

Enhancing Family-Centered Early Intervention Approaches Utilizing an Electronically Administered Data Collection Method

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Introduction

- *Up-to-3* is one of the leading providers of early intervention services to children with special health care needs (CSHCN) and their families in Utah¹. Early intervention services, under IDEA Part C, provide opportunities to CSHCN to improve or remediate developmental delays.²
- IDEA Part C providers are required to collect data on family outcome indicators.³ Family satisfaction is an important indicator of positive treatment outcomes.⁴
- The purpose of this project was to provide *Up-to-3* with an effective survey tool to assess quality, effectiveness, and efficiency of services, facilitate program evaluation and development, and inform current and future quality improvement.

Methods

Procedures

Phase 1: Semi-structured telephone interviews which contained general logistical questions (e.g. timing of survey, clarity) and specific service questions regarding the quality of service (e.g. intake)

Phase 2: A 1-hour pilot training on survey administration and pilot administration. The training was revised based on feedback received from staff. During the pilot administration, trained staff administered the survey for two weeks, and gave feedback to the research team that informed revisions to remediate technical, procedural, and interpersonal administration procedures.

Participants

Participants for the qualitative phone interviews included 6 adult parents of children receiving services (4 English speakers, 2 Spanish speakers). Four *Up-to-3* staff members participated in piloting the survey while they delivered services.

Measures

A satisfaction survey was used to obtain confidential feedback about the quality and effectiveness of the services provided at multiple visits. The surveys were administered in-person using an electronic tablet. The surveys included fixed as well as open ended questions.

Data Analysis

A content analysis protocol was used to analyze and categorize qualitative data collected in the semi-structured telephone interviews. Researchers conducted independent reviews of transcripts and every response was categorized as “positive feedback” or “suggestion for improvement.”

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply	I prefer not to answer
1 of 11: During the intake, I was asked to share my concerns about my child's development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 of 11: During the intake, I understood what was being asked and why.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 of 11: During the intake, my questions were answered.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 of 11: Following the intake, I was told when I would be contacted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Figure 1: Sample of Intake Survey

Results

Phase 1: All of the participants agreed that the surveys assessed satisfaction and quality of services. Most felt that no additional questions should be added to the surveys (83%). Most were comfortable with the technology (e.g. tablets) used for administration of the surveys and expressed a preference for completing the survey at the conclusion of the provider's visit (83%). Half of the participants said that their survey responses would remain the same if they completed the survey several days after the visit.

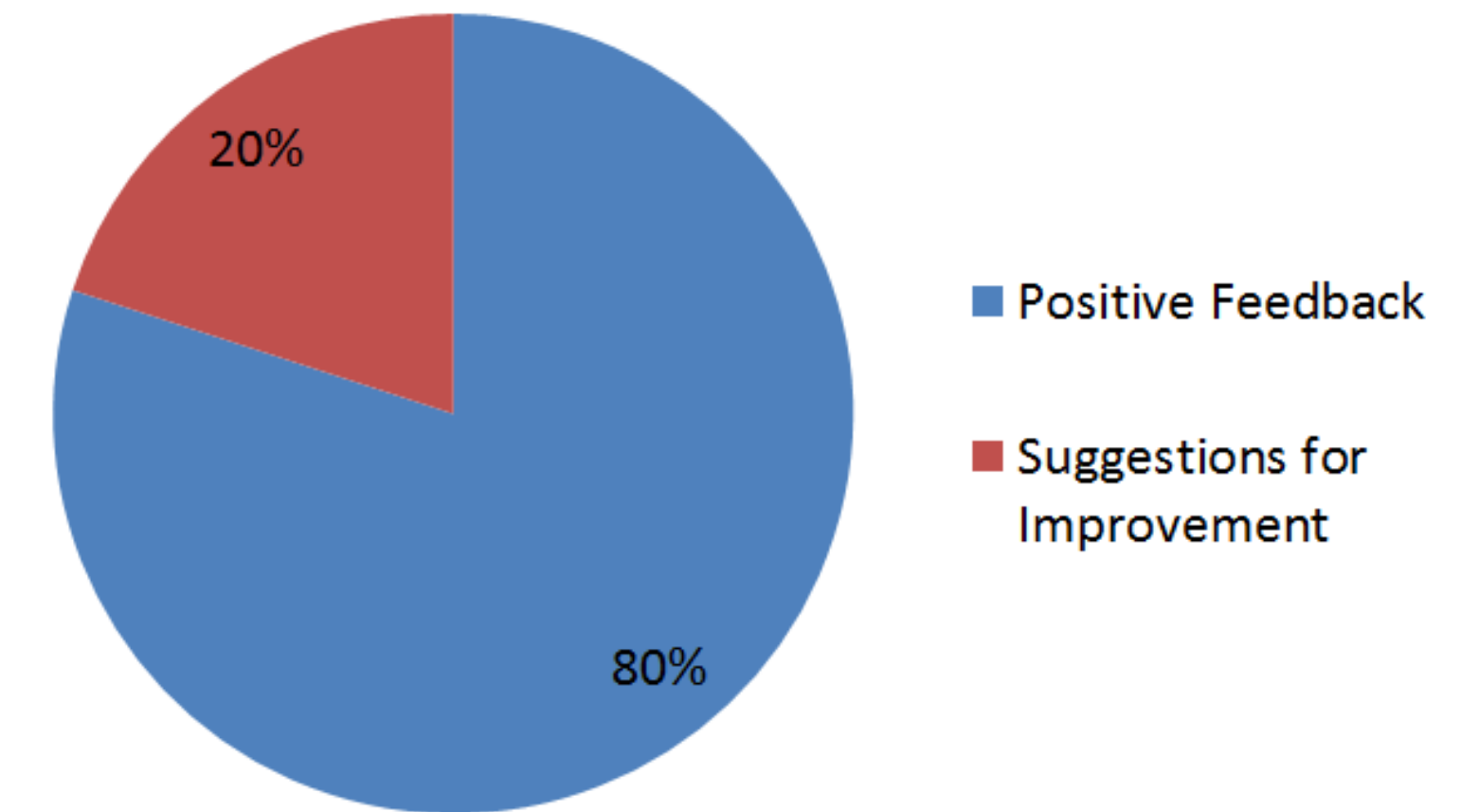


Figure 2: Instances of feedback on the surveys

Conclusions

Strengths

An efficient and effective survey system was developed incorporating multiple rounds of parent and staff feedback. An empirically-based data analysis plan and training resources were provided to *Up-to-3* staff. Cultural and linguistic diversity were acknowledged throughout this project.

Limitations

The sample size for the telephone interviews was small and progress through each phase of the project has been slow.

Future Directions

Phase 2 data analysis and phase 3, full scale survey implementation, are still pending. If successful, the survey system will be distributed to other early intervention centers.

References

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