Proposed measures for care coordination activities by practice-based care coordinator

Number of families and number of children served
Number of services connected for each child
Number of contacts for each child, time spent working with each family
Dates of initiation/termination of services for each family
Types of needs for each child (check box for each category):
   1. Medical
   2. Mental Health
   3. Developmental/behavioral
   4. Educational
   5. Legal
   6. Social service needs (housing, transportation, food, clothing etc)

Site of activities:
   1. phone
   2. in-person in clinic
   3. home visit
   4. in-person in other places (school)

Types of activities:
   1. Contact with family
   2. Contact with community service agency
   3. Contact with equipment, medication, diaper or other provider of ‘stuff’
   4. Contact with home care agency/nurse
   5. Contact with school
   6. Contact with physicians or other professionals (e.g. mental health)
   7. Help with paperwork
   8. Development of report or care plan

Outcomes of activities:
   1. Connection with community service
   2. Met school needs
   3. Coordination of medical information
   4. Coordination of appointments
   5. Equipment/medications/diapers ordered
   6. Education of family
   7. Education of physicians or other providers
   8. Needs unmet despite effort