CHANGE IDEA: Use a referral tracking process.

STEP 1: GET READY (TASKS)
A. Assemble a planning team of providers, care coordinators, administrative staff, and IT personnel.
B. Review the need to track early intervention referrals to ensure timely follow-up and family engagement.
C. Develop a referral tracking system protocol and define key data fields in the electronic health record (EHR).
D. Define the focus population: all children referred to Part C or Part B services.
E. Clarify staff roles for entering, updating, and monitoring referral information.
F. Schedule training on EHR tracking features and referral workflow for pilot staff.

STEP 2: PLAN AND PRACTICE
A. Pilot the referral tracking process with one provider and one care coordinator for 2 weeks.
B. Use standardized EHR fields to log and follow up on all early intervention referrals.
C. Enter information such as referral date, agency name, acknowledgment received, and service outcome.
D. Set reminders to follow up on referrals without confirmation after 5 business days.
E. Document all follow-up actions in the EHR tracking notes.

STEP 3: REVIEW AND REFINE
A. Conduct a review huddle with participating staff at the end of the pilot.
B. Evaluate the number of referrals entered, tracked, and documented with follow-up.
C. Review usability of EHR fields, time required, and any breakdowns in workflow.
D. Gather staff feedback on effectiveness and burden.
E. Identify any modifications needed to the workflow or training materials.

STEP 4: EXPAND
A. Based on feedback, expand referral tracking to additional providers and care coordinators.
B. Provide refresher training and technical support to new users.
C. Run weekly referral status reports to ensure follow-through.

STEP 5: SUSTAIN
A. Embed referral tracking into routine pediatric and care coordination workflows.
B. Incorporate responsibilities into job descriptions and onboarding materials.
C. Monitor referral follow-up rates monthly and share updates in team meetings.
D. Maintain a feedback loop with early intervention partners to address system-level issues.

E. Celebrate progress and share success stories to maintain staff engagement.
F. Analyze data from the expanded rollout to identify trends (e.g., delays in acknowledgment).
G. Refine the tracking template or EHR workflow (e.g., add dropdowns or defaults) to reduce burden.
H. Integrate improvements into care team huddles and quality checklists.