

From Paperwork to Proof: How One Program Used NCFAS to Show Why the First 24 Hours Matter

A QI Folio SmartStory Spotlight

Most preventative programs carry a familiar requirement: meet with a referred family within 24 hours of referral, or some other prescribed timeframe. It's the kind of standard that gets written into policy manuals and repeated in training or mandated by government offices, but it isn't always obvious to staff on the ground why that particular deadline matters so much. One preventive services program set out to answer that question with data, not assumptions. Using a Plan-Do-Study-Act (PDSA) cycle tracked entirely in QI Folio, the team connected their North Carolina Family Assessment Scale (NCFAS) scores to the timeliness of first client contact, and what they found changed how staff understood their own work.

What follows is a summary of that project, pulled directly from its QI Folio SmartStory: an automatically generated timeline report that organizes every completed task, meeting, and comment into a single narrative. It's a good illustration of a broader truth about quality improvement work: the documentation teams already produce; meeting notes, action items, next steps, and it usually contains the whole story of a project.

Bring lunch, no cameras!

Wednesday 9/23 @ 1pm Eastern

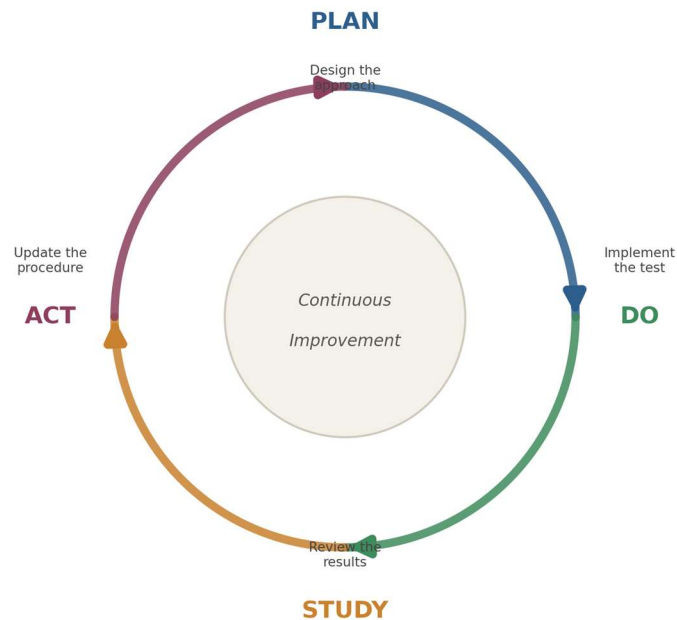
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Why PDSA, and Why It Fit This Question

The Plan-Do-Study-Act model exists because most quality questions in human services can't be answered by intuition alone, and they rarely get answered well by a single big initiative either. PDSA breaks a change down into a small, testable cycle: plan a specific change, try it on a manageable scale, study what actually happened, and then act on what you learned either by adjusting and cycling again, or by rolling the change out more broadly. It's deliberately incremental, which makes it a good fit for a question like the one this program was asking. Nobody needed to prove that fast engagement with families was theoretically important; the policy already assumed that. What the team needed was a low-risk way to test whether their own data actually backed that assumption up, using cases they already had, before asking every caseworker to change how they worked.



The Aim

The project's aim was straightforward: build a repeatable process for collecting and reporting NCFAS assessments for the Preventive Services program, so the team could calculate the change - the “delta” - in each family's NCFAS score from intake to discharge, both case by case and in aggregate.

Plan: Designing the Data Structure

Every PDSA cycle starts with a plan specific enough to execute, and this one began with a practical question: where would the NCFAS data live, and how would it connect to everything else the program already tracked? The project team started by mapping out how raw NCFAS scores would actually get collected and calculated. They built a scoring grid to capture pre and post assessment data, with domain totals and grand totals calculated automatically, and matched case names to the program's existing episode-of-care records so the two data sets could be linked and filtered together.

That last detail mattered more than it might sound. A lot of well-intentioned data collection efforts stall out because the new information never gets tied back to the records a program already relies on and so it becomes its own island, and nobody has time to reconcile two systems. By anchoring the NCFAS grid to the same case identifiers used in the episode-of-care grid, the team made sure that once the data existed, it could actually be filtered, sliced, and reported on alongside everything else they knew about a case, rather than living in a separate spreadsheet that only one person understood.

With the grid built, the team identified a single caseworker to pilot the process by submitting NCFAS pre and post scores at case discharge; before asking the wider team to adopt it. Starting with one person on real but limited caseload is a hallmark of a well-scoped Plan phase: it's enough to generate real data and surface real problems with the process, without asking an entire program to change its workflow around something still unproven.

Do: Testing With Real Cases

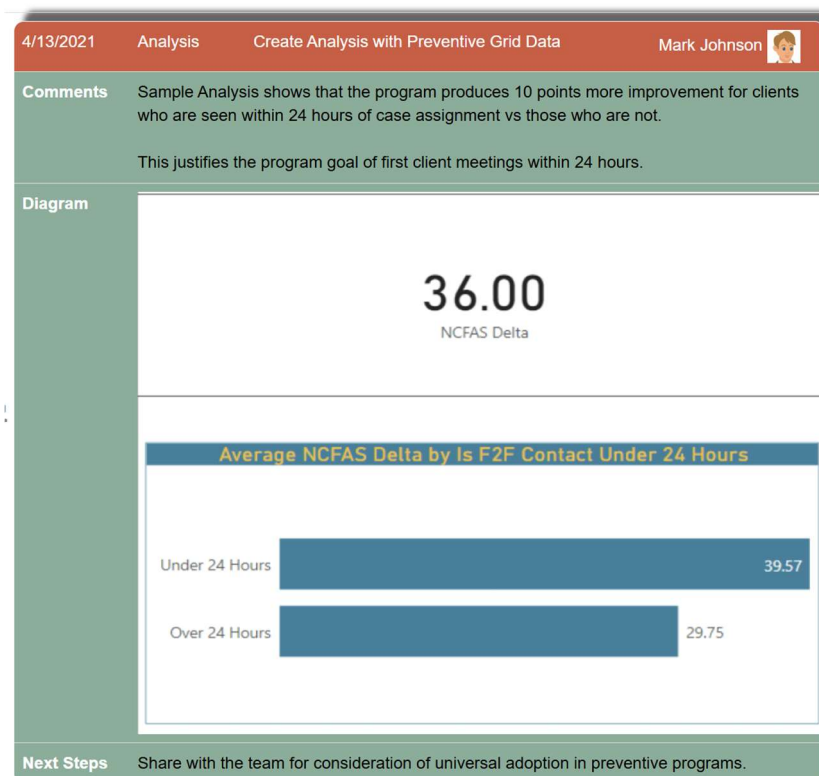
Over several weeks, the pilot caseworker submitted NCFAS scores for nine discharged clients — enough real data to begin building reports. Nine cases isn't a large sample, and the team didn't treat it as a final answer; it was treated as exactly what a Do phase is supposed to produce: a small, real dataset good enough to test whether the reporting structure the team designed in the Plan phase actually worked.

From there, the team wrote the formulas, queries, and relationships needed to calculate an average delta improvement score and connect it to case details in a report, enabling comparisons like NCFAS delta by length of stay. This is also where a lot of well-meaning QI projects quietly fail — the data gets collected, but nobody builds the reporting layer that turns raw scores into something a program leader can look at and interpret. Building that report alongside the pilot, rather than after it, meant the team could see almost immediately whether the data they were collecting was even going to be useful.

Study: What the Data Showed

This is where the project earned its purpose. When the team analyzed the Preventive Services grid data, the pattern was clear:

- Clients who received their first meeting within 24 hours of case assignment showed roughly 10 points more improvement on their NCFAS delta than clients who did not.



Analysis from the program's report built on the NCFAS delta data and shown in a SmartStory entry

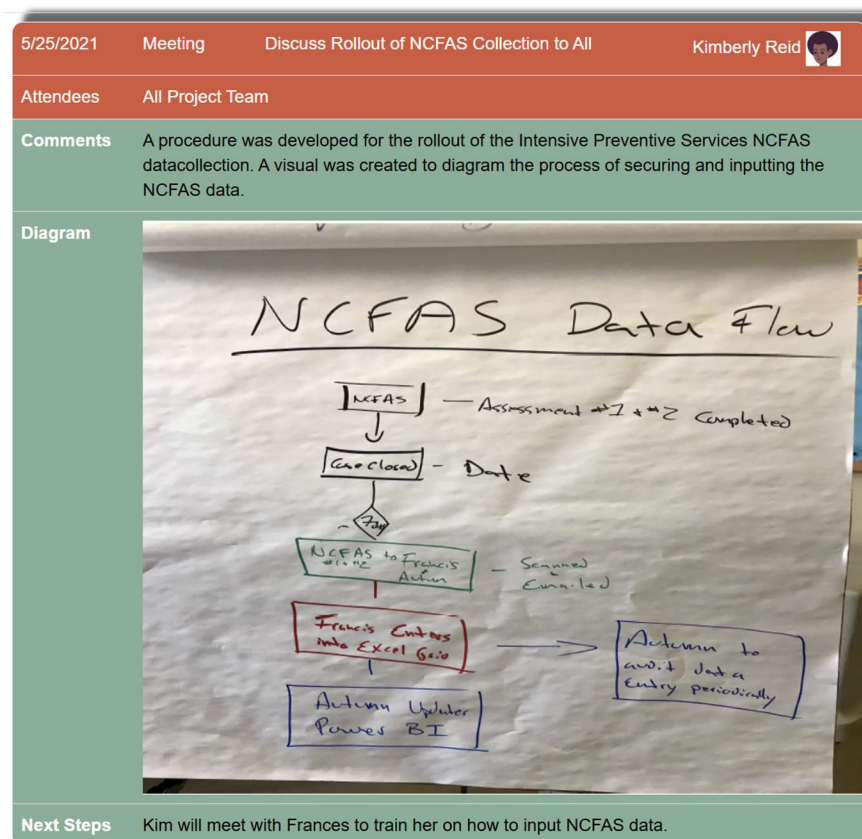
That single finding did what policy language alone couldn't: it justified the 24-hour requirement in terms staff could see for themselves. Instead of a rule handed down from above, it became a documented reason built from their own clients and their own cases. From there, the leads met to work out what it

would actually take to train every caseworker on collecting NCFAS data going forward — turning a promising pilot into an operational plan.

Act: Making It Standard Practice

With buy-in secured, the team turned the pilot into a permanent procedure, and this is where the project shifted from a data question to a people question. Rolling a new data-collection habit out to an entire caseworker team requires more than a decision at a quarterly meeting - it requires a documented process, a person accountable for training, and a way to check the work once it starts.

The team diagrammed the full workflow for collecting and entering NCFAS data, giving caseworkers a visual reference for exactly how a score should move from an assessment to the data grid. The caseworker procedure manual was updated to formally include NCFAS submission steps, and that update was rolled into a regular Preventive Services team meeting so staff heard about the change through the same channels they already used for other procedural updates instead of a separate, easy-to-ignore announcement.



Photo's are great supporting documentation, this is the entry for the team solidifying workflow before the full roll out.

Training happened person by person rather than all at once. One team member worked directly with a caseworker new to the process, meeting in person to walk through data entry and then observing as she practiced entering her first assessments. That same hands-on approach continued as questions came up in the weeks that followed. By the following month, the program had moved from a nine-case pilot to

actively collecting NCFAS assessments for every case discharged from Intensive Preventive Services, and shortly after that, for Kinship Preventive Services as well.

The Outcome

The project's own conclusion sums it up well: NCFAS assessments stopped being paperwork that caseworkers carried from case to case and became a working measure of program outcomes. What began as a data-tracking experiment ended up giving staff a concrete, evidence-based reason to prioritize meeting families within that first 24 hours, and it gave program leadership a reusable reporting structure for asking similar questions about other parts of the program in the future.

It's worth noting what this project didn't require: a large research budget, an outside evaluator, or months of delay before anyone saw a result. It required a scoring grid, one willing pilot caseworker, a handful of meetings, and a team willing to look honestly at nine cases before asking for a hundred. A well-run PDSA cycle is small enough to move quickly, but disciplined enough to produce a real answer.

Turning Documentation Into a Story

None of the detail above came from a final report written after the fact. It came directly from the project's QI Folio SmartStory, which is built automatically from the meetings, action items, comments, and next steps the team logged as the work actually happened.

You can read the complete [SmartStory Here!](#)

That's the underlying idea behind SmartStory: the story of a quality improvement project shouldn't have to be reconstructed from memory, or rewritten from scratch for a board presentation, months after everyone has moved on to the next initiative. If a team documents its work as it happens QI Folio can turn that documentation into a shareable narrative on its own, ready to hand to a caseworker, a supervisor, or a funder without anyone having to become the project's historian.

See It For Yourself

If you'd like to see how QI Folio supports projects like this one from PDSA tracking to automatic SmartStory reporting: join our upcoming group demo, “Managing Quality with QI Folio,” on September 23. It's a casual, no-pressure session: cameras are optional, and you're welcome to bring your lunch.

[Register for the September 23 group demo →](#)

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