening, many services have increased the number of screens from one to two screens.

b) Will screening be offered remotely and/or in-person?

Screening is now able to be undertaken remotely. Here a secure iCOPE link can be sent to the client prior to their consultation, allowing them to securely complete the screen remotely on their mobile device. An automated clinical report is generated for the clinician to review prior to, or at the consultation.

If considering remote screening, our Digital team can work with you to consider the best approach. You may already send clients SMS reminders about upcoming appointments and we can consider integration into this existing digital infrastructure.

c) How would remote consultations be conducted?

Some services are conducting remote tele-health consultations via phone, others via online platforms.

It's important to consider the security of these Platforms when conducting health/mental health consultations, and compliance with Australian Digital Health Agency Data Security Protocols.

iCOPE iPads can have a multi-purpose function. In addition to facilitating the screening, the iPads can also be used to conduct a secure tele-health consultation via the Federal Government Approved tele-health software.

d) How will family violence questions be managed?

Consider whether your iCOPE screen will incorporate questions surrounding family violence, what form this might take, and how it will be managed.

Here there are options to insert prompts into the screen to ask the client if they are alone at the time of completing the screen, before asking about family violence questions.

These questions can also be completely removed from the initial screen, and only asked in the presence of the clinician (if the client is alone). In instances where the opportunity does not present to ask these questions (e.g. partner present), the system can flag this to be addressed at a subsequent appointment.

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Clinical Documentation

Screening results and recommendations must be stored in the medical record and information systems in line with clinical documentation standards. It's important to thoroughly scope with the iCOPE team how this will this be achieved for your Program within your setting.

a) Identifying patients on iCOPE

The iCOPE platform con also collect longitudinal data to enable enable patient screening outcomes to be monitored over time.

There are a number of options for setting up 'patient profiles' prior to handing the iPad to the client or sending the remote screening link in advance of the appointment.

Entering the patient's unique reference/identifier number is just one example. Decisions will vary between organisations depending on local IT set ups, protocols and policies.

b) What is each person's role?

Consideration should also be given to which team members will set up patient profiles, send screening links or provide patients with the iPads. It is also important to consider which team members will be authorised to have access to patient records. This will involve two-factor authentication for security purposes.

c) Storing clinical reports

In some settings reports will be printed and a patient label attached and placed in patient files, whilst in others it may be sent in hard copy to patient records for scanning to the EHR.

It may also be possible to get iCOPE and your EMR to automatically integrate the patient report into the patient's medical record. This is an important decision and will require consultation with the iCOPE technical team and your service's IT department (see Step 5).

Clinical Referral Pathways

Research has shown that a key stumbling block to implementing perinatal screening programs is clinicians' concern about what to do with screening results.

Experience has demonstrated that clear, concise, quality local pathways to care support clinicians' confidence and underpin the success of the program.

Consider reviewing and updating the protocols you currently use to refer patients who may be in need of assessment or treatment following screening. This may include consideration of which risk factors or EPDS cut-off scores prompt an internal/external referral, and how this may be integrated with the iCOPE Screening outputs. For example, clinical reports can be attached to existing referral forms.

iCOPE also autogenerates a clinical report that can provide a valuable link to referral pathways following screening.

Here the COPE team welcome the opportunity to work with your team to explore your referral pathways and integrate them into the e-COPE Directory. This will enable both clinicians and clients to identify local and online supports and treatment services both at and beyond the point of screening.

Continuity of Care

Some facilities have noted the importance of mapping responsibilities to ensure patient/client follow through with referrals.

Consider and clearly define how your teams will follow up on consultations and recommendations. Will it become part of routine questioning when patients return for their next midwife appointment? What role do other members of the care team play here? How and where will this information be documented and how will your teams address patients who have not followed through on referrals? These are all important questions when looking at the impact of any PNMH screening program.