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Innovative Critical Incident Monitoring

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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.



Keeping it Simple

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. TIN HEALT



Triage Investigate Resolve Assign complaint type and Intake Conduct interviews Staff must and report to other complete required Manager entities if needed steps HEALTH & WELFARE

Lateral Integration

Saving the world from CHAOS!

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.

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.

User Roles

The system can have as many user roles as needed for internal staff including:

• Admin

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- Triage staff
- Intake Managers
- Quality Assurance
- External users

Customizable for multiple programs The basic design can be

expanded to route complaints to various business units within the organization.



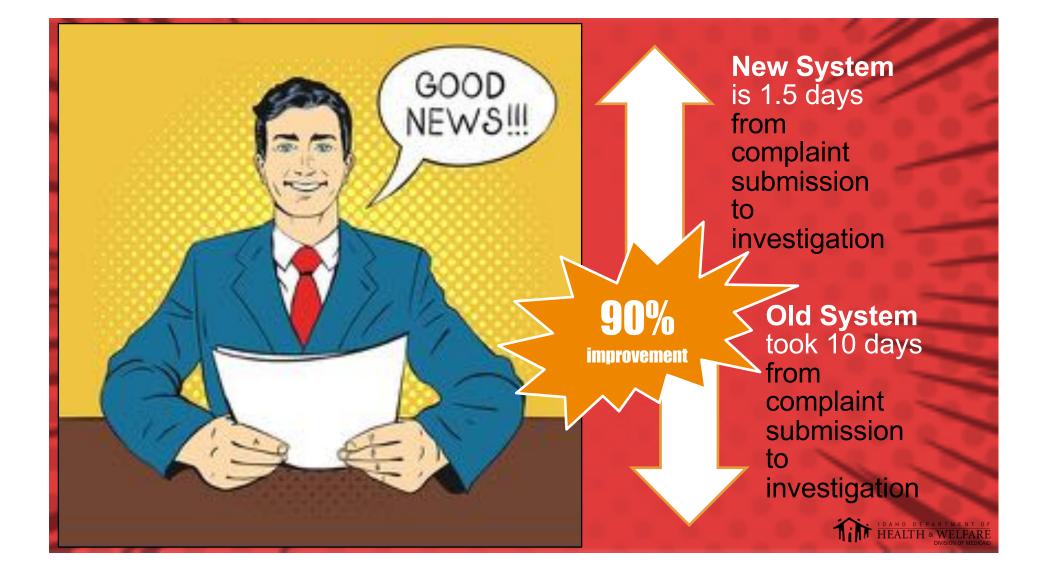
Data Mining to the Reselle

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.









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.





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We'd love to meet with your team to demonstrate Idaho's system and provide technical assistance!

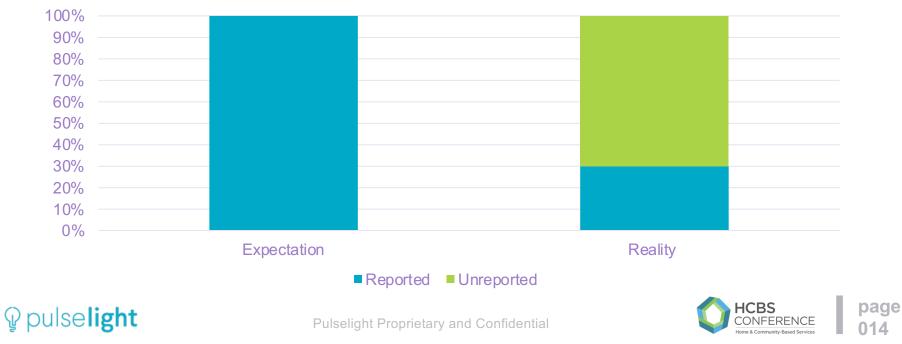
Improving Critical Incident Monitoring: Separate Paths, One Destination

December 8, 2020





Better incident reporting is critical, but we shouldn't rely on reporting alone

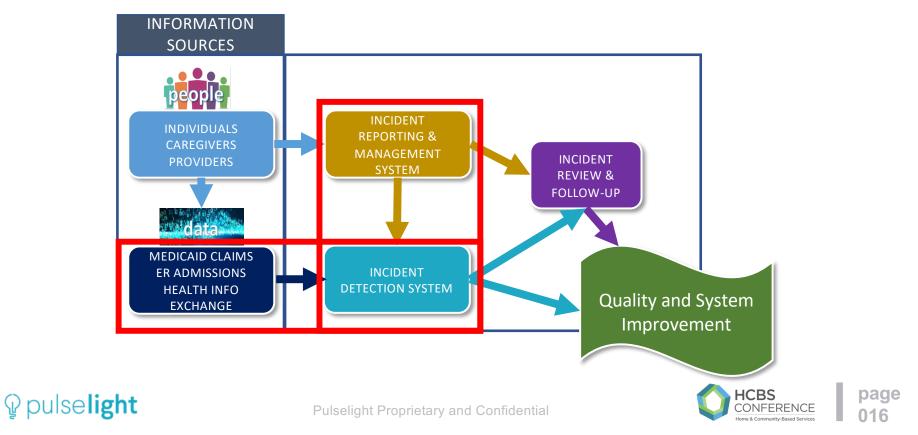


Incident Reporting

There are multiple reasons reporting is not always comprehensive or accurate

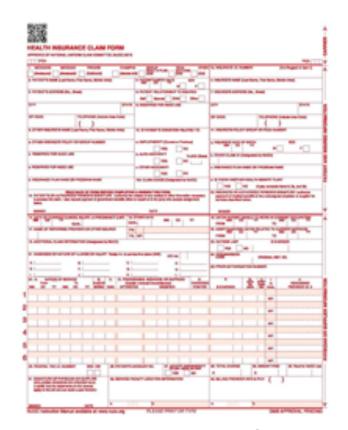


By using claims and reporting data together, we can surface and address more adverse events



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.)



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Claims contain a wealth of information

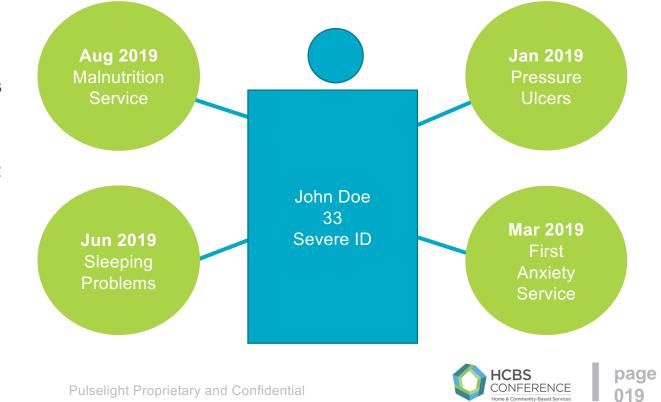


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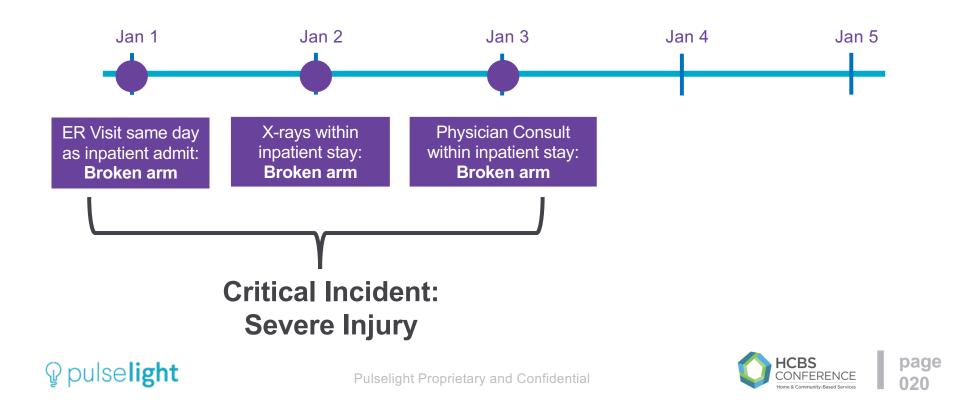
Claims data can surface signs of abuse, neglect, and more

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



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Using claims we can detect episodes around adverse events



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

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Separate indicators can be combined into a "risk score" for more holistic, resource-friendly review

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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
- Enhanced trend and pattern analysis → earlier, proactive interventions



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