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NON-MORTALITY SPECIAL INCIDENTS

Semi-Annual Report Submitted to the California Department of Developmental Services

JULY–DECEMBER 2013

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INTRODUCTION AND BACKGROUND

This report summarizes rates of special incidents between July and December 2013 for DDS consumers living in community residential care settings. It compares rates across recent years and identifies months in which rates were unusually high.

DDS can use this report to track special incident rates over time and monitor the effectiveness of risk management activities.

As one element of risk management and quality assurance, the California Department of Developmental Services (DDS) and California's network of regional centers monitor the occurrence of adverse events, captured through Special Incident Reports (SIR), to identify trends and develop strategies to prevent and mitigate risks. As required by Title 17, Section 54327 of the California Code of Regulations, vendors and long-term health care facilities report occurrences of suspected abuse, suspected neglect, injury requiring medical attention, unplanned hospitalization, and missing persons, if they occur when a consumer is receiving services funded by a regional center (under vendored care). In addition, *any occurrence* of consumer mortality or a consumer being the victim of crime must be reported whether or not it occurred while they were under vendored care.

This report, one of a series of semi-annual reports on non-mortality special incidents, summarizes incident rates for DDS consumers between July and December 2013. The report has two main goals:

1. To update time trends in special incident rates from our earlier reports to include data through December 2013.
2. To identify specific incident categories that were higher than their historical trend and identify specific months in which incident rates were unusually high. DDS can use this report to track special incident rates over time.

The statistics and graphs presented in this report were constructed using data from the SIR System from 2002 to 2013. These data are augmented with three additional data sources maintained by DDS:

1. The Client Master File.
2. The Client Development Evaluation Report.
3. The Purchase of Service File.

This report presents findings based on statistical analyses that measure a consumer's risk of experiencing a special incident. Further details are found at the bottom of each subsequent page.

The average monthly non-mortality special incident rate this period was lower than last period.

Table 1: All Non-Mortality Special Incidents, Compared to Previous Periods

DDS Out-of-Home Consumers, July – December 2013

	Change From:	
	Jul-Dec 2012 (last year)	Jan-Jun 2013 (last period)
Raw Rate	**2.2%**	**-5.1%**
Case-Mix Adjusted Rate	**0.2%**	**-6.3%**

If applicable, arrows will be present to indicate statistically significant differences.

Key Findings:

- The case-mix adjusted non-mortality incident rate for out-of-home consumers was 1.98% this period, compared to 2.11% last period (January–June 2013) and nearly equal to the same period last year (July–December 2012). These figures are not shown in the table above.
- Case-mix adjusted incident rates decreased 6.3% compared to the last period (January–June 2013). There were no statistically significant differences in the raw or case-mix adjusted rates between this period and the two previous periods.

More About These Data

This report summarizes incident rates for consumers residing in community settings such as licensed residential facilities, Family Home Agency (FHA), Supported Living Services (SLS), or Independent Living Services (ILS). It excludes consumers residing in a developmental center or state-operated facility. Special incidents refer to categories of adverse events defined by Title 17, Section 54327 of the California Code of Regulations. They include: missing person, suspected abuse, suspected neglect, medication errors or serious injury, unplanned medical or psychiatric hospitalization, victim of crime, and death.

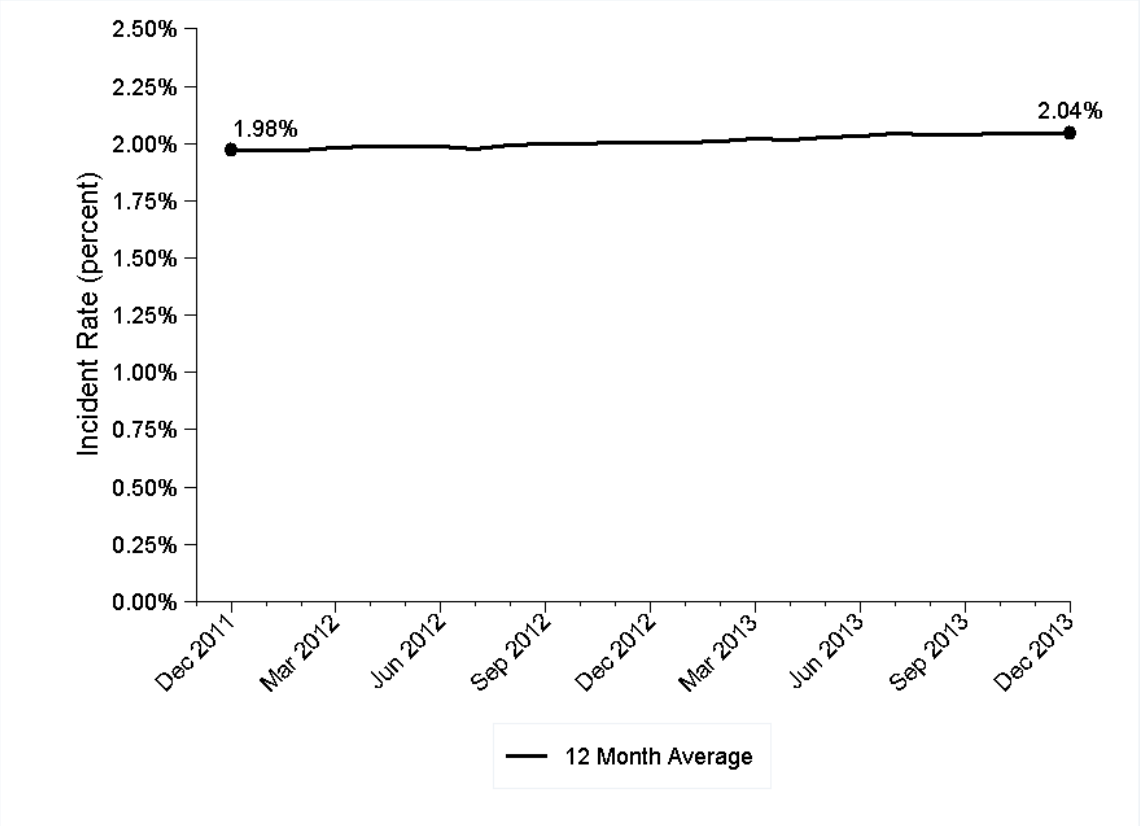
The *Raw Rate* is defined as the percentage of statewide consumers who experience one or more special incidents in an average month. It is calculated by dividing the *total number of consumers with one or more incidents* by the *total consumer population*. Note that this rate does not tell you how many SIRs there were per person in a given month.

The *Case-Mix Adjusted Rate* accounts for differences in the characteristics of the consumer population over time. In comparing statewide SIR rates to those of previous periods, case-mix adjustment permits us to distinguish trends affected by changes in population from trends associated with risk management practices. For example, an influx of medically fragile consumers could increase rates of unplanned hospitalization incidents, even if the effectiveness of risk management practices did not change.

Arrows indicate that the change is statistically significant at the 95% confidence level. These differences are expected to occur by chance less than 5% of the time.

The statewide trend for non-mortality special incidents has increased slightly over the past two years.

Figure 1: Non-Mortality Special Incidents, Case-Mix Adjusted Statewide Trend DDS Out-of-Home Consumers, December 2011 – December 2013



Key Findings:

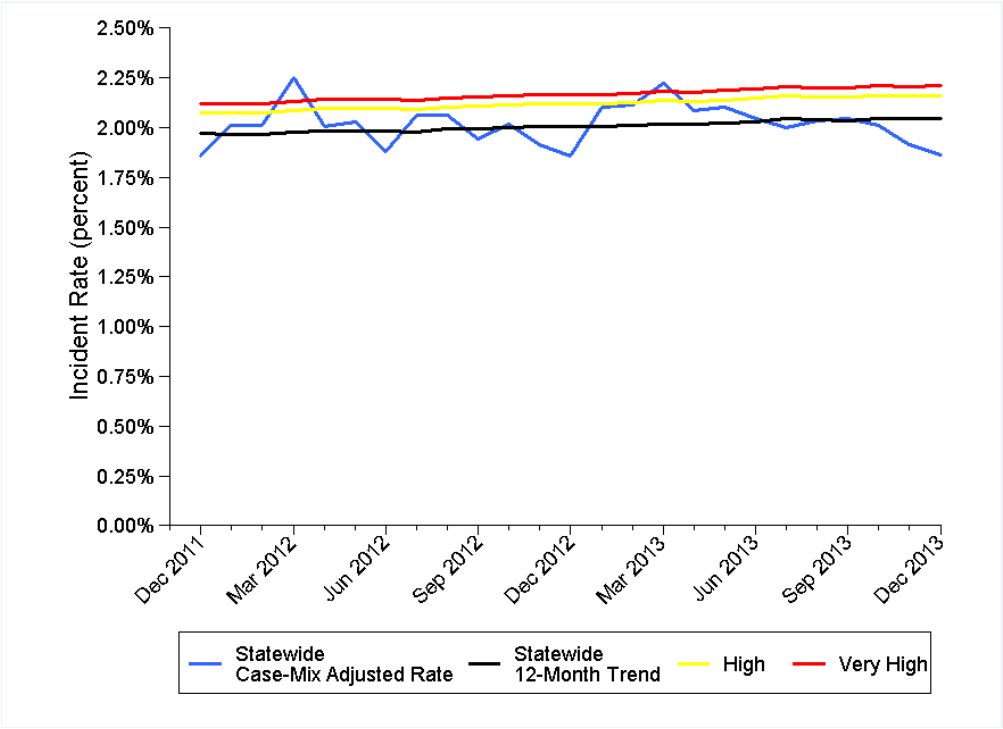
- The long-term trend was higher in December 2013 than in December 2011 due to high monthly rates in the January–June 2013 semi-annual period. Despite this small increase, the long-term trend has remained near 2% over the last several years.

More About These Data

The monthly incident rate is defined as the share of consumers experiencing one or more non-mortality incidents in a given month. The trend line in Figure 1 represents a 12-month moving average of the monthly incident rate. It is calculated by taking an average of statewide non-mortality special incident rates from the most recent 12-month period. This trend also accounts for the differences in the characteristics of the consumer population over time. This approach, called "case-mix adjustment," controls for changes in consumer characteristics and removes these effects from the calculated trend.

The non-mortality rate was at or below the long-term trend in all months this period.

Figure 2: Non-Mortality Special Incidents, Case-Mix Adjusted Monthly Rates DDS Out-of-Home Consumers, June 2011 – December 2013



Key Findings:

- The adjusted incident rate was near or below the long-term trend for each month in this period.
- The spike in March 2013 was associated with medical hospitalizations. The medical hospitalization rate has returned to a level below its long-term trend in every month from July-December 2013.
- The adjusted incident rate in December 2013 was lower than the long-term trend and almost the same as the rate in December 2012.

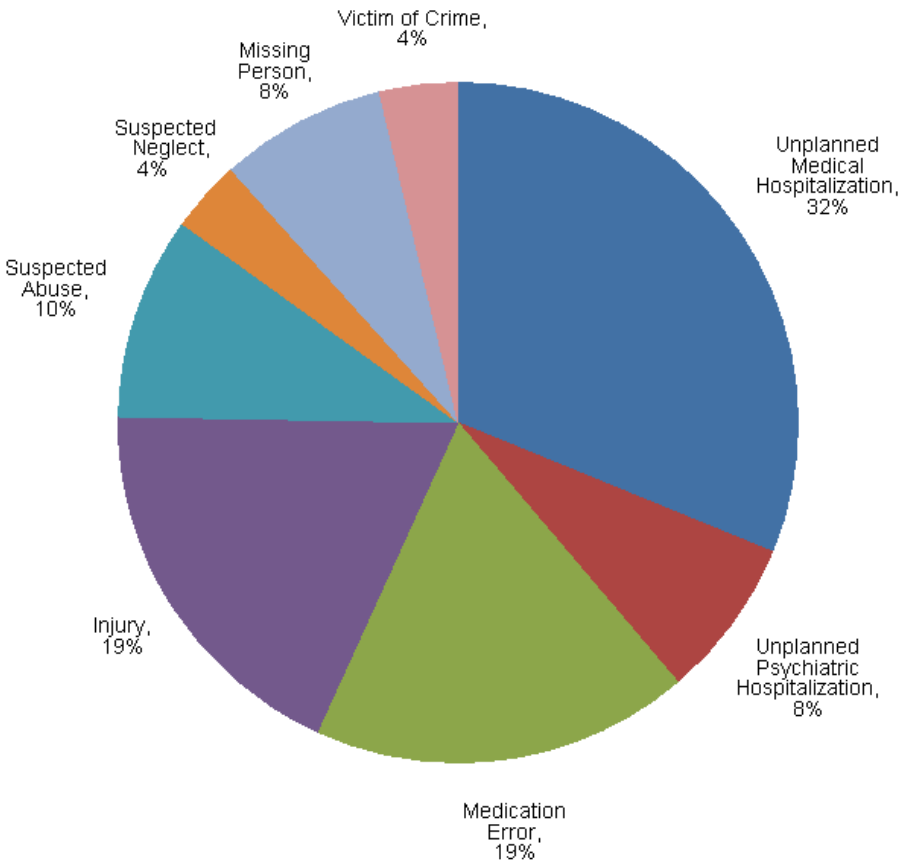
More About These Data

The black line in the graph above is the same line shown in Figure 1, representing the 12-month trend. The blue line represents the percentage of consumers statewide who experience one or more special incidents in a month. Both rates are case-mix adjusted, meaning that the trends account for changes in consumer characteristics over time. See page 2 for more details.

This graph identifies non-mortality incident rates that are unusually high and, therefore, classified as a "spike." A rate that rises above the yellow line in a given month will occur randomly in only one month out of twenty (less than 5% of the time) and is considered "High". A rate that rises above the red line in a given month will occur randomly less than 1% of the time. Rates above the red line, therefore, are very unlikely to be chance events and are classified as "Very High."

Unplanned medical hospitalization, medication error, and injury incidents are the most common non-mortality incident types.

Figure 3: Breakdown of Non-Mortality Special Incidents by Type Out-of-Home Consumers, July–December 2013



Key Findings:

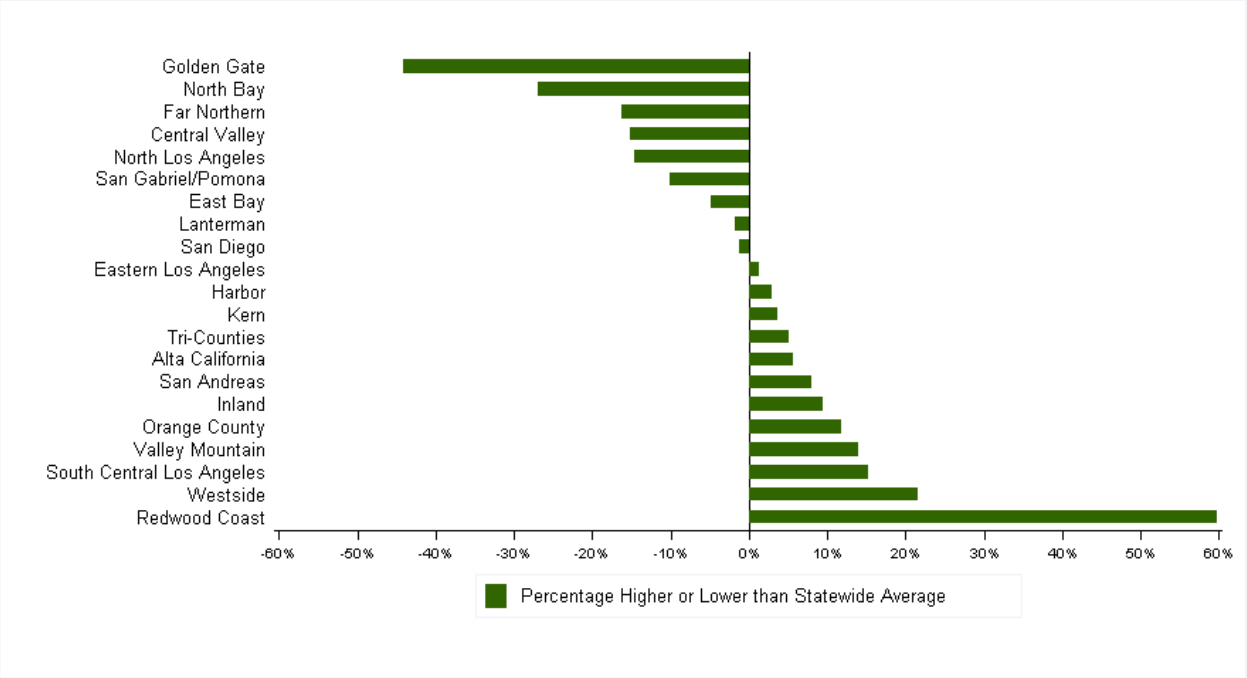
- The distribution of incident types was similar this period and the previous period, with unplanned medical hospitalizations comprising approximately one third of all incidents.
- Medication error and injury incidents are the next most common types of incidents.

More About These Data

The percentages shown above are based on raw counts of reported special incidents and are not case-mix adjusted. Percentages may not sum to 100% due to rounding error.

Among the 21 regional centers, Redwood Coast had the highest non-mortality incident rate.

Figure 4: Non-Mortality Rates by Regional Center Compared to Statewide Average December 2012 – December 2013



Key Findings:

- Redwood Coast Regional Center (RCRC) continued to have a rate of reported non-mortality incidents that was substantially higher than the statewide average. Over the last year, RCRC's rate was almost 60% higher than the state average.
- The majority of regional centers (17 out of 21) had an annual rate that was within 20% above or below the statewide average.

Follow-Up Activities:

- Mission Analytics is continuing to provide RCRC with technical assistance regarding medication error rates, which is the main contributor to RCRC's high rate of non-mortality incidents. See page 8 for more details.
- No regional center had a quarterly rate of non-mortality incidents that required additional review during this period.

More About These Data

The percentages above are case-mix adjusted, meaning that they account for differences in the characteristics of the consumer population over time. See Page 2 for more details.

Mission Analytics Group is conducting further analyses to identify and address causes of unusually high incident rates.

Mission Analytics is coordinating closely with the regional centers to track and monitor the follow-up activities associated with quarterly SIR spikes. For longer-term increases in incident rates, Mission Analytics uses SIR case reviews, site visits, and statistical analyses as part of its monitoring, discovery, and improvement activities. A number of additional activities continue to support DDS and regional centers in preventing future incidents. We describe these activities below.

Monitoring and Discovery Activities:

- *Reporting Back:* Regional centers with quarterly spikes in individual incident types are required to report back to Mission Analytics any discovery and remediation activities related to these spikes, including a description of why any spikes occurred, what follow-up actions were taken, and whether they faced obstacles in implementing these follow-up activities. These responses are reviewed by the DDS Quality Management Executive Committee and may be used to develop strategies for how to mitigate risk to consumers statewide.
- *Long-Term Increases in Incident Rates*: Mission Analytics has established a multi-stage process to investigate drivers of long-term increases in incident rates. We provide additional analyses and technical assistance to regional centers identified based on results such as those shown on page 6. For these regional centers, we conduct additional analyses to determine the detailed incident types and/or consumer characteristics associated with the increase. Based on these results, we determine whether a more detailed review of the SIRs is necessary to better understand the issue. As appropriate, we also work with the regional centers to identify mitigation strategies.
    - Mission Analytics developed monitoring graphs for RCRC about medication error rates by residence setting in August and December 2013. Mission Analytics will present these findings to RCRC in January 2014 and discuss next possible steps. One suggestion is that RCRC begin using the Medication Error Diagnostic Tool that Mission Analytics created in collaboration with Far Northern Regional Center. Mission Analytics will continue to conduct follow-up analyses of medication errors at RCRC.

System Improvement Activities:

- *DDS SafetyNet Website*: Mission Analytics maintains the DDS SafetyNet, a website promoting health and safety for individuals with developmental disabilities. In addition to addressing general safety issues, SafetyNet materials respond directly to trends in special incident rates to help manage risk among the consumer population. For example, content for Winter 2012 focused on avoiding unplanned hospitalizations for respiratory illness.
- *DDS Mental Health Services Act (MHSA):* Five regional centers received MHSA funds in the following areas: Substance Abuse, Infant/Early Childhood

Mental Health, MHSA Forums, Psychotherapy to Reduce Psychiatric Hospitalizations, and Transition Age Youth. The grant is currently in Cycle II but it ends on June 30, 2014. DDS has issued a Request of Applications to the regional centers for Cycle III (July 1, 2014 – June 30, 2017). Applications are currently under review and funding recommendations will be forthcoming. Many accomplishments have been achieved from July 1, 2013 through December 31, 2013 such as training sessions conducted regarding substance abuse (over 75 participants), mental health of infants (8 sessions), and motivational interviewing of transitional aged youth (over 90 participants). A peer mentoring program regarding addiction was developed, a conference was held geared towards how to help individuals with dual diagnosis, assessment tools were developed, 35 individuals received psychotherapy in order to allay psychiatric hospitalizations, quality indicators were developed, and data was collected for a resource directory.