



**Provider and Internal Incidents
Annual Summary & Analysis
FY 18-19**

Prepared: September, 2019

This report summarizes the incident report data collected from CFBHN's subcontracted providers during the period of July 1, 2018 - June 30, 2019. In accordance with the guidelines established by the Department of Children and Families (DCF) in CFOP 215-6 and SunCoast ROP 215-4, incidents reported to the Network involve individuals funded by the Department, staff members that are responsible for the care of DCF-funded patients, or other significant events that occur on the provider's property or under their supervision.

CAUSES:

Incident reports submitted by providers to CFBHN include the details of each event. Staff of the CFBHN Continuous Quality Improvement (CQI) and Utilization Management (UM) departments meet on a weekly basis to review the content of the incidents submitted to the Network. Follow-up questions, as necessary, are submitted to providers to clarify the content of the reports. Incidents that require additional review or scrutiny are referred by the group for completion of a File Review.

In FY 18-19, twenty-one (21) formal File Reviews were conducted. No formal observations were noted as a result of the reviews. In addition, the CQI department conducted one formal incident review report for DCF. This report was completed following an attempted suicide on a Crisis Stabilization Unit in May of 2019.

TRENDS:

The number of incidents reported to CFBHN in FY 18-19 (546) was slightly higher than the total number reported in FY 17-18 (534). When compared to data from the two previous fiscal years, no notable changes were noted on LEVEL OF CARE, RATE per 1000 SERVED, and INCIDENT TIMELINESS reports.

At the time that this analysis was completed, the number of client deaths determined to be the result of an accidental overdose stands at 47. This represents 22.7% of the client deaths reported during the fiscal year, and reflects a slight increase when compared to previous years' data. It is important to note that data collection on this measure will extend 6 - 8 months into the new fiscal year, and this information will continue to be monitored on a monthly basis. If results ultimately do reveal the trend of a significant uptick in the number of accidental overdose deaths, this report will be amended.

ACTIONS FOR IMPROVEMENT:

At this time, there are no identified actions for improvement.

RESULTS OF PERFORMANCE IMPROVEMENT PLANS:

No performance improvement plans related to provider incident reporting are in place at this time.

EDUCATION AND TRAINING OF PERSONNEL:

Provider training on the use of the RL6 system and DCF's incident reporting guidelines continue to be offered on an annual basis.

PREVENTION OF REOCCURENCE:

Not applicable.

INTERNAL/EXTERNAL REPORTING REQUIREMENTS:

Provider incident reports that meet the guidelines established in DCF operating procedure and guidelines are entered into the Department's state IRAS system. Summaries of these incidents are prepared and posted monthly for review by CFBHN staff, leadership and the Board of Directors.

Provider Incident Reports FY 18-19

Multi-Year Data Analysis

Incident Report Timeliness

		FY 16-17		FY 17-18		FY 18-19	
		Count	%	Count	%	Count	%
From Providers to CFBHN	On-Time	627	98.4%	513	96.1%	530	97.1%
	Late	10	1.6%	21	3.9%	16	2.9%
	TOTAL	637	100.0%	534	100.0%	546	100.0%
		Count	%	Count	%	Count	%
From CFBHN to DCF (IRAS)	On-Time	637	100.0%	533	99.8%	541	99.1%
	Late	0	0.0%	1	0.2%	5	0.9%
	TOTAL	637	100.0%	534	100.0%	546	100.0%

* Two of the five late reports in FY 18-19 were due to IRAS system updates required before data could be submitted by CFBHN.

Provider Incident Reports by Level of Care

a. Count & Percentage

	FY 16-17		FY 17-18		FY 18-19	
	Count	%	Count	%	Count	%
Care Coordination					6	1.1%
Case Management	28	4.4%	36	6.7%	31	5.7%
CAT Team					1	0.2%
Crisis Stabilization Unit	117	18.4%	92	17.2%	91	16.7%
Detox Unit	15	2.4%	18	3.4%	24	4.4%
Drop-In/MH Clubhouse	15	2.4%	6	1.1%	5	0.9%
FACT/Forensic	40	6.3%	30	5.6%	50	9.2%
FIT/FIS	1	0.2%	3	0.6%	0	0.0%
Medical Services	7	1.1%	4	0.7%	6	1.1%
Methadone Maintenance	8	1.3%	8	1.5%	10	1.8%
Outpatient	125	19.6%	97	18.2%	122	22.3%
Residential	208	32.7%	163	30.5%	147	26.9%
SIPP/Therapeutic Group Home	5	0.8%	0	0.0%	4	0.7%
Supported Employment/Housing	17	2.7%	13	2.4%	13	2.4%
Other	39	6.1%	39	7.3%	15	2.7%
Not Applicable:	12	1.9%	25	4.7%	21	3.8%
TOTAL	637	100.0%	534	100.0%	546	100.0%

b. Top 5 Levels of Care by Percentage

	FISCAL YEAR		
	16-17	17-18	18-19
Residential	32.7%	30.5%	26.9%
Outpatient	19.6%	18.2%	22.3%
Crisis Stabilization	18.4%	17.2%	16.7%
Case Management	4.4%	6.7%	5.7%
FACT/Forensic	6.3%	5.6%	9.2%
Other/Not Applicable	18.6%	21.8%	19.2%
	100.0%	100.0%	100.0%

Manner of Death

	FY 16-17		FY 17-18		FY 18-19	
	Count	%	Count	%	Count	%
Accident	21	10.6%	16	8.8%	6	2.9%
Accidental Overdose	33	16.7%	38	21.0%	47	22.7%
Homicide	2	1.0%	1	0.6%	0	0.0%
Natural Death	48	24.2%	67	37.0%	54	26.1%
Suicide	22	11.1%	23	12.7%	15	7.2%
	Gunshot - 9		Gunshot - 9		Gunshot - 6	
	Jumped - 4		Jumped - 2		Jumped - 0	
	Hanging - 4		Hanging - 5		Hanging - 6	
	Overdose - 3		Overdose - 3		Overdose - 2	
Other - 2		Other - 4		Other - 1		
Undetermined	3	1.5%	3	1.7%	2	1.0%
Unknown	69	34.8%	33	18.2%	83	40.1%
TOTAL	198	100.0%	181	100.0%	207	100.0%

Incident Reports by Category, by Rate per 1000 Served

	FY 16-17		FY 17-18		FY 18-19	
	Count	Rate per 1000	Count	Rate per 1000	Count	Rate per 1000
3-Hour (Phone) Notification						
Child-on-Child Sexual Abuse	9	0.1	5	0.0	7	0.1
Client Death	198	1.9	181	1.7	207	1.8
Media Event	20	0.2	10	0.1	15	0.1
Sexual Abuse/Battery	24	0.2	11	0.1	15	0.1
24-Hour (RL6) Notification						
Child Arrest	7	0.1	2	0.0	2	0.0
Elopement	201	10.7	152	8.3	129	7.0
Employee Arrest	8	0.1	16	0.1	22	0.2
Employee Misconduct	34	0.3	35	0.3	35	0.3
Missing Child	6	0.1	4	0.0	0	0.0
Security Incident - Unintentional	3	0.0	1	0.0	0	0.0
Significant Injury to Client	30	0.3	27	0.2	22	0.2
Significant Injury to Staff	6	0.1	13	0.1	8	0.1
Suicide Attempt	51	0.5	48	0.4	61	0.5
Other:						
Biological/Chemical Threat	0	0.0	1	0.0	0	0.0
Human Acts	3	0.0	2	0.0	1	0.0
Vandalism/Theft/Damage/Fire	7	0.1	3	0.0	0	0.0
Visitor Injury or Death	2	0.0	0	0.0	0	0.0
No Other Category	28	0.3	23	0.2	22	0.2
TOTAL	637	5.9	534	4.8	546	4.7



INTERNAL Incident and Event Summary & Analysis FY 18-19

CAUSES:

The Risk Management department defines each of the types of internal incidents and events that are tracked and trended on an annual basis. The cause of each type varies from human error to systems/utility failures which are beyond staff control.

TRENDS:

INCIDENTS - There were no notable trends observed in the internal incident data collected by CFBHN in FY 18-19. It is important to point out, however, that the number of Data Security incidents involving unsecured data to/from CFBHN was down this year from the previous two.

EVENTS - The number of internal events documented by CFBHN increased for the third consecutive year. Given the introduction of RL6 during FY 18-19, this continued rise in the number of events is best accounted for by improved systems of documentation and tracking, and not necessarily an increase in the number of events themselves.

ACTIONS FOR IMPROVEMENT:

As they are identified, individuals responsible for Data Security incidents involving protected health information (PHI) or client identifiers receive a notice from the Risk Management department alerting them to their responsibility to protect this type of information. Repeat offenders are subject to additional sanctions, including suspension or loss of network system access.

RESULTS OF PERFORMANCE IMPROVEMENT PLANS:

There are no performance improvement plans related to internal incident and event reporting in place at this time.

EDUCATION AND TRAINING OF PERSONNEL:

CFBHN staff will continue to receive annual training on the identification and reporting of internal incidents and events.

PREVENTION OF REOCCURENCE:

Please see 'ACTIONS FOR IMPROVEMENT' section above.

INTERNAL/EXTERNAL REPORTING REQUIREMENTS:

Summaries of internal incidents and events are prepared and posted monthly for review by CFBHN staff, leadership and the Board of Directors. As required by contract, DCF staff are notified when a Public Records Request is made of CFBHN. A Risk Analysis is conducted on all incidents involving the release of individual PHI or identifying information. As required by law, if the Risk Analysis determines that a breach has occurred, official notifications to the appropriate authorities will be conducted.

GOAL PROGRESS UPDATE - FY 18-19

1. Create a Risk Management department manual to document and formalize its operations and define staff responsibilities.

Development of the manual has started but is not yet complete. Tasks and procedures related to use of the RL6 for the purposes of reporting provider and internal incidents has been documented. However, additional department processes need to be added to it. This goal will be extended into FY 19-20.

2. Develop report templates that can be utilized by CFBHN staff to summarize the work of their departments in numeric and table formats.

Work on this goal extended into two primary areas this year: Consumer Complaint and Grievance reporting and Secret Shopper calls. New templates were created for the purpose of monthly reporting of Complaint and Grievance data. Data categories were also updated and formally defined to allow for more consistent data classification and comparison. Secret Shopper call logs were also updated to allow data to be collected and documented more easily.

3. Work with and provide technical assistance to providers that demonstrate inconsistent reporting practices.

During a CQI monitoring review, it was determined that one provider's policies and procedures related to incident reporting to CFBHN required corrective action. After changes were implemented to correct the identified issue, the number of incidents reported to CFBHN by the organization doubled from 6 reports in FY 17-18, to 14 in FY 18-19. The Risk Management department will continue to monitor the agency's numbers in FY 19-20 to determine if changes to their internal processes will result in a continued trend of an increase in the number of reports made.

CONTINUITY OF OPERATIONS/DISASTER RECOVERY ANALYSIS- FY 18-19

In FY 18-19, CFBHN did not experience a situation which required the formal initiation of its Continuity of Operations (COOP) disaster recovery plan. An updated Emergency Preparedness Plan and COOP were developed during the year to incorporate the utilization of AlertMedia, CFBHN's emergency communication system. To continue to train staff on the AlertMedia platform, emergency drills that include its use will be ongoing in FY 19-20.



Internal Incidents and Events

Multi-Year Analysis

INCIDENTS	FY 16-17	FY 17-18	FY 18 - 19				
			Q1	Q2	Q3	Q4	TOTAL
Alarm issues	3	3	0	0	0	1	1
Building Security	0	0	0	0	0	0	0
Computer Security	1	0	0	1	1	0	2
Data Security							
Unsecured FROM CFBHN	6	13	1	3	1	3	8
Unsecured TO CFBHN	39	31	5	8	3	9	25
Other	4	2	1	0	0	2	3
Equipment Malfunction/Failure	0	1	4	2	1	1	8
Facility Issues	1	3	0	0	0	0	0
Infection Control	0	0	0	0	0	0	0
Medical Emergency/Injury/Death	2	0	0	0	0	0	0
Property Damage	2	0	0	0	0	0	0
Threat to Safety	1	0	0	1	0	0	1
Utility Failure							
Electrical	2	2	1	1	1	0	3
Heating/AC	0	0	1	0	0	0	1
Internet	1	5	2	0	2	0	4
Telephone	0	3	0	0	0	0	0
Water/Plumbing	0	1	1	0	0	0	1
Other	1	8	1	4	3	4	12
TOTAL	63	72	17	20	12	20	69

EVENTS*	FY 16-17	FY 17-18	FY 18 - 19				
			Q1	Q2	Q3	Q4	TOTAL
Call to Abuse Registry	3	2	0	0	0	0	0
Legal Notice	1	1	1	1	0	1	3
Media Request	3	6	0	0	0	2	2
Public Records Request	3	15	5	2	7	2	16
Report to Licensing	0	0	0	0	0	0	0
Report to OIG	43	46	17	15	15	15	62
Wellness Check Request	2	0	1	0	0	1	2
Other	1	1	0	0	2	0	2
TOTAL	56	71	24	18	24	21	87

* Events are defined as actions that involve the release of information, or a formal report, to a third party. These tasks take place with a varying degree of frequency, and are elements of CFBHN operations that require documentation, tracking and trending.