

**Family Engagement Quality Improvement Project
Medical Record Review Tool**

Patient/Family Concerns

1. Is there documentation in the medical record indicating that patient/family concerns were elicited at the most recent visit? **(Skip pattern: If yes, continue to Question 2. If No, skip to Question 3)**

 YES NO
2. Is there documentation in the medical record indicating patient/family concerns were addressed at the most recent visit or a plan to address the concerns was made?

 YES NO

Family Strengths

3. Is there documentation in the medical record indicating that family strengths were identified and discussed during the most recent visit?

 YES NO

Post-visit Medical Summary and/or Care Plan

4. Is there documentation in the medical record indicating that a post-visit medical summary or a comprehensive care plan was created or updated/maintained during a recent visit? **(Skip pattern: If yes, continue to Question 5. If No, skip to Question 6)**

 YES NO
5. Is there documentation in the medical record indicating that a post-visit medical summary or comprehensive care plan was reviewed through an active form of family engagement and offered to the patient/family during a recent visit?

 YES NO

Communication of Age-Appropriate Screening Results

6. Is there documentation in the medical record that age-appropriate screening results were discussed with the family on the same day as the visit?

 YES NO