CENTRAL FAIRFAX SERVICES, INC.

SUMMARY OF CRITICAL INCIDENT REPORTS INVOLVING INDIVIDUALS
SUPPORTED BY CFS
FISCAL YEAR 2009 (07/01/08-06/30/09)

For the purposes of this report, critical incidents are defined as any event that occurs within the jurisdiction of CFS and results in one or more of the following:

- Report to Adult Protective Services
- Medication Error
- Injury with Unknown Causes Requiring Medical Treatment
- Emergency Care
- Fall
- Physical Restraint
- Vehicle Accident with Injuries
- Death

Reports to Adult Protective Services: A total of 36 reports involving 16 individuals for allegations of abuse, neglect, exploitation, or consumer to consumer altercations were made by CFS. One other alleged incident which occurred at CFS was reported by the Support Coordinator of that individual. Five of the alleged incidents occurred at CFS of which, four were investigated and one, involving a consumer to consumer altercation, was not investigated by APS. CFS took actions, including, revising individual support plans, providing follow-up training, disciplining involved staff, and in one case discharging an individual supported by CFS. 31 reports involving 12 other individuals were made by CFS regarding alleged incidents that involved the consumer's residential caregiver or family. These incidents were also reported to the local and regional human rights advocates and the Virginia Department of Behavior Health and Developmental Services Licensure Specialist. Additionally, CFS submitted five human rights reports involving incidents that occurred within the purview of CFS to the Human Rights Advocate.

Medication Errors: Of an estimated 25,000 daily medication administrations, a total of eight errors occurred, all of which were due to improper actions by residential caregivers (medications not provided, prescriptions discontinued, late notification of changes in dosage or time of administration). None of the medication errors resulted in adverse reactions. CFS nurses documented and reported all errors and refusals to caregivers and health care personnel as required.

Injuries with Unknown Causes: A total of 81 injuries with unknown causes was reported, 40 of which were shared among six individuals having three or more unexplained injuries. Several of those incidents were reported to APS due to continued unexplained injuries, severity of the injuries, and/or injuries that were not consistent with their self-injurious behavior. CFS nurses conducted regular body checks for four of those individuals. Three of the individuals currently are checked only when staff report injuries. Most of the other injuries were minor, treated by CFS nurses or other trained staff with first aid, and followed up with residential care givers. A few of these incidents resulted in CFS nurses recommending further follow-up with medical attention. When injuries are reported, a review of the incident is conducted that includes assessment as to the

possibility of self injury or the need for staff training or environmental modification to reduce the likelihood of such an event occurring in the future. Recommendations by the Behavior Analyst, nurse, and/or other clinical staff are carried out to enhance individual safety.

Emergency Care: There were 21 incidents of individuals requiring emergency medical care (activating the Emergency Medical System (911) or transporting individuals to urgent care) primarily due to continuous seizure activity, while three of those were due to troubled breathing or chest pain, one for bleeding due to self-injurious behavior, and one for a fall. CFS nurses and/or other staff monitored and accompanied the individuals to the emergency room until they were joined by their primary caregiver.

Falls: There were 78 incidents of reported falls, most of which resulted in minor or no injuries. Four of the falls required additional medical treatment in the emergency room. Six individuals had incidents of multiple falls (three or more) due to health/medical related reasons (i.e., syncope, hip surgery, seizure). Follow-up actions taken by CFS staff and therapists included accelerated use of medical equipment (wheelchair, walker, and gait-belt), review of falls prevention protocols, staff re-training in wheelchair transfers and Arjo-lift use, individual staff training in safe consumer mobility, and transfer of individuals from the community based to a facility based department.

Physical Restraints: CFS does not use seclusion. Physical restraints, as defined by the Fairfax-Falls Church Community Services Board Behavior Management Committee, were used 61 times to prevent incidents of self-injurious behaviors, aggression to others, property destruction, or dangerous non-compliance. Of these, two individuals have been diagnosed with dementia and a total of their 22 behavioral incidents were related to progression of that disease. 16 of these physical restraints were administered to one individual for exhibiting severe property destruction and aggression towards others for which he was ultimately discharged from CFS with team consensus. For all of these individuals, additional staff training on the individual's behavior plans occurred and monitoring of the implementation of the behavior plans by the Behavior Analyst is ongoing.

All restraints were reported to the designated Community Services Boards, Intermediate Care Facilities, and Local Human Rights Committee. Proper techniques (mostly hand holding) were used in all instances by trained staff to prevent injuries to the individual and/or others. No injuries to consumers were caused by using these restrictive procedures.

Vehicle Accidents with Injuries: During this reporting period, one vehicular accident occurred involving individuals supported by CFS. The accident was a result of another vehicle hitting a CFS van from behind. All individuals were checked on the scene by CFS staff and then by a CFS nurse upon their return to CFS. None of them incurred any injuries. All residential caregivers and families were notified.

Deaths: During this reporting period, no deaths occurred within the jurisdiction of CFS. Questions or comments regarding this report may be addressed to Sutapa Ghosh, Quality Assurance Manager, at sghosh@centralfairfaxservices.org or 703-354-0900.