ACPA TEAM APPROVAL:

2020 SAMPLE APPLICATION

Standard 1: Team Composition

Team Information

Upon approval, fields will be used for the official team listing*

Team ID

If you do not know your team ID, email teams@acpa-cpf.org.

99999

Application Type

Cross-Specialty Team (both cleft palate and craniofacial)

1. Team Listing Information

Name of Team and Institution*

Team ACPA

Team Address

Company Name	ACPA
Street*	1504 E Franklin St Ste 102
City*	Chapel Hill
State/Province*	NC
Zip/Postal Code*	27514
Country*	United States
Primary Email	teams@acpa-cpf.org
Primary Phone Number	919.933.9044
Primary Fax Number	(No response)

Team Web Site

www.acpa-cpf.org

Patient Age Range From*

0

Patient Age Range To*

99

Lead Team Members

2. Team Coordinator(s)

The team includes a designated patient care coordinator to facilitate the function and efficiency of the team, ensure the provision of coordinated care for patients and families/caregivers and assist them in understanding, coordinating and implementing treatment plans.

Team Coordinator 1

First Name*	Erin
Last Name*	Mallis
Designations (i.e. MD, DMD, PhD)*	N/A
Specialty*	Coordinator/Administrator
Email*	teams@acpa-cpf.org
Add another coordinator	✖

3. Describe the specific roles and responsibilities of the team coordinator(s) and how they ensure coordinated care.

The roles and responsibilities of the team coordinator should include how they interact with patients/families and members of the team.

4. Team Leader/Director

Team Leader/Director 1

First Name*	Alyssa
Last Name*	Kirkman
Designations (i.e. MD, DMD, PhD)*	N/A
Specialty*	Coordinator/Administrator
Email*	info@acpa-cpf.org
Add another leader	✖

5. <u>Craniofacial Team Leader</u> (must be trained in transcranial surgery)

The craniofacial team must include a surgeon trained in transcranial cranio-maxillofacial surgery.

First Name*	Mark
Last Name*	Johnson
Designations (i.e. MD, DMD, PhD)*	MD
Specialty*	Craniofacial Plastic Surgery
Email Address	(No response)

6. Describe the background/educational and training qualifications of the team's craniofacial surgeon.

Example: Mark Johnson receive xx training at ABC Hospital and xx training at XYZ Medical Center.

7. Regular Team Members

All regularly participating team members should be listed in this section.

The team must include speech-language pathology, surgical, and orthodontic specialties. Please list these core team members first.

Regular Team Member 1

First Name*	John
Last Name*	Smith
Designations (i.e. MD, DMD, PhD)*	MD
Specialty*	Plastic Surgery
Email Address	(No response)
Add another member	✔

Regular Team Member 2

First Name*	Jane
Last Name*	Doe
Designations (i.e. MD, DMD, PhD)*	MA
Specialty*	Speech-Language Pathology
Email Address	(No response)
Add another member	✔

Regular Team Member 3

First Name*	William
Last Name*	Williams
Designations (i.e. MD, DMD, PhD)*	DMD
Specialty*	Orthodontics
Email Address	(No response)
Add another member	✔

Regular Team Member 4

First Name*	Harry
Last Name*	James
Designations (i.e. MD, DMD, PhD)*	MD
Specialty*	Otolaryngology
Email Address	(No response)
Add another member	✔

Regular Team Member 5

First Name*	Martin
Last Name*	Thomas
Designations (i.e. MD, DMD, PhD)*	MD
Specialty*	Pediatrics/Primary Care
Email Address	(No response)
Add another professional	✖

8. List individuals that the team works with on a referral basis that are NOT regular team members.

The team must demonstrate access to professionals in the disciplines of psychology, social work, audiology, genetics, dentistry, otolaryngology, and pediatrics/primary care.

Craniofacial/Cross-Specialty teams must also demonstrate access to professionals in the disciplines of neurosurgery, ophthalmology, and radiology.

If any of the above specialties are regular team members, list them in the Regular Team Members section on the previous page.

Does your team have access to other professionals who are not regular team members?*

Yes

Other Professional 1*

First Name*	Joe
Last Name*	Sample
Institution/Practice*	ZZZ
Designations*	PhD
Specialty*	Psychology
Add another professional	✔

Other Professional 2*

First Name*	Mary
Last Name*	Thompson
Institution/Practice*	ABC
Designations*	LSW
Specialty*	Social Work
Add another professional	✔

Other Professional 3*

First Name*	Sarah
Last Name*	Jones
Institution/Practice*	ABC
Designations*	AuD
Specialty*	Audiology
Add another professional	✔

Other Professional 4*

First Name*	Jim
Last Name*	Example
Institution/Practice*	XYZ
Designations*	MD
Specialty*	Genetics
Add another professional	✔

Other Professional 5*

First Name*	Lisa
Last Name*	Test
Institution/Practice*	X Dental Practice
Designations*	DDS
Specialty*	Pediatric Dentistry
Add another professional	✔

Other Professional 6*

First Name*	Tom
Last Name*	Daniels
Institution/Practice*	ABC
Designations*	MD
Specialty*	Neurosurgery
Add another professional	✔

Other Professional 7*

First Name*	Emily
Last Name*	Jacobs
Institution/Practice*	XYZ
Designations*	MD
Specialty*	(No response)
Add another professional	✔

Other Professional 8*

First Name*	Bill
Last Name*	Morris
Institution/Practice*	XYZ
Designations*	RT
Specialty*	Radiology
Add another professional	✖

Standard 2: Team Management and Responsibilities

Responses should describe normal team processes outside of any temporary changes due to COVID-19.

The team has a mechanism for regular meetings among core team members to provide coordination and collaboration on patient care.

Note:

<u>Team meetings</u> refer to meetings among multidisciplinary team members in which patient findings are discussed and team recommendations are made. At a minimum, team meetings must include the speech-language pathologist, surgeon, and orthodontist.

<u>Team or patient evaluation</u> is the patient-facing component of the team's process, in which patients receive face-to-face evaluation by the disciplines represented on the team.

9. How often are team meetings held?

__ Quarterly

__ Monthly

__ Bi-weekly

__ Weekly

__ Other, please specify...: Team meetings should be frequent enough that the participants are able to remember the evaluations for the patients discussed.

10. In what format are team meetings held?

__ Face-to-face

__ Not face-to-face but in real time (e.g. conference call)

__ Neither

*This question will only be shown if you indicate **Neither** in the previous question.*

Explain how the team ensures all patients are discussed collaboratively among at minimum the core team members (speech-language pathologist, surgeon, and orthodontist).

> At a minimum, the core team members should discuss each patient and formulate a multidisciplinary treatment plan. If this does not happen in real time, either in person or using electronic modalities, the team must justify how its method ensures that there is dialog among those specialties. Simple reporting of findings/recommendations individually through a central chart or through a coordinator is not compliant.

11. Are team meetings held the same day as the patient evaluation?

__ Yes

__ No

*This question will only be shown if you indicate **No** in the previous question.*

How does the team ensure that patient information is not forgotten or missed?

> Example: The team coordinator emails the list of patients to be discussed 2 days prior to the team meeting. Each participant has access to their notes via the EMR and is responsible for referring to those notes during the team meeting when giving their report. The team meeting report is then sent to all participants, who are responsible for reviewing the report and attesting that they agree with the content.

12. Does the patient have the opportunity to receive same-day face-to-face evaluation by all core team members (speech-language pathologist, surgeon, and orthodontist)?

__ Yes

__ No

Describe how the team ensures that multidisciplinary team evaluation linked to multidisciplinary team reporting occurs.

If face-to-face evaluations do not occur same-day, the team must indicate how the team ensures patients receive multidisciplinary evaluations, integrating findings and recommendations from all disciplines. Evaluations should be within a close enough timeframe that it is clear that all three professionals are evaluating the patient at the same stage.

Example: The coordinator assigns appointments for the patient for the SLP, surgery and orthodontia within the same 30 day period, and does a phone assessment if appointments for any other team specialists are indicated.

13. Describe the procedure used by the team if one or more of the usual core team members cannot attend a team meeting.

Example: Does someone substitute in this provider's place? Is the meeting rescheduled?

14. Describe how a patient receives comprehensive same-day face-to-face multidisciplinary evaluation. Include description of a typical team evaluation of patients and how this leads to integrated decision making.

Describe the procedures of a typical team evaluation and how the team members collaborate during the evaluation and afterwards to make decisions and formulate recommendations in a multidisciplinary manner.

Example: From birth to age 8, all patients receive a full team evaluation yearly. Patients receive a psychosocial screening, pediatric screening, and assessments by Surgery, SLP, ENT, Audiology, and Orthodontia/pediatric dental. After all patients are seen, the team meets to discuss each patient and reach a team multidisciplinary recommendation. After age 8, intervals of full team evaluation are determined by need and diagnosis. Patients also see individual specialists as needed.

15. Describe how the results of the team meeting for each individual patient are recorded and become a part of the patient's team report.

Who is responsible for recording information from the meeting? Where does this information get recorded?

Example: During the team meeting, each patient's findings are discussed by the pertinent specialist, and then the entire team discusses and agrees on recommendations. Notes are taken by the team coordinator. A team report is authored by the team leader. The report is an EMR template that includes each specialist findings as imported from the individual reports in the EMR, and recommendations generated after team discussion. The report is saved as a multidisciplinary team report in the EMR. The coordinator is responsible to provide the report to the family and the Primary Care Provider.

16. Upload pages from one patient team report that documents the participation of the <u>speech-language pathologist, surgeon and orthodontist</u>. If the team is a craniofacial or cross-specialty team, the report should also document the participation of the transcranial surgeon.

A team report must be a single document that identifies:

- The condition being treated, specialties involved, and year of the evaluation. Redact the month and day of evaluation.
- The findings for each specialty evaluation and specific team recommendations.
- The year of team meeting that generated the report and the individuals (with specialty) who participated in the team meeting.
- The person who has generated the team report.

Place a star by the section(s) on the attachments that document compliance with the standard. **Omit identifying information** and limit the attachment to five pages.

The team has a mechanism for referral to and communication with other professionals.

17. Describe the process for information exchange with schools, primary care professionals, outside agencies, and other professionals involved with the welfare of the patient.

> Describe the process for information exchange (i.e. referrals) for outside institutions, not internal team members. Be sure to comment on both communicating with AND receiving information from other entities.
>
> Example: At the time of team evaluation, consent for release of records is obtained, and the family may indicate recipients for the team evaluation. If the team meeting reveals a need for records request, the coordinator contacts the appropriate provider/organization, provides the signed release, and obtains the record, which is scanned into the EMR. Families are provided with a copy of each team report, which they are encouraged to share with other specialists and agencies as needed; additionally, the team report is sent electronically to the patient's PCP if one is designated in the EMR.

18. Upload a copy of the Release of Information Form used by the team. This form should be blank. Limit the attachment to two pages.

19. Describe how the team facilitates the transition to adult care if not all providers on the team treat patients after age 18 or 21.

> Are patients referred elsewhere? Do patients/families receive information/resources?
>
> Example: At age 12, planning for transition for adult care begins with discussion with family. At appropriate ages, families are provided with recommendations for providers for adult primary care and adult dental care. Our surgical, orthodontic, SLP and ENT providers provide adult care as well. Resources for special needs patients are suggested. Patients are transitioned out of team care by age 21, however team resources remain available as needed.

The team re-evaluates patients based on team recommendations.

20. Describe the protocol for how the team evaluates a patient with cleft lip/palate over time (E.g., developmental markers, age, etc.). Include which team members see patients at which points, including core disciplines (surgery, speech, and orthodontics) and referrals.

Include at minimum the core team members and at which time points they evaluate patients with cleft lip/palate. Include specific time points (e.g., ages or frequency) at which patients are seen by or referred to non-core disciplines, if different from core discipline evaluation schedule.

Example: Patients with CL/P are evaluated by the full team yearly till bone graft, then at minimum every 2 years, or more frequently if needed, until completion of treatment.

21. Provide an example of a craniofacial diagnosis treated by the team and describe the protocol for how the team evaluates a patient with this diagnosis over time (E.g., developmental markers, age, etc.). Include which team members see patients at which points, including core disciplines (surgery, speech, and orthodontics), the craniofacial surgeon, and referrals.

Include at minimum the core team members and craniofacial surgeon and at which time points they evaluate patients with a craniofacial diagnosis. Include specific time points (e.g., ages or frequency) at which patients are seen by or referred to non-core disciplines, if different from core discipline evaluation schedule.

The team must have central and shared records.

22. Does the team use a standardized electronic medical record for storage of notes and reports?

__ Yes

__ No

Describe the mechanisms for record-keeping (e.g., where housed and maintained, access to records, etc.)

The team should have a mechanism for keeping records that all team members have access to.

23. Describe how recommendations become part of the patient record when patients are evaluated outside of the team setting.

Example: The team requests a copy of the report from relevant evaluations conducted outside of the team setting. This report is scanned into the patient's medical record, and relevant findings and recommendations are included in the patient abstracts drafted for team providers ahead of each team clinic and are summarized in the patient's next team report.

Standard 3: Patient and Family/Caregiver Communication

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

24. Who is responsible for providing information about patient evaluation and the recommended treatments to families and patients? How is the information communicated to them both orally and in writing?

Indicate the individual who is responsible for providing information. Include how information is provided both orally and in writing.

The team encourages patient and family/caregiver participation in the treatment process.

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

The team should indicate how the family/caregiver is involved in decision-making.

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

The team should indicate how the patient is involved in decision-making.

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

27. 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 individualized educational plans).

Provide examples of financial resources provided to families.

Standard 4: Cultural Competence

The team demonstrates sensitivity to individual differences that affect the dynamic relationship between the team and the patient and family/caregiver.

28. How does the team communicate with patients and families for whom the team's language is not their primary language? Does the team use interpreters or translated materials?

Indicate how the team communicates both orally and in writing.

29. How does the team ensure that it is sensitive to ethnic and cultural diversity? Describe any training, education, or interventions that are used beyond having bilingual staff. Trainings required by the team's institution as well as education provided within the team are acceptable to include.

For example, this may be an annual mandatory institutional cultural sensitivity and diversity training.

The team treats patients and families/caregivers in a non-discriminatory manner.

30. How does the team inform patients and families/caregivers of their rights (e.g., patient bill of rights, Web site, institutional literature, etc.)?

Are they provided materials, referred to the website, etc?

31. Provide a link to or attach a copy of the Patient's Bill of Rights. A privacy policy does not qualify. Limit attachment to three pages

Please denote how you will attach the Patient's Bill of Rights

_x_ Link to website

__ Upload

Please attach the complete web address

http://www.acpa-cpf.org

Standard 5: Psychological and Social Services

The team has a mechanism to initially and periodically assess and treat, as appropriate, the psychological and social needs of patients and families/caregivers and to refer for further treatment, as necessary.

32. Describe how the team identifies and refers patients and families/caregivers who may be in need of further evaluation and treatment for emotional or behavioral issues. Include the team's process for identifying these issues and the specific team member(s) responsible for implementing the process.

The team should indicate which team member is responsible for identifying emotional or behavioral issues and their qualifications. Include any screening tools used to identify and refer patients and families/caregivers in need of further evaluation and treatment. A statement that all team members may identify and recommend evaluation for psychosocial issues is not sufficient. There should be an identified individual who screens for this in a regular and systematic manner.

Example: The team's psychologist meets with patients and families as part of each team evaluation and performs a brief psychosocial interview to screen for concerns.

33. Does a mental health provider listed as a regular team member evaluate/treat emotional/behavioral issues?

__ Yes

__ No

*This question will only be shown if you indicate **No** in the previous question.*

Whom does the team refer patients and families/caregivers to for further evaluation and treatment of emotional or behavioral issues? Include the individual's qualifications.

This individual should be listed in Standard 1 - Access to Other Professionals.

The team has a mechanism to assess cognitive development.

34. Describe how the team identifies patients who may be in need of further evaluation or treatment for cognitive development issues (e.g., learning disabilities). Include the team's process for identifying these issues and the team member(s) responsible for implementing the process.

The team should indicate which team member is responsible for identifying cognitive development issues and their qualifications. Include any screening tools used to identify and refer patients and families/caregivers in need of further evaluation and treatment. A statement that all team members may identify and recommend evaluation for cognitive issues is not sufficient. There should be an identified individual who screens for this in a regular and systematic manner.

Example: The nurse collects the educational history, and the SLP and pediatrician screen for developmental issues. The coordinator is responsible for followup of recommendations for Child Study team, Early Intervention, or Developmental Pediatrics evaluations.

35. Does a mental health provider listed as a regular team member evaluate/treat cognitive development issues?

__ Yes

__ No

*This question will only be shown if you indicate **No** in the previous question.*

Whom does the team refer patients and families/caregivers to for further evaluation and treatment of cognitive development issues? Include the individual's qualifications.

Limit response to 500 words.

This individual should be listed in Standard 1 - Access to Other Professionals.

36. Describe how patients with cognitive development issues are monitored over time so that appropriate educational services are in place from infancy through adolescence. If monitoring is done by an outside service (e.g. school system), explain how the team ensures that the patients' needs are met.

Include time markers in the response. If monitoring is done by an outside service, the information should become part of the patient's record. If the school system provides this service, explain how the team ensures that the evaluations are performed and/or treatment is delivered.

The team conducts formal assessment of cognitive functioning of patients when deemed necessary.

37. Describe the team's process for conducting a formal assessment of cognitive function on a patient who is age 4 or older and who has a craniofacial condition requiring transcranial surgery. Indicate the types of cognitive psychometric testing most commonly used for evaluations.

Examples of cognitive psychometric testing include, but are not limited to:

Kaufman Assessment Battery for Children (KABC): Leiter International Performance Scale, Stanford-Binet Intelligence Scales (SB), Wechsler Adult Intelligence Scale (WAIS), Wechsler Intelligence Scale for Children (WISC), Wechsler Preschool and Primary Scale of Intelligence (WPPSI), Woodcock-Johnson Tests of Cognitive Abilities (WJ Cog),

Version/edition numbers for each test are omitted from the list to account for newly published versions; however, testing documentation should reflect a current version or edition of the test at the time it was administered.

Along with the described process for conducting the formal assessment, the team must list examples of the types of cognitive psychometric testing that would be most commonly used for the team's patients and the provider who is responsible for interpreting and reporting results from these tests.

Standard 6: Outcomes Assessment

The team uses a process to evaluate its own performance with regard to patient assessment, treatment, or satisfaction and to make improvements as a result of those evaluations

38. It is required that the team set up a process to self-monitor its effectiveness and ensure continual improvement of outcomes. Team meetings alone do not meet the standard. Does the team (NOT individual practitioners) have a formal process to routinely evaluate its effectiveness/outcomes?

__Yes

__ No

39. Please describe the process. If there is no team process, describe the plans for implementing one and include a timeline for implementation within 12 months.

The process described should be specific to the team as a whole and not the institution or individual team members. Examples include regular, systematic assessment of patient satisfaction scores, team process improvement projects and meetings, regular and systematic review of patient reported outcomes.

40. Describe an example of how the team has collected and used data to change team processes (e.g., modify surgical treatment, change referral criteria). This example may be result of the process outline in Question 39 or related to a different process used by the team.

This example can include a published study such as a manuscript or submitted abstract.

The response should describe how the potential improvement is identified, how the intervention is planned, and how the result is assessed. Who participates? How is the entire team kept informed?

Optionally, attach documentation (e.g. published manuscript, progress report, presentation) supporting the example described above.

Limit the attachment to five pages.

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41. Describe the team's quality management system for patient/family satisfaction, including an example of how this information has been used to inform changes (e.g., improving patient/family experiences in clinic, communication with patients/families between visits, etc.).

For example, patient/families surveys conducted by the team or report of a PI project/narrative description of a project.

Digital Signature from Team Leader/Director

If the primary user of the application is not the team leader, the team leader will need to be added as a collaborator to sign this form.

To add a collaborator, go "Back to application," click "Add collaborator" and enter the team leader's email. This individual will receive an email from Survey Monkey Apply inviting them to collaborate on the application.

Digital Signature from Team Leader/Director

ACPA Team Approval Application Agreement

I affirm that I have read this application in its entirety and confirm the accuracy of all of the information contained within this application. I affirm that **patient identifying information has been omitted from all attachments**, that our Team abides by all of the information provided herein, and that all patients receiving care from this Team are managed either by an appropriate Team member, so identified in this application, or with full knowledge of the person evaluating or treating patients if referred to a professional person not specifically identified by name and profession within this application.

Signature of Team Leader

Use the cursor to draw your signature.
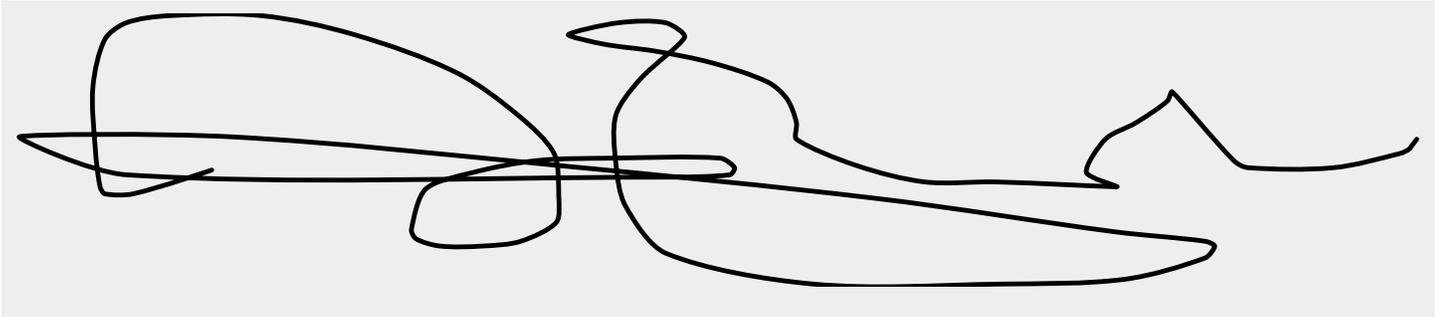
Printed Name

Team Leader Name

Signature of Authorized Institutional Officer

In order for the AIO to digitally sign the form, they will need to be added as a collaborator. To add a collaborator, go "Back to application," click "Add collaborator" and enter the team leader's email. This individual will receive an email from Survey Monkey Apply inviting them to collaborate on the application.

Alternatively, you may choose to upload the AIO signature by clicking Upload Form. If you choose this option, the AIO must sign the linked form within the upload option. Uploads that do not include a form and signature will be considered incomplete.

Signature from AIO

*The administrative organization may be a hospital, university, corporation, or self-sponsored private practice group.

**The purpose of this requirement is to document that someone with fiduciary responsibility for the institution/practice acknowledges and supports the operation of the team at its facility. This would typically be the chief executive officer, the chief medical officer, the dean of the medical school or college, or the owner of the practice in which the team operates. For this purpose, a department chair is not the appropriate person.

Signature of Authorized Institutional Officer

The administrative organization* named below seeks ACPA Team Approval of its Cleft Palate, Craniofacial or Cross-Specialty Team and hereby applies for an evaluation of this team.

The sponsoring organization agrees to cooperate fully in the evaluation procedures, including furnishing such written information to the American Cleft Palate-Craniofacial Association (ACPA) as shall be required for evaluation of the team.

The sponsoring organization further agrees to submit ACPA's **Team Self-Auditing Report** annually and agrees to pay the annual fee for submission. This report is required each year to remain an ACPA Approved Team.

This application may be withdrawn by the team without prejudice at any time and for any reason before a final decision.

The administrative policies of the sponsoring organization and the team must comply with federal, state, provincial, and local laws, regulations, or executive orders with respect to equitable treatment of patients without regard to gender, sexual orientation, age, race, religious preference, national origin, or disabling condition.

By completing this form, I confirm that I qualify as the Authorized Institutional Officer (AIO)** of the sponsoring organization and therefore hold fiduciary responsibility for the institution/practice.

Please note your preference for completing the Signature of Authorized Institutional Officer

Use the cursor to draw your signature.

 _x_ Electronic Signature

 __ Upload

Administrative or Sponsoring Organization*

Institution/Organization Name	ACPA
Address	1504 E Franklin St STe 102
City	Chapel Hill
State/Province	NC
Postal Code	27514
Country	United States

Authorized Institutional Officer (AIO)**

Name	John Jacobs
Job Title	CEO
Phone	919.933.9044
Email	info@acpa-cpf.org

AIO Signature**