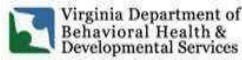


SOP-Training Center Incident/Death/Re-admission Review



DBHDS INSTRUCTION

Subject: SOP for Post Move Monitoring review of records and documentation related to an individual's serious incident, death, and/or Training Center Readmission or change in placement.

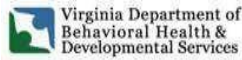
I. Purpose.

- a. Implementation of a systematic process to review records and documentation for researching and identifying the factors leading to incidents, death, readmission, or loss of community placement. The process analyzes the findings and identifies additional supports for stabilizing and maintaining the current placement and/or identifying areas for improvement to ensure successful planning for future transitions to a more integrated setting.

II. Definitions.

- a. **Individual:** This means a person who previously received supports in a Virginia Training Center and was discharged to the community under the DOJ Initiative.
- b. **Community Integration Manager (CIM):** This means the central office position physically located at each training center that is responsible for coordinating the implementation of policies, procedures, regulations and other initiatives related to ensuring individuals residing in training centers are served in the most integrated setting appropriate to their needs and desires. This position provides support and direction to all aspects of the individual's transition to the community including addressing identified barriers to discharge.
- c. **Community Services Board (CSB):** This means the public body established pursuant to §37.2-501 or §37.2-602 of the Code of Virginia that serves the area in which an adult or in which a minor's parent or guardian resides, and that provides support coordination and discharge planning support to an individual living in a training center.
- d. **Personal Support Team (PST):** This means a team, formally known as an interdisciplinary team (IDT), of professionals, paraprofessionals, and non-professionals who possess the knowledge, skills, and expertise necessary to accurately identify a specific individual's comprehensive array of needs and design a program that is responsive to those needs. At a minimum, the PST includes the individual, Authorized Representative (AR)/Substitute

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Decision Maker (SDM), CSB support coordinator, and other invited members of the individual's interdisciplinary team or those involved in the individual's life.

- e. **Post Move Monitor (PMM):** This means a training center or designated Central Office employee, whose job functions include monitoring and assisting individuals as they transition from the training center to community living to ensure that the ongoing needs of the individual are being met in the new placement and that essential and non-essential supports agreed upon in the discharge plan are being provided. This includes monitoring the individual's adjustment to his or her new home; recommending additional support services to the individual, AR/SDM, provider, or CSB; providing necessary recommendations to the community provider to resolve identified concerns; and documenting steps on the post-move monitoring action plan.
- f. **Occurrence:** Any event not required to be reported in the Community Human Rights Information System (CHRIS) or request for assistance discussed with a CIM, PMM, or other training center staff related to an individual who has been discharged from a training center. This may include, but is not limited to, requests for historical information or records, participation in meetings regarding obtaining additional services, issues related to benefits or changing payee, etc.

III. Procedures:

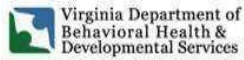
- a. PMM or designated staff receives notification of an individual's readmission to a training center, serious incident, or death.
 - i. Notification and admission date to be confirmed with Training Center CIM
 - 1. CIM updates Health and Human Services Report to reflect the readmission.
 - ii. Incident follow up process is initiated within two business days of notification. The Incident/Readmission/Occurrence Report Follow Up document is used to capture all relevant information obtained during the review.
 - iii. Description of report components:
 - 1. **Reason for Review:** describe the notification type and the events as described by the notification.
 - 2. **Findings** will be determined through the internal review of the discharge and post move monitoring processes as related to the factors leading to the incident and/or Readmission.
 - a. Review the following:
 - i. Discharge Plan and Discussion Record with focus on Essential Supports.
 - ii. Training Records

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- iii. Post Move Monitoring Reports
- iv. PMM Incident Report Follow Up document.
- b. Factors to consider when reviewing above components:
 - i. Information related to incident that was shared/not shared during the discharge process.
 - ii. Confirmation that essential supports were/were not identified.
 - iii. Training was/was not completed by discharging Training Center
 - iv. Essential supports were/were not observed during the Post Move Monitoring Process
 - v. Additional support needs were/were not identified and implemented during the PMM process and/or in response to an incident.
- 3. Recommendations/Action Taken**
 - a. Factors leading to incident and/or readmission are identified and supports are implemented.
 - b. Information reported to CIM, OHR, and OLS.
- 4. Conclusion** will be determined by the findings, and will include:
 - a. A summary of factors that led to incident/s, death or readmission.
 - b. Recommendations
 - c. Actions taken.
- iv. The information will be utilized in future transition and discharge planning to decrease the risk of re-occurrence.
- v. The report is made available for review by the Training Center CIM as well as the Office of Human Rights and Office of Licensing.
- vi. For readmissions, the Training Center CIM will review and post the completed report on the Community Integration Project Team (CIPT) drive in the Training Center Readmissions Folder.
- vii. For deaths and readmissions, the Summary Review of Readmission/Loss of Placement/Death report should be completed and placed on the Post Drive.

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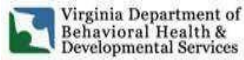
V. References.

- a. 12VAC35-115 Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department (DBHDS)
- b. DI 216(RTS) 12 Training Center Responsibilities Related to Person-Centered Discharge Planning, June 1, 2012
- c. United States of America v. Commonwealth of Virginia Settlement Agreement filed in the United States District Court for the Eastern District of Virginia, Richmond Division, January 2012. Section IV Discharge Planning and Transition from a Training Center, IV.B.5, IV.B.14, Section IV.C.6, IV.D.2.a and f, IV.D.3.

VI. Attachments

- a. Incident/Readmission/Occurrence Report Follow Up and Updates
- b. Summary Review of Readmission/Loss of Placement/Death

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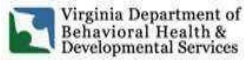
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Incident/Readmission/Occurrence Report Follow Up and Updates

Training Center (TC):	Choose an item.
Individual:	Click here to enter text.
TC Discharge Date:	Click here to enter a date.
Date of Most Recent Incident:	Click here to enter a date.
Is the current placement at Risk?	Click here to enter text.
What support(s) does the provider need to continue supporting the individual?	Click here to enter text.
Current Community Residence:	Click here to enter text.
Address:	Click here to enter text.
Prior Residence:	Only applicable if individual has moved since community transition.
Move Date:	Only applicable if individual has moved since community transition.
Date of Incident #1:	Click here to enter a date.
Date of Review:	Click here to enter a date.
Reason for Review:	Click here to enter text.

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- Findings:**
- DPDR Final Pre-move dated
 - Medical Diagnosis upon discharge
 - Training Records:
 - Pre-Move Visits:
 - PMM Visits:

Conclusion: [Click here to enter text.](#)

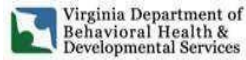
**Recommendations/
Action Taken:** [Click here to enter text.](#)

**Date Notification sent
distribution list:** [Click here to enter a date](#)

Submitted by: [Click here to enter text.](#)

Date of Follow Up	Person Entering Information	Update (Please confirm current skin integrity status. Were there any new decubitus ulcers acquired during hospitalization?)
Click here to enter a date.	Click here to enter text.	Click here to enter text.
Click here to enter a date.	Click here to enter text.	Click here to enter text.
Click here to enter a date.	Click here to enter text.	Click here to enter text.
Click here to enter a date.	Click here to enter text.	Click here to enter text.

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Summary Review of Readmission/Loss of Placement/Death

Individual Name

Original Discharge date: [Click here to enter a date.](#) **Readmission date:** [Click here to enter a date.](#)

Define the Problem:

Why is it happening?

Why:

Why is it happening?

Why:

Why is it happening?

Why:

Why is it happening?

Why:

Recommendation of what could have been done differently:

Action (What changes we have implemented unique to this):