

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P.O. BOX 88

JEFFERSON CITY, MISSOURI

March 31, 2005

MEMORANDUM

TO: REGIONAL EXECUTIVE STAFF, CIRCUIT MANAGERS AND
ALL CHILDREN'S DIVISION STAFF

FROM: FREDERIC M. SIMMENS, DIRECTOR

SUBJECT: CQI HANDBOOK REVISIONS AND PEER RECORD REVIEW
REVISIONS

REFERENCE: CHILDREN'S DIVISION

DISCUSSION:

The purpose of this memo is to introduce the revised Continuous Quality Improvement (CQI) Handbook now located on the Intranet and to provide information about changes in policy related to the CQI process, the Peer Record Review Protocol, the Peer Record Review Instructions, and Worker Health Safety Precautions.

Continuous Quality Improvement

Continuous Quality Improvement (CQI) represents a best practice social work organizational standard. It is a philosophy that allows the Children's Division staff to look at the agency as a whole and develop plans for improvement. The philosophy is based on a "bottom-up" approach, meaning field workers identify needs for improvement and implement changes at the local level. CQI is intended to evaluate the effectiveness and efficiency of services provided, determine whether services meet predetermined expectations of outcomes, and attempt to correct observed deficiencies identified through the CQI process.

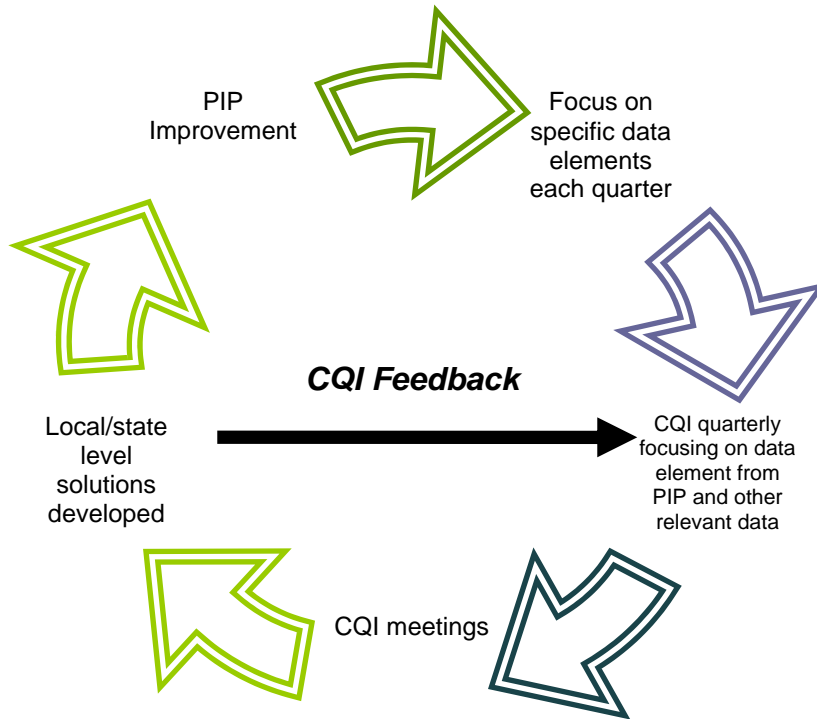
CQI Handbook Revisions***Focusing the CQI Process***

A quarterly CQI newsletter (*In Focus*) will be issued by the Quality Assurance Unit during the first two weeks of each quarter prior to the First Level CQI Team meeting. This newsletter will focus on one to two pertinent data elements as determined by

What's Inside:

- Revisions made to the CQI Handbook
- Revisions made to Peer Record Review

the Division's Program Improvement Plan (PIP). The following flow chart illustrates how the PIP will be used to focus the CQI process:



The CQI newsletter can be used as a mechanism to focus the CQI meetings on the identified specific elements, thus focusing all staff at one time on issues addressed in the PIP.

Other elements of the CQI newsletter will include a statewide trend chart on the data elements selected each quarter from the PIP with discussion of how the elements relate to the Council on Accreditation best practice standards and how the elements affect consumers. Additionally, the newsletter will contain links to trend charts for each Circuit. These charts will compare Circuit performance to the statewide average and the state goal set by the PIP or by the agency's strategic plan.

The CQI quarterly newsletter is meant to provide guidance for the CQI Teams. While teams are encouraged to use the CQI Newsletter in their meetings, *teams are not limited to discussing newsletter items only.* Any service delivery issue is appropriate for discussion during CQI meetings.

CQI Activities Calendar

The CQI Activities Calendar has been updated for 2005 and is now available on the Children's Division Intranet under the CQI Handbook, Section II.

CQI Team Names

CQI Team names have been changed to alleviate confusion when discussing the different levels of teams. The Local Level Teams are now called the First Level Teams. The Site Level Teams are now called the Second Level Teams. The Area

Level Teams are now called the Third Level Teams. The State Level Team will continue to be called the State Level Team.

Composition of First Level Teams

All staff, including clerical staff, is expected to participate in CQI Meetings. First Level Teams should be comprised of 8-12 members. Additional participants may be added as they serve the team's needs. Team leaders may request the attendance of individuals who possess details about a particular issue to assist them at the next level meeting.

First Level Team Meetings are intended to be *peer to peer* meaning frontline workers will only meet with frontline workers and supervisors will only meet with supervisors, etc. Circuits with less than 8 supervisors need to contact their regional offices for advisement regarding the composition of their First Level meetings.

CQI Safety Handbook

Policy changes made to the Safety Handbook Section of the CQI Manual include a new section on worker health safety precautions and new policy on how the Children's Division prevents and controls contagious and infectious diseases such as tuberculosis and blood borne pathogens. This policy is in accordance with recommendations made by the Missouri Department of Health and Senior Services, Disease Investigation Unit.

In all instances of on the job exposure, the local health department should be notified and will assist in coordinating testing and treatment to staff at risk. Staff will adhere to the following safety precautions to prevent on the job exposure:

- Staff are required to wear gloves if they anticipate having contact with surfaces soiled with moist body fluids. Gloves must be ordered from the Supply Catalog, stocked in each office, and accessible to all Children's Division employees.
- Staff are required to wash their hands and protect their clothing if they are likely to come into contact with items or surfaces soiled with moist body fluids.
- Staff are encouraged to review the standard precautions as outlined by the Centers for Disease Control and Prevention <http://www.cdc.gov>.
- Staff exposed on the job will be covered under Workers' Compensation <http://dssweb/dpl/adman/POLICIES/2-204.pdf>.
- The local public health department should be notified of all exposure circumstances and will assist in coordinating testing and treatment to staff at risk.

Staff will follow the following protocol if exposed to tuberculosis on the job:

- Staff will receive baseline PPD two-step skin testing as directed by public health authorities. One test will be given at the time of exposure discovery. Another single PPD test will be given three months following exposure to evaluate for conversion.

- If a staff member tests positive for tuberculosis, the staff member should receive a baseline chest x-ray and be provided the opportunity to receive anti-TB medications for the infection per recommendations from public health authorities.

Staff will abide by the following protocol if exposed to blood or other potentially infectious materials (OPIM) on the job:

- Should staff be exposed to blood or OPIM on the job, they will be evaluated for exposure to HIV, Hepatitis B, and Hepatitis C.
- Staff will be provided with the Hepatitis B vaccine if such an exposure occurs.

Peer Record Review Protocol and Instructions

The Peer Record Review (PRR) Protocol and PRR Instructions has been revised to reflect current policy. The new PRR Protocol is now a Word Document and is available on the Children's Division's Intranet under the CQI Handbook, Section III. Do not use the PRR Protocol One Form as this is an outdated form.

Reviewer's names are no longer required on the PRR Protocol. The *Reviewer's Name* field has been removed from the PRR Protocol and the Lotus Notes database.

To increase the integrity of the PRR data, please review the following PRR process recommendations:

- The Peer Record Review process is intended for front-line staff (Children's Services Workers) to participate in reviewing cases.
- Staff should not review their own cases or cases within their particular office/county.
- Case reviewers should only review cases in their program area, unless they are generic workers. For example, Investigators should only read investigations, Alternative Care workers should only review alternative care cases.
- There should be a balance between new and experienced staff reviewing cases during the PRR process with all staff having an opportunity to participate in reviews during the course of the year.
- New workers should be trained on the PRR protocol/instructions prior to reviewing cases.
- The PRR Site Coordinator should be available to answer questions about the PRR protocol/instructions during the review process.

Summary

The CQI Handbook and the Peer Record Review revisions discussed in this memo were derived from suggestions made by field staff across the state. The success of the CQI

process is dependent upon the degree to which the agency and team members are committed to the process. The quarterly CQI team meetings are a time to evaluate the agency's services and outcomes and in turn create and implement plans for improvement. When everyone participates in developing local level solutions everyone benefits, most importantly the children and families we serve.

NECESSARY ACTION:

1. Review this memorandum with all Children's Division Staff.
2. Implement new policy as needed.
3. Order a supply of gloves from the Supply Catalog for each office.
4. Replace the Peer Record Review Protocol dated 4/04 and Instructions dated 4/04 with the revised Peer Record Review Protocol and Instructions.
5. All comments and questions regarding this memorandum should be cleared through normal supervisory channels.

FMS/SL:js