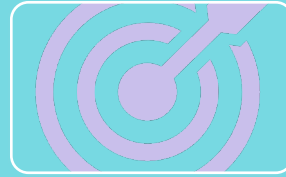




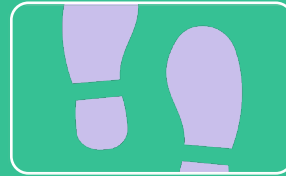
Targeted Analysis Introduction

June 27, 2023

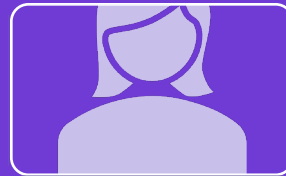
ACRONYMS



RCA – Root Cause Analysis



TA – Targeted Analysis



IRS – Incident Review Specialist

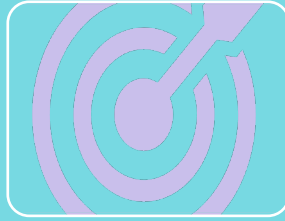


IRM – Incident Review Manager

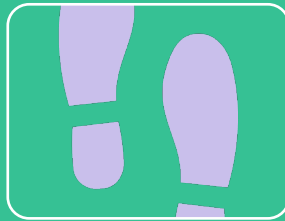


GER – General Event Report

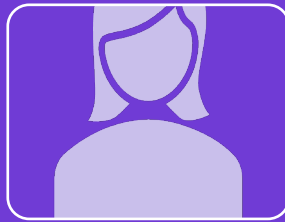
AGENDA



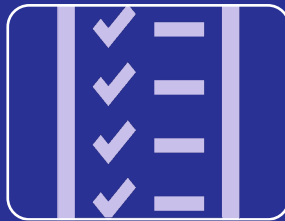
What is a Targeted Analysis



What are the steps in a targeted analysis

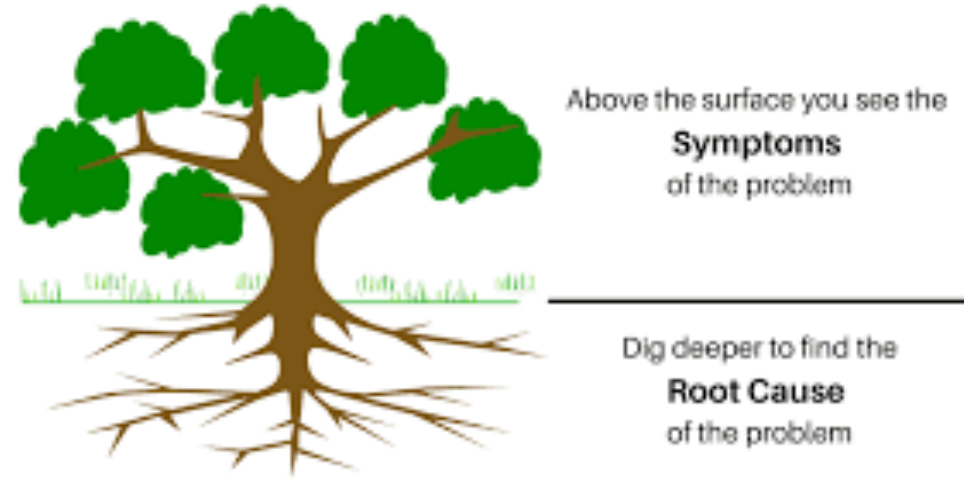


What is the provider's role in a targeted analysis



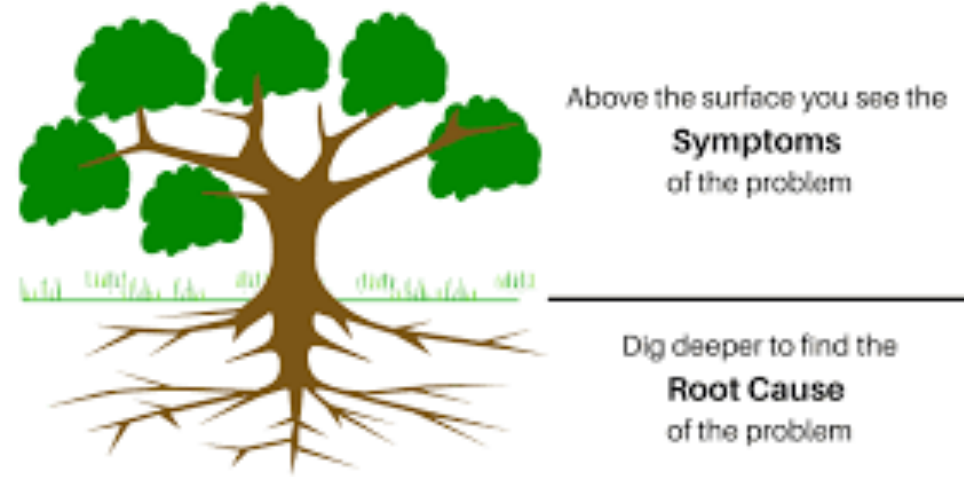
How to develop an Action Plan

Targeted Analysis – beginning July 15, 2023



- The Targeted Analysis process is patterned after the Root Cause Analysis process.
- It is a systematic process to discover the root causes of problems or issues in order to identify appropriate solutions and prevent recurrences
- Relies on data to inform the process
- Focused on the HOW and WHY something happened rather than WHO is responsible.

Targeted Analysis – Why?



- Centers for Medicaid Services (CMS) Requirements
- Additional assistance to participants, providers, and service coordination to effectively mitigate incident reoccurrence.

WHAT ARE THE STEPS IN THE TARGETED ANALYSIS PROCESS?



The Quality Review Evaluation to determine whether a Targeted Analysis is needed based on criteria and IRS team review;



A Desktop review to determine if onsite visit is needed;



An onsite Root Cause Analysis and TA brief completion;



Remediation that includes provider completion of the action plan.

QUALITY REVIEW PROCESS

Liberty Staff completes 100% review of all reportable incidents

The Incident Review Specialist (IRS) works with the Service Coordinator to get any corrections made to the GER

IRS staff checks for trends and missed reporting

IRS completes TA escalation check



WHEN DO WE USE THE TARGETED ANALYSIS PROCESS?

Targeted Analysis is triggered when an incident meets the following escalation criteria:

- Substantiated abuse, neglect or exploitation incident;
- Flagged incident for Others-at-Risk check, plus at least one additional high-level GER within the previous 30 days;
- Incident of any prohibited intervention/ unauthorized use of restraints resulting in a negative outcome;
- Trend of 3 or more incidents within 30 days for a specific participant, such as significant injuries, financial issues, increased falls, unplanned hospitalizations, ongoing law enforcement involvement, or ongoing staff issues, etc.;
- 3 or more incidents within the past 30 days for a specific provider, such as med errors resulting in an adverse outcome;
- Incident of person missing 24 hours or more.
- Other serious and significant issues not meeting above criteria.

For more information on incident definitions, please refer to training provided at [Training for Providers on the CIMP process and requirements-20230328 1802-1 - Webex](#) or dhhs.ne.gov/Guidance Docs/AD and TBI Waiver GER Guide.pdf

QUALITY REVIEW EVALUATION



When the Quality Review of an incident is complete, the Incident Review Specialist (IRS) evaluates the Quality Review to see if it meets escalation criteria.



If it does not, the Targeted Analysis (TA) Process ends.



If it does, the IRS sends the Escalation Form to the Incident Review Manager (IRM).



The IRM reviews the Escalation Form with DHHS-DDD to decide if a TA is needed.



If no, the process ends. If yes, the IRS begins the Desktop Review.

DESKTOP REVIEW PROCESS



The Incident Review Specialist (IRS) sends notification to the Provider and Service Coordination that a Targeted Analysis is being conducted related to the incident.





Provider Sends Notification to Legal Representatives and the Participant as applicable



The IRS requests and retrieves additional documents for the desktop review, and completes interviews as applicable.

Document Request

- Incident Review Specialist (IRS) will send request via secure email.
- Providers have 2 business days from the date of the letter to provide either the documents requested or a reason why the documents are unavailable.
- The IRS will utilize the information received in the document request to determine if an onsite is needed.
- If the IRS is unable to adequately assess the incident with the information provided or the incident demonstrates unresolved concerns around trending, health, and/or safety then it will be escalated to an onsite review.



Attn:

Cc:

10/24/2022

The Developmental Disabilities Division, alongside Liberty Healthcare, is conducting a targeted analysis based on the events contained in the GER(s) listed below. This review is to support continuous quality improvement and identify root causes that may be preventable in the future. Below you will also find a list of documents we need to obtain to complete the desk review of this incident.

The documents with an X are the documents that are being requested. These documents must be provided to the targeted analysis facilitator listed below within 2 business days of receipt of this request. If these documents are unavailable, please provide the reason for the unavailability as part of your document request response. If you have questions or concerns, please feel free to contact the Incident Review Manager, Betty Smith at betty.smith@nebraska.gov.

GER #:

Facilitator Name:

Facilitator Phone number:

Facilitator Email:

Required Documents:

Abuse, Neglect, Exploitation investigation documentation

Copy of Medication Administration Record for date. through date.

Staff Training for Staff(s) Name. for topic.

Policy and/or procedure detailing your enter name..

Shift Notes or logs for date. through date.

Other

:

ONSITE DETERMINATION PROCESS



The Incident Review Specialist (IRS) completes a desktop review (a more in-depth, comprehensive review of all circumstances and facts related to the incident).



The IRS uses criteria to determine if an onsite visit is needed.



If no additional information is needed and it doesn't meet onsite criteria, the IRS completes & submits the TA brief to IRM.



If it does meet criteria, the IRS begins the On-Site process.

CRITERIA FOR ONSITE VISIT

An onsite review should be completed with the provider if the following criteria are met following the desktop review:

- There have been other incidents that closely align with the current incident for which adequate solutions have not been identified or implemented;
- This incident resulted in serious harm or death that was possibly preventable or avoidable in nature;
- The root cause of the incident is not apparent or is unknown;
- There is evidence of systemic or process issues that have not been addressed sufficient to prevent such incidents in the future.

WHAT DO YOU NEED TO PREPARE FOR WITH AN ONSITE?

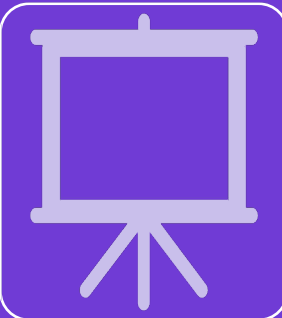


2 hours in length unless additional information is needed



Invite the right people

- 1-2 Liberty Staff
- Service Coordination is invited by Liberty
- Decision making staff from the agency/provider
- Participant as they desire



Equipment

- Screen for Presentation Display
- Meeting area big enough to be comfortable

ONSITE ROOT CAUSE ANALYSIS

The Incident Review Specialist (IRS) schedules the onsite visit with the provider.

The provider assists the IRS to schedule any additional interviews or site visits that need to occur prior to the onsite.

1-2 IRSs facilitate the onsite visit and assists with development of the action plan for quality improvement.

Agenda

- First few hours depend on if additional information gathering is needed
- The RCA process is limited to 2 hours and includes:
 - Defining the Problem
 - Identifying Causal Factors
 - Identifying the Root Cause
 - Developing an Action Plan

I

Provider:

Date/Time of Onsite: 5/31/2023 @ 10:30 a.m.

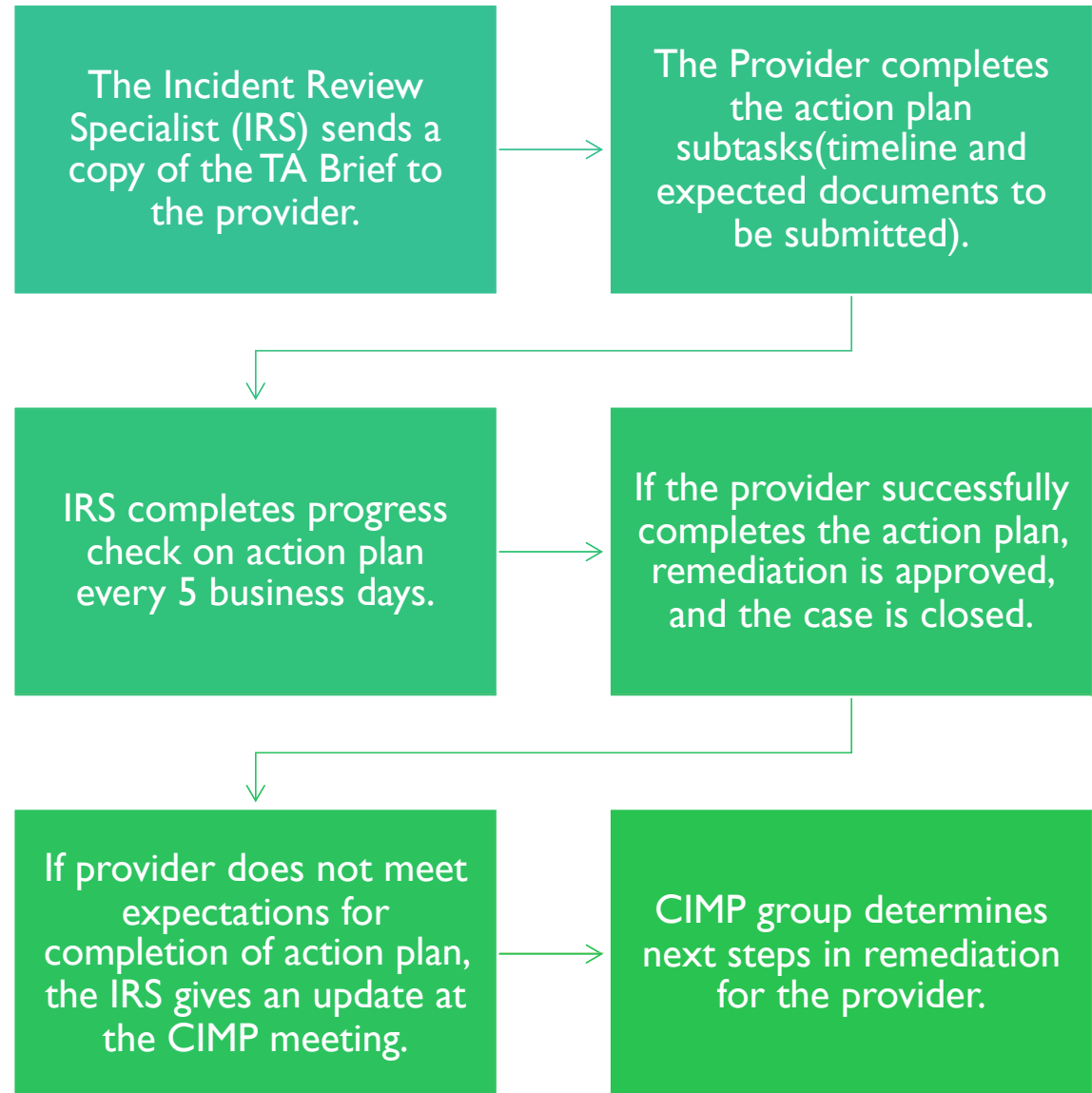
Facilitator(s):

Time	Activity	Documents needed	People Involved
10:30 am	Opening presentation 15 minutes Defining the problem Review results of desktop Develop Problem Statement	PPT, Rules of Engagement RCA	All
11:30 am	Identifying Causal Factors Fishbone Diagram 5 whys		All
12:00 pm	Identifying the Root Cause(s)	RCA	All
12:15 pm	Developing the Action Plan S.M.A.R.T Define Success	Action Plan Form	All
12:25 pm	Next Steps	Survey	All

ONSITE TEAM MEETING RULES

- For purposes of the group session, all members are of equal rank.
- A Team Facilitator and a Team Recorder are selected and do not participate in idea generation or evaluation. The Team Recorder (Scribe) will use the blank ISHIKAWA (Fishbone) diagram to record the ideas generated.
- Do not criticize any idea or group member by word or gesture.
- No individual has permission to dominate the group.
- The Team Facilitator should encourage everyone to participate at each stage.
- The Team Facilitator must make it clear that there are no “dumb”, “stupid”, or insignificant idea
- Team Members can pass when it is their turn, but can add ideas on later turns.
- Freewheeling unrelated ideas are OK and encouraged as long as the participant gives the idea in turn.
- When every team member passes on a complete turn, a brainstorming session is over.
- The Team Facilitator cannot allow side bar conversations during brainstorming since this distracts the team, which results in limiting the number of ideas from the team.

REMEDIATION PROCESS





Helpful Links

[Providers For Aged & Disabled \(AD\) Waiver and Traumatic Brain Injury \(TBI\) Waiver \(ne.gov\) - DHHS-DDD AD/TBI Website](#)

<https://sonvideo.webex.com/recording/service/sites/sonvideo/recording/9b9d5a34afc0103bafbd005056819fdb/playback> - Recorded Incident Reporting

dhhs.ne.gov/Guidance Docs/AD and TBI Waiver GER Guide.pdf - Incident Guide





Questions

NEGERhelp@libertyhealth.com

Connect with Us



@LibHealthCorp

www.libertyhealthcare.com