PROPOSED BASELINES AND MEASURABLE GOALS

Preventing Abuse and Neglect Goal Two provides that by January 31, 2017, a baseline and annual goals for the number of emergency room (ER) visits and hospitalizations due to abuse and neglect will be established.

A new baseline was established and approved by the Subcabinet at the May 22, 2017 meeting and is included below. This is the first Quarterly Report using the baseline.

PREVENTING ABUSE AND NEGLECT GOAL TWO: By January 31, 2020, the number of emergency room (ER) visits and hospitalizations of vulnerable individuals due to abuse and neglect will decrease by 50% compared to baseline.

ANNUAL GOALS:

- By January 31, 2017, a baseline and annual goals will be established. At that time, and on an annual basis, the goals will be reviewed and revised as needed based on the most current data.
- By January 31, 2018, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 10% compared to baseline
- By January 31, 2019, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 30% compared to baseline
- By January 31, 2020, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 50% compared to baseline

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2017 Goal

- By January 31, 2017, a baseline and annual goals will be established. At that time, and on an annual basis, the goals will be reviewed and revised as needed based on the most current data.

RESULTS:
The 2017 goal to establish a baseline was **met.**

Baseline:
From 2010-2014, there were a total of 199 hospital treatments that reflect abuse and/or neglect to a vulnerable individual. The calculated annual baseline is 40 (199/5 =40).[5]

Annual Goals:
The annual goals that were previously established for 2018, 2019, and 2020 can remain as they are with no revisions.

ANALYSIS OF DATA:
Hospital data was divided into the 11 different Economic Development Regions (EDR) to conduct a regional analysis. While over half of Minnesota's population lives in the 7 county metro area, the most cases were located in the South Central region. The South Central EDR contains the following counties:

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[5] After this report was approved by the Subcabinet, it was discovered that the baseline was improperly calculated using a span of four years rather than the actual five year span. This resulted in the Subcabinet approving a baseline of 50. The corrected baseline of 40 is included in this report and will be brought back to the Subcabinet for ratification in June 2017.

Blue Earth, Brown, Faribault, Le Sueur, Martin, Nicollet, Sibley, Waseca and Watonwan, for a total population of 231,683. Though the population of the 7 county metro is over 23 times larger that of the South Central EDR, 114 of the total 199 (57%) hospital visits were located in the South Central EDR. The next two highest regions included the 7 county metro area with a total of 45 (23%), and the Arrowhead EDR, with a total of 17 (9%). Information about Minnesota's EDR's can be found here: https://apps.deed.state.mn.us/assets/lmi/areamap/edr.shtml

This data is provided annually from the Minnesota Hospital Association (MHA) to the Division of Health Promotion and Chronic Disease (HPCD) at Minnesota Department of Health (MDH). HPCD then provides only the data relevant to this Preventing Abuse and Neglect goal to the Health Regulation Division at MDH in an aggregate level, as to not allow any providers or individuals to be identified. However, this data is self-reported information from the hospitals and so it relies on hospital staff coding information consistently across the state. MDH has no reason to believe the data is not reliable and valid, but acknowledges the limitations of self-reported data.

Since the South Central EDR is comprised of nine different counties, it is not possible that this outlier is the result of one staff person or even one hospital coding more completely or consistently than staff at other hospitals across the state; although it could be evidence of more robust reporting from one hospital system. It is also possible that the reporting in other areas of the state is not as robust is it is in the South Central EDR. Based on our analysis of the baseline data, we will treat the South Central EDR as an area to concentrate our public campaign efforts on, but will also be mindful that there may be other discrepancies at play that could be causing the higher incidence of reporting in this area.

Therefore, while it currently appears that this outlier is reflecting a region where abuse and neglect of individuals with disabilities is occurring at a higher rate than the rest of the state, MDH intends to monitor this outlier over time. We also intend to look at collateral data, such as licensing and/or certification survey data, to help validate or refute the results of the MHA baseline data.

COMMENT ON PERFORMANCE:
Progress toward the goal is determined to be on track for meeting the goal. The public education campaign targeted to providers who serve individuals with disabilities, individuals with disabilities, families, and advocates is set to be initiated July 1, 2017. Targeted prevention efforts will also be conducted in areas with higher rates of hospitalizations and ER visits due to abuse and neglect of vulnerable individuals.

TIMELINESS OF DATA:
In order for the data to be reliable and valid, it will be reported nine months after the end of the reporting period.