

Office of Developmental Disabilities

Statewide Review of Quarterly Incident Management Reports

Date of Meeting: <u>7/20/2023</u>

Period Being Reviewed: Q2 - April - June - 2023

Table of Contents

Serious Incident Entry Data	. 2
Serious Incidents (SIs) opened: 3,692	2
SIs entered more than 7-days of becoming aware of the incident: 477	2
SIs Closed: 3,483	2
SIs not closed within 30 days of CME entry: 436	3
SIs entered with "No Recommended Actions": 1,208	.3
Serious Incident Types	4
Act of Physical Aggression: 214	4
Death: 73	4
Emergency Medical Care: 2,905	4
Emergency Physical Restraint: 26	5
Medication Errors with Adverse Consequences: 32	.5
Missing Person: 89	5
Psychiatric Hospitalization: 89	6
Safeguarding Interventions resulting in an injury: 14	6
Suicide Attempt: 43	6
Unplanned Hospitalization: 561	7
Abuse Data Entry	8
Abuse Allegations: 1,531	8
Death Review: 72	8

Serious Incident Entry Data

Serious Incidents (SIs) opened: 3,692

- o Previous reporting period:3,616
- o This is an increase from the previous period.
- To what is this trend attributed: When entering a SI into CAM, CME staff can select multiple SI categories in a single entry. Total SIs represented does not necessarily reflect a negative trend. For example, a high number of SIs could be an indication of CMEs doing their due diligence and entering the SIs as required.
- Actions: ODDS will continue to use this data to analyze trends in SI types and make recommendations to internal ODDS partners to inform policy, support case management liaisons and report on waiver assurances.

SIs entered more than 7-days of becoming aware of the incident: 477

- o Previous reporting period: 519
- o This is a decrease from the previous period.
- To what is this trend attributed: This could be contributed to staff taking the required DD CAM Serious Incident training. There were 67 enrollments for this training course in Workday from April-June 2023. These could be newly hired case managers, or case managers taking it as a refresher. ODDS is not able to tell if the enrollments are linked to new or existing case managers.
- Actions: If a CME staff is going to be out or there is turnover, the record can be shared with another CME staff who has CAM access. Internally, ODDS Quality Management Team will work with ODDS units who support CMEs including the Case Management Liaison Unit on best practices for CAM entry.

SIs Closed: 3,483

- o Previous reporting period: 3,427
- o This is an increase from the previous period.
- To what is this trend attributed: This could be related to the increase of SIs entered in the quarter.

 Actions: Internal ODDS discussions have occurred to determine if further analysis should be done to determine if the increase in SIs is related to seasonal factors or potential external factors.

SIs not closed within 30 days of CME entry: 436

- o Previous reporting period:641
- o This is a decrease from the previous period.
- To what is this trend attributed: This could be contributed to staff taking the required DD CAM Serious Incident training. There were 67 enrollments for this training course in Workday from April-June 2023. These could be newly hired case managers, or case managers taking it as a refresher. ODDS is not able to tell if the enrollments are linked to new or existing case managers. In addition, SIs may be opened in one quarter and closed in the following quarter.
- Actions: Quality Management Team will work with ODDS units who support CMEs including the Case Management Liaison Unit on best practices for CAM record maintenance.

SIs entered with "No Recommended Actions": 1,208

- o Previous reporting period: 1,172
- o This is an increase from the previous period.
- To what is this trend attributed: 34% of Sis from this quarter had no RA attached to the SI. Before an SI can be closed, a CME must identify the RA being taken. There are multiple options when creating a RA for a CME to indicate what actions or follow-up needs to occur. This includes the option of selecting "No Recommended Action". Historically ODDS has observed that roughly a third of SIs entered are closed with "No Recommended Action" selected. CMEs have reported that they document their follow-up actions in progress notes. ODDS understands that CMEs may be completing case management activities to mitigate the risk of a serious incident and documenting in the progress note and not in the SI entry to avoid duplication of documentation.
- Actions: Given the significant nature of an SI, it was recommended
 ODDS consider removing "No Recommended Actions" as a

potential closure reason to ensure the most accurate content is held within each record. Identifying RAs or selecting "No Recommended Action" is required to be attached to a Serious Incident prior to the record's closure. Although RAs can be created to identify future follow-up actions, RAs can also identify actions already taken. CMEs could consider referencing the progress note within the RA where their follow-up actions are documented.

Serious Incident Types

Act of Physical Aggression: 214

- o Previous reporting period: 219
- o This is a decrease from the previous period.
- To what is this trend attributed: Individual CMEs discuss their specific identified trends in their IMT reports.
- Actions: ODDS will continue to support CMEs. Internal and external workgroups have been formed to review IMT processes. The goal of these workgroups is to support the strategic development of outcomes to better supports CMEs and the people ODDS enrolled in ODDS services.

Death: 73

- o Previous reporting period: 86
- o This is a decrease from the previous period.
- To what is this trend attributed: ODDS has a specific mortality review process.
 Individual CMEs discuss their specific identified trends in their IMT reports.
- Actions: These numbers will be shared with the units that are overseeing and supporting the ODDS mortality review process to ensure continuity.

Emergency Medical Care: 2,905

- o Previous reporting period: 2,848
- o This is <u>an increase</u> from the previous period.
- To what is this trend attributed: Individual CMEs discuss their specific identified trends in their IMT reports.

 Actions: ODDS Quality Management has analyzed this data and has made recommendations to ODDS Policy unit to change Oregon Administrative Rule (OAR) related to the definition of EMC. ODDS Policy unit is working on completing a Rule Advisory Committee (RAC) for updating the definition.

Emergency Physical Restraint: 26

- o Previous reporting period: 23
- o This is <u>an increase</u> from the previous period.
- To what is this trend attributed: Individual CMEs discuss their specific identified trends in their IMT reports.
- Actions: ODDS has been asked to provide information on the types of restraints/interventions in these SI entries. CAM currently does not have the ability to identify this in the record, other than the narrative piece CMEs write.
 ODDS will continue to discuss potential solutions for this.

Medication Errors with Adverse Consequences: 32

- o Previous reporting period: 34
- o This is a decrease from the previous period.
- To what is this trend attributed: Individual CMEs discuss their specific identified trends in their IMT reports.
- Actions: ODDS has had discussion around the low volume of SI entries related to Medication Errors with Adverse Consequences. ODDS will have discussions to determine if potential OAR changes need to occur. ODDS has been reviewing proposed Centers for Medicaid/Medicare Services (CMS) rule language and assessing if current OAR language for ODDS meets the proposed language.

Missing Person: 89

- o Previous reporting period: 58
- o This is an increase from the previous period.
- To what is this trend attributed: Individual CMEs discuss their specific identified trends in their IMT reports. Upon review, there was one individual who made up 26% of the Missing Person SIs with 23 SIs.
- Actions: ODDS will continue to support CMEs. Internal and external workgroups have been formed to review IMT processes. The goal of these workgroups is to support the strategic development of outcomes to better supports CMEs and the people ODDS enrolled in ODDS services. ODDS notified

the CME who entered the SIs for the identified individual making up 26% of the Missing Person SIs this quarter to ensure that this was accurate and not an error. They verified that this was correct and supports are in place.

Psychiatric Hospitalization: 89

- o Previous reporting period: 58
- o This is an increase from the previous period.
- To what is this trend attributed: Individual CMEs discuss their specific identified trends in their IMT reports. Nearly 40% of SIs for Psychiatric Hospitalization were entered from Brokerages and CDDPs serving individuals from Multnomah County this quarter. This cannot immediately be correlated to a negative trend as Multnomah County serves the largest population of individuals receiving I/DD services.
- Actions: ODDS will continue to support CMEs. Internal and external workgroups have been formed to review IMT processes. The goal of these workgroups is to support the strategic development of outcomes to better supports CMEs and the people ODDS enrolled in ODDS services.

Safeguarding Interventions resulting in an injury: 14

- o Previous reporting period: 11
- o This is an increase from the previous period.
- To what is this trend attributed: Individual CMEs discuss their specific identified trends in their IMT reports.
- Actions: ODDS has been asked to provide information on the types of restraints/interventions in these SI entries. CAM currently does not have the ability to identify this in the record, other than the narrative piece CMEs write.
 ODDS will continue to discuss potential solutions for this.

Suicide Attempt: 43

- o Previous reporting period: 37
- o This is <u>an increase</u> from the previous period.
- To what is this trend attributed: Individual CMEs discuss their specific identified trends in their IMT reports.
- Actions: ODDS will continue to support CMEs. Internal and external workgroups have been formed to review IMT processes. The goal of these workgroups is to support the strategic development of outcomes to better supports CMEs and the people ODDS enrolled in ODDS services.

Unplanned Hospitalization: 561

- o Previous reporting period:569
- o This is a decrease from the previous period.
- To what is this trend attributed: Individual CMEs discuss their specific identified trends in their IMT reports.
- Actions: ODDS will continue to support CMEs. Internal and external workgroups have been formed to review IMT processes. The goal of these workgroups is to support the strategic development of outcomes to better supports CMEs and the people ODDS enrolled in ODDS services.

Abuse Data Entry

Abuse Allegations: 1,531

- o Previous reporting period: 1,585
- o This is a decrease from the previous period.
- To what is this trend attributed: Individual CMEs discuss their specific identified trends in their IMT reports.
- Actions: ODDS will continue to have conversations with the Office of Training and Investigations and Safety (OTIS). Community Developmental Disability Programs (CDDPs) CMEs have abuse investigators that work at the local level, who also work with OTIS on processing abuse allegations.

Death Review: 72

- o # of death reviews completed by the due date: 29
- Death reviews that were closed with a closure reason of "concern of abuse or neglect": 3
- o Previous reporting period: 77 death reviews
- o This is a decrease from the previous period.
- To what is this trend attributed: Upon pulling this data, 74% of death reviews remain open (53). Individual CMEs discuss their specific identified trends in their IMT reports.
- Actions: ODDS will continue to follow the mortality review process and have conversations with the Office of Training and Investigations and Safety (OTIS). Community Developmental Disability Programs (CDDPs) CMEs have abuse investigators that work at the local level, who also work with OTIS on processing death reviews.

The following table outlines which CMEs have submitted their IMT report for Q1 2023 and if it was timely or late. If an IMT report was submitted after the due date of 5/1/2023, it is considered late.

CME IMT Submissions Status Report*	Count of Q2 Received
Late	1
Integrated Services Network	1
Missing	14
Baker CDDP	
Benton CDDP	
Clackamas CDDP	
Columbia CDDP (Columbia Community Mental Health)	
Crook CDDP (Best Care Treatment Services)	
Eastern Oregon Support Services Brokerage	
Inclusion, Inc.	
Jackson CDDP	
Jefferson CDDP (Best Care Treatment Services)	
Klamath CDDP	
Lifeways, Inc.	
Self Determination Resources	
Union CDDP (Center for Human Development, Inc)	
Yamhill CDDP	
Timely	34
CIIS	1
Clatsop CDDP (Clatsop Behavioral Healthcare)	1
Community Counseling Solutions - Grant, Gilliam, Lake, Morrow,	
Wheeler	1
Community Living Case Management - Coos	1
Community Living Case Management - Curry	1
Community Living Case Management - Douglas	1
Community Living Case Management - Josephine	1
Community Living Case Management - Mid Columbia (Hood River,	
Sherman, Wasco)	1
Community Pathways	1
Connections Case Management - Coos	1
Connections Case Management - Curry	1
Connections Case Management - Douglas	1

Connections Case Management - Klamath	1
Creative Supports - Jackson & Josephine	1
Deschutes CDDP	1
Full Access	1
Full Access - High Desert	1
Harney CDDP (Symmetry Care)	1
Independence Northwest	1
Lane CDDP	1
Lincoln CDDP	1
Linn CDDP	1
Malheur CDDP	1
Marion CDDP	1
Multnomah CDDP	1
ODDS Kids Residential	1
Polk CDDP	1
Resource Connections Mid Valley	1
Resource Connections South Valley	1
Tillamook CDDP (Tillamook Family Counseling Center)	1
UCP Connections	1
Umatilla CDDP	1
Wallowa CDDP (Wallowa Valley Center for Wellness)	1
Washington CDDP	1

^{*}Submission data as of 8/14/2023