

# SPoC Care Team Survey

Your name: \_\_\_\_\_

Your title: \_\_\_\_\_

- Please select your clinic:
- Amery Hospital and Clinic
  - Bad River Tribal Health Center
  - CHW-Down Syndrome Clinic
  - CHW-Renal/Dialysis/Kidney Transplant Clinic
  - CHW-Rheumatology Clinic
  - Gerald L. Ignace Indian Health Center
  - Ho-Chunk Nation Dept of Health
  - Lac Courte Oreilles Community Health Center
  - Menominee Tribal Clinic
  - Prevea Health Clinic
  - Red Cliff Community Health Center
  - Sokaogon Chippewa Health Clinic
  - St Croix Tribal Health Center
  - Stockbridge Munsee Health and Wellness Center
  - UW Health AFCH-Pediatric Complex Care Program
  - UW Health-Pediatric Primary Care (ADHD)
  - Waisman Center Newborn Followup Clinic

- Please select the time frame for which you are submitting data:
- January 1 -31
  - quarter 1
  - quarter 2
  - quarter 3
  - quarter 4

How many patients are currently enrolled in this project at the end of the most recently completed quarter? \_\_\_\_\_

How many patients have an implemented SPoC (in use by care team and family) at the end of the most recently completed quarter? \_\_\_\_\_

How many implemented SPoCs were developed jointly with family/patient and care team at the end of the most recently completed quarter? \_\_\_\_\_

How many implemented SPoCs were shared with and accessible to the family/patient in hard copy or electronic form at the end of the most recently completed quarter? \_\_\_\_\_

How many implemented SPoCs were shared with and accessible to the health care team in hard copy or electronic form at the end of the most recently completed quarter? \_\_\_\_\_

How many implemented SPoCs were shared with and accessible to other clinics and programs (such as early intervention or schools) in hard copy or electronic form at the end of the most recently completed quarter? \_\_\_\_\_

How many implemented SPoCs were reviewed/updated in the most recently completed quarter? \_\_\_\_\_

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**Using shared plans of care helps our team communicate with the entire care team:**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1a. More frequently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1b. In a more timely manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1c. With better accuracy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1d. More efficiently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Using shared plans of care helps our team to:**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
2. Better communicate with, partner with, and engage families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Using shared plans of care helps our team better coordinate care with:**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
3a. Counterparts across health care systems or organizations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3b. Community partners from early intervention, schools, or other agencies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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4. Please share other thoughts or examples of how, if at all, using shared plans of care has affected the care your team provides.
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**Family Engagement in Clinic Quality Improvement Efforts:**

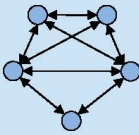
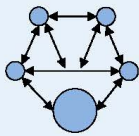
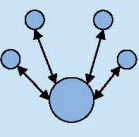
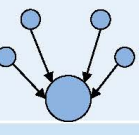
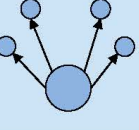
For the following questions family engagement is defined as an active process of ensuring that patients' experience, wisdom and insight are infused into the design and refinement of care systems.

When responding please:

- 1) Refer to the visual with categories of engagement.
- 2) Only include family representatives of children that inform activities of your SPoC project.
- 3) Only include family representatives that are engaged OUTSIDE of the development of their own child's shared plan of care. (This type of engagement is captured elsewhere in the survey.)

Source: Patient Engagement in Redesigning Care Toolkit from the Center for Patient Partnerships, UW Health, Primary Care Academics Transforming Healthcare, and the UW Health Innovation Program

# CATEGORIES OF PATIENT ENGAGEMENT

Engagement Categories		Definition and Methods
<b>PARTNER</b>		<p><b>Patients are full participants</b></p> <p><i>Examples: members of a team, governance boards, and improvement initiative work groups.</i></p>
<b>INVOLVE</b>		<p><b>Patients are advisors</b></p> <p><i>Examples: ongoing Patient Feedback Panels, Patient Advisory Councils, and non-voting participation in patient safety rounds.</i></p>
<b>DISCUSS</b>		<p><b>Patients are in dialog with providers and clinic staff</b></p> <p><i>Examples: focus group or interviews.</i></p>
<b>GATHER</b>		<p><b>Patients are informers.</b></p> <p><i>Examples: surveys, cycle time, and suggestion boxes.</i></p>
<b>INFORM/ EDUCATE</b>		<p><b>Patients are recipients of information and education</b></p> <p><i>Examples: brochures, health information posters, and electronic health records.</i></p>

✦ Continuum

✦ All valuable

✦ Different methods meet different needs

✦ Mix and match

✦ Consider each stage of QI

How were families engaged in the INFORM/EDUCATE category? Please select all activities that apply.

- Brochures or other written materials
- Electronic communication
- Events
- Other

If you selected "other", please describe.

\_\_\_\_\_

How were families engaged in the GATHER category? Please select all activities that apply.

- Surveys
- Suggestion boxes
- Other

If you selected "other", please describe.

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How were families engaged in the DISCUSS category?  
Please select all activities that apply.

- Focus groups
- Interviews
- Informal conversations
- Other

If you selected "other", please describe.

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How were families engaged in the INVOLVE category?  
Please select all activities that apply.

- Ongoing Patient Feedback Panels
- Patient Advisory Councils
- Patient safety rounds
- Other

If you selected "other", please describe.

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How were families engaged in the PARTNER category?  
Please select all activities that apply.

- Ongoing members of a team
- Governance boards
- Improvement initiative work groups
- Other

If you selected "other", please describe.

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To what extent do you agree with the following:  
The level of family engagement during the most recently completed quarter met our SPoC project team needs.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please briefly describe how your team plans to engage family representatives during the upcoming quarter.

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Progress on Additional Focus Areas:

Select the additional focus area(s) your team worked on during the most recently completed quarter.

- Educate parents on concepts of medical home using available communication tools (customizable brochure for parents on the topic of medical home or a training available for parents titled Partnering with your Child's Doctor)
- Identify and ensure participation of parents in a training on care coordination (Coordinating Your Child's Health Care offered by Families Voices of Wisconsin)
- Track outcomes of referrals made to early intervention/Birth to 3 Program
- Identify and ensure participation of parents in a training on youth health transition (Build Your Bridge)
- Support youth of transition age (14-21 years old) in completing an assessment for transition readiness

What method of education was utilized?

- Customized brochure
- Partnering with Your Child's Doctor training
- N/A: No education conducted this quarter

How many families were educated on medical home during the most recently completed quarter?  
Enter in number format only.

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How many families participated in the care coordination training during the most recently completed quarter?

Enter in number format only.

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Please briefly describe progress made during the most recently completed quarter on parent education/training on medical home and/or care coordination.

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How many referrals made to the Birth to 3 Program included data collection on feedback from the Birth to 3 Program on the outcome of the referrals during the most recently completed quarter?

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Please briefly describe progress made during the most recently completed quarter on tracking outcomes of Birth to 3 Program referrals.

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How many families participated in the youth health transition training (e.g. Build Your Bridge) during the most recently completed quarter?

Enter in number format only.

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How many youth ages 12 and under completed an assessment for transition readiness during the most recently completed quarter?

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How many youth ages 13 -16 years completed an assessment for transition readiness during the most recently completed quarter?

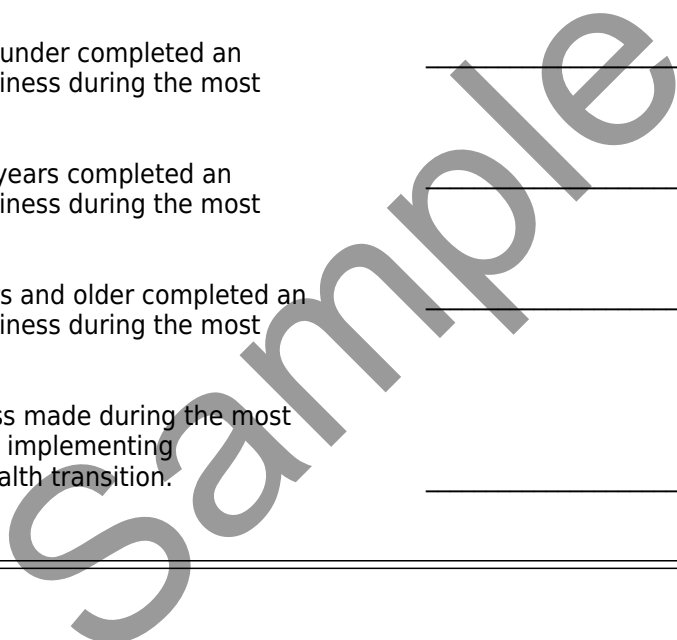
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How many youth ages 17 years and older completed an assessment for transition readiness during the most recently completed quarter?

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Please briefly describe progress made during the most recently completed quarter on implementing strategies to support youth health transition.

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Assessment of Health Care Transition Activities

Three different assessment tools are included below. The assessment tool you utilize depends upon the type of health care setting.

[Attachment: "Integrating Young Adults into Adult Health Care\_Assessment.pdf"]

[Attachment: "Transitioning to an Adult Approach to Health Care Without Changing Providers\_Assessment.pdf"]

[Attachment: "Transitioning Youth to Adult Health Care Providers\_Assessment.pdf"]

Which assessment tool are you using?

- Transitioning Youth to Adult Health Care Providers (Pediatric, Family Medicine, and Med-Peds Providers)
- Transitioning to an Adult Approach to Health Care Without Changing Providers (Family Medicine and Med-Peds Providers)
- Integrating Young Adults into Adult Health Care (Internal Medicine, Family Medicine, and Med-Peds Providers)

1. Transition Policy

- Level 1
- Level 2
- Level 3
- Level 4

2. Transition Tracking and Monitoring

- Level 1
- Level 2
- Level 3
- Level 4

3. Transition Readiness

- Level 1
- Level 2
- Level 3
- Level 4

4. Transition Planning

- Level 1
- Level 2
- Level 3
- Level 4

5. Transfer of Care

- Level 1
- Level 2
- Level 3
- Level 4

6. Transfer Complete

- Level 1
- Level 2
- Level 3
- Level 4

Youth and Family Feedback

- Level 1
- Level 2
- Level 3
- Level 4

Youth and Family Leadership

- Level 1
- Level 2
- Level 3
- Level 4

