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Expanding Pediatric Therapy in a Rural Community: A Doctoral Capstone Experience

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A Capstone Project Entitled

Expanding Pediatric Therapy in a Rural Community: A Doctoral Capstone Experience

Submitted to the School of Occupational Therapy at University of Indianapolis in partial fulfillment for the requirements of the Doctor of Occupational Therapy degree.

By

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Abstract

The purpose of this Doctoral Capstone Experience was to expand the pediatric program at a rural outpatient center by increasing awareness of the role occupational therapy plays with children, increasing appropriate referrals, creating relationships with other entities, and hosting a community event to serve the families of the community. A SWOT (strengths, weaknesses, opportunities, and threats) analysis was conducted as well as a community needs assessment comparing pediatric services currently offered and service still needed in the area. The results of this assessment confirmed the desire of the center to host a developmental screening day, which 35 children in the community attended. Collaboration and education with schools, physicians, daycares, and early intervention occurred, resulting in increased awareness of services offered at this outpatient center and increased referrals. Promotional materials were created specifically for primary care providers, schools, and caregivers and were distributed to current or possible stakeholders. A 166.67% increase in caseload occurred within the 16 week capstone experience, indicating possible benefits of increased means of advocacy.

Background Information and Literature Review

Rural health professionals face many challenges including professional isolation, large and diverse caseloads, scarce numbers of service providers, limited availability of resources, and reduced opportunities for continuing professional development or specialization (Weilandt & Taylor, 2010). A small outpatient center in a rural Midwestern town faces many of these challenges, and desires to expand a niche in pediatric therapy. At the beginning of the Doctoral Capstone Experience (DCE), the occupational therapy pediatric caseload was six children, approximately 6% of the occupational therapy department's caseload and not representative of the community's pediatric population (Daviess Community Hospital, 2016). The occupational therapist in the school system typically has a caseload of about 80 children (S. Saladin, personal communication, January 23, 2018). One occupational therapist provides early intervention within the surrounding three counties. One outpatient occupational therapy clinic exists within a 35-mile radius of this outpatient center, which provides occupational therapy services only. Many therapists in the community have agreed that pediatric services in this rural area are inadequate compared to the need (E. Johnson, personal communication, January 23, 2018). The outpatient center which is the focus of this DCE desires to provide accessible multidisciplinary services to children in the community (A. Hawthorne, personal communication, January 8, 2018). The purpose of this DCE was to educate physicians, caregivers, and therapy providers in the community about pediatric services available at this outpatient center, the CORE Center, and ensure that the center is equipped to adequately meet the needs of this pediatric population by assessing their resources and advocating for any unmet needs.

The theoretical basis for this project was the Diffusion of Innovations Model. While pediatric outpatient therapy is not a novel practice in the realm of occupational therapy, the

definition of innovation according to this theory is a practice thought to be new by an organization or community (Rogers, 2003). According to Scaffa, Reitz, and Pizzi (2010), "the actual age of the innovation is irrelevant; it is the perception of newness that characterizes an innovation" (p. 49). A pediatric department was new to this rural hospital and community, therefore could be considered innovative according to this theory. The social system, also known as adopters, time, and communication channels are all vital components to this theory (Rogers, 2003). For this project, adopters could be considered anyone in the community who may benefit or are in contact with those who would benefit from these services, including pediatricians, family practice physicians, parents, caregivers, school staff, and other therapy providers. Time is described as the length of time it takes to adopt the innovation, which is dependent on the characteristics of the innovation, the adopter, and the organization.

Communication channels, or the means of transmitting the new idea from one person to the other, are essential to reaching these "adopters" and making the community aware of the pediatric services offered at this outpatient center (Rogers, 2003). According to a community health needs assessment conducted by the hospital, 68.9% of respondents learned about available healthcare services by word of mouth, and only 40.4% of respondents learned of these services by referral from physicians (Daviess Community Hospital, 2016). Referrals are a key component to developing this program, and Glennon (2007) suggests that "parents drive the system" when creating a referral base for a pediatric practice (p. 1). Glennon (2007) also describes many avenues for disseminating information to parents, including many opportunities for educating via word of mouth as indicated by the community health needs assessment. This information will guide the implementation of communication according to the Diffusion of Innovations Model.

Eight conditions are described by the Diffusion of Innovations Model which will facilitate the adoption, implementation, and institutionalization of this program. These eight conditions include: dissatisfaction with status quo, knowledge and skills, resources, time, rewards, participation, commitment, and leadership (Ely, 1990). Dissatisfaction with status quo is evident as the therapy department is dissatisfied with the low number of referrals received for pediatric clients, as well as parents' and other providers' dissatisfaction with the lack of options for treatment in the community outside of services offered in schools and early intervention. Occupational therapists at this outpatient center possess the knowledge and skills to treat the pediatric population, however would benefit from continuing education to ensure quality of care and marketable skills. The center now possesses two pediatric rooms complete with a bolster swing, tools, and a couple pediatric assessments, but would benefit from advocacy for increased resources. Participation and commitment from the therapy staff, referral sources, and families is essential to creating a sustainable program. Finally, leadership among the therapy staff promoted the institutionalization of this program to continue serving the pediatric population in this community.

Pediatric occupational therapy services are valuable to all communities, and lack of access to these services in a rural community could be considered an issue of occupational justice. "Taking care of personal needs such as dressing, hygiene, eating, and sleep are essential skills for children to develop independence and autonomy. For children with special needs, mastering these skills is especially important," (AOTA, 2016). This project will ensure that children in this community will have access to services which promote skill mastery and independence. Occupational therapists enhance development and skill acquisition in motor coordination, social interaction, and problem solving to facilitate independence in occupational

routines and active participation in these routines across the lifespan (AOTA, 2016). Research indicates that when children and their families participate successfully and independently in meaningful daily routines in the home, school, and community environments, they experience a greater sense of satisfaction and their health and wellness outcomes increase (Fingerhut, 2013). Developing a pediatric program for this outpatient center will provide the opportunity for family-centered service delivery that has proven to strengthen the family and improve satisfaction, well-being, social support, child performance, and parenting skills (Frolek Clark & Kingsley, 2013). The well-established research on occupational therapy's influence on children and families will supplement the diffusion of this innovative program in a rural community.

Screening and Evaluation Process

A needs assessment is an essential component to confirming the expressed need of an organization. In order to determine the feasibility of expanding the pediatric program at this center, both formal and informal needs assessments were conducted. Jacobs and McCormack (2011) explained the purpose of a needs assessment in the realm of occupational therapy as "to explore the area of service provision as an appropriate fit for the context … to address the needs and capacities of a specific population in a specific context" (p. 317). The authors described many possible sources for this needs assessment including: interviews with staff members, medical records, service data, reviewing current literature, and exploring demographic and area statistics (Jacobs & McCormack, 2011). I elected to include each of these components as well as interviews with relevant community members or stakeholders such as school therapists, early intervention therapists, parents, teachers (both special education and mainstream), pediatricians, and social workers in the needs assessment. Literature has indicated that inclusion of service providers in the diagnosis of issues and initiation of projects has elicited a shared vision which

promotes organizational success and sustainable changes (Camden, Swaine, Tétreault, & Bergeron, 2009; Fleming-Castaldy & Patro, 2012). Therefore, the formal needs assessment focused principally on the feedback of the service providers within the center.

The screening and evaluation process for this DCE included the implementation of a strength, weakness, opportunity, and threat (SWOT) analysis. The analysis focuses on internal strengths and weaknesses and external opportunities and threats of an organization in order to gather information about the current situation of the organization and develop a clear path of action for quality improvement (Hazelbaker, 2006). Although this analysis tool originated for change management in business planning, its use has spread to a variety of sectors, including a recent emergence in health care (Camden, Swaine, Tétreault, & Bergeron, 2009). Jacobs and McCormack (2011) described the SWOT analysis as "the most clear-cut and readily recognized approach used in assessing the environment" (p. 105). The authors described the approach of a SWOT analysis as flexible, enabling the occupational therapy practitioner to explore opportunities or challenges at any time, whether that is initial strategic planning or ongoing program development (Jacobs & McCormack, 2011). Another benefit of the SWOT analysis is the opportunity to incorporate all service providers and other stakeholders in sharing information. Literature indicated that a SWOT analysis was well suited for participatory evaluation because it facilitates the development of a shared vision, increasing feelings of ownership among service providers and empowering then as change agents (Camden, Swaine, Tétreault, & Bergeron, 2009).

For this project, a SWOT analysis was completed via two means. Initially, I took notes from interviews with stakeholders and community members and categorized each item into the relevant SWOT category. Then, I posted a large chart in the staff office with definitions and

examples of strengths, weaknesses, opportunities, and threats. I educated staff on the purpose of this analysis and engaged in conversation regarding correct placement of items. This chart remained in the office for one week, with five service providers contributing to the chart. Table 1 illustrates the results of the SWOT analysis from service providers and stakeholders within the community.

The common themes which arose when discussing the strengths of this outpatient center regarding pediatric care included the family centered, holistic, and interdisciplinary approach offered from occupational, speech, and physical therapy, as well as the lack of outpatient pediatric services in the surrounding area. When discussing internal weaknesses, frequent themes included difficulties with insurance coverage and certifications, limited time to allocate to program development, and insufficient resources for a growing caseload. Opportunities which existed included the support of parents and therapists to increase service availability for the children in this community and creating a presence in the community for parent support and education. Threats which may have influenced the growth of the pediatric program at this center included issues relevant with a low socioeconomic status community, limited knowledge of occupational therapists' scope of practice with the pediatric population, and poor referral pathways.

Many of the threats and weaknesses expressed in the SWOT analysis of this pediatric program are consistent with challenges expressed in other practice areas of occupational therapy. Literature documents the high cost of medical services for families of children with medically complex diagnoses, which influences access to services, especially outpatient pediatric services, in a low SES community (Parsons, 2017). Setting up appropriate referral pathways is a challenge for many areas of practice, particularly the emerging area of driving programs (AOTA, n.d.).

However, some pediatric outpatient centers cite difficulty with addressing long waiting periods for evaluations due to high referral rates, whereas the organization in this project relays frustration about low referrals (Phoenix, Rosenbaum, Watson, & Camden, 2016). Overall, the results of the SWOT analysis is consistent with difficulties expressed in both established and emerging areas of practice because outpatient pediatric services are well established as an area of practice, but are emerging in this rural community.

Implementation Phase

In order to plan the implementation stage, I created a list of possible "action items" which arose from the needs assessment and SWOT analysis. This list was comprised of 10 items, which a team of service providers ranked into three tiers of importance. See Table 2 for the delineation of these items. The initial implementation phase focused on addressing the three action items in the first tier of importance including: marketing to local pediatricians and family practice providers, hosting an event for families in the community, and increasing communication with therapists in the schools and early intervention to promote collaboration and referral pathways. Tier two items addressed include advocating for the purchase of new assessments, resources, and continuing education/specialty certifications. Tier three items include the development of protocols for insurance, documentation, aquatics, and evaluations.

As part of the community needs assessment, I established relationships with the pediatric occupational therapists in the community outside of the outpatient center, including school and early intervention services. These therapists recommended other individuals within their organizations with whom to discuss referral patterns. I investigated referral patterns and pathways with First Steps transition coordinators and individuals within the special education cooperative for the surrounding counties to further investigate referral patterns and pathways.

Therapists from the school and early intervention organizations expressed interest in forming a relationship with therapists at the CORE Center to promote increased communication about common clients and potential referrals. I facilitated the building of this relationship by sharing contact information and encouraging collaboration on both educational opportunities and common clients.

Service providers and I collaborated to identify pediatrician and family practices within the community which have the potential to serve as referral sources. This collaboration resulted in a list of nine potential practices to market services. Each practice was contacted to set up a brief meeting with therapists from the CORE Center. Marketing materials were provided to each practice as well as the opportunity to elicit discussion about pediatric therapies offered at the CORE Center and appropriate referrals. These meetings also served as an opportunity to distribute flyers and promote the developmental screening day the center hosted.

The CORE Center hosted a developmental screening day open to children from birth to six years old in order to identify children who require further evaluation for therapy intervention. The needs assessment revealed a lack of services available to children between early intervention and school services, so the preschool age range remained the focus of advertising. The focus was also to reach the many children who may not qualify for these services, or are not receiving the frequency of services required for optimal progress. The screening day was a free resource for families who were curious or concerned about their child's development. Interdisciplinary teams including occupational, physical, and speech therapy practitioners employed by the CORE Center conducted brief screenings for the children and discussed potential needs with parents and caregivers. The screenings were adapted from the Hawaii Early Learning Profile and Peabody Developmental Motor Scales and translated into parent-friendly terms (Folio & Fewell, 2000;

Parks et al., 1994). The practitioners recommended if further evaluation was warranted based on the results of the initial screening. The practitioners provided materials with steps to obtain a physician referral appropriate for the family.

This project focused on providing services to an organizational client, or a center as whole, rather than individuals, which requires leadership skills considered beyond entry level for occupational therapy practitioners. In order to effectively lead during this project, I employed the five key leadership characteristics described by the Leadership Challenge Model (Kouzes & Posner, 2002). Fleming-Castaldy & Patro (2012) described the Leadership Challenge Model as the most applicable model relating to the current occupational therapy practice environment. The five characteristics include: challenging the process, inspiring a shared vision, enabling others to act, modeling the way, and encouraging the heart (Kouzes & Posner, 2002). Each of these characteristics were considered during the planning, developing, organizational, and marketing stages while serving the organization in this project. I challenged the current processes of the pediatric department and referral pathways in the community. Encouraging the staff's current capabilities was a priority to build confidence and direct progress towards strengths. I emphasized forming relationships, creating a sense of teamwork, and most importantly, inspiring a shared vision. I practiced modeling the way by practicing what I encouraged others to do, especially by creating relationships with various therapy and medical providers in the community. Finally, I maintained a client-centered approach by focusing on the vision of the organization and the staff, and communicating enthusiasm for this vision becoming a reality.

Staff development is a means of "enabling others to act" (Fleming-Castaldy & Petro, 2012). While the staff at the CORE Center is competent in providing pediatric services, they would benefit from continuing education to develop niches and provide advanced intervention

techniques. One therapist recently attended a course in pediatric kinesio-taping which has already proved beneficial to clients served at the center. Other interests in continuing education or specialty certifications include behavior modification and feeding and eating. The staff development portion of this project includes advocating for continuing education courses for current staff. Another aspect of staff development includes the creation of protocols to promote uniform evaluation methods, documentation, and insurance tracking as the center is not currently equipped to address the unique needs of the pediatric population in these administrative aspects. The final component of staff development includes training all staff participating in the developmental screening day on the use of the screening tool to ensure competency prior to administering this screening during the event.

Discontinuation and Outcome

The evaluation method for this project was selected in order to promote a continuous assessment of quality improvement. The SWOT analysis introduced in previous sections is intended for continual use, for initial and consequent assessment. The strengths, weaknesses, opportunities, and threats of an organization are evolving regularly, therefore should be assessed regularly. At the end of this project, the original SWOT analysis was updated based on the outcomes of the action items to assess growth and gaps which remain or have been newly identified. The results of the updated SWOT analysis will direct further administrative changes past the end of this project. The staff at the CORE Center is now equipped to conduct their own SWOT analysis for any program at their site.

A means of ensuring the quality of services offered by the student in this project is administration of a survey to the therapists at the outpatient center. This survey addressed satisfaction and perceptions of each action item implemented including: marketing to local pediatricians and family practice providers, hosting an event for families in the community, and

increasing communication with therapists in the schools and early intervention to promote collaboration and referral pathways. Emphasis was placed on the efficacy of the Developmental Screening Day and whether this would be an effective means to continuously serve the community. The staff had the opportunity to indicate opportunities to improve this event in the future. This survey was administered in the week following the developmental screening day so that the center was equipped with improvements and details to replicate the event.

Objective outcomes of the doctoral capstone project were assessed by scoring the goal attainment scale created at the commencement of the project. See Table 3 for the outcomes of each goal. Overall each goal achieved a +1 (somewhat more than expected) or +2 (much more than expected) level, determining that each goal was adequately met through the course of the experience. Resources advocated for to benefit the growth of the pediatric program included three assessment tools, six intervention tools, and one additional therapist. Marketing materials were delivered to six pediatric or family practices in the community, and meetings were scheduled for therapists to market to an additional four practices. Promotional handouts were created and delivered to the special education cooperative which includes seven elementary schools. Handouts were also delivered to three preschools and two daycares. Over the course of the DCE, the occupational therapy pediatric caseload increased from six children to sixteen children, demonstrating a 166.67% increase in caseload. Finally, twenty-four families attended a developmental screening day at the CORE Center, which was provided as a community event to promote support for parents and pediatric services offered at the center.

Thirty-five children attended a developmental screening day hosted at the CORE Center. Each child was screened by a team of occupational, physical, and speech therapists to display the interdisciplinary strength of the CORE Center. Of these children ages birth to six years, 41% were recommended for further evaluation. Within one week after the event, four of these

children had received orders from their primary care physician and scheduled an evaluation. The report that 76.47% of parents/caregivers of the children who attended did not know that the CORE Center offered pediatric services confirmed the need for advocacy. One therapist stated that the event was "one of the biggest returns on investment this clinic has had for a community event" (B. Johnson, personal communication, April 12, 2018). All eight therapists involved in the screening day indicated the desire to make this event an annual occurrence. Overall, the developmental screening day was successful in advocating for pediatric services and increasing caseload.

The community where this DCE takes place reports a higher prevalence of autism spectrum disorder and parents reporting concern about behavioral difficulties (A. Waggner, personal communication, February 6, 2018). Interviews with school personnel in the community also identify difficulty with behavior regulation as one of the largest barriers to participation in the classroom (M. Brothers, personal communication, February 21, 2018). In order to enable occupational therapists to respond to the changing needs of this community, I advocated for the role of occupational therapy in addressing the cited needs. I utilized the occupational therapy practice framework to support the role of occupational therapists in addressing the needs of children experiencing difficulty with behavior regulation (AOTA, 2014). I collaborated with the therapists at the CORE Center to research current behavior regulation interventions and continuing education opportunities so they feel confident in serving the needs of the children and their families.

The CORE Center possesses the unique capability to intervene with children and their families who are not qualifying for services in the school system and early intervention due to stringent qualification criteria and large caseloads. In order to meet the needs of families who are "falling through the cracks" in the community, the CORE Center is advertising services offered

by all therapies to physicians, school personnel, and families in the community. The CORE Center offered, and will continue offering, developmental screenings for families who are concerned about their child's development to promote early identification and intervention.

Overall Learning

Effective communication with stakeholders was an integral component to my DCE. I interacted with my client, the community, colleagues, and health providers orally as often as possible, whether that was over the phone or in person. I went to many of these stakeholders to demonstrate interest in how they served the community. I met with social workers, therapists, and behavioral consultants in the schools; nurse practitioners and physicians in their offices; and childcare providers in their daycares. When meeting with or observing any of these stakeholders, I implemented the same approach. My approach was to gain an understanding of what the stakeholders do, what they perceive as needs for children in the community, and discuss how collaboration with the CORE Center could potentially meet these needs. This approach proved beneficial as it valued the distinct role of each of these stakeholders and promoted collaboration rather than overstepping boundaries.

Written communication served as a means to interact with the entire community, particularly as a means of advocacy. I passed out over 800 flyers in the community to advertise for the developmental screening day, as well as created an event on Facebook through the hospital's Facebook page. This advertising served a dual purpose, for people who were not interested in the developmental screening day could also learn that the CORE Center serves the pediatric population. Another means of advocacy was creating a "cheat sheet' for providers in knowing what deficits to refer to which therapy at the CORE Center, see Figure 1 for more information. This was distributed to eight practices in the area including pediatricians and family

physicians, with many physicians expressing that this will be a helpful tool and they did not realize that the CORE Center treated children with these difficulties.

One barrier to communication that I experienced was the existence of a tense relationship between the CORE Center and the schools. This was due to a contract falling through a number of years ago. While my supervisor did make me aware of this situation, it was more difficult than I expected collaborating with the occupational therapist in the school. I learned that I should have communicated how services at the CORE Center differed from the school-based services rather than discussing the similarities. Discussing similarities expressed threat to the school therapist that the CORE Center wanted to take her caseload instead of supplementing services with a medical-based model. There are also regulations in place at the schools not to mention outside services for fear of the school having to pay for outpatient services. Therefore, I had to get creative in developing an information sheet which demonstrated the value of outpatient therapy to families and teachers without placing responsibility on the school. It became very important to distinguish medical-based outpatient services from education-based services for children in oral and written communication to preserve the focus on collaboration. In future practice, I will need to consider the history between two entities when approaching a collaborative experience. I will also need to maintain an awareness of the boundaries between differing areas of practice in occupational therapy.

From my colleagues at the CORE Center, I learned the importance of an interdisciplinary model, advocacy, and continuous improvement. The teamwork exhibited within the occupational therapy team was truly incredible at the CORE Center, as the occupational therapy practitioners constantly learned from each other and problem solved together. The teamwork did not stop within occupational therapy. The entire staff of occupational therapists, physical therapists,

speech therapists, and athletic trainers were constantly seeking to collaborate with other disciplines to provide the best quality of care possible. The speech therapist and occupational therapist that work with children frequently co-treat children and demonstrate a good understanding of each other's roles. All of the practitioners focus on advocating for their profession in interactions with physicians and clients. They also are good advocates for themselves with professional development and goals for improving services. I learned that a SWOT analysis is an effective means to determine feasibility of improvement and set achievable goals on a continuous basis.

The Leadership Challenge Model enabled me to utilize a framework in interacting with my site and the community (Kouzes & Posner, 2002). I was emboldened to challenge the processes at the CORE Center and within the community even though this was a new setting to me. The model provided me with the steps to inspire a shared vision, enable others to act, model the way, and encourage the heart (Kouzes & Posner, 2002). I believe it is easy to forget about these important components to leadership, so I appreciated this framework guiding me back to these essential approaches. It was important to me to initially take the time to understand what I was advocating for, and have a good understanding of the unique strengths the CORE Center possesses to meet the needs of society. This permitted me to effectively and accurately advocate for the the CORE Center's pediatric program within the community, and to have an idea of how this site could potentially meet the needs of children in the community. Through this approach to leadership, I increased awareness of the CORE Center's pediatric services within the schools, physician practices, and general community, as well as hosting a community event.

The purpose of DCE was to expand the pediatric program at a rural outpatient center by educating physicians, caregivers, and therapy providers in the community about available

services. Through advocacy and conducting a community event, the pediatric caseload has increased by 166.67%, and marketing materials have been distributed to ten family or pediatric practices, seven schools, three preschools, and four daycares in the surrounding area. The outpatient center is equipped to complete a SWOT analysis, conduct a developmental screening day, identify resources which would benefit practice, and continue marketing to physicians, schools, and the community. The CORE Center is positioned to continue expanding a valuable service and offering high quality, family-centered, interdisciplinary care to the children of their community.

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Table 1

SWOT Analysis

Strengths:	**Weaknesses:**
● Knowledge of Sensory Integration ● Individualized Plans- Focused on the child and the family ● Interdisciplinary Model and communication ● Holistic approach- NDT, nutrition, environmental ● Adequate Environment- 2 rooms dedicated to pediatric clients ● Location ● Communication with outside stakeholders (schools)	● Limited marketing opportunities due to decreased time ● Timeframe for insurance approvals ● Limited pediatric specializations ● No standard documentation (EMR and intake forms) ● Limited assessment resources ● Incontinent children do not have access to aquatic therapy ● Tracking certifications and re-certifications with insurance (not letting kids fall through the cracks)
Opportunities:	**Threats:**
● Screening Day ● Parent Support ● Family events/Respite ● Need expressed by parents, teachers, and therapists in varying settings ● Use of social media to advertise ● Use of student to market services and complete projects ● Need for behavior modification and feeding services	● Low SES Community ○ Home contexts/environments- drug epidemic ○ Transportation difficulties ● Parent/client compliance ● Low referrals from area physicians ● School therapists restricted from offering referrals to outside services ● Limited knowledge of pediatric scope of practice for OT in community ● Low reimbursement rates ● Limited visits approved by insurance

Note. The SWOT (strengths, weaknesses, opportunities, and threats) analysis conducted at the outpatient center with the therapists as a component of the needs assessment.

Table 2

Action Items

Tier 1
• Market to local pediatricians and family practice providers • Host an event for families in the community • Increase communication with therapists in the schools and early intervention to promote collaboration and referral pathways
Tier 2
• Advocate for the purchase of new assessments • Advocate for the purchase of new resources • Advocate for the purchase of new continuing education/specialty certifications
Tier 3
• Develop protocols for insurance tracking • Develop documentation structure for pediatrics

Note. These items illustrate the goals ranked by importance by the practitioners at this doctoral capstone site. The item were addressed within the sixteen week timeframe in the order presented in this table.

Table 3

Goal Attainment Scale

Level of Expected Outcome	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
+2	**I will request 8-10 resources which would benefit the growth of the OT program from CORE Center administration including assessment tools, treatment tools, or continuing education.**	A team from the CORE Center will visit 5 or more pediatrician's offices to educate staff about pediatric services offered at the CORE Center and request referrals.	**8-10 families will attend an event hosted by the CORE Center for families in the community in order to provide parent support and promote the CORE Center.**	**I will create promotional handouts that educate caregivers about pediatric services/providers at the CORE Center and deliver them to 11-12 schools/daycares in the area.**	**The CORE Center will track an increase in pediatric caseload >80% from January 8, 2018 to April 27, 2018.**
+1	I will request 6-7 resources which would benefit the growth of the OT program from CORE Center administration including assessment tools, treatment tools, or continuing education.	**A team from the CORE Center will visit 4 pediatrician's offices to educate staff about pediatric services offered at the CORE Center and request referrals.**	6-7 families will attend an event hosted by the CORE Center for families in the community in order to provide parent support and promote the CORE Center.	I will create promotional handouts that educate caregivers about pediatric services/providers at the CORE Center and deliver them to 9-10 schools/daycares in the area.	The CORE Center will track a 60-80% increase in pediatric caseload from January 8, 2018 to April 27, 2018.

0	I will request at least 5 resources which would benefit the growth of the OT program from CORE Center administration including assessment tools, treatment tools, or continuing education.	A team from the CORE Center will visit 3 pediatrician's offices to educate staff about pediatric services offered at the CORE Center and request referrals.	5 families will attend an event hosted by the CORE Center for families in the community in order to provide parent support and promote the CORE Center.	I will create promotional handouts that educate caregivers about pediatric services/providers at the CORE Center and deliver them to 8 schools/daycares in the area.	The CORE Center will track a 40-60% increase in pediatric caseload from January 8, 2018 to April 27, 2018.
-1	I will request 3-4 resources which would benefit the growth of the OT program from CORE Center administration including assessment tools, treatment tools, or continuing education.	A team from the CORE Center will visit 2 pediatrician's offices to educate staff about pediatric services offered at the CORE Center and request referrals.	3-4 families will attend an event hosted by the CORE Center for families in the community in order to provide parent support and promote the CORE Center.	I will create promotional handouts that educate caregivers about pediatric services/providers at the CORE Center and deliver them to 6-7 schools/daycares in the area.	The CORE Center will track a 20-40% increase in pediatric caseload from January 8, 2018 to April 27, 2018.

- 2	I will request 1-2 resources which would benefit the growth of the OT program from CORE Center administration including assessment tools, treatment tools, or continuing education.	A team from the CORE Center will visit 1 pediatrician's offices to educate staff about pediatric services offered at the CORE Center and request referrals.	1-2 families will attend an event hosted by the CORE Center for families in the community in order to provide parent support and promote the CORE Center.	I will create promotional handouts that educate caregivers about pediatric services/providers at the CORE Center and deliver them to 4-5 schools/daycares in the area.	The CORE Center will track <20% increase in pediatric caseload from January 8, 2018 to April 27, 2018.

Note. This goal attainment scale indicated the level of expected outcome expected and achieved within this doctoral capstone experience. Levels are determined as follows: +2 = much more than expected, +1 = somewhat more than expected, 0 = Patient achieves the expected level, -1 = somewhat less than expected, -2 = much less than expected. The levels achieved are shown in boldface.

Figure 1. Referral information distributed to surrounding pediatric and family practices to promote appropriate referrals to the pediatric services offered at the outpatient center.