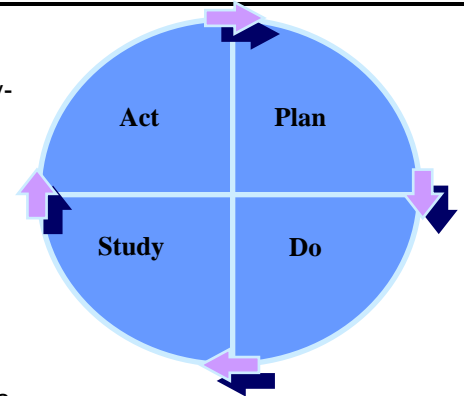


Plan a Test of Change Cycle #: 1 Start Date: 7/15/16 End Date: 8/1/16

Objective for this PDSA Cycle (Aim):

By August 1, 2016, at least 90% of our patients who receive care coordination services and are scheduled to be seen for a visit that month will complete the Family-Centered Care (FCC) Coordination Questionnaire via our patient portal prior to the scheduled appointment so we have better information about family concerns, needs and preferences in the care their child receives.



PLAN:

QUESTIONS What percentage (%) of those patients/families have an *activated* portal account? Will these questionnaires be completed and returned to our care coordinator prior to the patient's scheduled visit?

PREDICTIONS Since we have worked hard to document a current email address in the EHR for each patient/family, we believe that at least 75% of our families with children with special health care needs (CSHCNs) will have completed the form prior to their appointment.

PLAN FOR CHANGE OR TEST: WHO, WHAT, WHEN, WHERE

Task: Harriet (Care Coordinator) will assess portal account status of families with CSHCNs who are scheduled to be seen in August in our office. Those families without an activated account will be referred to our tech support staff member (Ernest) to do follow up and help them sign up for the portal and gain access.

On July 15h, Harriet will send a secure email via the patient portal with the 1-page FCC Coordination Questionnaire (<https://medicalhomes.aap.org/Documents/FamilyCenteredCareCoordination.pdf>) attached. Instructions to email the completed form back to her prior to the scheduled visit, using the portal's secure email system or to fax it back to her attention or bring the completed form to the visit.

PLAN FOR COLLECTION OF DATA: WHO, WHAT, WHEN, WHERE

Harriet will document and count how many emails were sent out by her via the portal. Of those how many completed questionnaires were returned via the portal email, the fax or returned at the time of the visit.



DO: CARRY OUT THE CHANGE OR TEST; COLLECT DATA AND BEGIN ANALYSIS. REPORT THE RESULTS OF YOUR TEST HERE. Describe observations, problems encountered, and special circumstances.

STUDY: COMPLETE ANALYSIS OF DATA; SUMMARIZE WHAT WAS LEARNED

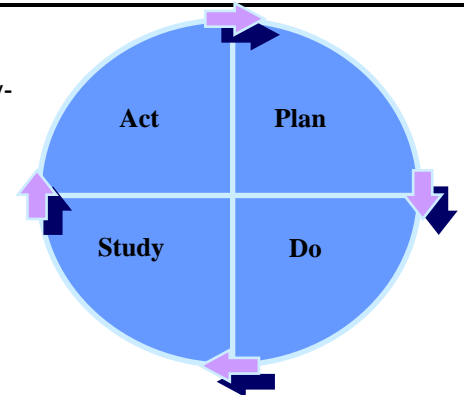
ACT: ARE WE READY TO MAKE A CHANGE? Modifications or refinements to the test? PLAN FOR THE NEXT CYCLE

Plan a Test of Change

Cycle #: _1_ Start Date: 7/15/16 End Date: 8/1/16

Objective for this PDSA Cycle (Aim):

By August 1, 2016, at least 90% of our patients who receive care coordination services and are scheduled to be seen for a visit that month will complete the Family-Centered Care (FCC) Coordination Questionnaire via our patient portal prior to the scheduled appointment so we have better information about family concerns, needs and preferences in the care their child receives.



PLAN:

QUESTIONS What percentage (%) of those patients/families have an *activated* portal account? Will these questionnaires be completed and returned to our care coordinator prior to the patient's scheduled visit?

PREDICTIONS Since we have worked hard to document a current email address in the EHR for each patient/family, we believe that at least 75% of our families with children with special health care needs (CSHCNs) will have completed the form prior to their appointment.

PLAN FOR CHANGE OR TEST: WHO, WHAT, WHEN, WHERE

Task: Harriet (Care Coordinator) will assess portal account status of families with CSHCNs who are scheduled to be seen in August in our office. Those families without an activated account will be referred to our tech support staff member (Ernest) to do follow up and help them sign up for the portal and gain access.

On July 15h, Harriet will send a secure email via the patient portal with the FCC Coordination Questionnaire (<https://medicalhomes.aap.org/Documents/FamilyCenteredCareCoordination.pdf>) attached. Instructions to email the completed form back to her prior to the scheduled visit, using the portal's secure email system or to fax it back to her attention or bring the completed form to the visit.

PLAN FOR COLLECTION OF DATA: WHO, WHAT, WHEN, WHERE

Harriet will document and count how many emails were sent out by her via the portal. Of those how many completed questionnaires were returned via the portal email, the fax or returned at the time of the visit.



DO: CARRY OUT THE CHANGE OR TEST; COLLECT DATA AND BEGIN ANALYSIS.
REPORT THE RESULTS OF YOUR TEST HERE. Describe observations, problems encountered, and special circumstances.

Harriet found that only about 50% of those families with CSHCNs have an activated patient portal account. Those without an active portal account were referred to Ernest for follow up.

Emails were sent on July 15th by Harriet via the portal to all parents/caregivers with an activated account.

STUDY: COMPLETE ANALYSIS OF DATA; SUMMARIZE WHAT WAS LEARNED

Of those families referred for follow up by Ernest, he reported that only 15% of those he contacted signed up and activated their portal account. Harriet will plan to meet with the QI team to discuss how to improve patient portal enrollment and to plan one or more tests of change with an aim to increase portal participation.

Of those who received the email with the FCC questionnaire, 60% completed and returned the questionnaire via the secure email system, 10% faxed the form back prior to the appointment date and 10% brought the completed form to the visit.

ACT: ARE WE READY TO MAKE A CHANGE? Modifications or refinements to the test?

Plan for next cycle: Need to increase patient portal enrollment and activation before conducting the next cycle.

For next cycle, Harriet will also ask parents/caregivers for feedback about the communication process and about the questionnaire.