

**Addiction and Prevention Services
State Quality Committee**

Adverse incidents: Occurrences that represent actual or potential harm to the well being of a ValueOptions member or to others by the actions of a ValueOptions member, who is receiving services managed by ValueOptions or has recently been discharged from services managed by ValueOptions.

**Final
AGGREGATE ANALYSIS REPORT**

Reporting Period **FROM:** October 1, 2009 **TO:** December 31, 2009

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 quarterly to SRS/AAPS all adverse incidents that have occurred in a given quarter.

Objectives:
To assure the documentation is capturing these 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.

- 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.

Results: See next page.

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Medicaid:

FY10 Medicaid
Adverse Incidents by
Category/Region

	Kansas City				Northeast				South Central				Southeast				West				Wichita				Total				Pct of Total											
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4								
Self Inflicted Harm (requiring urgent/emergent treatment, suicide attempt)		2																											2				2	2			14.3%	12.5%		
Unanticipated Death (occurring in any setting, suicide, homicide, natural causes)						2			1																1	3			2	5			14.3%	31.3%						
Violent/Assaultive Behavior (physical harm to self or others requiring urgent/emergent intervention)		1																											0	1			0.0%	6.2%						
Sexual Behavior (with staff or other patients while in a substance abuse treatment setting)																													0	0			0.0%	0.0%						
Elopment from Hospital or Residential Setting (when patient is alleged to be a danger to self or others)																													0	0			0.0%	0.0%						
Injuries in Facility or Provider Office (require urgent/emergent care, accidental)												1													1				0	2			0.0%	12.5%						
Fire Setting/Property Damage (while in substance abuse treatment setting)		1																											0	1			0.0%	6.2%						
Serious Adverse Treatment Reaction (requiring urgent/emergent response, drug interaction)																													0	0			0.0%	0.0%						
Medication Error (requires urgent/emergent intervention)																													0	0			0.0%	0.0%						
Human Rights/Civil Rights Violations (neglect/exploitation)																													0	0			0.0%	0.0%						
Other: Emergent Care Required	2	2																							3				5	2			35.7%	12.5%						
Other (incidents not listed above which may cause actual or potential harm to the member)	1	1		1																					3	2			5	3			35.7%	18.8%						
Total	3	7			1	2			1	0			0	1			0	0			9	6			14	16			100.0%	100.0%	0.0%	0.0%								

Medicaid Fourth Quarter Other Incidents:

*other:	Kansas City	Northeast	South Central	Southeast	West	Wichita
Member misconduct	1					
Mental hospital referral						1
Quality of care concern						1

As of Q1 '09, social detox clients who needed medical clearance were not counted as an incident

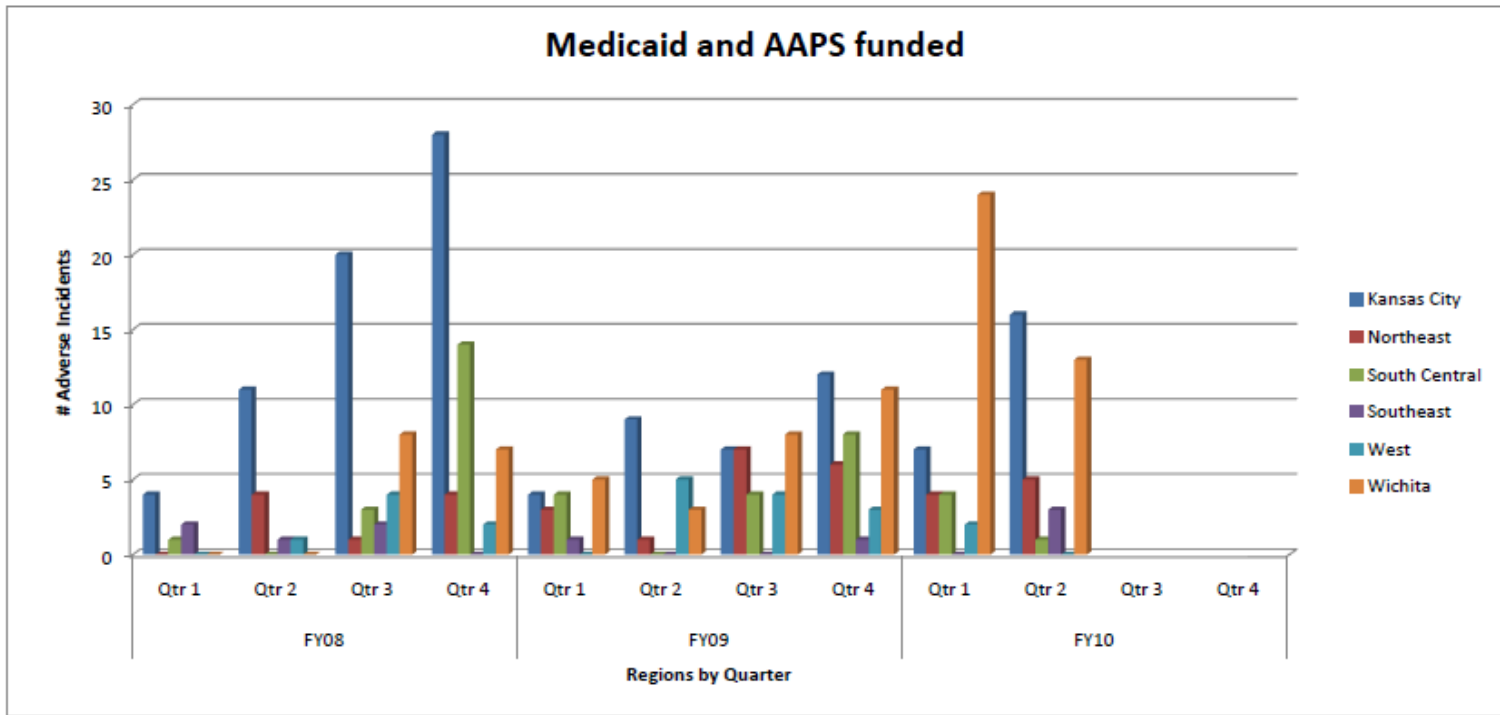
As of Q1 '10, a "other emergent care required" category was added

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Medicaid and AAPS Funded Adverse Incidents (FY2008, FY2009 and FY2010):

	FY08				FY09				FY10				FY 08	FY 09	FY 10
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4			
Kansas City	4	11	20	28	4	9	7	12	7	16			63	32	23
Northeast	0	4	1	4	3	1	7	6	4	5			9	17	9
South Central	1	0	3	14	4	0	4	8	4	1			18	16	5
Southeast	2	1	2	0	1	0	0	1	0	3			5	2	3
West	0	1	4	2	0	5	4	3	2	0			7	12	2
Wichita	0	0	8	7	5	3	8	11	24	13			15	27	37
Total	7	17	38	55	17	18	30	41	41	38			117	106	79

Note: As of Qtr 1 FY09, social detox clients who needed medical clearance were not counted as an incident



Conclusions:

Second Quarter FY2010:

- For both Medicaid and AAPS funded, the highest incidents reported with a total of twelve (12) out of thirty-eight (38) adverse incidents statewide are in the “Other: Emergent Care Required” category.
- The next highest category is “Other” with a total of ten (10), primarily in the Member misconduct category.

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- Kansas City region reported the most adverse incidents for second quarter FY2010 with a total of sixteen (16). The other regions reported, in decreasing order, Wichita region thirteen (13) adverse incidents, Northeast region five (5), Southeast three (3), South Central one (1), and the West zero (0) incidents.
- Comparing second quarter FY2008, FY2009, and FY2010 data, total adverse incidents increased: FY2008 = 17, FY2009 = 18 and FY10 = 38. For FY2008, FY2009, and FY2010, Kansas City region reported the most adverse incidents in each fiscal year for second quarter.
- Comparing second quarter FY2010 data to first quarter FY2010, there has been a slight decrease in total number of adverse incidents: First quarter FY2010 = 41 , Second quarter FY2010 = 38.
- The number of total unique providers reporting decreased slightly from last quarter (First quarter FY2010 = 16 and Second quarter FY2010 = 14).

Preliminary Recommendations to Committee:

- It is recommended that trends continue to be monitored.
- It is recommended by the Committee to share this aggregate analysis at the Regional QI meetings and be posted on the ValueOptions website for public access.
- It is recommended that ValueOptions continue to do internal staff education with any new staff. ValueOptions Clinical staff will continue to identify potential adverse incidents, forward to VO Provider Relations staff, who then will follow-up with the Provider. This will be a continuing/ongoing recommendation.
- It was reported by ValueOptions in the last SQC that a VO/SRS presentation about risk management was being developed and was to be given at the Regional QI Committee meetings in January 2010. It is recommended that a report on the progress of the Risk Management training be given by ValueOptions at the February 2010 SQC meeting. **VO reported at the February 2010 meeting that the training was done and well received by providers.**

Date Presented to SQC: 2/4/2010

BY: Kim Brown

Recommendations from the Committee for action: Recommendation and changes made by the SQC to the Preliminary Recommendations are noted above in **bold**.

Person Responsible to follow-up and date due: Kim Brown Due: 5/6/2010