PROTECTING PEOPLE FROM HARM: EVALUATING THE QUALITY OF CERTIFIED INVESTIGATIONS

ODP Certified Investigation Peer Review (CIPR) Manual

PA Department of Human Services, Office of Developmental Programs, through Contract with Institute on Protective Services at Temple University Harrisburg

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Introduction

The Office of Developmental Programs (ODP) supports Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives. As part of this mission, ODP is committed to providing the necessary tools and resources to conduct quality investigations into incidents of abuse, neglect and other significant events that occur in the lives of individuals with developmental disabilities.

This commitment comes from both ODP’s mission and is supported through the federal Medicaid Waiver and ICF/ID funds the State of Pennsylvania receives through the Centers for Medicare and Medicaid Services (CMS). With this funding, ODP is responsible for assuring to CMS that the basic health, safety, and welfare of individuals receiving services and supports through the ODP service delivery system occurs.

The risk, incident, and quality management processes are some of the ways ODP works to provide assurances to CMS that Pennsylvania is striving to protect the health, safety and welfare of Medicaid recipients. One aspect of how these assurances are satisfied is through the requirements outlined in the Incident Management (IM) Bulletin # 6000-04-01 issued by ODP. The IM Bulletin requires identification, reporting and management of certain types of incidents involving harm, or the potential for harm, to people receiving services. One aspect of incident management is the requirement that Certified Investigators (CIs) investigate critical incidents such as abuse, neglect, and other significant events identified in the IM Bulletin.

The data generated through an investigation helps improve decisions affecting the basic health, safety, and welfare of people receiving services and supports by organizations and the ODP service delivery system as a whole. It is also used to assure accuracy of the classification of incidents involving harm, or the potential for harm to people receiving services through the ODP service delivery system. Thus, the investigation process is an integral component of ODP’s risk and incident management functions and is a key element of quality management activities.

Relationship to the IM and Certified Investigations Bulletins

The IM Bulletin requires that service providers/entities develop and implement incident and risk management policy and procedures utilizing continuous quality improvement practices. The scope and complexity of service providers/entities throughout the ODP service delivery system varies widely. As a result, the design of incident and risk management practices should be tailored to the needs of the organization.
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ODP also issued the **Certified Investigations Bulletin #00-04-11** (September 16, 2004) that outlines eligibility, initial training, and recertification requirements to become a CI. This Bulletin also includes the requirement that a CI wishing to be recertified at the end of the three (3) year certification cycle must:

- Complete three (3) certified investigations during a three (3)-year certification cycle;
- Successfully complete the Recertification class.

If a CI wishes to continue to conduct certified investigations and has done fewer than three (3) investigations during the certification period, the CI must actively participate in **Certified Investigation Peer Reviews** (CIPRs) by serving as a member of a Peer Review committee or Risk Management committee. Participation is defined as using the evaluation tools, included in this manual, to review at least three (3) investigations and discussing the results with the committee.

By applying the standards identified through conducting CIPRs, valuable information is provided regarding the quality of certified investigations. This in turn supports the quality management and continuous quality improvement framework outlined in the **IM Bulletin**.

**ODP Certified Investigator Peer Review Manual**

This manual and related evaluation tools reflect the most current standard for “**Evaluating the Quality of Incident Investigations**” through CIPRs.

This manual includes the following content that is to be used in assessing the quality of certified investigations:

1. Standards identifying the requirements of a quality investigation;
2. Tools used to measure the quality of investigations; and,
3. Instructions and guidelines regarding the process used when conducting CIPR reviews.
Part I: CIPR Purpose and Standards

The process of measuring the quality of investigations applies to critical incidents requiring certified investigations as outlined in the ODP IM Bulletin (e.g. allegations of abuse, neglect, deaths, serious injuries of unknown origin, etc.). The primary CIPR tool is intended to provide information about the quality of investigations through assessment of the following core areas:

1. Identification and collection of evidence
2. Completion of required documentation
3. Administrative review decisions

In its most fundamental use, the CIPR process is an indicator in assessing the quality of investigations from a peer or supervisory perspective and thus, provides performance feedback directly to the CI. In the larger context of continuous quality improvement, the CIPR process becomes core in assessing the quality of the investigation process and incident management practices within an organization or system.

For CIs, the CIPR process guides them in improving the quality of investigations they conduct. For administrators and managers responsible for assuring incidents and investigations are managed properly in organizations, the CIPR process is used to obtain objective information about the overall quality of the investigation process in their organization. For oversight entities, the CIPR process provides the ability to objectively assess the overall quality of investigations conducted by a service provider or within their own organization. It can also be used to assess the quality of investigations throughout the system as a whole, i.e. throughout a specific region or across the entire ODP service delivery system.
Part II: Investigation Files and Certified Investigation Report

To complete the CIPR, the evaluator participating in the peer review process must review the entire investigation file, including the related evidence and Certified Investigation Report.

The investigation file is the primary repository of information about how relevant evidence (physical, demonstrative, testimonial, and documentary) was identified, collected, and preserved before, during, and after the investigation was conducted. All evidence and documentation related to an investigation should be maintained or preserved in the investigation file.

Because of the highly confidential nature of information contained in investigation files involving both individuals receiving services and employees, organizations should create internal policies and procedures regarding how evidence and related contents of the investigation file are organized and maintained. Issues such as maintaining files/evidence in a secure location with limited and controlled access is critical to meeting expectations related to the “chain of custody” rules. If an organization contracts with an individual or entity who is not an employee of the organization to conduct a peer review for the organization, then explicit language should be included in any letters of agreement/contracts with that individual/entity that the investigation file is the property of the organization responsible for conducting the investigation. In other words, the investigation file is the property of the contracting organization. The contracted individual/entity can get a copy of the investigation file, but the hiring organization should maintain the original file. Please refer to the Pennsylvania ODP Certified Investigator’s Manual for more information on collecting and storing evidence.

In addition to the evidence the CI identifies and collects, an important document prepared at the conclusion of the investigation and maintained in the investigation file is the Certified Investigation Report (CIR). The CIR is the required format for documentation when conducting investigations. A completed sample of the CIR can be found in the Certified Investigator’s Manual.

The CIR provides a clear and comprehensive “road map” about the protocols used by the CI to identify, collect, and preserve evidence during an investigation. It also provides a summary of the evidence available to answer the primary investigatory question, and an analysis of potential issues that need to be considered when reconciling evidence.

Ultimately, executive management in an organization, through the Administrative Review
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stage of the certified investigation, is responsible and accountable for assuring the quality of investigations. The Administrative Review process, which is the final stage of the certified investigation, is also assessed by the CIPR. The Administrative Review Committee is responsible for making sure that proper decisions are made regarding the final conclusions and outcomes of the certified investigation including:

- Determining the final outcome (i.e. Confirmed, Not confirmed, Inconclusive) based on a preponderance of evidence standard;
- Determining the related corrective actions (individual, program, fiscal, personnel, administrative) that must be implemented.

For entities with oversight authority (i.e. ODP, Administrative Entities, the Department of Health, or others with responsibility and/or authority to review an investigation), the CIR provides a comprehensive picture of the protocols used to manage the critical incident from the time it was initially reported to its final conclusion, including implementation of corrective actions and preventive measures by the service provider.
Part III: Guidelines for Conducting CIPRs

General Guidelines

The following are general guidelines that should be followed to conduct proper CIPRs:

1. In order to conduct successful and effective CIPRs, the person conducting the review should have experience and/or training in conducting investigations or managing the investigation process. Throughout the evaluation process, the evaluator must think of the evidence and information being reviewed as if they were the investigator, i.e. "if I was assigned this investigation, what is the relevant evidence that should be identified and collected for the investigation?"

2. The entire investigation file should be reviewed prior to completing this evaluation, including all relevant physical, demonstrative, testimonial, and documentary evidence identified and/or collected for the investigation.

3. The most current available CIPR tools must be used to complete this process.

4. Documentation of all CIPR’s conducted must be kept by the entity completing the process.

Structuring the CIPR Process

Given the scope and complexity of organizations, several alternatives exist as to how the CIPR process should be structured, including who should participate. For the CIPR evaluation requirements, the Public Intermediate Care Facility for Individuals with Intellectual Disabilities (“State Centers”) and entities providing Support Coordination Services (SCOs) are considered service providers.

Service Providers and Administrative Entities (AEs):

a. Service Providers and Administrative Entities can structure the process through an existing Safety or Incident Management/Risk Management committee or by establishing a new CIPR committee.

b. Committees should include a minimum of three (3) members. When possible, membership should be rotated. This allows for the continuing education of staff through the “hands-on” review process. Organizations that lack sufficient staff to have three (3) member CIPR committees, should organize membership based on the resources available and consult with the ODP vendor for the Certified Investigator program for additional technical assistance if necessary.
c. Members of a CIPR committee should have completed either the Certified Investigators or the Peer Review course offered by ODP, although current certification is not required to participate in the CIPR evaluation process.
d. The CIPR process can be approached by using a true peer-review model consisting of only Certified Investigator’s in an organization reviewing each other’s investigations.
e. If the CIPR process includes external stakeholders (e.g. service provider organizations, consumers, or other groups within the ODP service delivery system), members should be asked to sign a confidentiality agreement with the understanding that the information contained in the investigative files is to be used only for the CIPR review.

**Frequency of CIPRS**

**Service Providers:**

a. Service Providers must conduct CIPRs at least quarterly for investigations completed by the service provider or on behalf of the provider via a contract or agreement with another organization.
b. An organization may decide to conduct CIPRs more frequently than the minimum standard. This is an agency policy decision that should be based on the scope and complexity of the organization’s incident and risk management program.

**Administrative Entities:**

a. AEs must conduct the CIPR process at least semi-annually for investigations completed at the AE or on behalf of the AE via a contract or agreement with an outside organization.
b. An AE may decide to conduct CIPRs more frequently than the minimum standard. This is an agency policy decision that should be based on the scope and complexity of the organization’s incident and risk management program.
c. AEs should consider completing the CIPR process for service provider investigations as resources allow. These reviews would be on an ad hoc basis as the AE is not required to complete this activity on any scheduled frequency. ODP strongly encourages using the CIPR process as part of a formal Corrective Action Plan (CAP) or for other quality improvement efforts directed towards service providers.

**How to Prepare for and Conduct the CIPR Meeting**

Regardless of whether it is a Service Provider or AE, committee participants can
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conduct CIPRs in several different ways. Establish consistent CIPR standards by selecting one of the following procedures:

1. Divide the selected cases between committee members; or,
2. Have each member of the committee review every case selected. This can be helpful in establishing inter-rater reliability with new committees, or when adding new members to a committee. If using this method, committee members should review and rate the cases independently. After completing this task, the committee members meet to discuss their individual reviews and resolve any differences with individual scoring.

The following guidelines are suggested for conducting the CIPR Committee meetings:

a. The committee meeting should consist of a discussion of the CIPR findings for each case sampled. If there is discrepancy or disagreement among members on any item, consensus should be reached.

b. Committee members should not evaluate their own cases.

c. To expedite the meeting process, committee members should review/evaluate assigned cases prior to the CIPR meeting.

d. Documentation of the CIPR process must be kept and results must be shared with appropriate parties to facilitate improvement strategies.

Selecting Investigations for the CIPR

The number of investigations subject to CIPR is flexible based on the needs of the organization. The number of investigations selected for CIPR should be proportionate to the number of investigations completed annually and the number of CIs within an organization. The number of investigations selected for CIPR must be no less than ten percent (10%) of the investigations conducted during the review period.

Organizations should consider these factors when selecting investigations for review:

1. Select at least one (1) investigation conducted by each CI during the review period. This provides an opportunity for each CI to receive constructive, objective feedback on the quality of the investigation process and content of the investigation file. This also provides feedback supporting the CI’s focus on his/her own skill/knowledge areas needing improvement.

2. Include investigations that were problematic, challenging, or complicated to allow the CI(s) and the organization the opportunity to learn from those experiences.
3. Review investigations with a variety of final determinations, including inconclusive, to examine what factors contributed to the Administrative Review Committee’s determination.
4. Select investigations from various categories of incidents.
5. If there were no investigations conducted during the current review period, then select cases from previous time periods that were not previously reviewed.

**Use of the Evaluation Findings**

Findings from the CIPR evaluation can be used in several different ways:

1. As a learning resource for CIs to assist with improving the quality of investigations they complete. A copy of the CIPR evaluation can be provided to the CI at the completion of the review process.
2. As a supervisory tool to review and discuss cases during supervision.
3. As an organizational quality monitoring of both investigations as well as how risk mitigation is being done to prevent future incidents.
4. As a data source after annual CIPR evaluation results are compiled. Aggregate data can be used to identify systemic opportunities within an organization to help improve quality initiatives (i.e. resource allocation, training, development of policies and procedures). Organizations can develop internal processes for sharing and acting on peer review findings.

**Oversight of the Investigation Process**

The oversight of the certified investigation process for service providers will be responsibility of the AE. Reasons for an AE to complete the CIPR process include but are not limited to:

- Routine technical assistance and quality improvement activities related to the implementation of the incident management process.
- Targeted technical assistance activities related to complex incidents.
- As part of a CAP issued by the AE to the service provider.

In addition, ODP will utilize the vendor of the Certified Investigator Training Program to provide an external oversight using the CIPR process for investigations conducted at the Service Provider and AE. Service Providers and AE’s must provide investigations files in a timely manner to ODP and ODP’s vendor.
Part IV: CIPR Tool User Guide

In order to complete the CIPR, the following worksheets are to be completed prior to answering the related questions in the CIPR tool:

- CIPR Form #1: Physical Evidence and Photography/Video
- CIPR Form #2: Testimony and Witness Statements
- CIPR Form #3: Other Documentary Evidence

The CIPR tool and CIPR Forms 1-3 are found in the Appendix of this manual.

The remainder of this manual focuses on providing step-by-step guidance and interpretive guidelines for reviewing investigation case files and completing the CIPR process and tools.

General Guidelines

The following are general guidelines that should be followed to conduct proper CIPRs:

5. In order to conduct successful and effective CIPRs, the person conducting the review should have experience and/or training in conducting investigations or managing the investigation process. Throughout the evaluation process, the evaluator must think of the evidence and information being reviewed as if they were the investigator, i.e. “if I was assigned this investigation, what is the relevant evidence that should be identified and collected for the investigation?”

6. The entire investigation file should be reviewed prior to completing this evaluation, including all relevant physical, demonstrative, testimonial, and documentary evidence identified and/or collected for the investigation.

7. The tool is structured in order to not penalize the investigator if a standard was not met due to an investigative reason documented by the CI. For example on the question of “Were all interviews conducted in-person by the CI?” The CI may have an alleged target that quit their employment; refused to come to the agency to be interviewed; but would discuss the incident by phone. This is an acceptable investigative reason, as long as it was documented by the CI. It is critical that any exceptions to the standards of this tool were clearly documented in the CIR by the CI.
Item #1: Was the investigatory question clearly and objectively stated?

**Guidance:** The investigatory question serves two purposes for the investigation: 1) provide a general guide to the parameters of the investigation and 2) assist the CI in avoiding bias and tunnel vision. The allegation, not the question, is what gets confirmed or unconfirmed in the final determination. The investigatory question is simply an investigative guidance tool.

The investigatory question should be generic as to the actions being investigated. If possible, it is:

- Anchored to time
- Linked to the alleged victim
- Linked to the general location of the incident

Investigatory questions should NOT include the name of the target(s), the specifics of the allegation, reported motive, or the specifics of place.

**Incorrect question:** Did Chris poke Mary’s arm with a fork at the table in the kitchen because he was frustrated that she would not leave the table on March 1, 2017?

**Correct question:** What happened to Mary at XYZ home on March 1, 2017?

The reviewer should assess whether the investigatory question written by the CI introduced any bias. If the CI wrote an objective investigatory question, the reviewer should circle “Yes” and award one (1) point for Item #9. If the question was not objective, the reviewer should circle “No” and no point is awarded.

Item #2: Did the CI interview the victim within 24 hours of being assigned the case?

**Guidance:** The speed/timeliness at which an investigation is initiated is one of the three most important values associated with quality investigations. Evidence may change or be lost if there are delays in collecting evidence.

In deciding the timeliness of a CI’s response to an investigation, it is important to utilize a measure that will be common among almost all investigations. The best measure for this purpose is the date and time the CI interviewed the victim and collected the written statement for that interview.

In order to measure this, compare the date/time recorded on the CIR that the CI was assigned the investigation with the date and time the CI conducted the interview with the victim. If the interview occurred within 24 hours of being assigned the case, circle “Yes” and award one (1) point for Item #2 of the tool. The reviewer
can then go to Item #3.

If the first interview did not occur within 24 hours, circle “No” beside the first question in the block. After recording the response to the first question in the block, review the CIR to identify if the CI documented a logical investigative reason that this did not occur. For example, the victim may have been in an Intensive Care Unit and not able to talk or was not ready to discuss the traumatic experience so soon after it occurred. As long as the reason is documented and makes sense for investigative reasons, the reviewer should circle “Yes” for the second line in the block and award a point for Item #2 of the tool.

If after reviewing the documentation, the CI did not interview the victim within 24 hours of the investigation being assigned and did not document an investigative reason why, circle “No” for the second question in the block and no point is awarded for Item #2 of the tool.

It is important to note here that it is not up to the reviewer to speculate why the first interview was not conducted within 24 hours. The reason must be documented by the CI in the CIR for the second question to be a “Yes”.

**Item #3: Was the scene visited by the CI?**

**Guidance:** Visiting the scene should always occur unless the location of the scene of the incident cannot be identified; there is no chance that any form of relevant evidence can be recovered from the scene; or visiting the scene would represent a safety risk to the CI.

By reviewing the CIR, the reviewer should identify the date and time the scene was visited by the CI. If the scene was visited by the CI, “Yes” should be circled for the first question in the Item #3 block. One (1) point is awarded for this item, and the reviewer can go to Item #4.

If the CI did not record a date and time of visiting the scene, circle “No” beside the first question for the Item #3 block. Then review the CIR to determine if the CI documented an investigative reason that it did not occur. If the CI documented a reason for not visiting the scene, the reviewer should circle “Yes” to the second question for the Item #3 block and award a point for this item.

If after reviewing the documentation, the CI did not visit the scene and did not document an investigative reason why, circle “No” for the second question in the block and no point is awarded for Item #3 of the tool.

It is important to note here that it is not up to the reviewer to speculate why the scene was not visited by the CI. The reason must be documented by the CI in the CIR for the second question to be a “Yes”.

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Item #4: Did the Reviewer identify Physical Evidence that was NOT documented by the CI that may have affected the final determination by the Administrative Review team?

Guidance: The ability to conduct a thorough, quality investigation directly relates to the CI’s ability to properly identify and collect all relevant physical evidence.

When evaluating for relevant physical evidence, reviewers should remember the definition of this form of evidence.

**Physical Evidence:** includes “things” themselves (e.g. injuries, weapons, etc.), the spatial relationship amongst “things” (e.g. movement, distance, barriers that impact a witness’ ability to see or hear “things”, etc.), as well as the “absence of things” that otherwise would have been present if a version of testimony is to be considered accurate (e.g. absence of injury that otherwise should reasonably be present).

Prior to answering this question, reviewers should use CIPR Form #1: Physical and Demonstrative Evidence, Table 1, Physical Evidence.

For this table, the reviewer should:

1. List all potential relevant physical evidence available to the CI (regardless of whether it was properly secured) at time of incident.
2. The list should include not only physical evidence actually identified by the CI in the case file, but any relevant physical evidence you believe should have been identified but could have been overlooked by the CI.
3. For columns 2 and 3 in Table 1, use “Yes, No, N/A” to mark whether the physical evidence was identified and/or collected by the CI.
4. For example, if an allegation represented a statement like: “John bashed the back of my head against the cement brick wall and hit me with a broom” the physical evidence could include the following:
   a. Injury to the back of alleged victim’s head (or absence of injury if medical assessment was negative for internal/external injuries consistent with testimony);
   b. Cement brick wall where the incident allegedly occurred; and
   c. Broom identified by alleged victim that was in the storage closet in the kitchen.
5. Column 3 of Table 1 would be marked “N/A” to reflect situations in which it was unreasonable to collect and preserve a piece of physical evidence (i.e. the alleged victim’s head where injury was identified). If demonstrative evidence was created or obtained (i.e. a photograph, body chart or x-ray of
the alleged victim’s head), Form #1 - Table 2 and/or Table 3 should be completed as explained below to reflect that demonstrative evidence was created to preserve the condition of the physical evidence at the time of the investigation.

After completing the form, the reviewer should assess whether any physical evidence that may have been available to the CI but was not identified in the documentation by the CI could have affected the final determination and/or corrective actions by the Administrative Review. It is important to remember that the Administrative Review Committee is dependent on the evidence collected by the CI to make their final determination about an incident and corrective actions that will mitigate risk of similar incidents occurring in the future.

If the reviewer believes that the CI collected all physical evidence in order for the Administrative Review Committee to make an accurate determination and implement quality corrective actions, the reviewer should circle “No” for this question and award one (1) point for Item #4.

For this item, it is acknowledged that it is often impossible to identify and collect all physical evidence and some evidence even though relevant would have been unlikely to affect the determination or the corrective actions in the Administrative Review. If the reviewer feels that there was other physical evidence available that could have been collected, even though, it would not have affected the decisions made by the Administrative Review team, the reviewer should note this on page 2 of the tool. If the reviewer does identify physical evidence that was not collected by the CI that may have affected the final determination and/or corrective actions by the Administrative Review team, the reviewer should circle “Yes” for Item #4 and no point is awarded. The reviewer should provide at least one example in the Notes box.

**Item #5: Did the Reviewer identify Demonstrative Evidence, that was NOT collected by the CI that may have affected the final determination by the Administrative Review team?**

**Guidance:** The ability to conduct a thorough, quality investigation directly relates to the CI’s ability to properly identify and collect all relevant demonstrative evidence.

When evaluating for relevant demonstrative evidence, reviewers should review whether the CI collected relevant photographs, video, diagrams, etc.

Prior to answering this question, reviewers should use CIPR Form #1, Table 2, Demonstrative Evidence: Photographs and Video.
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For this table, the reviewer should:

1. Identify and list all relevant photos and/or videos available to the CI (regardless of whether it was properly secured) at the time of incident.
2. Your list should include not only photos and videos actually identified/collection by the CI in the case file, but any relevant photos and videos you believe should have been identified and collected but were overlooked by the CI.
3. Mark “yes”, “no”, or “N/A” in Columns 2 and 3 to note if photographs or videos used as demonstrative evidence were properly identified and/or collected by the CI.
4. Identify the date and time the photos and/or videos were taken in the Column 4. Use the “Notes” column to identify any concerns or issues with the photo and/or video evidence, e.g. whether appropriate identifying information was marked, clarity of images, etc.

Prior to answering this question, reviewers should also use CIPR Form #1, Table 3, Demonstrative Evidence: Other. The most common type of demonstrative evidence, other than photography and video, which may be utilized by the CI is the creation of a diagram to demonstrate spatial relationships. Diagrams can be drawn by the CI and/or utilized during interviews to have witnesses visually depict the spatial relationships of people and/or objects during an incident. Diagrams are not necessary in every case but any case that requires an understanding of the spatial relationship between people and/or objects should include diagrams. Other demonstrative evidence can also include x-rays, CAT scans and similar images.

For this table, the reviewer should:

1. Identify and list all relevant demonstrative evidence available to the CI (regardless of whether it was properly secured) at the time of incident.
2. Your list should include not only demonstrative evidence actually identified/collection by the CI in the case file, but any relevant demonstrative evidence you believe should have been identified and collected but was overlooked by the CI.
3. Mark “yes”, “no”, or “N/A” in Columns 2 and 3 to note if the demonstrative evidence was properly identified and/or collected by the CI.
4. Use the “Notes” column to identify any concerns or issues with the other demonstrative evidence.

After completing the form, the reviewer should assess whether any demonstrative
evidence that may have been available to the CI but that was not identified in the CI’s documentation could have affected the final determination by the Administrative Review Committee. It is important to remember that the Administrative Review Committee is dependent on the evidence collected by the CI to make their final determination about an incident and corrective actions that will mitigate risk of similar incidents occurring in the future.

If the reviewer believes that the CI collected all demonstrative evidence in order for the Administrative Review Committee to make an accurate determination and implement quality corrective actions, the reviewer should circle “No” for this question and award one (1) point for Item #5.

For this item, it is acknowledged that it is often impossible to identify and collect all demonstrative evidence and some evidence even though relevant would have been unlikely to affect the determination or the corrective actions in the Administrative Review. If the reviewer feels that there was other demonstrative evidence available that could have been collected, even though, it would not have affected the decisions made by the Administrative Review Committee, the reviewer should note this on page 2 of the tool.

If the reviewer does identify demonstrative evidence that was not collected by the CI that may have affected the final determination and/or corrective actions by the Administrative Review Committee, the reviewer should circle “Yes” for Item #5 and no point is awarded. The reviewer should provide at least one example in the Notes box.

*Item #6: Did the Reviewer identify Testimonial Evidence that was NOT collected by the CI that may have affected the final determination by the Administrative Review team?*

*Guidance:* The ability to conduct a thorough, quality investigation directly relates to the CI’s ability to properly identify and collect all relevant testimonial evidence.

When evaluating for relevant testimonial evidence, reviewers should remember the definition of this form of evidence.

*Testimonial Evidence:* is a witness’ communication to a CI of their memories of their observations related to the details of the incident under investigation. The capacity for observation derives from the senses: what the witness saw, heard, tasted, felt, or smelled.
Prior to answering this question, reviewers should use CIPR Form #2, Table Witness Testimony.

For this table, the reviewer should:

1. After reviewing the case file, identify and list the names of witnesses who can provide relevant testimony for the investigation in column 1, “Name of Witness.”
2. After listing the names of those individuals on Table 1, go back and correlate this list to the list of witnesses identified and interviewed by the CI during the investigation.
3. Use column 2, “Witness Role,” to identify the role of the witness to the incident, i.e. was the witness the alleged victim, alleged target, witness with circumstantial or direct evidence, expert witness, etc.
4. Review this list against the list of witnesses identified by the CI in the CIR.
5. When comparing lists, note on Form 2 the following:
   a. Whether the CI conducted the interview in-person;
   b. Date/time the witness interview occurred; and
   c. Whether a written statement was prepared from that interview. If the CI identified a compelling reason for not creating a written statement or conducting the interview in–person that the evaluator considers relevant and available, explain in the “Notes” column.

After completing the form, the reviewer should assess whether any testimonial evidence that may have been available to the CI but was not identified in the documentation by the CI could have affected the final determination and/or corrective actions by the Administrative Review. It is important to remember that the Administrative Review team is dependent on the evidence collected by the CI to make their final determination about an incident and corrective actions that will mitigate risk of similar incidents occurring in the future.

If the reviewer believes that the CI collected all testimonial evidence in order for the Administrative Review Committee to make an accurate determination and implement quality corrective actions, the reviewer should circle “No” for this question and award one (1) point for Item #6.

For this item, it is acknowledged that it is often impossible to identify and collect all testimonial evidence and some evidence even though relevant would have been unlikely to affect the determination or the corrective actions in the Administrative Review. If the reviewer feels that there was other testimonial evidence available that
could have been collected, even though, it would not have affected the decisions made by the Administrative Review team, the reviewer should note this on page 2 of the tool.

If the reviewer does identify testimonial evidence that was not collected by the CI that may have affected the final determination and/or corrective actions by the Administrative Review team, the reviewer should circle “Yes” for Item #6 and no point is awarded. The reviewer should provide at least one example in the Notes box.

**Item #7: Were all interviews conducted in person by the CI?**

**Guidance:** As a basic investigative principle, interviews with witnesses should be conducted in-person. There are many reasons that an in-person interview is the accepted investigative best practice. For example, much of our communication is nonverbal and a phone conversation does not allow for the observation by the CI or witness of each other’s nonverbal communication.

If the CI conducted all of the interviews in-person, the reviewer should circle “Yes” for the first question and award one (1) point for Item #7. The reviewer can then go to Item #8.

If the CI did not conduct all of the interviews in-person, the reviewer should circle “No” for the first question and also answer the second question for Item #7.

If the reviewer finds that the CI did not conduct all interviews in-person but there was an investigative reason documented by the CI, the reviewer should circle “Yes” and award one (1) point for Item #7.

If there is not a documented investigative reason why interviews were not done in-person, the reviewer should circle “No” for the second question and no point is awarded for this item.

It is important to note here that it is not up to the reviewer to speculate why the in-person interview was not conducted. The reason must be documented by the CI in the CIR for the second question to be a “Yes”.

**Item #8: Were all initial interviews completed (or at least attempted) within 10 days of the investigation being assigned?**

**Guidance:** As noted earlier, speed/timeliness is a critical component of
investigations. As a practice standard, all initial interviews should be completed by the CI within 10 days of the investigation being assigned. This is critical for the collection of testimonial evidence as close to the time of the incident as possible.

The reviewer should determine if all initial interviews were completed or at least attempted within 10 days of the investigation being assigned. Attempts that were not successful must be documented in the CIR by the CI. If all interviews were conducted or attempted in the 10 day timeframe, the reviewer should circle “Yes” and award one (1) point for Item #8. If they were not, the reviewer should circle “No” and no point is awarded for the item.

Item #9: Did the Reviewer identify documentary evidence that was NOT collected by the CI that may have affected the final determination by the Administrative Review team?

Guidance: The ability to conduct a thorough, quality investigation directly relates to the CI’s ability to properly identify and collect all relevant testimonial evidence.

When evaluating for relevant documentary evidence, reviewers should remember the definition of this form of evidence.

**Documentary Evidence:** is any evidence written down, on paper or electronically. (i.e. written statements prepared as a result of interviews with the CI, business records of the organization, program and medical records of individuals receiving services, training records of employees, policies and procedures, fiscal records, etc.)

Prior to answering this question, reviewers should use CIPR Form #2: Witness Testimony and Written Statements, Table 1 Witness Testimony and CIPR Form #3: Other Documentary Evidence, Table 1, Other Documentary Evidence. For CIPR Form #3, Table 1, the reviewer should:

1. After reviewing the case file, identify and list the documentary evidence relevant to the investigation in column 1 (this is the documentary evidence the evaluator believes is relevant to the investigation).
2. Review the list in column 1 against the documentary evidence the CI actually identified and collected during the investigation.
3. Mark “Yes” if the documentary evidence was collected, and note the date of collection.
4. Mark this item “No” if the CI failed to identify and collect any documentary evidence that was relevant to the investigation.
5. If documentary evidence was omitted by the CI, and a compelling reason is provided for the omission in the CIR, Section II.D., mark this item “No” with an explanation of the exception in the “Notes” column of CIPR Form 3.
After completing Form 3 and checking Form 2 that all witness statements were collected, the reviewer should assess whether any documentary evidence that may have been available to the CI but was not identified in the documentation by the CI could have affected the final determination and/or corrective actions by the Administrative Review. It is important to remember that the Administrative Review Committee is dependent on the evidence collected by the CI to make their final determination about an incident and corrective actions that will mitigate risk of similar incidents occurring in the future.

If the reviewer believes that the CI collected all documentary evidence in order for the Administrative Review Committee to make an accurate determination and implement quality corrective actions, the reviewer should circle “No” for this question and awards one (1) point for Item #9.

For this item, it is acknowledged that it is often impossible to identify and collect all documentary evidence and some evidence even though relevant would have been unlikely to affect the determination or the corrective actions in the Administrative Review. If the reviewer feels that there was other documentary evidence available that could have been collected, even though, it would not have affected the decisions made by the Administrative Review Committee, the reviewer should note this on page 2 of the tool.

If the reviewer does identify documentary evidence that was not collected by the CI that may have affected the final determination and/or corrective actions by the Administrative Review Committee, the reviewer should circle “Yes” for Item #9 and no point is awarded. The reviewer should provide at least one example in the Notes box.

Item #10: Did the CI complete all items of the ODP CIR Form Sections I through IV?

Guidance: The CIR is an important tool of the investigation process. Not only does it serve to clearly articulate the protocols used to identify, collect, and preserve evidence, it is also the means by which the CI presents and analyzes the evidence important to answering the investigatory questions. In this regard, the CIR is the foundation that supports not only the conclusions drawn from the evidence by the Administrative Review Committee, but also helps create the plan of corrective action resulting from the conclusions. The corrective action plan can be used to establish proactive preventive measures to protect individuals from future harm and support quality improvement efforts for Risk/Incident Management.
When investigation reports are not prepared utilizing a consistent format that organizes information clearly and concisely related to investigation protocols, the CI, management of organizations, and others responsible for reviewing this information are at much greater risk of reaching improper conclusions and recommendations for corrective action.

This item checks to makes sure all items were completed. If an item was Not Applicable to the investigation, it should not have been left blank but marked with an “NA” to acknowledge that the CI noted the item and determined it was not pertinent to the incident investigation.

If all items were completed in Section I through IV of the CIR by the CI, the reviewer should circle “Yes” and one (1) point should be awarded for Item #10. If items were not completed, the reviewer should circle “No” and no point should be awarded.

**Final score and examples**

**Guidance:** As noted above, it is recommended that examples be provided of evidence not collected by the CI for items 3, 4, 5 & 8. This notes space can also be used to comment on other items as well.

The Final Score is tabulated by adding up the points for each item. The lowest score someone can achieve is zero (0) and the maximum score is ten (10).

**Certified Investigation Quality Foundations Peer Review Feedback: CI**

**Guidance:** This form asks the reviewer to identify 3 strengths and 3 areas for improvement from the parts of the Certified Investigation that were completed by the CI. The reviewer should be familiar with the Certified Investigator’s Manual to provide this feedback. The feedback can be based on items on the scoring chart or go beyond the scoring chart to highlight other areas of strength or improvement from the investigation.

It is important to note that the completion of this form does not indicate that there were only three strengths and/or three areas of improvement from this investigation. The reason for limiting to three for the purposes of peer review is to provide the CI with realistic actionable feedback that reinforces their strengths as well as suggests areas of improvement for their investigations.

Additional Comments can be used in cases where it is imperative to provide
Certified Investigation Quality Foundations Peer Review Score Sheet: Admin Review

Item #1: Did the CI enter a final determination (Confirmed, Not Confirmed, or Inconclusive) on the Investigative Report?

**Guidance:** The Certified Investigator is not responsible for any of the outcomes in the Administrative Review stage of the Certified Investigation process. Specifically, the Certified Investigator **should not** have made a finding in the case (Confirmed, Not Confirmed, or Inconclusive) prior to the case reaching the Administrative Review Committee. This is the sole responsibility of the Administrative Review Committee.

If the CI did make a final determination, the reviewer should circle “Yes” and no point is awarded. If the CI did not make a final determination, the reviewer should circle “No” and one (1) point is awarded for Item #1.

Item #2 Did the Administrative Review Committee make a final determination (Confirmed, Not Confirmed, or Inconclusive) that is supported by the Preponderance of the Evidence Standard?

**Guidance:** The Preponderance of Evidence standard is used by those conducting the Administrative Review to determine the weightiness of the overall evidence in order to make a finding regarding the allegation. The allegation is defined by the primary and secondary categories of the incident. There are four potential outcomes:

1. If there is more evidence than not that the allegation is more like than not to have occurred, the investigation is **Confirmed**.
2. If there is not a majority of evidence (51% or more) supporting the claim occurring as specified by the allegation than the investigation is **Not Confirmed**.
3. If there is exactly equal evidence supporting the allegation as occurring and not occurring, the investigation is **Inconclusive**.

The designation of Inconclusive is a category that should be used less often than the other two categories. It is quite rare in an investigation when you have exactly 50% of evidence supporting one scenario of what happened and 50% of evidence supporting another. An example of an Inconclusive investigation could be where a staff member is alleged by an individual to have called them a derogatory term. No other witnesses are present to have overheard the incident. The staff member states that they did not
use that term and the individual states that they did. In this case where there is only the completely opposite testimonial evidence of two witnesses, an Inconclusive designation may be appropriate.

The determination of Inconclusive should not be used because the Administrative Review Committee did not “know” what happened. We never “know” for sure what happened as that is not required with our standard of evidence. In fact, there is no standard of evidence used in a legal framework within the United States that demands that we “know” what occurred. The findings of Confirmed, Not Confirmed and Inconclusive are defined by the weight of the evidence provided from the investigation that the allegation did or did not occur.

If there is just the slightest weight of evidence that the allegation is more likely to have occurred than not, then the Administrative Review Committee should have determined the investigation as Confirmed.

If the Reviewer feels that the determination made by the Administrative Review Committee is accurate based on the Preponderance of Evidence standard, the reviewer should circle “Yes” and award one (1) point for Item #2. If the reviewer assesses that the final determination was not supported by the Preponderance of the Evidence Standard, the reviewer should circle “No” and no point is awarded.

**Item #3: Did the Administrative Review Committee identify Corrective Actions that will mitigate the risk of an incident of this type occurring again or that will assist the agency in improving quality?**

**Guidance:** Since Certified Investigations are part of a quality management process, it is rare that there is nothing that can be done. Even an allegation that is “Not Confirmed” and the final analysis suggests was fabricated by the individual, changes can be made to the individual’s care to address why they made a “false allegation”.

The emphasis of corrective actions should be on:

1. Actions that protect the individual and all individuals from future the circumstances that led to the incident;
2. Actions identified for specific items in this tool;
3. Actions that raise the overall quality level of care and services provided by the organization;
4. Actions that can improve timely, objective and thorough investigations; and/or
5. Actions that assure regulatory requirements are consistently met by the organization.
ODP – Evaluating the Quality of Certified Investigations

Item #4: Did the Peer Reviewer identify a Corrective Action(s) that was not identified by the Administrative Review Committee, which is necessary to mitigate the risk of an incident of this type occurring again or that is required to assist the agency in improving quality based on the report and investigation?

Guidance: In addition to corrective actions that may have been identified by the Administrative Review Committee, the reviewer may feel that additional corrective actions are needed to mitigate future risk and improve quality. If the reviewer identifies an additional corrective action, the reviewer should circle “Yes” and no point is awarded.

If they feel the Administrative Review Committee was thorough in developing corrective actions that mitigate future risk and improve quality, the reviewer should circle “No” and award one (1) point for Item #4.

Item #5 Did the Administrative Review Committee identify what types of assistance, including Victim Assistance Services, were offered to the alleged victim in the report?

Guidance: This item assessed by reviewing Item #2 and 2a of Section V of the CIR. Item #2 of the CIR examines whether actions were taken by staff to protect the immediate health and safety of an individual after an incident was discovered. These actions are focused on what occurs directly following the discovery. Additionally item #2a of the CIR should capture any other actions taken to assist the victim that do not fall within an immediate timeframe. Victim Assistance programs are resources available to assist victims physically, emotionally, financially and legally when you are abused or neglected and a victim of a crime. Victims may access many of the resources regardless of the intent to file criminal charges or proceed within the criminal justice system.

If the reviewer identifies that the Administrative Review Committee identified the types of assistance provided to the alleged victim, the reviewer should circle “Yes” and one (1) point is awarded for Item #5.

If the Administrative Review Committee did not identify services, the reviewer should circle “No” and no points are awarded for this item.

Item #6: Did the Administrative Review Committee answer all questions in Section V of the ODP CIR form?

Guidance: As noted above, the CIR is an important tool of the investigation process. Section V of the CIR reports the final determination from the evidence and provides the plan of corrective action resulting from the conclusions. The corrective action
plan is critical to establish proactive preventive measures to protect individuals from future harm and support quality improvement efforts for Risk/Incident Management.

All items in Section V of the CIR must be completed. If an item was Not Applicable to the investigation, it should not be left blank but marked with an “NA” to acknowledge that the Administrative Review Committee noted the item and determined it was not pertinent to the incident investigation.

If all items were completed in Section V of the CIR by the Administrative Review Committee, the reviewer should circle “Yes” and one (1) point should be awarded for Item #10. If items were not completed, the reviewer should circle “No” and no point should be awarded.

Please provide explanation for any items that a point was not awarded.

Guidance: The reviewer should provide feedback for any item that a point was not awarded. This feedback should not only explain why the point was not awarded but also describe the viewpoint of the reviewer about the item based on their examination of the case. Another sheet of paper can be used when necessary to fully explain the perspective of reviewer.

Final Score

Guidance: Points should be added for all items to reach the final score. This section can have a minimum of zero (0) points and maximum of six (6) points.
Appendix: CIPR Tool and Supplemental Forms

The following documents will be found in this section of the manual:

1. The CIPR Tool
2. CIPR Form #1: Physical Evidence and Photography/Video
3. CIPR Form #2: Testimony and Witness Statements
4. CIPR Form #3: Other Documentary Evidence

These documents are to be printed and copied for use when completing CIPRs.
# ODP – Evaluating the Quality of Certified Investigations

## Certified Investigation Quality Foundations Peer Review Score Sheet: CI

<table>
<thead>
<tr>
<th>HCSIS/EIM Incident #:</th>
<th>Date of Review:</th>
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</thead>
<tbody>
<tr>
<td>CI:</td>
<td>Reviewer:</td>
</tr>
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</table>

1. Was the investigatory question clearly and objectively stated? **Yes** (1 Point) **No**

2. Did the CI interview the victim within 24 hours of being assigned the case? **Yes** (1 Point) **No**
   
   **If No**, did the CI provide a documented investigative reason why AND start other interviews within 24 hours? **Yes** (1 Point) **No**

3. Was the scene visited by the CI? **Yes** (1 Point) **No**
   
   **If No**, did the CI provide a documented investigative reason that it did not occur? **Yes** (1 Point) **No**

4. Did the Reviewer identify Physical Evidence that was NOT documented by the CI that may have affected the final determination by the Administrative Review team? **Yes** (1 Point) **No**

5. Did the Reviewer identify Demonstrative Evidence that was NOT collected by the CI that may have affected the final determination by the Administrative Review team? **Yes** (1 Point) **No**

6. Did the Reviewer identify Testimonial Evidence that was NOT collected by the investigator that may have affected the final determination by the Administrative Review team? **Yes** (1 Point) **No**

7. Were all interviews conducted in person by the CI? **Yes** (1 Point) **No**
   
   **If no**, did the CI provide a documented investigative reason that this did not occur? **Yes** (1 Point) **No**

8. Were all initial interviews completed (or at least attempted) within 10 days of the investigation being assigned? **Yes** (1 Point) **No**

9. Did the Reviewer identify documentary evidence that was NOT collected by the investigator that may have affected the final determination by the Administrative Review team? **Yes** (1 Point) **No**

10. Did the CI complete all items of the ODP CIR Form Sections I through IV? **Yes** (1 Point) **No**

Please provide examples for questions 3, 4, 5 & 8

**Final Score:**
### Certified Investigation Quality Foundations Peer Review

**Feedback: CI**

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<tr>
<th>HCSIS/EIM Incident #:</th>
<th>Date of Review:</th>
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<tbody>
<tr>
<td>CI:</td>
<td>Reviewer:</td>
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#### List 3 strengths of the CI’s investigation.

1.  
2.  
3.  

#### List 3 areas for improvement based on the CI’s investigation.

1.  
2.  
3.  

**Additional Comments:**
<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>(1 Point)</th>
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<tbody>
<tr>
<td>1</td>
<td>Did the CI enter a final determination (Confirmed, Not Confirmed, Inconclusive, or Not Applicable) on the Investigative Report?</td>
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<td>2</td>
<td>Did the Administrative Review Committee make a final determination (Confirmed, Not Confirmed, Inconclusive, or Not Applicable) that is supported by the Preponderance of the Evidence Standard?</td>
<td>Yes</td>
<td>No</td>
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<td>3</td>
<td>Did the Administrative Review Committee identify Corrective Actions that will mitigate the risk of an incident of this type occurring again or that will assist the agency in improving quality?</td>
<td>Yes</td>
<td>No</td>
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<td>4</td>
<td>Did the Peer Reviewer identify a Corrective Action(s) that was not identified by the Administrative Review Committee, which is necessary to mitigate the risk of an incident of this type occurring again or that is required to assist the agency in improving quality based on the report and investigation?</td>
<td>Yes</td>
<td>No</td>
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<td>5</td>
<td>Did the Administrative Review Committee identify what types of assistance, including Victim Assistance Services, were offered to the alleged victim in the report?</td>
<td>Yes</td>
<td>No</td>
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<td>6</td>
<td>Did the Administrative Review Committee answer all questions in Section V of the ODP CIR form?</td>
<td>Yes</td>
<td>No</td>
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Please provide explanation for any items that a point was not awarded.

Final Score: ___________________
CIPR Form #1: Physical Evidence and Photography/Video

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<tr>
<th>Relevant Physical Evidence</th>
<th>Identified? (Y/N/NA)</th>
<th>Collected? (Y/N/NA)</th>
<th>Notes</th>
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Table 2: Photographs and Video

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<th>Relevant Photographs and Video</th>
<th>Identified? (Y/N/NA)</th>
<th>Collected? (Y/N/NA)</th>
<th>Notes</th>
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Table 3: Demonstrative Evidence: Other

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<th>Relevant Other Demonstrative Evidence</th>
<th>Identified? (Y/N/NA)</th>
<th>Collected? (Y/N/NA)</th>
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### CIPR Form #2: Witness Testimony and Written Statements

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<th>HCSIS/EIM Incident #:</th>
<th>Date of Review:</th>
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<tr>
<td>CI Name:</td>
<td>Evaluator Name:</td>
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#### Table 1 – Witness Testimony

<table>
<thead>
<tr>
<th>Name of Witness</th>
<th>Witness Role (e.g. Alleged Victim, Target, etc.)</th>
<th>In Person Interview (Y/N)</th>
<th>Date/Time of Interview</th>
<th>Written Statement (Y/N)</th>
<th>Notes</th>
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### CIPR Form #3: Documentary Evidence

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<th>CI Name:</th>
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**Table 1: Other Documentary Evidence**

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<th>List Relevant Documentary Evidence</th>
<th>Collected (Y/N)</th>
<th>Date Collected</th>
<th>Notes</th>
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