

Measure #11b. Family Centered Care Self-Assessment Tool – Provider Version

CARE COORDINATION MEASURES MAPPING TABLE

	MEASUREMENT PERSPECTIVE		
	<i>Patient/Family</i>	<i>Health Care Professional(s)</i>	<i>System Representative(s)</i>
CARE COORDINATION ACTIVITIES			
Establish accountability or negotiate responsibility		■	
Communicate		■	
<i>Interpersonal communication</i>		■	
<i>Information transfer</i>		■	
Facilitate transitions			
<i>Across settings</i>			
<i>As coordination needs change</i>		■	
Assess needs and goals		■	
Create a proactive plan of care		■	
Monitor, follow up, and respond to change		■	
Support self-management goals		■	
Link to community resources		■	
Align resources with patient and population needs		■	
BROAD APPROACHES POTENTIALLY RELATED TO CARE COORDINATION			
Teamwork focused on coordination		□	
Health care home			
Care management		□	
Medication management			
Health IT-enabled coordination			

Legend:

- = ≥ 3 corresponding measure items
- = 1-2 corresponding measure items

Family Centered Care Self-Assessment Tool – Provider Version

Purpose: Family-Centered Care aims to improve the health and well-being of children through a respectful partnership between families and health care professionals. The Provider version aims to evaluate health care staff to determine the quality of care provided to the families.

Format/Data Source: 105-item, written survey administered to providers (health care professionals and staff). The Family-Centered Care Self-Assessment Tool – Provider Version covers 3 domains: (1) Family/Provider Partnerships, (2) Care Setting Practices and Policies, and (3) Community Systems of Services and Supports. These 3 domains are further divided into 15 subtopics: (1) Decision-Making Team, (2) Supporting the Family as the Constant in the Child’s Life, (3) Family-to-Family and Peer Support, (4) Supporting Transition to Adulthood, (5) Sharing Successes of the Family/Provider Partnership, (6) Giving a Diagnosis, (7) Ongoing Care and Support, (8) Addressing Child/Youth Development, (9) Access to Records, (10) Appointment Schedules, (11) Feedback on Care Setting Practices, (12) Care Setting Policies to Support Family-Centered Care, (13) Addressing Culture and Language in Care, (14) Information and Referral and Community-Based Services, and (15) Community Systems Integration and Care Coordination. The subtopics are referred to for measure-item mapping.

Date: Measure published in 2008.¹

Perspective: Health Care Professional(s)

Measure Item Mapping:

- **Establish accountability or negotiate responsibility:** 1.1A, 1.1B, 1.1D, 4.2C, 7.1F
- **Communicate:**
 - *Between health care professional(s) and patient/family:* 1.2D, 8.1F, 9.1A, 9.1C
 - *Within teams of health care professionals:* 9.1E
 - Interpersonal communication:
 - *Between health care professional(s) and patient/family:* 1.2B, 1.2C, 1.4, 1.5, 4.1A, 7.1B, 7.1D, 7.1F, 7.1H
 - Information transfer:
 - *Between health care professional(s) and patient/family:* 2.2A, 2.2B, 6.1A, 6.1B, 7.1E, 7.1G, 9.1D, 12.1A, 12.1C
 - *Within teams of health care professionals:* 4.2E
 - *Participants not specified:* 4.2F
- **Facilitate transitions:**
 - As coordination needs change: 4.1A-C, 4.2A-H, 8.1B, 8.1F, 14.2
- **Assess needs and goals:** 1.1B, 1.2B-E, 1.3A-E, 2.1A, 2.1D, 7.1D, 7.4, 8.1B, 13.1A, 14.2
- **Create a proactive plan of care:** 4.1A, 4.2C, 4.2E, 13.1B
- **Monitor, follow up, and respond to change:** 1.7, 7.1F, 8.1A, 8.1F, 14.1C-F, 14.2
- **Support self-management goals:** 1.1C, 1.1D, 1.2A, 2.1A, 2.2A, 2.2B, 3.1E, 3.1F, 4.1B, 4.1C, 4.2A, 4.2B, 6.1C, 6.1D, 7.1F, 7.1H, 7.1I, 8.1C-F, 13.1E
- **Link to community resources:** 1.1C, 2.2B, 3.1B-E, 4.1B, 4.1C, 14.1A, 14.1B, 14.2

- **Align resources with patient and population needs:** 1.1C, 1.3A-E, 3.1C, 3.1F, 4.2D, 4.2H, 7.1I, 7.2, 7.3, 9.1B, 9.1C, 10.1A-D, 11.1-11.4, 12.1C, 12.1G, 12.1H, 13.1A-E
- **Teamwork focused on coordination:** 1.2A
- **Care management:** 15.1B

Development and Testing: The instrument was developed and based on 10 principles of family-centered care for children with special health needs within a framework for partnership between families and professionals. No detailed testing information was described in the sources identified.¹

Link to Outcomes or Health System Characteristics: National Center for Family-Centered Care Framework.²

Logic Model/Conceptual Framework: None described in the sources identified.

Country: United States

Past or Validated Applications*:

- **Patient Age:** Children
- **Patient Condition:** Combined Chronic Conditions, Children with Special Health Care Needs
- **Setting:** Not Setting Specific

*Based on the sources listed below and input from the measure developer.

Notes:

- All instrument items are available online.¹
- This instrument contains 105 items; 88 were mapped.

Sources:

1. Family Voices, funded by the Maternal and Child Health Bureau (MCBH). Family Centered Care Self-Assessment Tool – Provider Version. October 2008. Available at: <http://www.familyvoices.org/pub/index.php?topic=fcc>. Accessed: 17 September 2010.
2. National Center for Family-Centered Care. Family-centered care for children with special health care needs. Bethesda, MD: Association for the Care of Children’s Health; 1989.