BACKGROUND AND OBJECTIVES

- ECU Pediatrics Thursday Continuity Clinic residents identified that the correct Ages and Stages Questionnaires, (ASQ-3) were not being completed at well child checks to screen for developmental delays.

- ASQ-3 is a brief standardized tool that aids the identification of children at risk of a developmental disorder. Poor screening for developmental delays puts patients at an increased risk of undiagnosed developmental delay disorders and can further delay initiation of appropriate interventions.

- The aim of our project was to have 85% of the continuity clinic patients being seen for their 6 – 24 month well child checks be screened with the correct ASQ-3 for age and corrected for prematurity by February 25th, 2021.

METHODS

- We analyzed data from a total of 377 patients charts, between June 11th, 2020 – February 25th, 2021, who were seen for their 6 – 24 month well child checks in continuity clinic and noted if the correct ASQ-3 was completed.

- Three periods of time (PDSA cycles) were identified. First cycle: baseline data collected from 06/11/20 – 11/1/20. Second cycle data collected from (11/02/20 – 01/28/21). Third cycle data collected from (02/01/21 – 02/25/21). Second and third cycles data were post interventions.

- The first intervention was an educational session on developmental surveillance and screenings facilitated by the continuity clinic attendings during the week of October 26th - October 30th, 2020. Additionally, we printed charts with the correct ASQ-3 for age for the PAS staff to hand out to parents during check in, followed by an email on October 31st, 2020, reminding residents to ensure the correct ASQ-3 was given.

- For the second intervention we created an EPIC smart phrase .asqcalculator to help residents identify the correct ASQ-3 quickly. We made them aware of an ASQ-3 website to determine the patient’s correct age at the time of visit and ultimately choosing the right ASQ-3.

RESULTS/OUTCOMES

- We did not achieve our goal of 85% accuracy of correct ASQ-3 completion, but there was an increased proportion of families completing the correct ASQ-3 from 65% to 75%.

CONCLUSIONS

- Our project highlighted the importance of screening for developmental delays with the correct ASQ -3 to our medical staff and resident physicians.

ACKNOWLEDGEMENTS

We could not have succeeded on this project without the help of our continuity clinic attendings, Drs. Hillenbrand and Simeonsson; Pediatric Behavioral and Developmental specialists Drs. Stiles and Andersen. ECU Pediatrics PAS and nursing staff and our wonderful social worker Amber Davis.

REFERENCES


