

children's home + aid

THE PEER REVIEW CYCLE:

From Creating Tools to Effective Follow-up for Quality Improvement

Objectives

- Staff engagement in the review process
- Developing a record review tool
- Record reviews
- Corrective actions for record reviews
- > Data reporting
- Determining trends
- > Next steps

Record Review Worksheet CURRENT Foster Care children's home + aid Record Review Date Focused Review First Name Last Name Type Rice Unit: Primary (Rice Only) 1-E 2-E 3-E 1-W 2-W Secondary Birthdate Gender DCFS Ward Role Child Adoptive Parent DCFS ID Foster Child **Biological Parent** Residential Child Foster Parent Medicaid ID Other Relative CH+A ID Current Admission Date Worker 1 | CH+A ID Supervisor | CH+A ID Worker 2 | CH+A ID Program Name Worker 3 CH+A ID Worker 4 | CH+A ID Definitions: Yes The processes and/or forms are complete and in the file. There is no documentation of the forms or process being completed in the file OR There is documentation of the forms or processes in the No file, but it does not meet requirements. NA The process or form is not applicable to this case. Reasonable Efforts It is evident that the worker has made diligent attempts to meet the requirement and/or criteria and these diligent efforts are documented in the case record. Corrective Action Required QI staff will complete this column. Yes indicates that the deficiency can be corrected. No indicates that the deficiency cannot be corrected. W1, W2, W3, W4 These items contribute towards the worker's score AND the program's score. P These items contribute towards the program's score ONLY. N These items are not scored and are included for tracking purposes ONLY. Narrative - Comments, Strengths, and Recommendations:

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Record Review Results

	Item	Compliant	Reasonable Efforts	Corrective Actions Required	Comments
1.	Intake				
1.1	Informed Consent to Participate in Services (biological mother AND father AND paramour if paramour is involved in case/services; N/A if TPR or unable to locate after diligent search.) (W1)			Y N Completed	
1.2	Children's Home +Aid Intake Packet Signature Page (biological mother AND father AND paramour if paramour is involved in the case/services). Select N/A if TPR or unable to locate after diligent search. (W1)			Y N Completed	
1.3	HIPPA- Notice of Privacy Practices Signature Page (biological mother AND father AND paramour if paramour is involved in the case/services.) Select N/A if TPR or unable to locate after diligent search. (W1)	Y N NA		Y N Completed	
2.	Integrated Assessment				
2.1	The Initial IA was approved (complete and entered into SACWIS) within 45 days of case opening. Select N/A if the case has been open with Children's Home + Aid 1 year or more (None)			Y N Completed	
2.2	The IA is current (IA has been updated as needed if case circumstance necessitate an update. Review last 6 months only.) EXAMPLES of when to update IA: add on baby; new paramour; biological parent located and/or decided to be involved; marriage, if not previously listed as a paramour; new family/household member; lack of adequate information on Initial IA. (W1)			Y N Completed	

Children's Home + Aid Record Review Instructions



Date of Review	
Date Mistake Notification Due	
Date Corrections/Response Due	

The following instructions outline what YOU and YOUR SUPERVISOR need to do after one or more of your records have been reviewed.

Step 1: REVIEW - Review the results of the record review with your supervisor.

Step 2: IDENTIFY ERROR5 - Check each individual item to determine if any mistakes were made during the services. Did the reviewer select "no" for something that was actually in the file and compliant? Did the serviceser select "yes" for an item even though it isn't present or correct?

PLEASE NOTE: THIS IS NOT 5 DAYS TO MAKE CORRECTIONS - ONLY TO NOTIFY OF IF MISTAKES WERE MADE DURING THE REVIEW

- If you and your supervises determine that mistakes were made by the enterne, you have <u>5 business days</u> from the date of the enter to contact the QI suff that facilitated the enter - either by phone or by small - to let has been what mistakes were made. Please note that the QI Associate may ask for additional information or documentation to confirm that an enter was made.
- If missions were made during the explosit physical physical specific documentation, you must provide a copy of the documentation to QI within 3 business days from the date of the enter. For example, if the enterware noted that the Instee Packer Signature Page was missing, but the document was sensitive in the file of the enterware completed document to QI either via effect or complete the support you must sensitive was made.
- 25 you and your supervises determine that no mistakes were made by the seriewer, go to 3tep 3.

Step 3: DETERMINE IF YOU NEED TO SUBMIT A WRITTEN RESPONSE.

- Review cach item If "Connective Actions Required" is checked "Yes" for one or more items, a written response must be submitted.
- Step 4: MAKE ALL REQUIRED CORRECTIONS Some items can be corrected and some cannot. This generally depends on the current status of the case (open or closed) and/or on the nature of the items itself. For example, if an assessment is completed late, you cannot go back and change the date in order to bring the record into compliance.
 - Review cach item. For each item where "Contents" Actions Regulated" is checked "Yes", you must make the appropriate contention to bring the second into compliance.
 - REMEMBER: Contentions must be made before you submit the Response Form to QL.
- Step 5: SUBMIT YOUR RECORD REVIEW RESPONSE Corrections must be made and responses must be submitted to QI within <u>30 calendar days</u> of the review.
- Step 6: FINAL SCORES Once workshoets have been second, QI will send each supervisor a copy of their program's Data Summary Report. This report will include final second for each record reviewed.

If you have questions about the review, the results of the review, required corrections, or the submission of the response form, please contact: Deborah Pillers, Quality Improvement Manager, @ 315 720-2102 or <u>dpillers@childrenshome.andaid.org</u>

Children's Home + Aid Record Review Response Form



Use this form to record and submit all required corrective action. Each item where "Corrective Actions Required" is marked yes must be corrected. <u>Corrections must be made prior to the completion of this</u> form. This form must be submitted within 30 days of the record review.

Review Date		
Worker Name	1	Region
Client/Family Name	Lo	ocation
Program		
Raff Signature (Required)	Date Supervise Signatu	te (Itaquised) Date
Item Number	Corrective Action	Taken

Children's Home and Aid

Record Review Session - Data Summary

QI Associate:	Deborah Pille	ers		
Program:	<u>70-100:Tradi</u>	tional Foster Ca	re	
Date:	7/16/2015	Session ID:	<u>2239</u>	

	%NA	/Where	%Compliant /Where Applicable	
Corrective Action Details				
12-12 Developmental screenings for children up to age 5 (0-3, 3-5) are in the record. Select N/A for children 3-5 who are in pre-school, Head Start, etc. W1	66.67%	100.00%	100.00%	0.00%
12-13 The child age 3 and older is enrolled in school. P	0.00%	100.00%	100.00%	0.00%
12-14 If age 14 or older, the child has been assessed for Independent Living Skills at all required milestones, utilizing the Ansell-Casey Life Skills Assessment. W1	100.00%	NA	NA	NA
12-15 The CFS 407-4 Educational Profile is current for this child. (Must be completed on ALL children regardless of age; updated annually for children up to age 5/pre-school; updated every 6 months for children K-12.) W1	0.00%	100.00%	100.00%	0.00%
12-16 The CFS 407 school report is current for this child (must be completed annually for children age 3-5, and every 6 months for school age children). W1	0.00%	100.00%	100.00%	0.00%
12-17 The IEP has been updated annually for children in Special Education, and a CURRENT copy is in the file. P	66.67%	100.00%	100.00%	0.00%
12-18 Consent for Routine Medical/Dental for DENTAL needs is current; consent is not expired and is for the current dental provider. W1	0.00%	100.00%	100.00%	0.00%
12-19 Consent for Routine Medical/Dental Care for MEDICAL needs is current; consent is not expired and is for the current medical provider. W1	0.00%	100.00%	100.00%	0.00%
12-20 The CANS is current - completed within the last 6 months. W1	33.33%	50.00%	50.00%	50.00%
Corrective Action Details				
Supervisor Record Staff Record Client Reasonable Effort Compliant Corrective Action Status				
NO NO Outstanding				
RECORD REVIEW SESSION TOTALS	48.45%	84.67%	83.33%	8.00%
PREVIOUS YTD RESULTS	51.62%	81.87%	81.67%	8.41%

Children's Home and Aid

Worker - Record Review Report

Worker Name: Jane Doe

Timeframe: 7/1/2014 - 6/30/2015

Record Review Summary

Record Reviews 2

Avg. Compliance 98%

Avg. Reasonable Effort 98%

Record Review Details

Record Review ID	Review Date	Cost Center	Average Compliance	Average Reas. Effort	Corrective Actions Pending	Corrective Action Final Status
4164	8/21/2014	70-120	96%	96%	No	None Req'd
4391	11/6/2014	70-120	100%	100%	No	None Req'd
Ave	rage Scores:		98%	98%		





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