Continuous Quality Improvement Project

Tennessee
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CONTINUOUS QUALITY IMPROVEMENT (CQI) STRUCTURE

Department Structure

The State of Tennessee is in the process of restructuring their CQI Unit. The changes should take full effect before July 1, 2012. The State’s QI budget will be adjusted for restructuring. Tennessee has twelve regional CQI coordinators and a State QI Unit that consists of one Program Director 2 for Quality Improvement, two Program Director 1s for Continuous Quality Improvement, one Program Director 1 for Accreditation, one Program Manager for Planning, three High Reliability Review Coordinators, an MSSW intern, and an administrative services assistant. At present, the Program Director 2 for QI reports to the Inspector General who then reports directly to the Commissioner. Prior to the restructuring the regional coordinators reported to their regional administrators. Under the new system, the reporting structure will be as follows:

Regional Coordinator ➔ East or West Tennessee Manager ➔ Director of QI ➔ Inspector General ➔ DCS Commissioner

Tennessee’s Department of Children Services is accredited by the Council on Accreditation (COA). The CQI Unit was pleased to have only had one finding (a documentation issue) in the PQI standards during their accreditation process.

Staff Qualifications and Responsibilities

All Regional CQI Coordinators have previous experience as Team Leaders (supervisors) or Case Manager IIIIs. Generally, to become a coordinator one must have been in the case manager series for two to three years. The Unit also looks to hire those with strong facilitation, writing, and data skills. Most also have a degree in a social services field. The most important qualification is previous experience in the field. Regional Coordinators need to understand the context (a large, complex child welfare system) in which the data exists. The CQI Unit also likes for coordinators to come from a variety of specialty backgrounds (e.g. CPS, JJ).

Under the new CQI system, all Regional Coordinators will have only CQI-related job responsibilities (which previously was not the case). Coordinators primarily work within their own region, with some additional case review responsibilities in other regions. Some Regional Coordinators will also have responsibilities at the five Youth Development Centers across the State. Tennessee’s CQI Manual contains a detailed list of the responsibilities of the regional CQI coordinators. Additionally, Tennessee’s University Consortium currently provides one of their employees (an MSSW) to each of the regions to
complete case reviews. These MSSWs typically do case reviews and provide technical assistance to frontline staff.

Training

All employees, from the regional administrators to the frontline workers, are involved in the CQI process. All Department of Children and Families employees must complete CQI training on an annual basis. The training is administered through a web-based training program and covers generic concepts regarding CQI. Additionally, all new employees must complete a 45-minute CQI training within the first week of employment. This training is conducted by the regional coordinator and aims at introducing the employee to the various opportunities to join a CQI team.

Skill building opportunities for Tennessee’s CQI Unit are provided as needed. There are some opportunities through the Department of Human Services (e.g. courses on SPSS, Excel).

In January 2011, the State hosted a one-week training for all CQI Coordinators during which they discussed Quality Circles and Quality Practice Teams. The training began with a full day of DISC training (conducted by Donna Johnson), which was designed to get everyone thinking about strategically building CQI teams based on each members own work style and personality. CQI coordinators were also trained on the Department’s Performance Improvement Plan, Field Focus, and using Quality Service Review data to improve outcomes for children and families. Ruth Huebner and NRCOI’s Peter Watson gave the group an overview of CQI in the nation and discussed the State’s strengths and opportunities. Tennessee tries to offer a large CQI training once per year.

Committees

Tennessee has CQI Quality Practice Teams (QPTs) and Quality Circles. Each region has a QPT which is made up of seven to ten employees and stakeholders from the region. The team meets on a monthly basis and is led by the regional CQI coordinator. The team uses data to identify regional issues, brainstorm solutions, set goals, identify action steps, and finally, to track and adjust goals. Each region also has six to ten Quality Circles. Each Circle has a member of the region’s QPT, as well as other employees and stakeholders from the region. These Circles focus on particular problem areas. For example, some of the regions have a Youth Quality Circle with a post-custody youth sitting in the Circle. These Circles look at Quality Service Review (QSR) indicators to identify issues and set goals for improvement. The goals are then presented to the QPT for reporting back to the Regional Administrator. Once the Regional Administrator has reviewed and approved the goals, the region is given permission to follow through with the appropriate action steps.

All QPTs are currently chartered, and it is anticipated that all Circles will also be chartered. When Tennessee’s system was first rolled out in 2005, all employees were required to participate on a CQI team. The State, however, found that this resulted in too many teams (hundreds) being formed, with some of them never getting past the “ice on the sidewalk” stage of CQI. Though this mandatory system did help to create a CQI culture in the State, they have since changed participation to voluntary.
Quarterly meetings and regular teleconferences are organized for CQI Coordinators. Each CQI Coordinator is also a member of Group Site, a social media internal web system that allows users to create profiles, share data and network with one another. Users are able to send email blasts and facilitate group discussions through the program. The State CQI Unit is also able track Regional Coordinator use on Group Site, which allows the Program Coordinators to remind users to log on and check out new information if the user has been inactive for an extended period.

Each county has a Community Advisory Board (CAB), i.e., an independent 501(c)3 organization made up of different providers that helps families in need whose situations may not necessarily reflect the referral to Child Protective Services (e.g. in need of refrigerator, food, etc.). Each region has at least one Case Manager who works with the CAB to refer families who are in need of assistance. All CABs have been trained on CQI and so their meetings align closely with the CQI format.

The State CQI Team meets on a quarterly basis. Previously this was to discuss issues that have been referred from the Regional level. The State CQI Team, however, has evolved into a data analysis and strategic planning meeting with DCS leadership. CQI Coordinators are responsible for reporting back the Quality Improvement Unit on issues affecting their region. CABs also report to Regional CQI Coordinators if they have information that they’d like to be discussed at the State level. The CQI Program Director 1s track Circles and QPT meeting minutes and CABs track their own minutes. Additionally, the Case Managers who work with CABs track referrals sent to the CAB.

There are a number of group meetings that follow the CQI format that may take place outside of the State’s formal CQI structure. These groups may form to speak about a particular issue for a short period of time. When the issue is resolved, the group dissolves. For example, each region may send one representative to work at the State level on a specific policy. Team meetings held by Team Leaders with their staff also use the CQI format.

**CQI PLAN**

**Expectations, Missions, and Objectives**

The expectations of the CQI system are to improve the quality of services for family and children, to move CQI to be more efficient within State government, and to promote more transparency in State government. Tennessee’s CQI plan is described as more improvement-based than compliance-based. Tennessee’s [CQI Manual](#) provides an overview of the State’s system. This manual will be updated in March 2012.

**CQI Policies**

The State does not have any specific policies for CQI.

**ELEMENTS OF THE CQI SYSTEM**

The main elements of Tennessee’s CQI System are data analysis, case reviews and CQI meeting processes with Quality Practice Teams and Circles. The State is also adding Lean Management groups and Root Cause Analysis to their CQI system.
Qualitative Reviews

CQI Coordinators with Master’s Degrees participate in Quality Review Tools, which focus on quality issues as documented in case files. Recently, a statewide quarterly review targeted at visitation began for the Administration for Children and Families (ACF). These reviews will be completed through the end of the State’s current Program Improvement Plan. Following completion, Tennessee will tailor these reviews to meet State-specific needs.

Quarterly reviews are also completed by independent monitors to track progress in the State’s Brian A. lawsuit. Cases are pulled randomly within the given parameters that the lawsuit monitors are interested in examining. After the lawsuit is over, the State intends to roll the Brian A. monitors into the CQI Unit and to continue these case reviews. Like the ACF reviews, the focus of the reviews will be tailored to fit the State’s needs. Both ACF and Brian A. reviews are computer-based; however, team leaders and/or frontline workers are called in when specific questions arise. Inter-rated reliability is not currently addressed in ACF and Brian A. reviews, but this will be added in the future.

Quality Service Reviews (QSRs) are completed annually, though regions are encouraged to complete several throughout the year. QSRs are technically covered by DCS; however, most Regional Coordinators also serve as a QSR coach or lead, so the CQI Unit is involved in these reviews. QSRs use a random sample to complete a comprehensive service review (22 indicators). Interviews are completed face-to-face with youth, birth parents, caretakers, case managers, and other stakeholders. Inter-rated reliability checks are completed.

*Click here to download the QSR Protocol.*

Quarterly Case Process Reviews (CPRs) were implemented in 2004 to determine that all case files contained the required documents. CPRs are considered part of the informal CQI process; however, the data from these reviews is used during the formal CQI process. Reviews are primarily completed by team leaders or case managers. Team leaders use CPR Tools during supervision sessions with case managers to discuss strengths and identified needs. Team Leaders then set a two-week deadline for corrections to be made. There are 8 CPR tools available on the PQI Website (Social Services, Child Protective Services, Juvenile Justice Probation/ICI, Juvenile Justice Custody/After-care, Resource Home, Adoption Assistance, Subsidized Permanent Guardianship and Personnel Records). Though the CQI Unit is not directly involved in CPRs, they are responsible for conducting a random sample to test reliability.

*Click here to download the CPR Procedures Manual.*

Quantitative Data

The State uses several quantitative data sources. For example, for Child Protective Services, the Unit can look at the number of investigations or assessments that are overdue; the number of responses, and the timeliness of responding; visitation data, etc. Case Process Reviews are not in the SACWIS system currently, but will be eventually. For any measures under 85% on the CPR, the team leader is required to make a goal to improve the percentage.
**USE OF DATA**

**Reports**

Tennessee produces a Mega Report from SACWIS system data (TFACTS). CQI Regional Coordinators can take data from this report and break it down to the case manager level. This report includes compliance-oriented data on children receiving social services. The report is available on the SharePoint website, which is accessible to all employees (access is given by request). Team leaders often use data from the report in their monthly performance briefings.

Tennessee also produces regional scorecards. Data is pulled from the Mega Report and other sources for these Scorecards. Employee scorecards are also used by the State and team leaders use data to make job performance plans and job performance evaluations for their staff. Regional data is used by team leaders to compare their staff’s performance to others in the region and statewide data is used by Regional Administrators to compare their region’s performance to other areas in the State.

Each region has a CQI Bulletin Board which they use to share CQI successes. These help to keep everyone informed of what is happening in the region. Regional Coordinators or committees in each region also produce newsletters. The CQ Eye Newsletter is one example. Employees are regularly exposed to CQI through the use of these bulletin boards and newsletters.

**Data Software**

Excel is used most frequently for data analysis. SPSS is also utilized and trainings are offered on the software. The State is currently transitioning their Dashboard to use Micro Strategies. Leadership and program managers have already been trained on Micro Strategies; regional coordinators and staff will also be trained.

**Plan Development and Training**

In general, the CQI Unit collects, inputs, and dispenses data to different groups around the State. The CQI Unit also completes case reviews for the State’s Program Improvement Plan. Though the Unit is often consulted to work with specific teams during the improvement process, the Unit tries to maintain a neutral role. Generally, the Unit feeds information up to State leadership, who then speaks with regions. Decisions on how to address identified problems are made at the State level and then the CQI Unit is brought back in to help implement the improvement plan.

All regions have their own performance improvement plan and risk management plan, which are evaluated by Central Office on a quarterly basis. The CQI Unit is often asked to provide TA to help regions develop and track data for their plans. When this process was first implemented there was a tendency for plans to be rather generic. In order to prevent this, the CQI Unit tries to help regions think on the regional level, rather than on a more generalized State level.
**Systemic Issues**

The CQI Unit uses data to address systemic issues. A lot of the information used to identify these issues comes from the Quality Service Reviews. Communication plays a major role in this process; the CQI Unit will identify issues and then speak with their regions to determine whether the issue is specific to one area or if it is affecting the system statewide. Teams are often organized to help facilitate this process. Central Office is sometimes brought in to investigate trends as well (particularly if it deals with a contracted provider). The State will utilize the Lean Management approach to address these systemic issues. Process issues will be worked through at Lean events rather than at CQI meetings.

**Identifying and Correcting Data Quality Issues**

Data quality issues are primarily addressed by IT staff. They complete a quality assurance review of data to identify any issues with the way data is entered into system. This information is then sent to the CQI coordinators to assist them in working with their regions to fix the problems. Currently, there are automated pop-ups to warn workers when they have not completed a form.

**Linking Data Sources**

The State is not currently able to link data quantitative and qualitative data; however, they intend to in the future.

**Collaborative Data Analysis Efforts**

Tennessee partners with outside organizations for some data analysis. The Tennessee Center for Child Welfare has completed data analysis for the CQI Unit; for example, their statistician has conducted some of the CQI Unit’s surveys. Quality Service Reviews (QSRs) are completed by staff from DCS, the Tennessee Center for Child Welfare and the Tennessee Council on Children and Youth. QSR staff works with regions to identify issues gleaned from the data and to create program improvement goals (these goals are then passed to the Quality Practice Team for implementation). Regional court staff and provider staff are also involved in data analysis periodically.

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**STAKEHOLDER INVOLVEMENT**

**Internal/External Stakeholders**

CQI data is shared with several stakeholders. The Advisory Board, made up of ten members appointed by the Commissioner, receives data and makes recommendations accordingly. Data has been provided to judges, though none have sat permanently on any CQI teams. The State is also working with a young man who is in post-custody (formerly in foster care) to determine how to attract more youths to getting involved in the CQI process. Private contractors are educated on CQI and encouraged to use the process, but are not required. Scorecards are given to all providers, which include breakdowns of data that may be useful for improving their services.

Surveys are given to contract providers, youth, birth-parents, resource parents and community partners. The results are anonymous and broken down by region or county. The information from these surveys is used to learn about issues causing low service satisfaction, which then helps to set performance
improvement goals. Stakeholder interviews are completed as part of the QSR process. Additionally, youth groups meet on a monthly basis and report back to the CQI unit on identified needs/issues. DCS Facilities have developed Youth CQI Teams to give kids a chance to voice their opinions and learn critical thinking skills. Older youth from Interdependent Living Groups or those with Post-Custodial Services have been included, as well as birthparents and relative caregivers. The State’s Foster Parent Association has the ability to train on the CQI process and several members have taken advantage of this opportunity. Legislative and Constituent Services of DCS reviews and responds to concerns and/or inquiries of clients, parents, foster and adoptive parents, advocates, legislators, and other concerned citizens regarding all areas within DCS. The CQI Unit uses some of their data to look at concerns stakeholders may have.

**Collaboration**

The Unit is currently working with two local hospitals to better understand their CQI system and how it could be used in child welfare.

**Privatized Systems**

The CQI Unit Program Coordinator is currently reading incident reports for kids receiving services from contract agencies and coding them for quality. This information can then be used by the provider’s unit (part of the PQI unit) to make decisions regarding provider contracts. The State utilizes performance-based contracting for all residential and foster care services and uses outcomes to determine each provider’s reimbursement.

**SUMMARY DOCUMENTS**

- CQI Manual
- QSR Protocol
- CPR Procedures Manual
- CQ Eye Newsletter