

TCHS Screening & Case Management System At-A-Glance Aid Navigation & Content

TAB	OPTIONS	PURPOSE AND CONTENT
Account	Change password	<ul style="list-style-type: none"> Option to set a new password
CLIENT LIST*	Add New Client	<ul style="list-style-type: none"> Initiate PRO screening of new pregnant patient/client
	Enrolled*	<ul style="list-style-type: none"> List of currently enrolled program participants
	Non-Enrolled	<ul style="list-style-type: none"> List of women screened who were not enrolled in TCHS
	Unscored	<ul style="list-style-type: none"> List of clients for whom PRO was initiated but not completed/scored
	Terminated	<ul style="list-style-type: none"> List of TCHS program participants who were terminated
PHASE 1/2	Client Info	<ul style="list-style-type: none"> Client demographic and contact information; medical record # (opt.) TCHS enrollment status and enrollment date (auto-filled) Case manager name Client referral source Date of first prenatal medical exam Due date or last menstrual period; weeks gestation at enrollment Phase I and Phase II site name Father's contact info; desire to participate in TCHS Links to start PRO and PPRO; PRO and PPRO screening dates
	Encounters	<ul style="list-style-type: none"> Date, method, and content of encounters
	Birth & Family Info**	<ul style="list-style-type: none"> Birth outcome, date of delivery, birth weight; Infant name(s) and sex Infant death and date Children & others living in household after delivery
	Termination	<ul style="list-style-type: none"> Termination date and reason
	Alert	<ul style="list-style-type: none"> Reminder messages entered by case manager
PHASE 1	Eligibility/Case Management	<ul style="list-style-type: none"> PRO scores (auto-filled) Risk(s) identified subsequently and date(s) identified Actions taken to resolve identified risks TCHS eligibility criteria (auto-filled) and enrollment decision
	Prenatal Referral	<ul style="list-style-type: none"> Referral made for specific risk factors Client follow- through indicated
	Risk Factor Status at Delivery	<ul style="list-style-type: none"> Identified risk factors listed; status of each at delivery
	Prenatal Info and Education	<ul style="list-style-type: none"> Insurance coverage. Indication of prenatal care at another clinic site First time mother Date of positive pregnancy test Number of prenatal care visits Required prenatal health education received
	View PRO Results	<ul style="list-style-type: none"> PRO scoring & actions taken (auto-filled)
PHASE 2	Postpartum Case Management	<ul style="list-style-type: none"> PPRO score. Risk(s) identified subsequently and date(s) identified Actions taken to resolve identified risks
	Postpartum Referral Status	<ul style="list-style-type: none"> Referral(s) made for specific domains Client follow-through indicated
	Postpartum Education	<ul style="list-style-type: none"> Required postpartum health education received (6/12/18/24 months)
	Postpartum Monitoring	<ul style="list-style-type: none"> Date of postpartum visit and date of well-baby visit Breastfeeding initiated and continued to 6-12 weeks Contraception used 6-12 weeks/6 & 12 months Medical home/mother & infant 6-12 weeks/6 & 12 months Mother & infant insurance infant 6-12 weeks/6 & 12 months Safe infant sleep practices 6-12 weeks/6 months

*Alerts will pop-up to remind you to renew mother's consent and complete Birth & Family Info and Prenatal Info pages.

**An Alert will pop-up to remind you mother's consent is required for entry of infant-related data.

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Timeline & Required Data Entry

➤ = **CLICK ON ITEM**

TIME & PROCEDURE	NAVIGATION	INSTRUCTIONS
START Screening Process	➤ CLIENT LIST ➤ ADD NEW CLIENT	<ul style="list-style-type: none"> Enter consent information, first & last name & DOB ➤ START PRENATAL RISK SCREEN. Enter name of person conducting this screen, language, use of interpreter, presence of boyfriend/partner/husband ➤ NEXT to Start PRO
	➤ NEXT	<ul style="list-style-type: none"> Navigate through the PRO using NEXT or PREVIOUS buttons at bottom of screen or domain/page name to the left ➤ SAVE AND MARK AS SCORED. PRO results screen will appear ➤ VIEW PRO Q/A to review answers if desired ➤ ELIGIBILITY/CASE MANAGEMENT. Enter TCHS Enrollment status
Conduct PRO & Determine Eligibility	➤ NEXT	<ul style="list-style-type: none"> Navigate through the PRO using NEXT or PREVIOUS buttons at bottom of screen or domain/page name to the left ➤ SAVE AND MARK AS SCORED. PRO results screen will appear ➤ VIEW PRO Q/A to review answers if desired ➤ ELIGIBILITY/CASE MANAGEMENT. Enter TCHS Enrollment status
Complete Client Info for Enrollees	➤ PHASE 1/2 ➤ CLIENT INFO	<ul style="list-style-type: none"> Enter remaining client demographic, pregnancy-related data, and father-related data. Under Notes Regarding Preferred Contact Method, add text about client preferences regarding voicemail messages or contact numbers/times to ensure her privacy is maintained.
During Phase 1 As data becomes available	➤ PHASE 1/2 ➤ ENCOUNTERS	<ul style="list-style-type: none"> Enter date, method and content of each encounter
	➤ PHASE 1/2 ➤ ELIGIBILITY/CASE MANAGEMENT	<ul style="list-style-type: none"> Enter risk(s) identified subsequent to PRO and date(s) identified Enter actions taken to resolve identified risks
	➤ PHASE 1 ➤ PRENATAL REFERRAL	<ul style="list-style-type: none"> Enter whether referral was made for listed risk factors and whether client followed through
	➤ PHASE 1 ➤ RISK FACTOR STATUS AT DELIVERY	<ul style="list-style-type: none"> Enter status of identified risk factors at or shortly before delivery
	➤ PHASE 1 ➤ PRENATAL INFO AND EDUCATION	<ul style="list-style-type: none"> Enter insurance coverage, prenatal care at another clinic site Enter if first time mother; enter date of positive pregnancy test Enter total number of prenatal care visits Enter prenatal health education components received
After Delivery	➤ PHASE 1/2 ➤ BIRTH & FAMILY INFO	<ul style="list-style-type: none"> Enter all birth outcome data. Enter # of children & others living in household after delivery Verify completion of all Phase I data fields
During Phase 2 As data becomes available Note time frames of 6-12 weeks & 6, 12, 18 & 24 months for some items	➤ PHASE 2 ➤ POSTPARTUM CASE MANAGEMENT	<ul style="list-style-type: none"> Enter risk(s) identified subsequently and date(s) identified Enter actions taken to resolve identified risks
	➤ PHASE 1/2 ➤ ENCOUNTERS	<ul style="list-style-type: none"> Enter date, method and content of each encounter
	➤ PHASE 2 ➤ POSTPARTUM REFERRAL STATUS	<ul style="list-style-type: none"> Enter referral(s) made for specific domains and client follow-through
	➤ PHASE 2 ➤ POSTPARTUM EDUCATION	<ul style="list-style-type: none"> Enter postpartum health education components received at 6, 12, 18 & 24 months
	➤ PHASE 2 ➤ POSTPARTUM MONITORING	<ul style="list-style-type: none"> Enter date of postpartum visit and well-baby visit Enter breastfeeding initiated and continued to 6-12 weeks Enter contraception used at 6-12 weeks & 6 & 12 months Enter medical home/mother/infant at 6-12 weeks & 6 & 12 months Enter mother & infant insurance at 6-12 weeks & 6 & 12 months Enter safe infant sleep practices at 6-12 weeks & 6 months
TERMINATION	➤ PHASE 1/2 ➤ TERMINATION	<ul style="list-style-type: none"> Enter termination date (or use last encounter date) and reason Verify that all available data is entered to point of termination.

Program-Related Questions: Contact your Site Coordinator.

System-Related Questions: Contact Brian Thomas May - 612 673 2608 or brian.may@ci.minneapolis.mn.us or Amy Godecker - 612 673 3931 or amy.godecker@ci.minneapolis.mn.us