

NEBRASKA

DEPT. OF HEALTH AND HUMAN SERVICES

DIVISION OF DEVELOPMENTAL DISABILITIES

Critical Incident Annual Report

FY 2023

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Liberty Healthcare Corporation

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Executive Summary

This annual report provides an overview of the critical incidents experienced by participants supported by DHHS DDD services that occurred between July 1, 2022, and June 30, 2023. Data for this report was collected from Therap General Event Reports (GER), quality review reports in the Quality Information Data System (QIDS), and Targeted Analysis documentation and was analyzed to reveal characteristics and relationships that might lead to improvements in services and initiatives to improve the quality of life of supported participants. The 2022-2023 Critical Incident Data Report will contain incident data for the CDD/DDAD waivers only. This is due to the Critical incident management process going live for the Aged and Disabled/Traumatic Brain injury waivers on March 1, 2023, resulting in only 4 months of data.

- There were **13387** GERS of participants receiving CDD/DDAD waiver services, for a crude incident rate of **2.54** per participant.
- Between July 1, 2022, and June 30, 2023, a total of **20676** critical incidents were reported on the CDD and DDAD waiver programs, resulting in an overall crude incident rate of **3.91** per participant.
- The CDD Waiver program serves **4,878** individuals with intellectual and developmental disabilities. Of the 4878 individuals supported, **4,573 (94%)** are over the age of 19.
- The DDAD Waiver program serves **398** individuals with intellectual and developmental disabilities. Of the **398** individuals, **397 (99.7%)** are over the age of 19.
- Of the **1564** CDD/DDAD ANE Events for the year, **68.61% (1073)** were for abuse.
- Neglect by responsible provider results in **276 (87%)** of the overall neglect reports.
- The abuse category, including physical, sexual, and other abuse are the highest reported events, accounting for **1012 (65%)** of all ANE reports.
- Financial exploitation accounts for **135 (86%)** of the reported exploitation events.
- Incident review specialists completed **165** targeted analyses in fiscal year 2023.

Nebraska DHHS/DDD Critical Incident

The review and analysis of critical incidents of participants receiving services is an important component of the quality and risk management systems within DHHS/DDD. The Critical Incident Management Process (CIMP) collects and analyzes data from General Event Reports (GERs) and Targeted Analyses (TA) to identify important patterns and trends that may help increase knowledge about risk factors and provide information to guide system enhancements and improvements.

Between July 1, 2022, and June 30, 2023, the critical incident management process has evolved, resulting in the following improvements:

- Established definitions of critical incidents across all funding sources and included all definitions outlined in best practice.
- Defined critical/reportable incident terminology across all four waivers. Assure consistent terms for restraint, seclusion, prohibited practices, and unauthorized interventions throughout policies, guides, and SOPs.
- Established consistent reporting guidelines for incident management and individual safety.
- Identified incidents with varying degrees of severity consistently across all funding sources to manage

potentially emerging risks and trends and opportunities to identify others at risk.

- Established consistent definitions of medication error severity and reportable medication errors across all funding sources.
- Established consistency in timelines for all steps within the critical incident process and aligned across all funding sources to ensure consistency in evaluation, compliance review, and follow-up.
- Developed a dashboard to monitor established timelines for the incident management system.
- Established clear reporting guidelines and provided protective assertions to keep reports anonymous and provided protections against retaliation. Revised individual rights to include the right to report abuse/neglect, licensing/certification violations, and incidents without fear of retaliation.
- Established a central reporting authority to triage reportable incidents and ensure timely response and follow-up by state oversight personnel.
- Created a common incident reporting format that is used across all four funding sources.
- Developed processes to check for failed reporting. Defined reporting timelines and identified sanctions for failure or delay in reporting.
- Established an Incident Management Committee (IMC) to be overseen by the Department of Developmental Disabilities and report findings.

Additional improvements and enhancements are planned in the coming year that include building and implementing QIDS enhancements to the Critical Incident Management Process. This will allow us to gather data from both Mortality and CIMP to guide technical assistance and training to enhance provider capacity.

Critical Components of the Critical Incident Review Process

Critical Incident Reporting System

Currently, the critical incident reporting process varies among the waiver groups:

- When an Individual receiving Medicaid HCBS Comprehensive Developmental Disabilities Waiver (CDD) or Developmental Disabilities Adult Day Waiver (DDAD) services experiences a critical incident, the provider makes a verbal report to the Service Coordinator within 4 hours and fills out a General Event Report (GER) in Therap within 24 hours.
- When an individual is receiving Medicaid HCBS Aged and Disabled Waiver (AD) services or Traumatic Brain Injury Waiver (TBI) services, the service provider makes a telephone call to the Local Agency/Service Coordinator within 4 hours. The Service Coordinator then completes the GER in Therap within 24 hours.

Quality Review of Incident Reports

Liberty's Incident Review Specialist (IRS) conducts a quality review within 3 business days of the approval of each critical incident GER to determine if it meets the following criteria:

- The incident is reportable;
- The incident is reported at the appropriate notification level;
- The components of the GER meet the requirements outlined in the Incident Reporting & GER Guide;
- Providers and Service Coordinators complete the required and necessary remediation of incidents;

If the incident report does not meet the criteria for the first 4 bullet points above, the IRS returns the GER to the provider or service coordinator for corrections or additional information.

Critical Incident Escalation Process

To final step of the quality review process is for the IRS to determine if the incident meets escalation criteria. The IRS will review the individual GER and collective documentation of GERs and T-logs from the prior 60 days for the specific individual and the agency that provides services to determine if the following criteria are met:

- Substantiated abuse, neglect, or exploitation (ANE) either with the individual being the perpetrator in a communal setting or as the victim;
- The incident was flagged for an Others-at-Risk (OAR) check and there have been 3 or more high-level GERs that have occurred within the previous 30 days for an individual;
- Any prohibited intervention or unauthorized use of restraint(s) occurred resulting in a negative outcome such as injury, death, police intervention, or hospitalization;
- The incident demonstrates a trend of 3 or more incidents that are related, occurring within 30 days, for injuries requiring more than first aid, financial issues, unplanned hospitalizations, increased number of falls, frequent police calls to the site, or ongoing staff issues.
- The incident demonstrates a trend of 3 or more incidents with the same provider that is related, occurring within 30 days, for example, episodes of medication errors resulting in an adverse outcome (hospitalization, CPR)
- Participant has been missing for 24 hours or more

If an incident or surrounding information meets one of the above criteria, the IRS completes an escalation form and submits it to the Incident Review Manager (IRM) for approval. The IRM reviews the information, if the escalation form meets escalation, the IRM will approve the incident to move to a Targeted Analysis, and the incident will be assigned to an IRS for completion. The IRM or designee will then place the approved incident information on the agenda for the DHHS Huddle meeting.

Occasionally, an especially egregious or sensitive incident may occur that does not meet escalation but may need consideration for targeted analysis. In these situations, the information surrounding the incident is placed on the agenda for the DHHS Huddle meeting and is shared with the group at least 24 hours in advance of the meeting.

Escalation Huddle Meetings

An Escalation Huddle group has been comprised of the Liberty IRM, a designated IRS, and DHHS Deputy Directors, Administrators, and other DHHS representatives. This group meets 3 times per week to review and discuss incidents meeting escalation and approved for targeted analysis, as well as incidents of egregious or sensitive nature.

If an incident meets escalations, the Huddle group meets to provide additional insight into the situation up to and including information around settings rule assessments, clinical department reviews, and/or service coordination activities to date.

If an incident is presented to the group that does not meet escalation, the group will meet to determine the following:

- Escalation to Targeted Analysis
- Additional steps to be taken by DHHS.

If the Huddle group determines that a Targeted Analysis is warranted, a designee from Liberty Healthcare will move the incident information to a formal escalation form and send it to the DHHS-DDD Quality Administrator or designee for signature. The Quality Administrator returns the signed form, and the targeted analysis is assigned to an IRS for completion.

If the Huddle group determines that additional steps are to be taken by DHHS, notes are kept in the meeting minutes, and the case is turned over to DHHS-DDD.

Targeted Analysis and Development of Remediation Action Plan

The targeted analysis process is patterned after the Root Cause Analysis process. It is a systematic process that relies on data to discover the root causes of problems or issues to identify appropriate solutions and prevent recurrences. The process focuses on how and why something happens rather than who is responsible.

When a targeted analysis is assigned to an IRS, the provider, participant(s), and guardian(s) receive a notification letter within 1 business day of the assignment. The IRS then begins the desk review by collecting information through the Therap case management system to identify possible causal factors. These documents may include, but are not limited to, the following:

- Individual Support Plans (ISP) or Plans of Supports and Services (POSS)
- Habilitation Records and Data
- Consents
- Health documentation such as appointments, labs, assessments, Medication Administration Records (MARs), etc.
- Staffing documentation such as T-logs or case notes

Additional documentation that cannot be located inside of Therap may be necessary to identify the root cause of critical incidents. When an IRS cannot locate needed information from a provider, a document request is sent by email within 2 business days of assignment. The provider will then have 2 business days to gather the requested documentation and provide it to the IRS. These documentation requests may include, but are not limited to, the following:

- Provider Policy and Procedures
- Staff Schedules and/or timecards
- Staff training records
- Other pertinent documents not stored in Therap, such as shift notes, medical documents, police records, etc.

The IRS will review all gathered documents and collect data and facts or findings surrounding what led up to and caused the incident. At this time, the IRS will begin to schedule necessary interviews to collect further information. Interviews will always be conducted with the participant involved. If multiple participants are involved, a representative sample of those involved will be interviewed. Additionally, staff present during the incident or key decision-makers of the agency may be involved in interviews. Interviews are conducted virtually when possible.

After all documents have been reviewed and interviews conducted, the IRS will determine if an onsite is necessary. When the IRS cannot adequately create a Targeted Analysis brief with action plans from the desk review, the incident will move on to an On-Site Targeted Analysis.

Onsite visits walk a provider through the use of root cause tools and activities to identify and remediate an incident. The onsite visit will typically last 2 to 4 hours and will involve representatives from the provider, service coordination, and Liberty Healthcare. The participant is invited to join as they wish to do so.

Upon completion of all targeted analysis activities, the IRS will create a Targeted Analysis Brief or report. This report will include the information surrounding the incident, findings throughout the review, a table of root causes, and an action plan.

The action plan contains the necessary steps to be taken to prevent the recurrence of the incident. The action plan may be developed independently by the IRS or as a collaborative effort with the representatives present during the onsite visit. Action plans may include items such as:

- Creation or Modification of Policy or Procedure
- Training for personnel or participant(s)
- Updates to the ISP, Behavior Support Plan (BSP), safety plan, or Functional behavioral analysis (FBA)
- A medical or mental health evaluation or visit
- Personnel Action

The brief and action plan are delivered by email to the provider, service coordination, and DHHS-DDD. The provider has 2 business days to create the subtasks to the action plan and return to Liberty. Liberty will then complete follow-up through the completion of the action plan to ensure that items are completed, and verification of the action plan steps is present.

Incident Management Committee

The role of the Incident Management Committee (IMC) is to review and evaluate individual targeted analysis referred to the committee as well as aggregate data from GER reports and quality reviews of GERs, make recommendations for quality improvements for both individual providers and systems issues, and communicate those recommendations to the DDD Quality Improvement Committee to support systemic quality improvement initiatives. The goal of the IMC's recommendations is to improve the quality of support and services and to prevent incident recurrence and preventable incidents.

Before each quarterly meeting, committee members receive the briefs for each targeted analysis that will be discussed at the meeting. In addition to discussing targeted analysis during the meetings, members review and discuss analyzed aggregate data from GERs and develop systemic recommendations to send to the DDD Quality Improvement Committee for consideration.

Membership of the IMC includes a variety of stakeholders, including some members who have incident management experience based on their training and expertise in the field of intellectual and developmental disabilities and/or aging. This includes members with expertise in nursing care, behavioral analysis, legal aspects, quality improvement, incident management review, and data analysis. Some stakeholders are internal resources within DDD or Liberty, and others are external to the Department, including community advocates for the populations served. The committee is chaired by the Liberty Incident Review Manager and DHHS-DDD Quality Coordinator.

Follow-up and Closure Process

Based on the targeted analysis findings, Liberty and the IMC may require action plans or make recommendations regarding actions to be taken by the Provider, Service Coordinator (SC), or DHHS-DDD.

Action plans are generated through the targeted analysis process, and provided to the provider, service coordinator, and DHHS-DDD upon completion of the targeted analysis. The provider has 2 business days to

determine the subtasks and due dates of action plans and return to Liberty Healthcare. The case is determined to be closed when verified remediation is received by Liberty for all subtasks of the action plans.

IMC recommendation letters are generated by the IMC Chairperson and then sent to the applicable provider or Services Coordination entity. Liberty, in collaboration with the Quality Unit of DDD, may provide technical assistance to providers of services based on recommendations from the Targeted Analysis or IMC. Targeted Analyses are considered closed when either a recommendation letter or a closure letter is sent to the applicable party (provider or SC).

Collection, Analysis, Interpreting, and Reporting of Incident Data

Multiple sets of data are collected and stored during targeted analyses, quality reviews, and Therap data. These data elements are case factors, characteristics, and attributes that assist in identifying trends, correlations, and themes associated with mortalities when used in data analysis. Some of these data elements include:

- Type of Incident
- Participant involved
- Provider of services
- Residential setting
- Waiver program funding services
- Action Plan Types

Additional data elements are being added to the data collection system as new questions emerge from data analysis.

Data is aggregated and analyzed on a monthly, quarterly, and annual basis, and before each quarterly IMC meeting. Data analysis is geared toward identifying trends and correlations that reveal opportunities for improvement in the quality of services. Results of data analysis are included in monthly, quarterly, and annual reports and presented to the IMC to facilitate the development of recommendations for improvement.

Roll out Progress

The Critical Incident Management Process was rolled out in phases to both the CDD/DDAD and AD/TBI waivers. The process began in April 2022 with the CDD/DDAD waivers and went fully live on October 1, 2022. The process began on July 1, 2022, for AD/TBI waivers. On March 1, 2023, all service coordinators began entering GERs for the AD/TBI waivers. Starting on March 15, 2023, service coordinators began triage and remediation based on region. This was finalized on June 15, 2023. As of July 15, 2023, the AD/TBI waivers are fully live with the Critical Incident Management process. At this time, service coordinators continue to enter GERs as DHHS-DDD works with Therap to identify a method to have providers enter.

Analysis of All DHHS DDD Critical Incidents

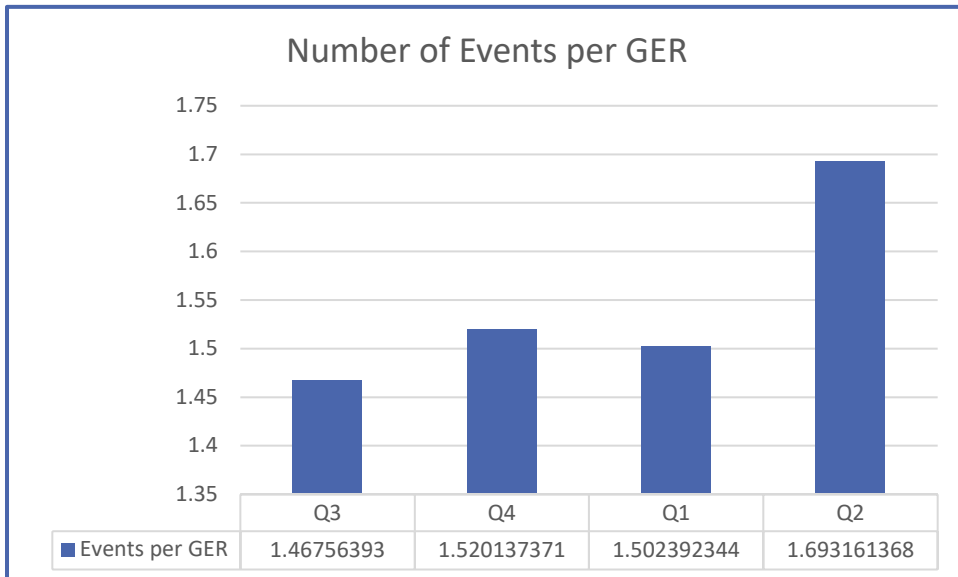
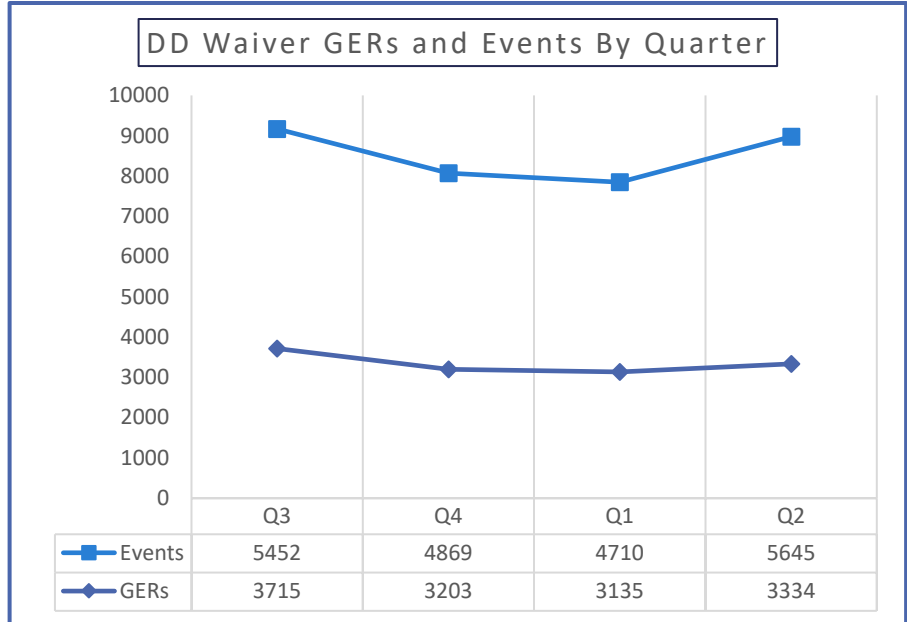
Overall Critical Incident Rate

Between July 1, 2022, and June 30, 2023, a total of **20676** critical incidents were reported on the CDD and DDAD waiver programs, resulting in an overall crude incident rate of **3.91** per participant.

The overall incident rate gives us a starting place to initiate the analysis concerning how critical incidents impact waiver participants in the state of Nebraska. The CDD Waiver program serves **4878** individuals with intellectual and developmental disabilities. Of the 4878 individuals supported, **4573 (94%)** are over the age of 19. The DDAD Waiver program serves **398** individuals with intellectual and developmental disabilities. Of the **398, 397 (99.7%)** are over the age of 19.

A General Event Report (GER) is a form used to capture incidents, or an incident report, housed inside of DHHS-DDD single case management system, Therap. The form captures the information leading up to and surrounding the incident, including the following:

- Participant Involved
- Date and Time of the incident
- Reporting party
- Type of incident(s)
- Summary of the incident(s)
- Notifications
- Remediation activities of the incident

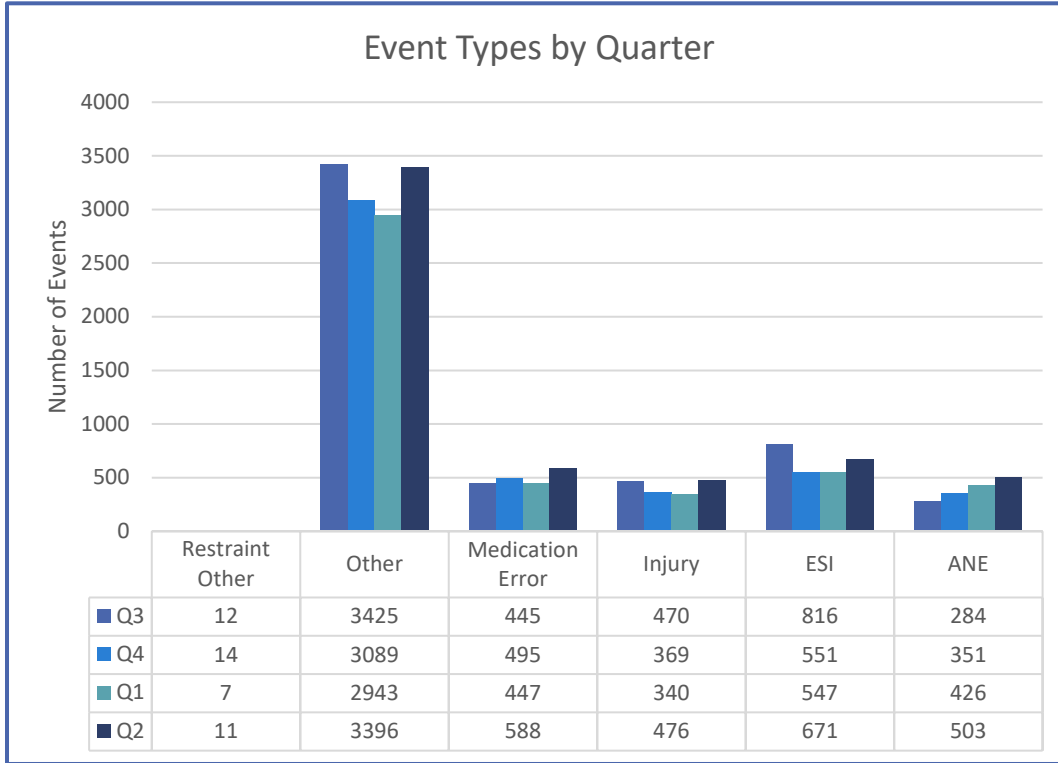


GERs may contain one or more critical event types related to the overall incident. For example, a person may fall, receive a significant injury, and be seen in an emergency room. This would result in 1 GER with 3 critical event types. It is expected that event numbers will be larger than the total GER number.

In fiscal year 2023, the average number of events per GER was **1.544** events. The smallest number of events

was 1 and the largest was 27. In the chart to the right, you will see that the number of event types listed per GER is trending upwards, a possible indication that reporting is becoming more accurate or that incidents are increasing in acuity.

Incident Event Types



GER Events are classified into 6 event categories: Injury, Medication Error, Emergency Safety Intervention (ESI), Restraint Other, Death, and Other. Death events are reviewed by the mortality team and will not be present in this report. The event type Restraint Other is no longer utilized, as a Therap update replaced the need for this by adding the event type ESI. The category Other has additional sub-

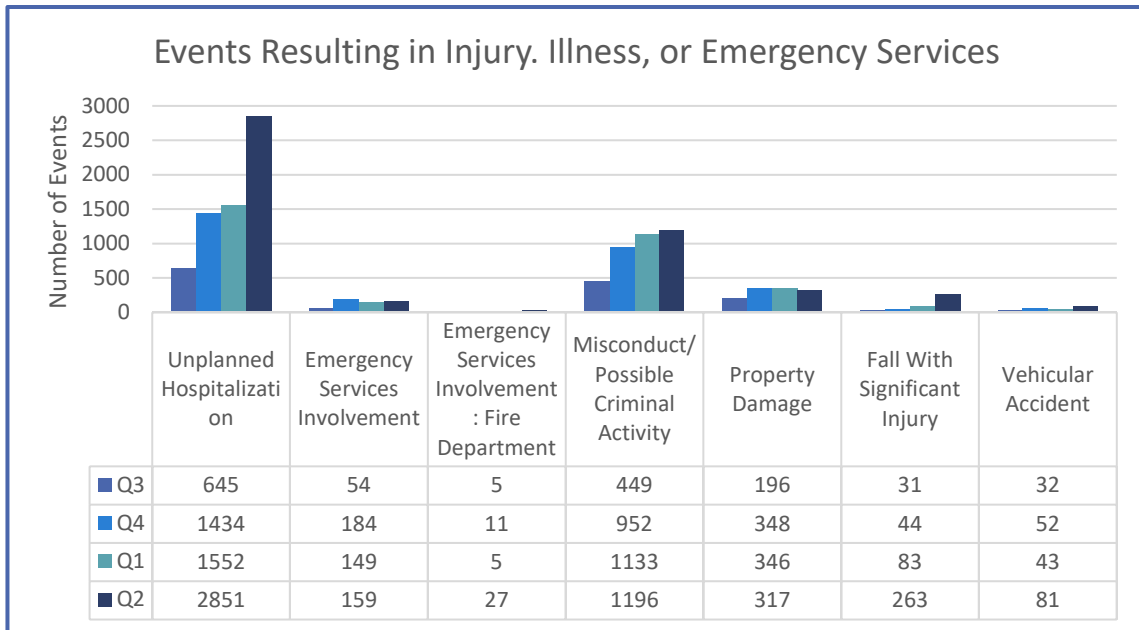
category event types, such as falls, misconduct, abuse/neglect/exploitation, and others. Some events may have an additional subtype to further classify the event being reported. For example, an Other event may be labeled as a Communicable disease. A communicable disease would then be classified by a subevent of the type of diagnosis, such as COVID-19.

The majority of events **12,853 (62%)** are categorized as Other. Events are further broken down by categories that help DHHS-DDD identify trends and patterns. The section below will begin to break these categories out by similar associations.

Events that result in injury, illness, or emergency services involvement:

Events resulting in or from injury, illness, or emergency services involvement include the event labels of Emergency Services Involvement (police, ambulance, or fire department deployment), Falls with Significant Injury, Misconduct/Possible Criminal Activity, Property Damage, Unplanned Hospitalization, and Vehicular accidents.

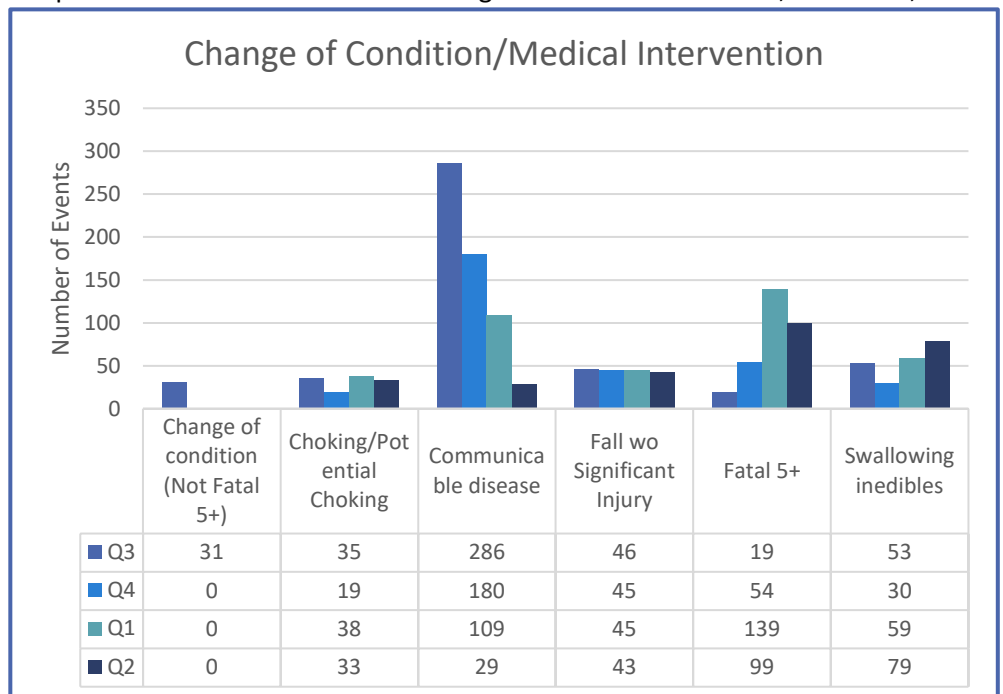
Unplanned Hospitalization accounts for one of the highest reported event types throughout all categories. This category captures any use of an urgent care facility, or emergency room without being admitted to a hospital, or admission to a hospital. Liberty Healthcare is developing a method to collect data around these subtypes and to identify the usage of each subtype in correlation with ambulance usage. This may indicate an underutilization of Urgent Care facilities or physician’s offices for non-emergency care.



Misconduct/Possible Criminal Activity is utilized to capture any action by a waiver participant that may be considered potentially illegal, but no law enforcement was involved. This includes items such as assault, peer-to-peer abuse, theft, etc. The number of these incidents has continued to steadily increase since Quarter 3 of 2022. This may be in part due to the ongoing education given to providers on accurate reporting, especially in instances of peer-to-peer abuse. Additionally, this may be indicative of additional education and support for waiver participants in behavioral and mental health aspects.

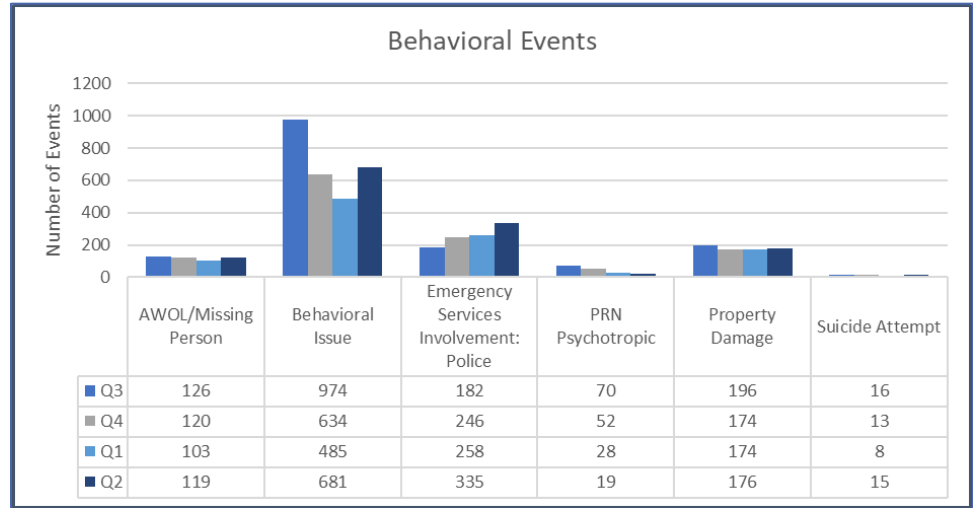
Change of Condition/Medical Intervention

Change of Condition/Medical decline captures data around events including Communicable Disease, Fatal Five, fall without Significant Injury, Swallowing Inedibles, and Choking/Potential Choking. Communicable disease encompasses diseases such as Covid-19, Tuberculosis, Influenza, and other diagnoses by a physician considered to be communicable in nature. Although the common cold could be considered to be communicable, that is not reportable in this category. The focus of this category is to capture those items that could cause a significant outbreak with negative outcomes. A steady decline is noted from Q3 of 2022 to Q2 of 2023. The months in Q3 and Q4 tend to be higher times for Influenza and COVID-19.

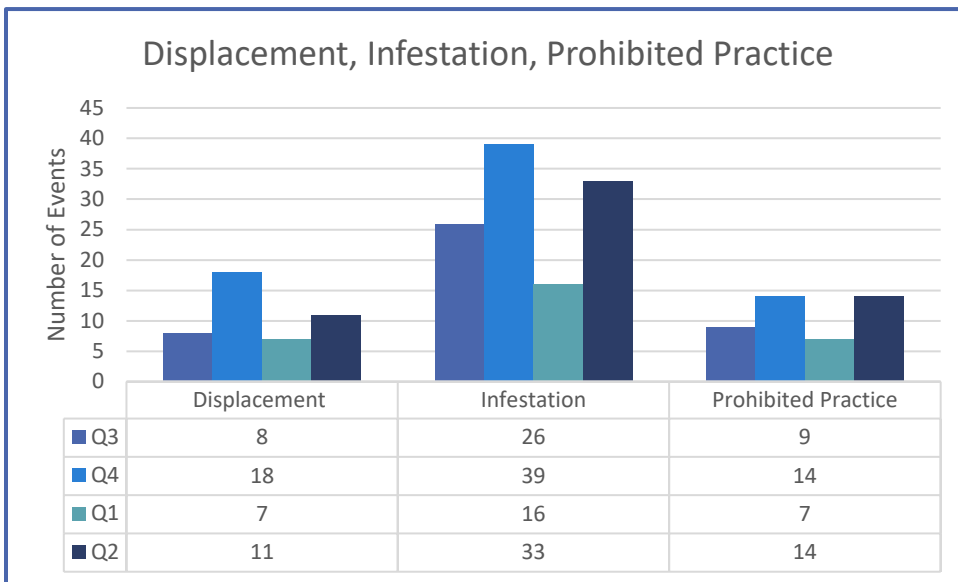


Behavioral

Event types in this area include general behavioral issues, misconduct/ possible criminal history, property damage, missing person, PRN psychotropic use, suicide attempt, and emergency services involvement. Behavioral issues are not considered a reportable event; however, they are added to GERs to indicate the reason for the other event types in this category. These events include



situations where the participant’s behavior escalated to the level of needing staff or other professional intervention.



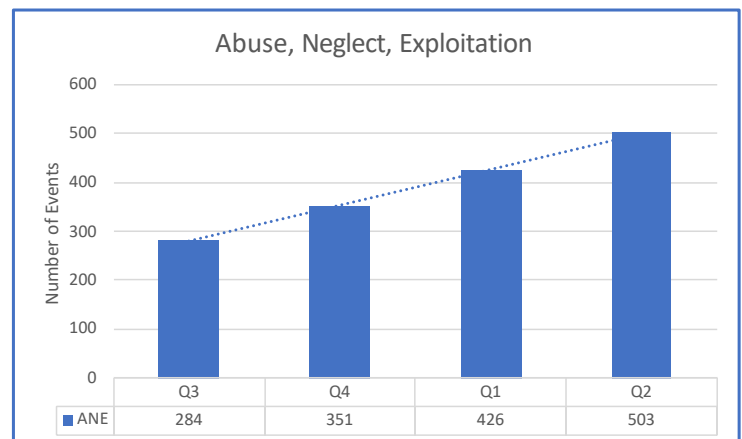
Other

Three event subtypes did not fit in the other areas, and they include infestation, displacement, and prohibited practice. Infestation and displacement include environmental situations potentially resulting in a negative outcome for participants. Prohibited practices include mechanical restraint, chemical restraint, physical restraint when no emergency safety situation is present, aversive stimuli,

corporal punishment, seclusion, denial of basic needs, discipline, and implementation of an intervention by another participant.

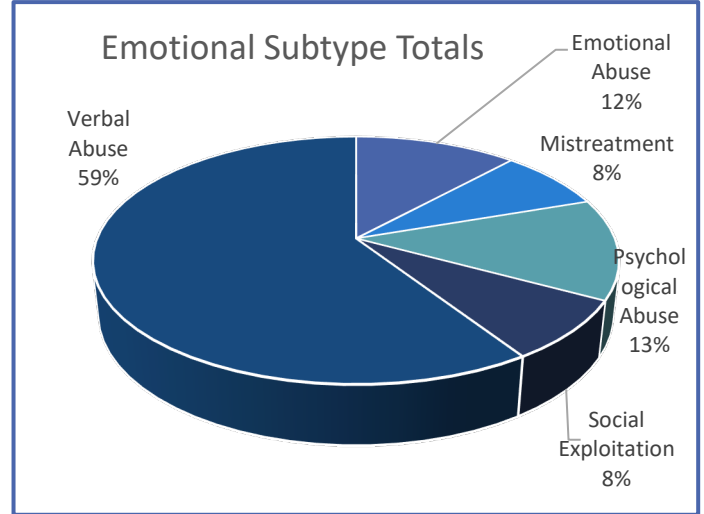
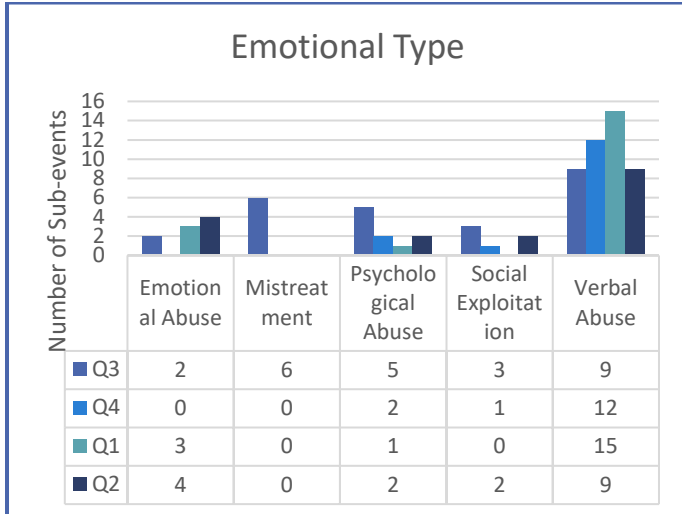
Abuse, Neglect, and Exploitation

Of the **1564** CDD/DDAD ANE Events for the year, **68.61% (1073)** were for abuse, which included the Subtypes below. Verbal abuse accounted for **45 (59%)** of the reported emotional abuse subtype, followed next by psychological abuse at **10 (13%)**. Emotional abuse subtype accounts for **9 (12%)**, mistreatment accounts for **6 (8%)**, and social exploitation accounts for **6 (8%)** as you can see in the charts below.



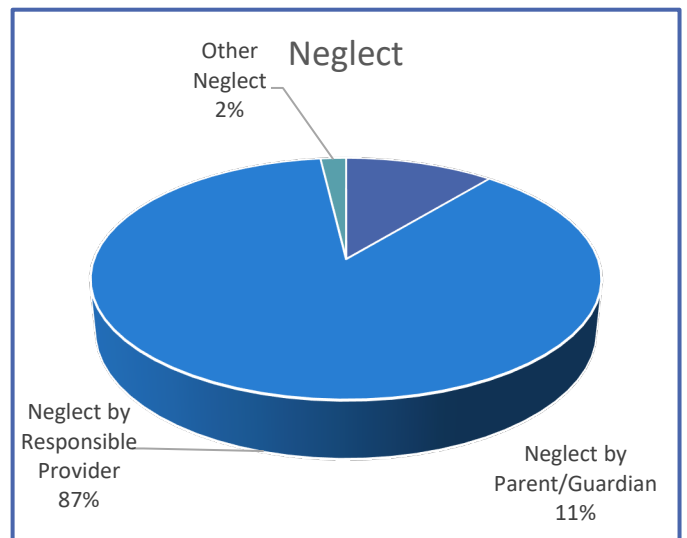
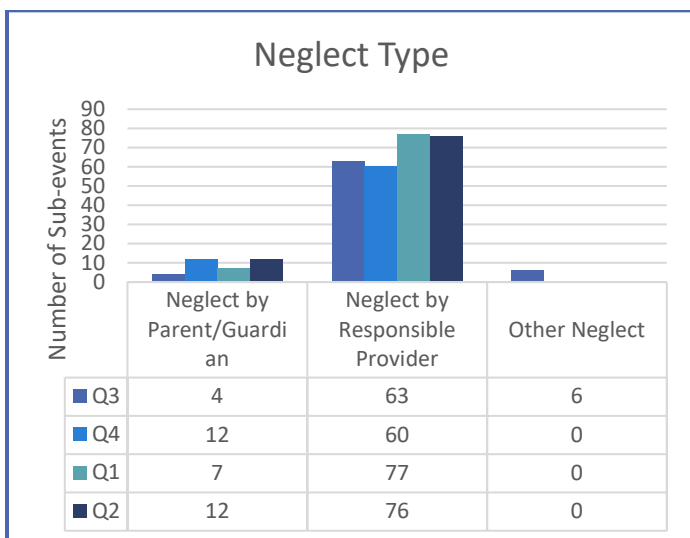
Emotional Abuse, Neglect, and Exploitation

Emotional abuse, neglect, and exploitation includes Emotional Abuse, Mistreatment, Psychological abuse, social exploitation, and verbal abuse. The primary reported emotional type is verbal abuse, accounting for **45 (59%)** of reported emotional events. Verbal abuse is defined as the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to individuals served. As is displayed in the chart above, an increase in ANE events over the last 4 quarters demonstrates that strict reporting guidelines are being utilized.



Neglect

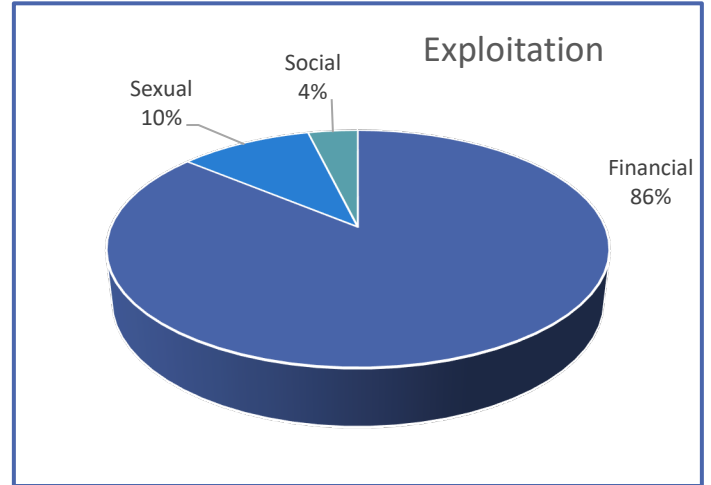
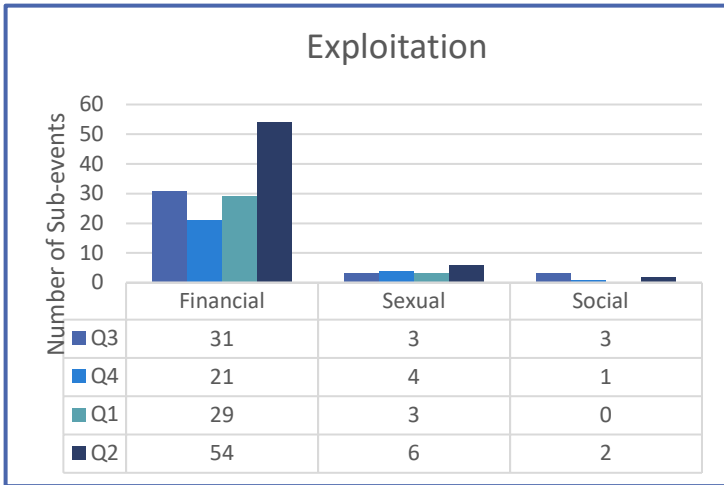
Neglect is defined as the failure to provide proper care, supervision, or attention to a person or the person’s health, safety, or well-being. Neglect is categorized by the alleged perpetrator and includes neglect by parent/guardian, neglect by responsible provider, and others. Others will capture neglect by oneself, or other entities not described elsewhere. Neglect by responsible provider dominates **276 (87%)** of the overall neglect reports.



Exploitation

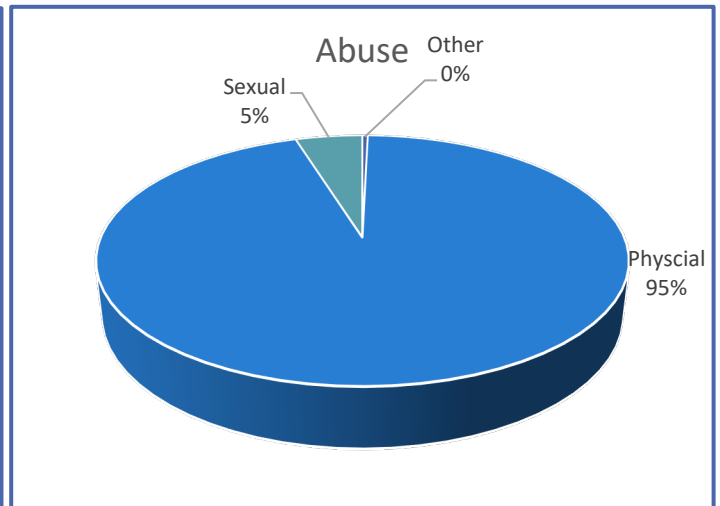
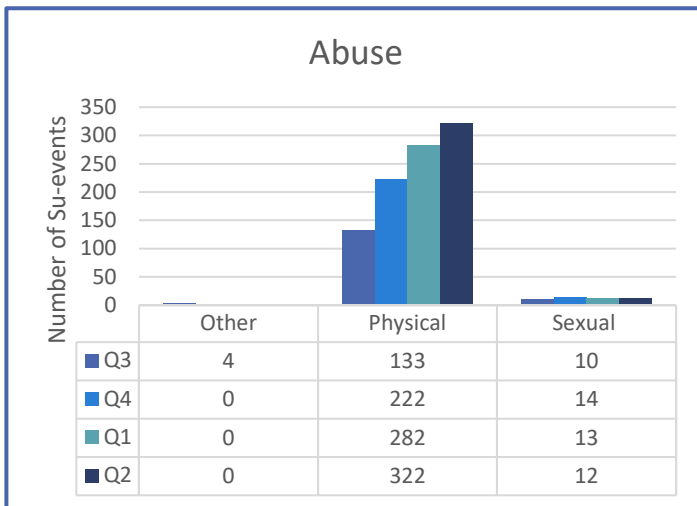
Exploitation is defined as actions meant to obtain from a participant by deception, intimidation, or undue influence with the intent to deprive the individual of money, property, body, work, or sex. This category includes financial exploitation, sexual exploitation, and social exploitation. Financial exploitation accounts for **135 (86%)**

of the reported exploitation events. This is likely due to a significant percentage of CDD/DDAD having a Representative Payee and minimal skills in financial safety and management.

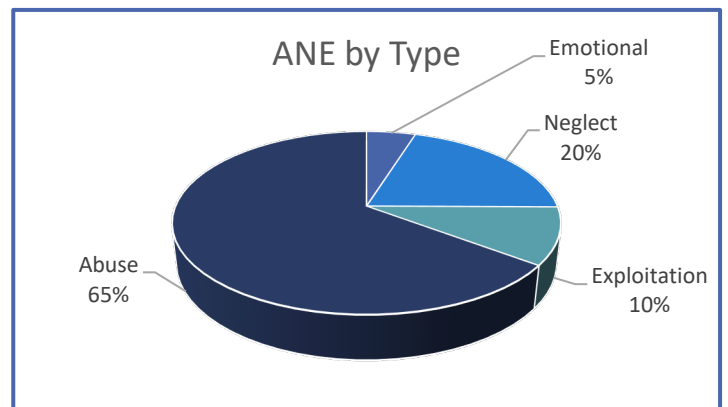


Abuse

Abuse is defined as any knowing, intentional, or negligent act or omission on the part of a caregiver, a vulnerable adult, or any other person. For this report, this section will capture physical abuse, sexual abuse, and other abuse. Other events would capture allegations not clearly defined by other categories and are seldom used. Physical abuse accounts for the largest percentage of this category at **959 (95%)**. Physical abuse is used to capture any physical altercation or assault on a participant, including from other participants on the CDD/DDAD waivers.

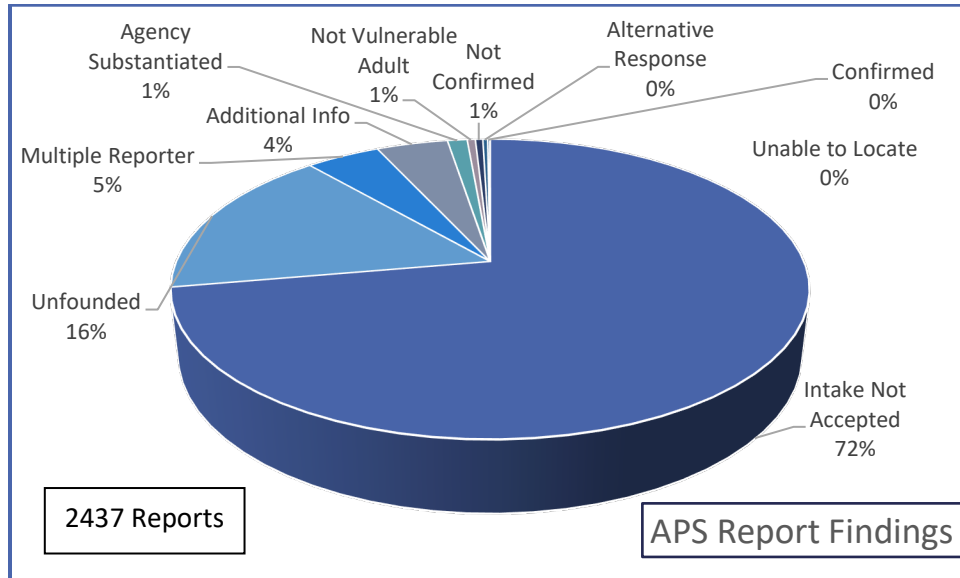


The graph to the right shows all of the Abuse, Neglect, and Exploitation categories from above. The abuse category, including physical, sexual, and other abuse are the highest reported events, accounting for **1,012 (65%)** of all ANE reports.



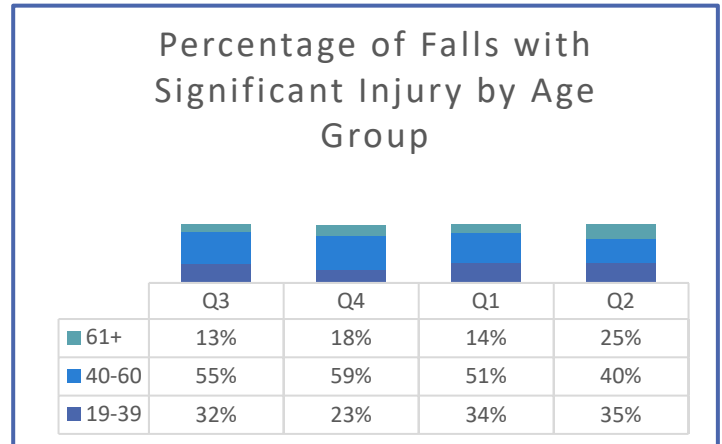
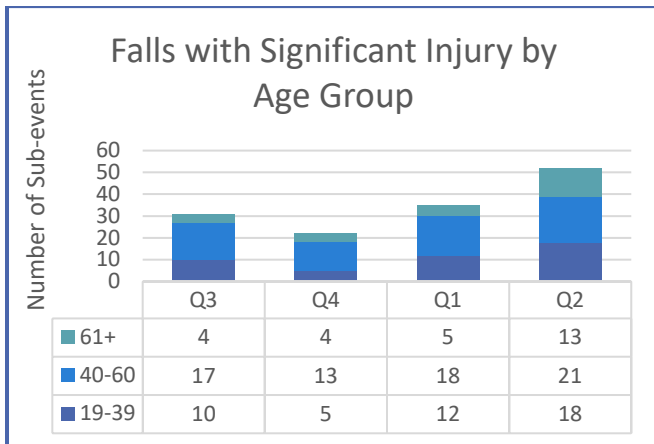
Adult Protective Services Reports

In Fiscal Year 2023, there were **2437** abuse, neglect, and exploitation incidents reported to adult protective services (APS) on behalf of DD waiver participants. Of those reports, **29 (1.19%)** were substantiated, **105 (4.31%)** are awaiting additional information, **109(4.38%)** are duplicates of the same report from multiple reporters, **399 (16.37%)** were unfounded, and **1761 (72.26%)** were not accepted at intake.



Falls

According to the World Health Organization (WHO), falls are the second leading cause of unintentional injury deaths worldwide and adults who are older than 60 years of age suffer the greatest number of fatal falls.



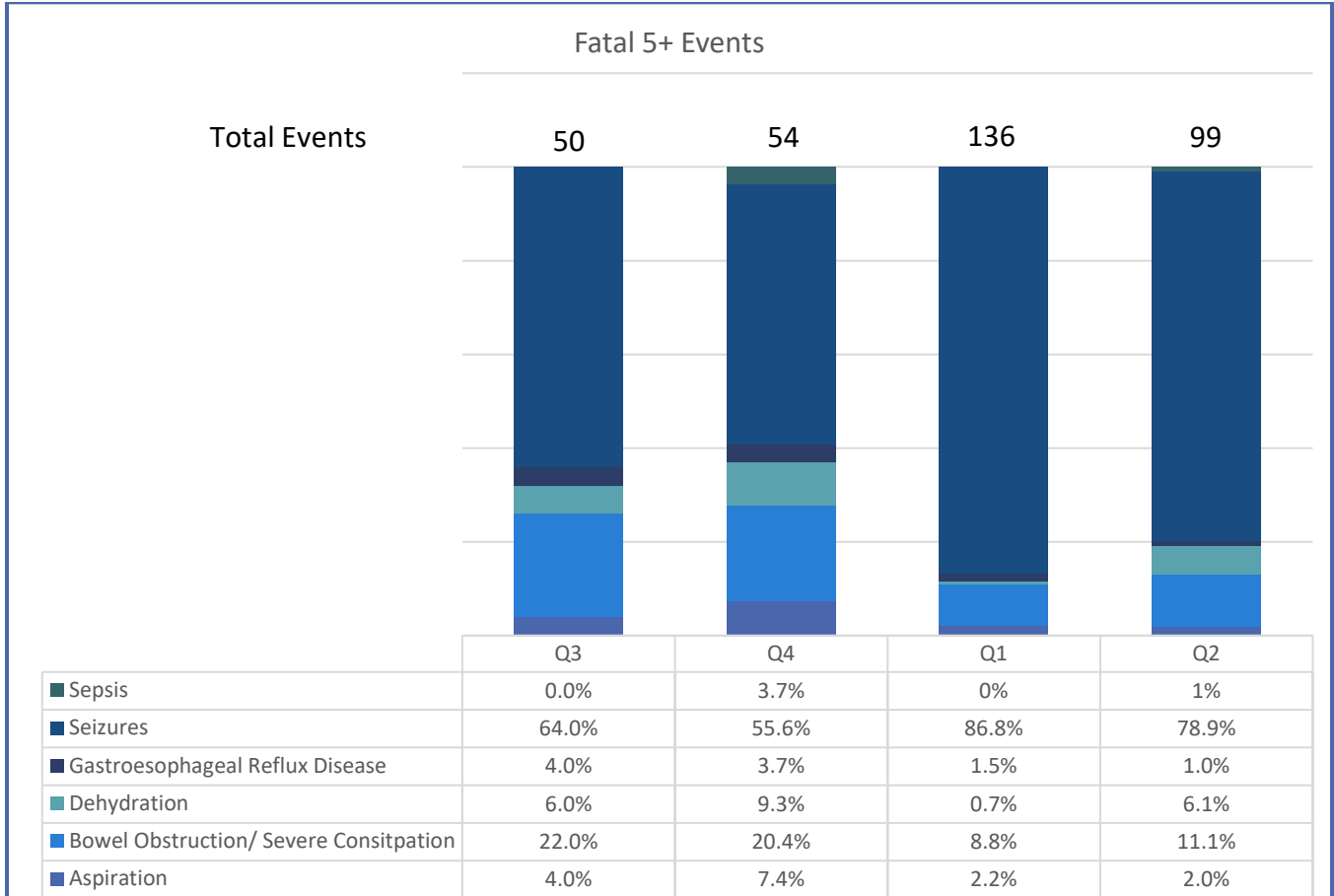
Fatal 5+

There is a strong body of literature that identifies illnesses and conditions that are risks for mortality in the intellectually and developmentally disabled population, known as the “Fatal Five.” More recently, an additional condition has been added to the original “Fatal Five” which has been renamed “Fatal Five Plus.” These conditions include:

- Aspiration/Choking
- Bowel Obstruction/Constipation
- Dehydration
- Gastroesophageal Reflux Disease (GERD)

- Seizure Disorders
- Sepsis and Septicemia

The Fatal Five Plus conditions are all mortality risks that can be mitigated when identified early enough in the course of the illness or when steps are taken to prevent the development of the condition. The critical incident process is developed to identify trends of these types of incidents to identify participants who are at a higher risk of death due to these conditions.



Data Generated from the Targeted Analysis Process

Escalation Reasons

Through the incident review process, incidents are considered to meet escalation to Targeted Analysis if the incident involves:

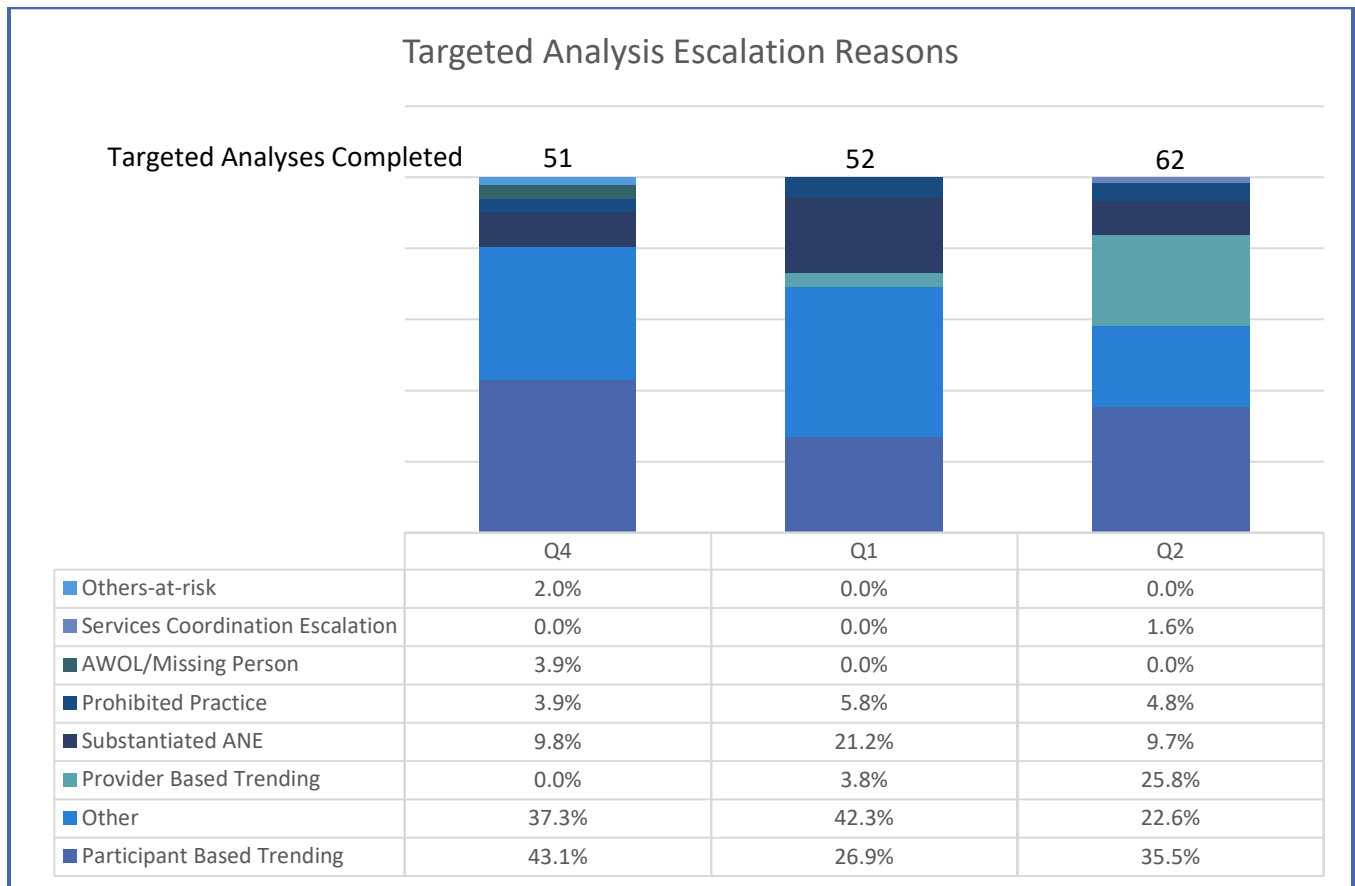
- Substantiated abuse/neglect/exploitation either with the individual being the perpetrator in a communal setting or as the victim (Substantiated ANE),
- The incident is flagged for an OAR and there have been three or more high-level GERs that have occurred in the previous 30 days for an individual (Others-at-risk),
- The incident involves any prohibited practice or unauthorized use of restraints resulting in a negative outcome such as injury, death, police intervention, or hospitalization (Prohibited Practice),
- The incident demonstrates a trend of 3 or more incidents that are related, occurring within 30 days, for injuries requiring more than first aid, financial issues, unplanned hospitalizations, increased number of falls, frequent police calls to the site, or ongoing staff issues (Participant Based),

- The incident demonstrates a trend of three or more incidents with the same provider that are related, occurring within 30 days, for example, episodes of medication errors resulting in an adverse outcome (Provider Based),
- The participant has been missing for 24 hours or more (AWOL/Missing Person),

Additionally, an incident may be taken to Targeted Analysis if the following occurs and DHHS-DDD agrees:

- Service Coordination/DHHS Request, or
- Other serious and significant incidents not meeting other criteria (Other).

The incident review specialist completed **165** targeted analyses in fiscal year 2023 and **62** for the Quarter (CY23Q2).



Critical Incident Trends

Since this report is the first of its kind for the enhanced Nebraska DHHS/DDD Critical Incident process, trending is not possible due to the implementation of a new, more robust data collection and analysis system including new incident definitions designed to collect better data.

Trending in future years will focus on the following:

- Event Types and rates

- Rates per demographic information such as gender, living situation, etc.
- Provider rates

In addition to the above, there will likely be additional data points collected that will evaluate the impact of systemic improvement initiatives to improve service delivery and quality of services and will inform and drive future plans for quality improvement.

Incident Rates by Age

The report below details the age groups that make up the CDD/DDAD waivers and their total GER' and incidents per age group. The 20-29 age group has the most total GERs, and the incident rate is **2.637**. This is followed next by the 30-39 age group which has the second most GERs but a lower incident rate per age group at 2.389. The highest incident rate per age group is 80+ which is at 4.214 but has the lowest total GERs of any age group. The table below shows the continued breakdown of GER incident rates that have been collected.

Age	CDD/DDAD	Total CDD/DDAD GER (July 2022- June 2023)	Incident rate Per Age Group
0-19	306	706	2.307
20-29	1453	3832	2.637
30-39	1322	3158	2.389
40-49	954	2204	2.310
50-59	628	1640	2.611
60-69	438	1264	2.886
70-79	147	465	3.163
80+	28	118	4.214
Grand Total	5276	13387	2.537

Benchmarks

Incident Rate Comparisons

Benchmarks are standards by which similar items can be compared and can provide valuable context for data analysis. There are few relative benchmarks (data from other state agencies) available for use in comparing incident data for persons with IDD and when data does exist, there may be differences in the way the data is reported and analyzed. The lack of publicly reported and reliable IDD critical incident information prevented the use of national benchmarks in this report. Additional work will be completed in fiscal year 2024 to reach out to other state entities and gather benchmarking data.

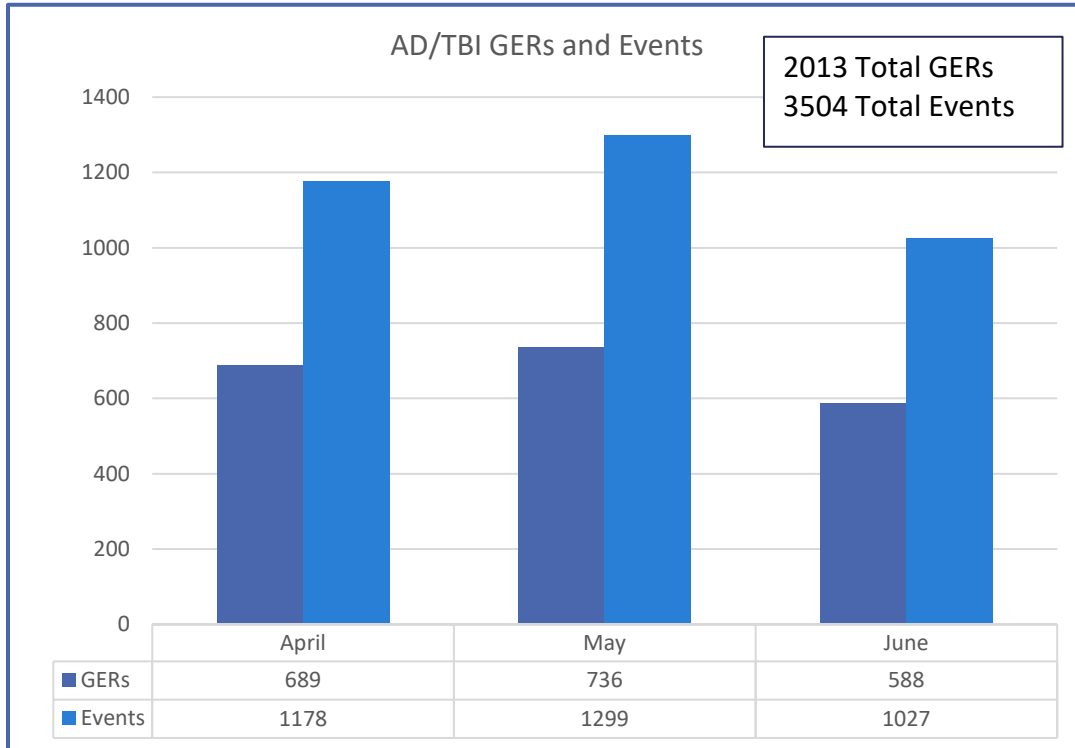
Aged & Disabled and Traumatic Brain Injury Waiver

In July 2022, The Aged & Disabled (AD) and Traumatic Brain Injury (TBI) waivers began a pilot for incident reporting. Through the pilot, several barriers were identified, such as provider capacity, provider access to Therap, and Therap setup. It was decided through the feedback of the Pilot that incident reporting would be completed by Service Coordinators until a resolution with Therap could be identified.

In March 2023, incident reporting and completion of GERs by Service Coordination went live throughout the State of Nebraska. The AD waiver program serves **7302** individuals with physical disabilities and

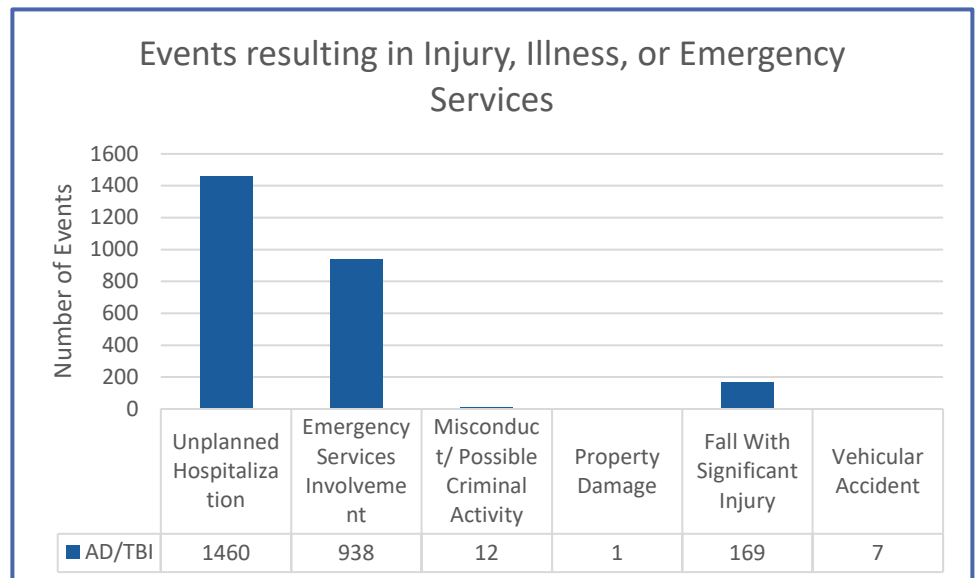
intellectual/developmental disabilities. The TBI waiver services **18** individuals with physical disabilities and intellectual/developmental disabilities. This section of the report will focus on the last quarter of the fiscal year 2023 because annual data is not available at this time due to reporting having been initiated in March of 2023.

Between April 1, 2023, and June 30, 2023, a total of **2013** General Event Reports were reported on the AD and TBI waiver programs with a total of **3504** critical incident events. The rate per participant will not accurately define the total number due to the short reporting period in this report. The future annual report will show the rates for AD/TBI waivers.



Events that result in injury, illness, or emergency services involvement

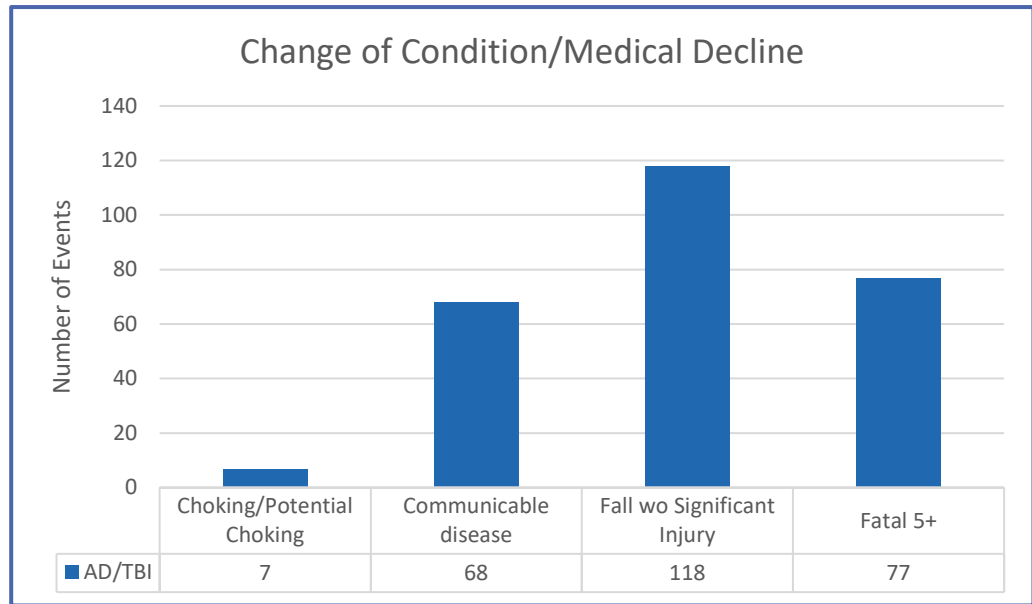
Events that result in injury, illness, or emergency services involvement are categorized into Unplanned Hospitalization, Misconduct/Possible Criminal Activity, Emergency Services Involvement, Fall with Significant Injury, Property Damage, and Vehicular Accident. According to the chart below, unplanned hospitalizations accounted for **1460 (56%)** events. This is followed by emergency services involvement at **938 (36%)**, then falls with significant injury at



169(7%). As depicted below, unplanned hospitalizations and emergency services involvement events are the majority of all events.

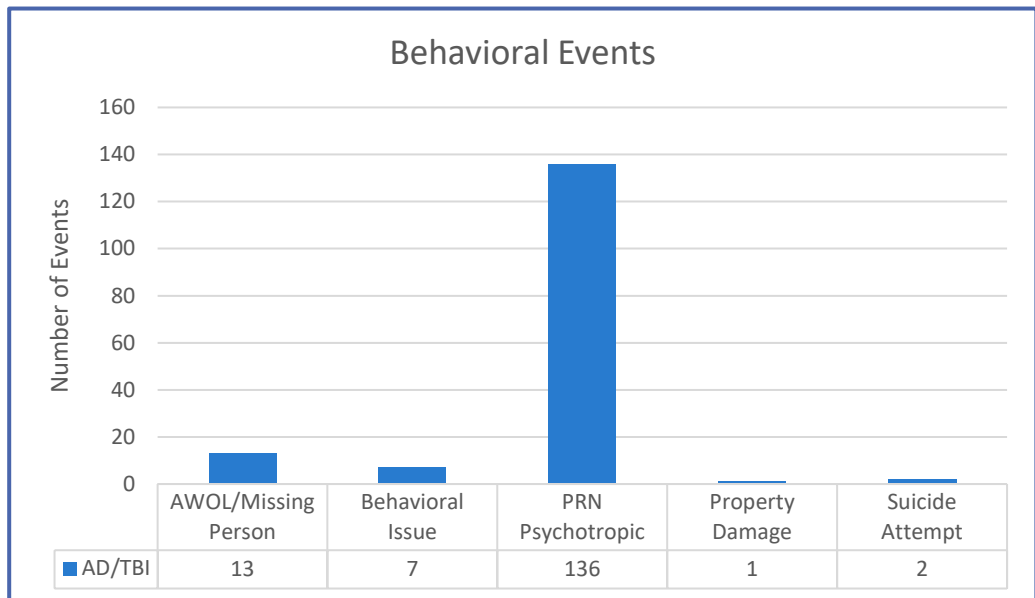
Change of Condition/Medical Decline

Change of condition/medical decline includes choking/potential choking, communicable disease, fall without significant injury, and Fatal Five plus. Falls dominate the event categories for the AD/TBI waivers, most likely due to the age demographics of the participants on this waiver. The AD/TBI waiver serves mostly elderly persons.



Behavioral

The chart depicted on the right describes behavioral events and subtypes. PRN Psychotropic medications are by far the most event type with 136 events. AWOL/Missing person is next with 13 events followed by behavioral issues at 7 events.



There is a larger number of participants on the AD/TBI waivers in Hospice. The large number of psychotropic medications represents this population. Liberty and DHHS-DDD continue to determine the parameters around PRN psychotropic medications and reporting.

Adult Protective Services

Adult Protective Services or APS investigated **2,939** reports from June 2022 to July 2023. **1,101 (37%)** of those reports were not accepted and **666 (23%)** reports did not have findings entered. **396 (13%)** of APS reports were labeled as unfounded and **271 (9%)** had no allegations. **51 (2%)** reports were agency and department-substantiated. According to the National Adult Mistreatment Report System (NAMRS) data from 2019, data gathered from 30 states show that on average 20.4% of APS investigations were substantiated in cases where

the victim was age 60 and older. Additional work is recommended to learn more about the contributing factors in the difference between the national average percentage of substantiated cases and Nebraska’s percentage.

