Office of Developmental Disabilities
Statewide Review

Reporting Quarter: Quarter 4 (October 1 - December 31) **Year Reviewed**: 2023

ODDS is completing the statewide analysis review of CAM SI data using the same form Case Management Entities (CMEs) are required to use and report on quarterly. In questions that reference CMEs below, (i.e. What actions is your CME taking to remediate this?) the response is referencing actions ODDS is taking. ODDS may follow up with specific CMEs if necessary, however this report is focused solely on the statewide data and trends.

Serious Incident Data:

1. Number of SI's entered by the CME more than 7 days after becoming aware of the incident: 464 (12%)
    - Number of SI's entered by the CME within 7 days of becoming aware of the incident: 3,264
    - In comparison to last quarter, please state if there is an increase or decrease of late entries for your CME: Decrease, there were 527 SIs entered late last quarter which accounted for 13% of the SIs entered.
    - Please provide reasoning for the late entries: There are multiple factors that could impact this trend. This quarter there were 72 enrollments in the Centralized Abuse Management (CAM) Serious Incident DD User Training in Workday. Last quarter there were 76 enrollments. These enrollments could be linked to newly hired case managers, or case managers that have taken the training as a refresher. Multiple CMEs indicated last quarter in their IMT reports that they were going to hold a training discussion to address timely SI entries within their specific CME. The decrease in late entries statewide could be attributed to these efforts. There is also a decrease in overall SIs entered this quarter, which may correspond with the number of late SI entries.
    - What actions is your CME taking to remediate this, please list: ODDS Quality Management (QM)Team will continue to work with ODDS units who support CMEs including the Case Management Supports Services (CMSS) Unit on best practices for CAM entry. QM requested a report from CAM Support on the number of activated and deactivated CAM user licenses for CMEs in an effort to better understand the potential volume of turnover and newly hired case managers across the state. QM is working with CAM Support to gain access to this information.

2. Number of SI's not closed within 30 days of CME entry: 348 (9.6%)
    - Number of SI's closed by the CME within 30 days of CME entry: 3,250
    - In comparison to last quarter, please state if there is an increase or decrease of late closures for your CME: Decrease, there were 380 SIs closed late last quarter which accounted for 9.7% of SIs closed.
    - Please provide reasoning for the late closures: There are several factors that could impact this trend. Multiple CMEs identified in their IMT reports retraining's will be occurring within their specific CMEs. This quarter two CMEs accounted for 72 (21%) of the late SI closures. Each CME is able to implement their own business process to remain in compliance with CAM entry requirements. ODDS has heard that several CMEs have additional requirements in their specific CME that must be met before an SI can be closed in CAM. In addition, SIs may be opened in one quarter and closed in the following quarter. Given that SIs have to be closed within 30 days of opening, at the time of this report there were 130 SIs listed as "pending" within CAM. These records were not included in the count of "SIs Closed Late" this quarter.
    - What actions is your CME taking to remediate this, please list: QM will continue to work with ODDS units who support CMEs including the CMSS Unit on best practices for CAM record maintenance. QM and CMSS have begun conversations on collaborating with CME partners. The goal of this collaboration effort is to identify IMT practices CMEs have implemented in an effort to support CMEs statewide with the development of additional resources. QM has provided additional venues for technical support for the IMT form and process this quarter. A technical support call-in has been made available to CME partners as well as collaborating with the internal and external IMT workgroups.

3. Number of SI's entered by the CME with "No Recommended Action" selected: 1,272 (35%)
    - Number of SI's entered by the CME with an identified Recommended Action other than "No Recommended Action": 2,337
    - In comparison to last quarter, please state if there is an increase or decrease of Recommended Actions being identified by your CME: Decrease, there were 1,669 (41%) SIs with "No Recommended Action" selected last quarter.
    - Please provide any actions your CME is taking related to the identification of Recommended Actions in SI entry: QM has continued to have discussions with CMEs in multiple venues including the IMT Technical Assistance Call In's. CMEs have asked for clarification around Recommended Actions (RA). Several 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. 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". ODDS is having internal conversations around Recommended Actions. In discussions with CMEs, ODDS has shared that the information regarding follow-up activities entered in progress note can be included or referenced in the RA section of the SI. ODDS has encouraged CMEs to document any actions or follow up actions that have occurred or still needs to occur related to the serious incident within the RA record within CAM.

4. Please identify the number of SIs entered for each SI category below:

SI Category	Total number submitted **two previous** reporting periods prior:	Total number submitted **last** reporting period:	Total number entered **this** reporting period:	Percentage of total SI's entered **this** quarter:
Death	73	74	73	1.9%
Suicide Attempt	43	40	39	1%
Act of Physical Aggression	214	295	236	6.3%
Safeguarding Intervention/Equipment Resulting in Injury	14	15	15	.4%
Emergency Physical Restraint	26	25	15	.4%
Unplanned Hospitalization	561	508	501	13%
Missing Person	89	60	59	1.5%
Emergency Medical Care	2,905	3,242	3,018	80.9%
Medication Error with Adverse Consequences	32	29	25	.6%
Psychiatric Hospitalization	89	71	61	1.6%
Total SIs entered	3,692	3,988	3,728	

5. When reviewing the SI category types reported, please identify the SI's that had an increase in this reporting period: Given the overall decrease in SIs reported this quarter, the SI categories indicate a decrease or remained the same this quarter.

- Please describe the patterns your CME is seeing: When comparing the numbers there is one category that remained the same however no SI categories this quarter showed an increase in reported SIs. ODDS reviewed the percentages this quarter and noted the following trends when comparing Q3's data: Suicide Attempt remained at 1%, Safeguarding Intervention/Equipment Resulting in Injury remained at .4%, Unplanned Hospitalization remained at 13% and Missing person remained at 1.5%.
- Please describe the follow-up actions your CME is taking to prevent reoccurrence: QM will share this information with the internal IMT workgroup. QM will share this specific information with the CMSS Unit

6. When reviewing the SI category types experiencing **an increase** of reporting, are these SI's connected to the same provider(s) or location(s)?: When reviewing the data statewide, there did not appear to be significant patterns or trends with specific providers or locations. However, within each county it may be possible to observe patterns with the specific providers serving in each county and their service site locations. CMEs are responsible for monitoring the providers and individuals within their counties. If a concerning pattern emerges CMEs are responsible for addressing this at their level and notifying ODDS when necessary.
    - Please describe the patterns your CME is seeing: Medicaid agency providers who have multiple licensed site locations across the state, may experience multiple SIs within one specific category. When reviewing the statewide data there was not a notable trend where one specific provider/location experienced an unusual number of SIs. CMEs are responsible for monitoring providers and licensed site locations within their counties. If a concerning pattern emerges, the CMEs address this at their level. In addition, there were 362 SIs where the provider field was left blank, but the SI record indicated there was a "Responsible Party" at time of incident. These blanks could indicate a clerical error when the CME staff entered the SI into CAM. It is also possible these SIs may have occurred when a Personal Support Worker (PSW) was supporting an individual living in an in-home setting instead of a Medicaid provider agency setting and the CME did not attach the PSW to the record.
    - Please describe the follow-up actions your CME is taking to prevent reoccurrence: QM will share this information with the internal IMT workgroup and will address this at the next IMT Technical Assistance Call-In with CME partners.

7. When reviewing the SI category types experiencing **an increase** of reporting, are these SI's connected to the same individual(s) experiencing frequent incidents? Across the state there were a select handful of individuals with reoccurring SIs in these categories.

- Please describe the patterns your CME is seeing: When reviewing Suicide Attempt SIs, there were four individuals who experienced more than one Suicide Attempt this quarter. When reviewing Safeguarding Intervention/Equipment Resulting in Injury SIs, there was one individual who had more than one SI in this category for Q4. When reviewing the Missing Person SIs, there were eight individuals who accounted for more than one SI in this category this quarter. When reviewing Unplanned Hospitalization SIs, there were 66 individuals who experienced more than one SI in this category.
- Please describe the follow-up actions your CME is taking to prevent reoccurrence: . QM will share this information with the CMSS Unit and the ODDS Internal IMT workgroup.

8. Please share any concerns, successes or identify any patterns your CME has observed this quarter with <u>providers</u>: When reviewing the "Incident Date" to the "Open Date" and "Date Reported/ Received by CME" fields in CAM this quarter there were 37 SIs where the incident date listed in the SI occurred after the date it was reported to the CME. These could be clerical errors made when entering the SI into CAM. In addition, four SIs did not have an Incident Date listed. Nine SIs were entered from 2022 and one was entered from 2021. When reviewing days between incident date and report date received, there were 742 SIs that were received by the CME more than five days after the incident date. Out of the 742 SIs, 321 SIs are associated with a Medicaid Agency provider. When reviewing current OAR language, given the nature of the incident a provider has specific timelines that must be adhered too when reporting incidents to a CME, ranging from one business day to within five business days. From here, the CMEs have seven calendar days to enter the SI into CAM.
    - Please describe the follow-up actions your CME is taking to prevent reoccurrence: QM will continue to work with internal partners who work with CMEs regarding the IMT process and bring identified action items to the appropriate meetings for discussion. QM will discuss this at the next IMT Technical Assistance Call-In.

9. Please share any concerns, successes, or identify any patterns your CME has observed this quarter with <u>individuals</u>: CMEs are responsible for the monitoring and oversight for individual receiving services at the local level. However, in reviewing this data QM did make observations at the statewide level as noted previously in this report. When reviewing the timeliness of CME IMT submissions, for Q4, 38 CMEs submitted their reports timely, in comparison to Q3 where 31 CMEs submitted their reports timely.
    - Please describe the follow-up actions your CME is taking to prevent reoccurrence: QM has been facilitating discussions with internal ODDS partners to outline a process for follow up with CMEs regarding missing

submissions. QM will share this information with the CMSS Unit and the Quality Assurance (QA) Unit for follow up with CMEs who have not submitted their IMT reports. QM met with CMSS and QA to outline a process for following up with CMEs regarding IMT submissions. CMSS will be notified first and will follow up with CMEs who have not submitted their quarterly IMT report(s). CMSS will outline expectations for CMEs to submit their missing IMT report(s). If these attempts by CMSS are not successful, QA will be notified and will follow up with identified CMEs indicating next steps and actions ODDS may take for continued non-compliance. QM will also share this information with the internal IMT workgroup.

☐ **This CME is a Brokerage and has completed the required components.**

Please submit the completed IMT report to imt.submissions@odhsoha.oregon.gov by the associated due date.

Thank you!

Abuse & Death Review Data:

10. Number of Death Reviews entered this quarter: 75

- Number of Death Reviews entered more than 7 days after becoming aware of the incident: 15 (20%)
- In comparison to last quarter, please state if there is an increase or decrease of late entries for your CME: Decrease - Last quarter, 23 (27%) Death Reviews were entered more than 7 days after a CME became aware of the incident.
- Please provide reasoning for the late entries: The Office of Training Investigations and Safety (OTIS) and CMEs are responsible for closing Death Reviews. The CMSS Unit supports the Mortality Review process and supports CMEs with this work.
- What actions is your CME taking to remediate this, please list: This report will be shared with the CMSS Unit who support the Mortality Review process and supports CMEs with this work. They also follow up with CMEs when there is a Death Review started but no corresponding Death SI entered into CAM. This report will also be accessible on the ODDS Providers and Partners website.

11. Has the Abuse Investigator been notified of all deaths from this quarter? The CMEs who have submitted reports at the time of the ODDS Statewide Analysis indicated yes. Several indicated N/A as they did not have deaths occur this quarter. 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.

- Of the Death Reviews, how many had a concern of abuse associated with it? At the time the data was pulled, two Death Reviews indicated a "Concern of Abuse or Neglect" and 44 of the 75 Death Reviews were in process and the closure reason was not yet selected. Of the two DRs that indicated Concern of Abuse or Neglect, one has been assigned for investigation and the other has been screened in, investigated, and the status shows "Notification in Process". This report will be shared with the CMSS Unit who support the Mortality Review process and supports CMEs with this work.

12. How many abuse intakes did your CME enter into CAM this quarter? 1,676
    - Of those intakes, how many investigations were opened? 1,632, 97% of intakes.
    - Is this an increase or decrease from last quarter? Last quarter there were 1,598 total intakes, of which 1,496 (94%) were opened. This quarter has an increase for total number of intakes and intakes opened.
    - Please describe the follow up actions your CME took or is taking to prevent reoccurrence. Community Developmental Disability Programs (CDDPs) CMEs have abuse investigators that work at the local level who also work with OTIS.

Please submit the completed IMT report to imt.submissions@odhsoha.oregon.gov by the associated due date.

Thank you!

IMT Quarterly Schedule

Quarter	Monthly Schedule	IMT Submission Due	ODDS Quarterly Call - In
Q1	January 1- March 31	May 1	April
Q2	April 1 – June 30	August 1	July
Q3	July 1 – September 30	November 1	October
Q4	October 1 – December 31	February 1	January

The following table outlines CMEs submission status for the 2023 Q4 IMT report. If an IMT report was submitted after the due date of 02/01/2024, it is considered late.

CME IMT Submissions Status Report*	Count of Q4 Reports Received
Timely	**38**
CIIS	1
Clatsop CDDP (Clatsop Behavioral Healthcare)	1
Columbia CDDP (Columbia Community Mental Health)	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 - 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
Eastern Oregon Support Services Brokerage	1
Full Access	1
Full Access - High Desert	1
Harney CDDP (Symmetry Care)	1
Inclusion, Inc.	1
Jackson CDDP	1
Klamath CDDP	1
Lane 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
Union CDDP (Center for Human Development, Inc)	1
Wallowa CDDP (Wallowa Valley Center for Wellness)	1
Washington CDDP	1
Yamhill CDDP	1
Late	**9**
Baker CDDP	1
Benton CDDP	1
Clackamas CDDP	1
Community Living Case Management - Douglas	1
Crook CDDP (Best Care Treatment Services)	1
Independence Northwest (NW Community Connections)	1
Integrated Services Network	1
Lincoln CDDP	1
Self Determination Resources	1
Missing	**2**
Jefferson CDDP (Best Care Treatment Services)	
UCP Mentors	

***Submission Data as of 03-20-2024**