3-6 Year Old Survey

- ***3rd birthday until 5 years and 364 days***
- ***Data entry will be every month starting February 1st, 2018.***
- ***QIDA will close on the 15th of every month.***

1. Did the patient have a well visit in the past 12 months?

Why:

- Good preventive care felt to improve child health

What counts:

- A well child visit in the previous year up to and including the visit in the last 10 kids seen between their 3rd and 6th birthday

2. Is the provider listed in the EMR the provider who saw the patient for the last well child visit?

Why:

- Continuity of care with the same provider has been shown to improve functional health care status
- Pay for performance programs on the horizon suffer from poor patient-doctor attribution

What counts:

- If the doctor listed as primary in the medical record is the one who did the last well child visit, the answer is yes

Resource:

http://www.hpm.org/Downloads/Bellagio/Articles/Continuity/Cabana_MD_-_2004_-_Does_continuity_of_care_improve_patient_outcomes.pdf

3. Is there documentation that the patient is up to date on vaccines appropriate for the patient's age?

Why:

- Immunizations one of the most productive preventive health services we provide
- HEDIS measure

What counts:

Children before their 4 year well checkup or if no 4 year checkup less than 4 and a half years of age:

- 4th dose of DTAP
- UTD on HIB
- PCV 13
- 3rd dose Polio

Children after their 4 year well checkup or if no 4 year checkup greater than 4 and a half year of age:

- 5th dose of DTAP
- 4th dose of IPV
- 2nd dose MMR
- 2nd dose Varicella

4. Is there documentation in the medical record indicating that a global developmental screening assessment (ASQ, PEDS, SWYC or similar) has been performed since 30 months of age? (MCHAT does not apply)

Why:

- AAP policy statement recommends developmental screening 3 times in early childhood, the last time after 30 months of age

What counts:

- ASQ, PEDS, SWYC or similar count.
- MCHAT does not as it screens only for autism

5. Is there documentation in the medical record that at least 3 of 5 age appropriate Bright Futures priorities were addressed at the most recent well visit?

Why:

- AAP bright futures lists these priorities as the recommended topic to cover with parents at well visits

3 Year Visits

- Social determinants of health
- Playing with siblings and peers
- Encouraging literacy activities
- Promoting healthy nutrition and physical activity
- Safety: car seats, chocking preventing, pedestrian safety, water safety, pets, firearm safety

4 Year Visits

- Social determinants of health
- School readiness
- Health nutrition and person habits
- Media use
- Safety: belt-positioning car booster seats, outdoor safety, water safety, sun protection, pets, firearm safety

5 Year Visits

- Social determinants of health
- Development of mental health
- School
- Physical growth and development: oral health, nutrition, physical activity
- Safety: car, outdoor, water, sun, harm from adults, home fire, firearm

6. Is there documentation in the medical record that social connectedness was discussed at the most recent well child visit?

Why:

- How well families are connected to each other and how they are connected to the surrounding community impacts functional outcomes. This is especially important in preventing toxic stress and violent behavior

What counts:

- Screening question, documentation of discussion in note.

https://patiented.solutions.aap.org/DocumentLibrary/Connected%20Kids%20Clinical%20Guide.pdf

7. Is there documentation in the medical record that the family reads stories, sings songs or received a Reach out and Read book at the last well child visit?

Why:

- Literacy development is an important part of pediatrics.

What counts:

- Knowledge that patient got ROR book or other documentation of literacy efforts in the chart.

8. Is there documentation that a video screen exposure discussion took place as part of well child visits?

Why:

- Video exposure is an important part of Bright Futures recommendations
- Social media and television have both positive and negative impact on young children

What counts:

- In your audit of the last 10 charts of children between their 3rd and 6th birthday, did you find any mention of a discussion on television, video exposure or social media anywhere in the chart?
- Should you score 100 percent on this measure? Maybe not, there might be higher priorities for your practice.

Promoting the Healthy and Safe Use of Social Media: Ages 1 through 4 years

- Excessive social media interferes with focused adult-child interactions
- Devices may interfere with sleep and should be turned off 1 hr prior to bedtime
- Television should not be in child's bedroom
- TV should not be on during meal times
- Parent's use of interactive media has the potential to distract from parent-child interactions
- AAP recommends media use plan www.healthychildren/MediaUsePlan

Promoting the Healthy and Safe Use of Social Media: Ages 5 through 10 years

Parents should:

- Talk with their children about platforms and applications, and choose with them the ones best suited to their children's ages
- Help them understand how content can be misunderstood-and hurtful. (Address cyber-bulling)
- Help them understand that nothing is truly private
- Help them be safe (be careful about giving out personal information on line

9. Is there documentation that the family was screened for social determinants of health?

Why:

- QTIP recommends 1 screen per year be administered; examples of screenings include: SEEK, SWYC, and WeCARE

What counts:

- A SEEK, SWYC or similar screen recorded in the chart within the last 12 months, or documentation in the note that social determinants of health were considered within the past 12 months.

10. Is there documentation the medical record that the child was assessed for complex health care needs?

Why:

- These children often need special services
- Our QI efforts to improve care for these children can only be focused if we know who they are
- NCQA focus

What counts:

- Documentation of use of a list of diagnoses, query of patients, judgment from care giver or functional assessment of special health care requirements

11. Was the patient's BMI over the 85th percentile?

Why:

- Outcome measure. Hopefully eventually our efforts will result in an improvement
- Important cause of non-communicable disease mortality

What counts:

- BMI recorded at last well child visit
- Follow-up questions on whether elevated BMI was noted and acted upon.

12. Was the patient screened for tobacco exposure?

Why:

- Smoking an important cause of child disease and morbidity

What counts:

- Any evidence of smoking screening or discussion in the chart

13. **Is there documentation in the medical record that the patient has a dental home?**

Why:

- HEDIS measure (a dental visits counts for this measure, not a pediatric responsibility, but encouraging dental homes encourages good score for this measure)

What Counts:

- Any documentation that the patient has been to the dentist in the past year or a dental home.

14. Is there documentation in the medical record that the patient received at least 1 fluoride varnish in the pediatric office in the past 12 months?

What Counts:

- Any record of fluoride varnish given to the patient in the past 12 months from the pediatric office.

15. Is there Documentation in the medical record that oral health anticipatory guidance was given at the most recent well visit?

Why:

- One of the bright futures priorities at every age well visit.
- Oral health