

Example Provider Report: QUALITY OF CARE FINDINGS

Friday, August 15, 2008

Data summarized in this report represent the survey responses of **28** parents or guardians of children who received well-child care in the last 12 months, identified you as their personal doctor or nurse, and completed the online version of the Provider-Level Promoting Healthy Development Survey (Pro-PHDS). The ProPHDS is a validated instrument that assesses whether or not pediatric clinicians provide nationally-recommended health promotion and developmental services.

This report details key findings related to the following measures of care:

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A **summary of key findings and improvement opportunities** is on **Page 11**.

A list of **quality improvement resources** for the aspects of care highlighted in this report is on **Page 12**.

Throughout this report you will find charts that display findings compared to Pro-PHDS benchmark data. Information about this comparative data can be found on **Page 12**.

If you have questions about the findings presented in this report please contact the CAHMI at cahmi@ohsu.edu or 503-494-1930.



IMPORTANT NOTE ABOUT CONFIDENTIALITY: This report is considered confidential and is only given to the person(s) identified at the time your online PHDS account was created. Reports are posted on the password-protected website established for your site. If you have any questions about how the data will be used, please contact the CAHMI at cahmi@ohsu.edu or 503-494-1930.

MEASURE:

ANTICIPATORY GUIDANCE AND PARENTAL EDUCATION

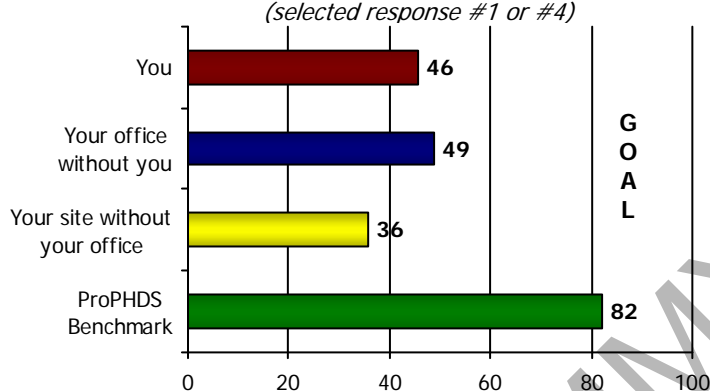
DESCRIPTION:

National recommendations for well-child care call for health care providers to provide anticipatory guidance and parental education about a number of topics related to children's development, growth, behavior and safety. In the PHDS, parents are asked whether their child's doctor or other health care providers discussed approximately 15 recommended age-specific anticipatory guidance and parental education topics. The response choices allow parents to indicate whether their informational needs on each topic were met:

1. Yes, and my questions were answered (*Informational need met*)
2. Yes, but my questions were not answered completely (*Informational need unmet*)
3. No, but I wish we had talked about that (*Informational need unmet*)
4. No, but I already had information about that and did not need to talk about it anymore (*Informational need met*)

Overall Results For Example Provider Report

Percentage of Topics for Which Parents Had Their Informational Needs Met
(selected response #1 or #4)



The range of scores for providers in your office is:
Low - 43.9 High - 54.1

The chart above shows, on average, the percentage of topics for which parents had their informational needs met (Parent responded "Yes, and my questions were answered" OR "No, but I already had information about that and did not need to talk about it anymore").

All Recommended Topics Discussed

- **0.0%** of parents reported that their child's doctors or other health care providers talked with them about all of the age-appropriate topics.

Average Percentage of Recommended Topics Discussed

(selected response #1 or #2)

- On average, parents reported that **56.3%** of recommended topics asked about in the PHDS were discussed.

Informational Needs Unmet

- **100.0%** of parents noted at least once "No, but I wish we had talked about that" OR "Yes, but my questions were not answered."

RELATED PARENTING BEHAVIORS

The following items are parent behaviors related to topics in the anticipatory guidance and parental education section of the survey. The percentages below reflect the parent responses for these items.

- Did not breastfeed their child OR breastfeed less than a month¹ - **42.9%**
- In a typical week: Read 0-2 days - **64.3%** Read 3-4 days - **21.4%** Read 5-7 days - **14.3%**
- In a typical day, number of hours child watched TV or videos by age:
 - **Younger than 2 years old**
 - 0 hours² - **33.3%**
 - 1-2 hours - **25.0%**
 - Less than 1 hour - **25.0%**
 - More than 2 hours - **16.7%**
 - **Two years and older**
 - 0 hours² - **0%**
 - 1-2 hours - **0%**
 - Less than 1 hour - **50.0%**
 - More than 2 hours - **50.0%**

¹Only asked in 3-9 month old version of the survey.

²Includes parents who do not own a TV.

TOPIC-SPECIFIC FINDINGS FOR Example Provider Report

The figures listed after each topic represent, respectively, the percentage of children whose parents responded: **Yes, topic was discussed**; **No, but I already had information about that topic**; **No, but I wished we had talked about that OR Yes, but I still had questions** *

3 - 8 MONTHS OLD

N= 6

9 - 17 MONTHS OLD

N= 12

18 - 47 MONTHS OLD

N= 10

DISCUSSIONS ABOUT PHYSICAL CARE

- Breastfeeding - 0 ; 67 ; 33
- Issues related to food such as the introduction of solid foods - 33 ; 0 ; 67
- Child's sleep positions and where the child sleeps - 0 ; 0 ; 100
- Whether and how much child watches television (TV) or videos - 0 ; 33 ; 67
- Issues related to childcare - 33 ; 0 ; 67
- Fluoride for child's teeth - 33 ; 0 ; 67

- Issues related to feeding your child - 83 ; 0 ; 17
- Bed and naptime routines and good sleep habits - 17 ; 0 ; 83
- Whether your child uses a bottle - 0 ; 0 ; 100
- Whether and how much television or videos your child watches - 17 ; 33 ; 50
- Issues related to childcare - 0 ; 33 ; 67
- Fluoride for your child's teeth - 0 ; 0 ; 100

- Issues related to feeding your child - 60 ; 0 ; 40
- Bedtime routines and good sleep habits - 20 ; 0 ; 80
- Whether and how much television (TV) or videos your child watches - 20 ; 0 ; 80
- Issues related to preschool - 20 ; 20 ; 60
- Dental care for your child - 20 ; 40 ; 40

DISCUSSIONS ABOUT DEVELOPMENT AND BEHAVIOR

- Kinds of behaviors you can expect to see in child as he/she gets older - 67 ; 33 ; 0
- Night waking and fussing - 33 ; 33 ; 33
- How child communicates his/her needs - 0 ; 33 ; 67
- What your child is able to understand - 0 ; 67 ; 33
- How your child responds to you, other adults and caregivers - 0 ; 33 ; 67
- Importance of showing a picture book to or reading with your child - 0 ; 33 ; 67

- Kinds of behaviors you can expect to see in child as he/she gets older - 67 ; 33 ; 0
- Night waking and fussing - 33 ; 17 ; 50
- How your child may start to explore away from you - 0 ; 17 ; 83
- Whether your child points - 17 ; 33 ; 50
- Words and phrases child uses and understands - 20 ; 0 ; 80
- Ways to guide and discipline your child - 17 ; 17 ; 67
- Importance of reading with child - 33 ; 33 ; 33

- Kinds of behaviors you can expect to see in child as he/she gets older - 80 ; 20 ; 0
- Things your child may start to do for him/herself such as washing and dressing - 60 ; 0 ; 40
- Toilet training - 40 ; 0 ; 60
- Words and phrases child uses and understand - 20 ; 20 ; 60
- How child gets along with others - 0 ; 20 ; 80
- Ways to guide and discipline your child - 40 ; 0 ; 60
- Importance of reading with child - 40 ; 40 ; 20

DISCUSSIONS ABOUT INJURY PREVENTION

- How to make your house safe - 67 ; 33 ; 0
- Using a car seat - 0 ; 33 ; 67
- How to avoid burns to your child, such as changing the hot water temperature in your home - 0 ; 67 ; 33

- How to make your house safe - 50 ; 17 ; 33
- Using a car seat - 33 ; 17 ; 50
- What to do if your child swallows poisons and when to call the poison control center - 0 ; 33 ; 67

- How to make your house safe - 60 ; 20 ; 20
- Using a car seat - 20 ; 20 ; 60
- Teaching child to avoid dangerous situations, places and objects such as electrical sockets, the stove, or running in the street - 0 ; 40 ; 60
- What to do if your child swallows poisons and when to call the poison control center - 0 ; 20 ; 80

*The topics in blue represent items for which at least 1 in 4 (25%) children have parents with unmet informational needs. These are priority topics on which quality improvement efforts should be focused.

MEASURE:

ADDRESSING PARENTAL CONCERNS

DESCRIPTION:

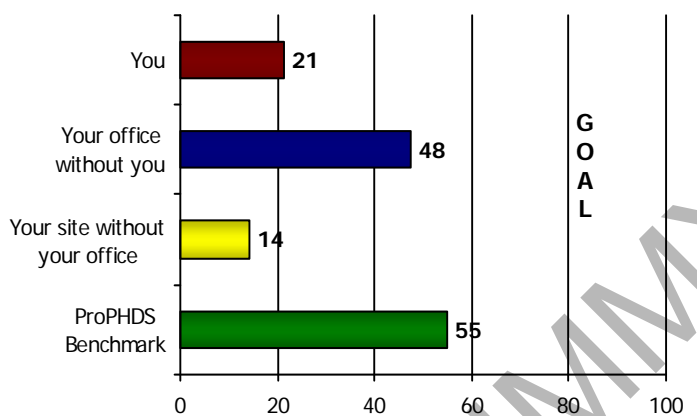
Research with health care providers and parents consistently finds that asking about and addressing parent concerns is one of the most important and valuable aspects of well-child care. Two items in the PHDS focus on addressing parent concerns:

- ✓ Whether or not their child's doctors or other health care providers asked the parent if he/she had concerns about the child's learning, development or behavior
- ✓ Whether or not parents with concerns received specific information to address those concerns

Six items derived from the Parent's Evaluation of Developmental Status (PEDS)[®] * are also included in the PHDS. These items ask parents about specific concerns they may have about their child's learning, development or behavior that can predict risk of developmental issues.

OVERALL RESULTS FOR Example Provider Report

Proportion of Children Whose Parents Were Asked About Their Concerns



No children had parents who were asked whether they have concerns

All children had parents who were asked whether they have concerns

The range of scores for the providers in your offices is:
Low- 21.4 High 56.0

Children Whose Parents Were Asked About Their Concerns

- **100.0%** of children have parents with one or more concerns about their child's learning, development or behavior. Of this group,
 - **21.4%** of children have parents who reported that their child's doctors or other health care providers asked whether or not they had any concerns about their child.

Children Whose Parents Had Concerns and Received Information

- Of children whose parents had concerns, **75.0%** also reported that their child's doctors or other health care providers gave them specific information to address their concerns.

PARENTAL CONCERNS **

The following percentages of children have parents who reported "a lot" or "a little" concern about:

- The child's learning, **development** or **behavior** – **92.9**
- How the child **talks** and makes **speech sounds** – **85.7**
- How the child **understands** what parents say – **57.1**
- How the child **uses** his or her **arms and legs** – **71.4**
- How the **child behaves** – **57.1**
- How the child **gets along with others** – **57.1**

**This section blank if the PEDS items were not administered.

*Glascoe FP. Parents' Evaluation of Developmental Status. Nashville, TN: Ellsworth & Vandermeer Press, Ltd; 1998

MEASURE:

STANDARDIZED DEVELOPMENTAL AND BEHAVIORAL SCREENING

DESCRIPTION:

The American Academy of Pediatrics Statement on Identifying Infants and Young Children with Developmental Disorders in the Medical Home (July, 2006) calls for routine screening by pediatric health care providers for developmental and behavioral problems and delays using standardized developmental screening tools. This recommendation is also in the **Bright Futures Guidelines** for well-child care.

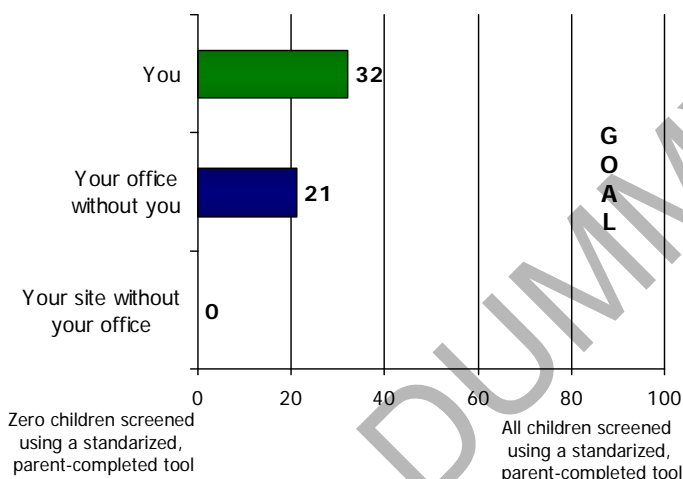
The items in the PHDS measure whether a **parent completed** a developmental and behavioral screening tool (*For example: Ages and Stages Questionnaire or Parents Evaluation of Developmental Status*). The age-specific items are anchored to whether the parent reported the following:

- ✓ Completing a questionnaire on specific concerns or observations they had about their child's physical abilities, communication or social behaviors.
 - If yes, whether this questionnaire asked about their child's language development.
 - If yes, whether this questionnaire asked about their child's behavior and how he/she gets along with others along with others

Children whose parents answered **"yes" to all of the items** asking about the questionnaire and whether it focused on language and development issues are identified as being screened using a standardized, parent-completed tool.

OVERALL RESULTS FOR Example Provider Report

Proportion of Children Screened*



The range of scores for providers in your office is:
Low - 16 High 32.14

Children Screened Using a Standardized, Parent-Completed Tool:

- 32.1% of children three and under were screened in the last year.

The recommendations call for standardized screening at the 9 month, 18 month, and 30 month (or 24 month) visit.**

Below are the age-specific findings:

- 100.0% of children were screened at the 9 mo. visit
- 0.0% of children were screened at the 18 mo. visit
- 0.0% of children were screened at the 24 mo. visit

*This does not include children less than 9 months of age or over 3 years of age.

*There is currently no benchmark data for standardized screening. However, items were included in the 2007 NSCH and will be available in 2009.

ITEM-SPECIFIC FINDINGS ABOUT SCREENING

The following percentages of children have parents who reported "yes" to the following:

- Completed a questionnaire about specific concerns or observations they had about their child's physical abilities, communication or social behaviors – **42.9**
- Completed a questionnaire which included items about their child's language development – **42.9**
- Completed a questionnaire which included items about their child's behavior and how he/she gets along with others – **35.7**

MEASURE:

FOLLOW-UP FOR CHILDREN AT-RISK

DESCRIPTION:

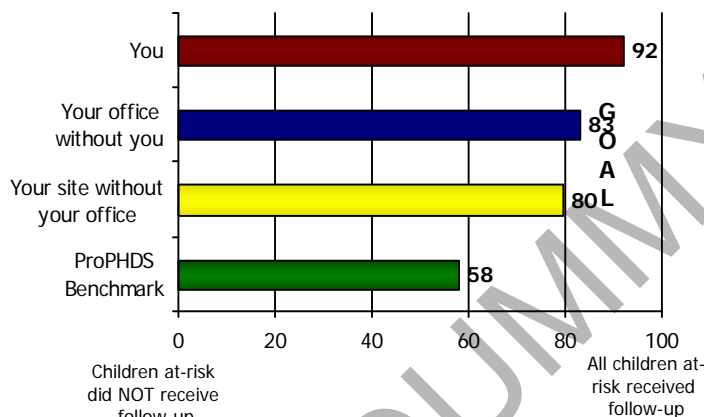
Parent concerns can be an indication of their child’s risk for developmental, behavioral or social delays. The PHDS includes items adapted from the PEDS^{®*} to identify a group of children “at risk” for a developmental/behavioral delay who should have received some level of follow-up care. The PEDS uses an age- and concern-specific scoring algorithm to identify this group of children.

The PHDS asks four questions to assess whether or not children at risk for developmental/behavioral delays received follow-up care from their doctors or other health care providers. Parents were asked if their child’s doctors or other health care providers did any of the following:

- ✓ Tested the child’s learning and behavior
- ✓ Referred the child for testing of their learning, development or behavior
- ✓ Referred the child to another doctor or health care provider
- ✓ Referred the child for speech-language or hearing testing
- ✓ Noted a concern about the child that should be watched

OVERALL RESULTS FOR Example Provider Report

Proportion of At-Risk Children Receiving Follow-Up



Children at-risk did NOT receive follow-up

All children at-risk received follow-up

The range of scores for providers in your office is:
Low 73.9 High 92.3

Children Identified At-Risk

- 92.9% of children have parents with concerns that indicate their child is **at risk** for developmental, behavior or social delays.

Children At-Risk Who Received Follow-Up Care

- 92.3% of children identified at risk for developmental/behavioral delays received at least one of the five types of follow-up care items listed.

ITEM-SPECIFIC FINDINGS FOR CHILDREN AT-RISK

Listed below are the percentages of children identified as "at-risk" by the PEDS items whose parents reported that their child’s doctor or other health care providers did one or more of the follow-up actions:

- Noted a concern about their child that should be watched – **92.3**
- Tested their child’s learning and behavior – **46.2**
- Referred their child for testing of their learning, development or behavior – **30.8**
- Referred their child for speech-language or hearing testing – **53.8**
- Referred their child to another doctor or health care provider – **76.9**

*Glascoe FP. Parents' Evaluation of Developmental Status. Nashville, TN: Ellsworth & Vandermeer Press, Ltd; 1998

MEASURE:

ASSESSMENT OF THE FAMILY

DESCRIPTION:

Parental well-being and the home environment are major determinants of the health and well-being of young children. National guidelines recommend that pediatric clinicians annually assess for the well-being of parents and safety within the family. Five items in the PHDS ask about whether the child's doctors or other health care providers assess the parent and family for risks to the child's health.

OVERALL RESULTS FOR Example Provider Report

PSYCHOSOCIAL ISSUES

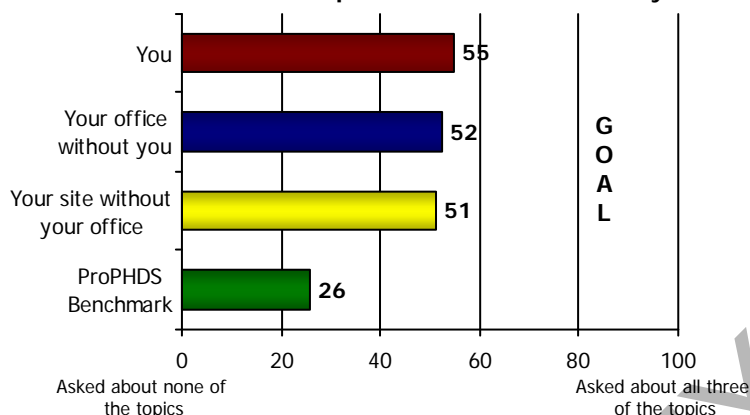
TOPICS ASSESSED

- ✓ If the parent ever feels depressed, sad or has crying spells
- ✓ If the parent has someone to turn to for emotional support
- ✓ Changes or stressors in the home

Asked About All 3 Topics

- **21.4 %** of children have parents who reported that their child's doctors or other health care providers asked about all three topics.

Percent of Topics Assessed in the Family



Asked About NONE of the Topics

- **0.0 %** of children have parents who reported that their child's doctors or other health care providers did NOT ask about ANY of the three topics.

ITEM-SPECIFIC FINDINGS FOR YOUR OFFICE

- If parent feels depressed, sad or has crying spells - **64.3**
- If parent has someone to turn for emotional support - **42.9**
- If there are changes or stressors in their life or home - **57.1**

The range of scores for providers in your office is: Low - 48.0 High - 56.5

SUBSTANCE ABUSE, FIREARMS AND SAFETY

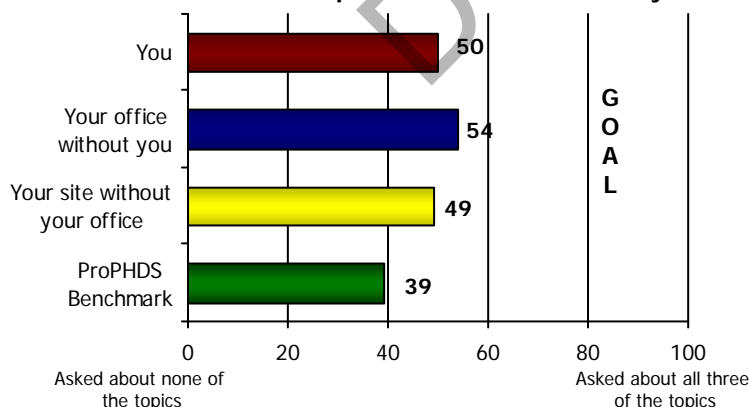
TOPICS ASSESSED

- ✓ Alcohol and other substance abuse in the household
- ✓ Firearms in the home
- ✓ If the parent feels safe at home

Asked About All 3 Topics

- **7.1 %** of children have parents who reported that their child's doctors or other health care providers asked about all three topics.

Percent of Topics Assessed in the Family



Asked About NONE of the Topics

- **7.1 %** of children have parents who reported that their child's doctors or other health care providers did NOT ask about ANY of the three topics.

ITEM-SPECIFIC FINDINGS FOR YOUR OFFICE

- If the parent feels safe at home - **57.1**
- If anyone in the household drinks alcohol or uses other substances - **50.0**
- If there are firearms in the home - **42.9**

The range of scores for providers in your office is: Low - 47.8 High - 60.0

RELATED ISSUES IN THE FAMILY

23.1 % of children have parents who reported experiencing symptoms of depression in the last 12 months. Of this group...

- **66.7 %** were asked by their child's doctors or other health care providers if they have felt depressed, sad or had experienced crying spells.

MEASURE:

FAMILY-CENTERED CARE

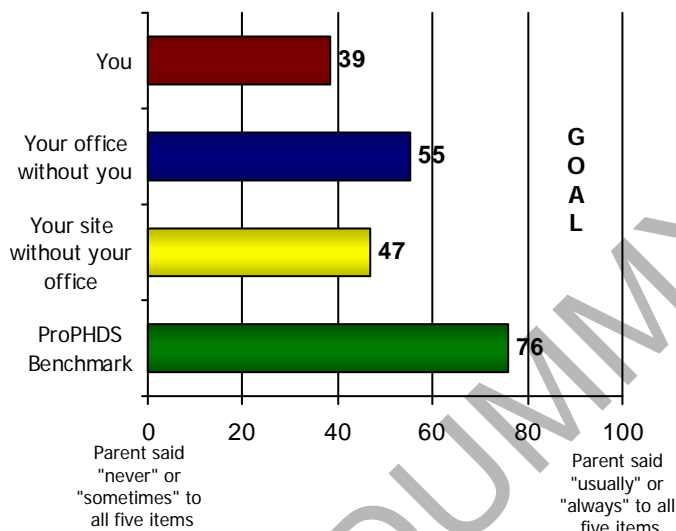
DESCRIPTION:

Research demonstrates that a positive partnership with a child's doctors or other health care providers is one of the most important factors for ensuring parents get the information and support they need to promote the healthy development of their child. Five items in the PHDS assess the degree to which the care provided is family-centered by asking parents how often the child's doctor or other health care providers do the following:

- ✓ Respect the parent as an expert about their child
- ✓ Take time to understand the specific needs of the child
- ✓ Help the parent feel like partner in their child's care
- ✓ Explain things in a way that the parent can understand
- ✓ Show respect for the family's values, customs and how they prefer to raise their child

OVERALL RESULTS FOR Example Provider Report

Percentage of Topics Parents Received Family-Centered Care



The range of scores for providers in your office is:
Low - 38.6 High 63.5

ITEM SPECIFIC FINDINGS FOR Example Provider Report

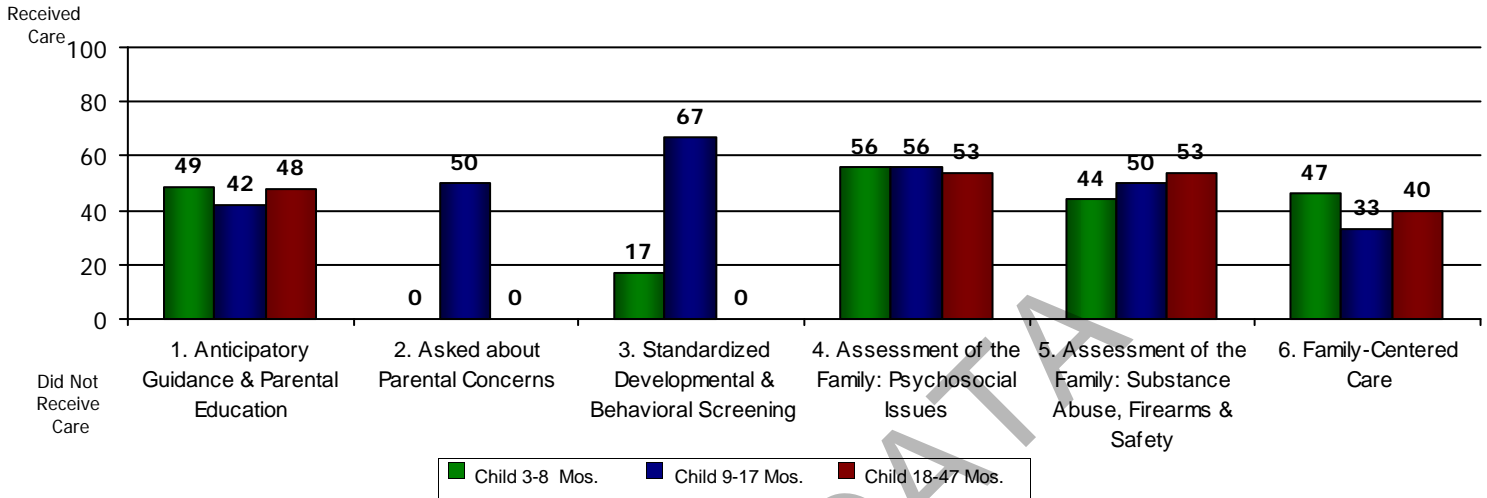
Percentage of children whose parents reported that their child's doctors and other health care providers "usually" or "always":

- Respect the parent as an expert about the child – 28.6
- Take the time to understand the specific needs of the child – 14.3
- Help the parent feel like a partner in their child's care – 35.7
- Explain things in a way the parent can understand – 35.7
- Show respect for the family's values, customs and how they prefer to raise the child - 78.6

Example Provider Report: VARIATIONS BY CHILD CHARACTERISTICS*

Variations in Care by *Child's Age*

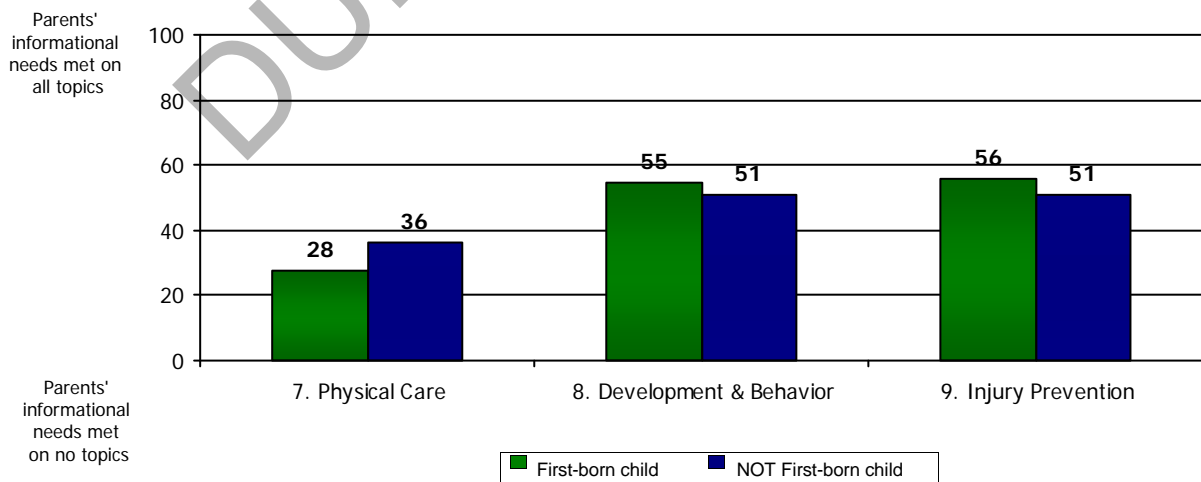
Of the 28 completed surveys obtained in your office: **21.4% (N=6)** were about children **3-8 months old**, **42.9% (N=12)** were about children **9-17 months old**, and **35.7% (N=10)** were about children **18-47 months old**. Sample size may impact reliability. Please take into consideration when interpreting the results below.



1. Measure represents average percent of topics for which needs were met
2. Average proportion of children whose parents were asked about their concerns
3. Average proportion of children who were screened for developmental delays using a parent-completed, standardized developmental and behavioral screening tool
4. Average percent of psychosocial items which were assessed
5. Average percent of items about substance abuse, firearms and safety which were assessed
6. Average percent of topics for which parents 'usually or always' received family-centered care

Variations in the Provision of Anticipatory Guidance & Parental Education by *Birth Order of the Child*

In your office, **21.4% (N=6)** of children whose parents completed the survey were **first-born children**. Sample size may impact reliability. Please take into consideration when interpreting the results below.



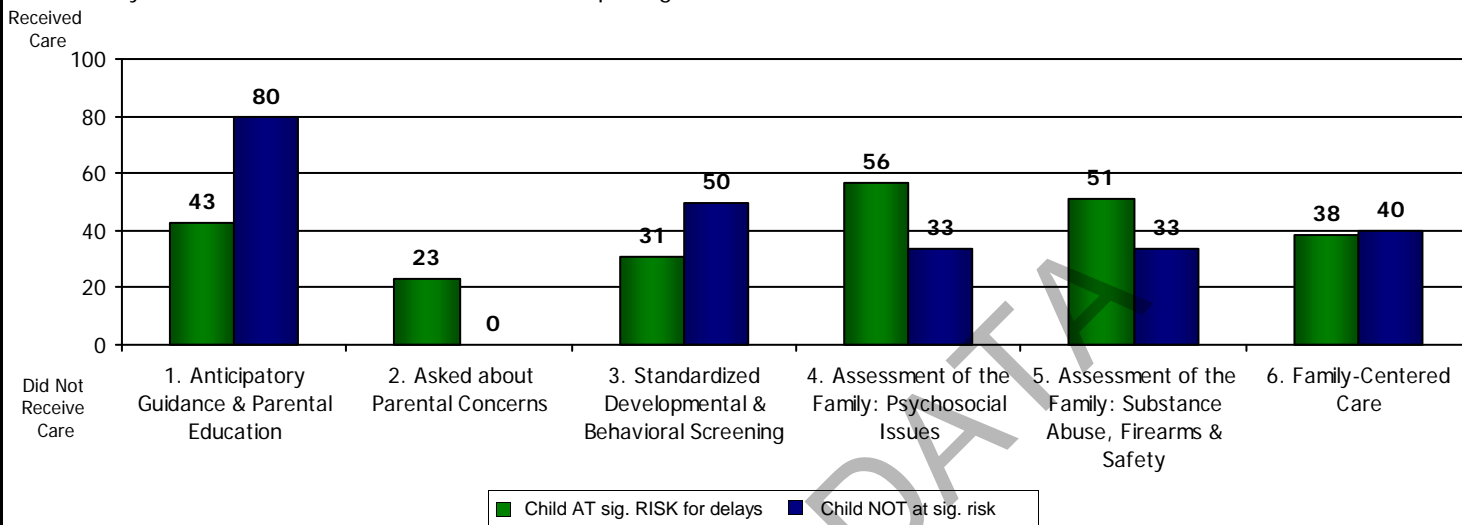
7. Average percent of anticipatory guidance and parental education topics about **physical care** for which parents had their informational needs met
8. Average percent of anticipatory guidance and parental education topics about **development and behavior** for which parents had their informational needs met
9. Average percent of anticipatory guidance and parental education topics about **injury prevention** for which parents had their informational needs met

* Due to space limitations, selected quality measures are shown using one method of scoring. Additional charts presenting other quality measures in the PHDS and/or using alternate scoring methods are available. Contact the CAHMI (cahmi@ohsu.edu) for more information.

Example Provider Report: VARIATIONS BY CHILD CHARACTERISTICS

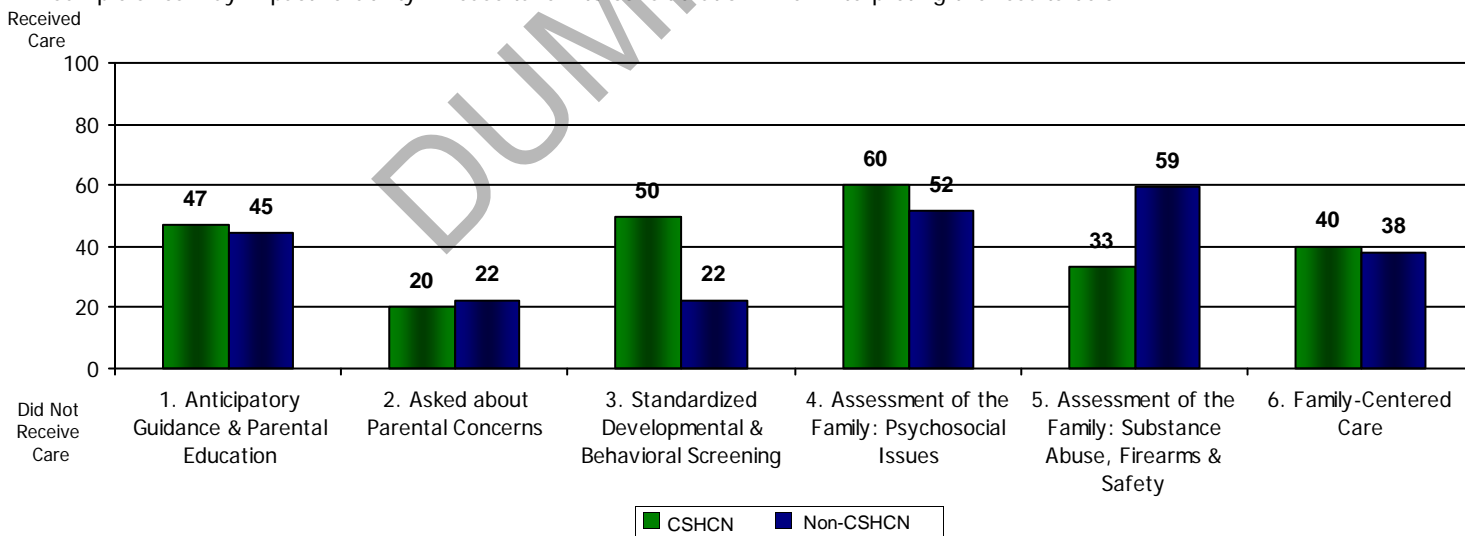
Variations in Care by *Child's Risk for Developmental, Behavioral or Social Delays*

The PHDS includes items adapted from the PEDS[®] to identify a group of children "at risk" for developmental, behavioral or social delays. In your office, **92.9% (N=26)** of children were **identified at significant risk for delays**. Sample sizes may impact reliability. Please take into consideration when interpreting the results below.



Variations in Care by *Whether Child has Special Health Care Needs*

The PHDS includes the CAHMI Children with Special Health Care Needs (CSHCN) Screener, which identifies children who have a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. In your office, **35.7% (N=10)** of children were identified as CSHCN. Sample sizes may impact reliability. Please take into consideration when interpreting the results below.



1. Measure represents average percent of topics for which needs were met
2. Average proportion of children whose parents were asked about their concerns
3. Average proportion of children who were screened for developmental delays using a parent-completed, standardized developmental and behavioral screening tool
4. Average percent of psychosocial items which were assessed
5. Average percent of items about substance abuse, firearms and safety which were assessed
6. Average percent of topics for which parents 'usually or always' received family-centered care

** Due to space limitations, selected quality measures are shown using one method of scoring. Additional charts presenting other quality measures in the PHDS and/or using alternate scoring methods are available. Contact the CAHMI (cahmi@ohsu.edu) for more information.*

Example Provider Report: Summary of Improvement Opportunities

Parents indicated many areas where your office is doing very well. They also noted areas where there are opportunities for improvement. Listed below is a selection of key findings and "change ideas" that can guide you in using these findings to improve the care you provide. The last page of this report provides a list of improvement resources for each of these components of well-child care.

Meeting Parents' Informational Needs

- **100.0%** of parents responded at least once "No, but I wish we had talked about that" OR "Yes, but my questions were not answered" to the items asking about recommended anticipatory guidance and parental education topics.
- Page 3 of this report lists the specific topics asked about in the PHDS. The last percentage shown for each topic (in blue font) is the percent of parents who had unmet informational needs on that topic. **Review page 3 and find the topics highlighted in blue. These are the areas you should focus your improvement efforts!**

Improvement ideas you can use:

- ✓ Create visit-specific prompts that remind you to ask about the topics identified as needing improvement on Page 3.
- ✓ Get topic-specific parent education hand-out materials on the topic that parents indicated a need for more information.
- ✓ Get topic-specific posters and put them in your office.
- ✓ Consider having the parent complete surveys or questionnaires prior to the visit about these topics in order to understand their informational needs and child and family risk factors.

Asking About and Addressing Parental Concerns

- **100.0%** of children had parents who reported one or more concerns about their child's learning, development or behavior.
 - Of this group, **21.4%** were asked about their concerns and **75.0%** received information to address their concerns.
- **32.1%** of children three and under were screened using a standardized, parent-completed tool in the last year.
- **92.3%** of children identified at risk for developmental/behavioral delays received some form of follow-up care.

Improvement ideas you can use:

- ✓ Research has shown that asking parents a general question such as, "Do you have any concerns?" does not elicit reliable parent responses to indicate a child's risk for delays.
- ✓ To standardize this activity in your office, add visit-specific prompts that remind you to ask parents at every visit if they have concerns about their child's learning, development or behavior.
- ✓ Consider having the parent complete a standardized developmental screening tool in the waiting room or have your office staff help parents complete the tool before they see you. Current tools recommended by the American Academy of Pediatrics include the Parents Evaluation of Developmental Status (PEDS) & the Ages and Stages Questionnaire (ASQ).

Assessing the Parent for Risks to the Child's Healthy Development

- **23.1%** of children had parents who reported symptoms of depression.
 - Of these, **66.7%** had parents who were asked if she/he felt depressed, sad or has crying spells.

Improvement ideas you can use:

- ✓ Consider having the parent complete a standardized screening tool in the waiting room to address factors in the family that may pose a risk to a child's health (For example: Depression Screener).
- ✓ Tools are available that are feasible to administer in the primary care office setting.
- ✓ Create visit-specific prompts that remind you to ask about issues in the family.

Improvement Resources

Listed below are selected quality improvement (QI) resources which address the topics asked about in the ProPHDS.

Meeting Parents' Informational Needs: QI Resources on Anticipatory Guidance and Parental Education

- **Practical Guide to Healthy Development: Module #5 (Anticipatory Guidance & Parental Education):** www.commonwealthfund.org/General/General_show.htm?doc_id=359299
- **Model for Anticipatory Guidance and Parental Education about the Importance of Reading – The Reach Out and Read Program:** www.reachoutandread.org

Websites with Parent Education Materials and Resources for Providers

- **Bright Futures:** www.brightfutures.aap.org
- **Zero to Three:** www.zerotothree.org
- **Kids Growth:** www.kidsgrowth.com
- **Dr. Spock:** www.drspock.com
- **KeepKidsHealthy.com:** www.keepkidshealthy.com
- **KidsHealth:** www.kidshealth.org
- **Pediatric Development and Behavior:** www.dbpeds.org
- **Healthy Steps:** www.healthysteps.org
- **Connected Kids Resource Kit:** www.aap.org/ConnectedKids/IntroPiece.pdf

Asking About and Addressing Parental Concerns: QI Resources on Developmental Surveillance and Screening

- **AAP Algorithm for Developmental Surveillance and Screening:** www.pediatrics.aappublications.org/cgi/content/abstract/118/1/405
- **Developmental Surveillance and Screening Policy Implementation Project:** www.medicalhomeinfo.org/screening/DPIP.html
- **DBPEDS.ORG Tools and Resources:** www.dbpeds.org/articles/detail.cfm?textid=539
- **Practical Guide to Healthy Development: Module #2 (Developmental Surveillance and Screening):** www.commonwealthfund.org/General/General_show.htm?doc_id=359299
- **Utah Medical Home Project: Tools and Resources for Developmental Screening:** www.medhomeportal.org/screening/developmental

Assessing the Parent for Risks to the Child's Healthy Development: QI Resources on Screening Families for Risk Factors

- **Parental Depression Screening for Pediatric Clinicians: An Implementation Manual:** www.commonwealthfund.org/publications/publications_show.htm?doc_id=461988
- **Preventing Domestic Violence: Clinical Guidelines on Routine Screening:** www.endabuse.org/programs/healthcare/files/screpol.pdf
- **Screening for Depression Across the Lifespan: Measures for Use in Primary Care Settings:** www.aafp.org/afp/20020915/1001.html
- **Screening for Maternal Perinatal Depression:** www.dbpeds.org/articles/detail.cfm?TextID=356
- **Depression Screening Toolkit:** www.depression-primarycare.org/clinicians/toolkits/
- **Screening for Domestic Violence in the Community Pediatric Setting:** www.pediatrics.aappublications.org/cgi/content/full/104/4/874
- **Improving the Management of Family Psychosocial Problems at Low-Income Children's Well-Child Care Visits:** www.commonwealthfund.org/publications/publications_show.htm?doc_id=522008

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IMPORTANT NOTE ABOUT THE FINDINGS: These survey results present a "best case" scenario due to an inherent positivity bias caused by two factors: 1) The survey was conducted only in English, and 2) Only parents whose children had at least one-well child visit in the last 12 months were able to complete the survey.

***DATA PRESENTED IN THE CHARTS:** The bar labeled "Pro-PHDS Benchmark" is based on data gathered by the CAHMI from 1999-2007. If applicable, a footnote at the bottom of the chart provides information about the range of scores observed at an office and/or provider-level in your site.

ADDITIONAL INFORMATION ABOUT THE CAHMI AND THE PHDS: The PHDS was created by the CAHMI has been proven to be a reliable and valid tool and is endorsed by the National Quality Forum. Additional information can be found at www.cahmi.org.

QUESTIONS? CONCERNS? If you have questions about the findings presented in this report, please contact cahmi@ohsu.edu or 503-494-1930.