Healthy Beginnings
An ACHIA Obesity Prevention Collaborative

DATA COLLECTION TOOL APPENDIX

Basic Information

- **General:** Participating teams will enter data from medical records during 3 data cycles during the collaborative period, plus 1 additional (monitoring) data cycle, 6 months later (i.e., 4 total cycles).
- **Clinical Measures (No protected health information will ever be submitted)**
  - Data submitted during each cycle will be used to calculate 10 clinical measures, which teams will use to plan and monitor practice improvements throughout the project.
  - Sampling for clinical measures will be based on a random sample of 20 charts per team. Only include charts that are from:
    - Children under 2 years of age
    - Well child visits that occurred during the sampling time frame with participating primary care providers
- Support
  - Content or process questions: Linda Champion @alaap.org_
  - QIDA Technical Support: qidata@aap

10/22/2020

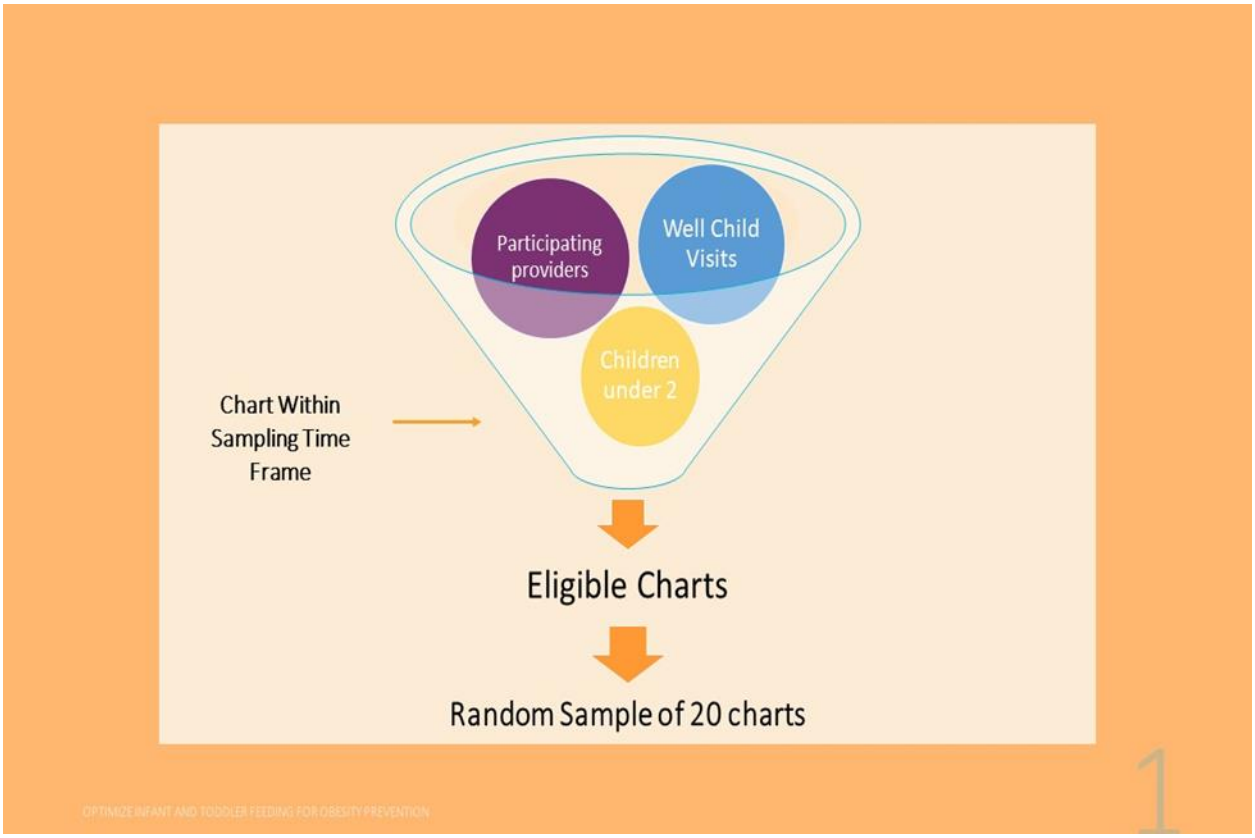
Clinical Measures Guidance

Overview:

1. Submit data during every data cycle
2. Pull an appropriate sample of charts
3. Enter data from each chart into data collection tool

Sampling Steps:

1. Identify charts within the appropriate sampling time frame
2. Limit charts to:
    a. Children under 2 years of age
    b. Well child visits
3. Use a consecutive sampling method to select charts (20 baseline, 10 for other data entry).



Clinical Measures: Data Collection Tool Questions:

Blank data collection tool and measures diagram located in orientation packet and on ACHIA website

- Question 1: Health Supervision Visit: If it is not clear which health supervision visit this is from the chart, select the visit closest to the age of the child Note: Charts considered to represent a child's 24-month visit should not be included in the sample.
    - If no or only incomplete information exists, select "No."

- Question 2: What Type of Visit
    - Select Telehealth or in person

- Question 3: Weight-for-length assessed
    - Weight-for-length percentile must be documented (not just weight and length).

- Questions 4-5: Assessment/counseling on patient/family concerns
    - Q4: To select "yes," documentation must exist in the medical record that the family was asked about their concerns in some way in reference to this visit, e.g., face-to-face or by questionnaire during the visit or via a pre-visit questionnaire, call, e-mail, etc.
    - Q5: To select "yes," documentation must exist that family concerns were discussed or addressed at this visit.
    - Select "N/A" if there is documentation that the family was asked but did not share any concerns.

- Question 6-7: Assessment/counseling on dietary intake/nutrition
    - This topic concerns what the child is presently consuming, relative to age-appropriate recommendations, or barriers, plans, etc., related to recommendations for the following subtopics:
        - Breastfeeding
        - Formula-feeding
        - Complementary food introduction
        - Healthy or unhealthy food consumption
        - Healthy or unhealthy beverage consumption
        - Picky eating
        - Snacking
    - Q6: To select "yes," documentation must exist in the medical record that the family was asked about one or more of these sub-topics in some way in reference to this visit, e.g., face-to-face or by questionnaire during the visit or via a pre-visit questionnaire, call, e-mail, etc.

- Q7: To count as "counseling provided," documentation must exist that one or more sub-topics were discussed at this visit, beyond simply the provision of handouts/informational resources.

- Question 8 – 9: Assessment/counseling on parenting or home/other environments to support healthy lifestyle behaviors
  - This topic concerns recommended, age-appropriate parenting and home/other environment strategies to support the development of healthy lifestyle behaviors in the child, including the following sub-topics:
    - Responsive feeding (e.g., awareness of hunger and satiety cues, not using food to soothe, not using restrictive or pressuring feeding strategies, not using food as a reward, etc.)
    - Other parenting strategies related to lifestyle behaviors (e.g., using authoritative parenting strategies, parents as role models, etc.)
    - Food environment (e.g., family meals, limiting the availability of unhealthy foods and beverages at home or in early care environments, meals eaten outside of the home, etc.)
    - Sleep routines or child sleep duration (excluding safe sleep) (e.g., recommendations, routines, self-calming to sleep, etc.)
    - Active play/physical activity routines or child behavior (e.g., tummy time, restricted time, active play routines, etc.)
    - Media exposure or child media use (e.g., no TV/computers/smartphones during meals/sleep; no TV in bedroom, recommended limits to child media use; creating a family media plan, etc.)
  - Q8: To select "yes," documentation must exist in the medical record that the family was asked about one or more of these sub-topics in some way in reference to this visit, e.g., face-to-face or by questionnaire during the visit or via a pre-visit questionnaire, call, e-mail, etc.
  - Q9: To count as "counseling provided," documentation must exist that one or more sub-topics were discussed at this visit, beyond simply the provision of handouts/informational resources.

- Question 10 - 11: Assessment/counseling on social and relational determinants of health
  - This topic concerns general factors that are foundational to family health and child healthy development and behavioral regulation, including the following sub-topics:
    - Food security
    - Economic security, housing/living conditions; access to healthcare (i.e., general adequacy/inadequacy of family living conditions)
    - Parent or family health and well-being (e.g., maternal health/self-care/depression, parent alcohol/substance use; intimate partner violence; sibling adjustment, etc.)

        - Family strengths or supports (e.g., parent-child interactions that foster bonding/security; available family support network or resources; opportunities to strengthen family relationships, etc.).
    - Q10: To select "yes," documentation must exist in the medical record that the family was asked about one or more of these sub-topics in some way in reference to this visit, e.g., face-to-face or by questionnaire during the visit or via a pre-visit questionnaire, call, e-mail, etc.
    - Q11: To count as "counseling provided," documentation must exist that one or more sub-topics were discussed at this visit, beyond simply the provision of handouts/informational resources, including recommendations/referrals as appropriate.

CONSECUTIVE SAMPLING GUIDANCE

Overview:

1. Create a list of eligible charts for a given data cycle and type of measure
2. Number the list
3. Consecutively pull charts from the list

Baseline (Cycle 1) Data Submission:

General Instructions: There are multiple possible ways to create a list of all eligible charts for a given data submission, depending upon your practice's EHR capabilities, size, preferences, etc. Some practices may be able to use their EHRs or appointment systems easily to create a list of eligible charts. Others may only be able to use existing systems to partly narrow down this list. The goal is to narrow down the list as closely as possible to only those charts that are eligible for submission, number the list, and then apply an appropriate random sampling strategy.

- For example, to submit baseline data for clinical measures requires that you identify a) visits that occurred within the specified timeframe (in this case, start March 1 2020 and abstract charts until 20 identified) with b) children under age 2 that were c) well visits with d) participating providers. Some practices may be able to obtain a list containing only eligible visits. Others may only be able to partly narrow down the list (e.g., identify visits by date and provider but not child age or type of visit).
- Because each practice is unique and you know your information systems best, your team is likely to be the best judge of how you might be able to best narrow down your list of visits. You may already have some EHR capabilities to help you do this (queries by date, provider, DOB, etc.). Some teams may have additional EHR tools to identify specific children or visit types (flags, codes, etc.). However, if you have many well child visits during the sampling period and don't have an easy way to narrow it down, project staff will be happy to help brainstorm the best way to obtain a sample. (Contact Linda Champion at lchampion@alaap.org)

Subsequent Data Cycles: After the first data cycle, 10 charts are needed for each cycle. Teams may continue to use the same methods that they have used during baseline data submission, or they may wish to develop a plan or system to generate a list or track eligible charts for future data cycles, using flags, smart phrases, registries, tracking spreadsheets, etc. This may be an opportunity to leverage your EHR capabilities (whatever they may be) to their fullest. Please continue to reach out to staff with questions.