Program Tracking Form Completion Checklist - HPECD Database -

The Program Tracking form identifies which families are receiving home visiting services and monitors their engagement. This checklist outlines the necessary steps for completing and submitting the Program Tracking form within the HPECD (Momentum) database. Staff members are encouraged to read the Provincial Program Tracking Form Standard Operating Procedure before completing the form.

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

Who Completes the HPECD Database Program Tracking Form

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

When to Complete the HPECD Program Tracking Form

The HPECD Program Tracking form ==must be completed for every positive TOTAL score or clinically positive== Families First Screen result, during the prenatal, postpartum, or late entry service level, and after the family's response to participate in home visiting has been determined.

☐   **PRENATAL** (Early Entry)
When the INITIATED Families First Screen has a TOTAL score of 3 or more.
     Or

☐   **POSTPATUM** (Early Entry – Birth to 4 months)
When the COMPLETED Families First Screen has a TOTAL score of 3 or more or when PHN nursing assessments identify a Clinical Positive.
     Or

☐   **Late Entry** (4 months postpartum to 5 years)
When the COMPLETED Families First Screen has a TOTAL score of 3 or more or when PHN nursing assessments identify a Clinical Positive.

Completing the HPECD Program Tracking Form

1. **Region Assignment:**

   ☐   **RHA** - From the dropdown list select the RHA where the FFS was completed

   ☐   **Community Area Codes** - From the dropdown list select the CA where the FFS was completed.

2. **Assessment Details:**

☐ **Date Families First Screen Completed** – Transcribe the date from the FFS

> Screen Completed By:
> Name : _____
> *(please print)*
> Phone: _____
>
> RHA
> ○ 01 ○ 04
> ○ 02 ○ 05
> ○ 03
>
> CA (Winnipeg Only)
> ○ 10 ○ 24 ○ 40 ○ 70
> ○ 14 ○ 30 ○ 50 ○ 80
> ○ 20 ○ 34 ○ 60 ○ 90
>
> [ ][ ][ ][ ][ ][ ]
> Day Month Year

☐ **Families First Screen (FFS) ID Number** – Transcribe from the FFS
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

☐ **Families First Screen (FFS) Total Score** – Transcribe from the FFS
The total number of points from items 1 – 40. If Three or more items have been identified the screen is positive.

> **TOTAL SCORE** [ ][ ]

☐ **Positive Entry Score** - Select Yes or No if the FFS indicated a Positive Entry Score.
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 or No if the FFS indicated a Clinical Positive.
Clinical Positive FF Screen: Less than 3 risk factors on the FF screen in the corresponding areas (within Appendix B); or any other risk factors on the FF screen and/ or variances with limited protective factors noted in the nursing assessment that may contribute to increased risk for negative outcomes for the family.

☐ **Parent's Personal Health Information Number (PHIN)** – Transcribe from the FFS
Enter the 9-digit PHIN of child's primary parent/caregiver.

☐ **Child's Personal Health Information (PHIN)** – Transcribe from the FFS
Enter the 9-digit PHIN number of the baby or child related to the FFS

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3. ==**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.

4. **Families First Home Visiting Referral Details:**

☐ **Date of Home Visiting Services Referral** – Transcribe from the FF Home Visiting Referral form. Found in SECTION I: Referral Information. References the date contact is made with PHN RS to determine caseload availability.

☐ **Date of Offer** – Transcribe from the Families First Home Visiting Referral Form. Found in SECTION II: Family Response. References the date Home Visiting services were offered to the family. (May be the same date as Home Visiting Referral)

☐ **Date Consent Reviewed with Family** - Transcribe from the FF Home Visiting Referral form. Found in SECTION II: Family Response. References the date the family provides consent to have their information shared with PHN RS and FFHV. (May be the same date as Home Visiting Referral and/or Date of Offer).

☐ **Family enrolled in Families First Home Visiting Services?** - Select Yes or No if the family enrolls into home visiting services.

   Select Yes – If the family has ACCEPTED Home Visiting

   Select No – If the family has DECLINED Home Visiting.

☐ **If NO**, reason for not enrolling - Select the appropriate response.
   - Eligible, but declined service
   - Eligible, but home visiting caseloads full
   - Eligible, but not enrolled for other reasons
   - NOT eligible for other reasons

☐ **Other Reasons:** If selecting 'Not eligible for other reasons', document a brief reason in the space provided. If answer is Yes (family enrolled), leave this section blank.

5. **Has the family previously enrolled in Families First Home Visiting Services?**

☐ **Select Yes** – If the family received FF Home Visiting services with an earlier pregnancy/child.

☐ **Select No** – If this is the first time the family is participating in Families First Home Visiting.

☐ **Leave Blank** – if unknown.

6. **Program Tracking Form Completion:**

☐ **Form Competed by** – Enter the name of the PHN completing the Program Tracking Form.

☐ **Date** – Enter the date PHN completed the Program Tracking Form.

☐ **Phone Number** – Enter the phone number for the PHN completing the Program Tracking Form.

7. **SAVED and MARK COMPLETE:**

☐ **Save as Draft – for Prenatal Early Entry**
Form may remain in draft until Total Score is determined after postpartum assessments are completed.

☐ **Save and Mark Complete – for Postpartum and Late Entry**
Form should be completed in one session once response to home visiting services is confirmed. Program Tracking forms Marked Completed can be reopened to edit responses if needed.