Massachusetts DDS
Q A B
Quality Assurance Brief

Information about the
Quality of DDS Services
FY 2008 & FY 2009
Vol. I No. 2
Issued March 2011

A NEW FORMAT for the DDS Annual QA Report!

Welcome to the second DDS **Quality Assurance Brief**:

Protection and Safety

In an effort to enhance the usefulness and readability of the DDS Quality Assurance Report this new format for sharing information was developed in 2009. This new format makes it easier for readers to target the information of most interest to them. The new report will be broken into **topic-based briefs** that will be issued periodically. Seven (7) Briefs are planned for development, each focusing on a specific area of quality:

Topic 1: Health
Topic 2: Protection and Safety
Topic 3: Rights
Topic 4: Community Membership and Relationships
Topic 5: Choice and Achievement of Goals
Topic 6: Work
Topic 7: Qualified Providers

The focus of this second Brief is **PROTECTION AND SAFETY.**

A FEW REMINDERS ON HOW TO LOOK AT THE DATA:

The data that form the basis for the QA Briefs is drawn from a wide variety of quality assurance processes in which DDS is routinely engaged. These quality assurance processes allow for continuous review, intervention and follow-up on issues of concern in a timely manner. The information from these processes is integrated to provide a more complete or "holistic" picture of the quality of supports within the DDS system and to help identify areas that may become the focus for quality improvement initiatives and activities. In years past with the guidance of stakeholders, DDS established a set of **OUTCOMES** that represent system expectations and that form the basis for evaluating service quality.

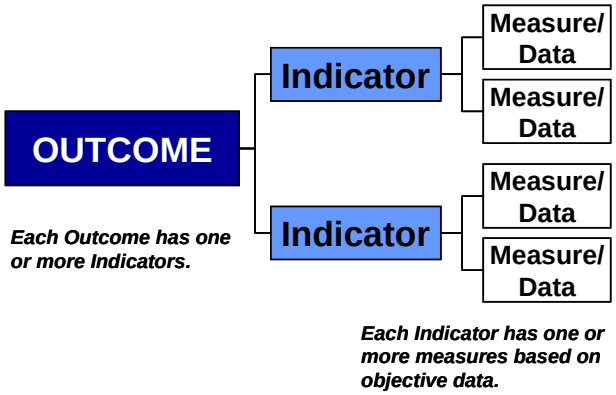
The DDS Quality Outcomes:

- **Health:** People are supported to have the best possible health.
- **Protection from Harm:** People are protected from harm.
- **Safe Environments:** People live and work in safe environments.
- **Practice Rights:** People understand and practice their human and civil rights.
- **Rights Protected:** People's rights are protected.
- **Choice and Decision Making:** People are supported to make their own decisions.
- **Community Integration:** People use integrated community resources and participate in everyday community activities, and, people are connected to and are valued members of their community.
- **Relationships/Family Connections:** People gain/maintain friendships and relationships.
- **Achievement of Goals:** People are supported to develop and achieve goals.
- **Work:** People are supported to obtain work.
- **Qualified Providers:** People receive services from qualified providers.

A Few Reminders *(continued)*

Outcomes, Indicators, and Measures

To help evaluate each of the **OUTCOMES**, DDS has established a series of related **INDICATORS** as a way to know if the outcome is being achieved. Each indicator has a set of **MEASURES**, or specific **DATA** that are used to evaluate progress and trends over time. The relationship between outcomes, indicators and measures is illustrated below:



Much of the data that are included in the Briefs has been tracked over the past four to five years and therefore allows a direct comparison of the current report year with prior years. To help understand these trends, summary data tables for each major indicator include **COLORED ARROWS**. Arrows pointing up indicate an increase. Arrows pointing down indicate a decrease, and arrows pointing left or right indicate a stable trend (no meaningful change). Green arrows and "+" signs indicated a positive trend (i.e. desired or "good"). Red arrows or"-"signs indicate a negative trend (i.e., not desired or "bad").

For purposes of standardization, positive and negative trends are only identified when the year to year change is statistically significant, or is at least 10%.

Special Note: Readers are cautioned to use the information contained in this report as only one method for conducting a thorough assessment of quality and progress toward systems improvement. More in-depth analyses should always be conducted and probative questions explored before drawing any definitive conclusions with respect to patterns and trends.

PROTECTION & SAFETY
OUTCOME I: People are protected from harm.
OUTCOME II: People live & work in safe environments.

Protecting individuals from harm and ensuring that individuals live and work in safe environments are two of the most basic outcomes for evaluating the quality of services and supports provided by DDS. Achieving these outcomes is dependent upon a number of factors including the following:

Outcome 1:

- ☐ **INDIVIDUALS ARE PROTECTED** when there are allegations of abuse, neglect or mistreatment.
- ☐ **CORI CHECKS** are completed for staff and volunteers working directly with individuals.
- ☐ **SAFEGUARDS** are in place for individuals who are at risk.
- ☐ Adverse **CRITICAL INCIDENTS** are reported and appropriate action taken.

Outcome II:

- ☐ **HOMES AND WORK PLACES** are safe, secure, and in good repair.
- ☐ People can **SAFELY EVACUATE** in an emergency.
- ☐ People and their supporters know what to **DO IN AN EMERGENCY**.

Some KEY Findings

- The top ten causes for substantiation of abuse/neglect investigations have remained relatively stable over time with little to no increases.
- The vast majority of providers (over 87%) do NOT have ANY CORI violations
- Over 90% of people reviewed by DDS surveyors live or work in safe and secure environments
- Almost all individuals reviewed by DDS surveyors (95%) can safely evacuate their homes and workplaces with or without assistance

OUTCOME 1: People are protected from harm

Indicators:

1. Individuals are protected when there are allegations of abuse, neglect or mistreatment.
2. CORI checks are completed for staff and volunteers working directly with individuals.
3. Safeguards are in place for individuals who are at risk.
4. Critical Incidents are reported and minimized where possible.

Table 1
Summary of Trends for Protection from Harm Indicators and Measures FY2009

OUTCOME	Indicator	Measure	Change FY2008-FY2009
PROTECTION *People are protected from harm*	1. Investigated Allegations of Abuse, Neglect, Mistreatment	No. & Percent Substantiated	↓ +
		Trends: Most Common Types	↓ +
	2. CORI Checks	Percent without Violations	⇔
		Violations per Provider	⇔
		Percent of Violations due to a Lack of Records	↓ +
	3. Safeguards for Persons at Risk	Corrective Action	⇔
		Preventive Action	⇔
		No. & Percent Action Req. & Immediate Jeopardy Reports	↓ +
		Action Required & Immediate Jeopardy Reports: Evacuation	⇔
		Action Required & Immediate Jeopardy Reports: Environmental Issues	↓ +
	4. Critical Incident Occurrences	CIR Rates by type	⇔

INDICATOR 1: Individuals are Protected When There are Allegations of Abuse, Neglect, or Mistreatment.

WHAT is it? These data come from the DDS investigations database that tracks allegations of abuse, neglect or mistreatment that are reported to DDS by provider agencies or other individuals. The database also includes information about the number and type of allegations that are found to be substantiated after they are investigated by DDS, law enforcement, or the Disabled Persons Protection Commission, which is an independent state agency. There are two data measures for this indicator:

- Number and percent of substantiated allegations per fiscal year
- Most common types of substantiated allegations

WHY is it important? While DDS has a zero tolerance approach to abuse/neglect, incidents requiring investigation do occur. Assuring that all reportable events are investigated, and that appropriate action is taken to respond to the immediate complaint and take action to prevent a recurrence is a critical component of DDS' and providers' responsibilities. Knowing the most common types of investigations that were reported to DDS and eventually substantiated help identify issues and concerns that may be putting people at risk of harm or mistreatment. Addressing these concerns and taking both individual and systemic preventive actions to prevent recurrences can and does contribute to the overall safety and well-being of individuals who receive services from DDS.

WHAT does it tell us? A review of investigations data shows that for four years, the total number of allegations of complaints of abuse or neglect has increased slightly each year. The increase between FY2008 and FY2009 (9%) was smaller than the change seen in previous years. About one third of the allegations (reports) of abuse/neglect are substantiated each fiscal year, with this proportion remaining relatively unchanged over time.

OUTCOME I, INDICATOR 1: Individuals are Protected (cont.)

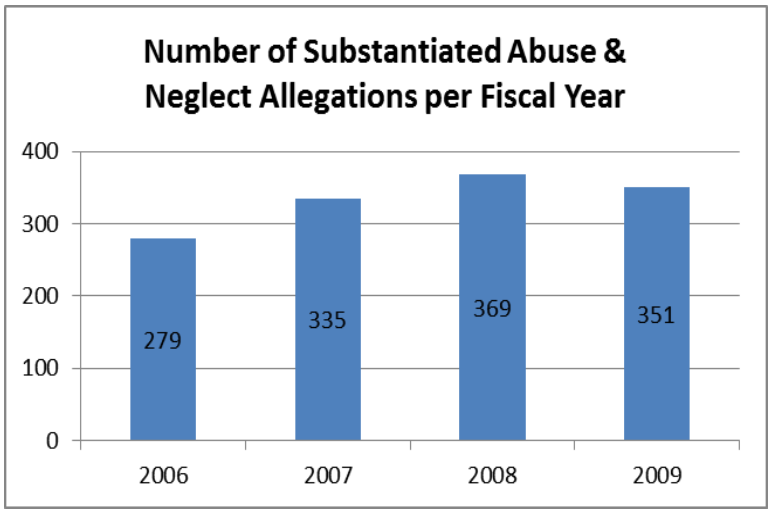
Data Measure I: Number and Percent of Substantiated Investigations

Table 2
No. of Abuse/Neglect Allegations, Percent and Rate Substantiated FY 2006 – 2009

No. Abuse & Neglect Investigations	Fiscal Year				Percent Change 2008-2009	
	2006	2007	2008	2009		
Number Investigations Screened in for Investigation	785	941	1,143	1,293	13%	
Number Substantiated	279	335	369	351	-5%	↓+
Percent Substantiated	36%	36%	32%	27%	-16%	↓+
No. Substantiated Investigations per 1000	12.1	14.4	15.6	14.9	-5%	⇔

What Does This Mean? There was a slight increase (13%) in the total number of allegations screened in for investigation by either DPPC or DDS as compared to 2008. However, a smaller proportion of these allegations were actually substantiated in 2009. There was an overall decrease of about 5% in the number of substantiated cases between 2008 and 2009.

Figure 1



Were there any meaningful differences between 2008 and 2009?

YES. The proportion of investigations that were substantiated in 2009 is significantly smaller than 2008[1].

Note: 4 years of data are presented here. People interested in historical data between the years of 2002 – 2005 can find these in previous annual reports posted on the DDS website.

[1] Chi-square = 4.7, d.f. = 1, p = 0.03

OUTCOME I, INDICATOR 1: Individuals are Protected (cont.)

Data Measure II: Most Common Types of Substantiated Investigations

Table 3
Changes in the Number of Substantiated Complaints for Abuse/Neglect
FY 2006 – 2009

Abuse and Neglect *Number of Findings by Type of Substantiated Abuse and Neglect*	Fiscal Year 2006	2007	2008	2009	Change 2008 to 2009	Percent Change 2008-2009
Omission - Risk	137	171	157	160	3	2%
Physical	51	69	82	83	1	1%
Emotional	29	52	56	47	-9	-16%
Medical Neglect	31	28	28	30	2	7%
Verbal	19	25	51	27	-24	-47%
Other	2	13	25	21	-4	-16%
Medication	15	15	18	18	0	0%
Failure - DDS Policies	7	10	14	16	2	14%
Financial	12	12	13	13	0	0%
Failure to Meet Needs	6	22	17	12	-5	-29%
Inappropriate Contact	3	3	14	11	-3	-21%
Injury Unknown	5	11	8	11	3	38%
Sexual Misconduct	9	8	14	10	-4	-29%
Inappropriate Restraint	7	11	11	10	-1	-9%
Failure to Report	6	8	12	6	-6	-50%
Retaliation	1	0	1	1	0	0%
Omission - Death	0	0	1	0	-1	-100%
TOTAL	340	458	522	476	-46	-9%

What is it? Once investigated, the substantiated findings of abuse and neglect are categorized by the type. One investigation may lead to a finding of more than one type of substantiated abuse or neglect. Therefore, the total number of substantiated complaints shown in Table 3 is greater than the number of complaints substantiated.

What Does This Mean? Substantiated allegations of omission of services resulting in risk to the consumer (Omission-Risk) continue to be the most frequently substantiated type of abuse in all reported years. Physical abuse continues to be the second most frequent type of substantiated allegation. Omission, Physical Abuse, Medical Neglect, Medication, Financial, and Retaliation Abuse remained relatively stable in 2009 as compared to 2008. Verbal Abuse showed a significant decrease in substantiated

allegations between 2009 and 2008.[2] This appears to be due to a relatively higher number of substantiated allegations of verbal abuse in 2008; the 2009 level was more similar to 2007 and previous years. In addition, reductions were seen in the areas of Emotional Abuse and Failure to Report allegations, though the changes were not enough to result in a statistically significant reduction.

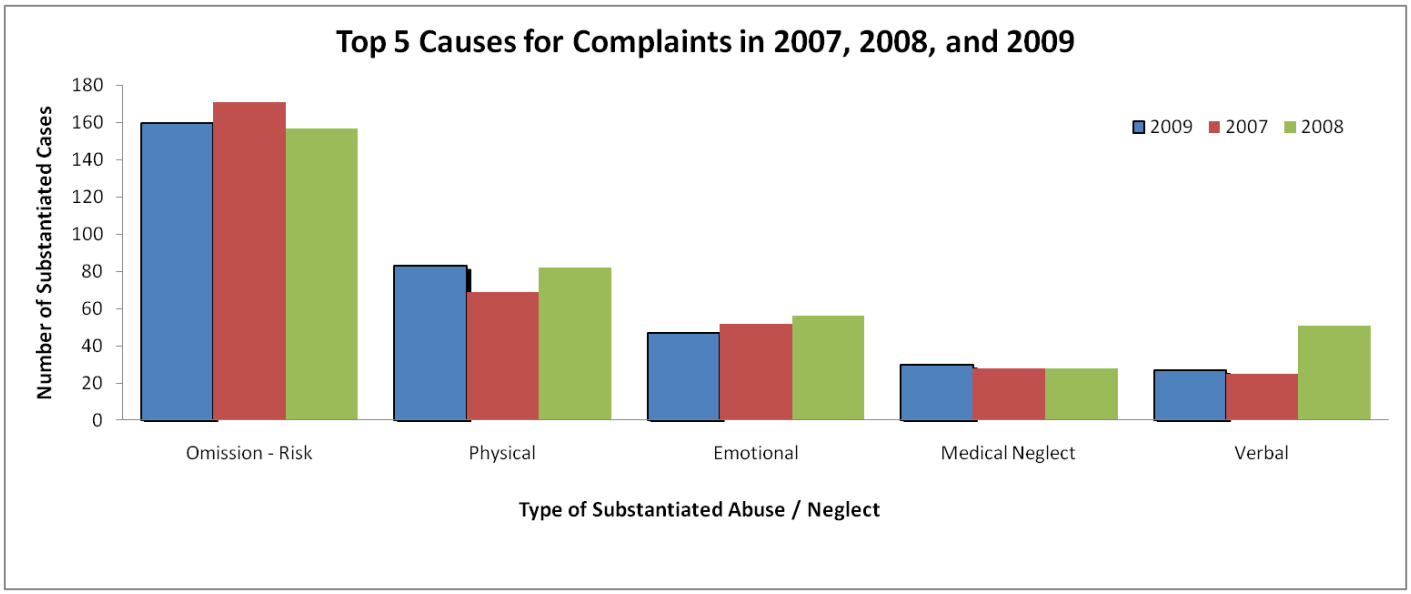
The top ten causes for substantiation of abuse/neglect, based on investigation findings, have remained relatively stable over time.[3]

The top ten (10) causes for substantiation of abuse/neglect complaints:

1. **Omission** on part of caregiver
2. **Physical** abuse or assault by caregiver
3. **Emotional** abuse by the caregiver
4. **Medical neglect** and/or denial of treatment
5. **Verbal** abuse by the caregiver
6. **Medication** incident or error
7. **Failure** – DDS Policies
8. **Financial abuse** by the caregiver
9. **Failure** to provide for basic needs
10. **Inappropriate Contact**

As shown in Figure 2, the number of substantiated complaints remained fairly consistent in FY 2007, FY 2008, and FY 2009.

Figure 2



[2] Chi Square = 5.80, d.f. = 1, p = 0.016

[3] It is common for substantiated investigations to include multiple findings, i.e. more than one type of abuse or neglect. Therefore, the number of findings associated with "type" of abuse/neglect will usually be greater than the number of substantiated investigations.

INDICATOR 2: CORI Hiring Compliance

Data Measure I: Criminal Background Checks

WHAT is it? These data are produced from annual audits of Provider agencies conducted by the DDS to ensure compliance with Criminal Offender Records Information (CORI) hiring requirements as established by EOHHS regulations. These data tell us how many of the Providers' hiring practices met regulatory standards and how many Providers were cited for violation of the standards. The data also tell us what types of violations were noted and whether the Provider took steps to bring itself into compliance.

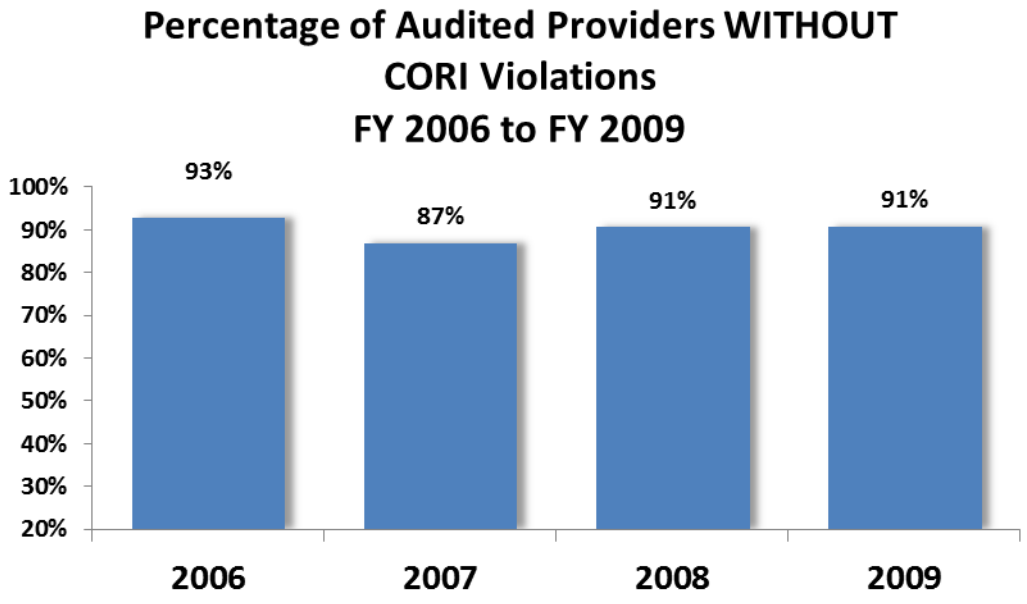
WHY is it important? CORI reviews of applicants help to ensure that vulnerable people are protected by preventing the hiring of staff with violent criminal records. This basic screening process helps to protect the safety of service recipients of DDS.

WHAT does it tell us?

Most Providers Do NOT Have Any CORI Violations

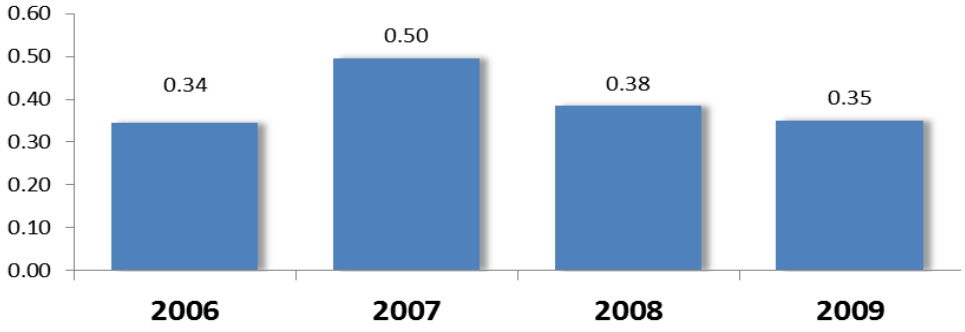
These data reveal that during the past four (4) years nearly 90% of Providers were found to be in compliance with hiring regulations at the time of audit, and the remaining Providers were brought into compliance within a reasonable period of time following an audit. This tells us that Providers of support services for the Massachusetts DDS are meeting hiring requirements by conducting proper criminal background reviews.

Figure 3



During Fiscal Year 2009, there was an average of 0.35 CORI violations per audited provider compared to an average of 0.38 during FY 2008. Comparing these two years indicates there has been no real change (not significant) in this rate. There appears to be a relatively stable trend in both the percentage of providers without a violation and the average number of CORI violations per provider.

Figure 4
Average Number of Violations per Audited Provider FY 2006 to FY 2009



In the past four years, all CORI measures have improved (see table 5). For instance, the rate of violations across the DDS system (all providers audited) and the rate of violations for providers that had one or more violations have decreased – both positive signs of greater adherence to Massachusetts requirements. Similarly, we also see a decrease in the average number of CORI violations per provider between FY 2008 and FY 2009. This means that the providers that do have violations tend to have fewer instances of these violations than in previous years, which is a positive change.

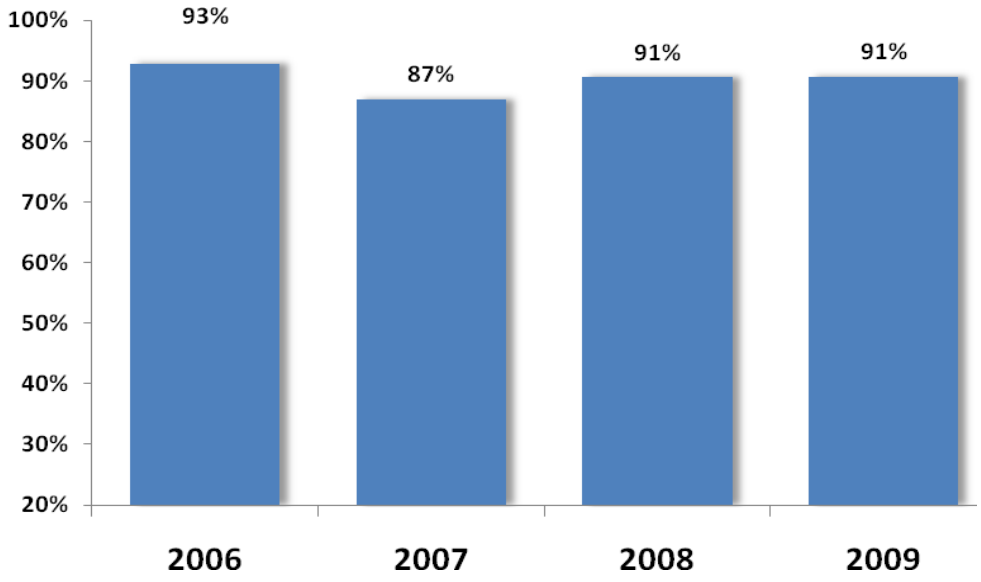
Table 4
Violations per Provider Analyzed Data for FY06 to FY09

CORI	*Fiscal Year*				Change from 2008 - 2009
Criminal Background Check	2006	2007	2008	2009	
Number of Providers Audited	195	214	245	203	
Number of Providers with Violations	14	28	23	25	
Number of Providers with NO Violations	181	186	222	184	
Percent of Audited Providers with NO Violations	93%	87%	91%	91%	⇔
Number of Violations	67	106	94	71	
Average Number of Violations Per Provider: All Audited Providers	0.34	0.50	0.38	0.35	⇔
Average Number of Violations Per Provider: Only those with Violations	4.79	3.79	4.09	2.84	↓ +

OUTCOME I, INDICATOR 2: CORI Hiring Compliance (cont.)

Long-term trend is positive. CORI audit data from FY2006 through FY2009 supports the findings of steady compliance with CORI hiring requirements. Compliance remains above 85% for all four years.

Figure 5
Percentage of Audited Providers WITHOUT CORI Violations
FY 2006 to FY 2009



Violations occur in just a few providers. A monthly breakdown of the providers that were audited in FY 2009 is presented in Table 5. Examination of these data indicate that 19 providers were audited in January of FY09, but there were 4 providers with a total of 50 recorded CORI violations noted (or >70% of all violations for that year). Most of these (41 out of 50) were due to hiring applications that did not meet or conform to CORI requirements. This pattern suggests that the presence of violations is not widespread throughout the DDS system, but rather may be isolated to a relatively small number of provider agencies. The majority (over 90%) of audited providers had zero violations during FY '09.

Table 5
CORI Violations per Provider

MONTH/ YEAR	# of PROVIDERS AUDITED	# of PROVIDERS W/O a Violation	# of PROVIDERS W/1 or more Violations	Total CORIs REVIEWED	Violations
July 08	34	34	0	1463	0
August 08	25	25	0	1282	0
September 08	10	10	0	377	0
October 08	15	10	5	401	8
November 08	11	9	2	767	4
December 08	10	8	2	419	4
January 09	19	15	4	1054	50
February 09	9	9	0	564	0
March 09	12	11	1	478	1
April 09	27	25	2	1120	1
May 09	0	0	0	0	0
June 09	31	29	2	1288	3
Totals	**203**	**185**	**18**	**9213**	**71**

OUTCOME I, INDICATOR 3: Safeguards

Data Measure I: Corrective Action

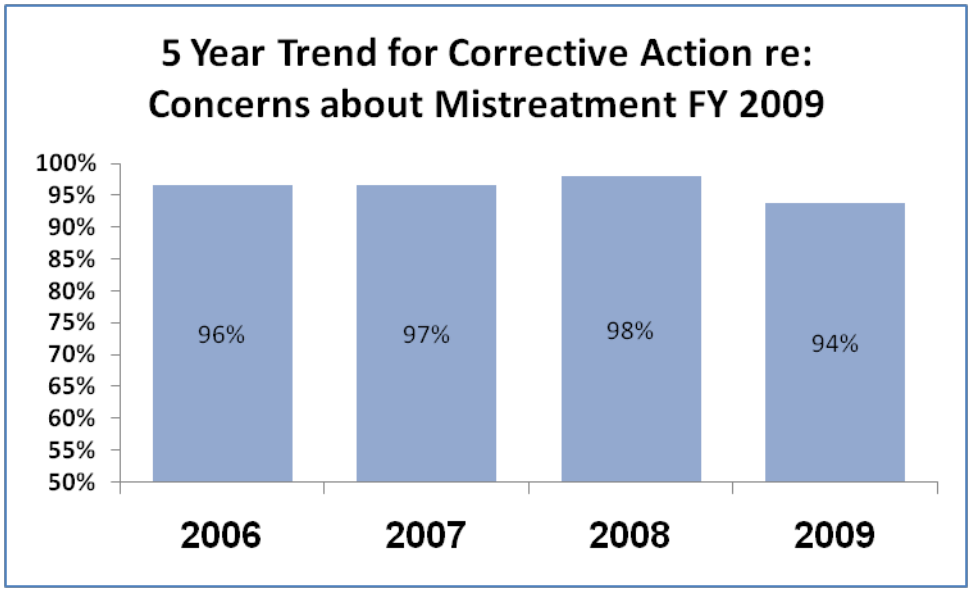
What are Corrective Actions? As part of the licensure and certification process, surveyors review all the substantiated investigations that have occurred since the provider's previous survey. The review is conducted to determine whether providers have, in fact, taken the corrective actions indicated in the action plans developed by Area Complaint Resolution Teams.

Table 6
Corrective Action FY06-FY09

Corrective Action: Mistreatment (5.2C)	2006	2007	2008	2009	Percent Diff 2009 to 2008
No. w Concerns	599	332	239	112	-53%
No. w Corrective Action	578	321	234	105	-55%
Percent Corrected	96%	97%	98%	94%	-4%

What Does This Mean? The number of concerns is the total number of suggested corrective actions that were identified in relation to complaints reported and investigated in each fiscal year. The "number with corrective action" reflects the number of complaints for which the required corrective action was taken. For FY 08 and FY 09, the percentage of complaints for which corrective action was taken was 98% and 94% respectively. There continues to be evidence of a high rate of compliance with corrective action recommendations from investigations.

Figure 6



OUTCOME I, INDICATOR 3: Safeguards (cont.)

Data Measure 1I: Preventative Action

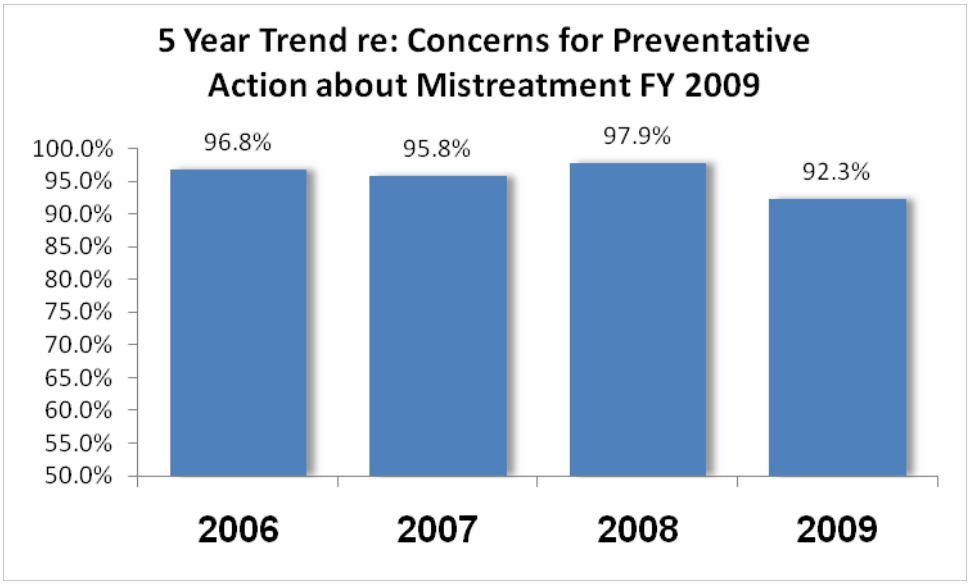
What are Preventative Actions? Taking corrective action is important to assure that there is an appropriate response to a specific situation that placed an individual in harm's way. Equally, if not more important, are efforts made by a Provider to review and analyze factors that contributed to each instance of abuse or mistreatment in order to institute actions to prevent the situation from recurring. DDS surveyors check to assure that both corrective and preventive actions have been taken when conducting a licensure/certification review.

Table 7

Preventive Action *Mistreatment (5.2D)*	**2006**	**2007**	**2008**	**2009**	**Percent Diff 2009-2008**
No. w Concerns	598	333	234	117	
No. w Preventative Action	579	319	229	108	
Percent Corrected	96.8%	95.8%	97.9%	92.3%	⇔

What Does This Mean? Data for the past 4 years of licensure reviews demonstrate a high rate of compliance by providers in taking preventive actions to prevent a recurrence of situations that prompted an investigation and subsequent action plan.

Figure 7



OUTCOME I, INDICATOR 3: Safeguards

Data Measure III: Number and Percent of Action Required & Immediate Jeopardy Reports

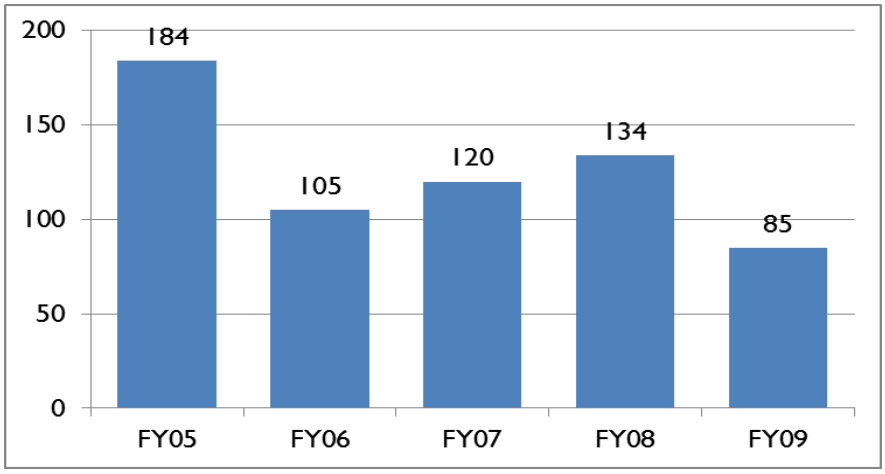
An integral component of the DDS licensure and certification process is the requirement to generate Action Required Reports (AR) and Immediate Jeopardy (IJ) Reports when, during the course of a routine licensure/certification review, a surveyor discovers an issue that either presents an immediate threat to the health and safety of an individual or individuals or has the potential to cause harm. Immediate Jeopardy reports are generated when corrective action is expected within 24-48 hours, while Action Required reports require corrective action within 30-60 days. An example of a situation that might prompt the issuance of an immediate jeopardy report would be if the smoke detectors in a home were not working. Surveyors will always verify correction of any Action Required Reports issued.

Table 8
Action Required (AR) and Immediate Jeopardy (IJ) Reports for FY09

Issue Type	Number of AR Reports	Percentage of ARs	Number of IJ Reports	Percentage of IJs
Health/Medical	10	15%	6	35%
Human Rights	1	1%	1	5%
Evacuation	7	10%	5	30%
Environment	33	49%	5	30%
Funds	13	19%	0	0%
Other	4	6%	0	0%
Total	68	100%	17	100%

What does this mean? In FY09 there were a total of **85 Action Required or Immediate Jeopardy Reports** issued. The most common type of issue was related to the environment. This accounted for 49% or almost half of all Action Required Reports and 30% of the Immediate Jeopardy Reports. Examples of issues that require the issuance of Action Required or Immediate Jeopardy reports are non-functioning smoke detectors, blocked means of egress or hot water temperatures above 130 degrees. Issues relating to the ability of consumers to evacuate accounted for 30% of Immediate Jeopardy Reports. An example of an evacuation issue is when individuals are unable to evacuate their home within 2 ½ minutes with or without assistance.

Figure 8
Combined Action Required (AR) and Immediate Jeopardy (IJ) Reports
FY 2005 - 2009



What does this mean? In FY09 there were a total of 85 **Action Required or Immediate Jeopardy Reports** issued. This is fewer reports than were issued in FY 2005 – FY 2008.

Of the reports issued in FY09, **16** were issued for **health or medical issues**. This number is similar to the number of health and medical issue reports issued in previous years. This represents 19% of all issue reports. This percentage is slightly higher than other years due to fewer reports made for issues in other categories.

Table 9
Health/Medical Actions Required in
Combined Action Required (AR) and Immediate Jeopardy (IJ) Reports
FY 2005 – 2009

	FY05		FY06		FY07		FY08		FY09	
	No. Reports	% Reports	No. Reports	% Reports	No. Reports	% Reports	No. Reports	% Reports	No. Reports	% Reports
Health/Medical	21	11%	17	16%	22	18%	18	13%	16	19%
Other Categories	163	89%	88	84%	98	82%	116	87%	69	81%
Total	184	100%	105	100%	120	100%	134	100%	85	100%

OUTCOME I, INDICATOR 3: Safeguards

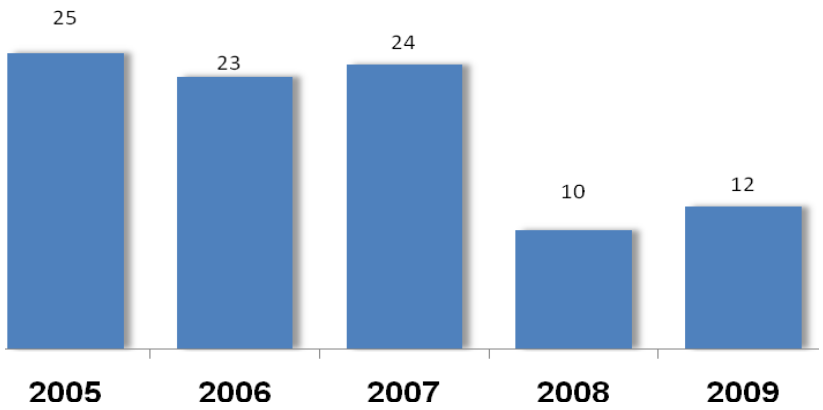
Data Measure IV: Action Required & Immediate Jeopardy Reports: Evacuation

Substantial improvement in evacuation-related Action Required and Immediate Jeopardy Reports. The number of **Action Required and Immediate Jeopardy Reports** related to safe emergency evacuation concerns has also seen substantial improvement over the past five (5) years, falling from 25 such reports in Fiscal Year 2005 to 12 reports in Fiscal Year 2009. The relative percentage of all Action Required and Immediate Jeopardy Reports associated with evacuation issues has remained below 20% (less than one out of five reports) for the past five (5) years. The number of evacuation-related issues has been at the lowest levels during FY08 and FY09.

Table 10
The Number of Reports and the
Relative Percentage of Reports Due to Evacuation Concerns
Fiscal Years 2005 to 2009

Safe Evacuation *Action Required Reports*	2005	2006	2007	2008	2009	Change 2008-2009
Number of Reports for Evacuation Issues	25	23	24	10	12	20%
Percentage of Total Reports	20%	19%	18%	8%	14%	

Figure 9
Number of Reports for Evacuation Issues



OUTCOME I, INDICATOR 3: Safeguards

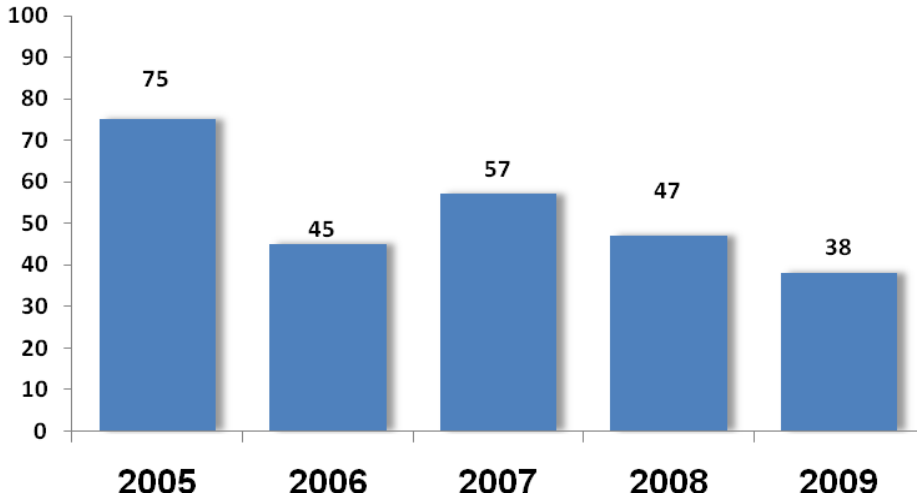
Data Measure V: Action Required and Immediate Jeopardy Reports: Environment

The number of Action Required and Immediate Jeopardy Reports related to safety concerns has also seen an improvement over the past five (5) years, dropping from 75 reports in Fiscal Year 2005 to a low of 38 reports in Fiscal Year 2009. The relative percentage of all Action Required and Immediate Jeopardy Reports associated with environmental issues has remained below 50% (half of all reports) for the past four (4) years.

Table 11
The Number of Reports and the
Relative Percentage of Reports Due to Environmental Concerns
Fiscal Years 2005 to 2009

Environmental *Action Required Reports*	2005	2006	2007	2008	2009	Percent Diff 2009-2008
Number of Reports for Environmental Issues	75	45	57	47	38	-19%
Percentage of Total Reports	59%	38%	41%	40%	45%	

Figure 10
Number of Reports for Environmental Issues



INDICATOR 4: Critical Incidence Occurrences

Data Measure 1: Critical Incident Reports rates by type.

WHAT are Critical Incidents? In FY 2007, DDS implemented the Home and Community-based Services Information System (HCSIS) web-based reporting process statewide. The incident reporting and management system requires providers to report on specifically defined sets of incidents that have an immediate or substantial future risk of harm for the service recipient (DDS consumer). Examples include an unexpected hospital visit, a suicide attempt, a missing person, or a pattern of behavior such as a physical altercation with another consumer or staff, or an attempt to start a fire.

Special Considerations: The move to an electronic reporting system, instead of the previous paper-based system, brought about numerous changes. One significant change is that under the paper-based system only incidents that were determined to be "critical" were entered electronically whereas under the "new" electronic system all tracked incidents are electronically reported. Therefore, the incident counts prior to FY 2007 do not include the literally thousands of non-critical incident reports now entered for events such as unexpected hospital visits. For this reason, the actual number of incidents and the rate (number per 1000 people served by DDS) increased dramatically after the new reporting requirements were instituted. In addition, the critical incident system underwent significant system improvements in FY09 that resulted in reorganization of some of the critical incident categories. These changes prevent direct comparisons across years for some incident categories. It is important, therefore, that **extreme caution** be used when reviewing this information. Direct comparison of current data to data from past incident reports is therefore NOT possible for many of the incident categories.

DDS staff and provider agencies are required to report critical incidents in HCSIS when they learn about the incident. **It's important to understand that incidents involving people receiving residential services funded by DDS are more likely to be reported in HCSIS.** Critical incidents for people living independently are only included in HCSIS when DDS knows about the incident and can document it.

WHY is it important? Critical Incidents are important notifications that alert managers, service coordinators, and others to adverse events that affect the health, safety, and well-being of individuals. The web-based reporting system allows for timely reporting of incidents and more importantly, timely review ,action, and resolution of situations that may pose a serious risk of harm to a person or group of individuals. All reported incidents are required to be reviewed by service coordinators and Area management staff. DDS staff must approve of the action steps taken by the provider. If they do not, the incident report is returned to the provider for further action. An incident report can be closed only when there is consensus between the provider and DDS staff regarding action taken. In addition to individual incident reports, monthly "trigger" reports are generated if individuals reach a certain threshold of specifically defined incidents. This additional safeguard provides yet another layer of review and assures that individual issues are identified and addressed. Careful review of reported incidents can also guide the development of targets for quality improvement as well as issues that may be impacting the safety and quality of life for people across the support and service system.

HCSIS Incidents

Reportable HCSIS incidents are shown in Table 12. The most frequently reported incidents are the Unexpected Hospital Visits (Table 13) and Behavior-Related Incidents (Table 14). Incidents in the other categories are not reported as frequently.

Table 12
Additional HCSIS Incident Category Types FY 2007 – FY 2009

HCSIS Incident Category[4]	FY 2007[5]	FY 2008	FY 2009	% Diff FY 08→09
Unexpected Hospital Visits	6,223	6,921	7,527	↑9%
Physical Altercations	3,507	2,842	2,358	↓17
Other	2819	2,146	1,431	↓33%
Significant Behavior Incident	242	468	1,149	N/A
Suspected Mistreatment	312	360	398	↑11%
Med/Psych Intervention/No Hospital Visit	712	557	372	↓33%
Missing Person	259	204	275	↑35%
Transportation Accident	302	255	241	↓5%
Property Damage	399	263	208	↓21%
Emergency Relocation	44	36	151	↑319%
Inappropriate Sexual Behavior	110	135	139	↑3%
Theft	168	91	126	↑38%
Other Criminal Activity	50	48	63	↑31%
Fire	77	87	53	↓39%
Unexpected Death	35	40	47	↑18%
Unplanned Transportation Restraint	35	30	19	↓37%
Suicide Attempt	16	19	17	11%
TOTAL (All categories)[6]	**15,313**	**14,502**	**14,574**	**↑0.5%**

WHAT does this mean? A review of the incident types reported in the HCSIS system shows that there were slight increases from FY 2008 to FY 2009 in a number of Critical Incident categories including Missing Persons, and Unexpected Death. The number of emergency relocations in FY 2009 is much higher

[4] Some incident categories were created after FY2007 during system improvements to HCSIS. Data for these fields will be marked "N/A".

[5] Incident counts for 2007 may differ from the counts presented in the 2006/2007 QA report. Numbers have been updated and recategorized to reflect updated category definitions since the 2006/2007 report.

[6] The total incidents for FY2007 include incidents reported in categories which are no longer included in the HCSIS system because they have been reorganized into other categories or removed during system improvements.

(319% higher) than the number reported in FY 2008. The increase was due to widespread flooding in one of the areas of Massachusetts during the spring of 2009.
Other types of reportable incidents experienced a smaller degree of change. This trend may be due to an increased number of actual incidents or as a result of better reporting. **Due to the many changes that have occurred it is critical that the incident data are viewed with extreme caution.**

Unexpected Hospitalizations

Unexpected hospital visits are by far the most frequently reported critical incident, representing about half of all incidents reported in FY2009, as shown in Table 13.

Table 13
Unexpected Hospital Visits FY 2007 – FY 2009

HCSIS Incident Category	FY 2007[5]	FY 2008	FY 2009	Percent Diff FY 08→09
Emergency Room	4,255	4,928	5,339	↑8%
Emergency Psychiatric Evaluation	119	158	189	↑20%
Medical Hospitalization	1,608	1,665	1,786	↑7%
Psychiatric Hospital	244	170	213	↑25%
Total	6,223	6,921	7,527	↑9%

WHAT does this mean?

It's important to recognize that not all reported unexpected hospital visits are negative indicators. For example, if someone needs immediate medical attention, they should receive prompt evaluation and treatment, often only available in a hospital or emergency room. A call to an individual's primary care provider may also result in a recommendation by the provider to visit to an emergency room, as a precautionary measure, particularly if it is "after hours" and the provider does not have x-ray or other equipment necessary to make a proper diagnosis.

A review of incident data suggests that overall, the number of unexpected hospital visits increased by 606 incidents or 9% between FY2008 and FY2009. This change appears to be due mostly to an increase in emergency room visits (increased by 411 visits in the one year time period).

Behavior-related Critical Incidents

Behavior-related incidents involving physical altercation with other people accounted for the second most frequently occurring reportable incident, as shown in Table 14.

Table 14
Behavior-related Critical Incidents FY 2007 – FY 2009

HCSIS Incident Category		FY 2007[5]	FY 2008	FY 2009	Percent Diff FY 08→09
Physical Altercation		**3,507**	**2,842**	**2,358**	**↓17%**
	Individual to Individual - Alleged Perpetrator	1,136[7]	897	722	**↓20%**
	Individual to Other		28	75	**↑168%**
	Individual to Individual - Alleged Victim	863	830	685	**↓17%**
	Individual to Staff	1,508	1087	876	**↓19%**
Significant Behavior Incident		**242**	**468**	**1,149**	**N/A[8]**
Inappropriate Sexual Behavior		**110**	**135**	**139**	**↑3%**
	Aggressive Sexual Behavior - Alleged Victim	35[9]	58	42	**↓28%**
	Sexual Misbehavior - Alleged Victim		32	40	**↑25%**
	Aggressive Sexual Behavior – Alleged Perpetrator	75	13	19	**↑46%**
	Sexual Misbehavior - Alleged Perpetrator		32	38	**↑19%**
Total Behavior-Related Incidents		**3,859**	**3,445**	**3,646**	**↑6%**

WHAT does this mean? Overall, the number of behavior-related critical incidents increased slightly in FY09. The majority in this increase is due to more incidents in the "Significant Behavior Incident" category, which was renamed in 2008 to incorporate a larger spectrum of behaviors instead of the law-enforcement specific incidents it previously contained. . It is therefore not possible to draw any specific

[7] The secondary category of "Individual to Other" was created in the 3/28/08 release of HCSIS. Before this release, these incidents would be reported under the category that is now "Individual to Individual – Alleged Perpetrator"

[8] This "Significant Behavioral Incident" category was renamed in the 3/28/08 release of HCSIS. This change in wording caused an increase in the different types of incidents that could be reported under the category.

[9] In the 3/26/09 release of HCSIS, the Inappropriate Sexual Behavior incident category was reorganized to distinguish between Aggressive Sexual Behavior and Sexual Misbehavior. FY2007 counts include both Aggressive Sexual Behavior and Sexual Misbehavior as one category.

conclusions about the direction or extent of change that may have taken place over the course of the time period under review.

The number of reported physical altercations between DDS consumers and with staff decreased in FY09. The number of reported altercations with others, however, increased since FY08.

The rate of inappropriate sexual behavior (e.g., touching) between FY2008 and FY2009 appears to have been reported at about the same level, suggesting that this indicator remained relatively stable over the one year time period.

This incident category for significant behavior incidents was modified in FY 2008 to incorporate a larger spectrum of behaviors. It is therefore not possible to draw any specific conclusions about the direction or extent of change that may have taken place over the course of the time period under review.

OUTCOME II: People live and work in safe environments

Indicators:

1. Homes and work places are safe, secure and in good repair
2. People can safely evacuate in an emergency
3. People and their supporters know what to do in an emergency

Table 15
Summary of Trends for Safe Environments Indicators and Measures
FY2009

OUTCOME	Indicator	Measure	Change FY2008-FY2009
Safety *People live and work in safe environments*	**1. Homes and work places are safe**	Percent Safe Environment	↓ +
	2. Evacuate Safely	Percent – Safely Evacuate	⇔
	3. Know what to do in an Emergency	Percent – Know what to do	⇔

INDICATOR 1: Homes and Work Places are Safe

WHAT is it? These data come from survey and certification reviews by DDS of Provider Agency compliance with established requirements for operating residential and/or day/employment services. These data tell us how many and what percentage of individuals included in the review by DDS survey staff were found to be living or working in environments considered safe, secure and in good repair.

These data only reflect the environmental safety of settings that are reviewed by the DDS survey and certification process. It should not be used to evaluate services and supports provided or funded by DDS that are not part of this formal review process.

WHY is it important? Having a safe and secure place to live and work that is in good repair is one of the most basic assurances that DDS and its providers can provide for the people that it supports. Independent site reviews by DDS licensure and certification staff identify when living and working environments meet this standard.

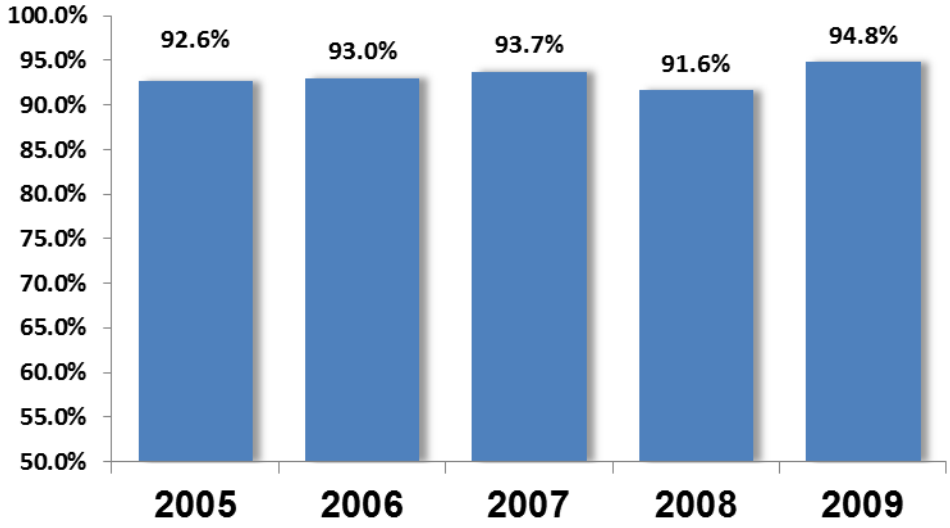
WHAT does it tell us? ***A review of the DDS licensure and certification data for the past five (5) fiscal years shows that well over 90% of all the people reviewed were found to be living and/or working in safe and secure homes and work sites.***

The Vast Majority of People Reviewed by DDS Surveyors Live or Work in Safe and Secure Environments

OUTCOME II, INDICATOR 1: Homes and Work Places are Safe (cont.)

During Fiscal Year 2009 almost 95% of all people surveyed were found to be living and/or working in safe and secure environments, the highest percentage over the past five (5) years.

Figure 11
The Percentage of People in Settings Surveyed by DDS
Who Live or Work in Safe Environments
Fiscal Years 2005 to 2009



WHAT Does This Mean?

Long-term trend is positive and stable. Survey and Certification reviews to determine whether people are living and working in environments that are safe, secure and in good repair shows quite a bit of stability (no major changes) over the past five years. The findings in FY2009 were slightly better than in previous years, showing that about 95% of locations reviewed were safe, secure and in good repair.

INDICATOR 2: People Can Safely Evacuate in an Emergency

WHAT is it? These data come from licensure and certification reviews by DDS of Provider Agency compliance with established requirements for operating residential and/or day/employment services. Some of the data tells how many and what percentage of individuals who were reviewed by DDS survey staff were found to be able to safely evacuate the home or workplace in the event of fire or another emergency situation requiring fast response.

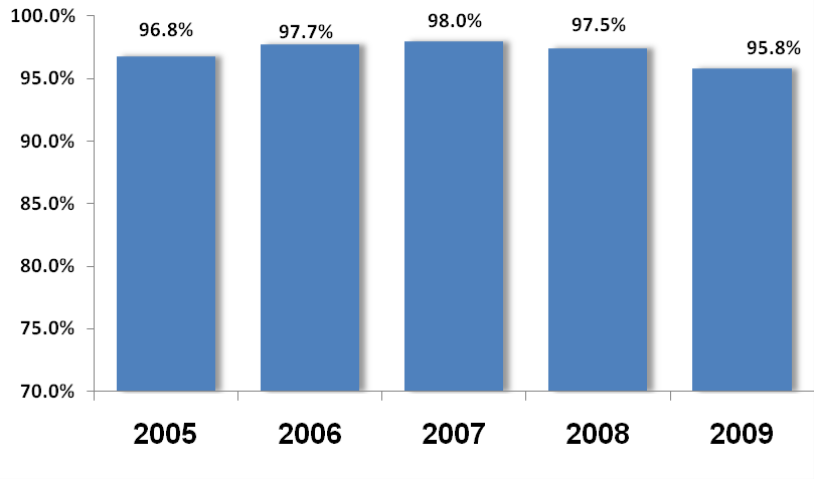
These data only reflect the environmental safety of settings that are reviewed by the DDS survey and certification process. It should not be used to evaluate services and supports provided or funded by DDS that are not part of this formal review process.

WHY is it important? The ability to safely evacuate in case of an emergency is a critical skill. The inability to do so can result in severe injury or even death. For many years, DDS has utilized nationally accepted standards regarding timely evacuation of homes, particularly in the event of a fire. The standard that DDS utilizes requires that individuals be able to evacuate a home within 2 ½ minutes with or without assistance. Verification of this requirement is accomplished through the conduct and documentation of performance on required fire drills. Independent site reviews by DDS staff at the time of a survey can identify who is at risk of harm because either they or the individuals who support them do not have the knowledge of how to or the demonstrated ability to quickly evacuate a residential or work site.

WHAT does it tell us? A review of the DDS survey and certification data for the past five (5) fiscal years shows that more than **95% of all the people reviewed were able to safely evacuate their premises in case of an emergency with or without assistance.**

OUTCOME II, INDICATOR 2: Safe Evacuation (cont.)

Figure 12
The Percentage of People in Settings Surveyed by DDS Who Could Safely Evacuate
Fiscal Years 2005 to 2009



WHAT Does This Mean?

Long-term trend for the ability to evacuate is stable. Survey and Certification reviews about whether people can safely evacuate in an emergency shows a stable trend of quality since FY 2005. On average, 97% of persons who were reviewed were determined to be able to safely evacuate for the five years between FY 2005 and FY 2008. In FY 2009 about 96% were able to do so.

INDICATOR 3: People Know What to Do in an Emergency

WHAT is it? These data come from licensure and certification reviews by DDS of Provider Agency compliance with established requirements for operating residential and/or day/employment services. Licensure and Certification reviewers evaluate the general knowledge of individuals and their support staff regarding how to respond in emergency situation.

> These data only reflect the settings that are reviewed by the DDS survey and certification process. It should not be used to evaluate services and supports provided or funded by DDS that are not part of this formal review process.

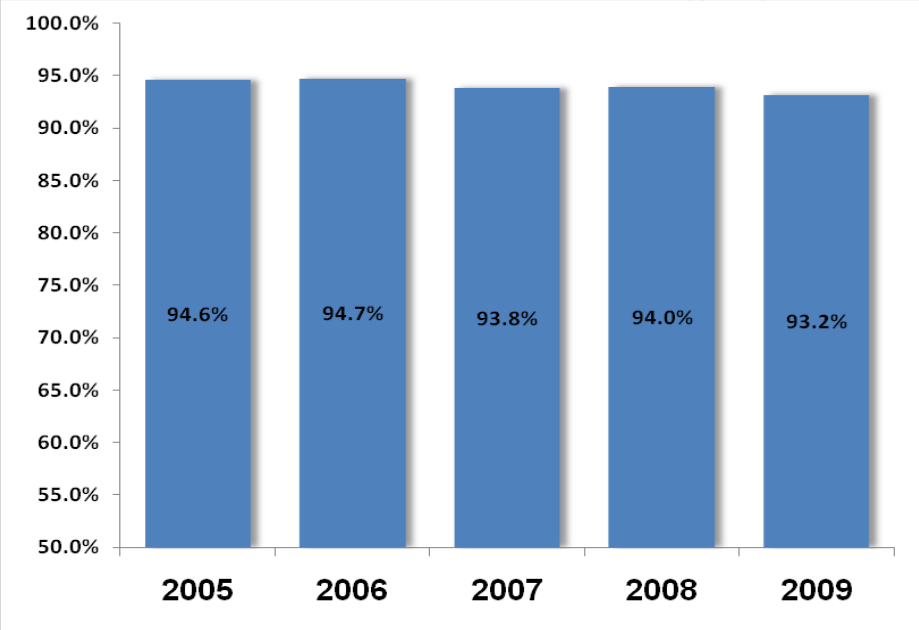
WHY is it important? Knowing what to do during and after an emergency is a critical skill for individuals and the people who support them. Failure to act in a timely and appropriate manner can have serious effects on the individual.

WHAT does it tell us? A review of the DDS licensure and certification data for the past five (5) fiscal years shows that more than 95% of all the people reviewed were able to safely evacuate their premises in case of an emergency.

Almost All Individuals Reviewed by DDS Surveyors Know What to Do in an Emergency

OUTCOME II, INDICATOR 3: People Know What to Do in an Emergency

Figure 13
The Percentage of People in Settings Surveyed by DDS Who Know What to Do In an Emergency



WHAT Does This Mean?

Long-term trend in this area is stable. Survey and Certification reviews for about whether people know what to do in an emergency show a stable trend of quality since FY 2005. On average, 94% of persons who were reviewed were determined to know what to do in an emergency for the five (5) years between FY 2005 and FY 2008. In FY 2009 about 93% were able to do so.