

NON-MORTALITY SPECIAL INCIDENTS

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

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This report summarizes rates of special incidents between January and June 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 January and June 2013.

The report has two main goals:

1. To update time trends in special incident rates from our earlier reports to include data through June 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 2012. These data are augmented with three additional data sources maintained by DDS:

1. The Client Master File.
2. The Client Development Evaluation Report File.
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 higher than last period.

**Table 1: All Non-Mortality Special Incidents, Compared to Previous Periods
DDS Out-of-Home Consumers, January – June 2013**

	Change From:	
	Jan-Jun 2012 (last year)	Jul-Dec 2012 (last period)
Raw Rate	3.3%	5.3%
Case-Mix Adjusted Rate	2.0%	4.7%

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 2.09% this period, compared to 2.00% last period (July–December 2012) and 2.03% the same period last year (January–June 2012). These figures are not shown in the table above.
- Case-mix adjusted incident rates increased 4.7% compared to the last period (July–December 2012) and were 2.0% higher than the same period a year ago. A similar pattern occurred in the raw incident rates. These differences were 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). 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.

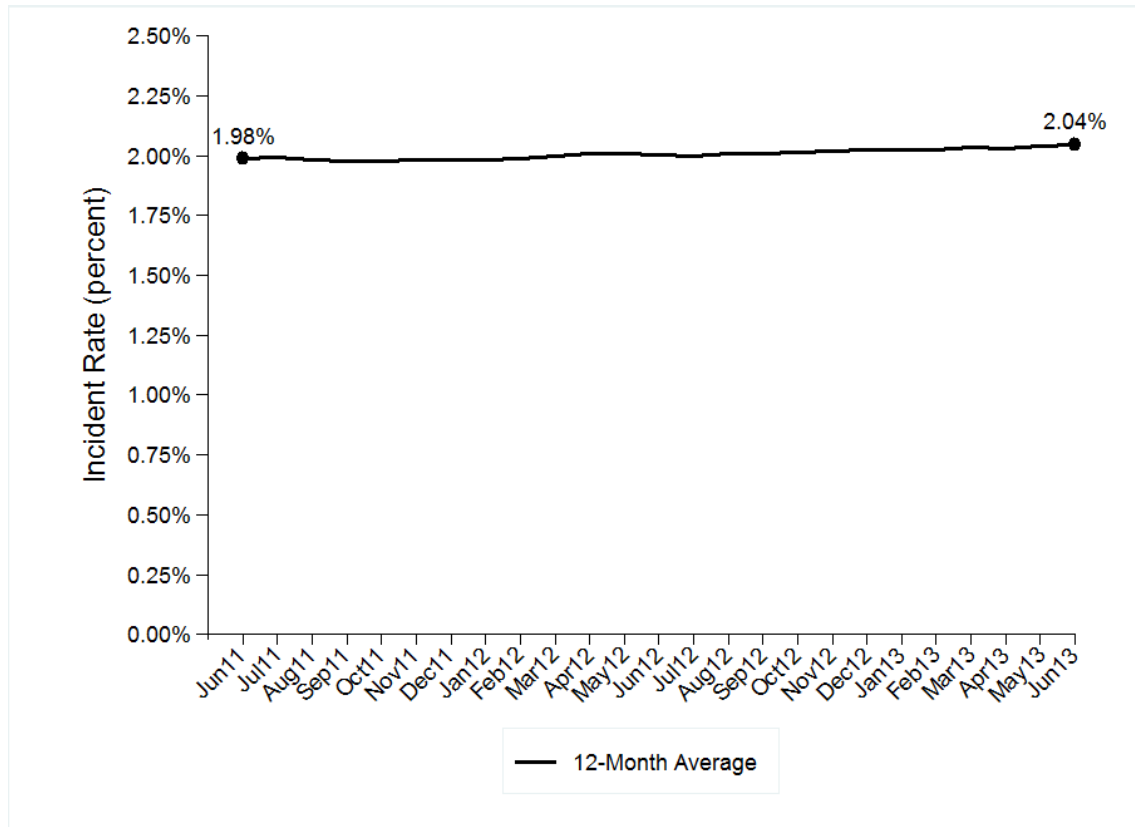
The *Raw Rate* is defined as the percentage of statewide consumers who experience one or more special incidents in an average month. It is calculated by dividing the *total number of consumers with one or more incidents* by the *total consumer population*. Note that this rate does not tell you how many 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, June 2011 – June 2013**



Key Findings:

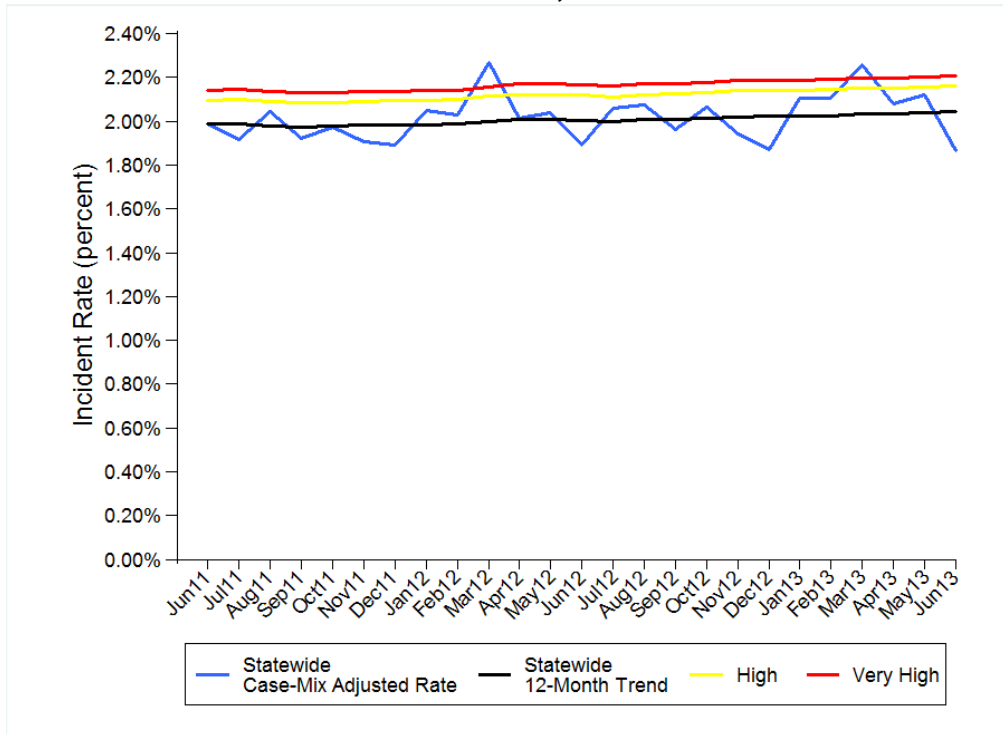
- The long-term trend has remained very close to 2.0% over the previous two years, moving from just below 2.0% in June 2011 to just above 2.0% in June 2013.

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 unexpectedly high early in March 2013, similar to a high rate in March 2012.

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



Key Findings:

- The adjusted incident rate was unexpectedly high in March 2013, exceeding the “very high” threshold. The rate then returned to the long-term trend.
- A similar pattern occurred in 2012, with an unexpectedly high rate in March followed by a move toward the long-term trend.

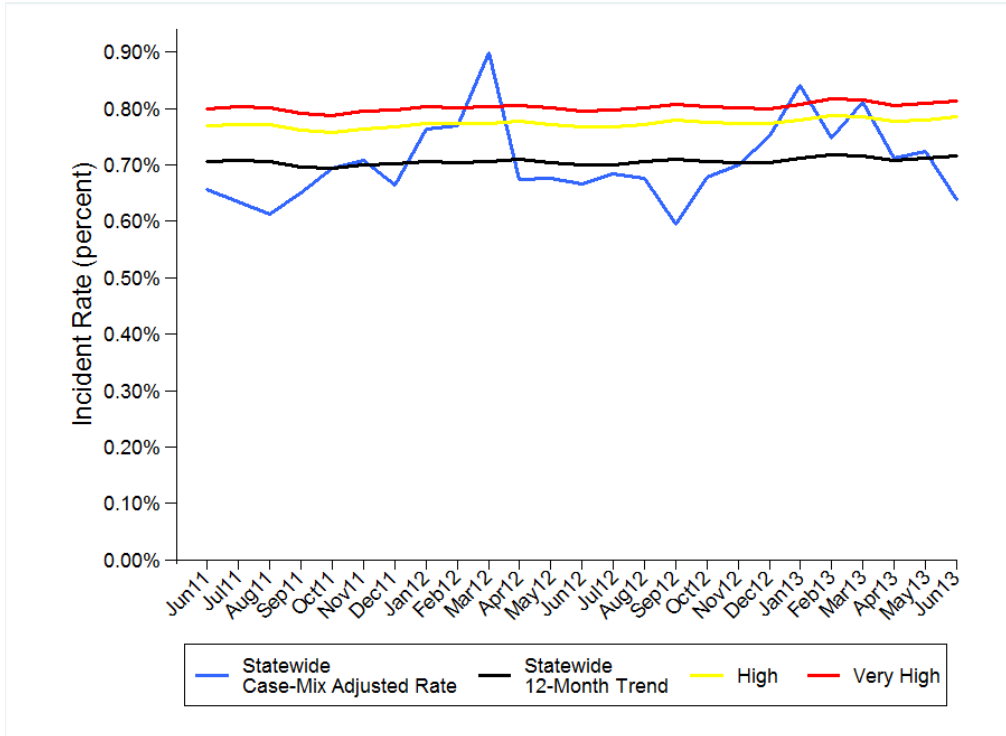
More About These Data

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.”

The adjusted rate of unplanned medical hospitalization incidents exceeded the "high" threshold twice in this period.

Figure 3: Unplanned Medical Hospitalization Incidents, Case-Mix Adjusted Monthly Rates, DDS Out-of-Home Consumers, June 2011 – June 2013



Key Findings:



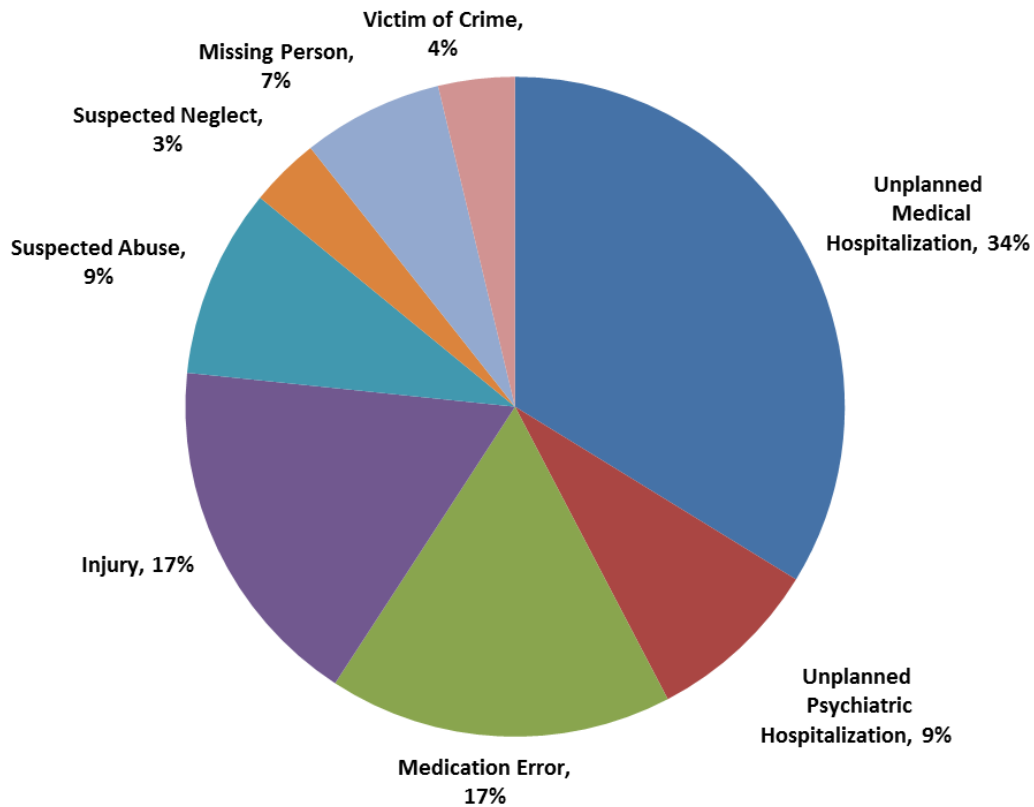
- The adjusted rate for unplanned medical hospitalization spiked twice during this period: January and March. The January spike exceeded the “very high” threshold, and the March spike was equal to the “high” threshold.
- San Diego Regional Center (SDRC) and Westside Regional Center (WRC) experienced quarterly spikes in unplanned medical hospitalization on which they were required to report back. These were both contributors to the statewide spike.

More About These Data

See page 4 for description.

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

Figure 4: Breakdown of Non-Mortality Special Incidents by Type Out-of-Home Consumers, January – June 2013



Key Findings:



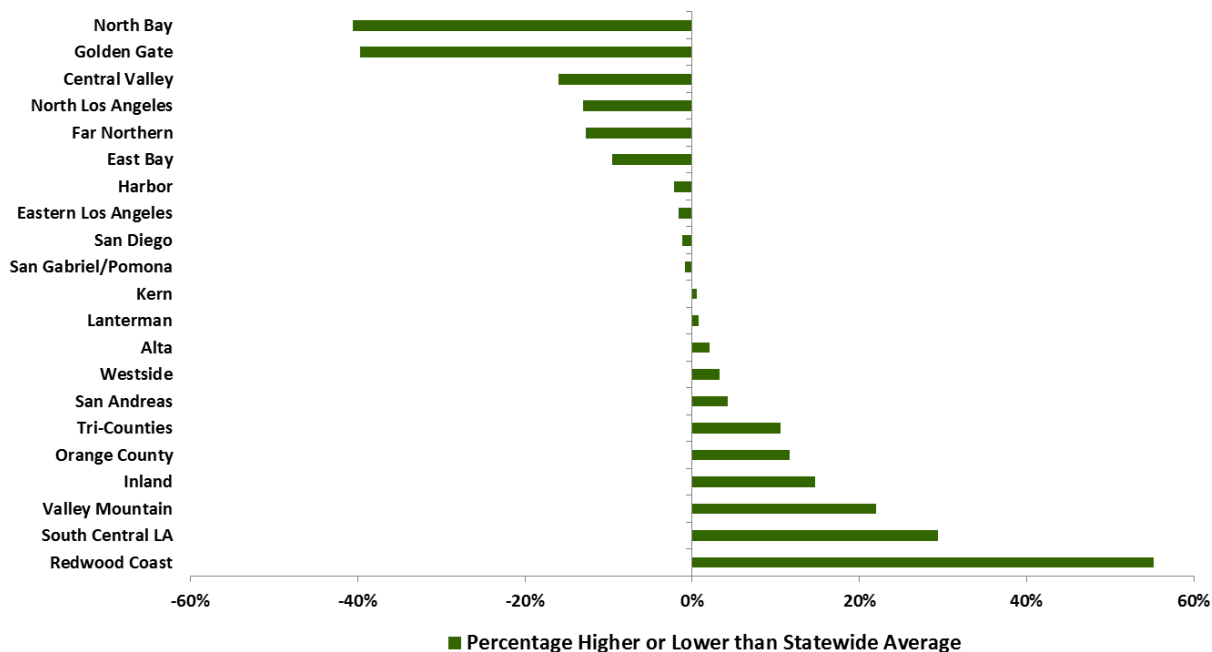
- The distribution of incident types was almost identical this period and the previous period, with unplanned medical hospitalizations comprising more than one third of all incidents.
- Medication error and injury incidents are the next most common types of incidents.

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 5: Non-Mortality Special Incident Rates by Regional Center Compared to State June 2012 – June 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 55% higher than the state average, similar to 53% above average in the previous report.
- Westside Regional Center (WRC) had an unexpectedly high rate of non-mortality incidents in the January – March 2013 quarter and had a rate above the statewide average for fiscal year 2012 – 2013.

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.
- SDRC’s and WRC’s non-mortality rates required additional review. See page 8 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.

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 on how to mitigate risk to consumers statewide.
 - Mission Analytics attended a Supported Living Services Roundtable at RCRC in June 2013 regarding medication administration and medication errors. Mission Analytics presented findings from data analysis and site visits, and RCRC and its pilot vendors shared the status of their work with the medication error checklist and what improvements the vendors had made in their policies and practices to limit medication errors. Mission Analytics will continue to conduct follow-up analyses of medication errors at RCRC.
 - Analyses of the high incident rates at SDRC highlighted unplanned medical hospitalization and non-mortality rates. SDRC concluded that their rate of admissions for nutritional deficiency was the key to why the rate for unplanned medical hospitalizations was very high. SDRC expanded the way they report their hospitalizations for nutritional deficiency and now includes all incidents of hyponatremia, hypokalemia, as well as other electrolyte deficiencies.
 - Analyses of the high incident rates at WRC highlighted unplanned medical hospitalization and non-mortality rates. Mission Analytics provided technical assistance to WRC regarding unplanned medical hospitalizations due to respiratory illness among Developmental Center (DC) movers. DC movers increased WRC's admission rate, and the increase this period is consistent with previous seasonal illness patterns. In addition, seven individuals had multiple incidents. WRC has used this analysis to manage their resources. For example, the analysis helped WRC justify retaining their nurse consultant to provide support specifically for the DC mover population.
- ***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 7. 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.

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):* DDS began Cycle III of the Mental Health Services Act (MHSA) Projects on July 1, 2012. 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. Targeted areas were addressed with approximately 799 stakeholders, comprised of professionals, families, and consumers, attending trainings, forums, seminars, or presentations. Taskforces have been formed that are working together towards goals such as reducing substance abuse, improving mental health services, and increasing outreach efforts. Several websites are being updated to share the latest information and best practices to effectively serve consumers.