

Government of the District of Columbia
Department on Disability Services (DDS)
Quality Assurance and Performance Management Administration (QAPMA)

Incident Management Quarterly Report

Fiscal Year 2019 Third Quarter (April 2019 – June 2019)



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III. Executive Summary

At the foundation of the Department on Disability Services (DDS)/Developmental Disabilities Administration’s (DDA) Incident Management System is the belief that each person has a right to live and work in an environment that is healthy, safe and accommodating to a person’s needs and desires. DDA strives to provide quality services for all people regardless of the funding source, identity, age, or membership with any group.

For the third quarter of the fiscal year 2019 (FY 19), 9.8% of people experienced a Serious Reportable Incident (SRI), which is a .8% decrease (percentage points) from the previous quarter and somewhat similar (within 1-2% points) to those seen in the earlier quarters. People experiencing a Reportable Incident (RI) has remained stable at 24% from last quarter. The figures below show the percentage of people experiencing an SRI or RI over the previous four quarters across groups.

Figure 1 Percentage of People Experiencing an SRI across Groups

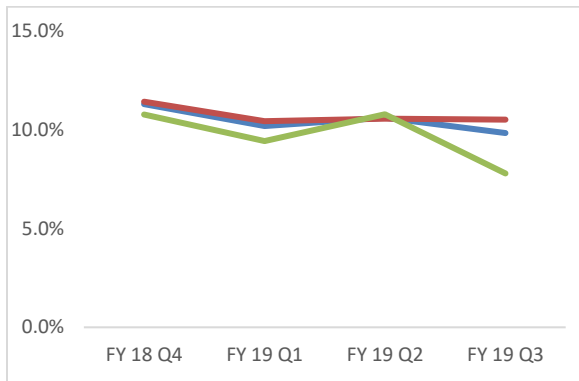
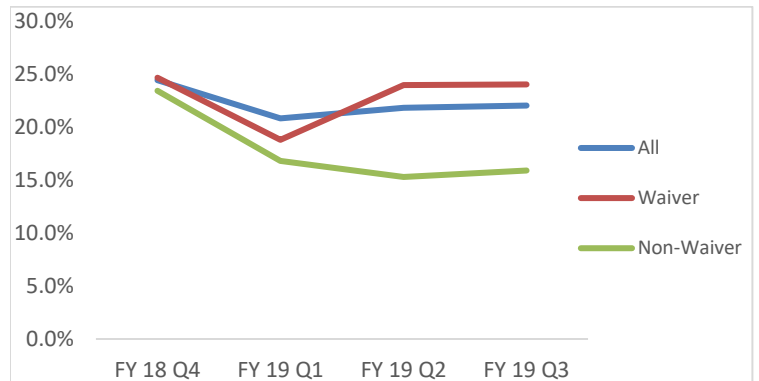


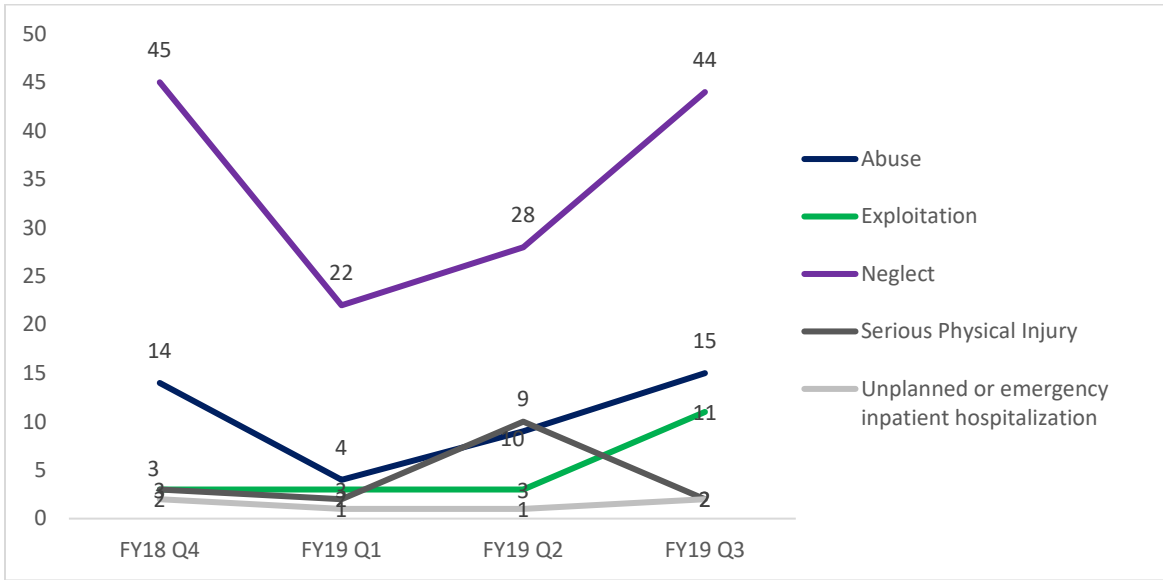
Figure 2 Percentage of People Experiencing a RI across Groups



This quarter continued to see unplanned or emergency inpatient hospitalizations and emergency room (ER) or urgent care visits as the most frequently reported SRI and RI, respectively. The percentages of admissions deemed to be a result of neglect continue to be low. Only two hospitalizations were substantiated as a result of neglect.

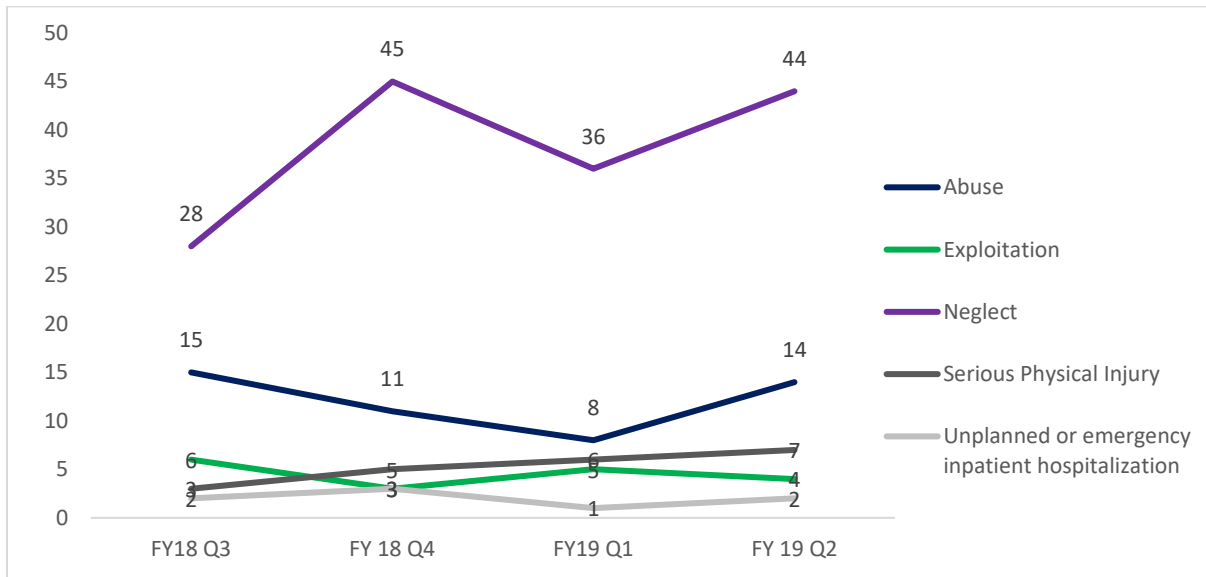
Overall, the numbers of allegations of abuse and allegations of exploitation as a result of neglect remain low. There were three allegations of serious physical injuries substantiated for neglect, which is a decrease from the second quarter. Substantiated allegations of neglect have increased over the quarter. The figure below shows the total number of substantiated incidents for the last four quarters. Some allegations of abuse, serious physical injury, and hospitalization were substantiated for neglect, and listed under the initial alleged incident below.

Figure 3 Number of Substantiated Incidents by Incident Close Date



The statistics in Figure 3 reflect the current trend of the selected SRIs and not just the efficiency of IMEU investigators. Figure 4 is included and shows the substantiated incidents by incident date. Note that Figure 4 is one quarter behind because the determinations of cause for many events occurring in the third quarter are still pending.

Figure 4 Number of Substantiated Incidents by Incident Date



Reporting of incidents (incidents must be reported by 5 pm the following business day) increased this quarter by 1.6 % from 87.2% to 88.8 %. DDA continues to encourage providers to report incidents as soon as they find out about them.

In the third quarter of FY19, IMEU closed 98.5% (328/333) of investigations within 45 calendar days, which represents a marginal decrease from last quarter's, 99.0%. IMEU remains committed to maintaining the goal of 95% timely closure of investigations.

As DDA works continuously to minimize the occurrence of preventable incidents and improve the response to incidents, the collection, and analysis of accurate data are necessary. The Immediate Response Committee (IRC) sub-committee meets monthly to evaluate the frequency of incidents and address systemic issues. Additionally, the Quality Improvement Committee (QIC) meets monthly and discusses issues related to incidents when relevant. These committees submit recommendations to the appropriate DDA manager regarding discoveries that require follow-up or ideas for quality improvement initiatives.

IV. Introduction

DDS's Quality Management Division (QMD) works on some fronts to support the safety and security of all people participating in DDA's service delivery system. IMEU and the Quality Improvement Unit (QI) play a significant role in supporting quality service delivery and reducing risk to people with intellectual disabilities. This report focuses on QMD's management of SRIs and RIs.

SRIs are incidents that are significant or severe enough to require an immediate emergency response. RIs are also important but are considered minor incidents. SRIs include death, abuse, exploitation, inappropriate use of approved restraints that results in injury, missing person, neglect, repeated use of emergency restraints, serious medication errors, serious physical injury, suicide attempts, use of unapproved restraints, unplanned or emergency inpatient hospitalization and other incidents that pose a serious threat to the health and safety of the person. RIs include medication errors, physical injury, suicide threats, vehicle accidents, fires, incidents involving the police, emergency room or urgent care visits, emergency relocations, emergency use of restrictive controls, inappropriate use of approved restraints (no injury), property destruction, and any other incident that impacts the health or safety of a person. Details and guidance about classifying incidents are in Appendix A.

Though this report focuses on the third quarter (April 2019 through June 2019) of FY 19, it also highlights trends that require immediate or ongoing attention and offers recommendations to create nurturing and empowering environments that minimize the risk of preventable incidents for people receiving services through the DDA service delivery system.

Methodology

The data for this report is drawn from DDA's Information System (MCIS), which includes demographic information for every person receiving DDA services, as well as up to date information about their supports and well-being. Information is entered into this system through sources, including provider staff, Service Coordinators (SCs), the IRC, IMEU Investigators, and IMEU Compliance Specialists.

The data presented in this report is primarily descriptive. The goal is to paint a picture of how people receiving DDA services experience SRIs or RIs and show DDA's response to safeguarding each person's well-being. The data highlights areas that need improvement, and the report closes with recommendations for the next quarter and beyond.

Data and Analysis

Incidents can range from bumps and bruises to serious injuries and hospitalizations. DDA collects information about incidents to make informed recommendations and identify systemic trends. In this report, the data analysis is broken out in the following way:

- Demographic analysis
- Overview of SRIs and RIs among all people receiving services from DDA
- SRIs and RIs involving people in the waiver program and people not in the waiver program

V. Demographic Analysis

This section answers the question, “Whom does DDA serve?” Additionally, this analysis gives insight into where people receive their services. The data is a snapshot of people served by DDA as of July 1, 2019.

At the end of the third quarter of FY 19, DDA was serving 2,400 people, of which 1,835 people were receiving Home and Community Based Services (HCBS) through the District of Columbia’s Medicaid waiver program (shown in Figure 5). Proportionally, this means that 76.4% of people were participating in the waiver program.

Figure 5 Number of People Served by DDA, by Category (as of July 1, 2019)

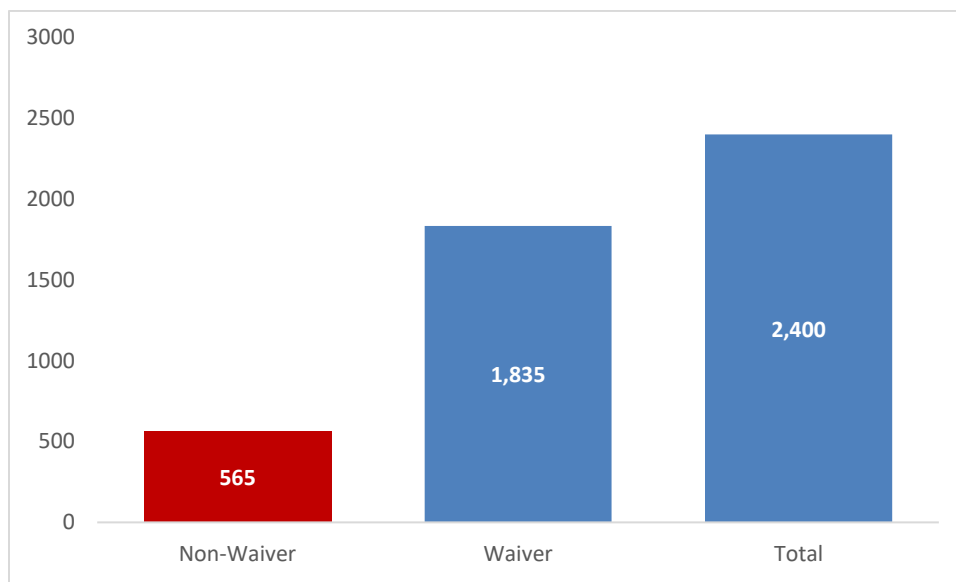


Figure 6 shows the age distribution for people who participate in the waiver program and people who receive services outside the waiver program. For the 463 people under the age of 25 receiving services, 71.4% of them were receiving services through the waiver program. Seven hundred and fifty-seven people between the ages of 25-39 received services with 634 or 83.7% of them participated in the waiver program. For the remaining age groups, 73.7% of people engaged in waiver services.

Figure 6 Age Ranges of People Served by DDA, by Waiver Status

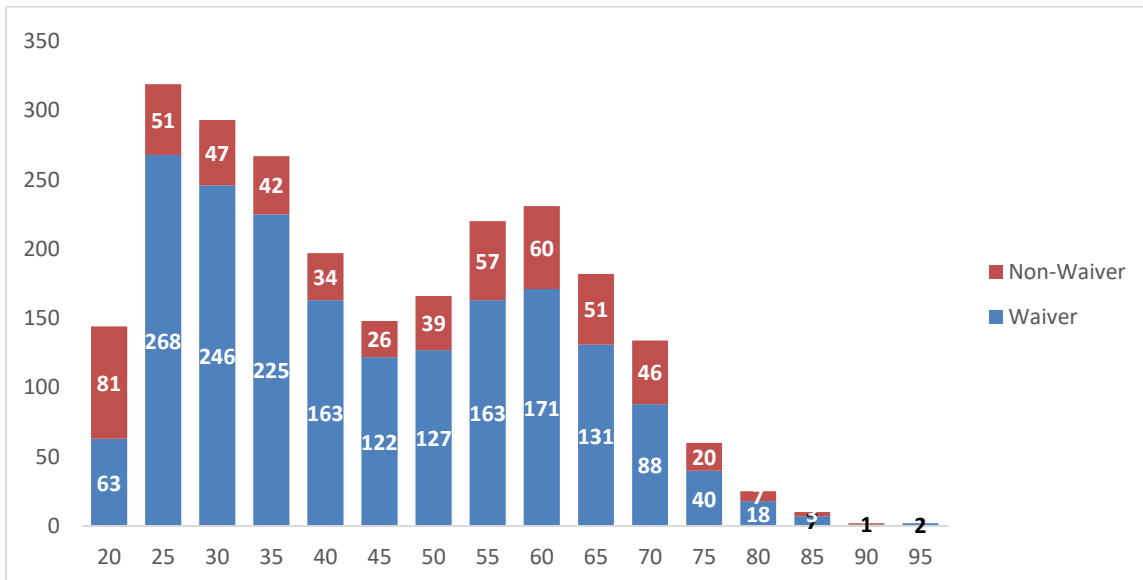
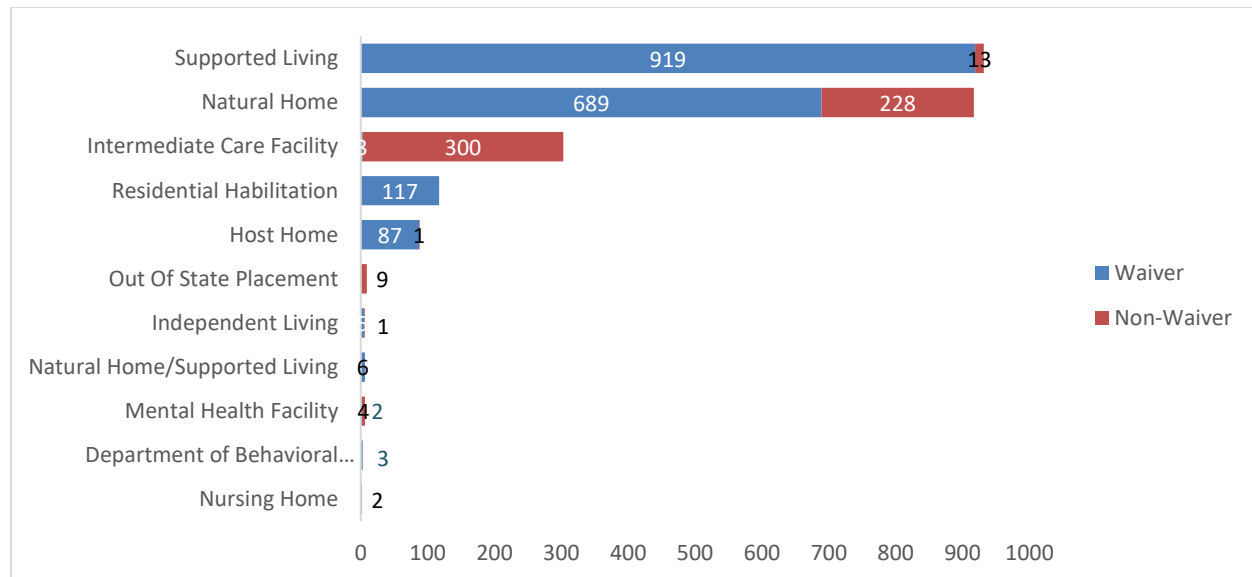


Figure 7 shows many people (81.3% or 1,943 total people) received supported living services or in-home supports in their homes. Also, 12.7% (303) of total people were receiving Intermediate Care Facilities for People with Intellectual and Developmental Disabilities (ICF/IDD) services.

The categories of “Other,” “Clinical Facilities” and “Institution” included foster homes, nursing facilities, mental health facilities, and hospitals are not meant to be permanent residences.

Figure 7 Residential Service Type, by Waiver and Non-Waiver



The following two tables show the race and gender demographics of the people served by DDA. For the people whose race was known, 78.2% (1,876) identified as Black. The next largest group was people who identified as White, making up 5.2% (124) of the population DDA serves. People identified in additional race categories, with 2.6% (62) of people identified as Hispanic and 13.1% (328) identified as “Other/Unknown,” which includes people who are multi-racial. The overall demographics of the District of Columbia differ from those of the population served by DDA. In the District, 50.7% of the people, who identify themselves as one race, is identified as Black or African American and 38.5% of people are identified as White (not Hispanic or Latino). Further, 9.1% of people identified as Hispanic or Latino (this category is inclusive of other racial groups, e.g., someone may identify as Latino and Black).¹

¹ U.S. Census Bureau, 2011-2016, 5-Year American Community Survey

Regarding gender, people who identify themselves as male made up the majority of people in the DDA system at 62.2% (1,493); this varied only slightly across groups, 62.2% (1,142) of people in the waiver program, and 62.1% (351) of people not in the waiver program identified as male.

Table 1 Racial Make-up of People Served by DDA, Waiver and Non-Waiver

		Waiver	Non-Waiver	Total
Male	Black	895	260	1,155
	Unknown	132	36	168
	White	54	25	79
	Other	29	13	42
	Hispanic	25	17	42
	Asian	5		5
	Native American	2		2
	Total	1,142	351	1,493
Female	Black	558	163	721
	Unknown	70	20	90
	White	27	18	45
	Other	22	6	28
	Hispanic	14	6	20
	Asian	1	1	2
	Native American	1		1
	Total	693	214	907
Grand Total	1,835	565	2,400	

Summary and Trends

The population of DDA is consistent with data reported in previous quarters.

VI. SRI and RI Overview

People with and without disabilities experience accidents and, at times, are vulnerable to being taken advantage of or manipulated. In some circumstances, situations are preventable. In others, not even the most careful person could avoid it. Additionally, some cases require immediate attention and action, whereas others remedied with a simple bandage. People with intellectual disabilities often put their trust in service providers to keep them safe and minimize negative experiences like abuse, sickness, and injury. DDA has developed an incident management system to keep track of any reported incident experienced by people receiving services and to respond appropriately.

Classifying an incident starts by determining whether the event is an SRI or a RI. SRIs include death, abuse, exploitation, inappropriate use of approved restraints that results in injury, missing person, neglect, repeated use of emergency restraints, serious medication errors, serious physical injury, suicide attempts, use of unapproved restraints, unplanned or emergency inpatient hospitalization and other incidents that pose a serious threat to the health and safety of the person. Investigations are initiated by DDS for each of these incidents to determine if the situation was preventable and if the action taken was sufficient. Investigators then identify recommendations to prevent future serious incidents. The Compliance Specialists in IMEU monitors the implementation of recommendations.

RIs include medication errors, physical injury, suicide threats, vehicle accidents, fires, incidents involving the police, emergency room or urgent care visits, emergency relocations, emergency use of restrictive controls, inappropriate use of approved restraints (no injury), property destruction, and any other incident that impacts the health or safety of a person. For RIs, providers conduct an internal investigation and consult with DDA as needed.

Figures 8 and 9 provide a count of SRIs and RIs for all people receiving DDA services for April 2019 through June 2019. SRIs decreased by 47% and RIs decreased by 1.0% from last quarter, overall.

Figure 8 Number of SRIs for All People Receiving DDA Services

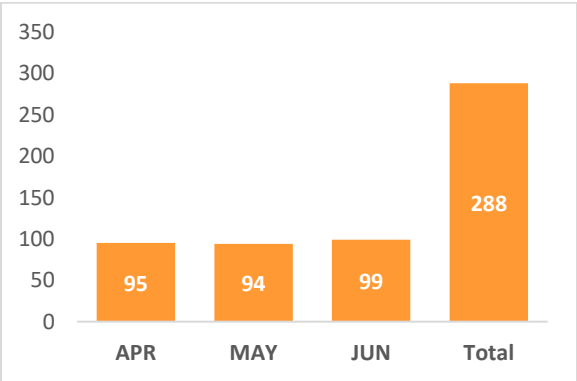
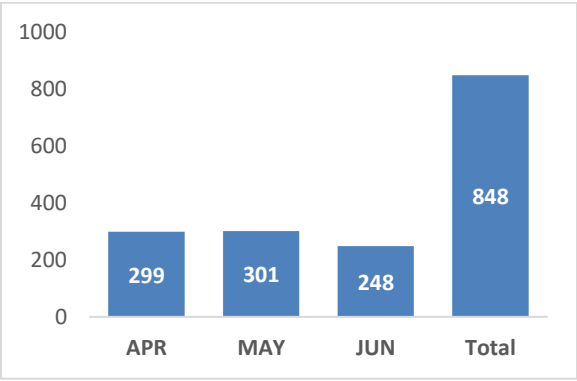


Figure 9 Number of RIs for All People Receiving DDA Services



Some people experience multiple SRIs and RIs during any given period, but the majority of people in this quarter who experienced any incident experienced one. From April 2019 through June 2019, a total of 765 people experienced 1,136 incidents (SRIs and RIs combined). Overall, 236 people experienced a total of 288 SRIs. Similarly, 529 people experienced a total of 848 RIs. In total, approximately 9.8% of all people receiving services experienced an SRI, a decrease of .8% from last quarter. There was no change from the previous quarter with 24.0% of people receiving DDA services experienced a RI during this quarter. The number of individuals who experienced an SRI or RI in the third quarter of FY 19 is displayed figures 10 and 11.

Figure 10 Number of All People Experiencing an SRI

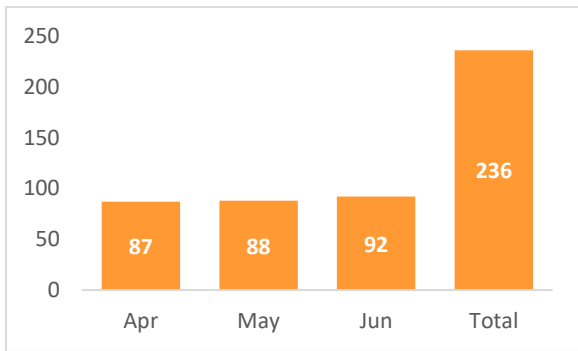
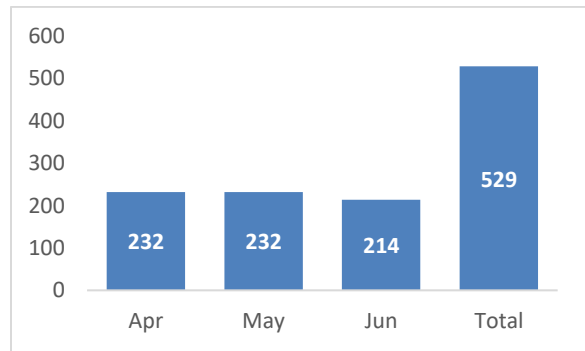


Figure 11 Number of All People Experiencing a RI



A detailed description of each type of SRI is in Appendix A, and Table 2 provides a visual representation of the count and percentage of SRI types that occurred from April 2019 through June 2019. Unplanned or emergency inpatient hospitalizations continue to constitute the most significant proportion of SRIs at 36.1% (104) during the quarter. There were 51 (17.7%) allegations of neglect reported in this quarter, which is 8.8% (percentage points) decrease from 26.5% in the second quarter; which also represents a 4.1% decrease from the 67 (21.8%) neglect incidents in the first quarter. There was a slight decrease in the number of allegations of abuse from 40 (11.9%) last quarter to 36 (12.5%) this quarter, and 2.4% increase from 10.1% from the first quarter, DDA will continue to monitor closely both the number of reported and substantiated incidents next quarter to identify any trends requiring attention.

Table 2 Total SRIs by SRI Type

SRI Types	APR	MAY	JUN	Total	%
Abuse	10	14	12	36	12.5%
Death	5	2	5	12	4.2%
Exploitation	4	6	9	19	6.6%
Missing Person	4	5	5	14	4.9%
Neglect	15	17	19	51	17.7%
Other		1		1	0.3%
Serious Medication Error	2	2		4	1.4%
Serious Physical Injury	22	13	11	46	16.0%
Unplanned or emergency inpatient hospitalization	32	34	38	104	36.1%
Use of unapproved restraints	1			1	0.3%
Total	95	94	99	288	

Table 3 shows the breakdown of RIs throughout the third quarter. Emergency room or urgent care (ER) visits (274) made up 32.3% of all RIs for the quarter and represented the highest proportion of all RIs for the entire quarter (a decrease of 5.3%). Physical injuries (147) make up 32.3% of all RIs. Incidents categorized as “Other” made up 16.9% (143) of reportable incidents this quarter.

Table 3 Total RIs, by RI Type

RI Types	APR	MAY	JUN	Total	%
Emergency Relocation	7	13	9	29	3.4%
Emergency Room or Urgent care Visit	105	93	76	274	32.3%
Emergency use of restrictive controls	7	2		9	1.1%
Fire	5	7		12	1.4%
Inappropriate use of approved restraints (no injury)		1		1	0.1%
Incidents involving the police	25	31	32	88	10.4%
Medication Error	11	8	6	25	2.9%
Other	49	53	41	143	16.9%
Physical Injury	47	54	46	147	17.3%
Property Destruction	9	27	5	41	4.8%
Suicide Threat	3	2		5	0.6%
Vehicle Accident	31	10	33	74	8.7%
Total	299	301	248	848	

Safety, physical, and emotional security are of the utmost importance. Because of this, DDA pays attention to allegations of abuse, allegations of neglect, allegations of exploitation, serious physical injury and unplanned or emergency inpatient hospitalizations (hospitalizations). The primary purpose of investigating serious physical injury and hospitalization is to determine whether neglect was present. Abuse, neglect, or exploitation incidents are investigated and deemed substantiated, unsubstantiated, or inconclusive. If an incident is substantiated, that means that the investigator found enough evidence to determine abuse, neglect, or exploitation occurred.

There are times when an incident is substantiated for a different SRI category, such as an abuse allegation being substantiated as neglect after the investigation occurs. If an incident is unsubstantiated, the investigator found enough evidence to determine that abuse, neglect, or exploitation did not happen. If an incident is inconclusive, it means the investigator cannot make a definitive determination about the presence or absence of abuse, neglect, or exploitation based on the evidence.

For serious physical injury incidents, following the investigation, they will be either substantiated for neglect or abuse or labeled “Resolved” due to not finding any evidence of abuse or neglect. Hospitalization incidents are substantiated for abuse or neglect, “Resolved” due to no evidence of abuse or neglect being found or labeled “Unresolved,” which means that the investigator found some evidence of abuse or neglect but not enough to substantiate a conclusion. When hospitalization is found “Unresolved,” the investigator will open a separate neglect issue to be investigated. Tables 5 through 9 show the outcomes of investigations of allegations of abuse, allegations of neglect, allegations of exploitation, serious physical injury, and hospitalizations closed from April 2019 and June 2019. Investigators have 45 calendar days to complete an investigation once IRC has accepted it.

In some cases, SRIs are accepted but do not rise to the severity or type of an SRI, or another investigative entity (DC-OIG or law enforcement agency) may request that IMEU ceases their investigative activities. In these instances, an SRI may receive a designation of administrative closure. The administrative closure means that a case is being closed without a full investigation. All administrative closures require justification from the investigator, and the incident may still be investigated if deemed necessary by IMEU. Tables 4 - 8 show the outcomes of investigations of allegations of abuse, allegations of neglect, allegations of exploitation, serious physical injury, and hospitalizations that were closed from April 2019 through June 2019. Investigators have 45 calendar days to complete an investigation once IRC has accepted it.

Over the last quarter, allegations of abuse were substantiated for abuse 27.2% (9 out of 33) of the time (increased from 25% in the last quarter) with one allegation substantiated for neglect. Allegations of neglect were substantiated 50% (7 out of 14) down 8% from last quarter and up 16.6% from 33.3% in the first quarter. Allegations of exploitation were substantiated 41.1% (7 out of 17) of the time for actual exploitation (up from 28.5% last quarter and down from 1% in the first quarter). Substantiated Incidents of serious physical injury (including as a result of neglect) is 9.0% (4 out of 44), which is up .07% last quarter and down from 12.0% in the first quarter. Hospitalizations that were substantiated (including neglect) made up 2.0% (2 out of 99) which increased .02% from last quarter 1.7% (and up 1.1% from .09% first quarter). Investigations of hospitalizations that resulted in an outcome of “Resolved – No abuse of Neglect found” made up 94.0%, a decrease of .01%.

Table 4 Abuse Investigation Outcomes

Abuse Outcomes	APR	MAY	JUN	Total	%
Administrative closure			1	1	3.0%
Inconclusive	3	4	5	12	36.4%
Substantiated	4	4	1	9	27.3%
Substantiated for Neglect		1		1	3.0%
Unsubstantiated	3	5	2	10	30.3%
Total	10	14	9	33	

Table 5 Neglect Investigation Outcomes

Neglect Outcomes	APR	MAY	JUN	Total	%
Administrative closure	2	1	1	4	8.7%
Inconclusive	2	1	3	6	13.0%
Substantiated	5	10	7	22	47.8%
Unsubstantiated	6	5	3	14	30.4%
Total	15	17	14	46	

Table 6 Exploitation Investigation Outcomes

Exploitation Outcomes	APR	MAY	JUN	Total	%
Administrative closure			3	3	17.6%
Inconclusive	1		1	2	11.8%
Resolved-No Abuse or Neglect Found			1	1	5.9%
Substantiated	3	4		7	41.2%
Unsubstantiated		2	2	4	23.5%
Total	4	6	7	17	

Table 7 Serious Physical Injury Investigation Outcomes

SPI Outcomes	APR	MAY	JUN	Total	%
Administrative closure	1	1	1	3	6.8%
Inconclusive	1			1	2.3%
Resolved-No Abuse or Neglect Found	18	12	6	36	81.8%
Substantiated for Abuse			1	1	2.3%
Substantiated for Neglect	2		1	3	6.8%
Total	22	13	9	44	

Table 8 Hospitalization Investigation Outcomes

Hospitalization Outcomes	APR	MAY	JUN	Total	%
Administrative closure	1	1		2	2.0%
Inconclusive		1	1	2	2.0%
Resolved-No Abuse or Neglect Found	31	31	31	93	93.9%
Substantiated for Neglect		1	1	2	2.0%
Total	32	34	33	99	

On the front end of the incident management system is the report that an incident has occurred. Current DDA policy states that the incident is reported by 5 pm the following business day. Table 9 shows that timely reporting of incidents which has slightly increased in the third quarter to 88.8% from 87.2% last quarter. DDA continues to closely monitor this trend to identify factors that may be affecting the timely reporting of incidents.

Table 9 Incidents Reported On-Time

Reporting Compliance	APR	MAY	JUN	Total	%
Reported Late	40	38	49	127	11.2%
Reported On-Time	354	357	298	1009	88.8%
Total	394	395	347	1136	

As previously mentioned, once investigators are assigned an investigation, they have 45 days to complete their investigation and issue recommendations. These investigations are essential components of DDA’s incident management system and are one of the main avenues through which DDA identifies people at risk. Service Coordinators are responsible for following up with a person after they have experienced an SRI. Table 10 shows all investigations closed from April through June 2019. During the quarter, 98.5% (328/333) of incident investigations were completed on-time, which is a slight decrease (.5%) from the rate experienced last quarter.

Table 10 SRI Investigations Completed On-Time

Investigation Closure Compliance	APR	MAY	JUN	Total	%
Investigation Completed On-Time	131	119	78	328	98.5%
Investigation NOT Completed On-Time		3	2	5	1.5%
Total	131	122	80	333	

Once completed, investigation recommendations are issued to providers to minimize the likelihood of future incidents. Each recommendation is assigned a period for implementation based on the nature of the recommendation. Recommendations can include things like training staff on the implementation of Behavior Support Plans (BSPs) or determine strategies to improve the timeliness of incident reporting.

The on-time recommendation closure rates continue to show improvement. In the third quarter, IMEU closed 901 recommendations. Of those, 842 (93.5%) were closed on time (Table 11), a 1.0% decrease from the 94.5% on-time closure rate in the second quarter.

Table 11 Recommendations Closed On-Time

Recommendation Closure Compliance	APR	MAY	JUN	Total	%
Recommendation Completed On-Time	292	316	234	842	93.5%
Recommendations NOT Completed On-Time	11	22	26	59	6.5%
Total	303	338	260	901	

Of the 901 recommendations made over the quarter, 93.0% (838) of recommendations were implemented or other on time, while 63 (7.0%) of recommendations were implemented or other within 30 days of the due date (Table 12).

Table 12 Recommendation Closure Details

Recommendation Closure Details	APR	MAY	JUN	Total	%
Implemented on time	269	295	227	791	87.8%
Implemented but within 30 days past due	10	22	23	55	6.1%
Other on time	23	17	7	47	5.2%
Other but within 30 days past due	1	4	3	8	0.9%
Total	303	338	260	901	

Summary and Trends

In the third quarter of FY 19, the number of people who experienced an SRI decreased from the previous quarter, and RI saw a slight increase. Allegations of serious physical injury decreased from last quarter, as well as the percentage of substantiated incidents. Unplanned or emergency inpatient hospitalization declined from the previous quarter. The rate of allegations of neglect with substantiated outcomes has decreased slightly; however, the number of allegations of neglect decreased significantly. Allegations of serious physical injury have decreased over the quarter. The percentage of substantiated serious physical injuries as a result of neglect has also decreased from last quarter. The number of substantiated hospitalizations that were as a result of neglect remained consistent.

DDA continues to monitor the prevalence of unplanned or emergency inpatient hospitalizations. Figure 12 shows that there was a significant decrease in the number of admissions and the number of people hospitalized than in the previous quarter.

Figure 12 Unplanned or Emergency Inpatient Hospitalization Trends

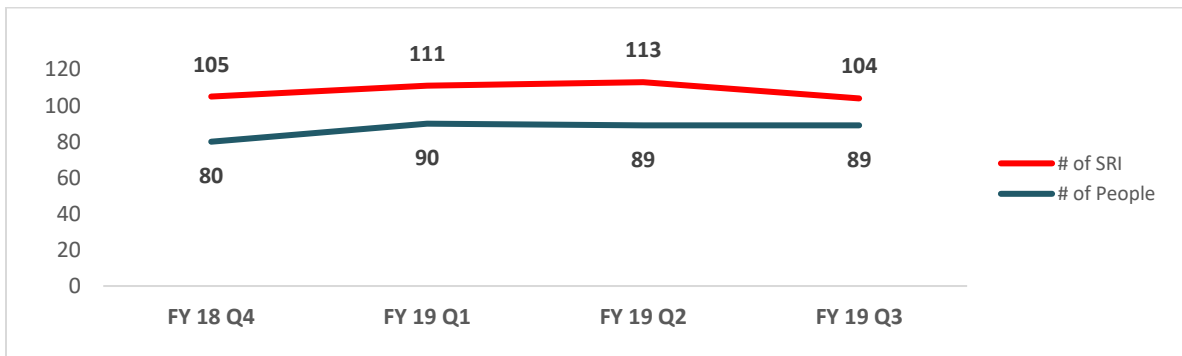
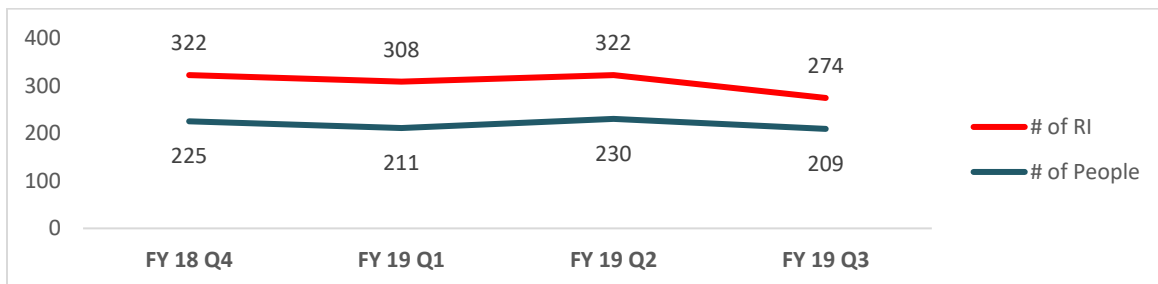


Figure 13 shows that although there was a decrease in the number of ER visits and a decline in the number of people that visited the ER in this quarter.

Figure 13 Emergency Room Visit Trends



Emergency inpatient hospitalizations and emergency room visits are now accurately categorized according to the cause for the person going to the hospital. The combined categories include behavioral, illness, medical, psychiatric, injury, and rule out an injury. Table 13 shows the percentage of occurrence for each category of the 104 unplanned or emergency hospitalizations and 274 emergency room or urgent care visits. The QAPMA will continue to monitor these events to establish a benchmark and resolve any systemic problems.

Table 13 Emergency Hospitalizations by Category

Category	% of Unplanned or Emergency Inpatient Hospitalizations (104)	% of Emergency Room or Urgent Care Visits (274)
Behavioral/Psychiatric	18.3%	7.7%
Injury/To rule out an Injury	1.0%	3.6%
Medical/Illness	79.8%	88.7%
Other	1.0%	0.0%

Providers' performance in reporting incidents on time has increased from 87.2% from the last quarter to 88.8% this quarter, performing over 80%, which is consistent with previous quarters. DDA continues to aim for 90.0% timely reporting of incidents through quality initiatives such as the Provider Report Card and changes to the incident reporting form to account for any time lapse between when an event occurs, and someone finds out about the incident.

Timely closure of investigations decreased from last quarter's 99.0% to 98.5%. The number and percentage of investigation recommendations closed timely also saw a minor drop this quarter.

As reported previously, based on IMEU procedural changes in the classification of physical injuries, the decrease in reportable physical injuries, and subsequent increase in serious reportable injuries was expected. DDA will continue to monitor this area to identify and analyze any trends found.

SRI and RIs for Participants in the Medicaid Waiver Program

When people become eligible for services with DDA, they are offered the choice to receive services through the District of Columbia’s Medicaid Home and Community-Based Services waiver (waiver) program or solely through the Medicaid State Plan. This waiver provides choice and opportunity for people to live and work in smaller settings and more than two-thirds of the people in the DDA system have chosen to receive waiver services. There is a total of 1,835 people receiving waiver services and 565 people not receiving waiver services. Figures 14 and 15 show the number of SRIs and RIs that occurred in the last quarter for people receiving waiver services and people receiving services outside of the waiver program.

Figure 14 SRI by Waiver and Non-Waiver

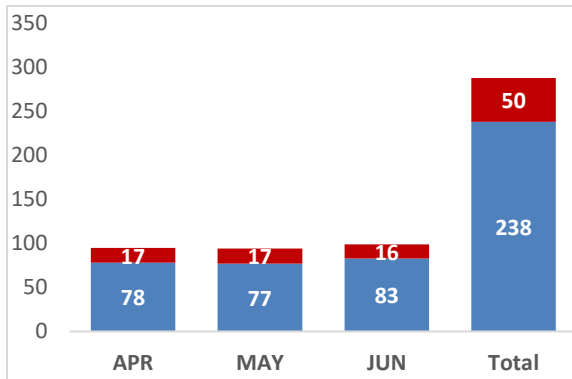
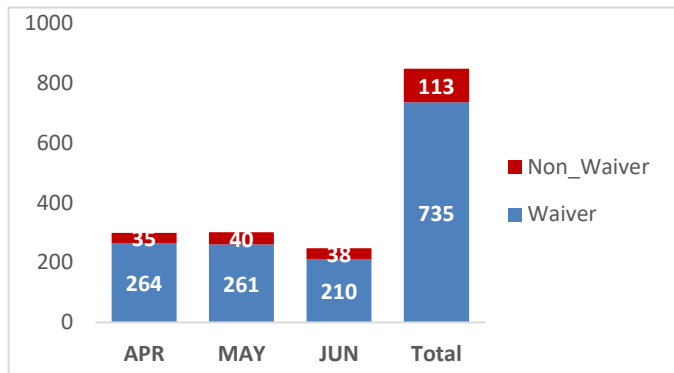


Figure 15 RI by Waiver and Non-Waiver



Of people receiving waiver services, 10.5% (193) experienced an SRI in the quarter, and 7.8% (44) of people not in the waiver program experienced an SRI in the same period. Most people experienced only one SRI. When examining RIs, 24.0% (441) of people receiving waiver services and 15.9% (90) of people not in the waiver program experienced a RI in the third quarter.

Figure 16 People Experiencing SRI, Waiver and Non-Waiver

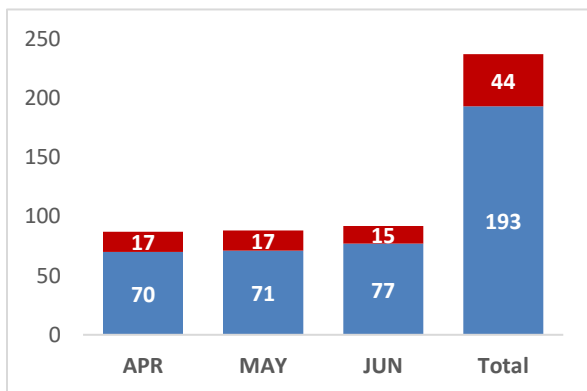
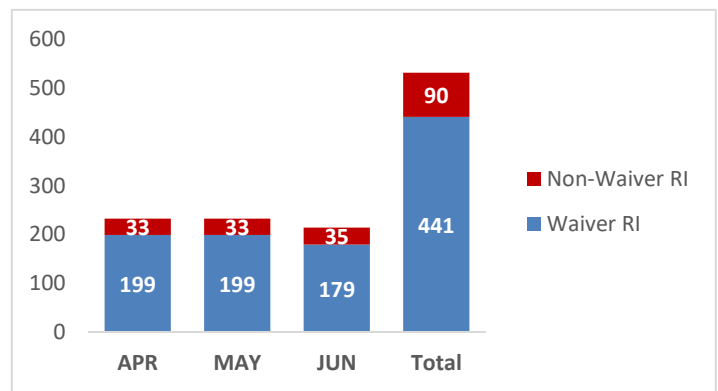


Figure 17 People Experiencing RI, Waiver and Non-Waiver



Tables 14 show some distinct differences between the two groups regarding people’s experience of incidents. The proportion of SRIs made up by allegations of abuse and neglect were higher for participants in the waiver program. The portion of SRIs made up of incidents of serious physical injury, and unplanned hospitalizations were also higher for people in the waiver program.

Table 14 SRI by SIR Type, Waiver and Non-Waiver

SRI Types	APR	MAY	JUN	Total	%
Waiver					
Abuse	10	12	12	34	11.8%
Death	3		3	6	2.1%
Exploitation	4	6	7	17	5.9%
Missing Person	2	4	4	10	3.5%
Neglect	15	16	18	49	17.0%
Other		1		1	0.3%
Serious Medication Error	1	2		3	1.0%
Serious Physical Injury	17	11	9	37	12.8%
Unplanned or emergency inpatient hospitalization	25	25	30	80	27.8%
Use of unapproved restraints	1			1	0.3%
Waiver Total	78	77	83	238	82.6%
Non-Waiver					
Abuse		2		2	0.7%
Death	2	2	2	6	2.1%
Exploitation			2	2	0.7%
Missing Person	2	1	1	4	1.4%
Neglect		1	1	2	0.7%
Serious Medication Error	1			1	0.3%
Serious Physical Injury	5	2	2	9	3.1%
Unplanned or emergency inpatient hospitalization	7	9	8	24	8.3%
Non-Waiver Total	17	17	16	50	17.4%
Total	95	94	99	288	

Emergency room visits and physical injuries consistently make up largest proportion of RIs for all people who receive services from DDA. Incidents classified as “Other” also made up more than 16.8% of incidents reported for both groups in Table 15.

Table 15 RI by RI Type, Waiver and Non-Waiver

RI Types	APR	MAY	JUN	Total	%
Waiver					
Emergency Relocation	7	13	9	29	3.4%
Emergency Room or Urgent care Visit	91	76	59	226	26.7%
Emergency use of restrictive controls	6	1		7	0.8%
Fire		3		3	0.4%
Inappropriate use of approved restraints (no injury)		1		1	0.1%
Incidents involving the police	25	31	32	88	10.4%
Medication Error	11	4	4	19	2.2%
Other	46	53	37	136	16.0%
Physical Injury	38	43	38	119	14.0%
Property Destruction	9	25	4	38	4.5%
Suicide Threat	3	2		5	0.6%
Vehicle Accident	28	9	27	64	7.5%
Waiver Total	264	261	210	735	86.7%
Non-Waiver					
Emergency Room or Urgent care Visit	14	17	17	48	5.7%
Emergency use of restrictive controls	1	1		2	0.2%
Fire	5	4		9	1.1%
Medication Error		4	2	6	0.7%
Other	3		4	7	0.8%
Physical Injury	9	11	8	28	3.3%
Property Destruction		2	1	3	0.4%
Vehicle Accident	3	1	6	10	1.2%
Non-Waiver Total	35	40	38	113	13.3%
Total	299	301	248	848	

Investigation outcomes are recorded for any allegations of abuse, neglect, or exploitation, serious physical injury, and hospitalizations. Allegations of abuse were substantiated 27.3% (9 out of 33) of the time for people receiving waiver services in the third quarter. Waiver participants had 22 (44.7%) and people not receiving waiver services had no of allegations of neglect substantiated this quarter — table 16 - 17 displays this information.

Table 16 Abuse Investigation Outcomes by Waiver and Non-Waiver

Abuse Outcomes	APR	MAY	JUN	Total	%
Waiver					
Administrative closure			1	1	3.0%
Inconclusive	3	3	5	11	33.3%
Substantiated	4	4	1	9	27.3%
Unsubstantiated	3	5	2	10	30.3%
Waiver Total	10	12	9	31	93.9%
Non-Waiver					
Inconclusive		1		1	3.0%
Substantiated for Neglect		1		1	3.0%
Non-Waiver Total		2		2	6.1%
Total	10	14	9	33	

Table 17 Neglect Investigation Outcomes by Waiver and Non-Waiver

Neglect Outcomes	APR	MAY	JUN	Total	%
Waiver					
Administrative closure	2		1	3	6.5%
Inconclusive	2	1	3	6	13.0%
Substantiated	5	10	7	22	47.8%
Unsubstantiated	6	5	2	13	28.3%
Waiver Total	15	16	13	44	95.7%
Non-Waiver					
Administrative closure		1		1	2.2%
Unsubstantiated			1	1	2.2%
Non-Waiver Total		1	1	2	4.3%
Total	15	17	14	46	

Allegations of exploitation were substantiated 41.2% (7 out of 17) of the time for people who participated in the waiver program. There was one allegation of exploitation investigated for non-waiver participants, which was found to be inconclusive. For serious physical injury incidents, three investigations were substantiated, and of those, two were substantiated for neglect and one substantiated for abuse for people in the waiver program. Non-waiver participants had one investigation substantiated which for neglect. Two hospitalizations were substantiated for neglect for waiver participants and one for non-waiver participants. These percentages tend to vary from quarter to quarter and do not represent any consistent trends of increases or decreases in the rate of substantiation of incidents. This information is displayed in Tables 18 - 20.

Table 18 Exploitation Investigation Outcomes by Waiver and Non-Waiver

Exploitation Outcomes	APR	MAY	JUN	Total	%
Waiver					
Administrative closure			3	3	17.6%
Inconclusive	1			1	5.9%
Resolved-No Abuse or Neglect Found			1	1	5.9%
Substantiated	3	4		7	41.2%
Unsubstantiated		2	2	4	23.5%
Waiver Total	4	6	6	16	94.1%
Non-Waiver					
Inconclusive			1	1	5.9%
Non-Waiver Total			1	1	5.9%
Total	4	6	7	17	

Table 19 Serious Physical Injury Investigation Outcomes by Waiver and Non-Waiver

SPI Outcomes	APR	MAY	JUN	Total	%
Waiver					
Administrative closure	1	1	1	3	6.8%
Inconclusive	1			1	2.3%
Resolved-No Abuse or Neglect Found	14	10	5	29	65.9%
Substantiated for Abuse			1	1	2.3%
Substantiated for Neglect	1		1	2	4.5%
Waiver Total	17	11	8	36	81.8%
Non-Waiver					
Resolved-No Abuse or Neglect Found	4	2	1	7	15.9%
Substantiated for Neglect	1			1	2.3%
Non-Waiver Total	5	2	1	8	18.2%
Total	22	13	9	44	

Table 20 Unplanned Hospitalization Investigation Outcomes by Waiver and Non-Waiver

Hospitalization Outcomes	APR	MAY	JUN	Total	%
Waiver					
Administrative closure	1	1	1	3	6.8%
Inconclusive	1			1	2.3%
Resolved-No Abuse or Neglect Found	14	10	5	29	65.9%
Substantiated for Abuse			1	1	2.3%
Substantiated for Neglect	1		1	2	4.5%
Waiver Total	17	11	8	36	81.8%
Non-Waiver					
Resolved-No Abuse or Neglect Found	4	2	1	7	15.9%
Substantiated for Neglect	1			1	2.3%
Non-Waiver	5	2	1	8	18.2%
Total	22	13	9	44	

Summary and Trends

The number of substantiated incidents of abuse and neglect has decreased while the number of allegations of, exploitation has increased for people receiving waiver services in the third quarter. For people not receiving waiver services, the number of substantiated allegations of neglect have increased whereas serious physical injuries and allegations of unplanned hospitalizations have remained, relatively, the same this quarter. Figures 18 and 19 represent the number of substantiated incidents during the last four quarters for both groups.

Figure 18 Substantiated Incident Trends for People Receiving Waiver Services

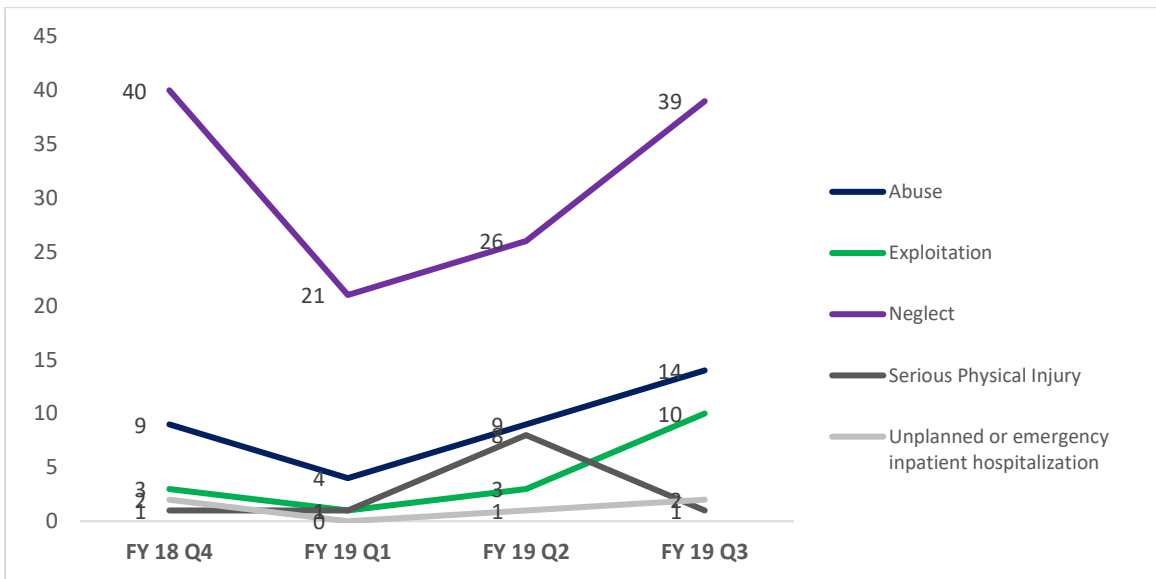
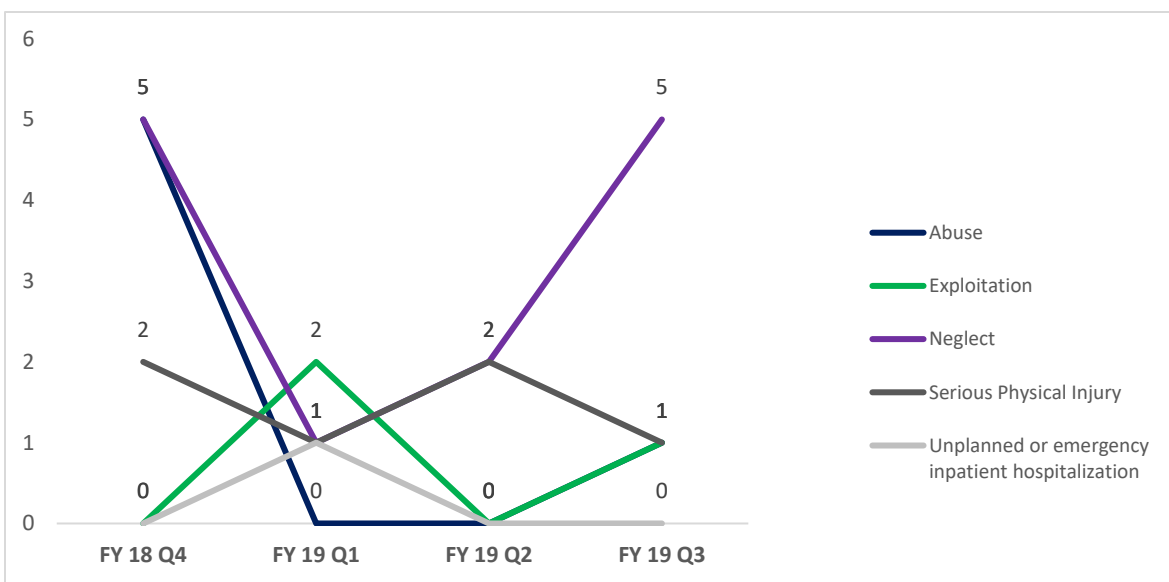


Figure 19 Substantiated Incident Trends for People Who Do Not Receive Waiver Services



VII. Recommendations and Updates

The following are updates on all recommendations made previously and any new recommendations that have been made based on data analysis from the third quarter. Recommendations are designed to be measurable and serve as a reminder of DDA's accountability to the people served by the agency.

Updates

Recommendations for next Quarter's Report

The number of reportable incidents classified as "other" continues to be in the 20% range of incidents reported. It is unlikely that such a high number of incidents fail to meet the criteria to be categorized in one of the existing categories. Misclassification of these incidents affects accurately tracking the frequency of incident types because incidents categorized as "other" are not counted in specific incident types. Emphasis should be made in training providers to use the submission guidelines (reported by 5 pm the next business day) to ensure complete and accurate reporting of incidents. The timeframe affords providers enough time to gather all pertinent information, initiate any immediate corrective actions necessary to protect the individual from harm, and to minimize the same or similar event from reoccurring. All the factors above should be addressed and documented in the incident report, including the appropriate categorizing of the incident.

Appendix A

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES**



June 1, 2013

Reportable Incident Definitions

This document defines Serious Reportable Incidents and Reportable Incidents, as referenced in the DDS Incident Management and Enforcement Unit policy and procedures.

Reportable Incidents (RI)

An RI is an event or situation involving a risk or threat to a person's health or safety that includes, but is not limited to:

1. Emergency relocation: The need to relocate an individual to an alternate location, other than his/her primary residence, for 24 hours or more.
2. Emergency room or urgent care visit: A visit to an emergency room or urgent care facility that does not result in a hospital admission and was not the result of a serious physical injury.
3. Emergency use of restrictive controls: Restrictive controls that are used in an emergency situation to briefly control behaviors that pose a risk of harm to the individual or others, or to prevent the serious destruction of property, in a situation when those behaviors were not anticipated and where there is no approved Behavior Support Plan ("BSP") that incorporates the planned use of restraint or other restrictive techniques.
4. Fire: Any fire requiring emergency fire response to a person's place of residence or day/vocational program setting whether or not an injury was sustained by the person. Also, includes any incident reported to/or requiring the services of the fire department.
5. Inappropriate use of approved restraints (no injury): The use of a physical intervention that is approved as part of a person's BSP or ordered by a physician and that does not result in injury; however, the device/intervention is not implemented according to the plan.
6. Incidents involving the police: All police visits to a site regardless of whether a report was taken.
7. Medication error: Any medication error that does not require professional medical attention as a result of the error, other than a routine nursing assessment by provider staff; examples include, but are not limited to, missed dose; medication administered by unauthorized and/or improperly trained staff; medication administered at the wrong time (early or late), error in recording the administration of

medication or failure to follow agency procedures or physician or pharmacy directions for medication administration.

8. Physical injury: Harm to a person's body that requires a nursing assessment, second aid or follow-up with a healthcare professional. Each provider should maintain a record of any injury to a person. However, each provider must report to the Department on Disability Services/Disabilities Administration ("DDA"): any injury that is a result of a fall or restraint; any laceration/cut etc. that requires derma bond glue or 3 or less stitches, sutures or staples; any abrasions or bruises no matter the size when there is a pattern, or occurs over 1-4 days, or when it is of unknown origin; any blisters, sunburns, strains, sprains; contusions larger than 2.5 inches in diameter; animal (not insect unless poisonous) or human bites; second and second degree burns; and skin breakdown.

9. Property destruction: Any damage to property regardless of dollar amount.

10. Suicide threat: A person's verbal, nonverbal, or written threat to kill him/herself, unless such threats are addressed in the person's BSP.

11. Vehicle accident: Any vehicular accident involving a person that does not result in a serious physical injury. Examples include, but are not limited to, tapping or being tapped by another vehicle from behind, or the side, fender benders, or accidents occurring while the vehicle is in a parked position. An incident should be reported for all people who receive supports from DDA who are passengers or drivers in the vehicle.

12. Other: Any incident not otherwise defined in this policy that impacts the health or safety of a person. Depending on the seriousness of the incident, this could be an RI or SRI.

Serious Reportable Incidents (SRIs)

An SRI is an RI that due to its significance, severity, or repeated instance within a period of time, requires immediate response and notification to DDS/DDA.

1. Abuse: The wrongful treatment of a person who receives supports from DDA that endangers his or her physical or emotional well-being, through the action or inaction of anyone, including, but not limited to, an employee, intern, volunteer, consultant, contractor, visitor, family member, guardian or stranger, whether or not the affected person is, or appears to be injured or harmed. Actions of people receiving services toward other people receiving services, staff, or members of the general public are not typically reported as abuse. However, neglect may be present, as the actions may be the result of the provider failing to identify and implement appropriate supports and services, or neglecting to protect people from harm from other people.

2. The death of a person whom DDA supports.

3. Exploitation: The illegal or improper act or process of an employee, contractor, consultant, volunteer, or intern, using the resources of an individual for their own monetary or personal benefit or gain. This may also include, but is not limited to, coercion or manipulation of an individual to spend his or her own personal funds for something the individual may not have use for; and the soliciting of gifts, funds, labor, or favors.

4. Inappropriate use of approved restraints that results in injury: The use of a mechanical device or physical intervention that is approved as part of a person's BSP or ordered by a physician; however, the device/intervention is not implemented according to the plan that results in the injury of any level to the person.
5. Missing person: The unexpected absence of a person for an amount of time that exceeds the time specified in the ISP or for any duration of absence when the person's whereabouts are unknown. The unexpected or unauthorized absence of a person whose absence is the result of inadequate staffing ratios or lack of supervision may be considered neglect.
6. Neglect: The failure to provide proper care, supervision or attention to a person or to the person's health, safety, or well-being; failure to provide necessities such as food, clothing, essential medical treatment, adequate supervision, shelter or a safe environment. The failure to exercise one's duty to intercede on behalf of the person also constitutes neglect.
7. Repeated use of emergency restraints: The use of a mechanical device or physical intervention used in an emergency situation to briefly control behaviors that pose a risk of harm to the individual or others, or to prevent the serious destruction of property, in a situation when those behaviors were not anticipated and where there is no approved Behavior Support Plan ("BSP") that incorporates the planned use of restraint or other restrictive techniques, when used more than two times in a 30 day period or four times in a six-month period.
8. Serious medication error: Any medication error that causes or may cause harm and requires observation, or treatment by a physician, physician's assistant, or nurse practitioner in a hospital, emergency room, or treatment center. Or, three instances of medication errors within 60 days. Patterns or trends of medication errors that may not require medical intervention, but constitute sustained, prolonged or repeated error that may have placed the person at risk may be considered neglect.
9. Serious physical injury: Any bodily injury that requires treatment other than a nursing assessment or second aid and is not covered in the examples of physical injury; examples include, but are not limited to, fractures; dislocations; third degree burns; electric shock; loss or tearing of body part; all eye emergencies; ingestion of toxic substance, sharp or dangerous objects; head injuries from accidents, falls, or blows to the head, even if there was no apparent injury; any injury with loss of consciousness; and lacerations requiring four or more stitches or staples or sutures to close.
10. Suicide attempt: A person's serious effort to kill him or herself, involving definite risk.
11. Use of unapproved restraints: The use of a mechanical device, physical intervention or chemical restraint that is not a part of an approved BSP or ordered by a physician and is not an emergency whether or not it results in injury.
12. Unplanned or emergency inpatient hospitalization: An emergency room visit resulting in hospitalization or any other unplanned hospitalization.
13. Other: Any incident not otherwise defined in this policy that impacts the health or safety of a person. Depending on the seriousness of the incident, this could be an RI or SRI.