

# Enhancing Family Engagement through Quality Improvement



**NATIONAL CENTER FOR  
MEDICAL HOME  
IMPLEMENTATION**

A cooperative agreement between the Maternal and Child Health Bureau/HRSA and the American Academy of Pediatrics

## *Lessons Learned from the Family Engagement Quality Improvement Project*

**Family engagement is an innovative approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families.<sup>1</sup>**

Family engagement and family-centered care improves patient and family outcomes, increases family and clinician satisfaction, decreases health care costs, and improves effective use of health care resources.<sup>2</sup>

The NCMHI Family Engagement Quality Improvement Project identified strategies to do the following:

- Implement quality improvement methods to measure and improve family engagement
- Increase family engagement in pediatric primary care practice settings

## **For Clinical Practices, Title V programs, Family Organizations, and Others...**

### **Strategies for Implementing Family Engagement Quality Improvement Projects in Clinical Practices and/or through Multi-Site Learning Collaboratives**

#### **Identify Entities (Practices, Individuals) Ready to Make a Change**

Conduct outreach to pediatric practices or individuals within a practice to gauge interest and capacity in implementing strategies to enhance family engagement.

#### **Identify a Team Leader or Champion**

Identify a team leader—or champion—who will be responsible for leading quality improvement efforts in the practice. This individual must have capacity and time to dedicate to quality improvement efforts. The leader or champion does not need to be a physician, but can be any engaged and dedicated staff member.

#### **Convene Multidisciplinary Core Improvement Teams**

Once a team leader or champion is identified, this individual can initiate the convening of a core improvement team. Core improvement teams facilitate and lead quality improvement activities within a clinical practice. Multidisciplinary core improvement team members should include professionals in diverse roles such as physicians, non-physician clinicians, administrative support staff, and a parent/caregiver partner. Baseline knowledge and familiarity with quality improvement methodology among team members is preferred.

#### **Enhance Understanding of Quality Improvement Methodology**

Educate core improvement team members, including parent/caregiver partners, about quality improvement methodology, such as the Model for Improvement. Ensure all team members understand how to test changes in practice through Plan-Do-Study-Act (PDSA) cycles.

#### **Test Small Changes**

Core improvement teams should be encouraged to plan and try out new ideas rather than implementation of large projects and initiatives. New ideas—or changes—can begin with just one patient or family. For example, a clinician can test identifying family strengths by asking one family a question such as, “What do you enjoy doing with your child?” The clinician can gather feedback from the family about their experience answering this question and change the question based on family feedback and guidance.

#### **Measure Progress**

Determine what each practice and core improvement team wants to achieve. Develop a project aim and related project measures. Utilize additional evaluation strategies such as a pre- and post- tests and monthly progress reports to collect information about what types of activities are being implemented within each practice.

#### **Provide Support and Education**

Utilize the project aim and measures to identify tools and resources that can be used by participating core improvement teams to test changes. Develop PDSA cycles to demonstrate how each tool and resource can be tested in practice. Additional support and education can be provided by formally trained quality improvement coaches via telephone calls or in-person meetings and participation in educational webinars and/or conference calls with other participating clinical practices (in multi-site collaboratives).

#### **Foster Opportunities for Peer-based Learning**

For multi-site learning collaboratives, provide opportunities for peer-based learning. Offer in-person learning sessions or other meetings, interactive email distribution lists, a shared online workspace, interactive monthly calls, and multi-site quality improvement coaching calls.

#### **Integrate Sustainability and Spread Into all Changes that Result in Improvement**

It is never too early to think about how improvements will be sustained. Communicate information about tests of change to all practice staff and senior leadership, encourage buy-in and integration of successful changes into existing practice policies, procedures, and workflow.

<sup>1</sup> Johnson, BH, Abraham, MR. *Partnering with Patients, Residents, and Families: A Resource for Leaders of Hospitals, Ambulatory Care Settings, and Long-Term Care Communities*. Bethesda, MD: Institute for Patient- and Family-Centered Care; 2012.

<sup>2</sup> American Academy of Pediatrics, Committee on Hospital Care. *Family-Centered Care and the Pediatrician's Role*. *Pediatrics*. 2003;112(3):691 – 696

## Tips for Engaging a Parent/Caregiver Partner in Practice-based Quality Improvement Projects

- Clearly identify team member roles and responsibilities at the beginning of the project.
- Communicate expectations for all team members, including parent/caregiver partners and other core improvement team members.
- Consider and negotiate potential HIPAA/patient confidentiality issues prior to engaging a parent/caregiver partner and identifying roles and responsibilities.
- Offer incentives for participation, such as financial stipends, childcare services, food and support for transportation.
- Find time and innovative strategies to meet as a team. Consider non-traditional meeting platforms such as Facebook, Skype, group texts, and emails.
- If parent/caregiver partners are unable to participate in team meetings, continue to communicate regularly with parent/caregiver partners to keep them informed and engaged.
- Provide training on quality improvement methodology specifically geared toward non-clinicians and individuals who may not be familiar with this methodology.
- Provide practical examples of how parent/caregiver partners can engage in planning and implementation of PDSA cycles.
- For additional tips and strategies on how to identify and engage a parent/caregiver partner, visit the [National Institute for Children's Health Quality](http://www.nationalinstituteonchildrenshealthquality.org).

## For Practices and Health Care Organizations...

### Strategies to Meaningfully Engage Families in Clinical Practice

- **Start with Strengths**  
Utilizing a strengths-based approach fosters trust and builds relationships between families, caregivers, patients, and pediatric professionals. Ask questions that identify family resiliency and strengths during an office visit.
- **Obtain and Review Family Feedback to Guide Improvement**  
Develop a system for obtaining family and caregiver feedback about their experience visiting your clinic. Some systems/strategies for gaining feedback include family advisory groups, family surveys, focus groups, suggestion boxes, and virtual family groups via social media platforms.
- **Go Beyond Care Plans and Summaries**  
Most practices develop medical summaries, action plans, or care plans for families and patients. Enhance family engagement by developing these documents in partnership with families. Utilize Teach Back, motivational interviewing, or the Ask-me-3 framework to actively engage families in this process. Share the final product with families and caregivers electronically and/or in hard copy.
- **Connect to Resources and Services that Work**  
Connect families to necessary supports and services by developing community resource lists which can be used for referrals. Provide families and caregivers an opportunity to review each resource and provide feedback on ease of referral and utility of each resource. This will facilitate the creation of a community resource list that only includes the most useful community resources for families and caregivers.
- **Know Your Neighbors**  
Invite representatives from local organizations or community groups into your clinic to learn more about the services and programs they offer. Keep these in mind as important referral resources for patients and families.
- **Do Not Reinvent the Wheel—Connect with Title V and Family-to-Family Health Information Centers**  
Every state has a Title V (Maternal and Child Health Block Grant) program and Family-to-Family Health Information Center. These organizations are ready and available to assist pediatric practices in efforts related to family engagement and have already developed multiple tools and resources to help with family engagement efforts.

## Tools and Resources

- [Family Engagement Quality Improvement Project Change Package and sample PDSA Cycles](#)
- [National Center for Medical Home Implementation Family Engagement Webinar Series](#)
- [Fostering Partnership and Teamwork in the Pediatric Medical Home: A "How-To" Video Series](#)
- [Introduction to the Model for Improvement](#)
- [Family Engagement Guide: The Role of Family Health Partners in Quality Improvement within a Pediatric Medical Home](#)
- [Teach Back Toolkit](#)
- [Ask-Me-3: Good Questions for Your Good Health](#)
- [Change Talk: Motivational Interviewing Resources](#)
- [Strengthening Families Initiative: Identifying Family Strengths](#)
- [Care Mapping](#)
- [Achieving a Shared Plan of Care for Children and Youth with Special Health Care Needs](#)
- [Connect with your Family-to-Family Health Information Center](#)
- [Connect with your State Title V Program](#)

**For more information, visit  
[www.medicalhomeinfo.org](http://www.medicalhomeinfo.org) or  
email [medical\\_home@aap.org](mailto:medical_home@aap.org)**

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