Improving Completion Rates for Autism Screening - A Quality Improvement Project

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Introduction: Autism spectrum disorder (ASD) may be the most well-known and most studied neurocognitive disorder responsible for developmental delay. The medical community, in response to the noted increase in prevalence, emphasized the importance of routine screenings at 18 months and 24 to 30 months of age. Ascension St. John Children's Hospital Resident Clinic utilizes the Modified Checklist for Autism in Toddlers, Revised with Follow-up (M-CHAT-R/F) or MCHAT for short, validated for ages 16 through 30 months. It was noted that screening is frequently missed or undocumented. Because of the need for timely diagnosis and intervention, these missed opportunities can be costly for children and their families.

Purpose: To improve compliance with the American Academy of Pediatrics' (AAP) recommendation to screen all children for ASD at 18 and 24 months of age.

Methods: An educational lecture was provided to the pediatric residents to screen all children in the above age group being seen for a well-child visit. A visual reminder red pen mark was also applied to eligible patient charts as they were checked in. Baseline completion rates in two three month periods, one year before and three months after the intervention, were compared.

Results: A total of 337 charts were reviewed with similar baseline characteristics between pre- and post-intervention groups. Overall MCHAT completion rates were lower after the intervention: 64% pre- vs. 49% post-intervention ($p < 0.05$). Subgroup analysis of visits where screening was directly indicated (excluding ages 16-17 months, >24 month olds where a screen was already passed at a 24 month well visit, or children already diagnosed with autism, n = 281), had similar completion rates (67.5% and 64.5% respectively, $p = 0.59$).

Conclusion: MCHAT completion did not improve after the combined intervention of a single, in-person lecture and visual reminder chart marking.