



Quarterly Quality Meeting

December 11, 2023



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Agenda

- Takeaways from Liberty Targeted Analysis – *Tabitha Cunningham from Hands of Heartland*
- Human and Legal Rights Advisory Committee Overview – *Erin Davis from Liberty Healthcare*
- GER Resolution Data and Upcoming Training Opportunities – *Betty Smith from Liberty Healthcare and Sarah Henrichs from DDD*

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*Hands of
Heartland*

Takeaways from Liberty Targeted Analysis

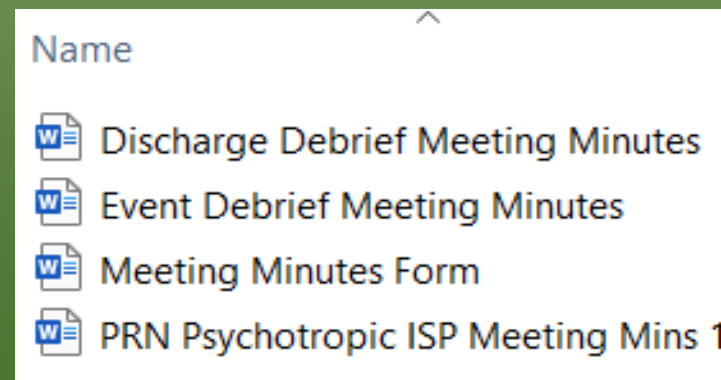
What we learned about ourselves as a provider through Liberty's Targeted Analysis Process

- We were doing lots of great things, but not documenting. Essentially, we were not giving ourselves credit for the work we were doing.
 - Examples include Debriefings, Audits, Retraining, etc.
- We did not have a system in place to recognize when a debrief was warranted. We were not looking at the “BIG PICTURE” to identify trends.
- We were not documenting our debriefs or following up on action items. We would have debriefed, but not with the right audience.
 - Examples include Behavioral Team, Nursing, DSPs, etc.

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How We Fixed It:


We created meeting minutes templates to provide the team with an outline of key items to cover. The template provides the questions that the meeting needs to ensure are covered. We essentially perform our own “Mini TA”.



How We Fixed It:

HOH developed a system to indicate when we need to do our own version of a TA. HOH uses the same criteria as Liberty to identify trends. Once QA identifies a trend, a debrief is scheduled, documented on the meeting minutes template with key questions answered, and uploaded to the GER to show that we have addressed it and what our plan is to prevent reoccurrence.

With the help of Liberty teaching us how to identify trends, we quickly picked up on how to do this and address it before Liberty. Example: Looking to see if a particular behavior is occurring at the same location, same day, or same time of day, and then if yes, dig deeper for the root cause to identify the “Why” The process has made us slow down and really read and track incidents.




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We were not documenting our debriefs or following up on action items.

We would have debriefs but not with the right audience.

Again, the custom designed meeting minute forms assist us in maintaining consistency with thorough documentation. The next step was the HOH QA Team making note to follow up on action items that were discussed.



Sometimes you have a great meeting with great ideas but no one is ensuring these are carried out.



In order to ensure that the right audience was at this debriefing, QA began scheduling the meetings for the staff and/or Directors until they got the hang of it. This ensured key team members were not left out such as nursing, behavioral team, coordinators, DSPs, etc.

Resources and Growth

Along with the procedural and system changes, we realized we needed to designate more resources towards additional positions to provide the supports and documentation necessary for our rapid expansion across the state.

Hands of Heartland tripled its nursing resources and added positions to our QA Department.

Key Questions We Include in All Debriefs

Date & time of event: Click or tap here to enter text. am pm

Location of event: Click or tap here to enter text.

Team members present: Click or tap here to enter text.

Description of Event: Click or tap here to enter text.

What went well? Click or tap here to enter text.

Participant's behavior 10-60 minutes before the event: Click or tap here to enter text.

Interventions attempted to prevent the event: Click or tap here to enter text.

Reasons why proactive interventions did not work: Click or tap here to enter text.

Interventions that might work better next time: Click or tap here to enter text.

Leadership, procedural, or environmental interventions that may assist in preventing a reoccurrence of the event: Click or tap here to enter text.

GER Submitted within 24hrs? Yes No NA

GER Approved within 72hrs? Yes No NA

SC Notified within 4hrs of incident? Yes No NA

Follow Up on Action Items Discussed in Debrief is a Key Step

Additional comments/ Notes: Click or tap here to enter text.

Action Item	To Be Taken By	Due Date
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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Form Completed By: Click or tap here to enter text. Date: Click or tap here to enter text.

In Closing

Our initial encounter with Liberty was not a great experience, but with continued professionalism from both parties, open communication, not being afraid to reach out to Liberty for help or ask questions, and ongoing collaboration, HOH was able to have a better understanding of what Liberty was seeking and what we could do to make it better not just for ourselves with Liberty, but also to be an even better provider.

In summary, we spend more time reviewing data on GERs, looking for trends at all times, scheduling debriefs, using the right custom meeting minutes form for the right incident (med error, behavior, psych med given, etc.), and QA follow up on action items to ensure completion. Once we have the meeting minutes, we upload them to the GER to show we are on top of it.

Thank you for allowing us to share our experience.

Questions?

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Introducing the Human and Legal Rights Advisory Committee (HLRAC)

Date: 12/11/2023

Training Agenda

Role and Purpose of the Human and Legal Rights Advisory Committee (HLRAC)

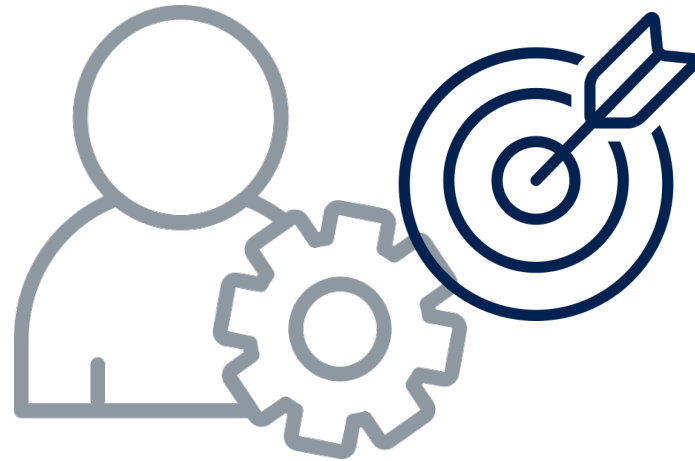
HLRAC Membership

Pilot Phase

Therap Storage

What's Next?

HLRAC Purpose and Role



Nebraska Law states,

“All persons with developmental disabilities shall be afforded the same rights, dignity, and respect as members of society who are not disabled;”

Individuals with intellectual and developmental disabilities have the same fundamental rights as every other person.

Purpose of the HLRAC

The HLRAC will help promote and protect the rights of participants receiving DD Waiver services.

The HLRAC will promote best practices for rights restrictions and HLRC functions.

The HLRAC will also be of assistance with helping identify and recommend systemic changes to the DDD.

Role of the HLRAC

The HLRAC will not replace the local agency HLRCs and will be advisory only in capacity.

The HLRAC will review specific cases where a further review may be needed. The HLRAC focus will be on affecting quality outcomes for participants and providing resources and recommendations when there may be less restrictive options available.

The HLRAC will also be a resource to agency providers and ISP teams.

HLRAC Review Referrals

There will be a process for agency providers and ISP teams to request a review by the HLRAC.

The requests will be reviewed on a case-by-case basis to determine if it is appropriate for the HLRAC to review and assist.

HLRAC Membership



Committee Member Roles

The committee will be comprised of up to 15 members, including the chair and co-chair.

Membership is diverse and has members representing diverse backgrounds and experiences including not limited to:

- Self-Advocates
- Family of participants
- Behavioral Health professionals
- Medical professionals
- DDD Clinical staff

Committee members will serve a term of two years and may renew but will not exceed three continuous terms.

Committee Member Meetings and Training

The committee will meet quarterly with ad hoc meetings scheduled as needed.

The meetings may be more frequent in the beginning during the launch.

All committee members will receive an initial training and an annual training update.

Committee members will also receive trainings as there are new updates to processes and policies.

Pilot Phase





Pilot Providers

Six providers have been selected to participate in the pilot phase.

The six providers are from agencies of different sizes and serve different areas of the state.

The providers selected will help test the review process and provide feedback.

Pilot Timeline

Pilot providers are scheduled for training next week on 12/12/23 or 12/15/23.

The providers will test the process for 30 days.

DDD and Liberty will have a meeting with the pilot providers to discuss feedback.

Updates and changes will be made to the process based on feedback.

All providers will be live with the new process in early February.

Therap Storage



Therap HLRC Document Storage

Agency providers will be required to upload the documents they provide to their HLRCs into Therap after the agency HLRC meetings occur.

A case note questionnaire has been created for this purpose titled, “Provider HLRC Reviews”.

The questionnaire option will allow for DDD, Liberty, and agency providers to run reports based on the information entered.

What's Next?



Launch, Communication, and Training

Liberty and DDD will go live with the HLRAC and pilot process this week, starting on 12/12/23.

Watch for communication about more in-depth training on the review process, Therap questionnaire form, and the HLRAC committee and functions.

Questions & Feedback



Contact Information

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GER Resolutions

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DHHS Quarterly Reports vs. Liberty Review

- Recently, there's been confusion related to what is reflected in the Quarterly Aggregate Incident Reports sent out by DDD staff and data/information being presented to providers by Liberty.
- The Quarterly Aggregate Incident Reports are only intended to reflect what data shows us about whether a GER Resolution exists for each high/medium GER.
- Liberty's review is qualitative in nature and is looking at whether the content of GER Resolutions is compliant with division policy.

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GER Resolution Data

- Data from a review of GER Resolutions was presented to the Incident Management Committee on 10/26/2023.
- A review of the data raised concern that GER Resolutions may not be being completed as required by division policy.

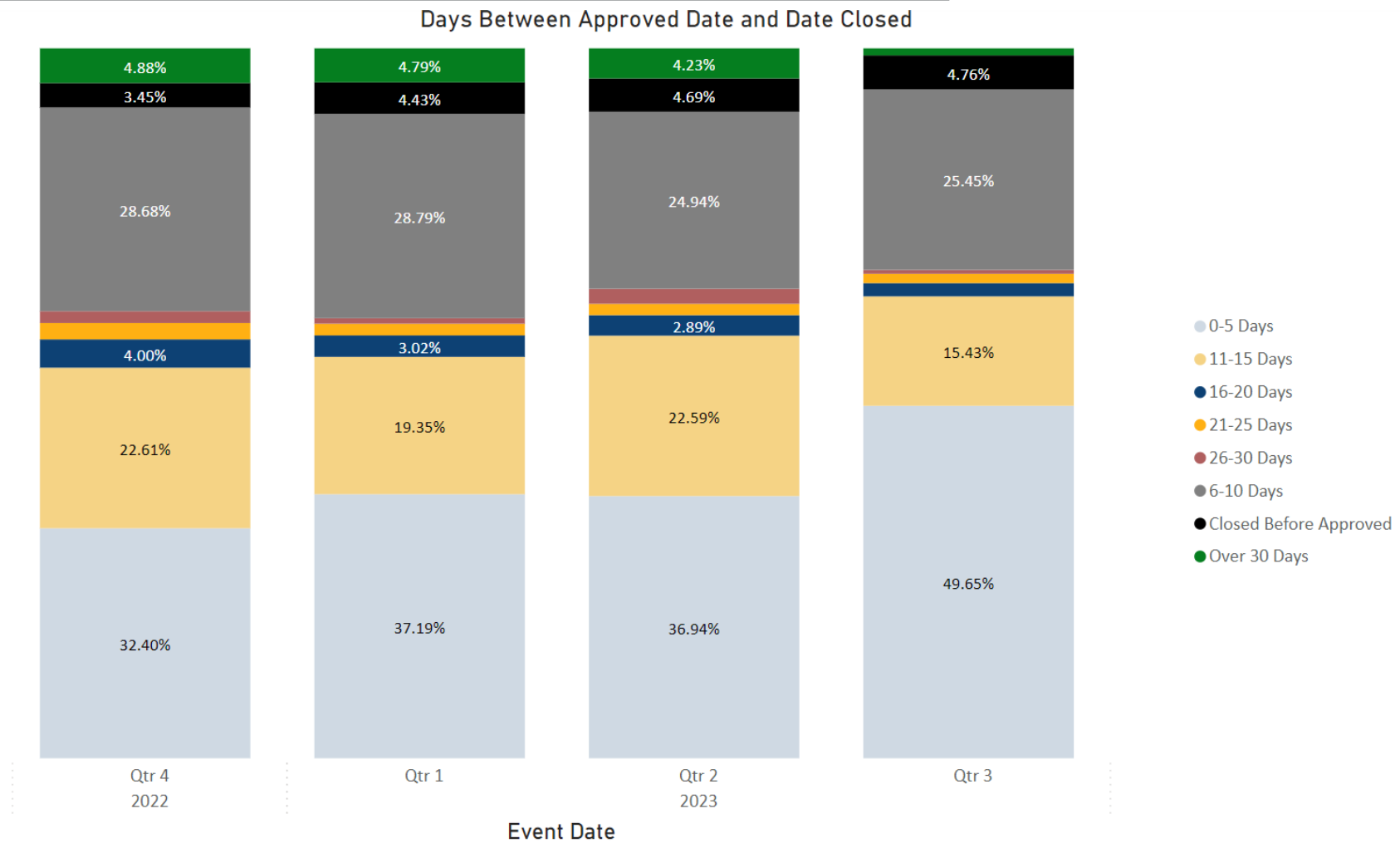
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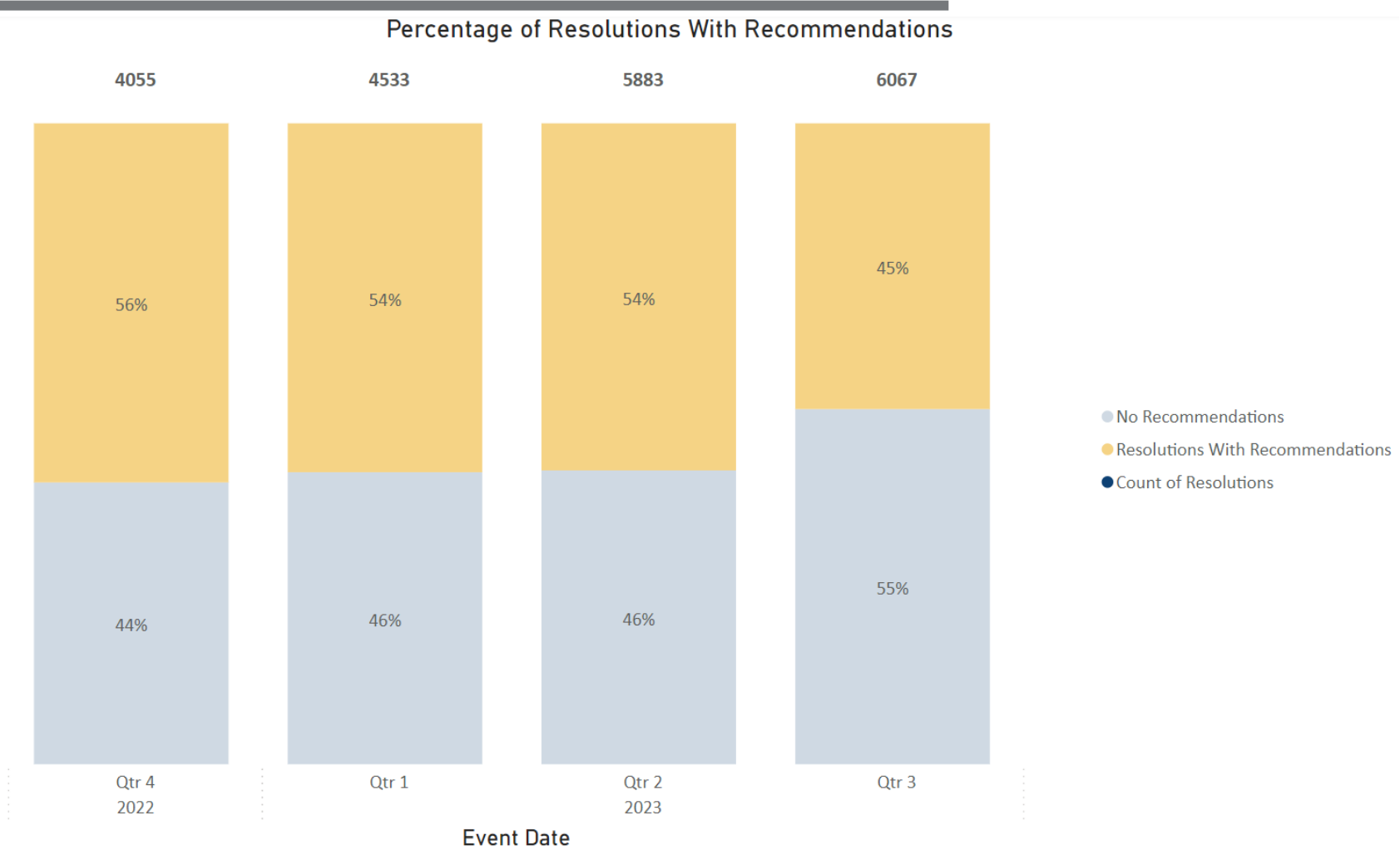
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Amount of Time to Complete Incident Remediation



Incident Remediation Resulting in Recommendations



GER Resolution Data

- Data from the Quarterly Aggregate Incident Reports was also reviewed in relation to GER Resolutions.
- This data showed that 74% of DD Provider Agencies were asked to provide a response to their quarterly report due to late or missing GER Resolutions over the past year.
 - 54% of providers were asked to provide a response due to GER Resolution concerns in two or more quarters in the past year.

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Importance of GER Resolutions

- The completion of GER Resolutions is a crucial part of our incident management system and is required by regulations governing certified DD providers.
- GER Resolutions are how we identify trends and situations where there are opportunities to better support participants consistently with their plans and in compliance with provider and DHHS policy.
- Completion of thorough GER Resolutions helps us work towards the primary objective of our incident management system: reducing the frequency and severity of critical incidents over time.

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Upcoming Training Opportunities

- Advanced GER Resolution Training is being planned for early 2024.
- This training will cover the policies and expectations related to the completion of GER Resolutions and also include concrete examples for completing GER Resolutions for different incident types.
- Dates and times for training will be sent out in the next several weeks.

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