

Office of Developmental Disabilities Services Statewide Review

Reporting Quarter: Quarter 1 (January 1 - March 31) **Year Reviewed:** 2024

ODDS is completing the statewide analysis review of Centralized Abuse Management (CAM) Serious Incident (SI) data using the same form Case Management Entities (CMEs) are required to use and report on quarterly. In questions that reference CMEs below, (i.e., What actions is your CME taking to remediate this?) the response is referencing actions ODDS is taking. ODDS may follow up with specific CMEs if necessary, however this report is focused solely on the statewide data and trends.

Serious Incident Data

1. Number of SIs entered by the CME **more than 7** days after becoming aware of the incident: **543 (13%)**
 - Number of SIs entered by the CME **within 7 days** of becoming aware of the incident: **3,697 (87%)**
 - In comparison to last quarter, please state if there is an increase or decrease of late entries for your CME: **Increase, there were 464 SIs entered late last quarter which accounted for 12% of SIs entered.**
 - Please provide reasoning for the late entries: **There are multiple factors that could impact this trend. There was a 13.7% increase in the total number of SIs entered this quarter, which could account for the higher number of late entries this quarter. Three CMEs accounted for 191 (35%) of the late SI entries this quarter. ODDS noticed that several CMEs indicated in their IMT reports that they were going to hold a training discussion to address timely SI entries within their specific CME. This quarter there were 65 enrollments in the Centralized Abuse Management (CAM) Serious Incident DD User Training in Workday. Last quarter there were 72 enrollments. These enrollments could be linked to newly hired case managers, or case managers that have taken the training as a retraining.**

- What actions is your CME taking to remediate this, please list: ODDS Quality Management (QM) Team will continue to work with ODDS units who support CMEs including the Case Management Supports Services (CMSS) Unit on best practices for CAM entry. QM continues to work with CAM Support on obtaining a report on the number of activated and deactivated CAM user licenses for CMEs to better understand the potential volume of turnover and newly hired case managers across the state.
2. Number of SIs **not closed within 30 days** of CME entry: 335 (8%), additionally 74 records (2%) indicate a SI Status of “SI in process” at the time this data was pulled.
- Number of SIs **closed by the CME within 30 days** of CME entry: 3,831 (90%)
 - In comparison to last quarter, please state if there is an increase or decrease of late closures for your CME: Decrease, there were 348 SIs closed late last quarter which accounted for 9.6% of SIs closed.
 - Please provide reasoning for the late closures: There are several factors to consider. This quarter two CMEs accounted for 111 late closures (33%). Each CME is able to implement their own business process to remain in compliance with CAM entry requirements. Several CMEs have informed ODDS that their internal business process contains additional requirements for their specific CME that must be met before an SI can be closed in CAM. In addition, SIs may be opened in one quarter and closed in the following quarter. Given that SIs have to be closed within 30 days of opening, at the time of this report there were 74 SIs listed as “SI in process” within CAM.
 - What actions is your CME taking to remediate this, please list: QM will continue to work with ODDS units who support CMEs including the CMSS Unit on best practices for CAM record maintenance. QM and CMSS have been collaborating with CME partners to identify IMT practices CMEs have implemented. This work is being completed in an effort to support CMEs statewide with the development of additional resources related to IMT.

3. Number of SIs entered by the CME with **“No Recommended Action”** selected: 1,410 (34%)
- Number of SIs entered by the CME with an identified Recommended Action **other than “No Recommended Action”**: 2,792 (66%)
 - In comparison to last quarter, please state if there is an increase or decrease of Recommended Actions being identified by your CME: Increase, there were 1,272 SIs with “No Recommended Action” selected last quarter which account for 35% of SIs. While reviewing the data this quarter ODDS observed a difference in the number of SIs associated with RAs, from the overall number of SIs reported this quarter. The overall number of SIs reported this quarter is 4,240, when reviewing the data report for RA’s the number of SIs was 4,202. While SIs can have multiple RAs attached, this difference highlights a higher number of SIs reported this quarter than SIs associated with RAs. Although a difference between the two records could be attributed to a number of SIs that are still in process and do not have an associated RA established yet, this data shows that there are 74 SIs in process and is not equitable to the difference of 38 SIs in the RA report. ODDS is in the process of reviewing and evaluating the reports within CAM to ensure data integrity and if this is an isolated issue.
 - Please provide any actions your CME is taking related to the identification of Recommended Actions in SI entry: ODDS observed that 21% of SIs that had an identified RA did not have a completion date for the RA included in the record. ODDS understands that CMEs may be completing case management activities to mitigate the risk of a serious incident and documenting their actions in their progress note and not in the SI entry to avoid duplication of documentation. Several CMEs have reported that they document their follow-up actions in progress notes. 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”. ODDS continues to encourage CMEs to document any actions or follow-up actions that have occurred or still need to occur related to the serious incident within the RA record within CAM.

4. Please identify the number of SIs entered for each SI category below:

| SI Category | Total number submitted two previous reporting periods prior: | Total number submitted last reporting period: | Total number entered this reporting period: | Percentage of total SIs entered this quarter: |
|--|---|--|--|--|
| Death | 74 | 73 | 71 | 1.6% |
| Suicide Attempt | 40 | 39 | 43 | 1% |
| Act of Physical Aggression | 295 | 236 | 253 | 5.9% |
| Safeguarding Intervention/Equipment Resulting in Injury | 15 | 15 | 9 | .2% |
| Emergency Physical Restraint | 25 | 15 | 37 | .9% |
| Unplanned Hospitalization | 508 | 501 | 584 | 13.7% |
| Missing Person | 60 | 59 | 70 | 1.7% |
| Emergency Medical Care | 3,242 | 3,018 | 3,444 | 81.2% |
| Medication Error with Adverse Consequences | 29 | 25 | 26 | .6% |
| Psychiatric Hospitalization | 71 | 61 | 72 | 1.7% |
| Total SIs entered | 3,988 | 3,728 | 4,240 | |

5. When reviewing the SI category types reported, please identify the SIs that had **an increase** in this reporting period: *All SI categories except Death and Safeguarding Intervention/Equipment Resulting in Injury had a reported increase.*
- Please describe the patterns your CME is seeing: *This quarter there was a 13.7% increase in the total number of SIs entered. When comparing the number of SIs reported, all SI categories aside from Death and Safeguarding Intervention/Equipment Resulting in Injury had a reported increase. It is important to note that the total SIs listed in the table above reflect all SIs entered in Q1. Each SI can have multiple SI categories associated within the SI entry/record.*
 - Please describe the follow-up actions your CME is taking to prevent reoccurrence: *QM will share this information with the internal IMT workgroup and with the CMSS Unit.*
6. When reviewing the SI category types experiencing **an increase** of reporting, are these SIs connected to the **same provider(s) or location(s)**?: *Medicaid agency providers who have multiple licensed site locations across the state, may experience multiple SIs within one specific category. When reviewing the statewide data ODDS noted that there were several specific provider/locations that experienced more than ten SIs in one or more of the SI categories experiencing an increase this quarter.*
- Please describe the patterns your CME is seeing: *As noted above, when reviewing the data statewide, ODDS observed several provider/locations that experienced ten or more SIs. Within each county it may be possible to observe additional patterns with the specific providers serving in each county and their service site locations. CMEs are responsible for monitoring the providers and individuals within their counties. If a concerning pattern emerges CMEs are responsible for addressing this at their level and notifying ODDS when necessary.*
 - Please describe the follow-up actions your CME is taking to prevent reoccurrence: *QM will share this data with the CMSS team and the internal IMT workgroup.*

7. When reviewing the SI category types experiencing **an increase** of reporting, are these SIs connected to the **same individual(s)** experiencing frequent incidents? *Across the state there were several individuals with reoccurring SIs in the SI categories experiencing an increase this quarter.*
- Please describe the patterns your CME is seeing: *When reviewing the SI categories that experienced an increase this quarter there are multiple individuals who experienced more than one SI in each category. There were several individuals who experienced more than ten SIs this quarter.*
 - Please describe the follow-up actions your CME is taking to prevent reoccurrence: *QM will share this data with the CMSS team and the internal IMT workgroup.*
8. Please share any concerns, successes or identify any patterns your CME has observed this quarter with **providers**: *When reviewing current OAR language, given the nature of the incident a provider has specific timelines that must be adhered too when reporting incidents to a CME, ranging from one business day to within five business days. From here, the CMEs have seven calendar days to enter the SI into CAM. This quarter ODDS noted that there were 840 SIs that were not reported to CMEs within five days, and 114 SIs were reported to CMEs over 30 days from date of incident. There were 3,350 SIs reported to CMEs within five days and of these records, 2,812 SIs were entered into CAM within seven days of the CME being notified.*
- Please describe the follow-up actions your CME is taking to prevent reoccurrence: *QM will continue to work with internal partners who work with CMEs regarding the IMT process and bring identified action items to the appropriate meetings for discussion.*
9. Please share any concerns, successes, or identify any patterns your CME has observed this quarter with **individuals**: *CMEs are responsible for the monitoring and oversight for individual receiving services at the local level. However, in reviewing this data QM did make observations at the statewide level as noted previously in this report. When reviewing the timeliness of CME IMT submissions, for Q1, 37 CMEs submitted their reports timely, in comparison to Q4 where 38 CMEs submitted their reports timely. At the time of this report there are 6 missing CME submissions for Q1.*

- Please describe the follow-up actions your CME is taking to prevent reoccurrence: ODDS met with CMSS Unit and the Quality Assurance (QA) and implemented an agreed upon process for follow up with CMEs regarding missing submissions and non-compliance with the IMT process. This information with the internal IMT workgroup as well as at ODDS meetings as needed.

This CME is a Brokerage and has completed the required components.

Please submit the completed IMT report to
imt.submissions@odhsoha.oregon.gov by the associated due date.

Thank you!

Abuse and Death Review Data

10. Number of Death Reviews entered this quarter: 67 Death Reviews (DRs) were entered into CAM this quarter at time of this report.
 - Number of Death Reviews entered within one business day after becoming aware of the death: At the time of this report, 49 (73%) DRs were entered timely this quarter meaning that 18 (27%) DRs were entered "late".
 - Number of Death Reviews completed with the required timelines of 55 days: At the time of this report, two DRs were completed timely, 42 DRs are still pending decision or are in process, and 23 DRs were closed late this quarter.
 - In comparison to last quarter, please state if there is an increase or decrease of late Death Review closures for your CME: Increase, last quarter 15 DRs were late compared to 23 this quarter.
 - Please provide reasoning for the late entries: The Office of Training Investigations and Safety (OTIS) and Community Developmental Disability Programs (CDDPs) are responsible for closing Death Reviews. The CMSS Unit supports the Mortality Review process and supports CDDPs with this work. In addition, many CDDPs have attributed long waiting periods for death certificates and autopsy reports in regards to overdue Death Reviews.

- What actions is your CME taking to remediate this, please list: This report will be shared with the CMSS Unit who support the Mortality Review process and supports CMEs with this work. They also follow up with CMEs when there is a Death Review started but no corresponding Death SI entered into CAM. This report will also be accessible on the ODDS Providers and Partners website. It is important to note that this report is completed based on a data pull that uses the CAM field “Date/time Opened”. In addition, we are collaborating with our partners to raise concerns about wait times with vital statistics.
11. Has the Abuse Investigator been notified of all deaths from this quarter? The CDDPs who have submitted reports at the time of the ODDS Statewide Analysis indicated that Abuse Investigators had been notified of all deaths in their CME. Several indicated N/A as they did not have deaths occur this quarter. ODDS will continue to follow the mortality review process and have conversations with OTIS. Community Developmental Disability Programs (CDDPs) CMEs have abuse investigators that work at the local level, who also work with OTIS on processing death reviews.
- Of the Death Reviews, how many had a concern of abuse associated with it? At time of report, four DRs indicated “Concern of Abuse or Neglect”, 30 DRs were in process and the closure reason has not yet been selected. This report will be shared with the CMSS Unit who support the Mortality Review process and supports CMEs with this work.
12. How many abuse intakes did your CME enter into CAM this quarter? 1,879 intakes were completed statewide this quarter.
- Of those intakes, how many investigations were opened? 1,774 of intakes were opened and 326 intakes were given a status other than “Closed at Intake” within CAM.
 - Is this an increase or decrease from last quarter? Increase, last quarter there were 1,632 intakes opened.
 - Please describe the follow up actions your CME took or is taking to prevent reoccurrence. CDDPs have abuse investigators that work at the local level who also work with OTIS.

Please submit the completed IMT report to
imt.submissions@odhsoha.oregon.gov by the associated due date.

Thank you!

| IMT Quarterly Schedule | | | |
|------------------------|-------------------------|--------------------|--------------------------|
| Quarter | Monthly Schedule | IMT Submission Due | ODDS Quarterly Call - In |
| Q1 | January 1- March 31 | May 1 | April |
| Q2 | April 1 – June 30 | August 1 | July |
| Q3 | July 1 – September 30 | November 1 | October |
| Q4 | October 1 – December 31 | February 1 | January |

The following table outlines CMEs submission status for the 2024 Q1 IMT report.

| CME IMT Submissions Status Report* | Count of Q1 Reports Received |
|--|-------------------------------------|
| Late | 6 |
| Benton CDDP | 1 |
| Lincoln CDDP | 1 |
| ODDS Kids Residential | 1 |
| Self Determination Resources | 1 |
| UCP Mentors | 1 |
| Union CDDP (Center for Human Development, Inc) | 1 |
| Missing | 6 |
| Baker CDDP | 0 |
| Full Access - High Desert | 0 |
| Inclusion, Inc. | 0 |
| Jefferson CDDP (Best Care Treatment Services) | 0 |
| Klamath CDDP | 0 |
| Malheur CDDP | 0 |
| Timely | 37 |
| CIIS | 1 |
| Clackamas CDDP | 1 |
| Clatsop CDDP (Clatsop Behavioral Healthcare) | 1 |
| Columbia CDDP (Columbia Community Mental Health) | 1 |
| Community Counseling Solutions - Grant, Gilliam, Lake, Morrow, Wheeler | 1 |
| Community Living Case Management - Coos | 1 |
| Community Living Case Management - Curry | 1 |
| Community Living Case Management - Douglas | 1 |
| Community Living Case Management - Josephine | 1 |
| Community Living Case Management - Mid Columbia (Hood River, Sherman, Wasco) | 1 |
| Community Pathways | 1 |
| Connections Case Management - Coos | 1 |
| Connections Case Management - Curry | 1 |

| CME IMT Submissions Status Report* | Count of Q1 Reports Received |
|---|-------------------------------------|
| Connections Case Management - Douglas | 1 |
| Connections Case Management - Klamath | 1 |
| Creative Supports - Jackson and Josephine | 1 |
| Crook CDDP (Best Care Treatment Services) | 1 |
| Deschutes CDDP | 1 |
| Eastern Oregon Support Services Brokerage | 1 |
| Full Access | 1 |
| Harney CDDP (Symmetry Care) | 1 |
| Independence Northwest | 1 |
| Integrated Services Network | 1 |
| Jackson CDDP | 1 |
| Lane CDDP | 1 |
| Linn CDDP | 1 |
| Marion CDDP | 1 |
| Multnomah CDDP | 1 |
| Polk CDDP | 1 |
| Resource Connections Mid Valley | 1 |
| Resource Connections South Valley | 1 |
| Tillamook CDDP (Tillamook Family Counseling Center) | 1 |
| UCP Connections | 1 |
| Umatilla CDDP | 1 |
| Wallowa CDDP (Wallowa Valley Center for Wellness) | 1 |
| Washington CDDP | 1 |
| Yamhill CDDP | 1 |

***Submission Data as of June 3, 2024.**