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

<table>
<thead>
<tr>
<th>AIM</th>
<th>Drivers</th>
<th>Tests of Change Ideas</th>
</tr>
</thead>
</table>
| 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 FV, RCs, P2P 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 |
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| SPoC accessible to all partners | • Make SPoC available within EMR (“letters” section vs. other areas)  
|                               | • Make SPoC available within EMR as fillable document (vs. scanned form)  
|                               | • Share hard copy SPoC with families (+ patient portal access as well)  
|                               | • Family-friendly format  
| Family Representatives/Partner are valued project team members | • Family partners have an identified and accessible ‘buddy’ or mentor  
|                                                               | • Meeting materials are available in formats that families can access, at an appropriate language and literacy level, and in a timely manner  
|                                                               | • Families are included decisions about SPoC design/revisions  
|                                                               | • Family members are invited and participate in the Family Representative calls and April 23 in-person event.  
|                                                               | • Families are compensated for their time, expertise, and costs of participation such as child care or travel expenses.  
| Participate in learning community opportunities on Shared Plan of Care work | • Initiate discussions with other project teams in Life QI  
|                                                               | • Share resources and best practices in Life QI  
|                                                               | • Document your Plan-Do-Study-Act (PDSA) cycles in Life QI  
|                                                               | • Participate on learning community calls  
|                                                               | • Participate in the April 23 QI Summit (Crowne Plaza, Madison)  
|                                                               | • Partner with the Medical Home Initiative for technical assistance  

### Measures

1. Percent of families agreeing/strongly agreeing the SPoC helps ensure more of their child’s needs are met (Outcome)  
   • Family quarterly survey (goal 85%)  

2. Percent of team meetings that include a family member (Process)  
   • Care Team quarterly survey (goal 75%)  

3. Percent of families agreeing/strongly agreeing that the SPoC helps them tell other service providers (schools, child care providers, others) about their child’s needs. (Process)  
   • Family quarterly survey (goal 60%)  

4. Percent of teams neutral/disagreeing/strongly disagreeing use of SPoC helps their team communicate more efficiently (Balancing)  
   • Care team quarterly survey (goal 20%)  

January 2019