Innovation Track: A Comprehensive Critical Incident Management System– A Proposed Best Practice

August 28, 2019
TODAY’S DISCUSSION

1. Introduction to Speakers
2. Overview of Critical Incidents
3. A Brief History of Critical Incident Reporting for Medicaid HCBS
4. Best Practice Guidance for a Comprehensive Incident Management System
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INTRODUCTION OF SPEAKERS

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  Vice President for State Markets
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  Navigant

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  Medicaid Section Chief
  Louisiana Department of Health

• Melissa Ledoux
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CRITICAL INCIDENT DEFINITION

What is a Critical Incident?

• “Critical incidents” are situations that put the health, safety or welfare of participants at risk. Some states also use the term “adverse”, “serious” or “sentinel events”.
  o This may include medical (e.g., serious medication error, death, serious injury, etc.) and safety concerns (e.g., missing person, restrictive interventions, etc.).
• There is no standard federally defined term for “critical incident” that outlines the scope of reportable incidents, leading to variation across states (1)

Common Critical Incident Types Tracked by State Medicaid Agencies:

• Abuse, Neglect, and Exploitation
• Unexpected Deaths
• Unexpected Hospitalization
• Serious Injury
• Criminal Activity/Legal Involvement
• Loss of Contact/Elopement
• Suicidal Behavior
• Medication Errors
• Use of Restraints/Seclusion

States operating HCBS waivers are required to provide assurances to CMS that necessary safeguards are in place to protect the health, safety, and welfare of participants receiving services. For critical incidents this includes:

- The state must demonstrate on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.
- The state must demonstrate that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.

The state should:

- Specify the types of critical events or incidents
- Identify individuals/entities that must report critical incidents
- Define entity responsibilities
- Define timeframes for reporting and conducting/completing an investigation
- Define method(s) of reporting (e.g., phone, written form, web-based report)
- Define notification requirements (e.g., participants, guardian, etc.)
Critical Incident Management not only protects the health and safety of the participants, it also provides data on the state and networks ability and effectiveness to address and mitigate incidents.

- Incident data is used to:
  - Identify and resolve incidents to support waiver participant safety
  - Mitigate preventable incidents
  - Provide insights into trends and problems to reduce risks and improve quality of services
  - Demonstrate that the state has met or exceeded its waiver assurance performance measures
PARTIES INVOLVED IN CRITICAL INCIDENTS

**Consumers and Other Parties**
- Participants / Family Members / Neighbors / Friends / Guardian

**Medicaid Waiver Providers**
- Direct Service Providers / Case Managers / Support Brokers

**State Agencies**
- 1915(c) Operating Agency
- Law Enforcement
- State Medicaid Agencies
- Attorney General
- Office of Inspector General
- Adult/Child Protective Services

**Federal Agencies**
- Centers for Medicare & Medicaid Services (CMS)
- Office of Inspector General
What is an Incident Management System? (1)

• Assures that reports of critical incidents are filed;
• Track that incidents are investigated in a timely fashion; and
• Analyze incident data and develop strategies to minimize preventable incidents.

Goals of a Robust System (1)

• Standardizes what incidents are and how incidents are collected.
• Provides guidelines for states in prioritizing what incidents need to be investigated and resolved.
• Allows states to identify, track, trend, mitigate and preventable incidents.

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GAO issues a critical report about CMS oversight of HCBS waivers.

2004: CMS issues procedural guidance to states regarding site visits and a new waiver quality improvement plan.

2007: CMS updates the process for the Regional Offices to request evidence from states.

CMS updates the HCBS regulations and identifies new sub-assurances related to critical incident management.

HHS OIG and CMS audit state critical incident reporting and monitoring processes and find significant gaps.

CMS issues a pilot survey to 7 states to better understand their approach to critical incident management. CMS anticipates issuing a nationwide survey.

OIG/ACL provide a roadmap for states to improve their critical incident management systems.
**GAO/ACL Joint Report:** CMS continues to defer to the GAO/ACL report findings as a best practice. CMS does not mandate the adoption of these practices.

**CMS Technical Assistance:** CMS will create H&W Teams that will work with states during the next 3 years to proactively ameliorate H&W issues and provide technical assistance.

**CMS Survey:** CMS issued a statewide survey to states on July 13, 2019 to better understand how states approach critical incident management. Responses are due August 28, 2019.
WHAT DID CMS LEARN FROM ITS 2018 CRITICAL INCIDENT SURVEY?

- States have utilized different approaches to developing and implementing their incident management systems (1)

34 out of 38 waivers reported using an electronic system. Half of these waivers had a vendor-based system.

- Most surveyed waivers record, triage, and trend incidents electronically, but interoperability is not a functionality available for most systems.

Survey results show that states create one or more of the following trend reports from incident data:

1. Types of Trend Reports Created:
   - Type of incidents (e.g., falls, ANE/other) - 34
   - Number of incidents - 32
   - Recurrent incidents (e.g., by individual and/or by provider) - 31
   - Results of substantiated ANE - 31
   - Outliers - 21
   - ER visit/hospitalizations - 20
   - Particular medical findings (e.g., aspiration, pneumonia, falls/UVT burns) - 14
   - Other - 2

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FIVE RECOMMENDATIONS TO IMPROVE YOUR SYSTEM

1. Select critical incident types that are meaningful
2. Create clear policies regarding critical incident reporting requirements
3. Provide sufficient materials to support incident reporting
4. Create a single web-based system to track critical incidents
5. Track and analyze meaningful data points to minimize preventable incidents
RECOMMENDATION #1: SELECT CRITICAL INCIDENT TYPES THAT ARE MEANINGFUL

States should consider selecting critical incident types that 1) align with CMS requirements and 2) are important based on historical provider performance.

- Key factors to consider include:
  - Critical incidents types outlined by CMS, OIG, and state regulations
  - Provider history and incident trends across the state
  - Administrative burden on both providers to report on and state staff to manage
  - Critical incident types that the state does not want to collect (e.g., scheduled medical procedures/surgeries)
CMS AND OIG GUIDANCE REGARDING INCIDENT TYPES

CMS Requirements: 7 Incident Types: (1)
- Abuse (including physical, sexual, verbal and psychological abuse)
- Mistreatment or neglect
- Exploitation
- Serious injury
- Death other than by natural causes
- Other events that cause harm to an individual
- Events that serve as indicators of risk to participant health and welfare (e.g., hospitalizations, medication errors, use of restraints or behavioral interventions)

Additional Incident Types Recommended by OIG: 9 Incident Types: (2)
- Events leading to adverse outcomes for participants due to staff misconduct / error
- Events resulting in injury or illness requiring medical treatment beyond first aid
- Choking incidents
- Hospital emergency room visits where the injury or the medical condition could indicate abuse or neglect
- Elopements whereby the individual is removed from staff supervision or placed at risk of serious harm
- Behavioral incidents that result in employee physical intervention, serious risk of harm, or property damage valued at more than $150
- Emergency situations (e.g., fires, flooding, serious property damage)
- Criminal conduct by participants
- Incidents involving law enforcement

RECOMMENDATION #2: CREATE CLEAR POLICIES REGARDING CRITICAL INCIDENT REPORTING REQUIREMENTS

- If you need additional guidance on how to approach policy decisions, ask CMS!

<table>
<thead>
<tr>
<th>Key Decision Points</th>
<th>Considerations</th>
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| 1. Does critical incident reporting apply to all incident events or only those that involve a paid Medicaid provider? | State examples:  
  • Pennsylvania: A Critical Incident is an unexpected and undesirable event that has an adverse impact on the outcome of care that **occurs during a Member’s term of care funded through PerformCare**. CIR submission should occur to PerformCare only if PerformCare is funding the service.  
  • Kentucky: Critical incidents are serious in nature and pose immediate risk to the health, safety, or welfare of waiver participants or others. |
| 2. Who is responsible for investigating an incident?       | Federal OIG recommends:  
  • The **State should ensure independent State investigations of allegations of specified incidents** (e.g., abuse and neglect that results in serious or repeated harm to participants; sexual abuse; unexpected deaths; incidents that result in life-threatening or serious injury or illness that appear to be due to provider misconduct/ANE or due to environmental hazards; etc.).  
  • The **State may delegate investigation for other incident situations to provider agencies or other entities**. |
# RECOMMENDATION #2: CREATE CLEAR POLICIES REGARDING CRITICAL INCIDENT REPORTING REQUIREMENTS (CONTINUED)

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<thead>
<tr>
<th>Key Decision Points</th>
<th>Considerations</th>
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| 3. Who should be notified when a critical incident occurs? | Kentucky's incident reporting instructional guide describes notification requirements for the following parties:  
- **Law Enforcement**: (For incidents involving criminal activities)  
- **Family Member**: For adults, a family member is only notified if the waiver participant has provided consent via their PCSP. For children, a family member is always notified.  
- **Medical Provider**: The medical provider is notified for incidents involving medication errors or hospitalization.  
- **Direct Service Provider**  
- **Case Manager or Support Broker**  
- **State or Private Guardian**: (If applicable and if specified in the PCSP) |
| 4. Should the 1915(c) operating agency or APS investigate incidents involving abuse, neglect, or exploitation? | CMS HCBS Technical Guidance: “…if the state’s adult protective services (APS) agency has primary oversight responsibility for incident management, there should be processes whereby the APS agency regularly furnishes the Medicaid agency and/or operating agency with information about critical incidents that involve waiver participants and that the agencies work together to identify strategies to reduce the occurrence of critical incidents.” (1) |

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(1) [https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/downloads/technical-guidance.pdf](https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/downloads/technical-guidance.pdf)
RECOMMENDATION #3: PROVIDE SUFFICIENT MATERIALS TO SUPPORT INCIDENT REPORTING

Materials Outlining State Requirements

Forms / Reports for Reporting Purposes

Training Materials

Critical Incident Reporting Requirements
For Community Centered Boards and Service Provider Agencies

Division for Intellectual and Developmental Disabilities

Critical Incident Investigations for 1915(c) Home and Community Based Services (HCBS) Waivers Direct Service Providers and Case Managers
Commonwealth of Kentucky
Cabinet for Health and Family Services
Division of Developmental and Intellectual Disabilities
RECOMMENDATION #4: CREATE A SINGLE WEB-BASED SYSTEM TO TRACK CRITICAL INCIDENTS
PROTECTIVE SERVICES DATA TO FACILITATE INTERDEPARTMENTAL COMMUNICATION

• Determine when to contact protective services.
  o Severe Incidents may require immediate referral to protective services.
  o Early identification helps set expectations for the investigation

• Data sharing may happen:
  o Through creation of reports and triggers
  o Posted in centralized system
  o Weekly meetings

• All protective service calls are critical incidents, but not all critical incidents will rise to the level of a protective services investigation.
MULTIPLE MECHANISMS FOR SUBMITTING INCIDENT REPORTS

ABILITY TO COMPARE INCIDENT OCCURRENCE DATE/TIME TO INCIDENT SUBMISSION DATE/TIME AS A PERFORMANCE INDICATOR

WORKFLOW AUTOMATION TO ALLOW FOR DIFFERENT WORKFLOW FOR DIFFERENT INCIDENT TYPES

MECHANISMS TO ENSURE THAT INCIDENT REPORTS FLOW THROUGH OFTEN COMPLEX, MULTI-TIERED REVIEW/APPROVAL PROCESS

TRACKING OF INCIDENT REVIEW, FOLLOW-UP AND WHEN NECESSARY, INVESTIGATION

ABILITY TO REPORT ON CRITICAL INCIDENTS TO DETECT PROVIDERS IN NEED OF ADDITIONAL TRAINING AND/OR SANCTION, DETECT TRENDS, ETC.
States should consider tracking at least the following data points:

- **Waiver Measures**: Performance measures that are described in the state’s 1915(c) waivers (e.g., # of critical incidents resolved within 30 days of the date of the critical incident report date)
- **Reporting Timeframes**: Number of critical incidents reported within required timeframes
- **Severe Cases**: Status/outcome of reported abuse, neglect or exploitation (ANE) cases
- **Member Specific Dashboard**: Number and type of incident reports for a member during a specified timeframe
- **Provider Specific Dashboard**: Number and type of incident reports for a provider during a specified timeframe
- **Emergency Room (High Cost Claims)**: Usage of ER visits.
RECOMMENDATION #5: TRACK AND ANALYZE MEANINGFUL DATA POINTS TO MINIMIZE PREVENTABLE INCIDENTS (CONTINUED)
RECOMMENDATION #5: TRACK AND ANALYZE MEANINGFUL DATA POINTS TO MINIMIZE PREVENTABLE INCIDENTS (CONTINUED)

<table>
<thead>
<tr>
<th>Table 1. Number of Reported Adverse Incidents—Statewide</th>
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<tbody>
<tr>
<td>Type of Adverse Incident</td>
</tr>
<tr>
<td>Fall</td>
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<tr>
<td>Sustained Injury</td>
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<tr>
<td>Sepsis</td>
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<td>Urgent Medical Care</td>
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<td>Infection</td>
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<td>Isolation</td>
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<tr>
<td>Substitution</td>
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<tr>
<td>Non-Enforcement Involvement</td>
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<tr>
<td>Use of Medications</td>
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<tr>
<td>Dental Disaster</td>
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<tr>
<td>Theft</td>
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<td>Egress</td>
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<tr>
<td>Incontinence</td>
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<tr>
<td>Duty Injury</td>
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<tr>
<td>Call</td>
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<tr>
<th>Table 2. Number of Reported Adverse Incidents—By Waiver Population</th>
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<tbody>
<tr>
<td>Waiver Population</td>
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<th>Table 3. Number of Reported Adverse Incidents—MCO</th>
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<tr>
<td>MCO</td>
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<tr>
<td>Total Statewide</td>
</tr>
<tr>
<td>MCO1</td>
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<tr>
<td>MCO2</td>
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<tr>
<td>MCO3</td>
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<th>Table 4. Days Between Date Received and Date Referral</th>
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<tbody>
<tr>
<td>MCO</td>
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<tr>
<td>KC01</td>
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<tr>
<td>KC02</td>
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<tr>
<td>KC03</td>
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<tr>
<th>Table 5. Days Between Date Received and Date Resolved</th>
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<tr>
<td>MCO</td>
</tr>
<tr>
<td>MC01</td>
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<td>MC02</td>
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<td>MC03</td>
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<th>Table 6. Number of Adverse Incidents Referred to ECP</th>
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<tr>
<td>MCO</td>
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<tr>
<td>Total Statewide</td>
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<tr>
<td>MCO1</td>
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<tr>
<td>MCO2</td>
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<tr>
<td>MCO3</td>
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<th>Table 7. Number and percent of cases where the use of restraints explanation and process was documented</th>
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<tr>
<td>Statewide</td>
</tr>
<tr>
<td>Total</td>
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<tr>
<td>Inpatient</td>
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<tr>
<td>Outpatient</td>
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<th>Table 8. Number and percent of cases where the use of seclusion explanation and process was documented</th>
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<tr>
<td>Statewide</td>
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<tr>
<td>Total</td>
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<tr>
<td>Nominator</td>
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<tr>
<td>Denominator</td>
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<tr>
<th>Table 9. Number and percent of cases where the use of other restrictive interventions explanation and process was documented</th>
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<td>Statewide</td>
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<tr>
<td>Total</td>
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<td>Denominator</td>
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CMS GUIDANCE IN ANALYZING CRITICAL INCIDENT DATA

- Commit to a **regular schedule** for aggregating and analyzing findings and trends (no less than annual basis)
- Identify areas of **improvement, interventions** to address adverse trends and patterns, and **training opportunities** for stakeholders to help prevent and mitigate incidents
- Gathering information for system-wide oversight, including:
  - Participant and provider characteristics
  - How quickly reports are reviewed, investigated, and followed-up
  - Results of investigations
- Determine the **types of analysis** to conduct, which may include:
  - Recurring deficiencies;
  - Types of incidents;
  - Types of providers/provider analysis;
  - Location of incidents;
  - Alleged perpetrators;
  - Investigation findings of: Outlier incidents; Abuse, neglect or exploitation; ER visits/hospitalizations;
  - Incident resolution timelines; and
  - Other medical findings

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About WellSky

WellSky is a technology company advancing human wellness worldwide. Our software and professional services address the continuum of health and social care — helping businesses, organizations, and communities solve tough challenges, improve collaboration for growth, and achieve better outcomes through predictive insights that only WellSky solutions can provide.
We are committed to

- Serving our customers to ensure they can serve their communities
- Anticipating provider needs in an ever-changing care landscape
- Using data and applied insights to elevate and intelligently scale care

Together, we are realizing care’s potential and building communities that thrive.
We partner with organizations across the care spectrum

Hospital: Ensuring hospitals can focus on delivering superior patient care safely and efficiently

Practices & Facilities: Enhancing providers’ abilities to streamline operations and focus on the delivery of care

Home: Empowering providers to deliver exceptional care while focusing on improving outcomes

Community: Supporting dynamic communities of care with our diverse set of human services solutions
Practices & Facilities
- Behavioral Health & IDD Providers
- Donor Testing Services
- Biotherapy Labs
- Private Practice Rehabilitation
- Scheduling
- Long-Term Care
- Correctional Medication Management

Community
- Payers
- IDD Payers
- Aging & Disability
- Protective Services
- Incident Management
- Information & Referral
- Community-Based Organizations
- Housing & Homelessness
- Blood Centers

Hospital
- Blood Transfusion
- Hospital Donor Program
- Biotherapy Clinics
- Inpatient Rehabilitation
- Outpatient Rehabilitation
- Acute Respiratory & Rehabilitation
- Enterprise Scheduling
- Medication Management
- International Medication Management

Home
- Home Health
- Hospice
- Home Infusion
- Specialty Pharmacy
- Home Medical Equipment
- Private Duty
- Home Health Therapy
- OASIS Review & Coding
- Billing & Revenue Cycle Services
- DDE & Payer Connection

WellSky
Practices and Facilities
- +50 million blood donor tests annually
- +22 million rehab treatments in 12 months
- +2.3 million rehab patients served in 12 months
- +135 medication management facilities (including 34 correctional health facilities)

Community
- +35,000 daily users
- +3,000 agencies providing services
- Used by majority of Area Agencies on Aging
- Used by majority of HUD Continuums of Care
- Customer organizations in 50 US states, Washington D.C., and Canada

Home
- +4,500 home health and hospice agencies
- +34 million billable visits in 12 months
- +$11 billion Medicare claims processed
- +200,000 care tasks every day

Hospital
- FDA 510(k) cleared system for blood banks
- The blood compliance solution for U.S. Department of Defense facilities worldwide
- +450 transfusion sites worldwide
- +20,000 cord blood and tissue donors registered