Health and Mortality Review 2004 ANNUAL REPORT

Consistent Findings and Trends

In 2002 The Connecticut DMR retained the services of two outside consultants to conduct a comprehensive Independent Study/Analysis on mortality and basic demographic trends from 1996 to 2002 within the population of individuals served by DMR.

The study authors found that:

- *Changes in mortality rates over time are not significant*
- *As expected, mortality is highly related to client age*
- *Women served by DMR are older than men, and hence have a higher mortality rate*
- *Increased levels of disability are inter-related and correlated with higher risk of mortality*
- *The strongest predictors of mortality are age, mobility status, and amount of supervision provided*
- *The "aging in place" phenomenon is leading to increased risk of mortality since individuals served by DMR are becoming older and more disabled over time*

The trends identified in this year's Health and Mortality Annual Report (July 1, 2003-June 30, 2004) were consistent with the findings and basic demographic trends found in the 2002 Independent Study.

- *Mortality is highly related to client age*
- *Women served by DMR are older than men, and hence have a higher mortality rate*
- *The strongest predictors of mortality are age, mobility status, the amount of supervision provided and the need for special assistance when eating*
- *The "aging in place" phenomenon continues to be a leading risk factor since individuals served by DMR become older and more disabled over time*

BENCHMARKS

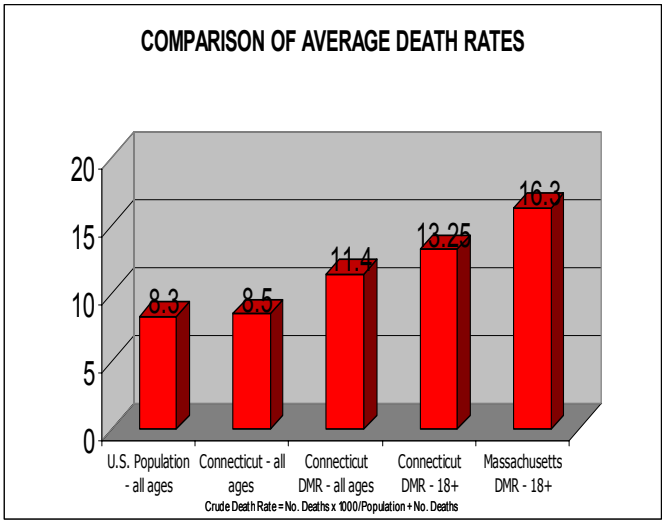
Massachusetts DMR

The Massachusetts Department of Mental Retardation continues to enhance and expand its mortality reporting requirements for its annual report. The 2002 Mortality Report was prepared by the University of Massachusetts Medical School/Shriver Center for Developmental Disabilities Evaluation and Research[1]. The Massachusetts reporting period covers the calendar year January 1 through December 31, 2002. Massachusetts Mortality statistics pertain only to persons 18-years and older served by DMR and were analyzed according to a number of variables which are similar to those included in this report. Consequently, it is possible to use some of the Massachusetts data for comparative purposes.

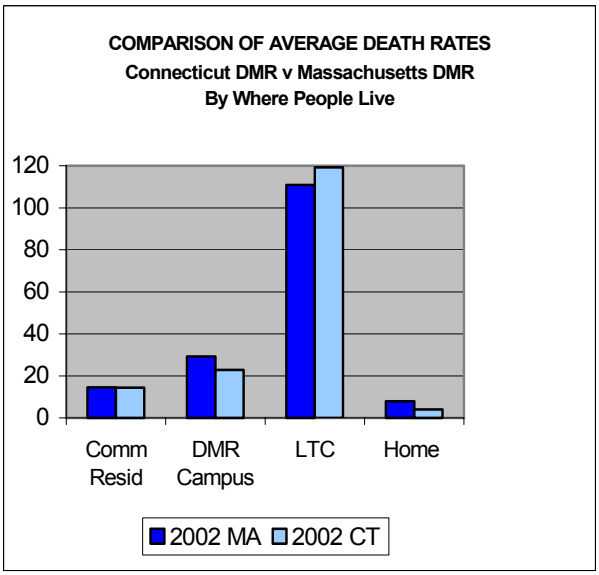
It should be noted that the Massachusetts DMR system, although larger, is very similar to Connecticut's (e.g., population served, type of services and supports, organization). However, there are differences in reporting requirements, age limits, and categorization of service types. It is therefore important that readers exercise caution when reviewing comparative information.

Overall Death Rate

A comparison of the overall death rate for persons served by the Connecticut DMR with similar rates for the general population in Connecticut, the U.S. and the DMR population in Massachusetts are presented in this graph. ⏩⏩⏩⏩⏩⏩⏩⏩



The overall Connecticut DMR death rate (2004 data) of 11.4 is higher than the rate of 8.5 in Connecticut (2003) and the rate of 8.3 in the general population (United States 2003), as would be expected due to the many health and functional complications associated with disability and mental retardation. A comparison of Connecticut DMR with Massachusetts DMR illustrates a higher death rate in Massachusetts (16.3) for the adult population (people older than 18 years of age) than Connecticut's rate of 13.25 deaths per thousand people. This difference does not appear to be significant and may be a reflection of the aforementioned differences in the populations being served.



Residential Analysis

A comparison of average death rates by where people live is presented here. The general pattern for rates by type of setting is quite similar across the two states.

Death rates in CT DMR would appear to be very consistent with an available benchmark as reported in Massachusetts.

Leading Causes of Death CT and MASS

Rank	CT (2002)	CT (2003)	MASS (2001)	Mass (2002)
1	Heart Disease	Heart Disease	Heart Disease	Heart Disease
2	Cancer	Respiratory	Aspiration Pneumonia	Aspiration Pneumonia
3	Respiratory	Nervous System	Cancer	Cancer/Septicemia
4	Nervous System	Cancer	Septicemia	Cardiopulmonary Arrest

The table above reveals that heart disease and respiratory disease (including aspiration pneumonia) continue to be the leading causes of death in the MR population.

Connecticut DMR needs to continue to address the risk factors associated with the preventable conditions noted above.

References

[1] 2002 Mortality Report: A Report on DMR Deaths January 1 – December 31, 2002. Prepared for the Massachusetts Department of Mental Retardation by the Center for Developmental Disabilities Evaluation and Research at the University of Massachusetts Medical School/Shriver. March 4, 2002

[2] CDC National Vital Statistics Report. National Center for Health Statistics, Deaths: Preliminary Data for 2003. NVSR Volume 53, Number 15.48 pp. (PHS) 2004-1120

[3] State of Connecticut Department of Public Health, Health Care Quality, Health Statistics & Analysis

SYSTEMS ENHANCEMENTS

A number of important *enhancements* to the mortality review system in DMR were implemented during this fiscal year:

- ***Nursing staff have been assigned at the regional level to assist in the coordination of the Regional mortality review process.***
- ***Development of a tracking system to monitor the findings and recommendations of the regional and state mortality committees***
- ***DMR liaison with the State of Connecticut Fatality Review Board***
- ***Ongoing audits of mortality reporting and notification systems (Executive Order #25)***
- ***Director of Health and Clinical Services meets regularly with the Department of Public Health (Practitioner Investigations Unit & Facilities Investigations Unit)***
- ***Director of Health and Clinical Services meets with the Office of Protection and Advocacy for Persons with Disabilities***
- ***Director of Health and Clinical Services meets regularly with the Nurse Investigators (DMR Division of Investigations)***

Systemic Quality Improvement Actions and Recommendations Initiated as a Result of Mortality Review Findings and Recommendations

- ***Nursing Task Force Report and Recommendations***
- ***Nursing Scope of practice issues addressed with the Department of Public Health and the Board of Examiners for Nursing (Training initiatives)***
- ***Establishment of a Nursing On Call Training Program***
- ***Health bulletin regarding use of prempro***
- ***Health Advisory regarding "Osteoporosis"***
- ***Developed Hospice protocols and related training for staff***

- ***Procedures developed for End of Life Decisions***
- ***Development of nursing protocols for identification, prevention and observation of behaviors and symptoms***
- ***Referrals to the Department of Public Health (4)***
- ***"Letters of concern" from the IMRB to private provider agencies (16)***
- ***"Letters of concern" from the IMRB to community physicians (2)***
- ***Requests to amend certificates of death (4)***
- ***Internal memos to public sector administrators regarding quality of care (6)***

These enhancements to the risk management and mortality review process and quality improvement actions taken by the State of Connecticut Department of Mental Retardation in response to the mortality review findings have resulted in the timely identification of risk factors associated with preventable deaths.

Report prepared by:

David N. Carlow, M.S.N., RN; Marcia Noll, RN, CDDN; Eileen Gamba, RN, CDDN; with the assistance of Tim Deschenes-Desmond, Steven Zuckerman, Ph.D., and Ivette DeJesus

The Next Annual Health and Mortality Report
will be issued in November 2005.

For more information please visit the DMR website at
www.dmr.state.ct.us