



Valley Mountain Regional Center (VMRC) Quarterly Trends in Rate of Special Incidents

JULY 2017 – SEPTEMBER 2017

Report prepared: November 2017

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Far Northern Regional Center’s (FNRC) Fall Prevention Assessment Form (FPAF)

FNRC saw an uptick in their fracture and laceration injury rates. When they reviewed the incidents in more detail, they noted that a majority of these events involved falls. In response, FNRC decided to delve into the root cause of falls.

FNRC found that not all falls are reportable and the data in SANDIS do not give a clear picture of the causes of falls. FNRC uses Therap, an electronic documentation system for service providers who support individuals with developmental disabilities. Service providers report all incidents (reportable and non-reportable) in General Event Reports (GERs) to FNRC. FNRC created a Fall Prevention Assessment Form (FPAF) and asked Mission to analyze collected data each quarter. FNRC added the FPAF to Therap so providers can simultaneously complete it online as they complete their GERs.

VMRC is not required to report back this quarter.

If your regional center is interested in using the Fall Prevention Assessment Tool and wants Mission to provide quarterly analysis, please reach out to Vicky Wheeler at vwheeler@mission-ag.com.

The FPAF asks the provider to describe the circumstances of each fall, including the individual’s age, living situation and location; factors that helped cause the fall, and a plan to avoid further falls.

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During each month of this quarter at VMRC, there were on average:

- 62 Individuals with a Non-Mortality SIR including
- 0 DC movers with a Non-Mortality SIR
- 1 Individual with a Mortality SIR including
- 0 DC movers with a Mortality SIR



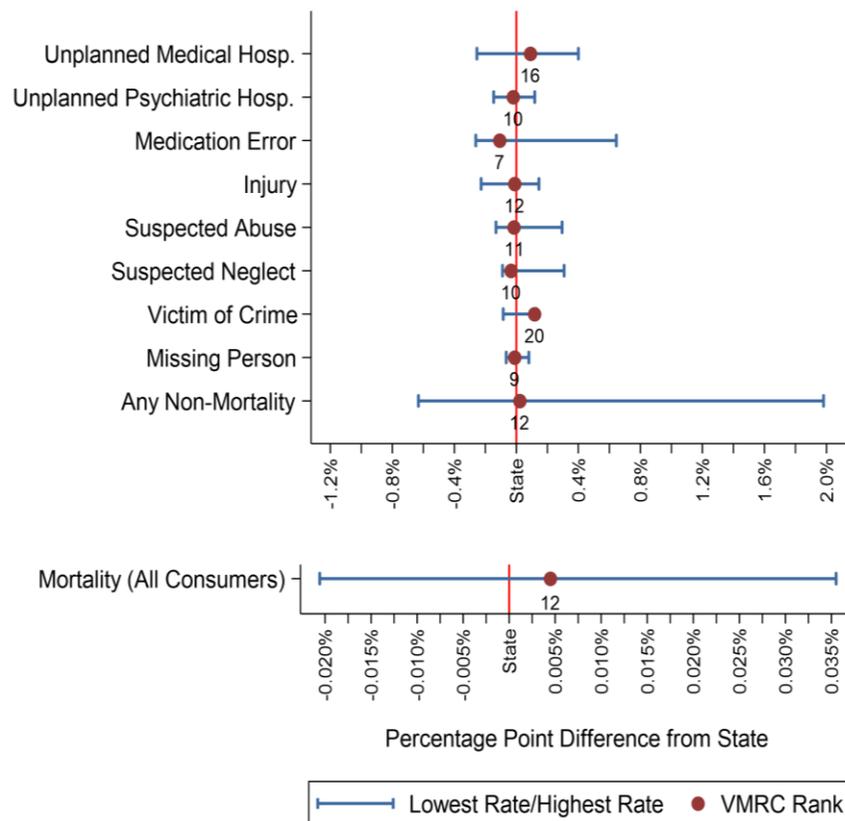
Mission Analytics Group, Inc.
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KEY FINDINGS FROM VMRC'S QUARTERLY TRENDS

- Over the last year, VMRC's adjusted rate of victim of crime incidents was 129% higher than the statewide average, ranking 20th among the 21 regional centers (Figure 1). VMRC's rate decreased 41% this quarter relative to a particularly high rate the previous quarter (page 3).
- VMRC's mortality rate rose this quarter, up 2% from last quarter (see page 3). VMRC's rate is 25% above the statewide average. It ranks 12th among all 21 regional centers (Figure 1).
- VMRC's rate of non-mortality incidents decreased by 22% this quarter compared to a high rate last quarter (see page 3 and Figure 2). VMRC's ranking improved from 15th the previous quarter to 12th over the year ending in September 2017.

FIGURE 1. Special Incident Rates at VMRC Ranked Against Other Regional Centers Out-of-Home Consumers (except Mortality), October 2016 – September 2017

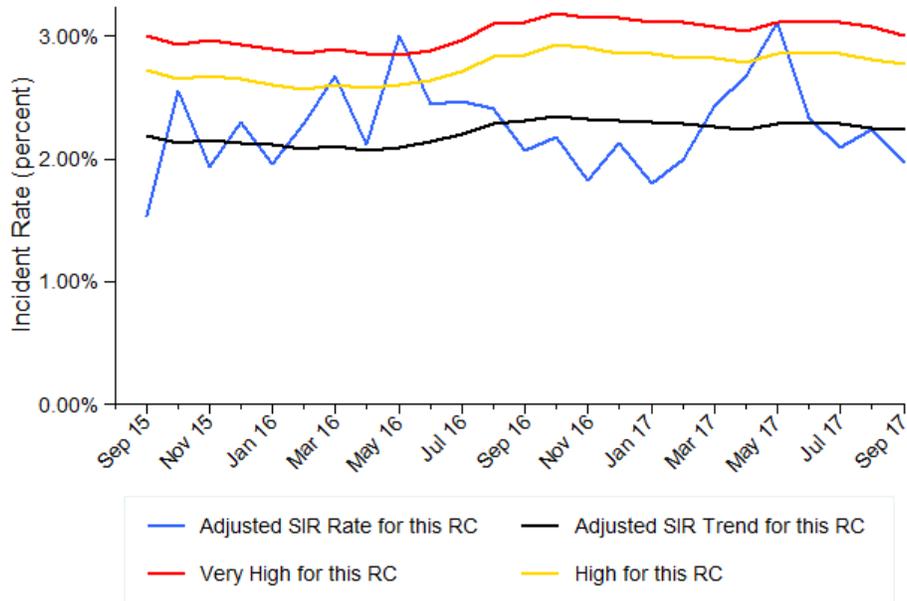


INCIDENT TYPE AND SUB-TYPE, JULY 2017 – SEPTEMBER 2017

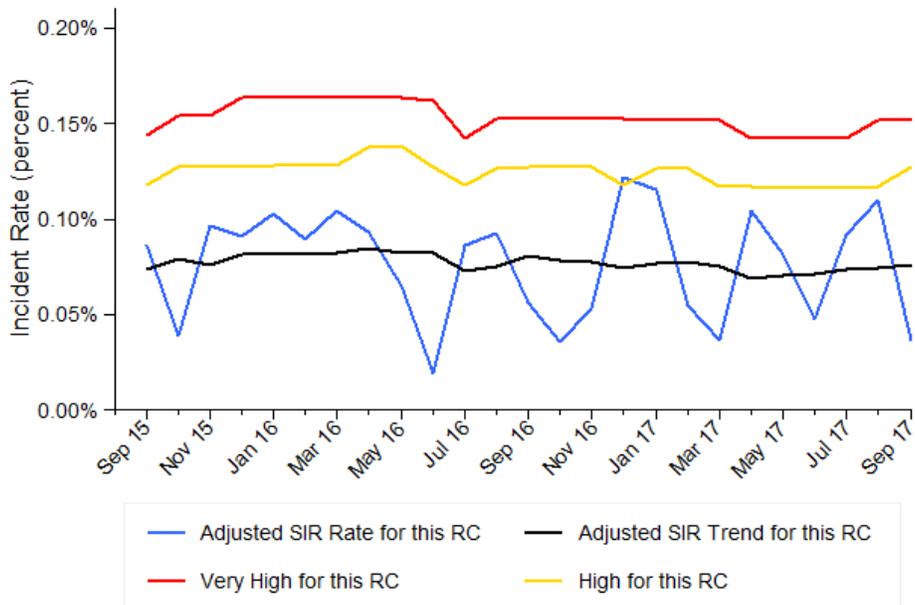
Incident Type and Sub-Type	Incidents	Individuals with Incidents	VMRC Adj Monthly Rate	Statewide Rate	Change from last quarter
Any Non-Mortality	198	166	2.10%	2.19%	-22%
Unplanned Hospitalization	81	68	0.84%	0.69%	-27%
Cardiac-related	9	9			
Diabetes	2	2			
Internal infection	33	30			
Nutrition deficiency	2	2			
Respiratory illness	25	20			
Seizure	7	5			
Wound/skin care	3	3			
Unplanned Psychiatric Hospitalization	11	8	0.10%	0.20%	-49%
Suspected Abuse	25	25	0.30%	0.27%	4%
Alleged emotional/mental abuse	2	2			
Alleged financial abuse	2	2			
Alleged physical/chemical restraint	1	1			
Alleged physical abuse	14	14			
Alleged sexual abuse	8	8			
Suspected Neglect	2	2	0.02%	0.09%	-60%
Fail to assist with personal hygiene	1	1			
Fail to prevent dehydration	0	0			
Fail to prevent malnutrition	0	0			
Fail to provide care-elder/adult	1	1			
Fail to provide food/clothing/shelter	0	0			
Fail to provide medical care	0	0			
Fail to protect from health/safety hazards	0	0			
Injury	31	31	0.37%	0.39%	-20%
Bite	3	3			
Burns	1	1			
Fracture	14	14			
Dislocation	0	0			
Internal bleeding	2	2			
Lacerations/sutures/staples	10	10			
Medication reactions	1	1			
Puncture wounds	0	0			
Medication Error	20	19	0.22%	0.48%	-20%
Victim of Crime	17	17	0.20%	0.09%	-41%
Aggravated assault	4	4			
Burglary	1	1			
Forcible rape or attempted rape	2	2			
Personal robbery	10	10			
Larceny	1	1			
Missing Person	12	8	0.13%	0.13%	32%
Mortality	30	30	0.08%	0.06%	2%

Non-mortality incidents and individuals with incidents may not add up across incident types and sub-types. SIRs with more than one incident type are listed under each type and sub-type. Similarly, individuals with more than one SIR are listed under each type and sub-type.

**FIGURE 2. Non-Mortality Incident Rate, VMRC Trend
Out-of-Home Consumers Since September 2015**



**FIGURE 3. Mortality Incident Rate, VMRC Trend
All Consumers Since September 2015**



Continued from page 1

FNRC began using the FPAF in early 2017 and have received two reports from Mission to date. Findings from the first six months of data collection include that more than half of the falls occurred among older individuals (age 55+) and that falls tend to occur in the individuals' homes. Table 1 below is an example of the data Mission prepares for FNRC each quarter. Based on the initial use and analysis of the FPAF, Mission recommended ways for FNRC to revise the form to fit with respondents' experience more closely and ultimately to make the data clearer. FNRC recently revised the form to include more specific details of the incident.

TABLE 1. Location of Fall, July 2017 – September 2017 compared to previous quarter

Location	Number of Falls in Current Quarter	Number of Falls in Previous Quarter
Living Room	2	3
Bedroom	1	2
Bathroom	2	4
Kitchen	0	3
Outside Patio	1	0
Day Facility	2	1
Restaurant	0	0
Business	0	0
New or Unfamiliar Location	0	0
Other	0	0

When, FNRC receives a FPAF from a provider, they review the responses and follow-up with them to insure the provider implements a plan to reduce the risk of another fall occurring. Once FNRC receives the quarterly analysis from Mission, their internal Risk Management Committee reviews the findings and discusses how they can assist the service provider with incorporating a successful fall prevention plan.

You can find the FPAF on the risk management website at <http://www.ddriskmanagement.info> at the "RC Reference Materials" link on the left-hand navigation menu, under "Injury". The name of the form is "Fall_Prevention_Assessment Form_FNRC".

If your regional center is interested in using the Fall Prevention Assessment Form and want Mission to provide a quarterly analysis, please reach out to Vicky Wheeler at vwheeler@mission-ag.com.

TECHNICAL APPENDIX

More About These Data

Unexpectedly High Rates Compared to trend or State: A  indicates an unexpectedly very high incident rate, above the 99% confidence interval. This means that the rate was so high that there is less than a 1% chance that it was a random occurrence. A  indicates an unexpectedly high incident rate, above the 95% confidence interval. This means there is less than a 5% chance that this incident rate was a random occurrence.

Ranking Graph: Regional centers incident rates are compared to those of other regional centers and ranked from lowest to highest. (1) represents the lowest rate and (21) represents the highest rate.

Counts: The number of special incidents is averaged over the three months of the quarter. Each number represents the count of individual consumers who have been the subject of a SIR during the month. Consumers with more than one SIR in a month are counted only once. Consumers with SIRs in multiple months are counted in each month. Consumers with a SIR in multiple regional centers are counted in each regional center.

Rates: The rates are calculated as the number of consumers with at least one SIR, divided by the number of consumers active in the CMF and served by the regional center in the month. These rates are calculated for each month and then averaged for the quarter. The unadjusted incident rate is the average risk score, or the probability that a consumer will experience a special incident in a typical month.

Incident Type and Sub-Type Counts: Incidents (Page 3): The number of special incidents (See column 2 on Page 3) represents a count of incidents overall and by type and sub-type during the quarter. The count of all non-mortality incidents is an unduplicated count of incidents (SIR numbers) during the quarter. Special incidents that are reported with multiple types or sub-types will be counted under each. For example, an injury incident that was reported as a fracture and a laceration is counted under each sub-type but only counted as one injury SIR. An incident that was reported as a laceration and as physical abuse is counted under injury (and laceration sub-type) and under suspected abuse (and physical abuse sub-type) but is counted as only one non-mortality SIR. Because the aggregated counts are unduplicated, the SIRs summed across sub-types may be higher than the total listed for the type and the SIRs summed across types may be higher than the total listed for all non-mortality.

Incident Type and Sub-Type Counts: Individuals with Incidents (Page 3): The number of individuals with incidents (column 3 on page 3) represents a count of individuals with incidents overall and by type and sub-type during the quarter. The count of individuals with non-mortality incidents is an unduplicated count of individuals (UCIs) with SIRs during the quarter. Individuals with more than one SIR will be counted under each type and sub-type. For example, if Individual A had two suspected abuse incidents in the quarter, one of which was a physical abuse incident, and the other an emotional/mental abuse incident, the individual would show up once in the counts for physical abuse and emotional/mental



abuse respectively, but only once in the count for suspected abuse. Because the aggregated counts are unduplicated, the individuals with SIRs summed across sub-types may be higher than the total listed for the type, and the individuals with SIRs summed across types may be higher than the total listed for all non-mortality.

Non-Mortality and Mortality Graphs: The non-mortality graph (Figure 2) includes four lines. For each month in the graph, the blue, or more jagged, line reports the share of individuals who experienced one or more incidents of any kind other than mortality *during that month*—so, these are *monthly rates*. For each month the black, smoother, line reports *the average of the monthly rates* over the immediately-preceding 12 months—so, these are *annualized rates* that indicate the level of risk *that has been typical for a regional center* over the 12 months just passed.

When the blue line is above the yellow line, the monthly rate is *statistically high* relative to the average rate—high enough to suggest that the typical rate for the regional center *has increased*. When the blue line is above the red line, the monthly rate is *statistically very high* relative to the 12-month average—high enough to suggest *very strongly* that the typical rate for the center has increased.

Figure 3 is to be interpreted exactly as Figure 1, but for mortality incidents rather than non-mortality incidents. If other graphs of this type appear above, these too are to be interpreted in the way that we interpret Figure 2, but for specific types of non-mortality incidents, including suspected abuse, suspected neglect, unplanned hospitalizations, medication errors, injury, victim-of- crime, or missing person incidents.