Indiana Family and Social Services Administration
Division of Disability and Rehabilitation Services
Bureau of Quality Improvement Services

Data Forum:
Incident Report Data and Trends

December 11, 2018

Shelly Thomas
Assistant Director
Bureau of Quality Improvement Services (BQIS)

Purpose

The purpose of this webinar is to present to Bureau of Developmental Disabilities Services (BDDS) providers and stakeholders an overview of incident report data and identified trends. Areas of concern will be highlighted and resources to support providers in addressing the identified issues will be referenced.

Note: The data in this presentation is for informational purposes. Root causes have not been determined.

Agenda

Today's Topics:

I. Incident Reporting Requirements

II. Incident Report Data and Trends

III. Areas of Concern

IV. Resources

V. Questions/Discussion

VI. Contact Information

Agenda

I. Incident Reporting Requirements

Incident Reporting Requirements

Regulations, Policies, and Waiver Requirements:

- ➤ 460 IAC 6-9-5
- ➤ DDRS Policy: Incident Reporting & Management (BQIS 460 0301 008, eff. 3/1/2011)
- ➤ Community Integration & Habilitation Waiver (eff. 8/1/2018)
- ➤ Family Supports Waiver (eff. 8/1/2018)

Incident Reporting Requirements

BDDS Incident Report Life Cycle Overview

Initial Report (Mandated Reporter)
- Submit IR within 24 hours of incident or knowledge of incident
- Forward IR to appropriate entities
- Notify legal representative

Processing of Initial Report (BQIS)
- Coding applied
- Sentinel determination made
- Does not require follow-up — IR is closed — email sent
- Requires follow-up — emails sent with follow-up questions

Follow-up Report (BQIS and CM/Provider)
- CM/Provider submits follow-up report at least every 7 days until closed
- BQIS reviews and either closes or sends back for additional follow-up

Incident Reporting Requirements

What makes an incident *reportable*?

Incident Reporting Requirements

An incident must meet one or more of the following criteria to be deemed a reportable incident:

Incident Reporting Requirements

As defined in 460 IAC 6-9-5 and DDRS Policy: Incident Reporting and Management

1. Alleged, suspected or actual abuse, which includes but is not limited to: physical abuse, sexual abuse, emotional/verbal abuse, and domestic abuse;
2. Alleged, suspected or actual neglect;
3. Alleged, suspected or actual exploitation;
4. Peer-to-peer aggression that results in significant injury by one individual receiving services, to another individual receiving services (Note: all peer-to-peer aggression in an ICF/IDD facility must be reported regardless of injury);
5. Death;
6. A service delivery site with a structural or environmental problem that jeopardizes or compromises the health or welfare of an individual;

Incident Reporting Requirements

As defined in 460 IAC 6-9-5 and DDRS Policy: Incident Reporting and Management

7. A fire at a service delivery site that jeopardizes or compromises the heath or welfare of an individual;
8. Elopement of an individual that results in evasion of required supervision as described in the ISP as necessary for the individual's health and welfare;
9. Missing person when an individual wanders away and no one knows where they are;
10. Alleged, suspected or actual criminal activity by an individual receiving services or an employee, contractor or agent of a provider, when:
    the individual's services or care are affected or potentially affected;
    the activity occurred at a service site or during service activities; or
    the individual was present at the time of the activity, regardless of location;
11. An emergency intervention for the individual;

Incident Reporting Requirements

As defined in 460 IAC 6-9-5 and DDRS Policy: Incident Reporting and Management

12. Any injury to an individual when the cause is unknown and the injury could be indicative of abuse, neglect or exploitation;
13. Any injury to an individual when the cause of the injury is unknown and the injury requires medical evaluation or treatment;
14. A significant injury to an individual;
15. A fall resulting in injury, regardless of the severity of the injury;
16. A medication error or medical treatment error;
17. Use of any aversive technique;
18. Use of any PRN medication related to an individual's behavior;
19. Use of any physical or mechanical restraint.

Agenda

II. Incident Report Data and Trends

Incident Report Data and Trends

Reportable IR Count vs. BDDS Consumer Count
All BDDS Services
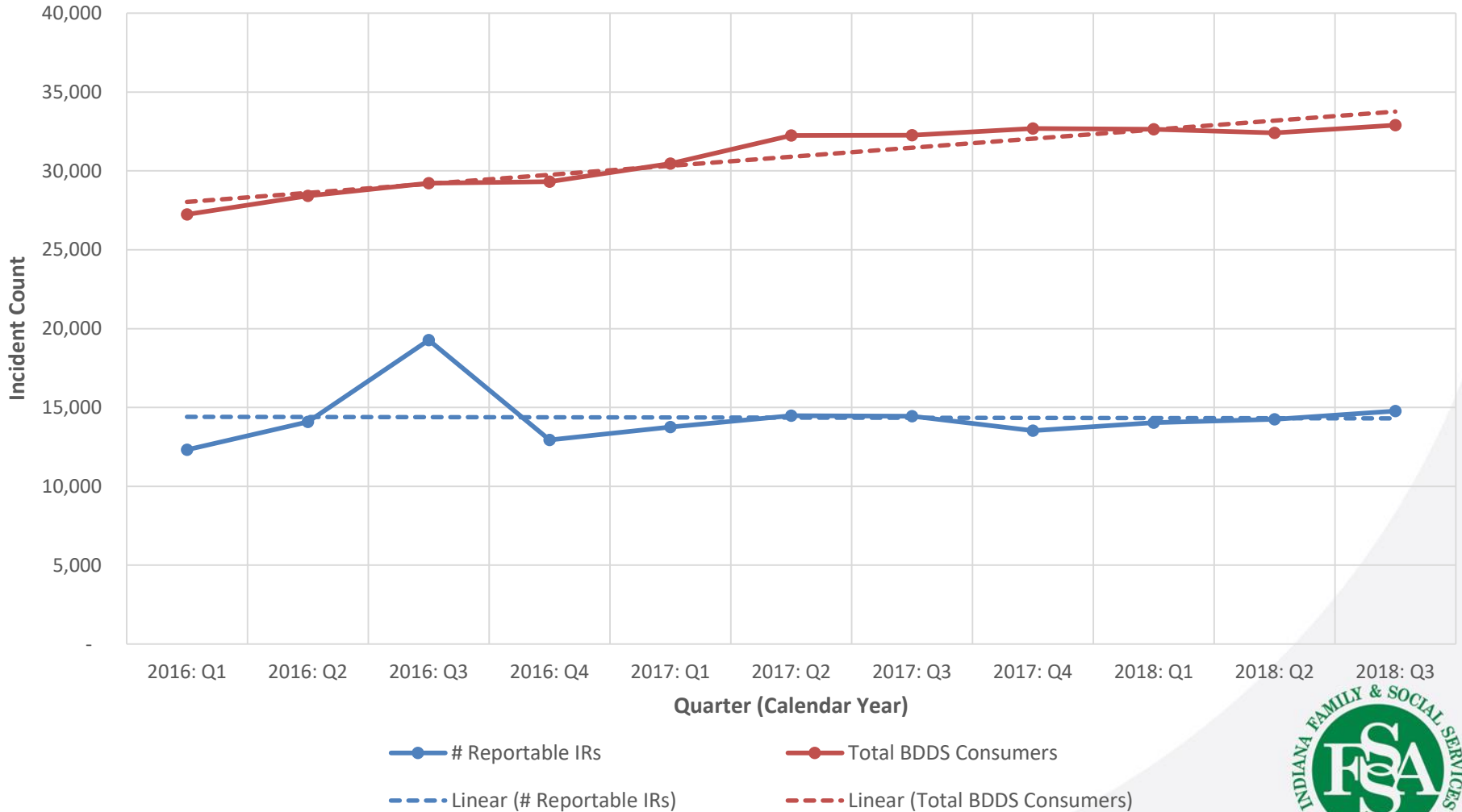
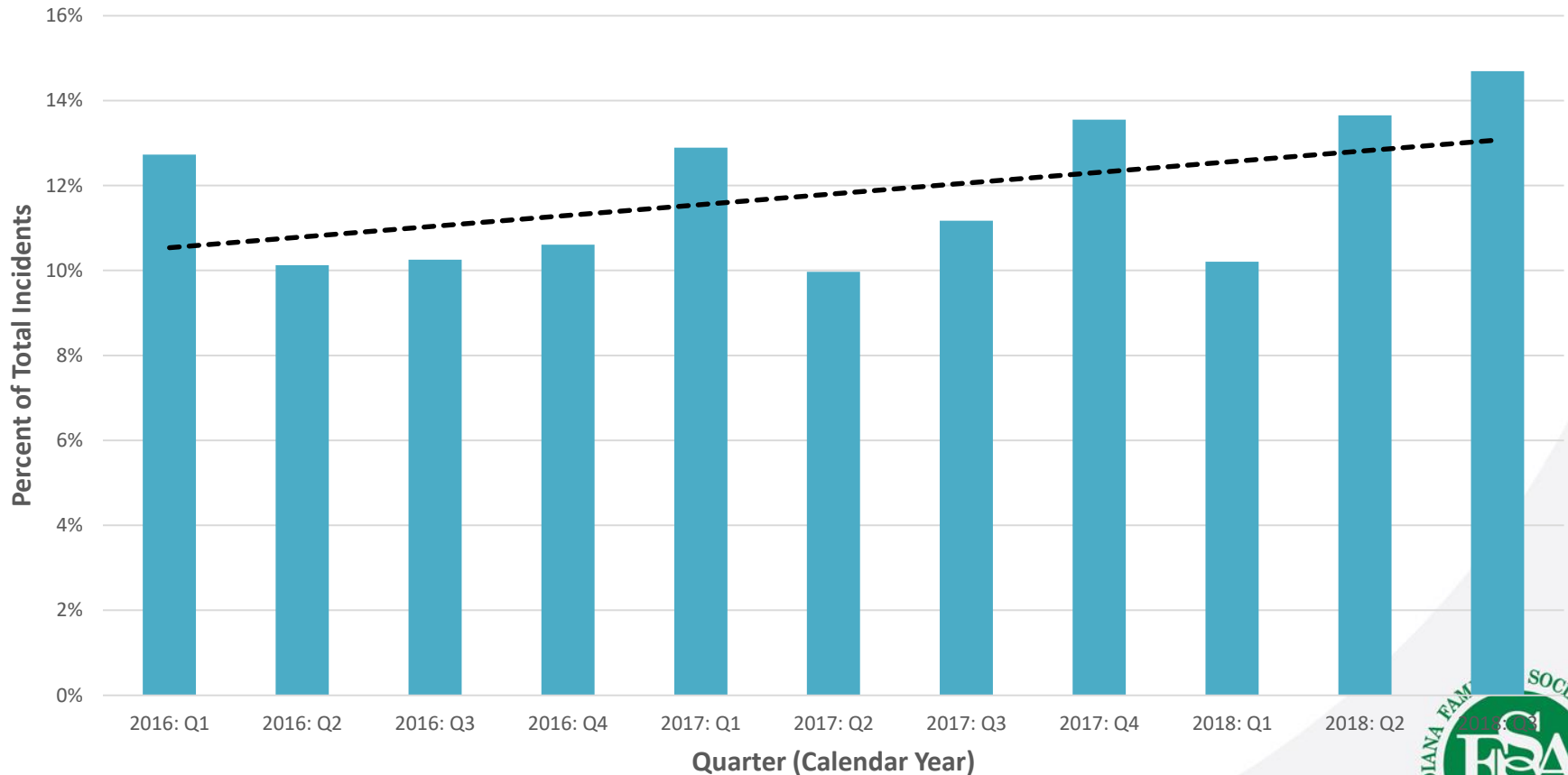Note: The data in this presentation is for informational purposes. Root causes have not been determined.

Incident Report Data and Trends

Alleged Abuse, Neglect , and Exploitation
All BDDS Services
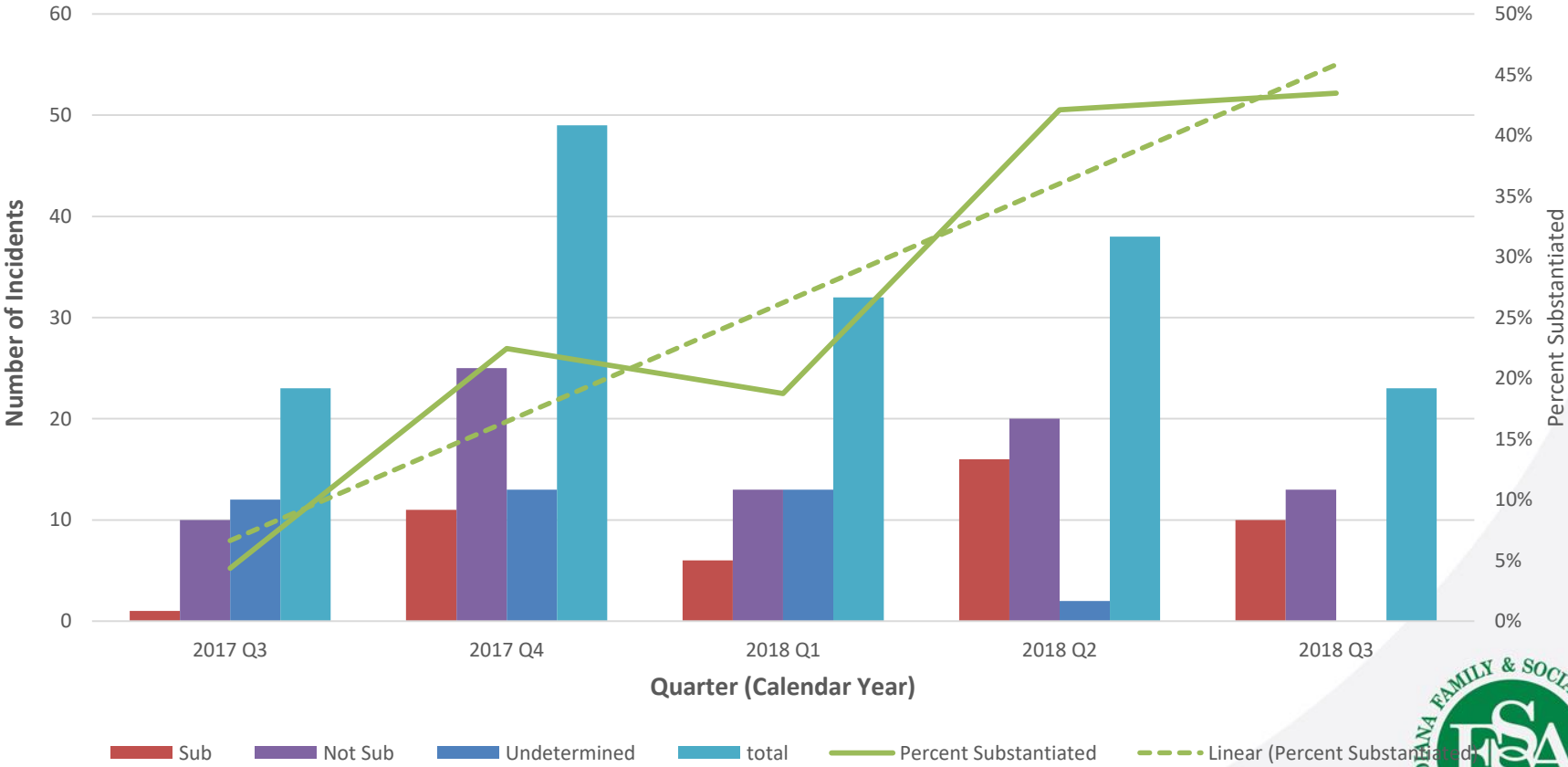**Percent of Reportable Incidents**
1/1/2016-9/30/2018

Note: The data in this presentation is for informational purposes. Root causes have not been determined.

Incident Report Data and Trends

Alleged Abuse
All BDDS Services
1/1/2016-9/30/2018

- ■ Alleged Abuse, Emotional/Verbal
- ■ Alleged Abuse, Physical
- ■ *Alleged Abuse, Physical, restraints without HRC approval (data tracking began 7/1/2017)
- ■ Alleged Abuse, Sexual
- ■ Alleged domestic abuse
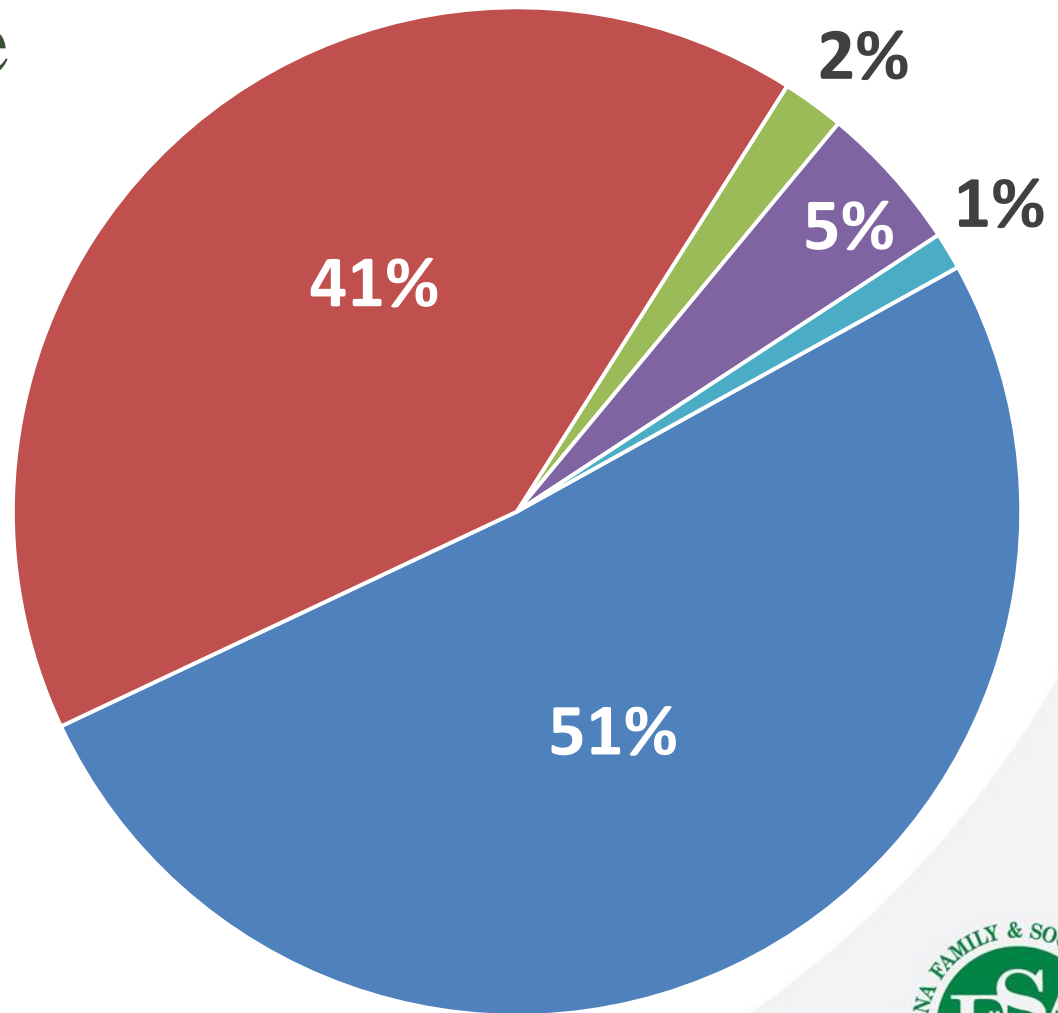
Note: The data in this presentation is for informational purposes. Root causes have not been determined.
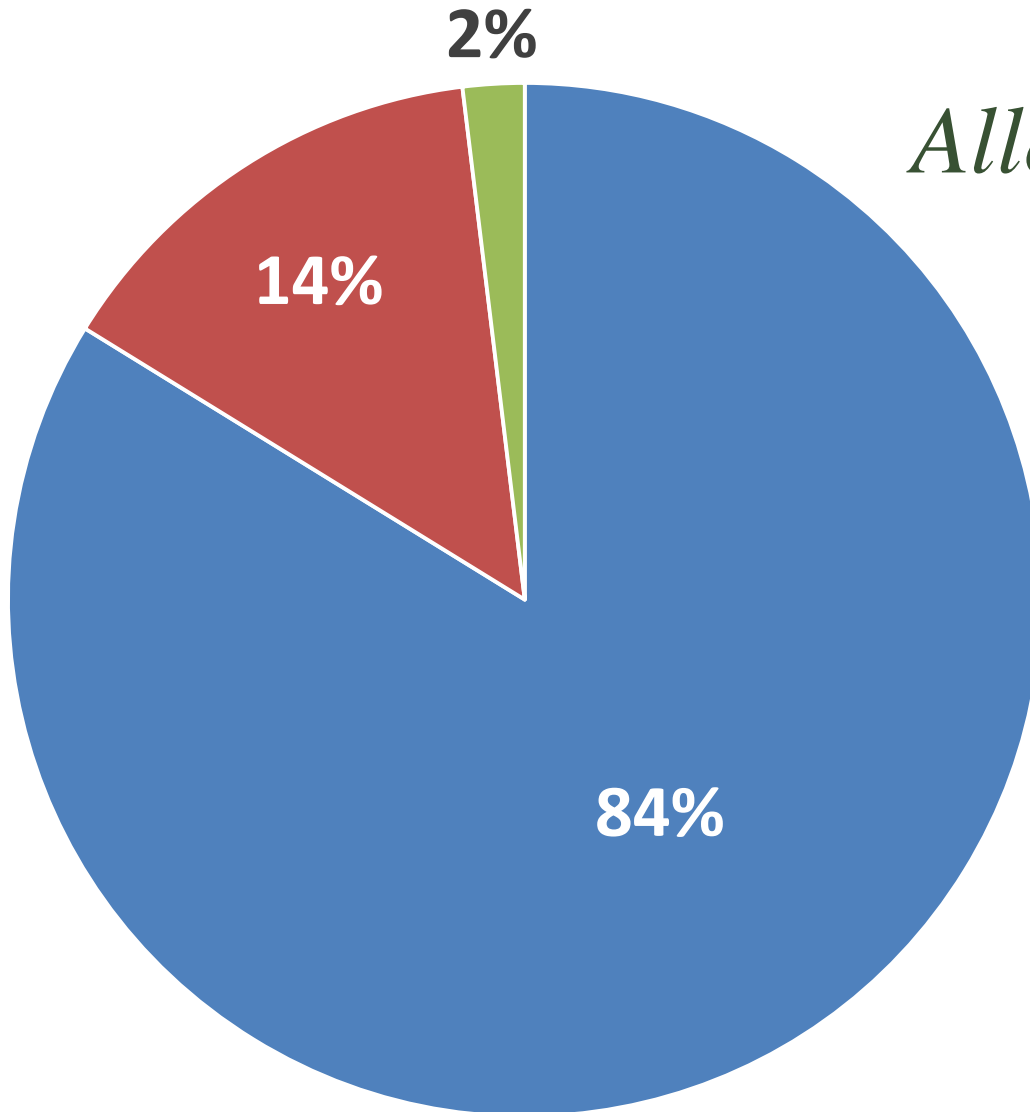
Incident Report Data and Trends

Alleged Abuse, Physical
without HRC approval
All BDDS Services
7/1/2017-9/30/2018

Note: The data in this presentation is for informational purposes. Root causes have not been determined.

Incident Report Data and Trends

Alleged Exploitation
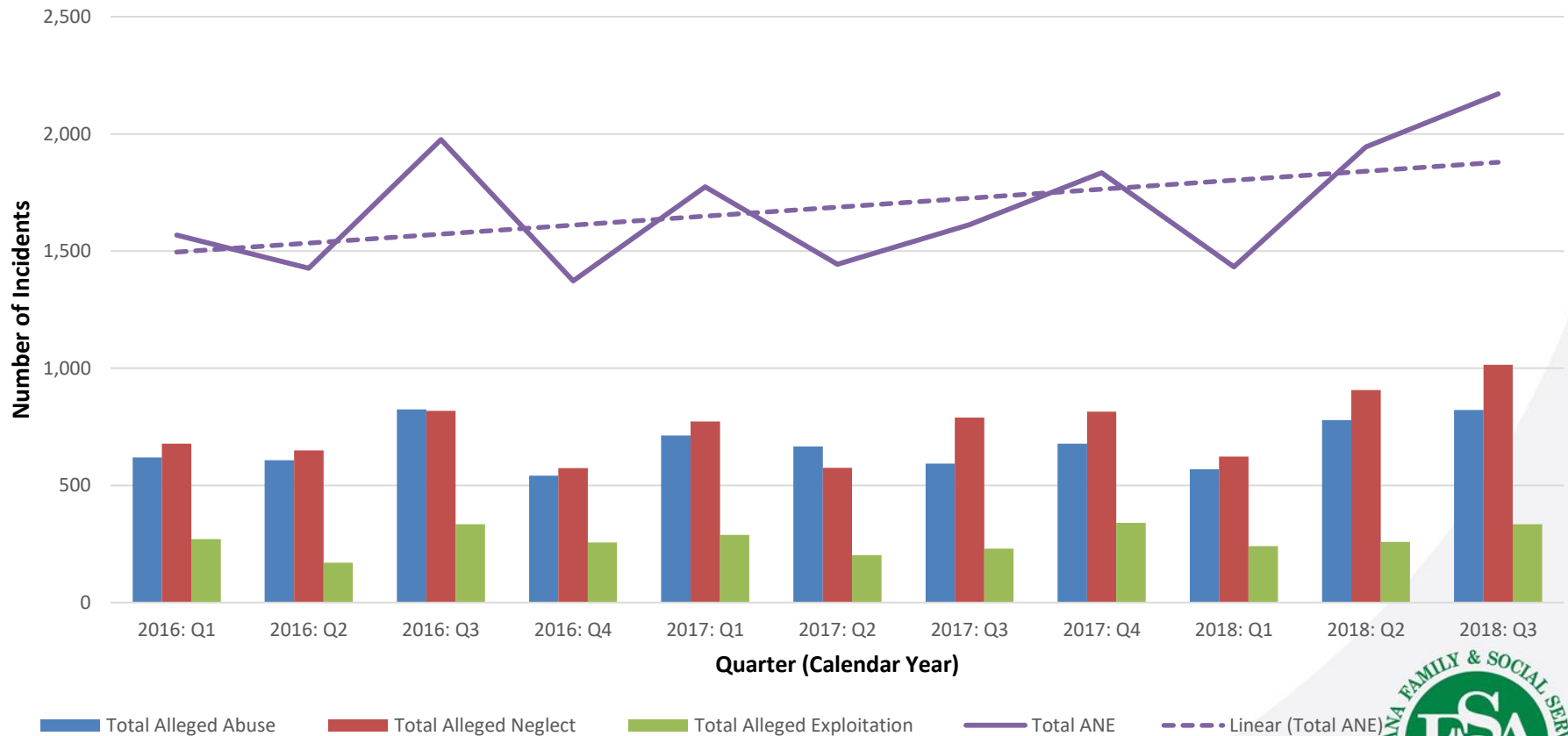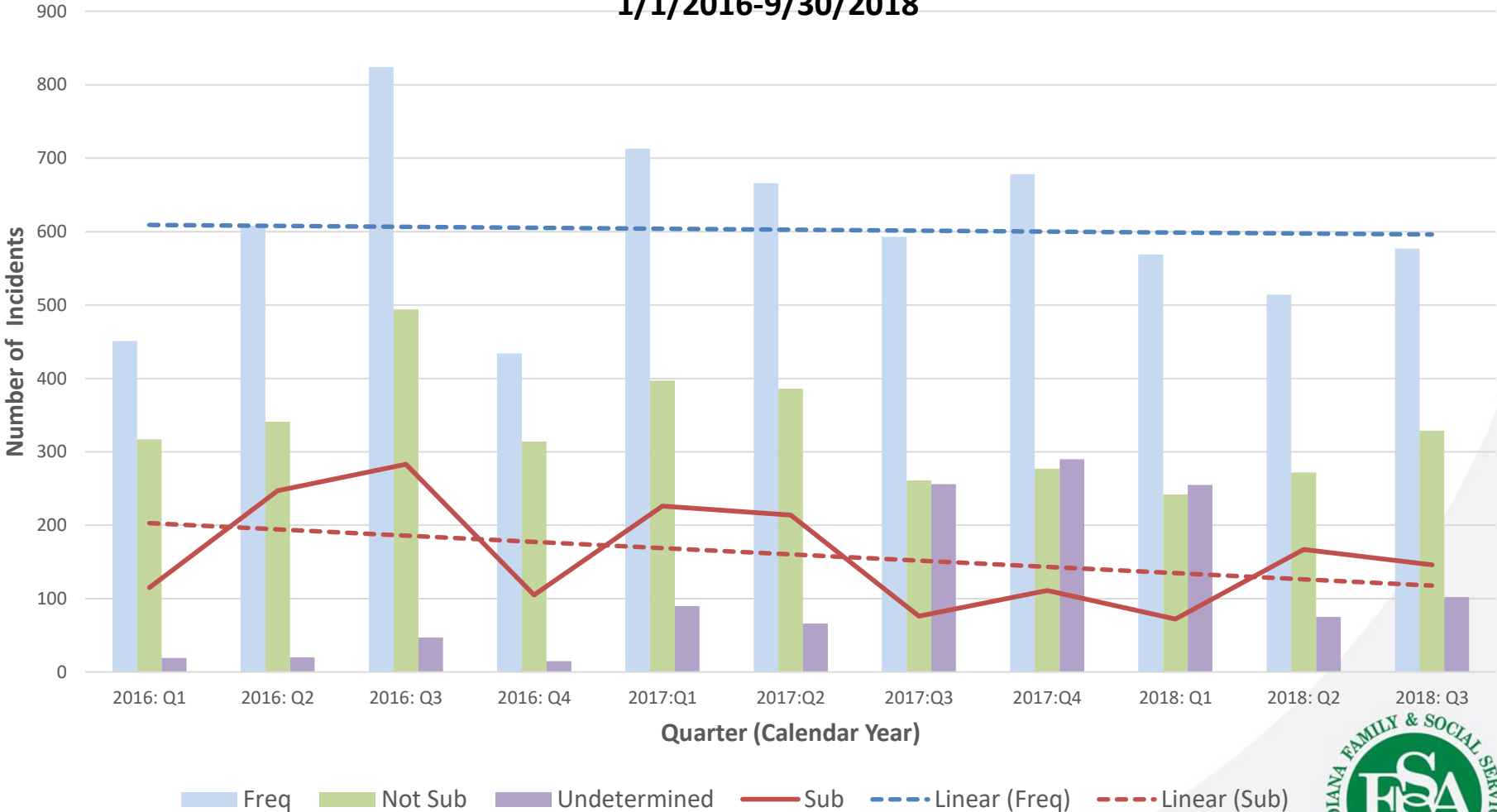### All BDDS Services
1/1/2016-9/30/2018

- Alleged Exploitation, Financial
- Alleged Exploitation, Other
- Alleged Exploitation, Sexual

Note: The data in this presentation is for informational purposes. Root causes have not been determined.

Incident Report Data and Trends

All *Alleged* Abuse, Neglect, and Exploitation
All BDDS Services
1/1/2016-9/30/2018

Legend: Total Alleged Abuse | Total Alleged Neglect | Total Alleged Exploitation | Total ANE | Linear (Total ANE)

Number of Incidents — Quarter (Calendar Year)

Note: The data in this presentation is for informational purposes. Root causes have not been determined.

Incident Report Data and Trends
Alleged Abuse by Staff
All BDDS Services
1/1/2016-9/30/2018

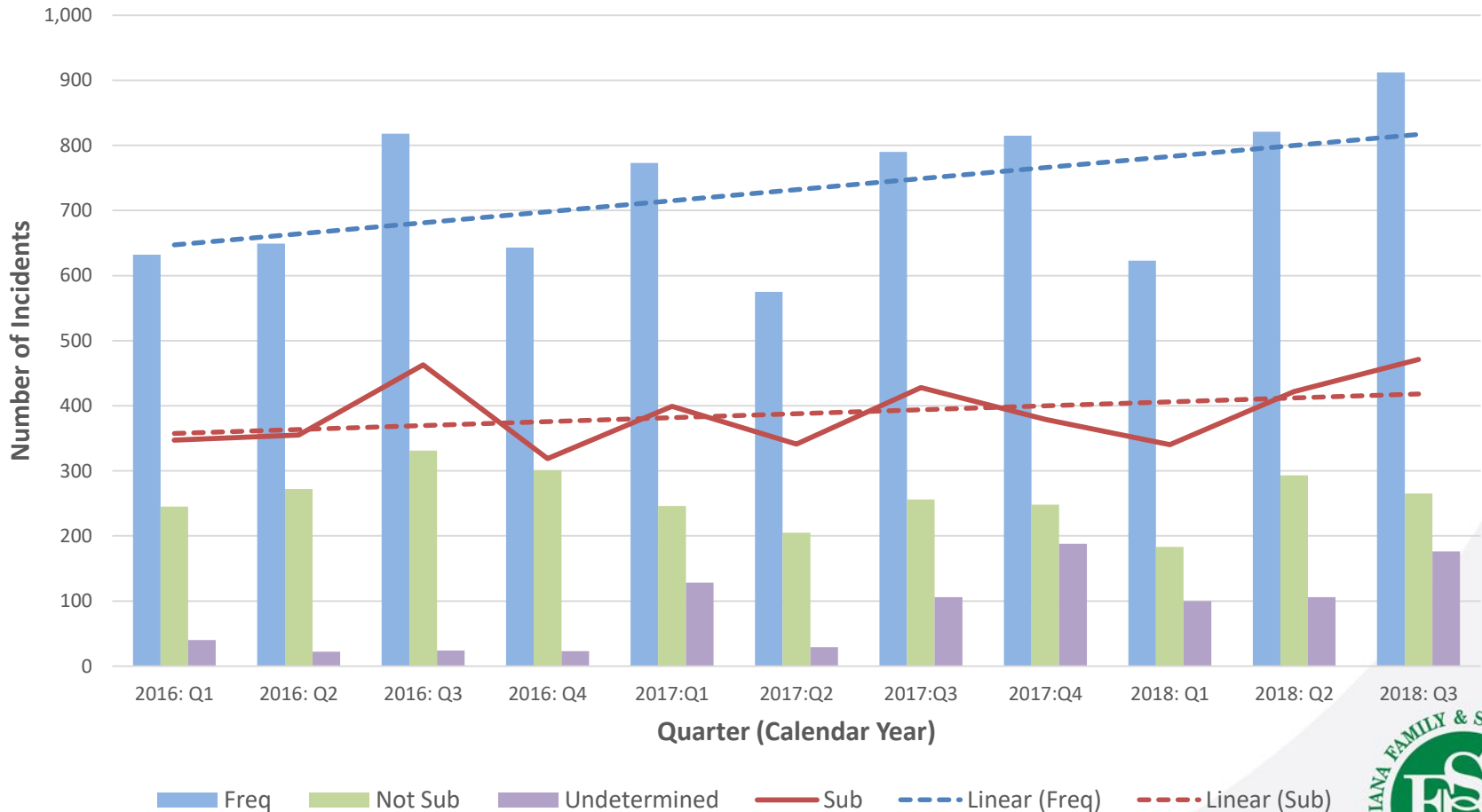Note: The data in this presentation is for informational purposes. Root causes have not been determined.

Incident Report Data and Trends

Alleged Exploitation by Staff

All BDDS Services
1/1/2016-9/30/2018

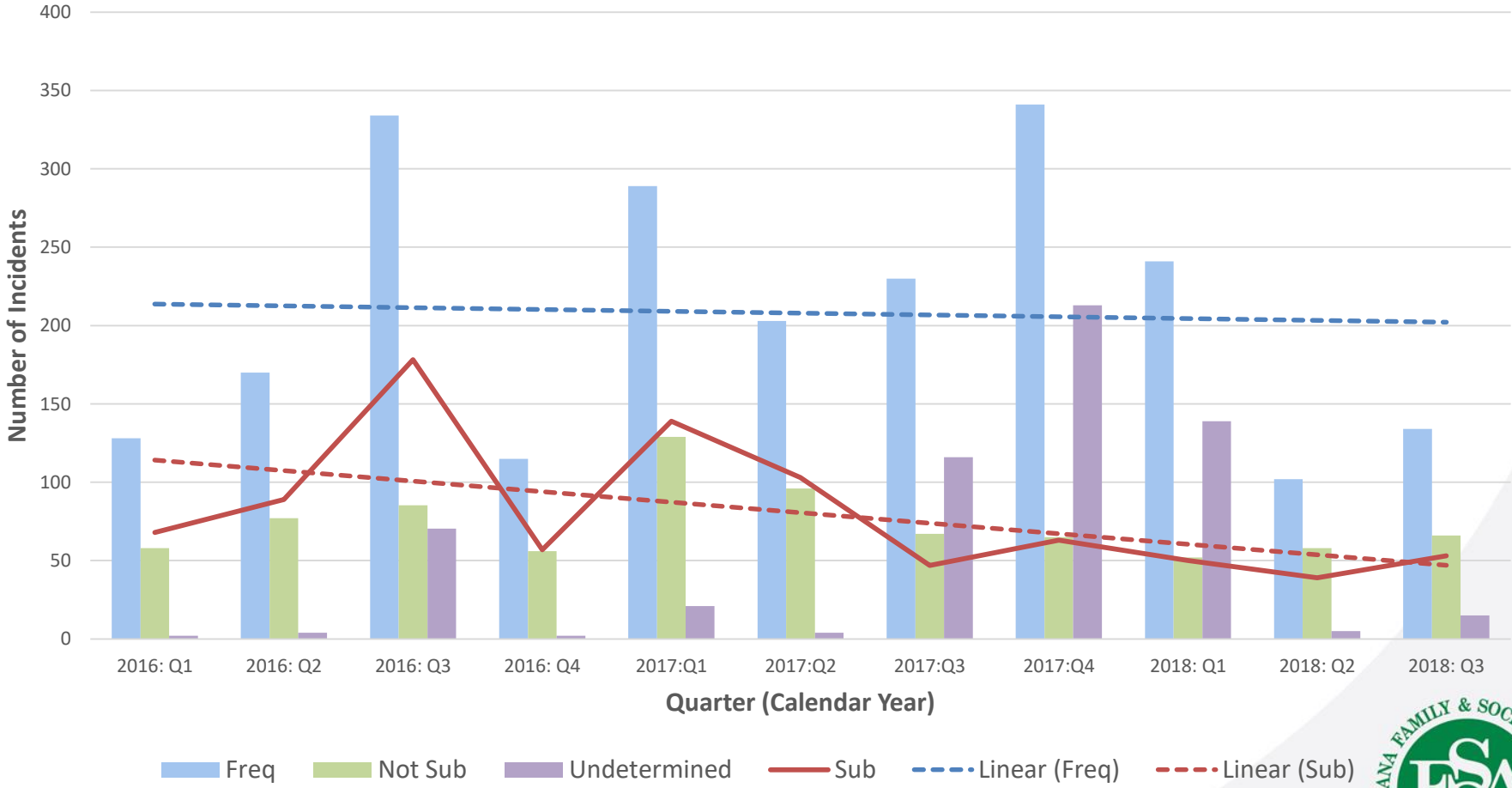Note: The data in this presentation is for informational purposes. Root causes have not been determined.

Incident Report Data and Trends
Alleged Neglect by Staff
All BDDS Services
1/1/2016-9/30/2018

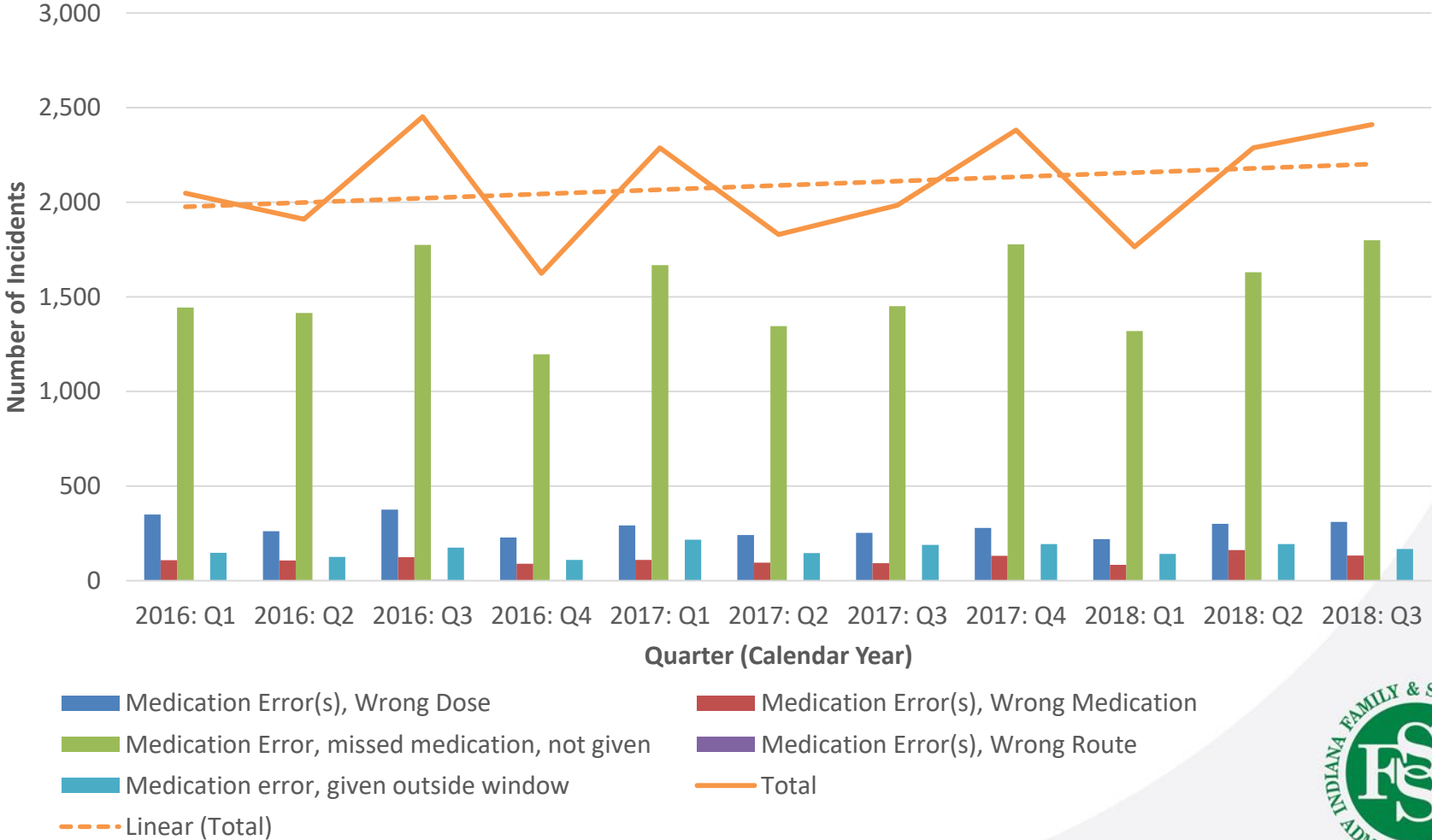Note: The data in this presentation is for informational purposes. Root causes have not been determined.

Incident Report Data and Trends
Medication Errors
All BDDS Services
1/1/2016-9/30/2018

Note: The data in this presentation is for informational purposes. Root causes have not been determined.

Incident Report Data and Trends

Aggression
All BDDS Services
1/1/2016-9/30/2018

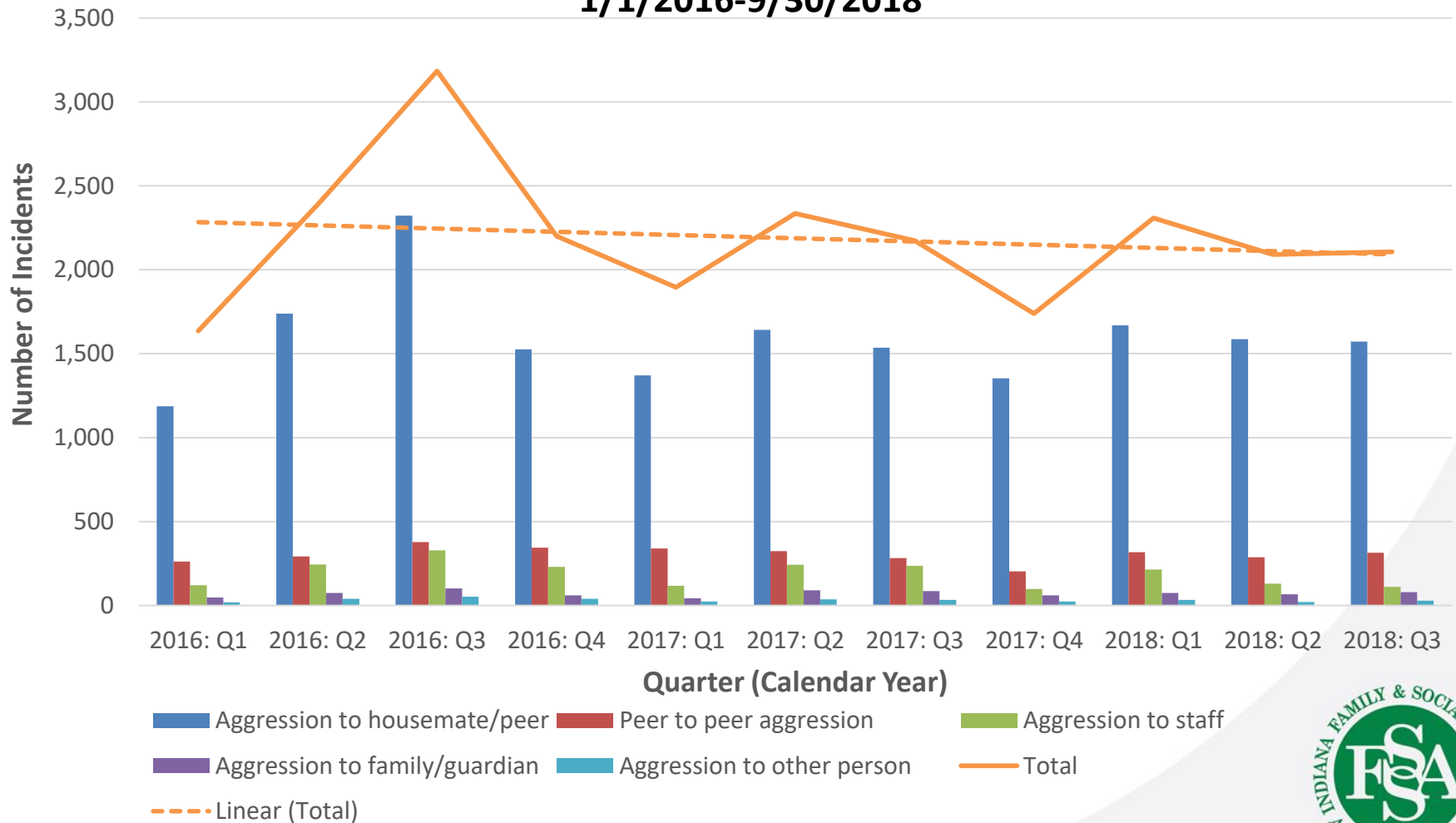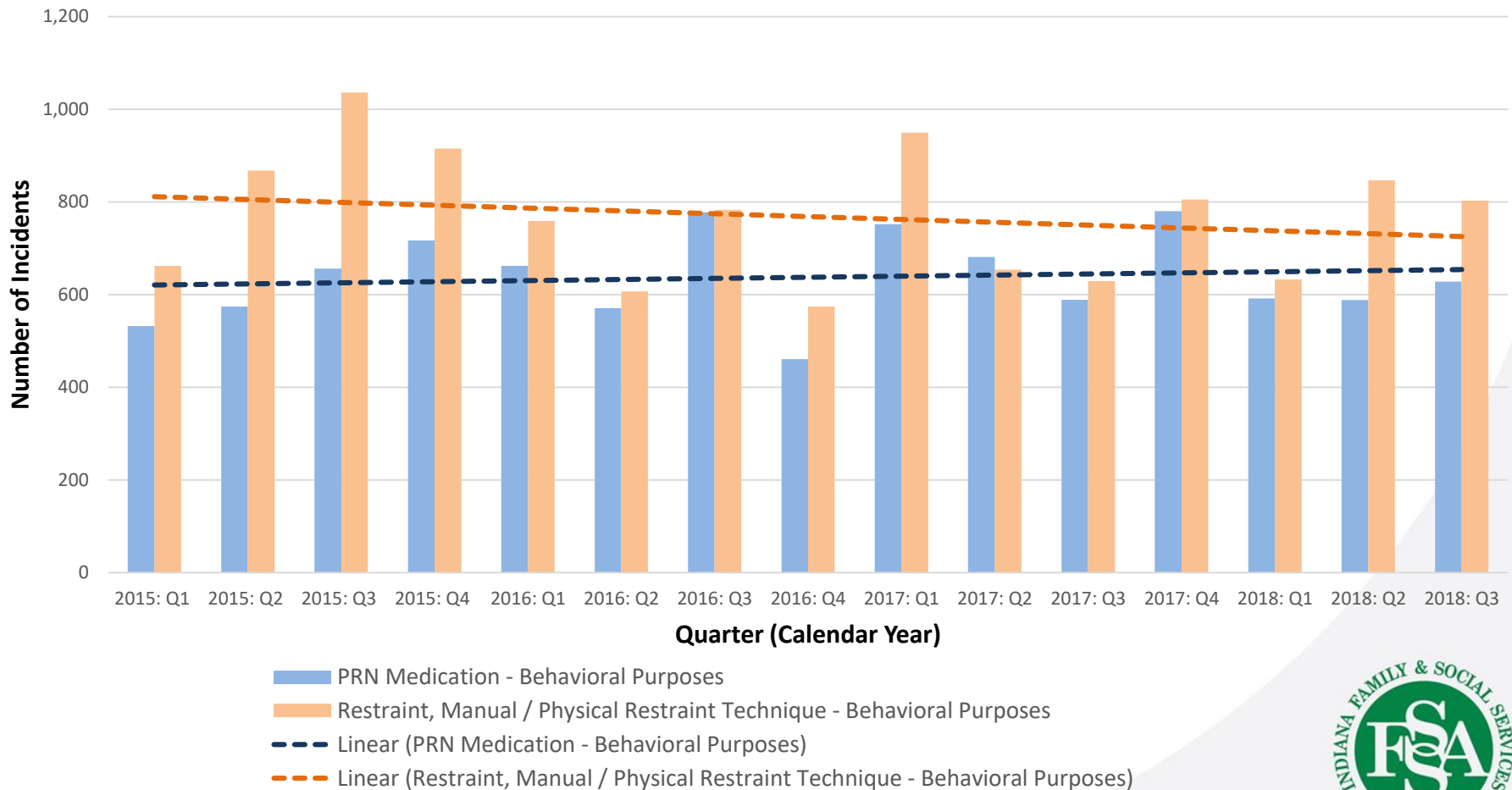Note: The data in this presentation is for informational purposes. Root causes have not been determined.

Incident Report Data and Trends

Physical/Chemical Restraints
All BDDS Services
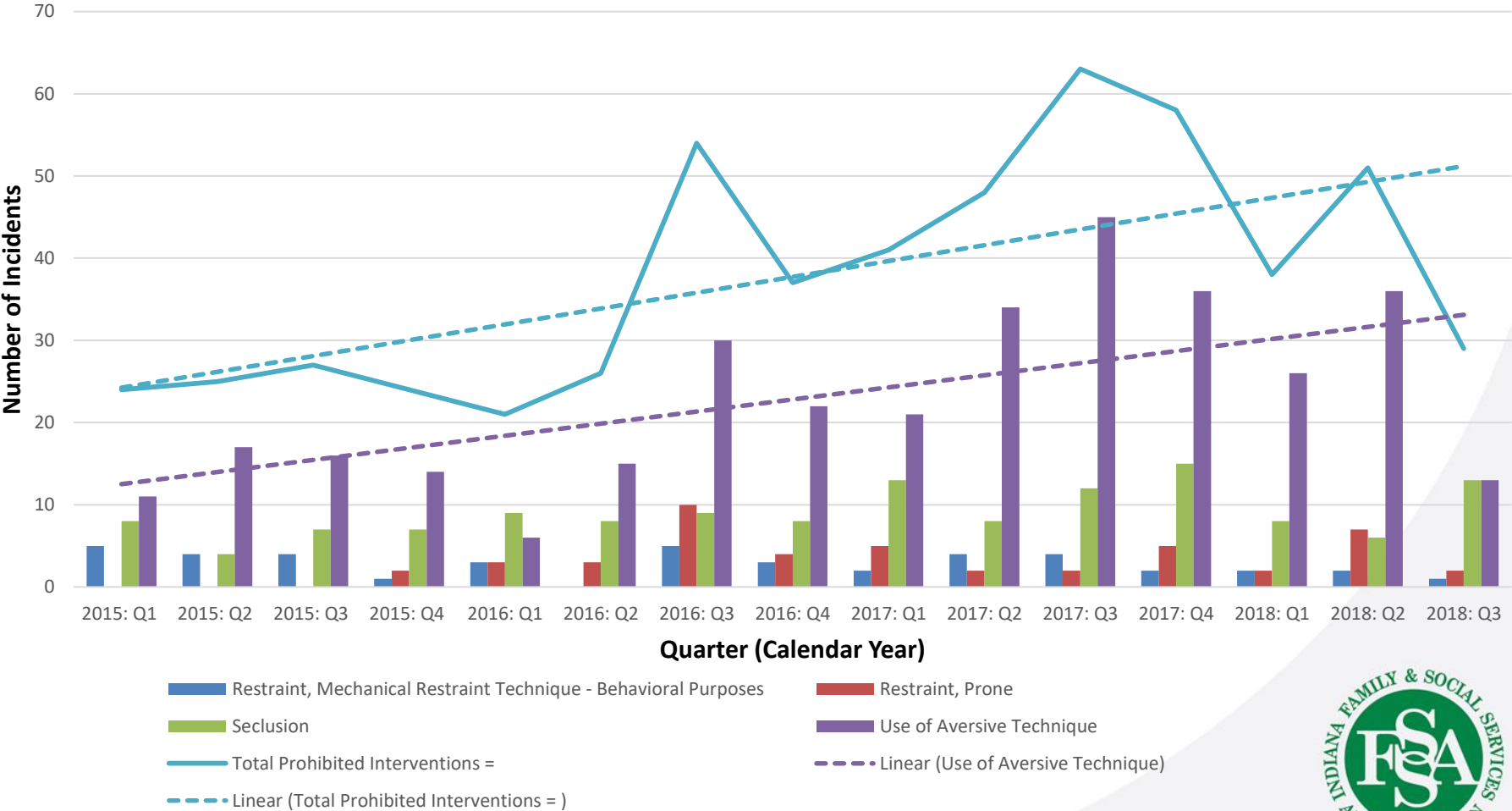### 1/1/2015-9/30/2018

Note: The data in this presentation is for informational purposes. Root causes have not been

Incident Report Data and Trends
Prohibited Interventions
All BDDS Services
1/1/2015-9/30/2018

Note: The data in this presentation is for informational purposes. Root causes have not been determined.

Incident Report Data and Trends

Medical Condition, Change in / Decline
All BDDS Services
1/1/2015-9/30/2018

Incident Report Data and Trends
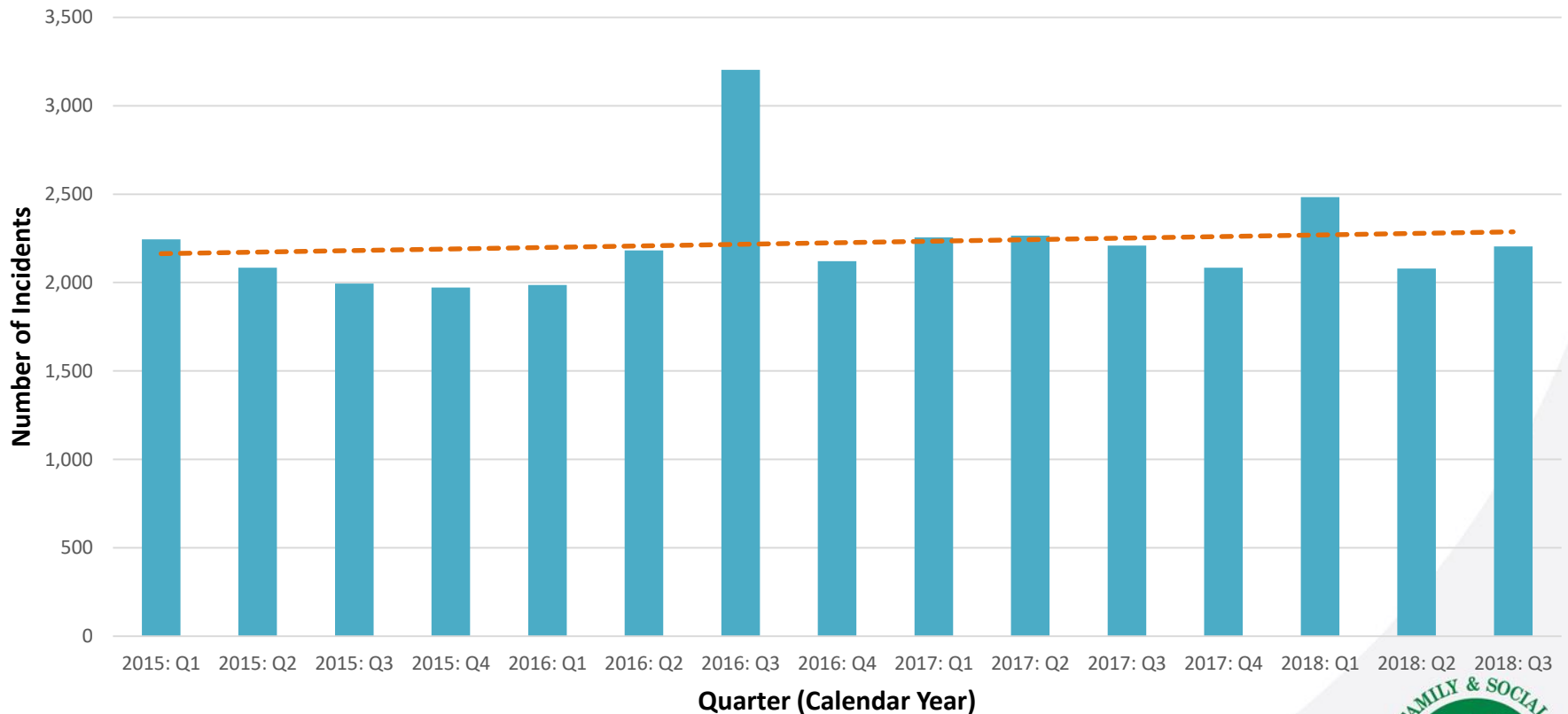
Falls
All BDDS Services
1/1/2015-9/30/2018

Note: The data in this presentation is for informational purposes. Root causes have not been determined.

Incident Report Data and Trends

Injury of Unknown Origin
All BDDS Services
1/1/2015-9/30/2018
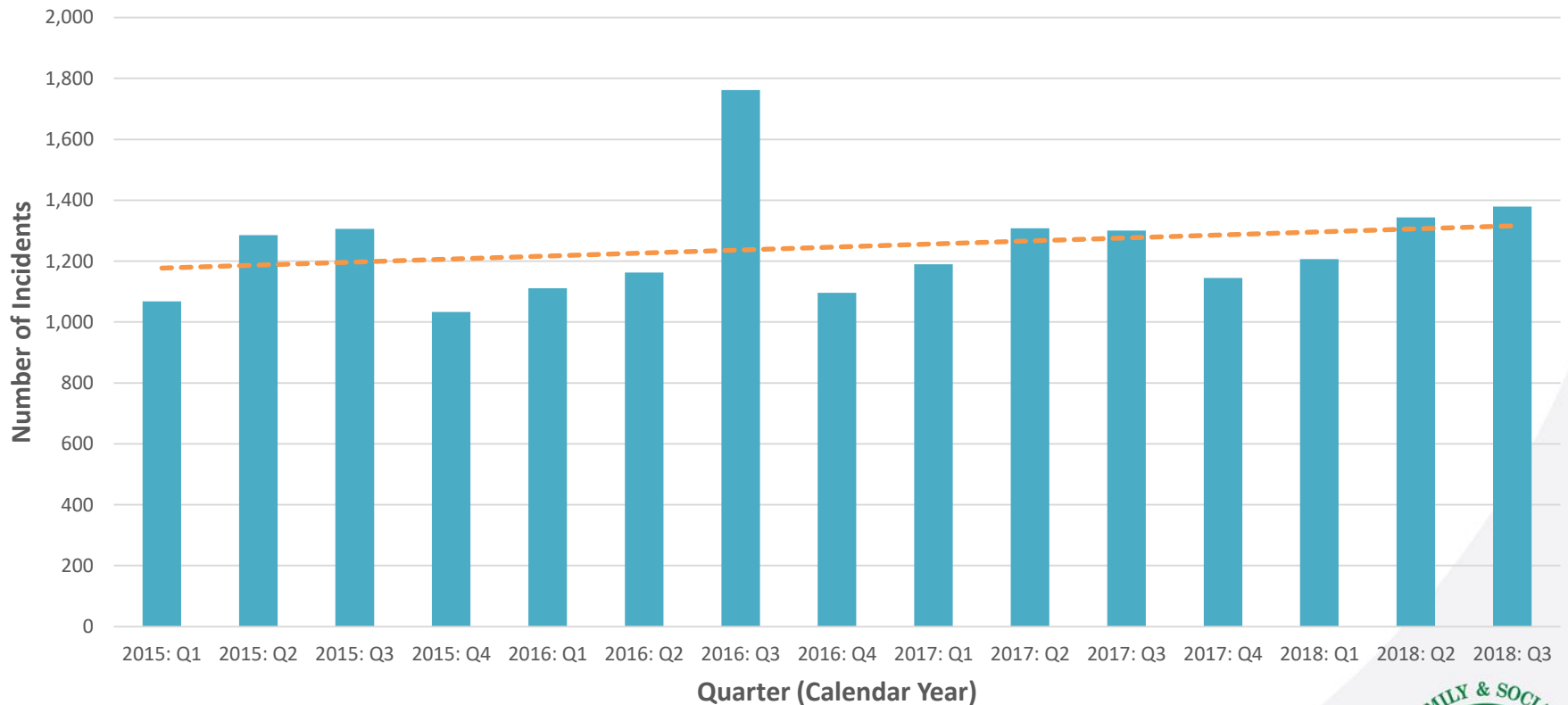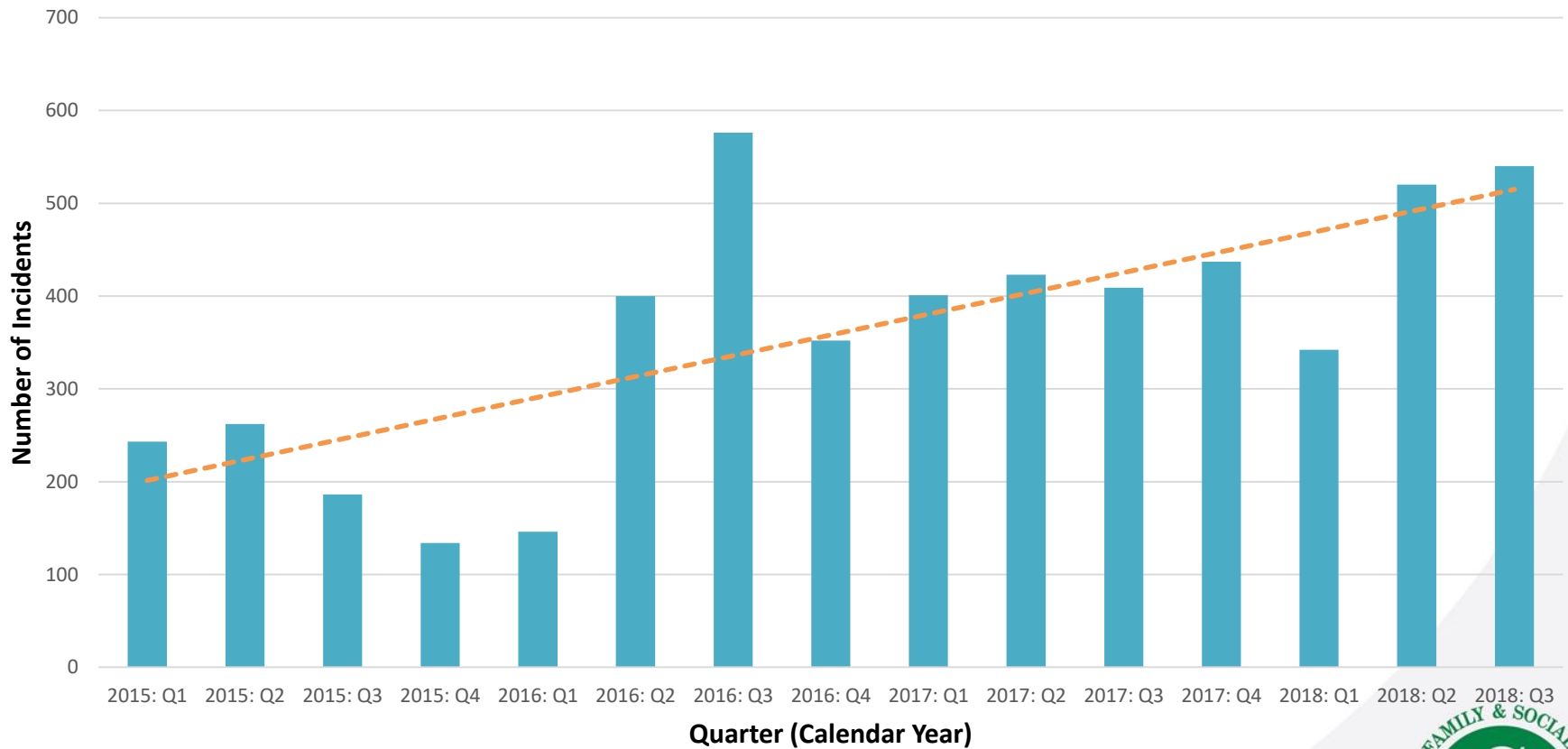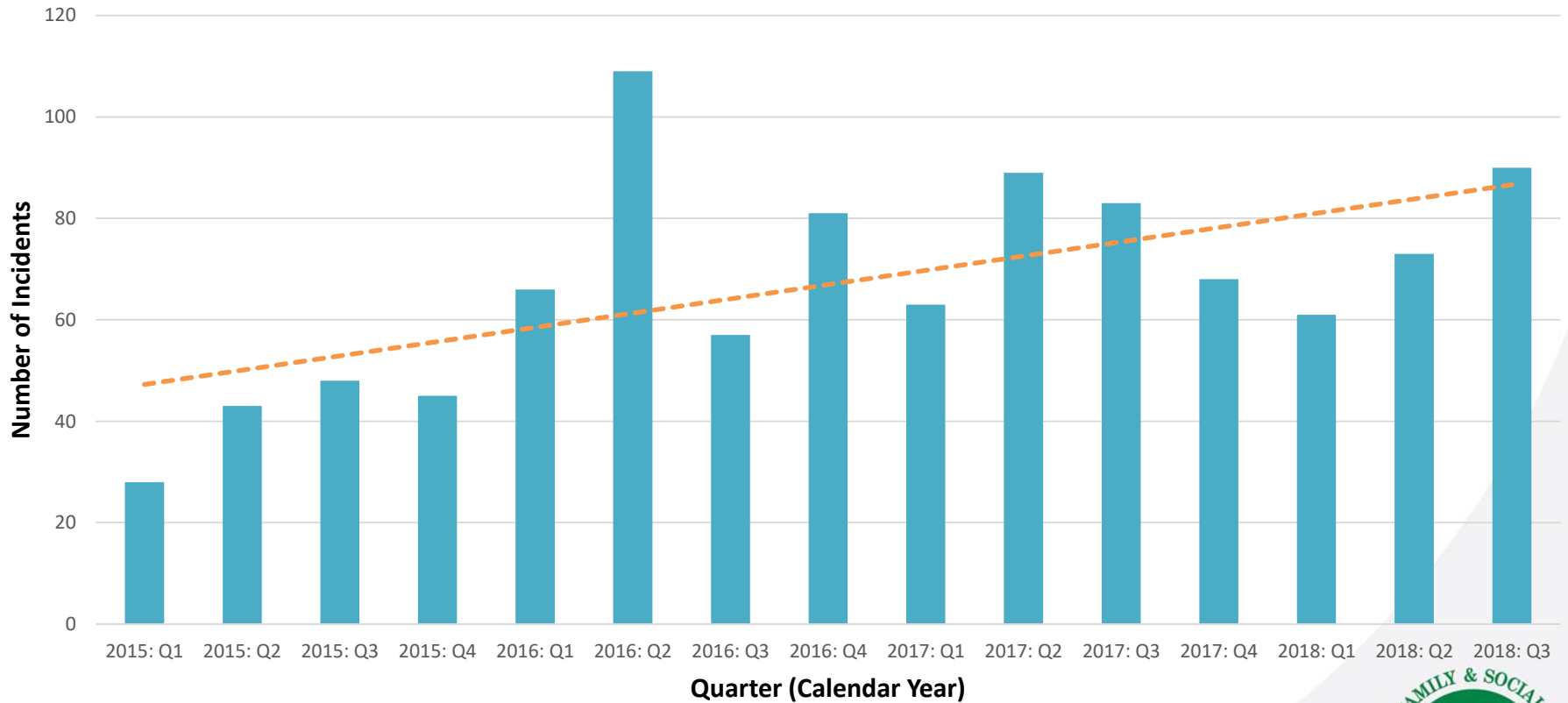
Note: The data in this presentation is for informational purposes. Root causes have not been determined.

Incident Report Data and Trends

Arrests
All BDDS Services
1/1/2015-9/30/2015

Number of Incidents vs Quarter (Calendar Year)

Quarter	Number of Incidents
2015: Q1	28
2015: Q2	43
2015: Q3	48
2015: Q4	45
2016: Q1	66
2016: Q2	109
2016: Q3	57
2016: Q4	81
2017: Q1	63
2017: Q2	89
2017: Q3	83
2017: Q4	68
2018: Q1	61
2018: Q2	73
2018: Q3	90

Note: The data in this presentation is for informational purposes. Root causes have not been determined.

Agenda

III. Areas of Concern

The number of individuals in BDDS services continues to increase; however, incidents being reported have remained stable.

- How do we ensure all incidents are being reported?

2012 National Survey on Abuse of People with Disabilities:

- 70% of people with disabilities said they had been a victim of abuse and/or bullying. While emotional and verbal abuse was most prevalent, a majority of victims said they had also experienced physical abuse.
- 90% of people with disabilities who were victims of abuse said they had experienced such abuse on multiple occasions.

Only 13% of reported incidents in Indiana is for *alleged* abuse, neglect, and exploitation.

- How do we ensure individuals are comfortable reporting allegations?

When staff are alleged to have abused, neglected or exploited an individual, the data shows the substantiation rate has declined.

How do we ensure investigations are thorough?

Alleged Physical Abuse – use of a restraint without Human Rights Committee approval

Substantiated incidents are increasing.

How do we ensure staff are properly trained?

The use of Prohibited Interventions is increasing. Most often it is the use of an aversive technique.

How do we ensure staff know and understand what actions are prohibited?

Injuries of Unknown Origin, Falls and Medication Errors are increasing.

These types of incidents can lead to changes in medical condition as well.

Arrests of consumers has steadily increased.

- Are Behavior Support Plans appropriate?
- How do we ensure staff are properly trained?

Agenda

IV. Resources

How do we ensure staff receive all the required training?

- BQIS created a reference document titled, 'Provider Staff Training Requirements for CIH and FS waivers' to assist in ensuring all required training is completed. This document is posted on the BQIS webpage.

BQIS Fact Sheets, Checklists, and Reminders

The BQIS website has a Resource section with links to resource materials for providers.
https://www.in.gov/fssa/ddrs/2635.htm

Agenda

V. Questions/Discussion

Agenda

VI. Contact Information

Contact Information

Bureau of Quality Improvement Services

Jessica Harlan-York
Director, Bureau of Quality Improvement Services
317.234.1147
Jessica.Harlan-York@fssa.in.gov

Shelly Thomas
Assistant Director, Bureau of Quality Improvement Services
317.234.2764
Shelly.Thomas@fssa.in.gov

Micca Stewart
Quality Assurance Manager, Bureau of Quality Improvement Services
317.232.2662
Micca.Stewart@fssa.in.gov