

**Addiction and Prevention Services  
State Quality Committee**

**Final**

**AGGREGATE ANALYSIS REPORT**

**Reporting Period**

**FROM:** July 1, 2011

**TO:** December 31, 2011

**\*FY2012 Semi-Annual Summary**

**Unit/Team/Department:**

PIHP Quality Improvement

**Topic/Project:**

Quality of Services

**Adverse Incident Report (VO # 5, Grid Row #14)**

**Monitoring Standard:**

42 CFR 438.240 Quality assessment and performance improvement program

42 CFR 438.240(c) Performance measurement and improvement

**Goal:**

The PIHP will track and report semi-annually to SRS/AAPS 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 ValueOptions QualityConnect system. This data is summary information that represents occurrences of actual or potential serious harm to the well-being of a SRS member or to others by the actions of a SRS 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:**

- The region location is by provider location as requested in the November 2007 SQC meeting.
- As of first quarter FY09, social detox clients who needed medical clearance were not counted as an incident.
- As recommended in the November 2008 SQC meeting, ValueOptions Clinical staff will continue to identify potential adverse incidents as they review each KCPC, forward to ValueOptions Provider Relations staff, who then will follow-up with the Provider.
- As recommended in the November 2010 SQC meeting, the frequency of the report submission by VO and aggregate by the State be changed to semi-annual as longer time frames allow for improved data trending as data can vary significantly from quarter to quarter.
- October 2011: VO-KS has enhanced the adverse incident investigation process. All suicides and suspicious deaths will be investigated by the Clinical Department and all other Major and Sentinel adverse incidents will be investigated by Provider Relations staff. Provider Relations staff can at any point refer an adverse incident investigation to Clinical if necessary. The Adverse incident investigation includes a detailed review of the KCPC medical records, the medical record maintained at the provider

**Addiction and Prevention Services  
State Quality Committee**

facility, and telephonic interviews with provider staff when necessary. Site visits will occur only if deemed appropriate by the Medical / Clinical Director leading the adverse incident investigation.

**Results: See next page**

**Addiction and Prevention Services  
State Quality Committee**

**AAPS funded**

Adverse Incidents by  
Category/Region

**Total**

	<b>FY08</b>	<b>FY09</b>	<b>FY10</b>	<b>FY11</b>	<b>FY12 YTD</b>
<b>Self-Inflicted Harm</b> (requiring urgent/emergent treatment, suicide attempt)	<b>5</b>	<b>1</b>	<b>4</b>	<b>4</b>	<b>6</b>
<b>Unanticipated Death</b> (occurring in any setting, suicide, homicide, natural causes)	<b>8</b>	<b>10</b>	<b>8</b>	<b>31</b>	<b>7</b>
<b>Violent/Assaultive Behavior</b> (physical harm to self or others requiring urgent/emergent intervention)	<b>2</b>	<b>3</b>	<b>3</b>	<b>5</b>	<b>1</b>
<b>Sexual Behavior</b> (with staff or other patients while in a substance abuse treatment setting)	<b>3</b>	<b>3</b>	<b>10</b>	<b>1</b>	<b>0</b>
<b>Elopement from Hospital or Residential Setting</b> (when patient is alleged to be a danger to self or others)	<b>6</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>3</b>
<b>Injuries in Facility or Provider Office</b> (require urgent/emergent care, accidental)	<b>8</b>	<b>11</b>	<b>8</b>	<b>17</b>	<b>3</b>
<b>Fire Setting/Property Damage</b> (while in substance abuse treatment setting)	<b>0</b>	<b>0</b>	<b>6</b>	<b>3</b>	<b>0</b>
<b>Serious Adverse Treatment Reaction</b> (requiring urgent/emergent response, drug interaction)	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Medication Error</b> (requires urgent/emergent intervention)	<b>0</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Human Rights/Civil Rights Violations</b> (neglect/exploitation)	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>6</b>
<b>Other: Emergent Care Required</b>	<b>X</b>	<b>X</b>	<b>36</b>	<b>30</b>	<b>17</b>
<b>Other</b> (incidents not listed above which may cause actual or potential harm to the member)	<b>60</b>	<b>30</b>	<b>35</b>	<b>41</b>	<b>32</b>
<b>Total</b>	<b>92</b>	<b>64</b>	<b>114</b>	<b>134</b>	<b>75</b>

**Addiction and Prevention Services  
State Quality Committee**

**Medicaid**

Adverse Incidents by  
Category/Region

**Total**

	<b>FY08</b>	<b>FY09</b>	<b>FY10</b>	<b>FY11</b>	<b>FY12 YTD</b>
<b>Self-Inflicted Harm</b> (requiring urgent/emergent treatment, suicide attempt)	<b>2</b>	<b>5</b>	<b>4</b>	<b>2</b>	<b>6</b>
<b>Unanticipated Death</b> (occurring in any setting, suicide, homicide, natural causes)	<b>1</b>	<b>3</b>	<b>10</b>	<b>3</b>	<b>6</b>
<b>Violent/Assaultive Behavior</b> (physical harm to self or others requiring urgent/emergent intervention)	<b>1</b>	<b>2</b>	<b>6</b>	<b>4</b>	<b>6</b>
<b>Sexual Behavior</b> (with staff or other patients while in a substance abuse treatment setting)	<b>2</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>2</b>
<b>Elopement from Hospital or Residential Setting</b> (when patient is alleged to be a danger to self or others)	<b>4</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>Injuries in Facility or Provider Office</b> (require urgent/emergent care, accidental)	<b>4</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>3</b>
<b>Fire Setting/Property Damage</b> (while in substance abuse treatment setting)	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Serious Adverse Treatment Reaction</b> (requiring urgent/emergent response, drug interaction)	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Medication Error</b> (requires urgent/emergent intervention)	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Human Rights/Civil Rights Violations</b> (neglect/exploitation)	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other: Emergent Care Required</b>	<b>X</b>	<b>X</b>	<b>14</b>	<b>19</b>	<b>8</b>
<b>Other</b> (incidents not listed above which may cause actual or potential harm to the member)	<b>10</b>	<b>23</b>	<b>15</b>	<b>33</b>	<b>8</b>
<b>Total</b>	<b>25</b>	<b>42</b>	<b>57</b>	<b>68</b>	<b>41</b>

**Addiction and Prevention Services  
State Quality Committee**

**Medicaid and AAPS funded**

Adverse Incidents by  
Category/Region

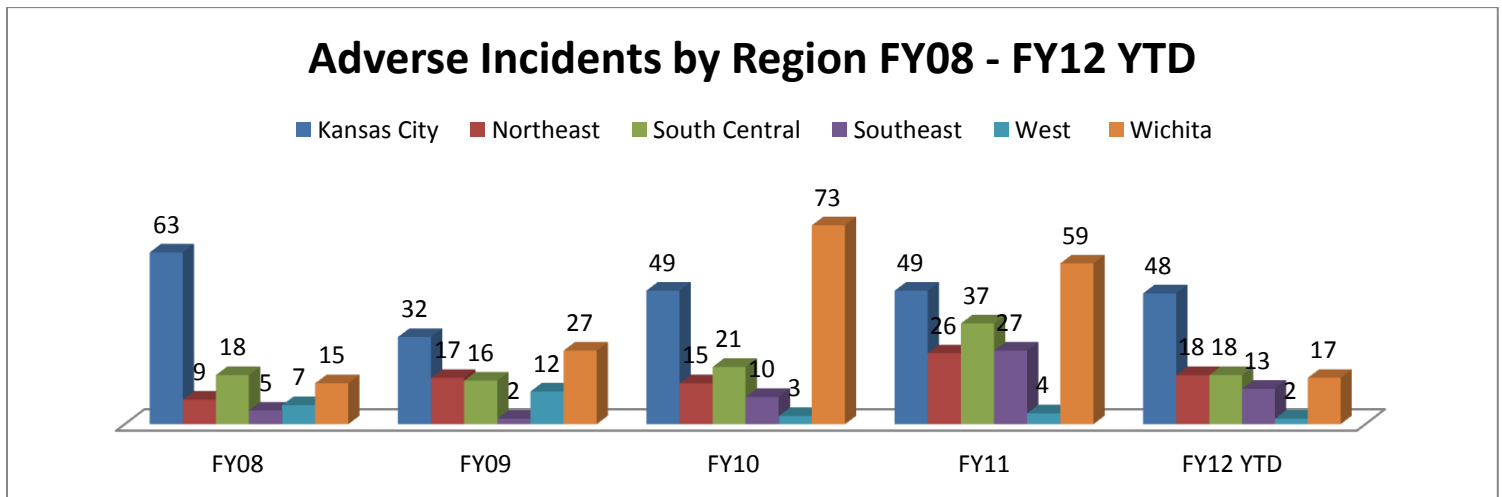
**Total**

	<b>FY08</b>	<b>FY09</b>	<b>FY10</b>	<b>FY11</b>	<b>FY12 YTD</b>
<b>Self-Inflicted Harm</b> (requiring urgent/emergent treatment, suicide attempt)	<b>7</b>	<b>6</b>	<b>8</b>	<b>6</b>	<b>12</b>
<b>Unanticipated Death</b> (occurring in any setting, suicide, homicide, natural causes)	<b>9</b>	<b>13</b>	<b>18</b>	<b>34</b>	<b>13</b>
<b>Violent/Assaultive Behavior</b> (physical harm to self or others requiring urgent/emergent intervention)	<b>3</b>	<b>5</b>	<b>9</b>	<b>9</b>	<b>7</b>
<b>Sexual Behavior</b> (with staff or other patients while in a substance abuse treatment setting)	<b>5</b>	<b>6</b>	<b>14</b>	<b>3</b>	<b>2</b>
<b>Elopement from Hospital or Residential Setting</b> (when patient is alleged to be a danger to self or others)	<b>10</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>5</b>
<b>Injuries in Facility or Provider Office</b> (require urgent/emergent care, accidental)	<b>12</b>	<b>14</b>	<b>11</b>	<b>21</b>	<b>6</b>
<b>Fire Setting/Property Damage</b> (while in substance abuse treatment setting)	<b>0</b>	<b>0</b>	<b>7</b>	<b>3</b>	<b>0</b>
<b>Serious Adverse Treatment Reaction</b> (requiring urgent/emergent response, drug interaction)	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Medication Error</b> (requires urgent/emergent intervention)	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>0</b>
<b>Human Rights/Civil Rights Violations</b> (neglect/exploitation)	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>6</b>
<b>Other: Emergent Care Required</b>	<b>X</b>	<b>X</b>	<b>50</b>	<b>49</b>	<b>25</b>
<b>Other</b> (incidents not listed above which may cause actual or potential harm to the member)	<b>70</b>	<b>53</b>	<b>50</b>	<b>74</b>	<b>40</b>
<b>Total</b>	<b>117</b>	<b>106</b>	<b>171</b>	<b>202</b>	<b>116</b>

**Addiction and Prevention Services  
State Quality Committee**

**FY2012 Q1 & Q2 Medicaid and AAPS Other Incidents reported:**

*other:	Kansas City	Northeast	South Central	Southeast	West	Wichita	Total
911 called; member refused treatment	14	3	1	1	0	7	26
Contagious illness	0	0	0	0	0	0	0
Ingestion of unauthorized substance	1	0	0	5	1	5	12
Medical discharge	0	0	0	0	0	0	0
Member misconduct	0	0	1	0	0	0	1
Mental health	0	0	0	0	0	0	0
Taken to jail	0	0	1	0	0	0	1



\*Total Admissions Higher and Lower Levels of Care by Region FY12 Q1 & Q2:

- Kansas City – 4,287
- Northeast – 3,405
- South Central – 2,210
- Southeast – 1,644
- West – 1,755
- Wichita – 3,903
- Other (AAPS) - 8

**Addiction and Prevention Services  
State Quality Committee**

**Unique Providers Reporting FY2011 – FY2012 YTD:**

	FY2011	FY2012 YTD
Not in Active treatment (unique providers)	9	7
Unique Residential Providers Reporting	13	17
Unique Outpatient Providers Reporting	23	14
<b>Total Unique Providers Reporting</b>	<b>31</b>	<b>32</b>

**Unanticipated Deaths Reporting FY2012 Q1 & Q2:**

Number	Diagnosis	Description	
1	0.00	not provided	
1	303.00	Acute Alcoholic Intoxification	
3	303.90	Alcohol Dependence	
1	304.20	Cocaine Dependence	
2	304.40	Amphetamine Dependence	
1	304.80	Polysubstance Dependence	
3	305.00	Alcohol Abuse	
1	305.20	Cannabis Abuse	
<b>There were 13 unanticipated deaths between July 1 and December 31, 2011. Diagnoses for those members are above.</b>			

**Conclusions:**

**FY2012 Summary (7/1/11 – 12/31/11):**

- For Medicaid, the highest number of incidents reported statewide, each with a total of 8 or 20% of adverse incidents, are in the “Other” category and “Other: Emergent Care Required” category.
- For AAPS funded, the highest numbers of incidents reported statewide with a total of 32 or 43% are in the “Other” category. The next highest category is “Other: Emergent Care Required” with a total of 17 incidents or 23%.
- For both funding sources, Kansas City region reported the most adverse incidents with a total of 48 or 41%. The other regions reported, in decreasing order, Northeast region 18 (16%) of adverse incidents, South Central region 18 (16%), Wichita region 17 (15%), Southeast 13 (11%), and the West 2 (2%) of incidents.
- The most “other” incidents reported statewide was “911 called; member refused treatment” (65%). The second most “other” incidents reported was “Ingestion of unauthorized substance” (30%).
- The two leading unanticipated deaths diagnoses are Alcohol dependence (3 incidents) and Alcohol Abuse (3 incidents).

**Addiction and Prevention Services  
State Quality Committee**

**Preliminary Recommendations to Committee:**

- It is recommended that trends continue to be monitored.
- Approval by the Committee is requested to post this aggregate analysis on the ValueOptions website for public access.

**Date Presented to SQC:** 5/18/2012

**BY:** Cissy McKinzie

**Recommendations from the Committee for action:** Committee approves of the Preliminary Recommendations as shown above.

**Person Responsible to follow-up and date due:** Kim Brown Due: 8/10/2012