



THE
DURHAM CENTER
Managing Behavioral Health & Disability Services

FY2009
June Report to the Area Board

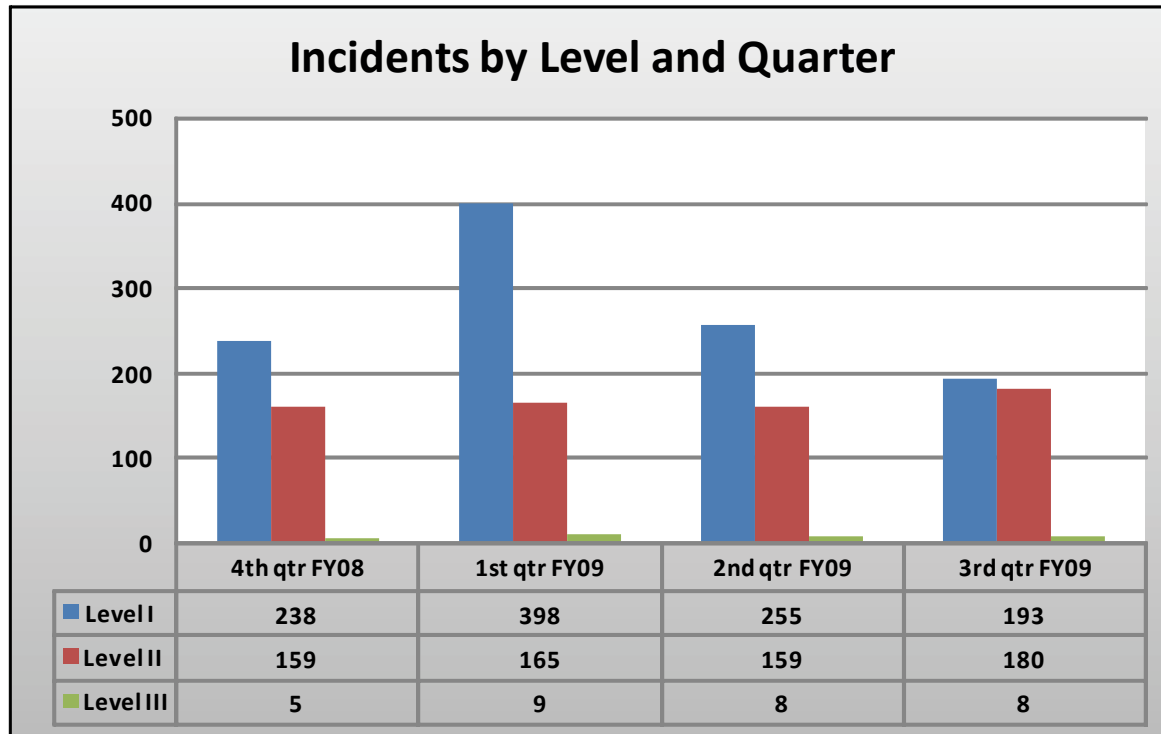
Incident Trends
Customer Complaints

June 4, 2009

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INCIDENT TRENDS



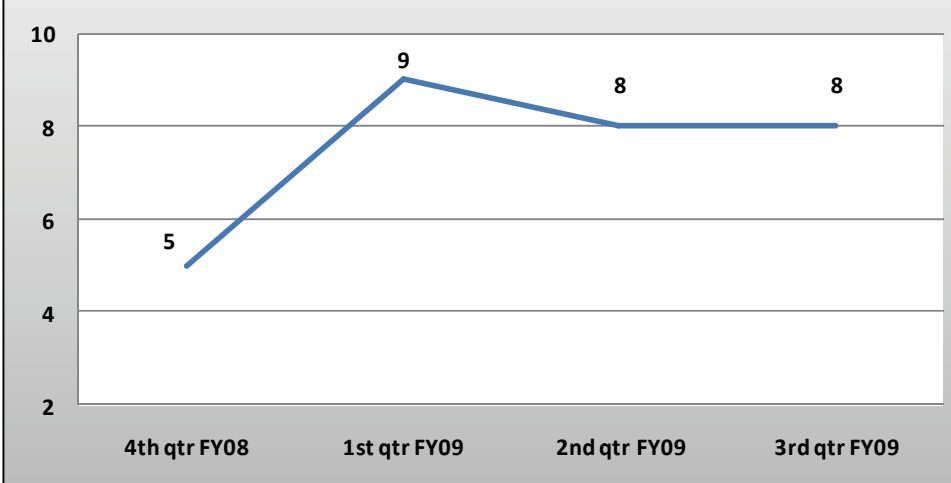
SOURCE: The Durham Center Provider Quarterly Incident Reports FY07-08 and FY08-09

Analysis:

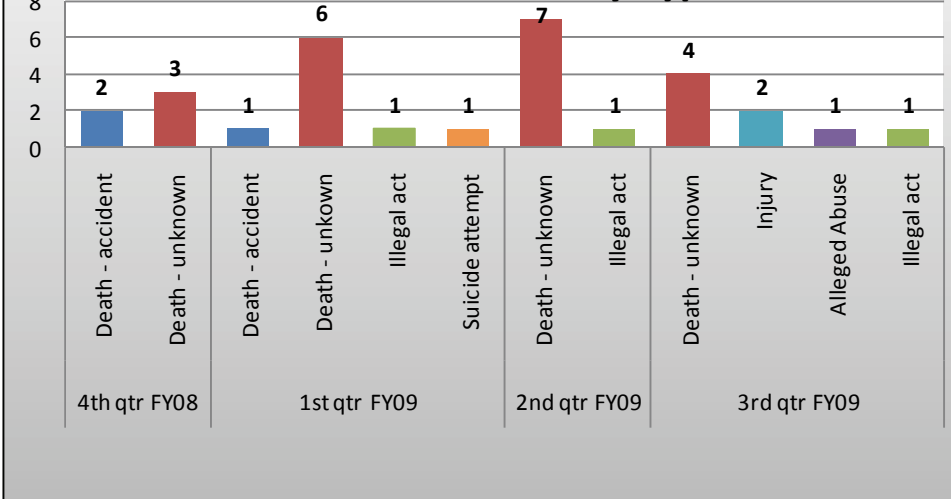
Level I incidents decreased by 24% (62) in the third quarter from the previous quarter, leaving The Durham Center provider network with the lowest number of Level I incidents in over a year. Level II reports increased by 13% (21). Level III incidents remained at eight, the same as the second quarter and one less from the first quarter this fiscal year.

INCIDENT TRENDS

Total Level III Incidents by Quarter



Level III Incidents by Type



Analysis:

The largest increase in Level III incidents from last fiscal year to this fiscal year has been in Deaths due to Unknown Cause. This type was changed from a Level II to a Level III incident in the second quarter of FY08, to ensure prompt local and state attention.

While we saw an increase in unknown cause deaths in the first and second quarters, the same type decreased in the third quarter. Instead providers reported two incidents of rape, one abuse, and one illegal act that met the criteria for Level III. All Level III incidents are reviewed in Corporate Compliance Committee and carefully followed up on until resolved.

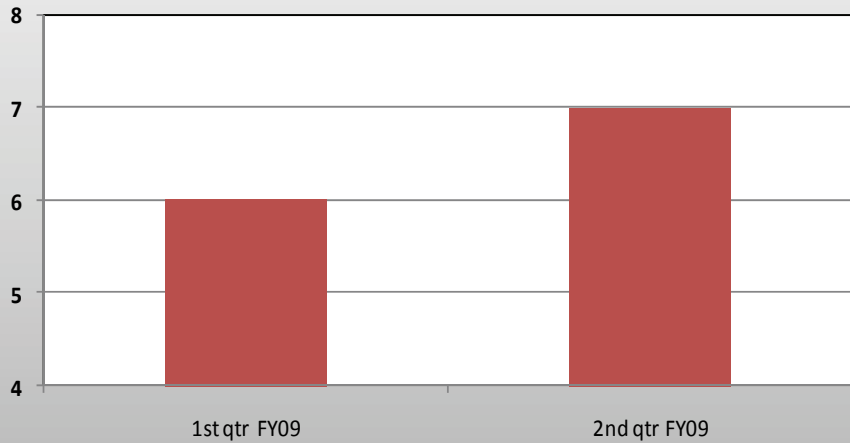
Follow-ups involve various monitoring activities, for example site visits, record reviews, interviewing staff and/or clients, and reviews of provider internal investigations and peer reviews. In addition, contact with police, DSS or other oversight agency is often needed. Site visits may also be necessary at a later date in order to ensure implementation of corrective actions.

TDC QM staff ensures that all Level III incidents are reported to the DMH/DD/SAS QM Team and subsequently reviews each incident with the DMH/DD/SAS Advocacy Team.

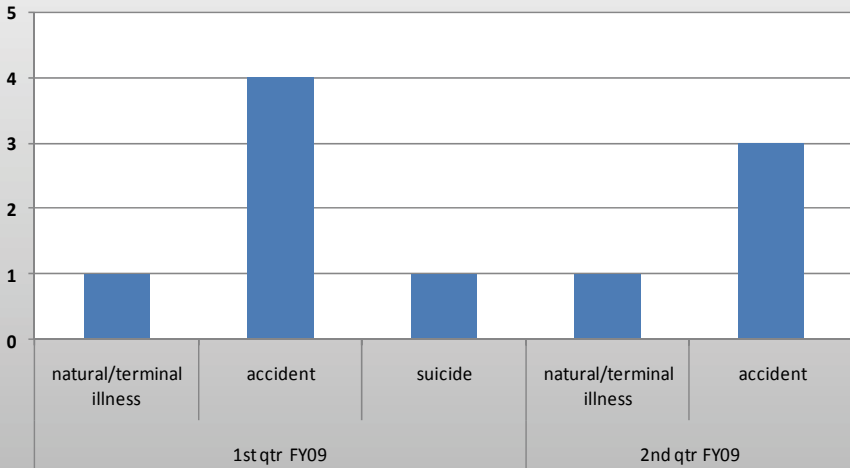
SOURCE: The Durham Center Provider Quarterly Incident Reports FY07-08 and FY08-09

INCIDENT TRENDS

Level III Death due to Unkown Cause



Updated Unknown Cause Deaths



SOURCE: The Durham Center Provider Quarterly Incident Reports FY07-08 and FY08-09

Analysis:

The charts to the right show how Deaths due to Unknown Cause have been updated to reflect the true cause of death. To determine the cause, QM staff request Medical Examiner's (ME) reports (autopsy, toxicology and investigative) and then asks providers to amend the original report and resend to The Durham Center as well as DMH/DD/SAS QM Teams.

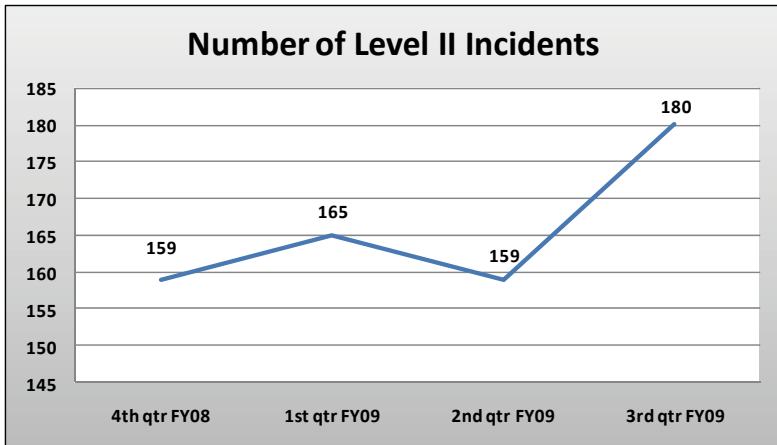
One of the six and seven deaths in the first and second quarters respectively were determined to be due to Natural Causes or Terminal Illnesses. These reports subsequently changed from Level III to Level II deaths.

Out of the seven (first and second quarters) deaths that were determined to be Accidents, six were due to drug overdoses. Information in the investigative report will reveal if the manner of death is suicide. None of the six were determined to be intentional and consequently were assumed to be accidental.

Three of the seven deaths in the second quarter did not result in autopsies. Typically, this means that a physician was able to verify the cause and sign off on the death certificate. This is common when a person suffers from a terminal illness or other disease that a physician has been treating. The true cause of death was not verified in the three cases and therefore remain unknown.

ME's reports take approximately 90 days before completion, which is why updated data is not yet available for the third quarter.

INCIDENT TRENDS

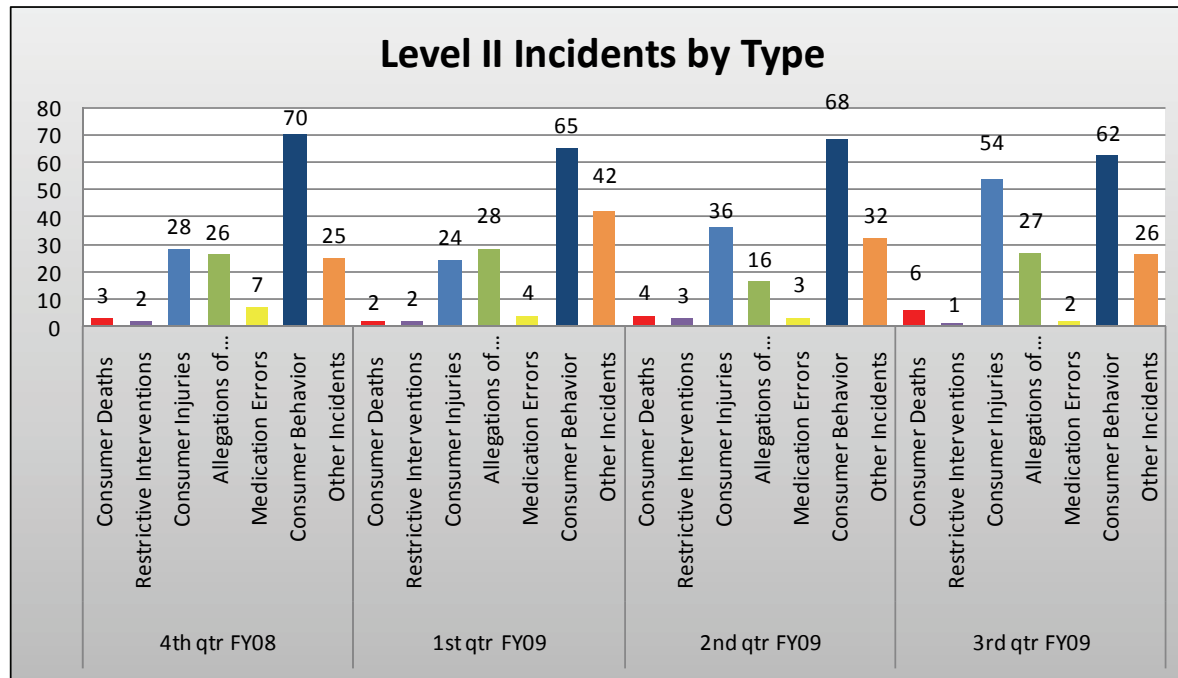


Analysis:

The most noticeable difference from previous quarters was the increase in Consumer Injuries. This category increased by 50% from second to third quarter and by 125% from first to third quarter.

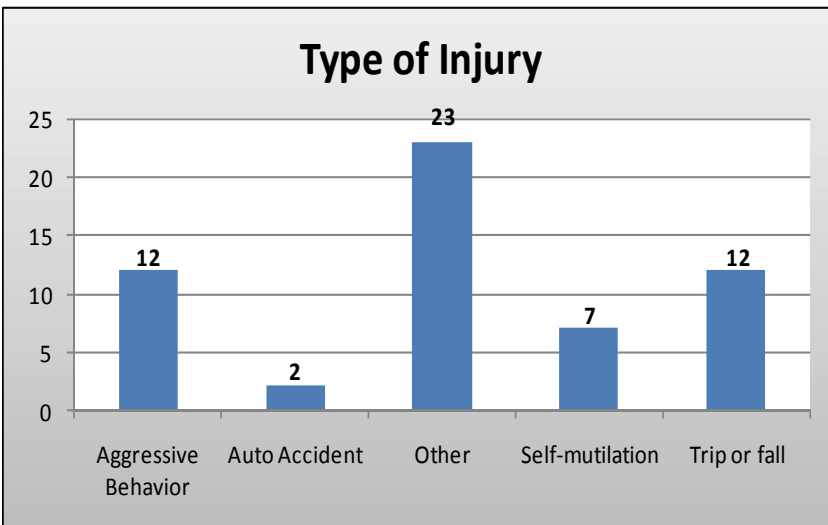
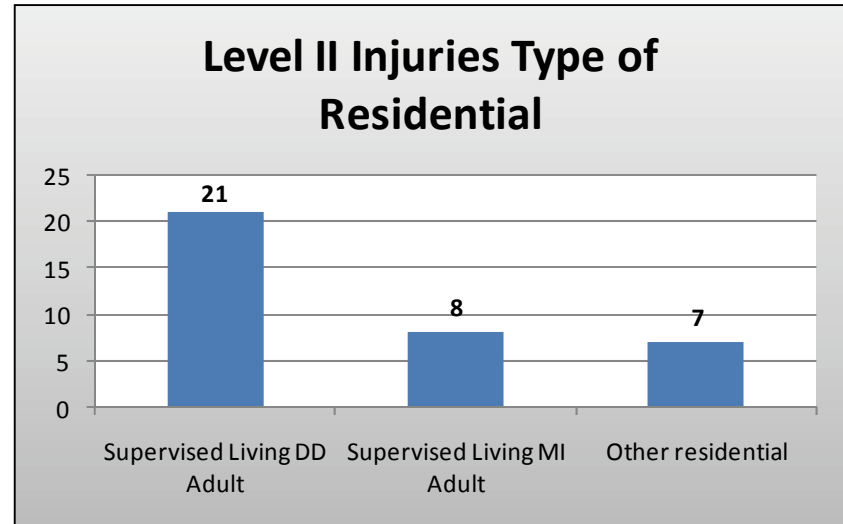
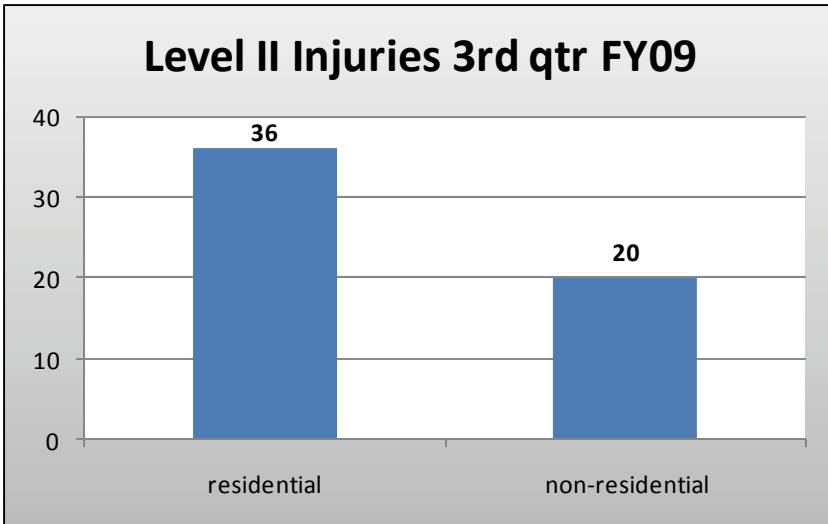
(See next page for a more in-depth analysis of Consumer Injuries data available for the third quarter.)

Allegations of Abuse, Neglect, and Exploitation also increased from the second quarter. However, they remained fairly consistent with trends prior to that.



SOURCE: The Durham Center Provider Quarterly Incident Reports FY07-08 and FY08-09

INCIDENT TRENDS



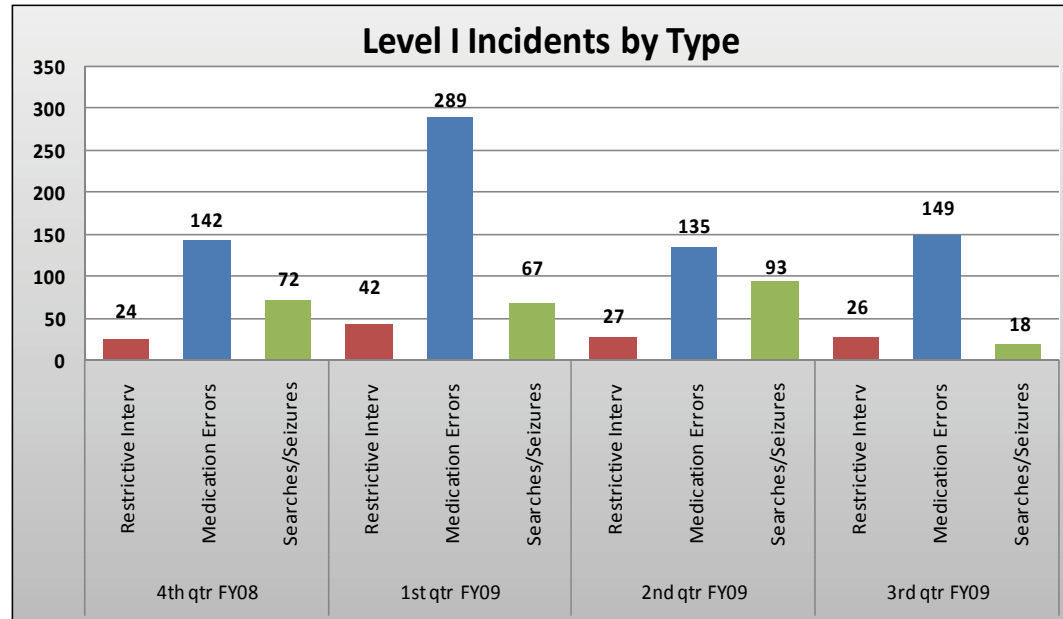
Analysis:

The above charts show the number of injuries that were submitted by residential versus non-residential providers. Out of the 36 (64%) residential injuries 29 (80%) were submitted by Supervised Living providers.

The chart to the left shows the breakdown of the type of injuries reported in the third quarter. Other Injury in the third quarter was most often described as chest pains or heart problems and also injuries related to medical issues, for example symptoms of consumers' medical diagnoses such as diabetes and hypertension. In these cases, providers should submit incident reports to the LME if the medical issue requires emergency treatment by a licensed health professional (EMS is called, visit to the ER, etc).

SOURCE: The Durham Center Provider Quarterly Incident Reports FY07-08 and FY08-09

INCIDENT TRENDS



SOURCE: The Durham Center Provider Quarterly Incident Reports FY07-08 and FY08-09

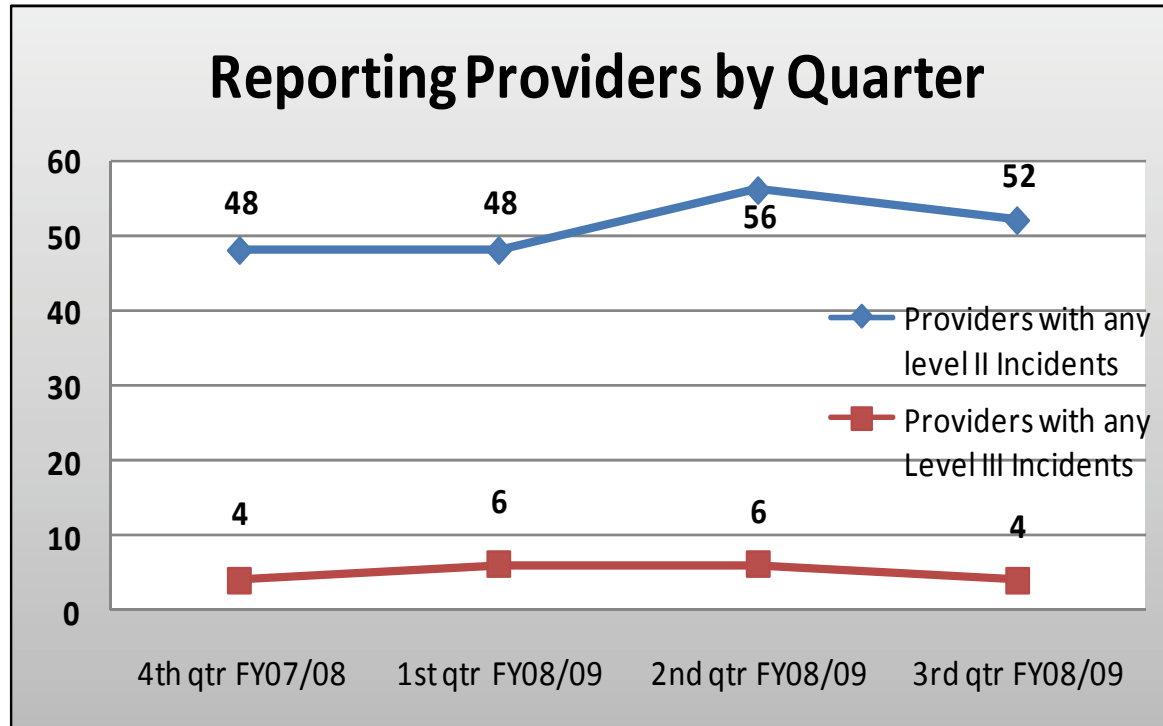
Analysis:

Searches and Seizures decreased by 81% (75) from second to third quarter. An analysis of providers submitting searches and seizures shows that adolescent group homes are the most consistent reporters of searches (average range 1-15 searches per quarter) for a fewer number of consumers. In other words, the same consumers are searched multiple times.

The significant decrease in searches seems to stem from a few of the Supervised Living homes that have consistently reported high numbers of searches in the past. None of these homes submitted quarterly incident reports in the third quarter. The provider (five homes) that submitted the highest number (42) in the second quarter does not show up on the DHSR provider list and may no longer be in business.

Medication Errors fluctuate in number from quarter to quarter. The highest number is typically in the missed or refused category which in the third quarter made up 83% of the total medication errors. The highest number for one provider (a methadone clinic) was 43 in the third quarter. By nature of the service and target population, methadone clinics experience a higher number of missed doses. As of November 2006, Outpatient Opioid Treatment Programs (OTP) are required to complete a Level I incident report when a person has missed three consecutive doses.

INCIDENT TRENDS

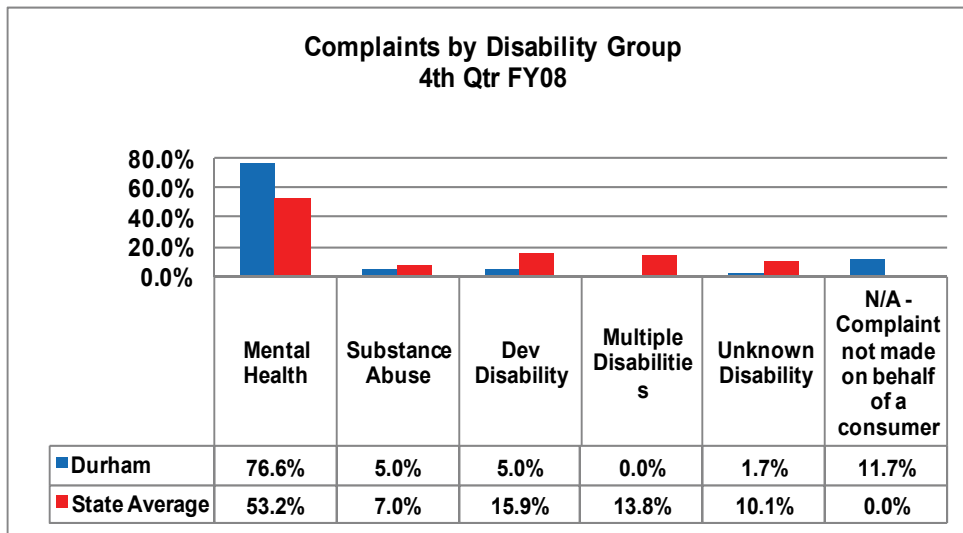
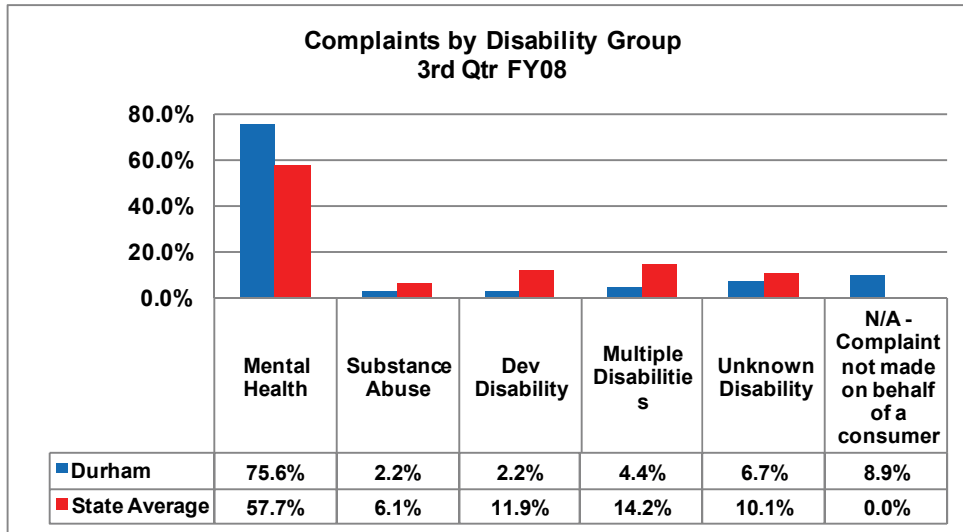


SOURCE: The Durham Center Provider Quarterly Incident Reports FY07-08 and FY08-09

Analysis:

There was a 9% (5) decrease in total unduplicated number of reporting providers for Level II and Level III incidents from the second (57) to the third (52) quarter. Despite the decrease, providers reporting incidents is still higher than previous fiscal year.

CUSTOMER COMPLAINTS



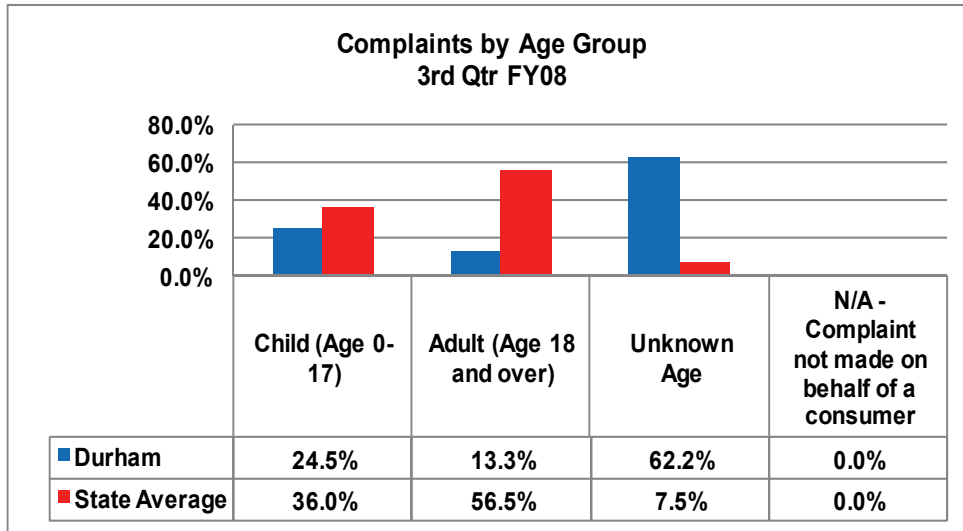
Analysis:

Durham has a higher rate of Mental Health complaints than the state average. The reason for this is unknown. However, it should be pointed out that Durham has a very small percentage, if any, of complaints where the disability is unknown or logged as Multiple Disabilities. The state average ranges between 10 and 14 percent for the same. The fact that Durham's Developmental Disabilities rate is less than the state average could be due to better quality of care and/or access to DD services in Durham.

The total number of complaints reported to TDC in the third quarter was 45 and in the fourth quarter 60. The average number of complaints statewide was 40 and 45 for the same two quarters.

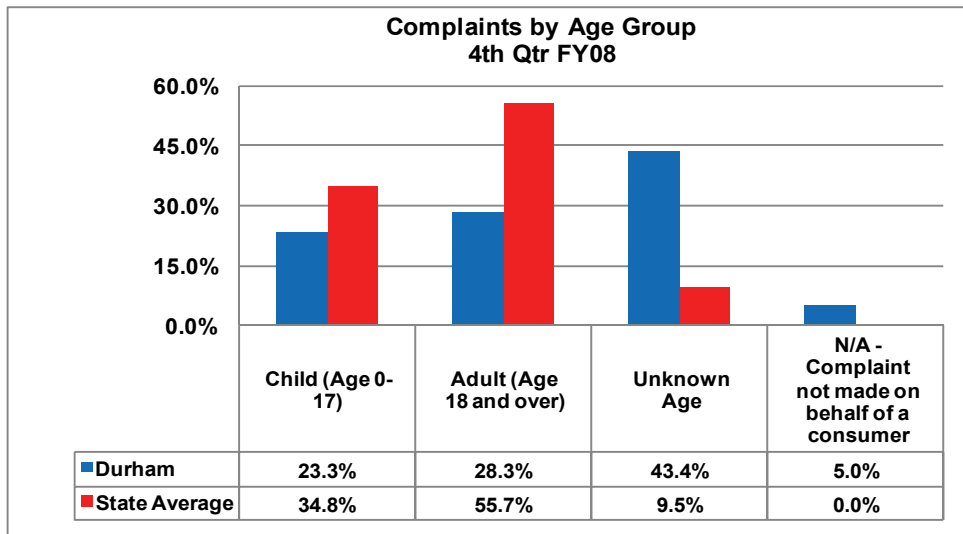
SOURCE: NC DMH/DD/SAS Reports on Complaints Received by Local Management Entities

CUSTOMER COMPLAINTS



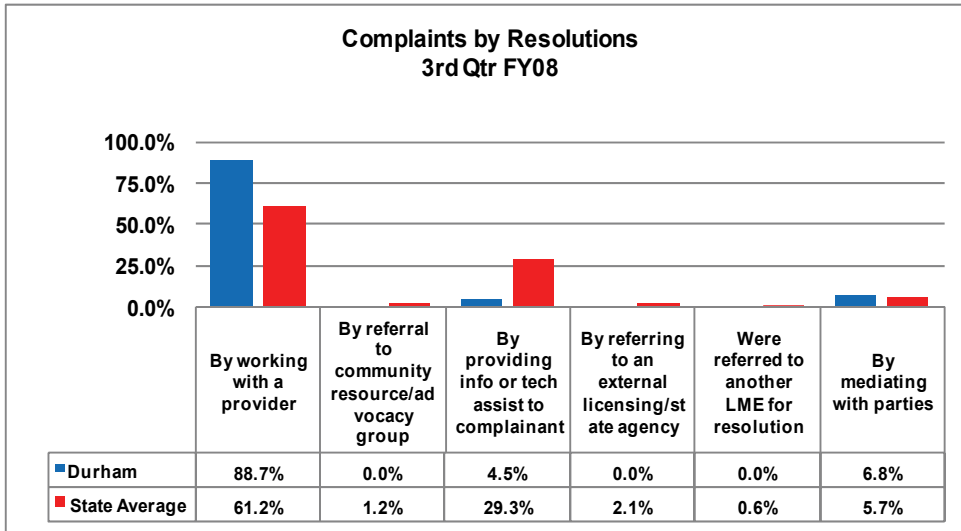
Analysis:

Durham has a higher rate of complaints of unknown age than the state average. The Durham Center logs the date of birth of the client. However, many complaints that come in are not concerning a specific client but may be a complaint against an agency. In these cases age is not applicable and will show as unknown.



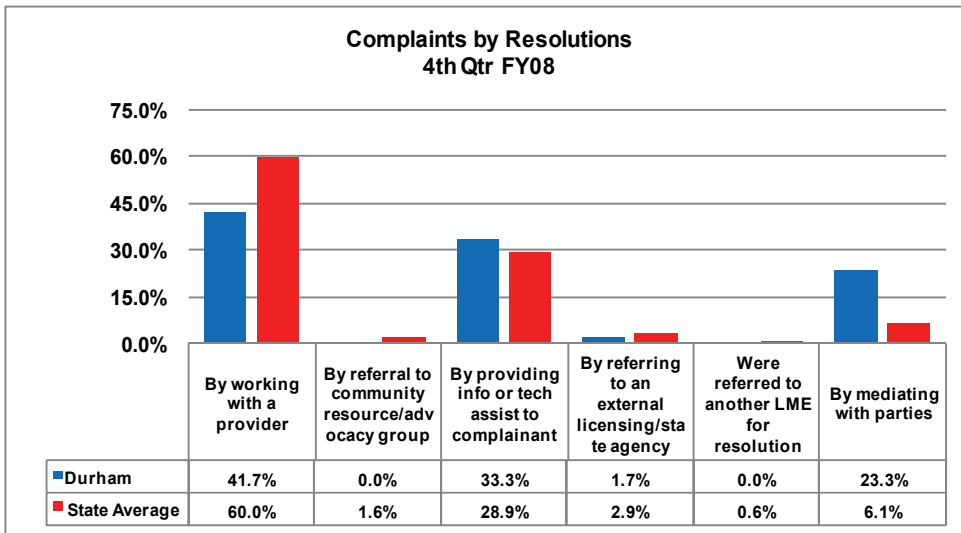
SOURCE: NC DMH/DD/SAS Reports on Complaints Received by Local Management Entities

CUSTOMER COMPLAINTS



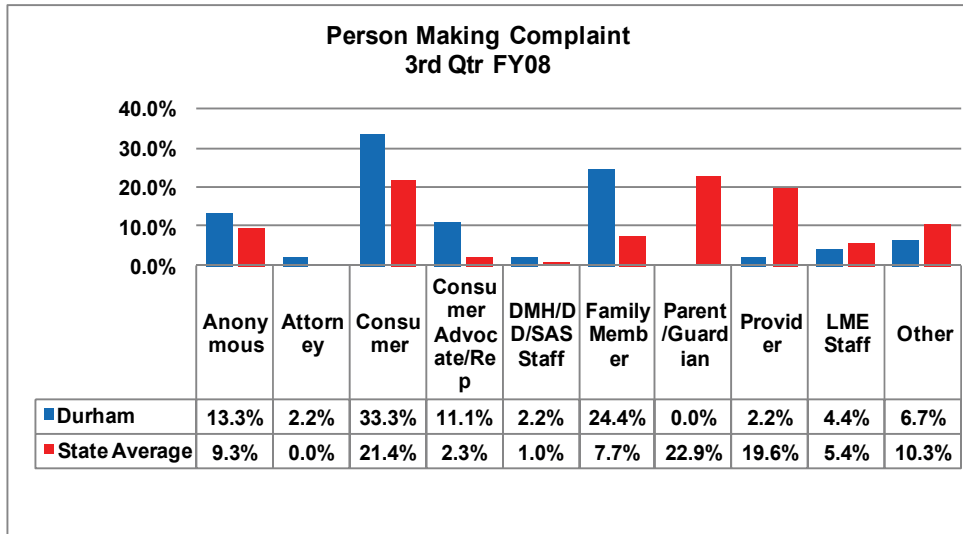
Analysis:

The majority of complaints are resolved by working with the provider. In the fourth quarter The Durham Center also resolved a good portion of complaints by providing technical assistance and by mediating with parties.



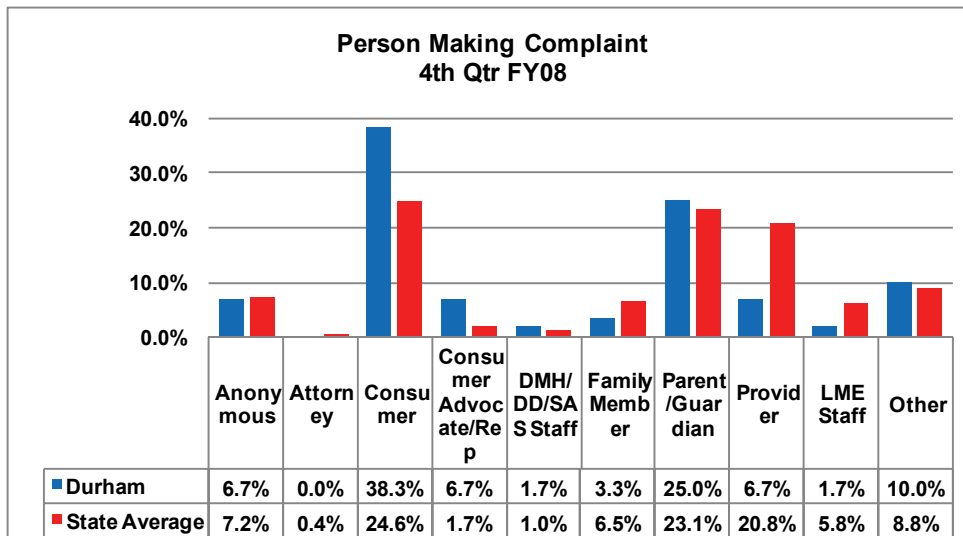
SOURCE: NC DMH/DD/SAS Reports on Complaints Received by Local Management Entities

CUSTOMER COMPLAINTS



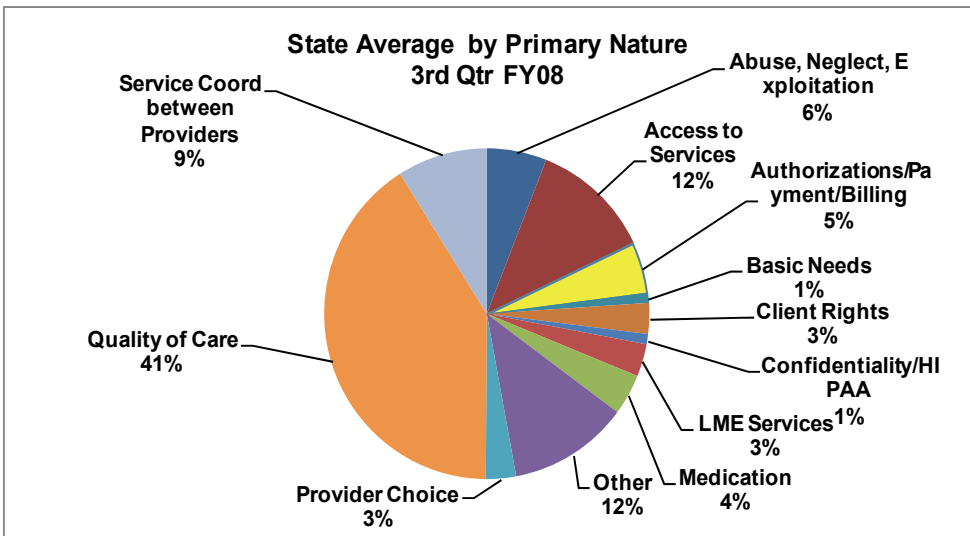
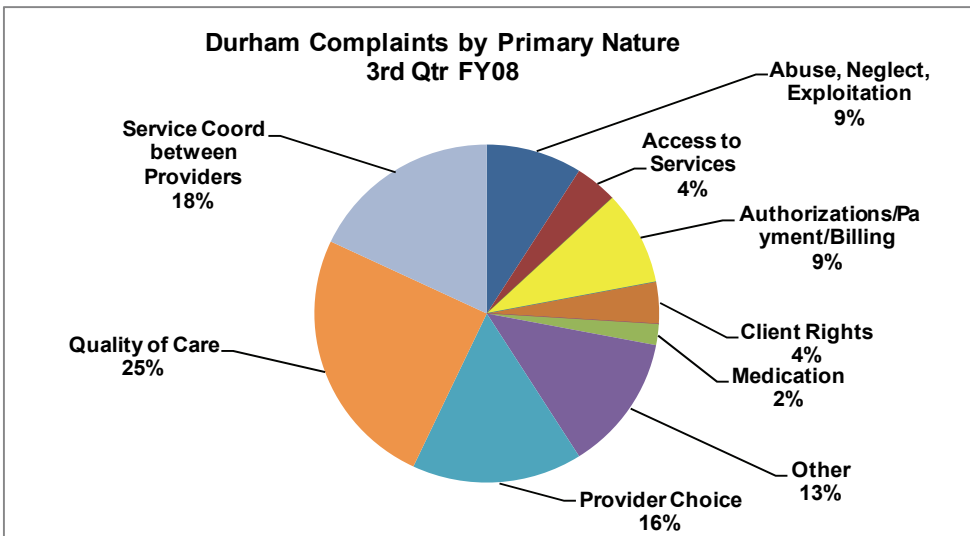
Analysis:

On average, Durham has a higher percentage of consumers filing complaints than the state average. This can be viewed as a positive trend as it indicates that Durham consumers are more willing to contact The Durham Center with concerns.



SOURCE: NC DMH/DD/SAS Reports on Complaints Received by Local Management Entities

CUSTOMER COMPLAINTS



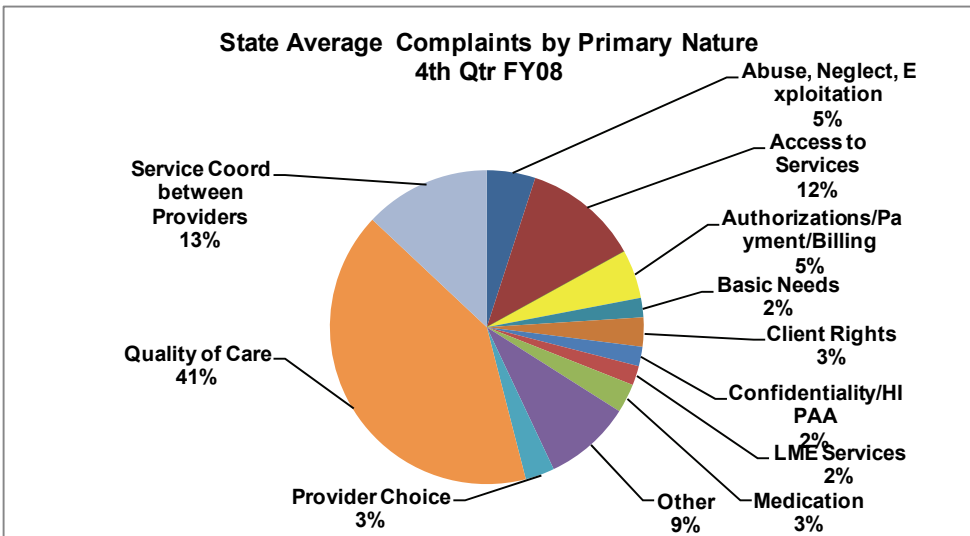
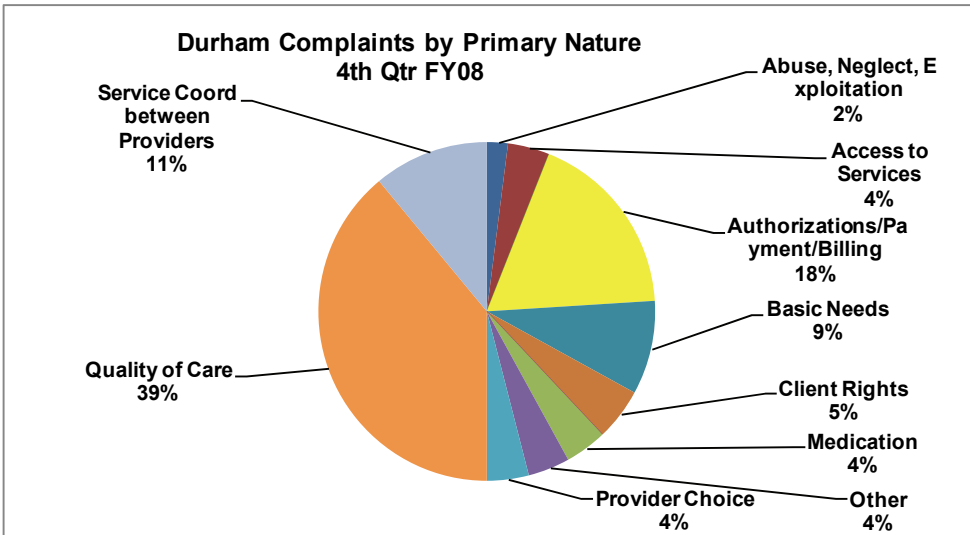
Analysis:

It is important to point out that there are wide differences in how LMEs interpret the different categories of complaints. Currently, there are no definitions or criteria set by the state for determining the primary nature of the complaint.

The majority of complaints received across the state as well as in Durham are related to quality of care. In the third quarter TDC handled 11 complaints related to quality of care. The average number of quality of care complaints statewide was 19.5.

SOURCE: NC DMH/DD/SAS Reports on Complaints Received by Local Management Entities

CUSTOMER COMPLAINTS

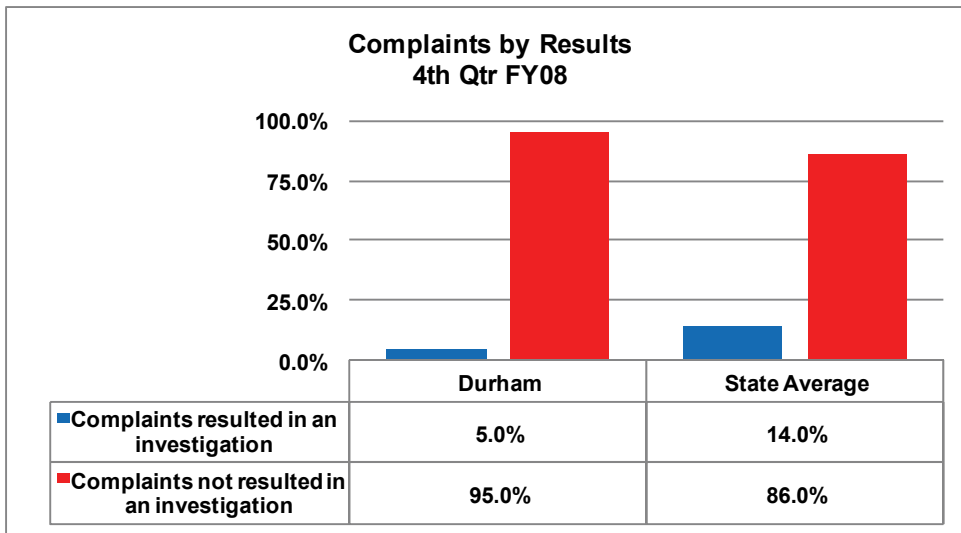
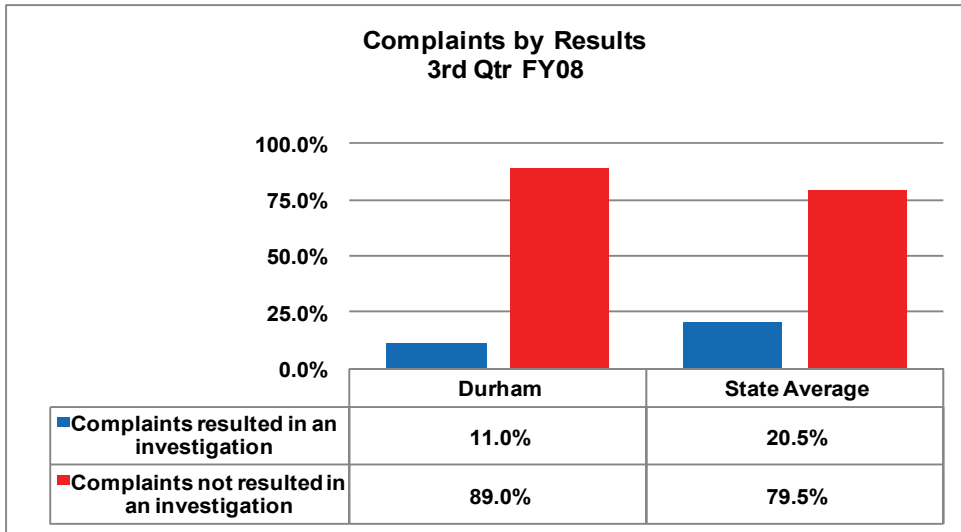


Analysis:

Trends suggest that the state on average has a higher rate of complaints related to access to services. TDC received two complaints in the fourth quarter and the state average was 6.5 at the same time and in the same category. This could mean that The Durham Center and our Provider Network do a better job getting people into care than the average LME.

SOURCE: NC DMH/DD/SAS Reports on Complaints Received by Local Management Entities

CUSTOMER COMPLAINTS



Analysis:

The number of complaints reported by each LME in the third and fourth quarters varied between 0 and 167. Only three LMEs reported numbers greater than 100. For example, in the fourth quarter Centerpoint reported 150, Pathways reported 166 and Cumberland reported 167. All other LMEs fell in the range of 0 to 80 complaints in the same time period, with a median across *all* LMEs at 34. Durham reported 60 complaints. Similar numbers were noted in the third quarter.

The same wide differences are observed in the number of complaints investigated across the LMEs. It ranged between 0 and 38 with a median of five in the third quarter and four in the fourth quarter. Durham investigated five and three complaints in the same time periods.

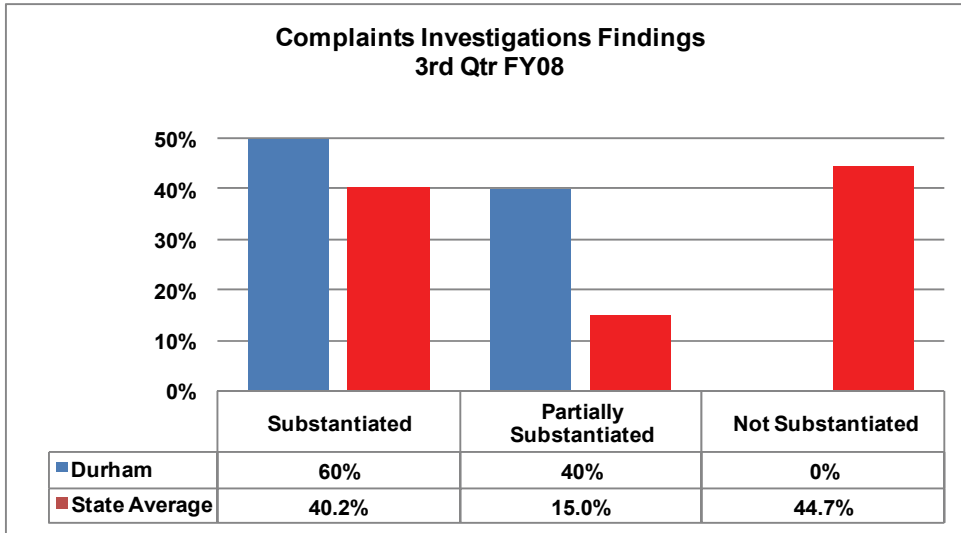
An analysis of each LME's individual percentages show that the median percentage of complaints investigated was 13% in the third quarter and 11% in the fourth quarter.

Variations in definitions of *complaints*, *investigations*, and *nature of complaints* are discussed monthly at the NC Council Customer Service Forum.

(See page 12 for details regarding complaints resolved without the need of a formal investigation.)

SOURCE: NC DMH/DD/SAS Reports on Complaints Received by Local Management Entities

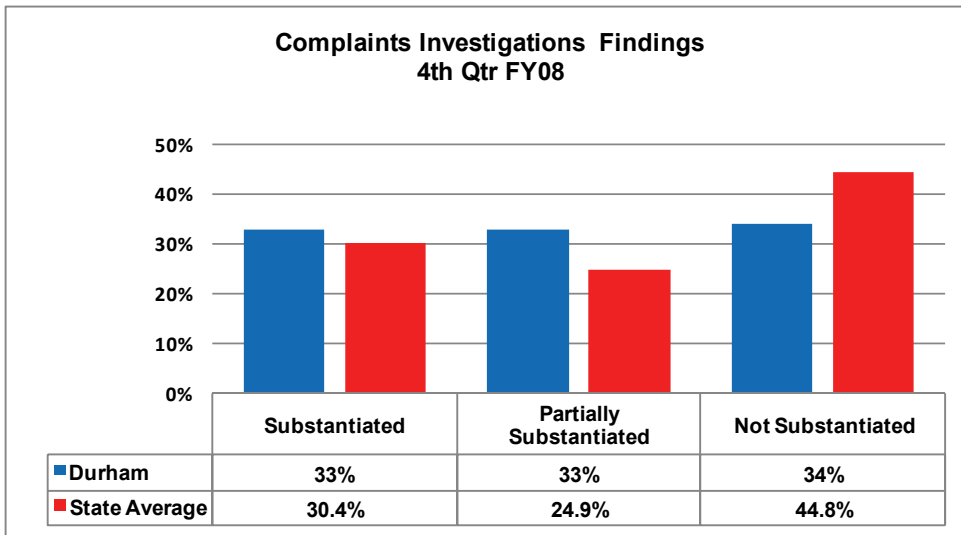
CUSTOMER COMPLAINTS



Analysis:

Numbers show that a larger number of complaints investigations are substantiated in Durham than the state average.

(See page 12 for details regarding complaints resolved without the need of a formal investigation.)



SOURCE: NC DMH/DD/SAS Reports on Complaints Received by Local Management Entities