

FFY14

Indiana First Steps Quality Improvement Plan  
First Quarter QIP

Cluster: B

Quarter Date: 1/1/15-3/31/15  
revised 1/27/2015

Indicator: 5

<p><b>Outcome:</b> Cluster B will reach the target of serving 1.4% of children ages birth to 1</p>	<p><b>So that:</b> Early intervention services are reaching the children and their families that need those services early enough to achieve the maximum impact</p>
<p><b>Explanation of Data:</b> Quarterly Data 1.09% (121)</p> <p>This is a slippage of from the last quarter . Our LPCC Coordinator resigned June 30, 2014 and we did not fill the position till the end of October 2014. Our new LPCC Coordinator had a full ongoing Service Coordinator caseload when she started the position and we are still working with her to transition 25 additional families. This will give her a part time case load of 20-25 families.</p> <p>In the past two years many of the physician offices were bought up by Parkview Hospital. Two years ago Parkview opened a new pediatric outpatient clinic in Noble County. The clinic has hired many First Step therapists.</p> <p>Last year a new pediatric health clinic opened in La Grange County to focus on the health and wellbeing of the Amish population. The clinic has included an outpatient pediatric therapy center to the clinic. Currently they have contracted with three First Step providers. In December 2014 we received two referrals from parents who were referred by this clinic.</p> <p>We suspect there may also be issues related to provider availability.</p>	<p><b>Strategies(Who is responsible/timeline/evaluation):</b></p> <p>If we think that physicians prefer to refer to their own clinic, then we need to show the uniqueness of First steps and that for some families may be a better alternative than the clinic setting in order to see an increase in referrals.</p> <p>The LPCC Coordinator will:</p> <ol style="list-style-type: none"><li>1). Send letters to the Directors of the Noble Parkview Clinic and the Topeka Out Patient Clinic regarding the referral process, highlighting services in the natural environment by March 1, 2015.</li></ol> <p>The SPOE Director will:</p> <ol style="list-style-type: none"><li>1). In April arrange a meeting with the Director of Noble Parkview Clinic to talk about the referral process.</li></ol> <p><b>Evaluation:</b> In July review referral numbers in Noble, Steuben and De Kalb county from the Parkview physicians to see if this had an effect</p> <p>If we hypothesis we will continue to receive referrals from the Amish Clinic then we will be able to restore credibility in La Grange County which we should increase our referral numbers.</p> <ol style="list-style-type: none"><li>1) In February 2015 meet with the clinic therapists who are familiar with First Steps to gain a perspective on ways to make the referral process easy and smooth.</li><li>2) At the March 2015 LPCC meeting the SPOE director will share the therapists suggestions and add additional strategies that will increase our visibility and referrals from the clinic.</li></ol>

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	<p><b>Evaluation:</b> In July review referral numbers in La Grange County to see if this had a positive impact on our referrals.</p> <p>If we hypothesize that not having an individual working specifically on Child Find efforts for four months had an impact on our referrals then by hiring an individual we should begin to see an increase in referrals. The LPCC Coordinator will:</p> <ol style="list-style-type: none"><li>1). By February 28, 2015 identify 12 physician offices in Kosciusko, Marshall and Fulton (counties acquired in May) who are making referrals and mail packets of information containing a cover letter, referral process and checklists .</li><li>2) By March 30,2015 have distributed 20 First Steps posters in the three counties to WIC, Day Cares and physician offices.</li></ol> <p><b>Evaluation:</b> In April review referral numbers for the three counties to see if this effort resulted in an increase in referrals.</p>
<p><b>List barriers to accomplishing strategies and how to address them:</b></p>	

The Noble Parkview clinic may not be receptive to learning about the referral process- to address this we will bring information on the natural environment, and try to engage the directors in how we might be able to work together for the benefit of their families.

The La Grange Clinic therapists may not want to meet with us- to address this we will offer several avenues of communicating: skype, conference call, late afternoon, early morning

The directors may not be as available to a meeting with someone she/he is not familiar with- to address this we will review past Council members who were affiliated with the hospital or physician offices and ask for their assistance in an introduction.

**Resources needed:**

State Clarification    IIDC    Training     Mentoring     Other: SPOEs

**Explain:**

At the January 23, 2015 SPOE Director meeting ask if any of the SPOEs have seen or experienced a similar situation in a trend with referrals staying within a hospital network and do they have an MOA or collaborative effort with those entities.

**Stakeholder Collaboration:**

We engaged with several groups and individuals to create our plan:

First, we met with the Agency Directors December 2, 2014 as part of our regular meeting we talked about the referrals in the eastern part of the Cluster and possible reasons for the decline in the referrals. A few of directors expressed their concerns regarding the hospitals going directly to their clinics for therapy.

Second we meet with the Data/Child-find Committee on January 13, 2015 and as part of the meeting agenda we discussed the possibility of the physicians referring directly to their clinics and how to set about meeting with the director of the clinic. It was shared that the Parkview Clinic director is friends with one of the SPOE staff and she is willing to ask her to meet for lunch to talk about First Steps with the SPOE Director and LPCC Coordinator.

Spoke with the SPOE directors on January 23<sup>rd</sup> regarding referrals and referrals staying within their hospital network of physicians.

Cluster J shared they had also noted this a few years ago that there appeared to be more referrals staying within a Hospital network. Over time though the referrals to First Steps increased as the networks began to recognize when First Steps would be able to continue serving the child or meeting different needs of the child and family.

Cluster C shared they are also starting to hear from families on the NICUs that they are staying with the hospital network of clinics because the

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enrollment process maybe faster as they are already within the hospital network.