

Monthly Progress Report Template (Will be input into SurveyMonkey)

Date Due:

The Monthly Progress Report (MPR) details the tests of change related to family engagement practice teams undertook during the action period and any success stories or challenges they encountered.

Practice Name:

Month of Report:

Project Aim Statement: By January 2017, 10 pediatric primary care practices will work individually and collaboratively to test, implement, disseminate, and plan to sustain strategies that lead to improved family engagement in clinical practice through enhanced shared decision-making and connection of families to appropriate supports and services.

The purpose of this report is to obtain the following information from practice teams:

1. Describe tests of change and identify resources and tools utilized to test changes.
2. Identify successes and barriers in implementing tests of change.
3. Share what you learned this month.
4. Rate the impact of the project on patient/family communication and health care team experience in caring for patients and families.

TESTS OF CHANGE AND TOOLS

Please identify the changes you have tested within the past month. For each, describe changes, the impact/learning from this change you have made, and/or the tools you have tested.

1. Has your practice **developed and/or modified** one or more decision aid(s) in practice (modification could include adding a practice name or logo to a decision aid)? (yes/no)

- If yes, please specify what decision aid was developed and/or modified in practice.
 - Example 1 (from change package)
 - Example 2 (from change package)
 - Example 3 (from change package)
 - Other
- Please describe how you developed/modified the decision aid in practice.

2. Has your practice **implemented** one or more decision aid(s) in practice? (yes/no)

- If yes, please specify what decision aid your practice implemented.
- Please describe how you implemented the decision aid(s) in your practice.

4. Does your practices have a system in place for **tracking and following up on referrals** to appropriate supports and services for patients/families/caregivers? (yes/no)

- If yes, please specify the system you have in place for tracking and following up on referrals to appropriate supports and services for patients/families/caregivers:

- Checkbox in patient medical record
 - Referral fax back form
 - Requests for patient summary
 - Follow-up phone calls
 - Patient registry
 - Other
- Please describe how you implemented the system for **tracking and following up on referrals** to appropriate supports and services for patients/families/caregivers.

5. Does your practice have an **engaged** parent/caregiver partner that is a core member of the improvement team? (yes/no)

- If yes, please provide one or more example(s) of how the parent/caregiver partner was **engaged** in improvement team activities throughout this Action Period.

6. Does your practice have a system in place for **obtaining feedback** from families on patient/family experience? (yes/no)

- If yes, please select an example of what this system is:
 - Family advisory group/council
 - Post-visit family experience survey
 - Parent/family focus groups
 - Ask families for informal feedback at visits
 - Suggestion boxes
 - Other (please describe)
- Please describe how you implemented the system(s) for **obtaining feedback** from families on patient/family experiences.

7. Did your practice **host a “lunch and learn”** with a community-based organization that included practice staff and/or family members? (yes/no)

- If yes, please describe what you learned at the “lunch and learn” and any changes you plan to implement based on what you learned.
- Please select the focus of the community-based organization
 - Child-Care
 - Housing Assistance
 - WIC
 - Nutrition
 - Title V
 - Local Family to Family Health Information Center (F2F HIC)
 - Other (please describe)

8. Did your improvement team **share project results and progress** with the rest of the practice/clinic staff (this can also include parents/caregivers)? (yes/no)

- If yes, please identify how results/progress were shared.
 - Discussing run charts during monthly team meetings

- Sharing challenges and success during team huddles
- Highlighting project results in practice newsletter
- Showcasing project results on practice bulletin board
- Other (please describe)

9. What other tests of change did your practice test/implement related to shared-decision making?

Shared decision making is a collaborative process that allows patients and their health care providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient’s values and preferences.

A model for shared decision making includes: 1) Introducing choice; 2) describing options; 3) helping patients explore preferences and make decisions.

10. What other tests of change did your practice test/implement related to connecting families to appropriate supports and services?

OVERALL ASSESSMENT AND FUTURE TOPICS

11. Share something important, surprising, or successful your team learned/implemented this month.

12. What was the biggest barrier/challenge your team encountered this month? Were you able to overcome it? If so, how?

13. Think about the changes your team has implemented as part of the “Family Engagement Quality Improvement Project.” Because of this project, the amount of time it takes staff and physicians to communicate with patients and families has taken:

Much less time		No change		Much more time
5	4	3	2	1

14. Think about the changes your team has implemented as part of the “Family Engagement Quality Improvement Project.” Because of this project, the care team’s confidence about engaging families in shared decision-making has become:

Much more confident		No change		Much less confident
5	4	3	2	1

15. What issues or topics would you like to discuss on a monthly project team call or through the project email list?