

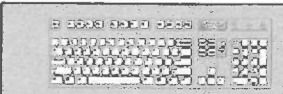
Keeping track... of your data

### QIDA

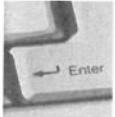
#### Quality Improvement Data Aggregator

QIDA is the data system for Bright Futures

- AAP staff has/will be enrolling you
- Each practice must identify a Data Coordinator... (tell Lynn who by January 28<sup>th</sup>)
- Training will be provided
- Let us know of problems as they develop



#### CHOOSING A PreSIPS2 DATA COORDINATOR




Each PreSIPS2 practice team should select a Data Coordinator to serve for the duration of the project. This person will be responsible for entering their team's data in the Academy's Quality Improvement Data Aggregator (QIDA). QIDA training will be provided by each Chapter's project manager prior to the start of data collection.


Here are a few important considerations to keep in mind when selecting your team's Data Coordinator,

- The Data Coordinator should be the person on your PreSIPS2 core team most familiar with the practice's data (e.g., electronic medical record or paper charts).
- It is helpful, but not required, for the Data Coordinator to have some data entry experience (again, training will be provided)
- The Data Coordinator is responsible for meeting data submission deadlines, and serving as the team's primary contact for any data questions from PreSIPS2 leadership or staff.

#### What data?




- Electronic bubble sheets to enter your data (See folder)
- DATA from the **Lead Practitioner ONLY** will be entered in QIDA
- When pulling charts from the lead practitioner, select from the last days of the previous month and move backward.
  - i.e. Data to be entered in March 2016, you will look for 9 and 24 month well child visits performed by the lead practitioner on February 28<sup>th</sup>, then 27<sup>th</sup>, 26<sup>th</sup>, etc. until you have your data.
- Data entry is due within the first 5 days of new month (reflecting previous month's data)



**NOTE:** You will be given at least 15 days for baseline data entry. (Baseline data entry will be open on February 1, 2016.)

#### What data?



- DATA from the lead practitioner will reflect:
  - Baseline
    - Audit last 20 charts of individuals who had a nine (9) month well child visit with the office's lead clinician
    - Audit last 20 charts of individual who had a 24 month well child visit
    - Will be pulled from January 2016 visits (PRIOR to January 24<sup>th</sup>)
  - Subsequent data pulls: (March – September 2016)
    - Audit last 10 charts of individuals who had a nine (9) month well child visit with the office's lead clinician during the previous month
    - Audit last 10 charts of individual who had a 24 month well child visit within the previous month
  - Final Data: (October 2016)
    - Audit last 20 charts of individuals who had a nine (9) month visit with the office's lead clinician
    - Audit last 20 charts of individual who had a 24 month visit
    - This data will reflect September 2016 information

#### PreSIPS2 Chart Review Tool- 9 Month Visit

##### QIDA

**Includes:**  
Please use this tool to review and enter Chart Data from children ages at their 9 month health supervision visit.

**Enter and Address Patient/Carer Concerns and Needs**

1. In their documentation in the medical record indicating that identifiable concerns were noted at their most recent health supervision visit?
  - Yes
  - No
2. If the parent/guardian/caregiver, in their documentation in the medical record that concerns were addressed?
  - Yes (circle one)
  - No (circle one)

**Perform Age Appropriate Risk Assessments**

3. In their documentation in the medical record indicating that all age-appropriate risk assessments were performed at the most recent health supervision visit?
  - Yes
  - No
4. If any child were identified, in their documentation in the medical record that these risks were addressed?
  - Yes
  - No
  - No risks identified

**Provide Anticipatory Guidance**

5. If any discussion in the medical record that all ages 9 of the child's caregiver:
  - Yes (circle one)
  - No (circle one)
  - No positive screen identified

**Ident and Discuss Family Strengths**

6. In their documentation in the medical record indicating that family strengths were identified at the most recent health supervision visit?
  - Yes
  - No
7. If family strengths were identified, in their documentation in the medical record that family strengths were discussed at the most recent health supervision visit?
  - Yes
  - No

**Perform Age Appropriate Medical Screening**

8. Any signs for weight measured and plotted on the growth curves according to age and sex?
  - Yes
  - No

**Perform Behavioral Assessment, Screenings and Referrals**

9. In their documentation in the medical record that all age-appropriate screen and referrals were completed by the parent's 9 month health supervision visit?
  - Yes
  - No
10. If a positive screen was identified, in their documentation in the medical record that a follow-up plan was established?
  - Yes
  - No
  - No positive screen identified

### 9 month continued

**Perform Developmental Screens and Follow Up**

11. Is there documentation in the medical record that appropriate developmental processes were completed at this 9 month health supervision visit?

Yes  
 No

12. If a positive screen was identified, was a follow-up plan established and documented in the patient's medical record?

Yes  
 No  
 Appropriate screen updates

**Perform Oral Health Risk Assessment**

13. Is there documentation in the medical record that an oral health risk assessment was performed at this 9 month health supervision visit?

Yes  
 No

**Evaluate and Discuss Social Determinants of Health**

14. Is there documentation in the medical record that questions about social determinants of health were asked at this 9 month health supervision visit?

Yes  
 No

15. If concerns about any social determinants of health were identified, is there documentation in the medical record that concerns were discussed at this 9 month health supervision visit?

Yes  
 No  
 No concern expressed

Return:  Better  Careful

### PreSIPS2 Chart Review Tool – 24 Month Visit

#### QIDA

**Check and Record Patient Growth**

1. In the documentation in the medical record, are the height, weight, and BMI recorded at this 24 month health supervision visit?

Yes  
 No

2. Is there documentation in the medical record that appropriate growth curves were plotted at this 24 month health supervision visit?

Yes  
 No

**Perform Age-Appropriate Medical Assessment**

3. Were the necessary age-appropriate medical assessment questions asked at this 24 month visit?

Yes  
 No

**Perform Age-Appropriate Assessment and Follow Up**

4. Is there documentation in the medical record that age-appropriate assessment questions were completed at this 24 month health supervision visit?

Yes  
 No

5. If a positive screen was identified, were appropriate follow-up questions asked in the patient's medical record?

Yes  
 No  
 No positive screen identified

**Perform Oral Health Risk Assessment**

6. Was this patient given a dental exam?

Yes  
 No

7. If there is documentation in the medical record that an oral health risk assessment was performed at this 24 month health supervision visit?

Yes  
 No

**Evaluate and Discuss Social Determinants of Health**

8. Is there documentation in the medical record that questions about social determinants of health were asked at this 24 month health supervision visit?


Yes  
 No

9. If concerns about any social determinants of health were identified, is there documentation in the medical record that concerns were discussed at this 24 month health supervision visit?

Yes  
 No  
 No concern expressed

Return:  Better  Careful

### Data, Data, and more Data information



- WHY is data important?**
  - Data identifies improvement and illustrates areas of challenge
- What will I see?**
  - Each practice will only see their data
  - The Data Coordinator will be able to pull their own run charts for each measure
  - Dr. Rushton and Lynn will see an aggregated run chart for each measure that will allow us to see each SC practice team's run chart data.
- The AAP's National PreSIPS2 Leadership Team QI Mentor (Marian Earls, MD) and her project support staff are the only individuals who will be able to see data from all practices and all teams.

### What do I need?

- Training on Bright Futures measures → Provided today at the LC
- Sign consents → You will be contacted by national AAP
- Unique AAP/QIDA ID/login → Provided by national AAP
- Training in QIDA (Data Coordinator only) → Provided by QTIP and national AAP (within next 10 days) February 9<sup>th</sup> at noon

### WHAT IF:

- I don't have enough charts for a full data pull:
  - THEN: notify Lynn – who will notify AAP. The AAP has the ability to "close-out" the month's data entry with less than the required charts
- I don't want to do it or it does not work...
  - THEN: talk to Francis Rushton or Lynn Martin
- I don't get a QIDA manual:
  - THEN: talk to Lynn
- I need additional help with QIDA
  - QIDA-specific questions
    - THEN: talk to the AAP Program Manager, Quality Improvement Projects [qidata@aap.org](mailto:qidata@aap.org) (847) 434-4390
  - Questions about chart review/the measures, etc.
    - THEN: talk to Francis Rushton, MD [frushton@aap.net](mailto:frushton@aap.net)
  - Questions about the time frames or the Bright Futures initiative
    - THEN: talk to Lynn Martin [martinly@scdhs.gov](mailto:martinly@scdhs.gov)

### WHAT IF:

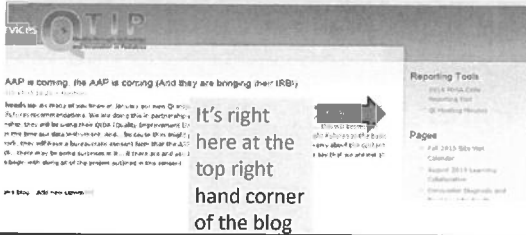
- I forget/unable to enter my data one month?
  - THEN: your run charts will not be able to accurately demonstrate your progress and will make interpreting change/improvement difficult
- This is too much work:
  - We're working on that. Ultimately we think we can get your reporting down to less than an hour a month.
- The lead practitioner leaves the practice.
  - THEN: Talk with Dr Rushton and Lynn

**YOU WILL EARN:**

- Stipends will be provided for your participation/ timely input of data.

**FOR QTIP:  
PDSA cycle logs and QI minute logs**

Please continue to share with us (or begin to share with us) your QI minutes and PDSA cycles on the blog log



The screenshot shows the top portion of a website. On the left is a navigation menu with 'HOME' and 'ABOUT' links. The main content area features a header with the 'QTIP' logo and a sub-header 'QIDA for QTIP'. Below this is a paragraph of text starting with 'AAP is coming...'. To the right of the text is a sidebar with a 'Reporting Tools' section containing links for 'PDSA Cycle Logs', 'Reporting Tools', and 'QI Meeting Minutes'. Below that is a 'Pages' section with links for 'Full 2015-2016 Year Calendar', 'Report 2014 Learning Collaborative', and 'December Dashboard'. An arrow points from the text 'It's right here at the top right hand corner of the blog' to the top right corner of the page.



We appreciate your support. Ultimately you will improve and give the children of South Carolina better outcomes!

**Thank you!**