

California Department of
Developmental Services

Special Incident Trends

Semiannual Report July - December 2019

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August 2020

Summary of Trends

Special Incident Report (SIR) Trends

July-December 2019



350,303
Individuals

served by DDS between July and December 2019, up from 343,309 individuals served between January and June 2019.



11,316
SIRs

were submitted between July and December 2019, 3% lower when compared to the January and June 2019 period.



32.3 SIRs per
1,000 people

were reported, compared to 32.8 in July and December 2018.



16% lower
mortality

in July-December 2019 than in July-December 2017. The rate was 7% lower than in July-December 2018



5% more medical
hospitalizations

and 8.8% more psychiatric admissions were reported this period for individuals residing outside the home of a parent or guardian. This is consistent with previous reports.



2% more individuals
had non-mortality
incidents

relative to the July-December periods in 2017 and 2018.



11.5% of individuals
had non-mortality
incidents

among those living outside the home of a parent or guardian.

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About This Report

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 (SIRs), 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 an individual is receiving services funded by a regional center (under vendored care). In addition, any occurrence of mortality or an individual being the victim of crime must be reported whether or not it occurred while they were under vendored care. As DDS' independent risk management contractor, Mission Analytics Group, Inc. (Mission) conducts aggregate analyses of SIR data.

This report provides a semiannual analysis of the number and rate of SIRs for individuals served by DDS in community settings between July and December 2019. It also includes an overview of the activities conducted by DDS and its independent risk management contractor to understand and address any system-level issues identified by SIR reporting. Results reflect data as of March 2020, for July-December 2019.

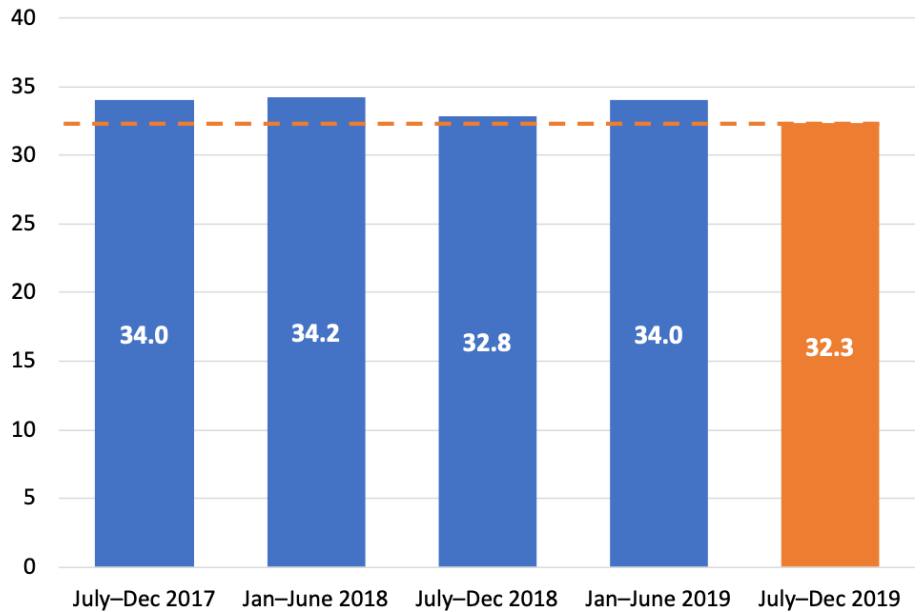
Overall Trend in SIRs

All Individuals

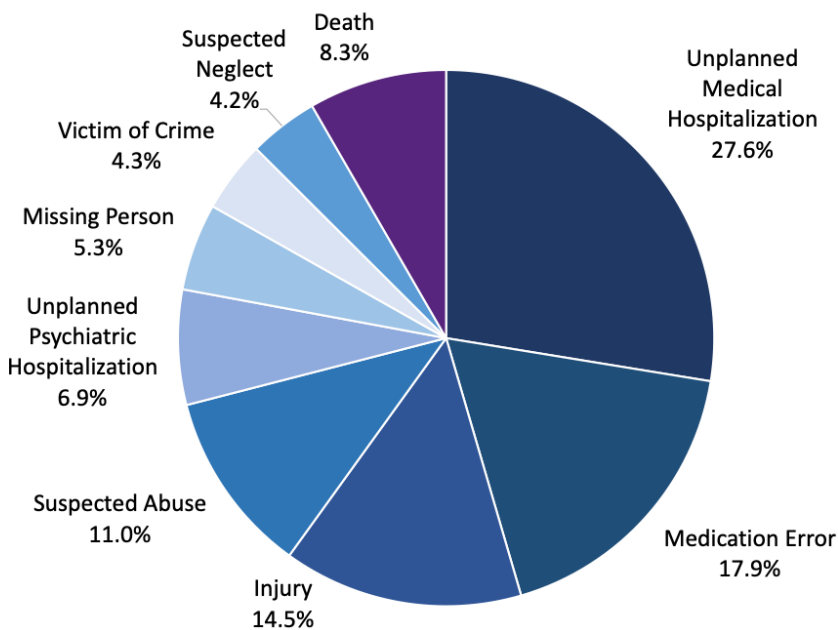
The number of special incident reports (SIRs) per 1,000 individuals was lower this period following a seasonal increase in the previous period.

There were 11,316 SIRs reported between July and December 2019, down from 11,683 SIRs reported between January and June 2019. In most years, fewer SIRs are reported from July to December than from January to June. Adjusting for the larger number of people served in 2019, the number of SIRs per 1,000 individuals in this period was slightly lower at 32.3 than 32.8 in July to December 2018. The decline is larger relative to the July-December 2017 period, when there were 34.0 SIRs per 1,000 individuals.

Number of SIRs per 1,000 Individuals Served by DDS



Breakdown of Incidents by Type



Unplanned medical hospitalizations declined by 5.5%, and together with medication errors, continue to make up almost half of all the reported incidents.

In July-December 2019, there were 10,352 non-mortality incidents and 964 deaths. SIRs can have one or more incident types. Of the non-mortality incidents, there were 3,188 unplanned medical hospitalizations and 2,071 medication errors. Together they account for approximately 46% of all incidents. These remain the two largest categories of all SIR incidents. (See page 17 for a breakdown of incident type and subtype.)

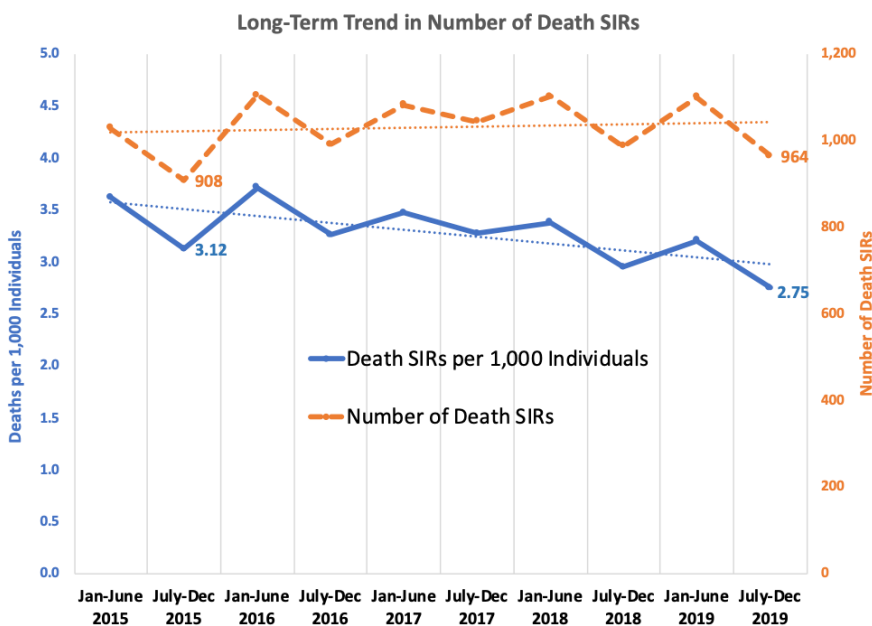
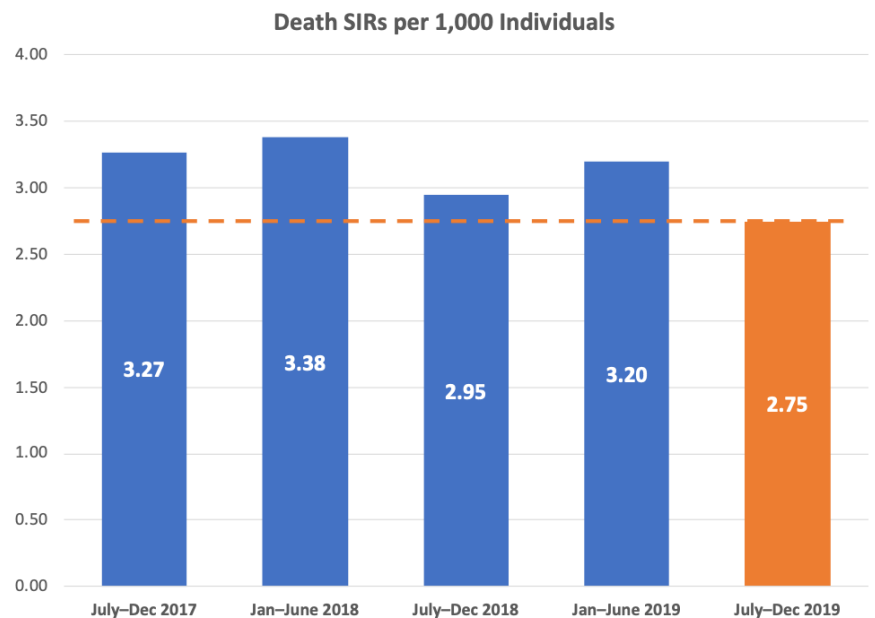
Mortality Incidents

Trend in the Rate of Mortality Incidents

All Individuals

Mortality has been trending downward in the July-December period since 2017.

This period, there were 964 deaths overall or 2.75 deaths per 1,000 individuals. This rate was lower than the July-December periods for 2017 and 2018. In 2017 there were 1,043 deaths, or 3.27 per 1,000 individuals, and in 2018, there were 986 deaths, or 2.95 deaths per 1,000 individuals. It is likely that some deaths are not yet included in this total. Death SIRs are often reported late for individuals not in vendored care. The rates for previous periods reflect the most recent data and are higher than in previous reports.



The rate of mortality incidents has been trending downward since at least the January to June period of 2015.

The change in total deaths is consistent with a "sawtooth" pattern observed over time, with a very slight upward trend reflective of an increasing number of individuals served over time. The current period saw a continued decline in the rate of mortality incidents, to 2.75 per 1,000 individuals. This is lower than the immediately preceding period (3.2 per 1,000) and represents the lowest observed rate of mortality incidents since the January to June period of 2015.

Mortality Incidents: Demographic Groups

All Individuals

For the July-December 2019 period, the mortality rate was flat or down across all age groups other than individuals who were 51-60 years old.

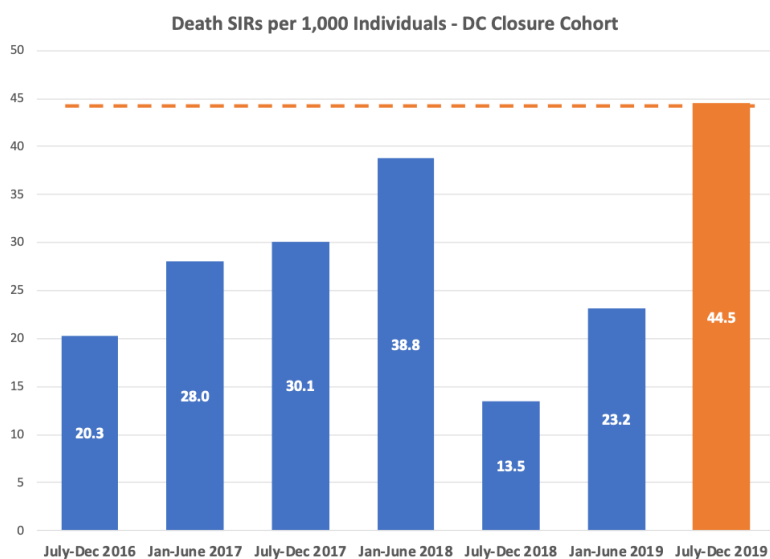
The mortality rate for 51-60 year olds was 11.5 deaths per 1,000 individuals. This is higher than the rate for the same group in the July-December periods of 2017 and 2018, which averaged 10.4 per 1,000.

The overall increase in mortality for 51-60 year olds is explained largely by an increase in mortality for individuals living with a parent or guardian, from an average of 6.7 per 1,000 in the July-December periods of 2017 and 2018, to 9.2 in 2019. There was also a smaller increase among individuals not living with a parent or guardian, 11.7 per 1,000 in 2017, to 12.4 per 1,000 in 2018. Mortality was uniformly lower across residence types.

Demographic Groups with Elevated Rates

- 51-60 year olds residing in the home of a parent or guardian

50 deaths compared to an average of 36 in 2017 and 2018



Among individuals affected by the closure of the developmental centers, the mortality rate this period was higher than in any period since July-December 2016.

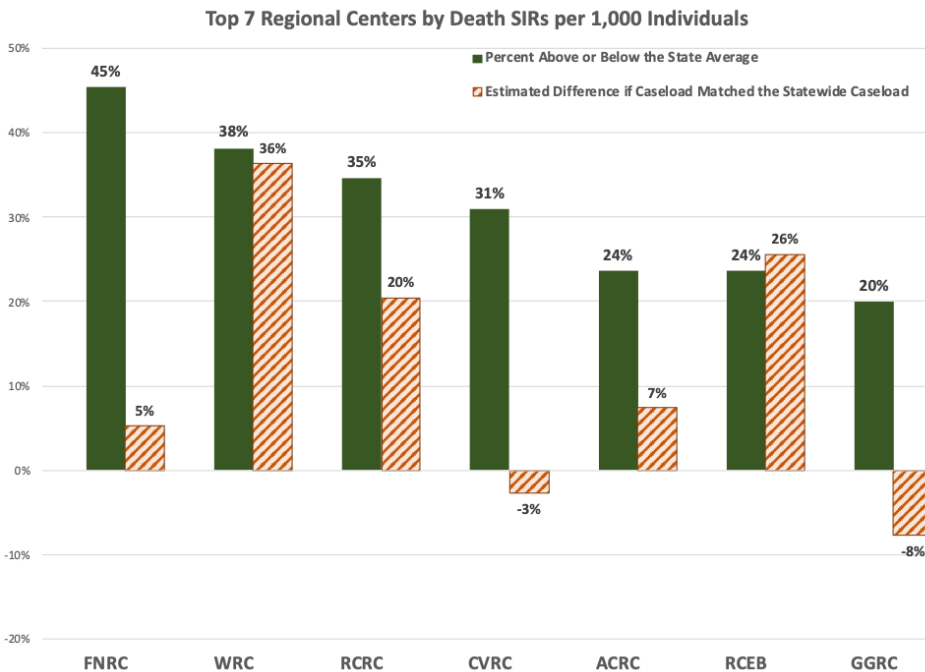
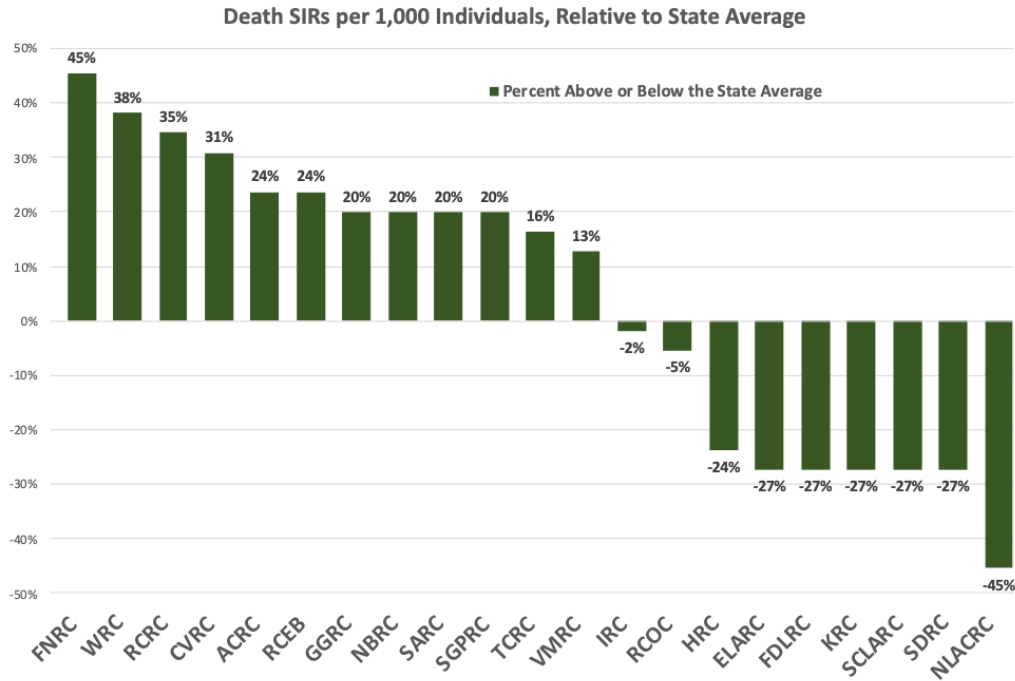
Death SIRs reported above exclude individuals who lived in developmental centers (DCs), because incidents in these settings are tracked in different data systems. Deaths for the cohort of individuals who were living at DCs when the closures were announced in May 2015 are tracked separately. There were 32 deaths reported this period for the closure cohort, which caused the mortality rate to increase from 23.2 deaths per 1,000 individuals in January-June 2019 to 44.5 deaths per 1,000 individuals this period. This is likely related to the more advanced age of the cohort and their medical fragility. DDS is investigating this increase as well.

Mortality Incidents: Regional Centers

All Individuals

Deaths per 1,000 individuals vary substantially across regional centers, from a low of 1.5 per 1,000 to a high of 4.0.

In the July-December 2019 period, mortality varied widely between regional centers. Mortality was highest at FNRC where the rate was 4.0 per 1,000, or 45% above the state average of 2.7. NLACRC had the lowest rate, 1.0 deaths per 1,000, or 45% below the state average. The mortality rates at WRC, RCRC, and CVRC were also high with 38%, 35%, and 31% greater than the state's average respectively. (See page 19 for regional center abbreviations)



The apparently high mortality rates at FNRC, RCRC, and CVRC, however, are substantially explained by special characteristics of their caseloads.

Adjusting for differences between regional center caseloads substantially changes how regional center mortality rates compares with one another. If we match all regional centers to the statewide caseload, mortality at FNRC falls to 5% above the statewide rate. The same is true of RCRC, CVRC, and ACRC, whose rates fall to 20% above, 3% below and 7% above the statewide rate respectively.

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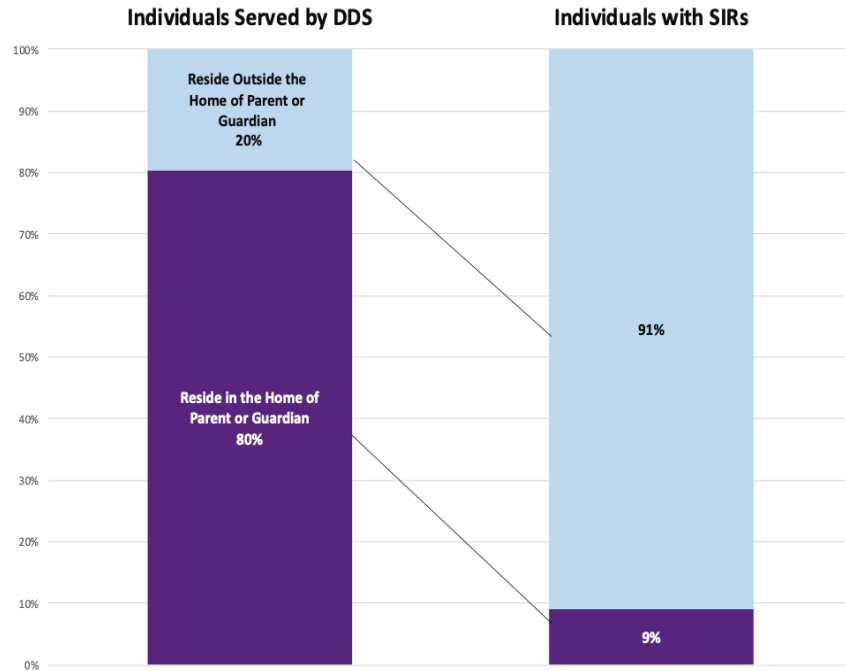
All Other Incident Types

Non-Mortality Incidents: Overview

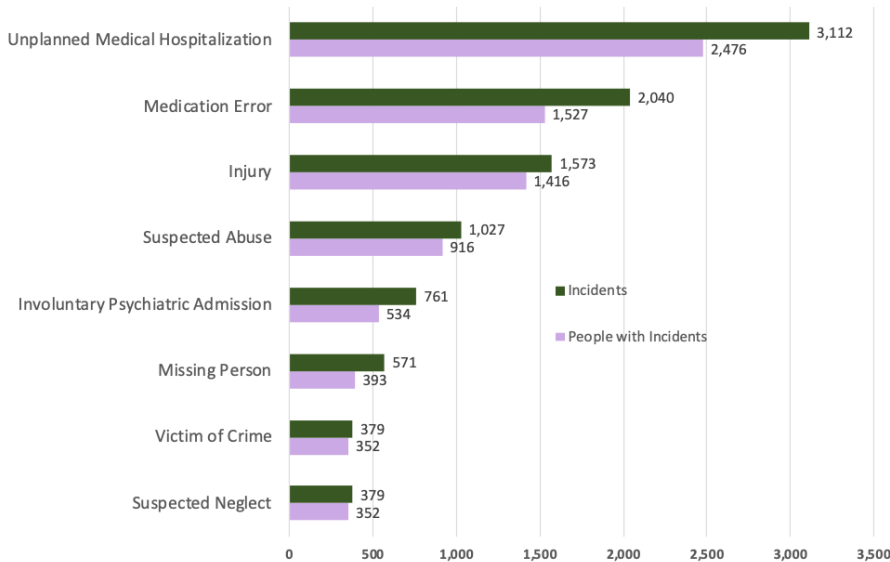
Individuals Residing Outside the Home of a Parent or Guardian

20% of the population that DDS serves live outside the home of a parent or guardian. As in previous periods, this group accounts for the vast majority (91%) of the individuals involved in reported non-mortality incidents.

Individuals who reside with a parent or guardian represent 80% of those served by DDS, but accounted for only 9% of individuals with non-mortality SIRs. This difference reflects different reporting requirements. Except for victim of crime incidents, non-mortality SIRs are reportable only when individuals are in long-term health facilities or under vendored care. Incident reporting is not required for individuals who are not receiving regional center vendored services. For this reason, the semi-annual reports monitor trends for non-mortality SIRs of the approximately 69,000 individuals who do not live with a parent or guardian.



Incidents by Type



Unplanned medical hospitalizations accounted for just under one third of non-mortality SIRs.

From July to December 2019, there were 3,112 hospitalization SIRs for 2,476 individuals not living with a parent or guardian. These hospitalizations represented 31.6% of the 9,842 non-mortality SIRs during the period. This is consistent with previous periods. Internal infections and respiratory illnesses were the most common reason for reportable hospitalizations. (A breakdown by type of hospitalization is included on the next page.) Medication errors were the next most common type of incident: There were 2,040 such incidents in July-December 2019 affecting 1,527 individuals and accounting for 20.7% of non-mortality SIRs.

Non-Mortality Incidents: Breakdown by Type

Individuals Residing Outside the Home of a Parent or Guardian

Incidents by Type and Subtype, July-December 2019

Incident Type and Sub-Type*	Incidents	Individuals
Unplanned Medical Hospitalization	3,112	2,476
Cardiac-related	209	191
Diabetes	92	78
Internal infection	1,360	1,164
Nutritional deficiency	159	150
Respiratory illness	1,028	875
Seizure	280	242
Wound/skin care	166	156
Unplanned Psychiatric Hospitalization	761	534
Suspected Abuse	1,027	916
Alleged emotional/mental abuse	253	246
Alleged financial abuse	153	148
Alleged physical/chemical restraint	36	34
Alleged physical abuse	503	449
Alleged sexual abuse	150	134
Suspected Neglect	379	352
Fail to assist with personal hygiene	43	40
Fail to prevent dehydration	6	6
Fail to prevent malnutrition	4	3
Fail to provide care-elder/adult	97	92
Fail to provide food/clothing/shelter	34	32
Fail to provide medical care	74	71
Fail to protect from health/safety hazards	160	154
Injury	1,573	1,416
Bite	75	68
Burns	28	28
Fracture	594	576
Dislocation	35	34
Internal bleeding	270	236
Lacerations/sutures/staples	550	514
Medication reactions	53	50
Puncture wounds	22	21
Medication Error	2,040	1,527
Victim of Crime	379	352
Aggravated assault	148	138
Burglary	40	40
Forcible rape or attempted rape	56	50
Personal robbery	26	25
Larceny	120	117
Missing Person	571	393
TOTAL ALL NON-MORTALITY	9,842	7,966

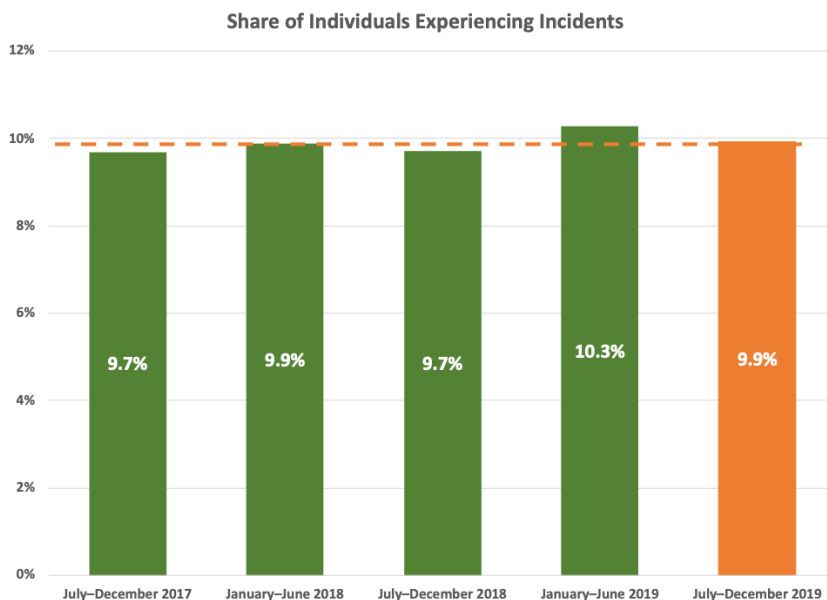
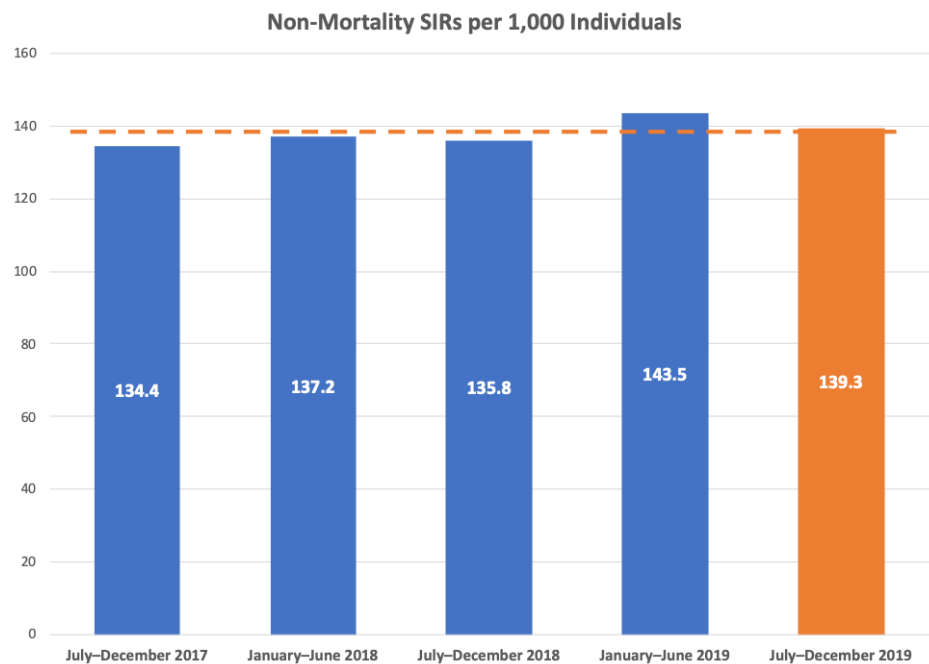
* Incidents with more than one type are listed under each type and subtype, so totals may differ from the sum across types.

Trend in the Rate of Non-Mortality Incidents

Individuals Residing Outside the Home of a Parent or Guardian

The rate of non-mortality incidents increased slightly for the July-December period between 2017 and 2019.

Non-mortality incidents have increased in the July-December period for the last three years—from 9,072 incidents in 2017, to 9,283 in 2018 and 9,616 in 2019. At 139.3 incidents per 1,000 individuals, the rate of non-mortality incidents is 2.6% higher than it was in the July-December 2018 period and 3.6% higher than in the July-December 2017 period. The number of SIRs initially treated as reportable to DDS this period is likely to fall as regional centers and DDS follow up on them. Hospitalizations, for example, are often reported at admission then reclassified as non-reportable based on discharge diagnoses.



The share of individuals with non-mortality incidents also increased slightly between 2017 and 2019.

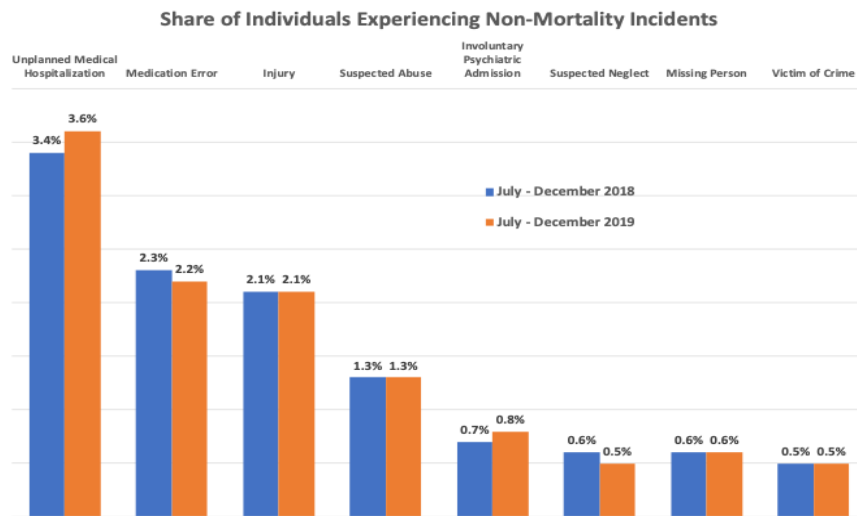
This period, 9.9% of individuals experienced one or more incidents, compared to 9.7% of individuals in the same period of 2018 and 2017—which is an increase of 2.1% in 2019 relative to the earlier periods. Therefore, the higher rate of non-mortality SIRs per 1,000 individuals in 2019 reflects a larger share of individuals experiencing incidents. As shown on page 11 below, there is also a larger share of individuals experiencing multiple incidents.

Trend in the Rate of Non-Mortality Incidents

Individuals Residing Outside the Home of a Parent or Guardian

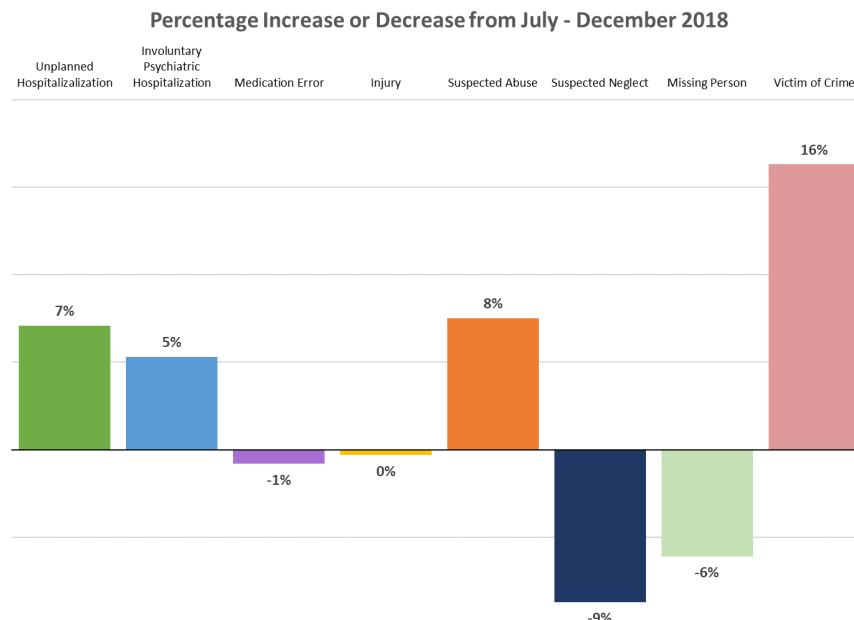
The higher share of individuals with incidents in 2019 is explained partly by increases in unplanned medical hospitalization and involuntary psychiatric admission.

Unplanned hospitalizations increased from 2,337 in July-December 2018 to 2,476 in the same period of 2019. This caused the share of individuals with unplanned medical hospitalizations to increase from 3.4% to 3.6%. At the same time, involuntary psychiatric admissions increased from 486 to 534, and the share of individuals with a psychiatric admission increased from 0.7% to 0.8%.



The share of individuals with reported medication errors and suspected neglect declined slightly between 2018 and 2019.

The number of individuals with medication errors declined from 1,567 in July-December 2018 to 1,527 in 2019. This led the share of individuals with medication errors to decline from 2.3% in July-December 2018 to 2.2% in 2019. Over the same period, the number of individuals with reports of suspected neglect decreased from 390 to 352, which led the share of individuals with reported neglect to decrease from 0.6% to 0.5%. Victim of crime incidents increased this period but these incidents don't occur often, therefore, a small number of incidents can cause an increase.

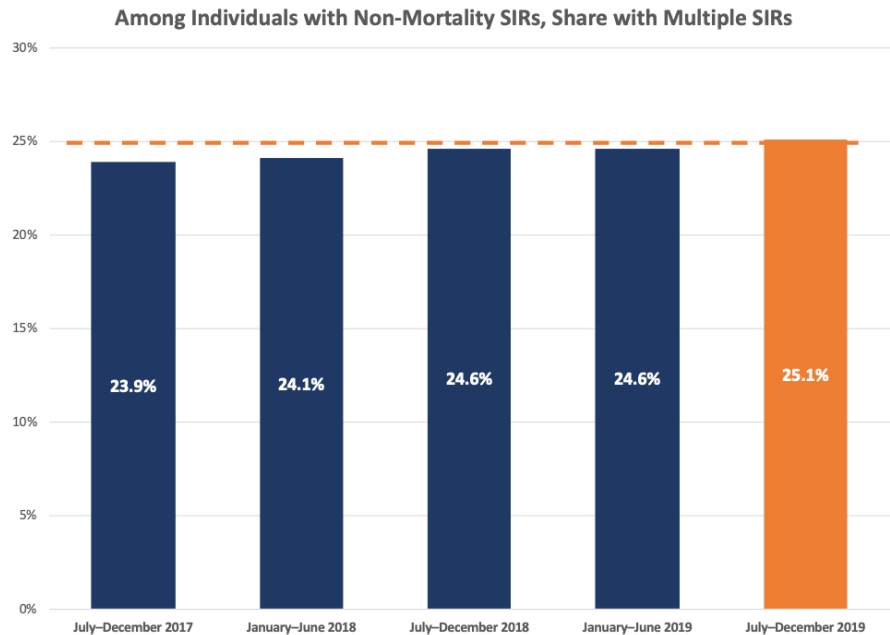


Non-Mortality Incidents: Multiple Incidents

Individuals Residing Outside the Home of a Parent or Guardian

The share of individuals with multiple incidents has increased steadily since 2017.

In July-December 2017, 23.9% of individuals with any incident experienced multiple incidents. This share increased to 24.6% in July-December 2018 and 25.1% in July-December 2019. This implies that the number of individuals with multiple incidents is increasing faster than the population.



Individuals with Multiple Non-Mortality Incidents

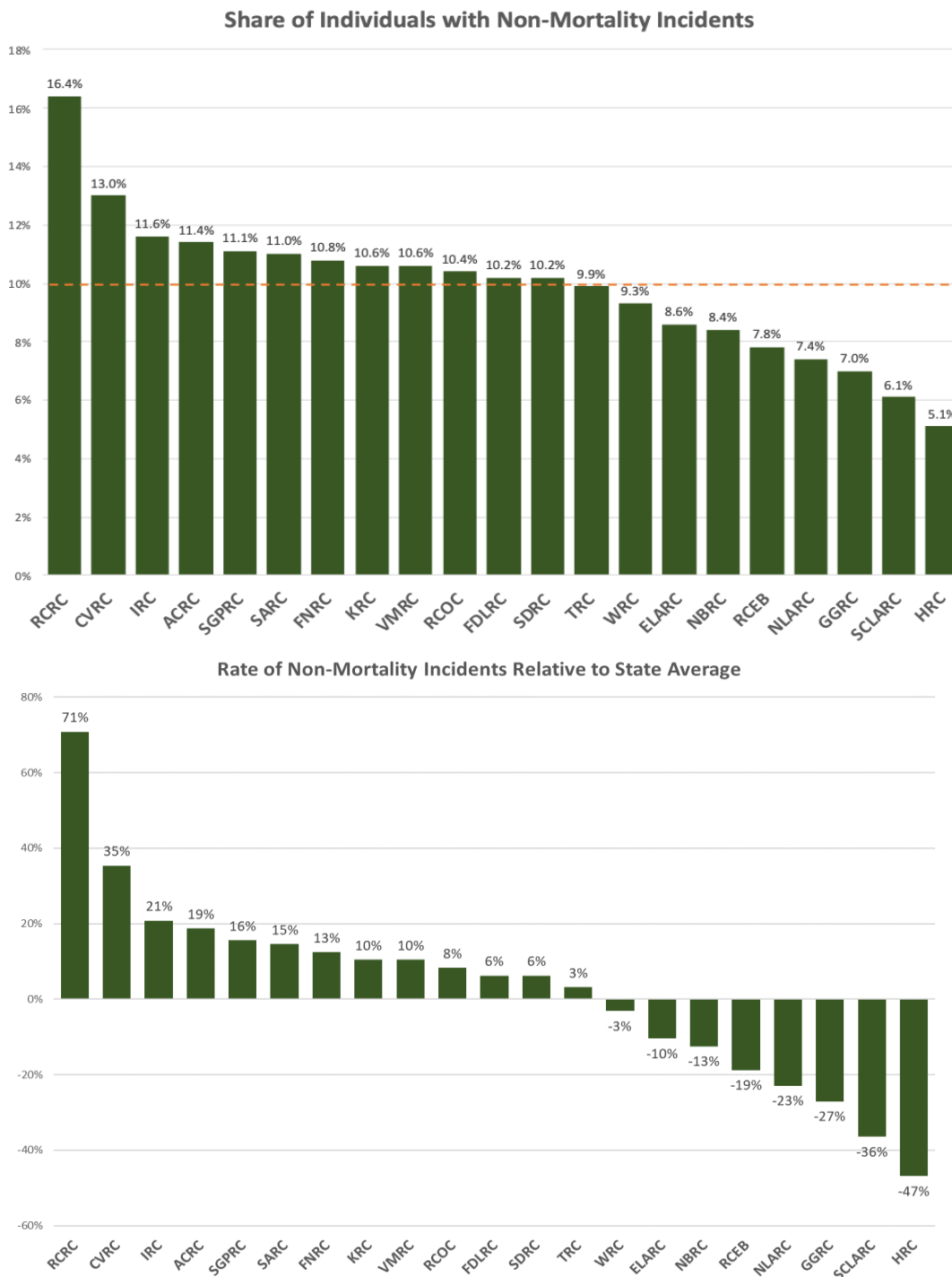
Incidents Per Person	Number of Individuals	Share of Individuals	Share of Incidents
1	5,114	75%	54%
2	1,167	17%	24%
3 to 5	496	7%	17%
6 to 9	50	1%	3%
10 or more	11	0%	2%

8% of individuals with any incident experienced 3 or more incidents within six months.

557 individuals experienced three or more incidents in the July-December 2019 period. This group accounted for 2,165 incidents, or 22% of all non-mortality incidents. This mix was similar to last period, when individuals with three or more incidents accounted for 2159 incidents, which was also 22% of all non-mortality incidents occurring among individuals not living with a parent or guardian.

Non-Mortality Incidents: Regional Centers

Individuals Residing Outside the Home of a Parent or Guardian



The share of individuals with non-mortality incidents in July-December 2019 varied across regional centers from a high of 16.4% to a low of 5.1%.

In July-December 2019 16.4 percent of individuals at RCRC not living with a parent or guardian experienced at least one non-mortality incident. This rate was fully 71% above the state average and represents an increase of 0.4 percent for RCRC relative to July-December 2018. By contrast, 5.1 percent of individuals at HRC experienced a non-mortality incident, which was 47% below the state average and represented a 1.1% decrease relative to July-December 2018. Overall, the rate of non-mortality incidents increased at 11 of the 21 regional centers between 2018 and 2019, and 8 decreased.

The background of the slide is a collage of various data visualization elements in a light, semi-transparent grey color. It includes several line graphs with fluctuating lines, bar charts with vertical bars of varying heights, pie charts with slices of different colors and percentages, and a world map showing continents. There are also some circular diagrams and abstract patterns. The overall aesthetic is clean and professional, typical of a business or financial report.

Risk Management Activities

Risk Management Highlights for July - December 2019



Sepsis Special Analysis

In January, an analysis suggested that statewide, around 46% of unplanned medical hospitalizations for internal and respiratory illness may be sepsis cases. This information was shared with DSPs and regional centers in a quarterly newsletter and they were offered technical assistance.



Ad Hoc Risk Data Analyses

During the last half of 2019, several analyses were examined including medication errors in Adult Family Home Agencies, statewide incident trends in Intermediate Care Facilities, and Supported Living Service agencies.

Major Activities for January - June 2020

Launch of New Website

The DDS Health Toolkit was launched in May. It provides practical tools and information for self-advocates, vendors, and direct support professionals. Feedback from individuals in these groups is incorporated into the content to ensure the content is useful for the intended audience.

OIG Claims Analysis

The Office of the Inspector General (OIG) at the U.S. Department of Health and Human Services is using Medicaid claims data to identify gaps in incident reporting by states. California is working to determine the effectiveness of Medi-Cal claims to detect unreported hospitalizations, injuries or other incidents that trigger emergency room visits.

Support for COVID-19 Tracking

In March, DDS issued a directive for reporting incidents related to COVID-19 that were not previously reportable under Title 17. DDS is reviewing and tracking all COVID-19 related incidents on a daily basis to quickly identify and address risks arising from COVID-19 and shelter-in-place orders.

Planned Training on Reporting

Prior to the pandemic, DDS planned to partner with regional centers to address OIG findings by providing incident report training. DDS plans to initiate training in the coming months.

Ongoing Activities in the Risk Management Contract



Daily Activities

- ❖ Review and follow-up for all SIRs to verify that health and safety measures have been implemented for impacted individuals



Monthly Activities

- ❖ Review of vendor and RC timeliness in reporting SIRs within regulatory requirements
- ❖ Examine SIRs with no outcomes identified
- ❖ Examine SIRs that have been open for more than 90 days with no outcomes



Quarterly Activities

- ❖ Quarterly reports to regional centers on SIR trends
- ❖ Summaries for DDS on incidents among cohort monitored by the Centers for Medicare and Medicaid Services
- ❖ Notifications on individuals with selected risk characteristics
- ❖ Reports for regional centers collecting supplementary data on medication errors and/or fall risks
- ❖ Review of regional center responses to incident spikes



Semiannual Activities

- ❖ Monitoring of quality of life and SIR trends for Developmental Center Quality Management Advisory Groups
- ❖ Summaries to DDS' Quality Management Executive Committee



Annual Activities

- ❖ Year in Review Report
- ❖ Mortality SIR Match to Vital Statistics



Ongoing Activity

- ❖ Ad Hoc technical assistance and follow up

Appendix

Table 1: Incidents by Type and Subtype for Total Population, July - December 2019

Incident Type and Sub-Type*	All Individuals		Individuals Residing Outside the Home of a Parent/Guardian	
	Incidents	Individuals	Incidents	Individuals
Unplanned Medical Hospitalization	3,188	2,542	3,112	2,476
Cardiac-related	217	198	209	191
Diabetes	95	81	92	78
Internal infection	1,375	1,179	1,360	1,164
Nutrition deficiency	162	153	159	150
Respiratory illness	1,044	889	1,028	875
Seizure	308	267	280	242
Wound/skin care	173	163	166	156
Unplanned Psychiatric Hospitalization	802	563	761	534
Suspected Abuse	1,276	1,154	1,027	916
Alleged emotional/mental abuse	303	295	253	246
Alleged financial abuse	166	161	153	148
Alleged physical/chemical restraint	46	44	36	34
Alleged physical abuse	617	561	503	449
Alleged sexual abuse	223	205	150	134
Suspected Neglect	484	449	379	352
Fail to assist with personal hygiene	59	56	43	40
Fail to prevent dehydration	7	7	6	6
Fail to prevent malnutrition	4	3	4	3
Fail to provide care-elder/adult	121	115	97	92
Fail to provide food/clothing/shelter	39	36	34	32
Fail to provide medical care	81	78	74	71
Fail to protect from health/safety hazards	222	213	160	154
Injury	1,672	1,513	1,573	1,416
Bite	79	72	75	68
Burns	29	29	28	28
Fracture	634	615	594	576
Dislocation	43	42	35	34
Internal bleeding	279	245	270	236
Lacerations/sutures/staples	588	552	550	514
Medication reactions	58	55	53	50
Puncture wounds	23	22	22	21
Medication Error	2,071	1,555	2,040	1,527
Victim of Crime	497	469	379	352
Aggravated assault	210	199	148	138
Burglary	48	48	40	40
Forcible rape or attempted rape	75	69	56	50
Personal robbery	31	30	26	25
Larceny	146	143	120	117
Missing Person	608	426	571	393
Mortality	964	964	618	618
All Non-Mortality	10,352	7,517	9,616	6,854
All SIRs**	11,316		10,234	
All Incidents***	11,562		10,460	

*Incidents with more than one type are listed under each type and subtype, so totals may differ from the sum across types.

**Total number of reported SIRs.

***Total number of incidents reported. SIRs can have multiple incident types.



Glossary

Regional Centers

Alta California Regional Center (ACRC)
 Central Valley Regional Center (CVRC)
 Eastern Los Angeles Regional Center (ELARC)
 Far Northern Regional Center (FNRC)
 Frank D Lanterman Regional Center (FDLRC)
 Golden Gate Regional Center (GGRC)
 Harbor Regional Center (HRC)
 Inland Regional Center (IRC)
 Kern Regional Center (KRC)
 North Bay Regional Center (NBRC)
 North Los Angeles County Regional Center (NLACRC)
 Redwood Coast Regional Center (RCRC)
 Regional Center of Orange County (RCOC)
 Regional Center of the East Bay (RCEB)
 San Andreas Regional Center (SARC)
 San Diego Regional Center (SDRC)
 San Gabriel/Pomona Regional Center (SGPRC)
 South Central Los Angeles Regional Center (SCLARC)
 Tri-Counties Regional Center (TCRC)
 Valley Mountain Regional Center (VMRC)
 Westside Regional Center (WRC)

Reportable Special Incident Definitions

Injury – Serious injury/accident, including lacerations requiring sutures or staples; puncture wounds requiring medical treatment beyond first aid; fractures; dislocations; bites that break the skin and require medical treatment beyond first aid; internal bleeding requiring medical treatment beyond first aid; any medication errors; medication reactions that require medical treatment beyond first aid; or burns that require medical treatment beyond first aid.

Medication error – When an individual under vendored care experiences one or more of the following situations: 1) wrong medication, 2) wrong dose, 3) wrong time, 4) wrong route, or 5) wrong individual.

Missing person – These conditions must apply: the vendor has communicated with any law enforcement agency in any way and described the individual as missing to that agency or has filed a formal missing person’s report with a law enforcement agency.

Mortality – Any individual death, regardless of cause.

Suspected abuse – Reasonably suspected abuse/exploitation, including physical, sexual, fiduciary, emotional/mental, or physical and/or chemical restraint.

Suspected neglect – Reasonably suspected neglect, including failure to provide medical care for physical and mental health needs; prevent malnutrition or dehydration; protect from health and safety hazards; or assist in personal hygiene or the provision of food, clothing, or shelter, or exercise the degree of care that a reasonable person would exercise in the position of having the care and custody of an elder or a dependent adult.

Unplanned medical hospitalization – Unplanned hospitalization due to the following conditions: respiratory illness, seizure-related; cardiac-related, internal infections, diabetes, wound/skin care, and nutritional deficiencies.

Unplanned psychiatric hospitalization – Unplanned or unscheduled hospitalization due to a psychiatric condition when all of the following conditions are met: The discharge diagnosis indicates that the individual was admitted to hospital for a psychiatric condition, the individual is not conserved and does not consent to the admission, or the individual is conserved and the individual's parent, legal guardian or conservator does not consent to the admission, and the legal mechanism used to accomplish the admission is in Welfare and Institutions Code Section 6500.

Victim of crime – Victim of reportable crimes include the following: robbery, aggravated assault, larceny, burglary, and rape.

Residence Types Other than Home of Parent or Guardian

ILS/SLS: Independent Living Skills or Supported Living Services

CCF: Community Care Facility

ICF/DD: Intermediate Care Facility, including

- ICF/Developmentally Disabled (ICF/DD)
- ICF/Developmentally Disabled-Habilitation(ICF/DD-H)
- ICF/ Developmentally Disabled-Nursing (ICF/DD-N)

SNF/NF: Skilled Nursing Facility/Nursing Facility

FHA or Foster: Family Home (Adults) and Foster Home (Children) Licensed

SRF: Specialized Residential Facility

Correctional Facility or Transient: Transient/homeless, State Hospital, Correctional Institution (Prison), California Youth Authority

Other: Certified Foster Home (Children) FFA, Psychiatric Treatment Center, Rehabilitation Center, Acute general hospital, Sub-acute, Sub-acute Pediatric, Community Treatment Facility, Hospice, Unknown

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