

### Standard 3: Patient and Family/Caregiver Communication

To view examples of standard 3 documentation that Teams have submitted as evidence of compliance of the Standards for Cleft Palate and Craniofacial Teams, please visit: <http://www.acpa-cpf.org/standards-examples>

#### 3.1 The Team provides appropriate information to the patient and family/caregiver about evaluation and treatment procedures orally and in writing.

26. Who is responsible for providing information about patient evaluation and the recommended treatments to families and patients? How is the information communicated to them?

Our team coordinator is responsible. She sends a summary letter to the families and primary physicians detailing findings and plan of care.

#### 3.2 The Team encourages patient and family/caregiver participation in the treatment process.

27. Describe how the family/caregiver has opportunities to play an active role in the decision-making process for the treatment plan.

During the team visit, the family and patient (if applicable) are engaged in discussion regarding options for treatment. There is ample time for questions to be answered and our contact numbers and email are provided for resources.

28. Describe how the patient is involved in the decision-making process for the treatment plan at an appropriate age.

The patient is a very important member of the decision making team. We make every attempt to determine what actually bothers the patient, not just the parents, as their opinions may conflict. Often the parents are focused on the patient's speech, but all the patient is worried about is the appearance of his/her nose. It is vital to take into account the patient's perspective in order to obtain the optimal result and meet all expectations to the best of the team's ability.

#### 3.3 The Team will assist families/caregivers in locating resources for financial assistance necessary to meet the needs of each patient.

29. Describe the process for informing families/caregivers of financial and insurance-related resources. These might include federal, state, and provincial regulations specifically governing the treatment of cleft/craniofacial anomalies. (e.g., insurance, state agencies, Public Law 94-142, 504s, and individual educational plans).

We ask the family if they wish to be connected to our representatives who submit for government program eligibility enrollment and reimbursement, specifically BCMH (Bureau for Children With Medical Handicaps).