



Appendix 13



Sample Communication Template to Frontline Healthcare Providers

QUALITY OF CARE FINDINGS FOR [Office X]

Date

Dear [insert group] pediatric providers,

During [Date], the [insert company], in collaboration with the [insert health system], implemented a survey to parents of young children (0-3 years old). This survey, the Provider-Level Promoting Healthy Development Survey (Pro-PHDS), assesses whether or not national recommendations for health promotion and developmental services are provided by pediatric clinicians.

We've since compiled the data, analyzed it by a number of variables, and are now sharing some of the office-level findings. **All information included in this report is confidential.**

[Sample size] parents or guardians of children who received well-child care at [Office X] in the last 12 months completed this survey in your office.

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

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Throughout this report you will find charts that display your office's findings compared to two groups: (1) Other [Office] pediatric offices, and (2) Pro-PHDS benchmark data. More information about the comparative data presented can be found on **Page 8**.

A summary of the key findings, additional information about the PHDS, and quality improvement resources can also found on Page 8.

If you have questions about the findings presented in this report please contact [insert contact person] at XXX-XXX-XXXX or email him/her at [insert email address].

[Insert Name]
[Insert Title]

[Insert Name]
[Insert Title]



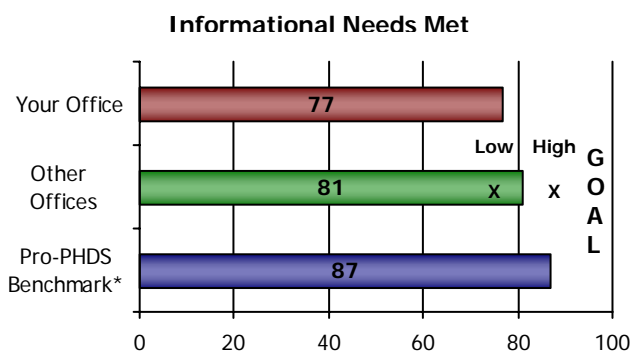
MEASURE:

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:

- ✓ Yes, and my questions were answered (*Informational need met*)
- ✓ Yes, but my questions were not answered completely (*Informational need unmet*)
- ✓ No, but I wish we had talked about that (*Informational need unmet*)
- ✓ No, but I already had information about that and did not need to talk about it any more (*Informational need met*)

OVERALL RESULTS FOR [Office X]



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 any more".)

All Recommended Topics Discussed

- **4%** of parents reported that their child's doctors or other health care providers talked with them about all of the age-appropriate topics.

Average Number of Recommended Topics Discussed

- On average, **44%** of the recommended topics asked about in the PHDS are discussed with parents.

Informational Needs Unmet

- **64%** of parents noted at least once "No, but I wish we had talked about that" OR "Yes, but my questions were not answered".

TOPIC-SPECIFIC RESULTS FOR [Office X]

	Physical Care	Development & Behavior	Injury Prevention
Keep up the good work!	<ul style="list-style-type: none"> - Breastfeeding - Back to sleep 	<ul style="list-style-type: none"> - Reading with child - Behaviors you can expect in child 	<ul style="list-style-type: none"> - Car seats - House safety
Room for improvement	<ul style="list-style-type: none"> - Bed and naptime routines - Weaning child from a bottle/breastmilk 	<ul style="list-style-type: none"> - Guidance and discipline techniques - Toilet training 	<ul style="list-style-type: none"> - What to do if child swallows certain kinds of poisons - Ways to teach child about dangerous situations

RELATED PARENTING BEHAVIORS

To provide you with descriptive information about your patients, we asked parents to report about key parenting behaviors. Following each topic is the percentage of parents who report they did NOT do the activity:

- Did not breastfeed their child OR breastfed less than a month¹ – **7%**
- In a typical week: Read 0-2 days – **18%** Read 3-4 days – **14%** Read 5-7 days – **69%**
- In a typical day: Number of hours child watched TV or Videos:

Younger than 2 years old

- 0 hours² – **32%** • Less than 1 hour – **41%**
- 1-2 hours – **23%** • More than 2 hours – **5%**

Two years and older

- 0 hours² – **3%** • Less than 1 hour – **23%**
- 1-2 hours – **47%** • More than 2 hours – **28%**

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

²Includes parents who do not own a TV.

TOPIC-SPECIFIC FINDINGS FOR [Office X]

The figures listed after each topic represent, respectively, the percentage of children whose parents who 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 - 9 MONTHS OLD N= 72	10 - 18 MONTHS OLD N= 80	19 - 48 MONTHS OLD N= 162
DISCUSSIONS ABOUT PHYSICAL CARE	<ul style="list-style-type: none"> • Things you can do to help child grow and learn – 72, 11, 17 (%) • Breastfeeding – 90, 6, 4 (%) • Issues related to food such as the introduction of solid foods – 79, 6, 15 (%) • Importance of placing child on back – 88, 7, 6 (%) • Where your child sleeps (location, type of crib) – 42, 46, 13 (%) • Whether your child watches television (TV) or videos – 13, 52, 35 (%) • Issues related to childcare – 36, 43, 21 (%) 	<ul style="list-style-type: none"> • Things you can do to help child grow and learn – 62, 15, 23 (%) • Vitamins and foods your child should eat – 67, 6, 27 (%) • Bed and naptime routines – 33, 38, 29 (%) • Whether child sleeps with a bottle – 51, 37, 12 (%) • Weaning your child from a bottle – 29, 44, 27 (%) • Whether your child watches television (TV) or videos – 17, 55, 28 (%) • Issues related to childcare – 17, 58, 25 (%) 	<ul style="list-style-type: none"> • Things you can do to help child grow and learn – 57, 23, 19 (%) • Issues related to food and feeding – 65, 19, 16 (%) • Bedtime routines and how many hours of sleep child needs – 30, 44, 26 (%) • Whether your child watches television (TV) or videos – 22, 57, 21 (%) • Issues related to childcare – 19, 64, 16 (%)
DISCUSSIONS ABOUT DEVELOPMENT AND BEHAVIOR	<ul style="list-style-type: none"> • Kinds of behaviors you can expect to see in child as he/she gets older – 71, 10, 19 (%) • Night waking and fussing – 39, 34, 27 (%) • How child communicates his/her needs – 52, 28, 20 (%) • What your child is able to understand – 44, 24, 32 (%) • How your child responds to you and other caregivers – 53, 26, 21 (%) • Importance of showing a picture book to or reading with your child – 35, 45, 20 (%) 	<ul style="list-style-type: none"> • Kinds of behaviors you can expect to see in child as he/she gets older – 58, 20, 22 (%) • Words and phrases child uses and understands – 44, 23, 32 (%) • Night waking and fussing – 35, 31, 34 (%) • How your child may start to explore away from you – 19, 51, 29 (%) • Guidance and discipline techniques – 13, 35, 52 (%) • Anticipatory guidance about toilet training – 7, 49, 44 (%) • Importance of reading with child – 34, 48, 18 (%) 	<ul style="list-style-type: none"> • Kinds of behaviors you can expect to see in child as he/she gets older – 60, 22, 19 (%) • Toilet training – 35, 35, 29 (%) • Words and phrases child uses and understand – 60, 25, 14 (%) • How child is learning to get along with other children – 35, 37, 27 (%) • Guidance and discipline techniques – 25, 42, 33 (%) • Importance of reading with child – 44, 45, 12 (%)
DISCUSSIONS ABOUT INJURY PREVENTION	<ul style="list-style-type: none"> • How to avoid burns to your child, such as changing the hot water temperature in your home – 30, 50, 20 (%) • Using a car seat – 57, 33, 10 (%) • How to make your house safe – 32, 45, 23 (%) 	<ul style="list-style-type: none"> • What you should do if your child swallows certain kinds of poisons – 14, 34, 52 (%) • Using a car seat – 37, 46, 18 (%) • How to make your house safe – 41, 42, 18 (%) 	<ul style="list-style-type: none"> • What to do if your child swallows certain kinds of poisons – 28, 40, 32 (%) • Using a car seat – 36, 55, 9 (%) • How to make your house safe – 29, 62, 9 (%) • Ways to teach child about dangerous situations, places and objects – 22, 44, 34 (%)

MEASURE:

ADDRESSING PARENTAL CONCERNS

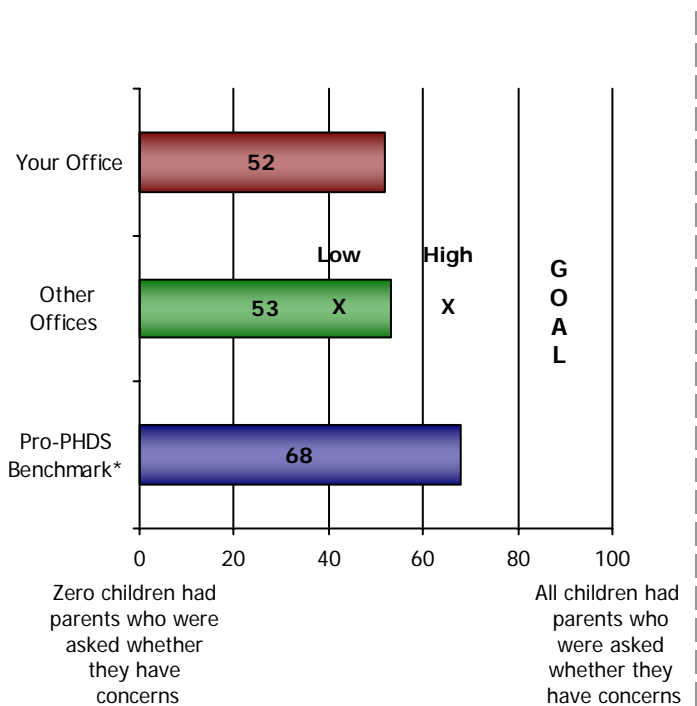
DESCRIPTION:

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 has 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.

OVERALL RESULTS FOR [Office X]



Parents With Concerns Who Were Asked About Their Concerns

- **55%** of children have parents with one or more concerns about their child's learning, development or behavior. Of this group, **50%** 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.

Parents With Concerns Who Received Information to Address Their Concerns

- **64%** of children have parents with concerns who 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 having "a lot" or "a little" concern about:

- The child's learning, development or behavior – **39%**
- How the child talks and makes speech sounds – **33%**
- How the child understands what parents say – **25%**
- How the child uses his or her arms and legs – **17%**
- How the child behaves – **34%**
- How the child gets along with others – **29%**

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

MEASURE:

FOLLOW-UP FOR CHILDREN AT-RISK

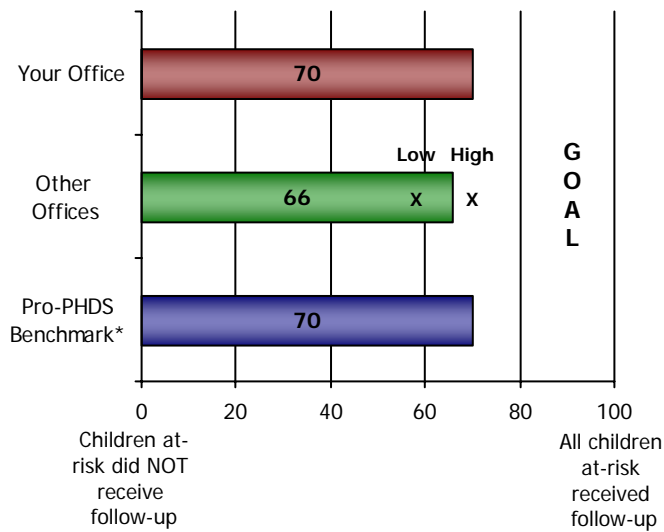
DESCRIPTION:

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-care care. The PEDS uses an age- and concern-specific scoring algorithm to identify this group of children.

The PHDS asks a series of 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:

- ✓ Tested the child's learning and 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 [Office X]



Children Identified At-Risk

- 35% 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

- 70% of children identified at risk for developmental/behavioral delays received some form of follow-up care (according to parental report).

LEVEL OF FOLLOW-UP RECEIVED BY AT-RISK GROUP

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:

- Tested their child's learning and behavior – **24%**
- Referred their child to another doctor or health care provider – **38%**
- Referred their child for speech-language or hearing testing – **27%**
- Noted a concern about their child that should be watched – **26%**

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

MEASURE:

ASSESSMENT OF THE FAMILY

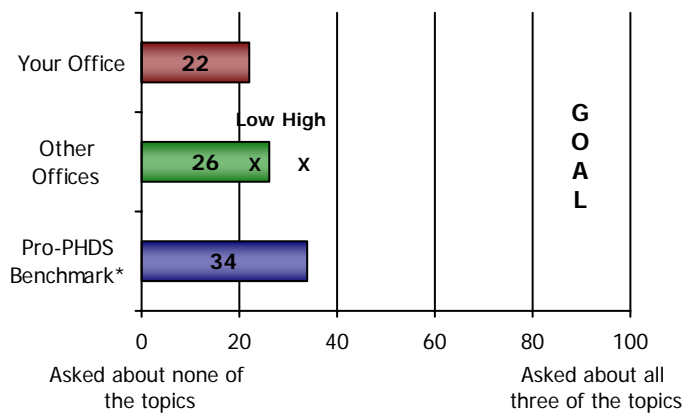
DESCRIPTION:

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 [Office X]

PSYCHOSOCIAL ISSUES

- ✓ 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 Topics

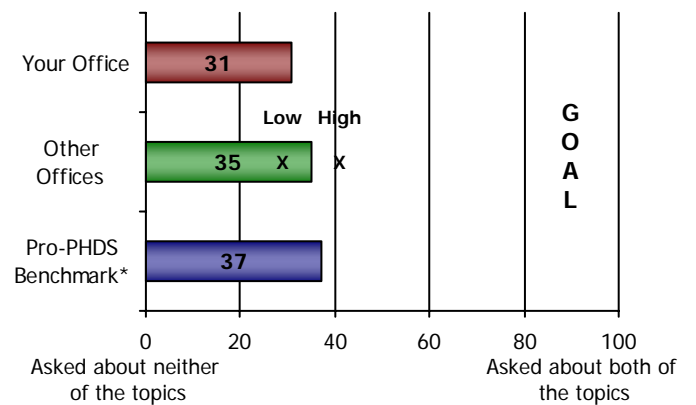
- **10%** of children have parents who reported that their child's doctors or other health care providers asked about all three topics.

Not Asked About ANY Topic

- **66%** 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.

SUBSTANCE ABUSE/FIREARMS

- ✓ Alcohol and other substance abuse in the household
- ✓ Firearms in the home



Asked About Both Topics

- **11%** of children have parents who reported that their child's doctors or other health care providers asked about both topics.

Not Asked about EITHER Topic

- **50%** of children have parents who reported that their child's doctors or other health care providers did NOT ask about EITHER topic.

ITEM-SPECIFIC FINDINGS

The percentage of children whose parents reported that their child's doctors or other health care provider asked about the following topics in the last 12 months:

- If parent feels depressed, sad or has crying spells – **17%**
- If parent has someone to turn for emotional support – **25%**
- If there are changes or stressors in their life or home – **23%**
- If someone in the household drinks alcohol or uses other substances – **45%**
- If there are firearms in the home – **17%**

RELATED ISSUES IN THE FAMILY

15% of children have parents who reported experiencing symptoms of depression in the last 12 months. Of this group...



...**21%** were asked by their child's doctors or other health care providers if they have felt depressed, sad or had experienced crying spells.

MEASURE:

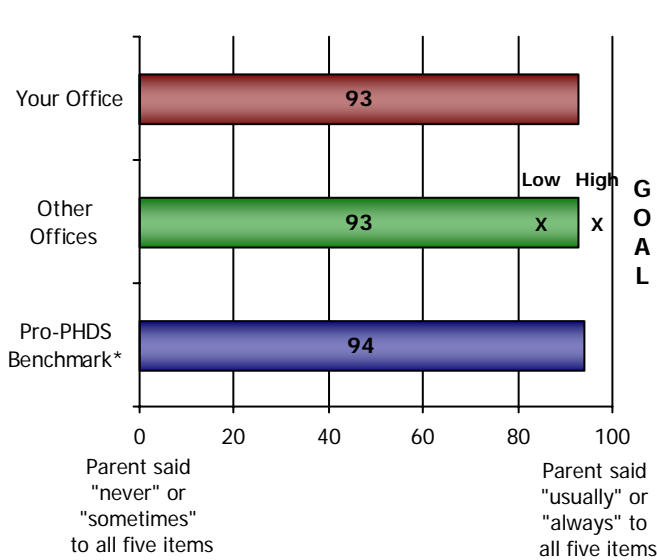
FAMILY-CENTERED CARE

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 [Office X]



- **84%** of children have parents who reported "usually" or "always" to all of the family-centered care items.
- **16%** of children have parents who reported "never" or "sometimes" to one or more of the family-centered care items.

ITEM-LEVEL RESULTS FOR [Office X]

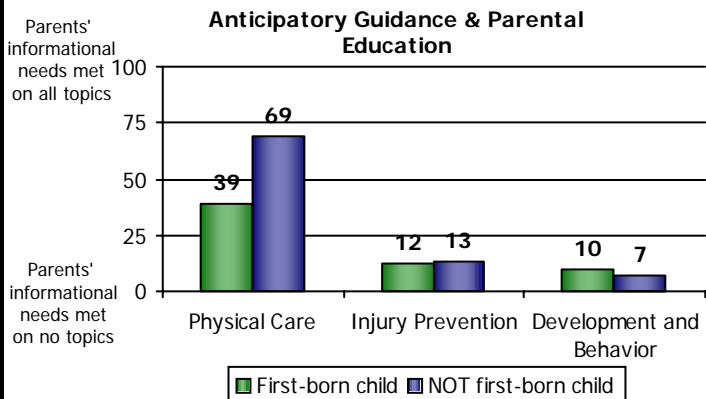
Percentage of children whose parents reported that their child's doctors and other health care providers "usually" or "always":

- Respect the parent as an expert about the child – **91%**
- Take the time to understand the specific needs of the child – **89%**
- Help the parent feel like a partner in their child's care – **93%**
- Explain things in a way the parent can understand – **97%**
- Show respect for the family's values, customs and how they prefer to raise the child – **93%**

VARIATIONS IN QUALITY OF CARE FINDINGS BY CHILD CHARACTERISTICS

Variations in Care by *Birth Order of the Child*

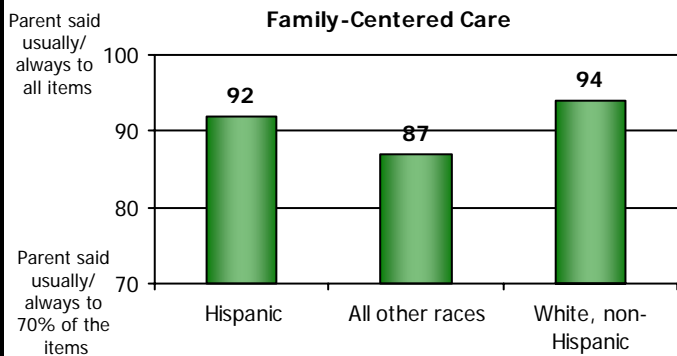
- In your office, **59%** of children whose parents completed the survey were first-born children.



Key Findings in [Office X]

- Children who were not a family's first-born child had parents who were **JUST AS LIKELY** to report that they wanted more guidance and information on selected topics as compared to children who were the family's first born. For example, when compared to parents who completed the survey for their *first-born child*, these parents were just as likely to want more information and guidance than they received on topics related to their child's **development, behavior and injury prevention**.
- On the other hand, parents who completed the survey for a child who was not their first-born were significantly less likely to report wanting information and guidance about topics focused on the **physical care of the child** – such as issues related to food and feeding or number of hours of sleep a child needs.

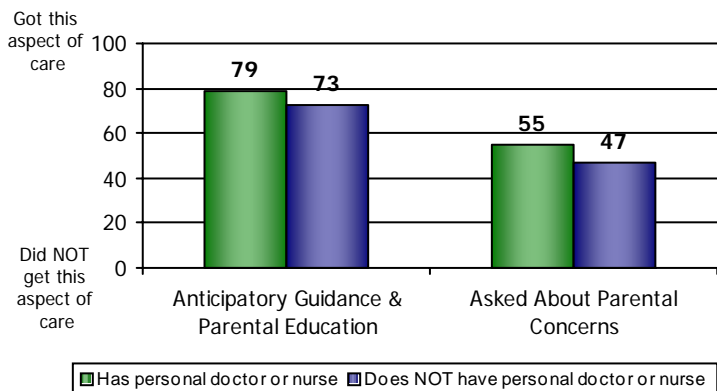
Variations in Care by Child's *Race/Ethnicity*



Key Findings in [Office X]

- In your office, **9%** of children were reported by parents to be Hispanic, **69%** were reported to be white, **14%** Asian, and **9%** as another race.
- Parents of non-white children were significantly less likely to report **positive partnerships and communication** with their child's health care providers.

Quality Higher for Children with a *Personal Doctor or Nurse*



Key Findings in [Office X]

- In your office, **78%** of children have parents who report that their child has one or more personal doctor(s) or nurse(s) who knows him/her and his/her health history well.
- For a majority of the PHDS quality measures, scores were significantly higher for children who had a personal doctor or nurse, when compared to those who did not have a personal doctor or nurse.

CONCLUSIONS AND IMPLICATIONS OF THE FINDINGS

Parents in your office 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 the findings.

Areas of Excellence in [Office X]

Meeting Parents' Informational Needs

Parents are getting the information and guidance they need on:

- Breastfeeding
- Back to sleep
- Car seats

Family-Centered Care

Parents Report Positive Communication and Partnerships

- **84%** of parents in your office report receiving all aspects of family-centered care.

Improvement Opportunities

Parents want more information and guidance on:

- Guidance and discipline techniques
- What to do if child swallows certain kinds of poisons
- Toilet training

Ideas you can use:

- ✓ Add text about adding these topics to your after-visit summaries.
- ✓ Get topic-specific parent education hand-out materials.
- ✓ Get topic-specific posters and put them in your office.

Asking About and Addressing Parental Concerns

- **55%** of children had parents who reported one or more concerns about their child's learning, development or behavior. Of these, **50%** were asked about their concerns and **64%** received information to address their concerns.

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, incorporate items from the PEDS tool into your well-child visit dot phrases.
- ✓ 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 AAP include the PEDS or the Ages and Stages Questionnaire (ASQ).

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

- **15%** of children had parents who reported symptoms of depression.
 - Of these, only **21%** had parents who were asked if she/he felt depressed, sad or has crying spells.

Ideas you can use:

- ✓ Consider having the parent complete a standardized depression screener in the waiting room.
- ✓ Tools are available on the KP website. Kathi Kemper, MD has also developed a 3-item tool shown to be feasible in primary care offices.

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 eligible to receive the survey.

***DATA PRESENTED IN THE CHARTS:** The second bar labeled "Other Offices" is based on data from all other pediatric offices (NOT including your office) in [office x] that are located in [insert city]. The X under the word "high" indicates the highest office-level score observed while the X under the word "low" indicates the lowest office-level score observed. The comparison data presented in the charts is based on Provider-Level PHDS (ProPHDS) data gathered between 2001-2005 by the Child and Adolescent Health Measurement Initiative.

ADDITIONAL INFORMATION ABOUT THE CAHMI AND THE PROMOTING HEALTHY DEVELOPMENT SURVEY (PHDS): The PHDS was created by the CAHMI and has been proven to be a reliable and valid tool for assessing health care quality. To date, over 45,000 PHDS surveys have been collected and analyzed. Additional information about the CAHMI and the PHDS can be found on the CAHMI website at www.cahmi.org.

ADDITIONAL RESOURCES ABOUT PREVENTIVE AND DEVELOPMENTAL HEALTH CARE:

www.aap.org • brightfutures.aap.org/web/ • www.zerotothree.org • www.nichq.org • www.cincinnatichildrens.org/health-quality • www.cmwf.org

QUESTIONS? CONCERNS? If you have questions about the findings presented in this report, please contact [insert contact info] or email him/her at [insert address].