

Growth: Assessing Concerns and Management

Generalist Measures

Measures based on retrospective review of a minimum of 15 charts of patients {10 charts randomly and 5 charts of patients with abnormal growth or pubertal development}, seen by practice for minimum of 3 visits (one of which was a health supervision visit)

Aim	Data Collection Question	Measure	Goal
80% of patients will have growth parameters discussed with the patient/family at the most recent health supervision visit.	1. Were all essential growth parameters discussed with the patient/family at the most recent health supervision visit? <input type="radio"/> Yes <input type="radio"/> No	Name: Growth parameters discussed with patient/family documented KCA: Monitor and Discuss Growth and Pubertal Development Definition: Percentage of patients with all essential growth parameters discussed with the patient/family Source: Questions #1 Numerator: Yes selected in #1 Denominator: Total Number of Charts	80%
100% of patient charts will have the presence or absence of secondary sexual characteristics documented at the most recent health supervision visit	2. Was the age-appropriate presence or absence of secondary sexual characteristics documented at the most recent health supervision visit? <input type="radio"/> Yes <input type="radio"/> No	Name: Age-appropriate presence or absence of secondary sexual characteristics documented KCA: Monitor and Discuss Growth and Pubertal Development Definition: Percent of patients with age-appropriate presence or absence of secondary sexual characteristics documented at most recent health supervision visit Source: Question #2 Numerator: Yes selected in #2 Denominator: Total Number of Charts	100%

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Aim	Data Collection Question	Measure	Goal
80% of patients will have had the patient's pubertal assessment discussed with the patient/family unless patient not of pubertal age, no clinical indications, or no concerns identified.	<p><i>If Yes to question 2:</i></p> <p>2a. Were the results of the pubertal assessment discussed with the patient/family, if applicable, at the visit?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (patient not of pubertal age, no clinical indications, or no concerns identified)</p>	<p>Name: Pubertal assessment results discussed with patient/family at visit</p> <p>KCA: Monitor and Discuss Growth and Pubertal Development</p> <p>Definition: Percent of patients that had the patient's pubertal assessment discussed with the patient/family, if applicable, at the visit</p> <p>Source: Question #2 & #2a</p> <p>Numerator: Yes selected in #2a</p> <p>Denominator: Total Number of Charts with Yes selected in Question #2 minus Not applicable (patient not of pubertal age, no clinical indications, or no concerns identified) selected in Question #2a</p>	80%
100% of patients and families will have been asked if they had concerns about the patient's growth or pubertal development.	<p>3. Were the patient and family asked if they had concerns about the patient's growth or pubertal development?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Name: Patient and family asked about growth or pubertal development concerns</p> <p>KCA: Monitor and Discuss Growth and Pubertal Development</p> <p>Definition: Percent of patients and families that were asked if they had concerns about the patient's growth or pubertal development</p> <p>Source: Question #3</p> <p>Numerator: Yes selected in #3</p> <p>Denominator: Total Number of Charts</p>	100%

CHECKPOINT #1 - - NOT MEASURED

Does this patient have suspected or confirmed abnormal growth or pubertal development?



Yes No

If **No** to Checkpoint #1, **STOP**. You have completed the review for this patient.

If **Yes** to Checkpoint #1, please **CONTINUE** answering the remaining questions.

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NOTE: The following questions apply **only** if the patient was suspected or confirmed as having abnormal growth or pubertal development

Aim	Data Collection Question	Measure	Goal
80% of patients will have their mid-parental height calculated and documented in the chart unless not obtainable (ie, one parent not involved, child adopted without biological parent information, etc)	4. Was mid-parental height calculated and documented? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not obtainable (ie, one parent not involved, child adopted without biological parent information, etc)	Name: Mid-parental height calculated and documented KCA: Monitor and Discuss Growth and Pubertal Development Definition: Percent of patient charts with documentation that mid-parental height was calculated and documented unless not obtainable Source: Checkpoint #1 & Question #4 Numerator: Yes selected in #4 Denominator: Total Number of Charts with Yes selected in Checkpoint #1 minus Not Obtainable selected in Question #4	80%
100% of patients will have follow-up recommended within the suggested time interval	5. Did follow-up occur within the suggested time interval? (1 month if <1 year; 2-4 months if 1-3 years; 3-6 months if >3 years of age) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A, time interval has not lapsed	Name: Follow-up recommended within suggested time interval KCA: Investigate or Manage Growth Concerns Definition: Percent of patients who have follow-up recommended within the suggested interval, if time had not lapsed Source: Checkpoint #1 & Question #5 Numerator: Yes selected in #5 Denominator: Total Number of Charts with Yes selected in Checkpoint #1 minus N/A, time interval has not lapsed selected in Question #5	100%

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100% of patient charts will have documentation of additional laboratory and imaging assessments for the growth concern if indicated (See the growth assessment flow diagram for suggested assessments when evaluating a child with abnormal linear growth as a starting point of reference.)	6. If additional laboratory and imaging assessments for the growth concern is indicated, has a plan for the work-up been documented in the patient's chart? (See the growth assessment flow diagram for suggested assessments when evaluating a child with abnormal linear growth as a starting point of reference.) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No additional assessments indicated	Name: Documentation of additional laboratory and imaging assessments for growth concerns KCA: Investigate or Manage Growth Concerns Definition: Percent of patients additional laboratory and imaging assessments indicated with a plan for the work-up documented Source: Checkpoint #1 & Question #6 Numerator: Yes selected in #6 Denominator: Total Number of Charts with Yes selected in Checkpoint #1 minus No additional assessments indicated selected in Question #6	100%
100% of patients with tests ordered will have all them completed and reviewed by the physician, unless results still in progress	7. If diagnostic tests were ordered, were they completed and reviewed by the physician? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A, tests still in progress <input type="radio"/> No tests ordered	Name: Ordered diagnostic tests completed and reviewed by physician KCA: Investigate or Manage Growth Concerns Definition: Percent of patients with tests ordered that were completed and reviewed by the physician Source: Checkpoint #1 & Question # 7 Numerator: Yes selected in #7 Denominator: Total Number of Charts with Yes selected in Checkpoint #1 minus Not applicable, tests still in progress, And minus No tests ordered in Question #7 Note: If Unknown is selected in Question #7 it would be an incorrect response	100%

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80% of patients will have educational materials or web-based links about the suspected growth or pubertal development concern provided to the patient/family by your practice	8. Were educational materials or web-based links provided to the patient and family about the suspected growth or pubertal development concern? <input type="radio"/> Yes <input type="radio"/> No	Name: Educational materials or web-based links provided to patient/family regarding growth or pubertal development concerns KCA: Investigate or Manage Growth Concerns Definition: Percentage of patients with educational materials or web-based links provided to the patient/family regarding the suspected growth disorder or pubertal development concern Source: Checkpoint #1 & Question #8 Numerator: Yes selected in #8 Denominator: Total Number of Charts with Yes selected Checkpoint #1	80%
100% of patients will have a patient/family assessment completed for growth-related psychosocial issues	9. Was an assessment was made for potential growth-related psychosocial issues for the patient and family? <input type="radio"/> Yes <input type="radio"/> No	Name: Patient and family growth-related psychosocial issues assessment KCA: Investigate or Manage Growth Concerns Definition: Percentage of patients and families with a completed assessment for growth-related psychosocial issues Source: Checkpoint #1 & Question #9 Numerator: Yes selected in #9 Denominator: Total Number of Charts with Yes selected in Checkpoint #1	100%

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100% of patients who are referred to an endocrinologist will have all pertinent information sent along with the referral	10. Was <u>all</u> of the following information sent or made available to the endocrinologist with the referral? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A, not referred to endocrinologist <input type="checkbox"/> History <input type="checkbox"/> Physical examination <input type="checkbox"/> Growth charts <input type="checkbox"/> Medications, if any <input type="checkbox"/> Laboratory and imaging results, if any (See the growth assessment flow diagram for suggested studies when evaluating a child with abnormal linear growth as a starting point of reference) <input type="checkbox"/> Summary of case (ie, impression of growth concern) <input type="checkbox"/> Assessment of psychosocial concerns <input type="checkbox"/> Contact information for the referring physician <input type="checkbox"/> Contact information for the patient/family	Name: Information made available with endocrinologist referral KCA: Follow Up and Communicate with the Care Team Definition: Percent of patients who are referred to an endocrinologist will have all pertinent information sent along with referral Source: Checkpoint #1 & Question #10 Numerator: Yes selected in #10 Denominator: Total Number of Charts with Yes selected in Question #10, minus N/A, not referred to endocrinologist	100%
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