Thank you for being here!

Make sure you get future announcements from the Office of Licensing. Subscribe to the email list.

https://dbhds.virginia.gov/quality-management/office-of-licensing/
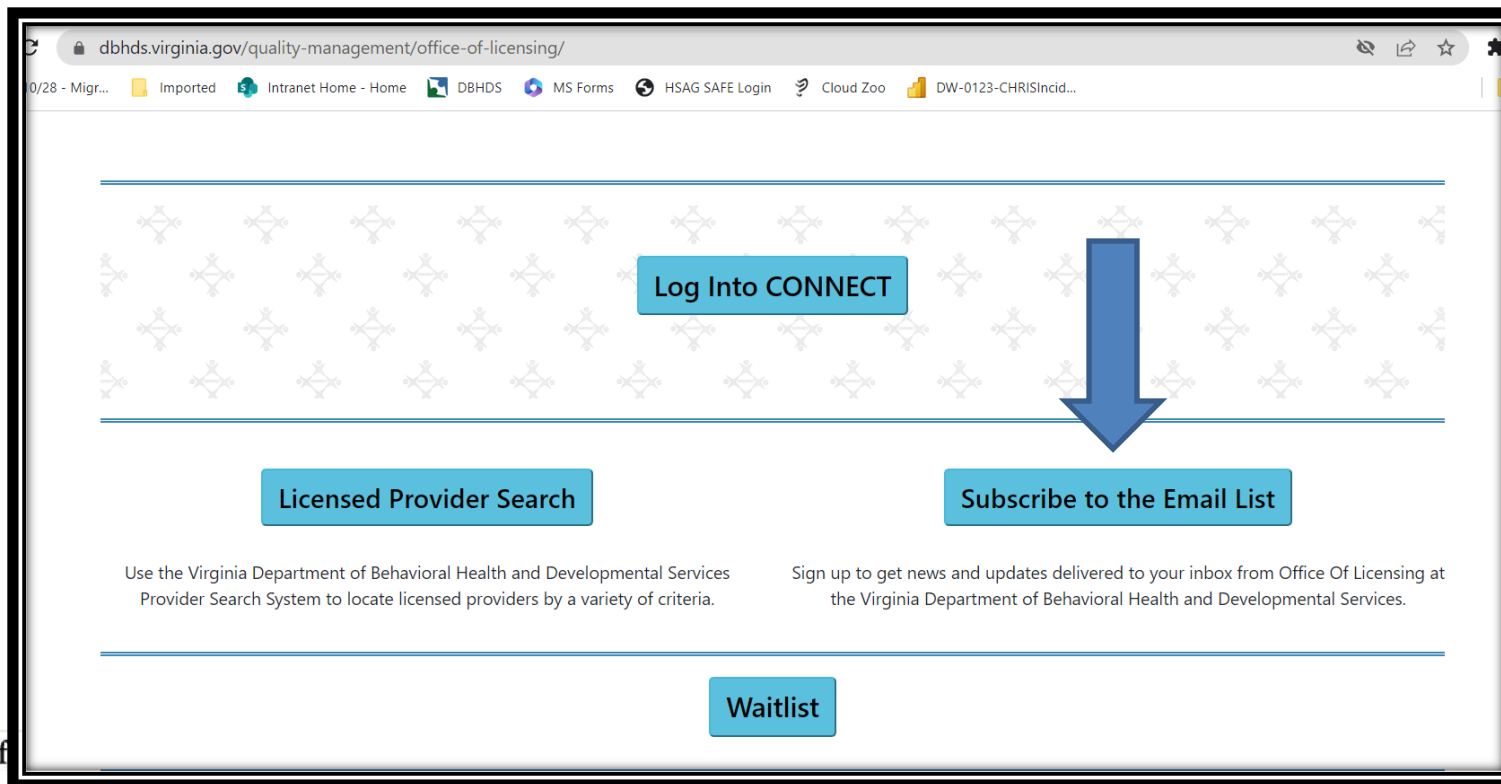
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Virginia Department of Behavioral Health & Developmental Services

Thank you!

Many thanks to everybody who played a part in developing this training and the tools/resources we will be reviewing.

- Region 5 Quality Council members

- Risk Management Review Committee members

- Provider, CSB and licensing specialist key informants and testers

- Colleagues from the:
    - Office of Community Quality Improvement
    - Office of Clinical Quality Management
    - Office of Integrated Health
    - Office of Licensing

Housekeeping

Please put questions and comments in the 'Q&A' feature.

The slides and documents will be posted on the licensing website.

There will be a FAQ produced after the training series.

Purpose

The purpose of this training is to provide information, tools and resources to assist providers to achieve compliance with the regulatory requirements of 160.C., 520.C., and 520.D.

These requirements focus on tracking serious incidents and conducting a systemic risk assessment review.

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Behavioral Health &
Developmental Services

Session Overview

- There were 3 sessions.
- They built on each other.
- We have introduced new, useful tools!
- **If you've attended all three sessions, thank you!**

- ✓ **Session 1: Focus on Systemic Risk Assessment**
- ✓ **Session 2: Focus on Tracking Serious Incidents**
- **Today!** Session 3: Pulling It Together and Taking It Further

Review Homework

- **Begin- or update – tracking serious incidents and care concerns right now.**
- **OR Find out how your organization tracks serious incidents and care concerns.**

- **Did you use the NEW Excel Risk Tracking tool? How did it work for you?**
- **Did you update the tool or method you use?**

- **Raise your hand to share!**
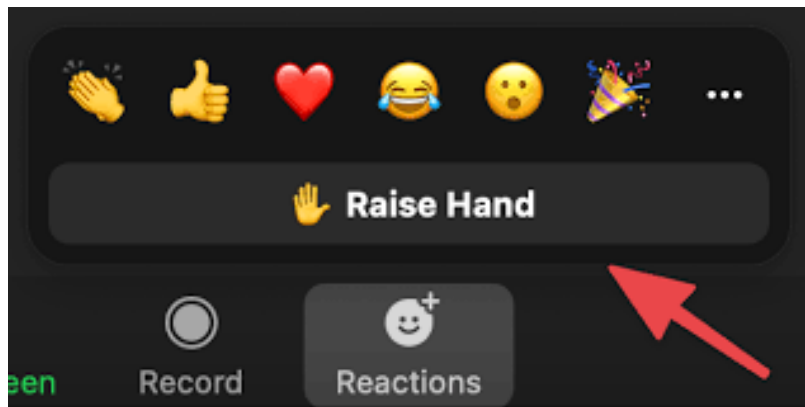
Today's Learning Objectives

Experience
- A demonstration of reviewing serious incidents individually, quarterly and annually.

Experience
- A demonstration of the new templates from the Office of Licensing and the Excel Risk Tracking tool.

Understand
- What to do if you haven't started your Systemic Risk Assessment yet.

Understand
- Common questions and answers (Q&A).

Understand
- How to 'take it further' after identifying risks in your Systemic Risk Assessment review.

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Let's Get Started with the Example!

Example: Acme Residential Services (Fictional!)

Group Home provider

8 houses with 4 beds each

32 individuals served

What will we review?
Reviewing an individual incident

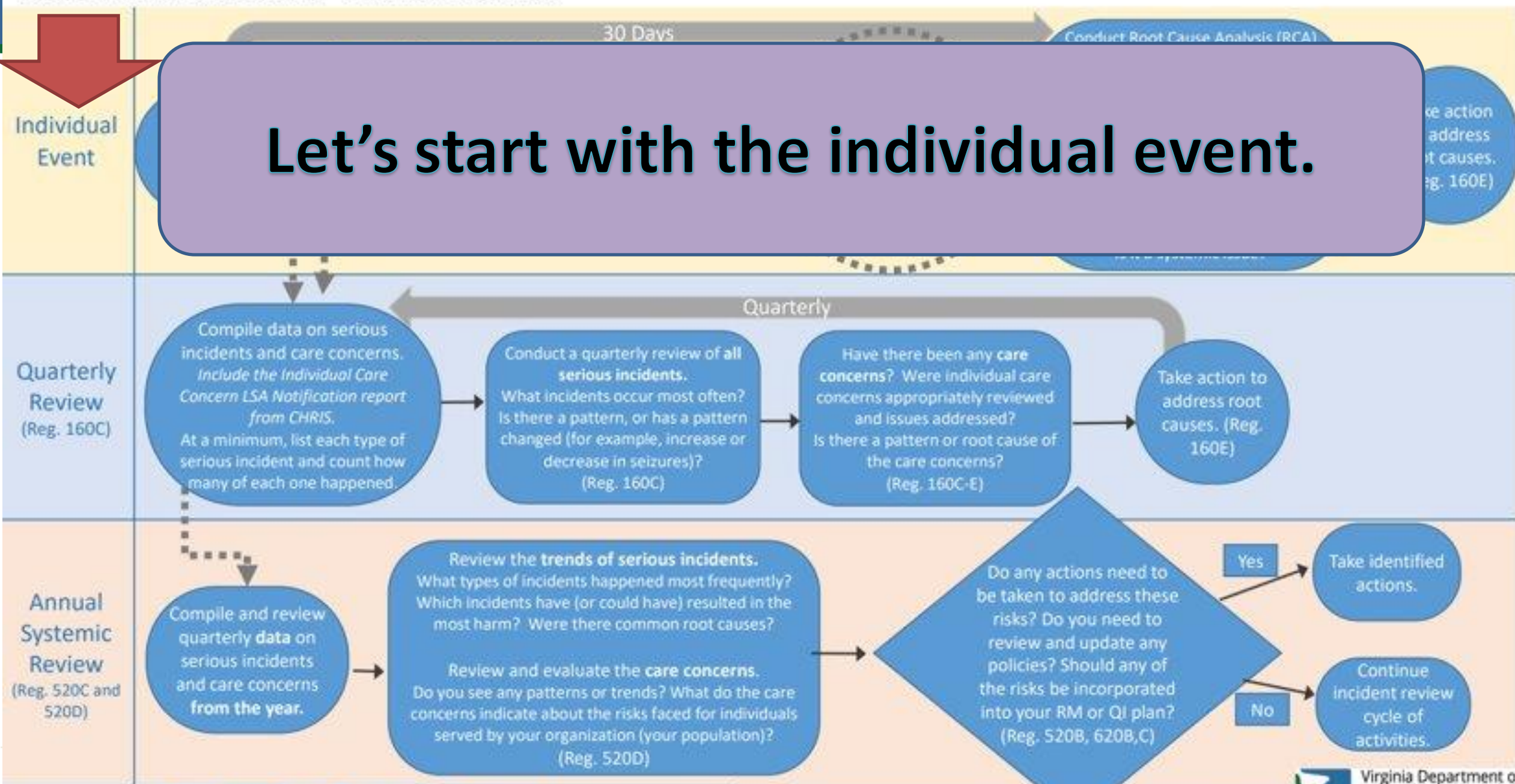Quarterly and annual review of serious incidents and care concerns

Root cause analysis

Annual systemic risk assessment

Take it further – Create measurable goals and objectives
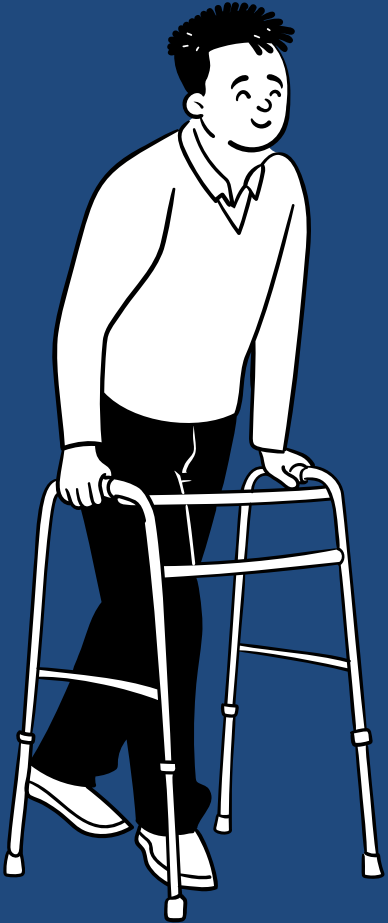
At a Glance Flow Chart – Incident Reviews

Let's start with the individual event.

Individual Event

30 Days

Conduct Root Cause Analysis (RCA)

...e action ...address ...t causes. ...g. 160E)

Quarterly Review (Reg. 160C)

Quarterly

Compile data on serious incidents and care concerns. *Include the Individual Care Concern LSA Notification report from CHRIS.* At a minimum, list each type of serious incident and count how many of each one happened.

Conduct a quarterly review of **all serious incidents.** What incidents occur most often? Is there a pattern, or has a pattern changed (for example, increase or decrease in seizures)? (Reg. 160C)

Have there been any **care concerns**? Were individual care concerns appropriately reviewed and issues addressed? Is there a pattern or root cause of the care concerns? (Reg. 160C-E)

Take action to address root causes. (Reg. 160E)

Annual Systemic Review (Reg. 520C and 520D)

Compile and review quarterly **data** on serious incidents and care concerns **from the year.**

Review the **trends of serious incidents.** What types of incidents happened most frequently? Which incidents have (or could have) resulted in the most harm? Were there common root causes?

Review and evaluate the **care concerns**. Do you see any patterns or trends? What do the care concerns indicate about the risks faced for individuals served by your organization (your population)? (Reg. 520D)

Do any actions need to be taken to address these risks? Do you need to review and update any policies? Should any of the risks be incorporated into your RM or QI plan? (Reg. 520B, 620B,C)

Yes → Take identified actions.

No → Continue incident review cycle of activities.

Symbol bank: Start / End | Process | Decision | Label | Document | Flow of activities | Flow of data

April 2023

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Individual Event

- **What happened?**
  - Serious Incident Report: Level II
  - John Harvey is a 42 year old male with cerebral palsy.
  - John typically uses a walker to get around but not while going up and down stairs.
  - On 3/1/23, John Harvey fell backwards while walking up the brick steps to the front of the home. He hit his head and was bleeding but conscious.
  - 9-1-1 was called and John was transported via ambulance to Acme Hospital. He received 10 stitches and was released.

- **Is it a care concern?**
  - Yes – John had an ER visit for a seizure 2 months ago.

- **Acme Residential's responsibilities**
  - Collect information about the incident and report the Level II incident in CHRIS within 24 hours (160.D.2)
  - Conduct root cause analysis (RCA) for Level II incident within 30 days of discovery (160.E.)
  - Review the care concern
  - Collect the data, in order to review it quarterly (160.C) and annually (520C, D)

Example

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Poll Question

- What tools would you use in this example? **CHECK ALL THAT APPLY.**
  - Serious Incident Review and Root Cause Analysis template
  - Risk Trigger and Threshold and Care Concerns handout
  - Excel Risk Tracking Tool
  - Systemic Risk Assessment Template

We will be using each one in this example.

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Root Cause Analysis Example -

1. A detailed description of what happened: (160E.1.a)

On 3/1/23, John Harvey fell backwards while walking up the brick steps to the front of the house. He does not use his walker while on the steps. He was using the left-side hand rail but he lost his balance after his right foot got caught on a step. He fell down two steps and hit his head on the wall and was bleeding. He was still conscious. 9-1-1 was called. He was transported to the hospital and received 10 stitches and released.

2. An analysis of what happened (160E.1.b)
Using the '5 Whys"

3. Identified solutions to mitigate reoccurrence and future risk of harm when applicable (160E.1.c).

Example

Why did John fall while walking up the steps?

- Because he was using the left side rail for balance, but lost his balance on the right side after his foot got caught on the stair.

Why did he lose his balance on the right side after his foot got caught on the stair?

- Because he did not have support on his right side to help him balance.

Why did he not have support on his right side to help him balance?

- Because there is not a hand rail on the right side. There is only a left side hand rail.

Why is there only a left hand side rail?

- Because that is the only bar that was ever installed.

Solution idea: Add a hand rail to the right side, or ensure he has right side support while going up the stairs.

Take action to address root causes. (160E)

Resource Reminder

- Risk Trigger and Thresholds and Care Concerns Handout

- Location: https://dbhds.virginia.gov/wp-content/uploads/2023/03/Flow-Chart_Incident-Review_April-2023.pdf

RISK TRIGGERS AND THRESHOLDS AND CARE CONCERNS   EFFECTIVE 1/1/2023

WHAT ARE RISK TRIGGERS AND THRESHOLDS?

A risk trigger is an incident or condition that can cause harm to an individual. Risks 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	Februar	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.

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Care Concern – Questions to explore:

Summary:

- **John had a seizure in January resulting in an ER visit.**
- **In March, John had a fall resulting in an ER visit.**

Care Concern – Questions to explore:

- Are there changes to the individual's needs, medical or behavioral concerns?
- Is the current care plan adequate?
- Is a more detailed RCA needed? (160E2)
- Has this happened to others?
- Is it a systemic issue?

Take action accordingly.

Serious Incident Review and Root Cause Analysis TEMPLATE SAMPLE

Individual's Name and I.D. Number: John Harvey, 012345	Date of Incident: 3/1/2023
	Incident Report #: 00234
	Review Completed Date: 3/31/2023
	Review Completed By: Minnie Mouse
Individual's DOB: 1/1/1971	Program: Acme Residential
Location of Incident: Front steps of residence	Type of Incident: Level II

| Service Received at Time of Incident: Residential | Sources of Information:
 ☐Record Review
 ☐Policy Review
 ☐Interview with Individual
 ☒Interview with Staff
 ☐Human Rights Investigation
 ☐Other: *Click or tap here to enter text.* |
| Is this the first incident of this kind?
 ☒Yes
 ☐ No, when did this occur before? *Click or tap to enter a date.* | Is this addressed in the ISP?
 ☒Yes
 ☐No
 ☐Not applicable |

Detailed description of what happened *(Provider may copy information included within the Injury/Incident Description/Circumstances field of CHRIS or include a step-by-step detailed account of the incident)*: On 3/1/23, John Harvey fell backwards while walking up the brick steps to the front of the house. He does not use his walker while on the steps. He was using the left-side handrail, but he lost his balance after his right foot got caught on a step. He fell two steps and hit his head on the wall and was bleeding. He was still conscious. 9-1-1 was called. He was transported to the hospital and received 10 stitches and released.

Analysis of Incident *(Analysis of trends and potential systemic issues or causes; analysis of why incident happened; identification of all underlying causes of the incident that were in the control of the provider)*:

- We convened our team and used the 5 Whys to identify the root cause. It is attached. We determined that John fell because he was using one side rail for balance but lost his balance on the other side after his foot got caught on the stair. He did not have support on his right side to help him balance. This is because there was not a rail on the right side to assist him to balance.

Quality Improvement Tool used during review: ☒5 Whys ☐Fishbone ☐ FMEA ☐Other: *Click or tap here to enter text.*
(While our regulations do not require use of another tool to analyze trends, providers are required to include their analysis)

Recommendations/Action Plan *(Solutions to mitigate the potential for future incidents)*:

☐There are no recommendations at this time. There were no underlying causes under the provider's control.

☒Recommendation(s)/Technical Assistance: Install support bar on the right side of the stairway.

☒Action Plan: We will install the support bar.

Due Date: 4/30/2023

Enhanced Root Cause Analysis Determination:

Based on this incident, was a threshold met as outlined in the Root Cause Analysis policy?
☒ Yes
☐ No

If "yes," the threshold criteria met is:

☒ TWO OR MORE similar Level II serious incidents occur to the same individual or at the same location within a six-month period.
☐ 2 or more of the same Level III incidents occur to the same individual or at the same location within a six-month period.
☐ FOUR OR MORE similar Level II or Level III serious incidents occur across all of the provider's locations within a six-month period.
☐ A death that occurs as a result of an acute medical event that was not expected in advance or based on a person's known medical condition.

Analysis included:
☒Convening a team
☐Collecting and analyzing data
☐Mapping processes
☐Charting causal factor
☐Other: *Click or tap here to enter text.*

___Minnie Mouse_____   __Quality Manager_____   _____4/30/23_____

Completed by: Title/Position: Date:

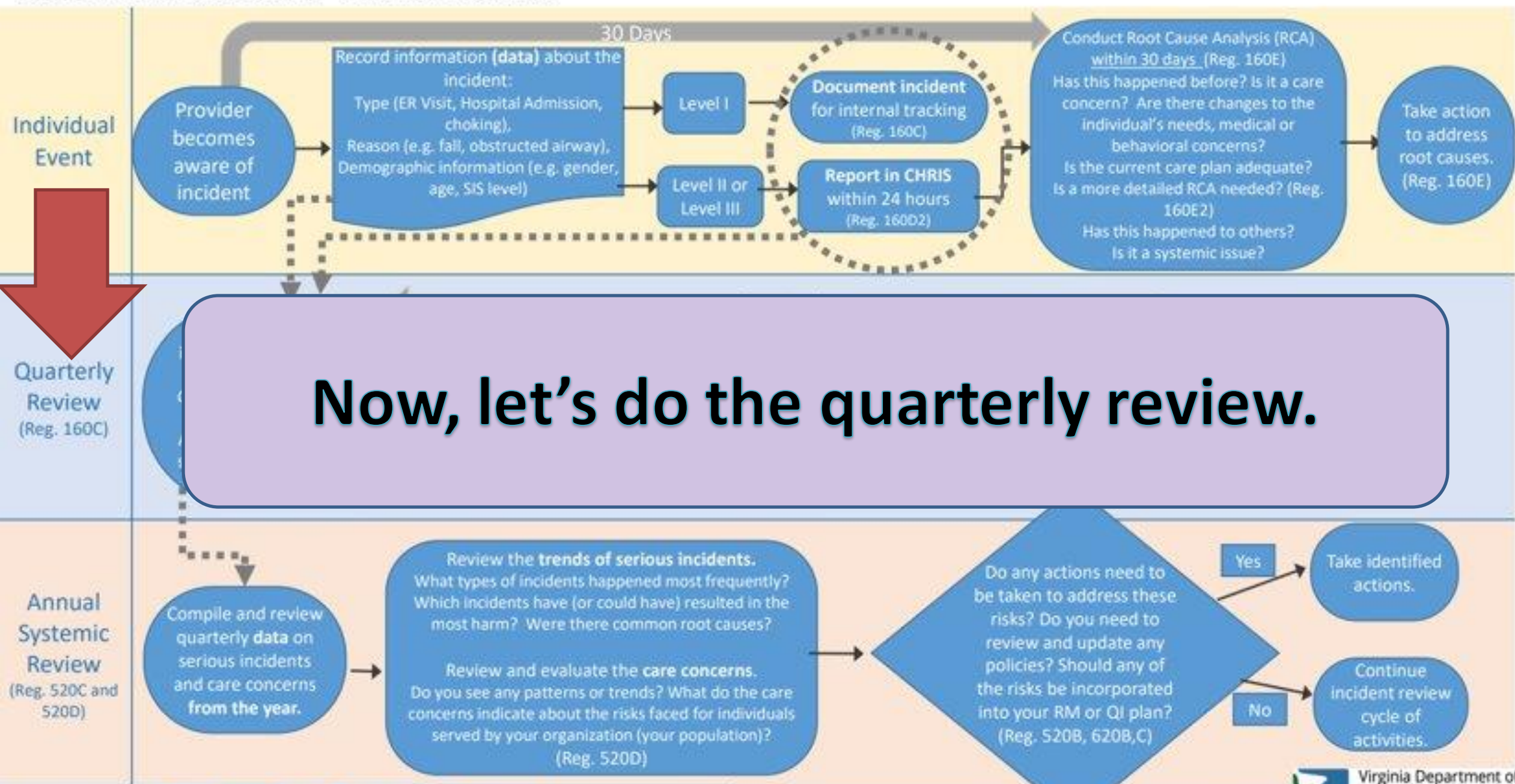EXAMPLE of Using the Serious Incident Review and Root Cause Analysis Template from the Office of Licensing

Add data to the Risk Tracker

Example

YEAR: 2023 Risks and Conditions (*Asterix items are also single event care concern thresholds if Level II/III.)	January				February				March			
	Level I	Level II	Level III	January Total	Level I	Level II	Le...	Februar Total	Level I	Level II	Level III	March Total
Aspiration Pneumonia		4		4		1						0
Bowel obstruction*				0						1		1
Choking*	2	3		5		2						0
Decubitus ulcer or an increase in severity*		1		1				0				0
Dehydration	3	1		4				0		1		1
Falls	2	6		8		2		2		1		1
UTI	2	2		4	2	1		3	1	1		
Sepsis		3		3				0		1		
Seizure	1	3		4		1		1		1		
Suicide Attempt				0				0				
Sexual Assault				0				0				
Medication Error	1			1	3			3	2			
Unplanned psychiatric hospitalization				0				0				
ADD YOUR OWN HERE				0				0				

YEAR: 2023 Care Concerns and Risk Triggers/Thresholds Tracker	Ja...	...b	Mar	Q1 Total
Multiple (2 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.	1	0	2	3
Any incidents of a decubitus ulcer diagnosed by a medical professional, an increase in the severity level of a previously diagnosed decubitus ulcer, or a diagnosis of a bowel obstruction diagnosed by a medical professional	0	0	0	0
Any choking incident that requires physical aid by another person, such as abdominal thrusts (Heimlich maneuver), back blows, clearing of airway, or CPR	3	2	0	5
Multiple (2 or more) unplanned psychiatric admissions within a ninety (90) day time-frame for any reason	0	0	0	0

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At a Glance Flow Chart – Incident Reviews

Individual Event

Provider becomes aware of incident

Record information **(data)** about the incident:
Type (ER Visit, Hospital Admission, choking),
Reason (e.g. fall, obstructed airway),
Demographic information (e.g. gender, age, SIS level)

30 Days

Level I

Level II or Level III

Document incident for internal tracking (Reg. 160C)

Report in CHRIS within 24 hours (Reg. 160D2)

Conduct Root Cause Analysis (RCA) within 30 days (Reg. 160E)
Has this happened before? Is it a care concern? Are there changes to the individual's needs, medical or behavioral concerns?
Is the current care plan adequate? Is a more detailed RCA needed? (Reg. 160E2)
Has this happened to others? Is it a systemic issue?

Take action to address root causes. (Reg. 160E)

Quarterly Review (Reg. 160C)

Now, let's do the quarterly review.

Annual Systemic Review (Reg. 520C and 520D)

Compile and review quarterly **data** on serious incidents and care concerns **from the year.**

Review the **trends of serious incidents.**
What types of incidents happened most frequently? Which incidents have (or could have) resulted in the most harm? Were there common root causes?

Review and evaluate the **care concerns.**
Do you see any patterns or trends? What do the care concerns indicate about the risks faced for individuals served by your organization (your population)? (Reg. 520D)

Do any actions need to be taken to address these risks? Do you need to review and update any policies? Should any of the risks be incorporated into your RM or QI plan? (Reg. 520B, 620B,C)

Yes — Take identified actions.

No — Continue incident review cycle of activities.

Symbol bank — Start / End — Process — Decision — Label — Document — Flow of activities — Flow of data

April 2023

Virginia Department of Behavioral Health & Developmental Services

Data entered for the quarter

YEAR: 2023	January				February				March			
Risks and Conditions (*Asterix items are also single event care concern thresholds if Level II/III.)	Level I	Level II	Level III	January Total	Level I	Level II	Level III	February Total	Level I	Level II	Level III	March Total
Aspiration Pneumonia		4		4		1		1				0
Bowel obstruction*				0				0		1		1
Choking*	2	3		5		2		2				0
Decubitus ulcer or an increase in severity*		1		1				0				0
Dehydration	3	1		4				0		1		1
Falls	2	7		9		2		2		1		1
Seizure	1	3		4		1		1		1		1
Sepsis		3		3				0		1		1
UTI	2	2		4	2	1		3	1	1		2
Suicide Attempt				0				0				0
Sexual Assault				0				0				0
Medication Error	1			1	3			3	2			2
Unplanned psychiatric hospitalization				0				0				0
SCRAPE/CUT	2	3		5				0				0
ER VISIT		1		1				0				0
ADD YOUR OWN HERE				0				0				0

YEAR: 2023				Q1
Care Concerns and Risk Triggers/Thresholds Tracker	Jan	Feb	Mar	Q1 Total
Multiple (2 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.	1	0	2	3
Any incidents of a decubitus ulcer diagnosed by a medical professional, an increase in the severity level of a previously diagnosed decubitus ulcer, or a diagnosis of a bowel obstruction diagnosed by a medical professional	0	0	0	0
Any choking incident that requires physical aid by another person, such as abdominal thrusts (Heimlich maneuver), back blows, clearing of airway, or CPR	3	2	0	5
Multiple (2 or more) unplanned psychiatric admissions within a ninety (90) day time-frame for any reason	0	0	0	0
2 SCRAPES in 30 Days	2			2
ADD YOUR RISK TRIGGER/THRESHOLD HERE				0

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Example

Quarterly Review
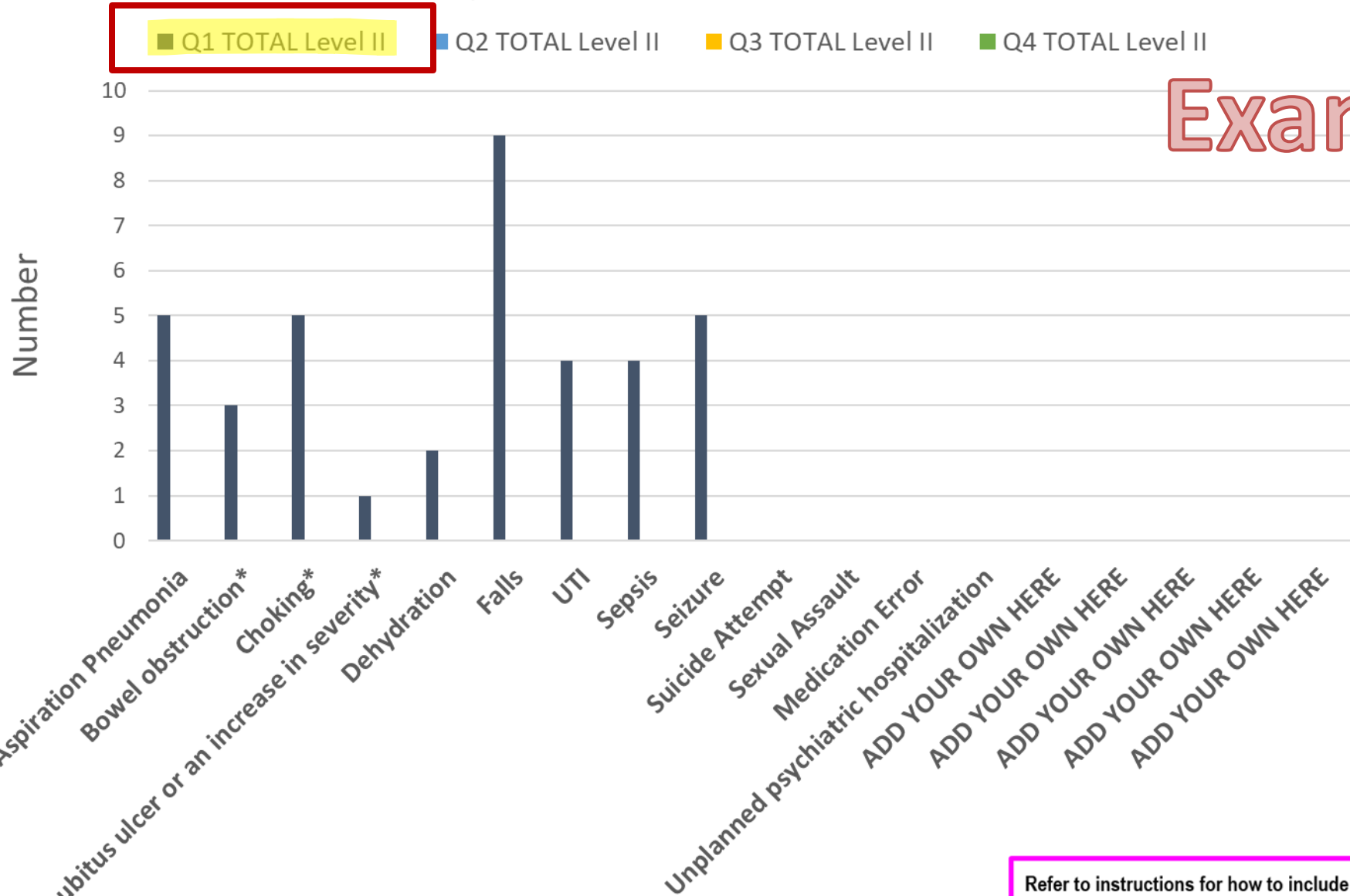
Example

Quarterly Totals - Level I Serious Incidents

Q1 TOTAL Level I

Refer to instructions for how to include
More "Add Your Own" categories here.

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Quarterly Totals - Level II Serious Incidents

Example

Quarterly Trends in Risk Triggers and Thresholds/ Care Concerns

Example

Legend: ■ Q1 Total ■ Q2 Total ■ Q3 Total ■ Q4 Total

Care Concerns and Risk Triggers/Thresholds Tracker	Jan	Feb	Mar	Q1 Total
Multiple (2 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.	1	0	2	3
Any incidents of a decubitus ulcer diagnosed by a medical professional, an increase in the severity level of a previously diagnosed decubitus ulcer, or a diagnosis of a bowel obstruction diagnosed by a medical professional	0	0	0	0
Any choking incident that requires physical aid by another person, such as abdominal thrusts (Heimlich maneuver), back blows, clearing of airway, or CPR	3	2	0	5
Multiple (2 or more) unplanned psychiatric admissions within a ninety (90) day time-frame for any reason	0	0	0	0
ADD YOUR RISK TRIGGER/THRESHOLD HERE	2			2
ADD YOUR RISK TRIGGER/THRESHOLD HERE				0

Refer to instructions for how to include

More "Add Your Own" categories here.

Behavioral Health & Developmental Services

Quarterly & Annual Worksheet from Risk Tracking Tool

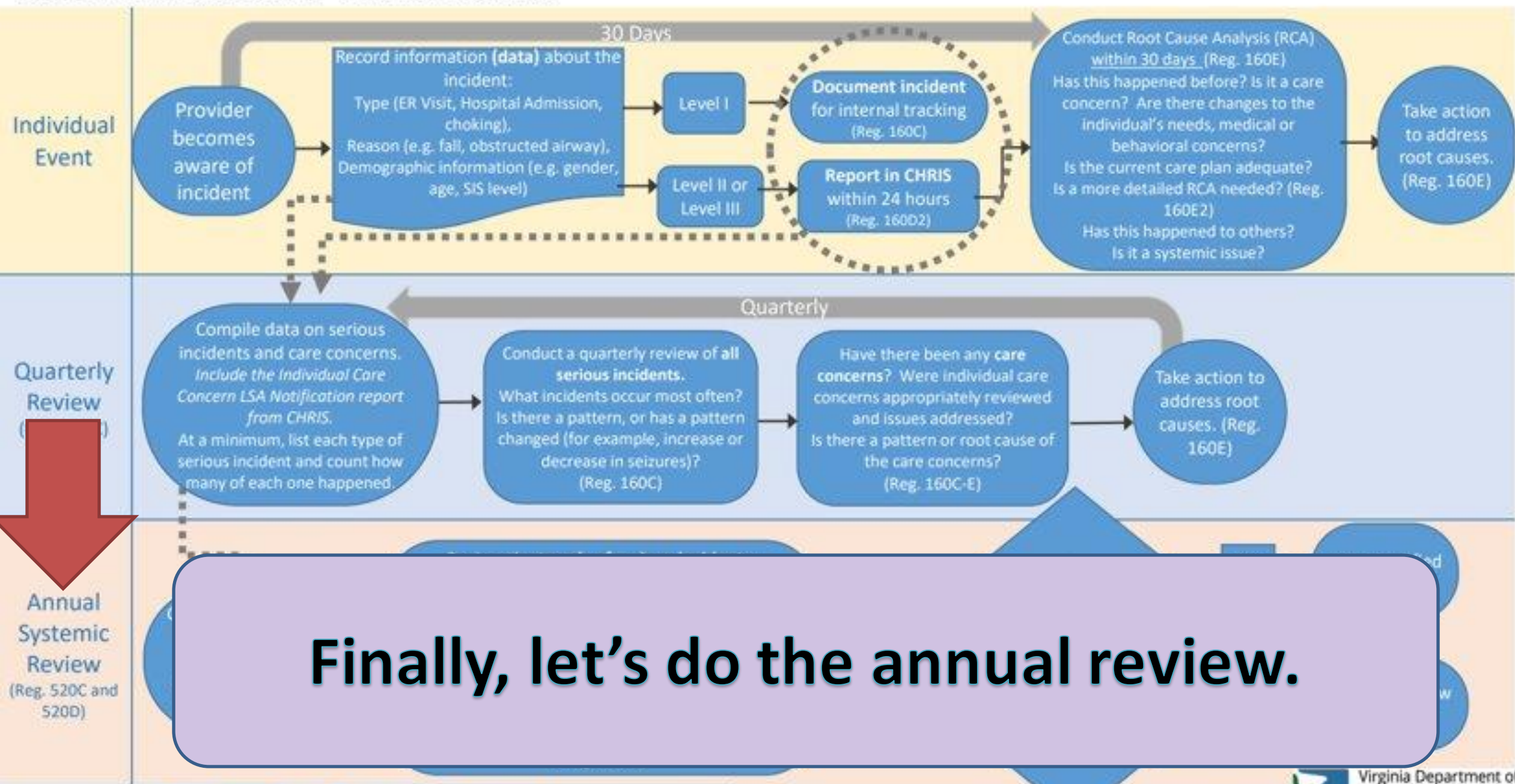| Quarterly and Annual Review Worksheets	The purpose of these worksheets is to help you review and discuss your data. It has space for quarterly and annual discussions, for both serious incidents and risk triggers/thresholds. Use this worksheet with your team to summarize and analyze your data, discuss causes, and identify improvement strategies and recommendations. There are also suggested questions in Column D that can help you have a meaningful conversation.		
Quarter 1. Dates covered: _____ - _____	Risks, Conditions and Serious Incidents	Risk Triggers/Thresholds and Care Concerns	Helpful Questions to Consider
Summary of Findings			What does the data tell you? What are the highest risks/incidents? What are the lowest? What do the risks/incidents in the middle tell you?
Analysis of Trends			What is happening with the data over time? Is there a pattern, or has a pattern changed? Is a particular risk getting better or worse? How do you know? What trends are concerning, or improving? Why?
Potential Systemic Issues or Causes			Why is a concerning risk or trend happening? Why is it getting better or worse? What are the potential causes? Have you done a root cause analysis (RCA)? What did it tell you?
Indicated Remediation			What needs to be done to remediate (address or improve) a problem? Why is this is a good solution? What other options do you have? How did you pick this solution, instead of something else? Is a more detailed RCA needed?
Steps Taken to Mitigate Potential for Future Incidents. Consider if you need to update your Quality Improvement and/or Risk Management Plans.			What have you done, or what will you do, to address this problem? Who, what, when, where, how did you/will you do it? What do you think will happen once these steps are taken? When do you expect to see improvement? Do you need to update your Quality Improvement and Risk Management Plans? How so?
Other Recommendations			Do you have other recommendations? Is anything working well that you think needs to spread to other locations?

Virginia Department of Behavioral Health & Developmental Services

Quarter 1. Dates covered: __1/1/23_ - __3/31/23__	Risks, Conditions and Serious Incidents	Risk Triggers/Thresholds and Care Concerns	*Helpful Questions to Consider*
Summary of Findings	For Quarter 1: 18 Level I serious incidents and 38 Level II serious incidents. There were no Level III incidents. The highest number overall was Falls, then UTIs, then choking. For Level I, medication errors were the highest (=6). For Level II, the highest were Falls and UTIs.	There were 15 care concerns.	*What does the data tell you? What are the highest risks/incidents? What are the lowest? What do the risks/incidents in the middle tell you?*
Analysis of Trends	This is the first quarter so we are not yet able to look at trends over time.	There were 3 care concerns related to multiple hospital/ER admissions, 5 for decubitus ulcer and/or bowel obstruction, and 7 for choking.	*What is happening with the data over time? Is there a pattern, or has a pattern changed? Is a particular risk getting better or worse? How do you know? What trends are concerning, or improving? Why?*
Potential Systemic Issues or Causes	For Falls, we identified some walkway barriers (2 shelves) as fall hazards and the lack of a right-side handrail at the entrance. The individuals with UTIs have a history of risk and there are protocols in place. For the Medication Errors, the causes are unknown.	For choking and decubitus/bowel obstruction, all individuals who had an incident are at known risk with protocols in place.	*Why is a concerning risk or trend happening? Why is it getting better or worse? What are the potential causes? Have you done a root cause analysis (RCA)? What did it tell you?*
Indicated Remediation	Fall hazards have been removed and a right-side hand rail has been ordered. For medication errors, a more detailed RCA is needed.	Assigned staff will be re-trained on individuals' protocols, choking prevention and intervention strategies. Protocols will be reviewed.	*What needs to be done to remediate (address or improve) a problem? Why is this is a good solution? What other options do you have? How did you pick this solution, instead of something else? Is a more detailed RCA needed?*
Steps Taken to Mitigate Potential for Future Incidents. *Consider if you need to update your Quality Improvement and/or Risk Management Plans.*	We will set a goal to reduce Level I medication errors. We will put this in our Quality Improvement plan.	All staff will be re-trained on choking prevention and intervention strategies.	*What have you done, or what will you do, to address this problem? Who, what, when, where, how did you/will you do it? What do you think will happen once these steps are taken? When do you expect to see improvement? Do you need to update your Quality Improvement and Risk Management Plans? How so?*
Other Recommendations	None at this time.	None at this time.	*Do you have other recommendations? Is anything working well that you think needs to spread to other locations?*

Example

Developmental Services

At a Glance Flow Chart – Incident Reviews

Individual Event

Provider becomes aware of incident → Record information (data) about the incident: Type (ER Visit, Hospital Admission, choking), Reason (e.g. fall, obstructed airway), Demographic information (e.g. gender, age, SIS level)

30 Days

Level I → Document incident for internal tracking (Reg. 160C)

Level II or Level III → Report in CHRIS within 24 hours (Reg. 160D2)

Conduct Root Cause Analysis (RCA) within 30 days (Reg. 160E) Has this happened before? Is it a care concern? Are there changes to the individual's needs, medical or behavioral concerns? Is the current care plan adequate? Is a more detailed RCA needed? (Reg. 160E2) Has this happened to others? Is it a systemic issue?

Take action to address root causes. (Reg. 160E)

Quarterly Review

Quarterly

Compile data on serious incidents and care concerns. *Include the Individual Care Concern LSA Notification report from CHRIS.* At a minimum, list each type of serious incident and count how many of each one happened.

Conduct a quarterly review of **all serious incidents.** What incidents occur most often? Is there a pattern, or has a pattern changed (for example, increase or decrease in seizures)? (Reg. 160C)

Have there been any **care concerns**? Were individual care concerns appropriately reviewed and issues addressed? Is there a pattern or root cause of the care concerns? (Reg. 160C-E)

Take action to address root causes. (Reg. 160E)

Annual Systemic Review (Reg. 520C and 520D)

Finally, let's do the annual review.

April 2023

Virginia Department of Behavioral Health & Developmental Services

YEAR: 2023

Care Concerns and Risk Triggers/Thresholds Tracker	Jan	Feb	Mar	Q1 Total	Apr	May	Jun	Q2 Total	Jul	Aug	Sep	Q3 Total	Oct	Nov	Dec	Q4 Total	Total
Multiple (2 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.	1	0	2	3	0	1	0	1	0	1	0	1	0	2	0	2	7
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	0	0	0	0	0	0	1	1	0	1	0	1	0	0	1	1	3
Any choking incident that requires physical aid by another person, such as abdominal thrusts (Heimlich maneuver), back blows, clearing of airway, or CPR	3	2	0	5	3	2	0	5	2	1	0	3	1	0	0	1	14
Multiple (2 or more) unplanned psychiatric admissions within a ninety (90) day time-frame for any reason	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ADD YOUR RISK TRIGGER/THRESHOLD HERE	2			2	3			3	4			4	2			2	11
ADD YOUR RISK TRIGGER/THRESHOLD HERE				0				0				0				0	0

How would you describe the patterns and trends here?
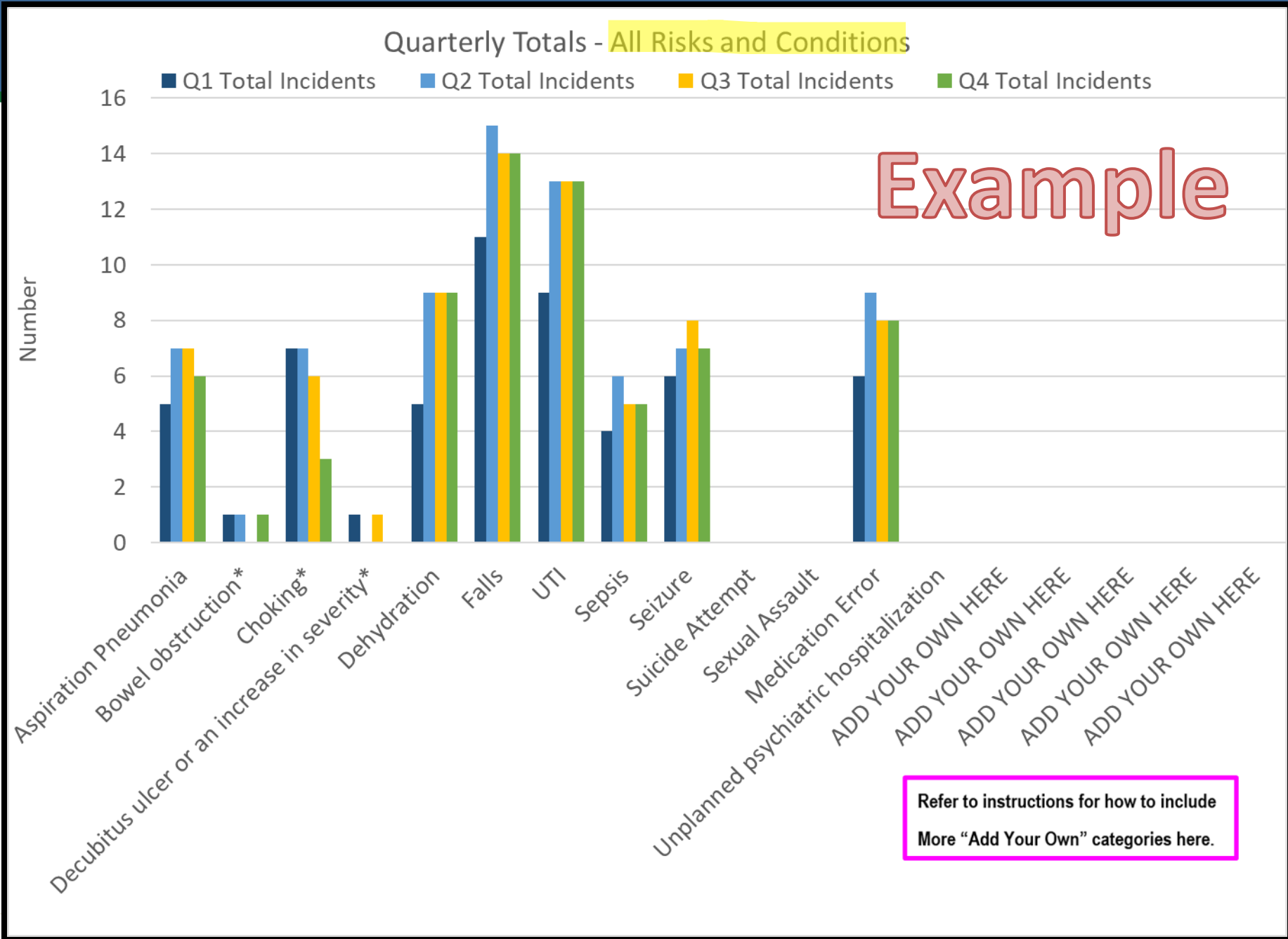
Tell me in the Q&A

Quarterly Totals - All Risks and Conditions

Example

Q1 Total Incidents   Q2 Total Incidents   Q3 Total Incidents   Q4 Total Incidents

Refer to instructions for how to include More "Add Your Own" categories here.

Virginia Department of Behavioral Health & Developmental Services

How would you describe the patterns and trends here?

Tell me in the Q&A

Quarterly Totals - Level I Serious Incidents

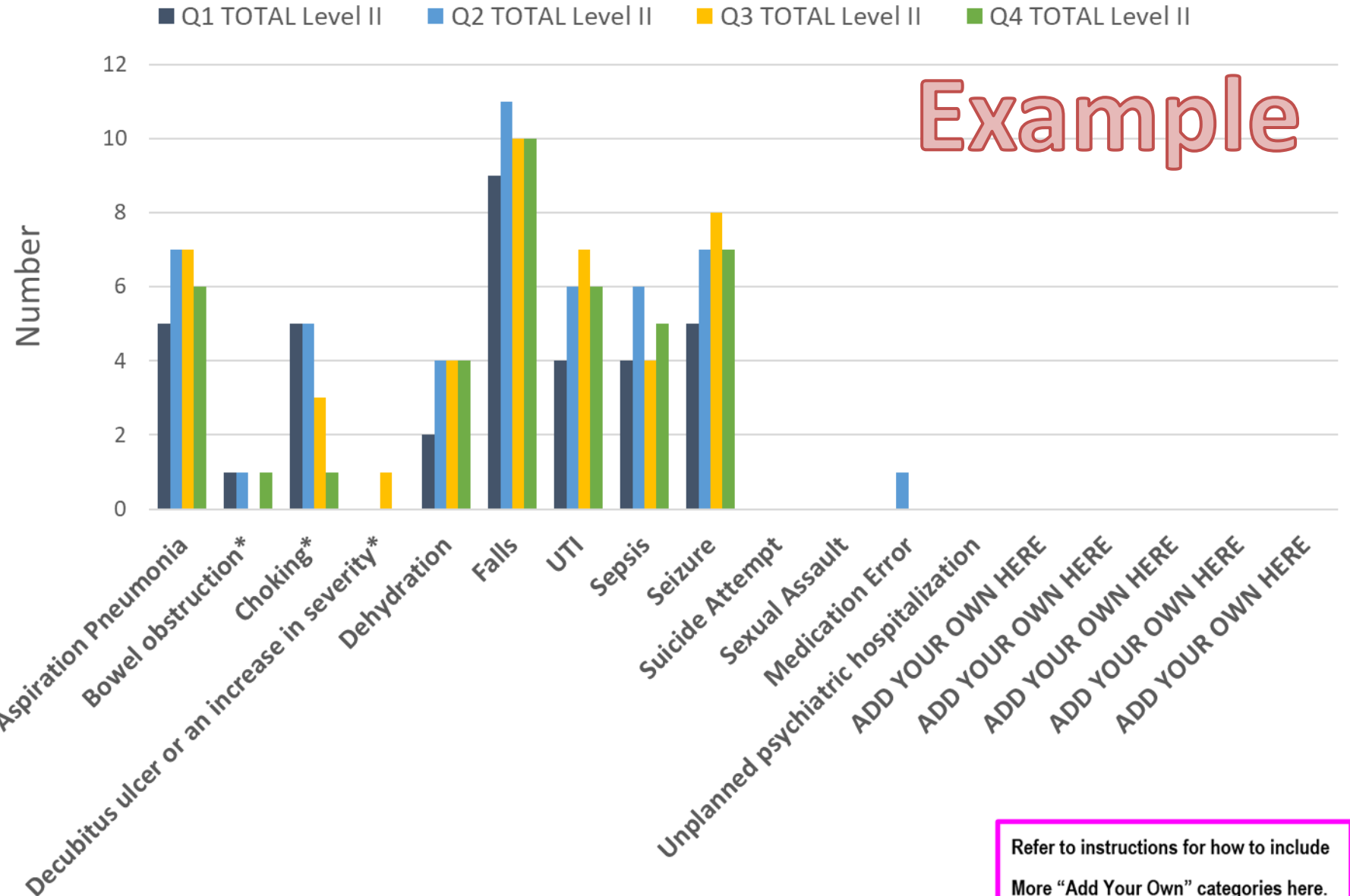Virginia Department of Behavioral Health & Developmental Services

Refer to instructions for how to include More "Add Your Own" categories here.

How would you describe the patterns and trends here?

Quarterly Totals - Level II Serious Incidents

Example

Virginia Department of Behavioral Health & Developmental Services

Quarterly Totals - Level III Serious Incidents
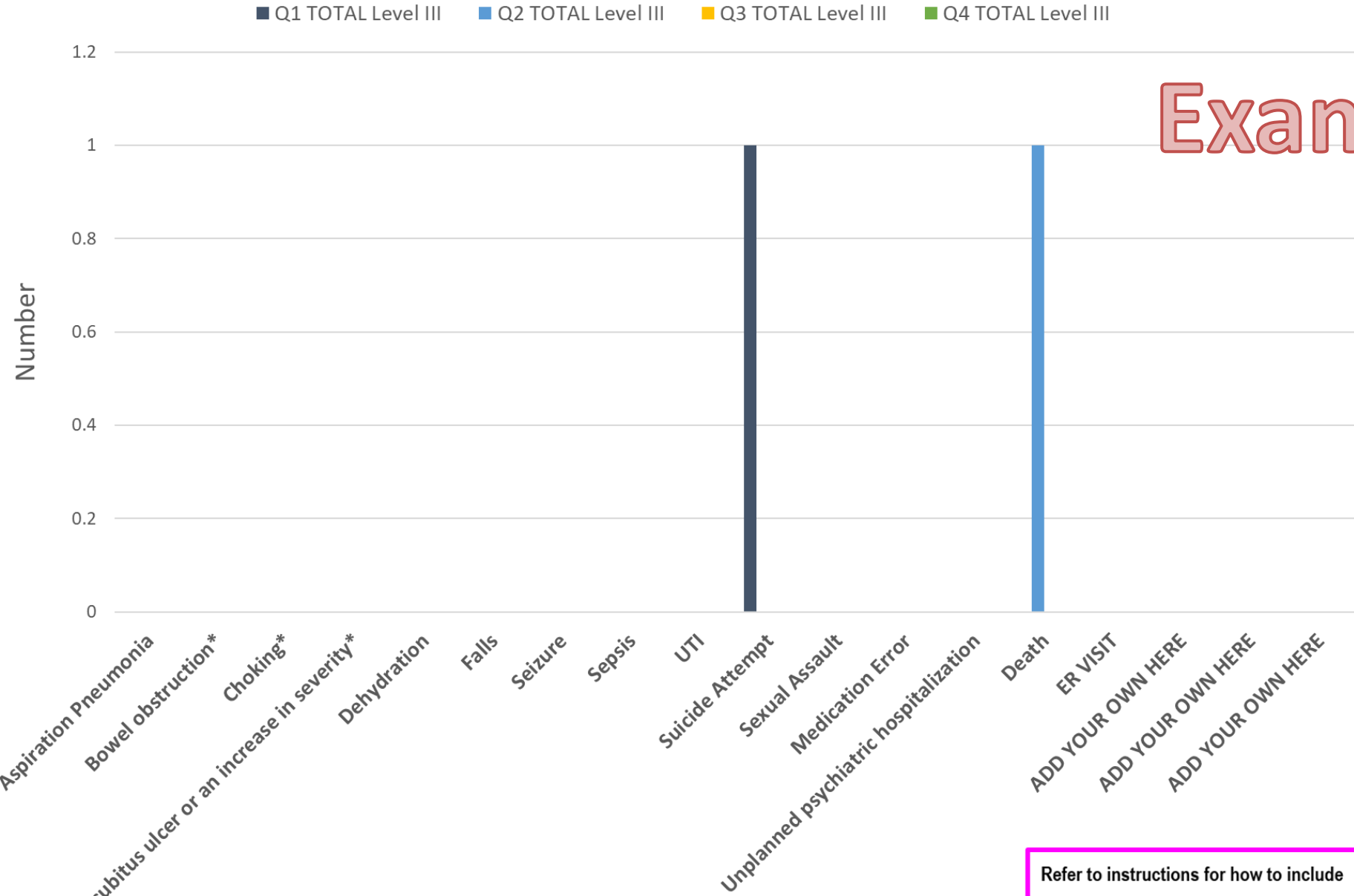
Example

Example

Quarterly Trends in Risk Triggers and Thresholds/ Care Concerns

How would you describe the patterns and trends here?

Tell me in the Q&A

Virginia Department of Behavioral Health & Developmental Services
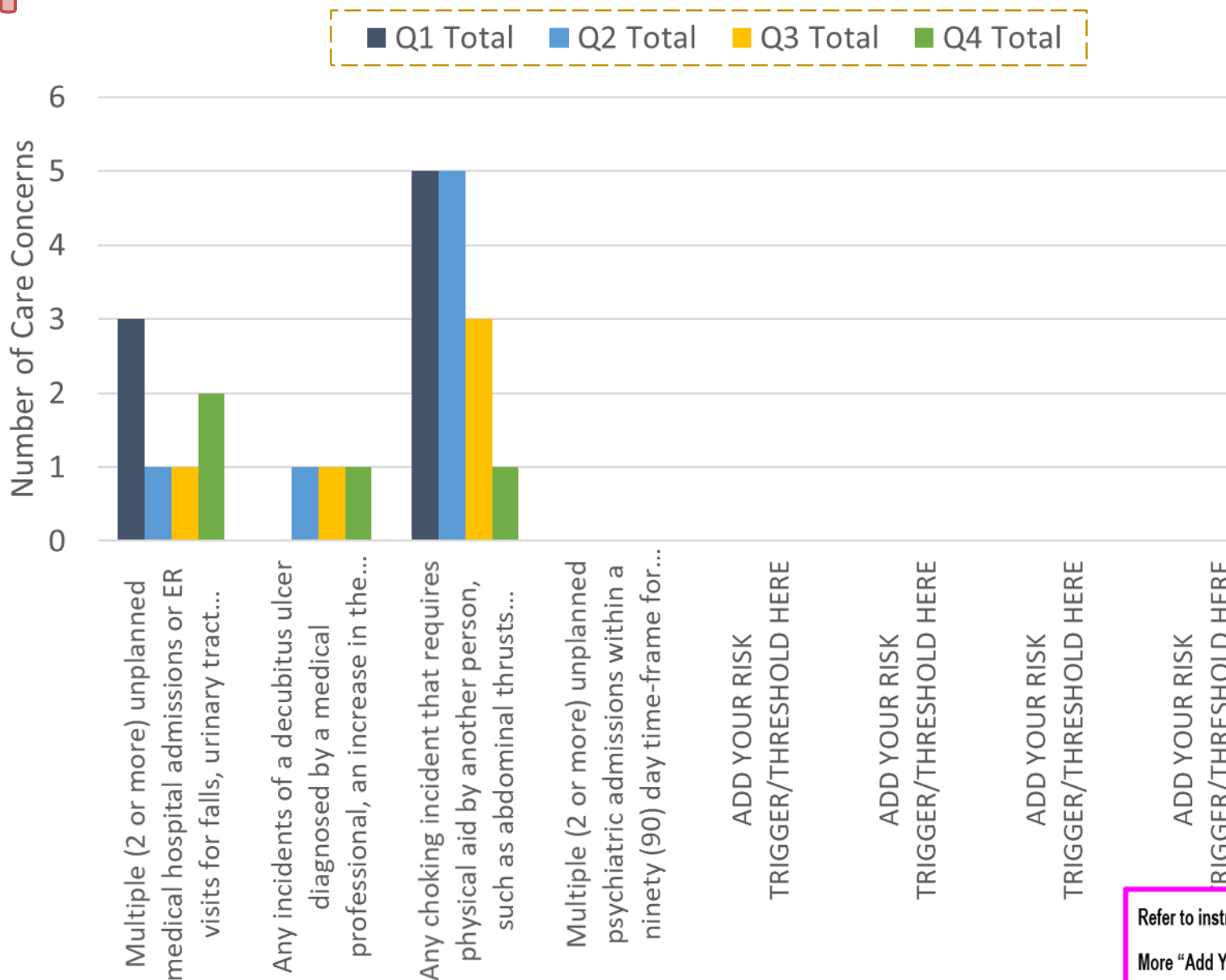
Annual Review

ANNUAL REVIEW. Dates covered: 1/1/23 to _12/31/23__.	Risks, Conditions and Serious Incidents	Risk Triggers/Thresholds and Care Concerns	*Helpful Questions to Consider*
Summary of Findings	For 2023, Falls and UTIs, medication errors and dehydration had the highest number of incidents. For Level I, med errors was the highest, then UTIs and dehydration. For Level II, Falls were the highest followed by seizures, UTIs and aspiration pneumonia. There were two Level III incidents.	The highest care concern was choking. Followed by '2 or more' hospitalizations/ER visits. The lowest was decubitus ulcer and/or bowel obstruction.	*What does the data tell you? What are the highest risks/incidents? What are the lowest? What do the risks/incidents in the middle tell you?*
Analysis of Trends	Seizures and Bowel obstruction increased in Q2 and Q3. Choking decreased after Q2.	Choking has decreased since improvement efforts were put in place. There are no clear trends in the other measures.	*What is happening with the data over time? Is there a pattern, or has a pattern changed? Is a particular risk getting better or worse? How do you know? What trends are concerning, or improving? Why?*
Potential Systemic Issues or Causes	In Q2 and Q3 we did an RCA of Level I med errors and discovered the main cause was errors due to staff shortages.	Staff were trained in choking and protocols, and individuals' protocols were reviewed. Acme believes this helped reduce the rate of choking.	*Why is a concerning risk or trend happening? Why is it getting better or worse? What are the potential causes? Have you done a root cause analysis (RCA)? What did it tell you?*
Indicated Remediation	We have tried staff training on med errors. The errors have become less serious but no change in the number of Level I incidents.	Continue to monitor choking rates for further improvement.	*What needs to be done to remediate (address or improve) a problem? Why is this is a good solution? What other options do you have? How did you pick this solution, instead of something else? Is a more detailed RCA needed?*
Steps Taken to Mitigate Potential for Future Incidents. *Consider if you need to update your Quality Improvement and/or Risk Management Plans.*	We are going to identify additional changes to reduce med errors, in addition to staff training.	None at this time.	*What have you done, or what will you do, to address this problem? Who, what, when, where, how did you/will you do it? What do you think will happen once these steps are taken? When do you expect to see improvement? Do you need to update your Quality Improvement and Risk Management Plans? How so?*
Other Recommendations	Consider a project to reduce falls, seizures and/or UTIs.	None at this time.	*Do you have other recommendations? Is anything working well that you think needs to spread to other locations?*

Use your review to complete the Annual Systemic Risk Assessment

- Regulation 520.C.5 requires to include a review of serious incidents.

- Regulation 520.D requires to include risk triggers and thresholds/care concerns.

Office of Licensing

Disclaimer: This document may be used as a template for a provider's Annual Systemic Risk Assessment pursuant to the requirements outlined in 12VAC35-105-520. This template should be individualized to your agency and scope of services provided.

This is not a required template for a provider's Annual Systemic Risk Assessment; however, utilization of this template will assist providers in achieving compliance with the regulatory requirements of 12VAC35-105-520.

Be sure to sign and date the last page.

Annual Systemic Risk Assessment TEMPLATE

Provider Name: [Name of Provider] Click or tap here to enter text.

Policy #: [Enter Policy Number] Click or tap here to enter text.

Regulation: 12VAC35-105-520

Effective: [ ] Click or tap to enter a date.
Revised: [ ] Click or tap to enter a date.
[ ] Click or tap to enter a date.
[ ] Click or tap to enter a date.

Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	Date
Environment of Care						
Example: Compliance with all licensing regulations for Physical Environment and Fire Inspections.						

Virginia Department of Behavioral Health & Developmental Services

Systemic Risk Assessment

Office of Licensing

Disclaimer: This document may be used as a template for a provider's Annual Systemic Risk Assessment pursuant to the requirements outlined in 12VAC35-105-520. This template should be individualized to your agency and scope of services provided.

This _is not_ a required template for a provider's Annual Systemic Risk Assessment; however, utilization of this template will assist providers in achieving compliance with the regulatory requirements of 12VAC35-105-520.

Be sure to sign and date the last page.

Annual Systemic Risk Assessment TEMPLATE

Provider Name: Name of Provider ACME RESIDENTIAL FICTIONAL/EXAMPLE

Policy #: Enter Policy Number 12345

Regulation: 12VAC35-105-520

Effective: 1/1/2023

Revised: Click or tap to enter a date.

Click or tap to enter a date.

Click or tap to enter a date.

Example

Virginia Department of Behavioral Health & Developmental Services

Systemic Risk Assessment

Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	Date
			Review of Serious Incidents			
~~Example:~~ All serious incidents are reviewed per policy, but at least quarterly to identify trends.	All serious incidents and care concerns were reviewed quarterly per policy.	N/A	Continue quarterly review of serious incidents and care concerns.	None	NA	12/21/23
~~Example:~~ Medication errors are reviewed whether or not they resulted in an injury or harm.	All medication errors were reviewed quarterly per policy.	N/A	Continue quarterly review of medication errors.	None	NA	12/21/23
Level I Medication Errors	There were 30 Level I med errors during the year. RCA showed main cause to be staff shortage.	4	Identify additional strategies to reduce med errors and improve staff retention.	Add a goal to reduce Level I med errors by 30% during 2024 to the QI Plan and RM plan.	Yes	12/21/23
Falls	Falls was the highest type of Level II incident this year.	2	Work to better understand if there are systemic causes of falls and reduce rates.	Conduct a more in-depth root cause analysis of falls.	Yes	12/21/23
Click or tap here to enter						

Virginia Department of Behavioral Health & Developmental Services

Example

Systemic Risk Assessment

Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	Date
Risk Triggers and Thresholds (Care Concerns)						
Current care concerns as defined by the department include: • 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.	Care Concerns were reviewed quarterly and annually. The highest number of care concerns was for was choking. This was followed by '2 or more' hospitalizations/ER visits for falls, etc. The lowest was decubitus ulcer and/or bowel obstruction.	NA	Continue to monitor care concerns quarterly and annually. There was a decline in choking since Q2. We will continue to monitor choking rates for further improvement.	Monitor choking rates quarterly to see if improvement continues.	Yes	3/24/23

Example

Virginia Dep[artment of]
Behavioral [Health and]
Developmental Services

Reflection

What do you think of Acme Residential's process?

| Reviewing individual incident | Quarterly review | Annual review |

How do you see this relating to your work?

Tips and Reminders Related to Risk Management and the Root Cause Analysis Policy

Virginia Department of
Behavioral Health &
Developmental Services

12VAC35-105.520.A

The provider shall designate a person responsible for the risk management function who has completed department approved training, which shall include training related to risk management, understanding of individual risk screening, conducting investigations, root cause analysis, and the use of data to identify risk patterns and trends.

Regulation	Compliance*
520.A	77%

12VAC35-105-520.A: Tips and Reminders

Complete Required Training	Complete the required training for each topic area as outlined in the Crosswalk of DBHDS Approved Risk Management Training. Indicate on the risk management attestation form the training the risk manager completed and include the date completed. https://dbhds.virginia.gov/wp-content/uploads/2022/08/Updated-Crosswalk-of-DBHDS-Approved-Attestation-Trainings_August-2022.pdf Updated Risk Management Attestation Form (August 2022) Only the DBHDS Risk Management Attestation form can be used to demonstrate compliance. Training certificates from other organizations do not meet compliance for this regulation.
Sign the Attestation	Ensure the Risk Management Attestation form is complete and that it is signed by the designated risk manager and their supervisor. Annual retraining is not required; therefore the attestation form does not need to be completed annually. However, a new attestation form must be completed when there is a change in the designated risk manager as the new risk manager would be required to complete the approved risk management training. Also, attestations do not transfer from provider to provider.
Job Description	Ensure the Risk Manager's job description includes the risk management functions and responsibilities.

12VAC35-105-520.B

The provider shall implement a written plan to identify, monitor, reduce, and minimize harms and risk of harm, including personal injury, infectious disease, property damage or loss, and other sources of potential liability.

Regulation	Compliance*
520.B	89%

12VAC35-105-520.B: Tips and Reminders

Must address all components	Make sure the risk management plan includes all the components outlined in 520.B.
Risk Management Plan	Make sure it is a "plan" and not a policy.
RM Plan and QI Plan	For Risk Management Plans that are integrated with an overall Quality Improvement Plan, the provider is expected to identify the sections that address the Risk Management requirements. The combined plan would need to be dated since the Quality Improvement Plan is required to be updated at least annually.

12VAC35-105-520.C.1-5

The provider shall conduct systemic risk assessment reviews at least annually to identify and respond to practices, situations, and policies that could result in the risk of harm to individuals receiving services.

The risk assessment review shall address at least the following:

1. The environment of care;
2. Clinical assessment or reassessment processes;
3. Staff competence and adequacy of staffing;
4. Use of high risk procedures, including seclusion and restraint; and
5. A review of serious incidents

Provider Compliance

Regulation	Compliance*
520.C.1	85%
520.C.2	81%
520.C.3	80%
520.C.4	79%
520.C.5	85%

Virginia Department of
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Developmental Services

12VAC35-105-520.C.1: Tips and Reminders

Objective	The objective is to provide a safe, functional and effective environment for individuals served, staff members and others.
Safety Inspections	Results of safety inspections should be incorporated into the systemic risk assessment.
Risks	Organizations will have different risks associated with its environment of care and providers need to think about its environment of care and the potential risks.
Internal and External Factors	Conduct an examination of what internal and external factors or situations could cause harm to the individuals served or that could negatively impact the organization.
Optional Template	Use of the Annual Systemic Risk Assessment template developed by DBHDS will assist providers in achieving compliance.

12VAC35-105-520.C.2: Tips and Reminders

Assessment	Examples of assessments include physical exams that are completed prior to admission or any time that there is a change in the individual's physical or mental condition.
Reassessments	Reassessments include: reviews of incidents in which the individual was involved, and reviews of the individual's health risks.
Risk Manager	Persons designated as responsible for the risk management function need not be engaged in the clinical assessment or reassessment process but should review these processes during the risk assessment review.
Other Examples	"Admission assessments include risk of harm to self or others"; "Physical exams for individuals are completed annually"; "Assessments and reassessments include a fall risk assessment"; "Reassessments include a review of incidents in which the individual was involved"
Optional Template	Use of the Annual Systemic Risk Assessment template developed by DBHDS will assist providers in achieving compliance.

12VAC35-105-520.C.3: Tips and Reminders

Staff Competence and Adequacy of Staffing	Staff competency and adequacy of staffing must both be addressed in the systemic risk assessment review
As part of the annual systemic risk assessment, the provider might ask such questions:	Do all employees meet the minimum qualifications to perform their duties? Have the employees/contractors received the necessary training to enable them to support the individuals' receiving services and to carry out their job responsibilities? What was the staff turnover rate? What issues impacted the staffing plan over the past year?
Optional Template	Use of the Annual Systemic Risk Assessment template developed by DBHDS will assist providers in achieving compliance.

12VAC35-105-520.C.4: Tips and Reminders

Consider what high risk procedures are being used	Do we use seclusion and restraint? Do we administer high risk medications? How do we transfer individuals who are non-ambulatory? Much more…
Based on a provider's high risk procedures, they should ask the following	Are we following applicable laws and regulations that govern their use? Are we reviewing procedures to determine whether they are still appropriate? Are staff who are implementing high risk procedures qualified to do so? Is the use of seclusion and restraint, in compliance with Human Rights Regulations?
Optional Template	Use of the Annual Systemic Risk Assessment template developed by DBHDS will assist providers in achieving compliance.

12VAC35-105-520.C.5: Tips and Reminders

Policy	The provider should maintain an updated policy that defines who has the authority and responsibility to act when a serious incident or a pattern of serious incidents indicates that an individual is at risk.
Review of Incidents	Quarterly-In accordance with 160.C, all serious incidents (Level I, II and III) are to be reviewed at least quarterly to analyze for trends, potential systemic issues or causes, indicated remediation, and documentation of steps taken to mitigate the potential for future incidents. Annually-Conduct the systemic risk assessment and include all data from serious incidents
Analyzing Trends	The provider must have evidence that they completed an **analysis of trends** from their quarterly review of serious incidents, identified potential systemic issues or causes, indicated remediation and planned/implemented steps taken to mitigate the potential for future incidents. This includes **identifying year-over-year trends and patterns** and the use of baseline data to assess the effectiveness of risk management systems.
Common Risks and Conditions	Provider's systemic risk assessment should identify the incidences of common risks and conditions that occurred. DD providers would focus on incidences of common risks for individuals served.
Optional Tool and Template	Use of the Risk Tracking Tool and the Annual Systemic Risk Assessment template developed by DBHDS will assist providers in achieving compliance.

12VAC35-105-520.D

The systemic risk assessment process shall incorporate uniform risk triggers and thresholds as defined by the department.

Regulation	Compliance*
520.D	79%

12VAC35-105-520.D: Tips and Reminders

Care Concerns	Providers who had care concerns must indicate in their Systemic Risk Assessment how they addressed the care concerns in their risk management process.
No Care Concerns	If the provider has not had any care concerns, the Systemic Risk Assessment review process must outline how they we would address care concerns if they were to occur.
Optional Tool and Template	Use of the Risk Tracking Tool and the Annual Systemic Risk Assessment template developed by DBHDS will assist providers in achieving compliance.

12VAC35-105-520.E

The provider shall conduct and document that a safety inspection has been performed at least annually of each service location owned, rented, or leased by the provider. Recommendations for safety improvement shall be documented and implemented by the provider.

Regulation	Compliance*
520.E	90%

12VAC35-105-520.E: Tips and Reminders

Safety Inspection	The provider shall conduct and document that a safety inspection has been performed at least annually of each service location owned, rented, or leased by the provider. Recommendations for safety improvement shall be documented and implemented by the provider.
Environment of Care 520.C.1	A review of the environment of care (12VAC35-105-520.C.1), should consider the results of the annual safety inspections (12VAC35-105-520.E), when applicable, but is broader than a safety inspection. The environment of care is not the safety inspection but may include results of safety inspections.

12VAC35-105.160.E.2.a-d

2. The provider shall develop and implement a root cause analysis policy for determining when a more detailed root cause analysis, including convening a team, collecting and analyzing data, mapping processes, and charting causal factors, should be conducted. At a minimum, the policy shall require for the provider to conduct a more detailed root cause analysis when:

a. A <u>threshold number</u>, as specified in the provider's policy based on the provider's size, number of locations, service type, number of individuals served, and the unique needs of the individuals served by the provider, of similar Level II serious incidents occur to the same individual or at the same location within a six-month period;

b. Two or more of the same Level III serious incidents occur to the same individual or at the same location within a six-month period;

c. A <u>threshold number</u>, as specified in the provider's policy based on the provider's size, number of locations, service type, number of individuals served, and the unique needs of the individuals served by the provider, of similar Level II or Level III serious incidents occur across all of the provider's locations within a six-month period; or

d. A death occurs as a result of an acute medical event that was not expected in advance or based on a person's known medical condition.

Provider Compliance

Regulation	Compliance*
160.E.2.a	83%
160.E.2.b	86%
160.E.2.c	81%
160.E.2.d	89%

12VAC35-160-E.2.a-d: Tips and Reminders

Policy	When developing the root cause analysis policy, providers should take into consideration the number of locations, the number of individuals receiving services, the type of services the provider provides, and the unique needs of the individuals. The term threshold, as it relates to the regulations, mandates that the provider must establish a criteria by setting an amount or number that, if met, will require them to conduct a more detailed root cause analysis.
160.E.2.a and 160.E.2.c	Regulations 160.E.2.a and 160.E.2.c both require the provider to determine a threshold number for their policy.
160.E.2.b and 160.E.2.d	The regulations include the minimum regulatory requirement for the policy.
Threshold	Once a threshold has been met, then the provider is responsible for conducting a more detailed root cause analysis of the incident(s) that resulted in meeting the threshold.
Serious Incident Review and Root Cause Analysis Template was developed to be used as:	An internal reporting tool for serious incidents A tool for completing a Root Cause Analysis A tool that can be used to determine if a more detailed Root Cause Analysis is needed. Utilization of this template will assist providers in achieving compliance.

Regulations

FAQs

- Question: Sometimes multiple unplanned hospital visits occur because the hospitals prematurely discharge despite our advocacy. Then, if the individual continues to need medical attention and we take them back to appropriately seek care, we might be "dinged" for doing exactly what we should be doing. We sometimes seem to be 'answering for' the hospital's lack of appropriate care. How should care concerns be addressed in this situation?

Answer: When care concern thresholds are met, it may be an indication that a provider could benefit from re-evaluating an individual's needs and supports, reviewing the results of their root cause analysis, or even making more systemic changes.

However, the Office of Licensing realizes that providers who support individuals with higher needs may have a higher number of incidents. **Therefore, just because an incident meets a care concern threshold does not mean that a provider is not doing what they are supposed to be doing or that the OL has concerns. Keep in mind that serious incident reports are not punitive.**

- **Question:** Do you need a nurse on staff to conduct risk management activities?

Answer: In accordance with regulation 12VAC35-105-520.A.: **The provider shall designate a person responsible for the risk management function who has completed department approved training, which shall include training related to risk management, understanding of individual risk screening, conducting investigations, root cause analysis, and the use of data to identify risk patterns and trends.**

This person responsible for the risk management function is required to complete the DBHDS Approved Risk Management Training Updated Crosswalk of DBHDS Approved Attestation Trainings (August 2022). Additionally, the person responsible for risk management shall attest to the completion of required training by signing and dating the DBHDS Risk Management Attestation Form. The Attestation shall also be signed and dated by the person's direct supervisor, if applicable. The Attestation form does not need to be submitted directly to the Office of Licensing upon completion; however, the form must be kept on file and presented upon request by the Office of Licensing during both on-site and remote inspections.

Virginia Department of Behavioral Health & Developmental Services

- Question: How often does the systemic risk assessment need to be completed?

Answer: **The provider shall conduct systemic risk assessment reviews at least annually to identify and respond to practices, situations, and policies that could result in the risk of harm to individuals receiving services.** Remember that the risk assessment review shall address at least the following:

1. The environment of care;
2. Clinical assessment or reassessment processes;
3. Staff competence and adequacy of staffing;
4. Use of high risk procedures, including seclusion and restraint; and
5. A review of serious incidents.

- **Question:** What are the differences required per provider when it comes to systemic risk assessment? For instance, an in-home provider versus a group home service. It would be helpful if the department could break it down so different providers can understand more specifically what applies to their setting.

Answer: **All regulations apply to all licensed services unless specifically stated otherwise.**

An assessment of the environment of care for community based services should include an analysis of the risks associated with the provision of services in the community, and any risks unique to the community locations where services are expected to be provided. While providers may not have direct control over these risks, analysis of them will help the provider develop a plan to mitigate those risks.

For suggestions on what to include in the systemic risk assessment (520.C and 520.D) please review the Guidance for Risk Management (LIC 21) and the training documents located on the Office of Licensing website.

Virginia Department of
Behavioral Health &
Developmental Services

- **Question:** What is considered a high risk medication in terms of an example used in the systemic risk assessment?

Answer: **A high risk medication is a medication that carries a greater than typical risk of serious side effects or other complications.** When conducting a risk assessment, a provider shall consider the use of high risk procedures. More information on systemic risk assessment can be found in Guidance for Risk Management (LIC 21) and the training documents located on the Office of Licensing website.

- **Question:** If providers have already completed their systemic risk assessment and updated their risk management plan before this training, is the expectation that providers will update it again before their annual assessment?

Answer: A provider only needs to update their Systemic Risk Assessment and Risk Management Plan if:

1. The provider was non-compliant during last year's inspection; or
2. After completion of this webinar, the provider determines themselves that they are not in compliance with the regulations.

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- **Question:** Can you briefly explain key differences between risk management plan vs quality improvement plan?

Answer: **A quality improvement (QI) plan** is a detailed work plan developed by a provider that defines steps the provider will take to **review the quality of services it provides and to manage initiatives to improve quality**. A quality improvement plan consists of systematic and continuous actions that lead to measurable improvement in the services, supports, and health status of the individuals receiving services. A QI plan includes measurable goals and objectives as well as progress toward meeting those goals.

 A written risk management plan focuses on **identifying, monitoring, reducing, and minimizing harms and risk of harm** through a continuous, comprehensive approach. The risk management plan should include identifying year-to-year trends and patterns and the use of baseline data to assess the effectiveness of risk management systems.

- **Question:** Is the Root Cause Analysis (RCA) supposed to be done monthly, every quarter, or yearly?

Answer: **A root cause analysis shall be conducted by the provider within 30 days of discovery of Level II serious incidents and any Level III serious incidents that occur during the provision of a service or on the provider's premises.**

The provider shall also develop and implement a root cause analysis policy for determining when a more detailed root cause analysis should be conducted (12VAC35-105-160.E.2).
RCA shall also be conducted as part of a provider's quality improvement or risk management program as RCA is considered a standard quality improvement tool to identify the underlying causes of a problem. The focus of a root cause analysis is on systems, processes, and outcomes that require change to reduce the risk of harm.

ROOT CAUSE

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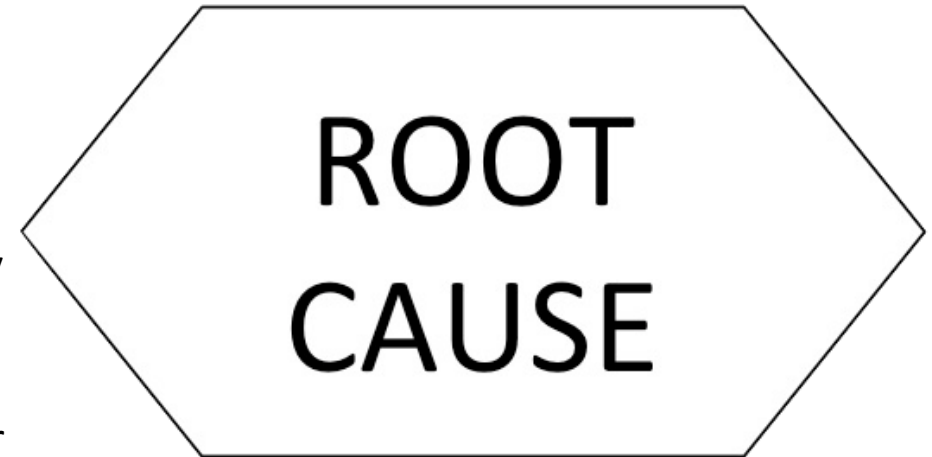
- **Question:** How do providers receive feedback related to their policies and procedures? It may be helpful if providers knew especially what their identified issues are as it applies to the regulations.

Answer: Providers may reach out to their Licensing Specialist to seek feedback related to their policies and procedures.

If a provider is cited during an inspection, an exit interview should occur which provides an opportunity to discuss areas of non-compliance as well as recommendations for coming into compliance with the regulations.

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- Look at the end of the Flow Chart
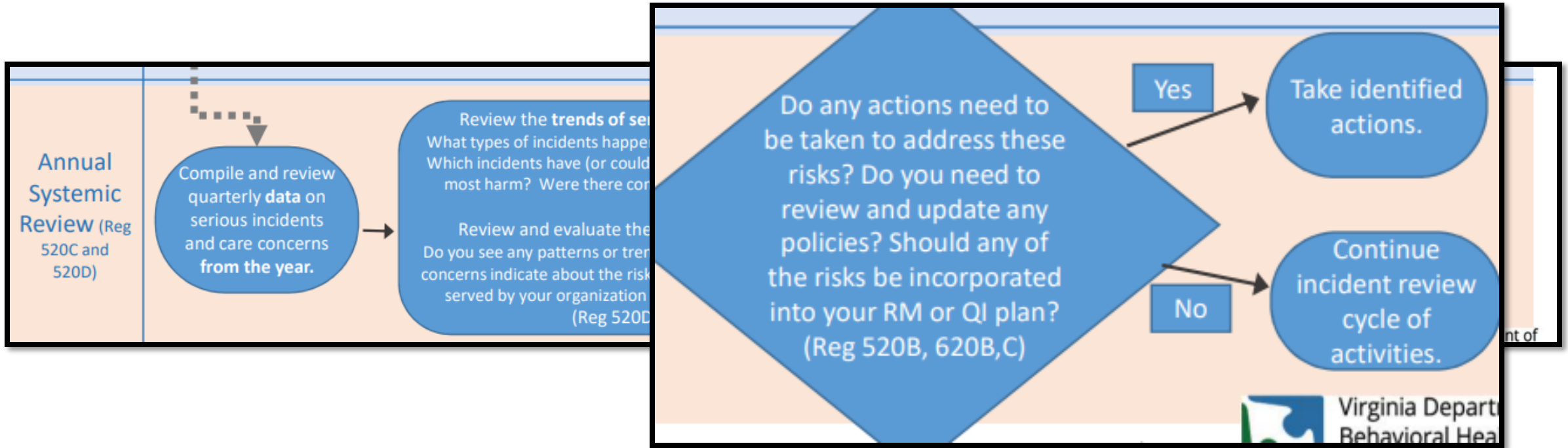
Taking it further

Creating a measurable goal and objective (620C.2.)

SMART =
Specific, Measurable, Achievable, Relevant, Time-bound

Goal: By December 31, 2024, Acme Residential want to <u>reduce the number of Level I medication errors by 30%.</u> The baseline during 2023 was 30 med errors; the goal is 21 med errors or fewer.

<u>We will incorporate this into the Quality Improvement Plan (620B).</u>

We will incorporate our strategies to reduce medication errors into the Risk Management plan (520B).
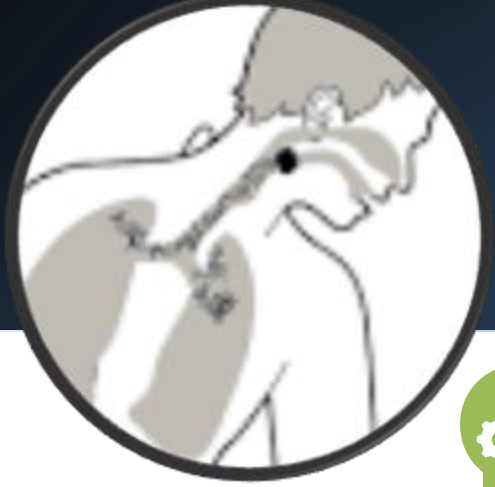
Taking it further

Creating a measurable goal and objective (620C.2.)

SMART =
Specific, Measurable, Achievable, Relevant, Time-bound

Goal: By December 31, 2024, Acme Residential want to reduce the <u>number of care concerns due to choking to zero</u>. The baseline during 2023 was 7 choking care concerns.

<u>We will incorporate this into the Quality Improvement Plan (620B).</u>

We will incorporate our strategies to reduce <u>choking care concerns</u> into the Risk Management plan (520B).

Taking it further

Incorporate into the Risk Management Plan (520B)

Link to example:
https://dbhds.virginia.gov/assets/doc/QMD/OL/sample-provider-risk-management-plan-6-2021.pdf

Incorporate into the Quality Improvement Plan (620B)

Link to example:
https://dbhds.virginia.gov/assets/doc/QMD/OL/sample-provider-quality-improvement-plan-6-2021.pdf

The Office of Licensing will be releasing new templates to assist with these functions later this year!

At a Glance Flow Chart – Incident Reviews

Individual Event

Provider becomes aware of incident →

Record information (data) about the incident:
Type (ER Visit, Hospital Admission, choking),
Reason (e.g. fall, obstructed airway),
Demographic information (e.g. gender, age, SIS level)

→ **Level I** → **Document incident** for internal tracking (Reg. 160C)

→ **Level II or Level III** → **Report in CHRIS** within 24 hours (Reg. 160D2)

→ **Conduct Root Cause Analysis (RCA) within 30 days (Reg. 160E)**
Has this happened before? Is it a care concern? Are there changes to the individual's needs, medical or behavioral concerns? Is the current care plan adequate? Is a more detailed RCA needed? (Reg. 160E2) Has this happened to others? Is it a systemic issue?

→ **Take action to address root causes. (Reg. 160E)**

30 Days

Quarterly Review (Reg. 160C)

Compile data on serious incidents and care concerns.
Include the Individual Care Concern LSA Notification report from CHRIS.
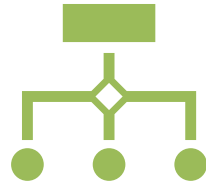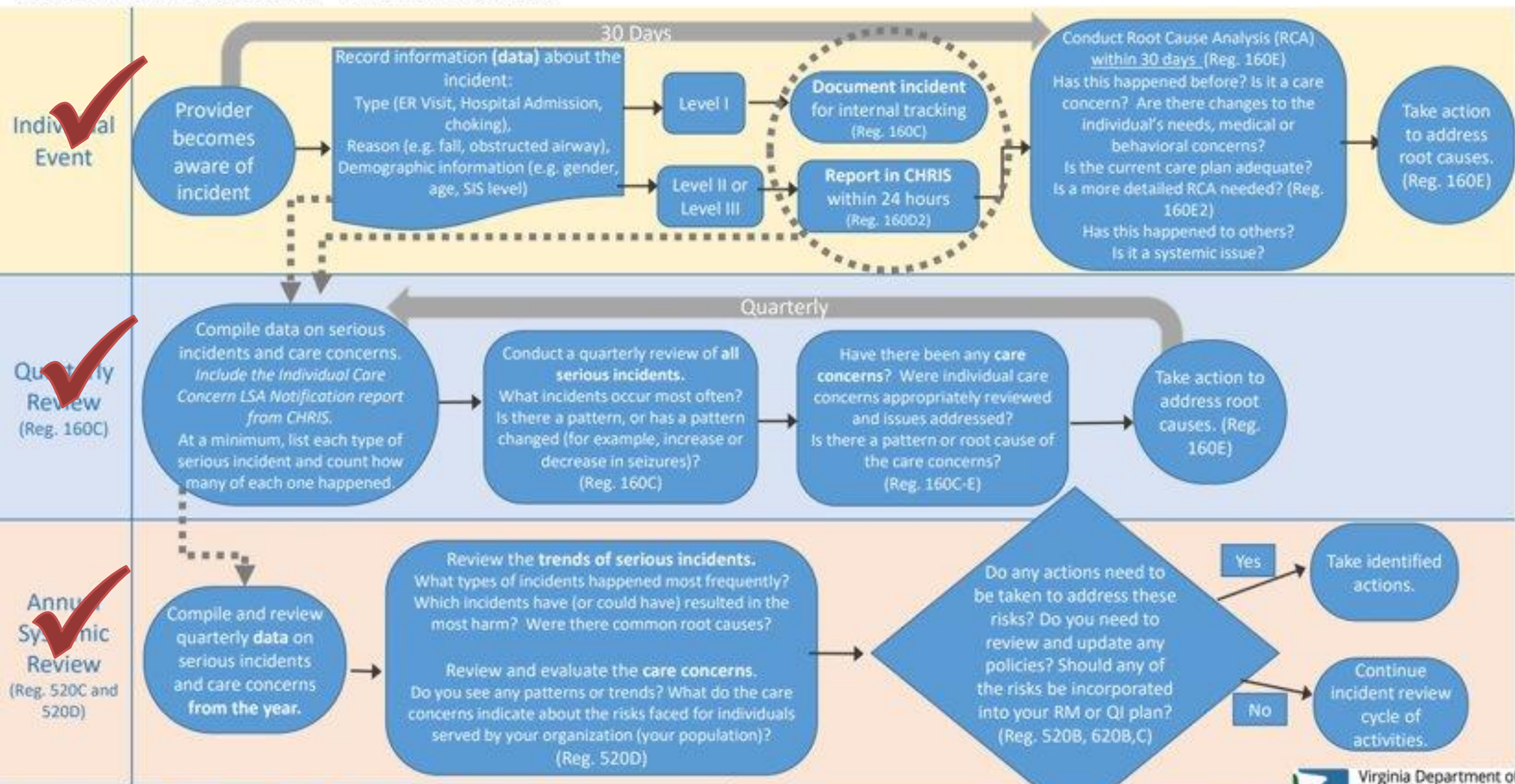At a minimum, list each type of serious incident and count how many of each one happened.

→ **Conduct a quarterly review of all serious incidents.**
What incidents occur most often? Is there a pattern, or has a pattern changed (for example, increase or decrease in seizures)? (Reg. 160C)

→ **Have there been any care concerns?** Were individual care concerns appropriately reviewed and issues addressed? Is there a pattern or root cause of the care concerns? (Reg. 160C-E)

→ **Take action to address root causes. (Reg. 160E)**

Quarterly

Annual Systemic Review (Reg. 520C and 520D)

Compile and review quarterly data on serious incidents and care concerns from the year.

→ **Review the trends of serious incidents.**
What types of incidents happened most frequently? Which incidents have (or could have) resulted in the most harm? Were there common root causes?

Review and evaluate the care concerns.
Do you see any patterns or trends? What do the care concerns indicate about the risks faced for individuals served by your organization (your population)? (Reg. 520D)

→ **Do any actions need to be taken to address these risks? Do you need to review and update any policies? Should any of the risks be incorporated into your RM or QI plan? (Reg. 520B, 620B,C)**

→ **Yes** → **Take identified actions.**

→ **No** → **Continue incident review cycle of activities.**

Symbol bank: Start / End, Process, Decision, Label, Document, Flow of activities, Flow of data

Wrap Up

Thanks for attending this training!

Reminders:
- A FAQ will be sent after the training.
- Slides and handouts will also be sent out.

Post-test- don't leave before doing this!
- Link: https://forms.office.com/g/Bzvi7mnkz6

Virginia Department of
Behavioral Health &
Developmental Services

Existing Risk Management Resources

QI-RM-RCA Webinar Recording December 2021 (February 2022)

QI-RM-RCA Webinar (December 2021)

Risk Management & Quality Improvement Strategies Training by the Center for Developmental Disabilities Evaluation and Research – Handout (December 2020)

Risk Management & Quality Improvement Strategies Training by the Center for Developmental Disabilities Evaluation & Research – Recorded Webinar (December 2020)

Updated Crosswalk of DBHDS Approved Attestation Trainings (August 2022)

Updated Risk Management Attestation Form (August 2022)

Sample Provider Systemic Risk Assessment (February 2022)

Sample Provider Risk Management Plan (June 2021)

Flow-Chart Incident Reviews (April 2022)

Virginia Department of Behavioral Health & Developmental Services

Existing Risk Management Resources

QI-RM-RCA Webinar (December 2021)

Regulatory Compliance with Risk Management Regulations Training (December 2021)

Risk Management Tips and Tools Training (June 2021)

Risk Management & Quality Improvement Strategies Training by the Center for Developmental Disabilities Evaluation & Research – Recorded Webinar (December 2020)

Risk Management Training (November 2020)

2023 Care Concern Threshold Criteria Memo (February 2023)

IMU Care Concern PowerPoint Training (February 2023)

Risk Triggers and Threshold Handout (February 2023)

Risk Management Q&A's (Updated July 2022)

Additional Resources

- Office of Clinical Quality Improvement
  - DBHDS YouTube Videos on Quality Improvement: https://www.youtube.com/playlist?list=PLmFe443VQ9xUxxc85z--thJUFCjjKrTfL
  - List of Quality Improvement Resources: https://dbhds.virginia.gov/wp-content/uploads/2022/10/QI-Resources_revised-10.22.pdf

Virginia Department of Behavioral Health & Developmental Services

Thank you!