

TEAM PL-1 Family Home Visit Log

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

Please use a check mark to indicate issues that you have discussed with family.

Child with Special Health Care Needs

- Y I have asked the family to describe their child?
- Y I have asked the family to tell me about the child's strengths?
- Y I have asked the family how their child is coping with their special health care need?

Household

- Y Who lives in the home?
- Y Current health and developmental status of each household member.
- Y Transportation.

Impact of Having a CSHCN

- Y On Siblings
- Y On parent's friendships
- Y On their marriage or relationship with a significant other
- Y On childcare arrangements
- Y On household economics
- Y On family vacations
- Y On other family outings (going out to eat, going to the movies, the mall, etc.)
- Y On faith and/or involvement in a faith based organization
- Y On political views
- Y On relationships with extended family
- Y On daily schedules for everyone in the house
- Y On the parent's respective careers

Daily Life

- Y Daily schedules and life for the CSHCN and family.
- Y How household tasks are divided among family members?

Durable Medical Equipment

- Y Special technologies or special equipment needed to care for the CSHCN at home.
- Y Home modifications.
- Y Out of pocket costs they have associated with the special equipment.
- Y Parent's feelings of being prepared to use special equipment before going home with it.

Diagnosis

- Y Family's observations and experiences when child was first diagnosed/hospitalized.
- Y How family feels about the diagnosis now.

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Educational Program

- Y If and where the child goes to school or receives early intervention services.
- Y How the CYSHCN is doing in school.
- Y Frequency of absences, how absences are addressed.
- Y Nursing services at school
- Y Benefits child gets from going to school?
- Y Benefits other children get from having a CYSHCN in their class
- Y Child's participation in extra curricular activities?
- Y Satisfaction with school staff
- Y Parent's role in educating staff about child and his/her needs?
- Y Type of education and health plans in place
- Y Primary physician's involvement in the educational plan process?
- Y Special Education related services

Decisions

- Y Discussion of some of the hardest decisions made on behalf of child
- Y How family makes decisions about Child and who helps.

Delivery of Healthcare

- Y Providers – who, where? How important are they to family.
- Y Does family consider that they have a “medical home.” What does medical home mean to the family.
- Y Who coordinates child's care?
- Y Satisfaction with primary provider.
- Y Where or from whom is most information regarding child's diagnoses and needs obtained?
- Y General satisfaction with health care services for child.
- Y Parent's description of an ideal primary provider.

Was this visit beneficial to you as a physician? Why or why not?

Did you have any difficulties during this experience? If yes, please describe

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Date of Visit _____

Comments: Please use the following space to reflect on your family home visit. You may attach additional paper if needed. Questions to consider as you reflect are:

- Do you have a sense of the impact that a CYSHCN has had on this family?
- Does this child/youth have a medical home? If yes, describe the services provided by their medical home. If no, how could one benefit them?
- Does this family feel that the care they have received from physicians and other allied health care professionals has met their needs and has been family centered? If yes, explain how it has been family centered. If no, why not and what changes can be made?
- Did you gain a sense of what these parents want in a pediatrician? Please describe.
- Has this family found the health care system to be flexible, accessible and responsive to their needs? Please give an example.
- What supports and services has the family found most useful?
- Does this family work in partnership with their pediatrician or primary physician provider? If yes, how does this benefit the child/youth and the family? If not, in what ways would a collaborative partnership benefit this family?
- What are the parents' concerns and priorities?
- Did the family talk about positive aspects of this child's life? If yes please elaborate.
- Did you get a sense of the strengths of this family? If yes, please describe.

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