



NH Department of Health & Human Services
Division for Children, Youth & Families

DCYF Standard Operating Procedure

2850.1 QA SPECIFIC CASE REVIEW AND SYSTEMS MAPPING PREPARATION

Policy Directive: **22-38**

Effective Date: **August 2022**

Implements Policy: **2850**

Approved:

Joseph E. Ribsam, Jr., DCYF Director

This SOP outlines case selection and preparation for Quality Assurance (QA) Specific Case Reviews and preparation for systems mapping meetings.

Procedure

The following information is to support the implementation of the above referenced policy. This document shall not preclude staff from using their professional judgement based on individual circumstances, consistent with the requirements of the policy.

- I. All incidents referred for a QA Specific Case Review will be prioritized to determine which case will be brought to the next QA Specific Case Review meeting.
- II. The prioritization and case selection will be identified by the QA Specific Case Review prep team consisting of:
 - A. The Bureau Chief of Field Services (or designee);
 - B. At least one representative from the Bureau of Evaluation, Analytics, and Reporting; and
 - C. The DCYF Safety Culture Specialist or Clinical Services Specialist.
- III. The QA Specific Case Review prep team will meet monthly to:
 - A. Schedule critical incidents for a QA Specific Case Review;
 - B. Explore recommendations from prior QA Specific Case Review and systems mapping meetings, and identify which group/Bureau will be tasked with implementation of the recommendation(s);
 - C. Preview case materials in advance of the meeting and review selected cases;
 - D. Confirm systems learning opportunities for each review;
 - E. Determine and explore necessary data to inform the discussion; and
 - F. Create a case presentation for the next scheduled QA Specific Review meeting.
- IV. Three times a year, the QA Specific Case Review prep team will conduct a systems mapping meeting to:

- A. Review systems learning outcomes from the prior 3 months;
 - B. Review data from the prior 3 months to identify one improvement outcome to bring forward for systems mapping;
 - C. Plan for the next systems mapping meeting, if needed;
 - D. Identify ad hoc members to include in the next systems mapping meeting, if needed; and
 - E. Identify which group/Bureau will be tasked with implementation of recommendations.
- V. Significant incidents will be selected and prioritized for a QA Specific Case Review in the following order:
- A. All children involved with DCYF in any capacity at the time of death or near death (due to maltreatment or suicide);
 - B. All children involved with DCYF within a year preceding notification to DCYF of the incident;
 - C. All child deaths reported to Central Intake due to concerns to maltreatment;
 - D. Any time a child causes a serious injury, near death, or death of another person; and
 - E. Any death or near death of a child in custody/placement.
- VI. In order to increase critical incident reviewing capacity and minimize duplicate reviews of the same incident by multiple systems, consideration will be given as to which system is best equipped to conduct the review.
- A. Incidents reviewed through other mechanisms may be selected if DCYF data will not be available without a QA Specific Case Review, including incidents reviewed by:
 - 1. The Division of Public Health Services' SDY (Sudden Death in the Young) or SUID (Sudden Unexpected Infant Death);
 - 2. The Office of the Child Advocate's Systems Learning Review; or
 - 3. The Bureau of Quality Assurance and Improvement (BQAI) Sentinel Event.
- VII. The QA Specific Review facilitator (or designee) will:
- A. Obtain the records for each identified case;
 - B. Prepare each file for QA Specific Case Review prep team analysis; and

- C. Create a presentation for discussion during the meeting that identifies:
 - 1. The family name and child's name;
 - 2. Family composition;
 - 3. Strengths and supports of family members;
 - 4. Needs and risk factors for family members;
 - 5. Timeline of DCYF involvement;
 - 6. Strengths and areas in need of improvement within DCYF's involvement;
 - 7. Systems influencers surrounding areas in need of improvement;
 - 8. Systems learning outcomes; and
 - 9. Other areas as identified by the QA Specific Case Review prep team.

- VIII. The QA Specific Case Review prep team will consider the following when deciding whether to select a case:
 - A. Any pending personnel action;
 - B. Any potential conflict of interest in DCYF reviewing the incident, such as a member of the family involved being an employee of DCYF;
 - C. Any other review processes that may review the incident;
 - D. The availability of information pertinent to the incident and whether a delayed review date would provide greater access to the pertinent information;
 - E. Any cross-system involvement internal to DCYF;
 - F. Any cross-system involvement external to DCYF; and
 - G. Any prior history with DCYF including findings of child abuse or neglect, terminations of parental rights, or Juvenile Justice Service's involvement.

- IX. In special circumstances, the DCYF Director may request a Sentinel Review as the mechanism to review the interactions between DCYF and other systems involved with the family.

- X. If no incidents have been reported within 30-days of the next scheduled QA Specific Case Review meeting, the QA Specific Case Review prep team will look back at any incidents in the preceding 6 months and apply the prioritization criteria and considerations to select a case.

- XI. Based on the scope of the incident and considerations, the QA Specific Case Review prep team, or a designee from the meeting will identify if:
 - A. The full case file will be requested (including prior assessments within 30 days of the incident or if allegations were similar);
 - B. Certain excerpts of the file should be identified for their pertinence to the incident (e.g. child-specific or household-specific records); and
 - C. Any laws, policies, or Administrative Rules that should be provided for consideration during the review.

- XII. Incidents scheduled for review will be communicated to staff by:
 - A. The Field Administrator of the identified CPS or JJS case, who will inform the involved Supervisor and CPSW/JPPPO of their responsibility to prepare to present the case for QA Specific Case Review; or
 - B. The Bureau Chief or other Administrator of a case involved in other DCYF bureaus, who will inform the involved Supervisor and staff of their responsibility to prepare to present the case for QA Specific Case Review.

- XIII. The Supervisor will be responsible for preparing a copy of the case information identified by the QA Specific Case Review prep team and submitting it to the Director's Office a minimum of 2weeks before the scheduled QA Specific Case Review meeting.

- XIV. All incidents considered for review will be tracked on the Quality Assurance Specific Case Review Log (Form 2850).
 - A. Each incident will include if the determination was based on another mechanism reviewing the incident.
 - B. Form 2850 will be maintained in the restricted Quality Assurance Folder.

Applicable Forms

Form	Title
2850	Quality Assurance Specific Case Review Log

Glossary and Document Specific Definitions

[A - B](#) [C - D](#) [E - F](#) [G - I](#) [J - L](#) [M - N](#) [O - Q](#) [R - S](#) [T - V](#) [W - Z](#)

For the Purpose of this Document:

"Near Fatality" means an act that places the child in serious or critical condition, if the harm could have led to the death of the child. This includes circumstances such as a medical facility documenting a child's condition is "serious" or "critical".

Document Change Log			
PD	Modification Made	Approved	Date