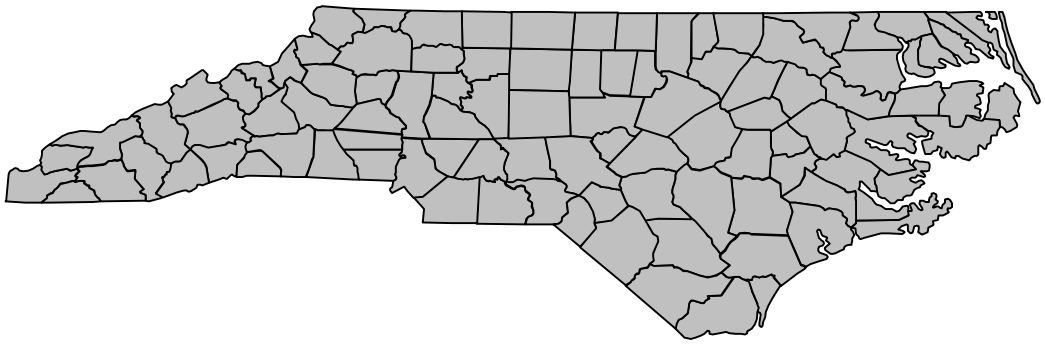
North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Quarterly Report on Critical Incidents, Deaths, and Use of Seclusion and Restraint in Area Authorities/County Programs

for First Quarter State Fiscal Year 2003-2004
(July-September 2003)



prepared by

Quality Management Team
Community Policy Management Section
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
North Carolina Department of Health and Human Services

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Notes for First Quarter Report

As now required by North Carolina General Statute, Area Authorities/County Programs (AA/CPs) receive and must review all Critical Incidents and Death Reports from Category A and B providers as defined in 10A NCAC 27G.0602 in their catchment areas for mental health, developmental disability and substance abuse services. Programs are to analyze this collected information as part of their quality management efforts and to report summarized information to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services quarterly. This is the first statewide quarterly report summarizing this new information. The reporting and analysis of information on critical incidents and deaths must be an important part of any effort to manage the quality of care being delivered. This statewide report is meant to support local efforts in improving the quality of care being delivered.

This report is organized around two main sections. The first section of the report summarizes the findings of AA/CPs with regards to their own analyses of the data, highlighting common areas of concern and some of the quality improvement steps being taken.

The second major section of the report summarizes collected data on a variety of types of deaths, critical incidents, and the use of seclusion and restraint in local areas. The reporting includes data on 122C licensed facilities except hospitals and unlicensed community-based providers. The reporting does not include data on state institutions, hospitals, nursing homes or other category C providers which are not covered by the new regulations. The types of incidents include deaths; abuse, neglect, or exploitation; injury requiring treatment by a physician; medication errors; the use of seclusion and restraint; and other types of critical incidents.

This statewide reporting on critical incidents is a new process. Accordingly, it is understood that initially there will be some incomplete reporting as the new regulations are fully put into place. Additionally, the process of deciding how best to summarize and share this collected information is likely to change over time as a better understanding of the issues is gained. This is a developmental process which should improve over this first year.

Please give us feedback!

We hope the information in this report will begin to provide a useful overview of the numbers of critical incidents, deaths, and use of seclusion and restraint being reported across the community system in North Carolina. The process of constructing and improving these reports is ongoing. We welcome your suggestions on how we can make them more useful and more relevant to your questions and concerns. To provide feedback please contact:

Dale Roenigk or Candy Helms
Quality Management Team
Community Policy Management Section
North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
3004 Mail Service Center
Raleigh, North Carolina 27699-3004

(919) 733-0696
email: contactdmhquality@ncmail.net

The Division's Web Page --- http://www.dhhs.state.nc.us/mhddsas/

Report Summary

As noted in the introduction, the statewide reporting of critical incidents and deaths is a new process. The task of implementing this new process when combined with the major changes being undertaken in how local services are being provided and managed mean that this will of necessity be a developmental process. Time will be needed to get all providers fully reporting the required data.

While all of the Area Authorities/County Programs (AA/CPs) submitted information for this first quarterly report, the wide variations in rates of the data suggest that there is under or incomplete reporting going on. The most commonly cited trend reported by the AA/CPs in their own analyses was the under or inaccurate reporting by providers. While it is the responsibility of AA/CPs to make sure providers in their catchment areas understand reporting requirements, the Division will review the number of reports submitted by providers and AA/CPs' continued trend analysis in the upcoming quarters to decide whether to send further clarification on this matter to providers. Efforts to increase reporting by providers will be an important task for AA/CPs.

Because of the probable differences in reporting for this first quarter, any comparisons across AA/CPs should be done with great caution. The numbers reported here should be seen as an initial start which will be more appropriately evaluated as additional quarters of data are submitted. A rise in the rate of reported critical incidents is likely as reporting improves. Consequently this first quarter and possibly this first year of data will need to be interpreted carefully as more information is submitted.

The relative numbers of reported incidents is fairly low at 6.9 critical incidents per 1,000 active consumer caseload or less than one percent. Injuries represent the most commonly cited critical incident, about one-third of the total, with most of these falling into the "other" category". Deaths, abuse and neglect, and medication errors are all fairly small relative to the total active caseload. More study is needed to get a feel for what is a high or low rate for these programs.

Finally, the early pages of the report provide some useful examples of the types of trend analysis being done by AA/CPs and how this information is being used to improve quality of care. Using the collected information to support assessments and program improvements is the cornerstone of this effort.

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Summary of Trends Reported

One of the purposes of reporting critical incidents, deaths, and use of seclusion & restraint quarterly is to identify trends and patterns across the state that provide shared opportunities for improvement. Common trends across area authorities/county programs (AA/CPs) may indicate opportunities for AA/CPs to learn from each other. They may also point to issues that need to be addressed systematically statewide, either by the Division or by the NC Council of Community Programs.

The table below lists patterns identified by AA/CPs during the first quarter of reporting. **The most common issue identified is the incomplete, inaccurate and inconsistent reporting of critical incidents, deaths, and use of seclusion & restraint.** While it is the responsibility of AA/CPs to make sure that providers in their catchment areas understand reporting requirements, the Division will decide whether to send further clarification on this matter to providers by reviewing the number of reports submitted by providers and AA/CPs' trend analyses in the upcoming quarter.

	Identified Trends	**Number (Percent) of AA/CPs Citing This Issue (36 total)**
Deaths	Late, inaccurate & incomplete reporting	2 (5.5%)
	Lack of coordination of care	1 (2.7%)
Critical Incidents	Under-reporting & inaccurate reporting	8 (22.2%)
	Diligent reporting by some providers (compared to others)	2 (5.5%)
	Over-reporting to justify higher level of care	1 (2.7%)
	High numbers of client absences without notification (either single provider, single consumer, or child residential providers)	6 (16.7%)
	High numbers of medication errors (either single provider or multiple providers)	3 (8.3%)
	High allegations of abuse (single provider)	1 (2.7%)
	High numbers of suspensions (single provider)	1 (2.7%)
Seclusion & Restraint	High use of restrictive interventions (single provider, multiple providers, single consumers)	5 (13.9%)
	Inaccurate reporting	2 (5.5%)

Examples of Trend Analyses Reported

The area authority/county program (AA/CP) reports cited below provide an overview of how AA/CPs are identifying and responding to patterns in deaths, critical incidents and use of seclusion and restraint. Excerpts from these reports are included because they provide good examples of (1) review processes; (2) identification of patterns/trends; (3) analysis of patterns/trends; (4) actions taken in response to reports – at the consumer, provider and network/local system levels; (5) follow-up actions; and (6) recommendations for actions to be taken at the state system level.

AA/CPs were asked for their permission to identify their programs by name. Not all programs responded by the reporting deadline so these programs identities have been left anonymous by listing as a letter. The lack of program identification should not change the interpretation as these were included as good examples.

<u>Review Processes</u>

Guilford

All incident reports are sent to our Provider Services Management Team and our Quality Improvement Contractors Committee (if from contractor) for review. Incidents involving death by accident, homicide or suicide are faxed to DFS and an AP Death Review is conducted. The Death Review Committee's core members include the medical director, nursing director and the QI specialist. Direct care staff are included at each review. At the conclusion of the review, the committee discusses any need for changes in procedures and identifies any pattern or similarities to previous reviews. All incidents are presented in an aggregate quarterly report to the following committees: Client Rights, Quality Council and Management. Team. The report includes a graph illustrating the increase or decrease in each type of incident over a five quarter period. Also, a brief description of each incident involving abuse, neglect and exploitation is included in the report.

New River

All Critical Incidents are entered into a database and are reviewed at the monthly meeting of the Risk Management Subcommittee of the Quality Management Team. Trends and significant incidents are reviewed, requests for corrective action plans proposed and results of previously requested corrective action plans reviewed. Significant incidents and trends are followed closely by the committee until the situation is resolved and the committee feels best practices are being followed. Situations that need intervention prior to the monthly meetings are addressed by the RM Nurse and QA specialist in consultation with members of the committee.

Southeastern Regional

Restrictive Intervention training was given to the Incident Review Committee to give them a better understanding of the types of restraints utilized and how least restrictive interventions are processed.

Trend (Western Highlands)

We have a Death Review Subcommittee which reviews [all deaths that occur in the AP facilities and contract providers] against a critical indicator checklist. If one of the indicators is met then an extensive review is completed. All findings and recommendations are forwarded to the agency's Incident Review Committee. … All incidents are logged into a database and reported

monthly and quarterly. The report is forwarded to the Incident Management Committee for review. They review the data and look for trends. If a certain type is high in frequency then recommendations are made and the program manager notified to submit a corrective action plan.

Program A
Deaths are reviewed in Peer Review/Documentation Team with a physician present. The client record is reviewed clinically in conjunction with the death certificate, to assure the provision of quality care. … Critical incident reporting forms are reviewed and signed off on by the case manager, the clinical supervisor, the Area Director and Risk Manager. Incidents are tracked and trends are identified by client, type of incident and provider. Training and/or technical assistance is offered as needed.

Pattern Identification

Centerpoint
Some providers are recording interventions as "seclusions" when it is clear from the report that the door was not locked (i.e. staff supervised client in room, etc.)

New River
Patterns of physical restraints were noted for two consumers and reviewed by Risk Management Committee and Human Rights Committee with an in-depth review scheduled for December.

Pitt
Critical incidents are being under-reported. For example, one … incident was discovered because we saw the DFS investigation report. We suspect that this is particularly widespread among providers who do not contract with [the AA/CP.] On the other hand, [another provider] is very conservative in their handling and reporting of critical incidents. The pattern of elopements with one provider is being investigated.

Program B
Over half (54.55%) of those incidents reported this quarter are of a single type from a single provider. … First quarter [reports will] be used as baseline in developing analysis of training needs regarding reporting and timeliness.

Program C
[The AA/CP] has found a trend/pattern where a provider had a significant increase in reporting incidences on clients that did not have an increase in behaviors to the magnitude that this provider was reporting [compared to] when they were with another provider.

Program D
Incident Review Committee asked that the SPMI Coordinator follow up with the Director of a clubhouse regarding the apparent disparity between the number of suspensions at that clubhouse compared to the number at the other two clubhouses in the catchment area.

Analysis

New River
This quarter's analysis did not reveal any patterns or trends concerning client deaths. Analysis did reveal that [the AA/CP] is having considerable difficulty obtaining causes of death from law enforcement and coroners' offices.

Piedmont
We are finding that a number of non-contracted providers are reporting that they are unaware of the reporting requirements.

Pitt
[A particular provider's] critical incident reporting is unnaturally inflated due to their aggressive pursual of medical attention for most all injuries and their willingness to have all suspicious incidents investigated as alleged abuse. This speaks quite well of their dedication and quality of care!

Trend (Western Highlands)
No recommendations were made this quarter, as restraints were low frequency and short duration on clients who are known to engage in dangerous behaviors.

Program B
This provider enforces agency policy known by consumers at time of admission regarding behavior which can lead to expulsion. As expulsion from service is deemed a critical incident whether due to consequences of behavior in line with agency policy or otherwise, these incidents are reported. No QI is deemed necessary under these circumstances.

Program C
Upon investigating (a significant increase in incident reports for particular clients) it was found that this provider was wanting to increase the level of care from a level 2 to a level 3, which wasn't deemed necessary. … Several incidents with a couple of providers indicated that the providers were having "power struggles" with clients, which escalated the incident.

Program E
It was also seen that providers were not self-reporting allegations of abuse to the DSS or the Health Care Personnel Registry. Providers indicated that their management either "knew" the allegation was false and thus they could ignore it or they wanted to wait until their internal investigation was completed, with these being reasons to not report to HCPR. Several providers were also not ensuring that clients were not in harm's way while an investigation was completed. For those providers who were not reporting and not ensuring the safety of clients, it was seen that these providers had previously been cited by DFS in complaint investigations. The client rights committees of many of the providers are comprised primarily of their management staff and thus the client rights review of an incident and the management review are done by the same people.

<u>Actions Taken at Consumer Level</u>
New River
This quarter's analysis resulted in one client being referred to a more intensive level of care due to a pattern of AWOLs. The Risk Management Committee is working together with the Area Attorney, consumer and alternative provider to assist consumer in receiving a higher quality of care. … The Area Attorney is assisting [the AA/CP] in acquiring information concerning an investigation of an allegation of abuse that was being done privately by a state hospital.

Actions Taken at Provider Level

Mecklenburg

We have provided in-services to a number of contract and non-contract providers … with respect to the nature of mental illness (rest homes), de-escalation methods (adolescent residential facility) and follow-up on specific cases with a number of providers. … The Area Program is working with [one particular] provider to reduce the use of restrictive interventions.

Program C

[The AA/CP] had to request that 3 providers receive training on Personal vs. Professional Boundaries. The training was offered to staff and providers on two occasions.

Program D

Review [of a client death from suicide] resulted in revision to agency no-show protocol.

Program E

Those providers [whose] client rights committees … are comprised primarily of their management staff … have been encouraged to expand the scope and membership of the committees.

Actions Taken at Network/Local System Level

Centerpoint

Communication to providers will include information re: the distinction between "seclusion" and "isolation/time out." (Isolation/Time Out, which totaled 2 for the quarter, was not included in the total above.)

Mecklenburg

In the quarter that just ended, the Area Program has arranged for Adult Case Management to become acquainted with Hospice services and with medical detox services available in the community. We are developing protocols for better coordination of care between behavioral health and non-behavioral health providers.

New River

The Area Attorney is assisting with [obtaining causes of death from law enforcement and coroners' offices].

Piedmont

[The AA/CP] sent out a mailing to all providers in the catchment with copies of reporting form and rules.

Program E

Through business plan provider meetings, [provider training on analyzing their use of restrictive interventions] will be emphasized during training on quality indicators and tracking and reporting data.

Program F

Reviewing the procedures for completing the critical incident form with the Area Program components and with all contract providers.

Follow-Up

Piedmont

Will follow up with providers that no information was received from over next quarter to ensure that they really did not have incidents vs. not reporting.

Program E

Providers who received specific training have shown improvements in completion and timely submission of forms. These same providers have also self-reported allegations to relevant parties. This will continue to be monitored to determine if changes will last, particularly for those providers who had been cited by DFS for these problems.

Recommendations for State System Level Improvement

Piedmont

[The AA/CP] would recommend reporting to differentiate between alleged and substantiated abuse/neglect/exploitation, as the numbers on this may be misleading for interpretation. Would also recommend (for future changes) to break down "injury requiring treatment – other accident/injury" to include a category "medical treatment received for medical condition/illness" since this comprises a large number of our "others" in this category.

Trend (Western Highlands)

It is interesting that you ask for "all reports" of seclusion and restraint even though this is not reported on the Critical Incident Form. …The use of restrictive interventions is a critical indicator. We choose to track it internally on many levels (duration, location, type of intervention used, # of restraints per client per quarter, effectiveness of alternatives, etc.). Without this being mandated by the state, I believe that the private providers are under-reporting.

Program B

We once again ask for [seclusion & restraint] information to be included on the Division form so that providers are reminded to send all restraint and seclusion information (not just those resulting in death). We collect the restraint and seclusion information separately now. Having it on the Division form would be easier for providers, act as a reminder to send it immediately and ultimately result in more accurate reporting.

Table 1 - Numbers of Providers Submitting Critical Incident Reports and Numbers of Licensed Providers in Catchment Area

Comparing the numbers of providers who submitted critical incident reports against the numbers of licensed providers in a catchment area provides some insight into the degree of reporting by providers and how widespread critical incidents are. Low numbers of providers reporting relative to the number of licensed providers in a catchment area may point to inadequate reporting of critical incidents. More study over time will be needed to assess this.

The number of providers reporting critical incidents relative to the number of licensed providers ranged from a low of 2.1 percent to a high of 46.1 percent with a statewide average of 13.0 percent.

			Licensed Providers in Catchment Area			
	Total Number of Providers Who Submitted Critical Incident and Death Reports	Providers Submitting Reports as a Percentage of Total Licensed Providers in Catchment Area	Total Licensed Providers in Catchment Area	Residential Group Home Providers	Non-Residential Providers	ICF-MR Providers
Alamance-Caswell	2	2.5%	81	65	11	5
Albemarle	1	2.1%	48	24	20	4
Blue Ridge	9	7.8%	116	68	37	11
Catawba	4	8.7%	46	28	13	5
Centerpoint	5	4.6%	108	73	24	11
Crossroads	41	46.1%	89	41	37	11
Cumberland	17	7.2%	236	197	28	11
Davidson	4	11.1%	36	25	10	1
Durham	37	27.6%	134	103	18	13
Eastpointe	4	2.3%	175	130	27	18
Edgecombe-Nash	16	31.4%	51	41	6	4
Foothills	25	23.6%	106	62	33	11
Guilford	14	6.3%	222	175	31	16
Johnston	3	5.9%	51	37	9	5
Lee-Harnett	3	5.2%	58	39	11	8
Mecklenburg	32	7.7%	413	348	36	29
Neuse	10	13.2%	76	44	23	9
New River	24	28.9%	83	36	35	12
Onslow	29	40.8%	71	57	11	3
OPC	12	14.8%	81	52	19	10
Pathways	42	18.7%	225	175	34	16
Piedmont	32	13.1%	245	185	43	17
Pitt	7	11.5%	61	41	12	8
Riverstone	5	11.9%	42	27	13	2
Roanoke-Chowan	3	9.1%	33	22	10	1
Rockingham	4	10.3%	39	29	8	2
Rutherford-Polk	5	15.6%	32	21	9	2
Sandhills-Randolph	30	20.4%	147	100	34	13
Smoky Mountain	4	5.9%	68	46	17	5
Southeastern Center	28	35.4%	79	41	29	9
Southeastern Regional	6	4.9%	123	85	27	11
Tideland	3	5.9%	51	29	14	8
Trend	4	9.1%	44	26	13	5
VGFW	8	12.3%	65	48	13	4
Wake	16	7.1%	225	177	29	19
Wilson-Greene	4	6.5%	62	49	10	3
All AA/CPs Reporting	**493**	**13.0%**	**3,804**	**2,733**	**746**	**325**
Minimum		2.1%				
Median		9.7%				
Maximum		46.1%				

Table 2 - Average Number of Reports per Provider

The average number of critical incident and death reports per provider provides some insight into the level of reporting and of how concentrated the incidents are by provider.

There was substantial variation in the average number of reports per provider, ranging from a low of 1.0 to a high of 39.0. More data over time will be needed to assess these patterns.

	Total Number of Providers Who Submitted Critical Incident and Death Reports				Average Number of Reports per Provider Filing Reports			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	2				10.5			
Albemarle	1				39.0			
Blue Ridge	9				2.6			
Catawba	4				1.8			
Centerpoint	5				2.8			
Crossroads	41				1.2			
Cumberland	17				4.2			
Davidson	4				5.8			
Durham	37				1.0			
Eastpointe	4				8.5			
Edgecombe-Nash	16				2.6			
Foothills	25				2.8			
Guilford	14				3.7			
Johnston	3				3.0			
Lee-Harnett	3				1.7			
Mecklenburg	32				9.0			
Neuse	10				1.3			
New River	24				1.6			
Onslow	29				3.1			
OPC	12				1.6			
Pathways	42				5.6			
Piedmont	32				4.9			
Pitt	7				3.0			
Riverstone	5				1.6			
Roanoke-Chowan	3				1.7			
Rockingham	4				1.3			
Rutherford-Polk	5				1.6			
Sandhills-Randolph	30				3.6			
Smoky Mountain	4				1.5			
Southeastern Center	28				2.8			
Southeastern Regional	6				4.3			
Tideland	3				1.3			
Trend	4				2.0			
VGFW	8				1.0			
Wake	16				3.5			
Wilson-Greene	4				2.0			
All AA/CPs Reporting	**493**				**3.4**			
Minimum					1.0			
Median					2.7			
Maximum					39.0			

Table 3 - Numbers and Rates of Total Critical Incident and Death Reports Received

This table shows the total number of Critical Incident and Death reports filed by local providers in each catchment area and the relative rate per 1,000 consumers on the active caseload. Because programs vary substantially in size, comparisons across program are more appropriately done after adjusting for these differences. Although active caseload probably represents the best measure of size, it is important to note that a few areas have substantial numbers of consumers from other areas not on their active caseload but being served in their local residential programs which may have the effect of increasing their relative rates. Further study of this will done over time to see if additional adjustments need to be made for the rates.

Statewide, the average rate of Critical Incident and Death reports was 6.9 per 1,000 active caseload. The wide variation in local rates is likely to be more reflective of incomplete reporting for this first quarter than true differences.

	Total Number of Critical Incident and Death Reports				Rate of Total Critical Incident and Death Reports per 1,000 Active Caseload			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	21				4.0			
Albemarle	39				10.6			
Blue Ridge	23				4.9			
Catawba	7				2.6			
Centerpoint	14				0.7			
Crossroads	48				10.0			
Cumberland	72				16.5			
Davidson	23				8.5			
Durham	37				5.5			
Eastpointe	34				3.2			
Edgecombe-Nash	42				9.6			
Foothills	70				7.1			
Guilford	52				3.2			
Johnston	9				3.0			
Lee-Harnett	5				1.1			
Mecklenburg	287				9.2			
Neuse	13				2.8			
New River	39				8.0			
Onslow	90				21.8			
OPC	19				3.6			
Pathways	234				25.7			
Piedmont	156				28.0			
Pitt	21				5.0			
Riverstone	8				2.1			
Roanoke-Chowan	5				1.3			
Rockingham	5				1.4			
Rutherford-Polk	8				3.3			
Sandhills-Randolph	108				36.7			
Smoky Mountain	6				0.7			
Southeastern Center	77				12.7			
Southeastern Regional	26				3.8			
Tideland	4				0.4			
Trend	8				1.5			
VGFW	8				3.9			
Wake	56				12.5			
Wilson-Greene	8				1.1			
All AA/CPs Reporting	**1,682**				**6.9**			
Minimum					0.4			
Median					3.9			
Maximum					36.7			

Table 4 - Numbers of Reported Deaths by Cause of Death

This table summarizes the numbers of deaths reported by both the totals and by cause of death.

More than three-fourths of the deaths reported were due to terminal illness, natural causes, or of unknown cause.

	Number of Deaths Reported																							
	All Deaths				Suicide				Accident				Homicide/Violence				Terminal Illness or Other Natural Cause				Unknown Cause			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	2				0				0				0				2				0			
Albemarle	3				1				0				0				2				0			
Blue Ridge	1				1				0				0				0				0			
Catawba	4				0				1				0				2				1			
Centerpoint	0				0				0				0				0				0			
Crossroads	7				1				0				0				4				2			
Cumberland	9				0				1				1				6				1			
Davidson	0				0				0				0				0				0			
Durham	3				0				0				1				2				0			
Eastpointe	2				0				0				0				2				0			
Edgecombe-Nash	0				0				0				0				0				0			
Foothills	5				0				2				0				3				0			
Guilford	14				2				0				0				9				3			
Johnston	0				0				0				0				0				0			
Lee-Harnett	1				0				0				0				1				0			
Mecklenburg	7				0				1				0				4				2			
Neuse	1				0				0				0				1				0			
New River	4				2				1				0				1				0			
Onslow	0				0				0				0				0				0			
OPC	4				1				0				0				2				1			
Pathways	22				2				1				2				14				3			
Piedmont	3				0				1				0				2				0			
Pitt	4				0				1				1				2				0			
Riverstone	0				0				0				0				0				0			
Roanoke-Chowan	0				0				0				0				0				0			
Rockingham	0				0				0				0				0				0			
Rutherford-Polk	0				0				0				0				0				0			
Sandhills-Randolph	12				0				0				0				9				3			
Smoky Mountain	5				0				1				0				2				2			
Southeastern Center	4				0				0				1				2				1			
Southeastern Regional	2				0				0				0				2				0			
Tideland	0				0				0				0				0				0			
Trend	0				0				0				0				0				0			
VGFW	2				1				0				0				1				0			
Wake	3				0				0				1				2				0			
Wilson-Greene	0				0				0				0				0				0			
All AA/CPs Reporting	124				11				10				7				77				19			

Table 5 - Rate of Reported Deaths per 1,000 Active Consumers by Cause of Death

This table summarizes the rate of reported deaths per 1,000 active clients. These rates offer a better comparison measure than the actual numbers due to the significant variation in program size.

Statewide, the average number of deaths per 1,000 active clients was 0.51. The wide variation in the rates is likely to be due to incomplete reporting and the small numbers of deaths observed.

	Rate of Deaths per 1,000 Active Consumers																							
	All Deaths				Suicide				Accident				Homicide/Violence				Terminal Illness or Other Natural Cause				Unknown Cause			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	0.38				0.00				0.00				0.00				0.38				0.00			
Albemarle	0.82				0.27				0.00				0.00				0.54				0.00			
Blue Ridge	0.21				0.21				0.00				0.00				0.00				0.00			
Catawba	1.47				0.00				0.37				0.00				0.74				0.37			
Centerpoint	0.00				0.00				0.00				0.00				0.00				0.00			
Crossroads	1.45				0.21				0.00				0.00				0.83				0.41			
Cumberland	2.07				0.00				0.23				0.23				1.38				0.23			
Davidson	0.00				0.00				0.00				0.00				0.00				0.00			
Durham	0.45				0.00				0.00				0.15				0.30				0.00			
Eastpointe	0.19				0.00				0.00				0.00				0.19				0.00			
Edgecombe-Nash	0.00				0.00				0.00				0.00				0.00				0.00			
Foothills	0.51				0.00				0.20				0.00				0.30				0.00			
Guilford	0.85				0.12				0.00				0.00				0.55				0.18			
Johnston	0.00				0.00				0.00				0.00				0.00				0.00			
Lee-Harnett	0.22				0.00				0.00				0.00				0.22				0.00			
Mecklenburg	0.22				0.00				0.03				0.00				0.13				0.06			
Neuse	0.22				0.00				0.00				0.00				0.22				0.00			
New River	0.82				0.41				0.21				0.00				0.21				0.00			
Onslow	0.00				0.00				0.00				0.00				0.00				0.00			
OPC	0.75				0.19				0.00				0.00				0.38				0.19			
Pathways	2.42				0.22				0.11				0.22				1.54				0.33			
Piedmont	0.54				0.00				0.18				0.00				0.36				0.00			
Pitt	0.96				0.00				0.24				0.24				0.48				0.00			
Riverstone	0.00				0.00				0.00				0.00				0.00				0.00			
Roanoke-Chowan	0.00				0.00				0.00				0.00				0.00				0.00			
Rockingham	0.00				0.00				0.00				0.00				0.00				0.00			
Rutherford-Polk	0.00				0.00				0.00				0.00				0.00				0.00			
Sandhills-Randolph	4.08				0.00				0.00				0.00				3.06				1.02			
Smoky Mountain	0.60				0.00				0.12				0.00				0.24				0.24			
Southeastern Center	0.66				0.00				0.00				0.16				0.33				0.16			
Southeastern Regional	0.29				0.00				0.00				0.00				0.29				0.00			
Tideland	0.00				0.00				0.00				0.00				0.00				0.00			
Trend	0.00				0.00				0.00				0.00				0.00				0.00			
VGFW	0.97				0.48				0.00				0.00				0.48				0.00			
Wake	0.67				0.00				0.00				0.22				0.45				0.00			
Wilson-Greene	0.00				0.00				0.00				0.00				0.00				0.00			
All AA/CPs Reporting	**0.51**				**0.05**				**0.04**				**0.03**				**0.32**				**0.08**			
Minimum	0.00				0.00				0.00				0.00				0.00				0.00			
Median	0.34				0.00				0.00				0.00				0.23				0.00			
Maximum	4.08				0.48				0.37				0.24				3.06				1.02			

Table 6 - Numbers of Reported Allegations of Abuse, Neglect or Exploitation of Consumers

This table summarizes the numbers of reported allegations of abuse, neglect, or exploitation of consumers.

Abuse represents more than two-thirds of the reported allegations. Some reports may involve allegations of multiple types.

	Reported Allegations of Abuse, Neglect, or Exploitation															
	Total Reported Allegations (unduplicated)				Alleged Abuse				Alleged Neglect				Alleged Exploitation			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	8				8				0				0			
Albemarle	1				1				0				0			
Blue Ridge	4				3				2				0			
Catawba	0				0				0				0			
Centerpoint	1				1				0				0			
Crossroads	1				1				0				0			
Cumberland	17				17				0				1			
Davidson	0				0				0				0			
Durham	3				2				1				0			
Eastpointe	20				19				1				0			
Edgecombe-Nash	5				4				1				0			
Foothills	0				1				1				0			
Guilford	5				4				1				0			
Johnston	0				0				0				0			
Lee-Harnett	0				0				0				0			
Mecklenburg	32				23				6				3			
Neuse	0				0				0				0			
New River	3				0				3				0			
Onslow	8				3				5				0			
OPC	3				1				2				0			
Pathways	29				16				11				2			
Piedmont	19				15				4				0			
Pitt	4				4				0				0			
Riverstone	3				0				3				0			
Roanoke-Chowan	3				2				1				0			
Rockingham	3				2				1				0			
Rutherford-Polk	0				0				0				0			
Sandhills-Randolph	22				15				5				2			
Smoky Mountain	1				1				0				1			
Southeastern Center	8				3				3				2			
Southeastern Regional	0				0				0				0			
Tideland	2				1				1				0			
Trend	3				2				0				1			
VGFW	1				0				1				0			
Wake	6				6				0				0			
Wilson-Greene	2				1				2				0			
All AA/CPs Reporting	217				156				55				12			

Table 7 - Rates of Reported Allegations of Abuse, Neglect, or Exploitation per 1,000 Active Consumers

This table summarizes the rates of reported allegations of abuse, neglect, or exploitation per 1,000 active consumers. These rates offer a better comparison measure than the actual numbers due to the significant variation in program size.

The average rate of reported allegations of abuse, neglect, or exploitation was less than 1 per 1,000 active caseload. The variation in rates by area program may be more reflective of differences in reporting.

	Rate of Reported Allegations of Abuse, Neglect, or Exploitation per 1,000 Active Consumers															
	Total Reported Allegations (unduplicated)				Alleged Abuse				Alleged Neglect				Alleged Exploitation			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	1.53				1.53				0.00				0.00			
Albemarle	0.27				0.27				0.00				0.00			
Blue Ridge	0.86				0.64				0.43				0.00			
Catawba	0.00				0.00				0.00				0.00			
Centerpoint	0.05				0.05				0.00				0.00			
Crossroads	0.21				0.21				0.00				0.00			
Cumberland	3.90				3.90				0.00				0.23			
Davidson	0.00				0.00				0.00				0.00			
Durham	0.45				0.30				0.15				0.00			
Eastpointe	1.90				1.81				0.10				0.00			
Edgecombe-Nash	1.14				0.91				0.23				0.00			
Foothills	0.00				0.10				0.10				0.00			
Guilford	0.30				0.24				0.06				0.00			
Johnston	0.00				0.00				0.00				0.00			
Lee-Harnett	0.00				0.00				0.00				0.00			
Mecklenburg	1.03				0.74				0.19				0.10			
Neuse	0.00				0.00				0.00				0.00			
New River	0.62				0.00				0.62				0.00			
Onslow	1.93				0.73				1.21				0.00			
OPC	0.56				0.19				0.38				0.00			
Pathways	3.19				1.76				1.21				0.22			
Piedmont	3.41				2.69				0.72				0.00			
Pitt	0.96				0.96				0.00				0.00			
Riverstone	0.80				0.00				0.80				0.00			
Roanoke-Chowan	0.80				0.53				0.27				0.00			
Rockingham	0.85				0.57				0.28				0.00			
Rutherford-Polk	0.00				0.00				0.00				0.00			
Sandhills-Randolph	7.49				5.10				1.70				0.68			
Smoky Mountain	0.12				0.12				0.00				0.12			
Southeastern Center	1.32				0.49				0.49				0.33			
Southeastern Regional	0.00				0.00				0.00				0.00			
Tideland	0.22				0.11				0.11				0.00			
Trend	0.55				0.37				0.00				0.18			
VGFW	0.48				0.00				0.48				0.00			
Wake	1.34				1.34				0.00				0.00			
Wilson-Greene	0.27				0.13				0.27				0.00			
All AA/CPs Reporting	**0.89**				**0.64**				**0.23**				**0.05**			
Minimum	0.00				0.00				0.00				0.00			
Median	0.56				0.26				0.10				0.00			
Maximum	7.49				5.10				1.70				0.68			

Table 8 - Numbers of Reported Injuries Requiring Treatment by a Physician

This table summarizes the numbers of reported injuries to consumers requiring treatment by a physican.

More than half the injuries reported fell into the "other" category. Self-injury was the next most common category representing nearly 17 percent of the total reported injuries.

	Number of Reported Injuries Requiring Treatment by a Physician																							
	Total Reported Injuries				Injury Due to Suicide Attempt				Injury from Use of a Hazardous Substance				Self-Injury				Injury Caused by Another Client				Other Accident or Injury			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	2				0				0				1				0				1			
Albemarle	10				0				0				6				1				3			
Blue Ridge	3				0				0				0				0				3			
Catawba	7				0				0				0				0				7			
Centerpoint	5				0				0				0				1				4			
Crossroads	12				0				0				2				0				10			
Cumberland	14				1				0				4				3				6			
Davidson	6				0				0				2				0				4			
Durham	9				0				0				3				0				6			
Eastpointe	6				0				0				2				0				4			
Edgecombe-Nash	13				0				0				3				1				9			
Foothills	25				0				0				2				0				23			
Guilford	18				3				0				3				0				12			
Johnston	2				2				0				0				0				0			
Lee-Harnett	0				0				0				0				0				0			
Mecklenburg	112				5				1				31				19				56			
Neuse	9				1				0				2				1				5			
New River	7				0				0				0				0				7			
Onslow	7				0				0				0				1				6			
OPC	3				0				0				2				0				1			
Pathways	81				6				1				16				13				45			
Piedmont	72				34				0				2				4				32			
Pitt	3				0				0				1				1				1			
Riverstone	3				0				0				2				1				0			
Roanoke-Chowan	0				0				0				0				0				0			
Rockingham	1				0				0				0				0				1			
Rutherford-Polk	6				0				1				0				0				5			
Sandhills-Randolph	9				0				0				1				0				8			
Smoky Mountain	2				0				0				0				0				2			
Southeastern Center	29				2				0				0				5				22			
Southeastern Regional	0				0				0				0				0				0			
Tideland	2				0				0				0				1				1			
Trend	4				0				0				0				1				3			
VGFW	4				0				0				0				1				3			
Wake	25				6				0				0				1				18			
Wilson-Greene	3				0				0				1				0				2			
All AA/CPs Reporting	514				60				3				86				55				310			

Table 9 - Rate of Reported Injuries Requiring Treatment by a Physician per 1,000 Active Consumers

This table summarizes the rate of reported injuries to consumers per 1,000 active consumers. These rates offer a better comparison measure than the actual numbers due to the significant variation in program size.

The average rate of injuries per 1,000 active consumers was 2.17 statewide. The wide variation in local rates probably is most reflective of reporting differences this first quarter.

	Rate of Reported Injuries to Consumers Requiring Treatment by a Physician per 1,000 Active Consumers																							
	Total Reported Injuries				Injury Due to Suicide Attempt				Injury from Use of a Hazardous Substance				Self-Injury				Injury Caused by Another Client				Other Accident or Injury			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	0.38				0.00				0.00				0.19				0.00				0.19			
Albemarle	2.72				0.00				0.00				1.63				0.27				0.82			
Blue Ridge	0.64				0.00				0.00				0.00				0.00				0.64			
Catawba	2.58				0.00				0.00				0.00				0.00				2.58			
Centerpoint	0.25				0.00				0.00				0.00				0.05				0.20			
Crossroads	2.49				0.00				0.00				0.41				0.00				2.07			
Cumberland	3.21				0.23				0.00				0.92				0.69				1.38			
Davidson	2.22				0.00				0.00				0.74				0.00				1.48			
Durham	1.34				0.00				0.00				0.45				0.00				0.89			
Eastpointe	0.57				0.00				0.00				0.19				0.00				0.38			
Edgecombe-Nash	2.97				0.00				0.00				0.69				0.23				2.06			
Foothills	2.53				0.00				0.00				0.20				0.00				2.32			
Guilford	1.10				0.18				0.00				0.18				0.00				0.73			
Johnston	0.67				0.67				0.00				0.00				0.00				0.00			
Lee-Harnett	0.00				0.00				0.00				0.00				0.00				0.00			
Mecklenburg	3.60				0.16				0.03				1.00				0.61				1.80			
Neuse	1.96				0.22				0.00				0.43				0.22				1.09			
New River	1.44				0.00				0.00				0.00				0.00				1.44			
Onslow	1.69				0.00				0.00				0.00				0.24				1.45			
OPC	0.56				0.00				0.00				0.38				0.00				0.19			
Pathways	8.90				0.66				0.11				1.76				1.43				4.94			
Piedmont	12.92				6.10				0.00				0.36				0.72				5.74			
Pitt	0.72				0.00				0.00				0.24				0.24				0.24			
Riverstone	0.80				0.00				0.00				0.53				0.27				0.00			
Roanoke-Chowan	0.00				0.00				0.00				0.00				0.00				0.00			
Rockingham	0.28				0.00				0.00				0.00				0.00				0.28			
Rutherford-Polk	2.47				0.00				0.41				0.00				0.00				2.06			
Sandhills-Randolph	3.06				0.00				0.00				0.34				0.00				2.72			
Smoky Mountain	0.24				0.00				0.00				0.00				0.00				0.24			
Southeastern Center	4.77				0.33				0.00				0.00				0.82				3.62			
Southeastern Regional	0.00				0.00				0.00				0.00				0.00				0.00			
Tideland	0.22				0.00				0.00				0.00				0.11				0.11			
Trend	0.73				0.00				0.00				0.00				0.18				0.55			
VGFW	1.93				0.00				0.00				0.00				0.48				1.45			
Wake	5.57				1.34				0.00				0.00				0.22				4.01			
Wilson-Greene	0.40				0.00				0.00				0.13				0.00				0.27			
All AA/CPs Reporting	**2.11**				**0.25**				**0.01**				**0.35**				**0.23**				**1.27**			
Minimum	0.00				0.00				0.00				0.00				0.00				0.00			
Median	1.39				0.00				0.00				0.16				0.00				0.85			
Maximum	12.92				6.10				0.41				1.76				1.43				5.74			

Table 10 - Numbers of Reported Medication Errors

This table summarizes the numbers of reported medication errors.

More than two-thirds of the medication errors reported were due to a missed dose.

	Reported Medication Errors															
	Total Medication Errors Reported				Missed Dose of Prescription Medication				Wrong Dosage Administered				Wrong Medication Administered			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	3				2				0				1			
Albemarle	3				3				0				0			
Blue Ridge	1				1				0				0			
Catawba	0				0				0				0			
Centerpoint	5				4				1				0			
Crossroads	7				7				0				0			
Cumberland	4				3				1				0			
Davidson	2				1				1				0			
Durham	4				1				2				1			
Eastpointe	3				3				0				0			
Edgecombe-Nash	0				0				0				0			
Foothills	28				26				0				2			
Guilford	0				0				0				0			
Johnston	0				0				0				0			
Lee-Harnett	0				0				0				0			
Mecklenburg	19				14				4				1			
Neuse	2				2				0				0			
New River	5				5				0				0			
Onslow	1				1				0				0			
OPC	0				0				0				0			
Pathways	27				23				2				2			
Piedmont	3				2				1				0			
Pitt	0				0				0				0			
Riverstone	2				1				0				1			
Roanoke-Chowan	1				0				1				0			
Rockingham	0				0				0				0			
Rutherford-Polk	2				1				1				0			
Sandhills-Randolph	3				3				0				0			
Smoky Mountain	0				0				0				0			
Southeastern Center	30				8				14				8			
Southeastern Regional	4				0				4				0			
Tideland	0				0				0				0			
Trend	0				0				0				0			
VGFW	0				0				0				0			
Wake	3				0				0				3			
Wilson-Greene	0				0				0				0			
All AA/CPs Reporting	162				111				32				19			

Table 11 - Rate of Reported Medication Errors per 1,000 Active Consumers

This table summarizes the rate of reported medication errors per 1,000 active consumers. These rates offer a better comparison measure than the actual numbers due to the significant variation in program size.

Based on the reported data, there was less than 1 medication error per 1,000 active consumers. The wide variation in rates is likely to be due in part to incomplete reporting.

	Rate of Reported Medication Errors per 1,000 Active Consumers															
	Total Medication Errors Reported				Missed Dose of Prescription Medication				Wrong Dosage Administered				Wrong Medication Administered			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	0.57				0.38				0.00				0.19			
Albemarle	0.82				0.82				0.00				0.00			
Blue Ridge	0.21				0.21				0.00				0.00			
Catawba	0.00				0.00				0.00				0.00			
Centerpoint	0.25				0.20				0.05				0.00			
Crossroads	1.45				1.45				0.00				0.00			
Cumberland	0.92				0.69				0.23				0.00			
Davidson	0.74				0.37				0.37				0.00			
Durham	0.60				0.15				0.30				0.15			
Eastpointe	0.29				0.29				0.00				0.00			
Edgecombe-Nash	0.00				0.00				0.00				0.00			
Foothills	2.83				2.63				0.00				0.20			
Guilford	0.00				0.00				0.00				0.00			
Johnston	0.00				0.00				0.00				0.00			
Lee-Harnett	0.00				0.00				0.00				0.00			
Mecklenburg	0.61				0.45				0.13				0.03			
Neuse	0.43				0.43				0.00				0.00			
New River	1.03				1.03				0.00				0.00			
Onslow	0.24				0.24				0.00				0.00			
OPC	0.00				0.00				0.00				0.00			
Pathways	2.97				2.53				0.22				0.22			
Piedmont	0.54				0.36				0.18				0.00			
Pitt	0.00				0.00				0.00				0.00			
Riverstone	0.53				0.27				0.00				0.27			
Roanoke-Chowan	0.27				0.00				0.27				0.00			
Rockingham	0.00				0.00				0.00				0.00			
Rutherford-Polk	0.82				0.41				0.41				0.00			
Sandhills-Randolph	1.02				1.02				0.00				0.00			
Smoky Mountain	0.00				0.00				0.00				0.00			
Southeastern Center	4.94				1.32				2.30				1.32			
Southeastern Regional	0.58				0.00				0.58				0.00			
Tideland	0.00				0.00				0.00				0.00			
Trend	0.00				0.00				0.00				0.00			
VGFW	0.00				0.00				0.00				0.00			
Wake	0.67				0.00				0.00				0.67			
Wilson-Greene	0.00				0.00				0.00				0.00			
All AA/CPs Reporting	**0.66**				**0.46**				**0.13**				**0.08**			
Minimum	0.00				0.00				0.00				0.00			
Median	0.36				0.21				0.00				0.00			
Maximum	4.94				2.63				2.30				1.32			

Table 12 - Numbers of Other Reported Critical Incidents

This table summarizes the numbers of other types of reported critical incidents.

Client absence without notification was the most common type of these other critical incidents. There were no cases of reported injury or death due to fire or equipment failure.

	Other Reported Critical Incidents																			
	Client Absence Without Notification for more than 3 Hours				Suspension of a Client from Services				Expulsion of a Client from Services				Arrest of a Client for Violations of Local, State, or Federal Law				Fire or Equipment Failure that has Resulted in Death or Injury			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	4				0				2				0				0			
Albemarle	6				0				0				0				0			
Blue Ridge	4				0				11				0				0			
Catawba	0				0				0				0				0			
Centerpoint	0				1				0				3				0			
Crossroads	5				0				0				0				0			
Cumberland	18				0				0				5				0			
Davidson	2				0				0				0				0			
Durham	13				0				0				5				0			
Eastpointe	2				0				0				1				0			
Edgecombe-Nash	5				12				7				0				0			
Foothills	9				0				0				1				0			
Guilford	13				0				1				1				0			
Johnston	3				0				0				1				0			
Lee-Harnett	2				0				0				1				0			
Mecklenburg	75				5				5				16				0			
Neuse	0				0				0				1				0			
New River	4				0				0				0				0			
Onslow	0				0				0				3				0			
OPC	3				5				1				0				0			
Pathways	16				9				4				8				0			
Piedmont	36				11				0				1				0			
Pitt	7				0				1				2				0			
Riverstone	0				0				0				0				0			
Roanoke-Chowan	1				0				0				0				0			
Rockingham	0				0				0				0				0			
Rutherford-Polk	0				0				0				0				0			
Sandhills-Randolph	46				1				0				3				0			
Smoky Mountain	0				0				0				0				0			
Southeastern Center	4				0				0				2				0			
Southeastern Regional	2				0				0				0				0			
Tideland	0				0				0				0				0			
Trend	1				0				0				0				0			
VGFW	0				0				0				1				0			
Wake	4				4				8				1				0			
Wilson-Greene	2				0				0				0				0			
All AA/CPs Reporting	287				48				40				56				0			

Table 13 - Rate of Other Reported Critical Incidents per 1,000 Active Consumers

This table summarizes other reported critical incidents per 1,000 active consumers. These rates offer a better comparison measure than the actual numbers due to the significant variation in program size.

Except for client absence without notification, these other types of critical incidents all had statewide rates of less than 0.25 per 1,000 consumers. As with previous tables the wide variation in rates by local area may be more reflective of reporting differences.

	Other Reported Critical Incidents per 1,000 Active Clients																			
	Client Absence Without Notification for more than 3 Hours				Suspension of a Client from Services				Expulsion of a Client from Services				Arrest of a Client for Violations of Local, State, or Federal Law				Fire or Equipment Failure that has Resulted in Death or Injury			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	0.76				0.00				0.38				0.00				0.00			
Albemarle	1.63				0.00				0.00				0.00				0.00			
Blue Ridge	0.86				0.00				2.36				0.00				0.00			
Catawba	0.00				0.00				0.00				0.00				0.00			
Centerpoint	0.00				0.05				0.00				0.15				0.00			
Crossroads	1.04				0.00				0.00				0.00				0.00			
Cumberland	4.13				0.00				0.00				1.15				0.00			
Davidson	0.74				0.00				0.00				0.00				0.00			
Durham	1.94				0.00				0.00				0.74				0.00			
Eastpointe	0.19				0.00				0.00				0.10				0.00			
Edgecombe-Nash	1.14				2.74				1.60				0.00				0.00			
Foothills	0.91				0.00				0.00				0.10				0.00			
Guilford	0.79				0.00				0.06				0.06				0.00			
Johnston	1.01				0.00				0.00				0.34				0.00			
Lee-Harnett	0.45				0.00				0.00				0.22				0.00			
Mecklenburg	2.41				0.16				0.16				0.51				0.00			
Neuse	0.00				0.00				0.00				0.22				0.00			
New River	0.82				0.00				0.00				0.00				0.00			
Onslow	0.00				0.00				0.00				0.73				0.00			
OPC	0.56				0.94				0.19				0.00				0.00			
Pathways	1.76				0.99				0.44				0.88				0.00			
Piedmont	6.46				1.97				0.00				0.18				0.00			
Pitt	1.68				0.00				0.24				0.48				0.00			
Riverstone	0.00				0.00				0.00				0.00				0.00			
Roanoke-Chowan	0.27				0.00				0.00				0.00				0.00			
Rockingham	0.00				0.00				0.00				0.00				0.00			
Rutherford-Polk	0.00				0.00				0.00				0.00				0.00			
Sandhills-Randolph	15.65				0.34				0.00				1.02				0.00			
Smoky Mountain	0.00				0.00				0.00				0.00				0.00			
Southeastern Center	0.66				0.00				0.00				0.33				0.00			
Southeastern Regional	0.29				0.00				0.00				0.00				0.00			
Tideland	0.00				0.00				0.00				0.00				0.00			
Trend	0.18				0.00				0.00				0.00				0.00			
VGFW	0.00				0.00				0.00				0.48				0.00			
Wake	0.89				0.89				1.78				0.22				0.00			
Wilson-Greene	0.27				0.00				0.00				0.00				0.00			
All AA/CPs Reporting	**1.18**				**0.20**				**0.16**				**0.23**				**0.00**			
Minimum	0.00				0.00				0.00				0.00				0.00			
Median	0.70				0.00				0.00				0.03				0.00			
Maximum	15.65				2.74				2.36				1.15				0.00			

Table 14 - Numbers of Consumers in Restraint or Seclusion at Time of Critical Incidents

This table summarizes the numbers of consumers who were in restraint or seclusion at the time of a critical incident.

Of the reported cases, nearly all were situations where physical restraint was being used.

	Reported Cases of Consumer in Restraint or Seclusion at Time of Critical Incident															
	Total Cases of Restraint or Seclusion (unduplicated)				Physically Restrained				Chemically Restrained				In Seclusion			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	0				0				0				0			
Albemarle	8				17				0				0			
Blue Ridge	0				0				0				0			
Catawba	0				0				0				0			
Centerpoint	0				0				0				0			
Crossroads	16				0				0				0			
Cumberland	1				1				0				0			
Davidson	13				13				0				0			
Durham	0				0				0				0			
Eastpointe	0				0				0				0			
Edgecombe-Nash	0				0				0				0			
Foothills	0				0				0				0			
Guilford	0				0				0				0			
Johnston	3				3				0				0			
Lee-Harnett	0				0				0				0			
Mecklenburg	104				98				6				0			
Neuse	0				0				0				0			
New River	16				16				0				0			
Onslow	11				11				0				0			
OPC	0				0				0				0			
Pathways	31				29				0				2			
Piedmont	42				38				0				3			
Pitt	0				0				0				0			
Riverstone	0				0				0				0			
Roanoke-Chowan	0				0				0				0			
Rockingham	1				1				0				0			
Rutherford-Polk	0				0				0				0			
Sandhills-Randolph	1				1				0				0			
Smoky Mountain	1				1				0				0			
Southeastern Center	0				0				0				0			
Southeastern Regional	9				9				0				0			
Tideland	0				0				0				0			
Trend	0				0				0				0			
VGFW	0				0				0				0			
Wake	2				2				0				0			
Wilson-Greene	1				1				0				0			
All AA/CPs Reporting	260				241				6				5			

Table 15 - Rate of Reported Cases of Consumers in Restraint or Seclusion at Time of Critical Incident per 1,000 Active

This table summarizes the rates of reported use of restraint or seclusion at the time of critical incidents per 1,000 active consumers. These rates offer a better comparison measure than the actual numbers due to the significant variation in program size.

Statewide the rate of reported use of seclusion or restraint at the time of a critical incident was 1.07 per 1,000 active consumers. The wide variation in rates is like due to the small numbers and incomplete reporting.

	Rate of Reported Cases of Consumers in Restraint or Seclusion at Time of Critical Incident per 1,000 Active Consumers															
	Total Cases of Restraint or Seclusion (unduplicated)				Physically Restrained				Chemically Restrained				In Seclusion			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	0.00				0.00				0.00				0.00			
Albemarle	2.17				4.62				0.00				0.00			
Blue Ridge	0.00				0.00				0.00				0.00			
Catawba	0.00				0.00				0.00				0.00			
Centerpoint	0.00				0.00				0.00				0.00			
Crossroads	3.32				0.00				0.00				0.00			
Cumberland	0.23				0.23				0.00				0.00			
Davidson	4.81				4.81				0.00				0.00			
Durham	0.00				0.00				0.00				0.00			
Eastpointe	0.00				0.00				0.00				0.00			
Edgecombe-Nash	0.00				0.00				0.00				0.00			
Foothills	0.00				0.00				0.00				0.00			
Guilford	0.00				0.00				0.00				0.00			
Johnston	1.01				1.01				0.00				0.00			
Lee-Harnett	0.00				0.00				0.00				0.00			
Mecklenburg	3.34				3.15				0.19				0.00			
Neuse	0.00				0.00				0.00				0.00			
New River	3.30				3.30				0.00				0.00			
Onslow	2.66				2.66				0.00				0.00			
OPC	0.00				0.00				0.00				0.00			
Pathways	3.40				3.19				0.00				0.22			
Piedmont	7.54				6.82				0.00				0.54			
Pitt	0.00				0.00				0.00				0.00			
Riverstone	0.00				0.00				0.00				0.00			
Roanoke-Chowan	0.00				0.00				0.00				0.00			
Rockingham	0.28				0.28				0.00				0.00			
Rutherford-Polk	0.00				0.00				0.00				0.00			
Sandhills-Randolph	0.34				0.34				0.00				0.00			
Smoky Mountain	0.12				0.12				0.00				0.00			
Southeastern Center	0.00				0.00				0.00				0.00			
Southeastern Regional	1.31				1.31				0.00				0.00			
Tideland	0.00				0.00				0.00				0.00			
Trend	0.00				0.00				0.00				0.00			
VGFW	0.00				0.00				0.00				0.00			
Wake	0.45				0.45				0.00				0.00			
Wilson-Greene	0.13				0.13				0.00				0.00			
All AA/CPs Reporting	**1.07**				**0.99**				**0.02**				**0.02**			
Minimum	0.00				0.00				0.00				0.00			
Median	0.00				0.00				0.00				0.00			
Maximum	7.54				6.82				0.19				0.54			

Table 16 - Numbers of Total Reported Uses and Consumers in Seclusion and Restraint

This table summarizes all the reported uses of restraint or seclusion including cases where no critical incident happened. Because of the wording of this reporting requirement, not all providers may be reporting this information to local area authorities. It may be limited to contract providers.

This reporting of all uses of seclusion and restraint is higher, but physical restraint again represents nearly all of the reported cases.

	Reported Uses												Number of Consumers Restrained or Secluded											
	Physical Restraint				Chemical Restraint				Seclusion				Physical Restraint				Chemical Restraint				Seclusion			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	0				0				0				0				0				0			
Albemarle	17				0				0				8				0				0			
Blue Ridge	6				0				0				5				0				0			
Catawba	35				0				0				10				0				0			
Centerpoint	12				0				1				8				0				1			
Crossroads	13				0				3				13				0				3			
Cumberland	36				0				0				21				0				0			
Davidson	13				0				0				7				0				0			
Durham	2				0				0				2				0				0			
Eastpointe	154				0				0				11				0				0			
Edgecombe-Nash	33				0				0				11				0				0			
Foothills	22				0				0				15				0				0			
Guilford	23				0				0				8				0				0			
Johnston	0				0				0				0				0				0			
Lee-Harnett	1				0				0				1				0				0			
Mecklenburg	98				6				0				42				4				0			
Neuse	19				0				0				3				0				0			
New River	16				0				0				5				0				0			
Onslow	11				0				0				6				0				0			
OPC	2				0				0				2				0				0			
Pathways	19				0				2				19				0				2			
Piedmont	38				0				3				22				0				1			
Pitt	0				0				0				0				0				0			
Riverstone	0				0				0				0				0				0			
Roanoke-Chowan	0				0				0				0				0				0			
Rockingham	1				0				0				1				0				0			
Rutherford-Polk	4				0				0				4				0				0			
Sandhills-Randolph	86				0				0				16				0				0			
Smoky Mountain	1				0				0				1				0				0			
Southeastern Center	40				0				0				40				0				0			
Southeastern Regional	59				0				2				24				0				2			
Tideland	8				0				0				6				0				0			
Trend	10				0				0				8				0				0			
VGFW	1				0				5				1				0				5			
Wake	0				0				0				0				0				0			
Wilson-Greene	1				0				0				1				0				0			
All AA/CPs Reporting	781				6				16				321				4				14			

Table 17 - Rate of Reported Total Use of Seclusion and Restraint

This table summarizes rates of all reported uses of restraint or seclusion per 1,000 active consumers. This includes cases where no critical incident occurred. These rates offer a better comparison measure than the actual numbers due to the significant variation in program size.

Statewide, the reported uses of physical restraint was 3.2 per 1,000 active consumers and represents nearly all the reported cases. On average, physical restraints were used 2.4 time per consumer who was restrained during the quarter.

	Use of Restraint or Seclusion per 1,000 Active Consumer												Average Uses of Restraint or Seclusion per Consumer											
	Physical Restraint				Chemical Restraint				Seclusion				Physical Restraint				Chemical Restraint				Seclusion			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	0.00				0.00				0.00				None				None				None			
Albemarle	4.62				0.00				0.00				2.1				None				None			
Blue Ridge	1.29				0.00				0.00				1.2				None				None			
Catawba	12.88				0.00				0.00				3.5				None				None			
Centerpoint	0.60				0.00				0.05				1.5				None				1.0			
Crossroads	2.70				0.00				0.62				1.0				None				1.0			
Cumberland	8.26				0.00				0.00				1.7				None				None			
Davidson	4.81				0.00				0.00				1.9				None				None			
Durham	0.30				0.00				0.00				1.0				None				None			
Eastpointe	14.66				0.00				0.00				14.0				None				None			
Edgecombe-Nash	7.54				0.00				0.00				3.0				None				None			
Foothills	2.22				0.00				0.00				1.5				None				None			
Guilford	1.40				0.00				0.00				2.9				None				None			
Johnston	0.00				0.00				0.00				None				None				None			
Lee-Harnett	0.22				0.00				0.00				1.0				None				None			
Mecklenburg	3.15				0.19				0.00				2.3				1.5				None			
Neuse	4.13				0.00				0.00				6.3				None				None			
New River	3.30				0.00				0.00				3.2				None				None			
Onslow	2.66				0.00				0.00				1.8				None				None			
OPC	0.38				0.00				0.00				1.0				None				None			
Pathways	2.09				0.00				0.22				1.0				None				1.0			
Piedmont	6.82				0.00				0.54				1.7				None				3.0			
Pitt	0.00				0.00				0.00				None				None				None			
Riverstone	0.00				0.00				0.00				None				None				None			
Roanoke-Chowan	0.00				0.00				0.00				None				None				None			
Rockingham	0.28				0.00				0.00				1.0				None				None			
Rutherford-Polk	1.65				0.00				0.00				1.0				None				None			
Sandhills-Randolph	29.26				0.00				0.00				5.4				None				None			
Smoky Mountain	0.12				0.00				0.00				1.0				None				None			
Southeastern Center	6.58				0.00				0.00				1.0				None				None			
Southeastern Regional	8.58				0.00				0.29				2.5				None				1.0			
Tideland	0.89				0.00				0.00				1.3				None				None			
Trend	1.83				0.00				0.00				1.3				None				None			
VGFW	0.48				0.00				2.41				1.0				None				1.0			
Wake	0.00				0.00				0.00				None				None				None			
Wilson-Greene	0.13				0.00				0.00				1.0				None				None			
All AA/CPs Reporting	3.20				0.02				0.07				2.4				1.5				1.1			
Minimum	0.00				0.00				0.00				1.00				1.50				1.00			
Median	1.74				0.00				0.00				1.48				1.50				1.00			
Maximum	29.26				0.19				2.41				14.00				1.50				3.00			

Please give us feedback so we can improve these reports by making them more informative and more useful to you!

Dale Roenigk or Candy Helms
Quality Management Team
Community Policy Management Section
North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
3004 Mail Service Center
Raleigh, North Carolina 27699-3004

(919) 733-0696
email: contactdmhquality@ncmail.net

The Division's Web Page --- http://www.dhhs.state.nc.us/mhddsas/

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