PERFORMANCE MEASURE 6 Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

GOAL	To increase the percent of children who receive a developmental screening.
DEFINITION	**Numerator:** Number of children, ages 9 through 35 months (2 years), whose parents completed a Standardized Developmental Screening tool in the past year **Denominator:** Number of children, ages 9 through 35 months **Units:** 100 **Text:** Percent
HEALTHY PEOPLE 2020 OBJECTIVE	Related to Maternal, Infant, and Child Health (MICH) Objective 29-1: Increase the proportion of children (aged 10-35 months) who have been screened for an Autism Spectrum Disorder and other developmental delays. (Baseline: 22.6%, Target: 24.9%)
DATA SOURCES and DATA ISSUES	National Survey of Children's Health (NSCH)
MCH POPULATION DOMAIN	Child Health
SIGNIFICANCE	Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home. The percent of children with a developmental disorder has been increasing, yet overall screening rates have remained low. The American Academy of Pediatrics (AAP) recommends screening tests begin at the nine month visit. The developmental screening measure is endorsed by the National Quality Forum and is part of the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP. Council on Children With Disabilities; Section on Developmental Behavioral Pediatrics; Bright Futures Steering Committee; Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. Pediatrics. 2006 Jul;118(1):405-20. http://pediatrics.aappublications.org/content/118/1/405

PERFORMANCE MEASURE 7 — 7.1 Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9; 7.2 Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

GOAL

To decrease the rate of hospital admissions for non-fatal injury among children ages 0 through 19.

DEFINITION

Numerator:

7.1 Number of hospital admissions with a primary diagnosis of unintentional or intentional injury among children ages 0 through 9 (excludes in-hospital deaths)

7.2 Number of hospital admissions with a primary diagnosis of unintentional or intentional injury among adolescents, ages 10 through 19 (excludes in-hospital deaths)

Denominator:

7.1 Number of children, ages 0 through 9

7.2 Number of adolescents, ages 10 through19

Units: 100,000 **Text:** Rate

HEALTHY PEOPLE 2020 OBJECTIVE

Related to Injury and Violence Prevention (IVP) Objective 1.2: Reduce hospitalizations for nonfatal injuries. (Baseline: 617.6 per 100,000. Target: 555.8 per 100,000.)

DATA SOURCES and DATA ISSUES

Healthcare Cost and Utilization Project (HCUP) - State Inpatient Database (SID)
Population estimates come from the U.S. Census Bureau

MCH POPULATION DOMAIN

Child Health and/or Adolescent Health

SIGNIFICANCE

Unintential injury is the leading cause of child and adolescent mortality, from age 1 through 19. Homicide and suicide, violent or intentional injury, are the second and third leading causes of death for adolescents ages 15 through 19. For those who suffer non-fatal severe injuries, many will become children with special health care needs. Effective interventions to reduce injury exist but are not fully implemented in systems of care that serve children and their families. Reducing the burden of nonfatal injury can greatly improve the life course trajectory of infants, children, and adolescents resulting in improved quality of life and cost savings.

Heron M. Deaths: Leading Causes for 2014. National Vital Statistics Reports. 2016 June 30. 65(5).
https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_05.pdf

CDC. VitalSigns: Child Injury. April 2012.
https://www.cdc.gov/vitalsigns/childinjury/

CDC. National Action Plan for Injury Prevention. April 2012.
https://www.cdc.gov/safechild/nap/index.html