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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 2016 for DDS individuals 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 individual is receiving services funded by a regional center (under vendored care). In addition, *any occurrence* of individual mortality or an individual 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 individuals between January and June 2016. The report has two main goals:

1. To update time trends in special incident rates from our earlier reports to include data through June 2016.
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 2016. These data are augmented with three additional data sources maintained by DDS:

1. The Client Master File (CMF)
2. The Client Development Evaluation Report (CDER)
3. The Purchase of Service

This report presents findings based on statistical analyses that measure an individual'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 Individuals, January-June 2016

	Change From	
	Jan–Jun 2015 (last year)	**Jul–Dec 2015 (last period)**
Raw Rate	-5.6%	3.4%
Case-Mix Adjusted Rate	-5.1%	4.5%

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 individuals (not shown in the table above) was 2.14% this period, compared to 2.05% last period (July-Dec 2015). This difference represents a 4.5% increase in the rate.
- Case-mix adjusted incident rates decreased 5.1% compared to the same period a year ago (January-June 2015). The rate was 2.26% during the first half of 2015 (not shown).

More About These Data

This report summarizes incident rates for individuals 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 individuals 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.

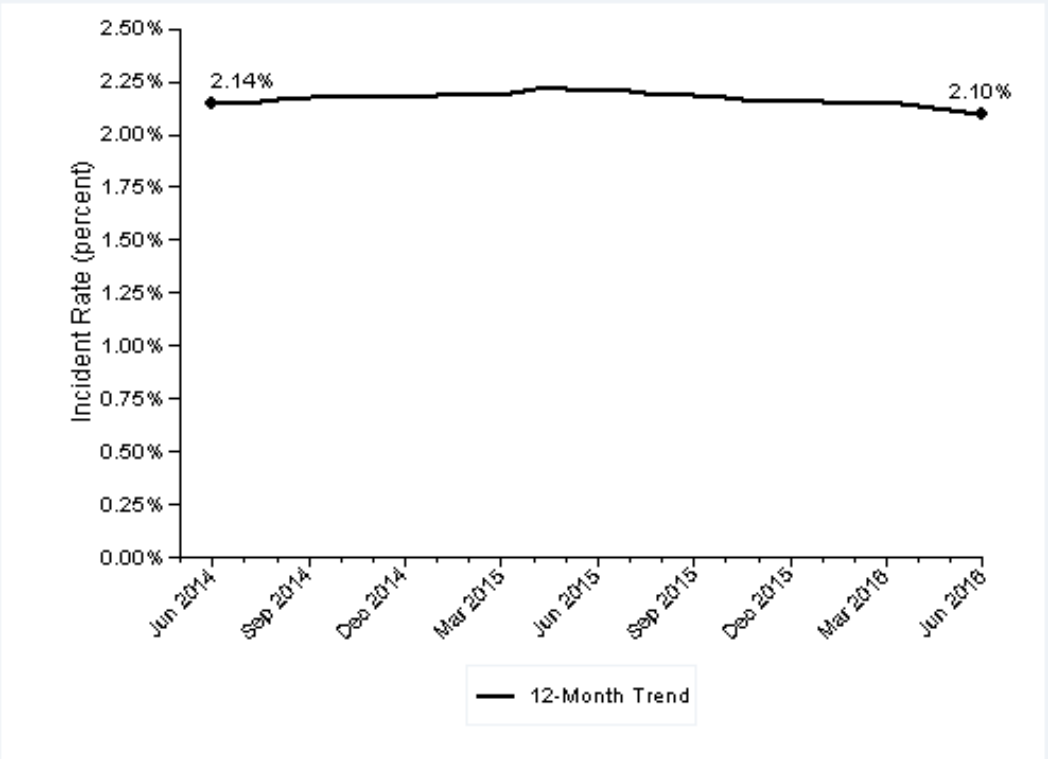
The *Raw Rate* is defined as the percentage of statewide individuals who experience one or more special incidents in an average month. This rate is calculated by dividing the *total number of individuals with one or more incidents* by the *total individual population*. Note that this rate does not tell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

The *Case-Mix Adjusted Rate* accounts for differences in the characteristics of the individual 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 individuals 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 Individuals, June 2014 – June 2016



Key Findings:

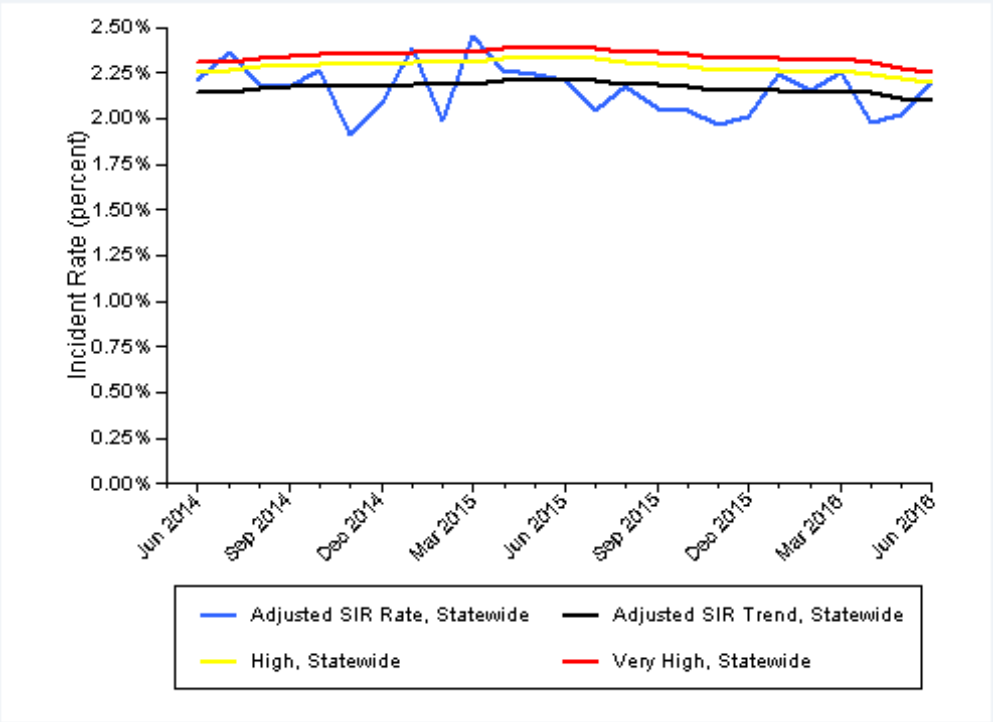
- The long-term trend (the 12-month moving average) has slightly decreased over the last year after a steady increase until April 2015.
- The 12-month moving average in June 2016 (2.10%) is the lowest it has been over the last two years.

More About These Data

The monthly incident rate is defined as the share of individuals 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 individual population over time. This approach, called "case-mix adjustment," controls for changes in individual 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 Individuals, June 2014 – June 2016



Key Findings:

- After being lower than the long-term trend through the summer and fall of 2015, the adjusted incident rate rose starting in December. Although the non-mortality incident rate was above the long-term trend in January and March, these increases were lower than in previous years.
- The adjusted incident rate increased in June to 2.2%, but remained just below the "high" threshold.

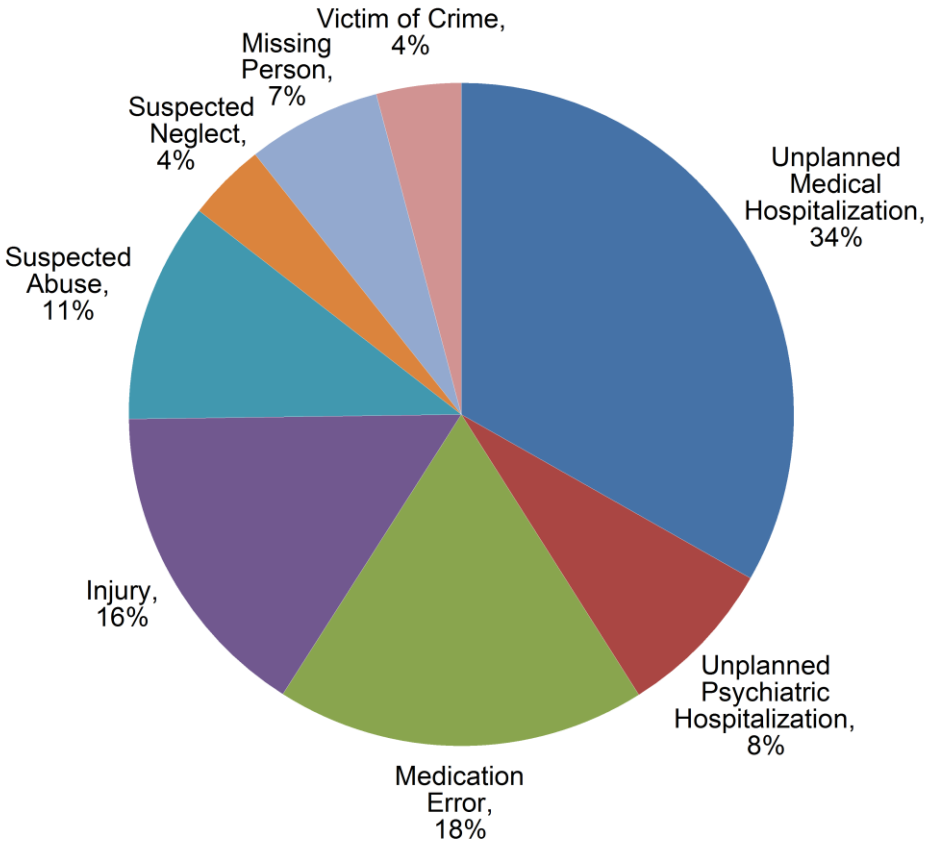
More About These Data

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 individuals 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 individual 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."

Breakdown of Non-Mortality Special Incidents

Figure 3: Breakdown of Non-Mortality Special Incidents by Type Out-of-Home Individuals, January – June 2016



Key Findings:

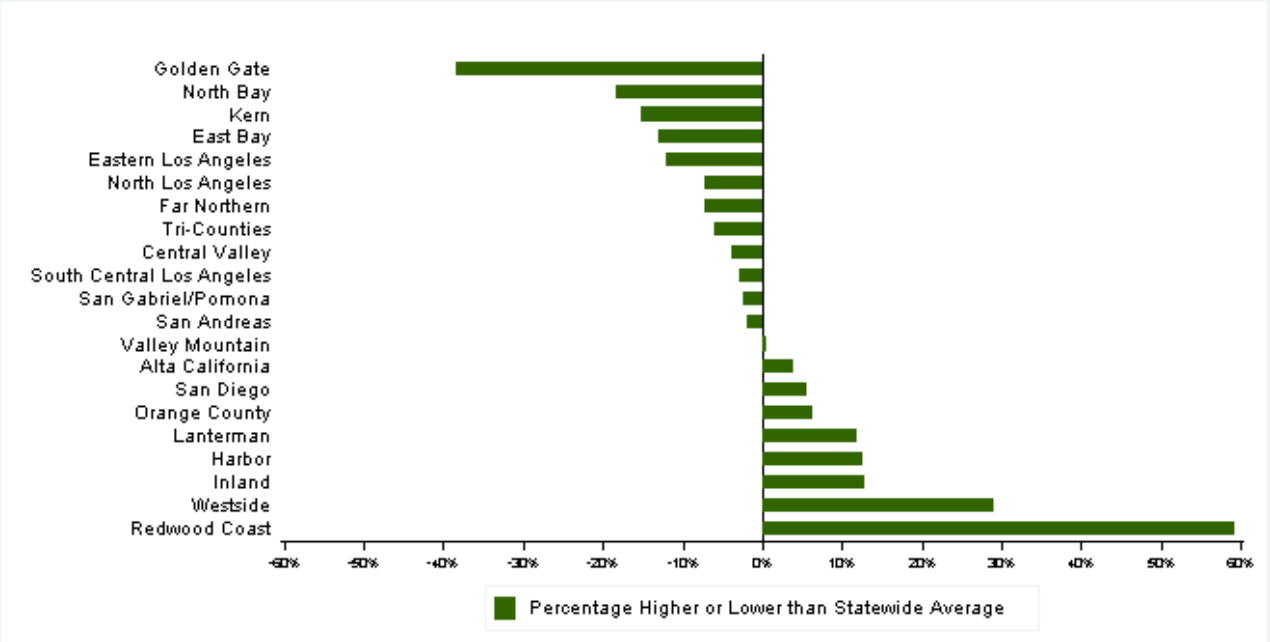
- The distribution of incident types is similar to that of previous periods.
- Unplanned medical hospitalizations comprised about one third of all incidents in this semi-annual period.
- Victim of crime and suspected neglect incidents continue to be the two least common types of incidents.

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 July 2015 – June 2016



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. RCRC's rate was nearly 60% higher than the state average during July 2015 – June 2016. This gap is slightly higher than in the previous period, when RCRC was 55% higher than the state average.

Follow-Up Activities:

- Mission Analytics Group (Mission) 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. Mission is also providing technical assistance for suspected abuse incidents at RCRC, which also contributes to RCRC's high rate of non-mortality incidents. See page 7 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 individual population over time. See page 2 for more details.

Key Findings and Activities

Mission 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 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 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 individuals statewide.
- *Long-Term Increases in Incident Rates*: Mission has a multi-stage process to investigate 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 identified regional centers, we conduct additional analyses to determine the detailed incident types and/or individual 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 established that the increase in medication errors accounted for the difference between RCRC's non-mortality incident rate and the statewide average. Mission has continued to conduct follow-up analyses of medication errors at RCRC every six months. RCRC implemented the Medication Error Diagnostic Tool to limit medication errors in its SLS population. Mission will continue to analyze the completed tools on a quarterly basis and provide support to RCRC in implementation of this, and other mitigation strategies.
    - Mission has also provided two technical assistance reports regarding an increase in suspected abuse incidents at RCRC this semi-annual period. Additionally, Mission and DDS held an in-person meeting with RCRC to review data and discuss mitigation strategies. Mission will continue to provide support to RCRC to identify strategies to reduce suspected abuse incidents.

System Improvement Activities:

- *DDS SafetyNet Website*: Mission 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 Association of Regional Center Agencies' Chief Counselor Risk Management Committee, SafetyNet materials respond directly to trends in special incident

rates to help manage risk among the individual population. In this semi-annual period, DDS published winter content focused on heart health to address unplanned medical hospitalizations due to cardiac-related conditions and spring content focused on staying safe in the community.

- *DDS Mental Health Services Act (MHSA):* Cycle III (Fiscal Year 2014/15 - 2016/17) MHSA Projects are in their second year. A Mental Health/Forensic Collaborative will assist individuals 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 referrals 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.