Office of Developmental Disabilities Services
2023 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 from January 1, 2023- December 31, 2023. 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 reoccurrence. The process provides them the opportunity to explain actions they are taking to ensure 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 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 2023 SI data entered by CMEs across the state.

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[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.

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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, Abuse Intakes and Investigations, Death Reviews and Recommended Actions (RA)[2] opened in 2023 were included as data points for this report.

Systems

The following systems were used in creating this report:

- Centralized Abuse Management System
- Microsoft Excel.

Results/Findings

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

- In chart 2, Emergency Medical Care (EMC) has been separated from the other SI categories. This is due to the volume of entries and disparities between EMC and the other SI categories. The visual aides to display this data were misleading when combined as the amount of EMC SIs are significantly higher in comparison to the

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[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.

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.

- SIs can have multiple RAs attached to one record in CAM which may result in the sum of RAs and No RAs associated being higher than the sum of the total SI entries.

- 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 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 SIs are entered into CAM.

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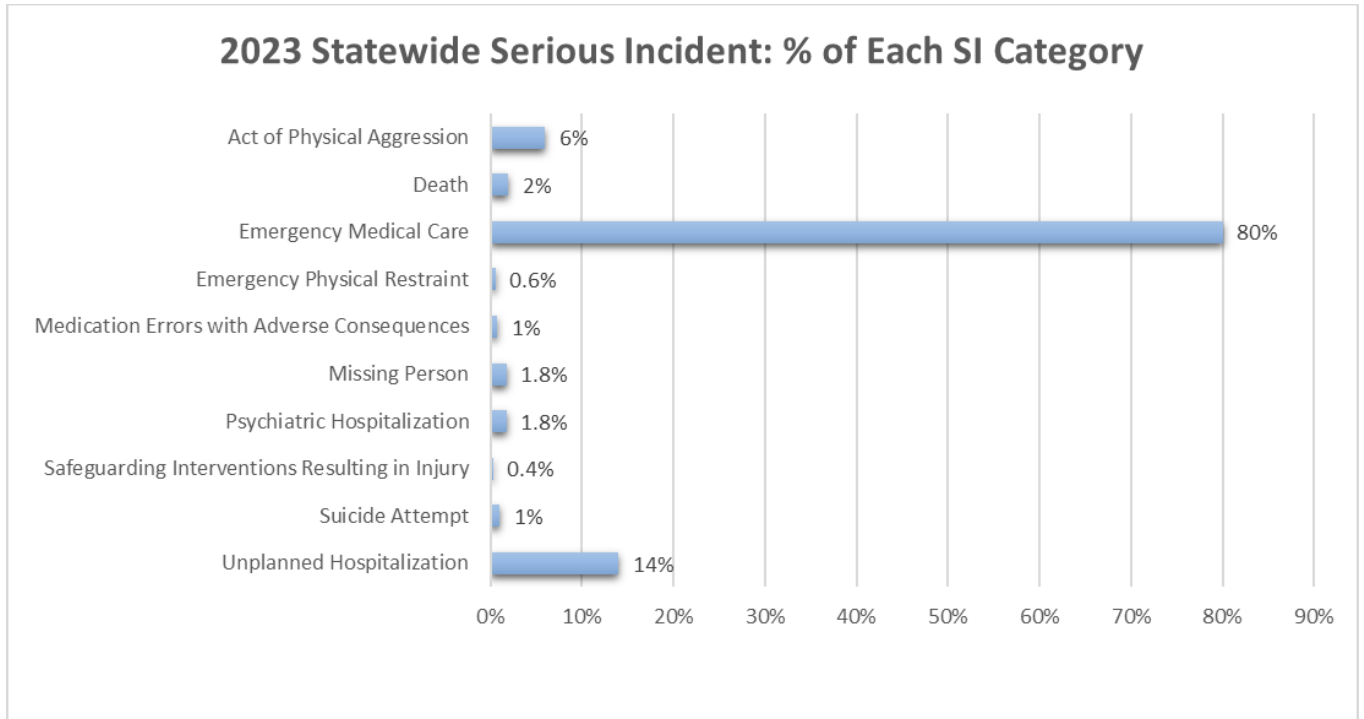
(Chart 1)

When entering an 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 2023 was Emergency Medical Care (EMC) with 80% of all SIs entered being in this category. This is consistent with the 2022 report where EMC made up 79% of the total SIs entered. Chart 2 shows EMC by subcategory type.
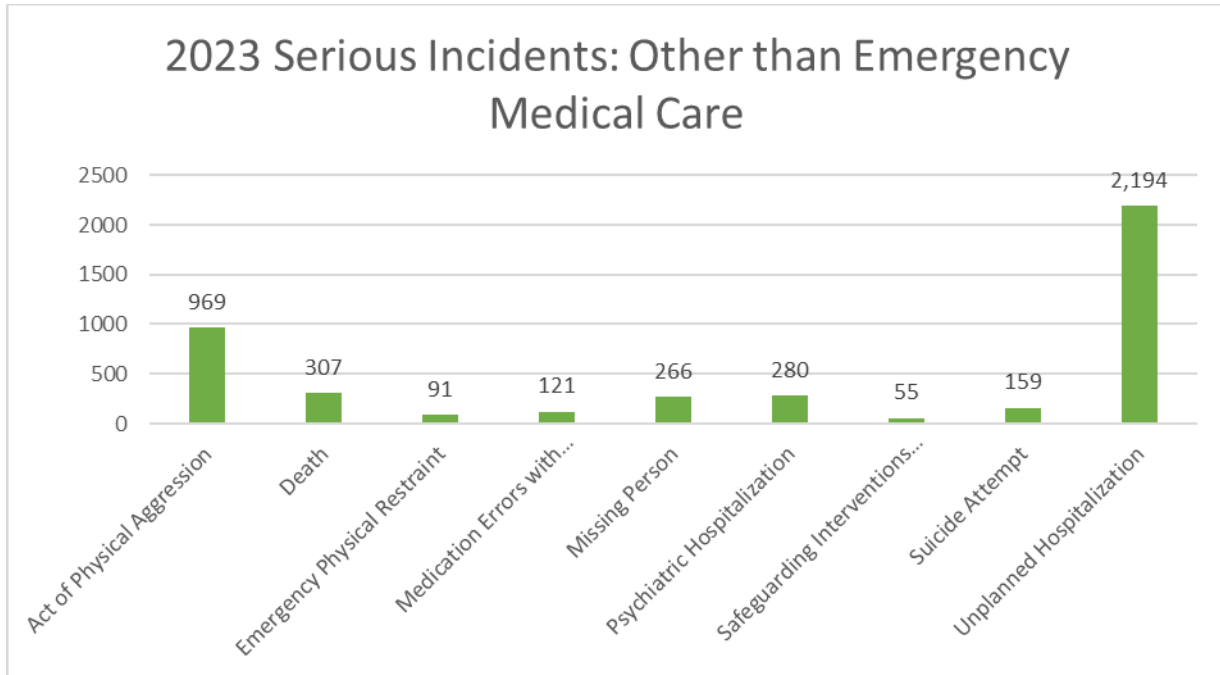
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Emergency Medical Care by Type (2023)
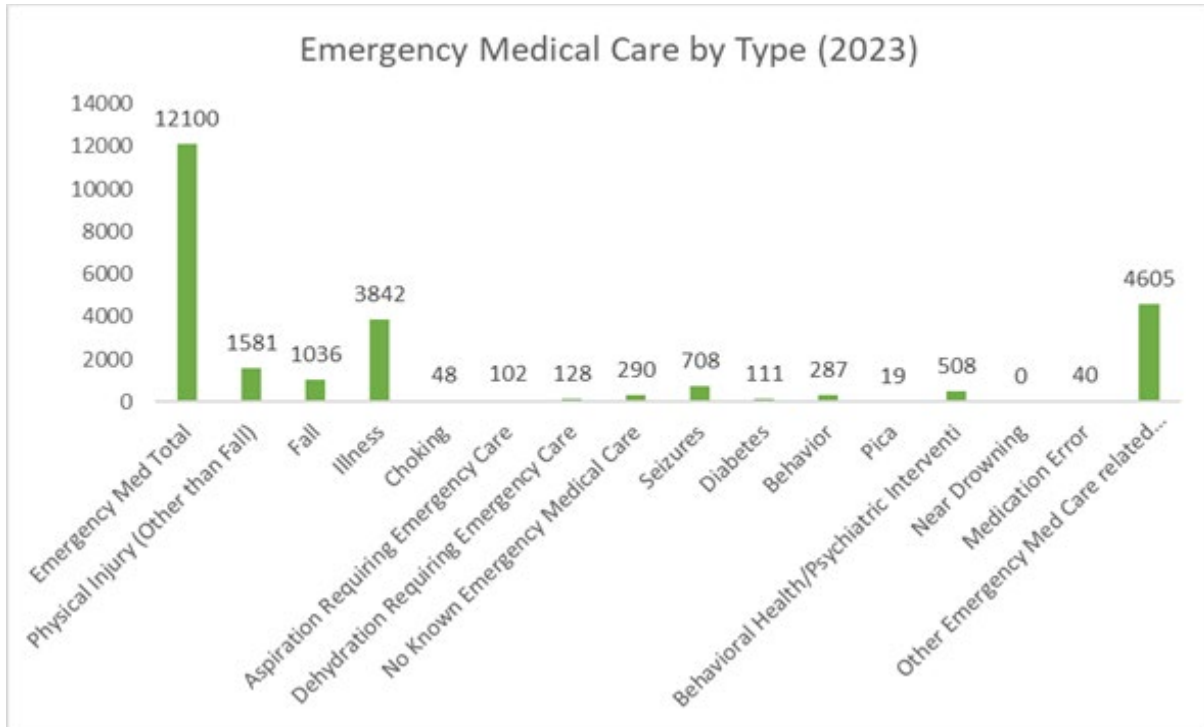
(Chart2)

Within CAM, each SI has subcategories that are identified through additional questions. Chart 2 reflects the subcategories CMEs selected when entering EMC SIs in 2023. In total 12,100 SIs were entered for EMC, which made up 80% of all CAM entries. The "Other Emergency Med Care" subcategory made up for 38% of the EMC entries. An initial review indicated that at times when "other" was selected the narrative described a subcategory under EMC that could have been selected when entering the SI. It is possible that some of the EMC entries which selected "other" may be due to the reason an individual received medical care not being listed in the identified subcategories provided under EMC.
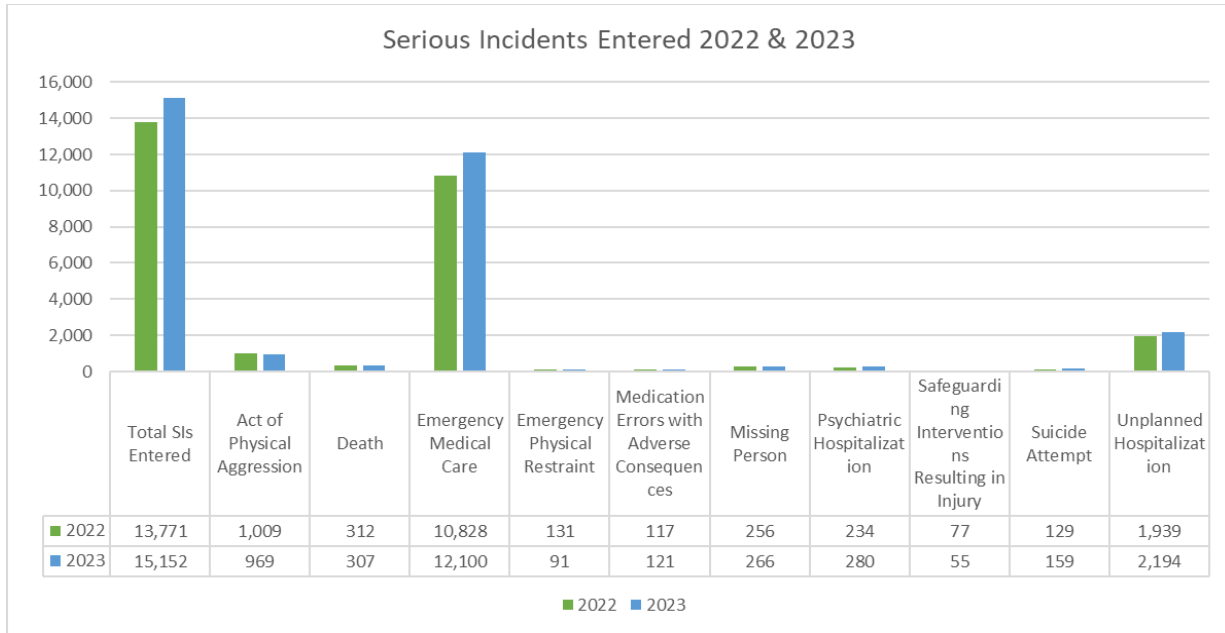
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(Chart 3)

Out of the 15,152 SIs entered in 2023, there were 4,442 SIs entered in the nine other SI categories. In total, these nine categories made up 29% of CAM entries.

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Serious Incidents Entered 2022 & 2023

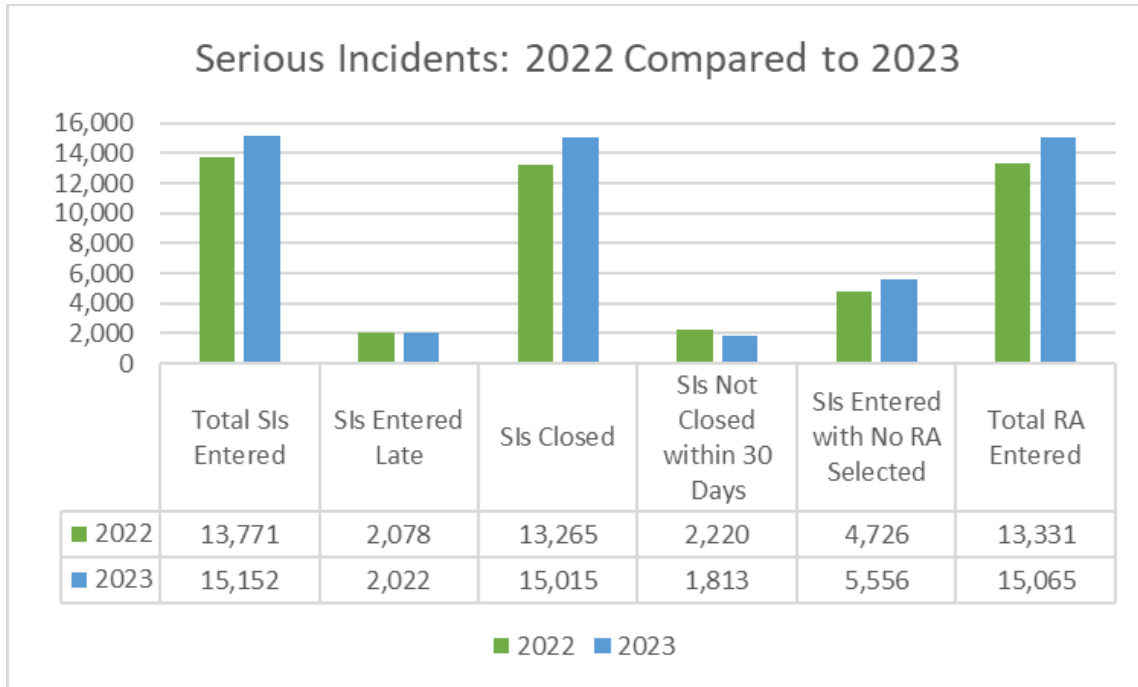|	Total SIs Entered	Act of Physical Aggression	Death	Emergency Medical Care	Emergency Physical Restraint	Medication Errors with Adverse Consequences	Missing Person	Psychiatric Hospitalization	Safeguarding Interventions Resulting in Injury	Suicide Attempt	Unplanned Hospitalization
2022	13,771	1,009	312	10,828	131	117	256	234	77	129	1,939
2023	15,152	969	307	12,100	91	121	266	280	55	159	2,194

■ 2022 ■ 2023

(Chart 4)

There was an increase of 1,381(10%) SI entries from 2022 to 2023. As noted above, an increase of SIs cannot be immediately correlated to a negative trend. An observable trend across 2022 and 2023 is the top three SI types entered continue to be in Emergency Medical Care, Unplanned Hospitalizations, and Act of Physical Aggression.

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Serious Incidents: 2022 Compared to 2023

	Total SIs Entered	SIs Entered Late	SIs Closed	SIs Not Closed within 30 Days	SIs Entered with No RA Selected	Total RA Entered
2022	13,771	2,078	13,265	2,220	4,726	13,331
2023	15,152	2,022	15,015	1,813	5,556	15,065

(Chart 5)

Although there was a 10% increase in total SIs from 2022 to 2023, there was a decrease of 3% when looking at the number of SIs Entered Late[3], and a 10% decrease with the number of SIs Not Closed within 30 Days[4].
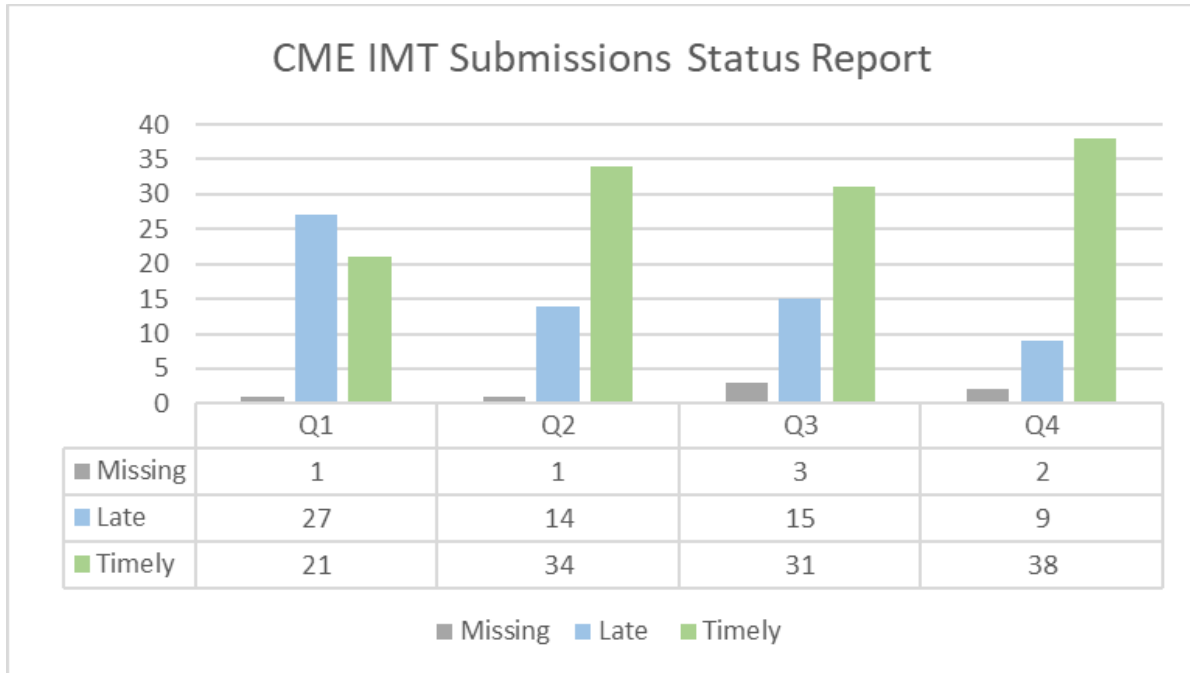
Out of the 15,152 SIs entered in 2023, 37% of the SIs had "No Recommended Action"[5] (RA) selected in the record. This is a 2% increase from 2022, where 35% of all SIs selected "No Recommended Action".

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[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. SIs closed after 30 days are considered "late".

[5] Before 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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CME IMT Submissions Status Report

|	Q1	Q2	Q3	Q4
■ Missing	1	1	3	2
■ Late	27	14	15	9
■ Timely	21	34	31	38

■ Missing ■ Late ■ Timely

(Chart 6)

In 2023, ODDS began releasing quarterly statewide IMT reports that included a "CME IMT Submissions Status Report". CMEs are required to submit their IMT reports quarterly to ODDS. Chart 6 reflects the 2023 quarterly submissions and the timeliness of the submissions[6].

In Q3 of 2023 ODDS implemented a process to follow up on the non-compliance of CME IMT submissions. The Case Management Support Services Unit (CMSS) and Quality Assurance Unit (QA) began following up with CMEs who did not submit their quarterly reports to ODDS.

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[6] 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.

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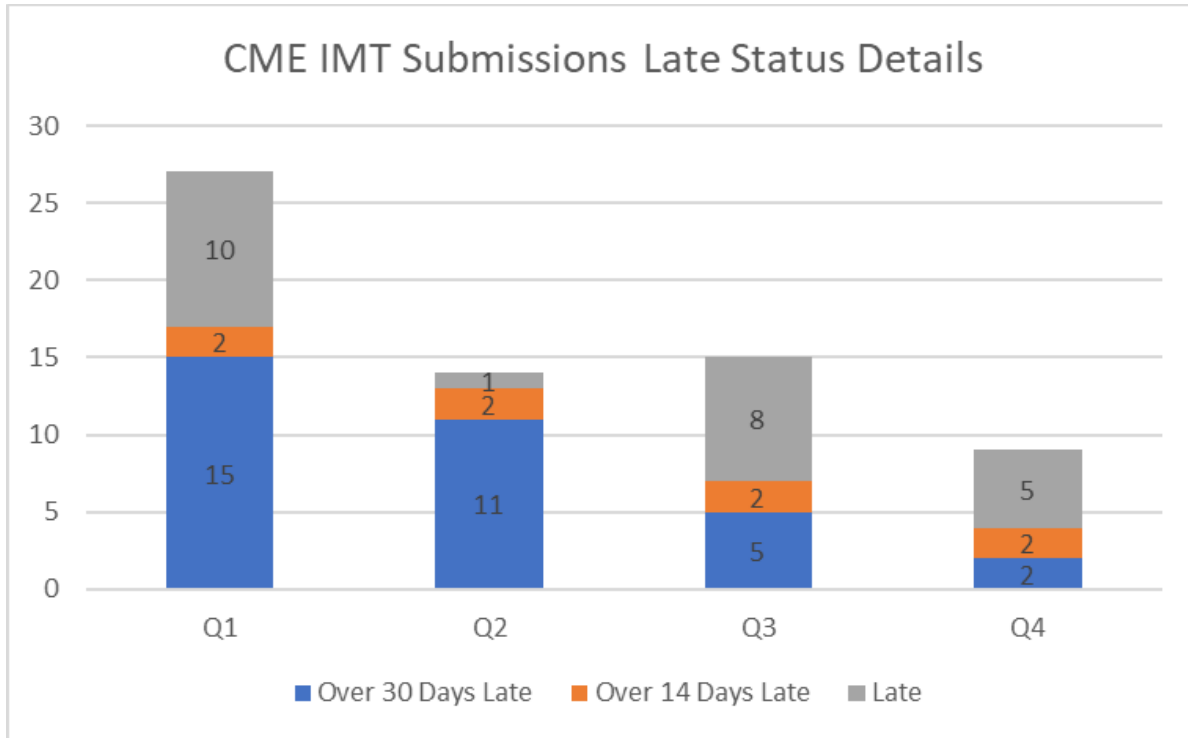
(Chart 7)

Quality Improvement (QI) began providing CME submission status reports to CMSS and QA Units at 14 day and 30 day timelines when looking at late submissions. From here, technical assistance and additional support may be provided to a CME to help ensure compliance.

Recommendations

After review of the 2023 Statewide SI data the following recommendations are being made for ODDS program to consider:

- As indicated in the 2022 Statewide report, EMC continues to be the highest reported SI and "other" continues to be the highest selected subcategory under EMC. It is QIs recommendation to remove "other"

from the EMC additional questions. This would assist ODDS and CMEs in better identifying why individuals are seeking EMC.

- 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.

- In 2022, recommendations were made to consider adding allergic reaction, infection, constipation, asthma, stoma care, urinary tract infection (UTI), allergies, domestic or sexual assault, stroke, or heart attack to the subcategories under EMC. ODDS may consider further discussion around these subcategories.

- Given the significant nature of an SI, it is recommended ODDS have conversations on the use of Recommended Actions in CAM and consider removing "No Recommended Actions" as a potential closure reason specifically for SIs. This recommendation is being made in an effort to ensure the most accurate content is held within each SI. 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.

- 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 reports using SI data where applicable to avoid conflicting reports.

- It is recommended that a CAM date field guide be compiled explaining the field values and how they can be used in 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](#)