



Office of Developmental Disabilities
Services
2022 Statewide Incident
Management Report

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Introduction

This report contains an analysis, completed by the Office of Developmental Disabilities Services (ODDS) of the Serious Incident (SI)¹ data entered in 2022. SI data is entered by Case Management Entities (CMEs) into the Centralized Abuse Management (CAM) system.

Methodology

All data within this report was analyzed from the CAM System's Report feature. This is the same functionality that has been made available to all CMEs.

Criteria

All SIs, Intakes and Investigations, Death Reviews and Recommended Actions (RA)² opened in 2021 and 2022 were included as data points for this report.

Systems

The following systems were used in creating this report:

- Centralized Abuse Management System
- Microsoft Excel.

¹ 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.

² 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.

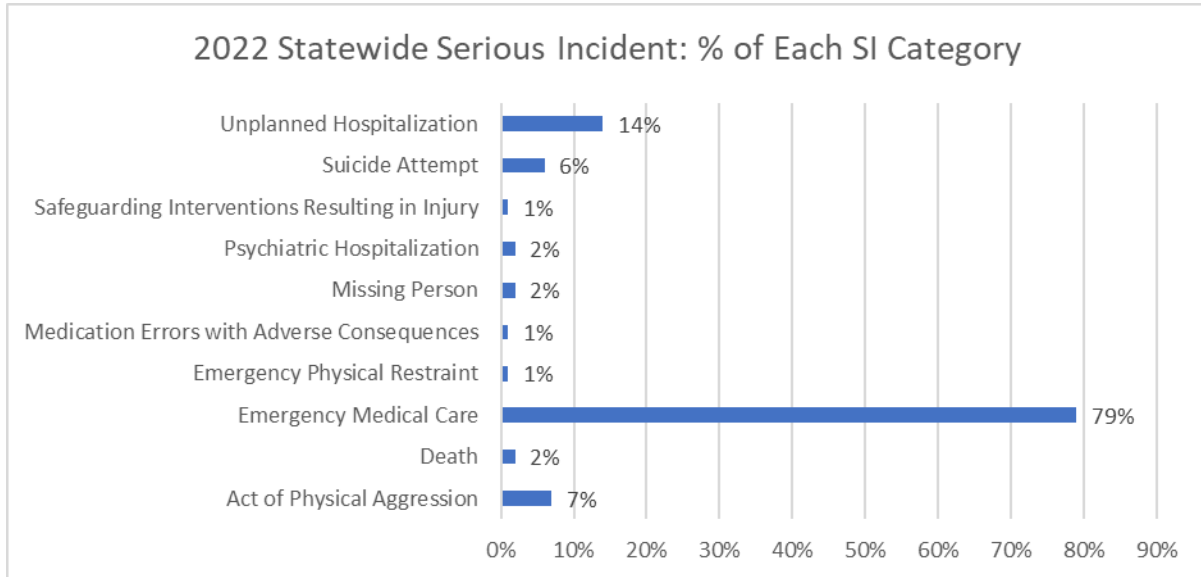
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Results/Findings

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

- In chart 2, Emergency Medical Care (EMC) is separated from the other SI categories. Due to the volume of entries and disparities between the other SI categories, the visual aides to display this data were misleading when combined as the amount of EMC SIs were significantly higher in comparison to the other SI categories resulting in the scale of the chart not accurately reflecting the other SI categories.
- Individual SIs may have a higher count than the total sum of SI entries because one SI can include multiple SI categories.
- Total SIs represented does not necessarily reflect a negative trend. 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 data and addressing any concerns observed in their quarterly IMT report. CMEs are made aware of serious incidents 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 SIs are entered into CAM.

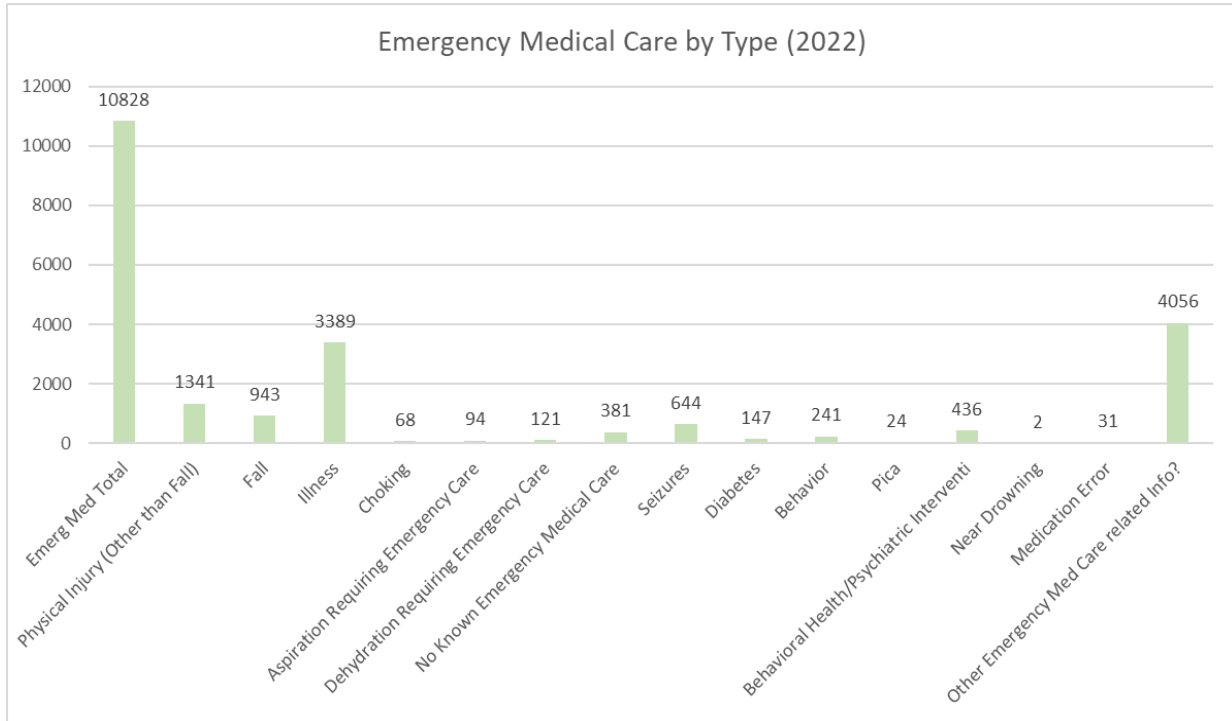
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(Chart 1)

When entering a SI into CAM, CME staff can select multiple SI categories in a single entry. This results in the overall percentage reflected in chart 1 being over 100%. The highest single SI type entered in 2022 was Emergency Medical Care (EMC) with 79% of all SIs entered being in this category. Chart 2 shows EMC by subcategory type.

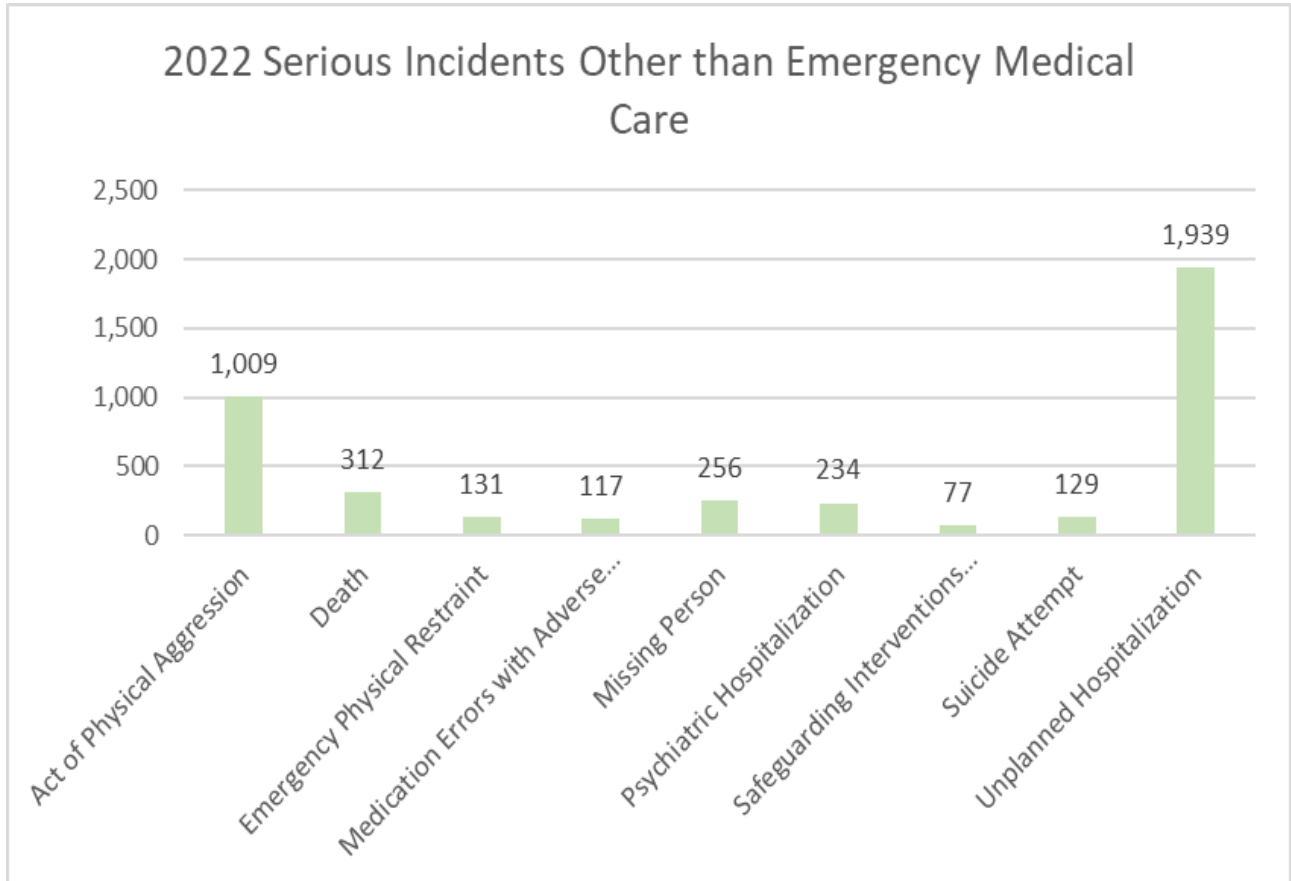
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(Chart2)

Within CAM, each SI has subcategories that are identified through additional questions. Chart 2 reflects the subcategories CMEs selected when entering EMC SIs in 2022. In total 10,828 SIs were entered for EMC, which makes up 79% of all CAM entries. A random sampling of the “Other Emergency Medical Care” selection in EMC, which made up 37% of all EMC SI entries, was completed. Upon review it was determined multiple EMC SIs entered under “Other Emergency Medical Care” should have been entered under an existing category for EMC. Examples of this include Falls, Seizures, Behavioral Intervention, Injury, and Illness.

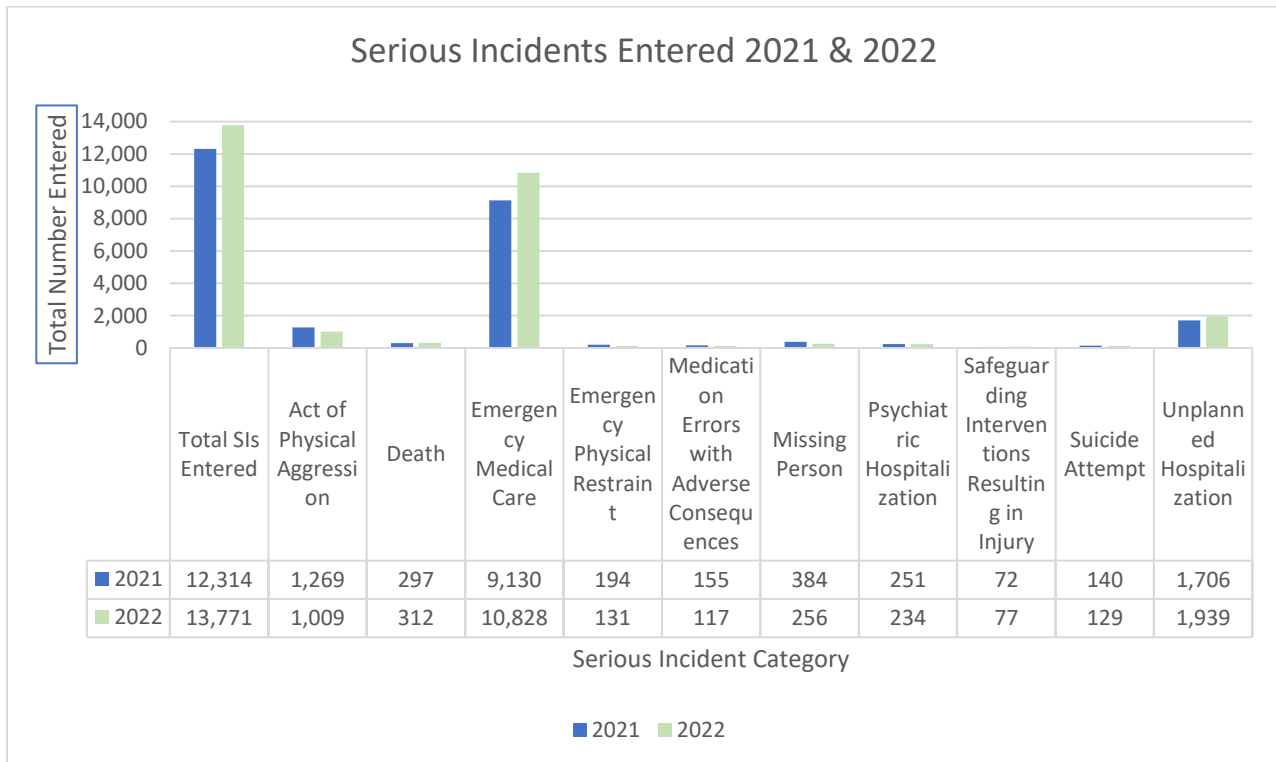
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(Chart 3)

Out of the 13,771 SIs in 2022, there were 4,204 SIs entered in the nine other SI categories. In total, these nine categories made up 31% of CAM entries. While EMC as singular category made up 79% of all CAM entries.

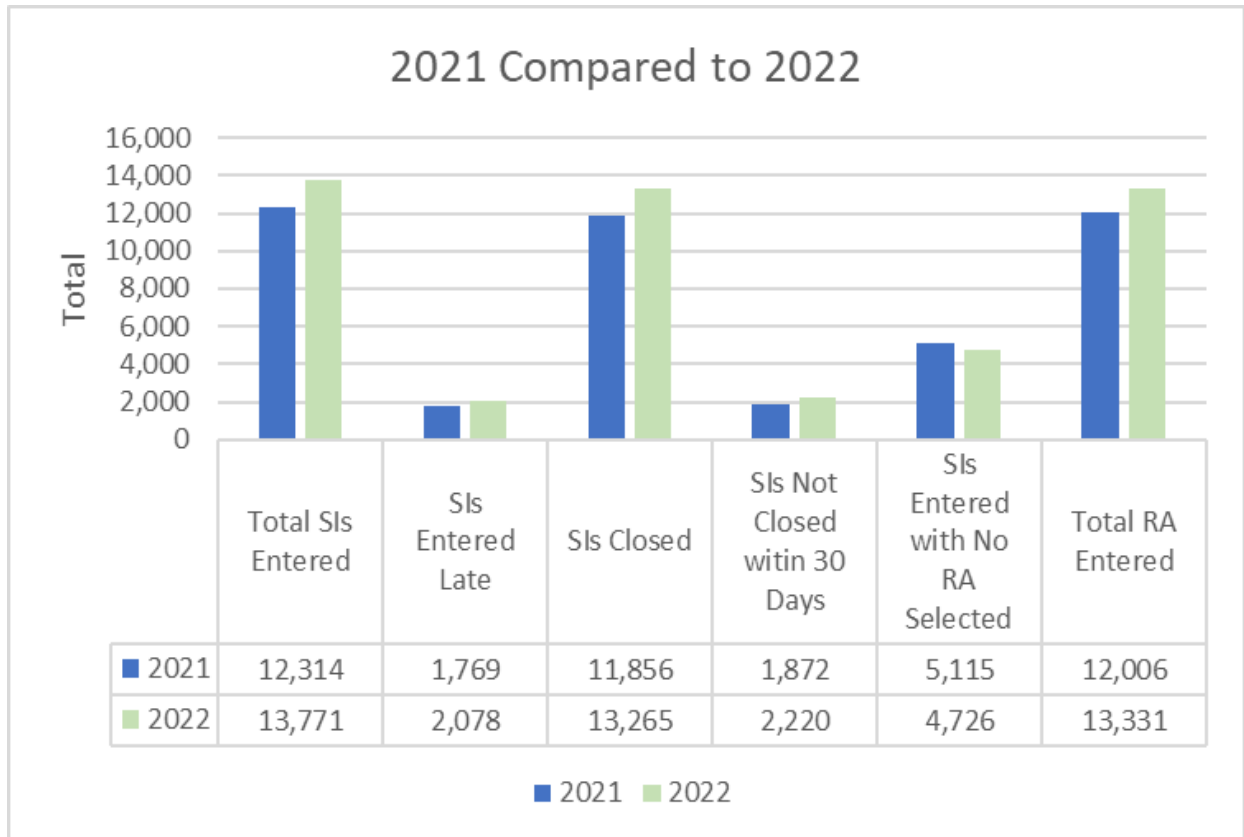
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(Chart 4)

There was an increase of 1,457 (11.8%) SI entries from 2021 to 2022. As noted above, an increase of SIs cannot be immediately correlated to a negative trend. An observable trend across 2021 and 2022 is that the top three SI types entered continue to be in Emergency Medical Care, Unplanned Hospitalizations, and Act of Physical Aggression.

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(Chart 5)

Although there was an 11.8% increase in total SIs from 2021 to 2022, there was not as a significant increase of SIs Entered Late³, SIs Closed⁴, and SIs Not Closed within 30 Days within the same time frame. SIs Entered Late and SIs Not Closed within 30 Days both increased 1% in 2022. SIs Closed remained the same from 2021 to 2022 at 96%.

³ 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.

⁴ CMEs have 30 days to close an SI within in CAM. Once all required fields within an SI have been entered a CME can close an SI.

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Multiple Recommended Actions (RA) can, and often are, attached to a single SI record. These data points show all RAs created within a time period (2021 and 2022) where "No Recommended Action"⁵ was selected. In 2022, 35% of all RAs were closed with "No Recommended Action" selected. Compare to 2021, where 43% of RAs were closed with "No Recommended Action".

Recommendations

After review of the 2022 Statewide SI data the following recommendations are being made for ODDS program to consider:

- Finalize Oregon Administrative Rule (OAR) changes related to the definition of EMC. By clarifying this language, the data CMEs review, as well as the data ODDS analyzes will be more meaningful and allow for more effective oversight of services. In addition, this change will aide with record keeping and maintenance in closing of SIs.
- Since EMC is the highest entered SI, and "other" is the highest selected subcategory under EMC, remove "other" from the EMC additional questions. This would assist ODDS and CMEs in better identifying why individuals are seeking EMC.
- Add additional subcategories under EMC to better identify why an individual sought EMC treatment. After a random sampling of the

⁵Before 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".

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“other” selections in EMC, additional subcategories to be added may include allergic reaction, infection, constipation, asthma, stoma care, urinary tract infection (UTI), allergies, domestic or sexual assault, stroke or heart attack.

- Given the significant nature of an SI, it is recommended ODDS consider removing "No Recommended Actions" as a potential closure reason to ensure the most accurate content is held within each record. Identifying RAs or selecting “No Recommended Action” is required to be attached to a Serious Incident prior to the record's closure. Although RAs can be created to identify future follow-up actions, RAs can also identify actions already taken.
- Form internal and external workgroups to discuss CME quarterly submissions, trends, and identify concerns. In addition to these workgroups, technical assistance call-ins are also being created for external partners.
- Using feedback from internal and external partners, improve the required IMT form authorized by ODDS for CME submissions.
- Consider completing a report that analyzes all “Other” subcategories in the additional questions within each SI type held in CAM.

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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\(1\)\(e\)](#)

[General Definitions and Acronyms for Developmental Disabilities Services: 411-317-0000\(201\)](#)