

Annual TEAM Longitudinal Medical Home Self Assessment

Children's Hospital of Wisconsin, Medical College of Wisconsin & Special Needs Family Center

Please read the following statements regarding provision of medical home services and circle the response that best matches your current practice in continuity clinic.

1 = never; 2 = rarely; 3 = sometimes; 4) most of the time; 5) all the time.

| ACCESSIBILITY | | | | | |
|---|---|---|---|---|---|
| The patient, family and I have made a plan together for "best time and way to contact me." | 1 | 2 | 3 | 4 | 5 |
| I have communicated with the family about who to contact and how to do that when I am not available. | 1 | 2 | 3 | 4 | 5 |
| I have informed the family that they have access to their child's medical records. I make sure that staff facilitates the family's access to the medical record within 48 hrs. | 1 | 2 | 3 | 4 | 5 |
| I acknowledge the patient and/or family's sense of urgency by responding quickly to requests such as for information and referral. | 1 | 2 | 3 | 4 | 5 |
| When I suggest or prescribe services, I consider the demands they place on the patient and family from the perspective of time, location, cost and coordination. | 1 | 2 | 3 | 4 | 5 |
| I am knowledgeable about resources (federal, state, local, foundations, clubs, non-governmental agencies) available to families or I know who to refer families to when I don't know. | 1 | 2 | 3 | 4 | 5 |
| I provide this information and encourage families to seek these resources when applicable | 1 | 2 | 3 | 4 | 5 |
| I advocate for my patients and families when issues arise concerning their health care plan, education or other access issues. | 1 | 2 | 3 | 4 | 5 |
| COMPASSIONATE | | | | | |
| I listen respectfully to the opinions of families and patients. | 1 | 2 | 3 | 4 | 5 |
| I work to create an environment in which families/patients feel supported and comfortable enough to speak freely. | 1 | 2 | 3 | 4 | 5 |
| I believe that the family's perspective and opinion is as important as mine and other health care providers. | 1 | 2 | 3 | 4 | 5 |
| I take the time to learn about the child's family. | 1 | 2 | 3 | 4 | 5 |
| I have asked the family how they would like medical and other information provided to them. (E-mail? Phone? Written?) | 1 | 2 | 3 | 4 | 5 |
| I recognize the need for respite care for CYSHCN. I help the family to plan for it. | 1 | 2 | 3 | 4 | 5 |
| I accept the child's health care needs are only one of the family's priorities and that sometimes the family's needs as a whole take precedent. | 1 | 2 | 3 | 4 | 5 |
| I value the competence of other care providers (family, nurses, therapists, etc.) | 1 | 2 | 3 | 4 | 5 |
| I talk with the family about the possibilities for the child's progress. | 1 | 2 | 3 | 4 | 5 |
| I take the time to ask about the needs, health and other concerns of family caregivers. | 1 | 2 | 3 | 4 | 5 |
| COMPREHENSIVE | | | | | |
| I and/or my co-workers have assured that care is available for the family 24 hours/day, 7 days/week | 1 | 2 | 3 | 4 | 5 |
| I and my co-workers manage health promotion, injury prevention, acute and chronic illness, and the tertiary care needs of the patient. | 1 | 2 | 3 | 4 | 5 |
| I provide anticipatory guidance to the family, including end of life and limitations of care issues. | 1 | 2 | 3 | 4 | 5 |
| COORDINATED | | | | | |
| I freely share information with various providers to facilitate communication and collaboration. | 1 | 2 | 3 | 4 | 5 |
| My coworkers and I link families to all necessary providers and services to meet the needs of the child and family. | 1 | 2 | 3 | 4 | 5 |

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|--|---|---|---|---|---|
| When I refer the child/youth to another provider, the family and I mutually set goals and I communicate this to the provider. | 1 | 2 | 3 | 4 | 5 |
| When I refer the child/youth to another provider, I clearly communicate what co-management role the provider should have. | 1 | 2 | 3 | 4 | 5 |
| When I refer the child/youth to another provider, the family and I decide how information will be communicated to the family and that provider. | 1 | 2 | 3 | 4 | 5 |
| I ask the family what level of involvement they would like to have in care coordination activities. | 1 | 2 | 3 | 4 | 5 |
| I have coordinated a meeting with family, specialists, school and other health care providers if requested by the family or if the child's needs are very complex. | 1 | 2 | 3 | 4 | 5 |
| FAMILY CENTERED | | | | | |
| I assess the needs of the family and not just the child. | 1 | 2 | 3 | 4 | 5 |
| I ask families to identify their strengths. | 1 | 2 | 3 | 4 | 5 |
| I continually and openly share information with the family about their child's condition. | 1 | 2 | 3 | 4 | 5 |
| I am supportive to families and help them adjust to their child's needs. | 1 | 2 | 3 | 4 | 5 |
| I work with the family to identify their needs at each visit. | 1 | 2 | 3 | | |
| CONTINUOUS | | | | | |
| I am aware of the variety of potential transitions that the child and family may experience. | 1 | 2 | 3 | 4 | 5 |
| I provide support for families with upcoming transitions. | 1 | 2 | 3 | 4 | 5 |
| I make myself available to other providers who are involved with the child's care during transitions. | 1 | 2 | 3 | 4 | 5 |
| The family and I (with other staff as needed) have developed a plan of care including goals, services, interventions, protocols, visit and test schedules and referral contacts. | 1 | 2 | 3 | 4 | 5 |
| I have shared the plan of care with back up/cross coverage providers. | 1 | 2 | 3 | 4 | 5 |
| The patient, family and I review and revise as needed the care plan at least 2 times/year. | 1 | 2 | 3 | 4 | 5 |
| I encourage families to learn the necessary skills about how to manage their child's special needs at home. | 1 | 2 | 3 | 4 | 5 |
| CULTURAL COMPETENCE | | | | | |
| I am respectful of racial, cultural and family structure diversity. | 1 | 2 | 3 | 4 | 5 |
| I encourage families to seek our support from other families with similar background. | 1 | 2 | 3 | 4 | 5 |
| I attempt to make information available to families in their primary language. | 1 | 2 | 3 | 4 | 5 |
| I am aware of the impact of my background and the presentation of myself on the patient and family. | 1 | 2 | 3 | 4 | 5 |
| I am seeking to acquire the knowledge and skills necessary to be sensitive to the primary culture of the patient and family. | 1 | 2 | 3 | 4 | 5 |

Take a moment to look back at your responses that have either a 1 or 2. List 3 goals on which you would like to work.

1. _____
2. _____
3. _____
4. _____