

Families First Screening Form Completion Checklist

- for the HPECD Database -

This checklist outlines the necessary steps for transcribing and submitting the Families First Screening form data within the HPECD (Momentum) database. It is assumed that PHNs will have read the Provincial Families First Screening Form Standard Operating Procedure and understand how to complete the paper form.

Families First Home Visiting statistics are reported to the province quarterly. It is crucial for staff to complete all HPECD data entry and forms promptly after the required documentation in the primary client health record is completed.

Who Completes the HPECD Database Families First Screen Form

- The Public Health Nurse within their role as PHN Case Manager for the family.

When to Complete the Families First Screening Form

The Families First Screen Screening form is completed with information obtained from the prenatal, postpartum and/or newborn nursing assessments, as per Psychosocial Family Assessment guideline. The data from the paper FFS form is TRANSCRIBED onto the FFS form in the HPECD database. Transcription of the data should occur within 24 hours of documentation in the client's primary medical record.

- PRENATAL** (Early Entry)

The FFS is INITIATED and captured in the database within two weeks of receipt of prenatal referral or before estimated date of confinement, if late in pregnancy.

Or

- POSTPARTUM** (Early Entry – Birth to 4 months)

The FFS is COMPLETED within one week of receipt of the postpartum referral. The FFS is can be updated accordingly within the first month postpartum if the family discloses additional information.

Or

- Late Entry** (4 months postpartum to 5 years)

PHN is to review previous assessment data and reason for Late Entry referral with the family. If a FFS has not been previously completed or is unavailable, a nursing assessment and FFS is completed within two weeks of the Late Entry referral being received.

Completing the HPECD Families First Screening Form

1. Signatures:

- Families First Screen Assessed By** – Transcribe the name of the PHN who completed the primary paper copy of the FFS.
- Families First Screen Assessment Date** – Transcribe the date entered by the PHN who completed the primary paper copy of the FFS.

screen completed by:

Name : _____
(please print)
Phone: _____

RHA CA (Winnipeg Only)
01 04 10 24 40 70
02 05 14 30 50 80
03 20 34 80 90

Day	Month	Year			

- Date Modified** – This date is auto populated when the form is opened.
- Completed by** – PHN who is transcribing data from primary paper FFS on to HPECD database form.
- Date of Data Entry** – Date PHN completed transcription of data from primary paper FFS to HPECD database form.

2. **Service Entry Level: ** MUST Select one of the options below. Data is sorted based on this qualifier.**

- Prenatal Early Entry** - Select this level when:
The FFS has been *initiated* prenatally and the family is enrolled into home visiting services prenatally.
The service entry level remains Prenatal even after delivery.
Or
- Postpartum Early Entry** – Select this level when:
The FFS has been *initiated and completed* postnatally and the family is enrolled into home visiting services where the youngest child is between birth and 3months, 30 days of age.
Or
- Late Entry** – Select this level when:
The FFS has been *initiated and completed* with a family enrolled into home visiting where the youngest child is between the ages of four months to five years.

3. **Families First Screening Assessment**

- Families First Screen (FFS) Form ID Number** – Transcribe SCREENING Form number.
This is a 10-digit form number. Located at the top of the page beginning with the year in black ink and 6 remaining digits in red ink.

SCREENING Form
2024 400310

- SCREEN COMPLETED ****
ONLY complete this selection after the Postpartum or Late Entry nursing assessments have occurred.
Select YES - If the Public Health Nursing Psychosocial Family Assessment has been completed and the FFS data is complete. OR Every effort has been made to complete the FFS but some bubbles may remain blank.
Select NO – If the Public Health Nursing Psychosocial Family Assessment could **NOT** be completed.
Indicate Reason for NO Screen Below – Choose the best option to indicate why the FFS could not be completed from the choices provided.
 - Client refused Contact
 - Unable to locate
 - Language barrier
 - Child Relinquished/foster placement
 - Child permanently apprehended
 - Neonatal Death/stillbirth
 - Other

4. Parent 1

- Screened Prenatally** ** **MUST Select one of the options below**
Select YES – if the FFS was initiated during delivery of prenatal services
Select NO – if the FFS was NOT initiated during delivery of prenatal services

- When was pregnancy confirmed (weeks)?** Transcribe how many weeks pregnant the parent reports when the pregnancy was confirmed.
- For this baby is this a foster or adoptive parent?**
Select YES – if the primary care provider identifies as a foster parent or adoptive parent.
Select NO – if the primary care provider identifies as the biological parent.
- Education** – Transcribe the education level reported by the primary parent.
- RHA** - Select from the dropdown list the RHA based on the parent’s permanent address.
- Community Area** - Select from the dropdown list the RHA that corresponds to permanent address. If not in Winnipeg, leave blank.
- Residence Postal Code** – Transcribe the Postal Code reported by the parent to be where they say they live.
- Regional Health Authority** – Transcribe/Select from the dropdown list the RHA for a temporary Winnipeg address or where the parent says they live. (May be the same as permanent address)
- Community Area Code** – Transcribe/Select from the dropdown list the CA for a temporary Winnipeg address or where the parent says they live. (May be the same as permanent address)

5. Parent 2 – Demographics

- Biological Father or Parenting Partner** – Transcribe the recorded response.
Biological Father: The individual who is the biological father of the child
Parenting Partner: The person who shares parenting responsibilities with the child's primary caregiver, regardless of biological relationship.
- Age** – Transcribe the age reported on the FFS.
- PHIN** – Transcribe the PHIN number recorded on the FFS (verify that it is correct).
- Education** – Transcribe the education level recorded on the FFS.

6. Baby/Child - Demographics

- Birth Date** – Transcribe the date recorded for the birth date of the youngest child in the family.
- PHIN** – If PHIN is not available at time of completion, hold the FFS for a maximum of one month to collect data. If PHIN remains unavailable, HPECD FFS may be saved marked complete.
- Sex** – Transcribe the sex of baby/child as recorded on the FFS.
- Family Background of baby/child** – Transcribe the family’s background as recorded on the FFS.

7. A. Children with Known Disability

- Transcribe the responses of each parent in the corresponding areas

8. B. Developmental Risk Factors

- Transcribe the responses of each parent in the corresponding areas

9. C. Family Risk Factors

- Transcribe the responses of each parent in the corresponding areas

10. D. Alcohol use During Pregnancy

- Transcribe the responses of each parent in the corresponding areas

11. Scoring

- Total Score** - This value is auto populated and should correspond to the value recorded on the FFS. The total number of points from items 1 – 40. If Three or more items have been identified the screen is positive.
- Positive Entry Score** - This value is auto populated. Positive Entry Score = 3 or more risk factors on the FF screen in the corresponding areas (A1, B6, C15-C40) and associated variances in the nursing assessment.
- Clinical Positive**
Select YES
If fewer than 3 risk factors on the FFS, corresponding with areas A1, B6, and C15-C40 are recorded, and the PHN determines and documents in their assessments variances with limited protective factors that may contribute to increased risk for negative outcomes for the family.
Select NO – If the above is not true

12. SAVE as Draft or Save and Mark Complete

- Save as Draft**
If the Public Health Nursing Psychosocial Family Assessment has not been completed and further data entry is expected. Ex prenatal
- Save and Mark Complete**
When Public Health Nursing Psychosocial Family Assessment has been completed and no further data entry is expected. HPECD Families First Screening forms marked completed can be reopened to edit responses if needed.