Information Memorandum Transmittal
Developmental Disabilities Services

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Issue date: 4/21/2022

Topic: Developmental Disabilities

Due date:

Subject: ODDS' Quarterly Incident Management Report

Applies to (*check all that apply*):

- ☐ All ODHS Employees
- ☐ Area Agencies on Aging: {Select type}
- ☐ Aging and People with Disabilities
- ☐ Self Sufficiency Programs
- ☒ County DD Program Managers
- ☒ Support Service Brokerage Directors
- ☒ ODDS Children's Residential Services
- ☐ Child Welfare Programs
- ☐ County Mental Health Directors
- ☐ Health Services
- ☒ Office of Developmental Disabilities Services (ODDS)
- ☒ ODDS Children's Intensive In Home Services
- ☒ Stabilization and Crisis Unit (SACU)
- ☒ Other (*please specify*): Partners and Providers of ODDS

Message:

ODDS has been conducting the same Serious Incident (SI) analysis required of each Case Management Entity (CME) for the CAM (Centralized Abuse Management) system. These analyses are completed by the ODDS Quality Improvement team with the intent of identifying and monitoring trends. This report covers the months of October – December of 2021.

Communication/training:

This transmittal will be discussed during the next Monthly Transmittal Review. Please send questions in advance to ODDS.Questions@dhsoha.state.or.us.

The Monthly Transmittal Reviews are held the second Wednesday of every month at 2 pm using the Zoom platform. Please register in advance for these meetings: https://www.zoomgov.com/meeting/register/vJIsc-qvqD8iGURx5OQk8TAdIS6Arg9ZAf4

After registering, you will receive a confirmation email containing an appointment and information about joining the meeting. American Sign Language (ASL) and live captioning will be provided. To request other accommodations or languages, please send an email to ODDS.Questions@dhsoha.state.or.us at least three business days prior to the meeting.

If you have any questions about this policy, contact:

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Statewide Incident Management Analysis

ODDS Serious Incidents
October – December 2021

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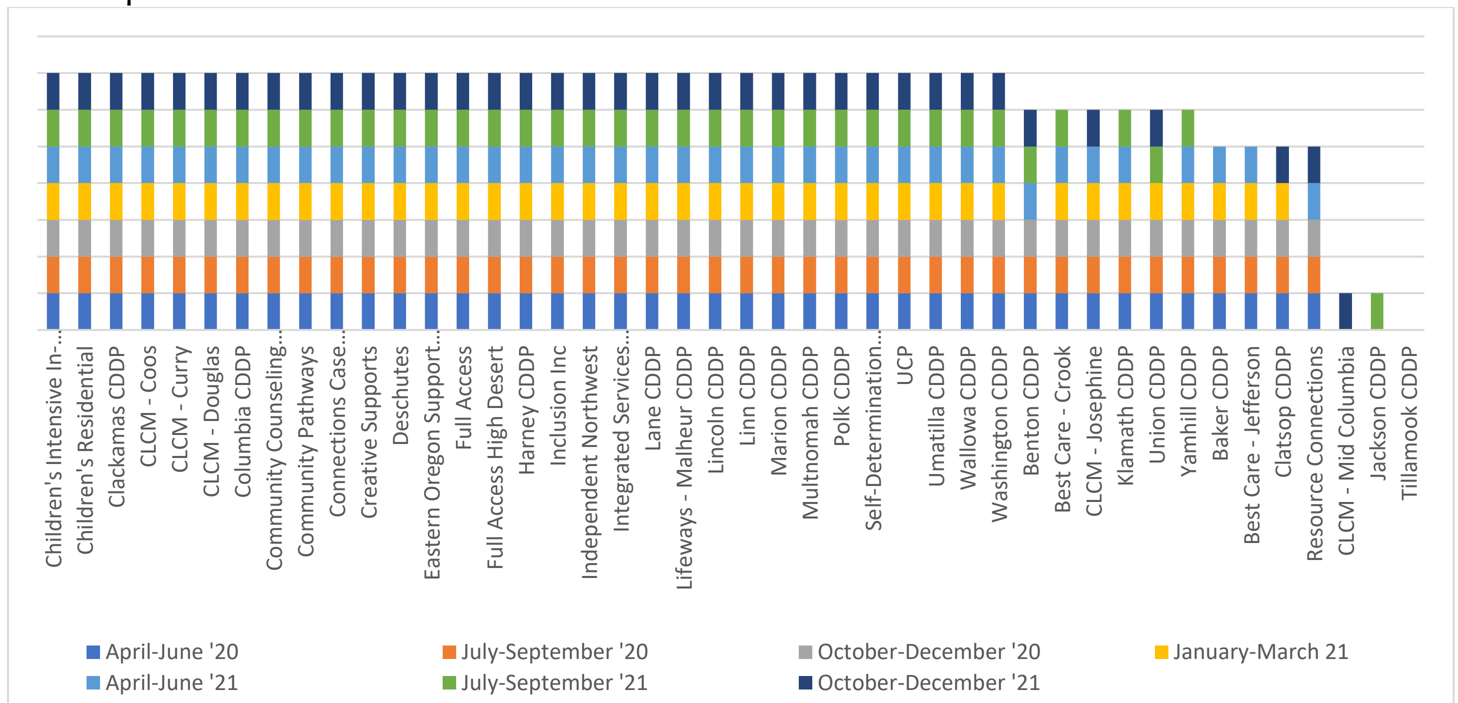
Statewide Incident Management Analysis

Introduction

Introduction

DD-AR-21-002 explains how to adhere to OAR 411-415-0055 which requires all Case Management Entities (CMEs) to form an incident management team to review serious incidents[1] for evidence of trends. CMEs are further required by rule and by contract, to submit findings to the Department quarterly.
This process began with April, May, and June of 2020. A total of seven quarterly reports have been submitted. [2]



ODDS has completed a review of all serious incidents that occurred during October, November, and December of 2021, the findings are available in this report.

[1] CMEs are required to report on abuse trends as well. The Office of Training, Investigations and Safety (OTIS) tracks abuse reporting and therefore ODDS has not included abuse numbers in this report.
[2] Some CMEs may not have required to report during a quarter, contact ODDS for clarification regarding potentially missing reports.

Statewide Incident Management Analysis

Introduction

CMEs are not compared to each other, nor to statewide data and trends. ODDS is interested in understanding how each CME is working to positively impact Serious Incidents.

Statewide Incident Management Analysis

Serious Incident Entry Data

Serious Incident Entry Data

Serious Incidents (SIs) opened: 3,019[3]

- Previous reporting period:3,125
- This is a decrease from the previous period.
- To what is this trend attributed: ODDS identifies a statewide downward trend of Serious Incidents (SIs) during the final three months of each year.
- Actions: Individual Case Management Entities (CMEs) discuss their specific identified trends. Potential causes

SIs Closed: 2657

- Previous reporting period:3001
- This is a decrease from the previous period.
- To what is this trend attributed: It is important to note that SIs may be opened within one quarter and closed the following quarter.

[3] OAR 411-415-0055(1)(a) All reports of abuse and serious incidents must be entered into CAM regardless of the date of the incident.

Statewide Incident Management Analysis

Serious Incident Entry Data

SIs entered late[4]: 638 - 21% of all SIs

- Previous reporting period: 405
- This is an increase from the previous period.
- 638 Serious Incidents were entered outside of rule requirements. SIs were entered between one and 120 days late, with an average of 46 days late. 62 SIs were entered more than 100 days late.

Total SIs Entered Late	638
Average Days Late	46
Number below Aver.	518
Number above Aver.	120
Closed 100 days late +	62

- To what is this trend attributed: Possible training need. Possible result of holiday time off for SC/Pas.
- Actions: Individual CMEs to identify the potential causes of late entries.

SIs not closed within 30 days of CME entry[5]: 382 13% of all SIs

- Previous reporting period:444
- This is a decrease from the previous period.
- To what is this trend attributed: Possible training need. Possible result of holiday time off for SC/PAs.
- Actions: Individual CMEs to identify the potential causes of late entries.

[4] OAR 411-415-0055(1)(b) A serious incident must be entered into CAM within seven calendar days of the CME becoming aware that a serious incident has occurred.
[5] OAR 411-415-0055(1)(d) Every serious incident entered into CAM must be closed in CAM no more than 30 calendar days from the date the incident was entered into CAM.

Statewide Incident Management Analysis

Serious Incident Entry Data

SIs entered with “No Recommended Actions”: 1175 – 39% of all SIs

- Previous reporting period:1421
- This is a decrease from the previous period.
- To what is this trend attributed: Choosing “no recommended actions” is a simple way to quickly close an SI. Documenting recommended actions is not required by rule or policy. Potential training need.
- Actions: CMEs to identify if “no recommended actions” is adversely impacting monitoring and if documenting recommended actions may have a positive impact on case management monitoring.

Serious Incident Types

Serious Incident Types[6]

Emergency Medical Care[7]: 2,237 – 74% of all SI types

- Previous reporting period:2,303
- This is an increase from the previous period.
- To what is this trend attributed
  - 1977 individuals experienced between 1 and 22 Serious Incidents for emergency medical care. 64% of individuals who had an SI for emergency medical care experienced on one SI during the quarter. 16% of individuals who had an SI for emergency medical care experienced between 2 and 9 SIs during the quarter. 9 individuals had 10 or more SI entries for emergency medical care.
  - 1,858 individuals accessed emergency medical care when a paid provider was not responsible at the time of the incident. Of these 858 individuals, 143 individuals accessed emergency medical care multiple (between 2 and 21) times when a paid provider was not responsible at the time of the incident.
- Actions: ODDS will notify the CME of the individuals who accessed emergency medical care 10 or more times during this quarter to ensure that the CME is aware, has a plan and is monitoring the instances of access to emergency medical care. ODDS will also notify the CME of the individuals who accessed emergency medical care without a paid provider 6 or more times during this quarter to ensure that the CME is aware, has a plan and is monitoring the instances of access to emergency medical care.

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[6] OAR 411-317(199)

[7] OAR 411-317(77) "Emergency Medical Care": (a) Means an individual receives care from any of the following: (A) An urgent care center. (B) Emergency room. (C) Emergency medical technicians regardless of whether the individual is transported. (D) A psychiatric intervention team regardless of whether the individual is transported. (E) Care delivered in a physician's office that is typically received in an emergency room or urgent care center. (b) Emergency medical care does not include medical care by a paid provider or routine physical health care at an urgent care center or emergency room.

Serious Incident Types

Hands On Interventions. 359 – 8% of all SIs.

- Looking at all physical intervention serious incident types:
  - **Act of Physical Aggression[8]: 303 – 10% of all SIs**
    - 11 individuals had SIs for acts of physical aggression.
    - Previous reporting period:366
    - This is a decrease from the previous period.
  - **Safeguarding Interventions[9] resulting in an injury: 16 – 1% of all SIs**
    - 12 Individuals experienced a Safeguarding Intervention that resulted in injury.
    - Previous reporting period: 21
    - This is an increase from the previous period.
  - **Emergency Physical Restraint[10]: 40 – 1% of all SIs**
    - Previous reporting period: 24
    - This is a decrease from the previous period.
    - 26 Individuals had SIs for emergency physical restraint.
      - 17 emergency physical restraints were with 5 children in residential settings between October and December 2021.
      - There were 99 SIs for 65 Individuals who had no paid provider responsible at the time of the incident where there was an act of physical aggression, there was an injury as the result of a Safeguarding Intervention, or there was use of an emergency physical restraint.
      - 7 Provider Agencies had 10 or more hands-on SIs during the 4th quarter of 2021.
      - There were only 18 instances with more than one hands-on SI type.
- Actions: ODDS will notify the CME of the individuals who had hands on interventions 10 or more times during this quarter to ensure that the CME is aware, has a plan and is monitoring the instances of hands-on interventions.

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[8] OAR 411-317(162) "Physical Aggression" means an intentional action taken by an individual meant to harm another person that results in injury, including to the individual.

[9] OAR 411-317 (192) "Safeguarding Intervention" means a manual physical restraint, applied by a designated person certified to use the safeguarding intervention according to OAR 411-304-0160, that: (a) Has been authored by a behavior professional as an emergency crisis strategy within a Positive Behavior Support Plan; (b) Has been consented to through the individually-based limitation process consistent with OAR 411-415-0070; and (c) Is used as an emergency crisis strategy to protect an individual from: (A) Harming themselves; (B) Harming others; or (C) When the individual's behavior is likely to lead to intervention by law enforcement.

[10] OAR 411-317 (78) "Emergency Physical Restraint" means a manual physical restraint that is: (a) Part of an ODDS approved behavior intervention curriculum. (b) Delivered by a designated person trained to deliver the intervention. (c) Not a safeguarding intervention. (d) Not included in a Positive Behavior Support Plan or not agreed to in an individually-based limitation.

Statewide Incident Management Analysis

Serious Incident Types

Unplanned Hospitalization: 406 – 13% of all SIs

- Previous reporting period:372
- This is an increase from the previous period.
- To what is this trend attributed
  - 344 individuals experienced between 1 and 4 Serious Incidents for unplanned hospitalization. 294 individuals who had an SI for unplanned hospitalization experienced one SI during the quarter. 47 individuals who had an SI for unplanned hospitalization experienced 2 or 3 SIs during the quarter. 2 individuals had 4 SI entries for unplanned hospitalization.
- Actions: ODDS will notify the CME of the individuals who had unplanned hospitalizations 4 times during this quarter to ensure that the CME is aware, has a plan and is monitoring the instances of access to unplanned hospitalization.

Missing Person[11]: 115 – 4% of all SIs

- Previous reporting period:107
- This is an increase from the previous period.
- 51 individuals experienced between 1 and 27 Serious Incidents for missing person. 39 individuals who had an SI for missing person experienced one SI during the quarter. 10 individuals who had an SI for missing person experienced between 2 and 9 times. 2 individuals had more than 10 SI entries for missing persons.
- Actions: ODDS will notify the CME of the individuals who had missing person SI entries 10 or more times during this quarter to ensure that the CME is aware, has a plan and is monitoring the instances of missing person.

Psychiatric Hospitalization: 66 – 2% of all SIs

- Previous reporting period:60
- This is an increase from the previous period.
- 47 individuals experienced between 1 and 6 Serious Incidents for psychiatric hospitalization. 36 individuals who had an SI for psychiatric hospitalization experienced one SI during the quarter. 10 individuals who had an SI for missing

[11] OAR 411-317(199)(e) An individual is missing beyond the time frame established in their ISP.

person experienced between 2 or 3 times. 2 individuals had more than between 4 and 6 SI entries for psychiatric hospitalization.

- Actions: ODDS will notify the CME of the individuals who had missing person SI entries 4 or more times during this quarter to ensure that the CME is aware, has a plan and is monitoring the instances of psychiatric hospitalization.

Suicide Attempt: 21 – 1% of all SIs

- Previous reporting period:26
- This is a decrease from the previous period.
- 38 individuals experienced between 1 and 5 Serious Incidents for suicide attempt. 30 individuals who had an SI for suicide attempt experienced one SI during the quarter. 5 individuals who had an SI for suicide attempt experienced 2 SIs. 3 individuals had more than between 4 SI entries for suicide attempt.
- Actions: ODDS will notify the CME of the individuals who had suicide attempt SI entries 4 or more times during this quarter to ensure that the CME is aware, has a plan and is monitoring the instances of suicide attempt.

Medication Errors[12] with Adverse Consequences[13]: 21 – 1% of all SIs

- Previous reporting period:49
- This is a decrease from the previous period.
- 19 individuals experienced between 1 and 2 Serious Incidents for medication error. 17 individuals who had an SI for medication error experienced one SI during the quarter. 2 individuals who had an SI for medication error experienced 2 SIs.
- Actions: ODDS will notify the CME of the individuals who had suicide attempt SI entries 2 or more times during this quarter to ensure that the CME is aware, has a plan and is monitoring the instances of medication error.

Death: 89 – 2% of all SIs

- Previous reporting period:72 – 2% of all SIs
- This is a decrease from the previous period.

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[12] OAR 411-317 (135) "Medication Error" means the following: (a) A medication to address a condition or illness that, if the condition or illness is left untreated may likely result in hospitalization or bodily injury, was: (A) Taken in the wrong dosage; or (B) Administered by the wrong route; or (C) Not given. (b) A medication was given to a person for whom it was not prescribed.

[13] OAR 411-317 (136) "Medication Error with Adverse Consequences" means any medication error that results in direct harm or jeopardizes an individual's health and safety resulting in emergency treatment or a required call to the prescriber.

Serious Incident Types

CAM Collective Interface Analysis

CAM Collective Interface Analysis

The Centralized Abuse Management System (CAM) and Collective are both event-based or encounter-based systems. Every emergency room and hospital in Oregon (as well as multiple other states), and many emergent or immediate care facilities report each encounter or visit within the Collective database. Each time an individual has an event that meets the rule definition of a Serious Incident, including those SIs that are medical in nature, they are recorded within the CAM database. These two systems help CMEs identify trends and drive conversations to identify ways to better support individuals. CMEs have rule and Medicaid obligations to ensure that these trends are monitored to ensure that there are no unmet needs.

ODDS is using these system-wide data collection programs to increase data-informed decision making and the utilization of evidence-based practices. Quality improvement must include evaluation of data at both the state-wide and local levels. Understanding the use of emergency medical or urgent care facilities will help inform service and support planning to ensure that individuals are living a health, safe, and independent life.
Between October and December 2021 there were XX individuals who had at least one entry in the Collective system for a total of XX emergency medical and unplanned hospitalization encounters. ODDS will continue to analyze the interface between Collective and CAM and future quarterly reports will contain deeper detailed analysis.
ODDS can support CMEs in accessing, understanding, and evaluating the data in Collective.
https://bit.ly/ODDSCollectiveSupport