

Bright Futures - Infancy and Early Childhood

Data Collection Tool – Combined 9 & 24 months

Directions: Please review 20 or more charts of patients who were seen for a 9 or 24 month health supervision visit within the last calendar year (ideally, the last 10 charts from each age group).

1. Pull 10 or more **random** charts of patients recently seen for their 9 month health supervision visit.
2. Pull 10 or more **random** charts of patients recently seen for their 24month health supervision visit.

1.	Health Supervision Visit age	<input type="radio"/> 9 months	<input type="radio"/> 24 months	
	Is there documentation in the medical record that the following were done at the most recent health supervision visit?	YES	NO	N/A
2.	Patient/family concerns were <u>elicited</u> If no, (9 month chart) skip to Question #3. If no, (24 month chart) skip to Question #4.			
	a) If yes, did the patient/family express concerns? If no, (9 months chart) skip to Question #3. If no, (24 month chart) skip to Question #4.			
	b) If yes, were those concerns addressed?			
3.	(9 month only) Age appropriate <u>developmental screening</u> completed			
	a) If yes, was the screen positive? If no, skip to Question #6			
	b) If yes, was a follow-up plan established?			
4.	(24 month only) <u>autism specific screening</u> completed			
	a) If yes, was the screen positive? If no, skip to Question #5.			
	b) If yes, was a follow-up plan established?			
5.	(24 month only) <u>BMI measured and plotted on the percentile curves</u>			
6.	<u>Family strengths</u> were assessed			
7.	Family strengths were discussed			
8.	Age appropriate risk assessment completed			
	a) If yes, was the screen positive? If no (9 months chart), skip to Question #9 If no (24 months chart), skip to Question #11.			
	b) If yes, were the identified risks addressed?			
9.	(9 month only) <u>Weight for length</u> measured and plotted on the percentile curves according to age and sex			
10.	(9 month only) What <u>Bright Futures priorities (anticipatory guidance)</u> were discussed? (select all that apply)			
	a) Family adaptations (discipline [parenting expectations, consistency, behavior management], cultural beliefs about child-rearing, family functioning, domestic violence)			
	b) Infant independence (changing sleep pattern [sleep schedule], developmental mobility [safe exploration, play], cognitive development [object permanence, separation anxiety, behavior and learning, temperament versus self-regulation, visual exploration, cause and effect], communication)			



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	c) Feeding routine (self-feeding, mealtime routines, transition to solids [table food introduction], cup drinking [plans for weaning])			
	d) Safety (car safety seats, burns [hot stoves, heaters], window guards, drowning, poisoning [safety locks], guns)			
11.	(24 month only) What Bright Futures priorities (anticipatory guidance) were discussed? (<i>select all that apply</i>)			
	a) Television viewing (limits on viewing, promotion of reading, promotion of physical activity and safe play)			
	b) Temperament and behavior (sensitivity, approachability, adaptability, intensity)			
	c) Assessment of language development (how child communicates, expectations for language)			
	d) Toilet training (what have parents tried, techniques, personal hygiene)			
	e) Safety (car safety seats, parental use of safety belts, bike helmets, outdoor safety, guns)			
12.	(9 month only) At least one maternal depression screen completed			
	a) If yes, was the screen positive? If no, skip to Question #13			
	b) If yes, was a follow-up plan established?			
13.	(9 month only) Oral health risk assessment performed (<i>select N/A, if patient has a dental home established</i>)			



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Appendix

elicited - Parent was asked at least once regarding their concerns via one or more of the following methods:

- Parent was asked on the phone when visit was scheduled
- Pre-visit questionnaire was mailed/emailed prior to the visit
- Questionnaire was conducted during the visit
- Face-to-face communication with parent during visit

developmental screening -

The following are the most commonly used standardized developmental screening tools:

- **Parent's Evaluation of Development Status (PEDS)** (<http://www.pedstest.com>)
- **Ages and Stages Questionnaire (ASQ)** (<http://www.agesandstages.com>)
- **Survey of Wellbeing of Young Children (SWYC)** (<http://www.theswyc.org>)

autism specific screening -

The following are the most commonly used autism specific tools:

- **M-CHAT R/F™** (<http://mchatscreen.com/>)
- **CSBS DP™ Infant-Toddler Checklist** (<http://www.brookespublishing.com/resource-center/screening-and-assessment/csbs/csbs-dp/csbs-dp-itc/>)

weight for length - CDC recommends that health care providers use the WHO Growth Charts (to monitor growth for infants and children ages 0 to 2 years of age in the U.S.

(http://www.cdc.gov/growthcharts/who_charts.htm#The WHO Growth Charts)

Gender and age	Appropriate chart	Data table
Boys, birth to 24 months	Weight-for-length and Head circumference-for-age	Data Table for Boys Weight-for-Length and Head Circumference-for-age Charts
Girls, birth to 24 months	Weight-for-length and Head circumference-for-age	Data Table for Girls Weight-for-length and Head Circumference-for-age Charts

BMI was measured and plotted on the percentile curves - Growth patterns are best studied by accurately plotting body mass index (BMI) for children 2 years of age and older on appropriate growth charts.

family strengths - Parent was asked at least once regarding their source of support (eg, Is there someone you can turn to and rely on for support when you have questions or need help with your child? Have you noticed or identified something that the family is doing really well?) via one or more of the following methods:

- Parent was asked on the phone when visit was scheduled
- Pre-visit questionnaire was mailed/emailed prior to the visit
- Questionnaire was conducted during the visit
- Face-to-face communication with parent during visit



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risk assessment - The following Bright Futures documents are helpful when performing age appropriate risk assessment:

- **Bright Futures Preventive Services Prompting Sheet**
(https://brightfutures.aap.org/Bright%20Futures%20Documents/PreventiveServicesPromptSheet_Sample.pdf)
- **Bright Futures Periodicity Schedule**
(https://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf)

Anticipatory guidance - Anticipatory guidance is specific, preventive information given to patients/parents or guardians to improve the well-being of pediatric patients, and promote healthy habits and an understanding of child and youth development.

Bright Futures priorities - 9 month visit

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

a)	Family adaptations (discipline [parenting expectations, consistency, behavior management], cultural beliefs about child-rearing, family functioning, domestic violence)
b)	Infant independence (changing sleep pattern [sleep schedule], developmental mobility [safe exploration, play], cognitive development [object permanence, separation anxiety, behavior and learning, temperament versus self-regulation, visual exploration, cause and effect], communication)
c)	Feeding routine (self-feeding, mealtime routines, transition to solids [table food introduction], cup drinking [plans for weaning])
d)	Safety (car safety seats, burns [hot stoves, heaters], window guards, drowning, poisoning [safety locks], guns)

Bright Futures priorities - 24 month visit

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

a)	Television viewing (limits on viewing, promotion of reading, promotion of physical activity and safe play)
b)	Temperament and behavior (sensitivity, approachability, adaptability, intensity)
c)	Assessment of language development (how child communicates, expectations for language)
d)	Toilet training (what have parents tried, techniques, personal hygiene)
e)	Safety (car safety seats, parental use of safety belts, bike helmets, outdoor safety, guns)

maternal depression screen - Early detection of maternal depression and referral can improve health outcomes for parents and families and, most important, the child. The following are the most commonly used standardized maternal depression screening tools.

- **Edinburgh Postnatal Depression Scale (EPDS)** (NOTE: Contact the Royal College of Psychiatrists at permissions@rcpsych.ac.uk to request permission to use. Rights and Permissions Manager: Lucy Alexander)
- **Patient Health Questionnaire (2-item) (PHQ-2)** (<https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/Developmental-Behavioral-Psychosocial-Screening-and-Assessment-Forms.aspx>)
- **Patient Health Questionnaire (9-item) (PHQ-9)** (<http://www.phqscreeners.com/>)
- **Survey of Wellbeing of Young Children (SWYC)** (<http://www.theswyc.org/>)
- **Ages and Stages Questionnaire: Social-Emotional, Second Edition (ASQ:SE-2)** developmental screening tool for infants includes items related to maternal depression/impact on the mother-infant relationship (dyad). (<http://agesandstages.com/>)

