Innovative Critical Incident Monitoring
Separate Paths One Destination

Alexandra (Ali) Fernández
Bureau Chief

Chris Barrott
Program Manager

Bureau of Long Term Care
Division of Medicaid
Idaho Department of Health and Welfare

Mallika Thanky
Data Scientist

Jason Helmandollar
Vice President of Healthcare Solutions

Pulselight
Healthcare Data Analytics
For every ONE report of Abuse, Neglect or Exploitation, 24 incidents will go unreported
Help is on the way!
Considerations for your homegrown complaint and critical incident database

Build it for the audience
The system design should be easy for the end user to navigate and make them feel safe submitting complaints.

Build it with data in mind
The system should include elements that will provide meaningful data that can be used for process improvement, accountability and reporting purposes.

Build it to hold your staff accountable
The system should be transparent enough to easily hold staff accountable to required timelines for intake, investigation and resolution of complaints.

Keep costs low
With internal technology resources, Idaho built its system for less than $15,000. Funding and system complexity are usually correlated, so keep this in mind during the design phase.
An effective Complaint Submission System is simple enough that end users can easily navigate the submission of any type of complaint.

The management side of the system should also be straightforward and allow users with various processing roles to intuitively navigate the system at each step of the complaint resolution process.
Plan the right next steps

Use your Super Powers to design the system of your dreams

**Needs**
What do you need from the system?

**Wants**
Prioritize the wants $$$

**Design**
Don’t overthink the design. Keep it simple!

**Beta Test**
Test, test and then test some more

**Market**
Get buy in from staff and stakeholders
**Triage**
Assign complaint type and Intake Manager

**Investigate**
Conduct interviews and report to other entities if needed

**Resolve**
Staff must complete required steps
One complaint system for all users
Design ONE web-based system for complaint submission for both external and internal users. The system is web based for easy access.

User Roles
The system can have as many user roles as needed for internal staff including:
• Admin
• Triage staff
• Intake Managers
• Quality Assurance
• External users

One size CAN fit all
Idaho’s system was built for both fee-for-service complaints and managed care entities. This allows the state to monitor the resolution of complaints and provide data to the managed care entities on a monthly basis.

Customizable for multiple programs
The basic design can be expanded to route complaints to various business units within the organization.
Data Mining to the Rescue
Simple reporting tools can yield mountains of meaningful data

- Consider what data points are meaningful to your program
- Idaho’s system was built with the following needs in mind:
  - Ability to monitor staff adherence to processes and timelines
  - Ability to identify trends; patterns with specific providers, types of complaints, geographic-specific issues
  - Ability to monitor managed care vendor performance and compliance with certain contract requirements
- Idaho’s system is built on an SSRS platform, enabling us to create report specifications using any data point within the system.
New System is 1.5 days from complaint submission to investigation.

Old System took 10 days from complaint submission to investigation.

90% improvement
Behind the mask

• **There is no ego in this work**, just stay committed to the cause which is to encourage reporting of abuse, neglect and exploitation

• **Be prepared to work hard** for staff buy-in. Not everyone will be happy about a transparent system.

• **Celebrate the victories** – an increase in reports means more people have a voice. This enables us to identify gaps and develop better programs

• **Our philosophy is that trying and failing is better than never trying at all.**
We’d love to meet with your team to demonstrate Idaho’s system and provide technical assistance!
Better incident reporting is critical, but we shouldn’t rely on reporting alone
There are multiple reasons reporting is not always comprehensive or accurate

- I didn’t recognize the event as an incident.
- I didn’t realize how severe their condition was.
- I did not have time or know where to file a report.
- Their condition deteriorated after I reported.
- I don’t want to implicate myself or someone I love.
By using claims and reporting data together, we can surface and address more adverse events
Claims 101

• Much of the I/DD population is on Medicaid and/or Medicare and get extensive healthcare services
• When a person receives medical, pharmacological, psychological or other treatment, and the provider requests payment from a payor, a claim record is generated
• Claim forms are generally standardized across payors (Medicaid, Medicare, workers’ comp, etc.)
Claims contain a wealth of information

- Individual Information
- Service Provided
- Service Dates
- Service Provider Information
- Condition(s) Treated
Claims data can surface signs of abuse, neglect, and more

- Systematically analyze large groups of services for patterns
- Dig into specific details
- Person-centric analysis:
  - Understand individuals' histories
  - See context around events

John Doe
33
Severe ID

Aug 2019
Malnutrition Service

Jan 2019
Pressure Ulcers

Jun 2019
Sleeping Problems

Mar 2019
First Anxiety Service

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Using claims we can detect episodes around adverse events

Jan 1
ER Visit same day as inpatient admit: Broken arm

Jan 2
X-rays within inpatient stay: Broken arm

Jan 3
Physician Consult within inpatient stay: Broken arm

Jan 4

Jan 5

Critical Incident:
Severe Injury
USE CASE: Possible unreported abuse or neglect

Client A

- Lives in a family home, no day program
- Mild intellectual disabilities, schizophrenia, behavioral challenges
- One incident report ever submitted to DD agency, by a nurse
- Family did not report
Looking across claims can reveal patterns which may indicate abuse or neglect
Claims can provide context around an event
Separate indicators can be combined into a “risk score” for more holistic, resource-friendly review
Combining better reporting with claims analysis can lead to improved outcomes

1. More comprehensive monitoring of health and safety of individuals
2. Better understanding of how to support providers and placements
3. More visibility into family homes and independent living situations
4. Enhanced trend and pattern analysis → earlier, proactive interventions
CONTACT US

Jason Helmandollar
VP Healthcare Solutions
jhelmandollar@pulselight.com

Mallika Thanky
Data Scientist
mthanky@pulselight.com

Website: pulselight.com