Practice Inventory

The *Practicing Safety* bundles included targeted activities designed to enable the practices to prevent abuse and neglect by implementing the use of PS Practice Guidelines, screening, anticipatory guidance, practice policies and documentation systems to chart these psychosocial activities with children and the families. Below are the results of pre to post intervention comparisons aggregated across the practices.

Table 1 show that the agreement of the clinicians as a group, in each practice, on the use of practice guidelines for assessment increased for all three categories. Practice guideline use for assessment for risk of harm to an infant by noting a parent's ability or inability to cope with crying increased by 83% post intervention and agreed upon practice guideline use to assess for possible risk to a child by noting parent's ability or inability to deal with discipline and toilet training increased by 50%.. More difficult issues such as assessing parents/caregivers health and well-being by noting risk or signs of depression increased by 30%.However, the practices started out with 77% reporting agreement on practice guideline use for assessment of parents/caregivers and moved to 100% at the end of the project period.

Table 1. Practice guideline use for assessment pre and post intervention.

	Pre-test		**Post-test**		**% Change (Yes resp.)**
	% Yes	**% No**	**% Yes**	**% No**	
Practice Guidelines					
Assess risk of harm to infant	46.2	53.9	84.6	15.4	83.3
Assess parent/caregiver health and well-being	76.9	23.1	100.0	0.0	30.0
Assess risk of harm to child	38.5	61.5	92.3	7.7	50.0

Screening/assessment increased for all but one topic, as shown in Table 2. All practices reported screening more than 50% of families prior to the intervention and screening increases ranged from 25 to 57% with the exception of discipline which remained at nearly 70%.

Table 2. Screening of caregivers pre and post intervention.

	Pre-test		**Post-test**		**% Change (Yes resp.)**
	% Yes	**% No**	**% Yes**	**% No**	
Screening					

Assessment of caregiver's ability to deal with crying	61.5	38.5	84.6	15.4	37.5
Assessment of caregiver's ability to deal maternal depression	53.9	46.2	84.6	15.4	57.1
Assessment of caregiver's ability to deal with discipline	69.2	30.8	69.2	30.8	0.0
Assessment of caregiver's ability to deal with toilet training	61.5	38.5	76.9	23.1	25.0

Anticipatory guidance increased for each topic area associated with PS bundles. Table 3 shows that anticipatory guidance regarding crying and toilet training were highly performed prior to the intervention (84.6% % for each) yet the effect of the project increased the offering of anticipatory guidance to every family in each of these topic areas by 9%. The largest increase in anticipatory guidance was related to maternal depression where there was a 62% increase.

Table 3. Anticipatory guidance pre and post intervention

	Pre-test		**Post-test**		**% Change (Yes resp.)**
	% Yes	**% No**	**% Yes**	**% No**	
Anticipatory Guidance					
Practice offers anticipatory guidance regarding crying	84.6	15.4	92.3	7.7	9.1
Practice offers anticipatory guidance regarding maternal depression	61.5	38.5	100.0	0.0	62.5
Practice offers anticipatory guidance regarding discipline	76.9	23.1	100.0	0.0	30.0
Practice offers anticipatory guidance regarding toilet training	84.6	15.4	92.3	7.7	9.1

Policy development and enactment of the policies, as described in Table 4, showed that this is the area where the most changes occurred from pre to post intervention. Having a policy in place to formally assess coping with crying changed from about one quarter of the time to more than three quarters of the time post intervention. Having a practice policy in place to support screening for maternal depression, along with written and oral information being shared with mothers was also a significant post intervention improvements. Smaller yet significant change was noted in policies to support discussions about crying, discipline and toilet training with parents. While assessment of toilet training was also improved by 25% it was noted that most

physicians believe that 18 months is too early for assessment of toilet training and they reported doing it at the 2 year visit.

Table 4. Policies in place in the practices at pre and post intervention

	Pre-test		Post-test		% Change (Yes resp.)
	% Yes	% No	% Yes	% No	
Formally assess crying at/by the 2-month visit	23.1	76.9	76.9	23.1	233.3
Give all parents written information about crying	30.8	69.2	53.9	46.2	75.0
Give all parents oral information about crying	38.5	61.5	46.2	53.9	20.0
Formally screen all mothers for maternal depression	30.8	69.2	69.2	30.8	125.0
Give all mothers written information about maternal depression	23.1	76.9	53.9	46.2	133.3
Give all mothers oral information about maternal depression	23.1	76.9	53.9	46.2	133.3
Formally assess discipline at/by the 18-month visit	46.2	53.9	84.6	15.4	83.3
Give all parents written information about discipline	30.8	69.2	69.2	30.8	125.0
Give all parents oral information about discipline	53.9	46.2	69.2	30.8	28.6
Formally assess toilet training at/by the 18-month visit	30.8	69.2	38.5	61.5	25.0
Give all parents written information about toilet training	23.1	76.9	61.5	38.5	166.7
Give all parents oral information about toilet training	53.9	46.2	69.2	30.8	28.6
Documenting plans for addressing identified psychosocial issues	53.9	46.2	84.6	15.4	57.1

Practices were asked to improve their documentation of activities related to the bundles and tools. In Table 5 we see a range of improvements. The most significant change to documentation systems was regarding documenting the presence or absence of parental concerns about crying. Prior to *Practicing Safety* less than 10% of patients were documented as having been assessed for crying. Post intervention we found that nearly 80% of patients were documented as having been assessed. The smallest change noted was in documentation for community resources. Identifying and engaging community-based family support is a difficult issue yet prior to *Practicing Safety* more than 60% of practices documented this effort. Post intervention there was a 12% improvement showing that the use of the bundles was not sufficient to enable practices to learn how to engage community resources.

Table 5. Documentation system improvements from pre to post intervention.

	Pre-test	Post-test	%

					Change (Yes resp.)
	% Yes	% No	% Yes	% No	
Documentation Systems					
Provide assessment/screening for psychosocial issues	46.2	53.9	84.6	15.4	83.3
Document presence or absence of parental concerns about crying	7.7	92.3	76.9	23.1	900.0
Document mothers at risk or showing signs of depression	61.5	38.5	76.9	23.1	25.0
Document signs of help needed regarding discipline	46.2	53.9	76.9	23.1	66.7
Document signs of help needed regarding toilet training	46.2	53.9	61.5	38.5	33.3
Document possible safety concerns to infant, toddler, or mother/caregiver	69.2	30.8	84.6	15.4	22.2
Make and document referrals to family support and behavioral health services	61.5	38.5	92.3	7.7	50.0
Make and document referrals to Child Protective Services for evaluation and care management	69.2	30.8	92.3	7.7	33.3
Follow up with families who have been referred to other organizations and agencies	61.5	38.5	76.9	23.1	25.0
Post wall signs and brochures in appropriate locations in the practice	53.9	46.2	84.6	15.4	57.1
Participate in a program to encourage family literacy	69.2	30.8	84.6	15.4	22.2
Identify and engage community-based family support and strengthening resources	61.5	38.5	69.2	30.8	12.5

In Table 6, we see very little change in the average number of minutes spent at a 2-month and 18-month well child visit, as reported by 11 of the 14 participating practices who answered these questions in both the pre- and post-inventory questionnaire. Three of the practice teams reported in the post-inventory a decrease in the average number of minutes spent at a 2-month well child, 4 teams reported an increase and 4 practice teams reported that the same average number of minutes spent. Three of these same practice teams reported in the post-inventory a decrease in the average number of minutes spent at an 18-month well child, 2 teams reported an increase and 6 practice teams reported that the same average number of minutes spent.

Table 6. Average Time spent at 2- and 18-month from pre to post intervention

	Pre-test Average (n=11 practices)	Post-test Average (n=11 practices)	Change in minutes (average)

On average, how much time is spent at a 2-month well child visit (in minutes)	19.1 minutes	19.8 minutes	+0.7 minutes
On average, how much time is spent at a 18-month well child visit (in minutes)	21.6 minutes	21.4 minutes	-0.2 minutes