DC Department of Health Care Finance
PCG Health
Alaska Senior and Disability Services
Critical Incident Reporting
August 28, 2018

Incident Management

Focus: current and important trend which have been the focus of CMS and OIG over the past 2 years:

Failure of states and HCBS providers to appropriately report critical Incidents in HCBS settings.

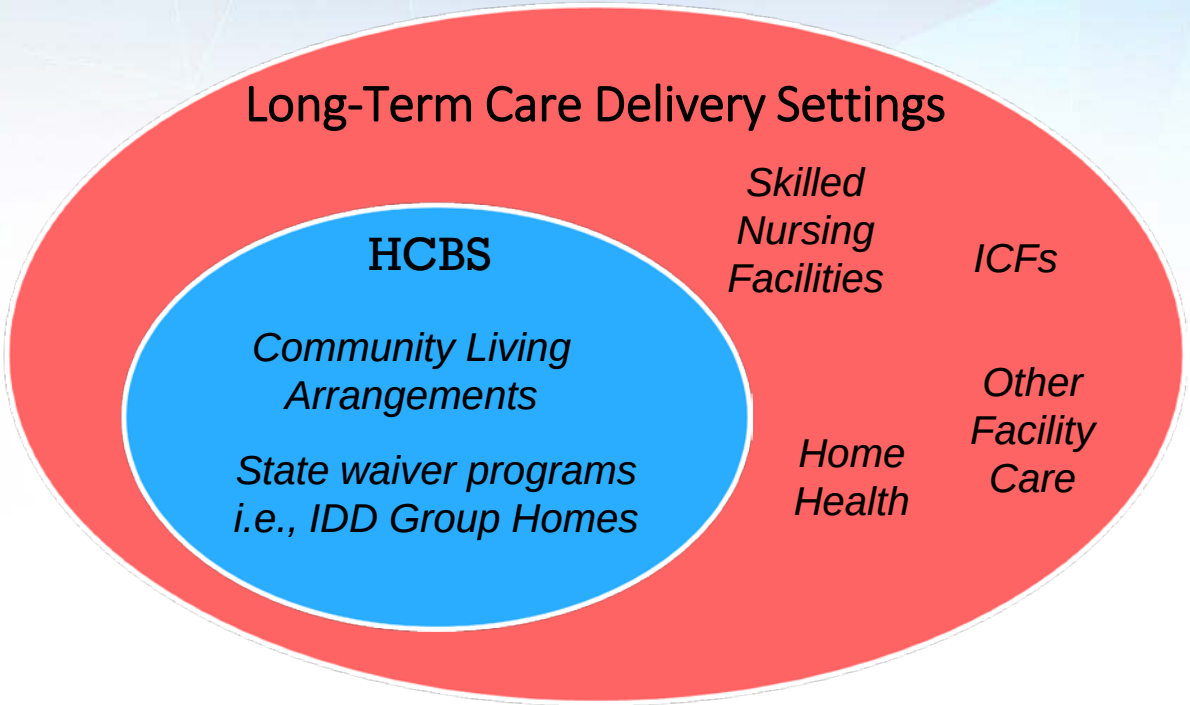
Goal: capacity building for HCBS 1915c Waiver providers for Elderly and Persons with Physical Disabilities (EPD) to improve quality of care relative to critical incident reporting and coordinating care.

Learning Objectives

1. Participants will be able to Identify recent federal oversight actions and regulatory guidance regarding incident management system failures and deficiencies
2. Understanding events that constitute critical incidents, timeframe for investigations and what constitutes a thorough investigation
3. Timelines and requirements mandated by state and federal regulations/requirements
4. Participants will be able to apply models of best practices related to critical incident management in Home and Community Based Settings (HCBS)
5. Participants will be able to describe how analytics can empower proactive oversight of critical incidents
6. Addressing lack of coordination amongst Elderly Person's with Disability (1915c waiver) providers
7. Recent trends in District of Columbia's Critical Incident Management for HCBS 1915c Waiver

Why is this important?

LTC Setting Landscape



Critical Incidents

Critical Incidents: *events or situations that may threaten a beneficiary's health or welfare. Critical incidents consist of* ***Serious Reportable Incidents (SRI)*** *and* ***Reportable Incidents (RI)****. SRIs are those incidents which - due to their significance or severity to the beneficiary - require immediate response, notification, internal review and investigation by the provider agency and DHCF. Reportable Incidents are events or situations that involve harm or risk to the beneficiary.*

Definitions of Critical Incidents

The classification varies across States and the specific population served by the waiver.

The HCBS waiver may classify critical incidents as requiring either a *minor or major* level of review.

a **minor** level of review generally include :

- suspected verbal or emotional abuse,
- theft, and
- property damage.

critical incidents that involve suspected ANE the HCBS waiver and State regulations also require mandated reporting.

Critical incidents requiring a **major** level of review include:

- Death
- Physical/sexual assault
- Suicide attempts
- *Unplanned hospitalizations*
- Near drowning
- Missing persons
- *Serious Injuries*

https://www.hhs.gov/sites/default/files/report_joint_report_hcbs.pdf

Example of a Group Home's Unreported Critical Incident

A group home did not report a critical incident involving a resident with developmental disabilities.

This resident suffered a second-degree burn on his right shoulder that required treatment at a local hospital's emergency room. The group home's aide, while assisting the resident in taking a shower, noticed the injury.

The resident's medical records noted the aide stated that the cause of the injury was unknown and the resident could not describe how he received the injury.

Because the injury met the definition of a "critical incident," the group home should have reported it.

https://www.hhs.gov/sites/default/files/report_joint_report_hcbs.pdf

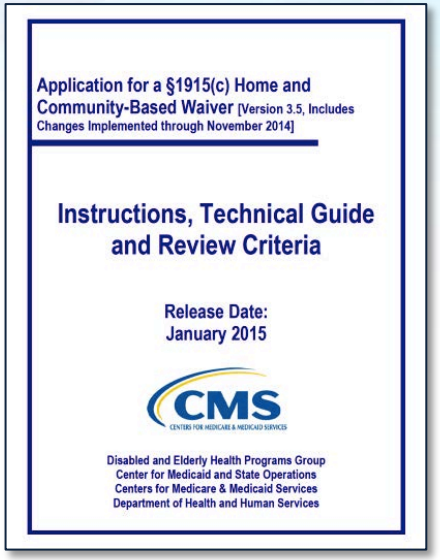
Critical Incidents: HCBS Waivers

SSA 1915c Waivers & State regs require providers to report critical incidents

- States sometimes enact separate reporting requirements for suspected neglect/abuse

Waiver Assurances (ref. QIS)

1. Administrative authority
2. Level of care (LOC)
3. Qualified providers
4. Service plan
5. Health and welfare
6. Financial accountability



Waiver Assurance #5: Health & Welfare

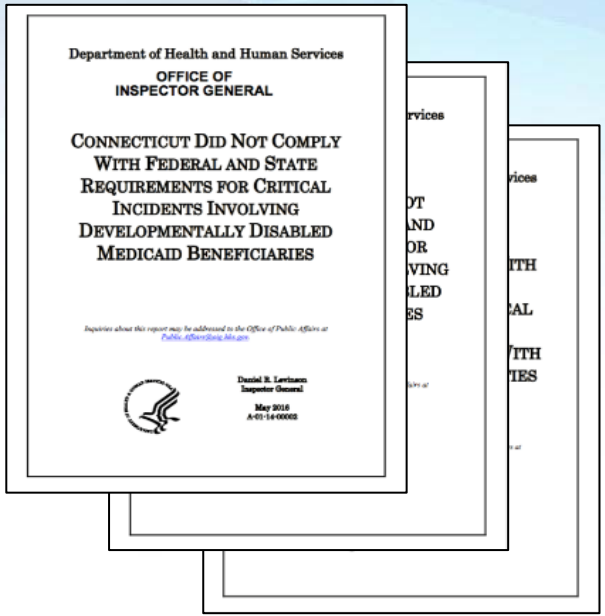
Emphasizes responsibilities re. reporting, investigating, and resolving serious incidents, including cases of abuse, neglect and exploitation

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

OIG Immediate Action Recommendations

HHS OIG Reports: Waiver Group Homes

- Government should analyze Medicaid claims to identify unreported and unrecorded critical incidents



11/2017: Mentioned as part of OIG's "Top Management & Performance Challenges Facing HHS"

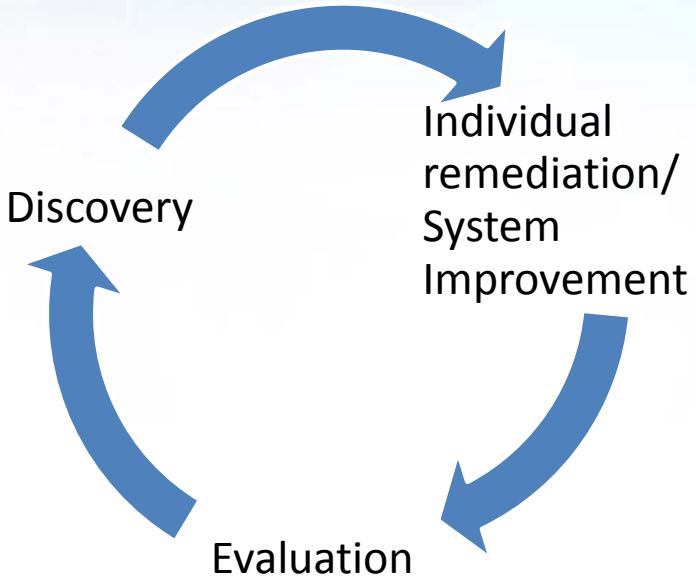
HHS OIG Joint Report regarding HCBS Group Homes (Jan. 2018)

"OIG found that health and safety policies and procedures were not being followed. Failure to comply with these policies and procedures left group home beneficiaries at risk of serious harm. These are not isolated incidents but a systemic problem – 49 States had media reports of health and safety problems in group homes"

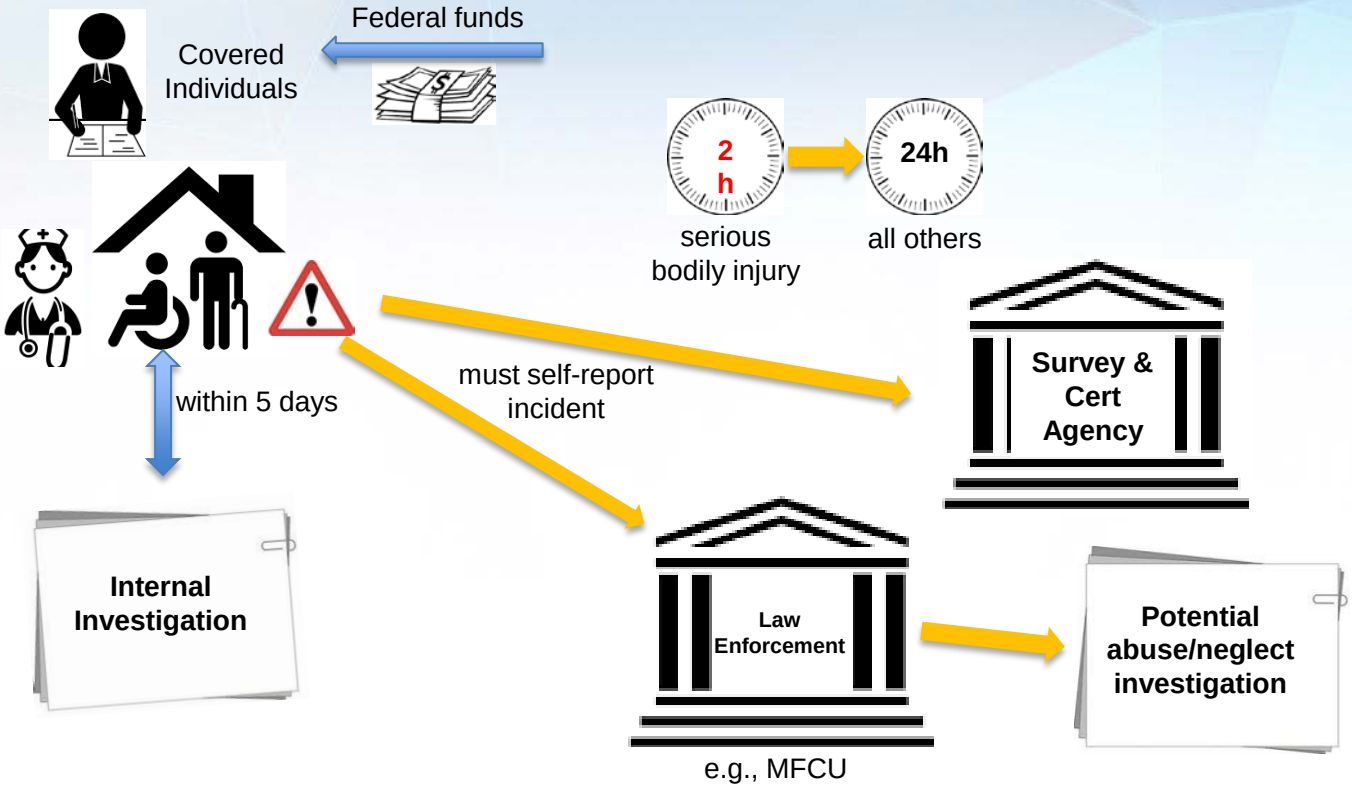
https://www.hhs.gov/sites/default/files/report_joint_report_hcbs.pdf

CQI

Continuous Quality Improvement Cycle



Critical Incident Reporting



Performance Measures

What to consider when developing performance measures for health and welfare?

1. What data / reports can you access?

2. What data will drive health and safety?

3. Trending reports

4. Internal performance measures

OIG Guidance: Model Practices

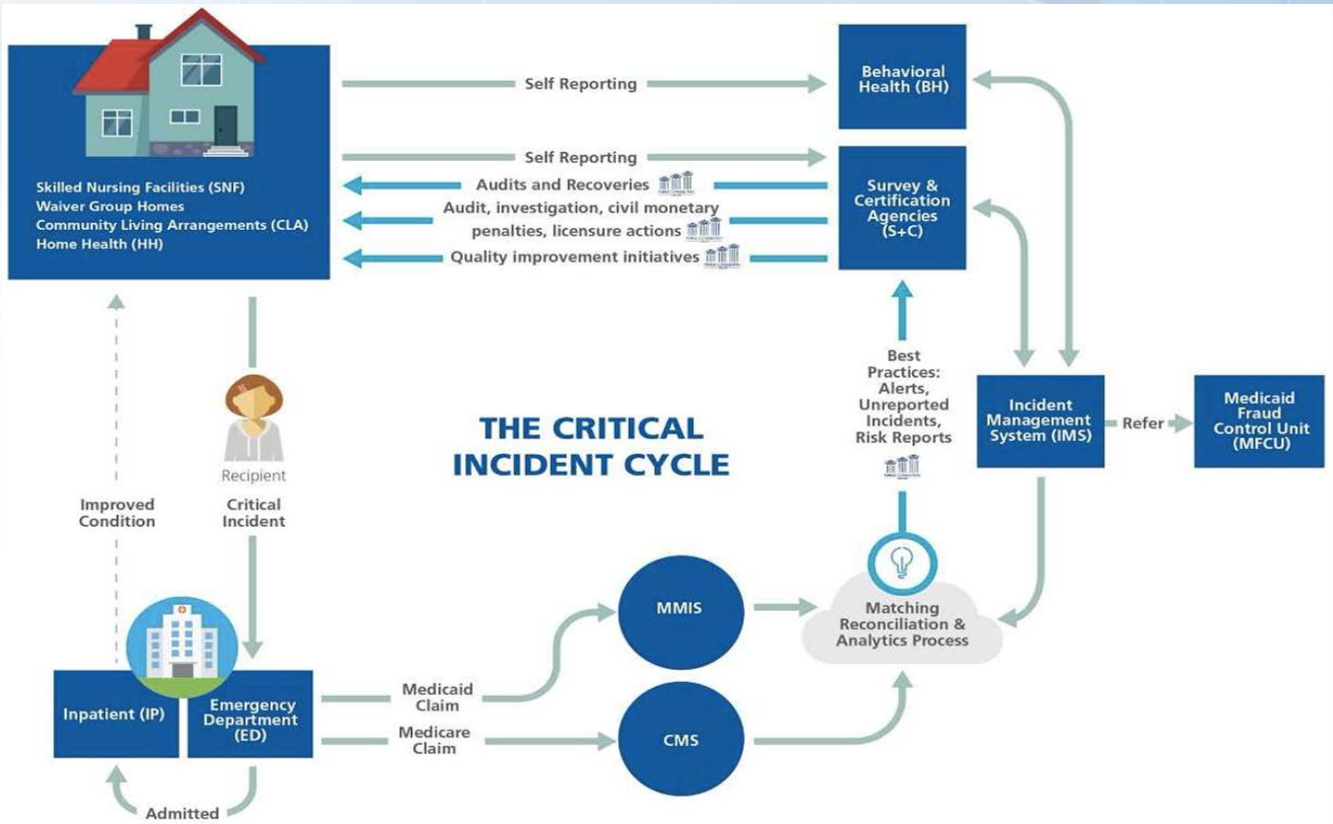
January 2018

HHS OIG Joint Report: Ensuring Beneficiary Health and Safety in Group Homes Through State Implementation of Comprehensive Compliance Oversight

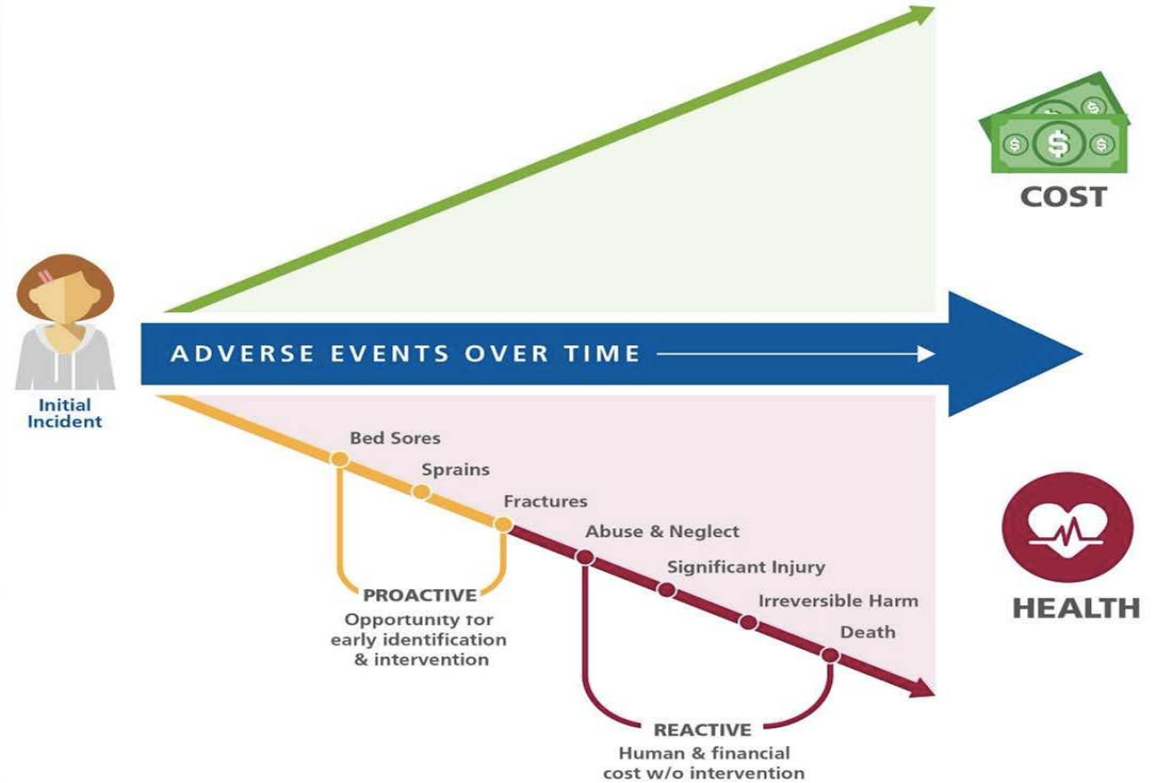
Model Practices

- Model Practices for State Incident Management and Investigation
- Model Practices for Incident Management Audits
- Model Practices for State Mortality Reviews
- Model Practices for State Quality Assurance

Oversight & Referral Information Flows



The Ballooning Tragedy & Costs of Adverse Events



Mortality Review Process Alaska

Membership of the Committee – Partners include other state staff, registered nurse, QIDP, Ombudsman

Criteria for review

Actions of the committee

Case Study in Practice Transformation

- DHCF's legacy documentation system had limited functionality for analyzing CMS performance measures for the EPD Waiver.
- Need for standardization of DHCF Incident Report form for EPD Waiver Providers.
- Absence of a formal process for implementing alternative sanctions impacted provider compliance.
- Incident Management Policy and Procedures updates required.
- Providers lack requisite knowledge/understanding of:
  - What events constitute critical incidents
  - Timelines mandated for CMS reporting
  - DHCF Critical Incident Reporting requirements for EPD Waiver providers

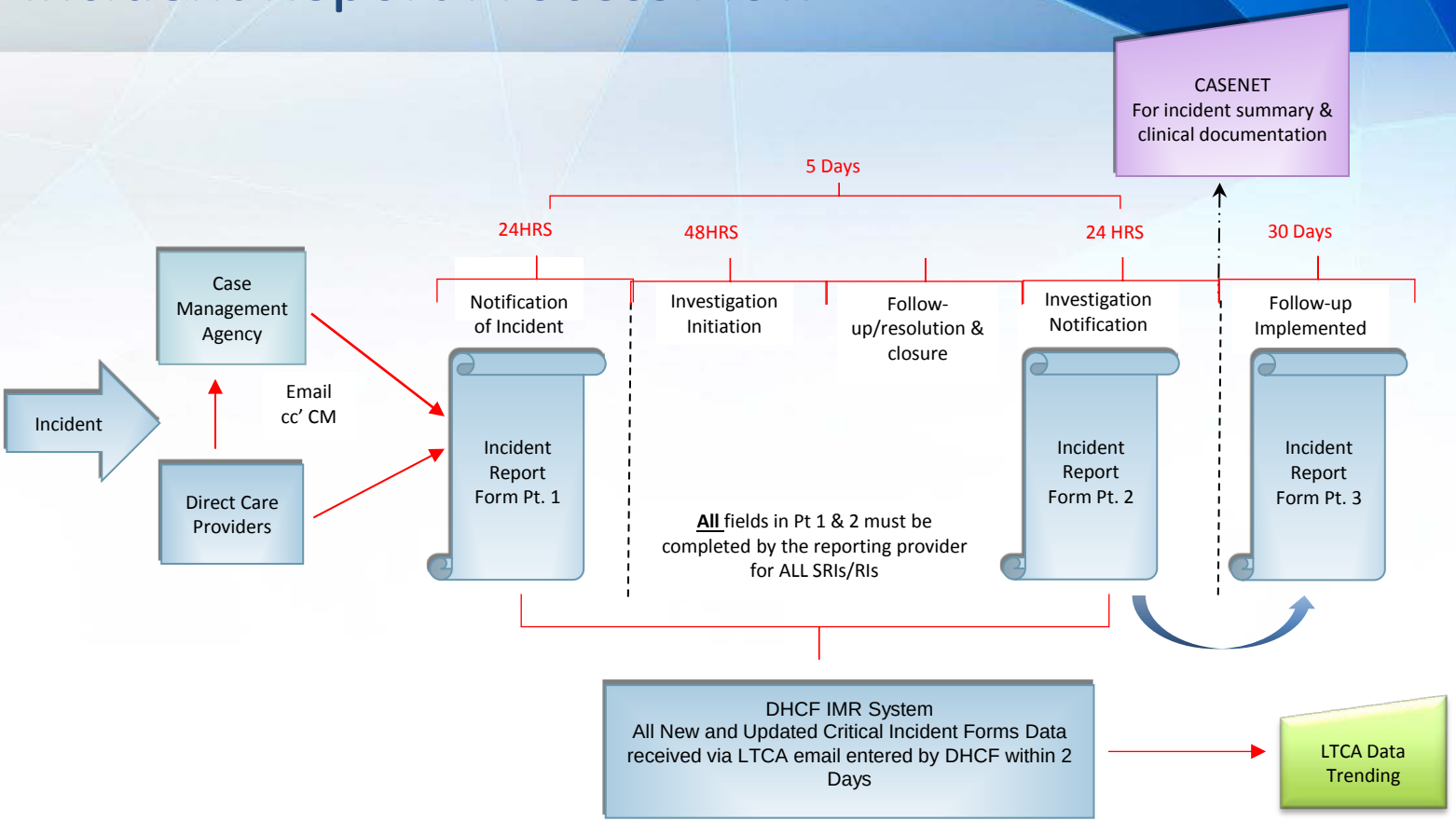
Incident Investigation

- Initiation
- Investigation Management
  - Root Cause Analysis
- APS Reporting
- Responsible Parties

For SRIs involving…

- Unexpected death due to suspected abuse, negligence, or accident
- Neglect
- Abuse
- Exploitation
- Theft of consumer personal property

Incident Report Process Flow



Phase 1-3 Goals

- Phase 1: 60-Day Pilot (November 15, 2017 - January 15, 2018)

✓ *EPD Waiver-enrolled home health agencies and assisted living providers*

✓ *Build a temporary DHCF Incident Management Registry (IMR)*

✓ *Design an Incident Management form; require providers to adherence to content and timelines as required*

- Phase 2: 30-Day Pilot (February 1, 2018 - March 15, 2018)

✓ *Case management agencies and other EPD Waiver providers join pilot*

- Phase 3: 90-Day Pilot (April 1, 2018- July 15, 2018)

✓ *Update Critical Incident Policy and Procedures*

✓ *Information sharing with DC Care Connect System Developers*

Phase 1 Challenges

- Providers continued to miss timeframe for initial notification incident and associated follow up of incident, due to lack of understanding of the requirements

- Providers lack understanding about:
  - ❖ *Incidents that require investigation*
  - ❖ *Incidents that require follow-up*
  - ❖ *Timeframe for investigations and what constitutes a thorough investigation*

Phase 1 Outcomes

- IMR was able to collect all discrete data required to calculated required performance measures and to evaluate compliance with the EPD Waiver.
- Updates to incident management process which increased coordination and minimized duplicate work efforts.
- Multiple provider meetings held to review the new process and updates to Critical Incident Reporting Form.

Phase 1
Incident Management Registry Data

INCIDENT REPORT PILOT- PHASE 1 (11/15/17-1/15/18)

Agency/Provider Name	Count of RI	Count of SRI
T & N Reliable Nursing Care	36	3
ASAP Services	30	1
VMT Home Health Agency	25	
Ideal Nursing Services	24	3
Professional Healthcare	20	2
KBC Nursing	18	
VMT Home Case Health Agency	16	
Berhan	10	1
Capitol View	10	
Immaculate.	9	
Premier Health Services	8	
HMI Home Health Division	5	
Family Wellness Center	3	1
Lisner Louise	3	
Meiger Health	3	
Alliance	2	2
MBI Health Services	1	
Progressive Health Care, Inc.	1	
VTM Health Services	1	
Anna Healthcare		1
Total	**225**	**14**

Requires Investigations: 87%
Requires APS Notification: 4%

Phase 1
Incident Management Registry Data

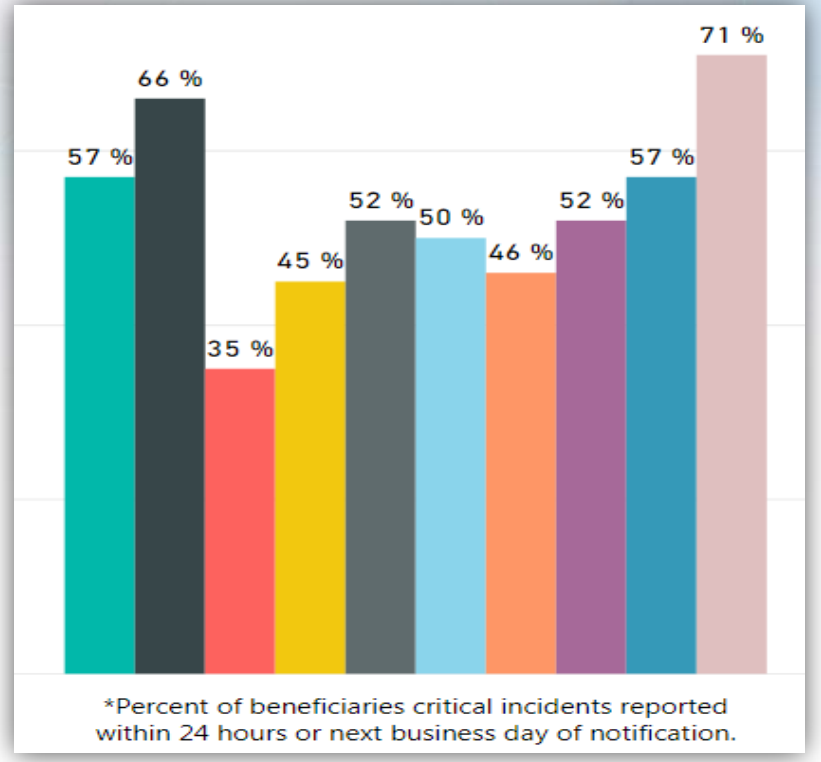
Phase 2-3: Provider Training

- DHCF instituted:
- ✓ Weekly scheduled review with providers
- ✓ Feedback and ongoing technical assistance provided by LTCA and DQHO for each provider
- ✓ Monthly provider trainings with direct care staff, utilizing various techniques to promote understanding and engagement

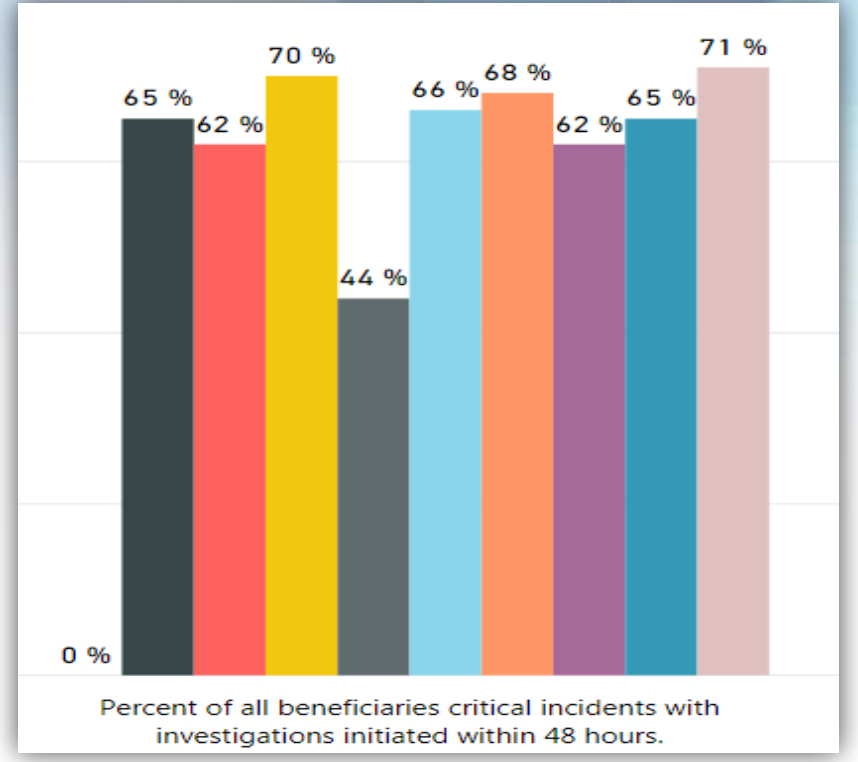
Phase 2-3: Outcomes

- Incident form updated to reflect feedback from providers and agency staff
- LTCA + DQHO developed an FAQ document to clarify questions we received from the Phase 1 analysis
- Ongoing information sharing with DC Care Connect System developers
- Additional formulas have been added to the IMR system to eliminate the need for manual calculations
- Collaborate with MCO incident management and build IMR v2 to spread improvement to HCDMA incident tracking

Practice Transformation: 2017-2018



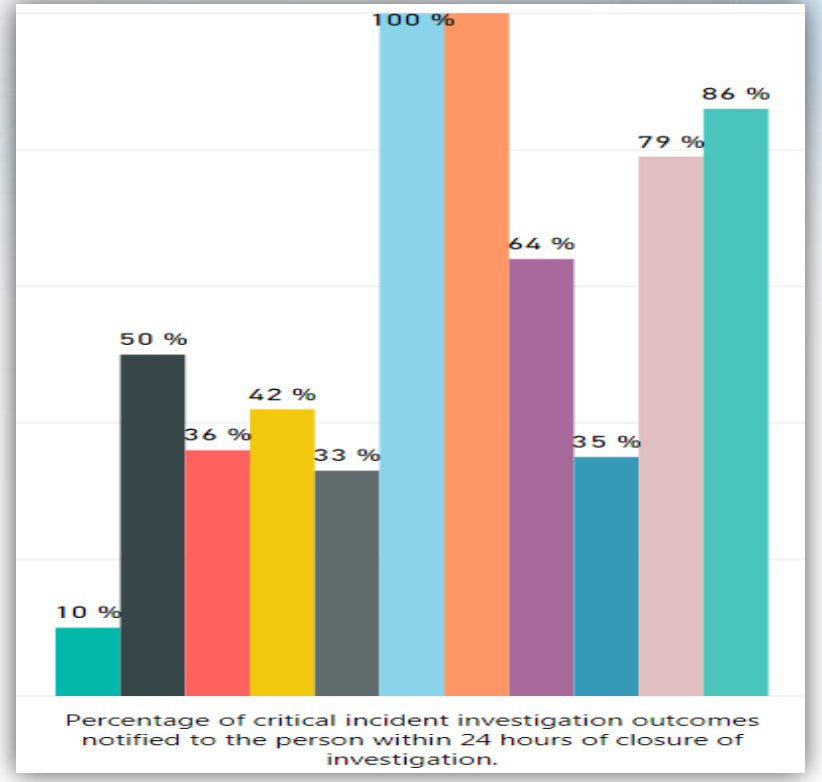
*Percent of beneficiaries critical incidents reported within 24 hours or next business day of notification.



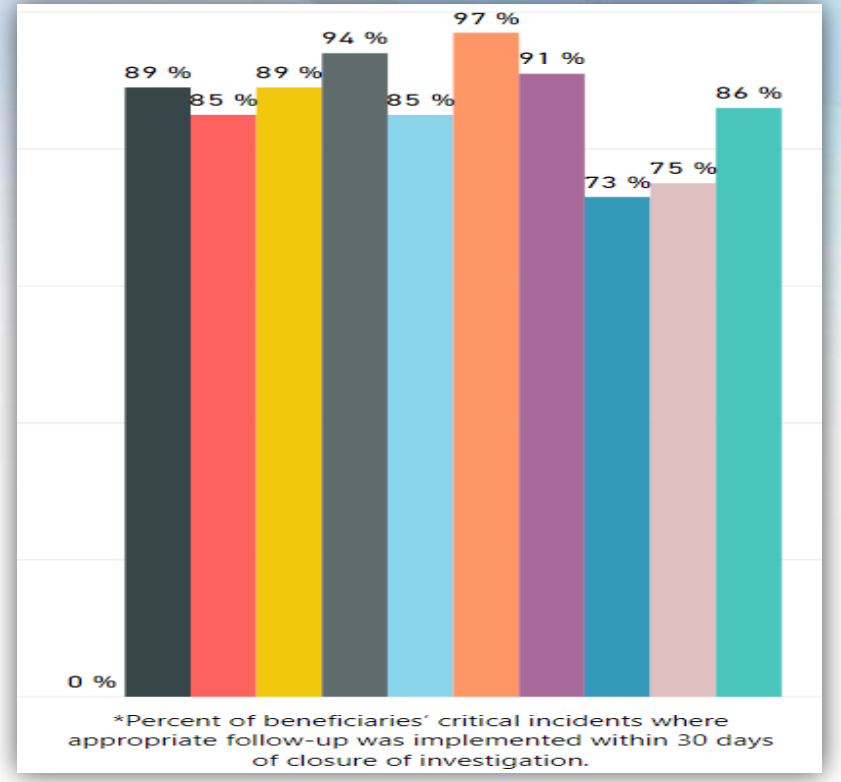
Percent of all beneficiaries critical incidents with investigations initiated within 48 hours.

WY 51st QTR | WY 52nd QTR | WY 53rd QTR | WY 54th QTR | WY 55th QTR | WY1QTR 1 | WY1QTR 2 | WY1QTR 3 | WY1QTR 4 | WY2QTR 1

Practice Transformation: 2017-2018



Percentage of critical incident investigation outcomes notified to the person within 24 hours of closure of investigation.



*Percent of beneficiaries' critical incidents where appropriate follow-up was implemented within 30 days of closure of investigation.

WY 51st QTR | WY 52nd QTR | WY 53rd QTR | WY 54th QTR | WY 55th QTR | WY1QTR 1 | WY1QTR 2 | WY1QTR 3 | WY1QTR 4 | WY2QTR 1

Practice Transformation: Innovation/Improvements

- DHCF transferred knowledge gained from IMR pilot to design improved Incident tracking in new Clinical Case Management system- DC Care Connect.
- Ad Hoc & Canned Reporting deployed for measuring compliance (Inversely, Non-compliance) rates.

✓ Notification within 24 hours or next business day from date of discovery of incident.

✓ Investigations Initiated/Closed within 5 Business Days from Date of Discovery

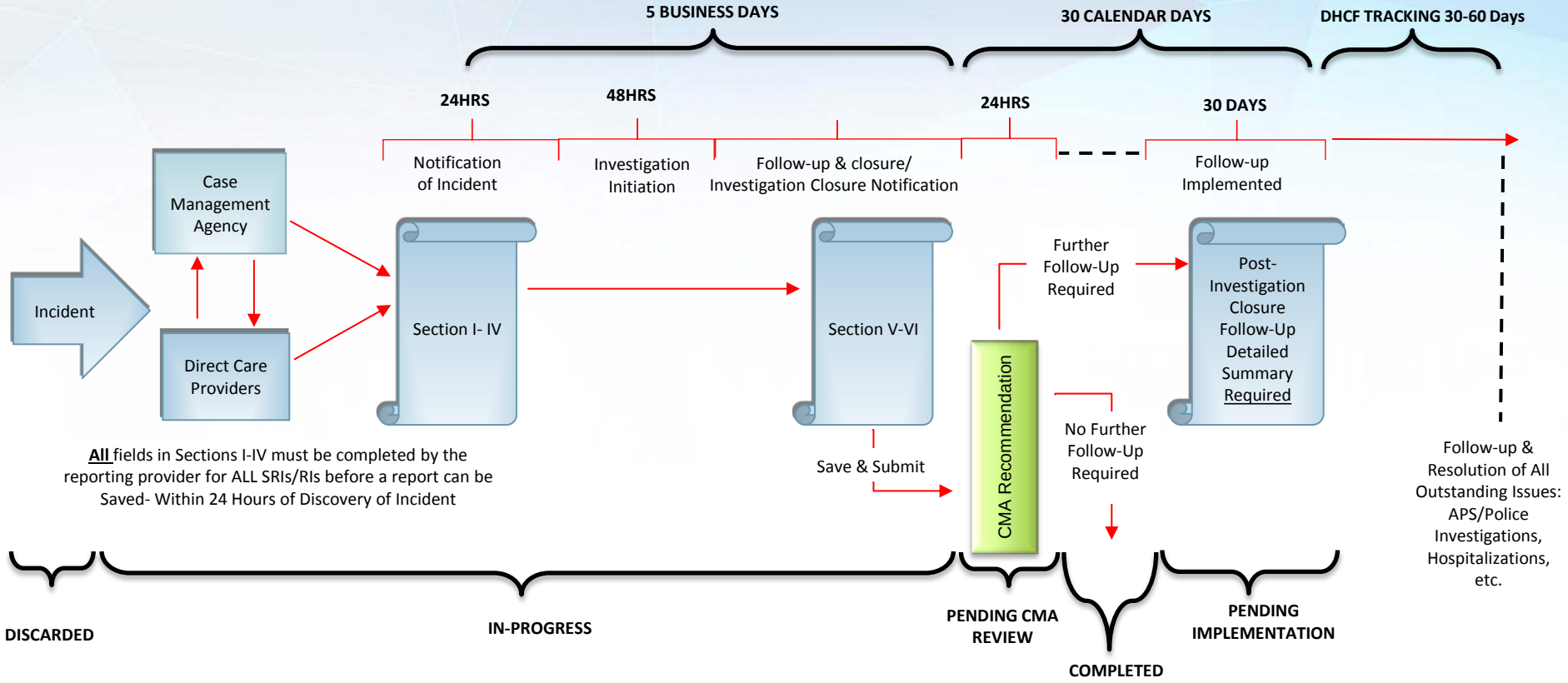
✓ # of Investigations requiring 30-Day Follow-up.

✓ # of Incidents with outstanding/unresolved issue(s) post 30-day follow-up period.

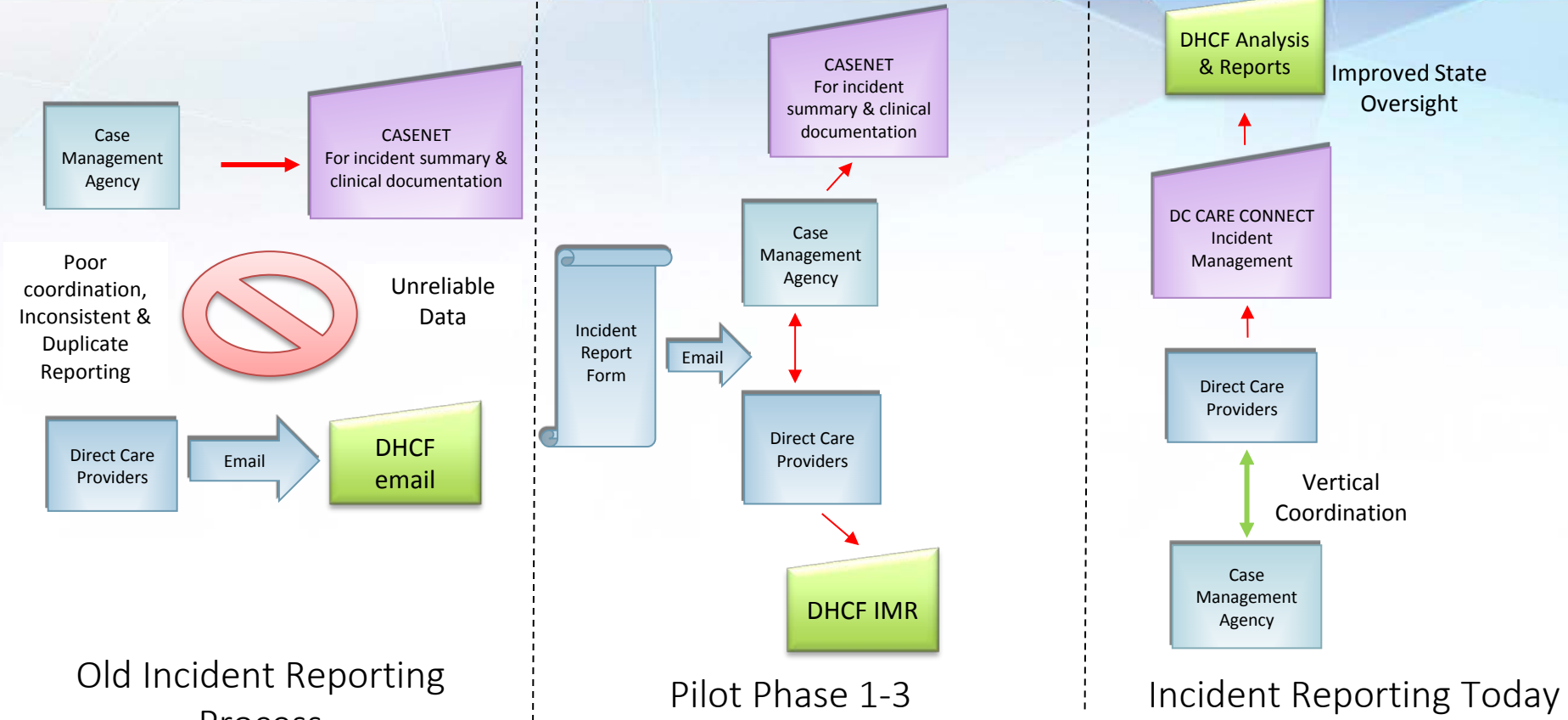
✓ # of SRIs requiring APS notification; # of SRIs investigated by APS properly closed.

✓ Analysis based on Provider Type, Provider Name, Incident Type/Category, Resolution Response Rate etc.

DCCC Incident Report Workflow Process



Practice Transformation: 2017-2018



Questions?

Derdire Coleman
Management Analyst
Division of Quality and Health Outcomes
Phone: 202-724-8831
Email: Derdire.coleman@dc.gov
Department of Health Care Finance
Government of the District of Columbia
441 4th Street, NW
Washington, DC 20001

Benjamin Ebeigbe
Program Analyst
Long-Term Care Administration
Phone: 202-724-7085
Email: benjamin.ebeigbe@dc.gov
Department of Health Care Finance
Government of the District of Columbia
441 4th Street, NW
Washington, DC 20001

Caroline Hogan
Unit Manager
Senior and Disabilities Services
Phone: 907-269-3681
Email: caroline.hogan@alaska.gov
Alaska Department of Health and Social Services
3601 C St. #310, Anchorage, AK, 99503

Jamin Barber
Senior Consultant
Public Consulting Group | PCG Health
512-777-5469 office tel., (512) 992-4452 cell tel.
816 Congress Ave., Suite 1110, Austin, TX 78701
PublicConsultingGroup.com