

Behavioral Intervention Team Peer Review: A New Model for Quality Improvement

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Abstract

The mission and makeup of Behavioral Intervention Teams on college and university campuses have evolved over time and vary based on campus needs and cultures. However, most models call for the use of formalized policies and intervention strategies, monitoring student trends, documenting team discussions and interventions, and evaluating outcomes. Addressing the latter two goals, this article introduces a peer-based case review system designed to improve the documentation and intervention skills of Behavioral Intervention Team Case Managers, as well as advance the overall effectiveness of teams. The implementation of peer-based, systematic reviews of case documentation has been shown to improve standards of care and documentation quality in a variety of healthcare settings. Applying this model to the case management work of campus Behavioral Intervention Teams has the potential to produce similar effects. The preliminary results from the implementation of a peer-review process within the Behavioral Intervention Team at a medium-sized, private university in the northeast are discussed. The challenges associated with applying this model in a multidisciplinary setting are also reviewed, and opportunities for further research are presented.

Introduction

Over the past several decades, increasing concerns regarding the health, safety, and academic success of students have led campuses nationwide to form teams of professionals charged with coordinating campus services and guiding student support interventions. Labeled with an assortment of different names (e.g., Behavioral Assessment Team, Student Intervention Team, Campus Care Team, Threat Assessment Committee, etc.), these multidisciplinary teams assume significant responsibility for student academic and personal success, as well as health and safety. Throughout this article, the term Behavioral Intervention Team (BIT) will be used to describe such teams. The mission of BITs has evolved over time and varies based on campus size, staffing, and culture. However, most models call for the use of formalized policies and intervention strategies (Sokolow and Lewis, 2009); keeping documentation of discussions and interventions (Eells and Rockland-Miller, 2010); and monitoring student trends and evaluating team outcomes (Dunkle, Silverstein, and Warner, 2008). This article focuses on the latter two goals: case documentation and the evaluation of team practices and outcomes, and specifically on a peer-based case review process that can be used to assess and improve the performance of Case Managers and the outcomes of the entire team.

Behavioral Intervention Team Case Management

An emerging trend in student affairs practice has been the application of case management principles, adapted from human services settings, to the management of students in distress (Adams, Hazelwood, and Hayden, 2014). Case management in higher education involves assessing student problems, empowering students to access services, and evaluating progress toward problem resolution (Adams, et al., 2014). The Case Management Society of America (CMSA, 2010) describes case management as the “timely coordination of quality services to address a client’s specific needs... to promote positive outcomes” (p. 8). Adjusted to apply specifically to BITs, this description could be: “the timely coordination of quality student life services to address students’ specific needs to promote positive academic, health, and safety outcomes.”

Addressing student needs within the context of BITs occurs at two levels: 1) case deliberation in team meetings, and 2) individual case management interventions with students. It is important that the assessments, plans, and interventions that encompass this work at both levels

be well documented (Eells and Rockland-Miller, 2010). Whether the BIT notes are in an electronic vendor-hosted system or in paper format, case documentation will create a historical record of the team’s work and guide future interventions. The design and extent of the documentation are critical BIT decisions that should be made in consultation with campus legal counsel (Nolan, Randoz, and Deisinger, 2011). This is particularly important because while BIT records are afforded protection under the Family Educational Rights and Privacy Act (FERPA), unless there is a privilege preventing disclosure, the notes can be exposed in litigation or demanded under public record requests (Nolan, et al., 2011).

In addition to documenting assessments, plans, and interventions, an important ongoing function of the BIT should be the review of cases to identify ways to improve team skills (Jed Foundation, 2010). Dunkle and colleagues (2008) also identified the evaluation of BIT outcomes as an essential task. Given that the case management functions of BITs are rooted in principles from the healthcare field, it seems fitting to turn to healthcare for guidance on how to appropriately evaluate BIT outcomes.

Peer Review in Healthcare

Since as early as the 1970s, healthcare practitioners in the United States have used formalized peer-review systems as a form of performance evaluation (Grol, 1994). In general, these reviews include individuals rating their peers of similar training and rank on a broad array of performance indicators (Norcini, 2003). The peer-based review process is used to measure performance, with the goals of improving medical record documentation and advancing clinical skills (Milchak, Shanahan, and Kerzee, 2012). The implementation of a peer-based, systematic review of case documentation has been shown to improve standards of care and documentation quality in a variety of healthcare settings (Hulscher, Wensing, Grol, Van Der Weijden, and Van Weel, 1999; Milchak, et al., 2012; and Norcini, 2003). For example, Haines and colleagues (2010) reported on a peer-based, professional practice review among pharmacists that resulted in improvements to clinical performance and the documentation of medication adherence. Similarly, Penti and colleagues (2016) demonstrated improved compliance with controlled substance prescribing policies among primary care physicians following the implementation of a peer-review system. The act of both conducting reviews and having one’s work subjected to review contributes

to improved processes of care and documentation skills through a focus on best practices and the encouragement of self-reflection (Haines, et al., 2010). Applying a peer-review model to the case management work of campus BITs has the potential to produce similar effects to those observed in healthcare settings.

Behavioral Intervention Team Peer Review

A peer-based review process, modeled after the five-step peer-review methodology articulated by Norcini (2003) (see Table 1, below), was conducted in two phases within the BIT at a medium-sized, private university in the northeast. The pilot phase of the peer-review process included a year-end review of 22 randomly selected cases (7 percent of 2014–2015 total cases) by a four-person sub-committee of the BIT. This sub-committee included the author and three Case Managers, which was a pre-existing group with oversight responsibility for the electronic case-management software program used by the BIT. The second phase of the process included a semester-end review of 26 randomly selected cases (17 percent of fall 2015 total cases) by BIT Case Managers. In both phases, the BIT Case Managers included live-in Deans (i.e., residential deans) and cohort-specific Deans (i.e., assigned to Greek life, off-campus populations, and specific class levels). Cases were identified through reports generated by the electronic case-management software used by the BIT. They were randomly selected using Microsoft Excel 2013 software, and were stratified to include two cases from each Case Manager. Selected cases represented a range of presenting issues, including policy violations, academic probation, mental health concerns, relationship difficulties, and medical incidents.

Table 1: Five Steps of Peer Review (Norcini, 2003)

1. Communicate the purpose of the peer review to all participants.
2. Develop review criteria and communicate structure of peer-review process to all participants.
3. Provide training to all participants on how to conduct the peer reviews.
4. Monitor the peer-review process implementation and provide clarification and guidance to participants as needed.
5. Provide feedback to participants on the overall results of the review.

Phase 1: Pilot

The goals of the pilot phase were to: 1) introduce the concept of case audits to the BIT; 2) test the established screening criteria; 3) provide a review of case documentation

and intervention skills; and 4) set up the second phase to be a true peer-based case review. To prevent potential resistance to the project, it was emphasized that the case audit was a quality-improvement exercise with an interest in aggregate results, not individual evaluations. The case audit criteria form (see Appendix A) was developed based on existing case documentation expectations, which had been developed over time by the BIT leadership (e.g., Co-Chairs and Managing Deans). The rating for each criterion on the review form included four choices: “yes,” “no,” “partial,” or “not applicable.” Each case was reviewed during a series of meetings in which a subset of three of the four reviewing sub-committee members were present. The author participated in all of the reviews to improve consistency in interpreting the criteria. The reviewers read through cases together, verbalized their evaluations on each criterion, and argued discrepant ratings to reach consensus.

In the pilot review, compliance with documentation standards was strong among most criteria. Areas of concern included documenting in third-person narrative (64 percent compliance); identifying all parties involved in a case (64 percent compliance); and recounting events in chronological order (41 percent compliance). Additionally, themes related to the effectiveness and completeness of the case-management interventions conducted emerged. For example, in some cases, no final closing notes were made, but the cases were designated as being closed, leaving readers to question how or if the cases had been resolved. Additionally, some cases lacked information pertaining to referrals to, or consultations with, other campus services. The aggregate results of the pilot-phase review were shared with the BIT at the beginning of the fall 2015 semester. The team leadership used the occasion to lead a discussion about possible revisions to BIT documentation procedures and the enhancement of case-management skills. This discussion provided individual team members the opportunity to reflect on their documentation and intervention skills.

Overall, the pilot phase achieved the goals of introducing the concept of case audits to the BIT; testing and revising the established screening criteria; training BIT members on case documentation and intervention skills; and setting up the second phase to be a true peer-based case review.

Phase 2: Initial Peer Review

The five-step process of peer review as outlined by Norcini (2003) served as a guide for the BIT peer-review project

(refer back to Table 1). Step one, communicating the purpose of the peer review, was accomplished during the pilot phase of the project. Specifically, the pilot review was described as the antecedent of a true peer-review process in which members of the BIT, grouped in pairs, would review and rate each other's cases. This was reemphasized when the aggregate results of the pilot review were shared and the documentation standards revised.

Step two, establishing review criteria, was also accomplished during the review of the aggregate results of the pilot project. That is, the newly revised documentation standards became the criteria used to review cases against in phase two (see Appendix B). In addition to revising specifics of the review standards, the case audit form was separated into two parts: 1) the review of incident reports, and 2) the review of case notes. The content of single-event incident reports and ongoing case notes, while part of the same student file, are different by nature, and in some cases were completed by different BIT members. It was felt that reviewing these portions of the case files as distinct items would add depth to the review results.

Step three, training in the peer-review process, was conducted at the end of the Fall 2015 semester prior to launching the peer-review file audits. This process included sharing the criteria form with the reviewers and discussing case audit procedures. The 13 BIT members with case management responsibilities were divided into five pairs and one trio. The groups were assigned two randomly selected cases per member (cases they had managed), for a total of 26 cases selected for review. The groups scheduled meeting times to conduct audits of the assigned cases together. During these meetings, the BIT members reviewed each other's cases against the established criteria and established ratings based on consensus.

Step four, monitoring results throughout implementation, was conducted in an ad hoc fashion. As BIT members began to hold case-review meetings, issues and questions were directed at the author. Clarifications on the process were communicated to the entire BIT team as needed.

Step five, providing feedback to participants, was accomplished in a BIT meeting after the review of all 26 cases was complete. Similar to the results in the pilot phase, the results of the initial peer-review process were generally positive. Improvements over the results in the pilot

review were noted in two areas: 1) the identification of all parties involved in the case (going from 64 percent to 79 percent compliance); and 2) the chronological accounting of events (going from 41 percent to 86 percent compliance). The lack of documentation in third-person narrative remained an issue and actually declined (going from 63 percent to 57 percent compliance).

Challenges

Campus BITs bring together multiple offices and individuals with diverse roles, and thus are, by definition, multidisciplinary groups. This interdisciplinary framework can be the source of conflict around issues such as roles, boundaries, and accountability (Brown, Lewis, Ellis, Stewart, Freeman, and Kasperski, 2011). BITs are subject to these conflicts, and a peer-review process that evaluates performance can activate tensions among the team.

Understanding the barriers to conflict resolution and proactively addressing them is important when developing a peer-review system (Brown, et al., 2011). Careful management of team dynamics; fair and equal participation by all BIT members; and keeping the process constructive and action-oriented are all important (Aveling, Martin, García, Martin, Herbert, Armstrong... and Woolhouse, 2012). Managed well, a multidisciplinary peer-review process can actually facilitate interdisciplinary collaboration and resolve differences as collaborative approaches to service improvement are established.

Discussion

Systematic peer-based case reviews have been demonstrated to improve the quality of care and documentation standards in a variety of healthcare settings (Norcini, 2003). This is the first known manuscript to describe the application of this quality-management strategy to the work of BITs. The first two phases of the present BIT peer-review project were the foundational steps to developing a comprehensive quality-improvement plan for our BIT.

Quality-improvement endeavors share three key elements: 1) they stipulate desired performance; 2) they collect baseline and follow-up data; and 3) they implement activities to improve practice (Baker, Wensing, and Gibis, 2006). The present project stipulated performance in the form of documentation standards and audit criteria, which were improved from the pilot phase to the peer-review phase. Further improvements to this element will be derived from the feedback of peer-review

participants as additional documentation and intervention standards are developed.

Addressing the second key element, the present project collected baseline and follow-up information in two phases, with initial improvements noted. However, a limitation of the project lies in the reliability of the data. Despite using a standard form based on established criteria and providing guidance during data collection, the process included subjective assessments made by a large number of individuals. The use of multiple evaluators, all with existing and various interpersonal relationships, can bias the results of peer review (Norcini, 2003). Further, inter-rater reliability was not evaluated in this project (Hallgren, 2012). Additionally, the author's involvement in pilot-phase reviews could have biased the baseline data (Whittemore, 2001).

The third key element of quality improvement was the implementation of training activities designed to improve performance. In the present project, the peer-review activity itself was seen as an improvement intervention. The reciprocal discussion of cases and the rating of case documentation against established criteria were expected to lead to constructive feedback and improved case management. Further, the sharing of aggregate results of the peer review was designed to identify group norms that needed correcting and improve individual case-management skills. While there were improvements to some audit criteria from baseline to follow-up, the improvements cannot be definitively attributed to the peer-review activities or group discussion of the peer-review results. Process evaluation data, such as surveys of the BIT Case Managers to assess the extent to which the case-review process included constructive feedback and contributed to improvements in their case management and documentation skills, would strengthen the validity of the conclusions (Rossi and Freeman, 1993).

While the present project included all the elements of a strong quality-improvement endeavor, limitations in scope suggest caution should be exercised when interpreting the results. The small number of cases reviewed, although randomly selected, may not fully represent the work of the BIT. Despite this and the limitations mentioned earlier, the project demonstrated some preliminary efficacy and the worthiness of continued implementation and analysis.

Future phases of this project will include measures of inter-rater reliability, as well as further standardization of, and training on, the review criteria, in an effort to improve data reliability. Also, the number and frequency of cases reviewed will be increased in an effort to provide more robust data from which to draw quality conclusions and drive improvement endeavors. Further, process evaluations will be conducted to determine the impact of the reciprocal peer-review meetings on case-management skills. Overall, it is expected that the BIT case peer-review process will support improvements to BIT functioning and case-management interventions, ultimately resulting in positive academic, health, and safety outcomes.

Conclusion

The interventions implemented by BIT Case Managers have the potential to make impacts on the health, safety, and success of students. BIT leaders have the responsibility to continually improve the team effectiveness by monitoring team functioning and individual Case Manager performance. Forming an active peer-review process is one way to support continuous quality improvement in the BIT. Given the demonstrated capacity of peer review to improve case documentation and staff skills in health-care settings, it is expected that similar outcomes will be noted within BITs in higher education settings. The peer-review model described in this article is in its nascent stage, but includes the essential features for implementation, and revealed preliminary results that suggest it has value as a BIT quality-improvement tool. However, additional research and evaluation are needed to explore and test the application of peer review in BIT contexts. Specifically, outcomes related to BIT peer review, such as improvements to care and documentation, as well as BIT member satisfaction and team cohesiveness, are all areas for further study.

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Appendix A

| PHASE 1 CHART AUDIT FORM | | | | |
|--|----------------|----|-----------|-----|
| Case Number: | | | | |
| Date of Review: | | | | |
| Standard | Meets Standard | | | |
| The Notes Include: | Yes | No | Partially | N/A |
| Who | | | | |
| What | | | | |
| Where | | | | |
| Why | | | | |
| When | | | | |
| How | | | | |
| Chronological Timeline | | | | |
| Facts only/no opinion | | | | |
| Correct spelling of name | | | | |
| Correct RIN | | | | |
| Third-person narrative | | | | |
| Attachments rather than cut-and-pasted text | | | | |
| All involved parties are referenced in description | | | | |
| Initials appear at end of note | | | | |
| Comments: | | | | |

Appendix B

| PHASE 2 CHART AUDIT FORM | | | | |
|--|----------------|----|-----------|-----------|
| Case Number: | | | | Reviewer: |
| Case Manager: | | | | Reviewer: |
| Part 1: Incident Report Audit | | | | |
| Standard | Meets Standard | | | |
| The Notes Include: | Yes | No | Partially | N/A |
| Who | | | | |
| What | | | | |
| Where | | | | |
| Why | | | | |
| When | | | | |
| How | | | | |
| Chronological timeline | | | | |
| Facts only/no opinion | | | | |
| Correct spelling of all names | | | | |
| Correct RIN | | | | |
| Third-person narrative | | | | |
| Attachments rather than cut-and-pasted text | | | | |
| All involved parties are referenced in description | | | | |
| Documentation is concise | | | | |
| Abbreviations/acronyms are defined | | | | |
| Comments on above and/or case management: | | | | |

| Part 2: Follow-Up Notes Audit | | | | |
|---|----------------|----|-----------|-----|
| Standard | Meets Standard | | | |
| The Notes Include: | Yes | No | Partially | N/A |
| What | | | | |
| Chronological timeline | | | | |
| Facts only/no opinion | | | | |
| Correct spelling of all names | | | | |
| Third-person narrative | | | | |
| Attachments rather than cut-and-pasted text | | | | |
| All parties pertaining to the note are referenced | | | | |
| Documentation is concise | | | | |
| Abbreviations/acronyms are defined | | | | |
| Closed case includes follow-up/closing note | | | | |
| Tags are appropriate to the case | | | | |
| Comments on above and/or case management: | | | | |