
PROMISING PRACTICES IN STATE SURVEY AGENCIES

Issue Brief: Strategies for Quality Management of Abuse and Neglect Complaints

Introduction

As the key mechanism for residents, family members, facility staff, and others to voice their concerns about care, complaint systems are a critical component of the quality monitoring efforts undertaken by State Survey Agencies (SAs) to protect the health and welfare of individuals receiving long-term care services. In addition to ensuring careful, thorough, and timely investigation of specific reported complaints, an effective complaint investigation process also is beneficial as a way to monitor facility care outside of regular surveys (OIG, 2006). Over the past decade, the Government Accountability Office (General Accounting Office [GAO], 1999) and the Office of Inspector General (OIG, 2006) have issued recommendations for improving the timeliness and effectiveness of SA complaint investigation processes by strengthening Centers for Medicare & Medicaid Services (CMS) oversight of these processes. CMS has intensified complaint investigation oversight and requirements, including requiring SAs to enter complaint investigation information into the Complaints/Incidents Tracking System (ACTS) to facilitate CMS evaluation of investigations and evaluating facilities on how well they meet investigation time frames, effectiveness of complaint prioritization, and other factors (OIG, 2006). This report describes three efforts by the SAs in Washington State and Wisconsin to strengthen the timeliness, thoroughness, and consistency of complaint response and investigation to ensure compliance with federal and state standards that monitor quality of care.¹

Summary of State Examples

The three practices described in this report are designed to strengthen SA performance in managing complaints that may affect the quality of care delivered at regulated facilities. The diverse strategies include a training program and suggested protocol for managing incidents of elder abuse and sexual assault; a system established to improve timeliness, consistency, and thoroughness in screening and investigating complaints of caregiver misconduct; and a quality assurance (QA) program that coordinates review and scoring of completed investigations, using data to target areas for improvement.

Key Features

The Wisconsin SA collaborated with other staff at the Wisconsin Department of Health and Family Services and external experts in sexual assault, elder abuse, and legal issues, to present a four-phase training program designed to increase surveyor and provider knowledge and awareness of sexual assault and abuse in later life. The training program, initiated in 2004, emphasizes surveyor preparedness to effectively investigate allegations of sexual assault in facilities and includes detailed review of a suggested surveyor protocol to guide such an investigation. The program has utilized a variety of training approaches, including Web casts, in-person training sessions, and a full-day pre-conference.

A second Wisconsin SA practice established the Office of Caregiver Quality (OCQ) in 1999 to create a centralized, consistent system for effectively and efficiently managing complaints of caregiver misconduct. OCQ consumer protection investigators review misconduct complaints using a uniform incident report screening protocol to determine whether the allegations meet the Wisconsin Administrative Code definitions of abuse, neglect, or misappropriation of property,

¹ An Addendum referencing innovative abuse prevention training programs implemented in Alaska, Michigan, and Wisconsin also is included at the end of this issue brief.

and whether investigation is warranted. Using an OCQ investigation protocol, contract licensed private investigators investigate complaints that meet the screening criteria and document findings in an OCQ investigative report template. OCQ staff review the investigation reports and make final substantiation decisions. When findings are substantiated against a caregiver, the caregiver's name is added to the Wisconsin Caregiver Misconduct Registry and OCQ refers the case to the Wisconsin Department of Justice for decisions regarding the pursuit of criminal charges against the caregiver.

The Washington SA established the Complaint and Incident Investigative Quality Assurance Project in 2007 as a method for assessing and improving agency performance of complaint investigations across the state's six regions. Under the complaint QA project, field managers and a headquarters panel review and score a sample of completed complaint investigations using a standard QA review worksheet. Average scores for each region are posted on the SA's intranet semi-annually. Field managers in each region also receive reports with data at the field office and complaint investigator levels, and use the information to develop quality improvement action plans that target issues related to investigators in their units.

Impact

Although the practices featured in this report vary in their design, scope, and targeted complaint or incident type, the efforts are believed to contribute to greater surveyor preparedness and improved SA performance related to managing complaints that may affect the quality of care delivered by long-term care and other regulated facilities.

SA management staff in Wisconsin believe that the sexual assault and abuse training program and protocol have strengthened surveyor and provider knowledge of elder abuse and sexual assault and increased awareness that such incidents can and do occur in facility settings. The program has provided surveyors and providers with tools and resources to use when incidents are encountered, increasing preparedness and confidence to respond effectively. In addition, agency management staff believe that provider staff are

more likely to follow the suggested provider protocols for identifying and responding to sexual assault because they know that surveyors are assessing provider response to an incident, including implementation of protocol elements important to thorough investigation.

The Wisconsin SA's OCQ system has improved timeliness and consistency in screening and investigating complaints of caregiver misconduct through a streamlined, centralized process, assignment of staff dedicated for the specific purpose of addressing caregiver misconduct allegations, a five-day screening requirement, and the speed of the contract investigators. The consistent protocols, time frames, and decision-making criteria are believed to ensure thorough and fair screening and investigation of all caregiver misconduct complaints. Agency management staff also believe that the OCQ system has improved communication between the central and regional offices and minimized redundant efforts and costs as regional offices (for program types other than long term care) often review OCQ findings before deciding whether to conduct their own investigation, thereby maximizing appropriate use of valuable staff resources. The OCQ system also has produced more consistent and effective reporting by provider facilities resulting from dissemination of a standard provider reporting process and flowchart for determining when to report a misconduct complaint.

The continuous quality improvement program used in Washington provides a standard framework to assess the quality of complaint investigations, identify areas for improvement, and establish QI action plans to improve performance at the investigator, regional, and SA level. Agency management staff believe that the objective review process facilitates effective discussion of performance issues with staff and promotes greater staff acceptance of issues, establishing a common ground from which to work together to improve performance. Field managers use the QA review findings to develop and implement a variety of approaches intended to strengthen complaint investigator knowledge, skills, and performance. The program also promotes dialogue between field managers,

encouraging them to discuss quality assurance issues and develop and share effective performance improvement strategies.

Lessons Learned

Agency management staff emphasize the value of clear and straightforward communication of responsibilities, expectations, guidance, and other information when implementing a new practice. Clarity and simplicity in communicating objectives, utility, and operational procedures also help promote acceptance and adherence to new approaches. Agencies must recognize that it may take time for surveyors and providers to become comfortable as they adapt to new systems and programs. Agency management staff should be prepared to invest substantial time at the outset to support the transition to new approaches, developing supporting resources and conveying information. It is critical to consider how staff may perceive a new approach and to emphasize its purpose and value and communicate how the system or program will improve performance of the organization as a whole (and, if appropriate, emphasize that it is not designed to evaluate individual performance).

In addition, management staff at the Wisconsin SA highlighted the importance of involving the right players in developing and presenting an effective training program, including internal and

external individuals with expertise in training methodology and in the subject matter. They have found Web casts to be an effective and efficient training method that allows efficient dissemination of information to a dispersed audience and provides flexibility to surveyors to fit training sessions into their schedules. Washington SA management staff emphasize the importance of integrating quality assurance activities into the daily workload and setting realistic timelines that can be sustained over time. The Wisconsin and Washington SAs both use data as a valuable management tool that helps track SA performance over time, identify areas for improvement, and allow for the development of efforts to improve performance in targeted areas.

Conclusion

The Washington and Wisconsin SAs have effectively implemented practices designed to strengthen various aspects of the complaint response and investigation process, an SA responsibility that is critical to ensuring the quality of care provided by long-term care and other facilities. The three described practices, which range from system reorganization to multi-phase training on specific incident types to a data-driven CQI program, illustrate the diversity of approaches that can be used to improve and monitor the effectiveness of SA incident and complaint management.

References

- 1 – Office of Inspector General (OIG), Department of Health and Human Services, 2006. *Nursing Home Complaint Investigations*. OEI-01-04-00340. July 2006.
- 2 – United States General Accounting Office (GAO) (1999). *Complaint Investigation Processes Often Inadequate to Protect Residents*. GAO/HEHS-99-80. March 1999.

This document is part of an issue brief on strategies to promote quality management of abuse and neglect complaints by State Survey Agencies. The issue brief is one of a series by the Division of Health Care Policy and Research, University of Colorado Health Sciences Center, for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in State Survey Agencies. The entire series is available online at CMS' Website, <http://www.cms.hhs.gov/SurvCertPromPractProj>. The issue briefs are intended to share information about practices used in State Survey Agencies and are not an endorsement of any practice.

PROMISING PRACTICES IN STATE SURVEY AGENCIES

Strategies for Quality Management of Abuse and Neglect Complaints

Washington

Summary

The Division of Residential Care Services at the Washington Department of Social and Health Services established the Complaint and Incident Investigative Quality Assurance Project in 2007 to assess and improve agency performance of complaint investigations for nursing homes, adult family homes, and boarding homes across the state.

Introduction

This report describes the Complaint and Incident Investigative Quality Assurance Project developed and implemented by the Consumer Services section in the Division of Residential Care Services. The project, its impact, and lessons learned that might benefit others considering implementing a similar program are discussed. The information in the report is based on interviews with agency management staff and review of selected materials, and includes information drawn from the SA's award-winning submission to the 2007 Association of Health Facility Survey Agencies (AHFSA) Promising Practices Contest.

Background

In 2006, agency management staff became aware of several complaint investigation issues occurring in some of the state's regional field offices. Specifically, complaint investigators were not consistently using the SA's investigation protocols on which they had been trained the year prior; investigations were taking a notably long time to complete; enforcement situations occurred where staff conclusions were not supported by available data; and calls had been received from complainants dissatisfied with investigation results and concerned that the SA had not thoroughly examined key issues. These concerns compelled agency management staff to develop a way to examine and improve the quality of complaint investigations on an ongoing basis.

Intervention

The SA established the Complaint and Incident Investigative Quality Assurance Project in 2007 as a method for assessing and improving agency performance of complaint investigations across the state's six regions. The key goals of the complaint QA project are to develop a consistent QA process where local managers are able to provide staff feedback from a standard framework; to increase communication between peer managers and have them assume responsibility for issues that impact regional quality assurance results; to positively impact overall organizational performance; and to recognize and reward staff for producing improvement. An additional objective is to improve investigators' critical thinking and analysis of data to enhance complaint investigation performance.

Agency management staff collaborated to design the project, drawing from principles emphasized in a week-long course the Consumer Services Office Chief had attended on driving performance through leadership. The project is premised on the philosophy that efforts to change performance behaviors must empower and motivate staff (not just managers) to make changes and that publicly (within the agency) sharing performance results creates healthy competition and motivates staff to take greater ownership of their performance and make changes in their behavior.

Under the complaint QA project, field managers and a headquarters panel review complaint

investigations using a Complaint/Incident Investigative QA Review worksheet. The review worksheet lists eleven elements viewed to be critical to an effective complaint investigation (e.g., evidence that investigator identified potential regulatory issues prior to onsite investigation; investigator discussed special considerations and/or investigative strategies with field manager; investigator interviewed complainant before going onsite [if possible]). Agency management staff developed the QA worksheet drawing largely from complaint investigation protocols previously developed by workgroups of complaint investigators, and on which all complaint investigators are trained.

The agency has 14 field units, each with its own field manager. For each round of the QA review, field managers review a random sample of 25 percent of the higher priority (2-day and 10-day response time) complaints investigated over the prior three-month period, resulting in 252 cases for the current review. Each field manager reviews complaints from the other field unit in the same region. This approach is useful both in providing a removed perspective on the investigation and promoting communication between the managers for the two field units. Field managers are encouraged to contact one another to discuss and clarify issues to ensure that the score for an investigation accurately reflects the activities that occurred before, during, and after the investigation.

The headquarters panel of five non-surveyor staff members involved in policy, training, research, and QA activities at the SA reviews three complaints (one nursing home, one boarding home, and one adult family home) per field unit per month for two months. This sample is equivalent to approximately one-third of the full sample (84 of the 252 cases in the current review). Panel members refer to the SA's established Complaint/Incident Investigation Protocols for the three relevant settings to help address questions that arise in the course of reviews.

For each investigation, the two sets of reviewers complete the standard QA worksheet and examine identical packets of information,

including working papers. The reviewers score the investigations on each element described in the QA worksheet and assign each investigation a total score of up to 18 points.

After both sets of reviews have been completed on the common subset of complaints, agency management staff review the scores for each investigation, identify any discrepancies in scores for the same investigations, and work to reconcile noted discrepancies. Differences most often arise for processes that may occur without being clearly documented, such as discussion with a manager prior to onsite investigation or notifying providers of enforcement recommendations. If such actions are not documented, the field managers conducting the QA review are encouraged to consult with the investigator's field manager to determine whether such activities had occurred. The reviewing field manager records the results of the consultation in the investigation files and appropriately scores the elements. To avoid redundant inquiries, the headquarters panel is instructed to rely only on what is evident in the investigation documentation and not to consult with investigators or field managers. Scoring by the headquarters panel therefore often is lower until the discrepancy resolution process has been completed and information obtained during the field manager review is reflected in an investigation's final score. The reconciliation process strengthens complaint investigators' willingness to accept the scores, as they know the process ensures that they receive credit for work that may not be visible to the headquarters panel.

After completing the reconciliation process, agency management staff analyze the data and develop a bar chart comparing the average scores for the six regions. The scores are posted semiannually on the SA's intranet. Scores are reported at the region level to limit the capacity to associate scores with particular individuals, as each field office has one full-time nursing home complaint investigator and one full-time investigator dedicated to adult family homes and boarding homes. Field managers also receive reports with data at the field office and

investigator levels, so they can more effectively identify and address areas for improvement.

Using the performance data produced by the QA review, field managers develop quality improvement action plans to address issues related to investigators in their units. Field managers are given the latitude to design plans suited to the specific performance issues and the work and learning styles of their staff to maximize the effectiveness of the performance improvement activities. Plans tend to include individual feedback, structured training, informal group discussion, and monitoring performance issues over time. Field managers also discuss their findings with their peer managers in their region and their regional administrator. Headquarters panel members share observations and trends with agency management staff. Quality improvement actions plans therefore may be developed at multiple levels.

Implementation

The SA conducted a three-month pilot test of the complaints QA project in the state's largest geographic region beginning in February 2007. The pilot provided practical experience with the review process and resulted in minimal revisions to the review worksheet, primarily clarifying instructions for scoring some of the elements. An important finding from the pilot was staff members' concern that individual performances were being examined and criticized, highlighting to agency management staff the need to emphasize the program's focus on organizational performance.

To prepare for the subsequent six-month statewide pilot, the SA conducted a two-hour training session for field managers during a statewide meeting in June 2007. The statewide pilot yielded some surprising findings, including poorer performance than expected in one region. The region's staff, although surprised by their score, did not dispute the findings as they trusted the review process.

Statewide implementation began in November 2007 and results were to be posted and distributed in spring 2008. Staff time committed to the project includes, for each round of review,

approximately four hours for two staff members at the headquarters office to generate the sample list and coordinate review activities. Field managers typically spend two to three hours conducting their reviews, depending on the cases selected for the sample and whether documentation for the cases is complete. The headquarters panel divides their sample among reviewers, assigning at least two members to each case, then reviews results as a group to ensure consistency. Headquarters panel members, on average, spend four to five hours to complete their reviews. Two management staff members together spend approximately 20 to 30 hours reconciling the scores assigned by the headquarters panel and field managers, analyzing the data, developing the bar charts and posting them on the intranet, preparing more detailed data reports for the field managers, and conducting other coordinative activities for each round of the QA review.

Impact

Agency management staff report that an observable improvement in performance scores was demonstrated for the Seattle region (the only region involved in both pilots) between the first and second pilots. In addition to providing a mechanism for comparing performance scores on discrete elements across regions, the pilot tests highlighted several clear performance trends. First, the overall quality of an investigation is much higher when an investigator has developed a good plan prior to going onsite. Advance investigative planning clearly leads to more thorough and effective data collection, analysis, and critical thinking. Second, at times investigators collect great volumes of data but do not appear to carefully analyze or consider what the data indicates, resulting in abundant information that may be either peripheral or unnecessary to the determination of failed practice. Third, it appears that investigators do not consistently discuss cases with their managers, instead conducting onsite investigations without consultation. The SA expects that in some investigations, such as those that involve local law enforcement or a challenging provider, investigators will plan

strategies and discuss key issues with their manager prior to conducting the investigation. Fourth, investigators are not consistently using the most effective sampling strategy to provide information on scope and whether failed facility practice is present.

Management staff believe that the standard framework of the QA review provides an objective foundation that facilitates effective discussion of performance issues, as the feedback cannot be perceived as just another individual's opinion. The structured process appears to promote greater staff acceptance of performance issues and establishes a common ground from which to work together to improve.

Field managers appear to appreciate the project's value for assessing and improving performance in their regions. They find that the structured review process helps make evident less obvious performance issues that they may have sensed but were not able to pinpoint. Field managers are using findings from the QA review to strengthen complaint investigator knowledge, skills, and performance using a variety of approaches. The project also is effective in promoting dialogue between field managers, encouraging them to discuss quality assurance issues and develop and share effective performance improvement strategies.

Lessons Learned

Agency management staff emphasize the importance of integrating ongoing quality assurance activities into the daily workload and setting realistic timelines that can be sustained over time. Based on experience from the QA

project's pilot tests, management staff implemented a semiannual instead of quarterly schedule for the review and reporting process.

It is critical to consider how staff perceive the QA effort. Management staff must emphasize the project's purpose and value and assure investigative staff and field managers that the goal is not to evaluate individual performance but rather to assess and improve performance of the organization as a whole.

It also is important that staff and reviewers appreciate the design of the QA review worksheet and scoring tool. Some of the scoring elements, thought to be essential to capturing the workflow of complaint investigators, require critical thinking and judgment by reviewers. For example, it is not always necessary to discuss strategies or issues with managers prior to onsite investigation, although it sometimes is critical. Reviewers must consider whether preliminary discussion with a manager was necessary given the circumstances of a particular investigation and score accordingly. Management staff believe that the need to make such determinations is beneficial both in promoting dialogue among managers and ensuring that investigations are appropriately evaluated and scored.

Contact Information and Resources

For more information on the complaint QA review project, please contact Larita Paulsen, Office Chief, Consumer Services at PaulsLL@dshs.wa.gov or 360/725-2494. The Complaint/Incident Investigative QA Review worksheet is available on the Web at www.aasa.dshs.wa.gov/professional/RCS/QSURE/.

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Wisconsin: Office of Caregiver Quality

Summary

The Division of Quality Assurance (DQA) at the Wisconsin Department of Health and Family Services (DHFS) established the Office of Caregiver Quality (OCQ) in 1998 to create a centralized, consistent system for effectively and efficiently managing complaints of caregiver misconduct. Through the application of standard protocols, time frames, and decision-making criteria, the OCQ system has resulted in greater speed and consistency in screening and investigating caregiver misconduct complaints from facilities statewide.

Introduction

This report describes the role of the Office of Caregiver Quality, established by the Division of Quality Assurance, Wisconsin's State Survey Agency (SA). The OCQ operations and processes, their impact, and lessons learned that might benefit other agencies are discussed. The information in the report is based on interviews with agency management staff and review of selected materials, and includes information drawn from the DQA document entitled *Centralized Caregiver Regulation and Investigation Process* submitted to the 2000 Association of Health Facility Survey Agencies (AHFSA) Promising Practices Contest.

Background

The Wisconsin Caregiver Law passed in October 1998 expanded caregiver misconduct reporting requirements beyond 1992 federal and state laws that required nursing homes and intermediate care facilities for persons with mental retardation that receive Medicare or Medicaid reimbursement to report allegations against nurse aides to the DHFS. The expanded requirements under the 1998 Caregiver Law direct all DHFS-regulated facilities to report misconduct incidents related to all noncredentialed caregivers to DHFS. Prior to enactment of the Caregiver Law, DQA already was facing obstacles in effectively and expeditiously completing investigations, experiencing delays of up to 11 months.

Recognition of the even greater volume of allegations that would result from the Caregiver Law prompted the DQA to assess the effectiveness of their screening and investigation processes, which were conducted by five regional offices located across the state. A centralized, consistent screening and investigative process did not exist, resulting in variability in processes, time frames, and decision making across the state. The DQA identified several factors that contributed to delays in completing investigations, including unclear policy, a time-consuming and fragmented review process, vague staff workload priorities, and limited training for the staff and supervisors responsible for receiving, reviewing, and investigating caregiver misconduct complaints. In response to these issues, DQA created the OCQ to establish a centralized system and clear policies and procedures that would promote an effective, efficient, and consistent caregiver misconduct complaint screening and investigation process.

Intervention

OCQ receives all complaints of caregiver misconduct alleged to have occurred in any DHFS-regulated facility in the state. OCQ refers allegations involving credentialed caregivers to the Department of Regulation and Licensing and is responsible for addressing complaints related to noncredentialed caregivers. Each year, OCQ receives approximately 2,000 misconduct complaints against noncredentialed caregivers, with approximately half from nursing homes and

half from other provider types. The majority of complaints are self-reported by facilities; other sources are facility residents, family members, and DQA survey staff.

The Caregiver Enforcement Team at the OCQ is responsible for screening and overseeing investigation of complaints. Other OCQ staff coordinate background checks on facility license holders, support the nurse aide training and registry program, and conduct other activities associated with the Caregiver Law. The Caregiver Enforcement Team consists of three consumer protection investigators who screen complaints, coordinate referrals, complete desk investigations in coordination with law enforcement agencies, and conduct other work related to caregiver misconduct allegations. The team also includes a quality assurance program specialist, referred to as the Caregiver Investigation Lead, and three support staff.

OCQ staff use a digital sender to quickly transmit complaint paperwork on the day received to the regional office for the relevant program area. The regional office thus can quickly determine whether to send surveyors to investigate the complaint from the perspective of facility culpability while the OCQ focuses on substantiating findings against the caregiver. Allegations involving nursing homes may be investigated both by OCQ and nursing home surveyors due to federal regulations; however, regional office management for other provider types may defer the decision to send surveyors to investigate until they have reviewed OCQ investigative findings.

OCQ also makes “quick referrals” to the Medicaid Fraud Control Unit at the Wisconsin Department of Justice (DOJ), immediately upon receiving complaints such as sexual assault, serious physical injury, or death that have not already been reported to local law enforcement. If complaints received by OCQ also have been reported by facilities to local law enforcement, criminal charges may be in progress concurrently with

OCQ's investigation for the administrative finding.

The OCQ consumer protection investigators review misconduct complaints using a uniform incident report screening protocol to determine whether the allegations meet the Wisconsin Administrative Code definitions of abuse, neglect, or misappropriation of property, and whether investigation is warranted. As part of the screening process, the investigators complete a standard incident review and referral form that ensures the consistency of information reviewed for each complaint, including a check for prior incident reports received by OCQ, substantiated findings of misconduct, law enforcement involvement, and sufficient evidence for investigation based on all available information. The investigators are required to screen complaints within five days of receipt.

OCQ currently contracts with a company of licensed private investigators to investigate complaints that meet the screening criteria for possible abuse, neglect, or misappropriation (in the past, OCQ investigators also conducted on-site investigations). The contractors follow an investigation protocol developed by OCQ and provide a statement of facts using a required investigative report template. The contractors are paid by the case and must complete the on-site investigation process within 45 days, although most investigations are completed in fewer than 30 days. The OCQ Caregiver Investigation Lead reviews all completed investigation reports to verify that all steps have been completed and sufficient evidence is documented, and then makes the final substantiation decisions. When findings are substantiated against a caregiver, the caregiver's name is added to the Wisconsin Caregiver Misconduct Registry and OCQ refers the case to the DOJ for decisions regarding the pursuit of criminal charges against the caregiver. The entire process, from receiving a complaint to adding a name to the Caregiver Misconduct Registry — including screening, on-site investigation by the contractors, OCQ review and substantiation, and the required 30-day appeal

time period — typically encompasses approximately six months, compared to up to two years prior to establishing the OCQ.

OCQ investigations continue even if a caregiver's employment is terminated at the facility where an incident is alleged to have occurred. Based on their investigations, OCQ is able to establish a record of incidents, alleged and substantiated, related to individual caregivers. Each time a complaint is filed, OCQ investigators access these records and examine a caregiver's past incidents and behavior patterns.

To promote consistency in provider reporting, OCQ established a reporting process for provider facilities and disseminated a flowchart to guide providers in determining when an incident must be reported to OCQ. In 1999, OCQ staff also collaborated with the University of Wisconsin and the DHFS Office of Legal Counsel to develop and conduct ten statewide Caregiver Program training sessions for regulated providers and DQA surveyors to clarify facility requirements for investigation and reporting under the Caregiver Law and instruct providers on the use of the flowchart as a helpful tool.

To further promote and facilitate adherence to reporting requirements and processes, OCQ maintains a Website with extensive information and links related to the Caregiver Law, caregiver misconduct reporting requirements, required caregiver background checks, and related issues. The Website, which won a 2001 AHFSA Promising Practice award, houses instructional manuals for providers, complaint reporting forms for use by family members or others, and information for reporting complaints by phone.

Impact

Agency management staff report that the centralized OCQ system has resulted in the implementation of consistent protocols, time frames, and decision-making criteria that ensure thorough and fair screening and investigation of all caregiver misconduct complaints. The OCQ approach also substantially improved the

timeliness of responding to complaints, which is critical in protecting the safety and welfare of facility residents and clients. The average disposition of cases went from 300 days between April 1992 and December 1998 to 47 days between July 1999 (when OCQ was established) and February 2000. Agency management staff attribute this dramatic improvement to the streamlined, centralized process, the assignment of staff dedicated for the specific purpose of addressing caregiver misconduct allegations, the five-day screening requirement, and the speed of the contract investigators.

Agency management staff also note that the OCQ system has improved communication between the DQA central and regional offices by facilitating quick transmission via digital sender of complaint information. Regional offices (for program types other than long-term care) often review OCQ findings before deciding whether to conduct their own investigation, thereby minimizing redundant efforts and costs and maximizing appropriate use of valuable staff resources.

Agency management staff indicate that OCQ's dissemination of the standard provider reporting process and flowchart for determining when to report a misconduct complaint, as well as the training sessions delivered soon after establishing the OCQ, increased facility awareness of their responsibilities and role under the Caregiver Law and produced more consistent and effective reporting by provider facilities across the state and across provider types. The centralized system also is noted to allow surveyors to focus their efforts on assessing facility culpability in an alleged caregiver misconduct incident, while OCQ investigates culpability at the caregiver level.

Lessons Learned

Agency management staff indicate that although some veteran surveyors who were accustomed to investigating caregiver misconduct complaints themselves initially showed minor resistance to the new system, surveyors and providers now are

comfortable with and appear to appreciate the OCQ system. It is valuable to invest substantial effort at the outset to promote a smooth and clear transition to a new system such as the OCQ process, while recognizing that it may take time for surveyors and providers to accept and become comfortable with the new approach. Efforts supporting the transition to the OCQ system at DQA included developing detailed procedure manuals and supporting materials and conducting training for providers and surveyors across the state. It is important to clearly and simply define and disseminate information on roles and responsibilities for providers and surveyors, and to ensure clear communication of workload priorities and procedures for staff involved in implementing OCQ tasks.

Agency management staff advocate for the use of data as a valuable management tool to help track performance and identify necessary changes. OCQ was able to demonstrate a dramatic improvement in the speed of the complaint

management process by tracking data on time spent before and after establishing the OCQ. Ongoing evaluation of any program can help identify strengths to build on and weaknesses to correct, thereby enabling managers to maximize the program's effectiveness in improving performance.

Contact Information and Resources

For more information regarding the OCQ system for managing caregiver misconduct complaints, please contact Shari Busse, Director of the Office of Caregiver Quality at the Wisconsin Department of Health and Family Services, at BusseSE@dhfs.state.wi.us or 608/264-9876.

Information on provider reporting requirements, forms, and decision-making tools such as the provider flowchart described in this report is available on the DHFS Website at <http://dhfs.wisconsin.gov/caregiver/contacts/Complaints.htm>.

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Wisconsin: Sexual Assault Response Training and Suggested Protocols

Summary

The Division of Quality Assurance (DQA) at the Wisconsin Department of Health and Family Services (DHFS) collaborated with other DHFS staff and external experts in sexual assault, elder abuse, and legal issues, to coordinate a four-phase training program designed to increase surveyor and provider knowledge and awareness of sexual assault and abuse in later life. The training program emphasizes surveyor preparedness to effectively investigate allegations of sexual assault in facilities and includes detailed review of a suggested surveyor protocol to guide such an investigation.

Introduction

This report describes the Responding to Sexual Assault in Facility Settings training program and suggested protocol implemented by the Division of Quality Assurance, Wisconsin's State Survey Agency (SA) in collaboration with other DHFS staff and external parties. The content, development, and implementation of the training program and protocol, their impact, and lessons learned that might benefit others are discussed. The information in the report is based on interviews with agency management staff and review of selected materials, and includes information drawn from the DQA document entitled *Responding to Sexual Assault in Facility Settings* submitted to the 2006 Association of Health Facility Survey Agencies (AHFSA) Promising Practices Contest.

Background

A DHFS elder abuse/sexual assault workgroup initiated the Responding to Sexual Assault in Facility Settings training program and development of the suggested surveyor protocol in 2004, in response to a lack of awareness of sexual assault and domestic violence in later life among survey staff and regulated providers. The training program was designed with an emphasis on strengthening surveyor knowledge and skills to help surveyors effectively identify, investigate, document, and support survey findings related to sexual assault in facilities.

Intervention

The Responding to Sexual Assault in Facility Settings training program was initiated in 2004 to strengthen surveyor and provider knowledge regarding domestic violence and sexual assault in later life. The training program has been implemented over several years and includes four phases to date: two staff training phases, a one-day pre-conference, and a series of three Web casts.

Phase 1 of the training program is entitled *Domestic Violence and Sexual Assault Occurring in Regulated Entities* and was conducted via Web cast in 2004. The session was designed to increase surveyors' general knowledge and awareness related to domestic violence and sexual assault in later life and was mandatory for all survey staff and supervisors for all regulated entities. The two-hour session focused on defining domestic violence and sexual assault in later life, discussing possible perpetrators of such acts against a resident, and providing surveyors with tools and resources for effectively responding to such incidents. The session was developed collaboratively by Division of Long Term Care staff and DQA staff and was presented by a Division of Long Term Care staff member. The session is now available via Web cast on-demand.

Phase 2 of the program is entitled *Promoting Safety: Identifying, Investigating, and*

Preventing Elder Sexual Assault and Domestic Violence. This four-hour training session was conducted in-person between October 2005 and April 2006 at each of the regional offices by a team of trainers consisting of an attorney from the DHFS Office of Legal Counsel, a Division of Long Term Care staff member, and training consultants from DQA. The training focused on investigation, interview, and intervention strategies to use when responding to alleged domestic violence or sexual assault of a resident, and included detailed review of both the Provider Sexual Abuse Response Protocol and the Sexual Assault Survey/Investigation Protocol for surveyors. The session included a hands-on case study activity to reinforce surveyor understanding and effective use of the surveyor protocol in a facility setting. This session currently is presented by DQA trainers as part of New Employee Orientation.

The training program's Phase 3 was an all-day pre-conference on elder abuse and sexual assault presented in August 2006 in conjunction with the DQA annual joint Surveyor/Health Care Provider Conference. Geared toward a multidisciplinary audience, the pre-conference was required training for surveyors and supervisors and also was attended by regulated health care providers, Adult Protective Service workers, law enforcement, sexual assault and domestic violence advocates, and county elder abuse staff. At the pre-conference, elder abuse researchers presented preliminary data from a five-state study on sexual abuse of vulnerable adults living in institutional settings, in which the Wisconsin SA participated. The study examined the number and type of allegations that occurred in long-term care facilities in the five participating states over a six-month time frame, characteristics of victims and perpetrators, impact on the victim, processes and criteria used by facilities to determine when an incident should be investigated, investigative processes, and intervention methods and services offered to victims, including collaboration with entities outside of the facility (e.g., law enforcement). The presenters highlighted how their findings will be used to help identify strategies to prevent sexual abuse of residents, promote effective investigation of resident sexual

abuse allegations, and support residents who experience sexual abuse. DQA sponsored the pre-conference as an effort to disseminate current information and raise awareness of the reality of sexual assault and abuse that elders may experience.

Phase 4 of the training program is a series of three Web casts, each approximately one hour in length, designed to help increase surveyor and provider awareness and preparedness for preventing and responding to resident-to-resident abuse. DQA staff collaborated with local attorneys and a state ombudsman to develop and present the Web cast series, which is entitled *Identifying and Responding Appropriately to Resident to Resident Abuse, Including Sexual Assault, in Regulated Facilities.* The introduction and first session of the three-part series defines resident-to-resident abuse (e.g., types of abuse, involvement of incompetent individuals, consensual vs. nonconsensual encounters) and discusses examples of incidents that have occurred in Wisconsin. The second session focuses on developing resident assessment and care plans, intervention techniques, prevention strategies, and victim-centered services. The third Web cast in the series discusses legal ramifications such as when an incident is considered a crime and the need to involve law enforcement; facility responsibility to act and thoroughly investigate an allegation; DQA policies and procedures; and reporting requirements. The Web casts were made available to survey staff (for whom they are mandatory training), regulated providers, CMS, and others in early 2008.

Implementation

The training program was initially coordinated by the DHFS elder abuse/sexual assault workgroup, first established in 2004 and composed of staff from the DQA, the Division of Long Term Care and the Office of Legal Counsel. The workgroup assembled multiple presenters from within DHFS and external organizations to conduct the various training sessions. DHFS presenters included staff from the DQA Education Services Section and the Office of Caregiver Quality (which

oversees investigation of complaints alleging caregiver misconduct), the Elder Abuse Specialist from the Division of Long Term Care, and Office of Legal Counsel attorneys. Presenters from external organizations included a local private attorney, an attorney from the Coalition of Wisconsin Aging Groups, and noted elder abuse researchers.

To launch the training program and determine its goals and general content, the workgroup initially held frequent in-person meetings. Subsequent workgroup discussion and review of training plans relied largely on e-mail, with fewer in-person meetings. The most substantial time commitment associated with implementing the program, as with any training efforts, is that of individual presenters as they develop and present their training sessions. Phase 2 of the training program required presenters to travel to the five regional offices to conduct in-person training to surveyors across the state. One Phase 4 presenter from an organization outside of DHFS received a small honorarium. The researchers who presented at the Phase 3 pre-conference participated without payment because the SA was participating in their research project.

The elder abuse/sexual assault workgroup adapted the Sexual Abuse Response Protocol developed for providers by a DHFS Sexual Assault/Domestic Violence Industry Training Advisory Group to create the surveyor-specific protocol, updated in January 2006.

Impact

Agency management staff believe that the training program has strengthened surveyor and provider knowledge of elder abuse and sexual assault and increased awareness that such incidents can and do occur in facility settings. The various training sessions also provided surveyors and providers with tools and resources to use when incidents are encountered, increasing preparedness and confidence to respond effectively. Staff from provider organizations and survey staff have provided positive feedback on evaluations completed after training sessions, with surveyors in particular indicating that the session increased their knowledge of elder abuse

and sexual assault. One surveyor who used the suggested surveyor protocol when she encountered a sexual assault incident while on survey found the protocol to be extremely useful in guiding her investigation.

Agency management staff note that provider staff are now more likely to follow the suggested provider protocols for identifying and responding to sexual assault because they know that surveyors are assessing whether the provider is effectively responding to an incident, including implementation of particular elements important to thorough investigation.

Lessons Learned

Agency management staff note the importance of involving the right players in creating and presenting a training program on sexual assault and elder abuse. In addition to involving internal SA staff with training expertise, it is key to include individuals with expertise in sexual assault and/or elder abuse and attorneys, given the many legal ramifications of such incidents. In designing the initial training session, it is useful to provide a clear conceptual overview and define terminology to ensure that all trainees have a solid understanding of the basics—even if it is a refresher for some trainees—before presenting more detailed information such as what to look for and how to investigate a possible incident of sexual assault or abuse in a facility.

Management staff also emphasize the value of creating simple and straightforward sexual assault response protocols. Both the surveyor and provider versions of the Wisconsin protocols present step-by-step guidance that is fairly easy to follow and logical; presenting the steps in a way that users can easily understand will promote adherence to the protocol and its utility as a helpful resource.

Agency management staff recommend Web casts as an effective and efficient training method. The Web casts efficiently disseminate information to a broad and widely dispersed audience and allow viewers the flexibility to watch a full session or just a few segments at a time, from any location where they can access the Internet, as fits their individual schedules.

This approach is particularly well-suited for surveyors frequently in the field on survey and for provider staff with limited time. The Web cast developers maximize the utility of this training delivery method by designing sessions to present information in digestible parts. For example, two of the hour-long Phase 4 Web casts includes several speakers, creating natural breaks that facilitate watching the sessions in pieces when desired.

Agency management staff believe that other SAs could implement a similar training program, drawing together experts on sexual assault, elder abuse, and legal issues from within and outside of the SA to collaborate on designing and presenting the training sessions. They welcome

interested SAs to build on the Wisconsin program and protocols while tailoring it to individual state environments.

Contact Information and Resources

For more information on the training program or suggested surveyor protocol for responding to sexual assault, please contact Flip (Phyllis) Varsos, Training Consultant, at the Division of Quality Assurance, Wisconsin Department of Health and Family Services at varsopm@dhfs.state.wi.us or 608/266-9432. The Suggested Protocol – Sexual Assault: Guide for DQA Staff described in this report is available on this Website and can be accessed by clicking on the Promising Practices State Supplemental Resources link.

This document is part of an issue brief on strategies for quality management of abuse and neglect complaints in State Survey Agencies. The issue brief is one of a series by the Division of Health Care Policy and Research, University of Colorado Health Sciences Center, for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in State Survey Agencies. The entire series is available online at CMS' Website, <http://www.cms.hhs.gov/SurvCertPromPractProj>. The issue briefs are intended to share information about practices used in State Survey Agencies and are not an endorsement of any practice.

Strategies for Quality Management of Abuse and Neglect Complaints

Addendum: CMS Background Check Pilot – Abuse Prevention Training Programs

Section 307 of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 (PL 108-173) established the framework for a pilot program as a means of identifying efficient, effective, and economical screening and background check procedures for hiring quality health care workers. CMS selected seven states to participate in the Background Check Pilot Program: Alaska, Idaho, Illinois, Michigan, Nevada, New Mexico, and Wisconsin.

The MMA also provided the opportunity for at least one state to receive approval for delivering a comprehensive abuse prevention training program that provides training and intervention for long-term care managers and employees.

Due to the importance of this component, CMS awarded additional funding to three states to create and deliver a comprehensive abuse prevention training program (including behavior training and interventions) to employees, supervisors, and managers of long-term care facilities. The states selected for these additional training funds were:

- Alaska
- Michigan
- Wisconsin

These three pilot states have developed unique and effective abuse prevention training programs, and have agreed to share their abuse prevention curricula and training modules as part of the Promising Practices Project, to assist in sharing and disseminating this important information with other State Survey Agencies. Please see the following Websites to access information about the pilot states' abuse prevention training programs:

- Alaska: http://swep.uaa.alaska.edu/pages/direct_service.html
- Michigan: www.mibeam.org or www.miseniors.net or www.phinational.org
- Wisconsin: <http://dhfs.wisconsin.gov/caregiver/training/trgIndex.HTM>

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