**Office of Licensing**

**Incident Management Unit Care Concern Threshold Joint Protocol**

**Revised/Effective 1/1/2023**

**Settlement Agreement Indicators:**V.C.1.3

# Purpose

The Department of Behavioral Health and Developmental Services (DBHDS) takes very seriously the obligation to assure the health and well-being of individuals receiving services from DBHDS licensed providers. The purpose of this protocol is to explain the criteria for Care Concern Thresholds and establish the method that the OL Incident Management Unit (IMU) will use to notify offices within DBHDS (Office of Licensing, Office of Human Rights and Office of Integrated Health) and providers about care thresholds and to explain the OL’s role related to thresholds for individuals and licensed services

# Care Concern Thresholds Definition

The IMU reviews serious incidents not only on an individual level but systematically as well to identify possible patterns/trends by individual, a provider’s licensed service as well as across providers. Through this review, the IMU is able to identify areas, based on serious incidents, where there is potential risk for more serious future outcomes. At times, a review of a serious incident raises a concern about a provider’s ability to ensure the adequacy of supports to one or more individuals receiving their licensed service or may be an indication a provider may need to re-evaluate an individual’s needs and supports, review the results of root cause analysis and make systemic changes or updates to their risk management or quality improvement plan. The Department has identified these situations as Care Concern Thresholds. Incidents of individuals who meet the following Care Concern Thresholds criteria will trigger follow-up as specified below.

# Care Concern Thresholds Criteria Categories

1. Care Concern Thresholds Criteria Categories
2. Multiple (Two or more) unplanned medical hospital admissions or ER visits for falls, urinary tract infection, aspiration pneumonia, dehydration, or seizures within a ninety (90) day time-frame for any reason.
3. Any incidents of a decubitus ulcer diagnosed by a medical professional, an increase in the severity level of a previously diagnosed decubitus ulcer, or a diagnosis of a bowel obstruction diagnosed by a medical professional.
4. Any choking incident that requires physical aid by another person, such as abdominal thrusts (Heimlich maneuver), back blows, clearing of airway, or CPR.
5. Multiple (Two or more) unplanned psychiatric admissions within a ninety (90) day time-frame for any reason.

# Process

1. IMU will triage all incidents including reviewing all incidents and identifying situations that meet the above-outlined criteria.
2. Incidents that meet the Care Concern Thresholds criteria will trigger the IMU referral and notification process.
3. Providers will be informed about incidents which have met the Care Concern Thresholds
   1. Providers will be able to view IMU action as soon as the incident has been triaged. The actions will be captured in the “License Specialist Action” tab of CHRIS.
   2. Providers will be able to generate CHRIS reports on incidents that have been identified as Care Concern Thresholds.
      1. Providers may access the *Provider Excel Individual Care Concern Threshold LSA notification*) to see a list of individuals who have met the Care Concern Thresholds.
      2. Case Managers can run the *Excel-CM report Care Concern Threshold LSA notification* to see a report of any individual served by them regardless of provider.
   3. The Care Concern Thresholds criteria will be available on the DBHDS Office of Licensing webpage for providers to view and download.
   4. The Office of Licensing recommends providers take the following actions regarding incidents identified as Care Concern Threshold.
      1. Determine the need to reassess the individuals’ needs/services.
      2. Identify possible systemic issues affecting provision of care through the following processes:
         1. Quarterly reviews of all serious incidents pursuant to 12VAC35-105-160.C.;
         2. Annual Review and as needed risk assessments pursuant to 12VAC35-105-520.C.; and
         3. The use of standard quality improvement tools as part of their quality improvement program pursuant to 12VAC35-105-620.B.
4. Incidents of individuals who meet the following Care Concern Threshold criteria will also trigger follow-up by other offices as specified below:
   1. ~~All~~ Individual Care Concern Thresholds
      1. All incidents will be forwarded to Office of Integrated (OIH), and the Office of Human Rights (OHR).
      2. Designated offices will track the follow up they have conducted and circle back with the Office of Licensing if they believe the concerns have been addressed or if they feel the OL may want to do additional review of the incident to determine if further action is needed
   2. Individual Care Concerns will not be sent to the licensing specialists unless it is determined that the triggering incident may indicate an imminent danger, in accordance with the OL imminent danger protocol
5. Coordination with the Office of Integrated Health and Office of Human Rights to support compliance with Indicator V.C.1 #3

**Office of Human Rights:**  The OHR (data coordinator) is notified, via the Care Concern Report by the IMU, on individual care concerns that indicate the possibility of the potential for abuse/neglect. The OHR assesses the need for follow up and triages incidents that meet regulatory requirements for reporting/provider investigation to the appropriate regional advocate. Throughout this process, OHR is focused on ensuring rights protections for individuals receiving services from licensed providers, specifically which they are free from abuse and neglect, and that incidents of abuse/neglect are appropriately investigated and mitigated according to the human rights regulations.

The OL and OHR have shared protocols in place to govern inter-office communication to address concerns of abuse/neglect as they occur, within and without this process.

The OHR data coordinator maintains an excel tracker documenting the date of the email referral from the IMU, the type of incident, the provider, the region, whether OHR follow up is indicated and the CHRIS Incident and/or Abuse number(s) This information will be available to review by the IMU as needed.

The Office of Integrated Health

**Office of Integrated Health:**  The OIH (Director or designee) is notified, via the Care Concern Report by the IMU, of individual care concerns that indicate a potential for health and safety care concern. The OIH assesses the need for follow up and triages incidents that present with a need for education or technical assistance. Throughout this process, OIH is focused on ensuring that providers receive education and resources to provide supports around health and safety that reflect best practices. In addition, providers are made aware that technical assistance is available.

The OL and OIH have a collaborative relationship and utilize inter-office communication to connect providers to the education, resources and technical assistance available through OIH that is aimed at reducing the risk of a serious reportable event.

The OIH Director and designee maintains an excel tracker documenting the date of the email referral from the IMU, specific care concern criteria met, the subject of incident / concern, the individual’s name, the provider, provider contact, health planning region, whether OHR follow up is indicated, the education, resources or technical assistance provided and any other details. This information will be available to review by the IMU as needed.

This information will be used by DBHDS in conjunction with other data collected by DBHDS as part of monitoring provider’s risk triggers and thresholds and systemic quality improvement. IMU will also share patterns/trends about care concerns quarterly during the Incident Management update and training. This information is also shared with the Risk Management Review Committee, Quality Improvement Committee, and to the Regional Quality Councils, as requested. The information will be posted on the Office of Licensing Webpage.

# Care Concern criteria will be evaluated on a regular basis and revised as appropriate in

# consultation with the appropriate DBHDS’ offices.

**Settlement Agreement Indicators:**

**V.C.1.3:** - DBHDS publishes on the Department’s website information on the use of risk screening/assessment tools and risk triggers and thresholds. Information on risk triggers and thresholds utilizes at least 4 types of uniform risk triggers and thresholds specified by DBHDS for use by residential and day support service providers for individuals with IDD. This information includes expectations on what to do when risk triggers or thresholds are met, including the need to address any identified risks or changes in risk status in the individual’s risk management plan.

**Addendum**

**Template for wording that will go out to providers in CHRIS when a care concern has been identified.**

Individual Care Concern Licensing Specialist Action (LSA) Notification

Based on current serious incident as well as a review of other recent incidents related to this individual, the Office of Licensing recommends the provider consider the need to re-evaluate the individual’s needs as well as review the current individual support plan. Provider may want to review the results of root-cause analyses completed on behalf of this individual. In addition, please take this time to determine the appropriateness of making systemic changes such as revisions to policies or procedures and/or re-evaluating and updating your risk management and/or quality improvement plan. In addition, this information is shared with the Office of Integrated Health and the Office of Human Rights who may follow-up to provide technical assistance as appropriate.