

# RISK MANAGEMENT

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Presented at the RCOC Board of Directors'  
Training Session

Thursday, October 6, 2016

by

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# Relevant RCOC Guiding Principles

Safe Settings

Quality Care and Relationships

# Risk Management



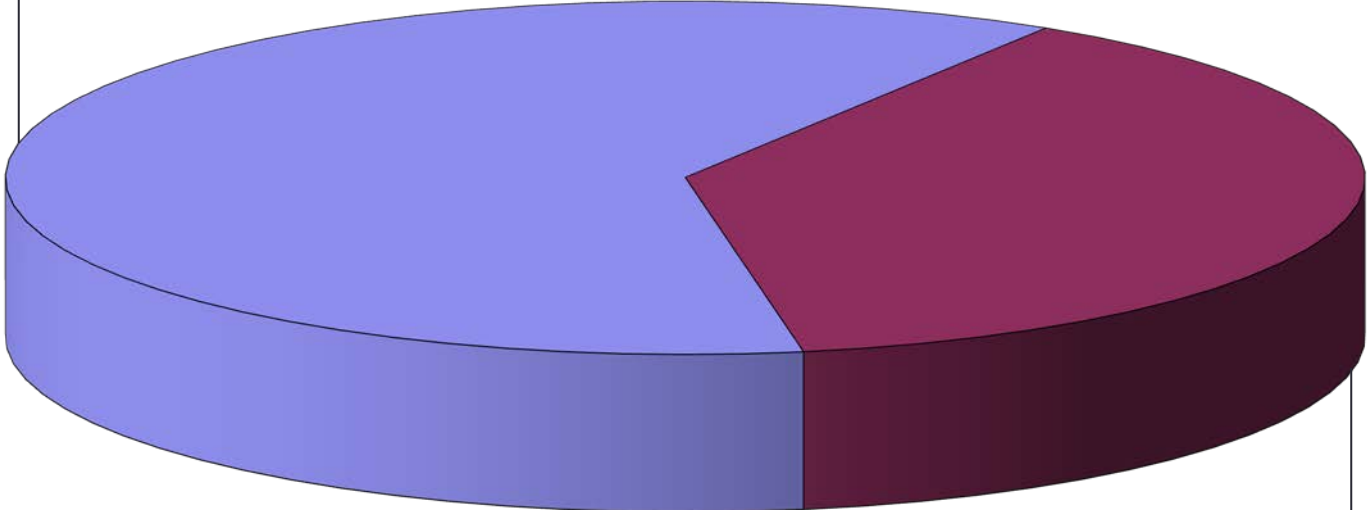
# Information about Persons Served by RCOOC

Total number of persons served:	19,836
Persons served over age 18:	10,275
Persons served over age 18 living away from a parent/relative:	3,955
• Licensed residential placement:	2,557
• Unlicensed residential placement:	1,398
Persons served over age 18 participating in a vocational service or adult day program:	4,323

\*as of August 31, 2016

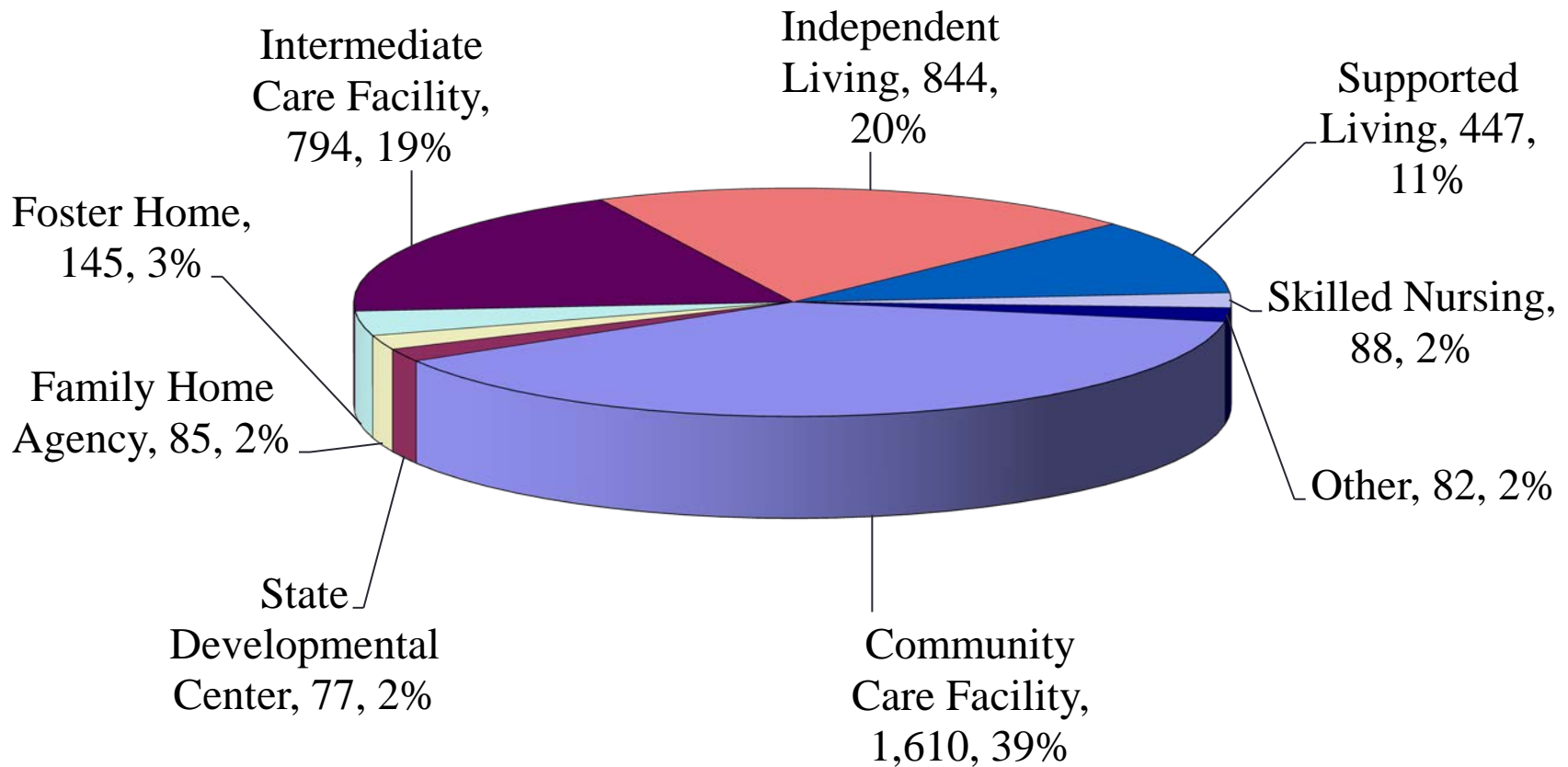
# Where Persons Served Over 18 Live

With Family,  
6,369, 62%

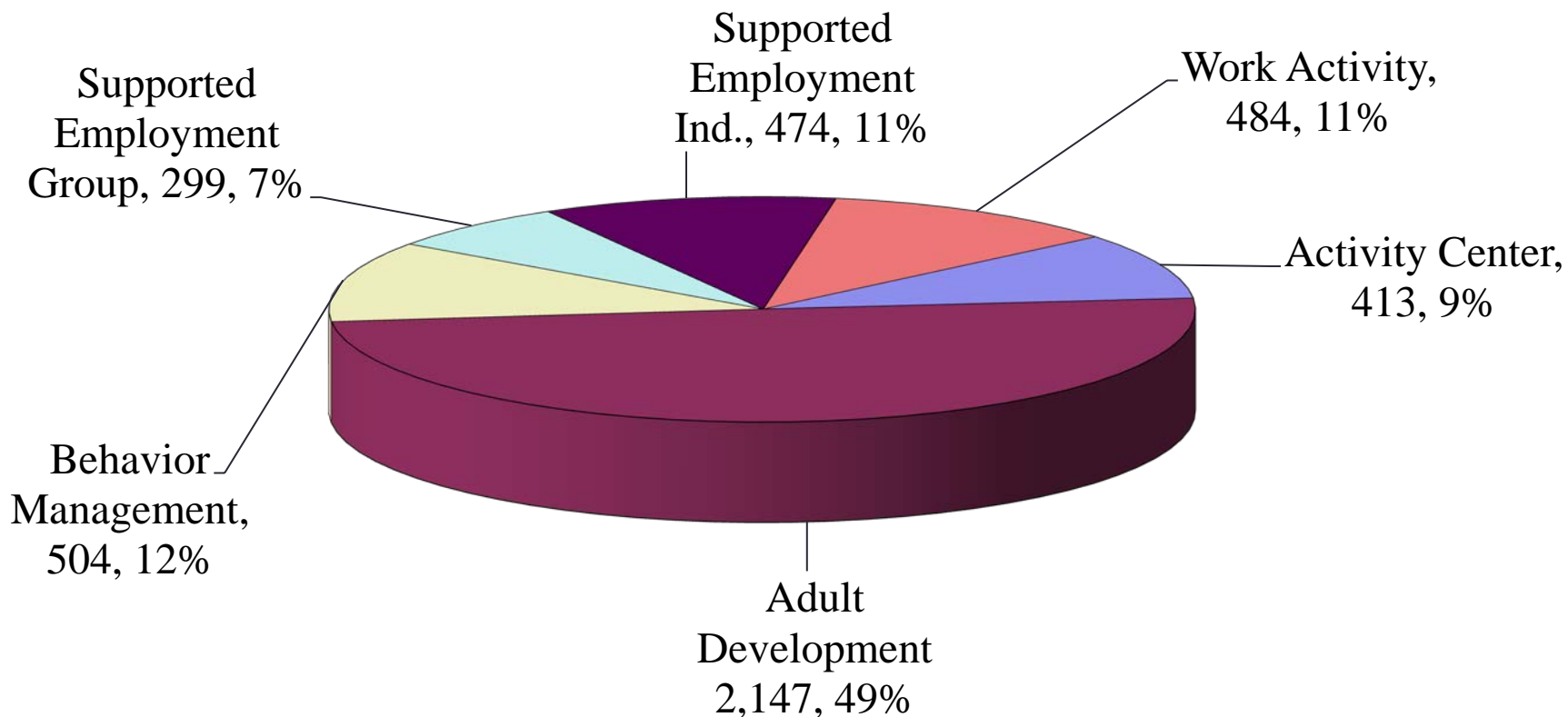


Not With  
Family, 3,955,  
38%

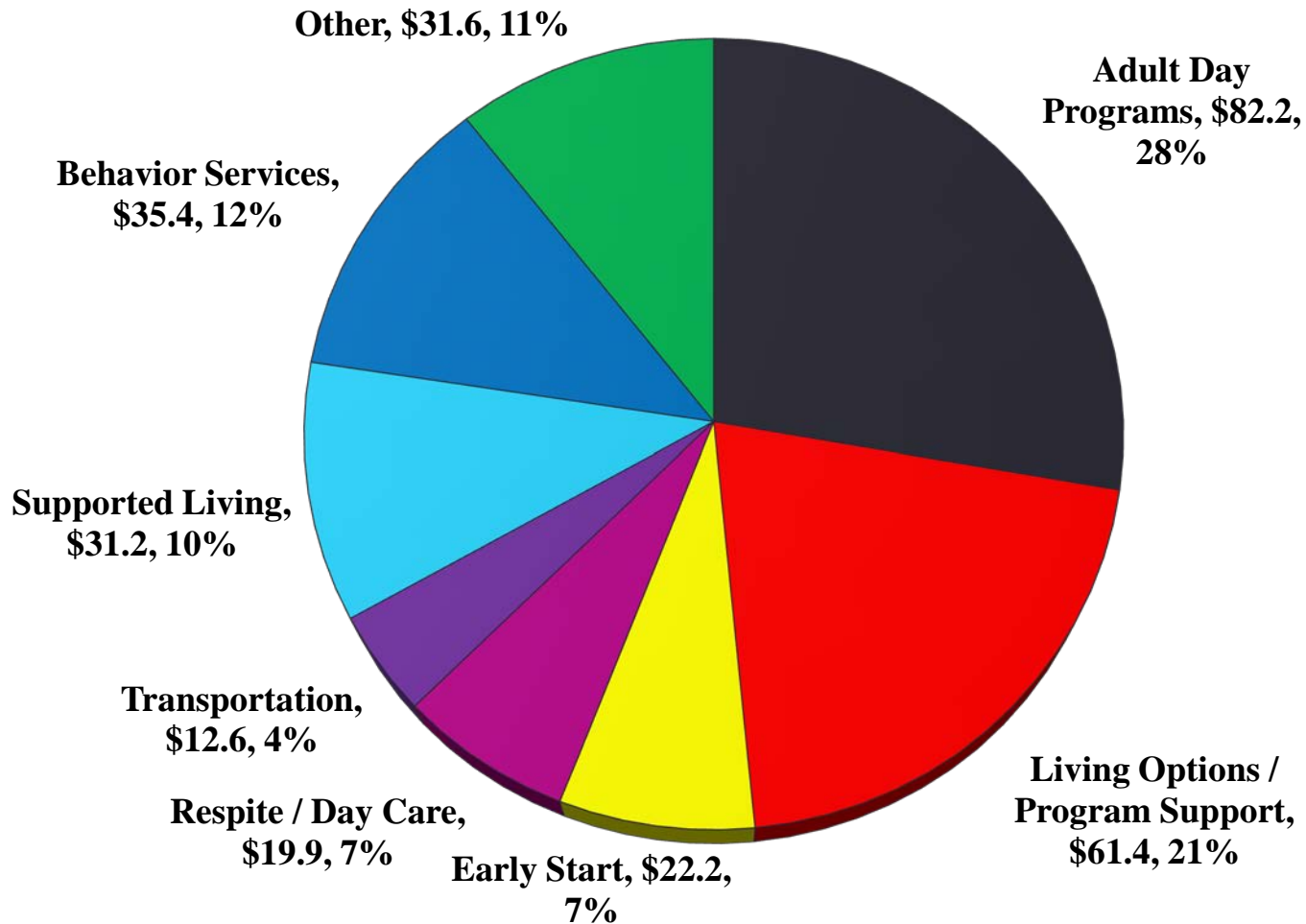
# Where Persons Served Over 18 Live When Not With Family



# Types of Adult Day Programs



# Fiscal Year 2015-16 Expenditures in Millions





# Monitoring Services

## **Special Incident Reports (SIR)**

Service delivery monitoring – Service  
Coordinators

Quality Assurance Coordinator  
activities

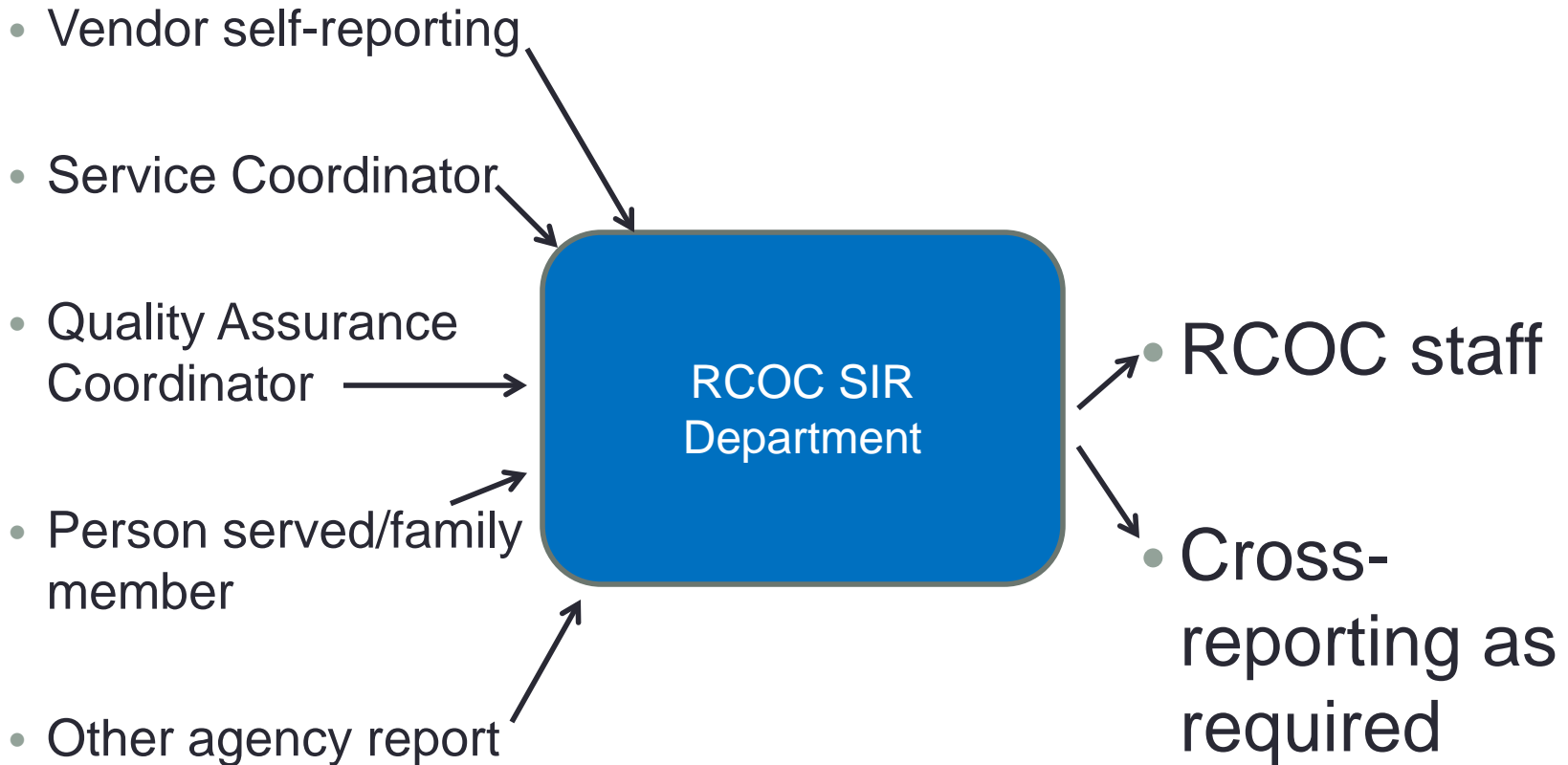
# Special Incident Reporting

- Applicable state law: California Code of Regulations, Title 17, Section 54327 – All vendors and long-term health care facilities shall report incidents to the regional center when the person served was receiving services from the vendor:
  - Alleged abuse
  - Alleged neglect
  - Serious injuries/accidents
  - Unplanned or unscheduled hospitalizations
  - Missing persons with law enforcement notification
- Incidents of theft, burglary, rape, aggravated assault, and all deaths are required to be reported even if they happened when the person served was not under the care of a vendor.

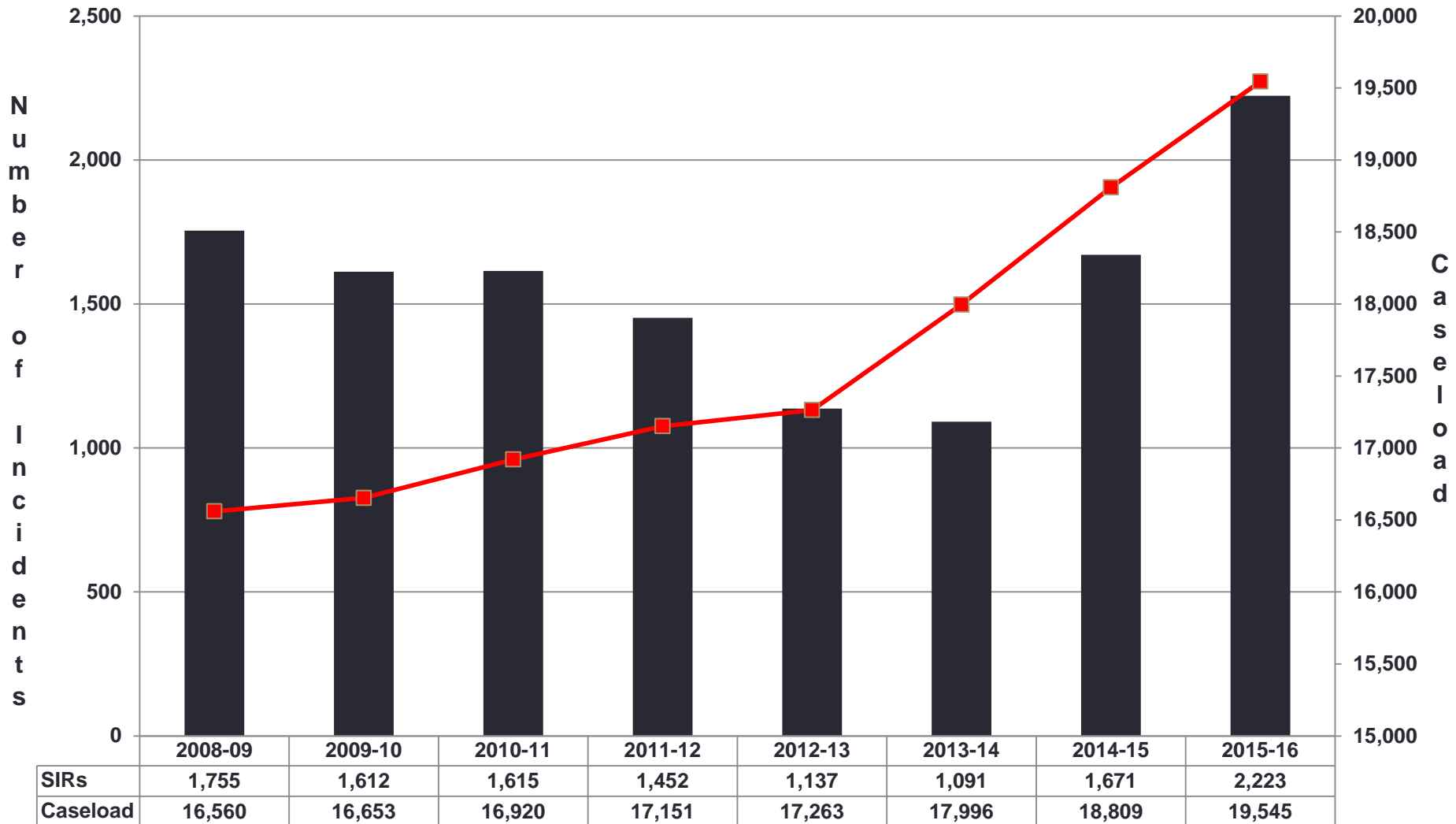
# Special Incident Reporting

- RCOC reports incidents internally beyond the required reporting under Title 17 in order to track incidents that are “not reportable” and use that information to further ensure that persons served are served in safe and supportive settings.

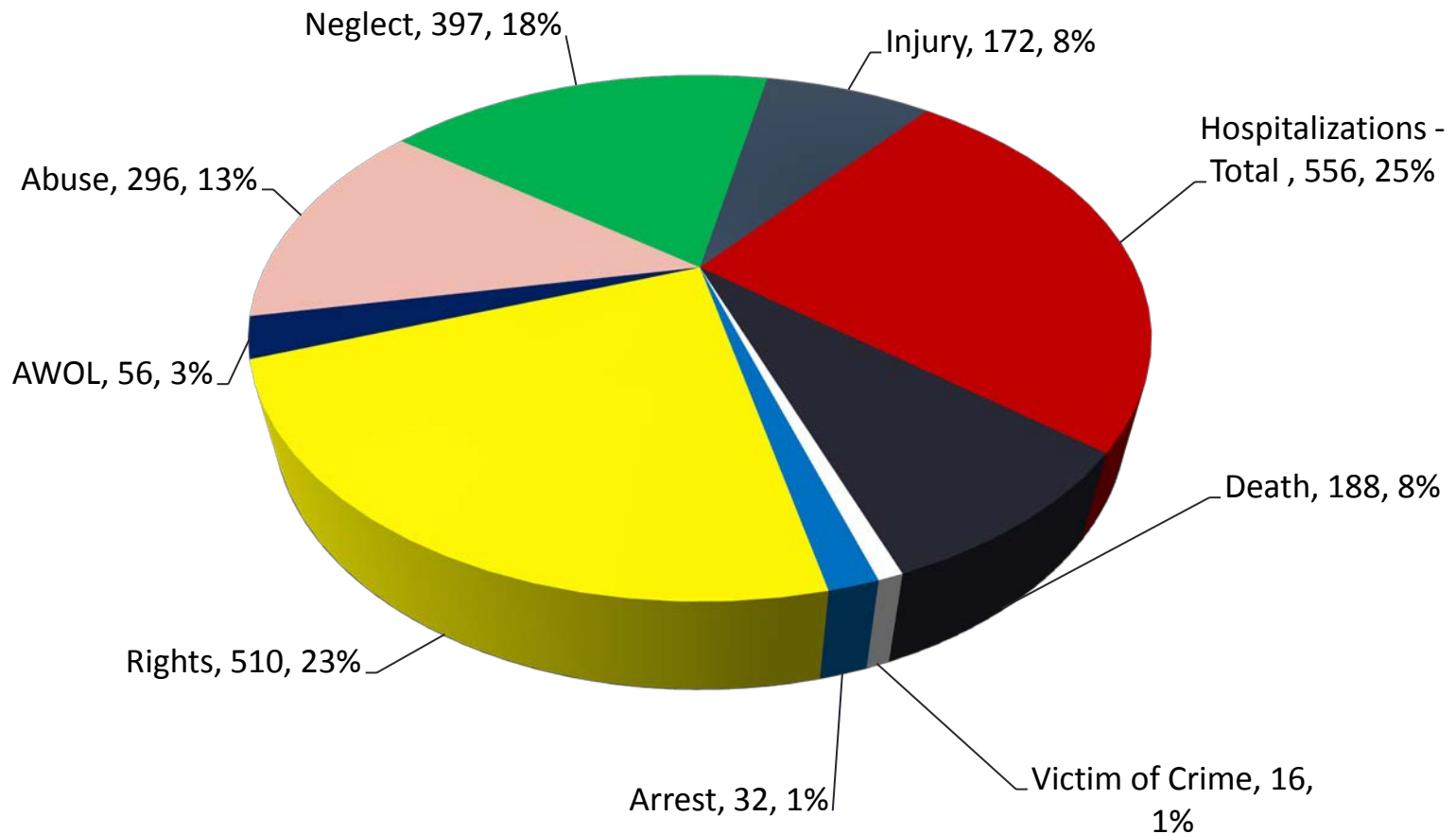
# Sources of Special Incident Reports



# Special Incident Reports (SIRs)



# Fiscal Year 2015-16



# SIR Data Analysis

## Transparency and Accountability

- Statewide, DDS contracts with Mission Analytics for risk management reporting.
  - Mission Analytics generates and distributes quarterly SIR data reports by regional center
  - Reporting back process for unusually high frequencies of specific incident types

# SIR Data Analysis

**Table 1: Share of Consumers with Non-Mortality and Mortality Special Incidents  
Monthly Raw Incident Rates, April 2016 – June 2016**

Share of	RCOC	State
Consumers with a Non-Mortality SIR	0.37%	0.46%
Consumers with a Mortality SIR	0.07%	0.05%

**Table 2: Mortality Special Incidents, RCOC  
Monthly Average, April 2016 – June 2016**

	Mortality SIRs	Raw Mortality Rate	Deaths per 1,000 Consumers
Disease Related	0	0.00%	0
Non-disease Related	0	0.00%	0
Unknown	14	0.07%	0.69
<b>All Mortality SIRs</b>	<b>14</b>	<b>0.07%</b>	<b>0.69</b>



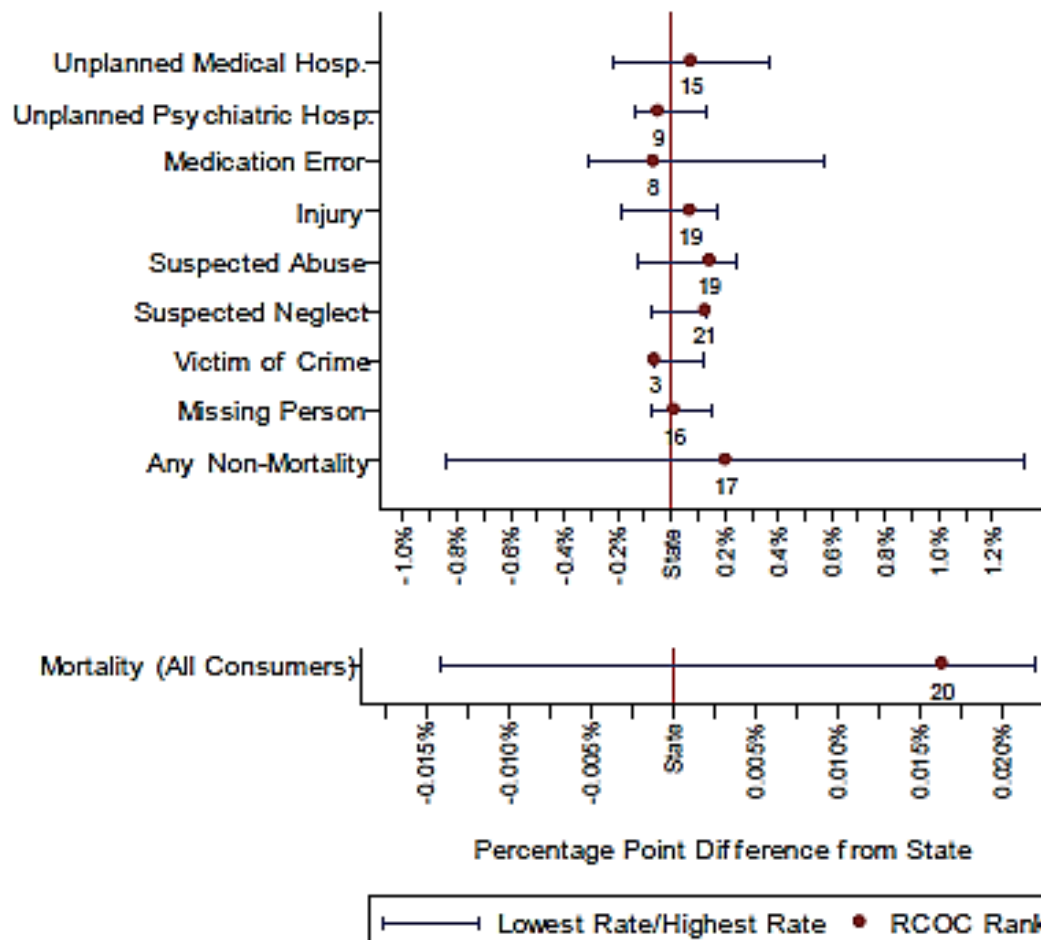
# SIR Data Analysis

**Table 3: Non-Mortality Special Incidents, RCOC and State Comparison**  
**All Consumers, April 2016 – June 2016**

Special Incident Type	Number of Consumers, Average Month	RCOC Of Consumers with any SIR, Percent with this type	Statewide Of Consumers with any SIR, Percent with this type
<b>Any Non-Mortality Special Incident</b>	76	*	*
Unplanned Medical Hosp.	25	33%	32%
Unplanned Psychiatric Hosp.	4	6%	7%
Medication Error	9	12%	17%
Injury	12	16%	17%
Suspected Abuse	21	27%	15%
Suspected Neglect	9	12%	5%
Missing Person	4	5%	6%
Victim of Crime	0	0%	5%

# SIR Data Analysis

Figure 3: Special Incident Rates at RCOC Ranked Against Other Regional Centers  
Out-of-Home Consumers (except Mortality), July 2015 – June 2016



# SIR Data Analysis

**Table 4: Special Incident Types, Comparison to Previous Quarters  
Out-of-Home Consumers (except Mortality), April 2015 – June 2015**

	Change From		Unexpectedly High Compared to:	
	Last Year (Apr–Jun 2014)	Last Quarter (Jan–Mar 2015)	RCOC Trend	Rest of State
Unplanned Medical Hosp.	11%	-12%		
Unplanned Psychiatric Hosp.	15%	11%		
Medication Error	32%	0%		
Injury	18%	3%		
Suspected Abuse	-44% ↓	-9%		
Suspected Neglect	-66% ↓	-13%		
Victim of Crime	Insufficient data	147%	●	
Missing Person	-22%	-6%		
Any Non-Mortality	-17%	2%		
Mortality (All Consumers)	1%	-2%		

# Monitoring Services

Special Incident Reports (SIR)

**Service delivery monitoring –  
Service Coordinators**

Quality Assurance Coordinator  
activities

# Monitoring Services - Residential

## Facility

- 423 facilities as of August 31, 2016
- Facilities are either:
  - ➡ Community Care Facility (CCFs)
  - ➡ Intermediate Care Facility (ICFs)
- WIC 4648.1(a) states Regional Centers must perform not less than two unannounced monitoring visits per year for long term care health facilities, CCFs, or AFHA. This includes ICFs.
- Visits divided between QA and SC who each perform the Annual Review which is logged into Virtual Chart.

## Person Served

- Service Coordinators visit their persons served quarterly, three of four quarterlies must be conducted in the facilities
- Six persons served typical per facility = minimum of 18 Service Coordinator visits per year
- Persons served living in
- CCFs or ICFs – 2,404

# Monitoring Services – Adult Day Services

## Vendor

- Quality Assurance Coordinator visits annually
- Annual Reviews not required per CCR Title 17
- 43 agencies vendored which provide over 130 Adult Day and Employment Programs

## Person Served

- For persons served visited quarterly, Service Coordinator visits person served at day program at least once per year
- Number of persons served per program varies
- Persons served receiving adult day and employment services – 4,323

# Monitoring Services

Special Incident Reports (SIR)

Service delivery monitoring – Service  
Coordinators

**Quality Assurance Coordinator  
activities**

# QA Follow-up - Residential

- Title 17 (Community Care Facilities), Sections 56053 through 56057

- Immediate Danger/Health and Safety

- requires a remedy within 24 hours
- allegations of abuse = immediate suspension of staff
- examples include extreme temperatures in home, lack of adequate supply of food or water, lack of staff, structural damage (plumbing, electricity, etc.)
- immediate evacuation of persons served (with RCOC staff on-site)



- Substantial Inadequacies

- NOT Immediate Danger/Health and Safety (+24-hour remedy)
- formal plan of corrections called Corrective Action Plan completed
- remedy within specific time frame, can be weeks and sometimes months (staff training provided by local educational entities)
- examples include P&I issues, medication training, mattress replacement, etc.



# QA Follow-up - Residential

- ❑ CAPs written with vendor input in formal meeting

- RCOC QA often makes in-person visits to ensure compliance

- Technical Assistance given in lieu of CAPs for less serious deficiencies

- ❑ 2 CAPs within 12 months begins Sanctioning Process



- ❑ **Provider Review Committee reviews CAPs with RCOC**






- ❑ Sanctions discussed and recommendations made









- ❑ Referral moratoriums typically enacted; persons served, families, RCOC staff, CCL/DPH notified by formal letter per Board Notification Policy

# QA Follow-up – Adult Day Services

- ❑ No CCR Title 17 Regulations
- ❑ Technical Assistance: Verbal and Written
- ❑ Letter of Non-Compliance 
- ❑ Corrective Action Plan 
- ❑ Provider Review Committee 

# QA Follow-up

- May include collaborations with:
  - Law enforcement  leaders of investigations involving criminal activity including injury, abuse, neglect, etc.  

  - Community Care Licensing (CCL) monitors CCFs and Adult Day Programs Licensed through CCL  
 Annual Evaluations + SIR investigations
  - Department of Public Health (DPH) monitors ICFs and Community-Based Adult Services  
 Annual Evaluations/Surveys + SIR investigations
  - Long Term Care Ombudsman (Council on Aging)  
 SIR investigations for adults in CCFs and ICFs
  - Protective Services for both children and adults  
 SIR investigations for children in CCFs and ICFs, and adults attending non-licensed Adult Day Programs

\*Example of a Community Care Facility on the CCL website

\*RCOC is updated by email notification whenever a new report is filed in Sacramento

\*HIPAA and Medicaid funding does not allow DPH to be similarly transparent with the ICFs

**Facility Detail**

**PEOPLE IN PROGRESS-JEFFERSON** Stay Updated Status: Licensed  
Lic. Date: 7/24/1984

**Address:**  
5372 JEFFERSON RD.  
YORBA LINDA, CA 92886  
Licensee Name: DANE L. SNYDER

**Phone:** (714) 996-5358  
**Facility Number:** 300605586  
**Facility Capacity:** 6  
**Facility Type:** ADULT RESIDENTIAL

**State Licensing Office Contact Information ?**  
**Address:** 770 THE CITY DR., SUITE 7100  
ORANGE, CA 92868  
**Phone:** (714) 703-2840

[\[Back\]](#) [\[New Search\]](#) [\[Email Facility Info\]](#)

[All Visits](#) [Citations](#) [Inspections](#) [Complaints](#) [Other Visits](#) [View Location](#) [Reports](#)

# of Visits: 5  
All Visit Dates: [06/16/2016](#), [07/23/2015](#), 07/28/2014, 07/08/2013, 07/25/2012

All visits include Inspection Visits, other visits and may include complaint visits.

# Risk Management

Safe Settings

Quality Care and Relationships