Therap's Incident Management System

Background

The first application that Therap developed for the provider community was the General Event Report (GER) in 2003. The GER could have been called an Incident Report, Unusual Event Report, Unusual event Report, or a variety of other terms and acronyms. Therap settled on creating the unique term, GER, to identify this specific tool. Developing the GER, which was based on the federal requirement in the 1983 Section 1915(c) of Social Security Act (Home and Community Based Services waiver or HCBS) requiring states to monitor the health and well-being of each individual who receives home and community-based attendant services and supports, including a process for the mandatory reporting, investigation, and resolution of allegations of neglect, abuse, or exploitation in connection with the provision of such services and supports.

Additional Scrutiny on Events

In addition to the HCBS requirement, during the last few years the U.S. Department and Health and Human Services, Office of Civil Rights, Office of the Inspector General (OIG), responding to congressional requests, has been reviewing how states manage reported events to promote safety across HCBS waiver services and Long Terms Services and Supports (LTSS). There have been OIG reports in Connecticut, Massachusetts, Maine, Delaware, and Pennsylvania that reviewed how serious incidents, including some incidents that resulted in deaths of individuals receiving support and services were reported. Those OIG reports gave rise to concerns about the use of federal dollars for HCBS Waiver services and LTSS. As a result of this increased scrutiny, states have been evaluating the reporting, collection, investigation and general oversight of incident reporting. Therap leadership met with staff members of two of the strong promoters of increased monitoring - Senator Angus King of Maine and Senator Chris Murphy of Connecticut - to discuss the focus of the increased OIG reviews. In addition, Therap met with state representatives from Connecticut, Massachusetts, Maine, Delaware, and Pennsylvania to better understand how states would respond to the increased scrutiny. In respect to Therap's provider customers, Therap worked with the states to determine if there was a need for additional data to be collected or for different reports. In states like Maine, Therap added a state specific section to Therap's COTS GER that captures data that these states determined were needed to respond to the increased scrutiny. Other modifications have been made while working with state and local governments, including the important feature of aggregating GERs from all of the providers in a state to an oversight account.

To facilitate meeting the increased scrutiny Therap commits to working closely with governments and providers to develop a GER management system that is timely, responsive, and accurate. Therap is committed to interfacing its GER system to state systems when possible. For states or other government entities, Therap has committed to providing the GER Management system at no or minimal cost with some conditions.

Last Update: 5/22/2020

Traditional Incident/Event Reporting and Therap's Solution

Paper-based and many customized reporting systems require direct support professionals (DSPs) to complete a detailed description of an event that may then go through multiple layers of review before reaching the hands of Quality Assurance administrators and other administrators. These cumbersome processes affect both timeliness and accuracy of event reporting, and require substantial training. Lack of timeliness may keep an agency from making urgent changes that could prevent further incidents. Custom event reporting systems generally have to be reprogrammed when state or provider requirements change and have many of the same problems as paper systems.

Therap's Initial GER Development Goals

Therap's initial product design and development team kept two factors in mind while creating the GER.

- The need to quickly report on every injury, behavior, unusual event, and any other significant event, so that it could be investigated to determine if it rose to the level of neglect, abuse, or exploitation
- Since most states also have reporting requirements for serious injuries, destruction of property, hospitalization, death, and other significant events, there is also a need for a sufficiently detailed reporting structure to capture that information

Therap's analysis determined that a checklist type data set that could be completed quickly by DSPs would be the most effective approach. A significant decision was made to develop GERs with consistent data elements. This meant using dropdown list selection, date selection from calendars, time selection from clock picklists, data from the IDF or User Records, radio button picklists, and Yes/No buttons. The strategy was straightforward. It is important to easily report a single event. It is also important to have the capability to quickly identify GER patterns via trend analysis. Another feature Therap added is the capability of linking multiple events for reporting while maintaining the confidentiality of protected health information as required by HIPAA.

Therap's GER was established with three components that establish increasingly more detailed information about an event. The process flow Therap developed to implement the three components is as follows:

- Component one is the initial event entry. This involves creating a new GER and it is generally completed by a DSP as soon as possible after occurrence. DSPs fill out a minimum checklist type data set that can be completed quickly and submitted.
- Component two is the event review. Current GERs that require action by the user are posted on a To Do List for review. The first screen users see when they login to Therap is the To Do List that aggregates all active GERs. The entries on the To Do List were identified during entry as High, Medium, or Low on a Notification Level picklist. These display on the To Do List as Red for High,

Orange for Medium, or Yellow for Low. Reviewers can edit the GER or add notes and return the GER to the DSP. Therap's Notification system can also be linked to an external notification system that sends HIPAA compliant texts or emails to identified administrators.

- The third component is Approval.

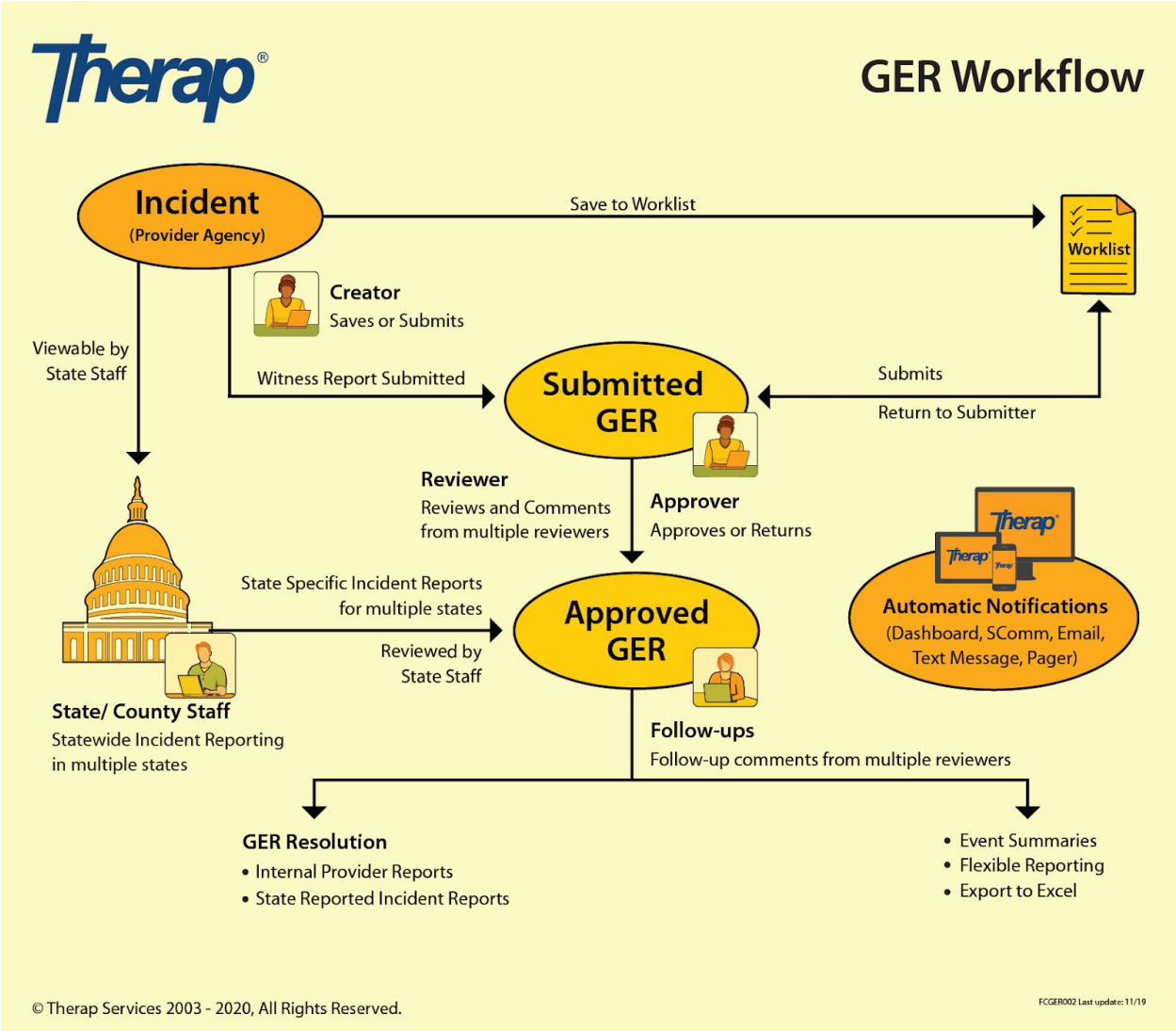
Original or New GER Component

The goal when creating a new GER in Therap is to establish a basic data set that could be entered and communicated quickly with minimal effort by DSPs. Therap provides training, but has also worked to develop an intuitive, easy to use, interface. Most DSPs can successfully enter GERs as soon as the system has individuals, staff, and security in place. Therap's design minimizes the decisions DSPs have to make to enter a new GER and the time it takes to track down an administrator by phone or waiting until the end of a shift to complete a detailed report and report to an administrator. Therap designed the GER system so that a DSP can enter a new GER and notify supervisors and/or administrators with that single rapid action.

Examples of required fields entering a new GER are populated from the database or from selected entries:

- Name and information is populated from Individual Demographic File (IDF)
- Event Date is selected from a calendar
- Reported By is populated from the User (staff) File
- Event Types such as Abuse Suspected, Neglect Suspected, Exploitation Suspected, time of injury, and location of injury are selected
- A Notification Level to determine the relative severity of the event and if an automatic notification should be sent out is selected

Once GER data is entered the Submit button is clicked to save the GER with a digital signature that includes a time and date stamp.



Reviewer Component:

The second component of Therap's GER system is the reviewer/investigator component. Reviewers access a submitted GER from the To Do List Review Line on their To Do Screens. Therap opens to the To Do screen upon login. Reviewers can then review GERs based on Notification Levels of High (Red), Medium (Orange), or Low (yellow). Opening a new GER shows the value of Therap's design. All GERs are structured with standardized descriptors making them easy to evaluate. In addition to examining each event as an individual event, the the reviewer can use the GER Search feature to quickly run reports to determine if similar events have happened to the individual, if similar events were reported by the DSP, if GERs were being reported promptly, and if there are other patterns that should be taken into account to determine what type of review and investigation is needed.

Current review procedures for a single event can proceed as they do using a paper system, but with the option for quick reporting using GER Search, a GER identified as Medium or Low as an individual event might be escalated to a High level event because additional data suggests event patterns. For example, one fall might be medium or low, but five falls in a short period of time can raise the level to High. The reviewer may also notice that incidents are being reported hours or days after occurrence and that might also raise the level of an event.

GERs can also be linked so that events that happen to a group, such as a car accident, can be investigated individually to meet HIPAA requirements and linked for reporting. With this linkage it is easier to ensure that reporting is consistent.

New GERs that report that Abuse, Neglect, or Exploitation is suspected or GERs set to that criteria by a reviewer can only be reviewed by reviewers with access to suspected Abuse, Neglect, or Exploitation events. Investigations can be started within minutes of a submitted GER . The module includes specialized tools to aid in the investigation process. Witnesses can be reached using Therap's internal email system (SComm) to gather witness statements. GER Search and other records in Therap may provide pattern analysis. Other contemporaneous notes such as T-Logs, medical information, financial information, service notes, and a variety of other documentation can be reviewed. The increased options for investigation may reveal that the single occurrence meets or does not meet the required threshold for Abuse, Neglect, or Exploitation. Or that the reported event is not a single occurrence of Abuse, Neglect, or Exploitation and requires more in depth investigation. In any event, Therap's documentation system provides a substantial amount of information before investigations in the field are initiated.

The functionality that reviewers have for responding to new GERs are:

- Reviewers can click on the T-Note function to add comment boxes to a GER. If a reviewer intends to return the GER to the GER originator, a T-Note can be used to ask for clarification about the original entry. T-Notes can be color coded in four colors. There is no practical limit on T-Notes. When a GER is returned, the originator sees the T-Notes and regains access to the edit function. Returned GERs display on a NEW line on the To Do List and the originator can respond to the T-Note and then resubmit it to the reviewer.
- The reviewer also has an Edit function and can choose to edit the GER entries as part of an investigation, interview, or other QA procedure.
- The reviewer has a Review/Follow Up section to complete. That section has a Checkbox for "I have reviewed this Report", and a freeform text box to describe the review.

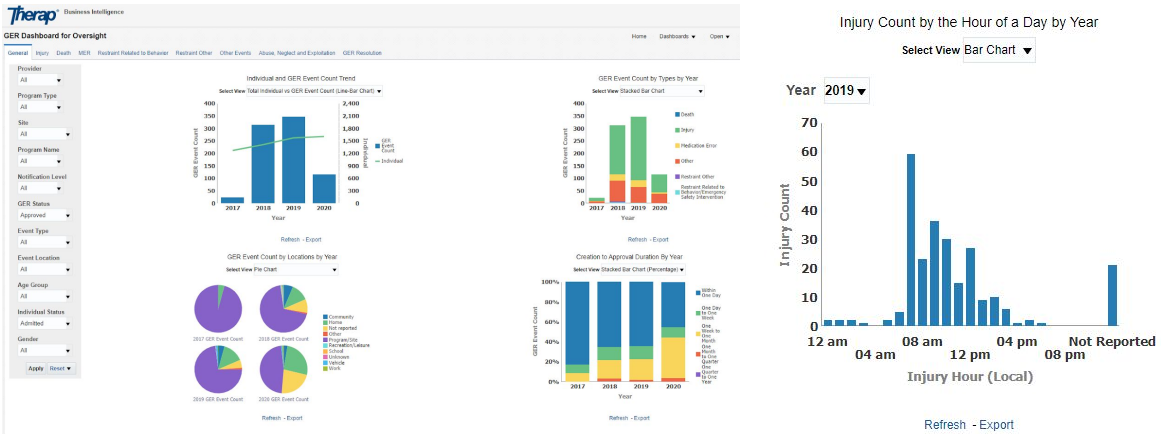
Approval Component:

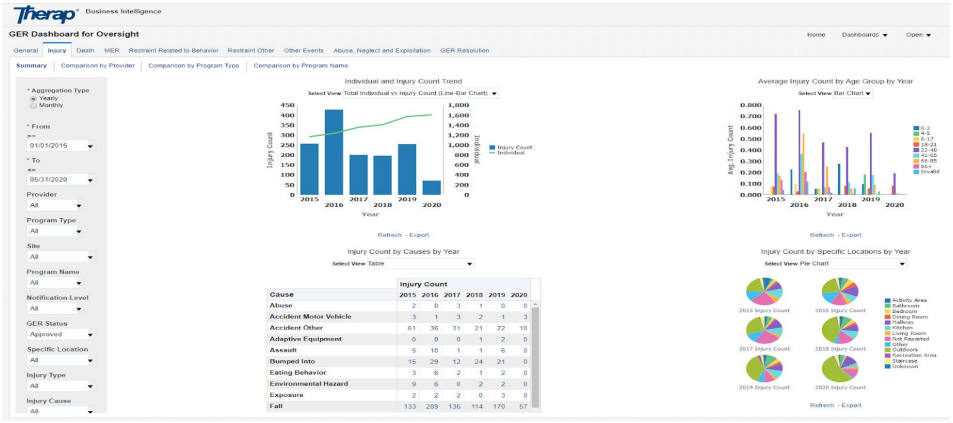
The approval component is straightforward. When the action meets the organization's requirements for reporting, investigation, and resolution of a GER, the GER is submitted as Approved.

GER Reporting

In addition to using GER Search for the quick investigative reporting discussed above, there are a number of options for detailed GER reporting in Therap. The basic GER Search feature can be used to develop detailed monthly, quarterly, annual or other reports that focus on specific details of GERs or general overviews.

Therap's Business Intelligence (BI) GER feature takes GER Reporting to a very sophisticated level. BI is used to develop data warehouses that can be data mined with easy-to-use dashboards for very detailed analysis of GERs by administrators. Since Therap' GER uses consistent descriptors, Therap customers who began using Therap in 2003 can perform regression testing from today back to the day Therap was implemented using GER Search or Business Intelligence.





Therap also has Multiple Individual Events (MIE)s reporting an MIE links multiple GERs, such as a van accident together for reporting purposes while maintaining HIPAA confidentiality.

Last Update: 5/22/2020

How Therap's GER System is Used and Maintained In a Broad and Changing Environment

During April 2020, Therap users processed 60,000 GERs. Since 2003, Therap users have processed over 7 million GERs. The volume of GERs developed is an indication of how easy to use and understand Therap's GER system is and how that capability provides a powerful tool to ensure an individual's health and safety.

Therap's GERs

- Meet state and federal requirements
- Have been adopted as the State collection tool across 12 states including California Regional Centers
- Have been instrumental in the identification of trends such as the reduction of medication errors
- Give providers, states and organizations the ability to make timely data-informed decisions
- Support workflows for reporting and managing critical incidents
- Provide for user defined automatic Notifications & Alerts
- Provide for timely tracking of suspected Abuse, Neglect, Exploitation
- Provide BI graphical dashboards for GER analysis by administrators and for making presentations

Therap's GERs are widely used because they reliably and effectively meet a critical need of organizations that provide HCBS and/or LTSS. Over time the product has been shaped by feedback from users, discussions with policy makers, and the careful attention Therap pays to developments in the field. Our customers are confident that the GER module will stay up to date in the future and can be counted on as an essential tool for any organization committed to high standards or health and safety and quality.