2010 MUI PATTERNS/TRENDS

Ohio Department of Developmental Disabilities

Major Unusual Incident/Registry Unit

614-995-3810

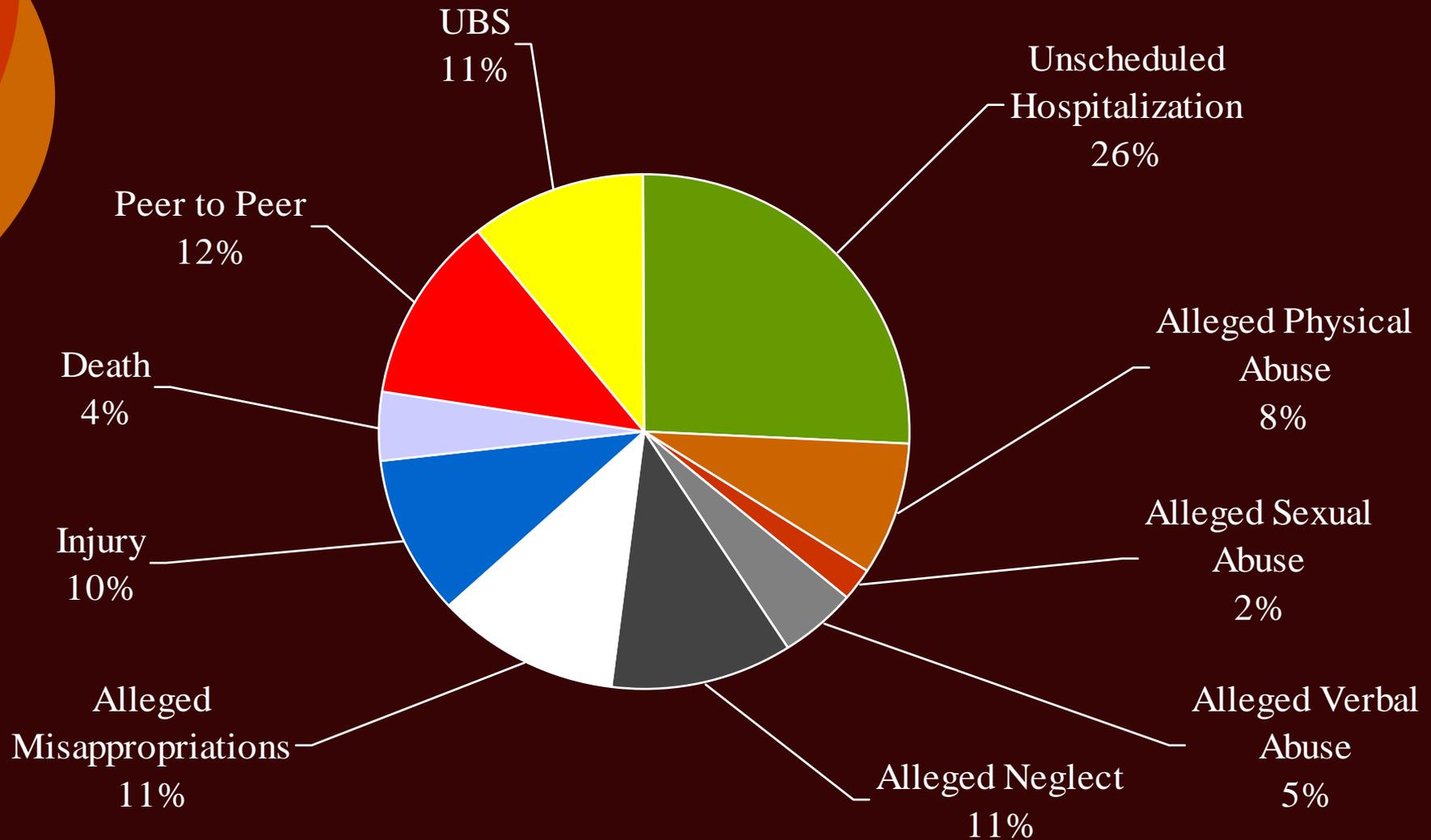# MUI Statistics
Rates of Report per Selected Category per 1000

Category	2006	2007	2008	2009	2010
Unscheduled Hospitalization	84.0	48.0	48.5	54.8	49.5
Alleged Physical Abuse	24.7	17.0	16.8	16.7	15.5
Alleged Sexual Abuse	8.6	5.4	4.7	4.4	3.8
Alleged Verbal Abuse	10.0	7.7	7.2	8.7	9.2
Alleged Neglect	18.0	17.0	16.5	21.2	21.1
Alleged Misappropriations	15.0	15.0	14.4	18.9	21.1
Injury	27.0	19.0	19.2	19.5	19.1
Death	9.6	8.7	9.3	9.3	8.4
Peer to Peer	-	24.5	19.1	21.2	22.5
UBS	22.0	20.6	22.6	24.6	20.6

** 2007 data was impacted by new rule particularly in the alleged abuse and unscheduled hospitalization categories.
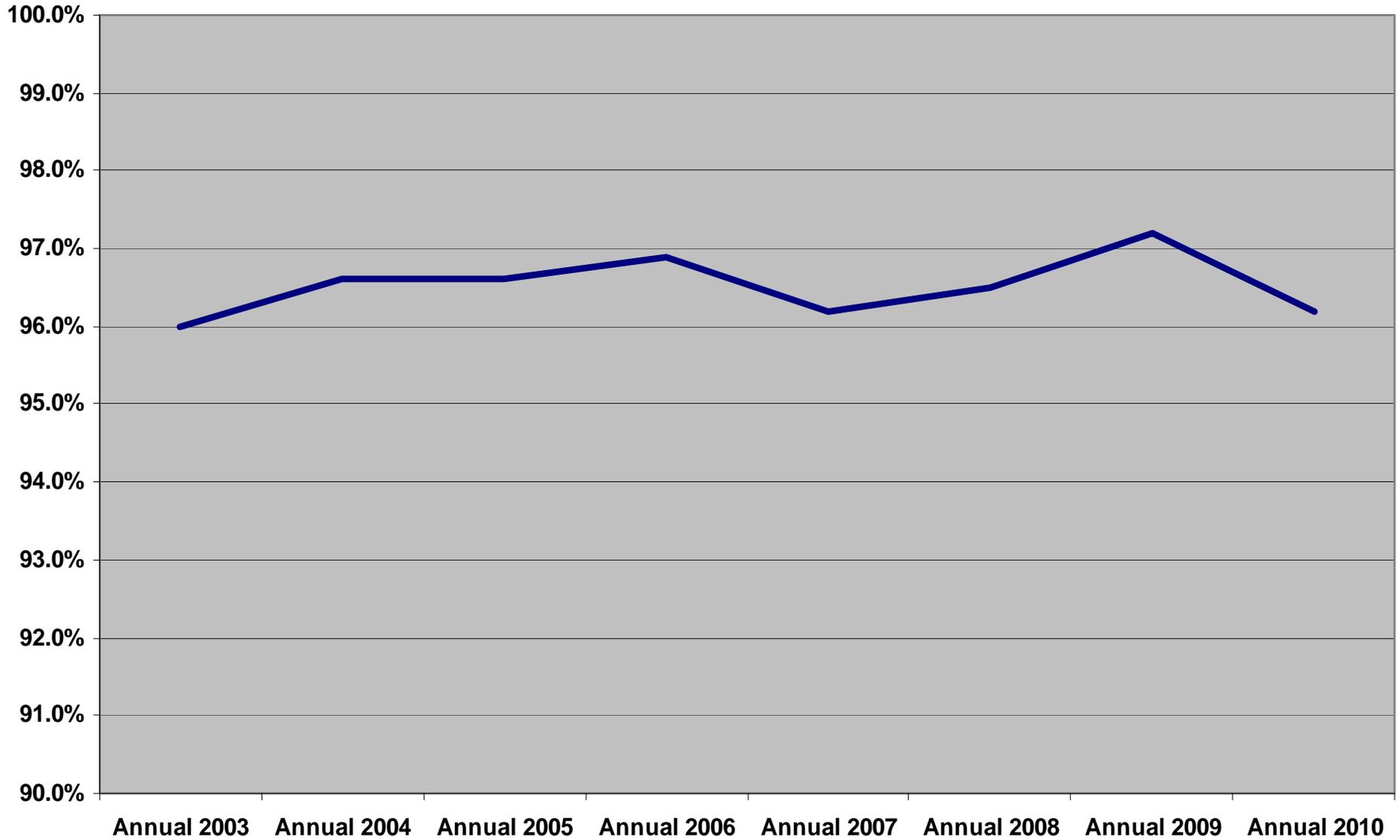
** Physical Abuse between peers is now reported with Peer to Peer.

TOP 10 MUI'S BY TYPE

UBS
11%

Unscheduled
Hospitalization
26%

Peer to Peer
12%

Alleged Physical
Abuse
8%

Death
4%

Alleged Sexual
Abuse
2%

Injury
10%

Alleged Verbal
Abuse
5%

Alleged
Misappropriations
11%

Alleged Neglect
11%

**24 Hour Semi Annual Timelines 2003-2010
Percent on Time**

Investigation Timelines for Incidents with a Final Due Date Between 1/1/10 and 12/31/10

162

262

1% 2%

8,117

95%

5 or less days late

More than 5 days late

On Time
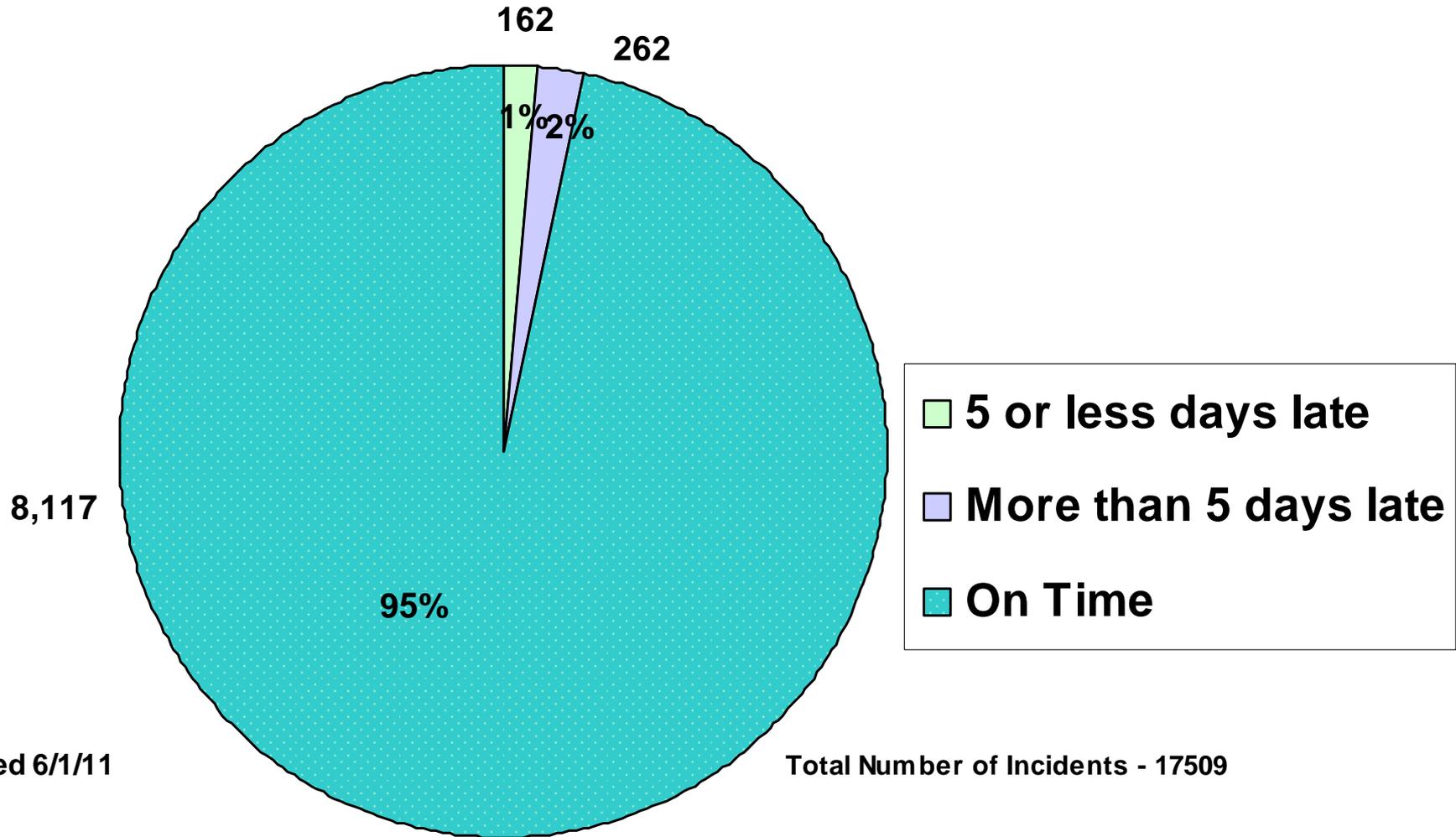
Created 6/1/11

Total Number of Incidents - 17509

2010 PATTERN/TRENDS

PHYSICAL ABUSE TRENDS 2010

- 2,690 Allegations
  - 1, 327 Substantiated Cases (49%)
  - 10%   Employees
  - 8%   Family
  - 66%   Peers

- Causes/Contributing Factors
  - Peer to Peer: arguments over boyfriends/girlfriend, mental health issues, loud music
  - Power Struggles (Cigarettes, pop, food) control, mean, unrealistic expectations
  - Training = Transitions/BSP Training

CAUSES / CONTRIBUTING FACTORS

○ Control = Power Struggles (Cigarettes, pop, food)

○ Training = Transitions/BSP Training

○ Lack of Supervision/Plan Implementation

PREVENTION PLANNING

- Hiring Practices
- Training
- Monitoring

Positive Culture

Promoting positive relationships with employees, families, and peers

MISAPPROPRIATION

- 1,331 Allegations
  - 932   Substantiated Cases (70%)
  - 23% Employees
  - 4%   Family
  - 11% Others
  - 50% Unknown

WHAT IS BEING STOLEN? 2010

- 62 %   Cash

- 31%   Property (TV, Cell Phone, Food)

- 7%   Identity Theft

CAUSES / CONTRIBUTING FACTORS

- Employees / Family members have access to credit cards, bank cards, and personal information

- Individuals rely on family and/or caregivers to do the banking (Deposits / Withdrawals)

- Money storage (Safes, lock boxes, and folders) aren't secured, or too many people have access

- Gift cards are purchased, but come up missing

PREVENTION PLANNING

- Secure methods for storing cash, checks, etc.

- Oversight of those responsible to manage and monitor money in the homes

- Regular reconciliation of accounts

- Tracking individual purchases and/or inventories

- Obtaining receipts and matching them up to actual purchases

- Monitor the items purchased (Baby diapers, baby food, children's clothing, feminine products for males)

NEGLECT 2010

- 1,510 Allegations

  - 901   Substantiated Cases (60%)

  - 65%   Supervision – Primarily Paid Providers

  - 35%   Treatment – Primarily Paid Providers

CAUSES / CONTRIBUTING FACTORS (SUPERVISION)

○ Supervision

○ Supervision levels are not met by:

- Scheduling Problems.

- Employee/No Shows.

- Not following supervision levels (i.e., community, mealtime).

- No training or lack of training on supervision levels (1:1, 24-7 eyes on, etc.) Risk or Harm?

- 911

CAUSES / CONTRIBUTING FACTORS (TREATMENT)

- Failure to follow ISP

- Failure to follow (Doctor's orders)

- Lack of training / oversight on treatments (turning schedule, monitoring treatments)

PREVENTION PLANNING

○ Thorough Training

○ Accountability for provision of quality services

○ Monitoring / Oversight

○ Pro Active Communication

SEXUAL ABUSE 2010

- 636 Allegations

  - 164   Substantiated Cases (25%)

  - Employees – Less than 1%

  - 9%   Family

  - 26% Others

  - 55% Peers

  - 7%   Unknown

Conduct vs. Contact

Conduct = 40%

Contact = 60%

PREVENTION PLANNING

○ Supervision / Structure

○ Education
- Human Sexuality Training
- Building Relationships
- Consent?

○ Behavior Supports / Team Process

CHOKING

(PREVENTABLE INCIDENTS)

o Deaths: 2006 – 18

                   2007 –   7

                   2008 –   6

                   2009 – 10

                   2010 –   6

o There has been tremendous improvement since 2006.

o Abdominal Thrusts and back blows have proven to be very effective in preventing serious outcomes.

SCENARIOS TO AVOID (CAUSES / CONTRIBUTING FACTORS)

- Mealtimes with limited supervision for these individuals with swallowing problems

- Failing to follow modified diets as required

- Eating in vehicles for at risk individuals

- "Caution" Special events, picnics, trips to the fair (Many times diet textures aren't followed during these times)

- Failure to use adaptive equipment tool reduces risk during mealtimes

PREVENTION PLANNING

○ Education (ISP Information)

○ Transitions / Good Communication

○ Training / Diet Texture

○ Supervision / Monitoring during meals!!

2010 KNOWN INJURY STATS

- Seizure — 63
- Peer/Peer - 18
- Medical - 35
- Falls - 752
- Behavior - 131
- Accident - 287

MEDICAL EMERGENCY

❑ 596 Medical Emergencies were filed in 2010

- 358 of these involved the Abdominal Thrust (60%)

- 6 died due to choking

- 61 were due to dehydration, which is the 2nd highest category

HEALTH & SAFETY ALERTS

- Peanut Butter Safety – January 2009

- Hot Liquid Scalds – June 2010

- Health & Well Being is Priority One – March 2010

- Choking – February 2010

- H1N1 (Swine) Flu - May 2009

- Keeping Safe in the Summer Part I & II – May 2010

ALERTS TO COME

○ Medication Monitoring

○ Post Seizure Care

○ Misappropriation / Update

○ Falls

ODJFS Review

- ODJFS noted annual increases of reported neglect resulting in either death or hospitalization, for which medication administration errors were noted as a cause.

- Nearly one-quarter of all misappropriation cases indicate the provider as the alleged perpetrator.

ODJFS Review

- MUI Review

- 80% of the MUIs reviewed had the individual's needs adequately addressed in the ISP.

- 73% of the MUIs reviewed had the prevention plan indicated on the ISP.

ODJFS Review

○ UI Review

○ There was evidence 67% of the time that the prevention plan was implemented.

○ The prevention plan was indicated on the ISP 33.3% of the time.

(L) Analysis of MUI Trends and Patterns

(L)(1) MUI Trend in Pattern Analysis

- 1St and 3rd quarter review
- Semi and annual analysis
- Analyses sent to the department by county board
- Agency providers send analysis to county board
- Expected outcome
- Address trends and patterns

MUI Quarterly Reviews
(County Board as Provider)

- Identify MUI trends/patterns and corresponding plans of action

- Ensure trends/patterns are addressed in ISPs

- Documentation should include a copy of those MUIs being reviewed, along with documentation of identified trends/patterns

- Review documentation should include the date and signature(s) of the person(s) conducting the review

MUI quarterly reviews (Agency Providers)

- County Board ensure agency providers submit a quarterly report of MUI trends & patterns

- 1st quarter: Review MUIs that occurred from 1/1 - 3/31

- 3rd quarter: Review MUIs that occurred from 7/1 - 9/30

- Reviews must be completed within 30 calendar days following the end of the quarter

- Agency reviews should be submitted to the county board within 60 calendar days following the end of the quarter

- Identify MUI trends/patterns and corresponding plans of action

Annual & Semi-Annual Analysis
(County Operated Programs & Independent Providers)

- Not considered the stakeholder committee that reviews MUI trends/patterns

- Only include MUIs that occurred at County Board Operated Programs (i.e. workshop, school, transportation) or with Independent Providers

- The analysis can be conducted by: Workshop Directors, IAs, school principals, MUI contacts, etc.

- Semi-Annual analysis for MUIs that occurred from 1/1 - 6/30 shall be reviewed by 7/31 and sent to the Department by 8/31

- Annual analysis for MUIs that occurred from 1/1 - 12/31 shall be reviewed by 1/31 and sent to the Department by 2/28

What Should be Included in the County Board Analysis?

- Time span of the review (i.e. 2005, 2006 and 2007) with a year-to-year comparison to identify relative trends/patterns

- Review and compare data by programs to identify trends/patterns that may be occurring at a certain location

- Review and compare the data of specific individuals

- Include cause and contributing factors as to why trends are occurring

What Should be Included in the County Board Analysis?

For both program and individual specific:

- Review previously identified trends/patterns from the previous year and discuss the effectiveness of the action plans initiated

- Review current year's data, identify trends/patterns and develop an action plan to address the trends, making sure to include when the plan will be initiated, who will initiate it and who will be responsible to ensure it is completed

Annual & Semi-Annual Analysis (Agency Providers)

- Should only include MUIs that occurred when with the provider

- The analysis can be conducted by any management or administrator selected by the provider agency

- Semi-Annual analysis for MUIs that occurred from 1/1 - 6/30 shall be reviewed by 7/31 and sent to the county board by 8/31

Annual & Semi-Annual Analysis (Agency Providers)

- Annual analysis for MUIs that occurred from 1/1 - 12/31 shall be reviewed by 1/31 and sent to the county board by 2/28

- These analyses and follow up actions shall be kept on file by the county board and made available to the Department upon request

What Should be Included in the Provider Agency Analysis?

The same elements required in the county board analysis are also required in the provider agency analysis

(L)(1) MUI Analysis for Trends and Patterns Two Times Per Year

○ The semi-annual review shall be cumulative for the first two quarters and include an in-depth analysis

○ The annual review shall be inclusive for the year and include an in-depth analysis

(L)(1)(2) County Board's Analysis and Follow-Up

○ Each review shall take preventive measures to address trends and patterns

○ All reviews and analysis are to be completed within 30 days following the end of the quarter

(L)(3) County Board's Analysis and Follow-Up

- For county board operated programs, workshops, school, transportation

- For individual providers

- Sent to the Department by August 31st and February 28th

(L)(4) Agency Provider Analysis and Follow-Up

○ For all programs in the county

○ Sent by August 31st and February 28th to the county board

○ Kept on file and made available upon request to the Department

(L)(6) Analysis and Follow-Up

County board ensures trends and patterns are included and addressed in the ISP

(L)(6)-(7) The County Board or Council of Government Trends and Pattern Committee

A reasonable representation of stakeholders

Role:

1. Review and share county or Council of Government aggregate data
2. Identify trends and patterns in areas for improving the quality of life

(L)(8)-(10) Responsibilities

Meet 2 times per year
September for the first 6 months and March for the year

Aggregate data sent to participants by the county board 10 days prior to the meeting

Record and distribute minutes and make available upon request

The Department ensures follow-up actions are implemented

(L)(11) Statewide Trend and Pattern Meeting

○ Meet 2 times per year

○ Stakeholders

○ Makes recommendations to the Department

What are we talking about when we say trends and patterns?

- Similar locations or times
- Incidents caused by same or similar actions
- Repeat incidents for individuals
- Common repeated problems (Example – reporting, timeframes, investigations)
- Numbers going up / down or a lack of numbers

What are we talking about when we say trends and patterns?

- It is more about why (similar causes) then just about the numbers

- A certain cause to one incident may be beneficial when shared with everyone (example – drowning in bathtub, choking, stolen medication w/ unknown PPI)

What are we talking about when we say trends and patterns?

- Why?
- Systemic Causes
- Evaluate year to year
  Are we doing better?
  How do we know?

The County Board's Role in Addressing Trends & Patterns

How to identify MUI Trends

ITS Process

Three of the same or similar in six months.

Nickel and Dime Report

What should be in the ISP?

MUI Trends / Patterns

Preventive Measures

Who will monitor compliance

(M)(5) Unusual Incidents are Reviewed at Least Monthly

○ Who – agency providers and county board as a provider

○ Appropriate preventive measures

○ Trends and patterns identified and addressed

(M)(6) Availability of Records

Unusual incident reports, documentation of trends and patterns and corrective action made available to the county board and Department upon request

(M)(7) Maintain a Log of Unusual Incidents

- Who – agency providers and county
- board as a provider
- Name of individual
- Brief description of incident
- Any injuries
- Time/date/location
- Preventive measures

(M)(8) County Board Review of Representative Sampling of Logs

- Monthly
- Provider logs, individual logs, and county board as a provider
- Ensure none are MUIs
- Ensure trends and patterns have been identified and addressed
- Provide to Department to review upon request

(M)(9) Department Review of Representative Sampling of Logs

- Monthly
- County board as a provider logs
- Submit to Department upon request
- Ensure none are MUIs
- Ensure trends and patterns have been identified and addressed

What is a UI Trend?

- Three of the same or similar incidents in a week or five in a month.

- What is the prevention plan?

- Ensure health and safety

- How is this addressed in the ISP?

- Who will monitor compliance.

(M)(6)

Unusual incident reports, documentation of trends and patterns and corrective action made available to the county board and Department upon request

ABUSER REGISTRY
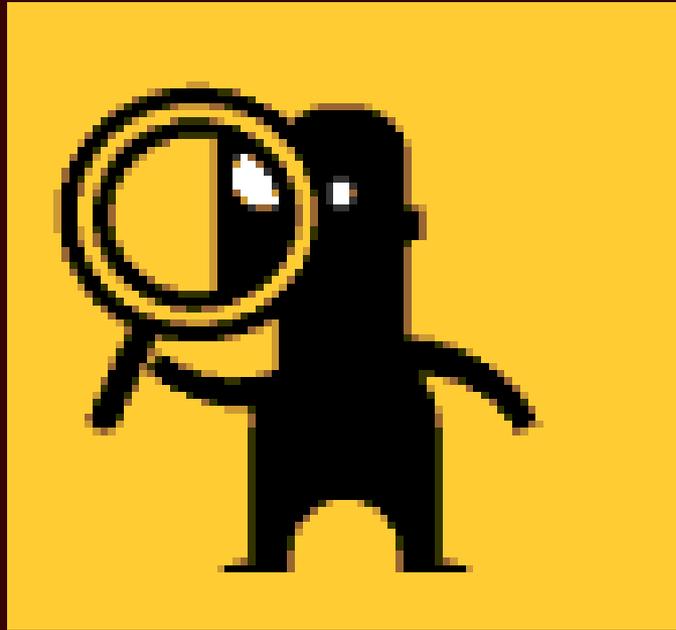
ABUSER REGISTRY

What is it?

Prevents persons who were DD employees from working in this field

ABUSER REGISTRY

How can I get on it?

By committing acts of:

Abuse

Neglect

Misappropriation

Failure to Report

Prohibited Sexual Relations

ABUSER REGISTRY

Is It all Cases of Abuse/Neglect, etc?

- ❑ **Registry Definition**
- ❑ **Proof Levels**
  - ▪ **Preponderance**
  - ▪ **Clear and convincing* (Registry)**
  - ▪ **Beyond a reasonable doubt (Criminal)**

ABUSER REGISTRY PROCESS

- ○   All substantiated cases are screened after they are closed on ITS

- ○   Registry Investigators review the entire file

- ○   If it meets criteria goes to External Committee

- ○   Notified by Certified Mail

- ○   Opportunity for a Hearing/Affidavit

- ○   Final decision by Director

- ○   If decision is for placement, name goes on the list

THANK YOU