

<p>Outcome: All services written in the IFSP will begin within 30 calendar days from the IFSP date or within 30 days from parent signature date on the IFSP service page for newly added services</p>	<p>So that: all children receive First Steps services in a timely manner.</p>
<p>Explanation of Data: Quarterly Data (64/68, 94.1 %):</p> <p>Based on data received from the October-November 2014 QR on-site monitoring visit, four files indicated that services did not start within 39 days of parent signature on the IFSP service page.</p> <ul style="list-style-type: none"> • Doctor signature was not received within the 30 day timeline on one plan. • One of the agencies that serve Cluster A had numerous providers leave at the same time. As a result, families had the State approval to change agencies if this particular agency was not able to provide an alternate therapist within a reasonable amount of time. The process of changing agencies caused a delay of services for one child in Porter County. This was a very unique situation and is not expected to repeat itself. • There was one incident of family obligations leading to a delay in the start of services. The family wanted to wait and start after the older children had started school. • One late 30 day start was a result of conflicting family and provider schedules. The family was unable to meet on the date that the provider was available, followed by the provider going on vacation for two weeks. 	<p>Strategies(Who is responsible/timeline/evaluation):</p>

1. Cluster A hypothesizes that late physician signatures cause a delay in the timely start of new services.

1. If we hypothesize that late physician signature on service or change pages leads to a delay in the timely start of new services, then Council Coordinators, Service Coordinators, office staff and parents need to participate in following up with the physician’s office to ensure the signature is received.

Ongoing Strategies:

- To ensure that Doctor’s signatures are received in a timely manner, Coordinators are required to have all follow-up paperwork completed within three days of the meeting. This should give the physician ample time to sign and return the IFSP service or change page. The file clerk keeps all files separate until the doctor signature is received. If it has not come back within one week of being sent, she refaxes it every several days until it is received.
- Coordinators are instructed to notify Council Coordinators of any physician who requires repeated contacts to complete necessary paperwork. Council coordinators continue to work with these offices to educate staff on the important role the physician plays on the IFSP team. We have had success with a large physician group, by identifying one contact person within the whole system and sending all signature requests directly to her. This is an ongoing process, as we work with numerous physician groups.

New Strategy

- When Coordinators contact family within two to three weeks of Initial IFSP to schedule their 30 -day meeting, they can request that the family contact the physician when the service page has not been received. Physician offices may respond

<p>2. Cluster A hypothesizes that scheduling conflicts involving the family, provider, or both can lead to a delay in the timely start of services.</p>	<p>more quickly to a family request than one received from the SPOE.</p> <p>2. If we hypothesize that scheduling conflicts can lead to a delay of the timely start of services, then providers must contact the family within a week of receiving the plan, to ensure that there is ample time to find a meeting date that works with both the family's and provider's schedules.</p> <p>Ongoing Strategy</p> <ul style="list-style-type: none">• Providers are instructed to make contact with the family within the first week of receiving the IFSP. This should minimize any scheduling conflicts between the family and provider, in order to ensure that an acceptable date and time can be agreed upon early in the IFSP process. This policy is reviewed quarterly at the Network Agency meetings. Going forward, we are also requesting that service coordinators notify Council Coordinators when a family has shared that the provider did not contact them, so that we can contact the Agency Director. <p>New Strategy</p> <ul style="list-style-type: none">• Service coordinators were instructed at the Staff meeting on January 28, 2015, to attach all clinical notes pertinent to the thirty day start, so that late thirty day starts can be accurately evaluated to determine whether services started late due to a system or family error. The QR team indicated that while some of the late starts could have been attributed to family reason, they did not feel the documentation gave the information needed to appropriately determine this. By attaching all notes to the thirty day start form, we can expect that fewer late starts will be counted as a system error.
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Indiana First Steps Quality Improvement Plan

Indicator: 1 30 Day Start

First Quarter QIP

Cluster: A

Quarter Date: 10/1/14-12/31/14

	<p>Timeline/evaluation: February-June, 2015. Coordinators and Coordinator supervisors are currently pulling files for meetings done from October-December, 2014 for internal file reviews. The next internal file review will be in the Spring for meetings done from Jan-March, 2015. The data from the Spring pull will be compared to the Oct-Dec data to see if there are fewer late 30 day starts.</p>
<p>List barriers to accomplishing strategies and how to address them: Families are often hesitant to contact the physician to request that they send back the paperwork we have requested from them. We have seen that some of the physician's that routinely require repeated requests to complete paperwork serve populations that are less comfortable contacting the office to ask for follow-up. Service Coordinators and providers can continue to work with families to encourage them to become more comfortable advocating for their child and family.</p>	
<p>Resources needed: <input type="checkbox"/> State Clarification <input type="checkbox"/> IIDC <input checked="" type="checkbox"/> Training <input type="checkbox"/> Mentoring <input type="checkbox"/> Other: _____</p> <p>Explain: SPOE to provide training for coordinators on what should be included for accurate clinical documentation.</p>	
<p>Stakeholder Collaboration: Throughout the months of November and December 2014, SPOE supervisors reviewed files with each coordinator whose files and been pulled for the QR review to determine what was wrong and how it could have been corrected, management team met on January 22, 2015 at the SPOE office and reviewed how to best document late 30 day starts. It was agreed that coordinators would be instructed to attach all clinical notes and provider notes/contacts to the 30 start form so that all information is available in one place for file reviews. At the Network Agency meeting held on December 11, 2014, Council Coordinators reviewed the policy that providers must contact the family within a week of receiving the IFSP. On January 21, 2015 Council Coordinators met with QR team member and State Consultant to review draft QIPs. QR team member suggested that attaching notes to the thirty day start would help to more accurately determine whether a thirty day start is due to family reasons.</p>	

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