



INTERNAL PROTOCOL FOR DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES INCIDENT MANAGEMENT

A Life of Possibilities for All Virginians

Feb 2025: Combined All Sections

March 17, 2025: VCU Look Behind

May 15, 2025: IMU Incident Correct and Provider Notification

August 1, 2025: Pre-Investigation Determination Triage for DD Deaths/Serious Incidents

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Purpose

The purpose of this internal protocol is to establish the standards and guidelines by which the Department of Behavioral Health and Developmental Services (DBHDS) Office of Licensing (OL) will govern the design and implementation of the incident management system and reporting process. Incident management and reporting is necessary to protect the health and safety of the individual, mitigate reoccurrence, and to improve overall quality of services and supports. The Incident Management Unit (IMU) will review and triage reportable incidents. The overall goal of the IMU is to improve processes and to ensure the overall safety of all individuals served throughout the Commonwealth.

Office of Licensing Authority

Authority: The Department of Behavioral Health and Developmental Services (DBHDS) is authorized by Chapters 3 (§ [37.2-300](#) et seq.) and 7 (§ [37.2-700](#) et seq.) of Title 37.2 of the Code of Virginia to operate DBHDS hospitals, training centers, and other facilities (state facilities) for the evaluation, treatment, training, or habilitation of individuals with mental health or substance use disorders or developmental disability (a mental or physical impairment, or a combination of mental and physical impairments, other than a sole diagnosis of mental illness). See [§ 37.2-100](#).

Section 37.2-404 of the Code of Virginia authorizes the commissioner to license providers subject to rules and regulations adopted by the State Board of Behavioral Health and Developmental Services. No provider shall establish, maintain, conduct, or operate any service without first receiving a license from the commissioner.

- The Office of Licensing’s Licensing Specialist/Investigator conducts announced or unannounced onsite review of all new providers and services to determine compliance with this chapter.
- The Office of Licensing’s Licensing Specialist/Investigator conducts unannounced onsite reviews of licensed providers and each service at any time and at least annually to determine compliance with regulations. The annual unannounced onsite reviews are focused on preventing specific risks to individuals, including an evaluation of the physical facilities in which the services are provided.
- The Office of Licensing’s Licensing Specialist/Investigator may conduct announced and unannounced onsite reviews at any time as part of the investigations of complaints or incidents to determine if there is a violation of this chapter.

Role/Purpose: The Office of Licensing is the regulatory authority for DBHDS licensed service delivery system through effective oversight. This office provides consistent, responsive, and reliable regulatory oversight to DBHDS licensed providers by supporting high quality services to meet the diverse needs of its clients. The Office of Licensing is the regulatory authority for DBHDS licensed services.

Serious Incident Reporting Requirement

Office of Licensing (OL) regulation **12VAC35-105-160 D.2** states that Level II and Level III serious incidents shall be reported by all providers licensed by Department of Behavioral Health and Developmental Services (DBHDS) OL on the department's web-based reporting application and by phone to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application (CHRIS) but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or circumstances of the death, and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the identified solution to mitigate recurrence of incident when applicable. -Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported.

Access to the CHRIS application is obtained by DBHDS Licensed providers by completing a [DELTA-Production Account Request Form](#) and establishing the appropriate DELTA User Roles. The training titled, [DELTA Overview](#), has information about Delta and establishment of these roles. More detailed tools are available in CHRIS.

Applicability

The following procedures apply to all DHBDS employees, subcontractors, providers/vendors, consultants, volunteers, and governmental agencies that provide services and supports on behalf of the individuals with disabilities receiving services as part of the DBHDS services.

INCIDENT REVIEW PROCESS

The following sections establish procedures and protocols for the implementation of the Incident Management Unit (IMU). IMU meets daily to triage incidents that were reported within the last 24-hour period or the last business day in the case of a weekend or holiday.

1. IMU will review the incident to determine whether the incident meets the criteria of a reportable incident (Level II or Level III), documenting the Level and type within the Action Remarks. If the incident does not meet the criteria of a reportable incident, IMU will contact the provider by phone and provide technical assistance and direct the provider to the [DBHDS OL Guidance for Serious Incident Reporting](#). "Level I serious incident" means a serious incident that occurs or originates during the provision of a service or on the premises of the provider and does not meet the definition of a Level II or Level III serious incident. "Level I serious incidents" do not result in significant harm to individuals but may include events that result in minor injuries that do not require medical attention, or events that have the potential to cause serious injury, even when no injury occurs (12VAC35-105-20).
2. Providers are not required to report Level I serious incidents via CHRIS to the Office of Licensing.

3. During triage, if IMU determines an incident is a Level I, IMU will call or send an email to the provider notifying them the incident is a Level I and does not need to be reported in CHRIS according to the DBHDS Office of Licensing Guidance for Serious Incident Reporting. IMU will indicate in CONNECT that the incident is a Level I incident or non-reportable. Any technical assistance or resources provided will be documented in the Action Remarks.
4. If an incident is duplicate, the IMU staff will indicate this in CONNECT.
5. IMU will determine if the incident has sufficient information to be able to triage. The incident shall present a clear and complete picture of the incident and the provider's response. If the incident does not present a clear and complete picture, IMU will follow up with the provider, provide technical assistance and request for the provider to update the incident with the required information. If the incident is clear and complete, IMU will accept the incident and continue in the triage process.
6. Each business day the IMU CAP Specialist will run the ***Death and Serious Incident Late Queue*** report to determine if any providers have NOT reported Level II and Level III serious incidents through the CHRIS system within the 24-hour timeframe. NOTE that the 24-hour timeline for reporting incidents begins from the time that the provider discovers the incident. IMU will follow the Final 160.D Protocol for DD Providers and determine if a late report is excused or if a citation will be issued.
 - a. [LIC 20: Guidance on Incident Reporting Requirements \(August 2020\)](#) has been published and is available to offer additional guidance of late reporting requirements and expectations for reporting serious incidents to the DBHDS Office of Licensing, pursuant to 12VAC35-46-1070.C. and 12VAC35-105-160.D.2., including the timeframe for reporting incidents and the progressive citation process.
 - b. [LIC 19: Corrective Action Plans \(CAPs\) \(August 2020\)](#) This document provides guidance to DBHDS licensed providers on how to develop and implement an acceptable correction action plan (CAP).
7. IMU will verify whether the incident is a DD death, other death or SIR.
 - a. If the incident is a DD Death IMU will record the information, change the status to refer to investigations and move the workflow to the Specialized Investigations Unit (SIU).
 - b. The SIU will process the DD death through the SIU process. The Investigation number will be generated by the CONNECT system.
 - c. Upon notification from the Mortality Review Committee designee, the IMU will re-open DD Death reports and contact provider to reconcile death information.
 - d. Within 7 business days, IMU will review the document and ensure corrections were made and resolved, or document in comments column the reason why discrepancies cannot be resolved.
8. IMU will triage all level II and level III serious incidents in accordance with the **Incident Management Pre-Investigation Determination Triage for DD Deaths/Serious Incidents** and the Investigation Protocol-combined to identify situations that are High Priority for Pre-Investigated Determination Triage and must require referral for additional investigation.
 - a. IMU will conduct a desk review of each incident. If the incident meets established triage protocol, IMU will refer the incident for further review to the Incident Management Quality

- Specialist (IMQS) for all DD serious incidents and to LS/Investigator for all other deaths and serious incidents.
- b. The IMQS/Licensing specialist/Investigator is then responsible for reviewing the SIR and deciding if an investigation is warranted based on protocol, the incident will be tied to the CHRIS incident within the CONNECT system.
 - c. For DD services, the review includes an interview with the provider and/or review of the individual's ISP in WaMS by the IMQS.
 - d. If the incident meets the criteria for further investigation, the IMQS will make the incident status "Referred to Investigations" to open the investigation and moves the incident to the Specialized Investigation Unit (SIU).
9. IMU triage must include reviewing all incidents and identifying situations that meet imminent danger criteria per **Internal Memo: Imminent Danger & Summary Suspension**. IMS documents findings of imminent danger in the Actions/Remarks. IMS also flags each incident and notes the findings on the case in CONNECT. This auto populates an e-mail notification to the designated LS/Investigator, RM, and other leadership.
 - a. For missing people, if the provider has dealt with the situation appropriately, there is not pattern of individuals being missing, and a determination made that the provider took appropriate actions and there is not risk of imminent danger, a referral may not be made to the LS/Investigator. However, if it appears that the provider has not addressed the situation appropriately, the individual is deemed to be in imminent danger or there is a pattern of individuals "missing", then the incident would be referred to LS/Investigator. (See specific examples provided in the definition for imminent danger.) In addition, IMS would search (CONNECT) to ensure a report was made to the OHR and if not, IMS refers/notifies OHR. OIH would not be notified unless there is a medical concern related to the incident.
 10. The IMU team will run the Enhanced Monitoring by Service and Region query in CONNECT to identify a provider's Enhanced Monitoring status. When an incident occurs for a qualifying provider, the IMU follows the **Incident Management Pre-Investigation Determination Triage for DD Deaths/Serious Incidents** and for all other services, the IMS notifies the Licensing Specialist (LS) that an incident was reported even if there is not any concern with the incident by moving the workflow to the LS.
 11. All Level III Deaths and Serious Incidents must be referred to pre-investigation determination.
 12. All Level II SIRs for Aspiration pneumonia when there are Multiple, 2 or more, ER visits or unplanned hospital admissions must be referred to pre-investigation determination.
 13. If the trend analysis identifies serious injuries of unknown origin; suspicious in nature & no report to OHR or the severity of incident reveals potential health and safety concern & no report to OHR a referral for pre-investigation determination must be made. The Office of Human Rights will also be notified of these incidents by the IMU.
 14. If a regulatory violation is discovered during the triage process by IMU, the SIR must be referred to pre-investigation determination.
 15. All serious incidents that meet the Care Concern Thresholds criteria will trigger the IMU referral and notification process in accordance with the **Incident Management Unit Care Concern Threshold Joint Protocol**.

- a. Any incident that meets the Individual Care Concern Threshold, diagnosis of a decubitus ulcer or an increase in severity of level of previously diagnosed decubitus ulcer; or a bowel obstruction must be referred for investigation determination.
16. If there is a level II UTI (illness related concern), and there are concerns that the provider is not following the person's plan or risk mitigation strategies, that report would be sent for pre-investigation determination. If investigation is not required, staff should enter a DSI action detailing why an investigation is not warranted before closing out the DSI and case.
17. IMU MUST complete a trend analysis of previous incidents within the last 90days. IMS will look back for 12 months for other serious injuries when a Level II serious injury requiring medical attention is reported. This allows the IMU team to determine when additional referrals for pre-investigation determination may be warranted. The following trend analysis findings for SIRs may be referred:
- a. The overall severity of the incident reveals potential health and safety concerns.
 - i. For example, environmental concerns, not following appropriate procedures for seeking medical treatment, not documenting a response that includes the individual's safety and well-being, inappropriate corrective action by provider, etc.
 - b. If a provider did not respond appropriately or timely to an incident, for example a delay in seeking appropriate medical care.
 - c. Choking incidents that involve physical intervention.
 - d. Similar Level II SIRs for the same Individual within 30days.
 - i. *For example, Individual who has repeated falls with serious injuries.*
 - e. Serious injuries; 2 or more within a 12-month period
 - f. 90 Day Trend Analysis reveals patterns that may indicate the individual was not protected from harm.
 - g. Risk mitigation strategies do not effectively address pre-existing risks that are known or should have been known for the individual.

INCIDENT MANAGEMENT UNIT ON INCIDENT CORRECTION AND PROVIDER NOTIFICATION

For incidents which are classified incorrectly, or information not entered in correctly, the following steps will be taken:

Process:

1. IMU will make two attempts via phone call to contact the provider to make corrections to the incidents. One attempt will be made to the individual who entered the incident and the other call will be made to the Risk/Quality /Supervisor/designee/or CEO if needed.
2. IMU will leave a message after each attempt to contact the provider. If the phone services do not allow messages to be received, IMU will send an email to the provider's CEO/ designee to correct the information identified in the CHRIS report.
3. After two attempts, IMU will send an email to notify the provider of what actions need to be taken to correct the incident. Providers must response back to IMU within 24-48 hours.

Unifying narrative with data fields:

Incident Management Unit triages each incident entered in CHRIS. During the triage process IMU will look to see if information in narrative fields corresponds with a designated checkbox.

1. During the triage process if IMU notices the provider documented in the narrative an item which has a checkbox related to it, IMU will select the corresponding checkbox for the purpose of data collection or contact the provider to make the appropriate selection.
2. If IMU makes selections in the corresponding checkbox, IMU will document, in the Action Remarks, any change made to the incident.
3. The provider has 48 hours to contact IMU if they have any concerns about the changes.

Duplicates and Level I Serious Incidents:

Provider may enter serious incidents that are triage and found to be duplicate or Level I Serious Incidents. Neither require reporting within the CHRIS application. These incidents will be appropriately labeled by the IMS to improve data validity.

1. When using the DW-0123 CHRIS Incident Reports, the fields are coded to exclude serious incidents that are labeled "Pending Duplicate" and "Incident is a Level I" from the data totals.
2. The deaths and serious incidents will display a blank for the LS Action Taken on the DW80a
3. These deaths and serious incidents will be removed from the DW-0123 reports.

Missing Licensed Service Locations:

When missing licensed service locations are reported to the IMU, CHRIS is reviewed to determine the best action. For missing service locations, CONNECT is reviewed to determine the root cause.

1. IMU will make corrections in the CONNECT system for FIPS code issues.
2. Any license-related issues are sent to the Region Manager and the Licensing Specialists for review and resolution.
3. The provider will be notified when the license service location can be found in CHRIS.
4. If the issue cannot be resolved due to a CHRIS System Issue, a HelpDesk ticket will be completed.
5. If the missing licensed service location results in a late report, the death or serious incident will be waived from late reporting citation.

Wrong Licensed Service Locations:

As part of the IMU review process, the IMU specialist verifies the correct licensed services was selected. If an error is found during triage, then the IMS will notify the provider to make the required corrections.

Duplicate Individual Identification Numbers:

When an individual has multiple identification numbers under one provider record, IMU will complete a Helpdesk ticket to Merge IDs within CHRIS.

1. The ticket will include a word document with the following information: provider name, number, individual name, the identity of the ID under which all others will be merged and a screenshot of the IDs related to the ticket.
2. The most current ID will be retained, unless otherwise requested by the provider.

3. IMU will notify the provider and provide technical assistance to mitigate the recurrence of providers creating multiple IDs.
4. IMM tracks ticket to completion using the [CHRIS Issues Tracker](#). The following items will be recorded: ID (most current), ID to be merged, Helpdesk Ticket, date reported, and date resolved.

INCIDENT MANAGEMENT UNIT OFFICE OF HUMAN RIGHTS NOTIFICATION

The Office of Licensing Incident Management Unit (IMU) works collaboratively with the Office of Human Rights.

Procedure:

1. IMU will triage all incidents and conduct a trend analysis for each death/serious incident (DSI). When an incident appears like it may also be a case of Abuse/Neglect/Exploitation, or if the incident appears suspicious in nature, the IMU will check CHRIS to determine whether OHR was notified. If yes, no further action is required.
2. Incidents that are suspicious in nature are incidents that may raise concerns about potential abuse/neglect. This may include the following:
 - i. Injuries that appear to be inconsistent with the explanations given or the circumstances surrounding them.
 - ii. Incidents where a cause is attributed to the incident, but the cause still appears to be unknown or is not logical.
 - iii. The explanation of how the injury occurred does not match the type or severity of the injury.
 - iv. Supports are in place for the mitigation of the risk, but the incident occurred resulting in serious injury.
 - v. Injuries in unusual places that are typically covered by clothing.
 - vi. Size/type of injury of the injury.
3. If no, IMU will notify, via email, OHR designee who will determine what further action, if any, is needed in accordance with the human rights regulations and AIMs protocol (139). IMU Notifications will include individual's name; provider and SIR CHRIS #.
4. OHR designee will track if either the incident is 1) not a human rights issue-no action taken or 2) it is a human rights issue-provider notified to start the investigation process.

INCIDENT CLOSURE PROCESS

The purpose of the Incident Closure Process is to assure the health, safety and welfare of individuals with mental health and developmental disabilities through an active review process. A finding is required prior to the closure of an incident.

Key factors include:

Clear and accurate details pertinent to the interaction of person, place, and time to determine root cause and factors that contribute to occurrence.

Adequate and appropriate corrective actions.

Follow-up actions/information (including training as necessary) will be made accessible in a timely manner.

Closing Criteria

The closing of incidents requires the following steps:

1. Complete a thorough review of the incident by IMU in accordance with applicable standards.
2. Ensure there are relevant facts and findings regarding the incident.
3. IMU shall exercise final discretion to re-open an incident for additional information.
4. Required elements for closing an incident: Provider has entered corrective actions taken or to be taken to address the issues raised by the incident and/or to prevent a recurrence of the incident should be documented in the follow up report and follow up completed.
5. IMU documentation should be clear regarding notifications/referrals. In CONNECT for the OHR and OIH, each incident is flagged in the system by the IMS when these offices are notified of specific incident. Referrals to the LS/Investigator are made directly in CONNECT by moving the workflow to the LS/Investigator and this will mark a flag on the DSI indication the LS/Investigator was notified.
6. As general practice, all DD services incidents will be closed within 5 business days and non-DD services will be closed within 10 business days.
 - a. Any exceptions, including interface delays, will be documented under remarks in the actions of the DSI by the IMS.

SUPERVISOR REVIEW OF INCIDENT CLOSURE

As part of ensuring the quality of the closing of issues, that staff are actively working on issues and ensuring appropriate timely closures are occurring; the IMU manager is responsible for reviewing open and closed issues with direct reports.

1. The manager will identify all the open, closed, and past due issue.
2. During monthly supervision with staff, the supervisor will review 10 % of closed issues to review for quality closure, and timeliness.
3. During monthly supervision, the staff will identify issues that are not resolving satisfactorily, and if the staff person is experiencing barriers. The supervisor will follow up with the Provider to ensure responsiveness, notify the assigned Licensing Specialist.

Interface Verification

1. At the beginning of each business day, IMM verifies that the Interface of all death and serious incidents, from CHRIS to CONNECT, was successful.
2. DW80a and the Death and Serious Incident by Type and Status are compared by specified date range.
3. Variances are reported in the GL portal as “high priority” for review, defect determination and resolution.
4. GL will resolve defects of high priority within 24 hours of report.
5. Defects generated from the CHRIS application are immediately reported to DBHDS IT for immediate resolution.
6. IMM will problem-solve with DBHDS IT staff and submit any additional defects to GL portal as needed.

TRACKING AND TRENDING

IMU is charged with tracking and trending incidents and issue data to discover patterns, identify trends for individuals and providers and to inform DBHDS Senior Management of patterns and trends. Trending the data is an essential component of the Incident Management Unit (IMU). The IMU will compile State and Regional specific quarterly and yearly data analysis reports and submit it to the Risk Management Review Committee (RMRC), Regional Quality Committee (RQC), and the Quality Improvement Committee (QIC). The content must include at a minimum

1. Trend analysis relative to each incident will be documented in the Action Remarks by the IMU.
2. The data and information obtained from reporting systems (CHRIS and CONNECT) will be aggregated, analyzed and used to identify sources of and contributing factors to risk and/or evaluate existing systems. The data and information will be used to inform providers on potential/actual risk, or a person’s safety related to the incident.
3. Identify and trend specific incident types that would benefit from systemic intervention.
4. A quarterly and annual narrative analysis of findings, patterns, areas of concern, and recommended actions for quality improvement.
5. Discuss state-wide and regional corrective actions for improving quality assurance.

Training & Technical Assistance

Training & Technical Assistance primary goals are the transferring of information and knowledge to increase competence, compliance, and skills. Any technical assistance provided by the IMU to a provider should be documented in the LS Action Remarks.

TRAINING AND TECHNICAL ASSISTANCE TOOLS:

- Department of Behavioral Health and Developmental Services website
- Guidance Documents
- Webinars
- OL External Memos
- Conferences
- CHRIS – Help Screen
- Tools & Serious Incident Reporting and CHRIS Training are available on the [Office of Licensing Webpage](#)

Audits

Incident Management audits improve efficiency of the process by assuring policies and procedures are followed. The auditing process will ensure timely reporting of incidents and review of incidents. The audit will be conducted quarterly (unless otherwise specified) based on the review of a sample of incident reports during the period.

DOJ Indicators- DSI Late reporting Compliance Report

1. Monthly, IMM verifies the data summary using the details of the report.
2. The Number of DSI detailed in the report is compared to the DW80a to ensure data matches the total number and diagnosis.
3. The DOJ Indicators-DSI Reporting Compliance Key is used to validate the accuracy of the data elements of the data summary.

Individual Care Concern Verification

1. Monthly, IMM verifies the Individual Care Concerns for all serious incidents using two methods of auditing.
2. DW80a and the Death and Serious Incident by Individual Care Concern by Provider are compared by specified date range. The DW80a report was enhanced to allow for this audit.
3. The Individual Care Concern by Provider is compared to the Care Concern Report for verification of Care Concern flags. This also allows IMU to correct human errors in CONNECT.
4. IMS use this method to self-audit.

Individual Care Concern Review/Imminent Danger Look Behind

1. Monthly, per staff, IMU will complete an internal look behind, based on a 10% sample, for imminent danger. Sample will include reports referred and not referred for imminent danger per protocol.
2. During monthly supervision with staff, the supervisor will review 10 % of closed DSI reports to review for quality of triage, trend analysis, documentation and closure timeliness.

Serious Injury

1. Monthly, per staff, IMU will complete a self-audit of serious injuries. The DSI Levels and Injuries will be reviewed for suspected discrepancies and ensure resolution of any found.
2. Monthly, IMM will review a 10% sample of "serious injury categories" for previously triaged incidents to determine if they were triaged, referred and ultimately investigated per protocol.
3. Any corrections that may be required, will be discussed with the IMS and other OL Units, as necessary, and completed within 10 business days.
 - i. 1x/month - will hold a Serious Injury Look Behind Meeting to review findings.
4. Other possible corrective actions will be addressed through, trainings, both provider and staff, employee supervision and/or protocol revisions.

Definitions

Imminent danger: An immediate threat or harm that could reasonably be expected to cause death or serious physical harm. Requires immediate intervention to prevent unwanted outcome. In addition, the Office of Licensing defines imminent danger as situations where there is an immediate and substantial threat to the health, safety or welfare of the individuals' receiving services. Please note that not all imminent danger situations warrant summary suspension actions. Some examples of imminent danger include but are not limited to:

Individual who was/is missing/Elopement situations:

Individual missing/eloped (1 or more) and at time of reporting not found-**Yes**, imminent danger.

- However, if the following is discovered then Not Imminent Danger.
 - Note IMU should contact the provider for additional information regarding the whereabouts of the individual. If it is discovered that staff attempted to follow the individual, appropriately notified police, and/or the individual has been in contact with others regarding their whereabouts, then the case is Not Imminent Danger.
 - Individual missing/eloped from service where their ISP does not indicate the requirement for 24hour supervision and/or the provider has a process in place for individuals to leave the facility voluntarily without supervision. Then IMU will call provider to discuss details of the incident and if confirmed the provider does have a process in place then Not imminent danger but IMU may still refer to LS/Investigator for potential investigation.
- Unless, if repeat elopement either with that individual or other recent elopements (3 or more within a 30-day period) at that location, then Yes imminent danger because that could show a pattern of insufficient staffing/oversight
- Individual missing/eloped but was found---Not imminent danger.
- Individual missing/eloped more than 3 times in one month, but found each time-Not imminent danger but at 3rd elopement, refer to LS for investigation to determine if staffing issues or not following ISP, etc.

- Individual missing/elopement-IMU may still refer to LS to review for potential investigation, however not all elopements rise to classification of imminent danger.
- Note: IMU specialists will consult with IMU Manager regarding flagging the incident as imminent danger prior to flagging in the system.

Significant Health and Safety Citations:

- Violations regarding employees or those working directly with the individuals not being appropriately trained.
 - No staff training for all staff on all shifts (CPR & First Aid/Behavioral Training/Medication Training).
- Violations regarding employees or those working directly with the individuals not having appropriate background checks.
 - No background check results or evidence of submission for majority of staff on all shifts.
- Violations regarding inappropriate staffing or staffing ratios.
 - Instances where provider staffing schedule does not account for appropriate staffing ratios for all shifts.

Level I Serious Incident: a serious incident that occurs or originates during the provision of a service or on the premises of the provider and does not meet the definition of a Level II or Level III serious incident. "Level I serious incidents" do not result in significant harm to individuals, but may include events that result in minor injuries that do not require medical attention, or events that have the potential to cause serious injury, even when no injury occurs (12VAC35-105-20).

Level II Serious Incident: a serious incident that occurs or originates during the provision of a service or on the premises of the provider that result in a significant harm or threat to the health and safety of an individual that does not meet the definition of a Level III serious incident. Level II serious incident includes a significant harm or threat to the health or safety of others caused by an individual. Level II serious incidents include: 1. A serious injury; 2. An individual who is or was missing; 3. An emergency room visit; 4. An unplanned psychiatric or unplanned medical hospital admission of an individual receiving services other than licensed emergency services, except that a psychiatric admission in accordance with the individual's Wellness Recovery Action Plan shall not constitute an unplanned admission; 5. Choking incidents that require direct physical intervention by another person; 6. Ingestion of any hazardous material; or A diagnosis of: a. A Decubitus ulcer or an increase in severity of level of previously diagnosed decubitus ulcer; b. A bowel obstruction; or c. Aspiration pneumonia.

Level III Serious Incident: a serious incident whether or not the incident occurs while in the provision of a service or on the provider's premises and results in: 1. Any death of an individual; 2. A sexual assault of an individual; or 3. A suicide attempt by an individual admitted for services, other than licensed emergency services, that results in a hospital admission.

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.

Triage: refers to the practice of dividing incidents by priority level so that the highest priorities are handled first. This requires assessment, prioritization, elucidation, negotiation, and delegation of workflow to ensure prompt assessment and investigation.

Trend analysis: the review and documentation of incident history relative to the incident being triaged. This includes assessment for Care Concern criteria, Imminent danger status and applicable regulatory violations. Documentation should include, but is not limited to: time frame reviewed, previous incident dates, the incident type, injury/illness/condition and/or cause; or when applicable the finding of no previous incident history. Other patterns that warrant referrals to OL, OHR and OIH should be documented. Must be completed for each incident. In addition, for all serious injuries, IMU will look back 12 months for other serious injuries, in accordance with the pre-investigation determination triage protocol.

Appendix-A: Final 160.D Protocol for DD Providers

Office of Licensing Protocol for Assessing Serious Incident Reporting by Providers of Developmental Services

Settlement Agreement Indicators: V.B.3.b, V.B.3.a.i, V.B.3.a.ii, V.B.3.a.iii, V.B.3.b, V.C.6.4, V.C.6.5, V.C.6.6, & V.C.6.7

Serious Incident Reporting – Incident Management Unit (IMU):

- A. Each business day the IMU CAP Specialist will run the **Death and Serious Incident Late Queue** report to determine if any providers have reported Level II and Level III serious incidents through the CHRIS system outside of the 24-hour timeframe for reporting
- B. NOTE that the 24-hour timeline for reporting incidents begins from the time that the provider discovers the incident.
- C. The following information is included within the report:
 - Provider Name
 - Service Description
 - Region
 - Type of incident (death/serious injury)
 - Chris Number
 - Date of incident
 - Reporting delay (how late a report is over 24 hours)
 - Service license number
- D. The report screen has a dropdown box where the IMU CAP specialist will document if a late report is excused, the ONLY valid reasons for not reporting a serious incident into CHRIS include:
 - **Chris network down/related problems** – system outage or technical difficulties at the state level, not fault of the provider.
 - **Duplicate** – A provider inadvertently submits the same incidence more than once. This can occur if a provider hits save more than once while the system is processing.
 - **Excused/rescinded** - Provider is unable to retrieve the appropriate information from the system in order to submit report. May require DBHDS IT support which may take longer than 24 hours.
 - **Issued by licensing specialist** – This occurs when a LS conducts and annual inspection or an investigation and note a non-compliance issue, such as not reporting an incident, and they issue the citation as part of their open inspection/investigation and notify IMU so they are aware when the report is submitted and not cite provider again.
 - **Non reportable/level 1 incident**- Incident did not meet the criteria for needing to be submitted.

- **Provider entered wrong discovery date** – IMU reviews incident and requires proof from provider that discovery date was put in incorrectly to show provider did submit incident on time.
- **Provider entered wrong time** -IMU reviews the incident and requires proof from the provider that the discovery time was entered incorrectly to show that provider did submit the incident on time.
- **Provider network down/related problem** – For example: If electricity or cable/internet is down in an area, the provider is still expected to contact IMU through email or phone to notify the department of their network outage that is preventing them from submitting the serious incident. The provider is responsible for submitting the incident as soon as possible once the issue has been resolved.

NOT HAVING AN AUTHORIZED USER FOR CHRIS IS NOT A VALID REASON FOR A LATE SUBMISSION OF A SERIOUS INCIDENT REPORT IN THE CHRIS SYSTEM. It is the provider's responsibility to ensure that they have authorized users for CHRIS at all times.

- E. For any provider who has indicated that they plan to make an update in CHRIS, the IMU specialist will ensure the *"Fields Have Been Updated"* section has been completed prior to determining if a late report may qualify as excused.
- F. The IMU CAP Specialist will issue a licensing report for all late submissions of serious incident reports unless a provider had valid reason for not reporting the incident in the CHRIS system during the 24 hour reporting period, pursuant to 12VAC35-105-160.D.2. (General Regulations) or 12VAC35-46-1070.C (Children's Residential Regulations).
- G. IMU will issue a subsequent licensing report when a provider fails to respond to a CAP within required time-frame, citing 12VAC35-105-170.D (General Regulations) or 12VAC35-46-80.D (Children's Residential Regulations).
- H. The IMU will compile and provide a quarterly report to the Director of the Office of Licensing, the KPA coordinator, the QRT coordinator, and the RMRC Chair on the timeliness of submissions of serious incident reports. The quarterly report will include data from the current quarter, as well as the previous two quarters for tracking and trending purposes, and shall include:
 - The total number of reported incidents from DD providers, by quarter;
 - The total number of incidents that were reported on time, by quarter;
 - The percentage of incidents that were reported on time, by quarter and in the aggregate;
 - The number of providers who were issued late reporting CAPs out of the total number of late reports; and
 - The reasons for not issuing a late report for those that were not issued them – only for valid reasons as noted above.

Allegations of Abuse & Neglect – Late Reporting by OHR

- A. The Office of Human Rights monitors abuse and neglect allegations entered into the Human Rights side of CHRIS system.
- B. The Human Rights Advocate will monitor abuse and neglect allegations within CHRIS to confirm the provider reported the allegation within 24 hours as required by the Human Rights Regulations. If the Human Rights Advocate determines that an allegation of abuse or neglect was not reported into CHRIS by a provider, or was reported outside of the 24-hour timeframe:
 1. The Human Rights Advocate will write the citation and submit a request for the issuance of 12VAC35-105-160.D.1 to the OL CAP specialist in accordance with the Centralized OHR CAP Protocol.
 2. If the Human Rights Advocate determines it is appropriate to seek negative action or sanctions against a provider for repeated violations of 12VAC35-105-160.D.1., or failure to implement pledged corrective action plans, they will submit a request for negative action to the Licensing Specialist, Deputy Director for Human Rights, and the Associate Directors of Licensing. The team will work collaboratively to determine appropriate next steps.
- C. The Human Rights Advocate will monitor abuse and neglect allegations within CHRIS to confirm the provider reported any corresponding serious incidents (including serious injuries) to the Office of Licensing in addition to reporting the abuse/neglect allegation to OHR.
 1. The Human Rights Advocate will review the abuse/neglect allegation to determine if the allegation involves a Level II or Level III serious incident, including a serious injury.
 2. The advocate will then look into the Death/Incident side of CHRIS to match up the date of alleged abuse/neglect with the date of the serious incident report to confirm if the incident was reported to the Office of Licensing.
 3. If the Human Rights Advocate determines a serious incident (including serious injury) was not reported to the Office of Licensing, they will immediately alert the IMU CAP Specialist via email.
 4. The IMU CAP Specialist will then issue a citation to the provider for late reporting of the serious incident, as appropriate.

Licensing Specialist – Annual Inspections and Investigations

- Prior to an annual inspection, the Licensing Specialist will run:
 - The query called **DOJ Indicators-Key Licensing Regulatory Compliance Report** in CONNECT to determine if a provider has been cited for violating 12VAC105-160.D.2. (General Regulations) or 12VAC35-46-1070.C (Children’s Residential Regulations); and
 - The **Death and Serious Incident by Type and Status Query** in CONNECT so they have a list of all of the level II and level III serious incidents reported since the last inspection. If a specialist is reviewing records and determines a reportable incident occurred, they will refer back to the query to ensure an incident was submitted.
- If, during an annual inspection, the Licensing Specialist identifies serious incidents that should have been reported, but were not reported at all, or that were not reported within 24 hours of discovery and for which a licensing report has not already been issued, then the Licensing Specialist will instruct the provider to report the serious incident within 24 hours of the annual inspection and issue a licensing report for late reporting citing 12VAC35-105-160.D.2.(General Regulations) or 12VAC35-46-1070.C. (Children’s Residential Regulations).
 - Prior to issuing the licensing report, the Licensing Specialist must run the **DSI Detail of One or More Citations for Late Reporting** to determine if the provider has met the criteria for Progressive [Actions for Repeat Citations](#) for the rolling year and cite accordingly
 - Before issuing the citation, the LS MUST also notify the IMU that the provider will be submitting a late CHRIS report so that the IMU does

not issue a duplicate citation.

- NOTE: If a provider made an abuse or neglect report to the Office of Human Rights following a level II or level III serious incident but did not report the serious incident to the Office of Licensing through the CHRIS serious incident reporting function, then the Licensing Specialist will instruct the provider to report the serious incident and issue a licensing report citing the provider for late reporting.
- When a Licensing Specialist identifies a serious incident that was not reported to the Office of Licensing through CHRIS **other than during an annual inspection or an investigation**, the Licensing Specialist will instruct the provider to report the incident and notify the Incident Management Unit (IMU). The IMU will then issue the licensing report in this scenario.

*****THE IMU MUST BE NOTIFIED ANY TIME A PROVIDER IS CITED FOR LATE REPORTING SO THAT THE IMU CAN TRACK ALL LATE REPORTING ISSUES.*****

Level I Quarterly Reviews – Licensing Specialist

- A. During their annual unannounced inspection, the Licensing Specialist will request documentation of compliance with the quarterly review requirements of 12VAC35-105-160.C.
- B. If the Licensing Specialist determines that quarterly reviews of Level I serious incidents were not conducted; or identifies Level I serious incidents that were not included in the provider's quarterly reviews, then the Licensing Specialist will issue a licensing report for failure to conduct quarterly reviews citing 12VAC35-105-160.C.

Level II & Level III Root Cause Analysis – Licensing Specialist

- A. During their annual unannounced inspection, the Licensing Specialist will verify the provider's compliance with all of 12VAC35-105-160.E. in accordance with the Annual Inspection Checklist Compliance Chart.

Adequate Corrective Action Plans (CAPs):

- A. CAPs will ONLY be accepted from a provider if they meet the following criteria
 - The proposed corrective actions are clearly articulated and reasonably calculated to address the underlying cause(s) of the violation and to prevent its recurrence.
 - The proposed CAP includes systemic actions to ensure future compliance with the regulation. Examples of systemic actions include the implementation of ongoing quality assurance systems to ensure future compliance; and the implementation of ongoing quality assurance self-monitoring tools such as checklists, spreadsheets, tables, or forms.
 - There is a realistic completion date provided for each corrective action.
 - The CAP includes the means and processes by which evidence of completion of the corrective actions will be collected and provided to the Office of Licensing.
 - **The provider must submit proof that the serious incident was reported in CHRIS prior to the LS/investigator accepting the CAP.**

- B. CAPs that do not meet the minimum criteria for acceptance will be returned to the provider for revisions within 15 business days. Per the Office of Licensing [Guidance on Corrective Action Plans \(CAPs\)](#), providers will need to submit evidence of compliance with their corrective action plans by their pledged completion date for any violations of 12-VAC-105-160.E. (root cause analysis) or 12VAC35-105- 520 (risk management) or any violations that pose a threat to the health and safety of individuals served (“Health and Safety CAPS”).

Progressive Citations:

Beginning October 1, 2020, the Office of Licensing implemented progressive citation protocols to address repeat violations of serious incident documentation and reporting requirements at the service level. The purpose of these protocols is to ensure that providers who demonstrate regulatory noncompliance implement effective corrective actions and quality improvement activities to prevent future violations. When a licensed service was previously cited for a regulatory violation, future violations of the same regulation within a one-year period, measured on a rolling basis, will result in the following progressive actions. IMU will take appropriate actions for providers with repeat citations in accordance with [LIC 20: Guidance on Incident Reporting Requirements \(August 2020\)](#).

The triggering event for progressive citations is the occurrence of a regulatory violation **after** a licensing report has already been issued for the same regulatory violation. If several violations of a regulation are noted at one time or at separate times **prior** to the issuance of a licensing report, all of the violations should be documented within one report and counted as one regulatory violation.

If a separate violation of the regulation is identified **after** a licensing report has already been issued, then the provider should be issued an additional licensing report with a citation detailing the identified deficiency. For example, if it is discovered that a provider submitted multiple late incident reports over a single weekend, the provider would be cited one time for late reporting, and this would not trigger a progressive citation. But if the Licensing Specialist issues a licensing report for late reporting on a Monday and **then** determines that the provider failed to submit another late incident report two weeks later after the initial licensing report was issued, then a new licensing report would be issued for this violation. This would be a second citation and would trigger a progressive citation.

The IMU will issue a licensing report within 15 business days of being informed of a late report violation, therefore it's possible all violations identified over a 15 business day time-span may be included within one licensing report.

Settlement Agreement Indicators

V.B.3. b: DBHDS monitors compliance with the serious incident reporting requirements of the Licensing Regulations as specified by DBHDS policies during all investigations of serious injuries and deaths and during annual inspections. DBHDS requires corrective action plans for 100% of providers who are cited

for violating these serious incident reporting requirements of the Licensing Regulations.

V.B.3.a. i: Serious incidents required to be reported under the Licensing Regulations are reported within 24 hours of discovery.

V.B.3.a.ii: The provider has conducted at least quarterly review of all Level I serious incidents, and a root cause analysis of all Level II serious incidents.

V.B.3.a.iii: The provider has conducted a Root Cause Analysis (RCA) of all Level II and Level III serious incidents.

V.B.3.b: DBHDS monitors compliance with the serious incident reporting requirements of the Licensing Regulations as specified by DBHDS policies during all investigations of serious injuries and deaths and during annual inspections. DBHDS requires corrective action plans for 100% of providers who are cited for violating these serious incident reporting requirements of the Licensing Regulations.

V.C.6.4 : At least 86% of reportable serious incidents are reported within the timelines set out by DBHDS policy.

V.C.6.5 : Providers, including CSBs, that fail to report serious incidents, deaths, or allegations of abuse or neglect as required by the Licensing Regulations receive citations and are required to develop and implement DBHDS- approved corrective action plans

V.C.6.6 : DBHDS reviews and approves corrective action plans that are in response to serious incidents, abuse, neglect, or death in accordance with the Licensing and Human Rights Regulations. DBHDS follows up on approved corrective action plans to ensure that they have been implemented and are achieving their intended outcomes as follows: C. on an annual basis, at least 86% of corrective action plans related to substantiate abuse or neglect, serious incidents, or deaths are fully implemented as specified in this indicator or, if not implemented as specified, DBHDS takes appropriate action as determined by the Commissioner in accordance with the Licensing Regulations.

V.C.6.7 : Providers, including CSBs, that have recurring deficiencies in the timely implementation of DBHDS- approved corrective action plans related to the reporting of serious incidents, deaths, or allegations of abuse or neglect will be subject to further action as appropriate under the Licensing Regulations and approved by the DBHDS Commissioner.

Appendix-B: OL IMU Pre-Investigation Determination Triage for DD Death/Serious Incidents

Incident Management Pre-Investigation Determination Triage for DD Deaths/Serious Incidents

Protocol

SIRs that are High Priority for Pre-investigation Determination Triage	SIRs that MUST be Referred by IMU for Pre-Investigation Determination	SIRs that are High Priority for Investigation by SIU	SIRs that MUST be Investigated by SIU
<ul style="list-style-type: none"> ➤ 90 Day Trend Analysis reveals patterns that may indicate the individual has not been protected from harm. ➤ Severity of incident reveals potential health and safety concern ➤ Inappropriate or untimely response to serious incidents ➤ Serious injuries; 2 or more within a 12-month period ➤ Choking ➤ Similar Level II SIRs for the same individual within 30 days ➤ Risk mitigation strategies do not effectively address pre-existing risks that are known or should have been known for the individual. 	<ul style="list-style-type: none"> ❖ DD Deaths (continue IMS triage) ❖ All Level III DSIs ❖ Individual Care Concern Threshold: Dx decubitus ulcer or an increase in severity of level of previously dx decubitus ulcer; a bowel obstruction. ❖ Other Level II SIRs: Aspiration pneumonia when there is multiple, 2 or more, ER visits or unplanned hospital admissions ❖ Any Potential Imminent Danger ❖ Regulatory Violation ❖ Serious injuries of Unknown Origin; suspicious in nature & no report no OHR ❖ Severity of incident reveals potential health and safety concern & no report to OHR 	<ul style="list-style-type: none"> ➤ 90 Day Trend Analysis reveals patterns that may indicate the individual has not been protected from harm. ➤ Severity of incident reveals potential health and safety concern ➤ Inappropriate or untimely response to the serious incident ➤ Serious injuries where the individual is not protected from harm ➤ Serious injuries of Unknown Origin; suspicious in nature & no report to OHR ➤ Choking ➤ Similar Level II SIRs for the same individual within 30 days ➤ Deaths that do not occur during the provision of services depending on type of service and circumstances. ➤ Risk mitigation strategies do not effectively address pre-existing risks that are known or should have been known for the individual 	<ul style="list-style-type: none"> ❖ DD Deaths ❖ Level III SIRs within provision of services. (except deaths of natural causes, not DD) ❖ Level II SIRs for Dx decubitus ulcer or an increase in severity of level of previously Dx of decubitus ulcer; a bowel obstruction; aspiration pneumonia when there are Multiple, 2 or more, ER visits or unplanned hospital admissions. <i>* Note: Investigator may consult with the SIU Manager as needed for all investigations.</i>

- ❖ The regional Incident Management Specialist will refer LS DSI referrals to the IMQS for pre-investigation determination. (except DD Death)
- ❖ IMQS will apply Pre-Investigation protocol to review DSIs that are high priority for pre-investigation determination triage.
- ❖ IMQS will complete a telephonic or video conference interview with licensed provider and/or complete an ISP review in WaMS to assess the DSI. (SIU Suggested Interview Template)
- ❖ **For each DSI, the *Triage Criteria for Determining if an Investigation is NOT Warranted* (listed below) will yield a “yes” response.**
- ❖ For any referred DSIs for which the IMQS deems an investigation is not required, the IMQS MUST include the reason for not investigating as a DSI action prior to closing the Case.
- ❖ If there is an open investigation for same provider, service, and individual, the IMQS will relate DSI(s) with the existing investigation.
- ❖ When the pre-investigation determination finding indicates an investigation MUST be conducted, the IMQS will update the DSI’s status to *Referred to Investigations*.
- ❖ On update to Referred to Investigations, create an Action if there is not one already and set the Action Date to the current date, the Action to Conducted Independent Investigation and update Remarks to include the Case Number with a label of Investigation.
- ❖ IMQS will add Actions as needed to the DSI, indicating why the investigation was initiated.
- ❖ From the Investigation in tree, the IMQS will update the Investigation Type to DD SIR Investigation.
- ❖ The IMQS will update the Case Workflow Licensing Specialist/Investigator Assigned to blank to move to the SIU.

Essential Support Needs or Risk Assessment (for specific diagnosis and serious injuries)

- ✓ Specific protocol relative to diagnosis
- ✓ Staff training, i.e. relative to DSI (what occurred), was the communication related to the DSI discriminated to all staff, protocol, orders,
- ✓ Equipment, i.e. hospital bed, special mattress, walker, handrails, wheelchair, lift, etc.
- ✓ Tracking or documentation, i.e. monitoring chart relative to orders, protocol, etc. i.e., positioning chart.
- ✓ Proof of obtaining additional support if referenced in SIR, i.e. medical specialist, skilled nursing, wound care, PT, OT.
- ✓ Level of supervision, i.e. to implement support plan, complete medical order, such as for repositioning, turning, lifting, mobility.
- ✓ Staff ratios, i.e. ratios allow staff to implement support plan, monitor support plans, etc.

Triage Questions to Consider after Discussions with the Provider

Did the incident (Level III) occur outside the provision of services? *If confirm that incident did not occur during the provision of service, the SIR may not be referred.

Has the incident also been reported to the Office of Human Rights as appropriate? (*The OHR advocate can/may consult with OL to open investigation at later time if licensing concerns are presented during OHR review of the provider internal investigation.) *Refer to the SIR that are high priority be investigated by SIU to make determination.

Does the ISP identify and address relative risk areas and demonstrate a plan to support the individual? * If the health and safety of the individual is confirmed and the provider had protections prior to the injury, the SIR is not required to be referred.
Can questions be resolved without requesting provider’s policies and procedures, protocols, training evidence, etc.?
Triage Criteria for Determining if an Investigation is NOT Warranted
For each DSI, the <i>Triage Criteria for Determining if an Investigation is NOT Warranted</i> (listed below) will yield a “yes” response in each red category below.
If the individual has a known chronic medical condition, do they have protocols in place relative to the serious incident being reported?
Staff followed the ISP and/or the ISP reflects the person’s changing needs?
Did the provider seek appropriate medical attention for the DSI that was reported?
Does the provider’s response ensure the recipient’s health and safety? Is this documented or is the provider willing to update DSI?
Is the provider’s mitigation of risk strategies submitted with the DSI sufficient to address the concerns within the DSI?
Is the corrective action appropriate and timely?
Is there no immediate health and safety concerns identified within the report?

OL IMU_ Investigation Determination Triage for DD Deaths/Serious Incidents_ Effective 10/1/2024

Revised: 3/17/2025, 4/10/2025, 5/13/2025, 8/1/2025

Appendix-C: Risk Triggers and Thresholds

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

A. Care Concern Thresholds Criteria Categories

- a. 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.
- b. 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.
- c. Any choking incident that requires physical aid by another person, such as abdominal thrusts (Heimlich maneuver), back blows, clearing of airway, or CPR.

- d. Multiple (Two or more) unplanned psychiatric admissions within a ninety (90) day time-frame for any reason.

Process

- A. IMU will triage all incidents including reviewing all incidents and identifying situations that meet the above-outlined criteria.
- B. Incidents that meet the Care Concern Thresholds criteria will trigger the IMU referral and notification process.
- C. Providers will be informed about incidents which have met the Care Concern Thresholds
 - i. 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.
 - ii. Providers will be able to generate CHRIS reports on incidents that have been identified as Care Concern Thresholds.
 - a. 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.
 - b. 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.
 - iii. The Care Concern Thresholds criteria will be available on the DBHDS Office of Licensing webpage for providers to view and download.
 - iv. The Office of Licensing recommends providers take the following actions regarding incidents identified as Care Concern Threshold.
 - a. Determine the need to reassess the individuals’ needs/services.
 - b. 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.
- D. Incidents of individuals who meet the following Care Concern Threshold criteria will also trigger follow-up by other offices as specified below:
 - i. Individual Care Concern Thresholds
 - a. Incidents will be forwarded to Office of Integrated (OIH), and the Office of Human Rights (OHR).
 - b. 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

- ii. 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
- E. Coordination with the Office of Integrated Health and Office of Human Rights to support compliance with Indicator V.C.1 #3
- i. **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.
 - ii. 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.
 - iii. 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.
- B. The Office of Integrated Health
- i. **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.
 - ii. 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.
 - iii. 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.
 - iv. 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.

Risk Triggers and Thresholds handout



WHAT ARE RISK TRIGGERS AND THRESHOLDS?

A risk trigger is an incident or condition that can cause harm to an individual. Risk triggers can include things such as falls, seizures, urinary tract infections and dehydration. A threshold is setting an amount, or number, of risks that help determine when further action may be needed.

Here is an example of a risk triggers and threshold: two falls within a 30-day time period. The fall is the risk trigger; two within a 30-day time period is the threshold.

WHAT ARE UNIFORM RISK TRIGGERS AND THRESHOLDS AS DEFINED BY THE DEPARTMENT IN 520.D?

DBHDS has defined several risk triggers and thresholds that the Incident Management Unit tracks and triages using the CHRIS system. **These are also known as care concerns (CC).** They are subject to change on an annual basis. Per 520D, providers need to incorporate these CC into the systemic risk assessment process. A provider could include the type, number and date or time frame for CC that have occurred.

Effective 01/2023 the Care Concern Thresholds are:

- 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.
- 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.
- Any choking incident that requires physical aid by another person, such as abdominal thrusts (Heimlich maneuver), back blows, clearing of airway, or CPR.
- Multiple (Two or more) unplanned psychiatric admissions within a ninety (90) day time-frame for any reason.

PROVIDER RESPONSIBILITIES

Providers need to track, on an ongoing basis, their organization's serious incidents and care concerns. Serious incidents are defined by regulation, 12VAC35-105-20.

Definitions: [Virginia Administrative Code - Title 12. Health - Agency 35. Department of Behavioral Health And Developmental Services - Chapter 105. Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services](#)

Why track? This helps identify trends and can help with root cause analysis and drive discussions about how to better protect individuals' health and safety.

Below is an example of a chart to track serious incidents and care concerns for one quarter. What are the most common care concerns? What would you do next based on this information?

Sample Serious Incident and Care Concern (CC) Tracking Chart

Type of Serious Incident	January	February	March	TOTAL
Falls	3	1	2	6
UTIs	2	2	2	6
Aspiration pneumonia	0	1	1	2
Dehydration	1	0	0	1
Seizures	3	1	1	4
Etc.	0	1	0	1
Care Concern (CC): Two or more unplanned medical hospital admissions or ER visits for falls, urinary tract infection, aspiration pneumonia, dehydration, or seizures within a 90-day time-frame for any reason	2	1	0	3
CC: Decubitus ulcer (DU)- any dx, increase in severity of diagnosed DU, Dx of bowel obstruction	0	1	0	1
CC: Any Choking incident	2	0	1	3
CC: Two or more unplanned psychiatric admissions within a 90 day time-frame for any reason	3	2	4	9

Providers should also develop a root cause analysis policy that identifies additional risk triggers and thresholds for when a more detailed root cause analysis should be conducted. [This is outlined in licensing regulation 160.E.2.](#)

Appendix-D: Tools

IMU Triage Review Form



IMU Triage Review Form

IMU Triage Training Form

Referred to LS/SIU (date)	
Closed (date)	
Provider Name	
Incident Number	

- Does this incident involve:
 - Death DD Non-DD Expected Unexpected |
 - Suicide Attempt Sexual Assault
 - Missing Person Adult Adolescent
 - a.) Has the person been located? YES NO b.) Is there a pattern of MP reports from this individual/provider? YES NO
 - Imminent Danger Enhanced Monitoring
 - OHR OIH LS Level 1 Non-reportable Duplicate
 - Care Concern-Individual
 - 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.
 - An 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.
 - Any choking incident that requires physical aid by another person, such as abdominal thrusts (Heimlich maneuver), back blows, clearing of airway, or CPR.
 - Multiple (Two or more) unplanned psychiatric admissions within a ninety (90) day time-frame for any reason.
- The incident was thorough and included enough information to determine triage category or determine closure. Ensure required fields are completed. YES NO
- Was immediate medical attention provided? YES NO N/A
- The provider's documented response ensured the recipient's safety and well-being. YES NO
- Was the provider's corrective action appropriate based upon the information provided? YES NO
- Technical Assistance YES NO Documented YES NO
- Trend Analysis YES NO Documented YES NO
- Flagged for update/re-opened? YES NO Reviewed? YES NO

Revision 5 updated 2/23/23; 8/1/2025

This is a training tool and not completed for each incident. IMS will have form available for reference.

CHECKLIST for Death and Serious Incident (DSI) Triage

Minimum time per incident: 10-15 minutes; Maximum time: 60 minutes

	Process Steps and Actions
1	Data accuracy/re-assignment: 1. Review work queue and verification that data elements are present and correct. 2. If error is present, take screenshots and report to IMM. 3. Missing data elements are reported to GL solutions due to impact on Reports and Queries. 4. Confirm from DSI e-mail that incidents are received in Work Queue. 5. View Caseload management page to ensure matching the IMS Work Queue. 6. Complete re-assignments.
2	Incident/Discover/Medical Attention Verification: 1. Incident/Discover/Medical Attentions dates/times are reviewed for typos. 2. Based on reporting expectations and service type/program, Incident/Discover/Medical Attention dates/times are reviewed for accuracies. 3. Late reporting flags in conjunction with these dates/times. 4. Provider is contacted for technical assistance as warranted due to discrepancies. 5. Allow two business days for updates. 6. Review DSIs flagged as updated in work queue. 7. Repeat as needed. 8. For non-response to telephone calls, e-mails are warranted.
3	Completeness and accuracy: 1. IMS review the DSI for clear and accurate details pertinent to the interaction of person, place, and time to determine root cause and factors that contribute to occurrence, including medical diagnosis. 2. IMS will contact the Provider if an update is needed. 3. Allow two business days for updates. 4. Review DSIs flagged as updated in work queue. 5. Repeat as needed.
4	Imminent danger: 1. DSI is reviewed for an immediate threat or harm that could reasonably be expected to cause death or serious physical harm. Requires immediate intervention to prevent unwanted outcome. 2. IMS will contact IMM to discuss the need for referral to the RM and LS. 3. DSI will be flagged for Imminent danger which will trigger case alert notification to pre-determined staff for immediate review. 4. IMS will move workflow to the LS. *Ensure the provider's documented response ensured the recipient's safety and well-being.
5	Level determination: 1. DSI levels as indicated by the reporting provider are reviewed for accuracy per regulations. 2. Provider is contacted by the IMS for technical assistance when the IMS determination is different than the Level reported in CHRIS. 3. Requests for DSI update is made by the IMS. 4. Allow two business days for Updates. 5. Make action note with detailed remarks. 6. Review updates. 7. Make Level change on DSI for Level I, II, III, and non-reportable DSIs. 8. Make action note with detailed remarks. 9. Determine if referral is required. 10. Change status. 11. Move workflow when applicable.
6	Immediate Medical Attention: 1. DSI is reviewed to ensure that for immediate health and safety issues have been addressed and/or were address without delay. OL has issued a memo to provides outlining expectations for calling 911 etc. 2. Referral will be e-mailed to the OHR if A/N/E may be present. 3. A referral to the LS is necessary for potential regulatory violations. *Ensure the provider's documented response ensured the recipient's safety and well-being.
7	Checkboxes: 1. Review of check boxes match narrative. This is required for data accuracy. It assists with trending of SIR. This is required to ensure that Individual Care Concerns are flagged and triaged appropriately. For example, Levels, Illness/condition, and causes must be documented accurately in order for the rules in CONNECT to flag the DSI. 2. IMS can enter CHRIS and unify the DSI checkboxes to the narrative if clearly documented in the DSI. 3. IMS contacts the provider for technical assistance if it is unclear if a checkbox should be marked. 4. Actions and detailed remarks are made by the IMS. 5. Following next interface, CHRIS to CONNECT, IMS must view the information in CONNECT prior to making any referrals or changes to workflows.
8	Identified solution to mitigate reoccurrence of incident when applicable: 1. IMS reviews the DSI for adequate and appropriate identified solutions to mitigate reoccurrence of incident. Contact the provider for technical assistance if incomplete. 3. Requested needed updates. 4. Allow two business days. 5. Verify correction in CONNECT. *Ensure the provider's documented response ensured the recipient's safety and well-being.
9	Abuse/Neglect/Exploitation: 1. Determine if associated A/N/E report is documented in the DSI in the correct location. 2. View the Involved Individual to obtain the Consumer ID number. 3. Run the Abuse report. 4. Review of A/N/E reported correlated with the DSI. 5. If no report found and suspected potential A/N/E, IMS will e-mail downloaded referral to the OHR. 6. The DSI will be updated to include the notification to the OHR. 7. Action and detailed remarks are documented. 8. Make determination if LS should also receive/review the DSI.
10	External Notifications: 1. Review of external notifications to ensure notifications made per regulation. 2. For Waiver recipients, ensure that CSB was notified. 2. IMS will ensure where and AR is indicated in the demographics that

	notification was made regarding the DSI. 3. For reports of A/N/E, DSS/APS should be notified. 4. Missing person require notification to Law Enforcement for filing of missing person’s report. 5. Provider is contacted by the IMS when a provider fails to document notifications made. 6. IMS will determine if referrals to OHR and/or the LS are warranted. 7. Workflow will be moved as necessary.
11	Corrective Action Plan: 1. IMS reviews the DSI for adequate and appropriate corrective actions. 2. Contact the provider for technical assistance if incomplete. 3. Requested needed updates. 4. Allow two business days. 5. Verify correction in CONNECT. *All DSI Level II and some Level III require at the minimum an RCA.
12	Missing person(s): 1. For missing persons, IMS will contact the provider to review the individual’s status, (missing or returned). Individual missing/eloped (1 or more) and at time of reporting not found-Yes, imminent danger. 2. IMS will ensure that if the individual is still missing that Law Enforcement has been notified to complete missing person report and other notifications were made. If the individual has returned, IMS will determine if P&P was followed. 3. If the provider has dealt with the situation appropriately, there is not a pattern of individuals being missing, and a determination made that the provider took appropriate actions and there is not risk of imminent danger, a referral may not be made to the LS. However, if the following is discovered then Not Imminent Danger. *Note: IMU should contact the provider for additional information regarding the whereabouts of the individual. If it is discovered that staff attempted to follow the individual, appropriately notified police, and/or the individual has been in contact with others regarding their whereabouts, then the case is Not Imminent Danger. Unless, if repeat elopement either with that individual or other recent elopements (3 or more within a 30day period) at that location, then Yes imminent danger because that could show a pattern of insufficient staffing/oversight. 4. Individual missing/eloped but was found---Not imminent danger. 5. Individual missing/eloped more than 3 times in one month but found each time-Not imminent danger but at 3rd elopement, refer to LS for investigation to determine if staffing issues or not following ISP, etc. 6. Individual missing/elopement-IMU may still refer to LS to review for potential investigation, however not all elopements rise to classification of imminent danger. 7. IMS would search CONNECT to ensure a report was made to the OHR and if not, IMS refers/notifies OHR by downloading DSI and e-mailing OHR. OIH would not be notified unless there is a medical concern relative to the incident.
14	Enhanced Monitoring: 1. IMS will review the Enhanced Monitoring List made available by the RM and/or in the CONNECT query. 2. When an incident occurs, the IMS notifies the LS that an incident was reported even if there is not any concern with the incident. 3. Actions and detail remarks are made by the IMS. 4. The workflow is moved to the LS.
15	Individual Care Concern Threshold: 1. Incidents are flagged in CONNECT when the ICC threshold is met. The IMS run the Individual Care Concern Results to verify the DSI history associated with the flagged DSI merits the flag. 2. Results are compared to the Involved Individual and Provider Searches. 3. Errors are documented with screenshots and the IMM is notified to report to GL Solutions for high priority resolution. 4. Incidents are reviewed to determine if the provider reviewed the incidents that led to the care concern and decided as to whether corrective actions were necessary. Also, incident is reviewed to determine if the provider took any necessary actions to identify and mitigate risks related to the care concern in a timely manner. 4. Detailed Trend Analysis must be completed for incident. 5. Actions and detailed remarks are made. 6. Care Concern Thresholds Criteria Categories and workflow: <ul style="list-style-type: none"> a. 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. *IMS e-mails downloaded referrals to the Office of Integrated Health (OIH) and OHR. Regulatory issues are referred to the LS by moving the workflow to the LS. b. 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. IMS e-mails downloaded referrals to the Office of Integrated Health (OIH) and OHR. DSI is referred to the LS. The IMS will move the workflow to the LS. c. Any choking incident that requires physical aid by another person, such as abdominal thrusts (Heimlich maneuver), back blows, clearing of airway, or CPR. IMS e-mails downloaded referrals to the Office of Integrated Health (OIH) and OHR. Regulatory issues are referred to the LS by moving the workflow to the LS.

	d. Multiple (Two or more) unplanned psychiatric admissions within a ninety (90) day time-frame for any reason. IMS e-mails downloaded referrals to the Office of Integrated Health (OIH) and OHR. Regulatory issues are referred to the LS by moving the workflow to the LS.
16	DD Deaths: 1. IMS will verify whether the incident is a DD death. 2. Demographic information will be reviewed closely, especially the DOB, DOD and SSN. 3. Death report is reviewed to determine if the individual was receiving active services. 4. All errors must be corrected through technical assistance prior to any referral to SIU. 5. If the incident is a DD Death IMU will document actions with detailed remarks, 6. change the status to refer to investigations and move the workflow to the Specialized Investigations Unit (SIU). 7. The SIU will process the DD death through the SIU process. The Investigation number will be generated by the CONNECT system. *Process steps for DD Day Support services are different due to internal protocols.
17	Non-DD Deaths: 1. IMS will verify whether the incident is a death. 2. Demographic information will be reviewed closely, especially the DOB, DOD and SSN. 3. Death report is reviewed to determine if the individual was receiving active services. 4. All errors must be corrected through technical assistance prior to any referral to LS. 5. If the incident is a non-DD Death IMU will document actions with detailed remarks and move the workflow to the LS.
18	Suicide attempts: 1. SIR is reviewed closely to determine if individual was admitted to the hospital and not just evaluated. 2. Level II incidents are reviewed closely to ensure that Level III SA are documented appropriately. 3. DSI is triaged for completeness and accuracy. 4. IMS review report for determination of ID and media alerts. 5. Trends analysis are conducted. 6. Workflow is moved to LS.
19	Sexual assaults: 1. SIR is reviewed closely for Immediate Danger. 2. SIR is reviewed closely to ensure law is followed and appropriate notifications were made. 3. SIR is referred.
20	COVID: 1. Check for reportability. 2. Completed a COVID Outbreak search using Connect query to determine outbreak status.
21	Actions and Remarks: 1. Any action taken by the IMS shall be appropriately labeled in the actions and thoroughly documented in the Remarks. This is reviewed as part of the VCU Look Behind. Multiple actions and remarks must be made to appropriately document the IMU triage steps, referrals, incident determinations, investigations, etc.
22	Status changes: 1. IMS must ensure an accurate status is marked on the DSI. Both "No action" and "Referred to investigations" status will close a DSI. 2. Once closed a DSI must be re-opened to properly move the workflow. 3. DSI move to the LS must remain in a pending status. 4. Re-opens are discussed in greater detail within this document. 5. A wrong status could prevent the DSI from appearing in any workflow.
23	Updated records (anticipated updates): 1. Review all DSI Details History tabs for updated information. 2. Contact provider again, if incident remains unclear/missing information. 3. Make action note with detailed remarks. 4. Determine if referral is required. 5. Change status. 6. Move workflow when applicable. 7. System generated e-mail interface notifications are reviewed for DSI Updates and compared to individual work queues.
24	Updated After Closed: 1. Review all DSI Details History tabs for updated information. 2. Contact provider again, if incident remains unclear/missing information. 3. Make action note with detailed remarks. 4. Determine if referral is required. 5. Change status. 6. Move workflow when applicable. 7. System generated e-mail interface notifications are reviewed for DSI Updates and compared to individual work queues.
25	Re-opened after closed records (system): 1. Incident will re-open in CHRIS overnight. 2. Review all DSI Details History tabs for updated information. 3. Contact provider again, if incident remains unclear/missing information. 4. Make action note with detailed remarks. 5. Determine if referral is required. 6. Change status. 7. Move workflow when applicable. 8. System generated e-mail interface notifications are reviewed for DSI Updates and compared to individual work queues.
26	Re-open due to service/location error: 1. Update status to re-open and identify the reason for re-open. 2. Incident will re-open in CHRIS overnight. 3. Ensure incident re-opened in CONNECT and CHRIS. 4. Contact the provider for TA with detailed instructions about update that is required. 5. Allow two business days for correction but encourage sooner by viewing the DSI together during the technical assistance call. 6. Ensure Changes made in CHRIS are saved. 7. Check the DSI in CONNECT at the next interface run. 8. Review services and locations to verify import into CONNECT. 9. Make

	action with detail remarks. 10. Determine if referral is required. 11. Change status. 12. Move workflow when applicable. 13. System generated e-mail interface notifications are reviewed for DSI Updates and compared to individual work queues. * If location is missing from CONNECT, IMM must be contact to check service/location status in CONNECT. IMM will work with IT and RM to determine reason for missing location. If related to FIPS, application or other. Service/location will return to CHRIS overnight.
27	Re-open due to DSI late reporting citation dispute: 1. Update status to re-open and identify the reason for re-open. 2. Incident will re-open in CHRIS overnight. 3. Ensure incident re-opened in CONNECT and CHRIS. 4. Contact the provider for TA with detailed instructions about update that is required. 5. Allow two business days for correction but encourage sooner by viewing the DSI together during the technical assistance call. 6. Ensure changes made in CHRIS are saved. 7. Check the DSI in CONNECT at the next interface run after update. 8. Review incident/discover/medical attention date to verify import into CONNECT. 9. Ensure late reporting flag is removed and notify the CAP specialist if flag is not removed. 10. Make action with detail remarks. 11. Determine if referral is required. 12. Change status. 12. Move workflow when applicable.
28	Re-open due to request for change from the Mortality Review Committee for DD Deaths: 1. Update status to re-open and identify the reason for re-open. 2. Make an Action and detailed remarks about the reason for the re-open. 3. Incident will re-open in CHRIS overnight. 4. Ensure incident re-opened in CONNECT and CHRIS. 5. Contact the provider for TA with detailed instructions about update that is required. 6. Allow two business days for correction but encourage sooner by viewing the DSI together during the technical assistance call. 7. Ensure changes made in CHRIS are saved on the demographics page and that the provider also saves the DSI again. If this is not completed, a delay will result in the import into CONNECT. 7. Check the DSI in CONNECT at the next interface run after update. 8. Review the demographics to verify import into CONNECT. 9. Make action with detail remarks. 10. Determine if referral is required. 11. Verify if there is an open investigation. If yes, change status to "Referred to Investigations". If investigation is present, but closed, the DSI may be changed to "No action". If no investigation is present, view actions and remarks to determine if SIU opened an investigation. If no investigation will be conducted the status can be changed to "No action". If there is no action or remark by the SIU, DSI must have the workflow returned to SIU. Status will stay pending. 12. Move workflow when applicable.
29	Duplicate report: 1. Through triage. IMS must keep the largest number for triage, then label the lower number(s) as duplicate in the action and document in the remarks. 2. Must complete technical assistance.
30	Non-reportable: 1. Requires IMS to provide technical assistance, either telephone and/or written correspondence; sent the Guidance document for SI reporting to provider. 2. Reviewed during IMU Team Meetings.
31	Level 1: 1. Requires IMS to provide technical assistance, either telephone and/or written correspondence; sent the Guidance document for SI reporting to provider. 2. Reviewed during IMU Team Meetings.
32	Technical assistance: 1. Contact provider via telephone call and/or written correspondence to triage DSI and request needed updates. 2. Make additional referrals as needed to IMM, IT, CAP Specialist, LS. 3. Video call for CHRIS specific technical assistance when issues entering SIR into CHRIS. 4. Refer to Help Desk for CONNECT related questions beyond basic. 5. Refer to the OHR when A/N reporting issues.
33	Trend Analysis: 1. The IMS runs the Involved Provider Search from the Main tab by choosing Query > Involved Provider Search. Enter the date range and Provider Number you want to see records for, then click Save. The system will open an Excel file that includes data for each Case that meets the search criteria entered. 2. The IMS runs that Involved Individual Search from the Main tab by choosing Query > Involved Individual Search. Enter the date range, and the Provider Number and/or Consumer ID and/or Involved Individual's Name, you want to see records for, then click Save. The system will open an Excel file that includes data for each Case that meets the search criteria entered. 3. Trend analysis is the review and documentation of incident history relative to the incident being triaged. This includes assessment for Care Concern criteria, Imminent danger status and applicable regulatory violations. Documentation should include, but is not limited to: time frame reviewed, previous incident dates, the incident type, injury/illness/condition and/or cause; or when applicable the finding of no previous incident history. Other patterns that warrant referrals to OL, OHR and OIH should be documented. *Completed for all DSI.

OLIMU: Revised 7/24/2024

Risk Mitigation Tool for Serious Incident Reports



RISK MITIGATION TOOL FOR SERIOUS INCIDENT REPORTS

Need to Know: The Office of Licensing's Incident Management Unit (IMU) is required to review reported serious incidents to ensure that the provider's documented response ensured the recipient's safety and well-being. If the notes and check boxes entered by the provider are unclear, the IMU must contact the provider to request additional information or contact that provider to better clarify the information already provided. Some other questions that IMU considers relative to this process are as follows:

- ♦ Did the provider describe the injury/illness and circumstances?
- ♦ Did the provider describe the medical treatment provided and/or finding?
- ♦ Did the provider describe the consequences of the injury/incident?
- ♦ Did the provider describe the risk of harm?

Review of incidents for this process has not changed. The CHRIS death and serious incident forms were updated to allow providers to update the reports. The IMU conducts a trend analysis of every serious incident including, review of previously documented incidents and past actions taken.

Acknowledge Your Accomplishments: The actions documented should be relative to the specific incident; therefore, it is understood that documentation varies incident by incident. IMU also understands that action steps are either immediate or preventative in nature. Therefore, some of the more detailed preventative actions, may not be identified until the RCA is conducted. But don't be reluctant to give your agency credit for the work you are doing. Risk mitigation takes place during meetings, at appointments, while working with the support team, etc. When completing the mitigation of risk field, keep in mind that this is not looking back to what could have been done differently in the incident; but identifying the steps to be taken **now** to reduce or prevent another similar incident or the steps to be taken now that will reduce the impact if the risk does occur.

- ❖ Discussion points to consider when reporting and documenting the Mitigation of Risk section in CHRIS.
 - ♦ Did you act immediately following the incident to improve safety?
 - Did you assess the area?
 - Did you modify the environment, remove obstacles from the environment, etc.?
 - Did you modify a schedule, etc.?
 - Did you monitor and record the condition of the individual?
 - Did you contact the nurse/physician/specialist?
 - Did you make a referral?
 - Did you make other notifications?
 - ♦ Did you or will you implement a protocol? Review/revise a protocol? Develop a protocol?
 - Is there a recommendation to do so?
 - ♦ Did you or will you obtain new equipment to implement an order?
 - ♦ Did you or will you train staff on a protocol?
 - ♦ Was a meeting held? Does a meeting need to be held?
 - ♦ Did you or will you increase the supervision, monitoring, etc. of the individual?
 - ♦ Is there a scheduled follow up appointment with a medical provider; when and with who?
 - ♦ Was a Behavioral Support Plan/Crisis Plan implemented? Was REACH involved?
 - Are you looking for a specialist?
 - Did you talk to PCP about a referral?
 - ♦ Were there new orders/instructions/treatment plan? If so, did all the staff receive training, i.e., orders, steps for treatment, etc.
 - Is there a new support need?
 - Was the change temporary or long-term?
- ♦ Is there more than one risk area involved, such as, a urinary tract infection with a fall? If so, how will you address both risk areas?

Following submission of a serious incident report in CHRIS, the provider may have two additional business days to update the report with any remaining information that might have been unknown at the time the report was written, or from the time that the provider is informed by the IMU of the need to update the report, whichever is later. 10/21/2024

Serious Incident Reporting -COVID-19



COMMONWEALTH of VIRGINIA

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COMMISSIONER

DEPARTMENT OF
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December 5, 2022

Dear Provider,

The purpose of this correspondence is to revise expectations for serious incident reporting for confirmed cases of COVID-19. Effective immediately a provider will only be required to submit a serious incident report into CHRIS for a COVID related incident **when it also meets one of the requirements for level II or level III reporting** as outlined in [Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services \[12 VAC35-105\]](#), or the requirements outlined in the [Regulations for Children's Residential Facilities 12VAC35-46](#)

I. When to Report Confirmed Cases of COVID-19 in CHRIS:

a. Children's Residential Services - 12VAC35-46-1070(C)

Anytime an individual has a **confirmed diagnosis of COVID-19** during the provision of a children's residential service, this shall be reported to the Department using the Department's web-based reporting application (CHRIS). Regulation 12VAC35-46-1070(C) requires providers to notify the Department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the Department. COVID-19 constitutes a serious illness and confirmed cases shall be reported to the Department as such.

b. Level II Serious Incident - 12VAC35-105-160(D)(2)

For non-children's residential services, where it is determined that the individual is diagnosed with COVID-19 during the provision of services or on the provider's premises, **and the incident meets the criteria for a Level II or Level III serious Incident** this shall be reported using the Department's web-based reporting application (CHRIS)

II. Examples of Reportable and Non-Reportable Incidents involving confirmed cases COVID-19:

Not reportable: An individual was exposed to a staff member who tested positive for COVID-19. Individual complained of not feeling well and is given a COVID-19 test and the results of the test

are positive. The individual visits the doctor with a staff person and does not require any additional medical follow-up.

Reportable: Three days later, the same individual begins to spike a high fever, and has shortness of breath. Staff call 911 and the individual is transported to the emergency department for evaluation. This is reportable because an ER visit that occurs within the provision of the provider's services or on their premises is reportable as a Level II Serious Incident.

Not Reportable: During a case management face-to-face visit, an individual complains of not feeling well. The CM attempts to assist the individual with scheduling a primary care visit. The individual later goes to the appointment and tests positive for COVID-19 and calls the CM with the information.

Reportable: During a case management face-to-face visit, the individual complains of not feeling well. Due to the seriousness of the reported symptoms, the case manager drives the individual to the emergency department. The individual tests positive for COVID-19 and is admitted to the hospital for treatment. This is reportable because an unplanned hospitalization that occurs within the provision of the provider's services (the CM brought the individual to the hospital) or on their premises is reportable as a Level II Serious Incident.

III. How to Report Cases of COVID-19 in CHRIS

- a. When submitting an incident report for an individual who has tested positive for COVID and also meets the criteria for Level II or Level III Serious Incident there are two checkboxes in the CHRIS report that **MUST** be checked. This allows DBHDS to improve the reliability of data by comparing the narrative with the data collection fields and facilitates the timely collection and aggregation of data.

Under "Illness and Condition" scroll down and select "COVID-19 Positive" (it is the 7th checkbox in the column).

Under the section that asks, "Did this case involve," scroll down and select "COVID-19 Positive" (it is the 3rd checkbox in the column). This box is also located on the "Death" screen of CHRIS. Please select this checkbox for all deaths that were a result of COVID-19.

If you have additional questions related to serious incident reporting, please contact the Office of Licensing's Serious Incident Management Unit at incident_management@dbhds.virginia.gov.

Sincerely,

Jae Benz

Jae Benz
Director, Office of Licensing
DBHDS

Level 1 Incidents vs. Baseline Behaviors



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MEMORANDUM

To: DBHDS Licensed Providers
From: Jae Benz, Director, DBHDS Office of Licensing
Date: February 14, 2023
Re: Tracking of Level I Serious Incidents vs. Baseline Behaviors

Purpose: Based on stakeholder feedback, and in an effort to increase provider compliance with 12VAC35-105-160, the DBHDS Office of Licensing is providing supplemental information regarding the tracking of Level I serious incidents and potential, "baseline behaviors" demonstrated by individuals receiving services from a licensed provider.

As a reminder:

12VAC35-105-20. Definitions

- "Serious incident" means any event or circumstance that causes or could cause harm to the health, safety, or well-being of an individual. The term "serious incident" includes death and serious injury.
- "Level I serious incident" means a serious incident that occurs or originates during the provision of a service or on the premises of the provider and does not meet the definition of a Level II or Level III serious incident. *Level I serious incidents do not result in significant harm to individuals but may include events that result in minor injuries that do not require medical attention or events that have the potential to cause serious injury, even when no injury occurs.*

The provider shall collect, maintain, and review at least quarterly *all serious incidents, including Level I serious incidents*, as part of the quality improvement program in accordance with 12VAC35-105-620 to include an analysis of trends, potential systemic issues or causes, indicated remediation, and documentation of steps taken to mitigate the potential for future incidents.

During unannounced inspections, providers are expected to provide evidence to the licensing specialist that they are tracking Level I incidents for their agency.

However, there may be times when targeted behaviors or baseline behaviors, that would otherwise meet the criteria for a Level I serious incident, is tracked through a behavior tracking tool/data collection system tied to a formal behavior support plan.

If a provider serves an individual who engages in behaviors that would rise to the level of needing a behavior plan, the provider should determine a baseline for these behaviors in an effort to establish what incidents should be classified as a Level I serious incident. Providers should work collaboratively with a Behavior Specialist and Interdisciplinary Team to identify when, and if, baseline behaviors are distinguished from Level I serious incidents. Questions to consider include:

- When does the baseline behavior change to a Level I serious incident?
- When is the potential for harm beyond the baseline?
- When is there a potential to cause serious injury?
 - Is it when there is injury that results in first aid and/or monitoring by the staff?
 - Is it when the staff take an action that is outside what the behavior plan prescribes?

Baseline behaviors should be incorporated into the individual's ISP (Part V). Providers are expected to include a specific plan for addressing, "baseline behaviors" and, in order to monitor an individual's behavior(s), a behavior tracking tool/data collection system should be included in the individual's ISP (Part V). It is expected that all employees or contractors responsible for implementing the ISP demonstrate a working knowledge of the individual's, "baseline behaviors" and the behavior tracking tool/data collection system being used. Providers should ensure that they describe, "baseline behaviors" in detail so that any employee or contractor and regulatory entity is able to recognize "baseline behavior(s)" versus a Level I serious incident. Any observed changes in the severity, intensity, support needs, and/or injury, may be result in the behavior being classified as Level I serious incident.

If the change in behavior meets the definition of a Level II or Level III serious incident, then the serious incident would need to be reported using the department's web- based reporting application and by telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Additionally, these behaviors should be evaluated by the provider, at a minimum, every three months in order to determine if they are still considered, "baseline behaviors."

Example:

Individual #1 exhibits self-injurious behaviors, on average, three times a day and includes skin picking and head banging. This individual currently has a behavior supports plan. These specific behaviors and their frequency would be documented as the individual's "baseline behavior" within the individual's record, including their current ISP. However, if there is an observed change in the severity or frequency of the behavior and it does not meet the definition of a Level II or Level III serious incident, then the self-injurious behavior would be documented as a Level I serious incident in accordance with 12VAC35-105-160.C.

If you have any questions or concerns regarding the information contained in this memorandum, please contact *Karen Matthews, Quality Improvement Review Specialist*.

For additional information related to Serious Incident Reporting, you may view guidance documents and training materials that have been posted on the Office of Licensing Webpage at <https://dbhds.virginia.gov/quality-management/office-of-licensing/>.

Appendix-E: Process Reports

Incident Management Unit Process Reports			
Report	Purpose	Use	IR Report Reference Page
Abuse Report	Used daily for triage to verify if reports of possible Abuse/Neglect have been made to the Office of Human Rights; and if not, allows the IMU to make appropriate referrals to the OHR and the LS.	While triaging a specific incident, Search Date From, Date To Provider Number, Consumer ID and/or Last Name, First Name. PDF report will generate will associate reports of A/N.	Not review
Care Concern Report	Provides a summary report for review of the Serious Incidents that meet that Individual Care Concern Criteria in Connect. Used to notify the OIH and OHR.	Select Enter Date From, Enter date To and Save. Report will include all Care Concerns for specified time frame. May be posted to OIH and OHR for review and follow up. *Add the Provider Number to select a specific provider.	Not review
Case by Type and Status Query	This query details the case status. The search can exclude the provider and determine open and closed DSIs for QA monitoring. The Case Open date will allow user to see overdue DSIs.	Search for multiple reports by Open Date From and Open Date To for a specific Provider Number, Case Type (Complaint, Death or Serious Incident, Investigation and Negative Action and Case Status (all, open, closed) Generates a tab that can be extracted to Excel or open the DSI from the tab. Tool to review multiple reports per provider or for a specific date range and/or individual.	Not reviewed

<p>COVID-19 Outbreaks by Provider</p>	<p>This query is used to identify COVID outbreaks by provider.</p>	<p>It selects cases that had a COVID-19 report, where there was another report at the same location within 30 days of the case found. It would display the case that occurred within 30 days if it occurred 30 days outside of the date parameter.</p> <p>Search by provider Discover Date From and Discover Date To for all provider or select one provider and save.</p> <p>Used daily for triage and weekly to notify the OIH of all positive COVID reports when increase in trends is noted. TA is provided by the OIH.</p>	<p>Not reviewed</p>
<p>Death and Serious Incident by CHRIS Number</p>	<p>A simplified DSI search; increase productivity.</p>	<p>Used as necessary to locate a specific SIR by CHRIS # and Provider Number.</p> <p>Assists IMU (do not have to enter Delta) as the Provider often references the CHRIS number in correspondents.</p>	<p>N/A</p>
<p>Death and Serious Incident by Type and Status</p>	<p>The purpose for this report is to know what was received in CONNECT by type and status of the incident, identify assigned regions, assigned IMS.</p>	<p>Select the Enter Date From, Enter Date To, Provider (if specific provider) Type (death or serious incident) and status of the incident (No Action, Pending, Pending Agency Action, Pending Provider Action and Referred to Investigations)</p> <p>Used daily for triage to verify successful interface from CHRIS and to confirm incident status. The status and assigned region are used to determine if case reassignments need to occur. For triage, only enter dates and save, extract to Excel, sort A-Z, insert pivot table, select new worksheet, okay, move Region by Location to Rows and Values and Status to Filters. This will give you count by region and grand total while allowing user to filter by status. Compare this to the DW80a.</p>	<p>Not reviewed</p>

Individual Care Concern by Provider	Query Search for Individual Care Concerns by Date From, Date To by Provider Number; Count of Care Concerns; DD Inspections; Auditing of Care Concern Report	<p>Enter Date From, Date To and Provider Number and Save</p> <p>Exports to Excel and query displays: Case Number, Open Date, Date/Time of the DSI, Date/Time of Discover, Enter Date/Time, Date Received in CONNECT, Closed Date, Care Concern Reason, Provider Number, Provider ID, Service-Program Code, Service Category, Licensed Service location, Address, City, State, Zip Code, FIPS Value, Region, Level 3, Level 3, LS Action Take.</p> <p>For Count, only enter dates and save, extract to Excel, sort A-Z, insert pivot table, select new worksheet, okay, move Care Concern Reason to Rows and Values.</p> <p>For Auditing, run report without Provider Number for desired date range., match the Care Concern Report, compare report to the Query for validation of data.</p>	Data Provided as requested by Reviewers
Involved Individual Search	Query that is used daily for triage to complete trend analysis.	<p>Search by Enter Date From, Enter Date To, Provider Number, Consumer ID and/or Individual First Name Individual Last Name, Save</p> <p>Query populates in Excel all incident within desire date range per individual and provider will be displayed with all DSI details.</p>	N/A
Involved Provider Search	Query that is used daily for triage to complete trend analysis. Allows you to see all incidents by provider for specified time frame.	<p>Search by Incident Received Date, Incident received Date To and Provider Number.</p> <p>Query populates in Excel all incident within desire date range per provider will be displayed with all DSI details.</p>	N/A
Open Case	Query to monitor status of all Complaints, Death or Serious Incident, Investigation, Negative Action.	<p>Displays all open Complaint, DSI, Investigation, Negative Action.</p> <p>Tab and Query displays: Link to Record, Case Number, CHRIS Number, Type, Workflow Assigned To, Assigned Investigator, Case Open Date, Provider Name, Involved Service, Involved Location, Investigation Status, Investigation Completion Due Date.</p> <p>IMU/RM DSI Open Date/Monitoring: open Query to tab, Filter Type to Death or Serious Incident, Export Query to Excel, Open Excel, apply filter, Sort Provider Name column to A to Z, Filter Case Open Date to Desired dates</p>	Not Reviewed

DSI Referred to LS- Investigators	This query is used to monitor DSI that are referred for Investigation Determination, Investigation Status, and resulting CAP status.	<p>Search by Date From, Date To, Staff Job Title, Staff Region, and Save.</p> <p>Tab and Query displays: Link to Record, Provider Name, Case Number, CHRIS Number, DSI Type, Diagnosis, Involved Location, Involved Individual, Individual Care Concern, Date Received In Connect, Assigned LS/Investigator, Staff Region, Staff Job Title, Date Assigned, DSI Status, DSI Closed Date, #Days to Enter Decision, Investigation Status, CAP Issued, H&S Citations, and Case Status.</p> <p>*Can be extracted to Excel or PDF.</p>	Not specified for IMU
Care Concern Results*	Individual Care Concern Results for specific DSI	<p>*Ran only during triage of a specific incident.</p> <p>Review relative incident history in CONNECT of incidents that are flagged Individual Care Concern.</p> <p>Open the DSI, click on the DSI in the tree, go to main, Care Concern Results, Individual Care Concern Results, Save, Save again, Results populate in Excel. This is not a full incident per individual history. Only those impacting the Care Concern criteria.</p>	N/A

<p>Death and Serious Incident Late Reports*</p>	<p>The Work Queue from which a Late Reporting Citation is opened.</p>	<p>Opens in a tab with a link to Record. Displays Service License Number, Provider Name, Service Description, Region by Location, Type, CHRIS Number, Date/Time of Death/Incident, Date/Time of Discover, Enter Date/Time, Reporting Delay, Waive Citation Reason.</p> <p>Report can be filtered down to desired Enter Date/Time. To obtain all late reports daily, choose the date (s) prior and save. Copy fields then “special Paste” into Excel sheet the “text” to create a report. Filter as desired, such as A to Z. Delete all unwanted cells and add filter.</p> <p>List of Late reporting DSI can be reviewed for data validity and errors.</p>	<p>N/A</p>
<p>DOJ-DSI Summary of One or More Citations for Late Reporting</p>	<p>Progressive Citations Monitoring and DOJ Reporting</p>	<p>This will select all Inspections with an Inspection End Date on or between the dates entered and will look back one year prior, per Service, to the most recent Inspection End Date found.</p> <p>Enter Date From, Date To, Provider Name, Region, Services Provided, and Save.</p> <p>To confirm that the Detail is displaying the correct count with compared to the Summary check the following: The Caps with Late Report Citations, will equal the total amount records returned. The Counts of CAPS that are Approved, Issue/Returned, or Pending will equal the total amount of records that have that set as the Corrective Action Plans Status set to Issued and Returned.</p> <p>* Can be extracted to Excel or PDF.</p> <p>Lists the count of CAPS issued during the rolling year per provider, services, location, region, diagnosis, CHRIS number. * IMU uses the Progressive Citation Search.</p>	<p>See other reference for late reporting</p>

<p>DOJ-DSI Detail of One or More Citations for Late Reporting</p>	<p>Progressive Citations Monitoring and DOJ Reporting; Gives count of the following: CAPS with Late Reporting Citations, Count of CAPS that are Approved, Count of CAPS that are Issued/Returned, count of CAPS that are Pending, Number of Providers with Late Citation; Count of Services Cited for Multiple Late Citations and CAPSA with a Systemic Citation for late Reporting.</p> <p>This will select all Inspections with an Inspection End Date on or between the dates entered and will look back one year prior, per Services to the most recent Inspection End Date Found.</p>	<p>Selects all inspections with an Inspection End Date on or between the dates entered and will look back one year prior, per Service to the most recent Inspection End Date found. Identifies the provider and service and the number of CAPS during the rolling year. *IMU uses the Progressive Citation Search.</p> <p>To confirm that the Detail is displaying the correct count with compared to the Summary check the following: The Caps with Late Report Citations, will equal the total amount records returned. The Counts of CAPS that are Approved, Issue/Returned, or Pending will equal the total amount of records that have that set as the Corrective Action Plans Status set to Issued and Returned.</p> <p>To check the provider with Late Citation and Services, you will need to export the date to excel, go to Insert, and select Pivot table Then look at the Provider Name and Application Number. These counts will give you the amount of Late Provider and Late Citations. To Check the Multiple Late Citations, filter the Count of Citations Pet Service to exclude 1. Export that date to excel, go toy Insert, and select Pivot table. Then look at the Application number.</p> <p>*Can be extracted to Excel or PDF.</p>	<p>See other reference for late reporting</p>
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<p>DOJ Indicators-DSI Late Reporting Compliance Report-BI</p>	<p>DSI Reporting Compliance and DOJ Reporting</p>	<p>Report provides: Total Number of Incidents, Total Number of Late Reports, Total Number of on Time Reports, Total Number of Waived, Total Number of Dismissed/Removed, Total Number of Late Reports to be issued Citation, Percentage of Late Reports to be issued Citation, Percentage of On Time and Waived Reports, Total Number of Late Reports Issued Citations, Percentage of Late Reports Issued Citations, Total Number of Late Reports with Approved CAP, Percentage of Late Reports with Approved CAP.</p> <p>Displays graphic of Count of Citation by Region and Diagnosis with drill through feature.</p> <p>Filter by Time Range, Region, Service Provided, Diagnosis, Provider Name.</p> <p>Details displays: Case number, Provider Name, DSI Provider Number, Service ID, Program ID, CHRIS #, Services Provided, Diagnosis, Date/Time of Death/Incident, Date/Time of discover of Death/Incident, enter Date/Time, Reported over 24 hours?, How long over 24 hours, Late Reporting Citation Waived, Late Reporting Citation Dismissed/Removed, Regulation, Inspection ID, Citation, CAP Approved, Approval Date, Involved Location, Region, Involved Service</p> <p>Select date range and filters on report; from Details tab, export data with desired sort options, add filters in Excel, drill through for desired information.</p>	<p>pp. 41-45 Finding: Regarding Provisions V.C.2., V.C.3., V.G.1. and V.G.2., Virginia maintained Sustained Compliance.</p> <p>Regarding Provision V.C.6.'s eight Compliance Indicators, the Commonwealth has met* the requirements of all of them, namely 34.1–34.4*, 34.5* and 34.6–34.8.* Therefore, Virginia remains in Non-Compliance with this Provision.</p> <p>Regarding Provision V.G.3., the Commonwealth has met this Provision's four Compliance Indicators 48.1–48.4. Virginia has therefore achieved Compliance with this Provision for the first time.</p> <p>*Note: Since DBHDS has not yet provided a fully completed Process Document and/or a signed Attestation regarding its data reliability and validation, ratings of "met*" are not yet final and cannot be used for Compliance determinations, but rather are for illustrative purposes only.</p> <p>pp.280-282</p>
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<p>DSI and OHR Reporting Trends by Region Report-BI</p>	<p>DOJ Reporting; Used to compare DSI and OHR Reporting Trends; Summary and Details</p>	<p>Displays a Count by Year and Case Type, DSI verses OHR per Region</p> <p>Graphic displays Count by Region and Case Type and Count by Year and Case Type.</p> <p>Filter by Region and Provider Name, Case Type, failed to Report, Conflicting Data, Omitted data, Total Cases.</p> <p>Details Displays: Case Number, Case Type, CHRIS Number, Individual Name, Provider Name, Service, Location Name, Region, Failed To Report, Conflicting Data, Omitted Data</p> <p>Select date range and filters on report; from Details tab, export data with desired sort options, add filters in Excel, drill through for desired information.</p>	<p>See reference for late reporting</p>
<p>Death and Serious Incident to Investigation Report-BI</p>	<p>Report providers counts and percentages of DSI Investigations, CAPs and Health and Safety CAPs for deaths, serious incidents, or both.</p>	<p>Report provides: Death or Serious Incident, Count of Death or Serious Incident, Count of Investigation, Percentage of Investigation, Count of Corrective Action Plan, Percentage of Investigations that resulted in CAPs, Count of CAPs Labeled as Health and Safety, Percentage of CAPs from Health and Safety</p> <p>User selects date range, diagnosis, death, or serious incident or both.</p> <p>The following details can be extracted for review: Case number, Death or Serious Incident, CHRIS Number, Enter Date/Time, Referred to Investigation, Investigation Type, Corrective Action Plan, Health and Safety Citation, Involved Provider</p>	<p>Possible for Mortality review</p>

<p>Care Concern Report-BI</p>	<p>Providers Counts and Percentages of Care Concerns. Used for reporting and data validation processes.</p>	<p>User filters date range, Care Concern Reasons, Detail Filters, Other Filters.</p> <p>Graphs display: Count of Reg by Region, Count of Provider Name by Diagnosis, Count by Reason.</p> <p>Chart display: Total # of Incidents, Care Concerns, Care Concerns by Individual Threshold, Count of DD Care Concerns, Count of Other Care Concerns, Non-reportable, Level 1 or Duplicate, Total % of Care Concerns and by Thresholds, Total % of DD Care Concerns, Total % of Other Diagnosis Care Concerns.</p> <p>Report provides a breakdown of Referrals graphicly and by number.</p> <p>Details can be extracted into Excel, then filtered. Data validity can be confirmed through filtered data and protocol.</p> <p>Calculation Details tab explain how % are calculated.</p>	<p>Use for Care Concern Reporting to RMRC and other committees</p>
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Appendix-F: Look Behinds

DBHDS Licensed Provider Serious Incident Look Behind

Effective date: 2/1/2024

Purpose: The Department of Behavioral Health and Developmental Services (DBHDS) licensed providers are required to report serious incidents in accordance with the [Rules and Regulations For Licensing Providers by the Department of Behavioral Health and Developmental Services \[12 VAC 35 - 105\]](#) and [Regulations for Children’s Residential Facilities 12VAC35-46](#). The Department of Behavioral Health and Developmental Services (DBHDS) Office of Licensing (OL) takes very seriously the obligation to assure the health and well-being of citizens who receive services from the providers licensed by DBHDS in Virginia. For this reason, DBHDS has worked with licensed providers to improve late reporting compliance for deaths and serious incidents. In addition, DBHDS recognizes the need to not only examine what is reported, but to analyze data to identify areas of potential non-compliance resulting from a failure to report 12VAC35-105-160.D.2. Look Behinds and other data reviews may present learning opportunities for the Office of Licensing and DBHDS licensed providers. Overall, the goal is the assurance of the health and well-being of citizens who receive services from the providers licensed by DBHDS in Virginia and to improve future outcomes by consistently reviewing data to offer guidance DBHDS Licensed providers for best practices.

Frequency: Annually

Protocol:

1. Annually, a trend analysis of serious incident data will be conducted by the Incident Management Manager, to determine DBHDS licensed providers who have not reported deaths/serious incidents.
2. Analysis will be retrospective of the previous reporting Calander Year (CY).
3. Data findings will be documented within an annual report inclusive of an evaluation and summary based on provider, service type, type of license, reporting frequency, and any identified concerns.
4. The annual report, including the list of licensed providers who have not reported death/serious incidents, will be submitted to the Director of the Office of Licensing no later than the first Monday of the month of February annually.
5. Recommendations, agreed upon by the Director of the Office of Licensing, will include actions steps that will be reviewed quarterly with the Associate Director of Administrative & Specialized Units and the Incident Management Manager to ensure positive outcomes.
6. The list of providers who have not reported will be shared with the Office of Licensing Regional Managers and Licensing Specialists.
7. The identified providers will be flagged for closer inspection for regulatory compliance of 12VAC35-105-160.D.2. during the Licensing Specialist Annual Inspection.
8. Following completed inspection, providers found to be non-compliant will be issued a licensing report citing failure to report, 12VAC35-105-160.D.2. Licensing Specialist will notify the provider that they will be required to attend Incident Management Training.
9. The Incident Management Manager will develop a shared spreadsheet, (Providers Incident Training Spreadsheet (PITS), including a list of providers with no Serious Incidents, providers who have been

cited for not reporting, providers who have invited to IM training, and providers who attended IM training.

10. The Licensing Specialist will notify their Regional Manager who will document on the shared spreadsheet the providers who will be required to take the training.
11. IMU will document the providers who participated in the IM training.
12. This PITS will be analyzed for additional recommendations and potential corrective actions for reoccurrence of finding during the next annual report.

Procedure:

13. Annually, the DW80a report will be produced for the calendar year. This will be linked with the Count of Providers and Services Report from CONNECT.
14. License Type, for data reporting, will include providers licensed with Triennial, Annual, and Pending Review licenses. All others will be removed. Both services and providers will be grouped by diagnosis (disability type) as some providers have multiple services. The goal is to include providers who were serving individuals and to determine which of these providers had not reported an incident under any service.
15. The specific services, providers, and the number of CHRIS reports submitted will be reviewed.
16. A summary that shows the number and percentage of services and the number and percentage of providers that reported serious incidents will be generated. As well as a list of providers who did not report.
17. Data will be analyzed for potential trends and may include training for a specific service type or development of guidance materials for providers.
18. Other possible corrective actions will be addressed by the licensing specialist as deemed appropriate.
19. All Data findings will be reviewed with the RMRC annually to help provide context for reviews of serious incident reports.

Incident Reportability Look Behind

Effective date: 2/2023

Purpose: Death and Serious Incidents (DSIs) are reviewed each business day for accuracy, including reportability. Technical assistance is provided by the Incident Management Unit (IMU) when reported incidents do not meet regulatory criteria for Level II or Level III Serious Incidents.

Frequency: Monthly

Process:

20. IMU will review the incident to determine whether the incident meets the criteria of a reportable incident (Level II or Level III), documenting the Level and type within the Action Remarks. If the incident does not meet the criteria of a reportable incident, IMU will contact the provider and

provide technical assistance and direct the provider to the [DBHDS OL Guidance for Serious Incident Reporting](#). "Level I serious incident" are not required to be reported via CHRIS to the Office of Licensing.

21. During triage, if IMU determine an incident is a Level I, IMU will call or send an email to the provider notifying them the incident is a Level I and does not need to be reported in CHRIS according to the DBHDS Office of Licensing Guidance for Serious Incident Reporting. IMU will indicate in CONNECT that the incident is a Level I incident or non-reportable. Any technical assistance or resources provided will be documented in the Action Remarks.

IMQS

22. Monthly, IMQS will review a 10% sample of "other categories" for previously triaged incidents to determine if they should have been categorized differently and if, in fact, they should have been reported in the CHRIS application.
23. Sample will be selected from Level II reported serious incidents where the following Level II was indicated: *Any other event or circumstance that occurs or originates during the provision of a service or on the premises of the provider that results in a significant harm or threat to the health and safety of an individual that does not meet the definition of a Level III serious incident.*
24. Review of the IMS level determination will be reviewed on the DSI and documented on a IMU Look Behind Form.
 - a. Nurse IMS will document the level determination and finding justification or agreement.
25. All Data findings will be reviewed with the IMM for quality improvement initiatives and training opportunities.
26. Any corrections that may be required, will be discussed, and agreed upon by the IMQS, IMS and IMM and completed within 10 business days.
 - a. 1x/month - will hold an IM Reportability Look Behind Meeting
27. Other possible corrective actions will be addressed through, trainings, both provider and staff, employee supervision and/or protocol revisions.

Incident Reviews AKA Teaching Tuesdays (Imminent Danger/Care Concerns)

Effective date: 4/26/2023

Purpose: Look Behinds, audits and other data reviews may present learning opportunities for the Incident Management Unit and DBHDS licensed providers. Death and Serious Incidents (DSIs) are triaged, and documentation is made regarding actions taken and overall incident findings. Incident Reviews conducted in a protect place offers opportunity for discussion and self-reflection. Overall, the goal is to improve future outcomes by consistently reviewing Look Behind findings to offer guidance to the IMU and DBHDS Licensed providers for best practices.

Process:

28. Look Behinds, audits and other data review findings are documented.

29. All Data findings will be reviewed with the IMM for quality improvement initiatives and training opportunities for the Incident Management Unit and DBHDS licensed providers.
30. Incident Reviews will be held bi-weekly at a minimum.
31. Incident Reviews will include but are not limited to the following Case examples:
 - a. One example of “Any other event or circumstance that occurs or originates during the provision of a service or on the premises of the provider that results in a significant harm or threat to the health and safety of an individual that does not meet the definition of a Level III serious incident” where the IMS Nurse and Incident Management Manager made a Level determination in contrast to that of the Level determination of that IMS.
 - b. One example of an incident where additional Technical Assistance may have improved the quality of the incident reviewed.
 - c. One example of an incident where a deviation from the protocol was found.
 - d. One example of “identified solutions to mitigate future occurrences”.
32. Case examples will be a summary of previously triaged serious incidents but may be presented directly from the CONNECT system.
33. Open discussions will be held regarding the Case examples.
34. The findings status will be reviewed with the team.
35. Recommendations for quality improvement will be clearly stated and documented.
36. Other possible corrective actions will be addressed through, trainings, both provider and staff, employee supervision and/or protocol revisions.

Incident and Discover Date Audit

Effective date: 2/2023

Purpose: Death and Serious Incidents (DSIs) are reviewed each business day for accuracy, including report incident and discover dates. Technical assistance is provided by the Incident Management Unit (IMU) when errors are identified at the initial triage. The IMU will self-audit weekly to validate the incident and discover dates of previously triaged incident and conduct needed technical assistance to correct any errors.

Daily Triage Process:

1. Each business day, the DW80a and the Death and Serious Incident by Type and Status query are ran to verify interface between the CHRIS and CONNECT system.
2. Both are reviewed for potentially late reports and data errors in the Incident and Discover dates.

3. The Incident Management Manager (IMM) or designee notifies the Incident Management Specialist (IMS) of suspect discrepancies of the Incident or Discover date.
4. The IMS will triage the DSI.
5. The IMS contacts the reporting Provider for technical assistance and document in the Action and Remarks.
6. IMS will review DSI for provider updates and document findings.
7. IMS will notify the IMM in cases that remain unresolved after the implementation of protocol.

Self-Audit Process:

1. The IMS will run the Death and Serious Incident by Type and Status weekly, from previous Friday to current Friday.
2. The DSI Incident and Discover dates will be reviewed for suspect discrepancies.
3. The IMS will re-open incidents that require updates and follow Steps 5, 6, and 7 of the Triage Process listed above.

Look Behind Process:

1. The IMM will run the DSI Late Reporting Compliance Report monthly.
2. The DSI Incident and Discover dates will be reviewed for suspect discrepancies.
3. Data findings will be posted for the IMS review and possible correction.
4. Any corrections will be completed within 7 business days.

IMU Mortality Review DD Death Data Validation

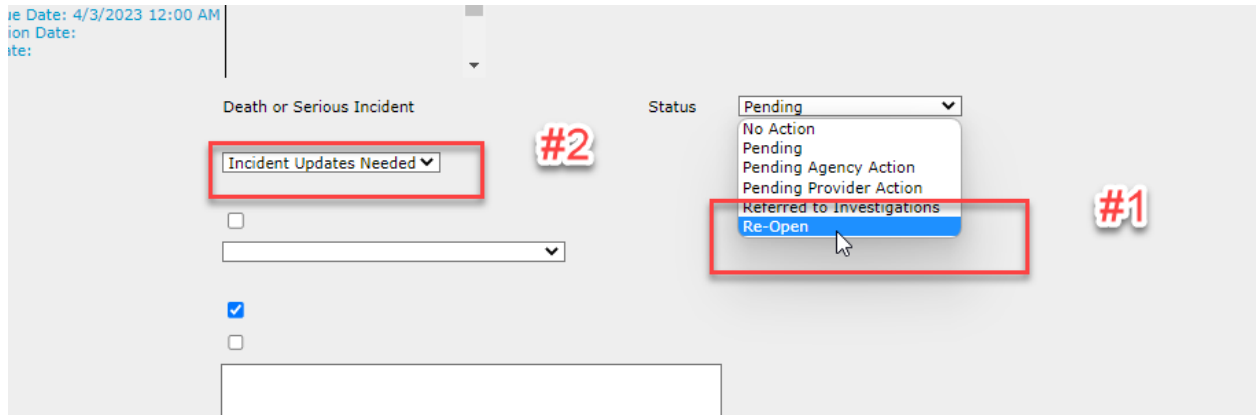
Effective date: 2/28/2023

Purpose: DD Death reports will require data validation with the reporting provider upon request of the Mortality Review Committee (MRC). The MRC will post data validation requests in the Incident Management Unit (IMU) Team Channel MRC DD Death Documentation. The IMU will have 7 business days to validate the data and document results.

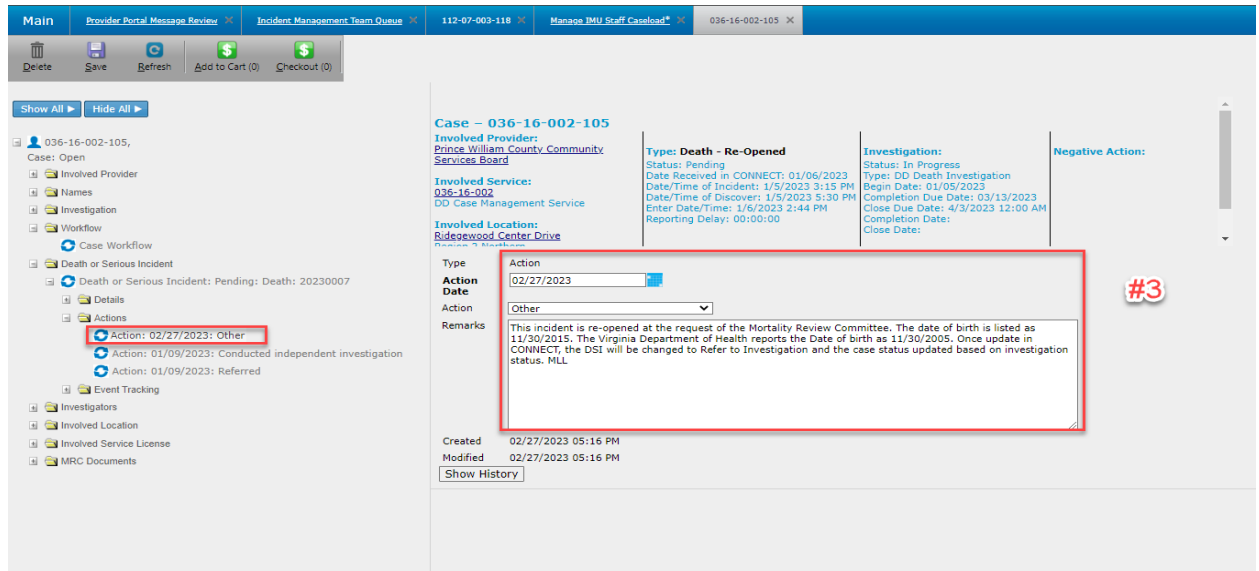
Process:

I. Re-open

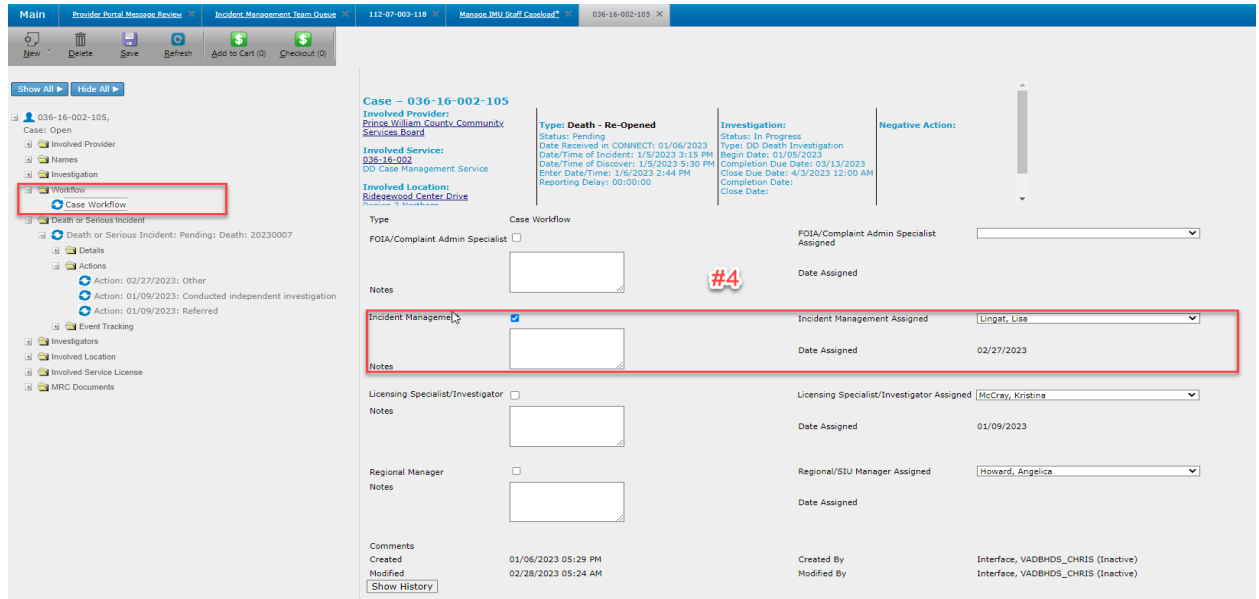
1. Re-open incident by selecting "re-open" in status.
2. Identify reason for re-open: Incident Updates Needed. Save.



3. Make a new Action stating the requested update. Save.



4. Review the workflow, uncheck the SIU investigator and mark IMS assigned.



II. Validation

- Incident will appear in work queue the follow day as Death Re-opened in the subtitle.

The screenshot shows a web application interface for case management. At the top, there are navigation tabs: 'Main', 'Provider Portal Message Review', 'Incident Management Team Queue', '112-07-003-118', 'Manage IMU Staff Caseload*', and '036-16-002-105'. Below the tabs is a toolbar with icons for 'New', 'Save', 'Refresh', 'Add to Cart (0)', and 'Checkout (0)'. The main content area is divided into a left sidebar and a right main panel. The sidebar contains a tree view with categories like 'Involved Provider', 'Names', 'Investigation', 'Workflow', 'Case Workflow', 'Death or Serious Incident', 'Details', 'Actions', 'Event Tracking', 'Investigators', 'Involved Location', 'Involved Service License', and 'MRC Documents'. The main panel displays case details for 'Case - 036-16-002-105'. The 'Involved Provider' is 'Prince William County Community Services Board'. The 'Involved Service' is '036-16-002 DD Case Management Service'. The 'Involved Location' is 'Ridgewood Center Drive Region 2, Mathom'. The 'Type' is 'Death - Re-Opened' (highlighted with a red box and a '#5' badge). The 'Status' is 'Pending'. Other details include 'Date Received in CONNECT: 01/06/2023', 'Date/Time of Incident: 1/5/2023 3:15 PM', 'Date/Time of Discover: 1/5/2023 5:30 PM', 'Enter Date/Time: 1/6/2023 2:44 PM', and 'Reporting Delay: 00:00:00'. A 'Re-Open Reason' section lists several reasons, including 'Late Reporting Citation Waived' and 'Individual Care Concern Check Complete'.

- Contact the provider to verify data, make revision requests, etc.
- Make new Action regarding technical assistance provided.

The screenshot shows the same web application interface as the previous screenshot, but for a different case: 'Case - 100-16-002-19'. The 'Involved Provider' is 'Rockbridge Area Community Services'. The 'Involved Service' is '100-16-002 DD Case Management Service'. The 'Involved Location' is 'Lexington ID Case Management Region 1 Western'. The 'Type' is 'Death - Re-Opened'. The 'Status' is 'Pending'. The 'Investigation' status is 'In Progress'. The 'Action' section is highlighted with a red box and a '#7' badge. It shows a list of actions, with the most recent one being 'Action: 02/28/2023: Pending Provider Update'. Below the list, there is a form to add a new action. The 'Action Date' is '02/28/2023', the 'Action' is 'Pending Provider Update', and the 'Remarks' are 'IMS spoke to provider and provider updated date of death. Once the change ports over to CONNECT IMS will re-close the incident. BJD'. The 'Created' and 'Modified' dates are both '02/28/2023 10:09 AM'. There is a 'Show History' button below the form.

- Review Death report for updates, not just the sub form, ensure desired change was made to the Death report.
- Make a new Action regarding finding.

III. Closure

10. The Death report can be **closed again** by changing the status to **Refer to Investigations**. Save.

11. Next, Review the Investigation file in the Tree. If investigation is In Progress, move, workflow to the SIU Investigator in the from the Case Workflow. Save. You are finished.

The image displays two screenshots of a web-based case management system. The top screenshot shows the 'Investigation' tab for case 036-16-002-105. The left sidebar contains a tree view with 'Investigation: 01/05/2023: DD Death Investigation: In Progress' highlighted by a red box. The main content area shows investigation details, including 'Type: Death - Re-Opened', 'Status: Pending', and 'Investigation: Status: In Progress'. A red box highlights the 'Investigation' section in the main view. The bottom screenshot shows the 'Case Workflow' tab for the same case. The left sidebar has 'Case Workflow' highlighted by a red box. The main content area shows workflow details, including 'FOIA/Complaint Admin Specialist', 'Incident Management', and 'Licensing Specialist/Investigator'. A red box highlights the 'Licensing Specialist/Investigator' field, and a red arrow points to it with the text 'Check here'.

12. Review the Investigation file in the Tree. If investigation is Closed, from the Case, review the Show History to find the SIU closure date. Select this date in the Close Date. Change case status to Close. Save.

Main Provider Portal Message Review Incident Management Team Queue 103-16-002-20 X

New Delete Save Refresh Add to Cart (0) Checkout (0)

Show All Hide All

103-16-002-20 Case: Closed #12

Involved Provider
Names
Investigation: 10/01/2022: DD Death Investigation: Closed
Death or Serious Incident
Death: 20220901
Details
Actions
Event Tracking
Investigators
Involved Location
Involved Service License
MRC Documents

Case - 103-16-002-20
Involved Provider: Hanover County Community Services Board
Involved Service: 103-16-002 DD Case Management Service
Involved Location: DD Case Management

Type: Case
File Number: 103-16-002-20
Open Date: 10/04/2022

Type: Death - Updated After Closed
Status: Referred to Investigations
Date Received in CONNECT: 10/04/2022
Date/Time of Incident: 10/1/2022 12:00 AM
Date/Time of Discover: 10/4/2022 9:00 AM
Enter Date/Time: 10/4/2022 1:19 PM

Investigation:
Status: Closed
Type: DD Death Investigation
Begin Date: 10/01/2022
Completion Due Date: 12/09/2022
Close Due Date: 1/3/2023 12:00 AM

Negative Action:

Case Status: Closed
Close Date: 12/08/2022

To send the Case Alert Email for Imminent Danger or Media Alerted, check the appropriate box(es) below, enter the Internal Alert Situation, and then click the Save button. When you click Save, the email alert will be sent automatically with the details of this case and the Internal Alert Situation below.

Imminent Danger
Media Alerted
Internal Alert Situation:

Comments
Created: 10/04/2022 05:43 PM
Modified: 02/28/2022 10:01 AM
Show History

Created By: Interface, VADBHDS_CHRIS (Inactive)
Modified By: Laird, Michele L

History of (1,6009836)

Case

Date Modified	Modified By	
2/27/2023 11:30:29 PM	Interface, VADBHDS_CHRIS	View Data
2/27/2023 11:30:22 PM	Interface, VADBHDS_CHRIS	View Data
2/27/2023 11:28:43 PM	Interface, VADBHDS_CHRIS	View Data
2/16/2023 6:11:36 AM	Interface, VADBHDS_CHRIS	View Data
2/16/2023 6:11:32 AM	Interface, VADBHDS_CHRIS	View Data
2/16/2023 6:09:56 AM	Interface, VADBHDS_CHRIS	View Data
2/16/2023 1:25:33 AM	Administrator, Admin	View Data
2/15/2023 8:27:03 AM	Laird, Michele L	View Data
2/15/2023 8:25:59 AM	Laird, Michele L	View Data
2/15/2023 8:23:22 AM	Laird, Michele L	View Data
12/8/2022 11:53:47 PM	Wilson, Nanshill	View Data
10/4/2022 5:44:00 PM	Interface, VADBHDS_CHRIS	View Data
10/4/2022 5:43:59 PM	Interface, VADBHDS_CHRIS	View Data

History of (1,6009836)

History Details

Changes made on: 12/8/2022 11:53:47 PM
By:

Property Name	Prior Value	New Value
Case Status	Open	Closed
Close Date		12/08/2022

Case - 103-16-002-20

Involved Provider: **Hager County Community Services Board**

Involved Services: **103-16-002**
DD Case Management Service

Involved Location: **DD Case Management**

Type: **Case**
File Number: 103-16-002-20
Open Date: 10/04/2022

Status: Pending
Date Received in CONNECT: 10/04/2022
Date/Time of Incident: 10/12/2022 12:00 AM
Date/Time of Discover: 10/4/2022 5:00 AM
Enter Date/Time: 10/4/2022 1:19 PM
Reporting Delay: 00:00:00

Status: Closed
Type: DD Death Investigation
Begin Date: 10/01/2022
Completion Due Date: 12/09/2022
Close Due Date: 12/08/2022 12:00 AM
Completion Date: 12/08/2022
Close Date: 12/08/2022

Negative Action:

Case Status: Open

Close Date:

To send the Case Alert Email for Imminent Danger or Media Alerted, check the appropriate box(es) below, enter the Internal Alert Situation, and then click the Save button.

Imminent Danger:

Media Alerted:

Internal Alert Situation:

Comments:
Created: 10/04/2022 05:43 PM
Modified: 02/27/2023 11:30 PM
Show History

Created By: Interface, VADBHDS_CHRIS (Inactive)
Modified By: Interface, VADBHDS_CHRIS (Inactive)

#12

Close Date:

December 2022

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Created By: Interface, VADBHDS_CHRIS (Inactive)
Modified By: Interface, VADBHDS_CHRIS (Inactive)

Case - 103-16-002-20

Involved Provider: **Hager County Community Services Board**

Involved Services: **103-16-002**
DD Case Management Service

Involved Location: **DD Case Management**

Type: **Case**
File Number: 103-16-002-20
Open Date: 10/04/2022

Status: Pending
Date Received in CONNECT: 10/04/2022
Date/Time of Incident: 10/12/2022 12:00 AM
Date/Time of Discover: 10/4/2022 5:00 AM
Enter Date/Time: 10/4/2022 1:19 PM
Reporting Delay: 00:00:00

Status: Closed
Type: DD Death Investigation
Begin Date: 10/01/2022
Completion Due Date: 12/09/2022
Close Due Date: 12/08/2022 12:00 AM
Completion Date: 12/08/2022
Close Date: 12/08/2022

Negative Action:

Case Status: Open

Close Date:

To send the Case Alert Email for Imminent Danger or Media Alerted, check the appropriate box(es) below, enter the Internal Alert Situation, and then click the Save button. When you click Save, the email alert will be sent automatically with the details of this case and the Internal Alert Situation below.

Imminent Danger:

Media Alerted:

Internal Alert Situation:

Comments:
Created: 10/04/2022 05:43 PM
Modified: 02/27/2023 11:30 PM
Show History

Created By: Interface, VADBHDS_CHRIS (Inactive)
Modified By: Interface, VADBHDS_CHRIS (Inactive)

Case Status:

Close Date:

#12

Serious Injury

Subject: Serious Injury Pre-investigation Triage Look Behind
02/01/2025

Effective date:

Purpose: Death and Serious Incidents (DSIs) are reviewed each business day to ensure there is adequate protection from harm for individuals in service settings. Therefore, a sample of serious injury referrals, including those categorized as “suspicious in nature”, will be reviewed to validate the adequacy of the investigation referral process. Suspicious injuries are incidents that may raise concerns about potential abuse/neglect.

Process: IMU will review the incident to determine whether the incident meets the criteria of a reportable Level II Serious Injury, documenting the Level and type within the Action Remarks. For incidents incorrectly categorized, technical assistance will be provided to have the report updated to the correct status of serious injury. This will be documented in the Action Remarks.

Frequency: Monthly

Self-Audit Process:

- a. The DW80a for the previous month will be available for review by the IMS by the 7th day of each month.
- b. The DSI Levels and Injuries will be reviewed for suspect discrepancies.
- c. The IMS will re-open incidents that require updates.
- d. The IMS contacts the reporting Provider for technical assistance and documents in the Action and Remarks.
- e. IMS will review DSI for provider updates and document findings.
- f. IMS will notify the IMM in cases that remain unresolved after the implementation of protocol no later than the 14th day each month for the IMM to follow up with the IMS and/or provider.

Look Behind:

1. Monthly, IMM will review a 10% sample of "serious injury categories" for previously triaged incidents to determine if they were triaged, referred and ultimately investigated per protocol.
2. Sample will be selected from Level II reported serious incidents where the following Level II was indicated: *Emergency room visit, or Unplanned hospitalization, or Serious Injury, Decubitus Ulcer, Choking requiring medical attention (ER or hospitalization) and the provider has reported that an injury occurred.*

3. Review of the triage, referral, and investigation determinations will be reviewed on the DSI and documented on a *IMU Serious Injury Pre-investigation Look Behind Tool (Form)*. Assessment components are identified below:
 - a. IMM will document the level determination finding of serious injury.
 - b. IMM will document if the incident was “suspicious in nature”.
 - c. IMM will document if a report was made to the Office of Human Rights (OHR) by the provider and/or by IMU.
 - d. IMM will document if the serious injury meets protocol to be referred for investigation determination and if the referral was made.
 - e. IMM will document if the serious injury meets protocol to be referred to investigations and if the referral was made.
4. All Data findings will be reviewed by the Associate Director of Administrative & Specialized Units for quality improvement initiatives and training opportunities.
5. Any corrections that may be required, will be discussed with the IMS and other OL Units, as necessary, and completed within 10 business days.
 - a. 1x/month - will hold a Serious Injury Look Behind Meeting to review findings
6. Other possible corrective actions will be addressed through, trainings, both provider and staff, employee supervision and/or protocol revisions.

VCU IMU Look Behind

Subject: Incident Management Look Behind Process

Purpose

Department of Behavioral Health and Developmental Services (DBHDS) Office of Licensing (OL) take very seriously the obligation to assure the health and well-being of citizens who receive services from the providers licensed by DBHDS in the Virginia. The purpose of the Look Behind Project is to validate the reliability of the Incident Management Unit triaging incidents. To ensure the incident management unit (IMU) review incidents consistently. To confirm the appropriate action was taken and the review protocols were followed. The process will assist the department to improve the quality of the triage process. Aggregate findings will be reported to the Risk Management Review Committee (RMRC) for recommendations.

Process

A. Review Team

Virginia Commonwealth University IMU Review Team is the Business Associate responsible to provide an Incident Management Look Behind Process as directed within the compliance indicators for the Settlement Agreement with the Department of Justice. DBHDS is required to conduct a look behind review of its incident management process. Scope of services is outline in Memorandum of Agreement Number: 720-4918. VCU IMU Look Behind team has four members including the Project Manager, Project Coordinator and two Quality Assurance Reviewers.

B. Frequency of review will be quarterly.

C. Frequency of reporting will be quarterly and annually.

D. Review of a statistically valid random sample of incidents per the sample selection process as prescribed by VCU process.

E. Distribution

List of incidents reported by licensed providers of DD Services will be distributed to the VCU Look Behind Project Team per scheduled review. The DW80a report will be posted to VCU in Teams Channel.

F. Material to be reviewed:

- i. DD Serious Incidents via CONNECT
- ii. CAP Reports for specified Inspections as requested by VCU
- iii. DSI Late Reporting Compliance report when applicable

G. Action:

- i. Incident was triaged by the Office of Licensing incident management team appropriately according to developed protocols;
- ii. The provider's documented response ensured the recipient's safety and well-being;

- iii. Appropriate action from the Office of Licensing Incident Management Unit occurred when necessary;
- iv. Timely, appropriate corrective action plans are implemented by the provider when indicated.
- v. Timely review and action response of VCU Look Behind Reports produced; to include but not limited to the following: Look Behind Finding, DBHDS Response, Action Items, and Date.

Quarter/Incident Dates: QX, months	Look Behind Report Date:	Received Date:	
Finding	DBHDS Response	Action Items	Completion Date
Outcome I: Incident was triaged appropriately by the Office of Licensing Incident Management Unit according to developed protocols.			
Finding: Met 0% Unmet: 0%			
Outcome II: The provider's documented response ensured the recipient's safety and well-being.			
Finding: Met: 0% Unmet: 0%			
Outcome III: Appropriate action from the Office of Licensing Incident Management Unit occurred when necessary.			
Finding: Met: 0% Unmet: 0%			
Outcome IV: Timely, appropriate corrective action plans are implemented by the provider when indicated.			
Finding: Met: 0% Unmet: 0%			
Other Recommendations and Clarifications			
Other DBHDS Recommendations			

Protocol for OL Follow-up with Outcome 2 and Outcome 4

Effective February 12, 2024

In accordance to [IMU Look Behind Provider Notification Memo \(October 2023\)](https://dbhds.virginia.gov/wp-content/uploads/2023/10/IMU-Look-Behind-Provider-Notification-Memo-10.6.2023.pdf), [\[https://dbhds.virginia.gov/wp-content/uploads/2023/10/IMU-Look-Behind-Provider-Notification-Memo-10.6.2023.pdf\]](https://dbhds.virginia.gov/wp-content/uploads/2023/10/IMU-Look-Behind-Provider-Notification-Memo-10.6.2023.pdf), Virginia Commonwealth University (VCU) completes quarterly reviews of selected incidents. For those incidents that met an Individual Care Concern Criteria, VCU evaluates whether or not a provider implemented timely, appropriate corrective action plans when indicated.

“Corrective action plans for purposes of Outcome 4 are defined as action(s) taken by a provider as a result of an occurrence of a serious incident. Action steps are either immediate (reactive) or preventative (proactive) in nature. Immediate actions fix an existing problem or deviation from acceptable risk. Preventative actions prevent a potential problem from happening or limits future risk. This includes an analysis of the occurrence of the serious incidents. Provider’s may find and document that the analysis indicates no changes are warranted.”

1. On a quarterly basis, the Incident Management Unit (IMU) Manager will create an Excel spreadsheet that identifies those providers who either (1) did not have a Root Cause Analysis (RCA) and/or Corrective Action Plan (CAP) or (2) did not complete a timely RCA and/or a CAP related to a reported serious incident that met the criteria for an Individual Care Concern. The IMU Manager will inform the Quality Improvement Review Specialist (QIRS), via TEAMS, once the spreadsheet is complete and ready for review.
2. The QIRS will review the spreadsheet within one (1) business day of notification and will collaborate with the IMU Manager to identify potential dates/times to facilitate the IMU Look-Behind training.
3. The IMU Manager, or designee, will email the provider(s) requesting them to attend a training and provide options of training dates/times that work best for their schedule. Once a date/time has been confirmed, the IMU Manager will schedule the training, via TEAMS, and send out the official notification to providers.
4. Prior to the scheduled training, the QIRS will email the provider(s) and request the Risk Management Attestation Form for the provider’s designated risk manager. The QIRS will verify the RCA training has been completed per the Crosswalk of DBHDS Approved Trainings.
5. QIRS, in collaboration with the IMU Manager, will facilitate a small group training, via TEAMS, pertaining to the requirements for serious incident reporting, as it relates to Outcome 2 and Outcome 4 of the DOJ Compliance Indicators 29.16 and 29.18. Additionally, this training included a review of regulations §12VAC35-105-160.E.1.a-c and §12VAC35-105-160.E.2.a-d.
6. Within two (2) days of completing the training, the QIRS will send a notification, via email, to both the assigned Regional Manager and Licensing Specialist, to inform them of the training that was provided, to request that they conduct a more comprehensive review of these areas during

their next onsite inspection/investigation, and to request they document the completion of this request within an inspection summary in CONNECT.

7. For each provider who participated in the training, the QIRS will pull the “*Death and Serious Incident by Type and Status*” report from CONNECT two (2) months post-training. The QIRS will then select a sample of serious incidents reported by each provider and subsequently request the corresponding RCA’s from the provider and proof of their CAP associated with those incidents. The incidents pulled will be those incidents that occurred after the date of the training to ensure the RCA’s reviewed reflect the technical assistance provided. Each provider will have by COB this same date to submit the requested information.
8. QIRS will review the submitted documentation within ten (10) business days of receipt and document findings on the Excel spreadsheet.
9. For any provider not found to be in compliance, the QIRS will issue citations or provide formal recommendations related to the review of documentation.

Appendix-F: Incident Management System Contingency Operations Plan

Effective date: 4/16/2024

Purpose: The emergency operations plan is for the Incident Management System, Delta/CHRIS when there is an identified disruption to the applications' use anticipated to be greater than five business days. This plan will outline how the organization will continue to provide Incident Management services to Department of Health and Developmental Services' (DBHDS) licensed providers until full operations are restored.

Plan Implementation: At the discretion and determination of the Director of the Office of Licensing.

Reporting the Outage: At the onset of Incident Management System identified disruption, the Incident Management Manager (IMM) will submit a Helpdesk ticket that fully identifies the software, the issue, and staff contact information within one business day. In addition, a message containing like information will be posted in Teams and labeled as a High Priority-CHRIS/CONNECT Issue. Within no later than two business days of initial report, a meeting will be held with DBHDS Office of Licensing leadership and IT staff, including Data Warehouse, to establish action steps and assignments.

Stakeholder Communication: The Office of Licensing (OL) will ensure that affected stakeholders will be notified within three business days of a CHRIS outage. Notification will include communication about how to report both death and serious incident, the interim death and serious incident reporting forms, and steps to ensure triage of death and serious incidents remains timely and consistent with existing protocols.

All affected DBHDS licensed providers will be notified within one business day once Delta/CHRIS is restored. The OL Director will facilitate communications to DBHDS Office of Licensing staff.

Tools: The interim death and serious incident reporting forms are available in MS Forms found in SharePoint. Reports will be stored in the Forms app along with provider responses/incident submissions. Access to the interim death and serious incident report forms will be made available in MS Forms to the affected DBHDS licensed providers.

Daily Triage Process: Death and Serious Incidents (DSIs) are reviewed each business day for accuracy, including report incident and discover dates. Technical assistance is provided by the Incident Management Unit (IMU) when errors are identified at the initial triage.

8. Each business day, the Power Automate file, SIR for Active Licenses with 5 Digit ProviderID, developed for MS forms will be reviewed for new death and serious incident reports by the Incident Management Manager (IMM) or designee.
9. The IMM or designee will export responses to Excel and update the DSI Tracker posted in Teams for daily IMU triage.
10. The IMM or designee will notify the Incident Management Specialist (IMS) of suspect discrepancies related to the DSI, if known.

11. The IMS will access the SIR for Active Licenses with 5 Digit ProviderID to triage the DSI.
12. The triage protocol is unchanged and will be implemented as written for all daily triage with the following exceptions:
 - a. Once the DSI is reviewed, the IMS contacts the reporting Provider to offer technical assistance (TA) as warranted.
 - i. All technical assistance will be documented in the DSI Tracker by the IMS.
 - b. IMS will contact the provider when an “Updates to Serious Incident Report will be provided” is indicated on the DSI.
 - i. All Updates will be documented in the DSI Tracker by the IMS.
 - c. All documentation will be used to update the DSI once the outage is resolved.
13. IMS will notify the IMM in cases that remain unresolved after the implementation of protocol.

LS/SIU Referrals and Investigations: DSI will be referred to Licensing Specialist (LS) or SIU for review to determine if an investigation should be initiated or open, per protocol.

1. All DSI referrals will be sent via encrypted emailed in a PDF attachment to the LS and Regional Manager and/or the SIU manager. The following positions will be copied on every email: Associate Director of Administrative and Specialized Units, Regional Manager Team Lead (RMTL), SIU Manager, IMU Manager, and Enterprise Applications Analyst (Tanae Wright).
2. Following review of the DSI, the LS/SIU will “Reply All” with notification of the investigation determination status.
 - a. If no investigation will be conducted, LS will notify the IMS and will provide a summary as to why it is not being investigated. The IMS will document the LS determination in the DSI Tracker. No case is created in CONNECT.
 - b. If an investigation is to be conducted, the RMTL or SIU manager will create a Case in CONNECT and will assign the Case to the appropriate work queue.
 - i. For DD deaths, the SIU manager will create the investigation and for other investigations the RMTL will create the investigation before assigning to the LS.
3. The RMTL or SIU manager will “Reply All” and send DSI Investigation Case Number to the IMS.
4. The IMS will record the investigation status in the DSI Tracker, including responses indicating no investigation will be conducted or the DSI Investigation Case Number when an investigation is initiated.

Data and Reporting: The DSI Tracker will be reviewed daily by the IMM to ensure responses are received within required timelines. IMM will notify the appropriate RM/SIU Manager if no response is received within required timeframes. DSI Tracker will be shared with the RMTL/SIU Manager to allow additional monitoring.

When CHRIS is restored for affected providers, the DSI and Investigation will be merged and updated as needed within both the CHRIS application and CONNECT. Once updates are complete, data will be audited for analysis within two business days to ensure data validity.