

FY25 Iowa MIECHV Workflow Changes

In November 2024, there will be updates to Iowa MIECHV DAISEY data collection workflows for six HRSA measures. The goal of these workflow changes is to improve data quality. As of November 19th, 2024, all Iowa MIECHV users will be asked to not log into DAISEY while question and form changes are made. This document contains the impacted forms, questions, form mockups, and report implications.

The data collection for the HRSA measures below are impacted by these workflow updates:

- Measure 2: Breastfeeding
- Measure 6: Tobacco Cessation Referrals
- Measure 7: Safe Sleep
- Measure 8: Child Injury
- Measure 13: Behavioral Concern Inquiries
- Measure 17: Completed Depression Referrals
- Measure 18: Completed Developmental Referrals

The following DAISEY forms are impacted by the upcoming workflow updates:

- Home Visit Review Form
- Target Child EAR (Enrollment & Annual Report)
- Quarterly Report – Primary Caregiver
- Primary Caregiver EAR
- Edinburgh Postnatal Depression Scale (EPDS)
- Ages and Stages Questionnaire (ASQ-3)
- Child Profile

Home Visit Review Form

The main workflow adjustment will occur on the Home Visit Review Form. There will be a dropdown question of the timing (prenatal, postpartum – less than 12 months, postpartum – 12 months plus) of the form that will determine what questions appear. There are mockups for each timing option included below with pink clouds noting Form 2 (Benchmark Report) related fields. There are also some questions listed below that have existed on the Home Visit Review form since its launch and will remain on the form, regardless of the timing question.

Existing questions that will remain on the HV Review form and will always be visible regardless of home visit type.

1. Which caregiver was involved?
2. In addition to the selected caregiver, who else participated in the home visit activities and/or screenings?
3. Name of Family Support Professional
4. Location or format of home visit?
5. Please describe alternate location
6. Length of home visit
7. Note

Prenatal HV Review Form

Iowa Home Visit Review

Home Visit Information

For Date of Activity, please enter date of home visit.

Auto-fill field

Date of Activity *	<input type="text" value="mm/dd/yyyy"/>	Which caregiver was involved? *	<input type="text"/>	Was this a prenatal or postpartum home visit?	<input type="text"/>
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In addition to the selected caregiver, who else participated in the home visit activities and/or screenings? Select all that apply. *	<input type="text" value="None selected"/>	Name of Family Support Professional *	<input type="text"/>	Location or format of home visit *	<input type="text"/>
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Length of home visit *	<input type="text"/>
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Note	<input type="text"/>
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Does the caregiver intend to breastfeed or provide breast milk?	<input type="text"/>	<input type="text" value="Yes or No"/>
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Postpartum less than 12 months

Home Visit Information

For Date of Activity, please enter date of home visit.

Date of Activity *
 Which caregiver was involved? *
 Was this a prenatal or postpartum home visit?

Which child was involved?

In addition to the selected caregiver, who else participated in the home visit activities and/or screenings? Select all that apply. *
 Name of Family Support Professional *
 Location or format of home visit *

Length of home visit *

Note
 Is the child currently receiving breastmilk?

If not breastfeeding, what are the barriers or reasons for not breastfeeding? (multi-select)
 If no or N/A response to currently receiving breastmilk question, this question appears.

Did the child receive breastmilk when they were 6 months old?

During this home visit, was the caregiver asked if they have any concerns regarding their child's development, behavior, or learning?

Was the infant always placed to sleep on their back, without soft bedding?

Auto-fill field

Auto-fill field

Auto-fill field

Yes, No, NA- Never received breastmilk

Measure 2: Breastfeeding

Yes, No, NA- child not yet 6 months old

Measure 13: Behavioral Concerns

Yes, No

Measure 8: Child Injury

Numeric

Measure 7: Safe Sleep

Yes, No

- 1. Concerns about infant nutrition and weight gain
- 2. Cultural norms around breastfeeding
- 3. History of trauma
- 4. Issues or pain experienced with latching
- 5. Lack of private space to pump at work/school
- 6. Lack of support from childcare
- 7. Lack of support from family/friends
- 8. Lack of support from workplace
- 9. Low milk supply
- 10. Medical reason
- 11. Parent did not think they would like it/did not like it
- 12. Parent met their breastfeeding/pumping goal
- 13. Personal beliefs about breastfeeding
- 14. Previous negative experience with other children
- 15. Problems with pump/equipment
- 16. Return to work or school
- 17. Target child not living with biological parent
- 18. Unsupportive hospital practices or policies
- 19. Other, please describe:

Postpartum 12 months plus

Home Visit Information

For Date of Activity, please enter date of home visit.

Date of Activity * Which caregiver was involved? * Was this a prenatal or postpartum home visit? Which child was involved?

Auto-fill field

Auto-fill field

In addition to the selected caregiver, who else participated in the home visit activities and/or screenings? Select all that apply. * Name of Family Support Professional * Location or format of home visit *

Length of home visit *

Note

Is the child currently receiving breastmilk? Yes, No, NA- Never received breastmilk

Auto-fill field

During this home visit, was the caregiver asked if they have any concerns regarding their child's development, behavior, or learning? Yes, No

Measure 13: Behavioral Concerns

Number of parent-reported, nonfatal injury-related visits to the ER for the child since the last home visit. Numeric

Measure 8: Child Injury

Target Child EAR

There will also be changes to the Target Child EAR form. Below is a table of questions that will be **removed** from the Target Child EAR form in November 2024 as part of the workflow updates. These data points will be replaced either on the Home Visit Review Form or the ASQ-3 screening form.

Question label	Response options	Notes
Was the child 12 months old at any point in this reporting period?	0,No 1,Yes	Replaced by questions being added to the Home Visit Review form.
Was the infant always placed to sleep on his/her back, without bed sharing or soft bedding?	0,No 1,Yes	Replaced by questions being added to the Home Visit Review form.
Was the child breastfed at any point this reporting period?	0,No 1,Yes	Replaced by questions being added to the Home Visit Review form.
Is the child still breastfeeding?	0,No 1,Yes	Replaced by questions being added to the Home Visit Review form.
Child was breastfed until how old (in months)?	[open numeric field]	Replaced by questions being added to the Home Visit Review form.
Number of parent-reporting, nonfatal injury-related visits to the ER during this reporting period?	[open numeric field]	Replaced by questions being added to the Home Visit Review form.
Was the child referred to Early Intervention services at any point this reporting period?	0,No 1,No- Child is already receiving early intervention services 2,Yes	Question moved to ASQ-3 form.
Child enrolled in early intervention services?	1,Yes 0,No- not eligible 2,No- Family did not complete referral 3,No- Referral made <45 days ago and still pending	Question moved to ASQ-3 form.

Quarterly Report – Primary Caregiver

This form will be removed from DAISEY in November 2024. Questions that were on this form will be moved to the Home Visit Review Form, EPDS form, or the Primary Caregiver EAR.

Primary Caregiver – EAR

Tobacco Cessation referrals questions will moved from the Quarterly Report – Primary Caregiver form to the Primary Caregiver Enrollment EAR.

Existing Tobacco Questions on EAR	Response options	Notes
Is the primary caregiver using tobacco in the home?	1,Yes 0,No	No change.
At enrollment, was this person receiving tobacco cessation services?	1,Yes 0,No	No change.
New Referral Questions to add to Enrollment EAR – Primary Caregiver	Response options	Notes

Was a Tobacco Cessation referral given?	1,Yes 0,No [any other response?]	New question created and added to form. If PC is using tobacco in the home (yes) and are not receiving cessation services (no), then this new question appears.
Date of Tobacco Cessation referral?	[date field]	Question moved over from Quarterly Report – Primary Caregiver form.

Edinburgh Postnatal Depression Scale (EPDS)

Referral questions already exist on the EPDS. Rather than capturing the outcome of that referral on the Quarterly Report – Primary Caregiver form, referral completion will now be captured directly on the EPDS. Referrals are expected when the EPDS score is 10 or higher or if the response to “The thought of harming myself has occurred to me” = *Sometimes* or *Yes – quite often*.

Existing Referral Questions on EPDS	Response options	Notes
Referral given?	No Yes Already receiving treatment	No change.
What type of referral was made? (if “Referral given? = Yes)	Mental health Primary Care provider Other Declined	Change to multi-select. Add response option of “Declined”
Please specify (if “What type of referral was made?” = Other)	[open text field]	No change.
New Referral Questions to add to EPDS	Response options	Notes
What date did the caregiver first receive services?	Date field (mm/dd/yyyy)	Branched when “What type of referral was made?” = <i>Mental health, primary care provider, or Other</i> .

Ages and Stages Questionnaire (ASQ-3)

Follow-up action taken question already exists on the ASQ-3.

Existing Referral Questions on ASQ-3	Response options	Notes
Follow-up Action Taken (check all that apply)	1,Provided Activities 2,Shared results with primary healthcare provider 3,Referred for hearing screening 4,Referred for vision screening 5,Referred for behavioral screening 6,Referred to early intervention/ early childhood special education 7,No further action taken 8,Other	No change.
New Referral Questions to add to ASQ-3	Response options	Notes
Was the child referred to Early Intervention services at any point this reporting period?	0,No 1,No- Child is already receiving early intervention services 2,Yes	Question moved over from Child EAR

Child enrolled in early intervention services?	1,Yes 0,No- not eligible 2,No- Family did not complete referral 3,No- Referral made <45 days ago and still pending	Question moved over from Child EAR
Date of enrollment into Early Intervention Services	[date field]	New question created and added to form. Branches from, "Child enrolled in early intervention services?" Yes response.

DELETED QUESTION & FORM IMPLICATIONS

Deleted questions and forms removes all instances in the User Interface (UI) and from the Export option list. Historical data is still retained in the database but will not appear for DAISEY users. It's important to note that users will no longer see the Quarterly Report – Caregiver as an option in the Family Activities section or as completed forms in the form history associated with individual caregiver and child profiles. ***If organizations would like to retain their own historical data records for any deleted forms or response options for questions that will be removed/replaced during these workflow changes, it's important that exports be run no later than Wednesday, November 20th.**

REPORT IMPLICATIONS

The DAISEY workflow changes detailed above will have an impact on reports. Please see the descriptions below on what should be expected while we work on updating report logic to reflect the data collection adjustments.

Form 2 - MIECHV Benchmarks Report

The workflow changes will require large updates to the report logic for this report. While the DAISEY team is working on updating the report, it will be taken offline and out of the DAISEY table of contents. It should be available again to users no later than May 2025. There will be a DAISEY homepage announcement when the updated report has been launched.

***It is important to note that when the updated report is launched that previous fiscal years' data for Measures 2, 6, 7, 13, 17, and 18 will be unavailable. If organizations would like to download data for those specific measures for previous fiscal years, they should do so by Wednesday, November 20th.**

MIECHV Scheduling and MIA Report

This report will continue to function normally except for the referral enhancement that prompts referrals/referral completion for relevant HRSA measures. While the DAISEY team is updating the logic, the report will continue to prompt appropriate form completion; however, referrals will not be prompted. Updating the referral logic is the DAISEY team's first reporting priority. There will be a DAISEY homepage announcement when the updated report has been launched.

MIECHV PAEYS Report

Report logic updates have been requested by IHHS. While the data team is working on these updates, the report will continue to function in its current state. There will be a DAISEY homepage announcement when the updated report has been launched.

The following reports will be updated in the background and users will not notice any changes.

- Form 1 - MIECHV Demographics and Services Report
- MIECHV Missing Demographics Report
- ASQ-3 Report
- HV Tracker Report
- MIECHV Workforce Report