

# Implementation Guide

The iCOPE Digital Screening Program has been successfully implemented across a range of maternity settings. This brief seven-step guide is designed to help you define WHAT your program may look like and HOW to get people engaged and invested in implementing digital screening within your service.

1

## Start with the why

People need reasons to change behaviour, fund or spend time on improving clinical practice. Take time to define why iCOPE digital screening is important and help people clearly understand what's in it for them and their patients. They will be more excited about helping.

2

## Mobilise the right leadership

Implementation is a social process that relies on people to drive commitment. Enlist support from influential leaders from key disciplines who will guide, make decisions, learn, share, actively problem solve, and stay involved to make iCOPE happen.

3

## Take a collaborative, interdisciplinary approach

People are more likely to support what they help create. Invite representatives likely to be impacted by iCOPE screening (e.g. clinical staff, allied health, administrative staff, medical records and IT teams) to be involved. Enlist their ideas and help them to understand how iCOPE screening impacts them, and how you can work together.

4

## Define your Clinical Program

Each setting is different. iCOPE can be tailored to support your setting, clinicians, reporting and patients/clients. Our team will support you as you plan to implement iCOPE into your screening schedules, patient cohorts, record keeping systems, communication channels and referral pathways.

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## Do the 'techy' Stuff

While implementing iCOPE is not difficult, optimal outcomes are achieved with IT integration. If this is your goal, our team will work closely with your IT representatives to enable clinical reports to be seamlessly integrated into existing electronic health record systems.

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## Prepare people

To achieve lasting change in clinical practice, consistency is key. Once you've raised awareness and desire to participate, help teams get ready by equipping them with the knowledge, skills, support tools and mentoring to help them confidently deliver iCOPE screening. We will assist in the provision of training to prepare your people.

7

## Monitor, Evaluate & Improve

Ongoing evaluation is an integral part of any quality care initiative. Evaluation helps clearly define your desired outcomes at the outset, and decide how and when you'll measure success. By collecting baseline data of your current practice and then continuing to monitor results, you can assess and adjust your program as needed.

# Step 1: Start with the Why

People need reasons to change behaviour, fund or spend time on improving clinical practice. Take time to define why iCOPE digital screening is important and help people clearly understand what's in it for them and their patients. They will be more excited about making it happen.

Possibly the toughest part of leading change in clinical practice is generating enough excitement to inspire others to WANT to do things in a new way. Starting with the WHY (creating a case for change) can go a long way.

Simply put, a case for change is a concise collection of key points and evidence that can be easily communicated to demonstrate the reasons for change and create the desire to move toward a new future.

Your case for change will be your reference point when presenting or communicating to any group about iCOPE. This includes decision makers, other departments, and those who will start to screen digitally.

Once you have your case for change, decide on the most credible person/people to communicate the vision. It may be you, someone else or a combination of people. The key is that people hear the case from a trusted source.

## QUICK TIPS:

- **Develop a brief, statement of the current problem.** Is screening currently happening routinely in line with guidelines? Are current practices taking too long to administer? Is scoring and clinical interpretation accurate? Are there cultural or language groups missing out? Are individual mental health screening outcomes routinely recorded in the medical file? Are screening rates and outcomes currently able to be monitored and evaluated across your service?
- **Present the opportunity.** Now that you've articulated how patients, clinicians, families, are impacted by current screening practices, contrast this with the opportunity. How does evolving practice fit within performance and/or digital health priorities? How does iCOPE allow you to do what you can't do now?
- **Add evidence to increase appeal.** Quantitative and qualitative data can enhance your story. For example, research has shown 29% error rates in manually calculating EPDS scores alone - iCOPE is 100% accurate. Qualitative studies also highlight the benefits of iCOPE for patients by providing them with a more private, safe space for screening.
- **Establish a sense of urgency.** While often overlooked, if you don't help people understand *why* it's important to do something about this now, you'll leave room for people to suggest "we can wait until next year to do this." This Commonwealth funding is a unique, time-limited opportunity to enable digital screening to be funded. Your service can be a leader!
- **Tailor your language, evidence and arguments for each group.** Put yourself in the shoes of those you need to support you and consider 'What's in it for THEM'. When speaking to Department Heads, your case might be more heavily weighted to how iCOPE aligns to clinical priorities, efficiencies or performance requirements. Front line health workers might be more interested in knowing digital screening saves them time and provides them with clinical guidance and reduces paperwork.

### SOME STRONG REASONS FOR IMPLEMENTING ICOPE:

- ❖ Facilitates routine screening in line with the National Perinatal Mental Health Guideline
- ❖ Saves time compared to paper (4-6 minutes) and can be completed in waiting room or at home
- ❖ Scores instantly calculated with 100% accuracy
- ❖ Clinical reports explain screening outcomes and provide clinical guidance
- ❖ Clinical reports can be integrated into health record systems and shared with other providers
- ❖ Patients are empowered with information relating to their own screening outcomes in their own language
- ❖ Non-English-speaking clients (who often miss out) can also be offered screening
- ❖ This is a unique opportunity to leverage Commonwealth funding to fund screening

## Worksheet- Case for Change

A template for making your Case for Change.

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Develop a brief, initial statement of the problem that will capture people's interest. How are patients and clinicians affected? Remember to be clear, focused and specific.

What is your evidence?

What is the solution? What will be different in the future? What will improve? What people will be able to do that they can't do now. Remember to use language that means something to your audience (not just to you).

What is your evidence?

Create a sense of urgency. Why do you need to change this now?

Put it all together and ask yourself:

- Do I need to tailor this slightly for different groups?
- Who will communicate this case for change to each of the specific groups of people who need to support the change?

## Step 2: Mobilise the right leadership

Implementation is a social process that relies on people to drive commitment.

Enlist support from influential leaders and champions from key disciplines who will guide, make decisions, learn, share, actively problem solve, and stay involved to make your iCOPE Program happen.

The success of implementing a new or innovative clinical practice, frequently relies on individuals and relationships. This is why implementation is in part, a social process, requiring champions, networks, and people to initiate the process, legitimise the change and drive commitment.

Stakeholders with the most influence and interest in digital screening are the key people you will want to identify and overtly engage as project committee members, sponsors and champions for the program.

Consider starting by canvassing departmental heads and senior players from key departments for their views on current screening practice and identify those interested in supporting change. Then expand your reach.

The ultimate structure of your iCOPE leadership arrangement must match the size and degree of change you might expect from your implementation. For example, if your facility currently undertakes routine PNMH screening using the ANRQ and EPDS tools, and you're not planning to integrate clinical reports into your record system, then you may be able to treat your

iCOPE implementation as a Departmental initiative with relatively low support required from other disciplines.

Alternatively, if your facility is not currently undertaking routine screening, if there are evidence-practice gaps to rectify or if you plan on integrating the iCOPE Platform into your EHR/EMR system for optimal outcomes, more decisions and other stakeholders will need to be involved.

A Project Steering Committee, cross-functional project team and champions network, may be the best approach. Along with leaders from key departments, consider securing participation from influential colleagues from areas like IT, medical records and allied health as appropriate.

By enlisting support of, and creating 'roles' for influential leaders decision-makers, this enables them to model new behaviours and champion the program.

Great change leadership is known to be the most critical single factor of successful initiatives. It also has the added benefit of lightening your workload.

### QUICK TIPS:

- Enlist support of senior leaders who can assist in gaining the necessary clinical, administrative and IT resources to make the project happen.
- Identify practice networks and committees that could be used to raise the profile, priority and importance of iCOPE screening.
- Find and harness an interest in PNMH among senior clinicians who are opinion leaders.
- Fully involve influential members of the groups whose practice or day-to-day will need to change, including to involving them in designing the program.
- Ensure leaders and champions will commit their time, effort & support to making change happen. Promote their contributions and results to reinforce positive behaviour change and promote positive outcomes.

### HELPFUL DEFINITIONS:

- ❖ **Steering Committee.** A group, chaired by the Project Sponsor, that provides high level advice, decision-making and oversight of your iCOPE project. This also helps manage risk and resolve any potential conflict between stakeholder groups should it arise. Speak to your unit's Director and IT team for further advice.
- ❖ **Project Sponsor.** A highly influential, senior decision-maker responsible for providing active leadership for and championing iCOPE in all forums. Along with others, they can promote iCOPE to other leaders, authorise release of resources and help the project make decisions.
- ❖ **Champions.** Influential people (from any level) who believe in digital screening and want to help make it happen. Whilst they may lack formal authority to drive change, they can still help to influence within their circles and across a setting.

## Step 3: Take a collaborative, interdisciplinary approach

People are more likely to support what they help create. Invite representatives likely to be impacted by iCOPE screening (e.g. nurses, allied health, administrative staff, medical records and IT teams) to be involved. Enlist their ideas and together explore how iCOPE screening impacts them and how you can work together.

Effective perinatal care often requires coordinated contributions from a range of health professionals and services. This multidisciplinary nature of care means that several groups can be impacted by, have interest in or influence over the outcome of your iCOPE program.

It's good practice to dedicate time to identifying all relevant stakeholders from the outset of your program and create a plan for working with them to make iCOPE a success.

### IDENTIFYING STAKEHOLDERS:

Identifying stakeholders may sound like a daunting task but it's really as simple as getting a few colleagues together to map the patients' journey and note any groups who are involved in, or have an interest in, the outcomes of your patients'/clients' care.

Keep in mind, your stakeholders may be internal to your setting (eg. executives, midwives, clinicians, administrative staff, IT and/or medical records departments). Stakeholders can also be external (eg. patients themselves, GPs, other clinicians or services you refer to, your PHN and other networks and industry influencers such as COPE).

Don't stress too much about getting the 'perfect' list the first time. Identification is likely to continue throughout your project, particularly as stakeholders mention others in conversations.

### COLLABORATION AND ENGAGEMENT:

Engagement and collaboration can take many forms. It may be a simple keeping people informed of progress and decisions (IF that's all THEY want) through to formally inviting representatives to be represented on working groups to help design and champion the program.

The best approach will depend upon a range of factors unique to each group – such as the nature and level of their interest, their level of influence, their attitude to and acceptance of digital screening, the level of impact iCOPE will have on their day-to-day activities and their level of trust.

Once you have brainstormed your list of your stakeholders, think about how you will approach them, invite them to be engaged, and work with them to support your program. Contemplate not only what *you* might need from individuals but importantly, what *they* might need from you – including how much they currently know about iCOPE and what's in it for them.

If you are not sure about a group or how best to engage them, it's ok to ask and really good practice to validate your assumptions! Dedicated meetings and taking advantage of informal opportunities to discuss the program, can help you to identify just how people might want to be included.

Remember, implementation is a social process. The more sense of control people feel, the more receptive they tend to be.

### QUICK TIPS:

- You may want to build confidence by starting with a specific team or setting.
- There are many ways to keep track of stakeholder lists. A sample Worksheet here may be helpful. Your facility may also have templates.
- The key is to put this information on paper. This allows you to share it with a project team and regularly update and track progress throughout your implementation program.

### A NOTE OF CAUTION:

- ❖ It's vital to understand that not everyone will be receptive to digital screening right away. Even if they think it's a great idea, they might have concerns and questions or have other priorities or commitments.
- ❖ Remain empathetic. Encourage people to talk about their questions. Listen openly, give them opportunity to be involved and offer ideas to address concerns.



## 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](mailto: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.

## Step 4: Define your Clinical Program

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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 be achieved for your Program within your setting.

#### *a) Identifying patients on iCOPE*

The iCOPE platform can also collect longitudinal data to 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.

## Step 5: Do the 'techy' stuff

Whilst implementing iCOPE is not difficult, optimal outcomes and efficiencies are achieved with IT integration. If this is your goal, our team will work closely with your IT representatives to enable clinical reports to be seamlessly integrated into existing electronic health record systems.

Being a digital platform, there are several technical aspects to consider in relation to the set-up of iCOPE, ongoing access by team members and integration with other technology systems. By reviewing the options available you can decide on the *type* and *level* of technical integration that you may want to attain.

### iCOPE Setup

When setting up the iCOPE Platform for your setting, our team will create what is called a 'sandbox' within the iCOPE system.

A sandbox is the technical term used to refer to an isolated environment on a network where data from your setting is collected and securely stored. This means that the data collected specifically from your service is quarantined from other data being collected from other locations.

### Services with multiple sites

It is possible to have data going into one single location, or, if your service operates over a number of sites, it is possible to develop separate locations. This means that the data collected at a specific site, will be directed to the specified location within your sandbox.

If you choose to have multiple locations, this means that those who have access to the system will be able to access reports from screens conducted across the different sites. This can be most helpful when clients may receive care across the service or if referrals are made within the service to different sites.

### Customising the iPads and clinical reports

You can customise the iPads to your service by providing a logo which will appear on the screening platform. Here it is advised that the service reflects your health service and reassures the client that the screening process and the data being collected, is part of the care provided to them by your service.

The COPE team can also customise the clinical reports to include logos, barcodes etc. as required for your setting.

### System Access

It is also possible to set-up iCOPE with different levels of permissions.

Here it is important to establish which members of your service will be given access to the administrative console where all reports can be accessed.

People granted access to the iCOPE system will be provided with their own username and password. It is advised that team members use their work email address (username) and a combination of their employee ID and name (password).

Assigned team members can also be given additional permissions to enable them to add new members (e.g. new employees), disabling access for those who no longer need access, and download service screening data. This level of permission requires two-factor authentication.

You may also deem that some team members (who are not clinical staff) may also require access to print, download or upload clinical reports for administrative purposes.

### System Integration

The digital nature of the iCOPE Platform enables instant reporting and seamless integration with your existing digital infrastructure. This includes the integration of clinical reports into your health record system.

IT integration is likely to require consultation with the iCOPE digital team and the Hospital IT Department.

### Remote screening

In instances where patients do not attend appointments in person the iCOPE screen can be sent remotely to the patient's mobile phone prior to the consultation. This secure link can be sent manually, or can be attached to software systems that issue appointment reminders via text. Here the system can identify your service as the sender of the text containing the link to screening.



## Step 6: Prepare your people

To support adoption and uptake of a new system, communication is critical, and to achieve lasting change, consistency is key. You can help to raise broader awareness of your program and getting your teams ready by equipping them with the knowledge, skills and support tools, and mentoring them to confidently trial and deliver iCOPE screening.

Once your system is designed you are then able to start to prepare for launch!

### Set a date

Set a date that you are working towards. Here it is important to be mindful of other activities or changes that may be occurring within your setting and the availability of key team members who you want to be present at the time of launch. For example, consider how the launch date might be impacted by other initiatives or training being undertaken, the timing of the team roster and key people who will be available at the time of launching your Program.

### Order your equipment

Make sure that you have worked with the COPE team to configure the platform to your setting. If ordering iPads, allow a couple of weeks at least for the hardware to arrive and for your team to have a trial period before commencing perinatal screening with your clients.

### Identify your leaders

One highly effective approach to implementing change, is through the creation of a train-the-trainer model. This involves identifying those who work across teams and are able to encourage and support others in the implementation process over time.

Once your leaders have been identified and your equipment (iPads) have arrived, COPE can provide your leaders with the iCOPE Induction Training.

Allow up to **one hour** for this session to take place.

As part of this training, creation of a 'test' sandbox can facilitate practice sessions. Trainers can complete a screen and see how the reports are retrieved and/or integrated into your systems (as informed by Step 5). You may also wish to familiarise other departments with the clinical reports if they are to be integrated into your systems and/or referral processes.

### Raise awareness of the Program commencement

Once leaders have experienced the iCOPE system, you can then start notifying other team members of the intended start date.

Here posters and/or flyers can be distributed around the staff areas to raise awareness and instigate interest. Those who have already received induction training can draw on their experience of iCOPE and build further interest and excitement about iCOPE, how it works and the benefits.

### Train your team members

The next step is to train other members of the team. Here COPE can facilitate this training, which will provide a refresher to the leaders and introduction for the team members on the ground who will be implementing iCOPE.

As the Platform is simple to use and intuitive, training of team members should take not longer than one hour.

### Allow time for a trial period

Once familiarised with iCOPE team members can do their own test screens for a trial period. This gives an opportunity to see and experience the platform for themselves, and increase their confidence. Depending on your roster system, you may want to allow 1-2 weeks for the trial period. Alternatively some settings have gone straight from training to live screening.

### Notify your clients

Informing your clients about your new approach to screening is also important. Whilst people are becoming more and more familiar with digital interfaces, it's good to have information at hand explaining what iCOPE is and why your service is using it. Client information sheets have been developed and can be put in your waiting room area.

To access posters that you can tailor for your setting and patient information sheets contact us at [icope@cope.org.au](mailto:icope@cope.org.au).

### Set your Go Live date and launch

Once you have completed the above steps you are ready to launch!

# Step 7: Monitor, Evaluate and Improve

Ongoing evaluation is an integral part of any quality care initiative. It helps to clearly define your desired outcomes at the outset and decide how and when you'll measure success. By collecting baseline data of your current practice and then continuing to monitor results you can assess and adjust your program as needed.

Thinking in advance about how you will measure success is important. Below are some suggestions for monitoring, evaluating and setting goals to continually improve.

## Set objectives

Be clear about what you want to achieve from the outset.

You may decide to rollout screening and/or integration in stages, or you may have to adapt practice over time to adjust to changes in your workplace infrastructure, for example, the need to screen remotely, integration with incoming electronic medical record systems. Setting clear objectives and parameters now, will help you to realise your progress and avoid potential scope creep.

## Establish your baseline

To monitor progress against current practice, consider what your baseline measures might be. This could include for example, current screening rates overall, across cultural groups and/or the current client availability.

## Identify your KPIs

Once you have established your objectives, how will you measure whether they have been achieved? Setting key performance indicators (KPIs) provides an infrastructure against which to measure and fully realise your progress.

Examples of KPIs might include: 1) Referral pathways will be established prior to the commencement of training. 2) All staff will be trained in the use of iCOPE and be aware of referral pathway processes by (date). 3) iCOPE will be officially launched (date). 4) Over 90% of client attending clinic A will be screened using the iCOPE Platform.

Once you have identified your KPIs and targets, consider *who, how and when* they will be monitored and reported. Here members of your working group can report back on specific objectives across the reported time periods so that progress and challenges are shared. This also provides the impetus for the group to report, identify and fix any issues that may be impeding KPIs being achieved, whilst also allowing the group to celebrate the wins.

## What about measuring satisfaction?

You may want to take your monitoring and evaluation one step further, and evaluate the overall success of the program for internal and/or external evaluation and publication. This may include reporting client satisfaction.

### The experience of team members

Some organisations have undertaken satisfaction surveys to ascertain staff views about their experience and its impact upon their practice. The use of rating scales combined with a couple of open-ended questions can be a great way to monitor and evaluate progress. In designing your surveys, remember that health professionals are time poor so your survey needs to be brief and ideally only take 2-3 minutes of their time. By including some open-ended questions (non-mandatory) this gives those who want to say more the opportunity to express their views without compromising response rates.

### The experience of your clients

Similarly, customer satisfaction surveys can also provide you with valuable insights about the experience of iCOPE with your clients/patients. Again this may include obtaining a mix of quantitative data (eg. rating scales) and qualitative data (open comments) to capture the essence of their experiences.

Undertaking such surveys are invaluable. They can provide unique insights and suggestions for refining processes. Sometimes even the smallest changes identified from the frontline can have the biggest impact.

### Bringing it all together

The iCOPE system is also collecting screening data in real time. Those granted access can download screening data (excel format) at any point to analyse and inform reporting.

This data provides invaluable clinical information about your clients (e.g. their EPDS scores, the presence of various risk factors), the different languages the screens were conducted in, and the time taken to undertake each screen can also be calculated.

Please contact the team at COPE if you would like further assistance with monitoring and evaluation - [icope@cope.org.au](mailto:icope@cope.org.au)