



# Aged and Disabled Waiver & Traumatic Brain Injury Waiver

# Quality Project

July 14, 2022



# Agenda

- Introduction to Liberty Healthcare Corporation
- Mortality Review Process
- Educational Material
- Incident Management Process



# Introduction to Liberty

Jennifer Quigley, MBA-HCM Interim Executive Director

July 14, 2022



# What Are QIO & QIO-like Entities?

- A group of health quality experts, clinicians, and consumers organized to improve the quality of care, consumer outcomes and building healthy communities.
- QIOs identify and operationalize quality initiatives that are informed by data, the consumer voice, use evidenced based and best practices and promote cultural competence with its structure.

Expertise encompasses quality improvement techniques like root cause analysis and failure effects analysis Six Sigma and Lean, as well as intra-team communication, clinical data collection, intervention design, survey administration and statistical analysis.



# What Is the Purpose?

By law, the mission of the QIO Program is to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries



# Core Functions

1. Improving quality of care for beneficiaries;
2. Protecting the integrity of the Medicare Trust Fund by ensuring that Medicare pays only for services and goods that are reasonable and necessary and that are provided in the most appropriate setting; and
3. Protecting beneficiaries by expeditiously addressing individual complaints, such as beneficiary complaints; provider-based notice appeals; violations of the Emergency Medical Treatment and Labor Act (EMTALA); and other related responsibilities as articulated in QIO-related law.



# Why is it Important?

An important resource in CMS's effort to improve quality and efficiency of care for Medicare beneficiaries. Throughout its history, the program has been instrumental in advancing national efforts to motivate providers in improving quality, and in measuring and improving outcomes of quality. It maximizes learning and collaboration in improving care, enhances flexibility, supports the spread of effective new practices and models of care, helps achieve the priorities of the National Quality Strategy and the goals of the CMS Quality Strategy, and delivers program value to beneficiaries, patients, and taxpayers.



# State Contracts with a QIO/ QIO-like Entity

Under Section 1902 (d), a State can contract with a QIO or QIO-like entity to perform medical and utilization review functions required by law. The contracts must be consistent with the QIO legislation.



# What is the Benefit of Working with a QIO or QIO-like Entity?

- Drive quality outcomes in an integrated consumer focused system
- Provide technical assistance building from the successes of other states working with QIO or QIO-like entities as partners and expertise in promising, evidenced based practices and best practices
- Provide a depth of understanding on Continuous Quality Improvement with a focus on Person-Centered Practices, and the use of analytics to drive outcome focused implementation
- Identifying opportunities to maximize federal match

- ✓ Direct Assistance for Better Health Care
- ✓ Expertise that Builds Capacity
- ✓ An Evidence Base that Drives Results
- ✓ A National Network with Local Impact



# What is the Benefit of working with a QIO or QIO-like Entity?

Provide operational expertise on maintaining core quality monitoring and oversight activities and continuous quality improvement within IDD System Delivery including:

- Incident Management
- Mortality Review
- Complaints Investigation
- Partnering around Committee work
- Developing Analytics
- And much more...



# Liberty Healthcare — A Certified QIO-like Entity

- Liberty Healthcare Corporation is a QIO-like entity that is certified by Centers for Medicaid and Medicare Services (CMS).
- Liberty is able to perform limited medical and quality review functions required under Section 1154 of the Act;
- Liberty has one individual who is representative of health care providers and consumers on its governing body under section 1152 of the Act;
- Liberty is not a health care facility, health care facility affiliate, or payor organization as defined in 42 CFR 475.105
- CMS permits Liberty to seek a contract with the states for review activities within the state specific qualifications and performance requirements depending upon the state's scope of work they want to procure. The state is responsible for making that determination
- CMS certifies that Liberty Healthcare Corporation can review cases and analyze patterns of care related to medical necessity and quality review



# What Are QIO & QIO-like Entities?

States Liberty has partnered with QIO-like entity work:

- District of Columbia
- Arizona
- Indiana
- Nebraska
- Maryland

As a QIO Like entity applying its expertise to support quality consumer and system level outcomes to build stronger systems through quality management.



# Nebraska Contract

## 5-Year contract

- Mortality Review Process 7/15/21
- Incident Reporting Process Pilot as of 4/15/22
- Quality Assessments and recommendations
- Collaborative Workgroup
- Strategic Planning Meeting

Working to improve systems but most importantly quality of life for people receiving HCBS Waiver services in Nebraska.



# Nebraska Liberty Team

Tara Balvin- Mortality Assistant/ Administrative Assistant

Betty Smith – Interim Quality Manager (Incident Manager)

Guyla Sutton-Pasco – Mortality Nurse Manager

Jennifer Quigley – Interim Executive Director

7 –Incident Review Specialists

1- Nurse Investigator (Starts August 2, 2022)

Part Time Mortality Physician

Phone: 402-500-6525



# Mortality Review Process

Guyla Sutton Pasco, BSN RN Mortality Nurse Manager



# Liberty Contract

DHHS-DDD contracted with Liberty Healthcare as a Quality Improvement Organization (QIO)-like entity in January of 2021.

As part of that contract, Liberty:

- Worked with DHHS-DDD to redesign the Mortality Review Process to align with best practice;
- Assisted in development of a technical platform to house system-wide data related to Mortality Reviews;
- Provided staff and leadership for the Mortality Review process;
- Assumed responsibility for the Mortality Review Process in July 2021.



# What is a Mortality Review?

When an individual who is receiving services and supports from one of the four Home and Community Based Services (HCBS) waivers, or from the Beatrice State Developmental Center (BSDC) passes away, a mortality review is conducted by the Liberty Mortality Review Nurse Investigator.

This is completed to evaluate the circumstances surrounding an individual's death and to ascertain whether all necessary and reasonable measures were taken to provide for the health, safety, and welfare of the individual.



# What is a Mortality Review?

**Expedited Review:** An expedited review will be prioritized ahead of non-expedited reviews. Non-Expedited deaths are reviewed as work on expedited deaths permits.

**The mortality review is expedited if the death falls into one or more of the following categories:**

All deaths alleged or suspected to be associated with abuse/neglect, exploitation, or criminal acts;

1. Sudden and unexpected: Deaths that occur without warning or are unanticipated. Examples may include such circumstances as sudden cardiac arrest; choking; death of a participant who otherwise appeared healthy; death as a result of an accident; suicide or homicide; a death which was otherwise unforeseen; or
2. Deaths that could be due to lack of standard medical care or clinical care that may have been omitted or inappropriate.
3. been omitted or inappropriate.

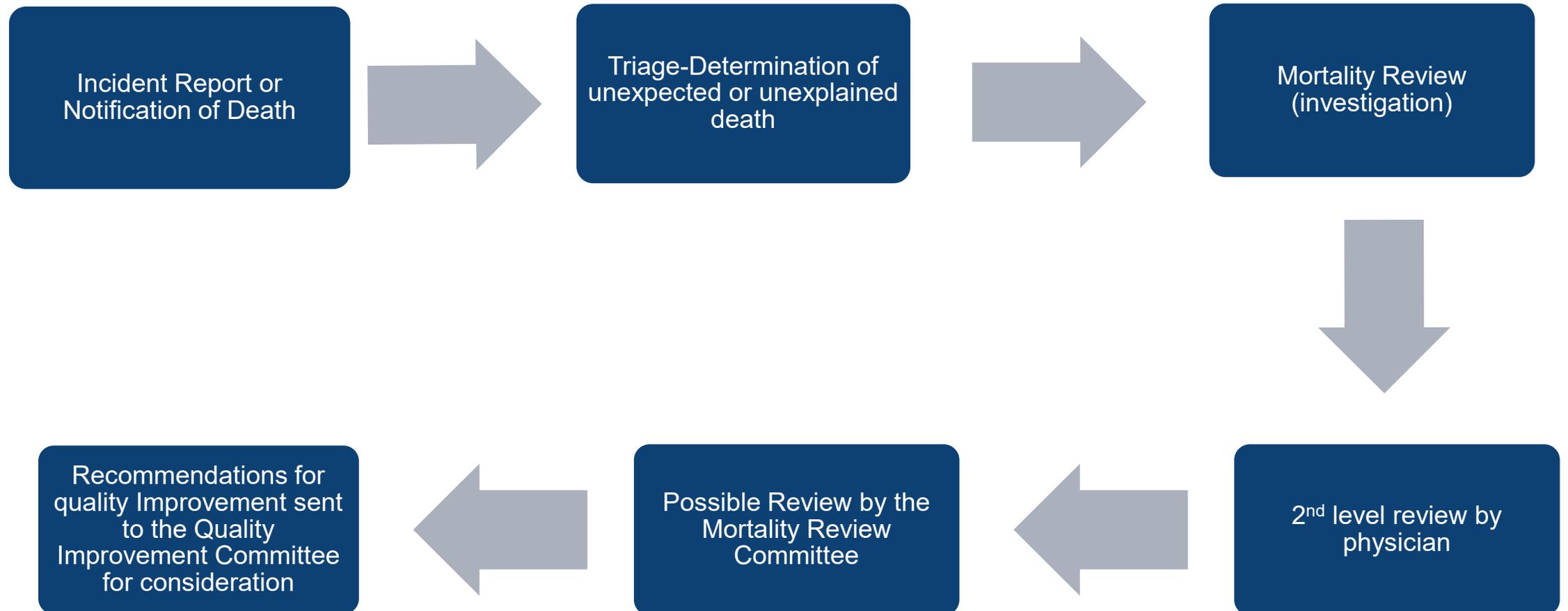


# Why do Mortality reviews?

- Mortality Reviews are a common practice in healthcare for quality improvement.
- Mortality Reviews provide a rigorous, systematic, open, collaborative and transparent review process to look for areas of improvement.
- Mortality Reviews are completed for deaths that are unexpected or unexplained to determine if the death was preventable and to develop recommendations for quality improvement initiatives that may prevent future similar deaths.



# Mortality Review Process





# What is a Mortality Review Committee (MRC)?

The MRC is a group that meets to review deaths. The MRC members evaluate the circumstances surrounding an individual's death to identify potential gaps in systems, policies, organizational structures, or decision-making processes. They also evaluate training needs that could minimize risks of mortalities in the future.

The MRC members include a variety of stakeholders, including some members who have experience based on their training and expertise in the field of intellectual and developmental disabilities and/or aging. Members also include representatives from advocacy groups, family members, and other state entities.



# What happens after the MRC?

Through the cases reviewed the MRC will make systematic recommendations that are then reviewed by the QIC for possible quality improve action plans.



# Educational Material

Aaron Smith, DHHS Quality Administrator

Karen Houseman, DHHS Program Manager II



# Educational Material

As trending issues come up in the MRC and through the Incident Management Process, educational material may be distributed to Service Coordination and to Direct Care Providers.

This information will aide in educating with the goal of improving the Health and Welfare of our populations.



# Incident Management Process

Betty Smith, NCIT Interim Quality Manager



# CMS Requirements

- **Assurance** - The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.
  - **Sub-Assurance** - The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.
  - **Sub-Assurance** - The State demonstrates that an incident management system is in place that effectively resolves incidents and prevents further similar incidents to the extent possible.
  - **Sub-Assurance** - The State policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.
  - **Sub-Assurance** - The State establishes overall health care standards and monitors those standards based on the responsibility of the Service Coordinator as stated in the approved waiver.

<https://dhhs.ne.gov/Documents/CMS%20assurances.pdf?msclkid=2a3519dcb0a011ec9208b71498e3ba3c>



# Joint Report

The office of the inspector general (OIG) in partnership with DHHS, Administration for Community Living and the Office for Civil Rights compiled a report to help improve the health safety and respect for the civil rights of individuals in waiver services. This report provides Model Practices to CMS to increase compliance oversight and to help ensure better health and safety outcomes.

- <https://oig.hhs.gov/reports-and-publications/featured-topics/group-homes/group-homes-joint-report.pdf>
- <https://youtu.be/oWEzwlmePo0>



**We all have the same goal:**

**Health, Safety, and Respect**





# Introduction of Therap & Reportable Incidents

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Leading System  
for Service  
Providers

Discover Why



Across all **50** States

Proud to be a G2  
Summer 2022 Leader



Learn More  
About Therap  
in **Nebraska**

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See How **Therap**® | Person-Centered. Supports



# THERAP General Event Reports

**Basic Information** ?

Individual: JOHN SMITH  
 Program:   
 Site:   
 \* Event Date:    
 \* Report Date:    
 \* Reported By:   
 \* Reporter's Relationship to Individual:

**Event Basics**

\* Event Type  
 Injury  
 Medication Error  
 Emergency Safety Intervention  
 Restraint Other  
 Death  
 Other

\* Notification Level:   
 Location:   
 Address: Street 1  Street 2   
 City  ZIP  State  USA   
 Phone:   
 Fax:   
 Describe what happened before the event  
  
 About 3000 characters left

**Abuse/Neglect/Exploitation**

\* Abuse Suspected?  Yes  No  
 \* Neglect Suspected?  Yes  No  
 \* Exploitation Suspected?  Yes  No

**Event Injury** ?

\* Time of Injury:    
 Unknown

\* This event was  Observed  Discovered  
 Discovered Date/Time:     
 Specific Location:

---

\* Type:   
 \* Cause:   
 \* Severity:   
 Color:   
 Size: Length (cm)  Width (cm)  Depth (mm)   
 \* Body Part(s):     
 Body Diagram

Treatment by:   
 Time of Treatment:    
 Treatment date, if different than event date:    
 Injury Photo:

**Actions Taken** ?

Corrective Actions Taken  
  
 About 3000 characters left

Plan of Future Corrective Actions  
  
 About 3000 characters left

Notification(s)



**LONG TERM:** DDD defines **reportable incidents** as any incident, injury, or illness in the following categories:

- Allegation, suspicion or actual events of abuse, neglect, or exploitation of a child or a vulnerable adult
- Fatal 5+
- Communicable Disease
- Death of a participant
- Emergency Situations
- Falls with injury requiring more than first aid
- Incidents involving emergency personnel requiring emergent response
- Infestations
- Injuries of unknown origin raising suspicion
- Injury requiring medical or nursing interventions beyond first aid
- Medication Errors
- Misconduct not involving law enforcement
- Missing Person(s)
- PRN Psychotropic Medication Usage
- Property Damage
- Suicide Attempts
- Swallowing Inedible items
- Unplanned hospital/emergency room/urgent care visit
- Use of Restraint or Prohibited Practices
- Vehicle Accident



# Pilot Plan & Phases

Implementation date of 7/1/2022

NEBRASKA

Good Life. Great Mission.

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# Pilot Participants

- Aging Office of Western Nebraska (AOWN)
- Eastern Nebraska Office on Aging (ENOA)
- League of Human Dignity
- South Central Nebraska Agency on Aging (SCNAAA)
- DHHS representing Children's Services on Waiver



# Who is Responsible for Reporting Incidents?

For Phase 1 – Service Coordinator will be completing all aspects of Incident Reporting of High-Level Incidents.

Future phases will include Medium-Level Incidents and Provider submission of incident reports. Additional Trainings will be provided as Key Performance Indicators are met.

Service Providers will not begin entering GERs into Therap until Phase 3 of the pilot.



# Phase 1

## SC only Phase One Start 7/1/22

GER Guide with High Notification Level incidents only being entered by Service Coordination.

75% of the GERS are submitted by the Service Coordinator with accurate information and within dedicated **timeframes** within pilot group.  
**Consistency**

IRS reviews High GERs for the pilot only in QIDS.



# Phase 2

<b>SC Only Phase Two</b> <b>Start 30 days after Phase One Targets met</b>		
GER Guide with High and Medium Notification Level incidents.	75% of the GERS are submitted by the Service Coordinator with accurate information and within dedicated <b>timeframes</b> within pilot group. <b>Consistency</b>	IRS reviews High GERs for the pilot only in QIDS

**Providers Enter Phase Three**  
**Start 30 days after Phase One Targets met**

GER Guide with High and Medium Notification Level incidents only.	75% of the GERS are submitted by the provider with accurate information and within dedicated <b>timeframes</b> within pilot group. <b>Consistency</b>	IRS reviews High GERs for the pilot only in QIDS QCS or IRS reviews Medium GERs for the pilot only.
SC Triage of High and medium Incidents in Therap including follow up of missing or inaccurate information in GER process	85% of the time the SCs are hitting key timeframes with their volume (assuring a manageable workload) <b>Consistency.</b>	IRS reviews High GERs for the pilot only in QIDS QCS or IRS reviews Medium GERs for the pilot only.
	75% of incidents have no missing information or inaccurate information using the checklist after the SC has completed their Triage. <b>Consistency.</b>	IRS reviews High GERs for the pilot only in QIDS QCS or IRS reviews Medium GERs for the pilot only.

Phase Four		
Start 30 days after Phase Three Targets met		
DHHS Critical incidents and DDD Internal Sensitive Incident processes	75% <b>satisfaction</b> of the process from pilot group from response to a survey.	Survey Monkey distributed weekly.
	75% of the time Internal Sensitive Incident process meets key <b>timeframes.</b>	QIDS
Liberty's Quality Checklist process includes managing continuing missing or inaccurate GERs	85% of the time the IRSs are hitting key <b>timeframes</b> with their volume (assuring a manageable workload).	QIDS
	75% of incidents have no missing information or inaccurate information using the checklist (assuring process is clear for providers) <b>consistency.</b>	QIDS
Provider Remediation	60% <b>satisfaction</b> of the process from pilot group from response to a survey from providers.	Survey Monkey distributed weekly.
	75% of incidents are remediated within required <b>timeframes.</b>	QIDS

<p style="text-align: center;"><b>Phase Five</b></p> <p style="text-align: center;"><b>Start 30 days after Phase Three Targets met</b></p>		
CIMP weekly team meeting to review escalation criteria and targeted analysis process	60% <b>satisfaction</b> of the process from pilot group from response to a survey from state for the CIMP weekly meeting.	Survey Monkey distributed weekly
	85% of the time the IRSs are hitting key <b>timeframes</b> with their volume (assuring a manageable workload).	QIDS
	60% <b>satisfaction</b> of the process from pilot group from response to a survey from providers around targeted analysis process.	Survey Monkey distributed weekly
Remediation of individual incidents	85% of provider targeted analysis remediation samples are adequate to address the identified Root Cause. <b>Consistency</b>	Quality review of remediation plans entered into a SharePoint form.



# Please subscribe for updates:

AD waiver provider page

<http://dhhs.ne.gov/PagesAD-Provider.aspx>

Liberty Partnership Quality Page

<http://dhhs.ne.gov/Pages/Liberty-Partnership-Quality-Project.aspx>