

Louisiana Waiver Services

2007 MORTALITY REVIEW REPORT

New Opportunities Waiver
Children's Choice Waiver
Supports Waiver

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2007 OCDD Mortality Review Report

Louisiana OCDD Waiver Services

Introduction

This report includes information and data concerning all individuals served by the Office for Citizens with Developmental Disabilities (OCDD)/Department of Health and Hospitals (DHH) in the New Opportunities Waiver (NOW), Children's Choice Waiver (CC) and the Supports Waiver (SW) who died during the period from July 1, 2006 through December 31, 2007.

Mortality Review within Louisiana OCDD Waiver Services

OCDD utilizes a mortality review process for reviewing and reporting all deaths of people served by the waivers referenced above. OCDD reviews the causes and circumstances of the deaths through available documentation and uses the findings to further enhance quality improvement efforts of the Office.

Prior to 2008, mortality review for OCDD waiver services consisted of the review of the death of anyone for whom OCDD had direct or oversight responsibility for waiver services and supports. The process included the following steps:

1. The OCDD Central Office Quality Enhancement Section received notification of a participant's death through a Critical Incident Report submitted by the OCDD Regional Waiver Office or Support Coordinator Staff.
2. The Central Office Critical Incident Program Manager conducted an initial review to identify and address any immediate concerns.
3. The Critical Incident Program Manager notified and provided feedback internally to OCDD executive management staff and externally to the DHH Bureau of Media and Communications staff.
4. A review of the incident documentation was completed by the Critical Incident Program Manager and the waiver services and supports management staff that had specific responsibilities for the applicable waiver, and questions or concerns were identified for follow up, as appropriate.
5. Relevant questions and concerns were addressed by the Regional Waiver Office and by the support coordination and direct service provider agencies.
6. Once all questions/concerns had been addressed, the case was closed as recommended by management staff.

Beginning in 2008, OCDD enhanced its incident review process and established a subcommittee for mortality review consisting of the following core members:

- **Brandi Smioldo, Ph.D.**, Associate Clinical Director for OCDD, serves as the chair of the OCDD Clinical Review Committee, leads the implementation project for the Individual Support Planning process, oversees the crisis referral process and acts as a member of both the Performance Improvement and the Waiver Review Committees. She received her doctoral degree in clinical psychology

from Louisiana State University in 1998 and a post-doctoral master's degree in clinical psychopharmacology from Alliant University in 2002. She has worked extensively in community and residential-based programs providing psychological services to individuals with developmental disabilities and has published research on assessment and treatment of behavioral and mental health concerns of individuals with developmental disabilities.

- **Angela P. Shockley, RN, HCM**, Director of the Operation House Call Program and the Medical Supports Program Coordinator for OCDD, has specialized in the field of developmental disabilities for the past 21 years with a focus on education and program development. She has developed several programs under contract for the state of Louisiana focused on developmental disabilities, including the initial development of the Certified Medication Attendant Program for Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DD). She has managed and directed, from both a medical and programmatic standpoint, community based programs in the private sector for people with developmental disabilities.
- **Dena Vogel, MA**, Program Manager III, serves as the Director of the OCDD Quality Enhancement Section. She obtained a Master of Art in Developmental Psychology from West Virginia University and completed a post-graduate fellowship in Developmental Disabilities at the University of Rochester, University Affiliated Program. During her tenure at DHH, she has been involved in multiple projects including co-coordination (with Robin Wagner under the direction of Deputy Secretary Raymond Jetson) of the development of Louisiana's long-term care reform plan, the Plan for Immediate Action. Current projects within the OCDD Quality Management Section include: revising the Complaint Management System; implementing the Online Tracking Incident System (OTIS); participating in the National Core Indicators Project; developing a database, reports, and monitoring process for outcome indicators as specified in the Human Services Accountability and Implementation Plan; and providing training and technical assistance related to quality management to all units within OCDD.
- **Robert Showers**, Program Manager I for OCDD, has statewide responsibility for directing, managing and supervising the incident management component of the Quality Enhancement Process. He received a Bachelor of Arts degree in Social Work from Southeastern University in Hammond, Louisiana. He develops and implements internal systems to review and analyze critical incident reports for all people in the developmental disabilities service system. He assesses the program's effectiveness, monitors quality performance, identifies problems/conflicts and recommends corrective action. He conducts abuse/neglect training for private providers and provides functional supervision to regional offices, districts and authorities related to incident management.

This subcommittee is enhanced, as needed, with other professional specialists, including physician, psychiatrist, occupational therapist, physical therapist, and speech therapist, and a full range of medical and allied health specialists available on contract or within existing OCDD staff.

The mortality review process is now a component of larger quality enhancement efforts of the Office that include OCDD’s new Individual Support Plan (ISP) process and a risk management initiative. The ISP process includes extensive assessment of an individual’s needs and preferences, audits to assure that the needs and preferences are addressed in the ISP, and enhanced monitoring of service delivery by the Support Coordinator. The risk management initiative includes development of a Risk Screening Tool and a multi-tiered process for review of serious and/or multiple critical incidents. At the first tier, occurrence of a specified number of a specified type of a critical incident within a specified period triggers a mandatory review by the person’s planning team. The second tier involves review at the regional office level if the second trigger is reached after the person’s planning team has attempted to address the cause of the critical incidents. The third and final tier involves review by the OCDD Central Office Clinical Review Committee if the third trigger is reached after the regional office has attempted to address the cause of the critical incidents. Both of these processes, the ISP Process and the risk management initiative, and their relationship to health outcomes will be described in more detail at the end of this report.

Overview of Population Served by Louisiana Waivers

Waiver Population

Table 1 below displays the population served within each waiver program, including the New Opportunities Waiver, Children’s Choice Waiver, and the Supports Waiver. As of December 31, 2006, a total of 7,002 people were served by OCDD in the three waiver programs. There was a slight increase of 215 waiver participants as of June 30, 2007. By December 31, 2007, there was another increase of 604 participants as compared to the previous period. These increases were due to increased funding for additional waiver opportunities by the Louisiana Legislature. **Table 1** also provides the proportion of all waiver participants in each waiver.

Table 1								
Louisiana Waiver Population Served for Period								
July 1, 2006 – December 31, 2007								
Period	NOW	NOW %	CC	CC %	SW	SW %	Total	Total%
July 1, 2006 - December 31, 2006	4,728	68%	783	11%	1,491	21%	7,003	100%
January 1, 2007 - June 30, 2007	4,913	68%	798	11%	1,506	21%	7,218	100%
July 1, 2007 - December 31, 2007	5,123	66%	931	12%	1,767	22%	7,822	100%

Table 2 describes the breakdown by age group for each waiver, **Table 3** the breakdown by gender, and **Table 4** the breakdown by region.

Age Demographics

Table 2												
Louisiana Waiver Population Served by Age Groups for Period												
July 1, 2006 – December 31, 2007												
Age Groups	July 1, 2006 - December 31, 2006				January 1, 2007 - June 30, 2007				July 1, 2007 - December 31, 2007			
	NOW	CC	SW	Total	NOW	CC	SW	Total	NOW	CC	SW	Total
0 – 15	173	507	362	1042	182	546	379	1,107	195	671	1	867
16 – 30	1,995	276	628	2,899	2,050	252	632	2,934	2,162	260	596	3,018
31 – 45	1,341	0	438	1,779	1,407	0	437	1,844	1,464	0	659	2,123
46 – 60	960	0	62	1022	1,005	0	57	1,062	1,028	0	460	1,488
61 – 75	237	0	1	238	247	0	1	248	252	0	50	302
>75	22	0	0	22	22	0	0	22	22	0	1	23
Total	4,728	783	1491	7,002	4,913	798	1506	7,217	5,123	931	1767	7,821

Gender Demographics

Table 3												
Louisiana Waiver Population Served by Gender for Period												
July 1, 2006 – December 31, 2007												
Gender	July 1, 2006 - December 31, 2006				January 1, 2007 - June 30, 2007				July 1, 2007 - December 31, 2007			
	NOW	CC	SW	Total	NOW	CC	SW	Total	NOW	CC	SW	Total
Female	2,098	321	658	3,077	2,187	319	662	3,168	2,274	373	788	3,435
Male	2,630	462	833	3,925	2,726	479	844	4,049	2,849	558	979	4,386
Total	4,728	783	1491	7,002	4,913	798	1506	7,217	5,123	931	1767	7,821

Regional Demographics

Table 4												
Louisiana Waiver Population Served by Regions for Period												
July 1, 2006 – December 31, 2007												
Region	July 1, 2006 - December 31, 2006				January 1, 2007 - June 30, 2007				July 1, 2007 - December 31, 2007			
	NOW	CC	SW	Total	NOW	CC	SW	Total	NOW	CC	SW	Total
1	920	146	139	1,205	968	145	162	1,275	1,000	169	185	1,354
2	696	98	163	957	725	100	159	984	772	106	229	1,107
3	486	94	235	815	484	92	233	809	496	102	246	844
4	714	128	209	1,051	750	134	207	1,091	783	153	272	1,208
5	239	54	100	393	246	56	100	401	264	66	109	439
6	373	38	103	514	375	37	104	516	380	45	130	555
7	386	69	269	724	392	69	267	728	397	87	275	759
8	418	47	127	592	432	53	130	615	461	67	152	680
9	496	109	146	751	541	112	144	797	570	136	169	875
Total	4728	783	1491	7,002	4913	798	1506	7,216	5,123	931	1767	7,821

Mortality Rates for Louisiana and the United States

The semi-annual mortality rate per thousand for the year 2005 is shown below in **Table 5** for both Louisiana and the United States. The waiver mortality rates per thousand for the three six-month periods of July 1, 2006 through December 31, 2007 are also shown below. Since six-month frequency data were reviewed for the waiver populations, semi-annual mortality rates are being used for comparisons to Louisiana and the United States. Mortality rates are generally computed and reported on an annual basis. To compute the semi-annual mortality rates per thousand for the United States and for Louisiana, the reported annual rates were divided by 2 (resulting in the number of deaths per thousand occurring during each half of the year).

Although analyses are provided throughout this report for the three six-month periods between July 1, 2006 and December 31, 2007, semi-annual mortality rates per thousand must be viewed with caution because a six-month period is not a sufficient period to establish averages for low frequency events (e.g., deaths of individuals participating in each waiver).

Period	Louisiana¹	United States²	Waiver Deaths
2005 Semi-Annual	4.9	4.2	*
July 1, 2006 - December 31, 2006	*	*	4.1
January 1, 2007 - June 30, 2007	*	*	3.5
July 1, 2007 - December 31, 2007	*	*	4.7

Analysis of Louisiana Waiver Mortalities

This section contains statistical data on the deaths of individuals who received services in Louisiana's three developmental disability waivers between June 1, 2006 and December 31, 2007. An analysis completed for the time period of July 1, 2006 through June 30, 2007 was combined with the review conducted for the period of July 1, 2007 through December 31, 2007 to provide trend data.

Frequency data are provided in this report (e.g., number of deaths by waiver, gender, region, etc.). However, mortality rate per thousand, which is also provided, is a more useful measure since variations in population size are considered (e.g., the proportion of total waiver population in each waiver or served by each region).

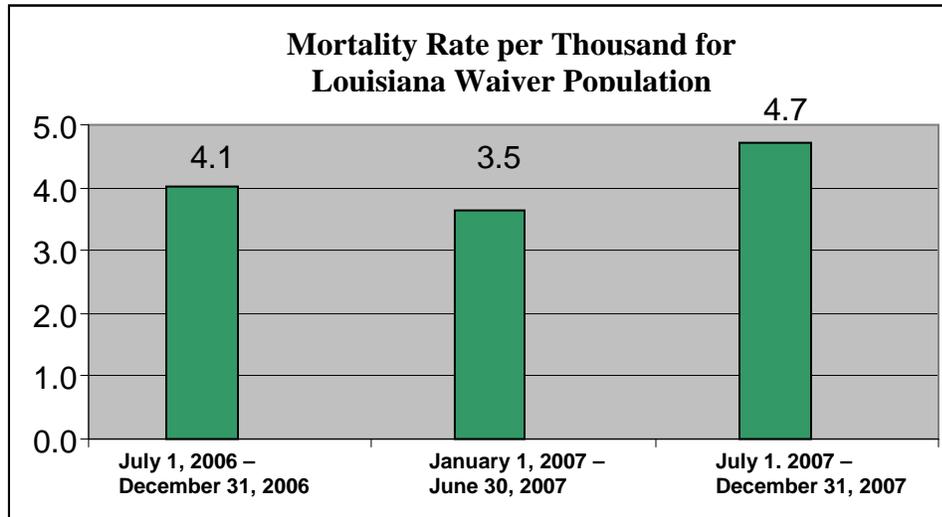
Louisiana State Center for Health Statistics

²National Vital Statistics Report, October 10, 2007 Revision

Mortality Rates for Waiver Programs

Figure 1 below provides data on the mortality rate per thousand* for the three six-month periods between July 1, 2006 through December 31, 2007.

Figure 1



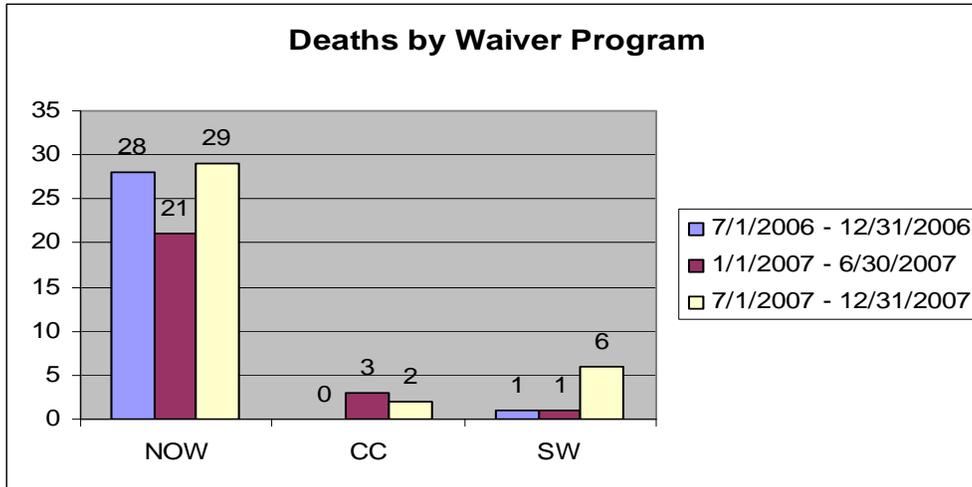
Louisiana Waiver Population Served	7,002	7,217	7,821
Number of Deaths	29	25	37
For Comparison: United States 2005 Semi-Annual Mortality Rate = 4.2 Louisiana 2005 Semi-Annual Mortality Rate = 4.9			

*The crude mortality rate is a measurement of how many people out of every thousand served by OCDD through the waiver programs died within a six-month time period. It is determined by multiplying the number of individuals who died during the six-month period by 1,000 and dividing this by the total number of individuals served by the waiver programs during the same six-month period. This is usually an annual measurement tool; however, it is being used to show comparison in deaths reported within the waiver programs for six-month time periods instead.

Deaths by Waiver Program

The number of deaths by waiver program is shown in **Figure 2** below. The number of deaths of people participating in the NOW program far exceeded the number of deaths of people participating in the CC and SW programs during all periods. However, this is expected since approximately 68% of the waiver population participates in the NOW program as shown below in **Table 6** which gives the data for NOW mortality rate per thousand. CC and SW mortality rates per thousand are found in **Table 7** and **Table 8**.

Figure 2



New Opportunities Waiver Mortality Rate

Period	Population	Percent	Number of Deaths	Percent	Mortality Rate (per thousand)
July 1, 2006 – December 31, 2006	4,728	68%	28	97%	5.9
January 1, 2007 - June 30, 2007	4,913	68%	21	84%	4.3
July 1, 2007 – December 31, 2007	5,123	66%	29	78%	5.7

For Comparison: United States 2005 Semi-Annual Mortality Rate = 4.2
Louisiana 2005 Semi-Annual Mortality Rate = 4.9

Children’s Choice Waiver Mortality Rate

Table 7					
Louisiana Children’s Choice Waiver Mortality Rate per Thousand for Period July 1, 2006 – December 31, 2007					
Period	Population	Percent	Number of Deaths	Percent	Mortality Rate (per thousand)
July 1, 2006 - December 31, 2006	783	11%	0	0%	0
January 1, 2007 - June 30, 2007	798	11%	3	12%	3.8
July 1, 2007 - December 31, 2007	931	12%	2	5%	2.1
For Comparison: United States 2005 Semi-Annual Mortality Rate = 4.2 Louisiana 2005 Semi-Annual Mortality Rate = 4.9					

Supports Waiver Mortality Rate

Table 8					
Louisiana Supports Waiver Mortality Rate per Thousand for Period July 1, 2006 – December 31, 2007					
Period	Population	Percent	Number of Deaths	Percent	Mortality Rate (per thousand)
July 1, 2006 - December 31, 2006	1,491	21%	1	3%	0.7
January 1, 2007 - June 30, 2007	1,506	21%	1	4%	0.7
July 1, 2007 - December 31, 2007	1,767	22%	6	16%	3.4
For Comparison: United States 2005 Semi-Annual Mortality Rate = 4.2 Louisiana 2005 Semi-Annual Mortality Rate = 4.9					

Waiver Deaths by Region

The region waiver mortality rates per thousand are shown in **Table 9**, **Table 10**, and **Table 11** for the periods July 1, 2006 through December 31, 2006; January 1, 2007 through June 30, 2007; and July 1, 2007 through December 31, 2007. In each table, the regions with the lowest and highest mortality rates per thousand are shaded yellow (lowest) and green (highest).

Table 9					
Louisiana Waiver Region Mortality Rate per Thousand for Period					
July 1, 2006 – December 31, 2006					
Regions	Population	Percent of Population	Number of Deaths	Percent of Deaths	Mortality Rate per Thousand
1	1,205	17.2%	5	17.2%	4.1
2	957	13.7%	5	17.2%	5.2
3	815	11.6%	6	20.7%	7.4
4	1,051	15%	3	10.3%	2.9
5	393	5.6%	0	0%	0
6	514	7.3%	4	13.8%	7.8
7	724	10.3%	2	6.9%	2.8
8	592	8.5%	1	3.4%	1.7
9	751	10.7%	3	10.3%	4.0
Total	7,002	100%	29	100%	4.1
For Comparison: United States 2005 Semi-Annual Mortality Rate = 4.2					
Louisiana 2005 Semi-Annual Mortality Rate = 4.9					

Table 10					
Louisiana Waiver Region Mortality Rate per Thousand for Period					
January 1, 2007 – June 30, 2007					
Regions	Population	Percent of Population	Number of Deaths	Percent of Deaths	Mortality Rate per Thousand
1	1,275	17.6%	2	8%	1.6
2	984	13.6%	2	8%	2.0
3	809	11.21%	3	12%	3.7
4	1,091	15.1%	6	24%	5.5
5	402	5.6%	0	0%	0
6	516	7.2%	3	12%	5.8
7	728	10.1%	3	12%	4.1
8	615	8.5%	5	20%	8.1
9	797	11%	1	4%	1.3
Total	7,217	100%	25	100.00%	3.5
For Comparison: United States 2005 Semi-Annual Mortality Rate = 4.2					
Louisiana 2005 Semi-Annual Mortality Rate = 4.9					

Table 11
Louisiana Waivers Region Mortality Rate per Thousand for Period
July 1, 2007 – December 31, 2007

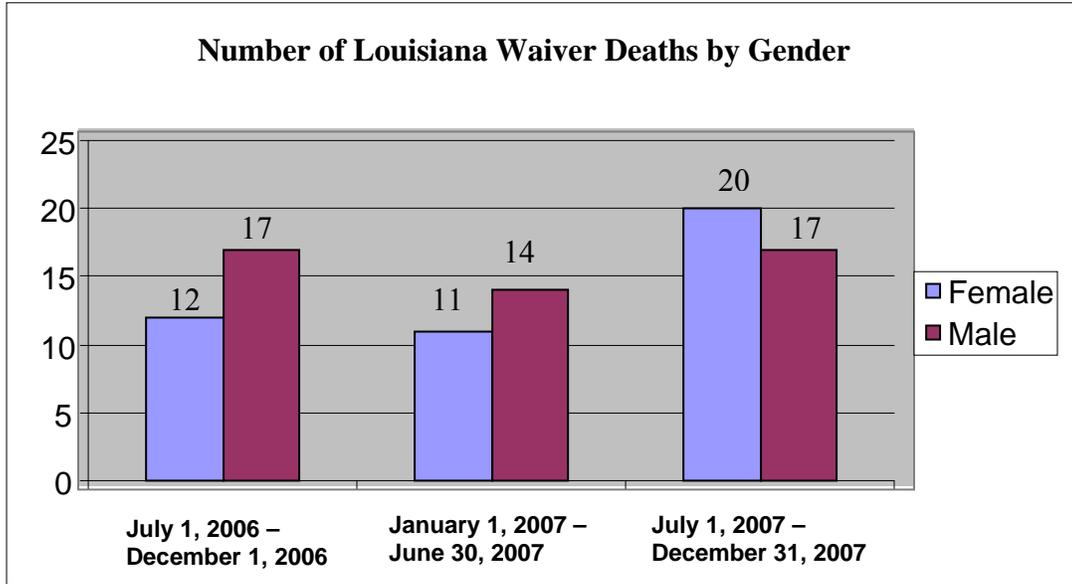
Regions	Population	Percent of Population	Number of Deaths	Percent of Deaths	Mortality Rate per Thousand
1	1,354	17.3%	2	5.4%	1.5
2	1,107	14.2%	4	10.8%	3.6
3	844	10.8%	4	10.8%	4.7
4	1,208	15.4%	5	13.5%	4.1
5	439	5.6%	2	5.4%	4.6
6	555	7.1%	6	16.2%	10.8
7	759	9.7%	2	5.4%	2.6
8	680	8.7%	3	8.1%	4.4
9	875	11.2%	5	13.5%	5.7
10	Not reported		4	10.8%	
Total	7,821	100%	377	100%	4.7

For Comparison: United States 2005 Semi-Annual Mortality Rate = 4.2
Louisiana 2005 Semi-Annual Mortality Rate = 4.9

Waiver Deaths by Gender

The number of deaths of males and females participating in waiver programs for the time period of July 1, 2006 to December 31, 2007 is shown in **Figure 3** below.

Figure 3



Waiver Gender Mortality Rate

The waiver gender mortality rate per thousand is shown below in **Table 12, Table 13, and Table 14** for the periods July 1, 2006 through December 31, 2006; January 1, 2007 through June 30, 2007; and July 1, 2007 through December 31, 2007, respectively.

Female	0	43.9%	12	41.4%	3.9
Male	0	56.1%	17	58.6%	4.3
Total	0	100%	29	100%	4.1

Table 12					
Louisiana Waiver Gender Mortality Rate per Thousand for Period					
July 1, 2006 – December 31, 2006					
Gender	Population	Percent of Population	Number of Deaths	Percent of Deaths	Mortality Rate per Thousand
For Comparison: United States 2005 Semi-Annual Mortality Rate = 4.2					
Louisiana 2005 Semi-Annual Mortality Rate = 4.9					

Female	3,168	43.9%	11	44%	3.5
Male	4,049	56.1%	14	56%	3.5

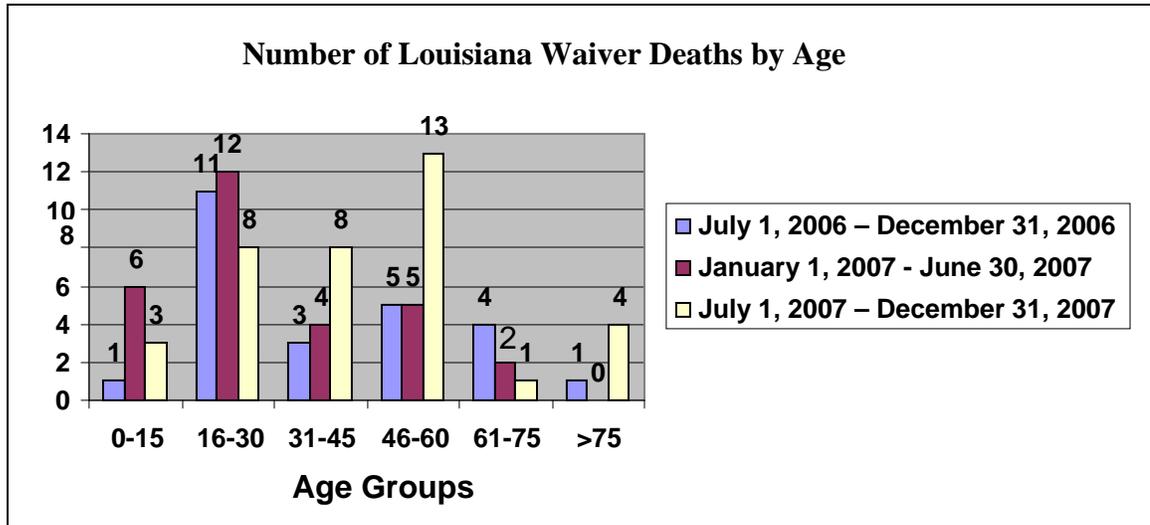
Table 13 Louisiana Waiver Gender Mortality Rate per Thousand for Period January 1, 2007– June 30, 2007					
Gender	Population	Percent of Population	Number of Deaths	Percent of Deaths	Mortality Rate per Thousand
Total	7,217	100%	25	100%	3.5
For Comparison: United States 2005 Semi-Annual Mortality Rate = 4.2 Louisiana 2005 Semi-Annual Mortality Rate = 4.9					

Table 14 Louisiana Waiver Gender Mortality Rate per Thousand for Period July 1, 2007– December 31, 2007					
Gender	Population	Percent of Population	Number of Deaths	Percent of Deaths	Mortality Rate per Thousand
Female	3,435	43.9%	20	54%	5.8
Male	4,386	56.1%	17	46%	3.9
Total	7,821	100%	37	100%	4.7
For Comparison: United States 2005 Semi-Annual Mortality Rate = 4.2 Louisiana 2005 Semi-Annual Mortality Rate = 4.9					

Waiver Deaths by Age

Figure 4 below illustrates the pattern that exists between the number of deaths that occurred and the age of the person at death within the waiver programs for the period of July 1, 2006 through December 31, 2007. The fewest deaths occurred in the age groups 61-75 years and over 75 years. The highest number of deaths occurred for people in the age group 16 – 30.

Figure 4



The next three tables, **Table 15**, **Table 16**, and **Table 17**, provide the age group mortality rate per thousand for the periods July 1, 2006 through December 31, 2006; January 1, 2007 through June 30, 2007; and July 1, 2007 through December 31, 2007, respectively. As expected, the mortality rate tends to increase as age increases, although the correlation is not exact.

Waiver Age Group Mortality Rates

Age Group	Population	Percent of Population	Number of Deaths	Percent of Deaths	Mortality Rate per Thousand
0 – 15	15	14.9%	6	20.7%	5.8
16 – 30	46	41.4%	12	41.4%	4.1
31 – 45	76	25.4%	4	13.8%	2.2
46 – 60	106	14.6%	5	17.2%	4.9
61 – 75	136	3.4%	2	6.9%	8.4
>75	22	0.3%	0	0%	0
Total	401	100.00%	29	100%	4.1
For Comparison: United States 2005 Semi-Annual Mortality Rate = 4.2 Louisiana 2005 Semi-Annual Mortality Rate = 4.9					

Table 16					
Louisiana Waiver Age Group Mortality Rate per Thousand for Period					
January 1, 2007 – June 30, 2007					
Age Group	Population	Percent of Population	Number of Deaths	Percent of Deaths	Mortality Rate per Thousand
0 – 15	1,107	15.3%	1	4%	0.9
16 – 30	2,934	40.7%	11	44%	3.7
31 – 45	1,844	25.6%	3	12%	1.6
46 – 60	1,062	14.7%	5	20%	4.7
61 – 75	248	3.4%	4	16%	16.1
>75	22	0.3%	1	4%	45.4
Total	7,217	100.00%	25	100%	3.5
For Comparison: United States 2005 Semi-Annual Mortality Rate = 4.2					
Louisiana 2005 Semi-Annual Mortality Rate = 4.9					

Table 17					
Louisiana Waiver Mortality Rate per Thousand for Period					
July 1, 2007 – December 31, 2007					
Age Group	Population	Percent of Population	Number of Deaths	Percent of Deaths	Mortality Rate per Thousand
0 – 15	867	11.1%	3	8.1%	3.5
16 – 30	3,018	38.6%	8	21.6%	2.7
31 – 45	2,123	27.1%	8	21.6%	3.8
46 – 60	1,488	19%	13	35.1%	8.7
61 – 75	302	3.9%	1	2.7%	3.3
>75	23	0.3%	4	10.8%	173.9
Total	7,821	100%	37	100%	4.7
For Comparison: United States 2005 Semi-Annual Mortality Rate = 4.2					
Louisiana 2005 Semi-Annual Mortality Rate = 4.9					

Waiver Average Age at Death

The average age at death for individuals participating in the waiver programs is shown in **Table 18** below.

Period	Deaths	Average Age at Death
7/1/2006 - 12/31/2006	29	39
1/1/2007 - 6/30/2007	25	33.5
7/1/2007 - 12/31/2007	37	42.9
Total	91	38.5 Average

Waiver Population Percentages by Age Groups

The age group population data are shown below in **Table 19**.

Age Group	July 2006- Dec. 2006	Percent of Population	Jan. 2007- June 2007	Percent of Population	July 2007- Dec. 2007	Percent of Population
0 – 15	15	14.9%	1,107	15.3%	867	11.1%
16 – 30	46	41.4%	2,934	40.7%	3,018	38.6%
31 – 45	76	25.4%	1,844	25.6%	2,123	27.1%
46 – 60	106	14.6%	1,062	14.7%	1,488	19%
61 – 75	136	3.4%	248	3.4%	302	3.9%
>75	22	0.3%	22	.3%	23	.3%
Total	401	100%	7,217	100%	7,821	100%

Leading Causes of Death in the United States, Louisiana, and OCDD Waiver Programs

The leading causes of death are shown in **Table 20** below for people participating in a Louisiana waiver during the period of June 1, 2007 through December 31, 2007, compared to the state and federal statistical reports of death in the United States and Louisiana for the year 2004. Heart disease was the leading cause of death in the State of Louisiana and the United States in 2004, as well as for the waiver population for the period June 1, 2007 through December 21, 2007. The second leading cause of death for the United States and Louisiana was cancer. However, for people receiving waiver services, the second leading cause of death was influenza/pneumonia. The increased rate of death related to influenza/pneumonia in this population can probably be correlated with decreased mobility, weakened health conditions, obesity, smoking, increased seizure activity and/or genetic disorders which continue to be prevalent among this population. In one instance, the exact cause of death was not indicated on the Critical Incident Report and additional data were not available to make the determination.

Rank	United States 2004	Louisiana 2004	Louisiana Waiver Deaths June-Dec. 2007
1	Heart Disease 27.2%	Heart Disease 26%	Heart Disease 22%
2	Cancer 23.1%	Cancer 22%	Influenza/ Pneumonia 14%
3	Stroke 6.3%	Stroke 6%	Cancer 11%
4	Respiratory Disease 5.1%	Accidents 5.1%	Respiratory Disease 8%
5	Accidents 4.7%	Diabetes 4.1%	Septicemia 8%
6	Diabetes 3.1%	Respiratory Disease 3.9%	Stroke 8%
7	Alzheimer's Disease 2.8%	Alzheimer's Disease 3.2%	Natural Causes 8%
8	Influenza/ Pneumonia 1.8%	Renal/ Kidney 2.7%	Accident 5%
9	Renal/ Kidney 1.4%	Influenza/ Pneumonia 2.2%	Renal/ Kidney 5%
10	Septicemia 1.4%	Septicemia 2.0%	Un-determined 3%

Mortality Review Committee Results and Recommendations

Previous sections of this mortality review report contain statistical information concerning waiver mortality data (e.g., number of deaths by waiver, by gender, etc.) and comparisons with state and national mortality data. This section contains a summary of the results of the individual reviews of the waiver participants who died between July 1, 2007 and December 31, 2007 and recommendations resulting from these reviews.

Between July 1, 2007 and December 31, 2007, thirty-seven deaths occurred among participants of Louisiana's New Opportunities Waiver, Children's Choice Waiver, and the Supports Waiver. For each death, the mortality review subcommittee (Brandi Smiroldo, Angela Shockley, and Dena Vogel) reviewed the critical incident report for the death, related e-mail and follow-up correspondence (to and from the Critical Incident Program Manager, Robert Showers), and a summary of all critical incidents reported for the individual during the twelve months preceding death. For 19 of the 37 deaths, additional information was requested for review for one or more of the following reasons:

- Death was due to an accident,
- Abuse or neglect was alleged,
- Cause of death could not be determined, and/or
- Death may have been preventable.

The additional information requested was individualized to the specific case and included:

- Protective services investigation reports,
- Provider progress notes,
- Comprehensive Plan of Care,
- Provider service plan,
- Provider employee training records,
- Physician records,
- Hospital records,
- Death certificates, and/or
- Police reports.

Death certificates, by Louisiana Statute, can only be obtained from family. Physician and hospital records also require a release signed by family. In one situation, the family would not provide a death certificate or sign a release for the medical records requested. This was the only case for which there was not sufficient information available for the mortality review subcommittee to determine the probable cause of death. All of the other deaths appear to have resulted from "natural causes" or "unavoidable accidents."

Specific situations of interest included:

- In one case, the waiver participant was the passenger in a car which was struck by another vehicle. According to the police report, the other driver was at fault and the waiver participant was wearing a seat belt.
- In another case, the waiver participant was a pedestrian who was hit by an automobile in a "hit and run" accident. It was unclear if the waiver participant required supervision while walking near roads. The Office of Aging and Adult

Services/Adult Protective Services (OAAS/APS) conducted an investigation, and neglect was not substantiated.

- A final case of concern involved a waiver participant who died in community participating in “trick-or-treating” activities. Although she was not feeling well, staff felt that she would enjoy the outing. This case was also investigated by OAAS/APS who determined that neglect was not substantiated. After reviewing the participant’s medical records, the mortality review subcommittee felt that while taking the participant ”trick or treating” may have been poor judgment, it probably was not a contributing cause of the death.

Recommendations to be implemented by OCDD as a result of these reviews include:

1. Proactive steps will be taken to ensure healthy outcomes for individuals by further development and implementation of a risk management process and tracking of recommended health supports as part of the computerized Individual Service Plan which will be effective by January 2009.
2. An operational instruction for mortality review for waiver participants will be developed and implemented by August 1, 2008 with an annual report due on June 30 each year. These procedures will require that standard information be obtained when a waiver participant dies (i.e., death certificate, medical records, progress notes, police reports, etc.) with additional information to be requested as needed. (A description of components to be included in the operational instruction is attached to this report.)
3. Training on signs and symptoms of illness including recommended staff responses will be developed, and it shall be required training for all Waiver Direct Service staff during fiscal year 2009.
4. Training for the Individual Support Plan currently being implemented will be modified to include processes or content that will:
 - a. Provide specific guidelines and training on writing progress notes for direct service staff;
 - b. Give guidance to teams on detailing supervision required for individuals for specific activities depending on individual need; and
 - c. Request as part of the annual planning process, consent for medical records necessary for a mortality review should the individual die.
5. Legislation, similar to that implemented in other states, that would give OCDD legal access to medical documentation required for mortality reviews will be explored and proposed.

Mortality Review Process Proposal

OCDD will establish a mortality review subgroup of the Clinical Review Committee. The core subgroup will include the OCDD Associate Clinical Director (or community psychologist as designated), OCDD quality enhancement staff, and a registered nurse. Ad hoc members will be used as needed depending on the death circumstances. Ad hoc members that OCDD will secure include: physician, dysphasia specialist, clinical pharmacist, and an advocate.

Following each death, the applicable regional office will gather the following information and forward to the OCDD Critical Incident Program Manager:

- Current ISP with most recent quarterly review,
- Provider guidelines,
- Daily progress notes from the provider for the three months prior to death,
- Support coordination contact notes for the three months prior to death,
- Hospital records for one year prior to death,
- Primary care physician records for one year prior to death,
- Death certificate,
- Autopsy (if performed),
- Police report (if applicable),
- Critical Incident reports for one year prior to death, and
- All training records for provider staff supporting the individual for previous two years.

Other information may be requested as is appropriate for each individual reviewed.

The core mortality review group will complete an initial review of the information and determine if death was caused by “natural” or expected causes (i.e., someone was diagnosed with terminal cancer). If the death was “natural” or expected, no further review will be conducted. If it was not, further review will be scheduled and ad hoc members will be notified as is appropriate to the death being reviewed.

The group will review individual and aggregate findings related to causes of death and corrective actions needed. Trends will be identified and recommendations for statewide initiatives will be submitted for consideration to the Clinical Review Committee. This information will be submitted to the OCDD Performance Review Committee for reporting to the OCDD executive management team. Additionally, aggregate data on the following information will be analyzed:

- Death rate by waiver,
- death rate by region,
- death rate by age,
- death rate by gender,
- death rate by provider, and
- causes of death

Implementation is expected to begin July 1, 2008. The mortality review does not require training of other field staff and is critical enough to warrant implementation sooner than the broader risk management process.

Planned Projects and Their Relationship to Supporting Health

Individual Support Plan

OCDD has developed a person-centered planning process and accompanying Individual Support Plan (ISP) for use across all support settings including the comprehensive waiver programs. The process calls for a discovery process that identifies:

- life vision and goals, support needs across all life areas,
- interests and preferences across all life areas,
- major health and safety issues, and
- risk factors for each individual.

The planning process requires development of action steps to address each personal goal, major health and safety issue, and any identified risk factors. The planning process is designed to be proactive in preventing or minimizing health concerns and risks while maintaining a sense of personal control and dignity. The planning process also includes required review times and completion of a quarterly quality of life review. The reviews include:

- assessment of implementation of all planning components,
- status on each item including health and risk factors,
- rating of progress in each area, and
- review of reasons for non-implementation of planning components.

Changes are made in the plan as needed based upon the review of any changes the individual experiences. Training related to the planning process is being conducted, and statewide implementation is expected by January 1, 2009. An electronic version is being developed which will automatically link assessment and planning information.

Risk Management Process

OCDD has recently established a Clinical Review Committee composed of the OCDD Associate Clinical Director, OCDD quality staff, a community psychologist, a registered nurse, an occupational therapist, a psychiatrist, and regional representation. A draft risk management policy has been developed which establishes thresholds for individual review for significant critical incidents. There are three tiers of review:

- the support team,
- the regional office clinical review committee, and
- the OCDD clinical review committee.

Thresholds are set for each tier. The policy draft and thresholds have been completed. OCDD is currently planning for training and implementation to follow initial training on the ISP in January 2009. Full implementation is expected by July 1, 2009. Until January 1, 2009, the committee will meet once per month to review individuals by request of the regions or OCDD critical incident manager. Because the process is dependent upon the support team and planning process, it is essential to complete training on the ISP before beginning this training. The risk management process builds upon the planning process itself to further assure risk identification, prevention, and management within the context of the individual and his or her life circumstances.

The clinical review committee has also drafted a risk screening tool for all major risk areas:

- aspiration
- choking
- status epilepticus
- osteoporosis
- diabetes mellitus
- constipation and impaction
- skin alteration
- urinary tract infections
- dehydration
- falls and fractures
- significant weight changes
- malnutrition
- mental health and behavioral issues

The draft risk screening tool has been completed. A screening will be completed with each annual planning review and as indicated by changes in the person's risk status (e.g., onset of a major illness). The results will trigger completion of planning items in the ISP. Training and implementation will occur in conjunction with training on the risk management review process. Implementation statewide is expected by July 1, 2009.