



Improving Quality of Standardized Action for ASQs: I QSA-ASQ

BACKGROUND



- Developmental concerns and delays are common among low-income children and racial/ethnic minorities.
- While the PPC has successfully standardized screening for developmental concerns and delays, the response to positive screens is variable and does not always reflect family's needs, preferences, capacity, or priorities



Vision: All PPC patients are developmentally on track for Kindergarten

I-QSA-ASQ Key Driver Diagram (KDD)

Project Leader(s): Kristen Copeland

eland Revision Date: 11/01/2019 (v1)

Global Aim

Key Drivers

Interventions (LOR #)



All PPC patients will be developmentally on track for Kindergarten

SMART Aim

Increase the % of provideradherent responses to an
evidence-based protocol
for developmental evaluation
and treatment tailored to
family's needs (i.e., family
likely to follow through) for a
failed ASQ from 20% to 95%
within the PPC by April 15th
2020

Population

All patients in PPC ages 17
– 66 months who are presenting for wcc and fail at least one domain on ASQ

Knowledgeable providers to evaluate and enhance childhood development

Engaged parents to prioritize follow up, evaluation & treatment

Timely and accurate completion of ASQ before MD begins visit

Convenient appointment options for follow up

Universal staff (MA, RN, MD) awareness and buy-in for standardized response & referral process

Ongoing monitoring of effects on speech, audio, OT, PT, EI no-show rates

Develop a smart phrase for providers to use in Assessment & Plan that walks them through the protocol and options (LOR 2)

Develop and test a visual decision aid that displays the options for treatment (LOR 2)

Develop a script to discuss DD with families (LOR 1)
Provider discusses options early in visit (LOR 1)

MA/RN helps family prioritize ASQ completion prior to MD coming in room. (doesn't green dot until ASQ done, checks in on family until it is complete) (LOR 1)

Provide data and feedback to MDs (LOR 1)

Post the protocol in the office, review at provider meetings (LOR 1)

Have MD schedule the developmental follow up through Epic (LOR 1)

Legend

Potential intervention
Active intervention
Adopted/Abandoned intervention

Note: LOR # = Level of Reliability Number, e.g., LOR 1

PROCESS CYCLE

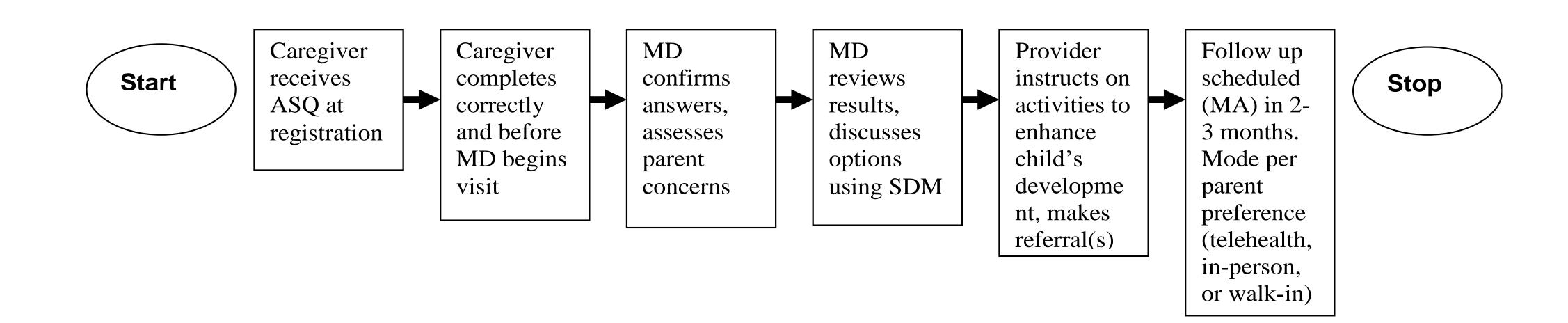
Process: Actions on failed ASQ in PPC

Beginning Boundary: patient age 17-66 mo arrives for wcc

Ending Boundary: patient leaves

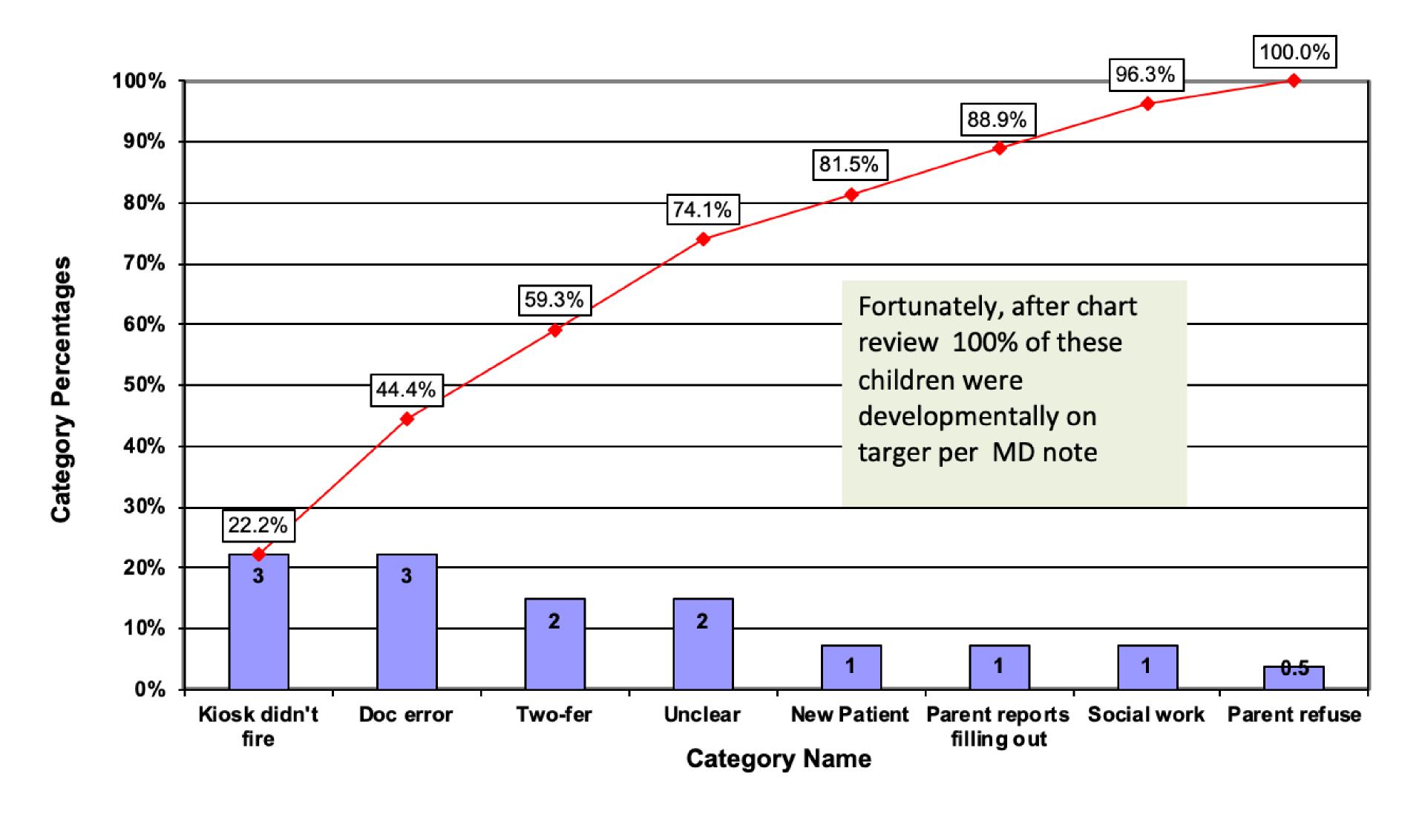
Customers: patients who fail at least one domain on ASQ

Outputs/Outcomes: MD states the problem, discusses options, uses shared decision making to choose the best option(s) for family today, schedules follow up



Reasons why ASQ not documented as done





MOST PROUD & WHY



- It appears we can build the algorithm through learning. We will build the "what" through learning. We will work on changing the process for the project (also using learnings)
- Team members across roles (MD, MA, ASR, parents) all seem poised and ready to conduct testing to improve the process and experience for all.





GREATEST CHALLENGES



- Involves several divisions (speech, OT, PT, EI, preschool) and family circumstances
- Families lack transportation and time/capacity to pursue all recommended options
- Families cannot be reached reliably by phone and during business day

No data to analyze yet

 Difficult to do a post-hoc through chart review

Systems Thinking **Understanding Variation**

- •We are designing the protocol to maximize parent follow through, but we are only measuring provider behavior only at the visit
- Our protocol is not designed yet

 the interventions I think would
 most effective can't be implemented without it.

Theory of Knowledge/Testing

Change Management/ Psychology

- Resistance to testing
- Implementing the protocol will take more than current practice





TEAM MEMBERS

Kristen Copeland, MD

Kristen.Copeland@cchmc.org

Amy King

Amy.king@cchmc.org

Zeina Samaan, MD

Zeina.Samaan@cchmc.org

