Indiana First Steps Quality Improvement Plan

Cluster: B  Quarter Date:  7/1/2014-9/30/2014  Indicator: 5

2nd-4th Quarter QIP

Outcome:
Cluster B will meet the target of serving 1.4% of children ages birth to 1 So that:
Early intervention services are reaching the children and families that need those services early enough to achieve maximum impact.

Strategy update from last quarter:
Track the reason for closures on referrals not moving to intake. Several changes occurred, staff turnover and the hiring and training new staff, by the Cluster which required the SPOE Director to continue to assist with referrals in the new counties. The committee recognized the importance of identifying another avenue of collecting the data to address our hypothesis; that we had enough referrals but not enough referrals moving to intake which would allow us an opportunity to determine eligibility and write a plan for those eligible thus increasing the number of children served.

It was determined the Intake Supervisor would review all referral closures before turning into data entry. If she felt there were too many closures with minimal contact or case notes those closures would receive a call from the supervisor or director. A total of 10 calls were made in August and September and 8 calls resulted in no response from family and 2 the families expressed no concern and were comfortable working with their primary doctor who will refer if appropriate.

The Intake Supervisor conducted training for all intake staff on August 13th on case note documentation of conversations with families and how the TICKLER System works. All Intake Coordinators understood to place all nonresponsive NICU referrals in the tickler system for follow up in 2-3 months. In addition when the Intake Supervisor is reviewing all closures and if she notes no marking for the tickler she marks all medical and NICU referrals “TICKLER” which did not go to intake so families are re contacted within 2 – 3 months of the initial referral.

A random pull of nonresponsive closures received a call from the SPOE each month. During August 4 calls were made and the results were: 2 the numbers were disconnected and 2 the phone message was electronic “not taking calls at this time.” In September 5 calls were made. The results were: 2 families did not share the concern of the physician that their child was delayed in speech, and 3 were nonresponsive.

The Child Find/Data committee did pen a letter to physicians that explains the importance of early intervention and included state data on the percentage of children who receive First Steps services and those moving to special education services. (see attachment) The committee discussed the cost factor of mailing to over 800 physicians and that in today’s world of technology doctors and their office may read a fax sooner than a mailed letter. It was decided to fax first and analyze the trends for 2 quarters on physician referrals. If there is no increase in physician referrals then mailing the letter with a referral form will be considered.

Explanation of Data:
Quarterly Data (139/11,120, 1.25%):

Our hypothesis was that we had appropriate referral numbers but, we

Strategies (Who is responsible/timeline/evaluation):
Because children under the age of one with insurance including Hoosier Health Wise have a medical home we can hypothesis that if
were not writing enough IFSPs for children who qualified for services because we did not have enough families going through the intake process. The current data shows continued slippage when adding the data from the three new counties. Though we appear to get enough referrals from the NICU we have not seen an increase in the number of IFSPs written for children referred from the NICU.

A new hypothesis needs to be developed to reach the target including the new counties added to our Cluster. At this time we do not have any historical information about Child Find activities.

the medical home is aware of how to make referrals to First Steps then there would be a higher probability of an increase in referrals which would lead to a higher probability of an increase in the number of identified eligible children who would have an IFSP.

To identify more infants we need to increase the awareness of the importance of early intervention. Since we already developed a letter explaining the value the SPOE will send the physicians in the new counties the letter and referral form by September 30, 2014.

We have an intake coordinator on two of our largest NICUs and beginning June 1st have an intake coordinator in two NICUs in the Fort Wayne area which serve 5 of our rural counties. The data we are reporting on is for June 2014 therefore there is insufficient data to indicate if this additional intake coordinator available to the Fort Wayne Hospitals will result in an increase of the number of eligible infants who have an IFSP prior to their first birthday.

For the next quarter the SPOE will track the referral sources and the number of eligible children for a growth comparison.

By November 30 the SPOE will fax 500 letters to physicians within our 10 county areas whom have made referrals to Frist Steps in the past five years.

By November 1st the SPOE will have identified an LPCC Coordinator to replace the previous Coordinator who resigned June 30th.

List barriers to accomplishing strategies and how to address them:
We are not comparing the same data each quarter since the realignment of our Cluster on May 1st.

**Resources needed:**
- [ ] State Clarification
- [ ] IIDC
- [ ] Training
- [ ] Mentoring
- [ ] Other:

**Explain:**

**Stakeholder Collaboration:**
On 9/9/2014 met with Data/Child Find Committee and discussed the addition of three counties now impacts our overall performance in all of the indicators. Thus it is difficult in most areas to report progress or slippage.

The original QIP was established with 7 counties and beginning May 1st includes three additional counties.

On 9/10/2014 talked with IIDC seeking advice on how to write an update in the data section and an actual update on our progress with the Clusters reorganization. We were advised to report what we had available to us at the time of the report.

9/24/2014 new data from IIDC.