



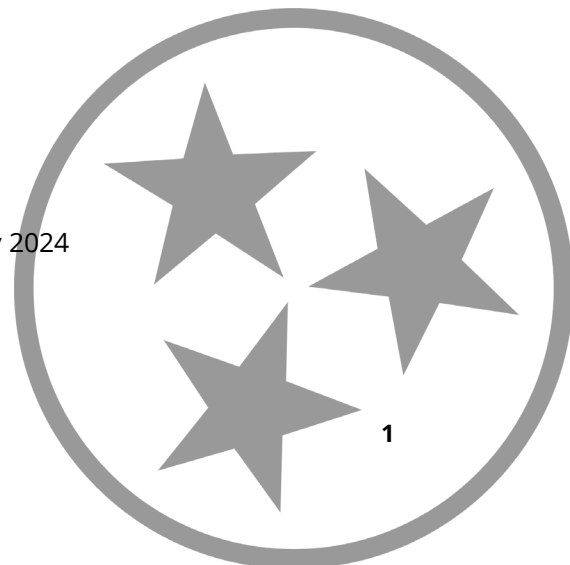
Department of  
**Children's Services**



# Case Process Review Guide

Office of Quality Compliance

Tennessee Department of Children's Services | CPR Guide | February 2024



**Table of Contents**

Introduction and Purpose of Case Process Reviews.....3

Time Frames and Sample Process.....3

CPR Peer Review Operations.....4

Data Results and Usage.....5

Case Process Review Oversight.....5

CPR and CQI.....5

# *Introduction and Purpose of Case Process Reviews*

The Tennessee Department of Children's Services (DCS) implemented quarterly Case Process Reviews (CPRs) in 2004 to verify that required documentation was contained within client files. The purpose of the CPR Review is to conduct an internal review of services to assess the child program's case file compliance through a quantitative and qualitative approach. This approach uses data to evaluate the impact of the agency's service delivery, system-wide improvements, and practice outcomes. The CPR process ensures the state of Tennessee complies with best practice standards established by the Council on Accreditation (COA) and meets the criteria outlined in [PA-PQI 4: Case Review Standard](#).<sup>1</sup>

An 80% adherence standard to all questions administered in the CPR is monitored through the data results. Data results are shared with each region following the review. This data is used to identify trends and areas of need with the goal of encouraging discussions on policy and practice to guide interventions to improve practice. These discussions take place during CQI meetings.

This review is to ensure the case files have been organized and documented in accordance with DCS Policy and COA standards.

Since 2004, the CPR tools have undergone many changes in format and content. These changes have been necessary to address policy changes and enhance clarity. Currently, the review tools are available online through a link on the Quality Improvement website in the Case Process Review (CPR) section. These tools use Formstack to gather and collect the data. The CQI Team analyzes the data, distributes the data to the regions, and identifies areas of need in conjunction with regional leadership to help drive practice improvement.

Supervisory staff complete the CPRs within the regions. Once the assigned Supervisor Reviewer completes the CPR review, the Reviewed Supervisor uses the CPR tools during his or her supervision sessions with the Caseworker to discuss strengths and identify areas of needs in casework. The Reviewed Supervisor has 30 days from the review period completion date to discuss this with the Caseworker and make corrections identified in the "Action Steps" section of the CPR. The supervisor reviews these corrections after the CM completes them.

---

<sup>1</sup> <https://www.social-current.org/impact-areas/coa-accreditation/public-agency-standards/>

## ***Time Frames and Sample Process***

The Continuous Quality Improvement (CQI) Program Coordinators receive the Case Process Review (CPR) sample from the Business Intelligence and Reporting within two weeks of the start of the new quarter. The CQI Program Director ensures each of the CQI Coordinators reviews the samples and distributes the samples to the regions. All cases in the sample must be reviewed and entered into the program-specific Formstack tool by the appointed due date. Quarter 1: January, February, and March, Quarter 2: April, May, and June, Quarter 3: July, August, and September, and Quarter 4: October, November, and December. Reviews begin on or around the 15<sup>th</sup> day of the start of the new quarter.

CPR Samples include a 5% sample of open and closed case files for each program. The open case files comprise most (51% or more) of the sample size. All cases in the sample must be open for at least 45 days during the review period.

The Continuous Quality Improvement (CQI) Coordinators receive a 5% oversample of cases to make replacements within the original sample if necessary. There are several reasons why a case might need to be replaced including: the incorrect case type listed on the sample, the case on the sample is from another region, or the case is a closed adoption.

## ***CPR Peer Review Operations***

Case Process Reviewers consist of supervisory staff. Reviewers do not review cases in which they have been directly involved to ensure a true peer-to-peer review is conducted. This helps validate an unbiased and fair evaluation. The regional reviewers or regional designee ensure all cases are evenly distributed cases to be reviewed among Case Process Reviewers. No one reviewer can review all the cases. The CQI Coordinator can assist with the assignment of cases if needed.

## ***The Online Review Process***

Case Process Review tools are accessed through the Quality Improvement, Case Process Review webpage on the intranet. The links can be found at:

<https://www.teamtn.gov/dcs/divisions/quality-improvement/pqi/review.html>

Upon the reviewer's completion of each of the case reviews, he or she ensures a copy of the results is given to the case supervisor.

Each region is expected to complete 100% of its samples. The deadline for reviews is posted on the CPR website. Continuous Quality Improvement CQI Coordinators work with their region to ensure all reviews are completed timely.

## ***Question Answering Tips***

Applicable policy and instructions are embedded into each of the tool's questions to provide clarity for the reviewer.

Content Questions: Definitions and Instructions guide a reviewer as to when it is appropriate to mark "yes," "no," or in some situations not applicable "(N/A)".

## ***Data Results and Usage***

The Case Process Review databases are continuously populated as reviewers enter data into Formstack. The CQI Coordinators track progress at regular intervals during the review period to monitor progress toward completion. Completion totals are compiled during this tracking process and are shared periodically with Regional Directors.

The CQI Program Director pulls the final results from Formstack within a week following the close of the review quarter. The CQI Team then cleans up the data by deleting duplicate entries and identifying incomplete data. In some cases, the CQI Program Coordinators contact regional staff to obtain missing information. Once the data is ready, the CQI Program Director shares the final report with Regional Leadership. This report provides percentages on statewide and regional results for each question on the CPR tool.

## ***Case Process Review Oversight***

The Case Process Inter-Reliability Reviews (IRRs) are conducted quarterly to provide oversight of the review process. A random sample of the Case Process Review sample is chosen, ensuring all regions are chosen in each of the program areas reviewed. The CQI Director, CQI Coordinators, and other specially trained staff assist with completing these reviews during the last month of the review period. IRR Reviewers are given responses from the CPR reviews and are prompted to answer if they "agree" or "disagree" with the CPR reviewer's answers. The purpose of the IRRs is to validate the review process, to refine questions and definitions, and to provide extra training as needed for reviewers. These reviews are conducted during the third month of the review period after all Case Process Reviews have been completed. IRR Reviewers are prompted to verify that action steps on all open cases have been completed or that a follow-up reminder has been sent to the case supervisor notifying him or her that action steps have not yet been completed.

## ***CPR and CQI***

The Case Process Reviews are a deeply rooted piece of the Continuous Quality Improvement process. As each reviewer goes through the files and identifies areas for improvements, they note the areas of improvements in the action steps in order for the Case Manager to make corrections. Closed case files will not require corrections, but Supervisory Staff are encouraged to apply suggested action steps to future cases. Regional Leadership is responsible for ensuring that Case Managers make the necessary corrections.

Data from the Case Process Reviews are fundamental in the CQI process to identify trends in service delivery, quality of documentation, and system-wide levels of practice insight. Data Results are shared with all Child Program Regional Directors and are also reviewed during Regional CQI meetings. Regions may identify areas of improvement they wish to target through ongoing data monitoring with the assistance of the CQI Coordinator.