

Risk Management Review Committee Charter

Established: December 1, 2014

Revised: June 23, 2025

MISSION

To identify and address risks of harm, ensure the sufficiency, accessibility, and quality of services to meet individuals’ needs in integrated settings; to collect and evaluate data to identify and respond to trends to ensure continuous quality improvement.

PURPOSE

The purpose of the Department of Behavioral Health and Developmental Services (DBHDS) Risk Management Review Committee (RMRC) is to provide ongoing monitoring of serious incidents and allegations of abuse and neglect; to analyze individual, provider, and system level data to identify trends and patterns and make recommendations to promote health, safety, and well-being of individuals. As a subcommittee to the DBHDS Developmental Disabilities (DD) Quality Improvement Committee (QIC), the RMRC identifies and addresses risks of harm, ensure the sufficiency, accessibility, and quality of services to meet individuals’ needs in integrated settings; to collect and evaluate data to identify and respond to trends to ensure continuous quality improvement. The RMRC has been established to improve quality of services and the safety of individuals with DD.

AUTHORIZATION/SCOPE OF AUTHORITY

This committee is authorized by the DBHDS DD QIC and is coordinated by the Division of Provider Management and the Office of Clinical Quality Management (OCQM). The committee is specifically charged with addressing the key performance areas of health, safety, and well-being and provider capacity and competency, but may address community inclusion and integration when relevant to risk issues. The DD Risk Management Review Committee (RMRC)’s overall risk management process enables DBHDS to identify and prevent or substantially mitigate risks of harm. The DD RMRC reviews and analyzes related data collected from facilities and community service providers, including reports of serious incidents and allegations of abuse and neglect. The DD RMRC also reviews data and information related to DBHDS program activities, including licensing reviews, triage and review of serious incidents, and oversight of abuse/neglect allegations. Data reviews occur as part of quality improvement activities and as such are not considered research. Additional workgroups may be established as needed.

DEFINITIONS

Term	Definitions
Abuse	Any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by DBHDS that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse (see 12VAC35-115-30)..

Advisory Members	Members of the quality committees without the authority to approve meeting minutes, charters, PMIs, and other activities requiring approval. Members do provide input and feedback to voting members.
Continuous Quality Improvement (CQI)	An ongoing process of data collection and analysis for the purpose of improving programs, services, and processes.
Designee	A person selected to carry out a duty or role within a quality committee on behalf of a voting member. This person assumes voting member responsibilities when acting on behalf of voting member and should be in a position reflective of that authority, including awareness of the organization or system impact of actions taken by the QIC. Designee should be prepared to step in during the meeting as needed to fulfill the voting member's role
Eight Domains	Designated spheres of knowledge, influence, or activity within the structure of the DD QMS: safety and freedom from harm; physical, mental, and behavioral health and wellbeing, avoiding crises, stability, choice and self-determination, community inclusion, access to services, and provider capacity.
Exploitation	The misuse or misappropriation of the individual's assets, goods, or property. Exploitation is a type of abuse and includes the use of a position of authority to extract personal gain from an individual. It does not include the billing of an individual's third party payer for services. It does not include the use or appropriation of an individual's assets, goods, or property when the individual or authorized representative provides permission (see 12VAC35-115-30).
Key Performance Areas (KPA)	DBHDS defined areas aimed at addressing the availability, accessibility, and quality of services. The DD QMS has established three: health, safety and wellbeing, community inclusion and integration, and provider capacity and competency.
Mitigate	A solution designed to lessen the risk and improve the outcome.
National Core Indicators (NCI)	Standard performance measures used in a collaborative effort across states to assess the outcomes of services provided to individuals and families and to establish national benchmarks. Core indicators address key areas of concern including employment, human rights, service planning, community inclusion, choice, health, and safety.
Neglect	The failure by a person, program, or facility operated, licensed, or funded by DBHDS responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, developmental disabilities, or substance abuse (see 12VAC35-115-30).
Performance Measure Indicators (PMIs)	Outcome and output measures used to report the progress towards specified targets established by DBHDS DD QMS, designed to address areas of importance, or need for DBHDS.
Provider Reporting Measures	Measures that providers report progress on to DBHDS that assess both positive and negative aspects of health and safety and of community integration.
Quality Committees	A collective term used to describe the groups within the DD QMS who consider, investigate, act, and report on quality assurance, risk

	management, and quality improvement. Groups include quality improvement committee (QIC), subcommittees, work groups, and councils.
Quality Improvement Committee (QIC)	Overarching quality committee that exists as part of the DD Quality Management System (QMS)
QIC Subcommittees	Committees, councils, and workgroups that exist as part of the DD QMS and who report to the DD QIC.
Quality Improvement Initiative (QII)	A formal plan, based upon data reviews, that addresses identified areas for improvement and uses the Model for Improvement.
Quality Plan aka Quality Management Plan (QMP)	Three part document that describes (1) the programs involved in the DD QMS, and processes deployed by the programs, (2) the quality committee structure, and (3) an annual report detailing the work of the DD QMS including evaluation of the quality committees.
Quality Service Review (QSR)	A quality review that evaluates the quality of services at individual, provider, and system-wide levels. These reviews evaluate whether individuals' needs are being identified and met through person-centered planning and thinking. These reviews evaluate whether services are being provided in the most integrated setting appropriate to the individuals' needs and consistent with their informed choice. These reviews evaluate whether individuals are having opportunities for integration in all aspects of their lives. QSRs also assess the quality and adequacy of providers' services, quality improvement and risk management strategies, and provide recommendations to providers for improvement.
Quorum	Number of voting members required for decision-making
Regional Quality Councils (RQCs)	DBHDS formulated councils, comprised of providers, CSBs, DBHDS quality improvement personnel, and individuals served and their family members that assess relevant data to identify trends and recommend responsive actions for their respective DBHDS designated regions.
Serious Incident	Any event or circumstance that causes or could cause harm to the health, safety, or wellbeing of an individual, including death and serious injury (see 12VAC35-105-20).
Serious Injury	Any injury resulting in bodily hurt, damage, harm, or loss that requires medical attention by a licensed physician, Doctor of Osteopathic Medicine, physician assistant, or nurse practitioner (see 12VAC35-105-20).
Surveillance Data	Data that is not specific to a performance measure indicator; all other data that is collected and reviewed
Voting Members	Members of the quality committees with the authority to approve meeting minutes, charters, PMIs, and other activities requiring approval.

RESPONSIBILITIES, DUTIES, ACTIVITIES

General

- Includes internal stakeholders with experience in:
 - Clinical training

- Quality improvement
- Quality management
- Resource management
- Developmental disabilities
- Behavioral health
- Compliance
- Behavioral analysis
- Provider services
- Data analytics
- Determines need for other internal members; adds advisory consultants as needed or required
- Commits to a culture of quality characterized by:
 - Supported by leadership
 - Person Centered
 - Led by staff who continuously learn and are empowered as change agents
 - Supported by an infrastructure that is sustainable and continuous
 - Driven by data collection and analysis
 - Responds to identified issues by using QIIs and other mitigating strategies as indicated
- Implements continuous quality improvement processes or practices
- Develops and reviews annually the charter with revisions as needed
- Submits revised charter for QIC approval as needed
- Completes a committee performance evaluation annually that includes the accomplishments and barriers of the DD quality committee
- Provides orientation and training to members to include:
 - DBHDS DD Quality Management System
 - RMRC charter
 - Member responsibilities
 - Continuous quality improvement
- Reports to the QIC for oversight and system-level monitoring at least three times per year, including identified PMIs, outcomes and QIIs
- Provides relevant data (statewide aggregate, regional) to the RQCs including comparisons to other internal or external data with multiple years as available
- Shares data with quality subcommittees when significant patterns or trends are identified and as appropriate to the work of the subcommittee
- Adheres to agency policy on HIPAA compliance and protecting confidentiality (IT.001 – Privacy Policies and Procedures for the Use and Disclosure of PHI)

Key Activities

- Oversees an incident management process responsible for review and follow-up of all reported serious incidents including protocols that:
 - Identify a triage process,
 - Identify a follow-up,
 - Identify a coordination process with licensing specialists, human rights advocates,

- Refer to other DBHDS offices as appropriate,
- Document trends, patterns, and follow-ups in individual incidents.
- Monitors implementation of existing incident management process; recommends revisions when applicable.
- Provides oversight of a look behind review of a statistically valid, random sample of DBHDS serious incident reviews and follow-up process.
- Evaluates serious incident look-behind reviews to determine whether:
 - The incident was triaged by Office of Licensing Incident Management team appropriately, according to developed protocols,
 - The provider's documented response ensured recipient's safety and well-being,
 - Appropriate follow-up from the Office of Licensing Incident Management team occurred, when necessary,
 - Timely, appropriate, corrective action plans are implemented by the provider when indicated.
- Provide oversight of a look-behind review of a statistically valid, random sample of reported allegations of abuse, neglect, and exploitation (ANE).
- Evaluates alleged ANE look-behind reviews to determine whether:
 - Comprehensive and non-partial investigations of individual incidents occur within state prescribed timelines,
 - The person conducting the investigation has been trained to conduct investigations,
 - Timely, appropriate, corrective action plans are implemented by the provider when indicated.
- Ensures the annual review of RM guidance, training, or educational resources; and updates as necessary to ensure current guidance is reflected.
- Uses data and information from risk management activities to identify topics for future content as well as determine when existing content needs revision.
- Produces an annual report (based upon state fiscal year) for inclusion in the annual DD Quality Management Plan Report.

Data Review and Analysis

- Analyzes, reviews, and evaluates data to identify trends, gaps, and other findings, at least quarterly.
- Utilizes data analysis to identify areas for improvement and monitor trends; identifies priorities and recommends QILs as needed.
- Establishes performance measure indicators (PMIs) that align with the eight domains when applicable.
- Establishes targets for PMIs; responds when targets are not met and monitors effectiveness of response.
- Establish at least one PMI for each assigned KPA, identified as either an outcome or output measure.
- Assesses PMIs overall annually and based upon analysis, PMIs may be added, revised, or retired.

- Monitors progress towards achievement of identified PMIs, and for those falling below target, determines actions designed to raise the performance.
- Develops and implements preventive, corrective and improvement measures where PMIs indicate health and safety concerns.
- Demonstrates annually at least 3 ways in which data collection and analysis has been used to enhance outreach, education, or training
- Documents measurement of the PMI using the identified dataset process document template
- Determines priorities when establishing PMIs
- Considers a variety of data sources for collecting data and identify the data sources to be used.
- Reviews and identifies trends from aggregated incident and abuse/neglect data, at least four times per year:
 - by various levels such as by region, by Community Services Board (CSB), by provider locations, by individual, or by levels and types of incidents
 - timeliness of reporting
- Recommends changes to processes, protocols, or quality improvement initiatives when necessary.
- Reviews the results of Quality Service Reviews (QSR) as related to identified risks of harm, risk triggers and thresholds and provider response to risks
- Uses QSR findings to inform providers of recommendations and use systemic level findings to update guidance that is then disseminated
- Reviews the results of the National Core Indicators (NCI) In-Person Survey data related to risk, risk triggers, and health to identify areas for improvement
- Reviews and analyzes data systematically related to findings from licensing inspections and investigations, and other related data
- Reviews facility data and trends, including risk triggers and thresholds to address risks of harm
- Reviews, analyzes, and identifies trends related to DBHDS facility risk management programs to reduce or eliminate risks of harm
- Utilizes findings to recommend or develop guidance, training, or educational resources that address areas of risk prevalent within the DBHDS DD population.
- Monitors the effective implementation of DI 401 (Risk and Liability Management)

Quality Improvement initiative(s)

- Identifies areas for development of quality improvement initiatives (QIIs) using:
 - look-behind reviews
 - QSR results related to identified risks of harm, risk triggers and thresholds and provider response to risks
 - NCI In-Person Survey results related to risk, risk triggers, and health
 - data collection,
 - analysis of data including trends and patterns
 - noted problems at individual service delivery and systemic levels

- Utilizes the Model for Improvement, which includes the Plan-Do-Study-Act cycle when considering a quality improvement initiative (QII)
- Develops QII Toolkit, per directions, when proposing a QII
- Proposes at least one QII per year, consistent with the Model for Improvement and Plan-Do-Study-Act cycles
- Designs proposed QIIs to mitigate risks and foster a culture of safety in service delivery
- Implements approved QIIs within 90 days of the date of approval, and as directed by the DD QIC
- Monitors progress of assigned, approved QII(s) and addresses concerns/barriers as needed, via updates to QII Toolkit(s)
- Evaluates the effectiveness of the approved QII(s) for its intended purpose
- Provides updates to the DD QIC on QII(s) status

Meetings

- Conducts regular meetings to ensure continuity of purpose
- Maintains reports and/or meeting minutes as necessary and pertinent to the committee’s function
- Discusses, at a deeper level, PMIs, and associated surveillance data at scheduled intervals
- Aligns work to the assigned key performance area (KPA), including the domains associated with the KPA
- Utilizes approved system for tracking PMIs, the efficacy of preventive, corrective and improvement measures, and work of the subcommittee
- Discusses and responds to the DD QIC assignments or directives
- Updates members on QII status according to data review schedule

MEMBER ROLES AND RESPONSIBILITIES

Role and Title	Responsibility
Chair Assistant Commissioner of Provider Management or designee	<ul style="list-style-type: none"> • Ensures subcommittee executes responsibilities • Ensures subcommittee performs its functions • Facilitates meetings • Ensures response to RQCs’ suggestions, questions, or requests • Provides update to DD QIC as scheduled
Logistic Support QI Implementation Manager / Director, QI Analytics and Processes	<ul style="list-style-type: none"> • Develops agenda per schedule • Develops draft minutes, finalizes approved minutes • Schedules meetings • Monitors quorum; alerts chair/co-chair of quorum status • Develop reports, presentations • Develop data review schedule • Distributes materials via Teams

	<ul style="list-style-type: none"> • Distributes, via Teams, when voting members need to act • Provides orientation to all members
Voting Members	<ul style="list-style-type: none"> • Maintains decision making capability and voting status. • Responsible to enter, review and analyze assigned data when indicated • Review surveillance data to identify any concerns for discussion at the scheduled time • Reviews data and reports for meeting discussion; comes prepared • Assigns a designee when unable to attend; designee serves as voting member with all rights • Informs Chair and Logistic Support when unable to attend, and if a designee will be attending.
Advisory Members	<ul style="list-style-type: none"> • Performs in an advisory capacity by identifying issues and concerns • Contributes to discussions and assigned work • Supports the RMRC in performing its functions
QI Consultation, Technical Assistance and Coaching Director, Community Quality Management or designee, Quality Improvement Specialist, QI Implementation Manager / Director, QI Analytics and Processes, BH QM Data Analyst	<ul style="list-style-type: none"> • Provides consultation and technical assistance when needed relative to quality management and quality improvement practices including use of tools • Provides consultation and technical assistance when needed relative to data analysis, data visualizations • Provides coaching specific to quality improvement initiatives

MEMBERSHIP

Voting Members	<ul style="list-style-type: none"> • Assistant Commissioner of Provider Management, or designee • Director, Community Quality Management, or designee • Director, Provider Network Supports, or designee • Director, Office of Human Rights, or designee • Director, Office of Integrated Health Network Supports, or designee • Incident Manager, Office of Licensing, or designee • Representative, Office of Clinical Quality Management • Director, Office of Transition Network Supports, or designee • Risk Manager, Training Center, or designee • Associate Director of Quality & Compliance, Office of Licensing, or designee
Advisory Members	<ul style="list-style-type: none"> • QI Implementation Manager / Director, QI Analytics and Processes • Quality Improvement Specialists • BH QM Data Analyst, Office of Clinical Quality Management • Investigations Manager, Office of Licensing, or designee • Representative, Mortality Review Committee • DD Medical Director

	<ul style="list-style-type: none"> Advisory consultants as needed/required
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MEETINGS

Meeting Frequency	The RMRC meets at least ten times a year with a quorum present; additional meetings may be scheduled as determined by the urgency of issues. Meetings can occur in the absence of quorum; however, no actions can be taken during the meeting.
Quorum	A quorum is 50% plus one of the voting members. Actions requiring quorum include approving minutes, subcommittee recommendations to the DD QIC, and approval/denial of proposed QIIs, proposed PMIs (new, revised, or ending) and charter revisions.
Agenda and Minutes	The agenda, meeting materials, and draft minutes from previous meetings shall be posted to Teams prior to the scheduled meeting. All meeting materials are stored in Teams for members to view.

CONTACT

Division, Office, or Program	Role Title
Division of Provider Management	Assistant Commissioner
Office of Clinical Quality Management	Quality Improvement Implementation Manager