

HKO-OP Monthly Progress Report

Welcome to the HKO-OP Monthly Project Report! Please answer each question, thinking about the improvement work you have done over the course of the month. If you have any questions or problems using the survey, contact Sang Sam @ sang.sam@cchmc.org or 513 636-5864

* 1. Practice Name:

* 2. How many times did your team meet this month?

* 3. Is your senior leader involved in the work of your collaborative team?

Yes

No

* 4. List and briefly describe any Ounce of Prevention tools your team tested this month.

* 5. List and briefly describe any HKO-OP ToolKit (blue file binder) tools your team tested this month.

* 6. List and briefly describe any system or process changes your team tested this month.

* 7. Thinking about your work to improve pediatric overweight and obesity care, what has your focus been for this 90 day period?

* 8. What, if any, new changes do you plan to test next month?

HKO-OP Monthly Progress Report

* **9. Please describe any barriers you encountered this month and discuss how you overcame them.**

5

6

* **10. Thinking about the team as a whole (recognizing that the time spent may vary by individual team member), what has been the impact of Healthy Kids Ohio activities on your clinical and operational work this month?**

- It has made clinical and operational work much more difficult.
- It has made clinical and operational work somewhat more difficult.
- It has not had an impact on clinical and operational work
- It has made clinical and operational work somewhat easier
- It has made clinical and operational work much easier

* **11. Please explain your response to question #10.**

5

6

* **12. Please list any other things you'd like help with.**

5

6

13. Do you have any suggestions for monthly conference calls or listserv discussion?

5

6

HKO-OP Monthly Progress Report

14. Is there anything else you'd like to report?

	5
	6