

Family Engagement Quality Improvement Project

A project of the National Center for Medical Home Implementation (NCMHI) in the American Academy of Pediatrics (AAP). The NCMHI is a cooperative agreement between the AAP and the Maternal and Child Health Bureau of the Health Resources and Services Administration.

This 10-month quality improvement project will provide participating pediatric practices with tools and strategies to improve family engagement in practice through enhanced shared decision-making and connection of families to appropriate supports and services.

Background:

The NCMHI plans to engage primary care practices who care for pediatric patients 0-18 years of age and have diverse backgrounds and experiences. Specifically, 10 practice teams are being recruited with four core members per team. Team members will include a pediatrician team leader, nursing/non-pediatrician clinical staff, administrative/front desk staff, and a parent/caregiver. The answers you provide in this application will help the NCMHI select a diverse group of pediatric practices to be involved in this quality improvement project.

One person from each team will need to complete the application; however, you are required to list other participants on your team in the application for a firm commitment from those involved (family/caregiver partners can be identified after submission of this application).

Project Implementation will occur May 2016 – February 2017. Each practice team is required to:

- Participate in a 60-minute orientation webinar on April 27, 2016 at Noon Eastern or April 28, 2016, at Noon Eastern, and complete associated pre-work.
- Complete a web-based pre-implementation survey
- Participate in an in-person Learning Session June 3-4, 2016, at or near the AAP Headquarters in Elk Grove Village, IL (travel expenses will be covered)
- Regularly collect data by reviewing medical records (20 at baseline, 10 throughout the project action period, per practice)
- Distribute post-visit family surveys (10 surveys at baseline and per action period, per practice)
- Test changes and improvements in practices related to family engagement
- Submit findings and progress through monthly progress reports (six reports in total)
- Engage in education on family engagement via participation on one-hour monthly educational conference calls/webinars
- Participate on two one-hour quality improvement coaching calls with the project's quality improvement advisor
- Complete a post-implementation survey
- Participate in team telephone interview describing your experience participating in the project (optional)
- Share progress and results of this project with practice staff and leadership

It will take you approximately 15 minutes to complete this application. This application contains a total of 16 questions separated into the following 4 sections:

- **Part One: Practice and Team Composition**
- **Part Two: Practice Demographics**
- **Part Three: Family Engagement**
- **Part Four: Additional Information**

In order to progress through this application, 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 application.**

If you have any questions, please contact:

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Part One: Practice and Team Composition

Each practice team is required to have four core team members participate in this project. These team members include the following:

- **A primary care pediatrician (team leader)**
- **Nursing/Non-pediatrician clinical staff**
- **Administrative/Front desk staff**
- **Parent/Caregiver partner***

***Please note: All participating practices are required to identify a parent/caregiver partner as a member of the core improvement team. If you are unable to identify a parent/caregiver partner at the time of application, you may still submit an application, however you will be required to identify and bring a parent/caregiver partner to the project's in-person Learning Session June 3-4, 2016.**

* 1. Practice Name

* 2. Practice Address

Please identify the name and profession of each team member below.

* 3. Primary Care Pediatrician/Team Leader

First Name

Last Name

Title

Email Address

Phone Number

* 4. Nursing/Non-pediatrician clinical staff

First Name

Last Name

Title

Email Address

Phone Number

* 5. Administrative/Front Desk Staff

First Name

Last Name

Title

Email Address

Phone Number

6. Parent/Caregiver Partner

First Name

Last Name

Title

Email Address

Phone Number

* 7. Who is completing this application?

- Pediatrician
- Nursing/Non-pediatrician Clinical Staff
- Administrative/Front Desk Staff
- Parent/Caregiver Partner
- Other (please specify)

Part Two: Practice Demographics

* 8. What is the geographic location of your practice?

- Urban
- Rural
- Suburban

* 9. What is your practice size (by # of physicians)

- Small (1-3 physicians)
- Medium (4-6 physicians)
- Large (more than 7 physicians)

10. What is your practice type?

- Independent Practice
- Hospital-Affiliated Practice
- Affiliated with a University/Medical School
- County Public Health Department
- Federally Qualified Health Center
- Other (please specify)

* 11. What is the total number of patients in your practice?

* 12. Please estimate the percentage of children you care for with the following racial backgrounds:

	Less than 5%	5 - 25%	26 - 50%	52 - 75%	76 - 100%
White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native American or Other Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hispanic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More than one race	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 13. Please estimate the percentage of children in your care for whom:

	Less than 5%	5 - 25%	26 - 50%	51 - 75%	76 - 100%
English is NOT their primary language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English is their primary language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part Three: Family Engagement

* 14. Why is your practice interested in participating in this quality improvement project?

* 15. Have you shared your intention to participate in this project with your practice leadership (such as the clinic's Chief Executive Officer, Executive Director, among other leadership)?

- Yes
- No
- N/A (Applicant is/represents senior leadership from the practice)

* 16. How familiar/knowledgeable is your practice with the concept of family engagement?

- Not familiar/Not Knowledgeable
- Somewhat familiar/Somewhat Knowledgeable
- Very familiar/Very Knowledgeable

Part Four: Additional Information

* 17. If selected, practice teams are required to participate in one of the project's orientation webinars. Please indicate what date/time your practice team will be able to attend the orientation webinar.

April 27, 2016, Noon - 1 pm Eastern

April 28, 2016, Noon - 1 pm Eastern

* 18. If selected, all members of each practice team are required to participate in the Learning Session held at or near the American Academy of Pediatrics Headquarters in Elk Grove Village, IL, from Friday June 3, 2016 (late afternoon) - Saturday, June 4, 2016 (morning and early afternoon). All travel expenses will be reimbursed.

Yes, all members of my practice team will be able to participate in the learning session

No, all members will not be able to participate in the learning session, however some members will be able to attend

* 19. Will your team be required to obtain separate approval from your organization's Institutional Review Board (IRB) in order to participate in this project?

Yes

No

I am not sure