Advancing Family-Centered Care Coordination QI Project

Learning Community

June 25, 2019

Advancing Family-Centered Care Coordination using a Shared Plan of Care QI Project

Learning Community Call

June 25, 2019
12:00 – 1:00pm CST

Meeting Information:
Zoom Meeting Room: https://zoom.us/j/3933567720
To join by phone: 1-408-638-0968
Meeting ID: 393-356-7720, then enter Participant ID (shown on your screen)

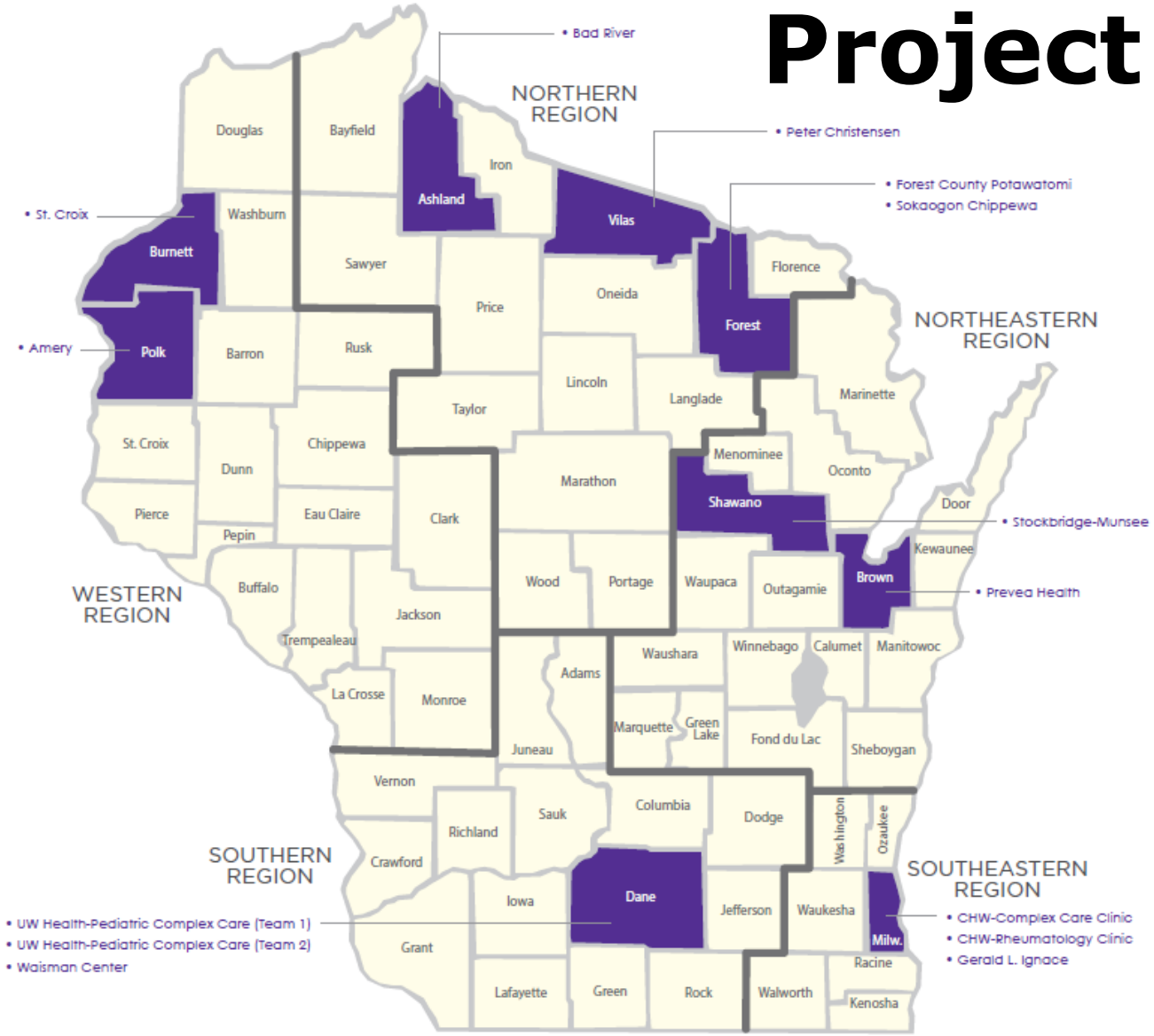
Welcome & Introductions	12-12:10
Outcomes/Q1 Survey Data Highlights • Driver Diagram • Results and discussion • Share successes, challenges, tips	12:10-12:25

Using QI Framework to Advance Use of Shared Plans of Care (SPoC)
• PDSA Samples
  ○ CHW-Complex Care Clinic
  ○ St. Croix Tribal Health Center
  ○ Amery Hospital and Clinic
	12:25-12:55

Wrap up & Next Steps • July 5: Q2 surveys due • Oct 4: Q3 surveys due • Oct 10: Family Representative Call (7-8pm) • Oct 22: Learning Community Call (12-1pm) • Jan 3: Q4 surveys due • Ongoing: Colleen scheduling on-site meetings	12:55-1:00

Project Teams

(15 teams)



Health Center	Population
Amery Hospital and Clinic	Children with emotional/behavioral challenges
Bad River Tribal Health Center	Youth in foster care due to opiate-addicted parents
Children's Hospital of WI-Complex Care Clinic	Children with medical complexity who are 12 yrs old or older
Children's Hospital of WI-Rheumatology Clinic	Children/adolescents with chronic rheumatic disease
Forest Co Potawatomi Health and Wellness Center	Children/youth diagnosed with global developmental delays and/or Autism Spectrum Disorder
Gerald L. Ignace Indian Health Center	Children with ADHD
Lac Courte Oreilles	Children with special health care needs receiving care outside of the agency
Peter Christensen Health Center	Children with chronic special health care needs including behavioral health

Health Center	Population
Prevea Pediatrics	Pediatric rheumatology patients
St. Croix Tribal Health Clinic	Children with special health care needs including emotional or behavioral health
Sokaogon Chippewa Health Clinic	Children with medical complexity/behavioral health
Stockbridge Munsee Health and Wellness Center	Children with asthma (0-18 yrs old)
UW Health AFCH – Pediatric Complex Care Program (Ehlenbach)	Children with medical complexity
UW Health AFCH – Pediatric Complex Care Program (Sodergren)	Children with medical complexity (ages 12-21)
Waisman Center – Newborn Follow-up Clinic	Children less than 36 mo of age who spent time in neonatal intensive care units

Why SPoC? For Whom?

- >20% of WI children and youth have some type of special health care need anticipated to last at least a year and requiring services and supports beyond those of other children
- Fragmentation of care is common, and families often shoulder a disproportionate share of the care coordination burden
- Care plans developed with families may help reduce hierarchical relationships between health care providers and parents, improve reciprocal information exchange, and strengthen relationships

Wisconsin report from the 2001/12 National Survey of Children's Health.

Adams S, Cohen, E, Mahant S, et al. Exploring the usefulness of comprehensive care plans for children with medical complexity (CMC): A qualitative study. BMC Pediatrics. 2013; 13:10.

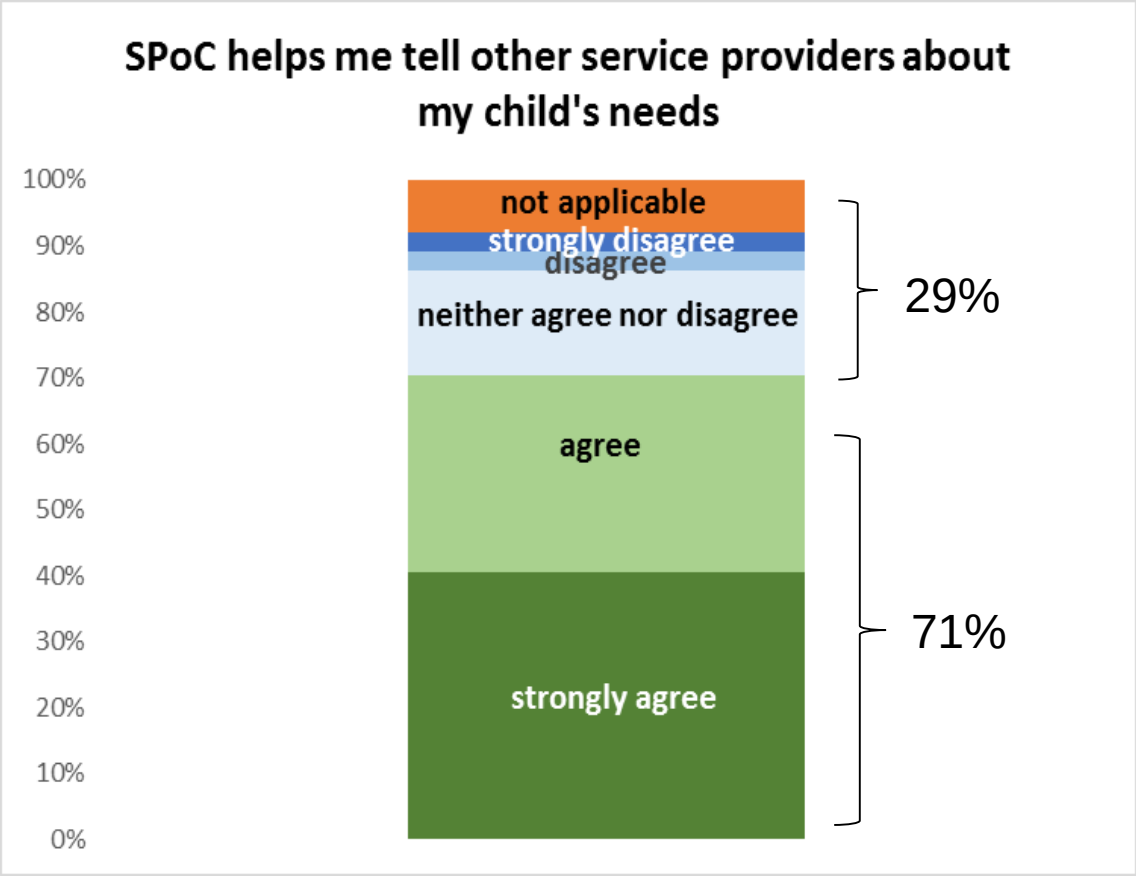
2019 Advancing Family-Centered Care Coordination using a Shared Plan of Care Learning Community QI Project

AIM	Drivers	Tests of Change Ideas
By December 31, 2019, 85% of families will agree/strongly agree that the SPoC helps ensure more of their child's needs are met	Clinicians and care team members understand value of SPoC	• Different versions of shared plans of care (previous vs plans containing 3 essential elements) • Use of SPoC with different groups within selected population (different levels of education, different economic resources, different condition severity) • Review best practice literature on development and use such as "Achieving a Shared Plan of Care with Children and Youth with Special Health Care Needs.". • Partner with Family Voices, Regional Centers, Parent 2 Parent to provide support and resources for families
	Families and youth understand value of SPoC	• Use of strategies for communicating with families when enrolling in pilot, developing SPoC (such as letters of introduction or recruitment, scripts for in-person conversations, cover pages on SPoC to explain how families might choose to use document) • Explain "personal goals" section of SPoC using accessible language ("What matters to you?"/"What's important to you?" versus "What are your goals?") • Dedicated staff member to explain and develop SPoC • Promote WI Family Voices' *Coordinating your Child's Health Care* training among enrolled families
	SPoC improves the quality of communication	• Use strategies to empower families to communicate with other health systems, agencies about the SPoC (test scripted language) • Share SPoC with emergency department clinicians and care team members, hospitalists, other clinical care providers • Share SPoC with school professionals, child care providers, early intervention • Develop and pilot a consent form to share the SPoC
	Clinic has established processes for SPoC development, implementation and updating	• Frequency of regular team meetings (Q2 wk. vs Q mo. vs other) • Team meetings are scheduled at convenient times/locations for families • Frequency of SPoC updates (Q3 mo. vs Q6 mo. vs other) • Roles for care team members in SPoC process (test different members leading different parts of process) • Families are engaged to provide feedback about SPoC clinic activities

Family of Measures

MEASURES	GOAL	Q1
1. Families agree/strongly agree SPoC helps ensure more of their child's needs are met	85%	79%
2. Care team meetings including family member	75%	41%
3. Families agree/strongly agree that SPoC helps them tell other service providers (schools, child care providers) about their child's needs	60%	71%
4. Teams neutral/disagree/strongly disagree use of SPoC helps their team communicate more efficiently	<20%	7%

Information Sharing

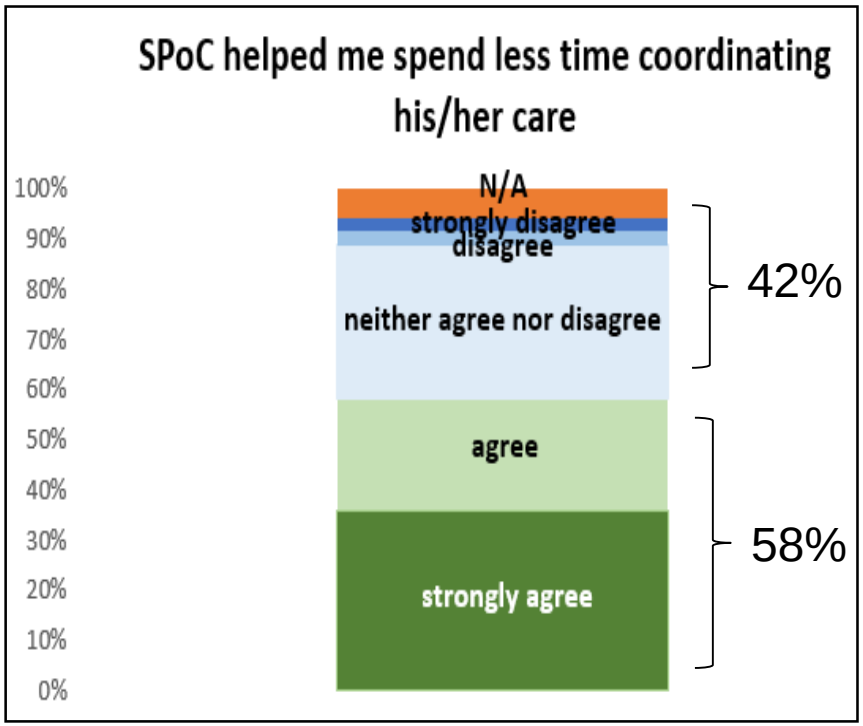


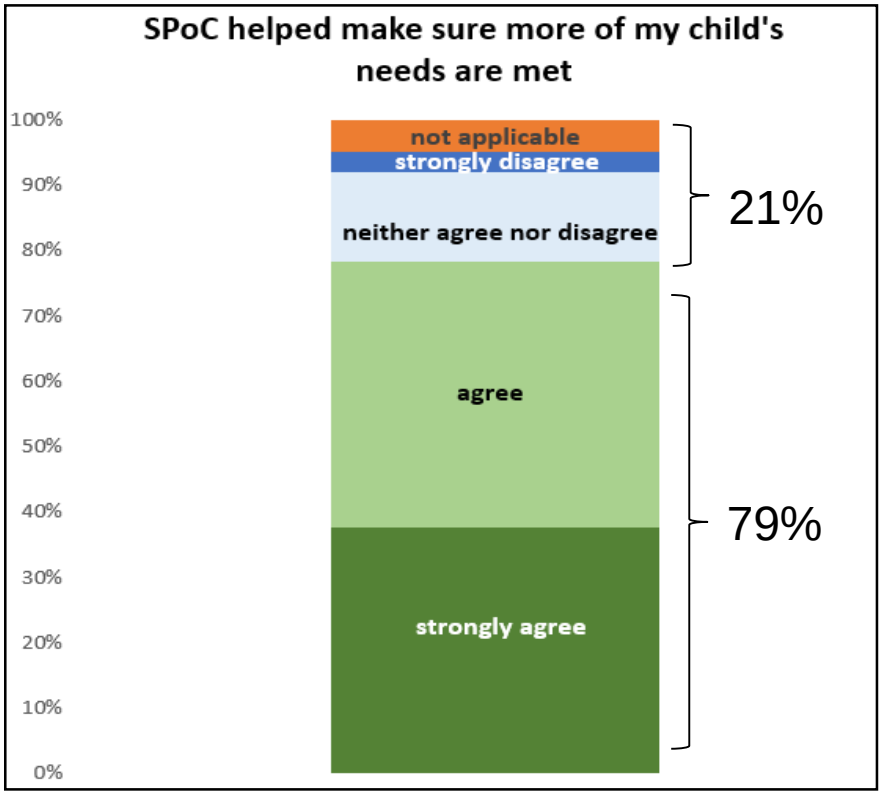
Source: Q1 family surveys

Question/Tips?

- Processes or tools to communicate with families? With Community partners?

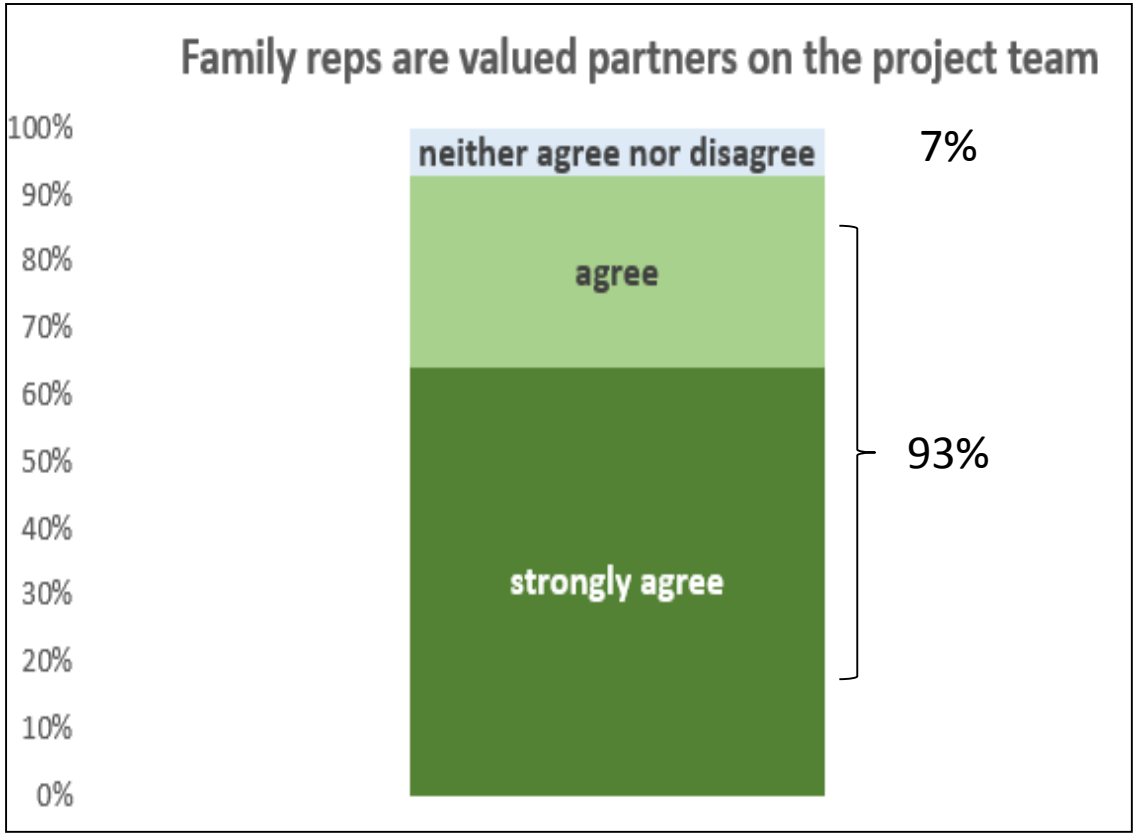
Engagement and Impacts of the SPoC for Families





Source: Q1 family surveys

Family Representatives



Question/Tips?

- Next steps to involve a family member on the QI team?
- What barriers exist?
- Tips from others?

Testing Changes

- **Plan**
  - Questions & predictions
  - Who/what/where/when?
- **Do**
  - Observe the test
  - Document results
- **Study**
  - Analyze the data
- **Act**
  - Refine the change and plan for the next cycle

Team PDSA Samples

- **CHW-Complex Care Clinic**
  - Focus: Transition Timeline

- **St. Croix Tribal Health Clinic**
  - Focus: Engaging Family & staff in sharing SPoC

- **Amery Hospital and Clinic**
  - Focus: Binders for families, Epic letter template

CHW-Complex Care Clinic

Transition Timeline

Currently on cycle 1 of 3

Plan

Title

Transition Timeline

Aim

To establish a timeline for transition action steps that is family friendly

Overview/Notes

Our group will create a timeline of necessary "action items" based on Got Transition resources. We will categorize options into the following ages: 12-14, 14-16, 16-18, 18 +. We will then present these action items to our family

Prediction

We expect our family representative to share insight on how information is presented and if she feels that it is understandable.

Linked measures

There is nothing in this list

Do (what happened)

We created timeline of necessary "action items" based on Got Transition resources. We created "dot phrases" that health care providers can use in the after visit summary in clinic (SPoC Summary) based on the patient's age. We then shared this information with our family representative.

Study (compare to prediction)

Our family representative had insight on the amount of information included on the after visit summary, and the phrasing of some of the information provided.

Act (what next?)

We made changes to the "dot phrases" based upon feedback from our representative. We will present these "dot phrases" with out family advisory committee.

CHW-Complex Care Clinic

Transition Timeline

Currently on cycle 2 of 3

Plan

Title

Transition Timeline

Aim

To establish a timeline for transition action steps that is family friendly

Overview/Notes

We will present "dot phrases" including transition timeline and "action items" to our family advisory committee.

Prediction

We expect our family advisory committee to have some resistance on the idea of transition, but will provide valuable insight on how to best present this information to families within the Complex Care Program.

Linked measures

There is nothing in this list

Do (what happened)

We presented the dot phrases to our parent advisory committee. Parents were open to the information in the AVS, but one family shared the concerns that parents weren't going to be comfortable going to the regional center, and recommended providing this information in other forums.

Study (compare to prediction)

Families were more open to discussing transition than we anticipated. We were surprised that some families wouldn't feel comfortable going to the regional center to discuss transition topics.

Act (what next?)

We will look into providing a one page transition timeline to families, and offer to escort our families to the regional center to provide additional support with getting connected to the regional center staff.
We will start to use dot phrases in AVS.

St. Croix Tribal Health Center

Engaging Staff and Families in Sharing SPoC

Currently on cycle 1 of 1

Plan

Title

Engaging Staff and Families in Sharing SPoC

Aim

By May 24th, a consent form will be developed and utilized by 100% of clinic staff.

Overview/Notes

Staff will use and provide feedback on new consent form for SPoC

Prediction

If we develop new simplified consent forms for staff to utilize, 5 more families will agree to share the SPoC

Linked measures

Percent of teams neutral/disagreeing/strongly disagreeing use of SPoC helps their team communicate more efficiently

Percent of families agreeing/strongly agreeing the SPoC helps ensure more of their child's needs are met

Do, Study, Act

Do (what happened)

Provided staff with consent form.

Study (compare to prediction)

I want to have a better chance to explain the SPoC to staff so they are more passionate when presenting it. We have had staff turn around which has made things a little bit difficult.

Act (what next?)

Explain to staff the SPoC and how it can help families, and try to have them better explain to families in hopes that they will sign up and utilize the SPoC.

St. Croix Tribal Health Center

Engaging Families and Obtaining Feedback for SPoC Events

Currently on cycle 1 of 1

Plan

Title

Engaging Families and Obtaining Feedback for SPoC Events

Aim

By May 24th, 50% of families that attend a SPoC event will complete an anonymous survey .

Overview/Notes

Providing surveys to families that are participating in SPoC events to obtain their feedback on how we can improve our events for the future.

Prediction

If we ask families to complete surveys about the event's value, 6 families will complete the survey in its entirety before leaving the first event.

Linked measures

Percent of families agreeing/strongly agreeing the SPoC helps ensure more of their child's needs are met

Do (what happened)

We hosted a Pediatric Fair at our Tribal Center and we had 2 families show up that are a part of the SPoC.

Study (compare to prediction)

We were expecting more families to show up to the event so we were unable to meet our goals.

Act (what next?)

We are having another event for and are trying to advertise more effectively, we want to make sure we are reaching the right audience. Also we are providing incentives for coming and games and prizes in hopes that there will be a good turnout.

Children's Health Alliance of Wisconsin · 2019 SPoC Grant

Amery Hospital & Clinic · PDSA #1

Plan

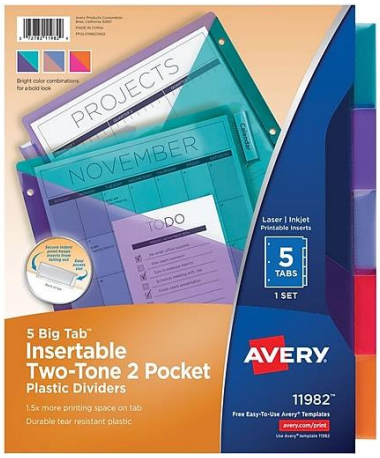
Assist parents/guardians in organizing and keeping their child's mountain of paperwork up to date, in a way that can be mobile so they are able to take all of their child's pertinent information with them to each appointment or meeting.

During the 2018 grant cycle we discovered parents/guardians were struggling to keep the numerous papers, reports, records, etc that have collected and been given regarding their child. We noted that some parents/guardians were bringing in binders/file folders that they had developed on their own to manage this mountain of paperwork.

Do

For 2019 3 ring binders were purchased along with folders with tabbed dividers. Dividers were intentionally left blank for parents/guardians to complete based on the specific needs and services their child is receiving. Also included are the following:

- SPoC Informational Handout (developed during 2018 cycle)
- What Is Medical Home? Brochure
- Parent Coaching Brochure
- Wrights Law Informational Handout
- IEP Binder Checklist Informational Handout
- The Difference Between IEPs and 504 Plans Handout
- Family Voices Of Wisconsin Brochure
- Wisconsin Family Ties Brochure
- Parent to Parent of Wisconsin Brochure
- Wisconsin Regional Centers – Children and Youth with Special Health Care Needs Brochure



Study

We will monitor parent/guardian feedback to see if this tool has been helpful or not. We will ask for suggestions as to what parents/guardians found helpful and if there is anything else that they would like to see included.

Act

Binders are being distributed to all families at time of enrollment.

Children's Health Alliance of Wisconsin · 2019 SPoC Grant

Amery Hospital & Clinic · PDSA #2

Plan

Work with EPIC Specialist to establish a letter template specific for SPoC's to increase efficiency and presentation of information.

Do

Initial meeting has taken place with Teri K and Renae V (EPIC Specialist) and draft of parent letter has been completed.

Dear Parent,

Here is your most recently updated Shared Plan of Care (SPoC). This information is designed to bring people together who work with you and your child to identify and meet your goals in helping you find and receive the best care and services for your child.

How SPoC's help:

-Your share your insight and expertise about your child with his or her teachers, therapists, health care providers, and others.
-Your goals for your child are the first priority.
-People with different kinds of skills and experience come together with a common goal of helping your child.
-You get a clear written plan that addresses your child's needs. The SPoC spells out who will do what, and when.
-People involved in the SPoC gain a better understanding of your unique child and family.

This will be updated at your child's 3-6 month follow up visits. Don't hesitate to schedule an appointment sooner if needed.

Thank you for letting us be a part of your child's care team.

Patient' Plan of Care will blow in pages 2 and subsequent.

Video on the process of initiating, updating and printing a SPoC that was initiated during the 2018 grant cycle will be updated to show Clinicians with the updated process for 2019.

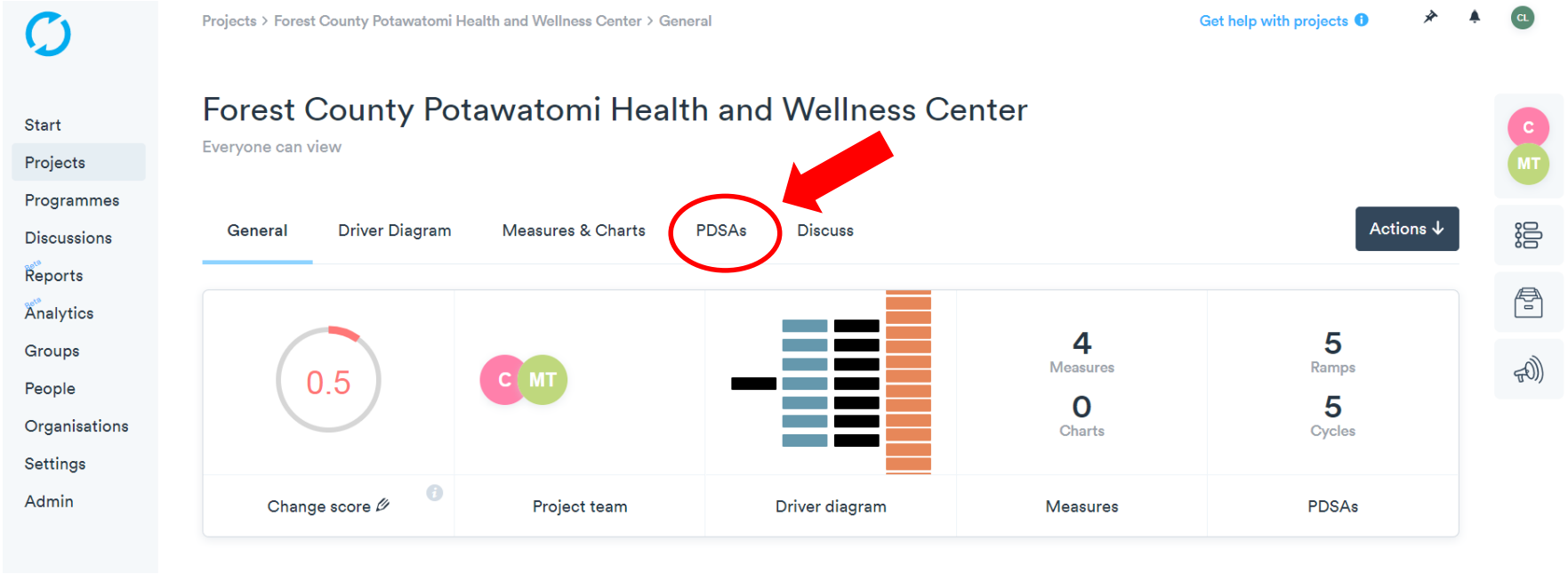
Study

Ask for parents/guardians for feedback on what they feel is helpful and what other providers, specialists, school staff have found helpful regarding the layout of the SPoC.

Act

Implement letter with each SPoC update.

Life QI: PDSA & Discussion Instructions



Reminders

- **Jul 3** Q2 surveys due
- **Oct 4:** Q3 surveys due
- **Oct 10:** Family representative call (#3 of 3)
- **Oct 22:** Learning community call (#3 of 3)
- **Jan 3:** Q4 surveys due
- Colleen scheduling on-site meetings for summer/fall
- MOC Part 4 Credits for pediatricians

Thank you!

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WISCONSIN Medical Home
Children's Health Alliance of Wisconsin