



Delaware SFY 2021 Reportable Incident Report

Purpose

This report is intended to provide the number of investigated incidents involving Division of Developmental Disabilities service recipients, detailed by type and service setting. The information in this report is specific to State fiscal year 2021 (SFY2021) unless otherwise notated. When interpreting the data within this document, it is important to consider that the effects COVID-19 pandemic may have created trend biases. Incidents related to rights complaints or HIPAA violations are not included this report.

**All percentages in this report are rounded to the nearest integer and may not always sum equally across statements.*

Definitions

For the purposes of this report, the following terms should be understood as:

Abuse - Means any of the following:

1. "Bullying" means any written, digital, electronic, verbal, or physical action that is intended to elicit fear or cause harm, directly or indirectly through inciting others to act, to a service recipient's emotional, psychological, or physical wellbeing. The actions may be taken by staff to service recipient; service recipient to service recipient; or others to service recipient.
2. "Emotional Abuse" means the use of oral, written, or gestured language that includes disparaging and derogatory terms to or within the hearing distance of service recipients, residents or their families, regardless of their age, ability to comprehend, or disability. "Emotional abuse" includes the violation of resident rights and privacy through the posting of inappropriate materials on social media. "Emotional abuse" includes all of the following: ridiculing, demeaning, humiliating, or cursing at a patient or resident; punishment or deprivation; or threatening a patient or resident with physical harm.
3. "Physical Abuse" means the infliction of pain or injury to a service recipient. This includes, but is not limited to, hitting, kicking, punching, slapping or pulling hair. When any act constituting physical abuse has been proven, the infliction of pain is presumed. These actions may be taken by staff to service recipient; service recipient to service recipient (sometimes referred to as resident to resident); or other to service recipient.

Determination – The final categorization of an investigated incident. Main categories in this report include abuse, medication administration error, medication diversion, mismanagement of funds, neglect, other and significant injury.

Financial Exploitation – Means the illegal or improper use, control over, or withholding of a service recipient’s property, income, resources, or financial rights by another person, whether through intent to exploit or through benign neglect of financial management laws, regulations, policies or procedures. Financial Exploitation includes, but is not limited to, use of deception, intimidation or undue influence by a person or entity in a position of trust and confidence with a service recipient to obtain or use the service recipient’s resources in a manner not in the best interest of the service recipient.

Medication Administration Error - Means a deviation from the prescriber's medication order in administration of a prescription medication

Medication Diversion - Means the knowing or intentional interruption, obstruction, or alteration of the delivery, or administration of a prescription drug to a service recipient, if both of the following apply:

1. The prescription drug was prescribed or ordered by a licensed independent prescriber for the service recipient.
2. The interruption, obstruction, or alteration occurred without a change in the prescription or order of a licensed independent practitioner.

Neglect - Means any of the following:

1. Lack of attention to the physical needs of a service recipient to include but not be limited to toileting, bathing, nutrition and safety;
2. Failure to report problems or changes in health problems or health condition to an immediate supervisor or nurse;
3. Failure to carry out a service recipient's person centered plan that resulted in an adverse outcome;
4. A knowing failure to provide adequate staffing which results in an adverse outcome to a service recipient

No-Fault – Means a type of incident that was verified to have occurred but deemed to have happened without a breach in policy, protocol, or standard of care.

Non-PM46 Investigation – When an OIR administrator weighing the facts and circumstances has concluded, after review, that the incident does not meet the criteria to be opened for determination of substantiation or un-substantiation.

Significant Injury - Means:

1. Injury from an incident of unknown source in which the initial investigation or evaluation supports the conclusion that the injury is suspicious. Circumstances which may cause an injury to be suspicious are: the extent of the injury, the location of the injury (e.g. the injury is located in an area not generally vulnerable to trauma), the number of injuries observed at one time; or the incidence of injuries over time;

2. Injury which results in transfer to an acute care facility for treatment or evaluation or which requires periodic neurological reassessment of the service recipient's clinical status by professional staff for up to 24 hours;
3. Areas of contusions or bruises caused by staff to a service recipient during ambulation, transport, transfer, bathing, or other activity in the course of providing services;
4. Significant error or omission in medication/treatment, including medication diversion, which causes the resident discomfort, jeopardizes the service recipient's health and safety or requires periodic monitoring for up to 48 hours;
5. A burn greater than first degree occurs;
6. Any serious, unusual, or life-threatening injury.

Substantiated – When a reasonable person weighing the facts and circumstances has concluded that the incident did occur and enough information is available to reasonably assign fault or determine no-fault for the incident.

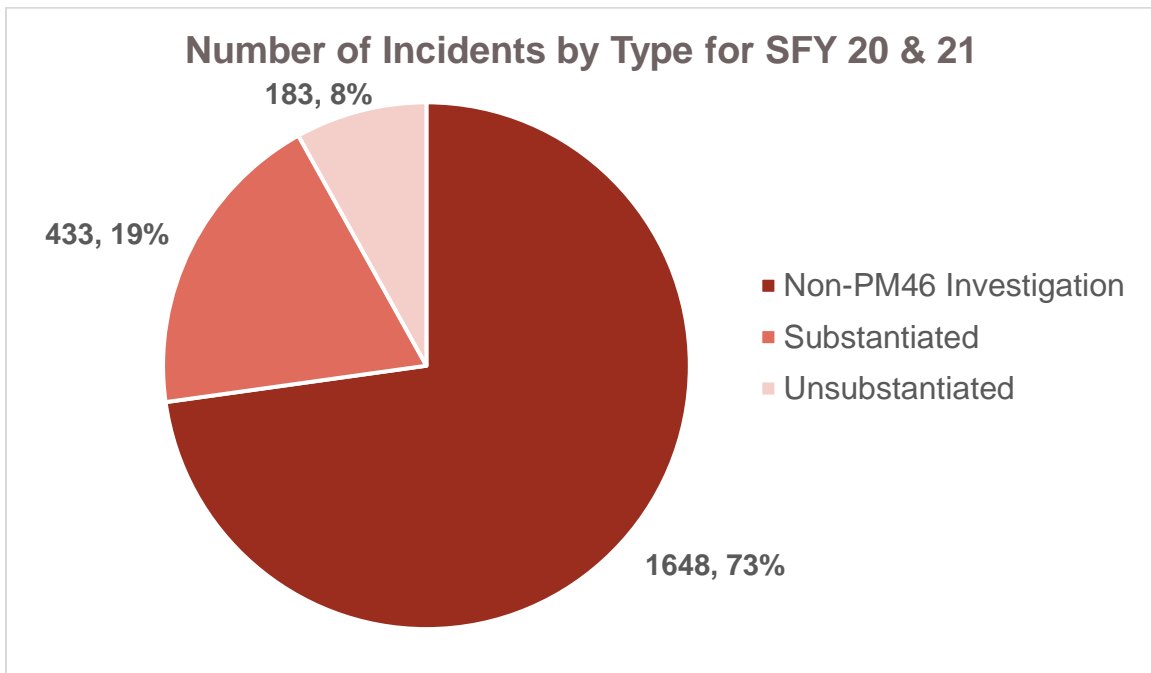
Unanticipated Death - Means death of a service recipient that could not have been anticipated based on the circumstances of the service recipient. These cases are referred to the Division of Forensic Science, Department of Safety and Homeland Security.

Unsubstantiated – When a reasonable person weighing the facts and circumstances has concluded that the incident did not occur. In some cases, DDDS may require a quality improvement plan to address conditions discovered as part of an investigation.

General Incident Information

A total of 1138 reports were assessed by DDDS during SFY2021. Of those, the following incident categorizations occurred:

Incident Type	Count	Percentage
<i>Non-PM46 Investigation</i>	852	75%
<i>Substantiated</i>	172	15%
<i>Unsubstantiated</i>	114	10%
Total	1138	100%



Substantiated Determinations

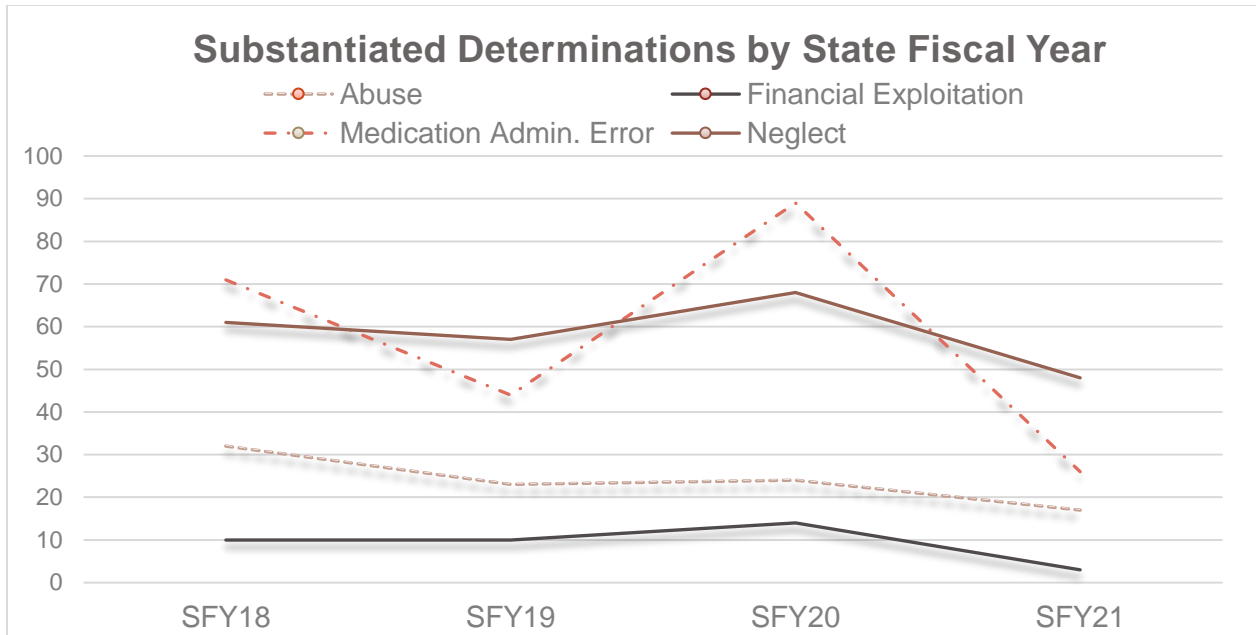
Of the 172 substantiated incidents that occurred in SFY2021, a total of 201 determinations transpired. This was possible, because one incident could have had multiple types of determinations occur simultaneously, such as abuse and neglect. Substantiated incidents were broken out into one of two types: Substantiated and Substantiated No-Fault. All criminal behavior was reported to appropriate local authorities for investigation.

Substantiated

128 (64%) determinations were substantiated and attributed to a breach in policy, protocol, or standard of care:

Substantiated Determination Type	Count	Percentage
<i>Abuse: Bullying</i>	4	3%
<i>Abuse: Emotional</i>	6	5%
<i>Abuse: Physical</i>	7	6%
<i>Financial Exploitation</i>	3	2%
<i>Medication Admin. Error</i>	26	20%
<i>Mismanagement of Funds</i>	11	9%
<i>Neglect</i>	48	38%
<i>Other: Covid 19</i>	3	2%
<i>Other: Criminal Conduct by Service Recipient</i>	1	1%
<i>Other: Elopement</i>	1	1%
<i>Resident to Resident</i>	3	2%
<i>Significant Injury</i>	15	12%
Total	128	101%

The graph below seeks to begin to identify the emergence of trends across time on more commonly occurring (a total of 74% in SFY21) substantiated determinations.



Substantiated No Fault

73 (36%) determinations were substantiated, but determined to be of no fault to the provider:

Substantiated: No Fault Determination Type	Count	Percentage
<i>Death: Unanticipated</i>	5	7%
<i>Financial Exploitation</i>	1	1%
<i>Medication Diversion</i>	1	1%
<i>Neglect: Attempted Suicide</i>	1	1%
<i>Resident to Resident</i>	3	4%
<i>Significant Injury</i>	62	85%
Total	73	99%

Substantiated Determinations by Service Setting

A total of 68 determinations of abuse, financial exploitation, or neglect, that were attributed to a breach in policy, protocol, or standard of care, occurred. These determinations took place across 5 service setting types.

Service Setting	Abuse Count	Financial Exploit.	Neglect Count	Total	Percentage
<i>Community Living (CLA)</i>	8	1	15	24	35%
<i>Day Habilitation</i>	1	0	3	4	6%
<i>Neighborhood Home</i>	7	2	28	37	54%
<i>Shared Living</i>	0	0	2	2	3%
<i>Transportation</i>	1	0	0	1	1%
Total	17	3	48	68	99%

