

State of South Dakota
Division of Developmental Disabilities
Trend Analysis: 2005 Unusual Incident Reporting
December 22, 2006



Overview

In 2004, the Centers for Medicare and Medicaid Services (CMS) issued the Quality Framework, a comprehensive document that articulated CMS's expectations for state quality management systems. In 2005, CMS rolled out a new Home and Community Based Services waiver application template that prescribed a new level of detail in all quality management components. Incident reporting is a primary feature of the new application. In anticipation of this federal direction, the Division launched the online Unusual Incident Reporting (UIR) system on January 1, 2005.

This web-based reporting method replaced form DHS-DD-708. The intent of this state-of-the-art approach to entering incident data and sending it to a protected collection area was to streamline the reporting process for providers and allow the Division to analyze data at an unprecedented level. This is the first trend analysis issued by the Division related to this data. It is a summary review of the aggregate data for Calendar Year 2005 submitted by the nineteen Adjustment Training Centers (ATC). Our intent is to issue a comprehensive trend analysis on an annual basis while providing provider-specific reports to each ATC on a quarterly basis. We hope that these reports will be helpful to ATC administrators in managing their local incident reporting system and comparing their data with statewide aggregate information.

Attached to this document is a data run of all UIRs for all agencies for 2005 including:

- Total number of persons supported per agency;
- Total number of incident reports submitted per agency; and
- A breakdown of reports by category per agency.

Additionally, information regarding the total number of incidents by category submitted statewide and system-wide averages for each category is attached.

The process for managing the UIR system is truly a joint collaboration between the Division and each of South Dakota's provider agencies. The agencies are to be commended for their fulfillment of responsibilities related to notification to the Division, submission of UIRs and responsiveness to the Division's requests for follow-up.

The Division's assigned Program Specialists review each UIR filed by the agencies. The Division has established a UIR/Quality Assurance Team that meets monthly to manage a peer review process for each UIR. This peer review system is designed to ensure that the agency has completed all necessary follow-up, timelines are met, and that any additional third party reporting (e.g., to the Medicaid Fraud unit) has occurred. This second pair of

eyes on each UIR has increased the Division's ability to address any gaps in handling the UIR.

Additionally, each month Division staff conduct a random sample of UIRs as a third quality assurance checkpoint. The random sample process has been very helpful in screening for any delays in follow-up as well as timeline compliance issues. Division nurses review each UIR that involves any health issues.

On a quarterly basis, Division staff collect all of the previous three months data and review trends by agency and also by UIR category. Staff use a "failure mode" process to determine areas of concern that might benefit from changes in policy and practice by any and all agencies.

John New from the Division has been instrumental in managing the UIR system and assembling the information generated in this report.

Regulatory Authority

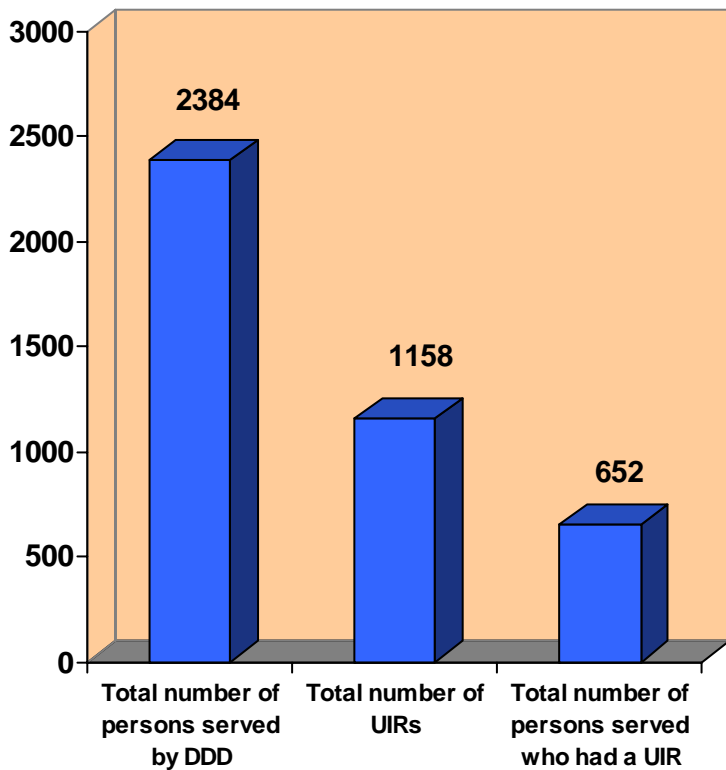
The authority behind the submission of incident reports is as follows:

Administrative Rule 46:11:03:02. Incident reports – submission to the Division.

The ATC must submit an incident report and the form, DHS-DD-708, furnished by the Division for any unusual accident or injury involving a consumer receiving services. The ATC shall give verbal notice or a facsimile of the incident to the Division within 48 hour or the next working day, whichever occurs first, once the ATC becomes aware of the incident. The ATC shall submit a written incident report to the Division within seven calendar days after the verbal notice. A report must be submitted in the following instances:

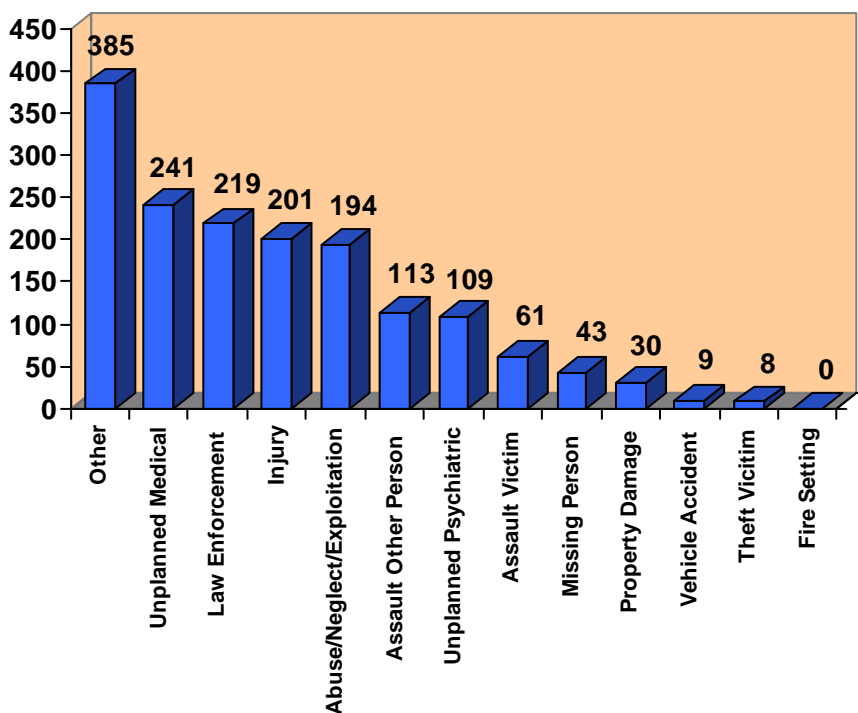
1. Death;
2. Life-threatening illnesses or injuries, whether hospitalization occurs or not;
3. Alleged instances of abuse, neglect, or exploitation against or by consumers;
4. Changes in health or behavior that may jeopardize continued services;
5. Serious medication errors;
6. Illness or injuries that resulted from unsafe or unsanitary conditions; and
7. Any illegal activity that involves a consumer.

Total Number of Incidents



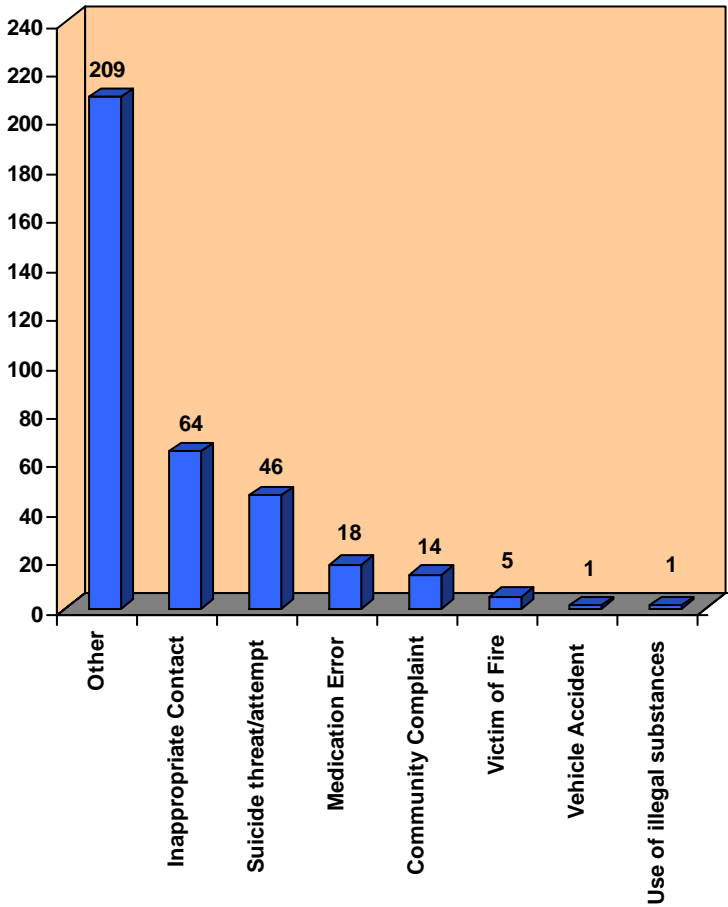
During 2005, 2,384 persons were served by the Home and Community Based Services Waiver and Community Training Services. 1,158 Unusual Incident Reports were filed. This calculated to an average of 60.95 per ATC. The lowest number of reports filed by an ATC was nine with the highest being 189 reports. The range of UIRs per 100 persons served was a low of 11.8 at one ATC and a high of 190.6 at another ATC. The system-wide average was 48.57% of all persons served.

Categories of UIRs



This chart reflects the thirteen categories of UIRs and the number of reports filed per category. Note that the total number of categories does not match the total incidents; some incidents may have been included in more than one category. The “Other” category in this chart includes all death reports (note: 27 deaths were recorded in 2005).

Other Incidents Category

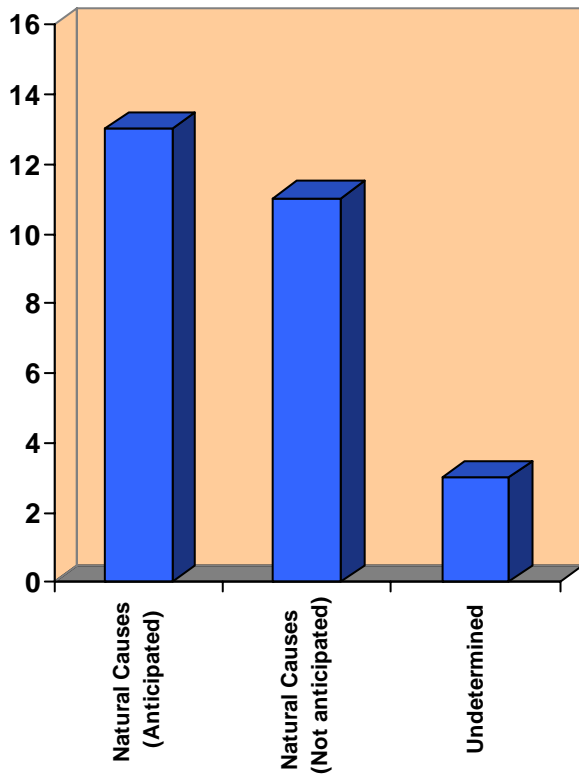


There were 358 reports, excluding death reports, captured in the “Other” category. 209 of these reports are unique and do not align with any single category; some examples of these UIRs are:

- Emergency rights restrictions;
- Non-emergency 911 calls;
- Increase in aggressive behaviors;
- Being left at a group home alone; and
- Exposing self to others.

As a result of recording so many UIRs that do not align with current categories, the Division is in the process of revisiting the UIR form and determining the need for additional categories.

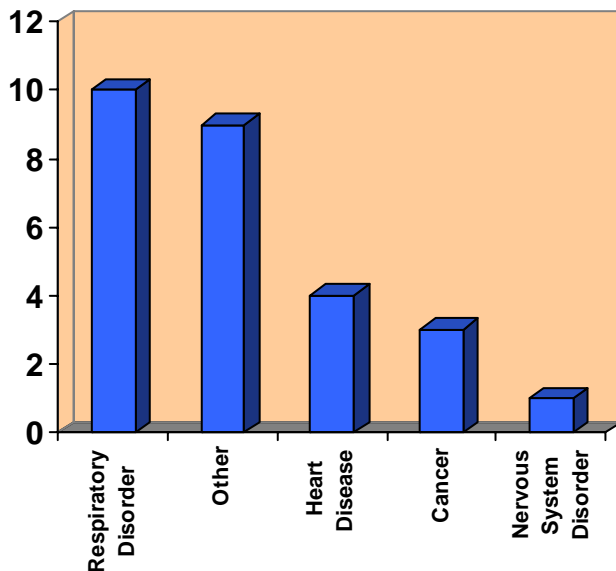
Mortality Information



During calendar year 2005, 27 persons served died. 50 % died of anticipated natural causes while almost as many died of unanticipated natural causes such as heart attacks and respiratory distress. The “Undetermined” category reflects those deaths where an autopsy was not conducted (typically due to a family decision). Some examples are:

- Person had pneumonia and liver failure, although autopsy not conducted to determine actual cause of death;
- Person had complications following surgery; and
- Person was found in bed and unresponsive.

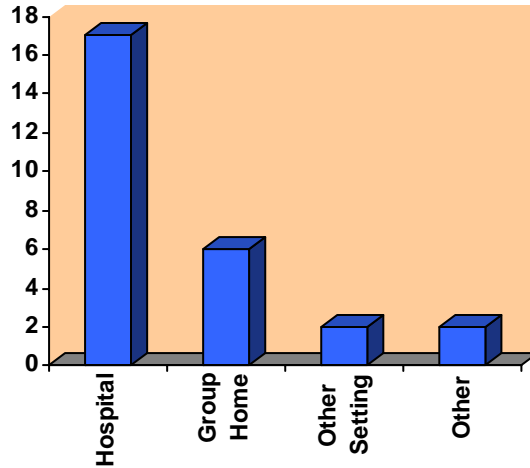
Cause of Death



Respiratory disorder was the leading cause of death. Examples of reports in the “Other” category include:

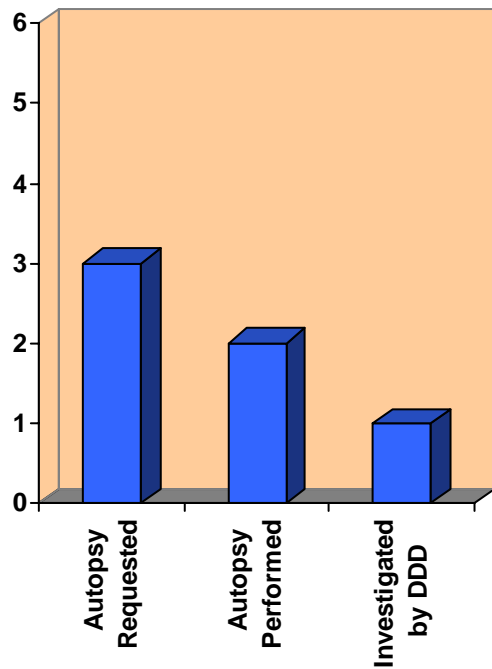
- Infection;
- Liver failure; and
- Kidney failure.

Site of Death



64% of the deaths occurred in the hospital, 22% in a group home with provider supports and 7% in some other setting (e.g., hospice or nursing home).

Mortality Follow-Up



This chart reflects autopsy information and DDD investigations. There were no police investigations resulting from deaths in calendar year 2005.

DDD investigations are triggered by unexpected deaths, misuse of consumer funds and incidents of abuse, neglect or exploitation. Complaints from consumers or family members may also trigger a DDD investigation.

In 2005, DDD conducted one investigation as a result of a death; no mistreatment was found.