Group 1
How Do We Incorporate Family Input Into QI?
Amy Holbert, MSW

- Discussed ways to contact families: Calls, texts or Emails
- Two practices used SEEK to help identify ways to engage families. Issue is how to follow up
- Issue discussed: Patient dynamics, Different office locations, Staff dynamics different
- Must have buy in from leadership
- A practice needs to consider WHY you want family involvement. Important to have a purpose and topics when you involve families; also helpful to tell the family their responsibility.
- May consider Incentivizing families and show them the RESULTS of their involvement.
- Discussion on Centering Partnering Programs. CPM involves families as part of a group for their WCV which meet either from 9-11 or 2-4. Groups begin at 2 weeks – 2 years for an entire year. Groups also offer a social support; problem solving among families.
- Discussed how family input fit into PCMH? WCV and vaccinations.
- Tips: Availability of services for families, ticklers in EMR, varying perspectives, facebook, analytics

Group 2
How to Elicit Family Concerns and Strengths?
Kristine Hobb, MSW

- Discussion only = no notes.
- Each practice identified a challenging family and the groups discussed Strength (using strengthening families protective factors) discussed ideas and potential resources.

Group 3
Well Child Visits – What is Important? How do You Prioritize?
Martha Edwards, MD

- Front Desk
- Use medical assistant
- CHADIS ?
- If one complicated problem, change the visit type?
- “Top” concerns
- Educate patient/parent
- Use the MA to help screen and score
- Screens/screenings save time and help focus the visit
- Well visit planner
- Adolescent Behavioral Health Screen

Group 4
Partnering with community resources. QTIP is a great resource for everyone involved.

- PASOS is a resource for Hispanic families
- Healthy steps: Partnering with practices and clinics
- Nurse and Family Partnership
- Department of Mental Health Community Health Workers is funded by DHHS
- Postpartum Support in Charleston
- Local food banks
- Telemedicine Behavioral Health
- Local libraries
- Children’s museums
- Assistance for parents purchasing ACA insurance
- Transportation: Medicaid van challenges
- Child care options
- Smoke alarms - Fire Department
- Health literacy- home visitors
- Translation: Select Health has translation services; Deaf Translation: University Services
- Family connection
- Pro-parents
- University Psychology, Sociology Department
- Community Partnerships: Public library for Hispanic outreach, lending library and active library cards and SW and Nurse at Richland library, tutoring
- Food Share: Going statewide, $20.00 produce-$10.00 with SNAP card, $5.00 with insurance
- Adoptadoc - School adopts – wellness council, students, PTO. Grant funded
- United Way – Community Needs Assessment
- PACTT – Team for children coming out of the hospital
- PASOS – Statewide, bilingual, classes, oral health
- Piloting home visit nutrition program
- Language services – Medicaid and HMO
- Housing/Shelter/Food: 211 line, Safe Sleep Midlands, Family Connections, Goodwill Job Training and Training, Alianza for email lists and resources for Latino and Hispanic population, Habitat for Humanity, Repair Services, Buckle Buddies for Car Seats

Not Working:

- Relationship with local food banks due to resources (such as certain amount of food per month then stop)
- Mental Health: Shortage, Long wait for referrals, areas with no providers, availability of trauma focused help, Project BEST from MUSC, Provider by county
- Transportation: Scheduling, sign up ahead of time, accessibility to public transportation
- Medicaid coverage: 4-6 months waiting period for newborns, difficult for non English speakers, The types of Medicaid and the mandatory choice of MCO, even when none are available in that area, checking Medicaid numbers and not making providers aware, ineligibility causes
**Group 5 -- Process to Outcomes**

**Colleen Kraft**

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**Measurement for Quality**

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**Data vs. Measure**

- **Data:**
  - An informational bit that has no independent meaning until it becomes part of a measure. Examples:
    - Scheduled start time for operating room cases scheduled
    - Actual start time for operating room cases scheduled

- **Measure:**
  - A quality concept that has been operationalized, where the operational definition precisely identifies the data sources and data elements that populate it.
  - We use "data" to populate "measures". Example:
    - Measure: % of surgical cases starting on time
    - Data: Actual & scheduled start times for surgical cases scheduled
  - Measures provide context to data

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**The Improvement Model**

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in improvement?

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**Measures used for QI: TYPE of MEASURES**

- Outcomes: What the patient experiences
  - Excessive factors limit system’s ability to control
  - Important to patients
  - Examples:
    - Patient satisfaction with their wait time in clinic
    - % BID patients in remission
    - Surgical site infection rate

- Process: What we do,
  - Generally easier for us to control
  - Usually "proximal" in determining cause and effect of interventions
  - Examples:
    - Average Wait Time in Clinic
    - % of visits in which pre-visit planning took place
    - % of encounters preceded and followed by hand washing

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**Outcome Measure**

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**Project | Measure Relationship**

- Project: Improve a complex system of interrelated factors
- Measure(s): Behavior of individual factors
- Projects may require multiple measures
**Take Home Message:**

- Measurement should speed improvement, not slow it down.
- The goal is improvement, not measurement.
- The team needs just enough information to tell if the change is making an improvement.
- Be clear!