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NON-MORTALITY SPECIAL INCIDENTS

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

JULY–DECEMBER 2014

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INTRODUCTION AND BACKGROUND

This report summarizes rates of special incidents between July and December 2014 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 2014. The report has two main goals:

1. To update time trends in special incident rates from our earlier reports to include data through December 2014.
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 2014. 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

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.

Changes in the Rate of Non-Mortality Incidents between Time Periods

Table 1: All Non-Mortality Special Incidents, Compared to Previous Periods
DDS Out-of-Home Consumers, July-December 2014

	Change From	
	Jul-Dec 2013 (last year)	Jan-Jun 2014 (last period)
Raw Rate	**5.9%**	**-0.7%**
Case-Mix Adjusted Rate	**4.5%**	**-2.2%**

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 (not shown in the table above) was 2.10% this period, compared to 2.15% last period (January-June 2014). This difference represents a 2.2% decrease in the rate. This difference is not statistically significant.
- Case-mix adjusted incident rates increased 4.5% compared to the same period a year ago (July-December 2013), when the rate was approximately 2.01% (not shown). This difference is not statistically significant.

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). The report 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.

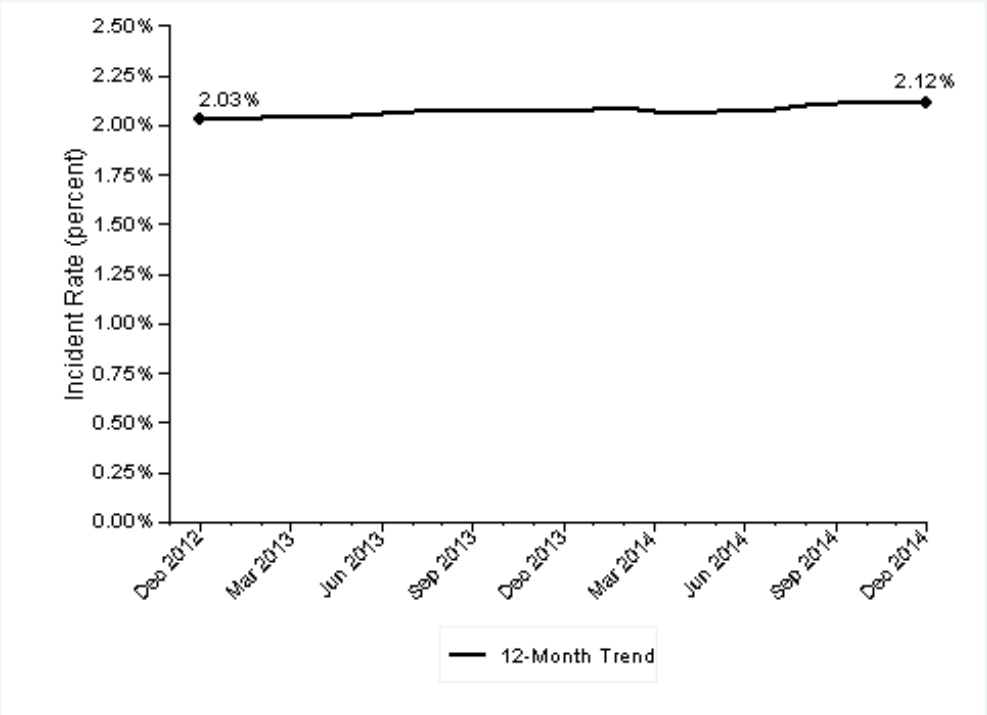
The *Raw Rate* is defined as the percentage of statewide consumers who experience one or more special incidents in an average month. This rate is calculated by dividing the *total number of consumers with one or more incidents* by the *total consumer population*. Note that this rate does not tell how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

Trend of Non-Mortality Special Incidents

Figure 1: Non-Mortality Special Incidents, Case-Mix Adjusted Statewide Trend DDS Out-of-Home Consumers, December 2012 – December 2014



Key Findings:

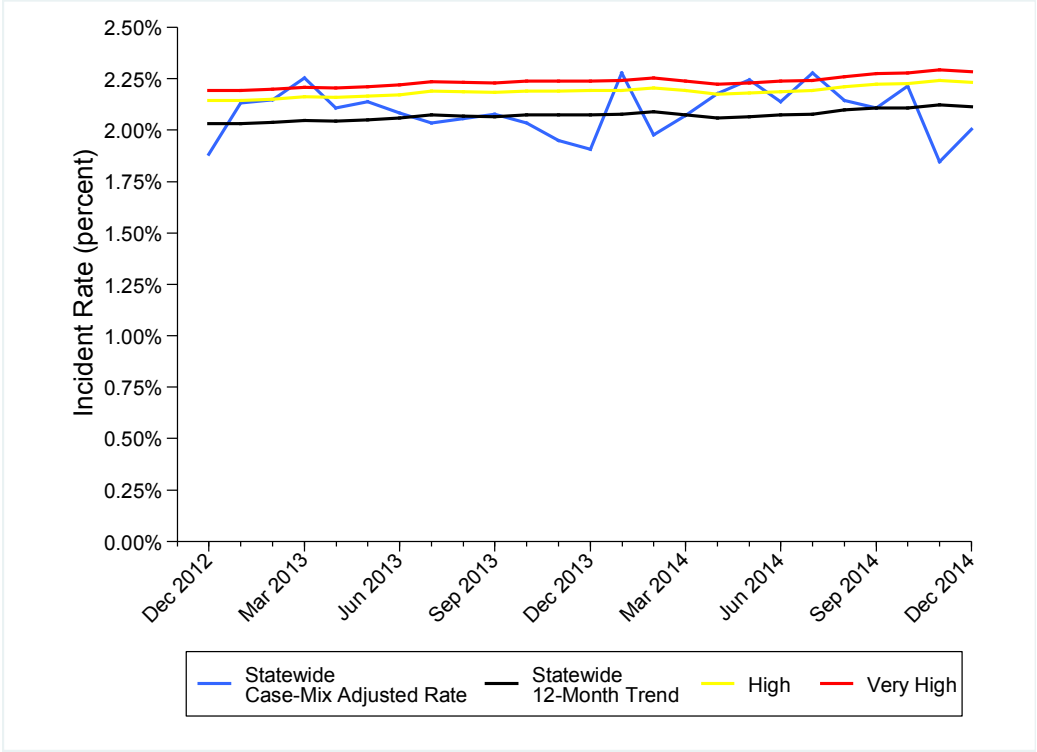
- The long-term trend (the 12-month moving average) reached a two-year high of 2.12% in December 2014.
- Changes in the long-term trend are small, since it has remained slightly above 2.00% for more than two years.

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.

Rate of Non-Mortality Special Incidents over Time

Figure 2: Non-Mortality Special Incidents, Case-Mix Adjusted Monthly Rates DDS Out-of-Home Consumers, December 2012 – December 2014



Key Findings:

- The adjusted incident rate remained under the "high" threshold during the last two quarters.
- The non-mortality rate reached the lowest point (1.8%) in the past two years in November 2014.

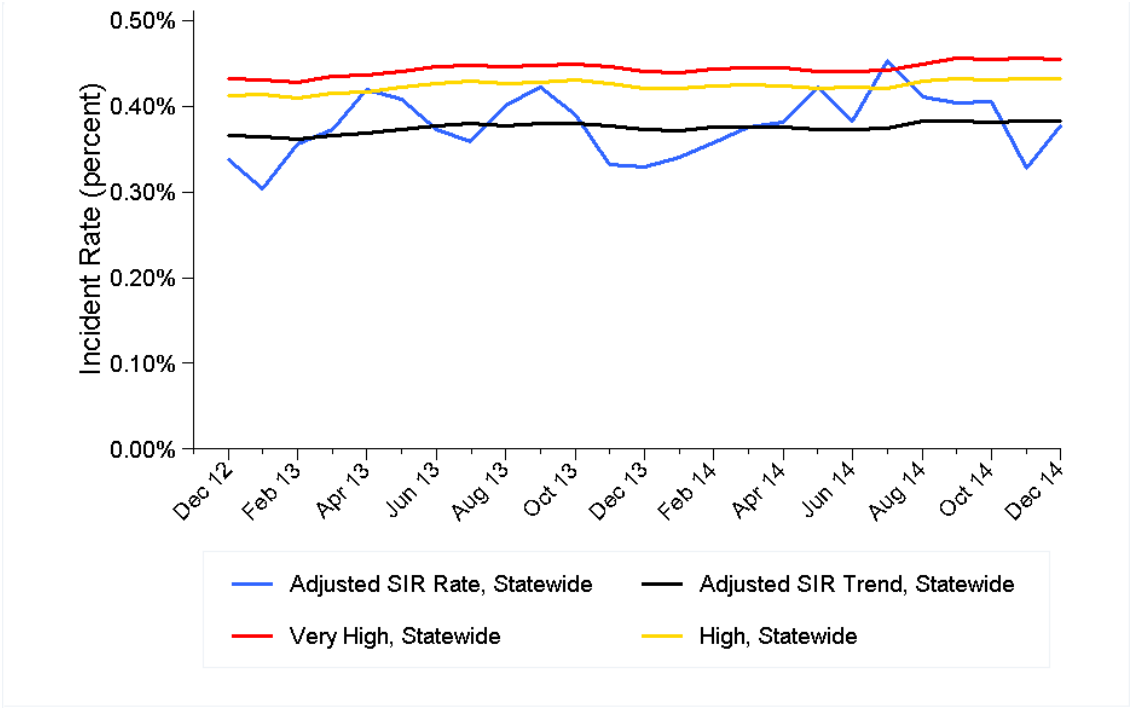
More About These Data

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."

Rate of Medication Errors over Time

Figure 3: Medication Error Special Incidents, Case-Mix Adjusted Monthly Rates DDS Out-of-Home Consumers, December 2012 – December 2014



Key Findings:

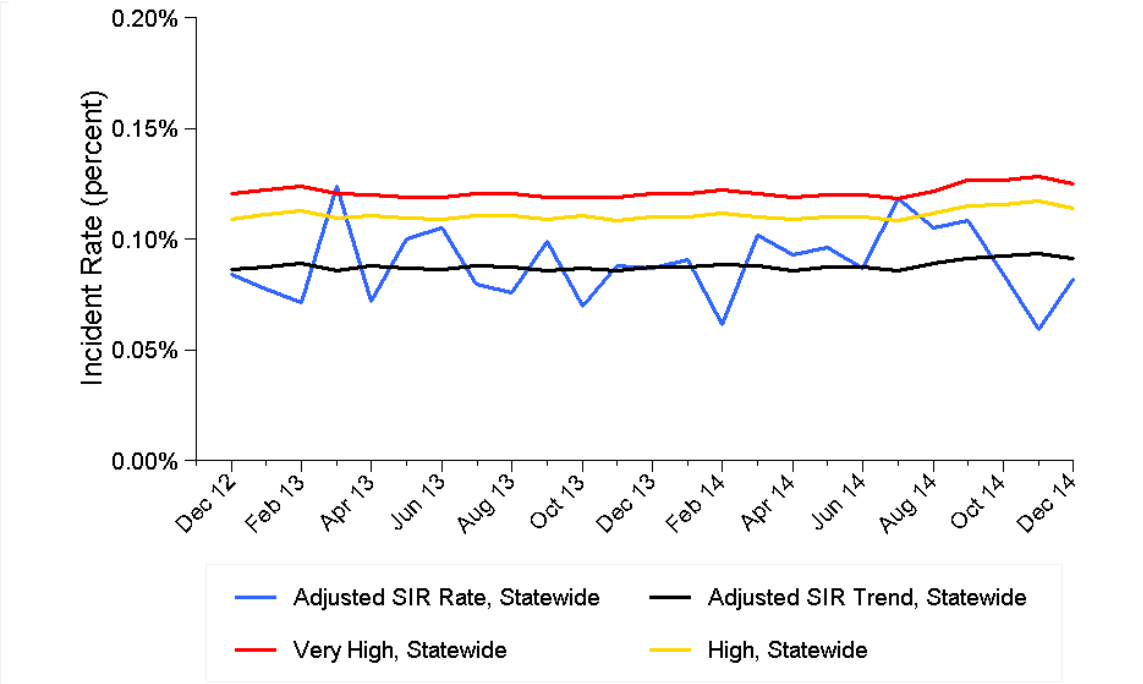
- The adjusted incident rate for medication errors spiked in the month of July 2014, before falling in later months. This spike exceeded the "very high" threshold.
- North Bay Regional Center (NBRC) experienced a quarterly spike in medication errors and was required to report back on incidents in the spike. NBRC was the highest contributor to the statewide spike. See page 9 for more details.

More About These Data

See page 4 for description.

Rate of Victim of Crime Incidents over Time

Figure 4: Victim of Crime Special Incidents, Case-Mix Adjusted Monthly Rates DDS Out-of-Home Consumers, December 2012 – December 2014



Key Findings:

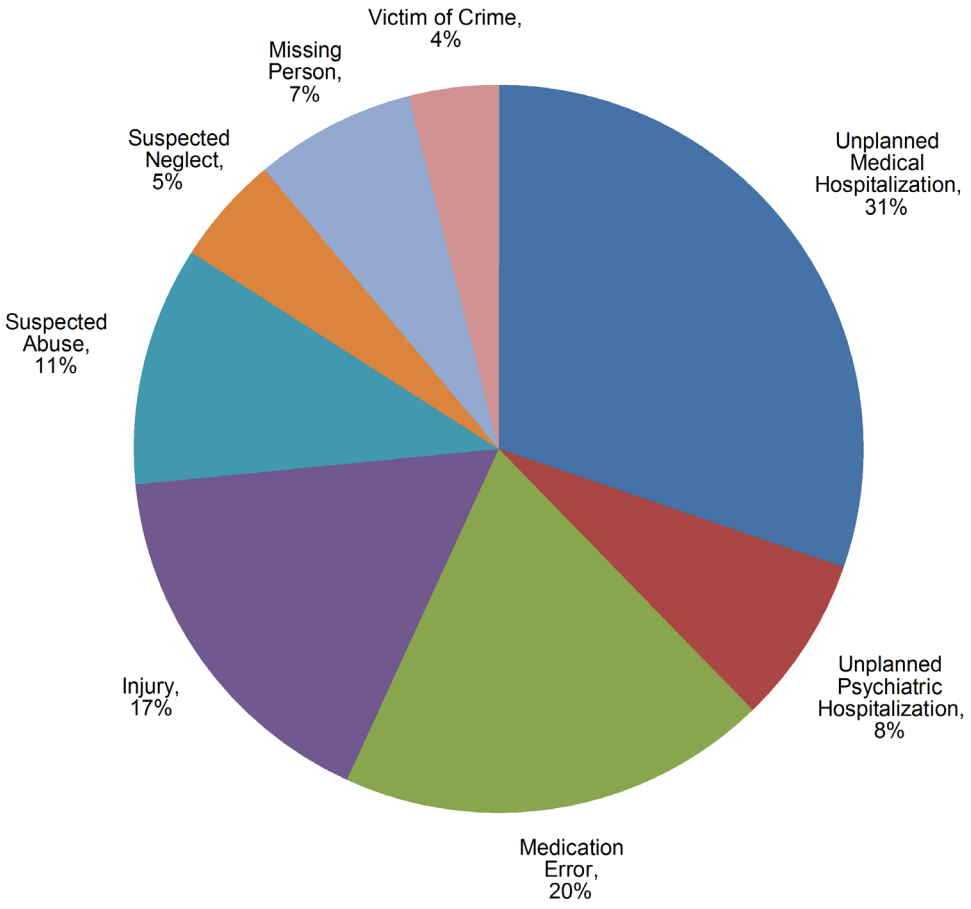
- The adjusted incident rate for victim of crime incidents spiked once in the month of July 2014, reaching the "very high" threshold.
- There were two regional centers that had spikes in their victim of crime incident rates in the month of July. They were Central Valley (CVRC) and San Andreas (SARC). However, only SARC had a quarterly spike and was required to report back on the incidents. See page 9 for more details.

More About These Data

See page 4 for description.

Breakdown of Non-Mortality Special Incidents

Figure 5: Breakdown of Non-Mortality Special Incidents by Type Out-of-Home Consumers, July-December 2014



Key Findings:

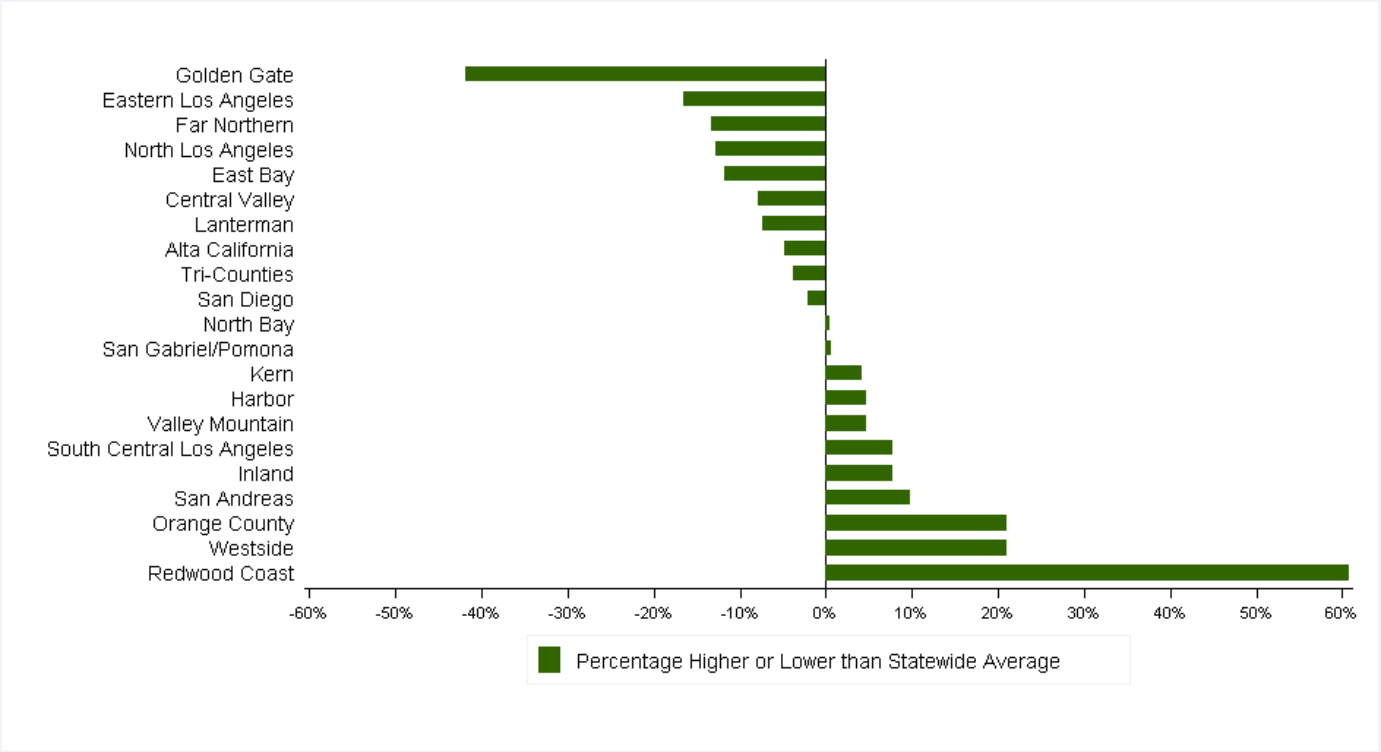
- The distribution of incident types is very similar to that of previous periods, with unplanned medical hospitalizations comprising close to one third of all incidents.
- Victim of crime incidents continue to be least common type of incident.

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.

Non-Mortality Special Incident Rates by Regional Center

Figure 6: Non-Mortality Special Incident Rates by Regional Center Compared to State January 2014 – December 2014



Key Findings:

- The majority of regional centers (19 out of 21) had an annual non-mortality incident rate that was within 20% above or below the statewide average.
- Redwood Coast Regional Center (RCRC) continues to have a rate of reported non-mortality incidents that is substantially higher than the statewide average. During 2014, RCRC's rate was 61% higher than the state average, which was similar to 57% above average in the January-June 2014 report.

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. In addition, Mission Analytics Group (Mission Analytics) contacted RCRC for technical assistance regarding suspected abuse and neglect. See page 10 for more details.

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.

Key Findings and Activities

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 the centers 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.
    - Analyses of the high incident rates at SARC highlighted victim of crime incidents. SARC reported that the unusually high number of victim of crime incidents were due to two separate incidents. In both cases, the vendors have undertaken multiple measures to improve security.
    - Analyses of the high incident rates at NBRC highlighted medication error incidents. NBRC concluded that an increase in the frequency of training for Community Care Facility (CCF) staff caused an increase in reporting medication errors. In addition, NBRC found that several individuals each experienced two to four incidents of medication errors during the quarter. NBRC is working with these providers to make sure medications are taken appropriately. NBRC's Risk and Mitigation Committee is considering use of the Medication Error Diagnostic Tool.
- *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 8. For such 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 first conducted additional analyses of RCRC's high non-mortality rate in late 2010 and early 2011, identifying medication errors and unplanned medical hospitalizations as the key types of incidents driving increases. At that time, the increase in medication errors accounted for the difference between RCRC's non-mortality incident rate and the statewide average. Mission Analytics conducted

additional analyses in 2012, along with site visits on medication errors. Its May 2012 report identified eight specific recommendations on medication errors. Since that time, Mission Analytics has continued to conduct follow-up analyses every six months of medication errors at RCRC. In August 2014, RCRC reported that it would implement the Medication Error Diagnostic Tool to limit medication errors in its SLS population. Mission Analytics will analyze the completed tools on a quarterly basis.

- Recently, Mission Analytics has also contacted RCRC about providing technical assistance regarding its increasing rate of suspected abuse and suspected neglect incidents.

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 safety issues identified in partnership with the ARCA Chief Counselor Risk Management Committee, SafetyNet materials respond directly to trends in special incident rates to help manage risk among the consumer population. In this semi-annual period, DDS published content on “Healthy Living: Eating Right and Staying Active."
- *DDS Mental Health Services Act (MHSA):* Cycle III (Fiscal Year 2014/15 - 2016/17) MHSA Projects are now underway. A Mental Health/Forensic Collaborative will assist consumers and regional centers in navigating the criminal justice system and shortening incarceration time by establishing competency to stand trial training and identifying resources within the community. An infant mental health project will promote cultural competence in clinical care settings, while another project will develop a mental health clinic to provide psychiatric assessment, medication management, and individual and group therapy. Two projects will assist transition age youth with referral and connections to appropriate community resources, continuity of care before, during and after hospital admission, identify new community resources, early detection and assessment of mental health conditions and establish a Wellness/Drop-In Center. The final project will provide training on evidence-based practices and how each can be used for prevention and early intervention.