Electronic Submission for DDD Adverse Events Video Transcript

Good afternoon everybody! Sorry I couldn't find the right button to turn on my video.

Thank you so much for joining us today!

We'll be presenting [an] overview of the provider portal and… how to electronically submit adverse events reports.

So… this provider portal is something that we've been working on for a long time, but this is our first live interface… with a provider community on our INSPIRE platform.

So, INSPIRE is our case management platform— which our case managers have been using for several years now, and we will continue to add functions on the provider portal as we go. But today is our debut, and it's really the first time that we're… showing the provider portal to the world…

I just want to remind you in the chat box there is a copy of the presentation and… if you could just save that some place.

And the reason why I'm saying that is our goal is to really make sure that you're successful in using the provider portal to submit the adverse event reports.

And… we've done everything we can do to think of how to support you— but if there are any questions along the way, we'll have a lot of resources to be able to help you to understand how to submit all the things that will be presented in the presentation.

And, again our goal is to make you successful in this process. So…

Thank you again, and we'll talk to you later.

I'm going to turn it over now to Chelsea Tanimura— who's our project manager for INSPIRE, and she is going to take us through the steps for submitting adverse event reports on INSPIRE.

Chelsea: Thank you Mary! And thank you everyone for attending today's webinar!

As Mary mentioned— the provider portal is the culmination of several years of planning development and testing by… many individuals (some of whom I had the privilege of working with earlier).

And, DDD appreciates everyone's contributions.

Next slide please!

Today, we'll be covering an overview of the provider portal and plan functioning features (followed by resources available to support the launch of the provider portal).

We will be covering in overview and the expectations around electronic submission of address events through the provider portal, as well as important things to note around electronic submission of adverse events.

We will touch on reporting for adverse events, and a planned future analytics solution.

And this will be followed by questions and answers.

Next slide please!

The provider portal will be going live on July 1st.

The immediate focus will be on ER submissions, but there are many other features that the provider portal will cover... in coming months.

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Up until June 30th, please submit written ADRs on the hard copy 28-3 form.

After July 1st, please submit all written ERs through the provider portal (even for adverse events that took place before July 1st).

Any handwritten and/or paper AER submitted on or after July 1st, 2022 will be returned to the Waiver providers to resubmit to the provider portal.

Please note that that may result in untimely submission of the written ADR—since there's no changes to the reporting timeline requirements.

On the next slide please!

The provider portal is a secure HIPAA compliant web-based system.

You will not need to download or install the provider portal.

It will facilitate real-time communication with DDD—meaning most updates will be visible in real-time to both the provider agencies and to DDD.

The provider portal will submit... will support adverse event reporting, service planning—meaning this will incorporate IPs and quarterly reports.

It will also support the authorization process and provider monitoring.

Providers will be able to update their staff records to the provider portal, and later will also be able to indicate their capacity for different services (which will help with supporting and streamlining a referral process).

These new provider portal features will be rolled out in phases— with adverse events covered in the first phase.

Next slide please!

Before providers begin using the provider portal, there are a few important points that we want to emphasize.

The first is setting up multi-factor authentication.

Next slide please!

Thank you!

Multi-factor authentication is a security requirement that we ask all provider portal users to set up before the go live date.

It ensures that digital users are who they say they are—by requiring that they provide at least two pieces of evidence to support their identity.

The first would be a unique password, and the second is a verification code that gets sent to a mobile device.

So... multi-factor authentication must be completed before individuals can begin accessing the provider portal.

Please... note that you'll need to submit your provider portal user account request form for each user before you begin trying to set up multi-factor authentication.

Next slide please!

On the provider section of the DDD website, providers will be able to access many resources (including interactive training videos, desk procedures forms, and FAQs).

The interactive training videos were created to closely resemble the actual provider portal, and it will allow users to interactively click on buttons and prompts, and fill in responses— as if they were actually using the provider portal.

The interactive training videos are narrated by an instructor, and they include both procedural steps and explanatory guidelines.

The desk procedures are available alongside the interactive training videos, and they also include screenshots and all procedures, and can be printed and used for note-taking.

We recommend that the providers watch the following videos first.

The first is titled "provider portal customer information navigation and uploading documents" and the second is the provider portal AVR video.

Case managers can watch the AVR Case Manager video— which is available from the INSPIRE Wiki.

Next slide please!

To find the interactive training videos, either select "provider portal modules" under the right sidebar or go to the Waiver Provider home page (where there will be a link for the videos there).

Next slide please!

One important thing to note is that the interactive training video is accessed from the teal interactive training button at the bottom.

There is also a video link… which is the same video as the interactive training video, but it doesn't allow for the actual… interactive training.

There's also a link (included here) where you can download the accompanying desk procedures.

Next slide please!

Another resource available for provider portal users is a practice sandbox environment.

It closely resembles the actual provider portal, and is a space for users to practice the Adverse Event process from the interactive training video.

It will be available throughout all phases of the provider portal rollout.

Please note that… the deadline to submit a request for access was on June 10th.

To help ensure a smooth transition to the provider portal, please review the information in the training videos, complete all these advanced requirements, and take advantage of all of these supports and resources available to you folks.

Next slide please!

Waiver provider administrators and staff may contact the provider portal help desk at any time for questions or support….

Please contact them at mailto:doh.dddproviderhelpdesk@doh.hawaii.gov.

Next slide please!

Now, I would like to introduce Carol Batangan-Rivera— who is the Outcome Section supervisor.

She will be reviewing the electronic submission of adverse events.

Carol: All right, thank you Chelsea!

May I ask you to reverse one slide back please?

Okay so… good afternoon everyone!

In terms of the provider portal and INSPIRE, I just wanted to mention that managing adverse events through a systematic and comprehensive approach is a priority for the Developmental Disabilities Division.

To improve DD's current incident management system, DDD is moving from its current manual processes to an electronic reporting system—to centralize the reporting of all adverse events.

DDD is joining many states who have adopted a web or cloud-based format for adverse event reporting.

As part of this effort, the Developmental Disabilities Division will be launching the portal (specifically the Adverse Event Reports).

The next few slides will highlight some of the features of the provider portal and INSPIRE.

As mentioned earlier, the interactive videos and resource guides are available to learn the "how to use" of the various functions to submit an adverse event report.

And again, there is... there will be available... the help desk if additional supports is needed.

Next slide please!

So, let's begin!

We are moving to a more reliable incident management system— and with that the process of reporting is going to be streamlined by automating the submission process of an adverse event report.

For example, in the portal and INSPIRE, fields will be auto populated (such as the participants name or customer name, their date of birth, gender, case management unit)— so all of these fields that we used to use in the manual processes will no longer be necessary.

We've also included drop down menus that will be available to ensure consistent reporting.

Another aspect of us moving forward is that adverse event reports that are initiated by the provider (through the portal) will be transmitted to INSPIRE— allowing the case manager to receive immediate notification that a written report has been submitted.

DDD staff at all (multiple) levels across the division will be notified when specific adverse events occur— such as suspected abuse and neglect or when there is possible media coverage.

So... you will no longer need to do what we used to call "a special submission."

With this process, we're also going to be able to... provide analysis of trends and patterns that occur in real-time.

And that the timelines that we are all aware of (the verbal and the written)— will be tracked in real time.

Next slide please!

Okay! So policies and procedures (as Chelsea eluded)— those things have not changed. Yeah?

So the expectation is that waiver providers, DD case managers, CD employers (you know, all of us) are responsible to submit and follow the guidelines of reporting an adverse event.

The timelines are not changed for reporting.

The types of reportable events have not changed. So the 10 categories of the...(sorry) the 10 event types are still the same.

The other thing that has not changed is a description of what had happened.

We still require the reporter to describe everything from who, what, when, why, and how.

Lastly, the plan of action to prevent the recurrence of the event is something that we continue [to] need for... the reporters to continue.

Next slide please!

Okay

This slide... the system identifies required fields with a red asterisk (as you can see).

These asterisks must be completed before submitting a report.

Okay.

What is important to note is that the system will not allow the reporter to save and finalize the adverse event report if the required information is missing.

Once the provider saves and finalizes an adverse event report through the provider... portal the reporter will be... the report will be transmitted to INSPIRE— which allows for immediate notification to the case manager.

Okay, next slide please!

When we're looking at additional documentation, one of the features that the provider portal provides is that... there will be a comment section that will be used (or may be used) to include documentation that attachments have been uploaded.

For examples, documents such as discharge summaries from the emergency room or from the hospital.

You can download, and also put into the APS reports, the CWS reports (anything that is pertinent to include within the documentation for an Adverse Event Report).

What we do want to standardize is that the file name... when you're uploading the document to save for an adverse event, we need you to include the date of the adverse event report, the last name of the customer, and the document type.

So, following.... the example that we have here: 2022 June 6/14 underscore Rivera underscore discharge summary.

Okay.

May I have the next slide?

Another feature in the portal and INSPIRE is that... again we're trying to create more consistency in reporting.

So, you will have a drop-down menu... that will allow you to report... one...one AER type.

Okay. So once selected the reporter will be directed to the event type to complete the field and questions (specific to the adverse event).

At this point in time (as I mentioned earlier), DDD staff at multiple levels across the division will have access to the Adverse Event Report information (concurrently in real-time and streamlined).

With that said, identified DDD staff will be notified when an adverse event is generated—when any media involvement related to an adverse event has been reported— suspected abuse and neglect, deaths, whereabouts unknown, not found, any use of restraints seclusions and prohibited intervention.

If any of those categories are selected, then... that's when a notification will be sent out.

Okay, next slide please!

Another example of the use of drop-down menus to create a more consistent reporting... can be found for medication errors.

The reporter can use the medication formulary (which is from the FDA) by searching for the name of the medication using the search icon, locate the medication and select.

So, as you can see on the slide, on the right hand side there's like a magnifying glass for searching.

You just need to type in a few letters.

I'm using Risperdal— so I type in RSP.

And then you'll have a medication formulary drop-down.

So, you just select the one that is correct.

And, just for your information, the medication formulary will... is updated... periodically.

Next slide please!

The other feature that I wanted to share with you folks is that... any use of restraint, seclusion, or prohibitive intervention event types— the current adverse event report form... the reporter is expected to include information in the discovery section.

So, that's no longer recommended or required.

The text boxes have been created to serve as prompts for the reporter to answer enter... to answer and enter information to meet the documentation requirements for this event type.

The last question (that is on the form)— it states "what did not work that may require a new or updated PBS plan?"

So, this is a new question. And, this will allow the reporters an opportunity to comment if the plan is still applicable, or make those types of recommendations therefore.

Okay, next slide please!

As we're moving forward, the adverse event report form has been revised... to mirror the provider portal and INSPIRE, and this will be distributed later on... on our website.

The expectation is that the Adverse Event Report form will be completed by ResHab caregivers, direct support workers, CD employers, and thereabouts— all of which... who do not have access to the provider portal or INSPIRE.

So... that's.... the adverse event report submission in a nutshell.

Chelsea?

Chelsea: Thank you Carol!

Could we go to the next slide please?

Thank you!

Oh...sorry!

Some important things to note about... reporting adverse events through the portal.

Provider agencies will continue to be responsible for submitting AERs on behalf of caregivers (through the provider portal).

We did analysis of adverse events... submitted in fiscal year 21, and saw that of the caregivers who had submitted ADRs... they ranged from spending one to eight AERs within the year.

You may upload supporting documents to go along with AERs (as Carol mentioned).

Examples might include clinical documents— such as discharge summaries from emergency rooms, acute care facilities or urgent care.

Please note that providers should not upload scanned / handwritten ADR accounts.

We want to have information inputted directly into the provider portal about the ADRs.

So, please don't submit a handwritten account of the ADR.

Another important thing to note is case managers will need to create a written

AER report within INSPIRE for consumer directed participants (if the event occurred while under the supervision of the CD employee).

Next slide please!

DDD is the state agency responsible for conducting oversight of the reporting and follow-up of critical incidents and events (like adverse events).

A critical element of effective oversight is the operation of data systems that support the identifications of trends and patterns in the occurrence of critical incidents or events— in order to identify opportunities for improvement, and thus support the development of strategies to reduce the occurrence of incidents in the future.

Once providers begin submitting ADRs to the provider portal— this will help OCB and others within DDD track and report on adverse events.

DDD is required to detect possible unreported adverse events, and also do statistical analysis on both reported and unreported adverse events.

DDD is in the process of establishing a predictive analytics solution connected to the INSPIRE electronic case management system that will utilize both reported AER data as well as health claims data to identify trends to predict and ultimately try to prevent future adverse events.

Next slide please!

So, in summary, please remember to complete multi-factor authentication before go live.

Review the interactive training videos to prepare for electronic submission of address events.

The link will be made... will be distributed again following this webinar.

And we will hold additional webinars and open house sessions... for waiver providers when we have the other phases rolled out for the provider portal.

I wanted to thank everyone again for their time today.

This has been a long time coming. And, I personally really appreciate everyone's contributions—through some of the user acceptance testing sessions that we've held earlier with.... some provider agencies and... also just all of the time and investment from our staff (who really worked hard to universally test the provider portal... and provide specific requirements that helped us develop the portal to be as useful and accurate as we could get it to be). [Laughing]

So, I think with that we can...