

California Department of
Developmental Services

Special Incident Trends

Semiannual Report January - June 2019

Prepared By:
Mission Analytics Group, Inc.

April 2020

Summary of Trends

Special Incident Report (SIR) Trends

January-June 2019



343,309
Individuals

served by DDS between January and June, up from 334,282 individuals served between July and December 2018.



11,636
SIRs

were submitted between January and June 2019, up from 10,957 between July and December 2018 but lower than the same period a year ago.



33.9 SIRs per
1,000 people

were reported, compared to 34.2 in January to June 2018.



8% more
deaths

were reported this period than the previous period but there were 3% fewer deaths reported when compared to the same period in 2018.



10% more
hospitalizations

were reported for individuals residing outside the home of a parent or guardian compared to the same period in 2018.



1 in 10
individuals
had incidents

among those living outside the home of a parent or guardian. This share includes those with at least one incident other than death. This is consistent with the rate in recent periods.



8% of people
had 3 or more
incidents

and accounted for 23% of incidents in the six-month period. Among people with at least one incident, one in four had multiple incidents in the period.

Table of Contents

Overall Trend in SIRs	1
Mortality Incidents	2
Trend in the Rate of Mortality Incidents	3
Mortality Incidents: Demographic Groups	4
Mortality Incidents: Regional Centers	5
All Other Incident Types	6
Non-Mortality Incidents: Overview	7
Non-Mortality Incidents: Breakdown by Type	8
Trend in the Rate of Non-Mortality Incidents	9
Non-Mortality Incidents: Multiple Incidents	11
Non-Mortality Incidents: Regional Centers	12
Risk Management Activities	13
Appendix	16
Glossary	18

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 January and June 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 September 2019, for January-June 2019.

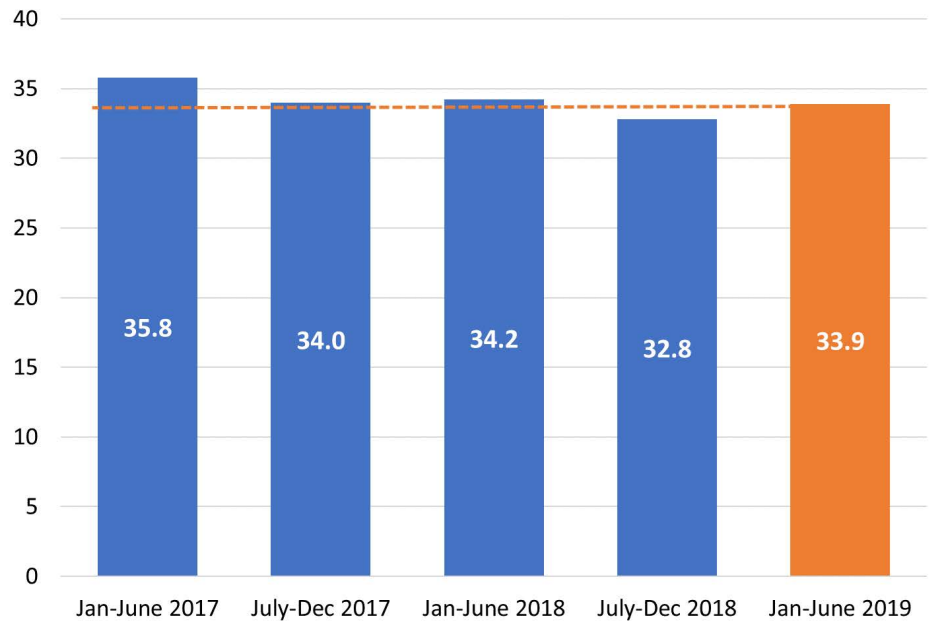
Overall Trend in SIRs

All Individuals

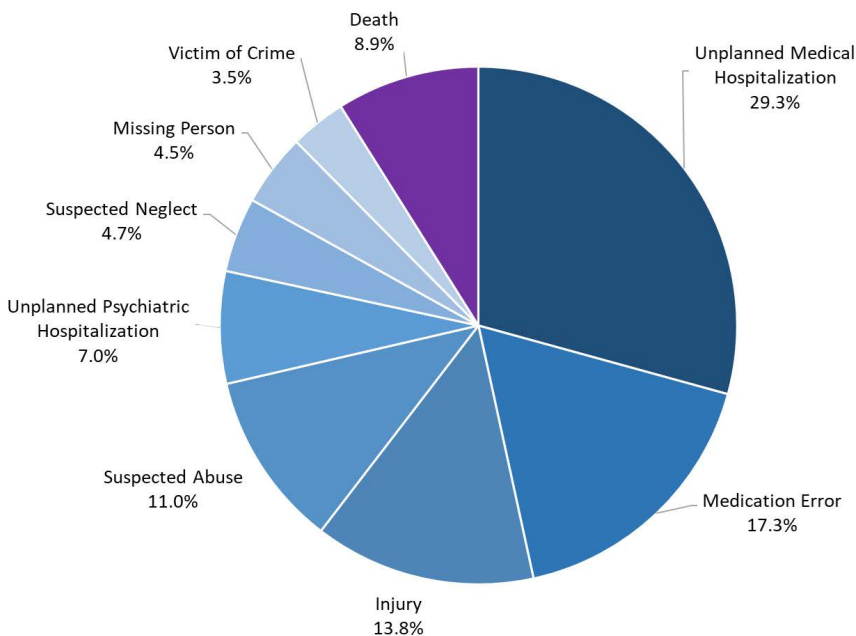
The number of special incident reports (SIRs) per 1,000 individuals was higher than in the previous period, but there is a downward trend in SIRs for January-June periods over the last three years.

Between January and June 2019, there were a total of 11,636 SIRs, up from 10,957 in July-December 2018. There are typically more SIRs in January to June periods, compared to July-December periods. The number of SIRs was slightly lower in recent January-June periods, when there were 11,160 SIRs in 2018 and 11,169 in 2017. However, DDS served almost 25,000 more individuals in June 2019 than in June 2018. As a result, the number of SIRs per 1,000 individuals served is lower than in the January to June periods for 2017 and 2018.

Number of SIRs per 1,000 Individuals Served by DDS



Breakdown of Incidents by Type



Unplanned medical hospitalizations continue to represent almost 30 percent of reported incidents.

From January-June 2019, there were 1,061 reported deaths and 10,575 non-mortality SIRs. SIRs can have one or more incident types. Of these, there were 3,477 unplanned medical hospitalizations and 2,056 medication errors making up nearly 50% of the non-mortality SIRs this reporting period. These are consistently the two leading incident types reported. (See page 17 for a breakdown of incident type and subtype.)

Mortality Incidents

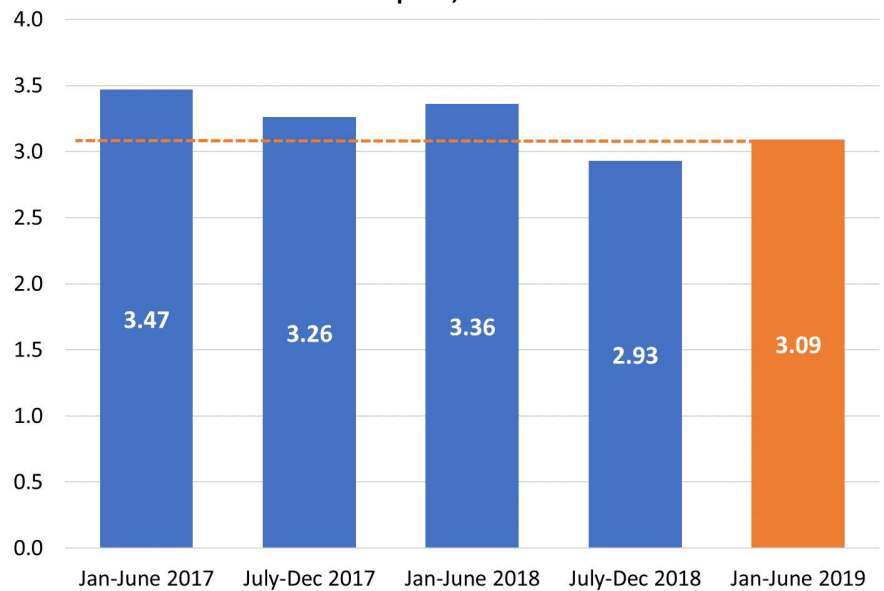
Trend in the Rate of Mortality Incidents

All Individuals

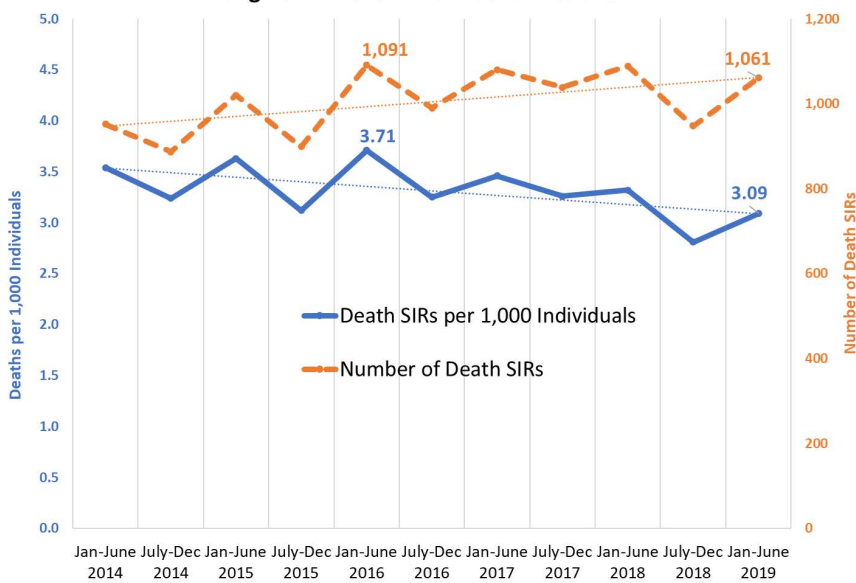
The 1,061 reported deaths this period was lower than in the same period in previous years.

This period, there were 3.09 deaths per 1,000 individuals. This rate was lower than the January to June periods for 2017 and 2018. The 1,082 deaths from January-June 2017 represented 3.47 per 1,000 individuals. In January-June 2018, there were 1,096 deaths, or 3.36 per 1,000 individuals. It is likely that there are additional deaths that 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.

Death SIRs per 1,000 Individuals



Long-Term Trend in Number of Death SIRs



Even with a typical upturn of deaths in the January to June period, the rate of mortality incidents is generally trending down.

The increase in deaths this period is consistent with a “sawtooth” pattern observed over time, with higher rates in January-June periods and lower rates in July to December periods. This pattern was less evident recently because the rate did not fall as much in July-December 2017. Overall, the mortality rate is falling, with a relatively flat number of deaths and more individuals served over time.

Mortality Incidents: Demographic Groups

All Individuals

The decline in deaths occurred across most demographic groups.

Deaths by age group, residence, and qualifying disability were examined. Overall, the rate of deaths was flat or down across all age groups, except for individuals aged 31-40 years old residing outside the home of a parent or guardian. There were 4.5 deaths per 1,000 individuals in this age group. This was the same as last period, but higher than in earlier years.

There was also an increase in the number of deaths among individuals residing in Community Care Facilities (CCFs) compared to the previous four periods. There were 251 deaths among almost 24,000 individuals residing in CCFs compared to an average of 217 in recent periods but represents only a 15.7% increase in the share of deaths.

DDS is tracking these trends and conducting additional analyses.

Demographic Groups with Elevated Rates

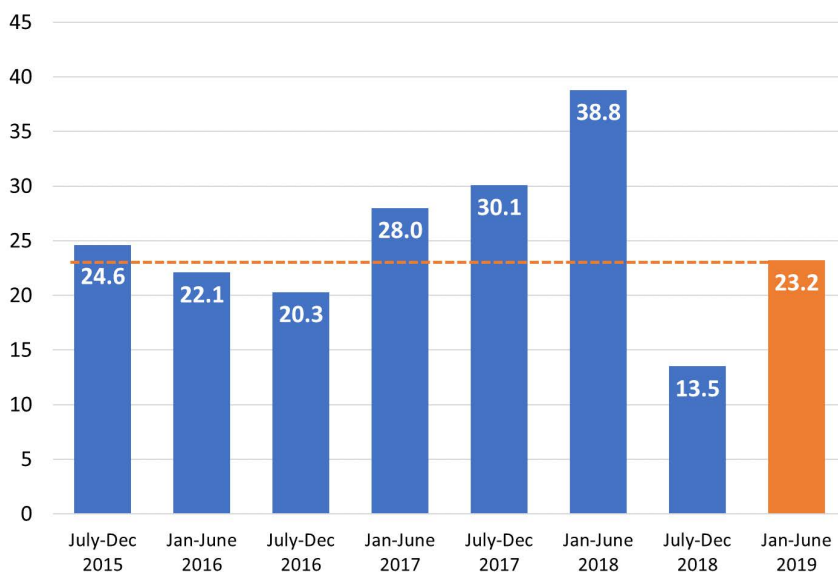
- 31-40 year olds residing outside the home of a parent or guardian

57 deaths compared to an average of 47 in the previous 4 periods

- Individuals residing in CCFs

251 deaths compared to an average of 217 in the previous 4 periods

Death SIRs per 1,000 Individuals - DC Closure Cohort



Deaths were up this period among individuals affected by the closure of the developmental centers.

Death SIRs reported above exclude individuals who resided in developmental centers (DCs), because incidents in these settings are tracked in different data systems. Deaths for the cohort of individuals who were residing at DCs when the closures were announced in May 2015 are tracked separately. With 17 deaths reported this period, the rate of death SIRs for this cohort was higher than last period, up from 13.5 deaths per 1,000 individuals to 23.2 deaths per 1,000 individuals. However, the rate was unusually low last period, after having been unusually high in the January to June 2018 period.

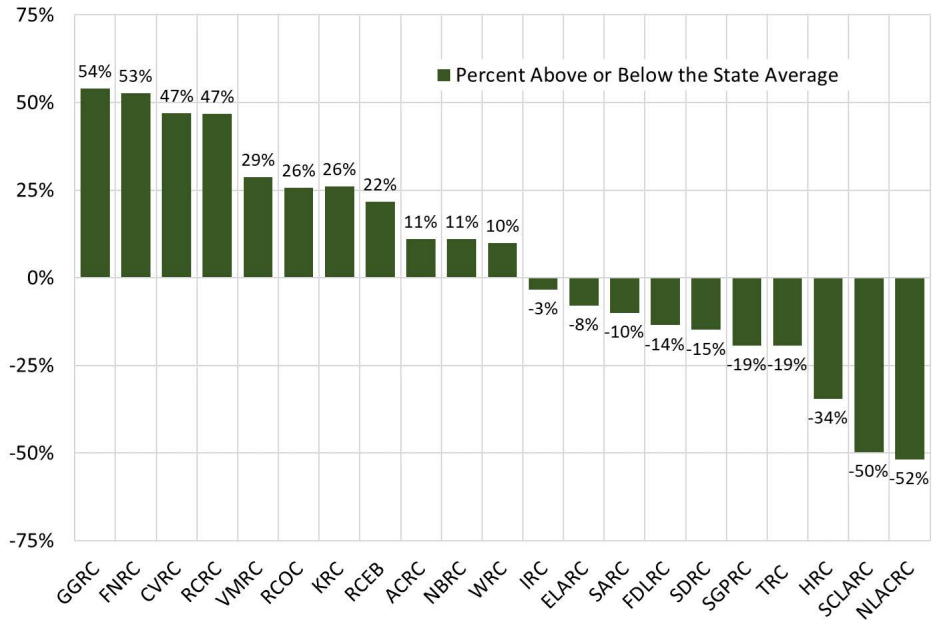
Mortality Incidents: Regional Centers

All Individuals

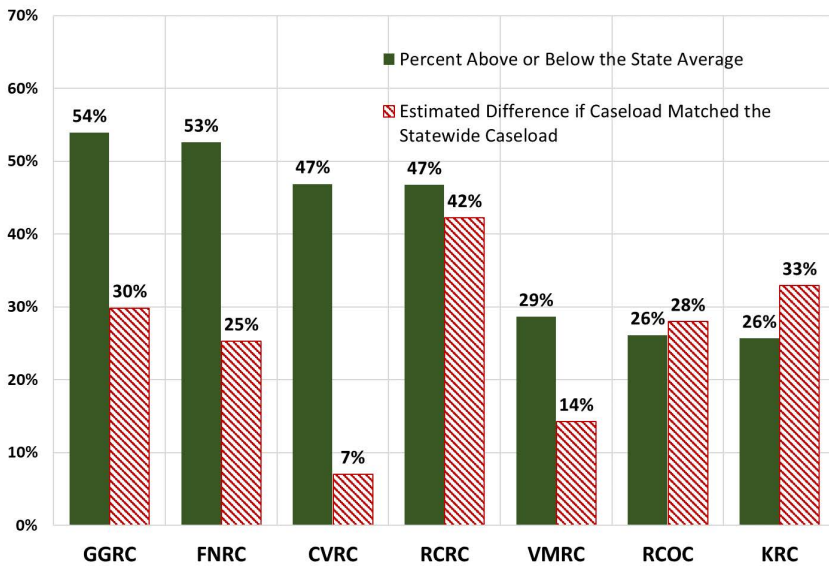
3.0 individuals per 1,000 passed away this period.

Individuals served by two regional centers experienced more mortality SIRs resulting in 50% rates above the state average of 3.0 deaths per 1,000 individuals. However, both regional centers were closer to the state average than in the previous period. For example, GGRC had 4.76 deaths per 1,000 individuals which is lower than the same period a year ago. Only one regional center (WRC) had a substantial increase in its rate compared to January-June 2018. WRC moved from below the state average to above the state average. (See page 19 for regional center abbreviations.)

Death SIRs per 1,000 Individuals, Relative to State Average



Top 7 Regional Centers by Death SIRs per 1,000 Individuals



The three regional centers with the highest rates of reported deaths serve more individuals who are elderly or have significant health issues.

Regional centers may have higher rates of reported deaths because they serve larger shares of individuals who are older, have greater health needs, or have more limitations from their disabilities. For four of the five regional centers with the highest rates of reported deaths, these factors explain much of the difference between their rate and the state average. Statistical analysis shows the difference if all regional centers served the same mix of individuals. At 42% above the statewide average, RCRC has the highest rate of reported deaths not explained by the characteristics of the individuals served.

The background of the slide is a collage of various data visualization elements, including line graphs, bar charts, pie charts, and network diagrams, all rendered in a light, semi-transparent style. A central green rectangular box contains the text "All Other Incident Types".

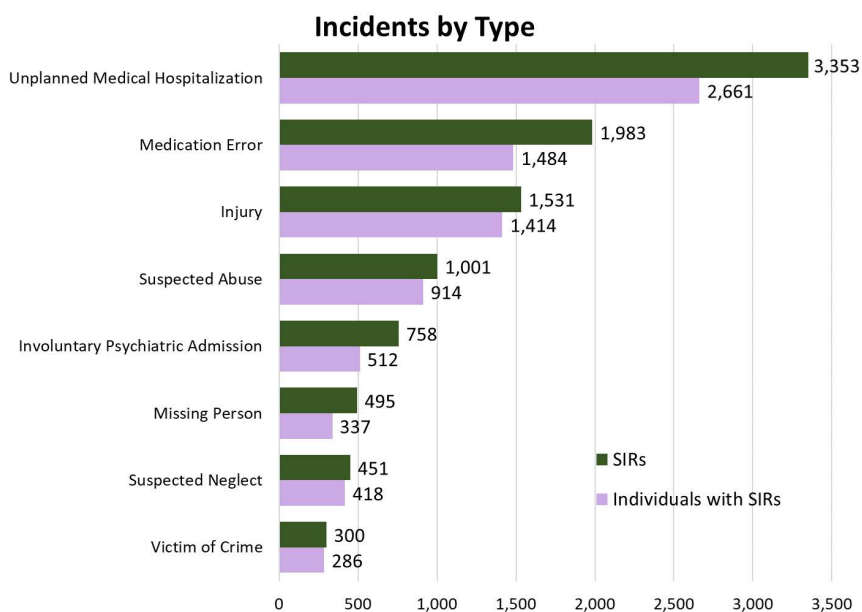
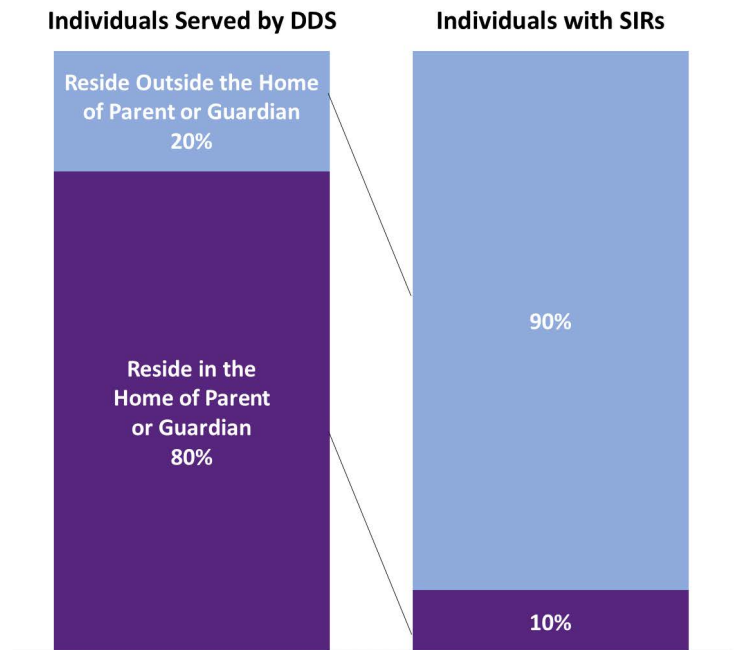
All Other Incident Types

Non-Mortality Incidents: Overview

Individuals Residing Outside the Home of a Parent or Guardian

Consistent with previous periods, 90% of the individuals involved in reported non-mortality incidents resided outside the home of a parent or guardian. 20% of the population live in residential settings that are subject to reporting requirements.

Individuals who reside with a parent or guardian represent 80% of those served by DDS, but accounted for only 10% of non-mortality SIRs. This gap 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. There is no incident reporting 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 67,000 individuals who reside outside the home of a parent or guardian.



Unplanned medical hospitalizations accounted for more than one third of non-mortality SIRs.

From January to June 2019, there were 3,353 hospitalization SIRs experienced by 2,661 individuals residing outside the home of a parent or guardian. These hospitalizations represented almost 35% of the 9,641 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, with 1,983 (21% of non-mortality SIRs) medication errors impacting 1,484 individuals.

Non-Mortality Incidents: Breakdown by Type

Individuals Residing Outside the Home of a Parent or Guardian

Incidents by Type and Subtype, January-June 2019

Incident Type and Sub-Type ¹	Incidents	Individuals
Unplanned Medical Hospitalization	3,353	2,661
Cardiac-related	232	213
Diabetes	84	74
Internal infection	1,349	1,170
Nutrition deficiency	132	124
Respiratory illness	1,261	1,050
Seizure	293	262
Wound/skin care	202	186
Involuntary Psychiatric Admission	758	512
Suspected Abuse	1,001	914
Alleged emotional/mental abuse	239	231
Alleged financial abuse	190	180
Alleged physical/chemical restraint	41	37
Alleged physical abuse	452	427
Alleged sexual abuse	149	145
Suspected Neglect	451	418
Fail to assist with personal hygiene	54	53
Fail to prevent dehydration	3	3
Fail to prevent malnutrition	7	7
Fail to provide care-elder/adult	151	139
Fail to provide food/clothing/shelter	31	31
Fail to provide medical care	93	91
Fail to protect from health/safety hazards	165	155
Injury	1,531	1,414
Bite	77	69
Burns	22	22
Fracture	605	591
Dislocation	38	38
Internal bleeding	300	256
Lacerations/sutures/staples	460	446
Medication reactions	52	52
Puncture wounds	18	18
Medication Error	1,983	1,484
Victim of Crime	300	286
Aggravated assault	144	136
Burglary	31	31
Forcible rape or attempted rape	40	39
Personal robbery	26	26
Larceny	67	66
Missing Person	495	337
TOTAL ALL NON-MORTALITY	9,641	6,894

¹Incidents with more than one type are listed under each type and subtype, so totals may differ from the sum across types.

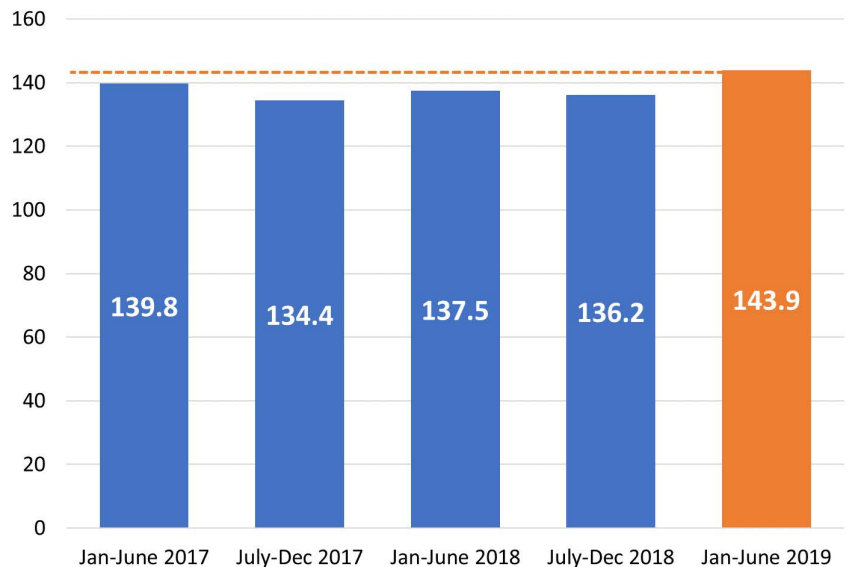
Trend in the Rate of Non-Mortality Incidents

Individuals Residing Outside the Home of a Parent or Guardian

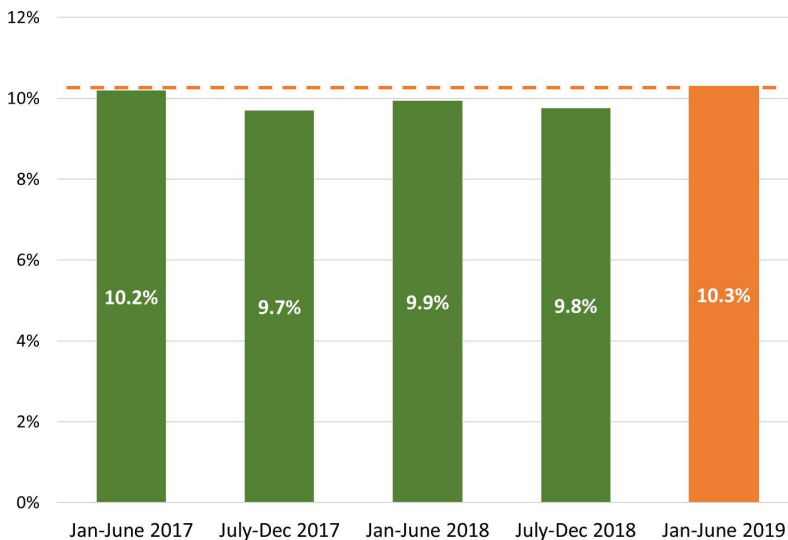
The rate of non-mortality SIRs was higher than in recent periods.

With 9,641 SIRs involving individuals residing outside the home of a parent or guardian, both the number of SIRs, and the rate of SIRs per 1,000 individuals were higher than in the comparable periods in 2017 and 2018. The rate this period is 5% higher than in 2018 and 3% higher than in 2017. The number of SIRs initially deemed reportable to DDS this period is likely to fall as follow up is completed. For example, hospitalizations are often reported at admission then recategorized as non-reportable based on discharge diagnoses.

Non-Mortality SIRs per 1,000 Individuals



Share of Individuals Experiencing Incidents



More individuals experienced one incident and a larger share of individuals experienced multiple incidents.

This period, 10.3% of individuals experienced one or more incidents, compared to 9.9% of individuals in the same period in 2018, and 10.2% of individuals in 2017. These increases are smaller than the increases in the overall rate. This means that the higher rate of non-mortality SIRs per 1,000 individuals not only reflects more individuals experiencing SIRs, but also reflects a larger share of individuals experiencing multiple incidents. See page 11 for more detailed information about multiple incidents.

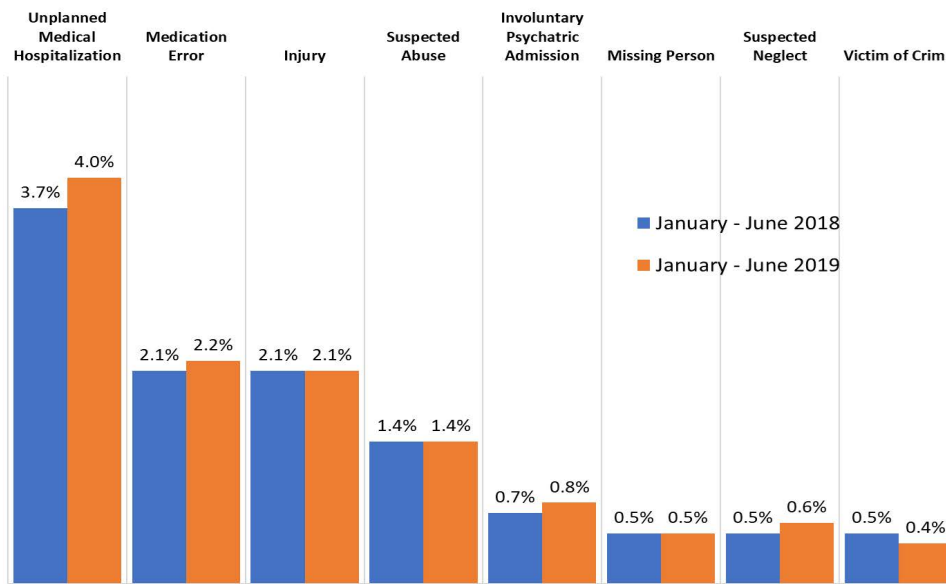
Trend in the Rate of Non-Mortality Incidents

Individuals Residing Outside the Home of a Parent or Guardian

Compared to the same period last year, a larger share of individuals experienced unplanned medical hospitalizations.

The increase in total share is mostly explained by higher shares of people with SIRs for unplanned medical hospitalizations, which rose by 0.3 percentage point. This increase reflects 200 more individuals with unplanned hospitalizations in 2019 than in the same months of 2018. Out of 2,661 individuals hospitalized this period, 511 experienced two or more hospitalizations in the six-month period, up from 450 in 2018.

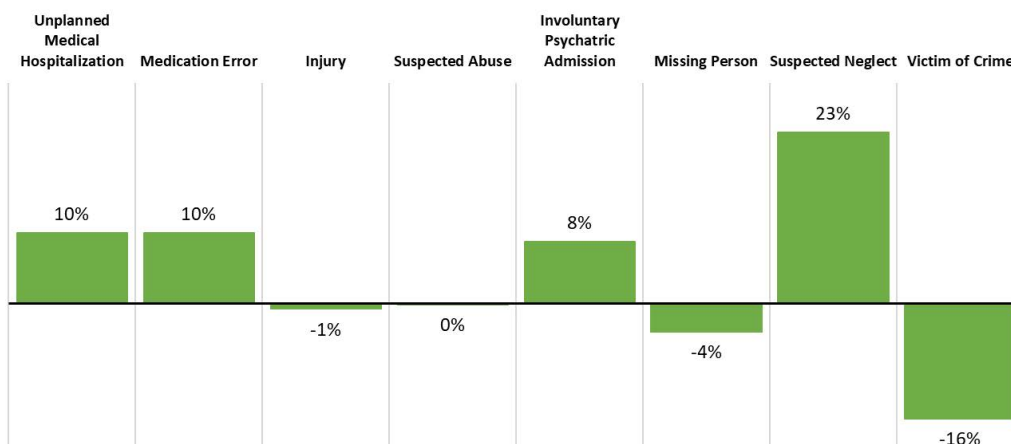
Share of Individuals Experiencing Non-Mortality Incidents



There were also increases in medication errors, involuntary psychiatric admissions, and suspected neglect incidents.

Suspected neglect incidents had the highest percentage increase from last year, up 23%, or 89 more incidents. However, suspected neglect is still one of the least frequently reported incident types. The share of individuals with multiple suspected neglect incidents was lower than in 2018.

Percentage Increase or Decrease from January-June 2018

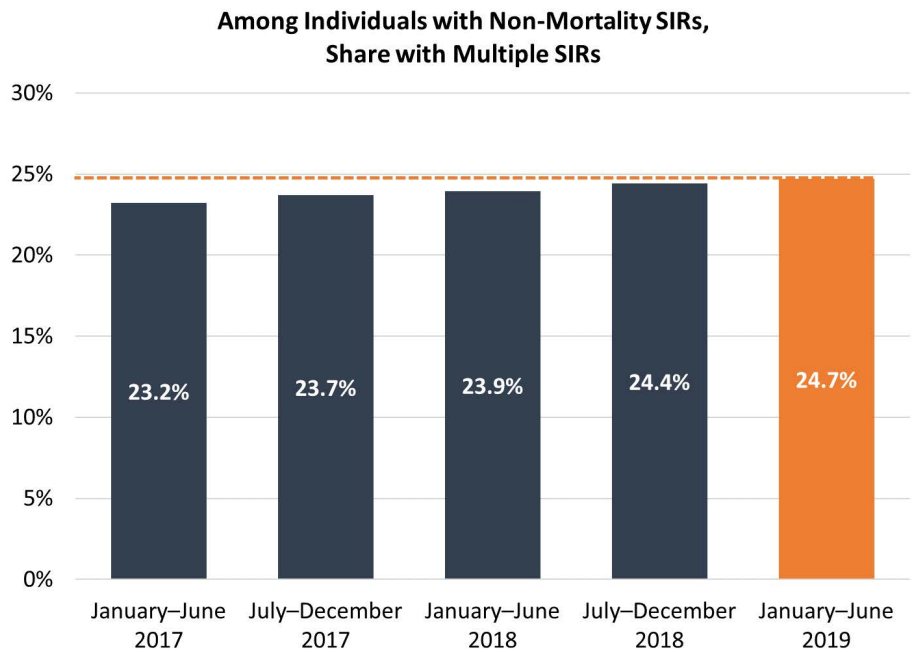


Non-Mortality Incidents: Multiple Incidents

Individuals Residing Outside the Home of a Parent or Guardian

The share of individuals with multiple incidents has increased over time.

The share of people with any SIRs has fluctuated from period to period, but the share with multiple SIRs has been increasing steadily over time. Among individuals with at least one reported incident, almost 25% experienced multiple SIRs during the period. This increase contributes to the higher number of SIRs per 1,000 individuals.



Individuals with Multiple Non-Mortality Incidents

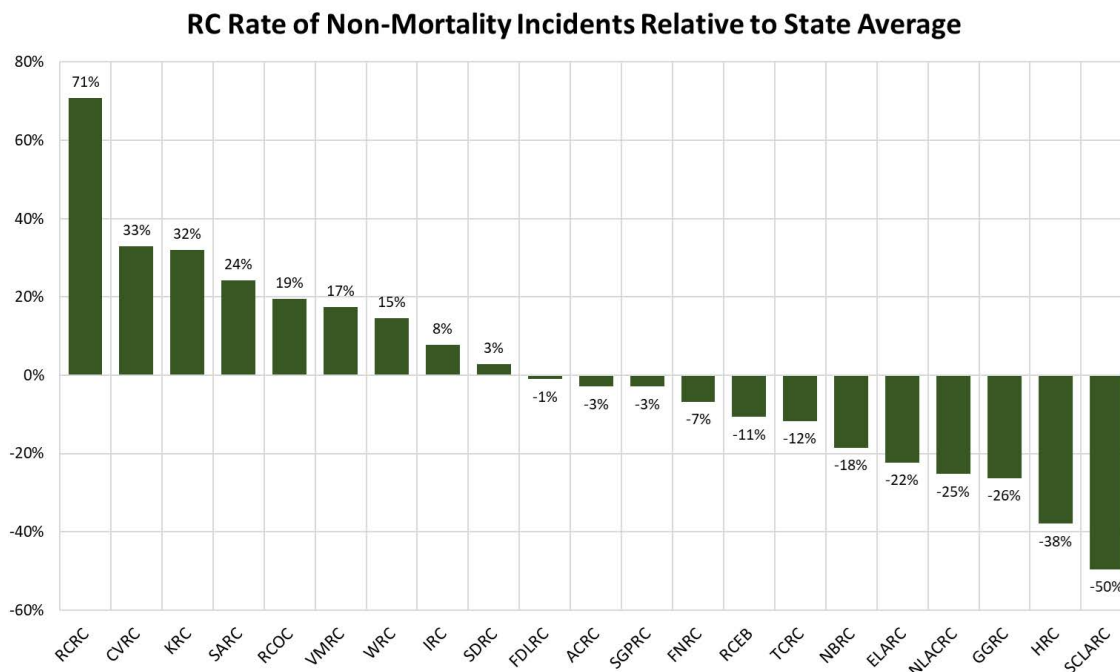
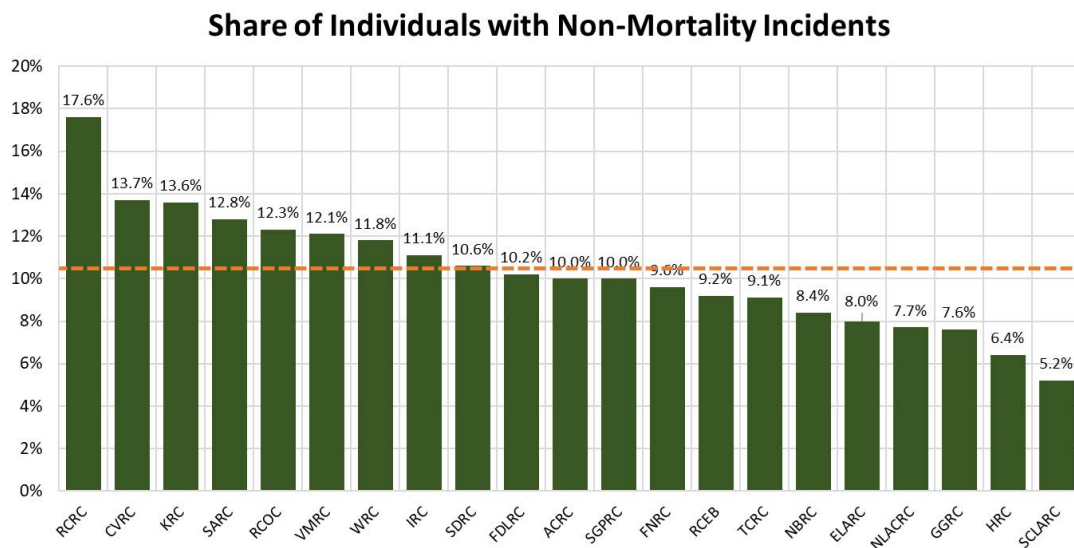
Incidents Per Person	Number of Individuals	Share of Individuals	Share of Incidents
1	5,191	75%	54%
2	1,142	17%	24%
3 to 5	503	7%	18%
6 to 9	50	1%	4%
10 or more	8	0%	1%

8% of individuals with incidents experienced three or more in six months.

561 individuals experienced three or more incidents in this six-month period. This group accounted for 2,159 incidents, or 22% of all non-mortality incidents. This mix was similar to last period. Like last period, eight individuals had 10 or more incidents. Six of the eight individuals had repeated psychiatric admissions and/or missing person SIRs. Regional centers are monitoring these individuals closely.

Non-Mortality Incidents: Regional Centers

Individuals Residing Outside the Home of a Parent or Guardian



By regional center, the share of individuals with SIRs ranged from 5.2% to 17.6%.

RCRC reported the most SIRs for 17.6% of individuals, which is 71% above the state average. At the other end of the range, SCLARC reported SIRs for 5.2% of individuals, 50% below the state average. However, RCRC's rate was lower than its rate in 2018, and SCLARC's rate was higher this period compared to its rate in 2018. Overall, 12 out of 21 regional centers had increases in the shares of individuals with non-mortality SIRs for the period January-June in 2019 compared to 2018. The most notable increase occurred at KRC: KRC's rate doubled from the previous year, moving from below the statewide average (at 6.8% of individuals) to the third highest rate. Based on its investigation of the SIRs from this spike, KRC is increasing vendor oversight on medication administration and developing best practices to avoid hospitalizations for medically fragile individuals.

The background of the slide is a collage of various data visualization elements in shades of gray. It includes several line graphs with fluctuating lines, bar charts with vertical bars of varying heights, pie charts with segments, and circular diagrams with radial lines. There are also some abstract shapes and patterns scattered throughout, creating a complex, data-driven aesthetic.

Risk Management Activities

Risk Management Highlights for January - June 2019



Rollout of New SANDIS Mortality Fields

SANDIS, the data system used to report SIRs, rolled out a new set of data elements to be collected on mortality SIRs. Future reports will utilize the new data to improve tracking of cause of death and of care preceding the deaths.



EBSH and CCH Monitoring Teams

DDS developed EBSH and CCH monitoring teams, which conduct semi annual reviews of EBSH and CCH facilities, coordinate and provide technical assistance to regional centers and vendors, and ensure compliance with existing regulations.



FHA Medical Error Analysis

In the past fiscal year, medication errors were the most common type of reported incidents for Family Home Agencies (FHAs). An analysis found that providers were responsible for more than 60% of errors in FHA settings.

Major Activities for July - December 2019

Technical Assistance to FDLRC

FDLRC received technical assistance related to the reporting of unplanned hospitalizations. Training was provided to regional center management on categorizing unplanned hospitalization incidents.

New Template for Reporting SIRs

A new template matching fields required by DDS for SIR reporting was created for regional centers. The SIR template can also be customized by each regional center to fit their needs.

Hospitalization Prevention Review

In collaboration with physicians from six regional centers, a project is underway aiming to decrease unplanned hospitalization for respiratory conditions and internal infections— which account for two-thirds of such SIRs. The results of the review will inform ways to effectively prevent similar cases in the future.

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, January - June 2019

Incident Type and Sub-Type*	All Individuals		Individuals Residing Outside the Home of a Parent/Guardian	
	Incidents	Individuals	Incidents	Individuals
Unplanned Medical Hospitalization	3,477	2,767	3,353	2,661
Cardiac-related	239	220	232	213
Diabetes	90	80	84	74
Internal infection	1,373	1,194	1,349	1,170
Nutrition deficiency	134	126	132	124
Respiratory illness	1,300	1,081	1,261	1,050
Seizure	333	296	293	262
Wound/skin care	212	196	202	186
Unplanned Psychiatric Hospitalization	833	568	758	512
Suspected Abuse	1,302	1,201	1,001	914
Alleged emotional/mental abuse	306	298	239	231
Alleged financial abuse	212	200	190	180
Alleged physical/chemical restraint	53	48	41	37
Alleged physical abuse	587	557	452	427
Alleged sexual abuse	231	227	149	145
Suspected Neglect	554	514	451	418
Fail to assist with personal hygiene	67	65	54	53
Fail to prevent dehydration	3	3	3	3
Fail to prevent malnutrition	8	8	7	7
Fail to provide care-elder/adult	175	162	151	139
Fail to provide food/clothing/shelter	34	34	31	31
Fail to provide medical care	103	101	93	91
Fail to protect from health/safety hazards	222	209	165	155
Injury	1,644	1,524	1,531	1,414
Bite	82	74	77	69
Burns	26	26	22	22
Fracture	651	636	605	591
Dislocation	44	44	38	38
Internal bleeding	311	267	300	256
Lacerations/sutures/staples	498	482	460	446
Medication reactions	55	55	52	52
Puncture wounds	20	20	18	18
Medication Error	2,056	1,543	1,983	1,484
Victim of Crime	418	401	300	286
Aggravated assault	209	199	144	136
Burglary	39	39	31	31
Forcible rape or attempted rape	72	70	40	39
Personal robbery	33	33	26	26
Larceny	74	73	67	66
Missing Person	536	372	495	337
Mortality	1,061	1,061	685	685
All Non-Mortality	10,575	7,706	9,641	6,894
All SIRs**	11,636		10,326	
All Incidents***	11,881		10,557	

*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.

The background of the page is a collage of various data visualization elements, including line graphs, bar charts, pie charts, and flow diagrams, all rendered in a light, semi-transparent style. A central green rectangular box contains the word "Glossary" in a dark blue font.

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

Mission Analytics Group, Inc.
235 Montgomery St Suite 1049
San Francisco, CA 94104