



## **Delaware SFY 2020 Reportable Incident Report**

### **Purpose**

This report is intended to provide the number of investigated incidents involving those receiving services under the Division of Developmental Disabilities Services in Delaware, detailing the incidents by type and service setting. The information in this report is specific to state fiscal year 2020 (SFY2020) unless otherwise notated.

*\*All percentages in this report are rounded to the nearest integer*

### **Definitions**

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

**Abuse** - Means any of the following:

1. "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, bullying, or cursing at a patient or resident; punishment or deprivation; or threatening a patient or resident with physical harm.
2. "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.
3. "Sexual Abuse" means but is not limited to: a) any sexual contact, sexual penetration, or sexual intercourse by an employee or contractor with a service recipient, as defined in §761 of Title 11. It shall be no defense that the sexual contact, sexual penetration, or sexual intercourse was consensual; b) non-consensual service recipient to service recipient; or c) non-consensual 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.

Medical 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.

Mistreatment - means the inappropriate application on a service recipient of medications, isolation, or physical or chemical restraints as negative reinforcements, punishment, or retaliation for behaviors.

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.

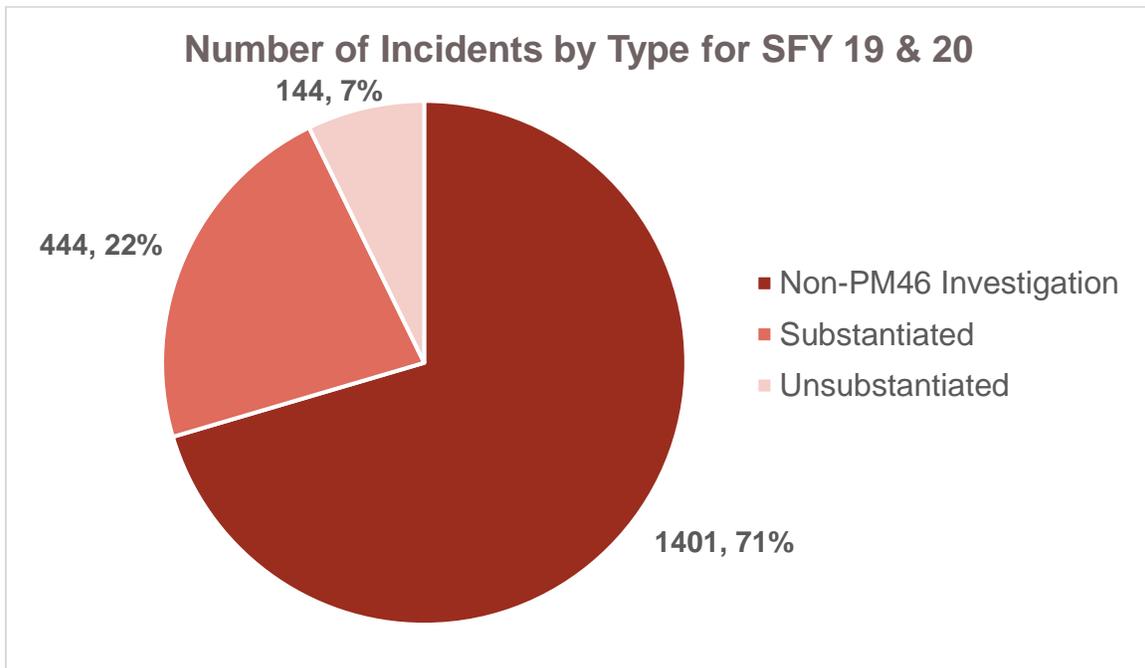
Substantiated – When a reasonable person weighing the facts and circumstances has concluded that the incident did occur and enough information is available to reasonably assign fault or determine no-fault for the incident.

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.

**Incident Data - General**

A total of 1156 reports were assessed by DDDS during FY2020. Of those, the following incident categorizations occurred:

<b>Incident Type</b>	<b>Count</b>	<b>Percentage</b>
<i>Non-PM46 Investigation</i>	826	71%
<i>Substantiated</i>	261	23%
<i>Unsubstantiated</i>	69	6%
<b>Total</b>	<b>1156</b>	<b>100%</b>



**Incident Data – Substantiated Determinations**

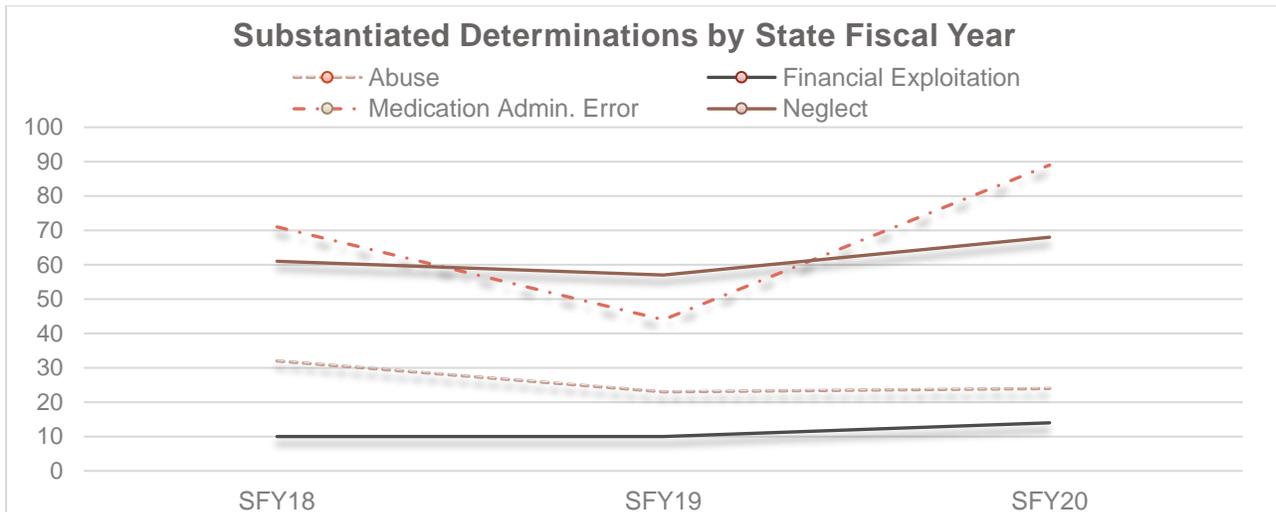
Of the 261 substantiated incidents in SFY2020, a total of 288 determinations transpired. This is possible, because one incident may have more than one type of determination occur. All criminal behavior is reported to appropriate local authorities for investigation.

**Substantiated**

228 (79%) determinations were substantiated and attributed to a breach in policy, protocol, or standard of care:

<b>Substantiated Determination Type</b>	<b>Count</b>	<b>Percentage</b>
<i>Abuse: Bullying</i>	5	2%
<i>Abuse: Emotional</i>	9	4%
<i>Abuse: Physical</i>	8	4%
<i>Abuse: Sexual</i>	2	1%
<i>Financial Exploitation</i>	14	6%
<i>Medication Admin. Error</i>	89	39%
<i>Medication Diversion</i>	1	~0%
<i>Mismanagement of Funds</i>	8	4%
<i>Neglect</i>	68	30%
<i>Other: Criminal Conduct by Staff</i>	3	1%
<i>Other: Elopement</i>	3	1%
<i>Other: Emergency Situations that Result in Harm or Risk</i>	3	1%
<i>Other: Mistreatment</i>	7	3%
<i>Significant Injury</i>	7	3%
<i>Unanticipated Death</i>	1	1%
<b>Total</b>	<b>228</b>	<b>100%</b>

The graph below seeks to begin to identify the emergence of trends across time on more commonly occurring (a total of 86% in SFY20) substantiated determinations.



**Substantiated: No Fault**

60 (21%) determinations were substantiated, but determined to be of no fault to the provider:

<b>Substantiated: No Fault Determination Type</b>	<b>Count</b>	<b>Percentage</b>
<i>Abuse: Physical</i>	1	2%
<i>Abuse: Sexual</i>	1	2%
<i>Medication Diversion</i>	4	7%
<i>Mismanagement of Funds</i>	1	2%
<i>Neglect</i>	1	2%
<i>Other: Choking</i>	1	2%
<i>Resident to Resident</i>	2	3%
<i>Significant Injury</i>	41	68%
<i>Unanticipated Death</i>	8	13%
<b>Total</b>	<b>60</b>	<b>101%</b>

**Incident Data – Substantiated Determinations by Service Setting**

The following is a breakdown of substantiated determinations of abuse, neglect, and exploitation (106 in total), that were attributed to a breach in policy, protocol, or standard of care, by the service setting at which they occurred.

<b>Service Setting</b>	<b>Abuse Count</b>	<b>Financial Exploit.</b>	<b>Neglect Count</b>	<b>Total</b>	<b>Percentage</b>
<i>Community Living (CLA)</i>	4	5	22	<b>31</b>	29%
<i>Day Habilitation</i>	3	0	6	<b>9</b>	8%
<i>Neighborhood Home</i>	15	8	37	<b>60</b>	57%
<i>Other</i>	1	1	2	<b>4</b>	4%
<i>Transportation</i>	1	0	1	<b>2</b>	2%
<b>Total</b>	<b>24</b>	<b>14</b>	<b>68</b>	<b>106</b>	100%

