

Raising the Bar: Improving Critical Incident Response and Prevention Planning in Ohio

Ohio Department of Medicaid

Ohio Department of Developmental Disabilities

Ohio Department of Aging

HCBS Conference December 2021

Topics and Presenters

Background and Overview

Adriana Pust, Incident Manager, ODM

How DODD Raised the Bar

Scott Phillips, Deputy Director, DODD

Connie McLaughlin, Regional Supervisor, DODD

How ODA Raised the Bar

Kim Mobley, Manager, Access and Integration, ODA

Summary

Adriana Pust, Incident Manager, ODM

Background and Overview

Incident Management Goals

Assure the Health & Safety of all Individuals on Medicaid

Use Incident Data to Identify Opportunities for Improvement



Prevent Future Incidents from Happening

Resolve and Mitigate Risk to individuals on Medicaid

**CMS §1915(c) Home and Community Based Services Waivers Assurance:
The state demonstrates it has designed and implemented an effective system for
assuring waiver participant health and welfare.**

**These Reviews Addressed
2 of the 4 CMS Sub-assurances**

a) State demonstrates on an ongoing basis how it identifies, addresses, and seeks to prevent instances of abuse, neglect or exploitation, and unexplained death.

b) State demonstrate that an incident management system is in place and effectively resolves reported incidents and prevents further similar incidents to the extent possible

Overall Strategy and Goal



Safety is the first measure of quality!

Incident Monitoring with Eight Ohio Waivers and Programs



ODM Administered Waivers

- MyCare Waiver.
- Ohio Home Care Waiver.
- Specialized Recovery Services Program.



DODD Administered Waivers

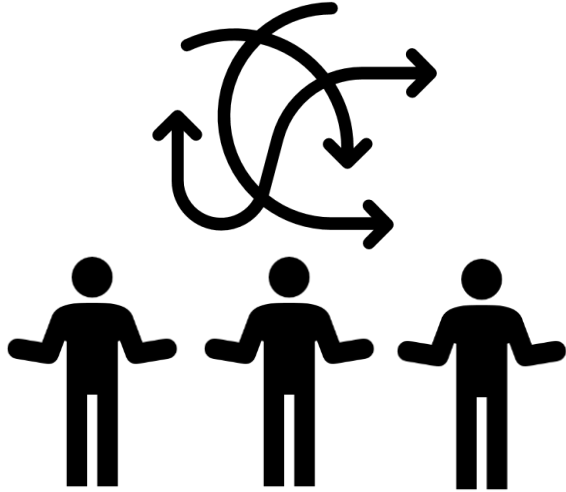
- Individual Options Waiver.
- Level One Waiver.
- Self-Empowered Life Funding (SELF) Waiver.



ODA Administered Waivers

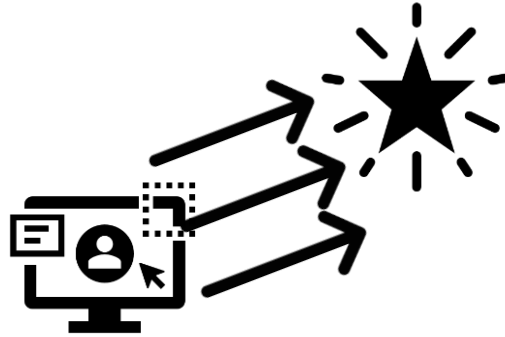
- PASSPORT Waiver.
- Assisted Living Waiver.

Prior to July 1, 2019



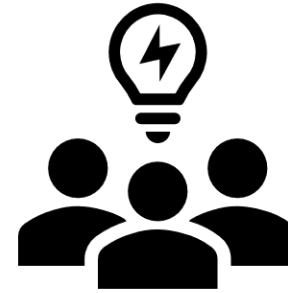
- Reactive, manual, and disparate processes and requirements for ODM Waivers.
- Eight different incident systems used for ODM Waivers.
- Few analytics or trend analysis for ODM Waivers.
- ODM focused on compliance with DODD and ODA.

Since July 1, 2019



- Integrated & aligned IMS Solution for ODM Waivers that includes self service analytics available for Quality Improvement.
- IMS Collaboration calls across all ODM Waivers
- Aligned Incident Rule for ODM and ODA Waivers.

Since January 2020



- Collaborative and transparent relationship with ODM, DODD, ODA regarding incident management and QI.
- Aligned monitoring and quality improvement processes.

Future 2021

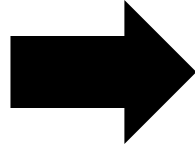


- Incident reporting for all managed care individuals.
- Focus on strategy & process Improvement.
- Tracking and trending across all Waivers.
- Aligned Waiver health and safety performance measures.

Improved Incident Management Practices

Past Practice

- Focus on compliance.
- Different info in different systems.
- Disjointed and fragmented.
- Duplicative reporting.
- Health & Safety separate from care planning.
- Care Managers frustrated and confused.
- Copy/paste generic words that could be used for any incident.



Improved Practice

- Focus on quality and best practices.
- Info is integrated and aligned.
- Holistic.
- Person-centered.
- Build on relationship CC/CM already has with individual.
- Health and Safety is incorporated in care planning.
- Empower CC/CMs so they can focus on person centered planning.
- Documentation that shows how incident was resolved & mitigated.
- Incident analytics used for improvement.

Incident Management Process



Identify Incidents



Assure Immediate Health and Safety of Individual



Report Incidents in the incident management systems



Document incident investigation findings and Root Causes and Contributing Factors



Develop person centered prevention plan and document in the incident management systems



Analyze patterns and trends to identify improvement and prevention opportunities

Monitoring the quality of care coordination, health/safety actions, and prevention plan strategies and collaborate with Contract Administrators and Policy staff as needed.

Purpose of Incident Reviews

The goal is to use data for quality improvement to assure the health and welfare of individuals as defined in the HCBS waiver assurances and sub-assurances.

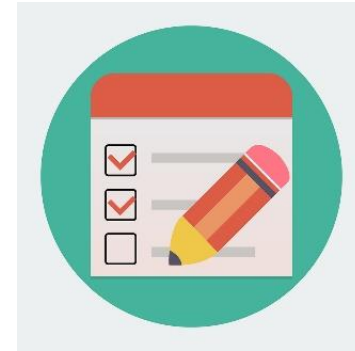
ODM has the responsibility to provide monitoring and oversight of the Ohio Department of Developmental Disabilities (DODD) and Ohio Department of Aging (ODA) administered Home and Community Based Services (HCBS) Waiver incidents.



ODM Review Methodology and Process for the Reviews

- ODM field review team conducted the reviews.
- ODM incident manager managed the reviews, conducted trainings and data analysis.
- First review done with ODM Waivers.
- ODA and DODD Waivers included two cycles of reviews (2020 and 2021).
- Review questions developed & refined in collaboration with policy staff, clinical staff, partner agencies, and reviewers.
- Collaborative two-day trainings held.
- Alchemer Tool used to record reviews.
- Total of 1,879 incidents were reviewed.
- Interrater reliability process added in 2021.
- ODM share results with ODA & DODD.
- ODA and DODD share results with their staff and county partners.

Review Components



Incident Demographics

Quality of Immediate Health and Safety Actions

Quality of Investigations

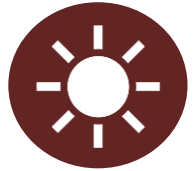
Quality of Prevention Plans

Key Theme & Project Summary Questions

Five Quality Criteria for Prevention Plans



Support Activities



Potentially Effective



Person-Centered





Realistic



Addresses Root Causes



Did Prevention Plan Provide Enough Supports?

Definition: The prevention plan strategies and activities specify what additional supports the individual was provided or offered. This may include referrals for community resources, added services, counselling, or education.

| Incident Description |  Example of Poor Prevention Plan Strategy |  Example of Better Prevention Plan Strategy |
|---|---|---|
| Individual did not take medication and was hospitalized because of seizures. Individual has history of substance abuse which interferes with their taking medication. | Individual will take all medication as ordered and will refrain from illicit drug use. Individual will be reminded every 90 days. | CM/Provider assessed readiness for substance abuse treatment, then made referral and assisted individual with getting drug treatment assistance. Provider met with family and individual to set up strategies to help ensure medication is taken. |



Was Prevention Plan Potentially Effective?

Definition: There is a good chance that, if implemented, the prevention plan strategies will help prevent another similar incident from happening.

| Incident Description |  Example of Poor Prevention Plan Strategy |  Example of Better Prevention Plan Strategy |
|---|---|--|
| Son tried to carry individual in wheelchair out of the home and dropped individual. | Son was educated to call 911 if individual falls again. | Ramp will be installed. |



Was Prevention Plan Person Centered?

Definition: The prevention plan strategies reflect the individual's unique strengths, interests, cultural considerations, abilities, preferences, resources, and desired outcomes as they relate to the individual's support needs.

| Incident Description |  Example of Poor Prevention Plan Strategy |  Example of Better Prevention Plan Strategy |
|---------------------------------------|---|--|
| Individual's friend stole his wallet. | Individual will refrain from having friends that may pose a risk to him. | Individual was provided resources and counselling supports to help make safe decisions and a safe was installed in the home. |



Was Prevention Plan Realistic?

Definition: The prevention plan strategies and activities are realistic and feasible and can be accomplished.

| Incident Description |  Example of Poor Prevention Plan Strategy |  Example of Better Prevention Plan Strategy |
|---|---|---|
| Individual forgot to take his medication, went into diabetic shock, and was taken to hospital emergency dept. | Individual will always be compliant with doctor's medication orders. | Medication tower will be set up and monitored by the mother. Worked with the individual to set up reminders that would be helpful for the individual to take medication regularly (i.e. every time individual brushes their teeth). |

Did Prevention Plan Address Contributing Factors?

Definition: The prevention plan strategies address the contributing factors and root causes (“the Five Whys”) the incident happened.

| Incident Description |  Example of Poor Prevention Plan Strategy |  Example of Better Prevention Plan Strategy |
|--|---|--|
| Individual neglected by family caregivers. | Family was educated on importance of being compliant with waiver requirements. | Individual’s caregivers were provided information regarding respite care, avoiding burnout, and additional supports were added. |

Criteria and Scoring



Yes (grade A or B)

2pts



Somewhat (grade C)

1 pt



No (grade D or F)

0 pt

Perfect Score = 10 points (2 points for each of the 5 criteria)

ODM Administered Waivers & Program

MyCare Waiver

- 30,180 Individuals
- Age 18+
- Eligible for Medicare and full benefits under Medicaid
- Enrolled in one of 29 MyCare demonstration counties
- Intermediate or skilled Level of Care

Ohio Home Care Waiver

- 6,638 Individuals
- Age 59 or younger
- Specific Financial Criteria Eligibility
- Nursing Facility Level of Care

Specialized Recovery Services Program

- 13,435 Individuals
- Age 21+
- Specific Financial Criteria Eligibility
- Diagnosed with a severe and persistent mental illness, transplant waiting list, diagnosed HIV/AIDS, ESRD, sickle cell anemia, cystic fibrosis, hemophilia; or previous organ transplant.



ODM Administered Waivers: Ohio Home Care Waiver, MyCare Waiver, Specialized Recovery Services

2,857 Prevention Plans were created in 2020

1,300 Staff submitted incidents and Prevention Plans

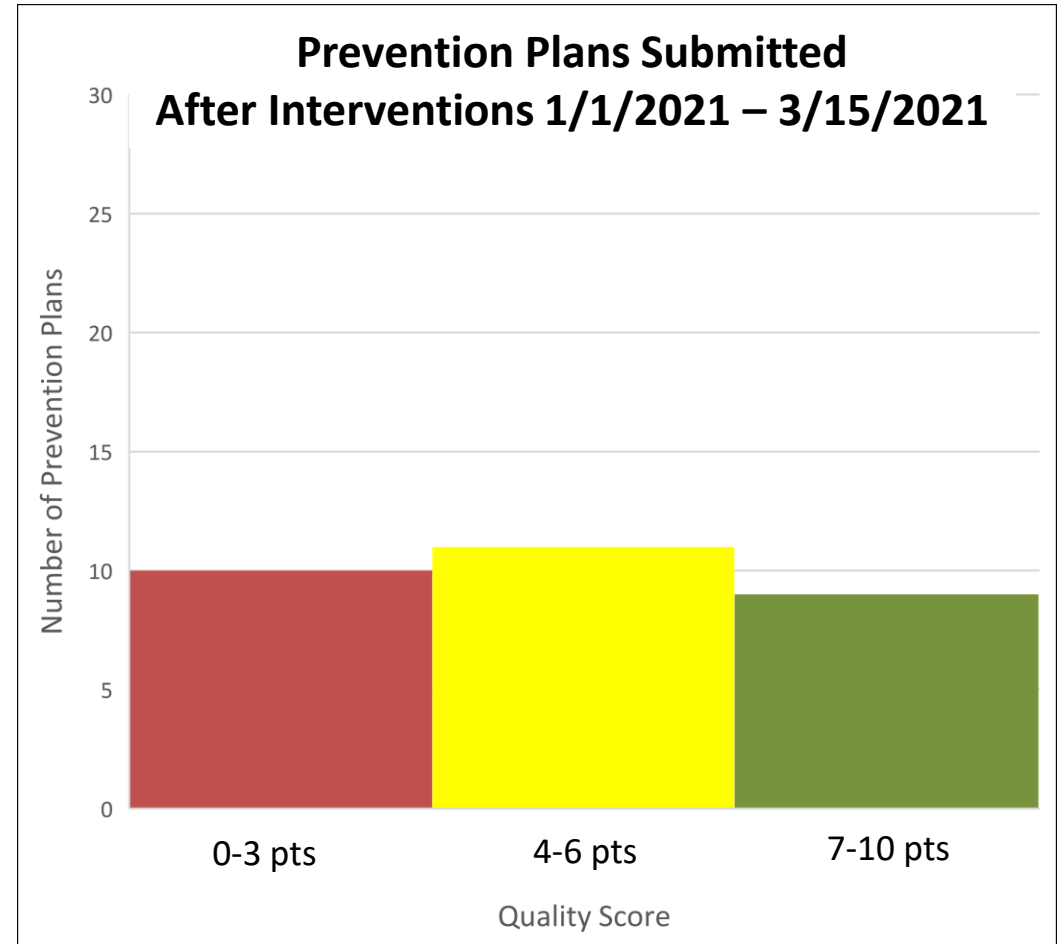
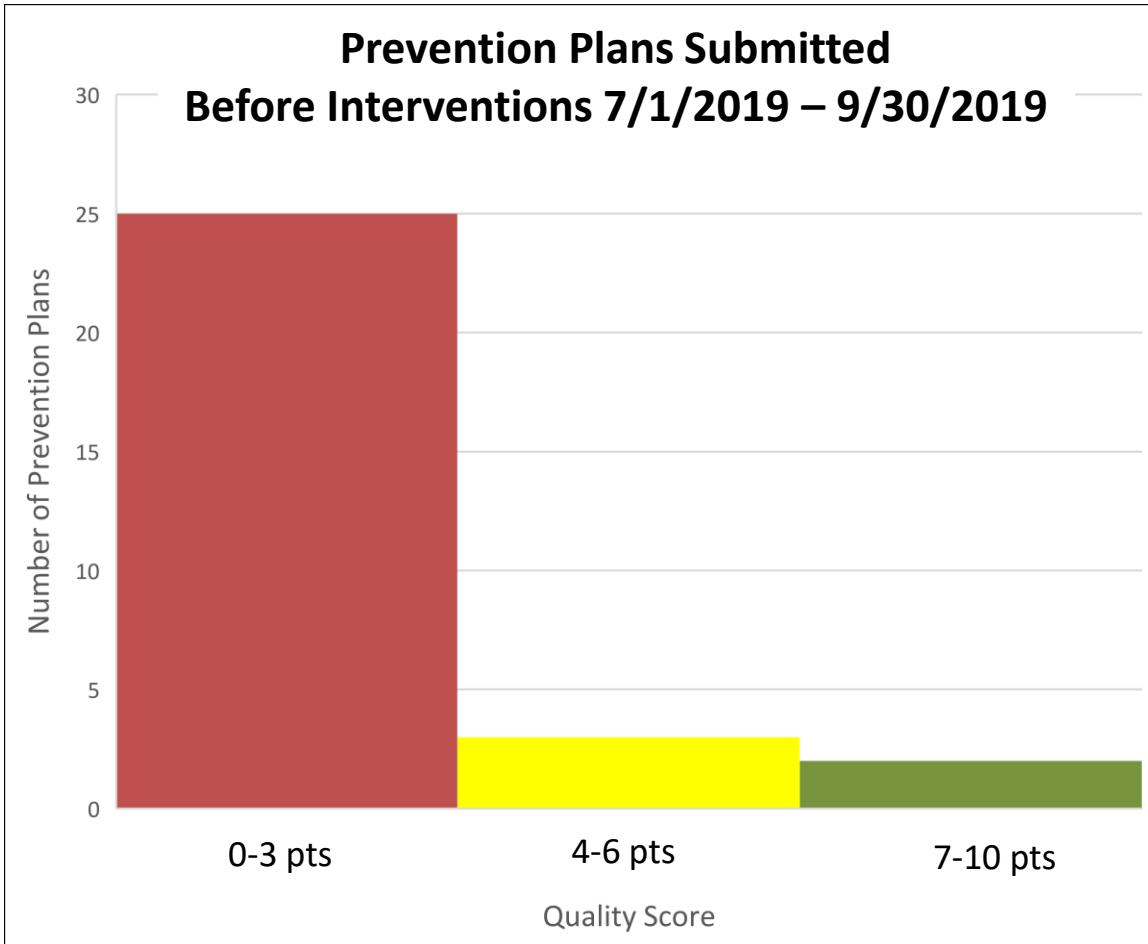
2,140 Individuals experienced a substantiated Critical Incident
that warranted a Prevention Plan in 2020

Interventions Done to Improve the Quality of Prevention Plans

- Focus on quality improvement instead of settling for compliance or minimum standards
- Expectations communicated
- Quality criteria for Prevention Plans
- Desk aides
- Incident manual updated
- Monthly IMS collaboration calls
- Individual coaching calls
- Recorded webinar



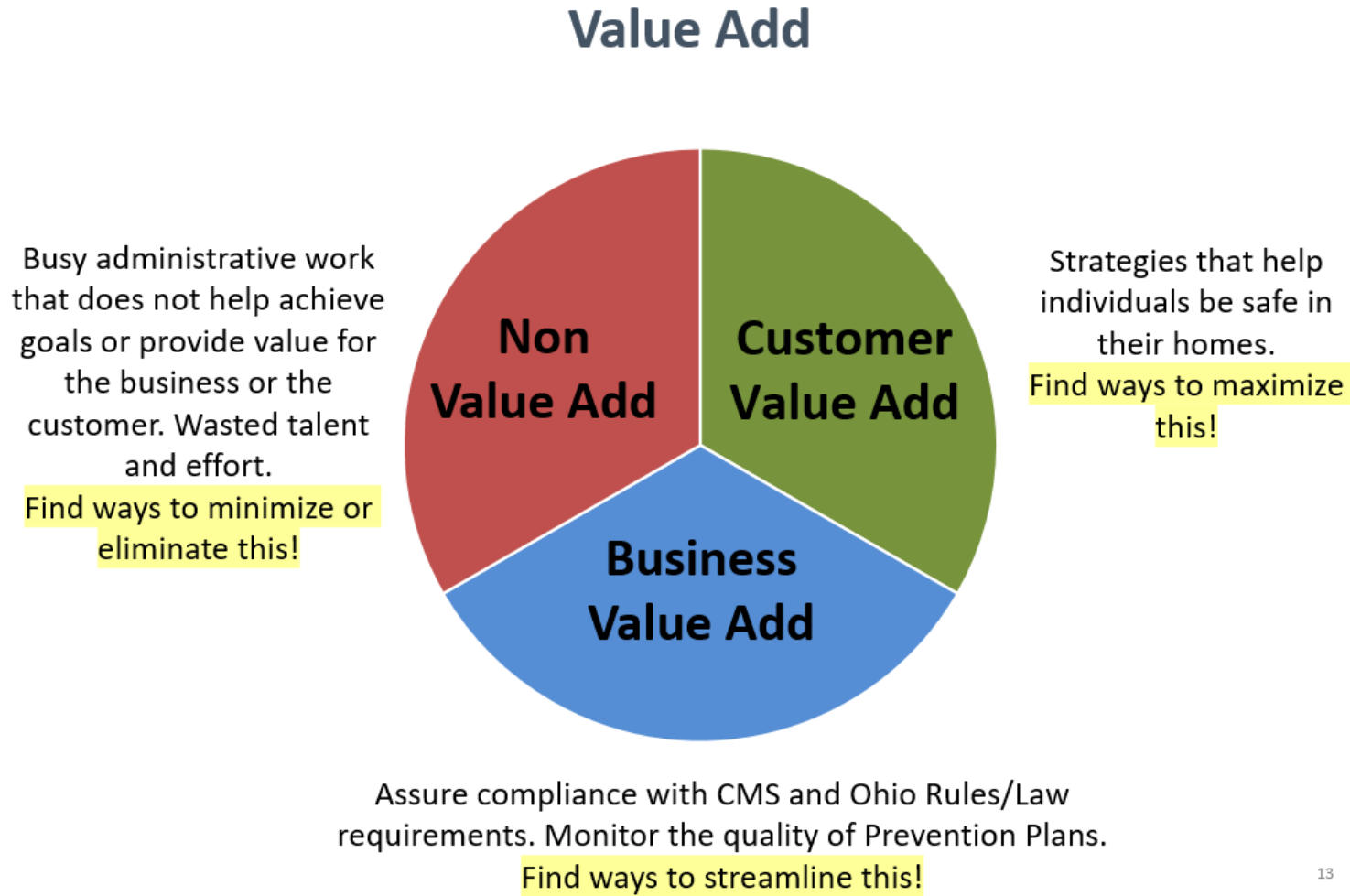
ODM Administered Waivers Prevention Plan Improvement Results Using Ohio's New Quality Criteria Tool



Perfect Score = 10 points (2 points x 5 criteria)

The Prevention Plans have continued to improve!

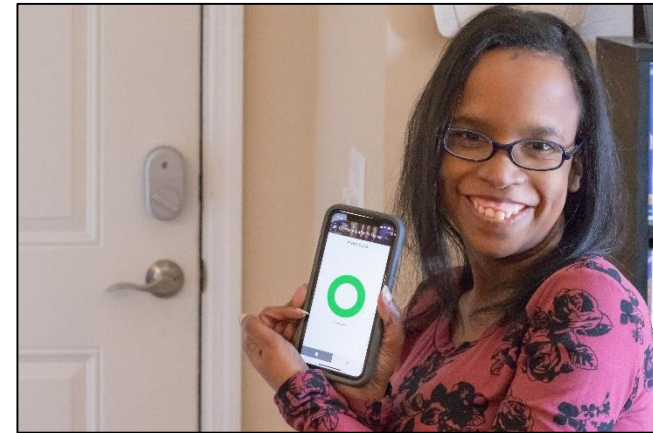
Prevention Plans that Add Value



How the Ohio Department of Developmental Disabilities Raised the Bar

DODD Waivers

- **Individual Options (IO) Waiver**
 - » 24,000 Enrolled
 - » Comprehensive
 - » Waiver services are incorporated into each person's service plan based on the needs identified in their assessment.
- **Level One (L1) Waiver**
 - » 15,000 Enrolled
 - » People who do not need that many paid support staff to provide services. The L1 relies heavily on natural supports such as family members.
 - » Waiver services are incorporated into each person's service plan based on the needs identified in their assessment.
- **SELF Waiver**
 - » 2,000 Enrolled
 - » The Self-Empowered Life Funding Waiver is a good fit for people who want to be in charge of some of their service.
 - » The SELF Waiver is for people with DD that are able to manage money in a budget, manage their support staff for at least one waiver service, or can choose someone to do these things for them.



DODD MUI Quality Improvement Process



Review Results Used for Quality Improvement

- Summary aggregate analysis shared with the County Boards of Developmental Disabilities, investigators, and providers via webinar.
- DODD uses individual case information to provide additional focused technical assistance and training.

DODD MUI Regions



DODD Health and Welfare Alerts

- Information from incident reviews inform our training and communication of our “Health and Welfare Alerts” that are required reading for all Direct Support Professionals.

September 2021

Health and Welfare Alert



Fall Prevention #20-9-21

Direct support professionals (DSPs) are uniquely positioned to actively assess a person with disabilities' risks for falling and to support them to get assistance and teach them prevention strategies.

Common Fall Risk Factors:

Home hazards; weather and outdoor conditions; lower body weakness; chronic health conditions such as seizures, depression, diabetes, obesity, and COPD; use of multiple medications; reduced vision; disability; poorly fitting shoes and clothes; adaptive equipment that is not functioning properly; nutrition; lack of physical activity and a fear of falling.

Impact of Seizures on Falling:

Many of the people we serve have a seizure disorder, which may place them at a higher risk of falling. Seizures can happen with little warning causing the person to fall directly to the floor, from a seated position to the floor, or fall into a fixed structure. It is important to make sure the person's environment is as safe as possible for them.

Medical Considerations:

Medications can also contribute to falling because medications like sedatives and anti-depressants can reduce a person's alertness. Some medications can affect balance or cause a drop in blood pressure while a person is standing.

People on medications with "blood thinner" effects (like aspirin, Plavix, Motrin, Advil, Coumadin, Eliquis, etc.) are at increased risk for bleeding when they fall. Unseen bleeding inside the head can be fatal.

You can help prevent falls and even deaths by paying attention to the "Three H's". Home, Health, and Habits.



Home: Look at each room in the person's home and learn how to recognize and remove hazards that could create a trip hazard. Check out lighting to make sure it is sufficient and pay attention to steps.

Health: Support the person in making healthy choices and have ongoing conversations with their health care professionals like doctors and pharmacists to reduce the risk of falling. Consider physical therapy and core strengthening.

Habits: Bodies change as we age, and so should the ways we do certain everyday tasks. Promote a healthy lifestyle.

Fast Facts:

- Falls were the second leading cause of accidental deaths for Ohioans with developmental disabilities in 2020.
- Nearly 50 people getting supports have died as a result of falls, in the last five years alone.
- On average 50 percent of all significant injuries, MUIs for the last decade were due to a person falling. These injuries could result in broken bones, surgery, and hospitalizations.
- Falls are the leading cause of injury among Ohioans aged 65 and older.
- In 2019, falls among older Ohioans led to 1,490 deaths, 18,856 hospitalizations, and 75,091 emergency department visits.
- A fall can lead to depression, loss of mobility, and loss of functional independence.

Why These Reviews are Important and What We Learned



- **Our Strengths**

- » Strong and long history of quality improvement and improving systems.
- » We focus on how we can support the individual and what can we do better.
- » Investigations are thorough and follow investigation protocols.
- » Prevention plans are developed for all incidents and are verified before closure.

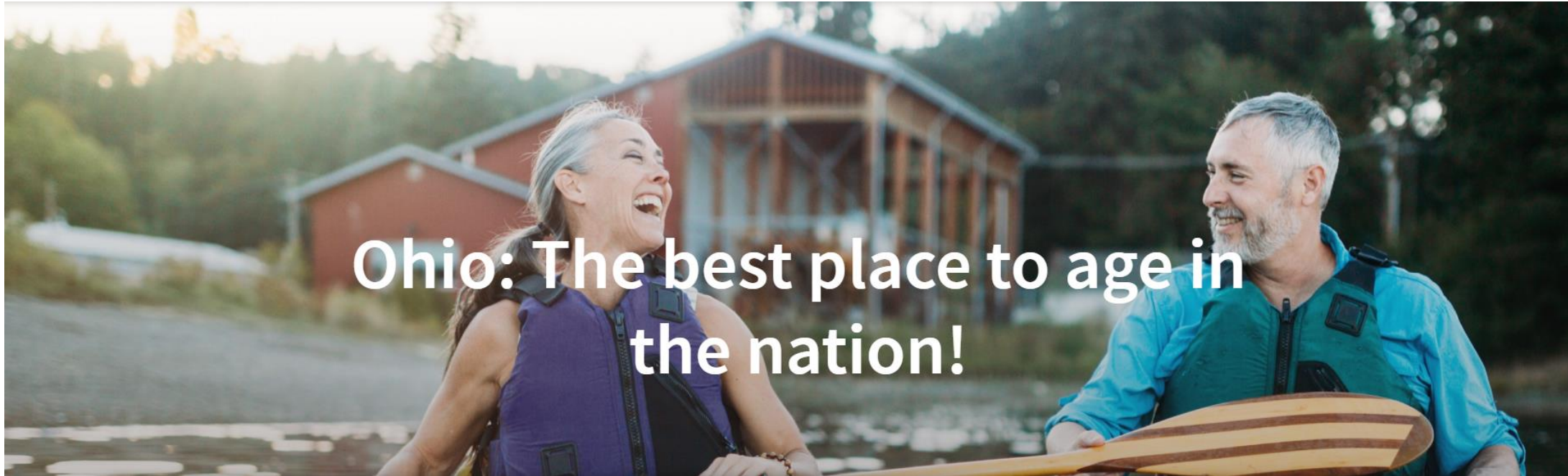
Why These Reviews are Important and What We Learned



- **Our Opportunities to Continue to Improve**
 - » Continue to find ways to address provider shortages.
 - » Continue to share best practices for training and supporting individual direct service providers.
 - » Continue to identify topics for our “alerts” that provider education and awareness to providers, families, stakeholders, and individuals.

How the Ohio Department of Aging Raised the Bar

The Ohio Department of Aging

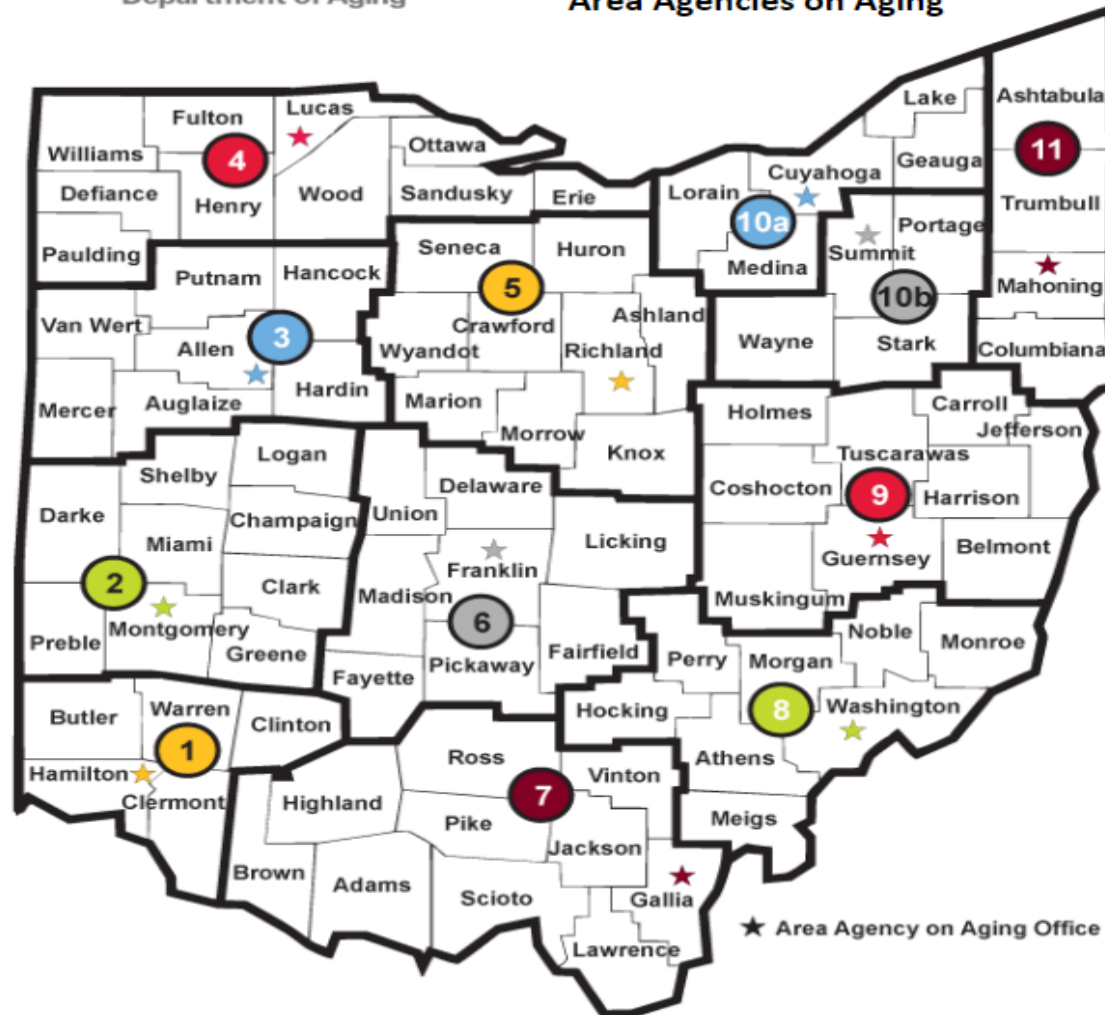


- **Our Vision:** *Ohio - The best place to age in the nation.*
- **Our Mission:** *Foster sound public policy, research, and initiatives that benefit older Ohioans.*

Ohio's Area Agencies on Aging



Area Agencies on Aging



Safety Is Our Priority



Emergency Preparedness for Older Adults and Caregivers

For many reasons, older adults may have a harder time adjusting during emergencies and extreme conditions



Be Your Own Advocate for Medication Safety

Older adults are also more likely to take multiple medications prescribed by several health care providers.



Utility and Energy Assistance

The Department of Aging works with state and local partners to help eligible older Ohioans access help



Fire Safety and Prevention

Older adults are at increased risk for injury or death from home fires. Simple steps can reduce the risk of a blaze



Spring and Summer Safety for Older Adults

For many reasons, older adults may find it harder to adjust to extreme weather conditions that come with spring



Suicide and Older Ohioans

Suicide deaths among Ohioans age 60 and older have increased by 40% over the last 10 years.



Preventing Theft

Theft is most often a crime of convenience. Invite people into your home, but don't invite theft.



Winter Safety for Older Adults

Tips and resources to help older Ohioans thrive through another Ohio winter.

ODA Waivers

- **PASSPORT Waiver**

- » 19,744 enrolled
- » Specific Financial Criteria
- » Nursing Facility Level of Care
- » Ages 60+
- » Various services such as adult day health, home care attendants, personal care, home delivered meals, etc.

- **Assisted Living Waiver**

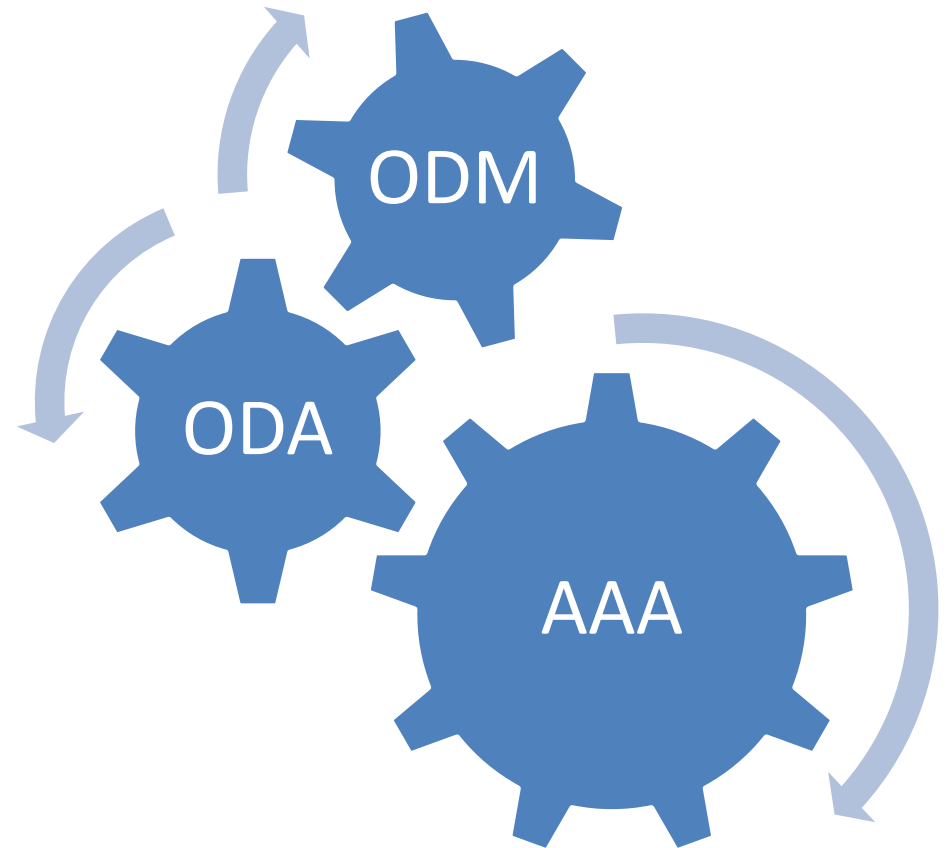
- » 3,312 enrolled
- » Specific Financial Criteria
- » Nursing Facility Level of Care
- » Ages 21+
- » Assisted living services and community transition



Incident Categories - Department of Aging Waivers

Reportable and Critical

- Both initiated at AAA level
- Both documented in WIRED
- Critical require State Agency review
- Critical require State Agency sign off



Incident Management – WIRED System

- Standard process for incident documentation
- Focus on individual health and safety
- Uniform data collection
- State level oversight for all reportable incidents



Why These Reviews are Important and What We Learned



Our Strengths

- » AAA's have a commitment to assuring an individual's health and safety.
- » AAA's link individuals with community resources and supports.
- » AAA's refer appropriate cases to Adult Protective Services (APS).
- » Open and regular communication with partners

Why These Reviews are Important and What We Learned



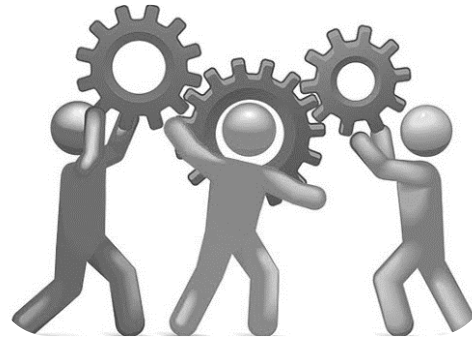
- **Our Ongoing Improvement Plan**
 - » Identify incident trends
 - » Identify and address contributing factors
 - » Develop new and improve existing effective prevention plan strategies
 - » Share best practices with partners

Summary

The Keys to Our Success



We share
common
goals



We
collaborate
and support
each other



We focus on
quality
improvement,
not
compliance.



We focus on
the individual

**Thank
YOU!**

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