

Thank you for participating in the Family Engagement Quality Improvement Project!

We would like to find out some general information about the family engagement activities within your office setting. Please complete this post-implementation survey after the final action period. The survey will take no more than 15 minutes of your time. Only one survey is needed per practice team.

Your survey responses will be kept strictly confidential. We will never link your responses to your name in reports or anywhere else.

If you have any questions, please contact Alex Kuznetsov, RD, at 847-434-7087 or akuznetsov@aap.org.

In order to progress through this survey, please use the following navigation buttons:

-Click the Next button to continue to the next page.

-Click the Previous button to return to the previous page.

-Click the Done button to submit your survey.

* 1. Please enter your practice name:

Part One: Family Engagement Activities

We would like to know what types of family engagement activities you are currently involved with.

* 2. Which of the following methods for gathering patient and family feedback does your practice currently use to support or inform its interactions with your patients and families? (select all that apply)

- Family Advisory Council/Committee
- Patient Suggestion Box
- Patient/Family Focus Groups
- Patient Satisfaction Surveys
- Ask patients/families for informal feedback at visits
- We have no system in place to obtain regular feedback from patients/families
- Other (please specify)

* 3. For any of the methods you checked in the previous question, how does your practice use the information to support or inform its interactions with your patients and families? (select all that apply)

- Review feedback to understand patient/family perspective and assess if patient/family needs are being met
- We use the information to test/implement changes
- Improvement teams review feedback, plan and test improvement ideas to incorporate patients'/families perspectives
- We have not yet used the feedback from patients/families
- Other (please specify)

* 4. In your direct interactions with your patients and families, describe your approach to identifying their culture, beliefs, values, and practices (select all that apply):

- Use of a patient/family history or demographic form
- Use of open-ended questions
- Use listening and other communication skills to assess
- Use direct observation
- We do not routinely obtain this information from patients
- Other (please specify)

* 5. Do you provide a community resource list to your patients who may need it?

Yes

No

Don't Know

Part One: Family Engagement Activities

* 6. If yes, please describe the types of information included on the community resource list (select all that apply):

- Education resources
- Child Development/Behavior resources
- Peer supports or Family-to-Family health information centers
- Safety resources
- Physical health resources
- Teen resources
- Other (please specify)

Part One: Family Engagement Activities

* 7. Do you have a system in place for tracking and following up on referrals to appropriate supports and services for patients/families/caregivers (these supports could include community resources, peer-to-peer supports, medical specialists, etc)?

- Yes
- No
- Don't Know

Part One: Family Engagement Activities

* 8. 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 specify)

Part One: Family Engagement Activities

* 9. Does your practice create a post-visit medical summary or comprehensive care plan for patients/families at every visit? A comprehensive care plan includes an expanded medical summary, an emergency treatment plan, and a dynamic, explicit plan of care, also known as an action plan. A post-visit medical summary is a history of medical information that includes the following:

- Basic demographics and contact information
 - Patient and family, with guardianship identified, if applicable
 - Contact information for patient and family, including cell phone numbers and email addresses
 - Medical Home
 - Emergency Contacts
- Key medical, surgical, and injury history
- Current medications, including medication reconciliation
- Allergies
- Immunization record
- Insurance information
- Special instructions

- Yes
- No
- Don't Know

* 10. Does your practice review and update the post-visit medical summary or comprehensive care plan with the patient and family at each visit?

- Yes
- No
- Don't Know

* 11. Does your practice have processes to communicate age-appropriate screening results and their implications to patients and families? Age-appropriate screenings include any/all listed in the Bright Futures Periodicity Schedule, as well as other screenings related to social determinants of health, as appropriate and necessary.

- Yes
- No
- Don't Know

Part Two: Partnering with Patients and Families

* 12. "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; and 3) helping patients explore preferences and make decisions.

Based on this definition, how often would you say you engage in shared decision making with the patients and families in your care?

- Never
- Rarely
- Occasionally
- Frequently
- Always

* 13. How do you implement shared decision making in your office (select all that apply):

- Discuss options with patients and families
- Discuss the pros and cons of various treatments with patients and families
- Use Motivational Interviewing (MI) techniques
- Use existing knowledge of patient preferences
- Use decision aids in practice
- We do not use any shared decision making techniques
- Other (please specify)

Family Engagement Quality Improvement Project Post-Implementation Survey

End of Survey

14. If you have any other information you would like to share, please enter it below:

* 15. How would you rate your current (right now) level of overall knowledge about family engagement activities on a scale of 1 to 10, where 1 is the lowest and 10 is the highest?

1 2 3 4 5 6 7 8 9 10

* 16. Now, think back to immediately before this project began and rate your level of knowledge about family engagement. If you feel your knowledge level has not changed, select the same number you chose in the question above.

1 2 3 4 5 6 7 8 9 10

Please click "Done" to submit your survey.
Thank you!