Project TICKER



Teamwork to Improve Cardiac Kids' End Results

Dear Family of [patient name],

We are starting a new project at [hospital] called "Teamwork to Improve Cardiac Kids' End Results," or Project TICKER. The goal of the project is to improve the way we care for children having heart surgery. Nurses, doctors, and staff in different units of the hospital, such as the intensive care unit and the operating room, are part of the project. We would like to include input from patients and families, too.

The project's clinical team thinks your family might be interested in joining this important project. As you know, when a child needs heart surgery, the hospital can be a stressful and overwhelming place. Your experience and input is important and can help design the best heart surgery system at [hospital].

In this project, we will give staff <u>training in teamwork</u> and help them create <u>detailed patient care plans</u>, known as integrated clinical pathways. We would like to get your input on the ways we can improve these care plans, our communication, and the transitions of our patients between units in the hospital.

We realize that you are busy, and we hope to find ways that you can partner with us at whatever level of involvement you feel comfortable. We plan to have opportunities for families to volunteer to participate in person, at home via conference calls, or by mail or email.

If you would like to participate or want to learn more, please fill out the participation card and information in this packet and return it to us in the addressed and stamped envelope included. If you do not want to be contacted about this project, please feel free to check the appropriate box in the participation card and return it in the same envelope.

If we do not hear from you, we plan to contact your family via phone or mail again in [month] to follow up and tell you more about the project.

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Thank you for your time and consideration.
Sincerely,
[Team Leader]

[Contact information]

Please check below to let us know whether you would like to participate in this project.	Please check below to let us know whether you would like to participate in this project.	
☐ Yes, see my contact info below	☐ Yes, see my contact info below	
□ No, thank you	□ No, thank you	
Name (s):	Name (s):	
Address:	Address:	
Phone:	Phone:	
Email address:	Email address:	
Preferred method of contact:	Preferred method of contact:	
Please check below to let us know whether you would like to participate in this project.	Please check below to let us know whether you would like to participate in this project.	
☐ Yes, see my contact info below	☐ Yes, see my contact info below	
□ No, thank you	□ No, thank you	
Name (s):	Name (s):	
Address:	Address:	
Phone:	Phone:	
Email address:	Email address:	
Preferred method of contact:	Preferred method of contact:	