Pre-Work Materials
Welcome to the Don’t Just Wait and See: Improving Developmental Screening and Follow-up Quality Improvement Project!

Thank you for participating in Don’t Just Wait and See: Improving Developmental Screening and Follow-up quality improvement project. This project will provide primary care pediatricians with the strategies, tools, and resources necessary to improve and promote monitoring, screening, and follow-up for developmental concerns. Guided by a Project Oversight Team of experts, you will test these strategies and tools and implement changes between now and January 2016.

During this time, you will engage in collaborative learning with other primary care pediatricians by doing the following:

- Completing the pre-work activities
- Participating in a face-to-face Learning Session, which will take place in Washington, DC on October 23, 2015 from 7:30am to 11:00am ET
- Testing improvement strategies using quality improvement science
- Participating in monthly webinars and on the project listserv
- Participating in monthly one-on-one “office hours” conference calls with experts (optional)
- Sharing what you are learning by testing the improvement strategies in your practice
- Learning from colleagues and state and national experts
- Collecting monthly data through simple record review forms to test the measurement strategy and to focus efforts
- Submitting a monthly written/narrative report that details strategies you have tested
- Completing a pre- and post- implementation survey

Through all of these activities you will aim to improve your own developmental monitoring and screening processes as well as create replicable strategies that can be implemented within other practices and settings. In this packet, you will find information to help you prepare for participation in the Don’t Just Wait and See: Improving Developmental Screening and Follow-up quality improvement project, including how to conduct specific activities prior to the Learning Session.

Please know that we realize this may seem overwhelming! Please do not hesitate to contact staff, as follows, with questions now or in the future.

Christina Boothby
Phone: 847/434-4311
Email: cboothby@aap.org

We are excited you are participating! We look forward to working with and learning from you.
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APPENDICES

Appendix A: Project Measures
Appendix B: Instructions for Record Review
Appendix C: Record Review Tool
Appendix D: Project Oversight Team

SUPPLEMENTAL MATERIALS

Appendix E: Model for Improvement Key Points
Appendix F: Improvement Glossary
Preparation Checklist

☐ Review this pre-work packet

☐ Identify any other primary care pediatricians in your practice who may be interested in participating (please note that all individual participants must submit their own data)

☐ By September 9, 2015 listen to the Orientation Webinar recording (if you did not attend the “live” webinar)

☐ If you have not done so already, scan and email completed Consent Forms to Christina Boothby at cboothby@aap.org or, if necessary, by fax to Christina Boothby at 847/228-5034.

☐ By September 30, 2015, submit baseline record review data

☐ By September 30, 2015, submit the pre-implementation practice survey

☐ Check your air travel and lodging information for the American Academy of Pediatrics National Conference & Exhibition in Washington, DC to ensure that you arrive in time to participate in the Learning Session on Friday, October 23 from 7:30 am to 11:00 am ET. If you have not made your travel arrangements yet, please do so soon. **Due to a tight project budget, we are unable to reimburse for any travel expenses, lodging, or meals.** We purposely scheduled the Learning Session prior to NCE in order to make it as convenient as possible for participants who already planned to attend NCE.

If you are unable to attend the Learning Session in-person, please contact Christina Boothby at cboothby@aap.org for alternate options.
Don’t Just Wait and See: Improving Developmental Screening and Follow-up Quality Improvement Project Overview

The Don’t Just Wait and See: Improving Developmental Screening and Follow-up quality improvement (QI) project aims to improve and promote monitoring, screening, and follow-up for developmental concerns in pediatric practice. The QI project, overseen by a Project Oversight Team comprised of experts in primary care, developmental-behavioral pediatrics, and quality improvement, meets the standards established by the American Board of Pediatrics (ABP) for Maintenance of Certification (MOC) Part 4.

Project Aim and Measures

Between November 2015 and January 2016 (the Action Period), project participants will collaborate to test, implement, disseminate, and plan to sustain strategies identified to improve and promote monitoring, screening, and follow-up for developmental concerns, so that:

- 90% of patients are screened for risk of developmental, behavioral, and social delays using a standardized screening tool at the 9, 18, and 24 or 30-month health supervision visits.
- 90% of patients are screened for risk of autism using a standardized screening tool at the 18- and 24-month health supervision visit.
- The families of 90% of patients seen at the 9, 18, and 24 or 30-month health supervision visits receive a follow-up discussion of developmental screening results on the same day of the screening.
- The families of 90% of patients seen at the 18- and 24-month health supervision visit receive a follow-up discussion of autism screening results on the same day of the screening.
- 90% of patients seen at the 9, 18, and 24 or 30-month health supervision visits are referred for follow-up care within 7 calendar days of receiving a positive developmental screening result.
- 90% of patients seen at the 18- and 24-month health supervision visit are referred for follow-up care within 7 calendar days of receiving a positive autism screening result.

Participants are expected to do the following:*  

- Participate in the project over a 5-month period (September 2015 – January 2016)
- Participate in a 60-minute orientation webinar (if you were unable to participate in the “live” webinar, please contact cboothby@aap.org for a link to the recording)
- Complete a web-based pre-implementation survey
- Submit baseline data for up to 40 of your own patients using a web-based data collection tool
- Attend an in-person Learning Session to be held on October 23 in Washington, DC from 7:30 am – 11:00 am ET (one day prior to the AAP National Conference & Exhibition). If you are unable to attend the Learning Session in-person, please contact cboothby@aap.org for alternate options.
- Register and attend at least one day of the AAP National Conference & Exhibition (if you are attending the Learning Session in-person)
- Submit 3 months of data during the Action Period (up to 20 charts per month) using a web-based data collection tool
- Submit findings and progress through 3 brief monthly reports
- Participate in 3 webinars where data is presented and QI principles are discussed during the Action Period
  - Share information with other participants, including details of changes tested
  - Provide feedback on tools, measurement strategies, and data collection process
• Review reports provided about your data on a monthly basis; utilize data to guide future improvements
• Complete a web-based post-implementation survey

*See Consent Form for detailed listing of all expectations

The Project Oversight Team will do the following:

• Provide evidence-based information on the clinical subject matter, the application of the subject matter, and quality improvement methods for process improvement.
• Coach participants on implementing improvement strategies. One-on-one “office hours” will be available with members of the Project Oversight Team on a monthly basis during the action period.
• Provide ongoing assessment to the extent to which the tools, strategies and measures are helping participants implement and improve their care delivery systems.
• Assess tools, resources and strategies for adaptation and refinement.

See Appendix C for a list of Project Oversight Team members.

Participant Activities Overview

What is a Learning Session?
The Learning Session is designed to promote collaborative learning among and between participants and faculty. Plenary sessions and small group discussions provide participants the opportunity to do the following:

• Learn from one another and share experiences
• Receive faculty coaching
• Gather and plan improvement ideas
• Apply quality improvement science (Model for Improvement: Plan, Do, Study, Act cycles)
• Problem solve and motivate each other

The face-to-face Learning Session will include an overview of the project, developmental monitoring/screening topical sessions, an overview of quality improvement science, and time for discussion of implementation barriers and solutions. Participants will also receive results from baseline data collection.

What is an Action Period?
The action period will provide participants an opportunity to test and implement new ideas, strategies, and tools that are recommended to help improve developmental monitoring, screening, and follow-up. Participants will apply the Model for Improvement and Plan, Do, Study, Act (PDSA) cycles to carry out small tests of change, using ideas found in the provided Change Package and other resources discussed at the Learning Session. See Appendix E for additional information about the Model for Improvement. Participants will collect monthly data to test their improvement plan and measurement strategy. In addition, webinars and a project listserv will provide forums for participants to share experiences and receive assistance and coaching from the Project Oversight Team, faculty and staff. Participants will also have access to an online data aggregation and workspace website, which will serve as a location to enter and share data and documents.
High Level Project Timeline

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<tr>
<td></td>
<td>• Project orientation Webinar and QIDA demo to understand data collection system • Submit data on up to 40 patients related to the 6 measures</td>
<td>• Submit data on up to 20 patients related to the 6 measures, monthly for 3 months • Participate in at least 3 Webinars to discuss data and receive education • Implement interventions using PDSA cycles • Communicate with other participants via listserv • In last month, participate in sustaining change webinar</td>
<td></td>
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<tr>
<td></td>
<td>Learning Session QI and Topical Education (October 2015 National Conference &amp; Exhibition)</td>
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Pre-work Activities and Instructions:
**What to Do Before the Face-to-Face Learning Session**

**Prepare Your Practice and Set Aside Time**
If you are interested in partnering on this project with other primary care pediatricians in your practice, you are welcome to do so. **This is not a requirement of the project**, though. Please note that **all pediatricians who participate will need to enter their own data, sign and submit their own consent forms, and participate in monthly webinars**. If you are interested in this opportunity, please contact Christina Boothby at cboothby@aap.org by September 8, 2015.

In addition, the **buy-in and involvement of other physicians and staff within your practice** will be important in your efforts to test, measure, and sustain change. It also may be helpful to have input from different disciplines/perspectives at your practice (or individuals involved from different parts of the care process: primary care clinician, nursing, administrative staff, medical records, information systems/data, etc). Feel free to hold meetings with other physicians and staff in your practice to keep them updated on your efforts as well as gain their feedback.

Many of the strategies you test will depend on making changes in practice culture and infrastructure. Such changes usually require the input of a variety of individuals and groups to adapt and implement these changes in your setting. Therefore another key ingredient for success is **engaging the senior leadership** in your practice. Such support will help remove implementation barriers and can help assure the long-term adoption of new strategies that enhance care for your patients.
Collect Baseline Data
A unique Web site URL has been developed for the Don’t Just Wait and See: Improving Developmental Screening and Follow-up quality improvement project in QIDA (http://qidata.aap.org/developmentalscreening). The acronym QIDA is the Quality Improvement Data Aggregator, and it is a web-based data aggregation tool that has been developed by the American Academy of Pediatrics Division of e-Learning. It allows for the following:

1. Participants to enter improvement data securely
2. Viewing of real-time data reports and run charts, project workspace, and message board
3. Completion of project surveys

Access to QIDA occurs through a sign-in process. AAP members use their AAP single sign-on username and password to access the system. Non-AAP members will be emailed a username and password to use to access the system. The QIDA system will be not be available for use by participants in this project until September 9. A QIDA user manual will be emailed separately and will also be available on the project workspace.

To maximize your learning at the face-to-face Learning Session, you need to complete baseline record reviews for the first 10 patients who received health supervision visits by you during the month of September for the following sets of patients:

- Patients seen for the 9-month health supervision visit
- Patients seen for the 18-month health supervision visit
- Patients seen for the 24- and/or 30-month health supervision visit

Enclosed with this pre-work packet are several documents that will assist you with data collection including the “Instructions for Record Review” (Appendix B) and a copy of the Record Review Tool (Appendix C).

Review these materials and then decide the best way to conduct record reviews in your practice. Complete the record review tool in QIDA for the set of patients using the information provided in the “Instructions for Record Review” by September 30, 2015.

Complete the Pre-implementation Survey
Important factors such as the people, processes, resources and culture of your practice will affect your ability to implement changes related to developmental monitoring, screening, and follow-up. Completing this survey at the start and end of the project and will help you assess current systems in place related to monitoring and screening for developmental concerns and autism, including the following:

- If materials are available to parents to help track development
- If surveillance/monitoring is conducted at every well child visit and results are documented
- If developmental screening tests are routinely performed using a standard screening tool
- If results are communicated with families

The pre-implementation survey must be completed by September 30, 2015.
Don’t Just Wait and See: Improving Developmental Screening and Follow-up Quality Improvement Project

Appendices for Pre-Work
DEVELOPMENTAL SCREENING MEASURES

The target population are patients seen for their 9-month, 18-month, and 24- or 30-month health supervision visits.

<table>
<thead>
<tr>
<th>Measure Name/Type</th>
<th>Measure Definition</th>
<th>Source of Measure</th>
<th>Measure Calculation (Numerator/Denominator)</th>
<th>Measure Exclusion</th>
<th>Data Source/Associated Collection Tool</th>
<th>Measure Benchmark</th>
<th>Measure Target/Goal (%)</th>
<th>Data Collection Plan</th>
<th>Associated Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental Screening</td>
<td>% of patients screened for risk of developmental, behavioral, and social delays using a standardized screening tool at the 9, 18, and 24- or 30-month health supervision visit</td>
<td>CHIPRA Core Set</td>
<td>Target Population: All patients seen for their 9-month, 18-month, and 24- or 30-month health supervision visit. (Note: you may choose either the 24- or 30-month visit for this measure depending on when you conduct developmental screening.) Numerator: # patients seen at their 9-month, 18-month, and 24- or 30-month health supervision visit with documentation in chart of a completed standardized developmental screen at the time of the visit. Denominator: All patients seen for their 9-month, 18-month, and 24- or 30-month visit whose charts are reviewed</td>
<td>N/A</td>
<td>Patient charts/chart review tool</td>
<td>N/A</td>
<td>90%</td>
<td>Volume: 15 to 20 charts/records Frequency: Monthly Method of Transmission: QIDA</td>
<td>Is there documentation in the medical record that a standardized developmental screening was conducted at the 9-month visit? Is there documentation in the medical record that a standardized developmental screen was conducted at the 18-month visit? Is there documentation in the medical record that a standardized developmental screening was conducted at the 24- or 30-month visit?</td>
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</tbody>
</table>
Don’t Just Wait and See: Improving Developmental Screening and Follow-up
Maintenance of Certification (MOC) Part 4 Project Chart Review Measures

| Developmental Screening Follow-up | PMCoE | Target Population: All patients seen for their 9-month, 18-month, and 24- or 30-month health supervision visit. *(Note: you may choose either the 24 or 30-month visit for this measure depending on when you conduct developmental screening.)* | Numerator: # patients seen at their 9-month, 18-month, and 24- or 30-month health supervision visit with documentation in chart of family receiving a discussion of the developmental screen by a primary care clinician on the same day of the screening visit. | Exclusions: Exclude records/charts with a “No” answer to the Developmental Screening Measure. | Patient charts/chart review tool | N/A | 90% | Volume: 15 to 20 charts/records | Frequency: Monthly | Method of Transmission: QIDA | Is there documentation that developmental screening results were discussed with the patient’s family at the time of the screening? |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| % of patients seen at the 9-month, 18-month, and 24- or 30-month health supervision visit whose family received a follow-up discussion of developmental screening results on the same day of the screening. | | | | | | | | | | | | | | | | |
### Don’t Just Wait and See: Improving Developmental Screening and Follow-up

**Maintenance of Certification (MOC) Part 4 Project Chart Review Measures**

| Developmental Screening Referral | Target Population: All patients seen for their 9-month, 18-month, and 24- or 30-month health supervision visits who were referred for follow-up care within 7 calendar days of receiving a positive developmental screening result. | PMCoE | Numerator: # patients seen at their 9-month, 18-month, and 24- or 30-month health supervision visit with documentation in chart of receiving a referral for follow-up care by the screening clinician within 7 calendar days of receiving a positive developmental screening result. | Exclusions: Exclude records/charts with a “No” answer to the Developmental Screening Measure. | Patient charts/chart review tool | N/A | 90% | Volume: 15 to 20 charts/records
Frequency: Monthly
Method of Transmission: QIDA |

If a positive developmental screen was identified, is there documentation in the medical record that the patient was referred for follow-up care within 7 calendar days?
### AUTISM SCREENING MEASURES

*The target population are patients seen for their 18- and 24-month health supervision visits.*

<table>
<thead>
<tr>
<th>Measure Name/Type</th>
<th>Measure Definition</th>
<th>Source of Measure</th>
<th>Measure Calculation (Numerator/Denominator)</th>
<th>Measure Exclusion</th>
<th>Data Source/Associated Collection Tool</th>
<th>Measure Benchmark</th>
<th>Measure Target/Goal (%)</th>
<th>Data Collection Plan</th>
<th>Associated Questions</th>
</tr>
</thead>
</table>
| **Autism Screening**       | % of patients screened for risk of autism using a standardized screening tool at the 18- and 24-month health supervision visit. | N/A                | **Target Population:** All patients seen for their 18- and 24-month health supervision visit.  
**Numerator:** # patients seen at their 18- and 24-month health supervision visit with documentation in chart of a completed standardized autism screen  
**Denominator:** All patients seen for their 18- and 24-month health supervision visit whose charts are reviewed | N/A                | Patient charts/chart review tool | N/A                | 90%                                  | Volume: 15 to 20 charts/records  
Frequency: Monthly  
Method of Transmission: QIDA | Is there documentation in the medical record that a standardized autism screening was conducted at the 18-month visit?  
Is there documentation in the medical record that a standardized autism screening was conducted at the 24-month visit? |
| **Autism Screening Follow-up** | % of patients seen at the 18- and 24-month health supervision visit whose family received a follow-up discussion of autism screening results on | N/A                | **Target Population:** All patients seen for their 18- and 24-month health supervision visit.  
**Numerator:** # patients seen at their 18- and 24-month health supervision visit with documentation in chart of  
**Exclusions:** Exclude records/charts with a “No” answer to the Autism Screening Measure.  
**Denominator:** All patients seen for their 18- and 24-month health supervision visit whose charts are reviewed | N/A                | Patient charts/chart review tool | N/A                | 90%                                  | Volume: 15 to 20 charts/records  
Frequency: Monthly  
Method of Transmission: QIDA | Is there documentation that autism screening results were discussed with the patient’s family at the time of the screening? |
| Autism Screening referral | the same day of the screening. | family receiving a discussion of the autism screen by a primary care clinician on the same day of the screening visit. | Denominator: All patients seen for their 18- and 24-month health supervision visit who received an autism screen using a standardized screening tool that was administered by the primary care clinician. | Target Population: All patients seen for their 18- and 24-month health supervision visit. | N/A | N/A | N/A | If a positive autism screen was identified, is there documentation in the medical record that the patient was referred for follow-up care within 7 calendar days? |

Autism Screening referral | % of patients at the 18- and 24-month health supervision visit who were referred for follow-up care within 7 calendar days of receiving a positive autism screening result. | N/A | Numerator: # patients seen at their 18- and 24-month health supervision visit with documentation in chart of receiving a referral for follow-up care by the screening clinician within 7 calendar days of receiving a positive autism screening result. | Exclusions: Exclude records/charts with a “No” answer to the Autism Screening Measure. | Patient charts/chart reviews | N/A | 90% | Volume: 15 to 20 charts/records |

Frequency: Monthly |

Method of Transmission: QIDA
Instructions for Record Review

For questions contact:
Christina Boothby, MPA
Manager, Division of Children with Special Needs
American Academy of Pediatrics
Phone: 847/434-4311
Email: cboothby@aap.org

Each month from November 2015 through January 2016, you will be asked to submit up to 20 patient record reviews using the web-based data aggregation tool—QIDA—specifically designed for this project. You will also submit up to a total of 40 patient record reviews for baseline by September 30, 2015.

Data cycles will be open on the 9th of each month. Monthly data should not be submitted until the 9th of every month. Data will be due by the 30th of each month. You will have the ability to close your own data cycle once a minimum of 30 records are entered. If you are conducting developmental screening at the 30 month health supervision visit, you will have 40 records to enter. If you do not have a minimum of 30 records to review in a particular month, contact project staff who will manually close your data cycle for you.

### Data Cycle Table

<table>
<thead>
<tr>
<th>Data Cycle Label</th>
<th>Month of Data Cycle</th>
<th>Data Cycle Opens</th>
<th>Data Cycle Closes</th>
<th>Data to be Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline/Pre-work (Cycle 1)</td>
<td>September</td>
<td>September 9, 2015</td>
<td>September 30, 2015</td>
<td>1st 10 patients who received health supervision visits by you for the following sets of patients:</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Patients seen for the 9-month health supervision visit</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Patients seen for the 18-month health supervision visit</td>
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<td></td>
<td></td>
<td></td>
<td>• Patients seen for the 24- and/or 30-month health supervision visit</td>
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<tr>
<td>Action Period (Cycle 2)</td>
<td>November</td>
<td>November 9, 2015</td>
<td>November 30, 2015</td>
<td>1st 5 patients who received health supervision visits by you for the following sets of patients:</td>
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<td></td>
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<td></td>
<td>• Patients seen for the 9-month health supervision visit</td>
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<tr>
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<td></td>
<td></td>
<td>• Patients seen for the 18-month health supervision visit</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>• Patients seen for the 24- and/or 30-month health supervision visit</td>
</tr>
<tr>
<td>Action Period (Cycle 3)</td>
<td>December</td>
<td>December 9, 2015</td>
<td>December 30, 2015</td>
<td>1st 5 patients who received health supervision visits by you for the following sets of patients:</td>
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<td></td>
<td></td>
<td>• Patients seen for the 9-month health supervision visit</td>
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<td></td>
<td>• Patients seen for the 18-month health supervision visit</td>
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<td></td>
<td></td>
<td>• Patients seen for the 24- and/or 30-month health supervision visit</td>
</tr>
<tr>
<td>Action Period (Cycle 4)</td>
<td>January</td>
<td>January 9, 2016</td>
<td>January 30, 2016</td>
<td>1st 5 patients who received health supervision visits by you for the following sets of patients:</td>
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<td></td>
<td></td>
<td></td>
<td>• Patients seen for the 9-month health supervision visit</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Patients seen for the 18-month health supervision visit</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Patients seen for the 24- and/or 30-month health supervision visit</td>
</tr>
</tbody>
</table>
Each month, you will receive an email from project staff with instructions for data submission. You will need to complete the on-line chart review tool (Record Review Tool) in QIDA for each patient chart you review. You have the option of first completing a “hard copy” of the Record Review Tool for each record reviewed (provided in the pre-work packet and posted within the Workspace page of QIDA under the Data Collection Requirements and Reports subheading). You must then submit that data online through QIDA. Doing this data collection each month will help to maximize your learning during the 3-month action period following the Learning Session. Below is a brief set of instructions to guide you in reviewing your records.

- Select records of the first 1st five patients who received health supervision visits by you for the following sets of patients:
  - Patients seen for the 9-month health supervision visit
  - Patients seen for the 18-month health supervision visit
  - Patients seen for the 24- and/or 30-month health supervision visit

You will submit a minimum of 15 records each month and a maximum of 20 records (if you conduct developmental screening at the 30-month health supervision visit). During baseline in September, you will submit a minimum of 30 records and a maximum of 40 records (if you conduct developmental screening at the 30-month health supervision visit).

- Project staff will send an email each month with instructions for accessing QIDA (http://qidata.aap.org/developmentalscreening) to enter your data. You can also find information about your data collection requirements each month on the Project Workspace page in QIDA. To access QIDA, AAP members will use their existing login information (for instance, the login used to enter the AAP Member Center). Non-AAP members will be emailed their user ID and password.

- Enter the data you collect into the Record Review Tool located in the Data Collection Tools subheading on the Project Home Page in QIDA. Your results will help you create improvement plan(s) for your practice.

- As an option, you may choose to first complete a “hard copy” of the Record Review Tool for each record and then use these “hard copy” forms to complete the online data collection tool for each record.

- Once you have completed a minimum of 15 records for the month (a minimum of 30 records at baseline), the Close Data Cycle button must be selected from the Record Review Tool. **IMPORTANT:** Do not submit records for the next month before the 9th of the next month.
Don’t Just Wait and See: Improving Developmental Screening and Follow-up
Record Review Tool

Please review up to the first 5 patient charts/records who received health supervision visits by you during the specified review month for the following sets of patients:

- Patients seen for the 9-month health supervision visit
- Patients seen for the 18-month health supervision visit
- Patients seen for the 24- and/or 30-month health supervision visit

1. Select the appropriate patient set:
   - ☐ Patients seen for the 9-month health supervision visit (questions 2B,3,4)
   - ☐ Patients seen for the 18-month health supervision visit (questions 2B,3,4,5,6,7)
   - ☐ Patients seen for the 24-month health supervision visit (questions 2A,3,4,5,6,7)
   - ☐ Patients seen for the 30-month health supervision visit (questions 2B,3,4)

**Developmental Screening**

2. Is there documentation in the medical record that a standardized developmental screening was conducted at the health supervision visit:

   2a. Is there documentation in the medical record that a standardized developmental screening was conducted at the health supervision visit? (This question is only for 24 month old chart pulls)

      - ☐ Yes
      - ☐ No (No, skip to question 5)
      - ☐ NA-Developmental Screening will be done at the 30 month HSV (NA, skip to question 5)

   2b. Is there documentation in the medical record that a standardized developmental screening was conducted at the health supervision visit? (This question is only for 24 month old chart pulls)

      - ☐ Yes
      - ☐ No (No, skip to question 5)

3. Is there documentation that developmental screening results were discussed with the patient’s family at the time of the screening?

   - ☐ Yes
   - ☐ No
4. Was a positive developmental screen identified?

☐ Yes
☐ No (No, skip to question 5)

4a. If a positive developmental screen was identified, is there documentation in the medical record that the patient was referred for follow-up care within 7 calendar days? (Note: Follow-up care examples include Part C Early Intervention Program, developmental-behavioral pediatrician, child psychologist, speech and language evaluation; see additional examples below.)

☐ Yes
☐ No

**Autism Screening**

5. Is there documentation in the medical record that a standardized autism screening was conducted at the health supervision visit? (If NO, your chart review is complete)

☐ Yes
☐ No

6. Is there documentation that autism screening results were discussed with the patient’s family at the time of the screening?

☐ Yes
☐ No

7. Was a positive screen identified?

☐ Yes
☐ No (No, chart review ends here)

7a. If a positive autism screen was identified, is there documentation in the medical record that the patient was referred for follow-up care within 7 calendar days? (Note: Follow-up care examples include Part C Early Intervention Program, developmental-behavioral pediatrician, child psychologist, speech and language evaluation; see additional examples below.)

☐ Yes
☐ No
Record Review Tool – Key Terms

I. AAP Policy Statement: *Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening*

II. Communicating Developmental Screening Results with Families

- Centers for Disease Control and Prevention: [Tips for Talking with Parents](#)
- AAP Section on Developmental and Behavioral Pediatrics Newsletter: [Explaining the Results of a Failed Screen](#)
- *Sugar-coaters and Straight Talkers: Communicating About Developmental Delays in Primary Care*

III. Positive Developmental Screen

A positive developmental screening result refers to a result from a validated developmental screening tool that indicates the patient tests positive for risk of a developmental delay.

IV. Referral for Follow-up Care

Referral for follow-up care is defined as the formal event in which the clinician

i. provides a referral to the patient’s family (and does not include any further steps in the process such as securing the appointment, confirming appointment attendance, etc.)

ii. refers to any type of therapy, intervention, or education to mitigate developmental delays

iii. can be within the medical home or outside of the medical home.

A referral can also include a form of watchful waiting by which the clinician offers practice-based intervention(s) and schedules a follow-up visit within 3 months. Some referral types are listed as examples below, but this list is not exhaustive:

- Part C Early Intervention Program
- Referral for Follow-up Testing
- Home Visiting for 0-5
- Physical Therapist
- Occupational Therapist
- Speech/Language Pathologist
- Medical home Clinician Internal
- Specialty Clinician External
- Early Head Start
- Network Care Manager
- Family-to-Family Support
- Hearing and Vision Specialists
- Mental Health Specialist
V. Screening vs Surveillance

**Developmental and behavioral screening** is a first line check of a child’s development, using a developmental and behavioral screening tool. A developmental and behavioral screening tool is a formal research-based checklist that asks questions about a child’s development, including language, motor, cognitive, social, and emotional development. The results of a screening can help you plan how to best support the development of the child in your care. A screening does not provide a diagnosis, rather, it indicates whether a child is on track developmentally and if an evaluation with a specialist is needed.

- *Birth to 5 Watch me Thrive: A Primary Care Provider’s Guide for Developmental and Behavioral Screening*

**Developmental surveillance** is the tracking of a child’s development over time. It is different from screening in that it is a flexible, continuous process during which primary care professionals attend to parental or caregiver concerns, obtain a relevant developmental history, document observations of children using clinical judgment, and share opinions and concerns with relevant professionals. Pediatricians may use *age-appropriate developmental checklists to record milestones* during well child visits as part of developmental surveillance.
Program to Improve Monitoring and Screening of Developmental Delays in Pediatric Practice
Project Oversight Team
Roster

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## Model for Improvement

### Key Points

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<th>Why A Model? What Purpose?</th>
<th>Improvement Principles</th>
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<td>• Provide organizing structure to guide thinking</td>
<td>• Listen to patients and families</td>
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<td>• Ensure discipline and thoughtfulness</td>
<td>• Tap knowledge of the system by involving staff</td>
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<tr>
<td>• Support improvement principles</td>
<td>• Understand processes and interactions in system</td>
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<td>• Facilitate improvement</td>
<td>• Use disciplined method in successive cycles to test changes</td>
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<td>• Foster common language</td>
<td>• Test on small scale; move rapidly to improve</td>
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<td>• Measure to learn and to understand variation</td>
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### Model for Improvement

#### 3 Key Questions for Improvement

1. **What are we trying to accomplish?**
   - **AIM**

2. **How will we know that a change is an improvement?**
   - **MEASURES**

3. **What changes can we make that will result in an improvement?**
   - **IDEAS**

#### Test Ideas & Changes in Cycles for Learning & Improvement

- **Act**
- **Plan**
- **Study**
- **Do**

---

**Question 1: What are we trying to accomplish?**

**AIM:** A specific, measurable, actionable, realistic, and time-bounded statement of expected results of an improvement process.

A strong clear aim gives necessary direction to improvement efforts, and is characterized as:
- Intentional, deliberate, planned
- Unambiguous, specific, concrete
- Measurable with a numeric goal, preferably one that provides a “stretch” to motivate significant improvement
- Aligned with other organizational goals or strategic initiatives
- Agreed upon and supported by those involved in the improvement and leaders

Make your aim actionable and useful. Include:
- A general description of what you hope to accomplish
- Specific patient population who will be the focus
- Some guidance for carrying out the activities to achieve aim

**Question 2: How will we know that a change is an improvement?**

**MEASURES:** Measures are indicators of change. To answer this key question (“How will we know that a change is an improvement”), several measures are usually required. These measures also can be used to monitor a system’s performance over time. In Plan-Do-Study-Act (PDSA) cycles, measurement used immediately after an idea or change has been tested helps determine its effect.

In improvement, key measures and measurement should:
- Clarify and be directly linked to goals
- Seek usefulness over perfection
- Be integrated into daily work whenever possible
- Be graphically and visibly displayed
- For PDSA cycles, be simple and feasible enough to accomplish in close time proximity to tests of change

**Question 3: What changes can we make that will result in an improvement?**

**IDEAS:** Ideas for change or change concepts to be tested in a PDSA cycle can be derived from:
- Evidence or results of research/science
- Critical thinking or observation of the current system
- Creative thinking
- Theories, questions, hunches
- Extrapolations from other situations

When selecting ideas to test, consider the following:
- Direct link to the aim and goals
- Likely impact of the change (avoid low-impact changes)
- Potential for learning
- Feasibility
- Logical sequencing
- Series of tests that will build on one another
- Scale of the test (3 patients, NOT 30)
- Shortness of the cycle (1 week, NOT 1 month)
Tips to make the most of PDSA cycles and tests of change:

- Think a couple of cycles ahead
- Plan multiple cycles to test and adapt change
- Scale down size of test (# of patients, location)... A “cycle of 1” is often appropriate
- Do more cycles, at a smaller scale and faster pace instead of fewer, bigger, slower
- Test with volunteers first
- Don’t seek buy-in or consensus for the test
- Be innovative and flexible to make test feasible
- Collect **useful (and only just enough)** data during each test
- Test over a wide range of conditions
- Learn from failures as well as successes
- Communicate what you’ve learned
- Engage leadership support

---

**Test Ideas & Changes in Cycles for Learning & Improvement**

- **Objective**
  - Questions & predictions (What will happen & why)
  - Plan to carry out the cycle (Who, what, where, when)

- **Act**
  - Carry out the plan
  - Document experience, problems, surprises
  - Collect data as planned; begin analysis

- **Do**
  - What refinements or modifications need to be made
  - What’s the next cycle?

- **Study**
  - Complete analysis
  - Compare to predictions
  - What did you learn?
  - What conclusions can you draw from this test?

- **Plan**
  - Repeat

---

**Repeated PDSA Cycles to Test a Change**

**Data > Information > Knowledge & Learning**

**Changes that result in improvement**

**Ideas**

**Refinements & Adaptations to Original Idea**

Successive tests of a change build knowledge & create a ramp to improvement
Improvement Glossary

**Action Period**
The period of time after the Learning Session when teams work on improvement in their practice. They are supported by the project team and faculty, and they are connected to other teams.

**Aim**
A written, measurable, and time sensitive statement of the expected results of an improvement process.

**Cycle or PDSA Cycle**
A structured trial of a process change. Drawn from the Shewhart cycle, this effort includes:
- **Plan** - a specific planning phase;
- **Do** - a time to try the change and observe what happens;
- **Study** - an analysis of the results of the trial; and
- **Act** - devising next steps based on the analysis.
This PDSA cycle will naturally lead to the Plan component of a subsequent cycle.

**Measure**
An indicator of change. Key measures should be focused, clarify your team’s aim, and be reportable. A measure is used to track the delivery of proven interventions to patients and to monitor progress over time.

**Model for Improvement**
An approach to process improvement, developed by Associates in Process Improvement, which helps teams accelerate the adoption of proven and effective changes.

**PDSA** (see “Cycle” above)

**Pre-work Packet**
A workbook containing a complete description of the project, along with expectations and activities to complete prior to the first Learning Session.

**Pre-work Period**
The time prior to the first Learning Session when teams prepare for their work in the project, including selecting team members, scheduling initial meetings, consulting with senior leaders, preparing their aim, initiating data collection and creating a storyboard.

**Team**
The group of individuals, usually from multiple disciplines, that participates in and drives the improvement process.

**Test**
A small scale trial of a new approach or a new process. A test is designed to learn if the change results in improvement and to fine-tune the change to fit the practice and patients. Tests are carried out using 1 or more PDSA cycles.

**Learning Session**
A face-to-face meeting during which participants meet with faculty and collaborate to learn key changes in clinical care, including how to implement changes, an approach for accelerating improvement, and a method for overcoming obstacles to change. Participants leave the meeting with new knowledge, skills, and materials that prepare them to make immediate changes.