

Enrollment Survey: ENHANCING FAMILY-CENTERED COMMUNICATION

*1. Participant Information:

Participant Name:

Designation(s) (ex. MD, DO, MPH):

Institution:

Email Address:

Phone Number:

*2. Select one:

- Primary Care Provider
- General Pediatrics, Hospital-based physician
- Other Specialty/Subspecialty Provider (please specify)

*3. In what year did you finish your residency?

*4. Are you a member of the Council on Quality Improvement & Patient Safety (COQIPS)?

- Yes
- No
- No, but I am willing to join

*5. Please indicate your primary employment setting, that is, the setting where you spend most of your time. Please select only ONE response

Other (please specify)

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***6. Do you have a full electronic health record (EHR) at your institution?**

- Yes
- No
- In process of obtaining

***7. How would you describe the surrounding area of your hospital?**

- Urban (inner city)
- Urban (non inner city)
- Suburban
- Rural

***8. What percentage of your patients would you estimate to be in the following ethnic or cultural groups? If you have no patients in a specific group, please place a "0" in that space. (Note: Percents should add up to 100.)**

White, non-Hispanic/Latino	<input type="text"/>
Hispanic/Latino origin	<input type="text"/>
Black/African American	<input type="text"/>
Asian	<input type="text"/>
Native Hawaiian/other Pacific Islander	<input type="text"/>
American Indian/Alaska Native	<input type="text"/>
Other (specify, %)	<input type="text"/>

9. What percentage of your patients would you estimate to be in the following payment category?

Private Insurance	<input type="text"/>
Public Insurance (Medicaid, CHIP)	<input type="text"/>
Uninsured	<input type="text"/>

***10. Specify the patient population you intend to focus on for this project (eg, all patients, patients with asthma, post-surgical patients, etc). Note: you must have a minimum of 20 patients to report data on each month.**

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*11. Please indicate (via self-assessment) how you would describe your level of knowledge and competency with quality improvement (QI) methods?

- Familiar with QI methods (acquainted with QI methods but have not participated in QI effort)
- Proficient/Competent with QI methods (have completed a simple QI project)
- Expert in QI methods (have led a QI project)
- Master in QI methods (have taught about QI)
- None of the above

12. How would you describe your level of knowledge regarding the Model for Improvement quality improvement methodology?

- Very Knowledgeable
- Knowledgeable
- Somewhat Knowledgeable
- Not Knowledgeable

*13. Do you have a system in place to obtain regular feedback from patients/families?

Please describe:

14. What interests you about participating in this project? Choose all that apply.

- Topic of health literacy
- Engaging with other like-minded colleagues to improve care
- MOC Part 4 credits
- Attending NCE anyway, so thought it would be convenient
- Piloting a new model for other groups to use
- Length of project
- Other (please specify)

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***15. After reading the project requirements for successful participation, how likely are you to recommend this health literacy project to a colleague?**

- Extremely Likely Likely Neutral Not Likely Not at all Likely

***16. After reading the project requirements for successful participation, how likely are you to recommend the model/methodologies used in this project? (baseline, 3-follow up cycles, H program learning session, 3 follow-up webinars)**

- Extremely Likely Likely Neutral Not Likely Not at all Likely

***17. In general, how important is it to have opportunities for peer-to-peer networking and collaborative learning as part of an MOC Part 4 project (listserv communication, face-to-face learning session, etc)?**

- Extremely Important Important Neutral Not Important Not at all Important

***18. Do you have organizational leadership support for your participation in this project?**

***19. Will your hospital or healthcare system require local IRB approval? (The project has received exemption from the AAP Institutional Review Board.)**

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***20. I understand that I am responsible for meeting ALL of the following completion requirements in order to be eligible for MOC Part 4 credits:**

- **Participate over a 5 month period (September 2015-January 2016)**
- **Submit baseline data for 20 patients (direct or consultative care to patients) using the AAP Quality Improvement Data Aggregator (QIDA) system**
- **Attend COQIPS education (H) program (Learning Session) on Saturday, October 24th in Washington, DC**
- **Submit 3 months of data during Action Period (minimum 20 charts per month) using the QIDA system**
- **Participate in the project orientation webinar**
- **Participate in 3 live or recorded webinars where data is presented and PDSAs are discussed within the allotted timeframe**
- **Review run chart data via the QIDA system on a monthly basis and implement PDSAs based on learnings from the data**

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Thank you for submitting your enrollment survey for the Council on Quality Improvement & Patient Safety's MOC Part 4 project, titled "Enhancing Family-centered Communication By Addressing Health Literacy". We will contact you in mid-late August with additional information and next steps for participation in this project. In the meantime, please mark your calendars for the important dates that were included in the recruitment materials. If you have any questions please contact Cathleen Guch at cguch@aap.org.