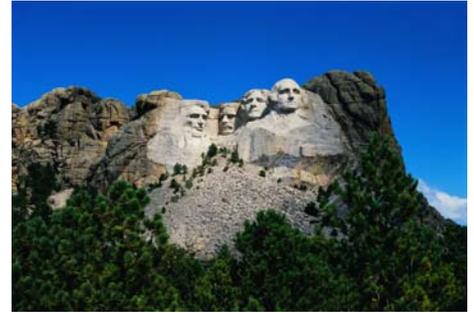


State of South Dakota
Division of Developmental Disabilities
Trend Analysis: 2006 Unusual Incident Reporting
August 14, 2007



OVERVIEW

In response to direction from the Quality Framework issued by the Centers for Medicare and Medicaid Services (CMS) in 2004, the Division of Developmental Disabilities (DDD) created an on-line reporting system for Unusual Incident Reporting (UIR) on January 1, 2005. The system allows Adjustment Training Centers (ATC) to submit required reports via computer and allows DDD to analyze data. 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. Given that the start date of this system coincides with the first day of the calendar year, UIR Annual Reports are issued in keeping with the calendar year as opposed to the fiscal year.

Generally, the population covered by the UIR system is limited to all people receiving Home and Community Based Services (HCBS) waiver funding in DDD's comprehensive waiver and Community Training Services (CTS). However, the incident numbers contained within this report may include some individuals on the service record who do not receive HCBS or CTS funding. Some agencies choose to utilize the on-line system as a way to track incidents for persons whose services are funded by the school district or private pay, although DDD does not require the submission of an Unusual Incident Report in these circumstances.

This is the second annual trend analysis issued by DDD related to this data. It is a summary review of the aggregate data for Calendar Year 2006 submitted by the 19 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. The purpose of the report is to provide information about trends, and keep watch for indicators that could help us prevent certain types of unusual incidents in the future. 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 2006 including:

- Total number of persons supported by the HCBS waiver and CTS general fund dollars per agency;
- Total number of incident reports submitted per agency; and
- A breakdown of reports by category per agency.

Additionally, information regarding the total statewide number of incidents by category as well as 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 Program Specialist assigned to each ATC is responsible for reviewing all UIRs filed by their agency. The Division also has a UIR/Quality Assurance (QA) Team that coordinates a DDD-staffed peer review process for each UIR. This peer review system is designed to ensure that the ATC has completed all necessary follow-up, timelines are met, and that any additional third party reporting (e.g., to the Attorney General's Medicaid Fraud unit) has occurred. This second review of each UIR has increased the Division's ability to address any gaps in handling the UIR.

Additionally, the UIR/QA Team conducts a random sample of UIRs as a third quality assurance checkpoint on a monthly basis. 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 or medication issues.

On a quarterly basis, the UIR/QA Team collects the previous three months data and review trends by agency and by UIR category. Staff use a root cause analysis process to determine areas of concern that might benefit from changes in policy and practice by any and all ATCs. A root cause analysis is a process for identifying the basic or causal factor(s) that underlies variation in performance, including the occurrence of a sentinel event.

SYSTEMS IMPROVEMENTS IN 2006

Two new categories were added to the UIR form in Calendar Year 2006- Suicide Attempt/Threat and Highly Restrictive Measures. 139 reports were completed in the Suicide Attempt/Threat category and 140 reports were completed in the Highly Restrictive Measures category.

REGULATORY AUTHORITY

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

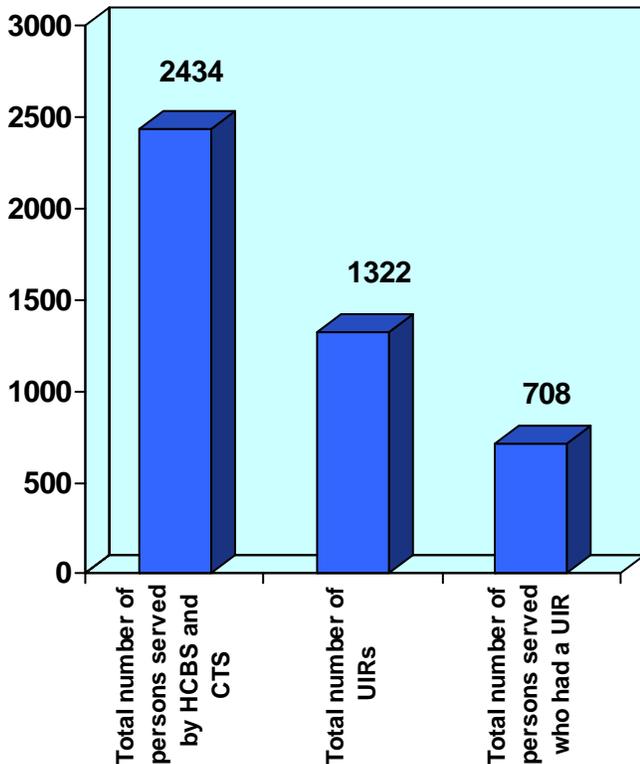
Administrative Rule 46:11:03:02. Incident reports – submission to the Division.

The ATC must submit an incident report and the form, DHS-DD-708 (this web-based reporting method replaced 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;

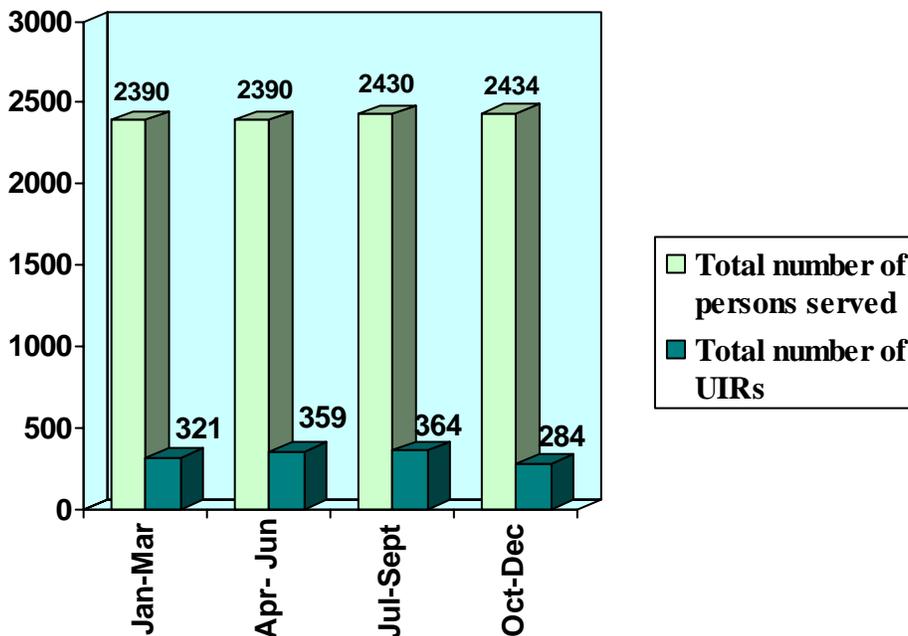
3. Alleged instances of abuse, neglect, or exploitation against or by consumers;
4. Changes in health or behavior that may jeopardize continued services;
5. Serious medication errors;
6. Illness or injuries that resulted from unsafe or unsanitary conditions; and
7. Any illegal activity that involves a consumer.

TOTAL NUMBER OF INCIDENTS



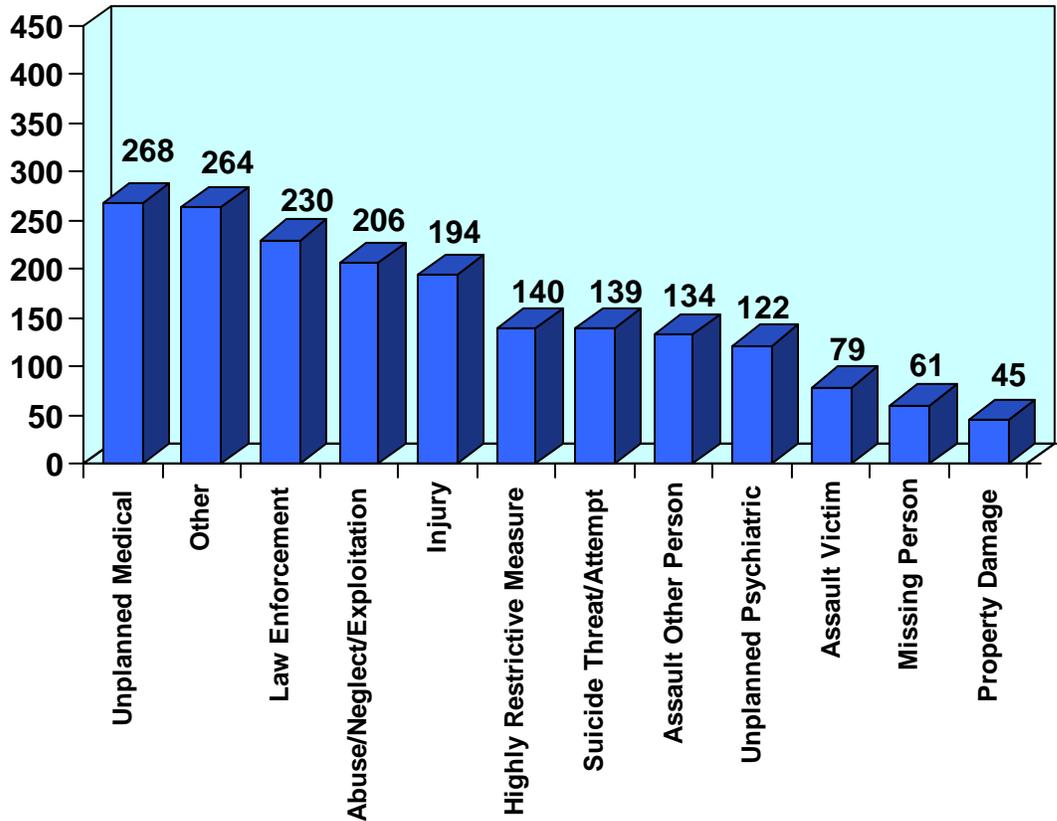
During 2006, the HCBS Waiver and Community Training Services served 2,434 persons. 1,322 UIRs were filed. This calculated to an average of 69.58 UIRs per ATC. The lowest number of UIRs filed by an ATC was 11 and the highest number was 186. The number of UIRs per 100 persons served ranged from a low of 18.5 at one ATC and a high of 194.8 at another ATC. The system wide average per 100 persons served was 60.69.

Quarter by Quarter Data



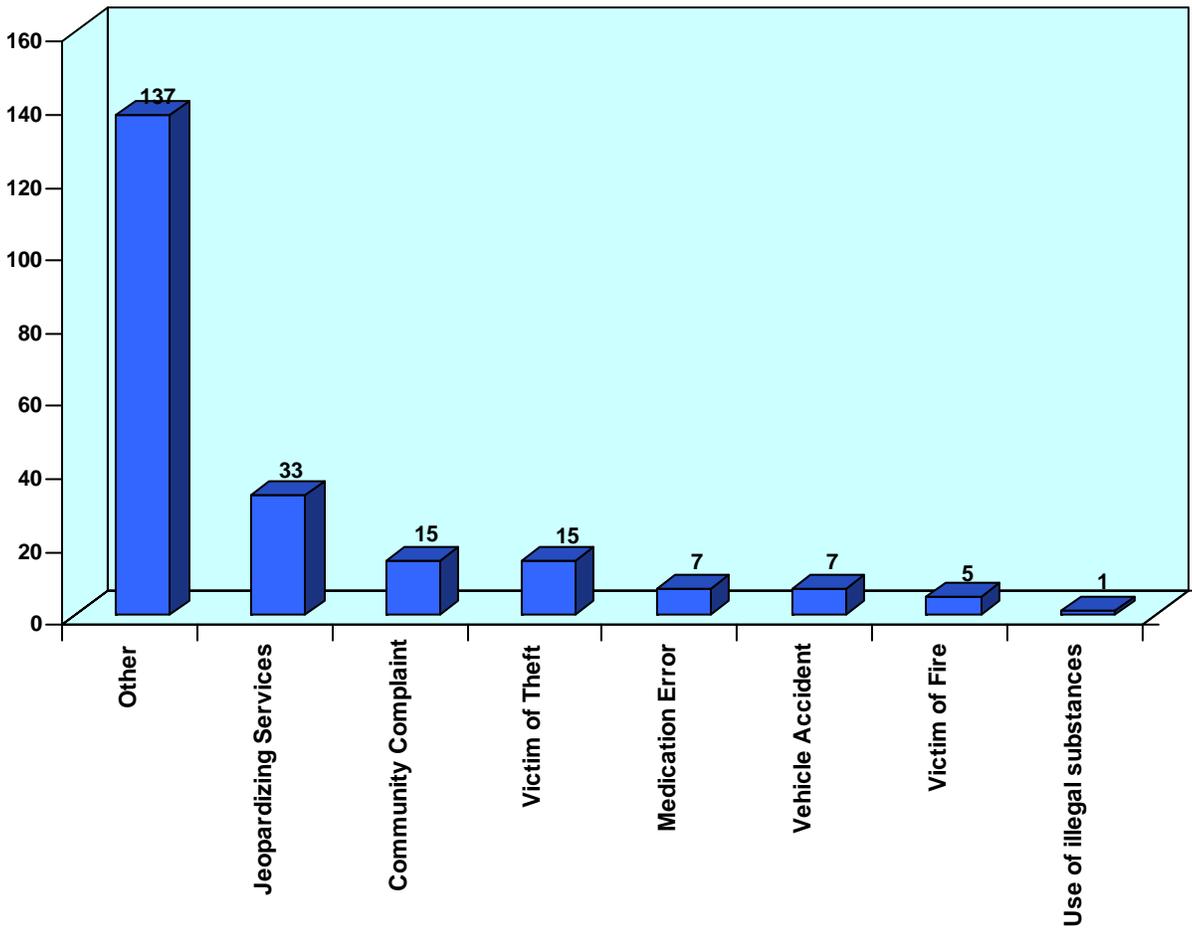
The highest reporting period for 2006 occurred during July-September while October-December was the lowest reporting period. There was a substantial decrease in UIR reporting from five agencies during this period.

Categories of UIRs



This chart reflects the 12 UIR categories and the number of reports filed per category. Note that the totals of categories do 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: 44 deaths were recorded in 2006). Please refer to the next page for more detail on the “Other” category.

Other Incidents Category



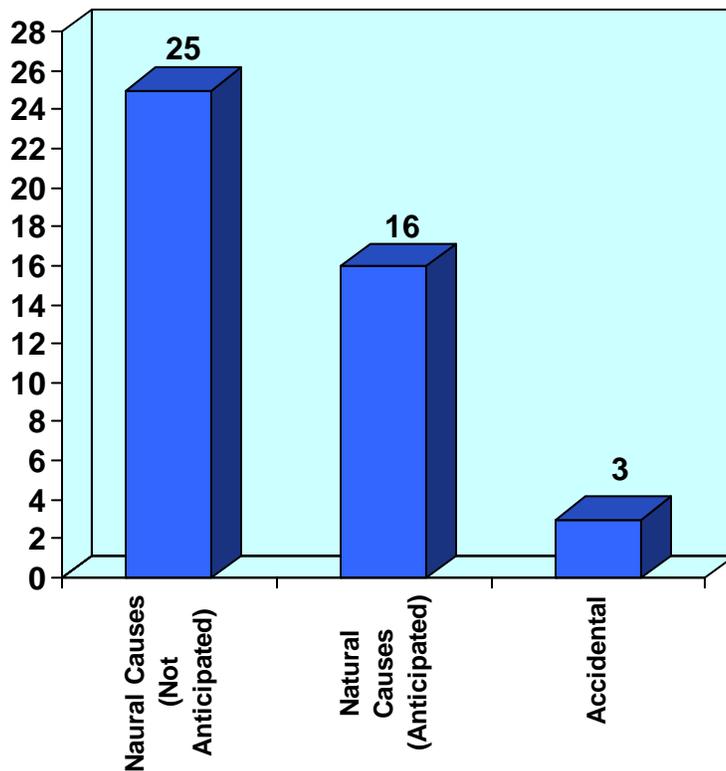
There were 220 UIRs, excluding death reports, captured in the “Other” category. One hundred thirty-seven of these UIRs are unique and do not align with any single category. Some examples of these UIRs are:

- Being diagnosed with a terminal illness;
- Discovery of a tumor;
- Missing controlled medications;
- Sudden onset of seizure activity; and
- Forgery.

As with the 2005 report, many UIRs were recorded that do not align with current categories; as referenced in the “Systems Improvements for 2007” section on page 10 of this report, the Division has identified four additional categories to be added to the UIR form. Additionally, after reviewing the 137 UIRs recorded in the “Other” category it was discovered that 43% were categorized incorrectly, meaning the incident should have been recorded in another category of the UIR form.

Mortality Overview

By definition state developmentally disability systems support people from an early age until death. Supporting individuals through the end stage of their lives is a critical function that ATCs provide to those entrusted to their care. In South Dakota, the low number of people who die each year makes it difficult to detect trends. In future years this annual report will consider trends over multi-year periods.

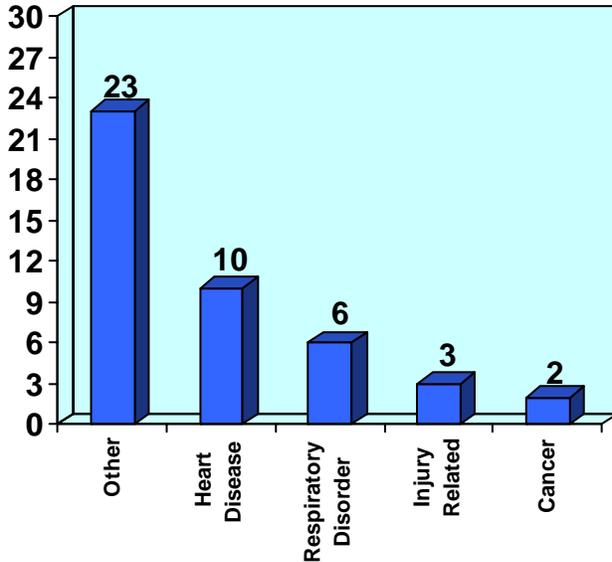


During 2006, 44 people served died. Twenty-five people died of unanticipated natural causes while 16 died of anticipated natural causes such as heart attacks and respiratory distress. Three died as a result of accidents such as automobile accidents and falls. Some examples of “Natural Causes (Not Anticipated)” are:

- Person had pneumonia and Respiratory Sycytial Virus (RSV);
- Person had complications following surgery; and
- Person had complications following a serious kidney infection.

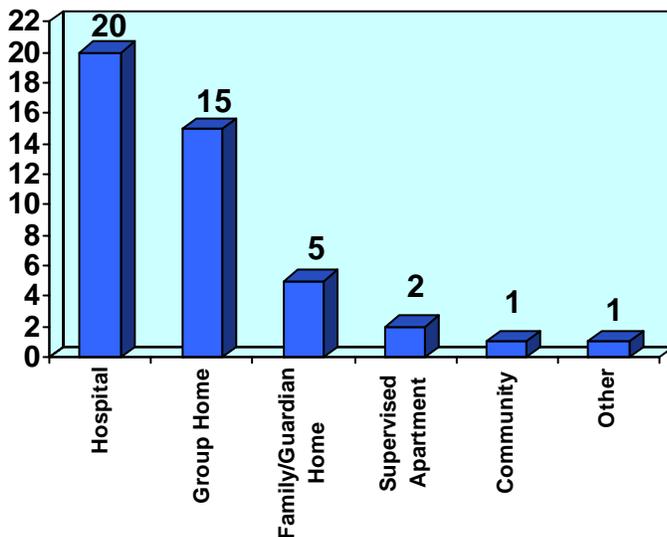
Cause of Death

A single cause of death is chosen for each person. If an underlying disease is known it is listed as the cause of death, rather than the immediate cause. Consistent with the general population, the underlying disease may have many other health related concerns linked to it. The choice of a single primary cause of death although arbitrary, is important for tracking and trending deaths in the state.



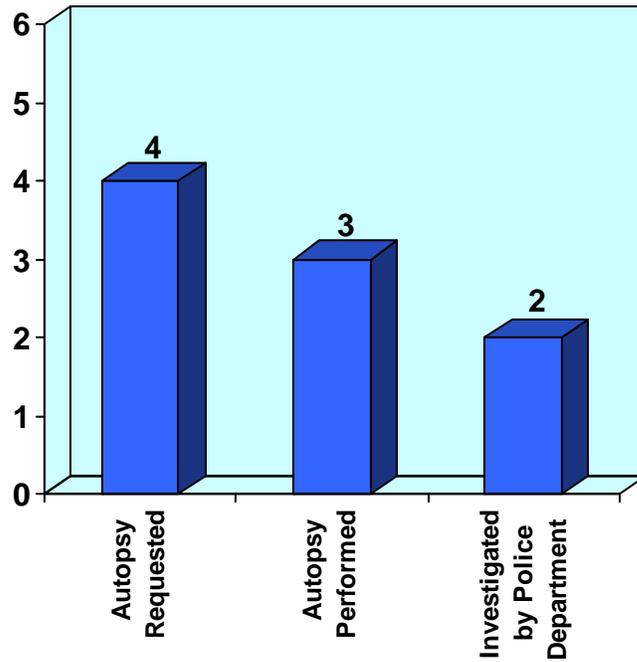
Twenty-one of the deaths are identified in the four categories for mortality listed in the UIR form—heart disease, respiratory disorder, injury related and cancer. If the cause of death did not fall into any of these categories, it was recorded in the “Other” category. The number of UIRs tied to the “Other” category is causally related to the number of Natural Causes (Not Anticipated) listed in the Mortality Overview table one page 6. In many of these incidents the family or guardian chose to not have an autopsy conducted and the coroners report indicated “Natural Causes”.

Site of Death



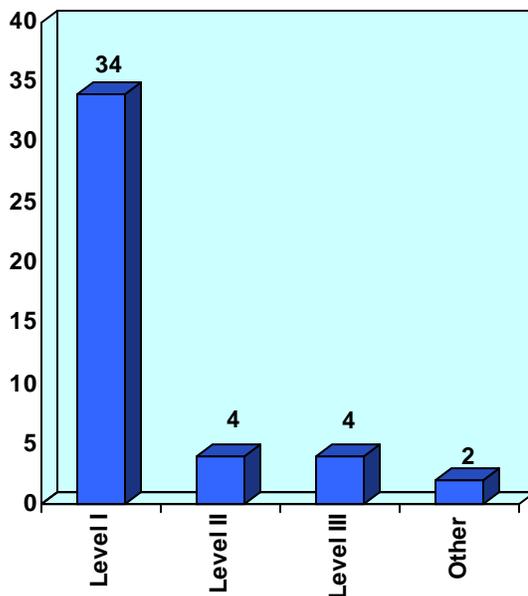
Twenty of the deaths occurred in the hospital, 15 in a group home with provider supports, 5 in a family/guardian home, 2 in supervised apartment with provider supports, and 1 in the community. One occurred in some other setting (e.g., a nursing home).

Mortality Follow-Up



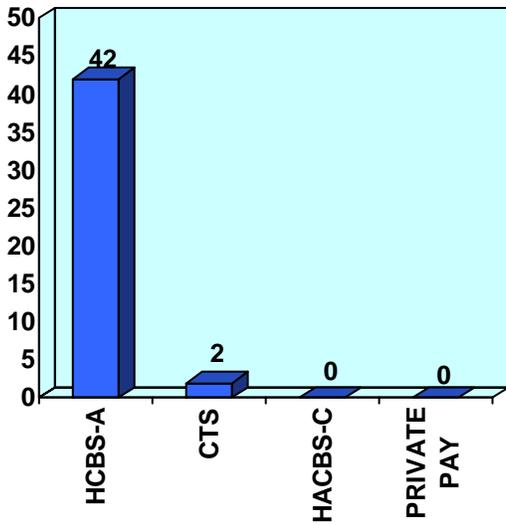
DDD reviews all deaths and conducts investigations of any deaths that are accidental, unexplained, or occur amidst allegations of abuse or neglect. This chart reflects autopsy information and police investigations

Residential Services



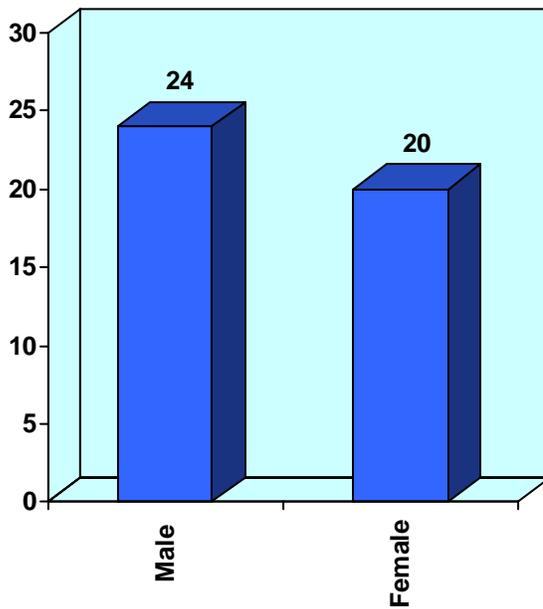
Thirty-four deaths were of people receiving services in a group home (Level I) residence. Four deaths occurred in a supervised apartment (Level II) and four deaths occurred in independent living situations (Level III). Two deaths occurred outside of an ATC setting (i.e., a nursing home, hospital).

Funding source



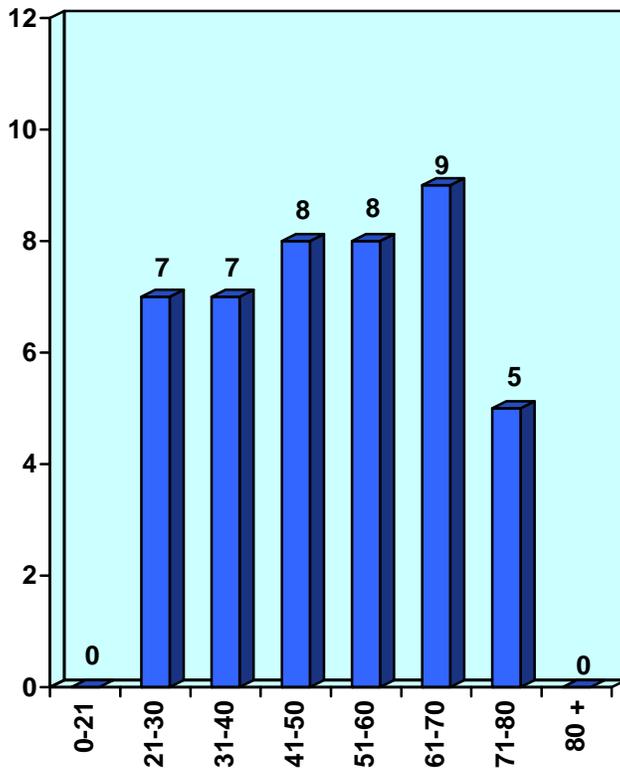
Forty-two deaths involved people receiving HCBS Comprehensive waiver funding whereas two deaths involved people receiving Community Training Services.

Gender



During 2006, of the 44 reported deaths, 24 were male and 20 were female.

Age



Nine deaths were in the 61-70 age category followed by eight each in the 41-50 and 51-60 age categories.

SYSTEMS IMPROVEMENTS FOR 2007

As a result of careful review of the data as well as substantive dialogue with a variety of stakeholders, a number of systems improvements are being put into place this year. The UIR process is an important aspect of DDD's quality management system and as such is iterative in nature. One of the primary functions of this annual report is to provide all interested parties with a summary of these improvements. They are as follows:

1. Pursuant to a recommendation by CMS in response to an evidentiary review as well as a recent meeting with the South Dakota Association for Community Based Services, the UIR/QA Team will be expanded to include a DDD nurse and individuals not affiliated with DDD. These additions will include a person receiving community-based services, family members and representatives from the South Dakota Developmental Center and two ATCs. This change will occur over the course of the next six months and should strengthen the objectivity of the review process;
2. The Division's HCBS waiver managers will also take a more active role in reviewing UIR data, consistent with their responsibility to monitor DDD's compliance with CMS's basic assurance requirements for health and welfare;

3. DDD will request technical assistance from CMS on data and trend analysis to improve its ability to manage the UIR data and be more proactive in identifying patterns of concern;
4. DDD recognized the need to increase the specificity of the “Other” category and determined four major themes that required further articulation in the reporting template. These are as follows:
 - a. Increase in behavioral issues (e.g., aggression and self-abuse);
 - b. Medical diagnosis (e.g., contagious disease, cancer);
 - c. Illegal activity (e.g., stealing, shoplifting); and
 - d. Jeopardizing personal safety (e.g., allowing strangers into a residence, safety while crossing the street).
5. DDD is expanding the system to strengthen its ability to monitor incidents of abuse, neglect and exploitation. These additions are being beta-tested as of this writing and will ultimately be added to the system. This information will give DDD the ability to collate information about the following items:
 - a. Level of supervision, funding source, gender and age;
 - b. Abuse, neglect, and exploitation;
 - c. Notification of appropriate parties and the ability to draw related reports; and
6. A feature will be added to the web-based program that provides immediate notification to the Office of Recoveries upon the death of an individual funded through the comprehensive HCBS waiver; and
7. Finally, future annual reports will provide further analysis of mortality data and trends.

It is hoped that these improvements increase the overall quality of the UIR process as well as the analysis capacity at both the state and local levels.

Please direct any comments and questions about this report to John New, Program Specialist, at 605-773-3438 or john.new@state.sd.us.