

INCIDENT PREVENTION, IDENTIFICATION AND MANAGEMENT OPPORTUNITIES

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Last year's Joint Report from the Department of Health and Human Services (HHS), Office of Inspector General (OIG), Administration for Community Living (ACL) and Office of Civil Rights (OCR) on beneficiary safety in group home settings highlighted examples from two different OIG reviews where individuals suffered "repeated head injuries that required treatment at a local hospital's emergency room" and "head lacerations while being restrained by the group home's aides". In both cases, OIG made referrals to state officials for investigation. During the course of their work, OIG found many incidents that were not captured in an incident management system, emphasizing the need for improved incident detection and reporting processes. The findings also reference the importance of person-centered planning in assessing, monitoring and investigating abuse and neglect of vulnerable persons. According to the National Consumer Law Center¹, empowering individuals to actively participate in personal decision making improves life outcomes and can reduce the risk of abuse and exploitation.

CRITICAL QUESTIONS

The critical questions to ask are - One year after the Joint Report's release, what has been done to improve prevention of abuse and neglect as well as to improve state's incident management practices? Have states started to use the guidance provided in the Joint Report as the road map as it was intended? Can we apply the model approaches identified in the Joint Report more broadly to all populations receiving home and community based service (HCBS) programs?

The goal of this article is twofold:

¹ National Consumer Law Center: The Fine Art of Balancing Protection with Self Determination: David Godfrey, Jonathan Martinis, Sarah LeDonne September 22, 2015: <https://www.nclc.org/national-elder-rights-training-program/the-fine-art-of-balancing-protection-with-self-determination.html>

- 1) Highlight the importance of person-centered approaches and their role in prevention and identification of abuse and neglect, and
- 2) Emphasize the potential use of Medicaid data to identify incidents which could signal potential abuse or neglect.²

PERSON-CENTERED APPROACHES

Person-centered practices focus on people and their needs by putting them in charge of defining the direction for their lives instead of decision making being driven merely by service availability. It acknowledges the balancing act between the state's responsibility for the person's health and safety and practices designed to increase independence and facilitate everyday life experiences. Person-centered approaches to planning and support do not have to be at odds with sound incident prevention, management and risk mitigation strategies. Providing an individual with an opportunity to use their voice can empower them to identify, report and avert incidents of abuse and neglect.

But what happens if the incident management system is not working and reports are not being filed? This was an underlying issue in the reviews conducted by OIG and a theme of the Joint Report. One way state's can improve their incident management systems is through the review and analysis of Medicaid emergency room and inpatient utilization data for individuals enrolled on HCBS programs. Not only does this information serve as a mechanism to identify unreported incidents but when shared with case managers can be used as a tool to develop individual remediation strategies.

POTENTIAL USE OF MEDICAID DATA

In the incidents cited in the Joint Report, how could a person-centered process, an effective incident reporting and management system and Medicaid data be leveraged to prevent future injuries? Consider a different scenario and outcome where the individual reported the first of the "repeated" head injuries to her sister, who then contacted the provider agency to ask about the incident. The provider is able to access the report filed by the direct service worker in the incident management system and investigate what occurred. At the same time, the individual's case manager receives a notification based on the Medicaid emergency department claim indicating an emergency room visit occurred. Team members are brought together using a person-centered approach to determine next steps designed to prevent future injuries. In the unfortunate event that a similar incident occurs in the future, data can be used to track and trend incidents and inform interventions to safeguard the individual.

OIG recommended in its report that states provide staff managing HCBS programs access to relevant Medicaid claims data³ for purposes of identification and analysis of injuries that required emergency room

² U.S. Department of Health and Human Services Office of Inspector General, Administration for Community Living, and Office of Civil Rights, Joint Report – *Ensuring Beneficiary Health and Safety in Group Homes Through State Implementation of Comprehensive Compliance and Oversight*, January 2018 at https://www.hhs.gov/sites/default/files/report_joint_report_hcbs.pdf

³ U.S. Department of Health and Human Services Office of Inspector General, Administration for Community Living, and Office of Civil Rights, Joint Report – *Ensuring Beneficiary Health and Safety in*

visits or hospital admissions. The drawback to using claims data is that it primarily supports retrospective review of potential issues. However, if the incident management reporting system incorporated the use of the admissions, discharge and transfer (ADT) notifications⁴ currently available in the health information exchanges nationally, states could provide nearly real time information to state, local and provider organizations that is critical to incident management and investigation. Quicker access to information would help with the development of timely person-centered remediation strategies.

In the end, person-centered practices, when coupled with effective incident management systems, can be a means to enhance a state's ability to manage incidents and support individuals to live meaningful lives.

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Group Homes Through State Implementation of Comprehensive Compliance and Oversight, January 2018, Pg. ii.

⁴ CMS-ONC Health IT Toolkit for Medicaid Funded Home and Community Based Services (HCBS) Programs - State Toolkit, Version 1.0– June 2017