

NON-MORTALITY SPECIAL INCIDENTS

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

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INTRODUCTION AND BACKGROUND

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

1. To update time trends in special incident rates from our earlier reports to include data through June 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, January–June 2014**

	Change From	
	Jan–Jun 2013 (last year)	Jul–Dec 2013 (last period)
Raw Rate	1.0%	6.2%
Case-Mix Adjusted Rate	-0.1%	6.5%

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 2.13% this period, compared to 2.00% last period (July–December 2013). This difference represents a 6.5% increase in the rate. This difference is not statistically significant.
- Case-mix adjusted incident rates decreased 0.1% compared to the same period a year ago (January–June 2013), when the rate was also approximately 2.13% (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.

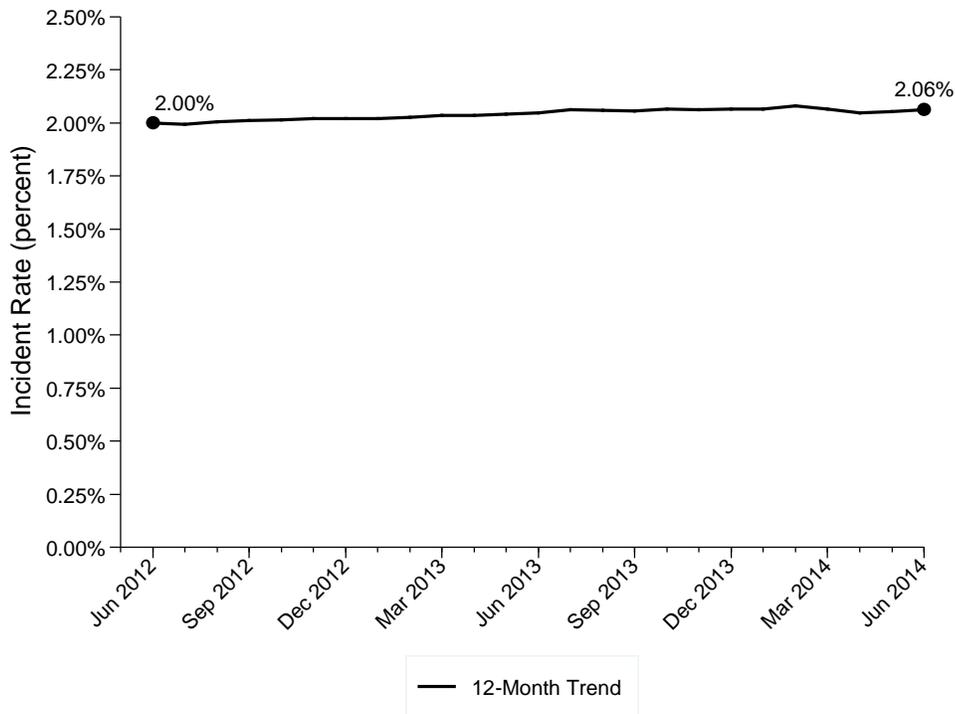
The *Raw Rate* is defined as the percentage of statewide consumers who experience one or more special incidents in an average month. This rate is calculated by dividing the *total number of consumers with one or more incidents* by the *total consumer population*. Note that this rate does not tell how 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, June 2012 – June 2014**



Key Findings:

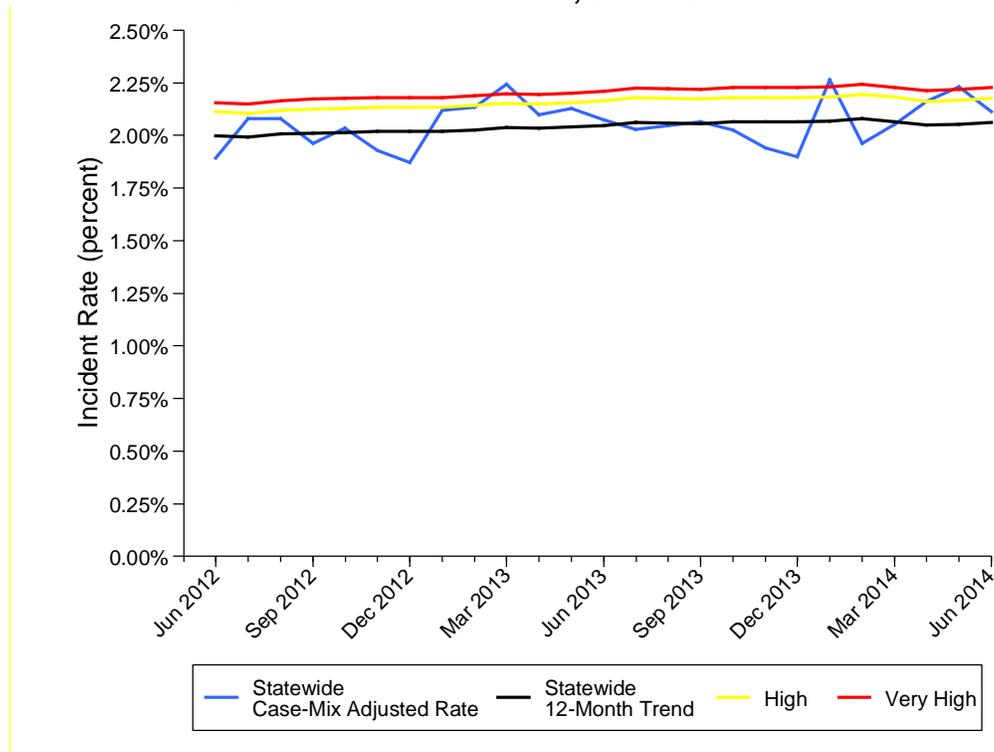
- The long-term trend (the 12-month moving average) reached a two-year high of 2.07% in February 2014. The trend was declining by June 2014.
- Changes in the long-term trend are small, since it has remained close to 2.00% for more than two years.

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, June 2012 – June 2014**



Key Findings:

- The adjusted incident rate exceeded the “very high” threshold in January and May 2014, with a statistically significant spike for the April–June 2014 quarter.
- These increases reflect statistically significant spikes in suspected neglect for both quarters in the period and a spike in suspected abuse in the April–June 2014 quarter.

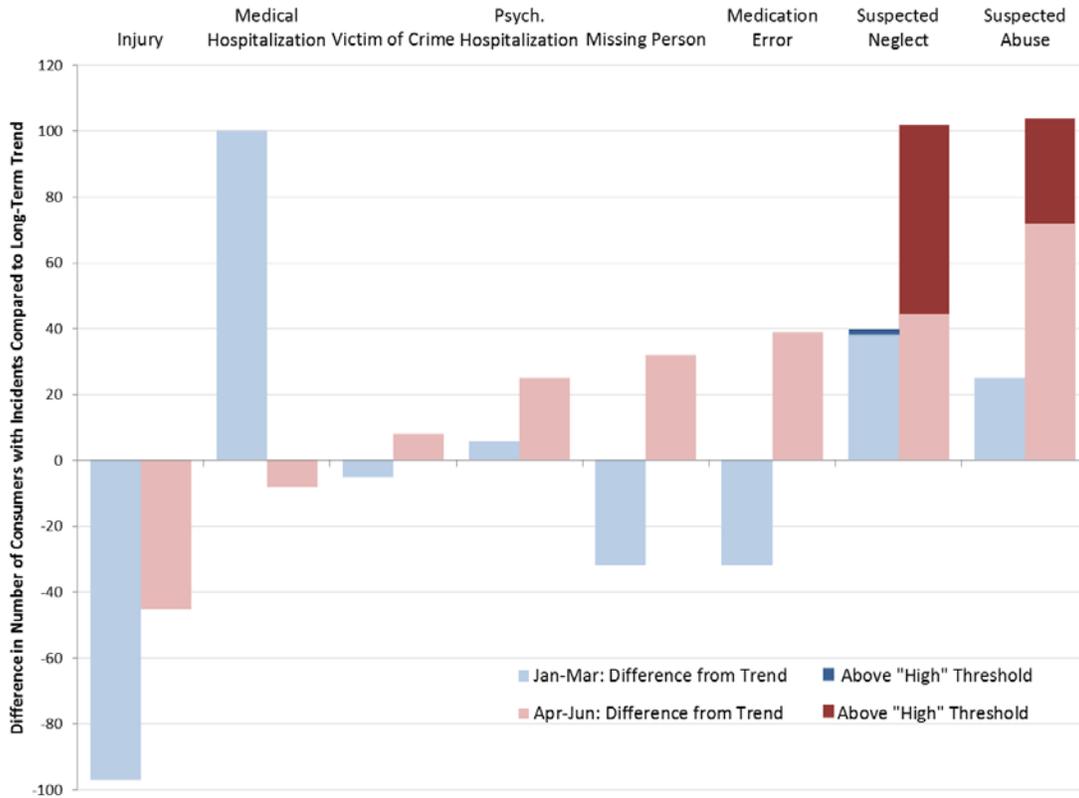
More About These Data

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.”

Types of Non-Mortality Special Incidents Relative to Long-Term Trend

Figure 3: Number of Consumers with Non-Mortality Incidents Relative to Long-Term Trend, by Incident Type, DDS Out-of-Home Consumers, January–June 2014



Key Findings:

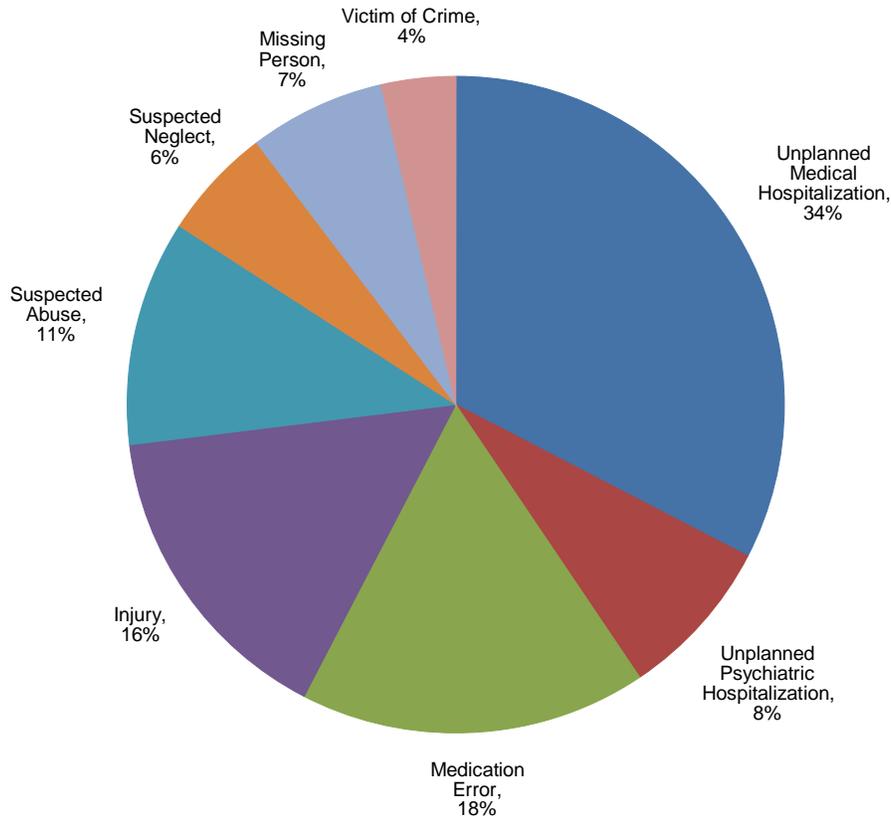
- Statewide, case-mix adjusted incident rates were higher than the trend for six incident types in the April–June 2014 quarter. Suspected abuse and suspected neglect incidents in particular contributed to the increase relative to the long-term trend (Figure 3).
- During this period, seven regional centers experienced a statistically significant spike in suspected neglect that required reporting back. At the Regional Center of Orange County (RCOC) and the North Bay Regional Center (NBRC), these spikes were associated with unexpectedly high rates of non-mortality incidents overall. (See pages 7 and 8 for more information.)

More About These Data

In the graph above, the zero line represents the case-mix-adjusted 12-month moving average of the number of consumers with incidents. Each bar displays the number of additional (or fewer) consumers with incidents in the quarter compared to the long-term average.

Breakdown of Non-Mortality Special Incidents

Figure 4: Breakdown of Non-Mortality Special Incidents by Type Out-of-Home Consumers, January–June 2014



Key Findings:

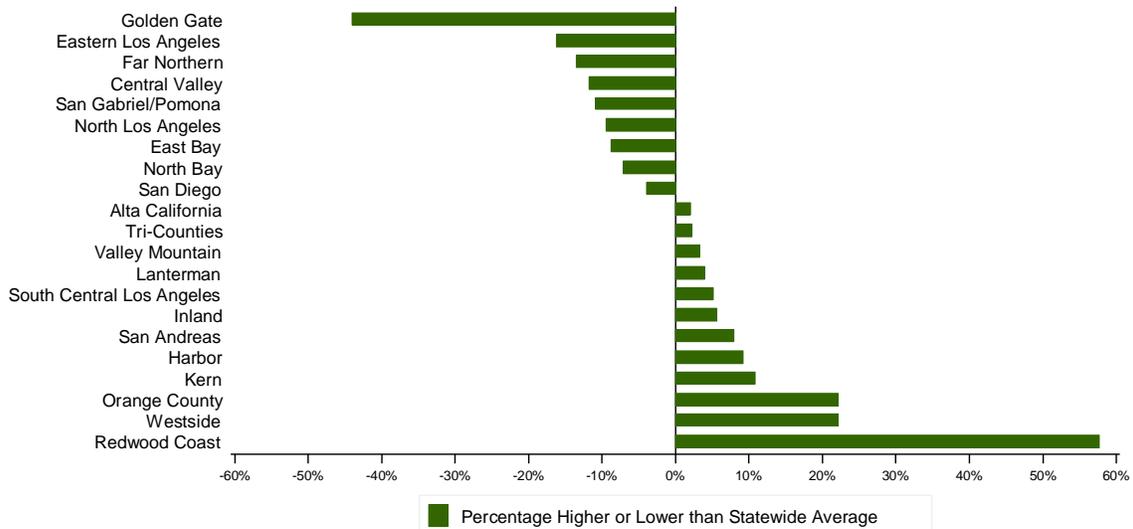
- The distribution of incident types is almost identical this period and the previous period, with unplanned medical hospitalizations comprising more than one third of all incidents.
- Medication error and injury incidents are the next most common types of incidents.

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.

Non-Mortality Special Incident Rates by Regional Center

**Figure 5: Non-Mortality Special Incident Rates by Regional Center Compared to State
June 2013 – June 2014**



Key Findings:



- RCOC and NBRC had unexpectedly high rates of non-mortality incidents in the April–June 2014 quarter, contributing to the statewide increase. Even with this increase, the rate at NBRC was 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. Over the last year, RCRC’s rate was 55% higher than the state average, similar to 53% above average in the previous 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. See page 8 for more details.
- RCOC’s and NBRC’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.

Key Findings

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 (QMEC) and may be used to develop strategies for how to mitigate risk to consumers statewide.
 - Analyses of the high incident rates at NBRC highlighted suspected abuse and neglect incidents. These increases led to a spike in NBRC's non-mortality rates. Mission Analytics and NBRC are currently investigating the increase.
 - The quarterly spikes were reviewed by Mission and QMEC. Mission will continue to monitor to see if any of these spikes turn into long-term trends.
- ***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.
 - Mission Analytics continued to conduct follow-up analyses of medication errors at RCRC. In June 2014, RCRC conducted a Supported Living Services (SLS) Roundtable that included a discussion of medication errors. Mission Analytics and RCRC will work together to have the SLS providers implement the Medication Error Diagnostic Tool. Mission Analytics will analyze the completed tools in the next semi-annual period.
 - Analyses of the high non-mortality incident rates at RCOC highlighted suspected neglect rates. This period, Mission Analytics began providing technical assistance work to RCOC regarding these incidents. Mission Analytics will complete an analysis of suspected



neglect incidents and provide an initial technical assistance report in the next semi-annual period.

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.
- *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. Cycle II of the grant ended on June 30, 2014. DDS 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 January 1, 2014, through June 30, 2014, such as training sessions conducted regarding substance abuse (more than 75 participants), mental health of infants (8 sessions), and motivational interviewing of transitional aged youth (more than 90 participants). A peer mentoring program regarding addiction was being developed, a conference was held geared toward 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.