

KDADS
Behavioral Health / Substance Use Disorders
Quality Committee

Final

AGGREGATE ANALYSIS REPORT

Reporting Period

FROM: July 1, 2014 **TO:** December 31, 2014

Unit/Team/Department:

Quality Committee

Topic/Project:

Quality of Services

5 Adverse Incident Report

Monitoring Standard:

42 CFR 438.240 Quality assessment and performance improvement program

42 CFR 438.240(c) Performance measurement and improvement

Goal:

The Quality Committee will track and report semi-annually to KDADS/BHS all adverse incidents that have occurred.

Objectives:

To assure the documentation is capturing all minimal, moderate, major, and sentinel events.

To evaluate for trends that may require system intervention

To allow data to be presented consistently for Committee evaluation and response

Data Collection Activities:

Data was collected from the KDADS Adverse Incident Reporting (AIR) system. This data is summary information that represents occurrences of actual or potential serious harm to the well-being of a DCF member or to others by the actions of a DCF member, who is receiving services managed by ValueOptions or has recently been discharged from services managed by ValueOptions. The report captures all minimal, moderate, major, and sentinel events.

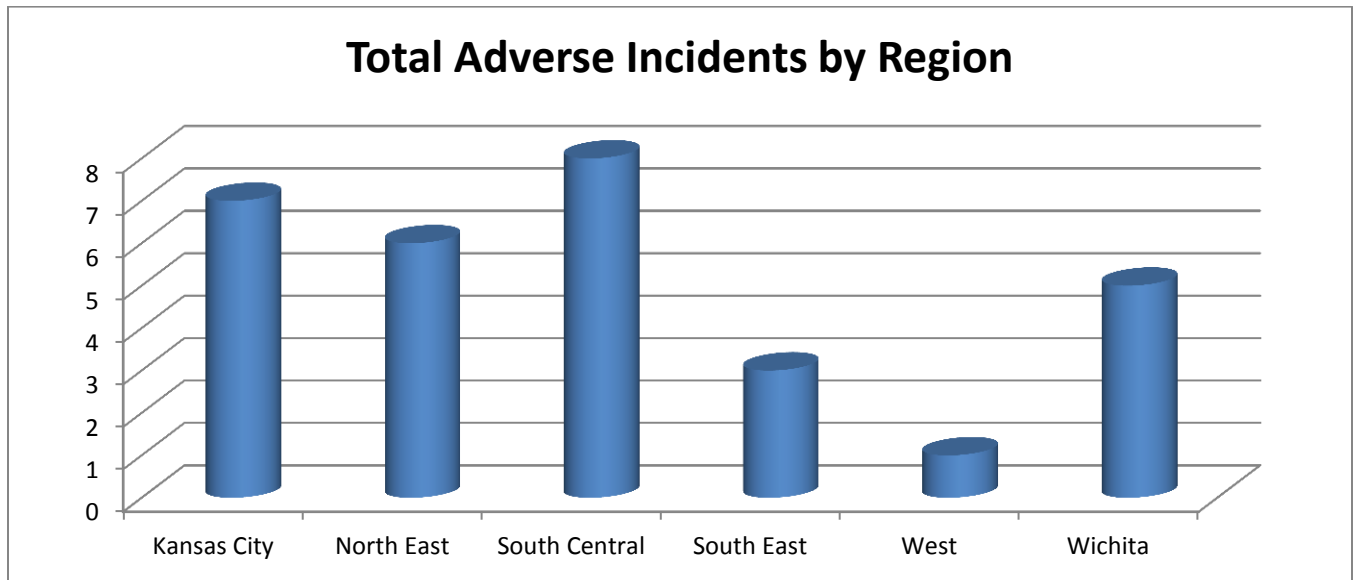
Timeline:

- On January 1, 2013, Addiction and Prevention Services was moved to the Kansas Department for Aging and Disability Services. AAPS merged with Mental Health Services to become Behavioral Health Services (BHS). All adverse incidents are reported directly into the KDADS AIR system. AAPS funded adverse incidents are jointly investigated by KDADS and VO-KS.
- On July 1, 2012, Kansas contracted with three health plans, or managed care organizations (MCOs), to coordinate health care for nearly all Medicaid beneficiaries. The KanCare health plans are Amerigroup of Kansas, Inc. (Amerigroup), Sunflower State Health Plan (Sunflower), and UnitedHealthcare Community Plan of Kansas (United).
- On January 1, 2013, all SUD Medicaid Services were managed under the KanCare MCO contracts.
- On January 1, 2013, Behavioral Health Services created new categories and definitions for adverse incidents.

Results:

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Adverse Incidents Categories		
Preventable Death	0	0.0%
Unanticipated Death	7	23.3%
Physical Abuse	0	0.0%
Inappropriate Sexual Contact	0	0.0%
Misuse of Medications	0	0.0%
Psychological Abuse	0	0.0%
Neglect	0	0.0%
Suicide	0	0.0%
Suicide Attempt	1	3.3%
Serious Injury	0	0.0%
Elopement	16	53.3%
Law Enforcement Involvement	2	6.7%
High Profile Event	0	0.0%
Other	1	3.3%
ER Hospitalization	3	10.0%
Loss/Unauthorized Release of PHI	0	0.0%
Natural Disaster	0	0.0%
Total	30	100.0%



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- Elopement at 52.3% was the highest percentage of Adverse Incidents and Unanticipated Death was the second highest at 23.3%.
- The South Central region had the greatest number of adverse incidents, 26%.
- Fourteen incidents were reported on the last semi-annual report, compared to 30 on this report.
- Elopement and Law Enforcement Involvement respectively were the highest reported incidents for the last semi-annual report.

Preliminary Recommendations to Committee:

- It is recommended that trends continue to be monitored.
- It is recommended that providers continue to be contacted to ensure they are accurately reporting into the AIR system.
- BHS staff have been working with KDADS legal to finalize policy outlining Adverse Incidents. When this policy is finalized, it is recommended that the policy be posted on the ValueOptions website. It is also recommended that providers be educated on the new policy.
- Approval by the Committee is requested to post this aggregate analysis on the ValueOptions website for public access.

Date Presented to QC: April 17, 2015

BY: Stacy Chamberlain for Janelle Keller

Recommendations from the Committee for action:

Person Responsible to follow-up and date due:

Due: