QI Project: Increasing Rates of Developmental Screenings for NeoMed Patients

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Assessment of Key Drivers and Proposed Interventions

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Per the Projects Not Requiring IRB Review Self-Determination Tool from the IRB, this activity does not require IRB review and approval.

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Abstract:

Introduction: Patients who qualify for NeoMed - the high-risk infant follow-up clinic at UVMMC - are at specifically greater risk of developmental delays. Therefore, they are indicated to have selective developmental screening at around 4 months of age and another screen in the first year of life. Early identification through timely screening allows Early Intervention (EI) services to be accessed as soon as possible for the best possible developmental outcomes. However, not all patients receive the proper screening, and by identifying the reasons why, the rate of proper developmental screening can be improved. **Methods:** We performed a chart review on all NeoMed patients born between 1/7/2022 and 10/17/2022 to assess the rates of developmental screening at different time intervals, Primary Care Pediatrician (PCP) contributions, and measures on EI referrals and connections. The review identified reasons for missed developmental screenings. Interviews were conducted with NeoMed and Neonatal Intensive Care Unit (NICU) staff, including nurses, social workers, providers, and PCPs to further identify the drivers for missed screenings, and to gain insight on the likelihood of success of proposed interventions. **Results:** 38% of patients were found not to have received proper follow-up by missing a developmental screening in the first 6 months of life, 2 within the first year, or both. Of the 38%, 33% were referred to EI but had no connection with EI documented. The main drivers for missed screenings included patients not attending NeoMed visits, issues within NeoMed workflow, and communication between NeoMed and PCP. These chart review findings were corroborated by interviews with NeoMed and NICU staff and PCPs. **Discussion:** By identifying the primary drivers for missed developmental screening we proposed interventions to increase screening rates and gained insight from NeoMed staff, NICU staff, and PCPs about the likelihood of the interventions' success. Our recommended interventions included the NeoMed office requesting PCPs perform developmental screening at subsequent PCP office visits if a NeoMed visit was missed, and to document results in a consistent location. **Conclusions:** Given the results from chart review and interviews with inpatient and outpatient staff and providers, we have identified several drivers for missed developmental screenings and proposed interventions that could lead to the greatest increase in screening rates. Further conversations among EI coordinators and NeoMed staff will ensure the increased rates are beneficial through an improved referral process and closed loop communication to improve overall developmental outcomes.

Introduction:

Patients that qualify for follow up at UVMMC Neonatal Medicine Follow-up Clinic (NeoMed) are indicated to have additional developmental screening beyond that for the general pediatric population. Most of these patients fit this qualification for NeoMed follow up for being premature or having low birth weight, which places them at higher risk for having developmental delays.[1,2] More specifically, it has been found that 25-50% of extremely preterm infants will have developmental delays, including any of the domains of development.[1] This is in comparison to the 12-16% of the general population of children that have at least one developmental delay.[3] Given this increased risk, all NeoMed patients should receive earlier developmental screening at the 4- and 7 to 9-month appointments, in addition to the standard screenings performed for all children. The standardized developmental screening, which takes place at their primary care office, should occur at 9-, 18- and 30-month visits.[3-6] Overall, this means all NeoMed patients should be getting at least 2 developmental screenings performed within the first year of life, preferably one in the first 6 months of life. Early detection of developmental delays helps to prevent worsening of the delay and referral for interventional therapies.[7] To maximize the benefit of intervention, any delay should be identified at the earliest opportunity, necessitating this closer follow up and structured screening schedule.[1]

The Ages & Stages Questionnaires®, Third Edition (ASQ®-3) is the developmental screening tool used by the NeoMed Clinic and most of primary care clinics in UVMMC's catchment area. Some primary care providers also use the Parents' Evaluation of Developmental Status (PEDS®), CHADIS screener through EMR, or Survey of Well-being of Young Children (SWYC) for the developmental screening tool, instead of the ASQ. It should be noted our research assessed the use of ASQ's in chart review initially when looking for developmental screeners in the first year of life. However, for patient that did not have 2 ASQ's in the first year of life, their charts were reviewed for any type of developmental screening done in the second 6 months by the primary care provider, and it was documented if they did in fact have 2 developmental screenings in the first year of life.

Once a suspected delay is detected with a positive screening, patients are referred to Early Intervention (EI) services as mandated by the Individuals with Disabilities Act: Part C, which is a federally funded and state-run program. EI provides a broad array of services from birth through three years of age. Children's Integrated Services (CIS) coordinators are in place across the state to help parents access the eligible services for their children. While it is common and familiar practice for the NeoMed clinic to place referrals, these referrals are not always followed up on, and patients do not always get the intervention that is indicated. The lack of closed loop communication between the referring party, most commonly NeoMed, and CIS means NeoMed has no ability to know if their patients are getting the care they need. The Vermont Department of Public Health in conjunction with nonprofit Help Me Grow has the Vermont Developmental Screening Registry (VDSR) that is a comprehensive screening, data collection and communication system to share screening results across community settings. While this registry would be useful to neonatologists in their follow-up care, data is not always entered on the outpatient side. This gap in communication is an opportunity for improvement in care. Additionally, Help Me Grown has created an online version of the ASQ that allows parents to fill the screening out in the comfort of their home prior to the visit. It decreases rates of human error, has more accurate results, makes

sharing ASQ results easier, and would likely increase the completion rate. Currently 15 medical practices in Vermont have successfully transitioned to using the ASQ online. There are discussions surrounding this platform to be linked to the VDSR, so data entered in the ASQ online automatically could be seen in the VDSR, but this is still a work in progress. While these platforms are still developing and have yet to become widely used, it will be important for the NeoMed visit to develop alternative strategies in their workflow to improve communication with primary care pediatricians as a way to help ensure proper follow-up for patients that miss NeoMed visits.

The University of Vermont Medical Center (UVMMC) serves a large referral area including rural populations, which has proven difficult for neurodevelopmental follow-up. Previous research has shown that 30% of NeoMed patients were lost to follow up.[8] The large geographical area that patients are referred from, and distance required to travel for visits likely contributes to this.[9] However, patients are more likely to attend primary care visits that are closer to home, with whom they have a more established relationship.[3] There is the potential that information sharing between the NeoMed Clinic and primary care offices could allow the NeoMed Clinic to better understand a child's development from afar, ensuring they are getting the proper screening. Information sharing currently remains difficult as many NeoMed patients have primary care providers that do not use Epic, however the use of the ASQ online or the VDSR could improve this.

Our research aim was to quantify NeoMed patients that did not receive proper early developmental screenings due to higher risk of developmental delay. More specifically, we aimed to uncover the drivers for missed developmental screening through chart review with quantitative measures, supplemented by interviews of the NICU and NeoMed staff that will help corroborate these drivers. The staff interviews included discussions of the proposed interventions to gain perspectives on the likelihood for improvement in screening rates.

Methods:

A chart review was completed on all NeoMed patients born between 1/7/2022 and 10/17/2022. The chart review assessed the following questions: ASQ done in first 6 months, 2 ASQs done in the first year of life, if the PCP uses Epic, if an EI referral was made, if EI assessed patient, hometown, and if the PCP contributed a required ASQ screen. The charts were reviewed for reasons for missed NeoMed visits or missed ASQ's.

Exclusion criteria included any patient that moved and transitioned care out of state, ASQ skipped because of known delays given that repeat ASQ's in this population are disheartening and not helpful, patients born elsewhere and referred to NeoMed, or referred to NeoMed later in life. We excluded any infant that was expected to have a developmental trajectory different than one that would yield normal ASQ screening results.

I conducted interviews with NeoMed staff including nurses, social workers, and providers, including Susan White, NP, Deirdre O'Reilly, MD, MPH, and Adrianna Pahl, MD. I also interviewed NICU residents and social workers. Data from a previous survey and interviews of primary care providers from Vermont and New York were also incorporated into the findings. I shadowed providers in the NeoMed Clinic and in the NICU/Newborn Transitional Unit having conversations with parents and interacted with parents myself.

We further analyzed the charts, compounding and corroborating these finding with the take aways of the interviews of staff, to identify the key drivers causing missed screenings or lack of follow up. From the drivers, we suggested interventions that would act as the greatest levers of change to improve screening rates.

Results:

Chart Review – Quantitative Results

Nine patients total were excluded, following the exclusions criteria. For those expected to have a developmental trajectory different than one that would yield normal ASQ, their diagnoses included Coffin-Siris syndrome, myotonic dystrophy, a de novo genetic mutation, and trisomy 21.

No PCP had more than 3 patients studied.

Only 5% of patients had a required developmental screening that was missed in NeoMed visit, performed by the PCP, and locatable within Epic.

Only 23/79 (29%) of PCPs use EPIC.

When they did have 2 developmental screenings in first year of life, they were more than 1 month apart 100% of the time.

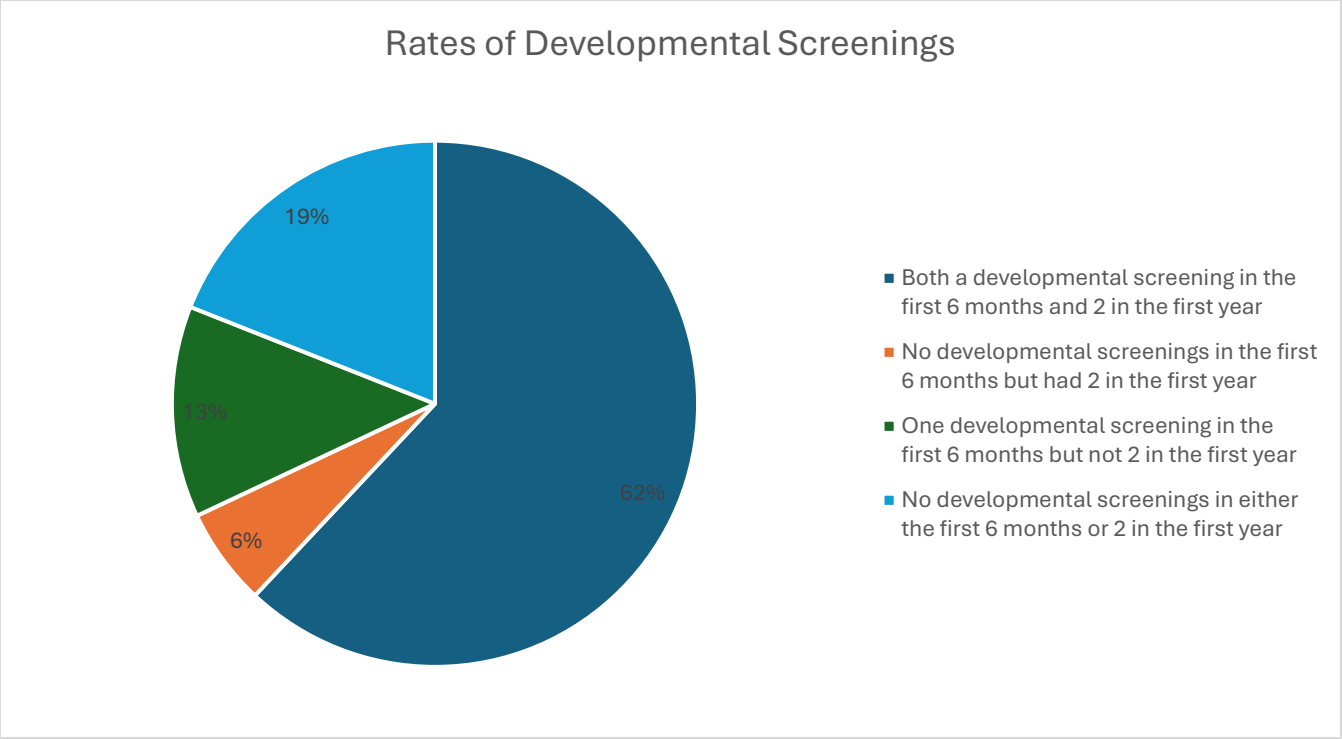
49/79 (62%) had both a developmental screening in the first 6 months and 2 developmental screenings in first year.

5/79 (6%) had none in the first 6 months but had 2 developmental screenings in first year.

10/79 (13%) had 1 developmental screening in the first 6 months but not 2 developmental screenings in the first year.

15/79 (19%) did not have either a developmental screening in the first 6 months or 2 developmental screenings in first year.

30/79 (38%) did not have proper follow up, missing either a developmental screening in the first 6 months, or 2 developmental screenings in first year, or both.



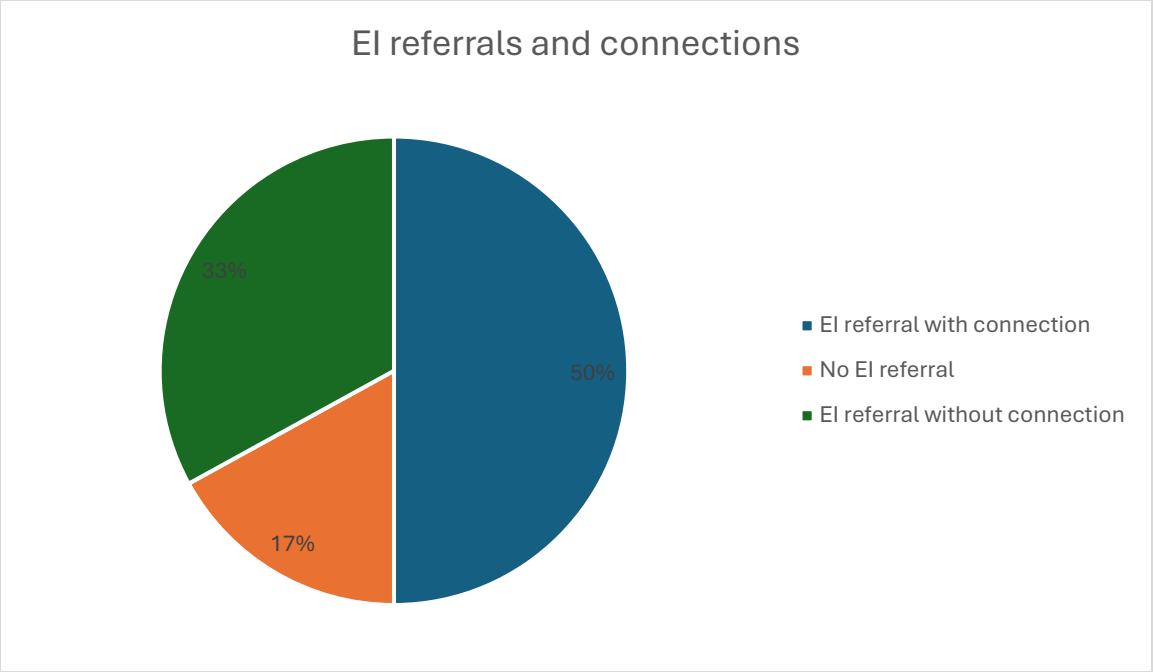
Of the 38% that did not get proper follow up:

15/30 (50%) had CIS referrals with connection, received services.

5/30 (17%) had no CIS referrals.

10/30 (33%) had CIS referrals with no connections documented (they could have been assessed but never documented).

7/30 (23%) were from New York (in comparison to the general pool of patient where 15/79 (18%) were from New York).



Reasons for parents not following up with NeoMed clinic:

1) Parents believe patient is meeting all milestones and being followed by PCP and thus do not need the follow up in NeoMed
2) Patient has complex medical history with multiple subspecialists involved, so development is not as great a concern in comparison to parents
3) Patients with social determinants of health limiting access to care (difficulty with transportation, difficulty reaching parents via phone, other life demands)

Reasons for EI not being received:

1) Parents decline EI referral because they do not believe their child needs it. (3 cases)

Reason for missed ASQ but attended NeoMed follow up visit:

1) *NeoMed visit timing* - ASQ performed just after 6 months or 12 months: 11/30 (37%)
2) *NeoMed workflow/documentation error* - ASQ not being done during NeoMed visit, note documenting ASQ was done and there were no concerns but actual results of ASQ not documented, wrong ASQ given because it was not corrected for gestational age, or asking parents to share results after visit without documented results afterwards: 6/30 (20%)

Reason for missed developmental screening but attended PCP visits:

1) *PCP workflow/documentation error* - PCP performed ASQ but it was not corrected for gestational age, PCP said ASQ was performed and reassuring but not documented: 2/30 (7%)

2) *Communication between NeoMed and PCP* - Neomed saying PCP would perform ASQ and then not performed or not documented at either PCP or NeoMed, or missed ASQ at NeoMed attributed to patient developing fine and followed by PCP: 6/30 (20%)

Clinical Setting Interviews - Qualitative Results

Contributions from NeoMed RN Kelly Bouffard, NICU social workers Adam Fortune and Kristy Perry, NeoMed social workers Alli ONeil and Leah Pence, NeoMed providers Susan White, Adrianna Pahl, Deidre O'Reilly, VCHIP input from Breena Holmes and Heidi Schumacher, pediatric resident in the NICU Rachel Adelsheim, primary care providers Julia Ordonez, Anya Streeter, providers from Lakeside Pediatrics, along with wider reaching survey of PCPs, and caregivers of patients that were connected to EI services or had an infant in the NICU.

Intervention with parents at discharge –

Parents are often not in an emotional or mental state to absorb information regarding the unique follow up their child will require at time of discharge. Prior to discharge, it should be a priority to establish a relationship with parents and share contact information, so they are ready to return to the NeoMed clinic. With time away from the hospital, when they return for the NeoMed visit, they are ready for more complex information regarding EI referrals and unique developmental screening schedule. Social workers will intervene at time of discharge to assist with transportation or other barriers that would prevent parents from attending the first NeoMed follow up visit.

Interventions with PCPs –

From observing the workflow of the NICU of discharging patients, the residents do contact the PCPs upon discharge but often get connected to ancillary staff at their office or leave a message, and do not directly speak with their PCP. PCPs have also cited they assume all patients that are discharged from the NICU would get any additional screening done at the NeoMed clinic and expect their screening responsibilities in their office to be standard for all patients. Rather than communicating information on required additional screenings for these patients to PCPs for every NeoMed patient, it would be more beneficial to save these communications for patients that do miss a NeoMed visit and therefore are not getting the additional screening they require. By focusing communicating with PCPs only when a patient misses a NeoMed visit and a required ASQ and requesting an ASQ that is clearly shared with the NeoMed clinic, we will get a higher response rate from the PCP, rather than requesting ASQ's for every NeoMed patient.

One PCP believed having a section within the NICU discharge summary that outlines the selective developmental screening the NeoMed patient needs would be a helpful reference. It would help PCPs to appreciate the increased care these patients need and the reasons behind it.

Intervention within NeoMed Clinic –

The nursing staff within NeoMed reflected on reasons for missed appointments including the barrier of travel, not having a phone, and DCF being involved. The nursing staff works closely with home health, social workers, and PCP to help overcome these barriers.

For patients that do attend appointments, sometimes the ASQ is not done or documented, or the wrong ASQ is given. This is due to high turnover rate of MA's that are still learning workflow and leaves room for human error.

Intervention with NICU social work team –

The NeoMed RN found MyChart to be a valuable way for parents to visualize upcoming appointments, get reminders via phone or text, and confirm visits. She recommended that the NICU social workers have every patient's caregiver signed up with MyChart before discharge. NICU social workers cited that almost all patients are already signed up prior to discharge with automatic sign up. For infants transferred to UVMMC, since the sign up is not automatic, the social workers specifically communicate with family to sign up the patient.

The NeoMed social worker also believed it would be important to clarify if an EI services referral was made at time of discharge and requested the Women's and Children's note template to clearly state if an EI referral was made at discharge.

Thoughts on ASQ online, VDSR –

The ASQ online was tried by the NeoMed office but was difficult to fill out via telephone. A large proportion of parents only have smart phones and do not have access to computers, where the ASQ online is easier to fill out. Also, the results of the ASQ online exist only on their platform that requires a separate log in that is not currently within the NeoMed workflow, and the data does not upload into EPIC.

Thoughts on EI referrals and closed loop communication -

There have been multiple cases where EI services are refused, with reasons for the refusals including parents being warry of home visits, social stressors that take priority (job or having food on the table), denial of parents of the developmental delays, and lack of understanding of the benefit of EI. The connection cannot always be made because parents don't have cell service, have a full voicemail box, or their phone number changed. As the referral goes through Help Me Grow, a 3rd party that may not have much information about the patient, parents are sometimes confused when their team calls and denies the services at that time. If the EI coordinators or EI providers themselves made the initial call following receiving a referral, a parent would have one less group to speak with and have a higher chance of a successful connection.

There may be duplicate referrals being made to EI by both the NICU and NeoMed social workers. If the referral being made by the NICU social workers was more clearly documented this could decrease duplicate work. We should also consider through a conversation with EI service providers if these refers overwhelm the system, or if the infants are too young to assess, and what the best timing of referrals should be. As of now CIS provider will not assess patient for 45 days since discharge. There will be a future conversation in January 2025 between the NeoMed and NICU social workers and the EI coordinators of Addison County, Chittenden County, Franklin County and Washington County to improve the referral process. At this meeting, we will inquire as to the best timing of a referral.

The NICU social workers fill out a templated note for patients that includes all the patients' necessary follow up, if any referrals were placed, including to EI, if DCF is involved, and any additional information such as barriers to access to care. The vast majority of parent's are set up with their infants' MyChart prior to discharge from the NICU due to automated sign up, or easy adjustment by NICU social workers prior to discharge if they are transferred in from another hospital, making it easier for parents to have reminders about appointment, easy communication, and streamlined way to cancel appointment for more efficient rescheduling.

There is a shortage of EI providers in New York. For example, there are no therapists in the towns of St. Lawrence or Malone. In the areas where there is shortage, the therapists do not have time to do home visits and would only perform therapy at a daycare. Any patient that is in DCF custody is at risk because it is more difficult to obtain consent in a timely manner, and they have observed DCF not making connections with EI a priority because they don't appreciate the value of the services. Parents may also refuse EI because there is shame in requiring services or trauma associated with NICU stay and they'd prefer to believe their child does not need any additional support offered by EI.

Discussion:

The results from chart review reveal the number of patients that did not receive proper follow up, demonstrating several trends for the lack of follow-up. The drivers for missed follow up are corroborated by the qualitative interview findings among the NICU and NeoMed staff, and from PCPs. These interviews also helped give feedback on the likelihood of an intervention on a driver being successful at increasing developmental screening rates. These drivers and proposed interventions are summarized in the driver diagram.

From chart review, given that no single PCP had more than 3 patients studied, it would not be high yield enough to request a monthly meeting with PCP offices to review the progress of all shared patients. Given only 29% of PCPs are in EPIC, the use of flags in EPIC to notify providers that a child is at higher risk of developmental delays would not be impactful in increasing rates. 62% of patients had proper follow up with both a developmental screening in the first 6 months and 2 developmental screenings in the first year of life. We target this rate for improvement moving forward. The 17% of patients that missed one out of the two metrics (either a developmental screening in the first 6 months or 2 in first year of life) shows that both metrics were worth measuring, as both are an important part of indicated screening, giving us a more thorough assessment of the lack of follow up.

Of the 38% that did not get proper follow up we also reviewed the rates of CIS referrals and CIS assessments, finding that 50% of these patients had both a CIS referral and assessment that was or was not followed up with therapies. However, these connections could have been delayed, as the timing between the referral and assessment was not documented clearly. 17% had no CIS referrals, which was due to caregivers declining CIS referral 60% of the time within this group. 33% had CIS referrals with no connections made. There is a chance that patients in this group were assessed and deemed to not require services, however there was never any documentation. In depth discussions with NeoMed staff elucidated the issues among the referral process to CIS and the lack

of closed loop communication with these services. This is discussed further in the section on Next Steps.

Nearly one quarter (23%) of patients that did not receive proper follow up were from New York, in comparison to the general pool of patients where 18% were from New York. This slight difference shows patients from New York are more likely to miss proper follow up than those from Vermont, potentially due to difficulty with traveling. For patients who find traveling to NeoMed is a barrier, PCPs can play an especially important role in follow up.

Among patients that did not have proper screening due to not following up with NeoMed clinic, there were trends documented in the charts for reasons why, supported by staff interviews, including parents believing NeoMed follow up is not needed given they are followed by PCP, and seemed to be hitting milestones. However, this observation is subjective and does not as clearly prove no referral is needed; only standardized developmental screening can verify this belief. It is also clear from previous conversations with PCPs that they only do standardized screening and would not assess patients with a developmental screening before 9 months, as indicated for this population. Another group of patients had complex medical needs and were being assessed by multiple other subspecialists, however not assessed for development. NeoMed staff commented that these other medical complexities acted as distractors of the patient's neurodevelopmental health.

For patients that miss a NeoMed visit, it would be the optimal to communicate with PCPs at the time of the missed visit only to request a developmental screening be done and shared with the NeoMed clinic in a way that allows for the results to be documented where it can be easily located in the future. This could be within the NeoMed ASQ flowchart after being written directly in the shared Well Child visit note.

Among patients that attended NeoMed visits but still had missed ASQ's, this was sometimes due to ASQ performed just after 6 months or 12 months (37% of the patients that did not get proper follow up). These likely occurred due to patients needing to reschedule slightly after the initially made appointment, as noted by NeoMed staff. For this group, ASQ performed at a PCP and shared with NeoMed could help close the timing of this gap.

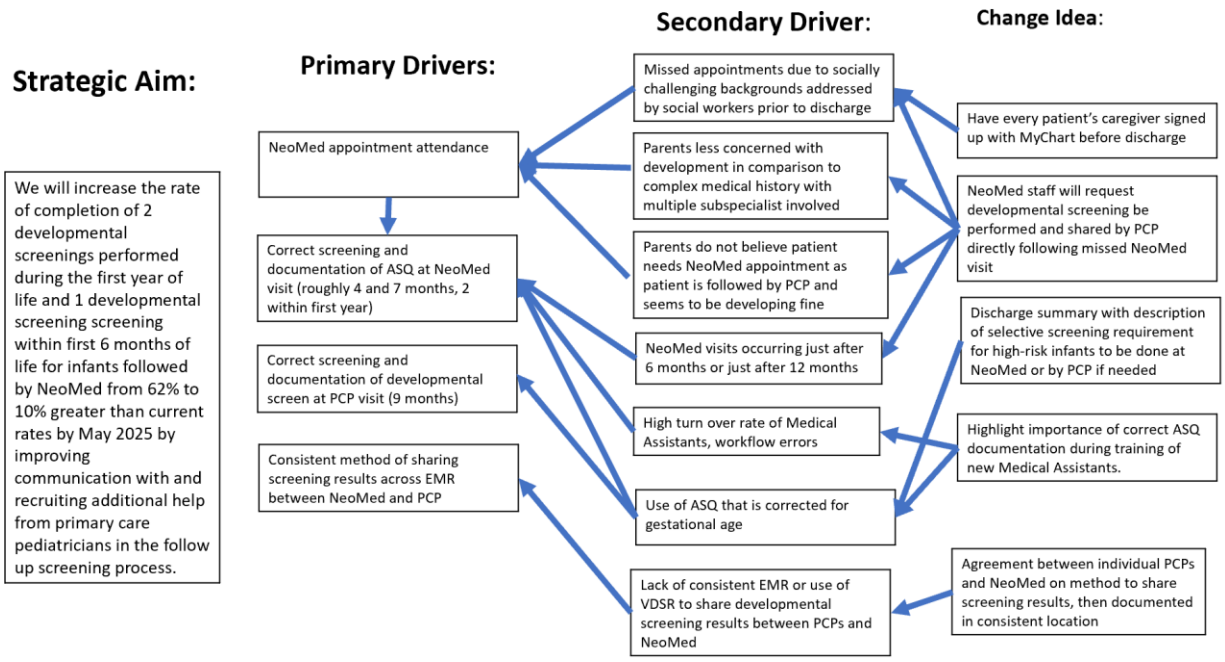
Another group had NeoMed attendance but missed a screening due to workflow or documentation error (20% of patients that did not get proper follow up). More specifically, ASQ's were not done or the wrong ASQ for patients' gestational age was given, or there were no documented ASQ result but "reassuring ASQ" was in the body of the visit note or a parent was asked to share ASQ results following a visit. According to NeoMed staff, with the high turnover rate of medical assistants, the workflow of giving and correctly documenting ASQs can be hard to adjust for new hires, which should be an area to focus on in their training.

In interviews with NeoMed staff, it was found that establishing a good relationship with parents and working to increase their chances of returning to their first NeoMed visit is the most important intervention at time of discharge. The use of MyChart and alterations in EPIC can be useful to help remind parents to attend the visit, and for NeoMed to follow up if an appointment is missed.

For patients that missed developmental screenings at PCP visits, these were due to ASQ not being corrected for gestational age or a note stating a reassuring ASQ was completed but was not documented in 2 cases. For patients who miss NeoMed visits, we can communicate with PCPs about the ideal location for documenting developmental screening results (including the domain and the score of pass/fail), corrected for gestational age. We can request that the results of the developmental screening done in the PCP office be documented in the note, rather than only referred to, even if also uploaded as a scan.

Also, 20% of cases without proper follow-up were due to NeoMed noting ASQs were done at PCP, but there was no documented result. Shared responsibility in performing developmental screenings opens the chance for neither party to take responsibility and causes gaps in care. A lack of standardized EMR and a lack of use of the VDSR contributes to the difficulty of this responsibility being shared. However, it is important for an ASQ to always be performed in NeoMed if a patient comes in for a visit. From chart review, we learned there are multiple places where a developmental screening could be documented by a PCP. This includes Care Everywhere, scanned paperwork, notes or flowsheets if the office staff use EPIC. There is also a possibility that they were documented in the VDSR which is not frequently accessed by NeoMed staff given the low frequency of its use by contributors of ASQ's. The process of collecting quantitative data showed the difficulty for the NeoMed clinic to locate and follow ASQ's or other developmental screenings completed outside of their clinic. This difficulty in communications could be improved through technological innovations and implementation of existing technologies, however it is not seen as a priority. This is an area for improvement, that could be solved with streamlined use of the VDSR or having the ASQ questionnaire input into MyChart flowsheet questionnaire that caregivers find easier to fill out.

Driver Diagram:



Conclusion:

Infants discharged from the NICU who qualify for NeoMed follow up are at higher risk of developmental delays and therefore should receive selective developmental screening around 4 months of age, and around 7-9 months of age. Currently only 62% of infants are receiving proper developmental screening follow up. Through chart review and interviews with NeoMed and NICU staff, as well as surveys and interviews with PCPs, we uncovered the key drivers of missed follow-up, as demonstrated in the driver diagram, and areas for improvement. Our interviews also assessed the likelihood of success of interventions, and we propose change ideas that address the drivers to have the greatest impact to increase the rates of proper developmental screening for this population. Below are our recommendations for interventions.

Our project found ancillary issues that impact the infants' developmental progress and chances of successful interventions to prevent worsening delays. These include difficulties in sharing information across different EMR's and issues among the EI referral process and closed loop communication with EI service providers. These will be discussed in our Next Steps.

Recommended Intervention:

These interventions would aid in increasing appointment attendance, to increase screening rates, and to better recruit PCPs to contribute a missing ASQ if NeoMed visit is missed.

Short term:

1) Make change in EPIC so for every NeoMed visit canceled through MyChart, either via text, email or phone call, the RN's will get a message in their inbox and will reschedule.

2) As soon as patient misses NeoMed clinic, reach out to PCP with a standardized message and request they perform developmental screening at next visit (most likely 4 or 6 month well child visit), and share developmental screening result with NeoMed Clinic, to be documented in patient's next NeoMed visit note.

3) Incorporate in discharge summaries patient's developmental screening requirements at 4 and 7-9 months that are beyond universal screenings that a PCP can refer to after notified of a missed NeoMed visit. For HIE infants, this note also should include the need for AIMS assessment at 3 months.

Long term:

4) Improve way to share ASQ results, document in consistent location (VDSR)

Additional intervention that will clarify EI referrals through conversations with EI coordinators:

5) Clarify referral process, including Help Me Grow as the intermediate step between NICU/NeoMed team, EI coordinators and the parents.

6) Clarify optimal timing of referrals and reconsider higher threshold for EI referral at time of discharge to patients that most clearly need assessment by EI to decrease referral load for EI and decrease time between referral and assessment.

7) Improve closed loop communication with EI providers that includes if the child was assessed, their recommendations for therapies, if the therapies are happening, and what progress the child is making.

Next Steps:

The purpose of developmental screening is to refer patients to Early Intervention services as soon as possible when indicated. By decreasing the time needed intervention is discovered with appropriately timed screening, the patient will have the opportunity to be assessed and start indicated therapies to improve their development and mitigate delays.

The benefit of improved rates of screening can only be appreciated if the EI referral is placed after a concerning developmental screening is received and the patient is seen by EI services in a timely manner. The lack of closed loop communication between NeoMed clinic and EI providers proposes challenges to ensure referred patients are properly follow up.

There will be conversations with EI service providers to improved communication about services provided for patients with referrals, including if the patient was assessed, what was found, and what services they require. This will allow their developmental progress to be tracked more efficiently. We will also discuss the best timing of EI initial assessments to occur, specifically if EI referrals placed at time of discharge are an effective way for these infants to be properly followed for developmental delays.

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