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## **Introduction**

This report contains an analysis, completed by the Office of Developmental Disabilities Services (ODDS) Quality Improvement (QI) Unit of the Serious Incident (SI)<sup>1</sup> data entered from January 1, 2024- December 31, 2024. SI data is entered by Case Management Entities (CMEs) into the Centralized Abuse Management (CAM) system.

CMEs are required to hold an Incident Management Team (IMT) meeting on a quarterly basis, during which a review of the SIs entered into CAM must be completed. There is a required form that must be completed and submitted to ODDS by each CME. The form consists of a series of questions which allow the CME to report on patterns and trends related to the SIs. Currently the CME is asked to identify the actions they are taking to mitigate incident recurrence. This process allows them to detail the actions taken to ensure the health and safety of individuals.

Incident Management is a Centers for Medicare and Medicaid Services (CMS) requirement. ODDS contracts with CMEs to provide oversight across the state. CMEs oversee the monitoring of providers and individuals in their geographical service area to ensure compliance with Oregon Administrative Rules (OARs) and ensure health and safety needs of Oregonians receiving Intellectual and Developmental Disabilities (IDD) services.

Although Abuse Intakes, Investigations and Death Review data was reviewed, it is not included in this report. The Office of Training Investigation and Safety (OTIS) publishes abuse related reports and ODDS publishes an annual mortality report. To minimize duplicative reporting, this report will focus on the 2024 SI data entered by CMEs across the state.

## **Methodology**

All data within this report was analyzed using CAM System's Report feature. This is the same functionality that has been made available to all CMEs. The data used in this report is based on the date of entry of the SIs into CAM, and was compiled in April 2025.

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<sup>1</sup> There are ten defined SI categories. When a CME becomes aware that an individual has experienced an SI, they are required to enter the SI into the CAM system.

## Criteria

All SIs, and Recommended Actions (RA)<sup>2</sup> created in 2024 were included as data points for this report.

## Systems

The following systems were used in creating this report:

- Centralized Abuse Management System

## Results/Findings

The following charts reflect statewide SI entries and are separated into several visual displays. It is important to note the following:

- Individual SIs may have a higher count than the total sum of SI entries because one SI can include multiple SI categories.
- SIs can have multiple RAs attached to one record in CAM which may result in the sum of RAs and No RAs being higher than the sum of the total SI entries.
- Total SIs represented is not necessarily reflective of a negative trend for CMEs. For example, a high number of SIs could be an indication of CMEs doing their due diligence and entering the SIs as required. Each CME is responsible for reviewing their specific data and addressing any concerns observed in their quarterly IMT report. CMEs are made aware of SIs in a variety of ways including reports from providers, family members, self-reporting individuals, and other systems used by CMEs. From here, CME staff are responsible for assuring all required Serious Incidents are entered into CAM as SIs.
- In Chart nine, Emergency Medical Care (EMC) and Unplanned Hospitalization have been separated from the other SI categories. This is due to the volume of SI entries in these categories being significantly higher than the other SI

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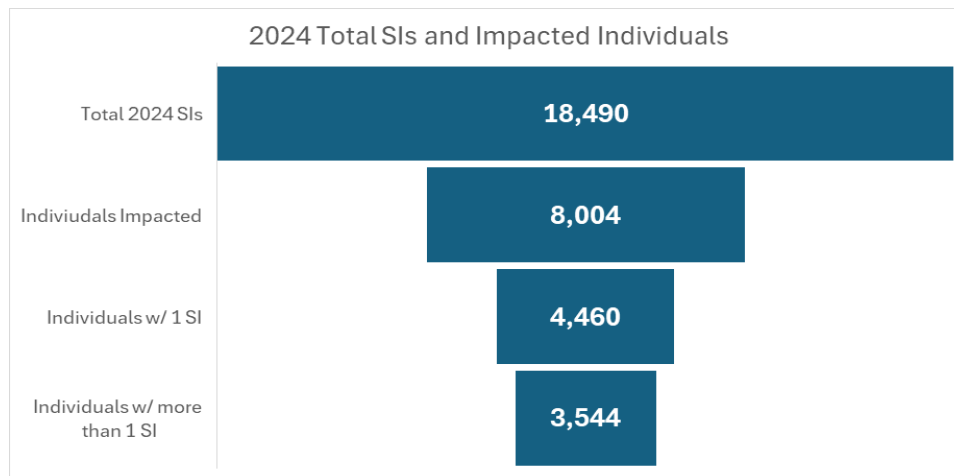
<sup>2</sup> Within each SI entry there is an option to include the action being taken to prevent further abuse or to minimize the risk of the future occurrence of a serious incident. A Recommended Action must be attached to an SI, including the option to select “No Recommended Action” when appropriate.

categories, causing the visual aids to be disproportional. Without this separation, smaller SI categories would appear invisible in visual displays.

## SI Volume and Individual Impact: Charts 1-4

**Chart 1: Total Number of 2024 SIs and Impacted Individuals.**

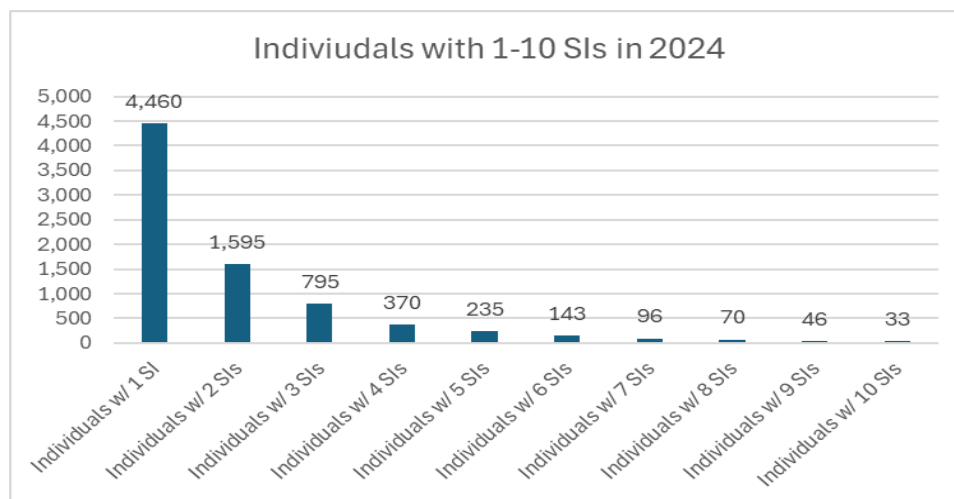
In 2024, 36,515 individuals were enrolled in IDD services. Of those, 22% experienced at least one SI. Among individuals with at least one SI, 44% experienced more than one SI during the year.



(Chart 1)

**Chart 2: Individuals with 1-10 SIs in 2024**

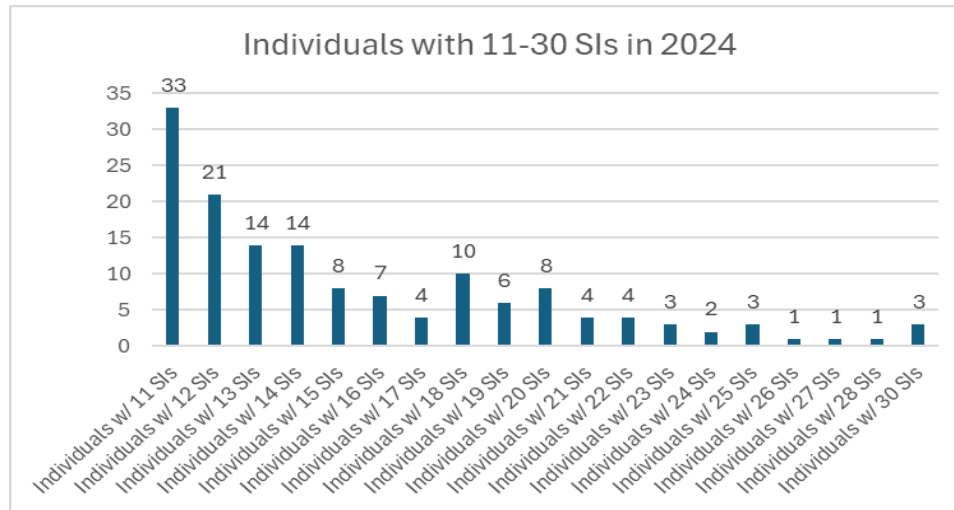
In 2024, 7,843 individuals, representing 98% of those who experienced an SI, had between one and ten SIs.



(Chart 2)

**Chart 3: Individuals with 11-30 SIs in 2024**

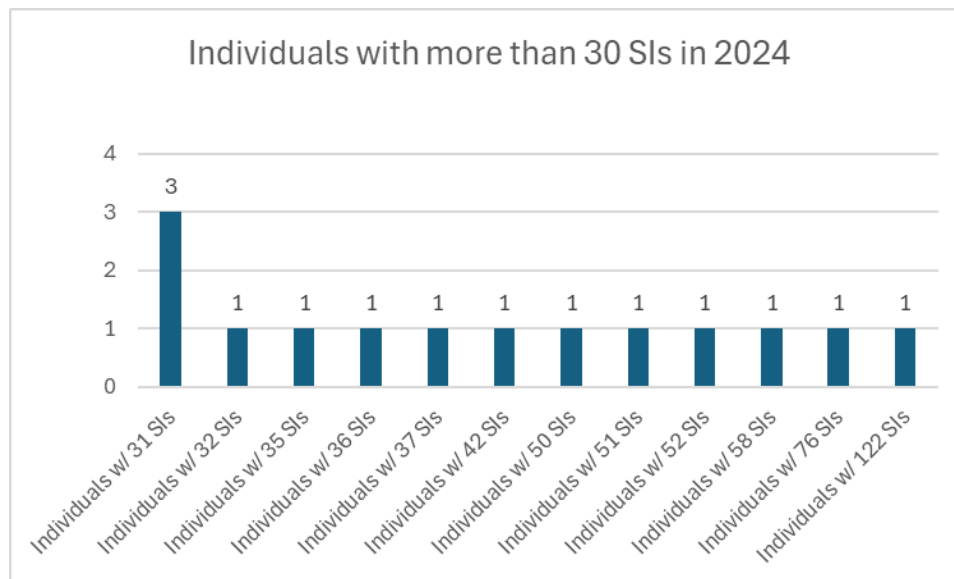
In 2024, 147 individuals, representing 1.8% of those who experienced an SI, had between 11 and 30 SIs.



(Chart 3)

**Chart 4: Individuals with more than 30 SIs in 2024**

In 2024, 14 individuals, representing 0.2% of those who experienced an SI, had more than 30 SIs.



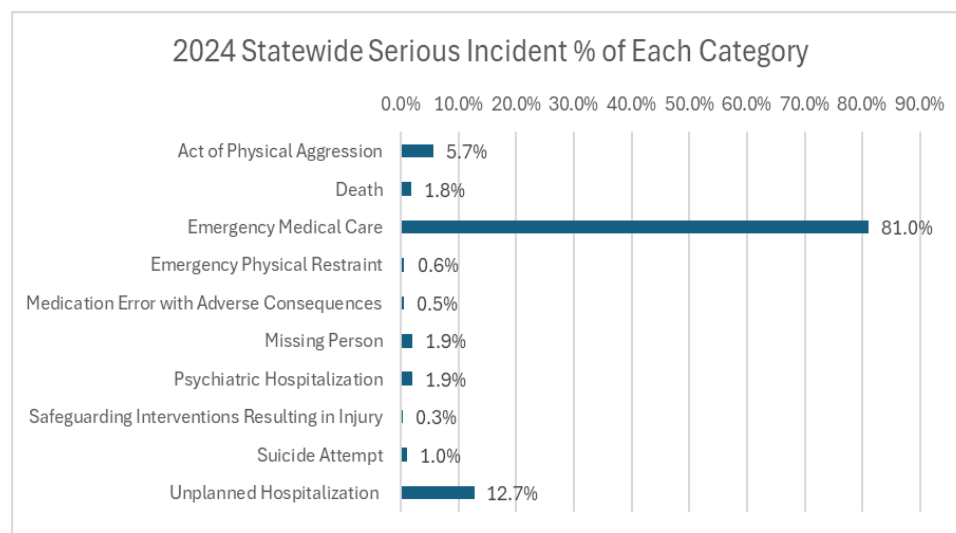
(Chart 4)

## SI Types and Frequency: Chart 5

### Chart 5: 2024 Statewide SI Category Percentage

When entering an SI into CAM, CME staff can select multiple SI categories for a single entry. As a result, the combined category percentages in Chart 5 exceed 100%.

EMC was the most frequently selected SI category in 2024, appearing in 81% of all SI entries. This trend is consistent with the 2022 and 2023 Statewide IMT reports.



(Chart 5)

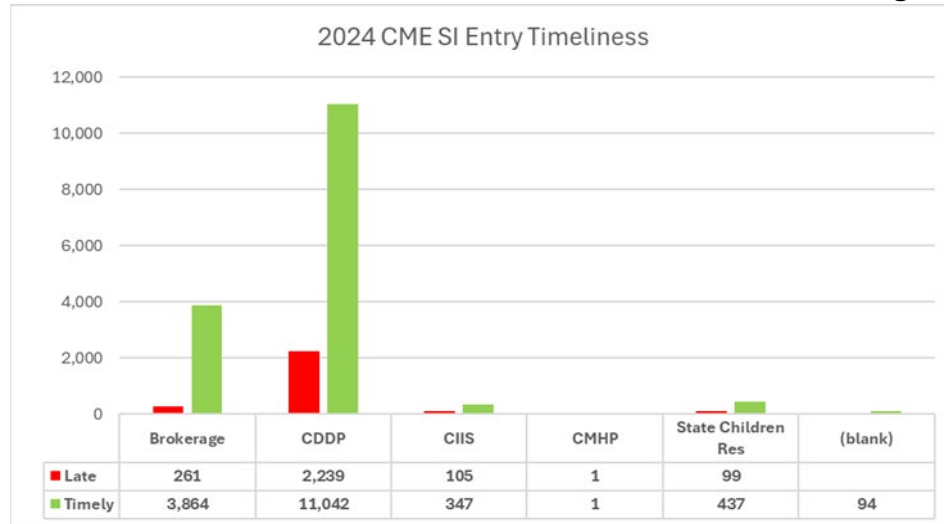
## Timeliness of SI Entry and Closure: Charts 6-7

### Chart 6: 2024 CME SI Entry Timeliness

In 2024, 85% of SIs entered statewide were entered timely<sup>3</sup> and 15% were entered late. This data is dependent on the data entered and selected fields within CAM upon entry, there were some errors discovered in the 2024 data review.

This includes 94 records which were not attached to a CME and show up as “blank” and two records were attached to a Community Mental Health Program (CMHP).

<sup>3</sup> CMEs have seven days to enter the SI into CAM after they become aware of the event. Entries entered after seven days are considered late.

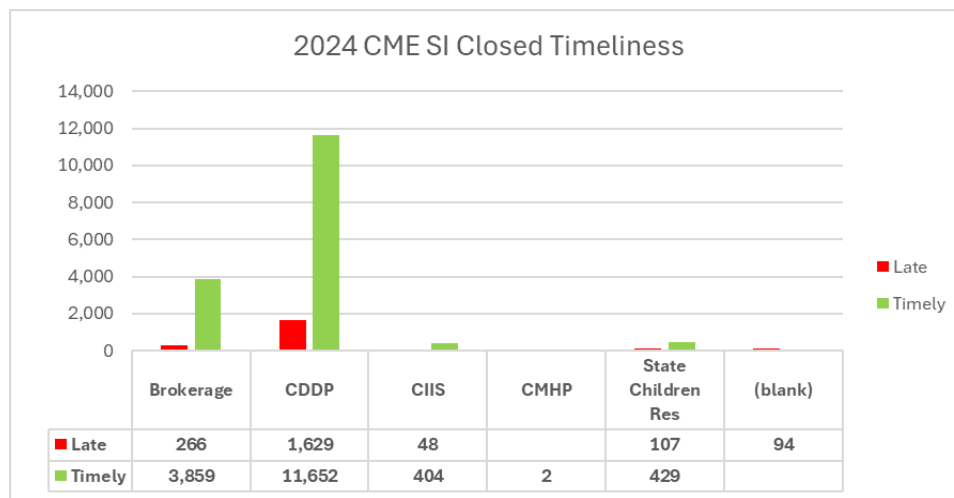


(Chart 6)<sup>4</sup>

#### Chart 7: 2024 CME SI Closure Timeliness

In 2024, 88% of SIs closed statewide were closed timely and 12% were entered late.

This data set also reflects entry errors including 94 records which were not attached to a CME and show up as “blank” and two records were attached to a Community Mental Health Program (CMHP).



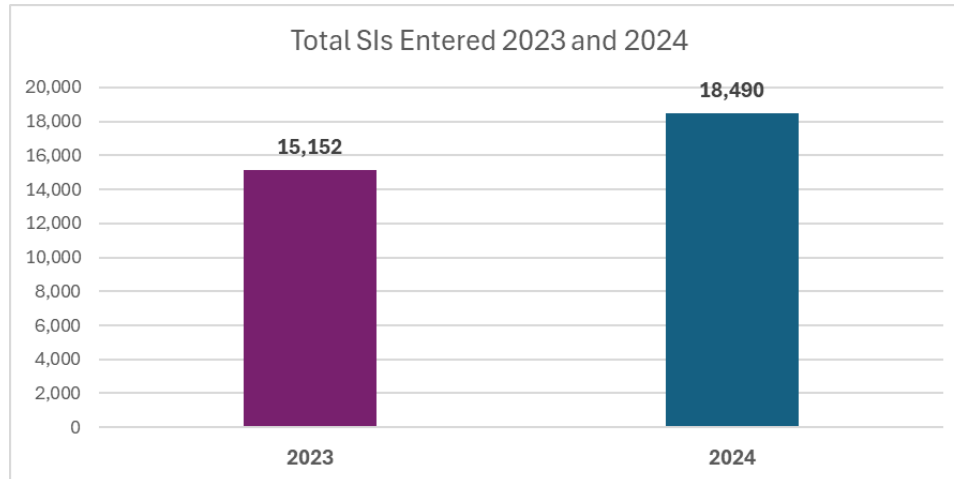
(Chart 7)

<sup>4</sup> CME types which oversee IDD services include: Brokerage, Community Developmental Disability Programs (CDDP), Children’s Intensive In-Home Services (CIIS) and State Children Residential.

## Year-Over-Year Comparisons: Charts 8 -11

### Chart 8: Total Number of SIs entered in 2024 and 2023

Compared to the previous year, there was a 22% increase in the total number of SIs entered in 2024.



(Chart 8)

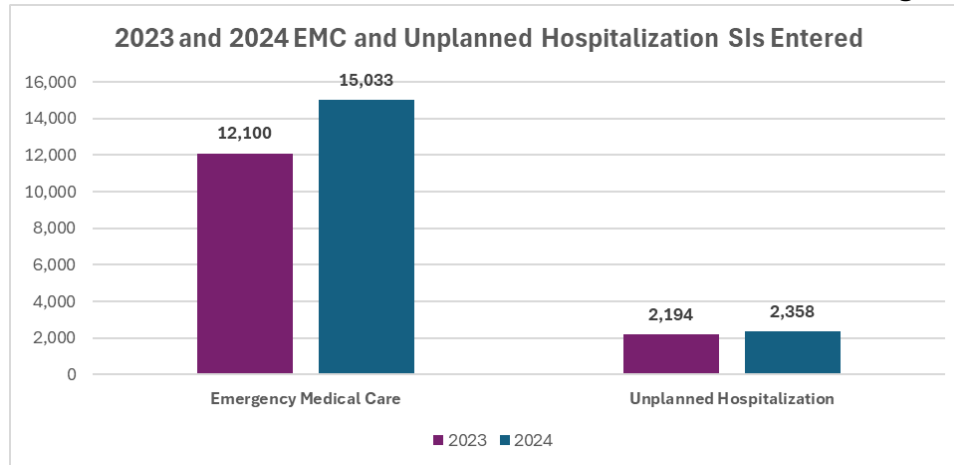
### Chart 9: EMC and Unplanned Hospitalization SIs entered in 2024 and 2023

In 2024, EMC and Unplanned Hospitalization SIs made up 94% of SIs entered.

EMC had a 24% increase from 2023, and Unplanned Hospitalization had a 7.5% increase from 2023.

ODDS updated the OAR definition for EMC in the Summer of 2024 to focus on why the individual sought Emergency Medical Care, rather than where the care was provided.

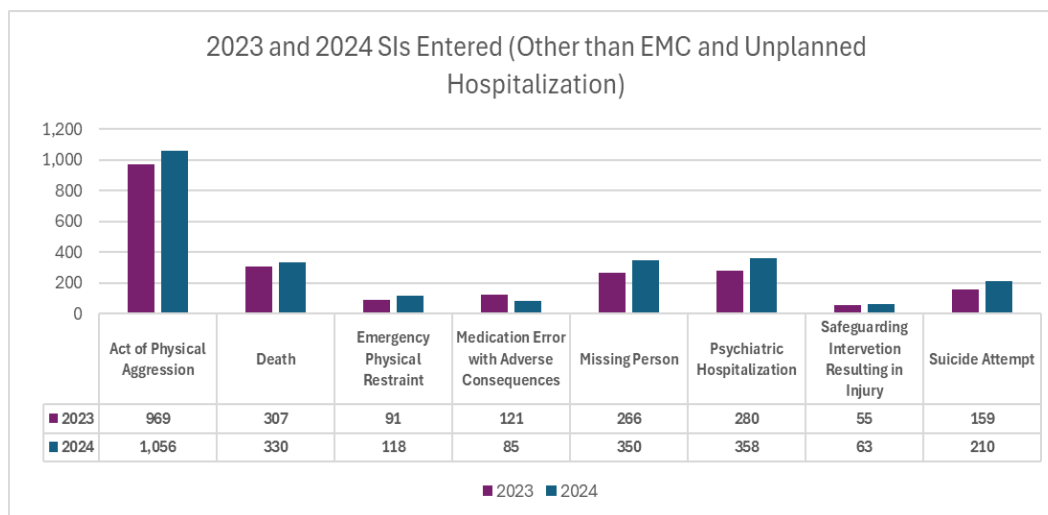




(Chart 9)

**Chart 10: Other SI Categories Entered in 2024 and 2023**

In 2024, 14% of the SIs entered were associated with an SI category other than EMC or Unplanned Hospitalization. Other than Medication Error with Adverse Consequences, all other SI categories experienced an increase of SI entries in 2024.

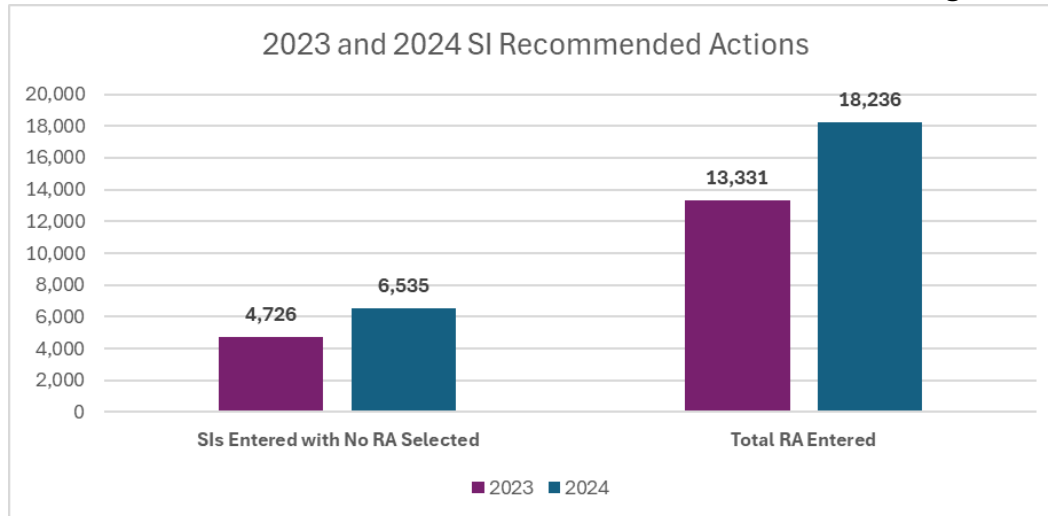


(Chart 10)

**Chart 11: SI Recommended Actions in 2024 and 2023**

Compared to 2023, the total number of Recommended Actions (RAs) entered in 2024 increased by 37%.

Additionally, the selection of “No Recommended Action” in SI records rose by 38% during the same period.

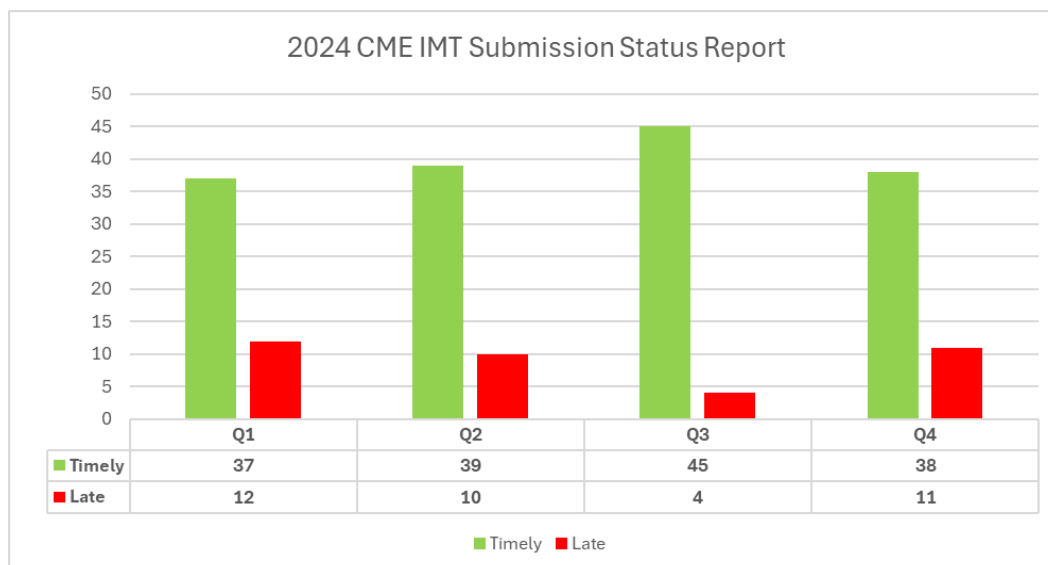


(Chart 11)

## CME Reporting and Compliance: Charts 12-13

### Chart 12: 2024 CME IMT Submission Status Report

CMEs are required to submit their IMT reports quarterly to ODDS. Chart 12 reflects the 2024 quarterly submissions and the timeliness of these submissions<sup>5</sup>. In 2024 ODDS amended the process for non-compliance follow up of CME IMT submissions. The Case Management Support Services Unit (CMSS) and Quality Assurance Unit (QA) collaborate with the QI to follow up on concerns of non-compliance.



(Chart 12)

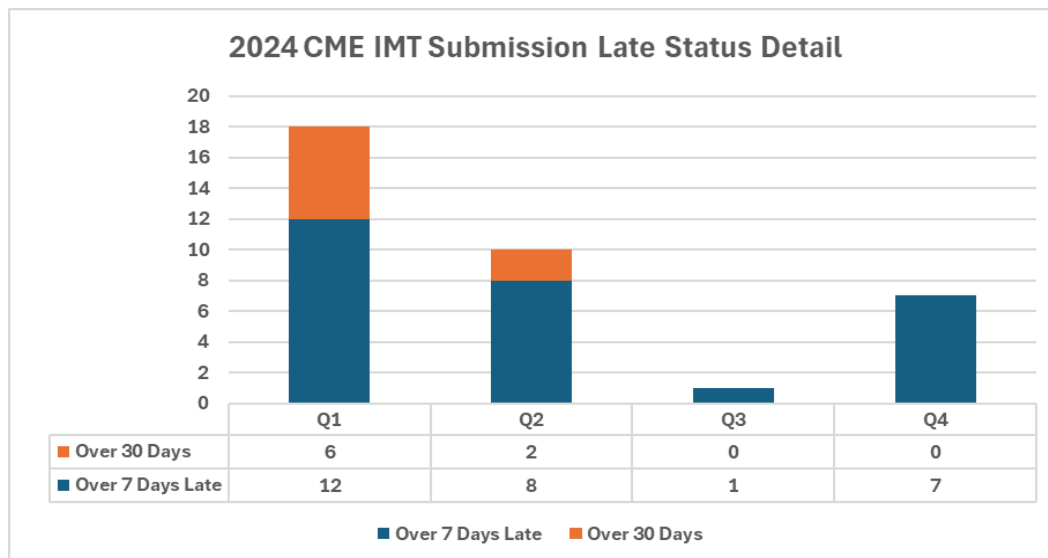
<sup>5</sup> Timeliness of CME submissions is calculated as follows: “timely” is received on or before the date it is due, “late” is received past due date and “missing” indicated report unreceived.

Chart 13: 2024 CME Late Status Detail Report

Quality Improvement (QI) continues to provide CME submission status reports to the Case Management Support Services (CMSS) and Quality Assurance (QA) units at seven-day and 30-day intervals to monitor late submissions.

Based on these reports, technical assistance and additional support may be offered to CMEs to help ensure compliance.

Compared to 2023, ODDS observed an improvement in the timeliness of CME submissions in 2024. Additionally, there were no missing IMT submissions reported for 2024.



(Chart 13)

## Recommendations

After review of the 2024 Statewide SI data the following recommendations are being made for ODDS program to consider:

- As indicated in the previous Statewide reports, EMC continues to be the highest reported SI category and “other” continues to be the highest selected subcategory under EMC. It is QI’s recommendation to revisit the EMC additional questions and reassess the “other” category. ODDS may consider completing a random sampling of the “other” selections in EMC, additional subcategories. This may assist in identifying why an individual sought EMC treatment.

- ODDS may consider further discussion on recommendations previously made around adding the following subcategories under EMC:
  - Allergic reaction
  - Infection
  - Constipation
  - Asthma
  - Stoma care
  - Urinary tract infection (UTI)
  - Allergies
  - Domestic or sexual assault,
  - Stroke,
  - Heart attack
- Given the significant nature of an SI, it is recommended ODDS have conversations on the intended use of Recommended Actions and "No Recommended Actions" in CAM. This recommendation aims to ensure SI records consistently reflect complete and accurate actions taken. Identifying RAs or selecting "No Recommended Action" is required for a Serious Incident to be closed. Although RAs can be created to identify future follow-up actions, RAs can also identify actions already taken. Several CMEs have reported that they maintain their "follow-up" actions in their progress notes. ODDS has recommended that CMEs include their follow-up actions in RAs associated with SIs. Currently there is a gap in ODDS's ability to highlight the actions being taken related to the SIs in some cases. Additional conversations are needed to ensure that all necessary information is included in the incident management system, i.e. CAM, and actions taken are being documented.
- CMS published the HCBS Access Rule and will require ODDS to amend business processes and requirements related to incident management. QI recommends that these requirements be strongly considered in CAM system updates and the development of systems that may contain incident management data, including incident reports and SIs. Additionally, QI recommends that ODDS discuss current SI definitions to ensure alignment with CMS Critical Incident definitions and requirements.
- There is currently a discrepancy between how data is pulled for IMT reports and how some other units in ODDS compile data. The CAM report used to compile data for quarterly and annual IMT reporting selects SIs based on the date the SI was created in CAM, referred to as the "created date", rather than by the date

that the incident occurred. Some ODDS units and other entities compile data based on date the incident occurred, referred to as the “incident date”. This may result in conflicting data sets. QI recommends that ODDS consider aligning the methodologies using SI data where applicable to avoid conflicting reports.

- QI recommends that ODDS analyze current SI system validations and identify fields frequently left blank or prone to errors (e.g., incorrect CME type selection). Based on the findings, ODDS should collaborate with CAM Support to implement targeted validations.
- QI recommends that ODDS analyze current SI system validations in CAM and identify fields frequently left blank or prone to errors (i.e. incorrect CME type selection). Based on the findings, ODDS should collaborate with CAM Support to implement necessary validations.
- QI recommends that ODDS discusses implementing an IMT huddle to review SI trends and statewide concerns related to SI data, including specific SI category trends.
- QI recommends that ODDS continue collaborating with agency partners and CAM Support to ensure data accuracy in IMT reports. Specifically, QI has requested that CAM Support include individual date of birth and RA fields in linked SI reports.

## **Relevant Oregon Administrative Rules and Policy**

[Case Management Services for Individuals with Intellectual or Developmental Disabilities, Abuse and Serious Incident Management: OAR 411-415-0055](#)

[General Definitions and Acronyms for Developmental Disabilities Services: 411-317-0000](#)

[CMS Access Rule: <https://www.federalregister.gov/documents/2024/05/10/2024-08363/medicaid-program-ensuring-access-to-medicaid-services>](#)