NC INFANT-TODDLER PROGRAM CHILD RECORD REVIEW TOOL 2013 GUIDE

12/12/2013	Record Review Tool Guide

This Guide provides instruction and guidance for using the record review tool, suggestions for the review process, and training staff to maximize the use of the tool.

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INTRODUCTION

The Early Intervention (EI) Branch created a QI Workgroup in May 2012 to revise and update the NC Infant & Toddler Program Child Record Review Tool (RRT) created in 2005. The tool was revised in March 2007, but no further revisions have been made. IDEA issued revised Part C regulations in September 2011, which provided an opportunity for the NC Early Intervention Branch to update the tool and ensure that the questions and guidance were aligned with the new Part C regulations and revised state policies.

A RRT workgroup was convened in 2012 and consisted of eight members representing staff from the Early Intervention's QI Unit, regional CDSAs, and a parent. This group worked together to revise the tool, update the training curriculum, and create this manual. The goal of the workgroup was to revise the RRT to allow for consistent review of records on the most current regulations that include a balance of indicators on compliance and performance/results.

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WHY DO WE MONITOR?

The primary focus of monitoring activities is to improve educational and functional outcomes for all children with developmental delays, disabilities, and/or established conditions. There are numerous activities to accomplish monitoring on the state level, such as Focused Monitoring and Self Assessment, and at the CDSA level, such as record reviews and data collection.

All monitoring activities are designed to accomplish the following:

- Identify and correct noncompliance,
- Facilitate improvement and performance,
- Support practices that improve results and outcomes for children and families, and
- Ensure that the NC ITP is meeting the program requirements of IDEA and other federal and state regulations.

Monitoring provides a method for maintaining accountability and a continuous quality improvement system. This is a continuous approach to collecting and analyzing data at all levels of service delivery, in order to better understand the nature and results of service delivery, which can then facilitate systematic improvements.

KEY CHARACTERISTICS OF A CONTINUOUS QUALITY IMPROVEMENT (CQI) MONITORING SYSTEM

CQI usually involves a common set of characteristics, which include the following[1]:

- A quality team made up of the agency's top leadership
- A training program for personnel
- Mechanisms for selecting improvement opportunities
- Formation of process improvement teams
- Staff support for process analysis and redesign
- Personnel policies that motivate and support staff participation in process improvement
- Application of the most current and rigorous techniques that are research based.

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[1] The Global Evolution of Continuous Quality Improvement, Editors: William A. Sollecito and Julie K. Johnson, 2013

The benefits of having accountability and a continuous quality improvement monitoring system include:

- Ensures consistency across CDSAs and providers
- Ensures compliance to standards and focus on outcomes
- Aligns local practice with required federal performance indicators
- Focuses on efficiency, manageability, and meaningfulness
- Integrates Quality Assurance and Quality Improvement activities into the Early Intervention system components
- Ensures an ongoing and continuous process
- Ensures decisions based on data and outcomes
- Ensures family involvement in a meaningful way
- Allows CDSAs to customize local self-assessment monitoring activities

PURPOSE AND BENEFITS OF RECORD REVIEW

There are many monitoring activities, such as record reviews, from which a CDSA must use to oversee the provision of Early Intervention Services. The record review process has many benefits, including:

- Ensures quality practice
- Provides data for analysis
- Confirms compliance
- Identifies strengths and weaknesses
- Identifies areas that need improvement or additional training
- Identifies patterns and trends
- Provides feedback
- Improves results
- Helps troubleshoot (catch an issue early so it can be remediated)
- Confirms a remediation's effectiveness (did the changes made make a difference?)

RECORD REVIEW PROCESS

The Early Intervention Program requires CDSAs to create local monitoring processes, which includes record reviews. There are various strategies to conduct record reviews that will increase buy in, consistency, accuracy, and benefits of the reviews. The following guidance provides various ways to facilitate record reviews.

- **Review Team versus Individual Reviewer**
  While there are advantages to having a single reviewer, such as consistency interpreting the standards, consistency in answering the questions, no need to decipher someone else's notes, consistent data collection, there are more advantages to having a review team. These include:
  o Sharing data collection work load
  o Increased understanding of standards and requirements by staff
  o Increased "buy in" of Continuous Quality Improvement
  o Involvement of more staff in the review process
  o Reviewers can see how others document in the record
  o Reviewers can see the connection between the standard to actual provision of EI components, such as providing procedural safeguards, informing parents of their rights, and providing EI services to the child and family.

- **QA/QI Team Members**
  Each CDSA is to have a QA/QI Team to address CQI issues to include the following staff:
  Required QA/QI Team Members:
  o Quality Assurance/Quality Improvement (QA/QI) Coordinator (if applicable)
  o EI Service Coordinator(s)*
  o Other Direct Service Staff*
  o At least one Supervisor of Staff (i.e., Hab Supervisor, Director, Clinical Staff Supervisor)*
  Optional Team Members:
  o Medical Records Staff*
  o Business Office Staff*
     *membership on the team can rotate among staff

- **Rotating Members Versus Core Group**
  The benefits of having a core group of reviewers that meet on a consistent basis include increased consistency, ability to discuss interpretation of standards, and reliability and validity of scoring records against standards. The advantages of rotating members includes the involvement of more staff in the review process, increased understanding of the review process and exposure to the CQI process.

- **Frequency of Reviews**
  Review frequency should be dependent on the needs of the CDSA and how integrated their CQI process is to their overall monitoring activities, as long as minimal review requirements are met. A record review can be completed as often as the CDSA feels it is needed, especially if there is an area that needs improvement (see section on "target reviews"). In order to maximize monitoring of trends, patterns, and areas of noncompliance, while ensuring that the CDSA is providing quality EI services and procedural safeguards to families, record reviews must be completed at least monthly.

- **Selection of Review Focus**
  How do you select the standards to review? While a complete standards review would be optimal on every record, this is a very staff intensive and time consuming option. It is required that the CDSA utilize the entire Record Review Tool on 3-5 records annually. Data should be used to target errors. Choosing standards for a more targeted record review should be based on:
  - the needs of the CDSA,
  - frequency of reviews,
  - staff time needed for reviews, data collection, analysis, findings, and briefing review team, management team,
  - areas that have been identified as out of compliance or needing improvement in past reviews,
  - areas identified in Self Assessment or Focused Monitoring that were out of compliance or needed improvement,
  - areas identified by state QI staff (e.g., Regional Consultant),
  - areas identified in corrective action plans or remediation plans,
  - standards that are new or revised, which the CDSA checks for accurate and quality implementation,
  - standards that the CDSA selects as "areas of focus" based on feedback from QA/QI Coordinator, EISCs, providers, supervisors, state office staff, or others,
  - random standards from the record review tool for the purpose of ensuring compliance and quality care on various standards.

  The Review Team should meet to discuss the standards that will be reviewed prior to the review. In order to monitor trends and patterns, the standards should remain on the CDSA's "record review checklist" for at least 6 months. This will allow for anomalies in data collection (e.g., reviewing transition when there are very few children scheduled for a Transition Planning Conference (TPC) that month), allow for new practices to take effect, and allow for documentation of new practices to be documented in the record.

- **What is a Target Review**

  There will be times when a specific standard or practice will be identified through the CDSA record review, internal feedback, Self Assessment, or Focused Monitoring, that the CDSA will target to identify the root cause, implement training to improve practice, and monitor that standard so it is in compliance or its quality has improved. The standard may be reviewed as part of the record review system or independent of the review schedule. It also may involve pulling all related records rather than pulling a sample. For example, if the review showed that PWN was not provided at exit for children exiting the ITP prior to turning three years of age, the CDSA will pull records for all children exiting prior to turning 3 years of age to review PWNs.

- **Selection of Records**
  - **Which Records?** What is the best way to select records? Some standards may lend themselves to 100% review of records (e.g. all children with a scheduled TPC in a given month or all children exiting the program prior to 3 years of age), while other standards require some form of sampling (e.g., IFSP completion within 45 days). The CDSA should ensure that a record is reviewed from every direct service staff member or from every county served by the CDSA. The key to selection of records is to be consistent. The goal is to ensure an adequate representation of children, staff, activities, timelines, and services, while balancing staff time to review and analyze data. A random sampling provides a broader view of services to children. The EI information system, Health Information System (HIS) has the capacity to create reports on different timelines, such as 45 Days (IFSP), TPC due dates, 30 Day (Timeliness), for a distinct period of time, such as a month prior to the review or for referrals in January. These reports can be exported into an Excel spreadsheet and randomly sampled. A simple way to randomly sample is to decide how many records to review for a specific standard, such as TPCs. If there are 40 TPCs due in a month and the target to review is 20% (8 records), divide 40 by 8 and get 5. Take every fifth name on the TPC report to get 8 records.
  - **For What Time Period?** Reviewing the most current data is optimal, but also ensure that all the data is entered into HIS, so all records are in the query. The CDSA may run the query for the previous month to ensure all data has been entered. For example, an October review will look at all IFSPs due in September. Balance accuracy and completeness of data with the benefit of reviewing the most recent information. If training occurs on a certain practice, review record entries that occur after the training to assess fidelity. Different time period queries for different reviews are acceptable.

- **Who does analysis – individual or team?**
  Depending on how many standards are used and the number of records review, the data collected can be voluminous. Who reviews it, analyzes it, and makes conclusions from it? These functions can be completed by the entire review team, some members of the team, or a QA/QI Coordinator. The Review Team during the review may discuss noncompliance or questionable practice and reach consensus on whether a record has missed a timeline or has not followed ITP policy or procedures. A QA/QI Coordinator may review checklists to determine how well the records meet standards. Rotating team members may provide a fresh perspective to uncover trends from the record review data.

- **Giving feedback**
  Providing specific findings, trends and patterns, root causes, hypotheses, and recommendations, completes a CQI system. Inform staff of the results. Feedback can be simple, such as a brief memo to staff informing them how many of their records were reviewed, for what standards, and % met; or complex, such as a record of % of standards met, # of records reviewed, % in compliance, compliance reported per staff, list of standards that have improved over the past 3 months, and list of standards that continue to miss target compliance. Reporting on trends, root causes, and providing recommendations provides staff and supervisors/managers a starting place for improving practice and quality of care.

RECORD REVIEW TOOL

The Record Review Tool (RRT), December 2013, has been revised to reflect IDEA 2011 regulations, NC ITP policies and procedures, and questions related to outcomes and results. The RRT Workgroup revised the tool to be more flexible, functional, and customizable. While the entire tool can be used to review a record, it can also be used by section or function (see "Record Review Index" for more information). The tool is set up in thirteen sections:

- General Record Information/Financial Information
- Referral Process
- Interim IFSP
- Eligibility Determination and Evaluation
- Initial Assessments
- Initial IFSP Meeting
- Current IFSP Content
- Early Intervention Services
- Evaluation to Determine Continuing Eligibility after Enrollment
- Periodic Review or Other Review

- Annual Review of IFSP
- Transition to Preschool Program or Other Services
- Exiting EI Services

The tool is in a checklist format in Excel with a Yes/No/NA option and space for reviewer comments. Each section has its own tab. Each section contains the following information:

- **Topic Area**: provides the reviewer with general information of the subject matter to be reviewed
- **Question**: consists of IDEA, FERPA, or NC ITP rules, regulations, policies, procedures or best practices that should be demonstrated in the record
- **Citation**: each question references the federal and/or state regulation
- **Answer**: each question has the option of Yes/No/NA. If the NA field is not available, it indicates that the question must have a Yes/No response.
- **Guidance**: additional information provided to the reviewer to assist her/him in determining whether the requirement listed in the question has been met or not. The guidance may include where to look for evidence of the standard (in italics) and/or provide additional interpretation, clarification and background in order for the reviewer to determine compliance.
- **Reviewer Comments**: provides a space for comments and clarification to support the decision the reviewer made. This space is useful to document the flow of documentation determining that a service was not timely or did not provide all necessary procedural safeguards. For example, if a service was not provided within 30 days, the reviewer can document the steps taken from when the service was added to the IFSP, referral made to the provider, provider selection, attempts to set up start date between provider and family, etc. Then a determination can be made as to the cause of the delay.

RECORD REVIEW TOOL INDEX

In order to individualize the record review tool, the Record Review Tool Index was created. This Index provides a list of topics or EI activities that can be monitored. Each topic has regulations listed that pertain to that topic. The Index also includes for each topic, the question(s) on the tool that addresses that topic. For example, if records show a trend of not providing procedural safeguards to the family in their native language, the review team can find "Native Language" on the Index and see all the questions that address native language and create a target review with those questions.

RECORD REVIEW DATA REPORTING TOOL

The Data Reporting Tool was created to streamline the analysis of the data collected from the reviews. The YES/NO/NA answers from the checklist are loaded into an Excel spreadsheet and automatically calculated as to the percentage that is in compliance. The reporting tool has a tab that corresponds to each section of the tool. It provides information by staff person and county.

RECORD REVIEW TOOL TRAINING

The EI Section's Technical Assistance (TA) Team is available to provide training and technical assistance on the use of the Record Review Tool, RRT Index, and RRT Reporting Tool. Training materials that are available include:

- The NC ITP Child Record Review Tool and Review Process, 2013 Training Powerpoint
- The NC ITP Record Review Tool Guide 2013 (this document)
- The NC Infant-Toddler Program Child Record Review Tool 2013
- The NC ITP Record Review Tool Index 2013
- The NC ITP Record Review Data Reporting Tool

These documents are available through your Regional TA Coordinator.