GOOD MORNING, AND WELCOME BACK TO THE 3RD AND FINAL SESSION OF THE MINIMIZING RISK TRAINING...

WHERE WE HOPE TO HELP PROVIDERS MEET LICENSING REQUIREMENTS RELATED TO RISK---SPECIFICALLY

- 160 C
- 520 C
- 520 D, and beyond

THIS IS A JOINT TRAINING FROM THE OFFICE OF LICENSING AND THE OFFICE OF CLINICAL QUALITY MANAGEMENT.

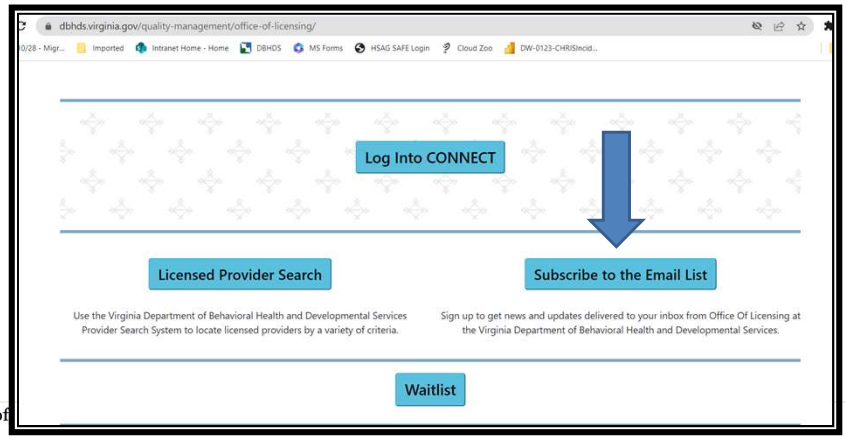
THIS 3-PART SERIES HAS BEEN DESIGNED SUCH THAT EACH SESSION BUILDS OFF THE PREVIOUS SESSION.

THIS IS PARTICULARLY IMPORTANT IF YOUR ORGANIZATION WAS PREVIOUSLY FOUND NON-COMPLIANT WITH ANY OF THE REGULATIONS WE HAVE BEEN COVERING OVER THE 3-DAY TRAINING.

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/



Virginia Department of Behavioral Health & Developmental Services

Slide 2

WE THANK YOU FOR BEING HERE! WE KNOW YOU ARE VERY BUSY AND WE APPRECIATE YOU TAKING TIME OUT OF YOUR BUSY SCHEDULES TO ATTEND THE SESSIONS.

TO MAKE SURE YOU GET ALL FUTURE ANNOUNCEMENTS FROM THE OFFICE OF LICENSING, INCLUDING TRAINING AND OTHER NOTICES, PLEASE SUBSCRIBE TO THE "FREE EMAIL LIST!"

THE LINK TO THE OFFICE OF LICENSING'S WEBPAGE IS PROVIDED ON THE SLIDE. AT THAT LINK, YOU SIMPLY CLICK ON THE "SUBSCRIBE TO THE EMAIL LIST" button, INDICATED UNDER THE BLUE ARROW SHOWN ON THIS SLIDE.

Introductions – Your Presenters Today

- Office of Licensing:
  - Mackenzie Glassco, Associate Director of Quality and Compliance
    - Mackenzie.Glassco@dbhds.virginia.gov
    - Michele Laird, Manager, Incident Management Unit
    - Michele.Laird@dbhds.virginia.gov
  - Larisa Terwilliger, Training Coordinator
    - Larisa.Terwiliger@dbhds.virginia.gov
- Office of Clinical Quality Management:
  - Britt Welch, Director, Office of Community Quality Management
    - Britton.Welch@dbhds.virginia.gov
  - Mary Beth Cox, Quality Improvement Coordinator
    - MaryBeth.Cox@dbhds.virginia.gov

Virginia Department of Behavioral Health & Developmental Services

Slide 3

YOU WILL HEAR FROM SEVERAL PRESENTERS TODAY:

FROM THE OFFICE OF LICENSING YOUR PRESENTERS WILL BE...

- **MACKENZIE GLASSCO, ASSOCIATE DIRECTOR OF QUALITY and COMPLIANCE**
- **MICHELE LAIRD, MANAGER of the INCIDENT MANAGEMENT UNIT, and**
- **LARISA TERWILLIGER, TRAINING COORDINATOR**

From the OFFICE OF CLINICAL QUALITY MANAGEMENT, you presenters will be...

- **MARY BETH COX, QUALITY IMPROVEMENT COORDINATOR, and**
- **Me, BRITT WELCH, DIRECTOR OF THE OFFICEOF COMMUNITY QUALITY MANAGEMENT**

Our two offices came together to develop this training, and we look forward to partnering in future trainings!

As in the previous 2 sessions, I wish to thank the different groups and colleagues that devoted numerous hours to produce this training.

Those folks include:

- **THE REGION 5 QUALITY COUNCIL MEMBERS**
- **THE MEMBERS OF THE RISK MANAGEMENT REVIEW COMMITTEE**
- **PROVIDER, CSB, and LICENSING SPECIALISTS WHO SERVED AS KEY INFORMANTS ON THE REGS AND TESTERS OF THE TOOLS YOU WILL BE INTRODUCED TO**
- **AND, OUR COLLEAGUES FROM THE:**
    - **OFFICE OF COMMUNITY QUALITY IMPROVEMENT**
    - **THE OFFICE OF CLINICAL QUALITY MANAGEMENT**
    - **THE OFFICE OF INTEGRATED HEALTH, and**
    - **THE 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.

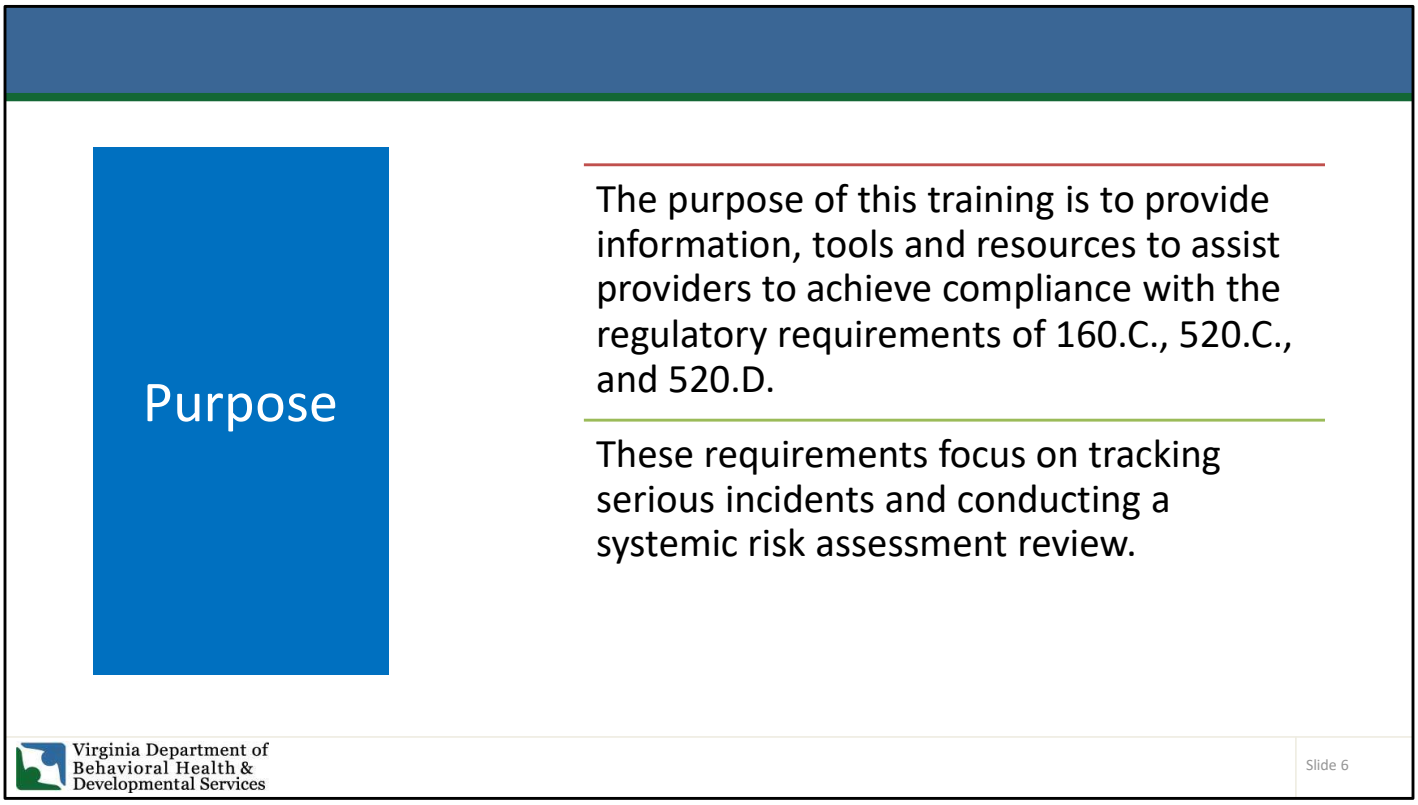
TO GO OVER A JUST A FEW HOUSEKEEPING ITEMS:

- **PLEASE put "ALL" your questions and comments in the "Q & A" feature, BY CLICKING ON THE "Q & A" ICON on your screen**
  - **AGAIN, PLEASE USE THE "Q & A" feature for your questions and comments**

- **Please note, we will try to answer some questions during today's session**
  - **However, we do have a time limit for the session and we want to ensure everybody sees the answers**
  - **So, most questions will be included in the FAQ which will be distributed "*AFTER*," TODAY'S SESSION.**
  - **AGAIN, "*AFTER*" TODAY'S SESSION A FAQ WILL BE PRODUCED AND DISTRIBUTED.**

- **THE SLIDES and DOCUMENTS WILL BE POSTED ON THE LICENSING WEBSITE**

WHAT DO SAY WE GET STARTED?



THE PURPOSE OF THIS 3-DAY TRAINING SERIES HAS BEEN TO PROVIDE YOU with INFORMATION...TOOLS...and RESOUCES that can ASSIST YOU in achieving COMPLIANCE with regulations:

- **160 C**
- **520 C**
- **520 D, along with**
- **The related skills and tasks that need to be completed.**

These 3 regulations focus on:
- **TRACKING SERIOUS INCIDENTS and**
- **CONDUCTING a SYSTEMIC RISK ASSESSMENT REVIEW**

In SESSION 1, WE FOCUSED ON THE SYSTEMIC RISK ASSESSMENT

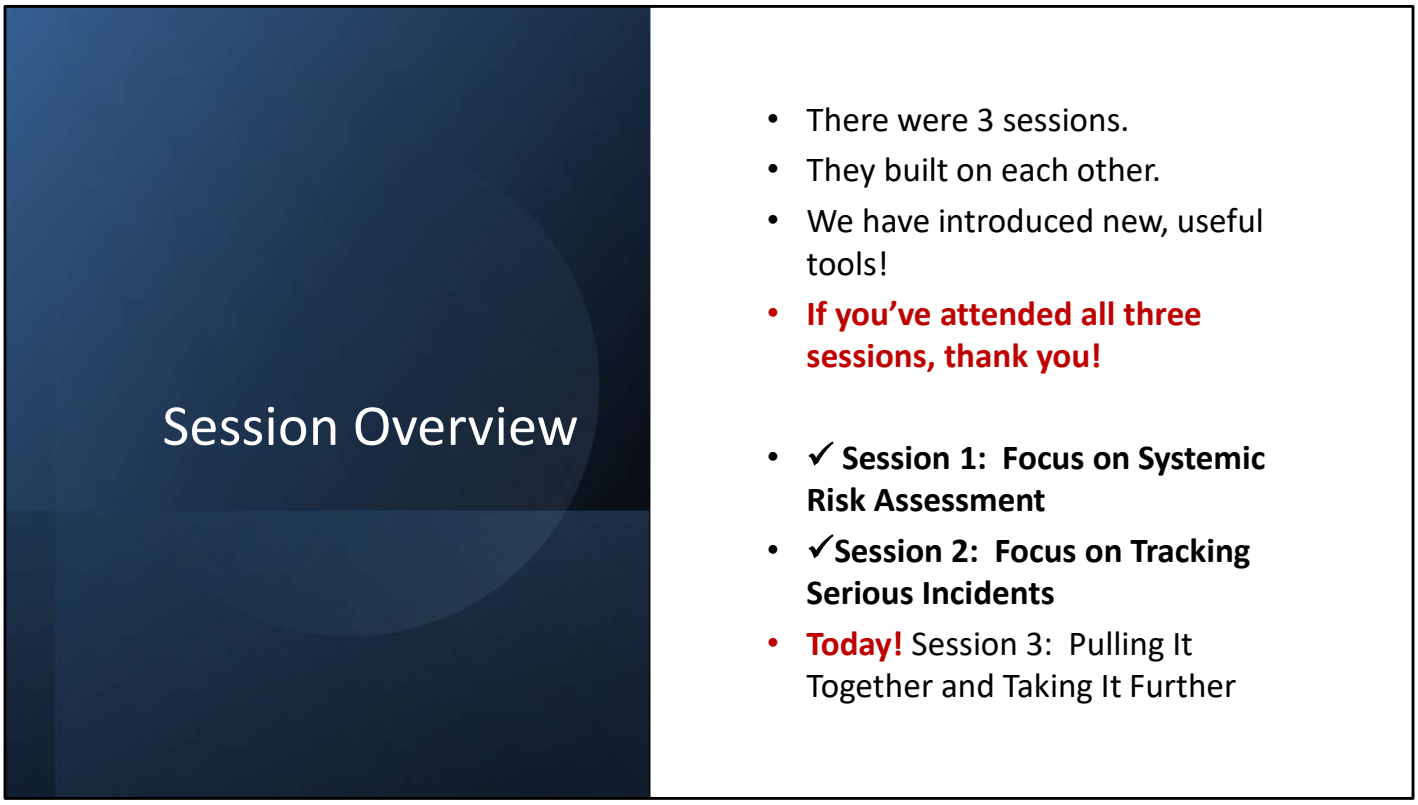
In SESSION 2, WE FOCUSED ON TRACKING SERIOUS INCIDENTS, including:
- **The AT A GLANCE FOLOW CHART**
- **SERIOUS INCIDENT DEFINITIONS, REPORTING AND CARE CONCERN CRITERIA**
- **The DELTA APPLICATION THAT'S THE WEB-BASED PORTAL TO ENSURE PRIVACY AND PROTECTION OF HEALTH RECORDS**
- **CHRIS REPORTING**
- **CARE CONCERN THRESHOLDS and THE ROLE OF THE INCIDENT MANAGEMENT UNIT**
- **PROVIDER RESPONSIBILITIES**
- **CONTRACTS AND RESOURCES**
- **ROOT CAUSE ANALYSIS, the RCA TEAMPLATE, ROOT CAUSE ANALYSIS POLICIES & PROCEDURES, ISSUES OBSERVED BY OL**
- **BASIC DATA TERMS**
- **BASIC RISKS and CONDITIONS**
- **We saw a DEMONSTRATION OF THE RISK TRACKING TOOL, and we had a**
- **HOMEWORK ASSIGNMENT**

SESSION 1 SERVED AS THE FOUNDATION FOR SESSION 2, and

SESSION 2 SERVES AS THE FOUNDATION FOR WHAT WE WILL BE COVERING TODAY.

I WILL REMIND YOU OF WHAT I SAID AT THE START OF THE TRAINING SERIES:

And that is: *YOU...CAN...DO THIS! YOU GOT THIS, FOLKS! YOU GOT IT!*



SO, SESSION 1 FOCUSED ON THE SYSTEMIC RISK ASSESSMENT

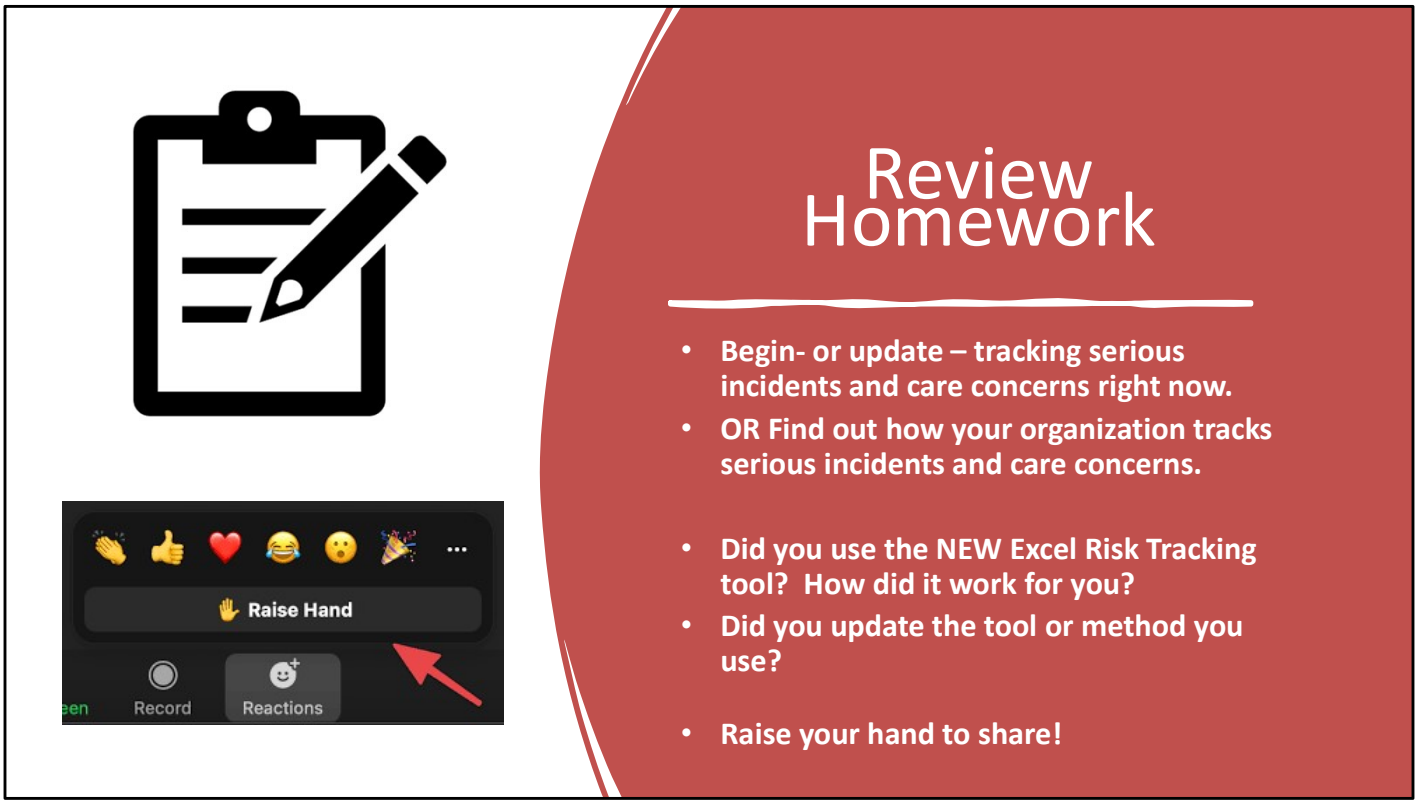
SESSION 2 FOCUSED ON TRACKING SERIOUS INCIDENTS

TODAY, WE PULL IT ALL TOGETHER, and lay the groundwork for TAKING IT FURTHER!

I DO WANT TO REMIND YOUR THAT THERE WILL BE A POST-TRAINING SURVEY AFTER THIS SESSION, LIKE THE 2 PREVIOUS SESSIONS.

PLEASE....TAKE TIME TO DO THE POST-TRAINING SURVEY, TODAY. We're allowing time during the session to do it, and helps us to know where *WE need to make improvements!*

OK, LET'S TAKE A LOOK AT WHAT THE HOMEWORK EXPERIENCE WAS LIKE FOR Y'ALL...



The homework assignment was to either *"BEGIN"* or to *"UPDATE"* your tracking of SERIOUS INCIDENTS and CARE CONCERNS.

A COUPLE OF QUESTIONS FOR YOU:

- **Did you use the new EXCEL Risk Tracking Tool?**
  - **IF YES, how did it work for you? OR,**
  - **Did you update the tool or method you use?**

LAST TIME, You did a WONDERFUL JOB of sharing you homework experience!

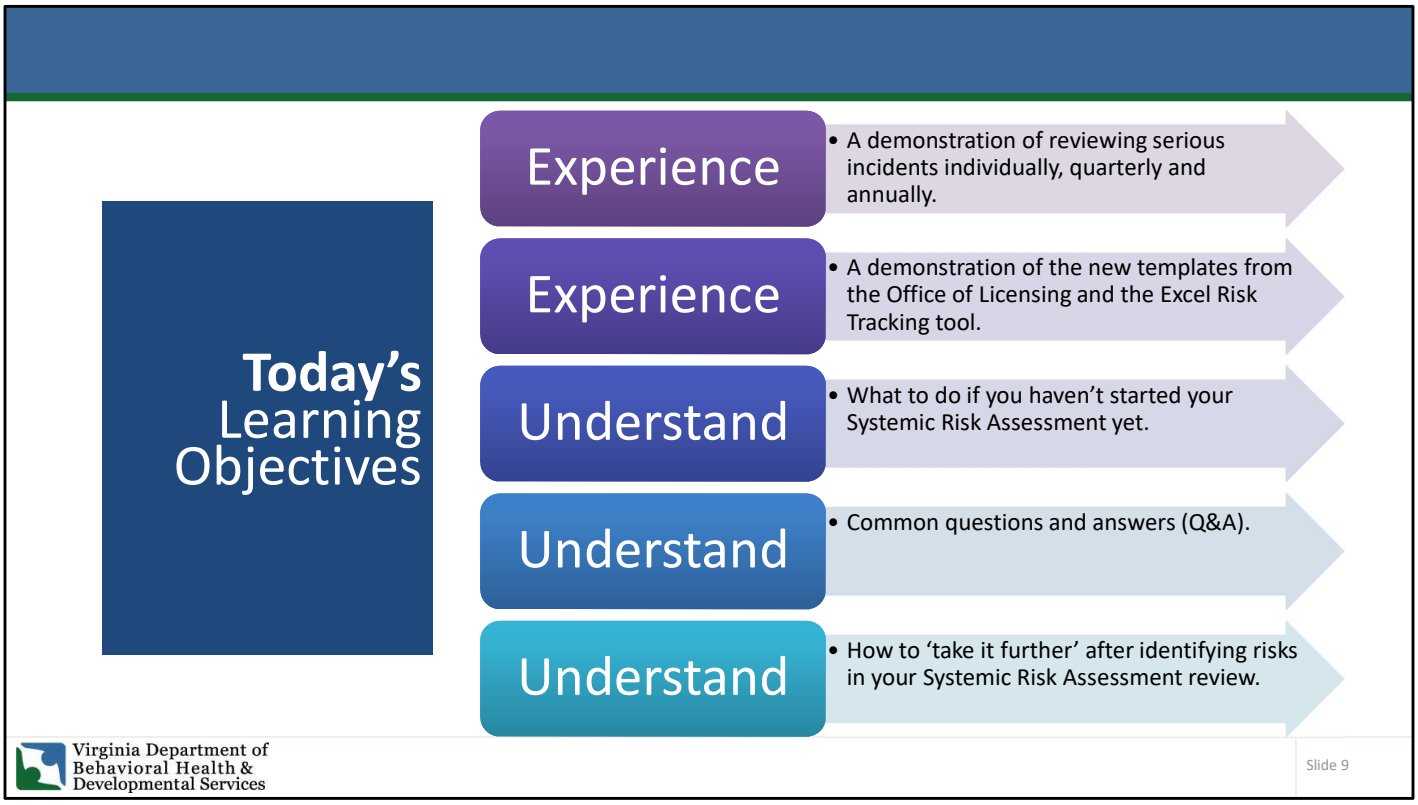
If we could get a few people willing to do that again, that would be *GREAT!*

If you would, just CLICK ON THE RAISED HAND ICON to discuss your experience.

My teammate, Mary Beth Cox will select a few participants so can learn about your experience.

Thank you for doing the home work and sharing your experience with us!

OK, let's move on to our LEARNING OBJECTIVES FOR TODAY



AS I NOTED, TODAY, WE PULL ALL THE SESSIONS TOGETHER.

TODAY'S objectives are for YOU to:

- **Experience a demonstration of reviewing serious incidents at the individual level, quarterly and annually.**
- **Experience a demonstration of the new templates and tools that have been shared with you.**
- **Understand how to begin doing a Systemic Risk Assessment if you haven't started yet.**
- **Understand common questions and answers (Q&A)**
- **Understand how to 'take it further' after identifying risks in your Systemic Risk Assessment review.**

WITHOUT ANY FURTHER DELAY, I'LL HANDOFF THE TRAINING TO MY TEAMMATE, MARY BETH COX...

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

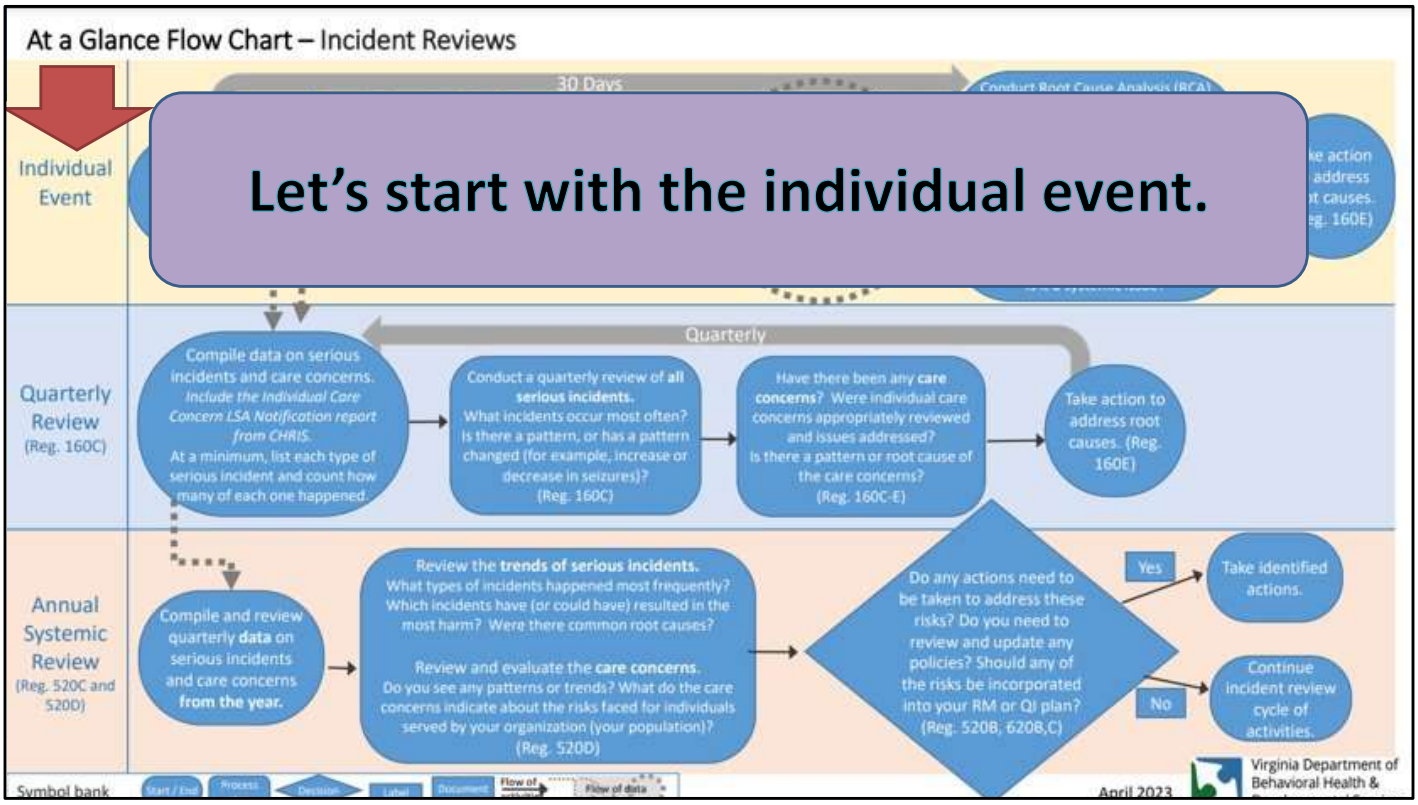
Quarterly and annual review of serious incidents and care concerns

Root cause analysis

Annual systemic risk assessment

Take it further – Create measurable goals and objectives

Good morning everybody.
We're going to walk through an example with a fictional provider: Acme Residential Services.
Acme is a group home provider with 8 houses that have 4 beds each.
They can serve a maximum of 32 individuals.
We're going to observe as Acme reviews an individual incident, does a root cause analysis, their quarterly and annual review of serious incidents and care concerns, and conducts their annual systemic risk assessment. We'll also see how they take it further by creating measurable goals and objectives.



This is the At a Glance Flow Chart for Incident Reviews that we reviewed in depth in the previous two sessions.
The flow chart walks through how to review serious incidents, starting at the individual level, then going through quarterly and annual review.
For a detailed explanation of this flow chart, please read through it closely or watch a recording of the previous sessions.
We are going to start our example with an individual event, as indicted by the red arrow on this page.

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)

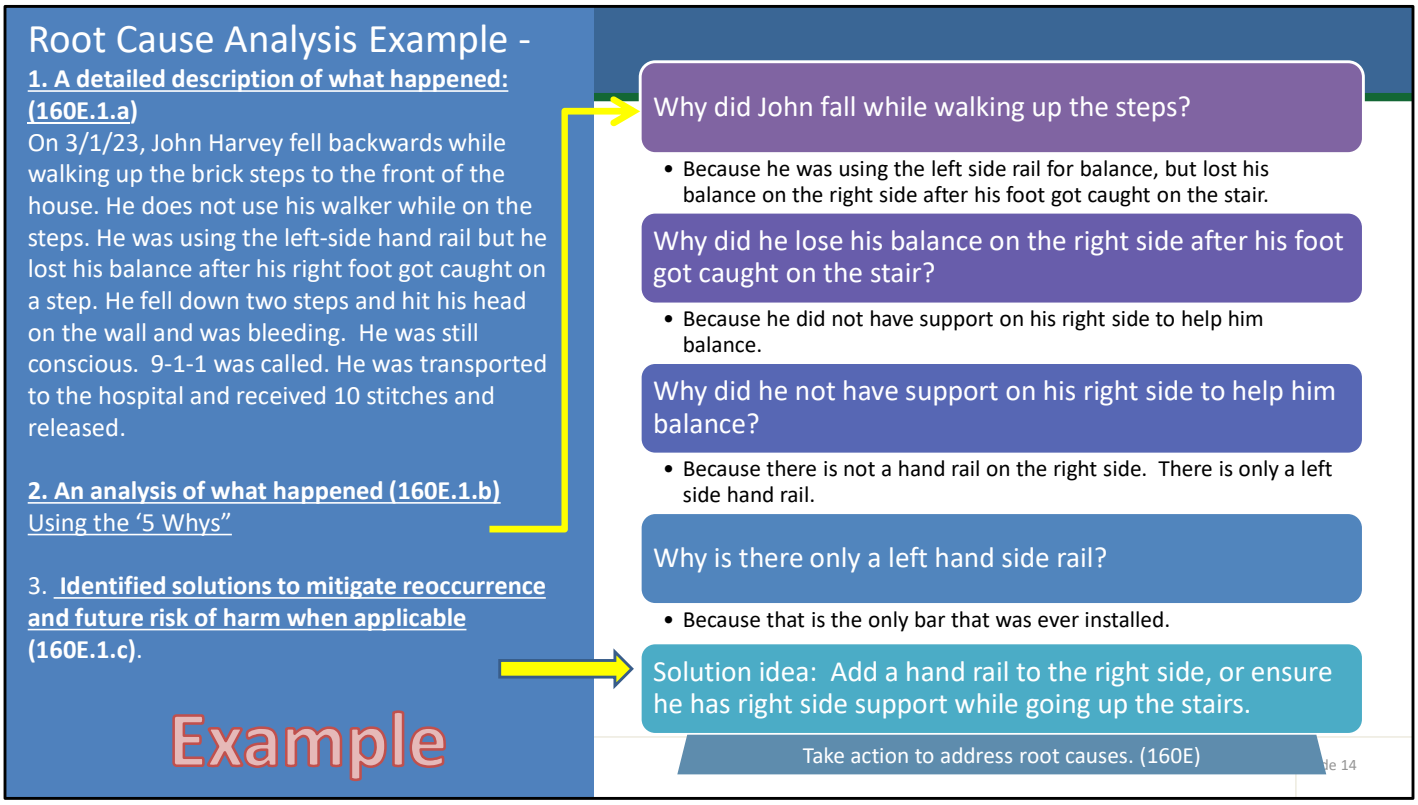
Example

Virginia Department of Behavioral Health & Developmental Services

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

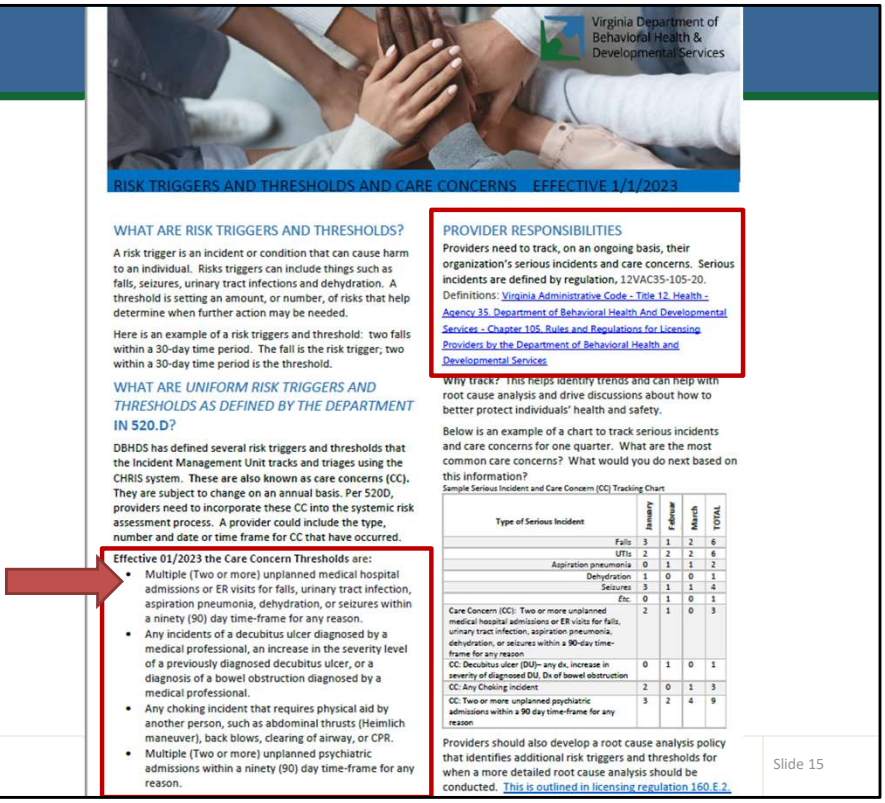
We will be using each one in this example.



Let's look at how Acme did a root cause analysis for this incident using the 5 whys. Remember this is a fictional provider for illustration purposes only! The 5 Whys is an RCA technique where you describe the problem, and then ask 'why' sequentially to determine the ultimate reason why, or the root cause. This training wasn't designed to go into depth about doing RCA, but there are tools and resources on the Licensing website and also the Office of Clinical Quality Management that will be included on the resources page at the end of today's training.

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



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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

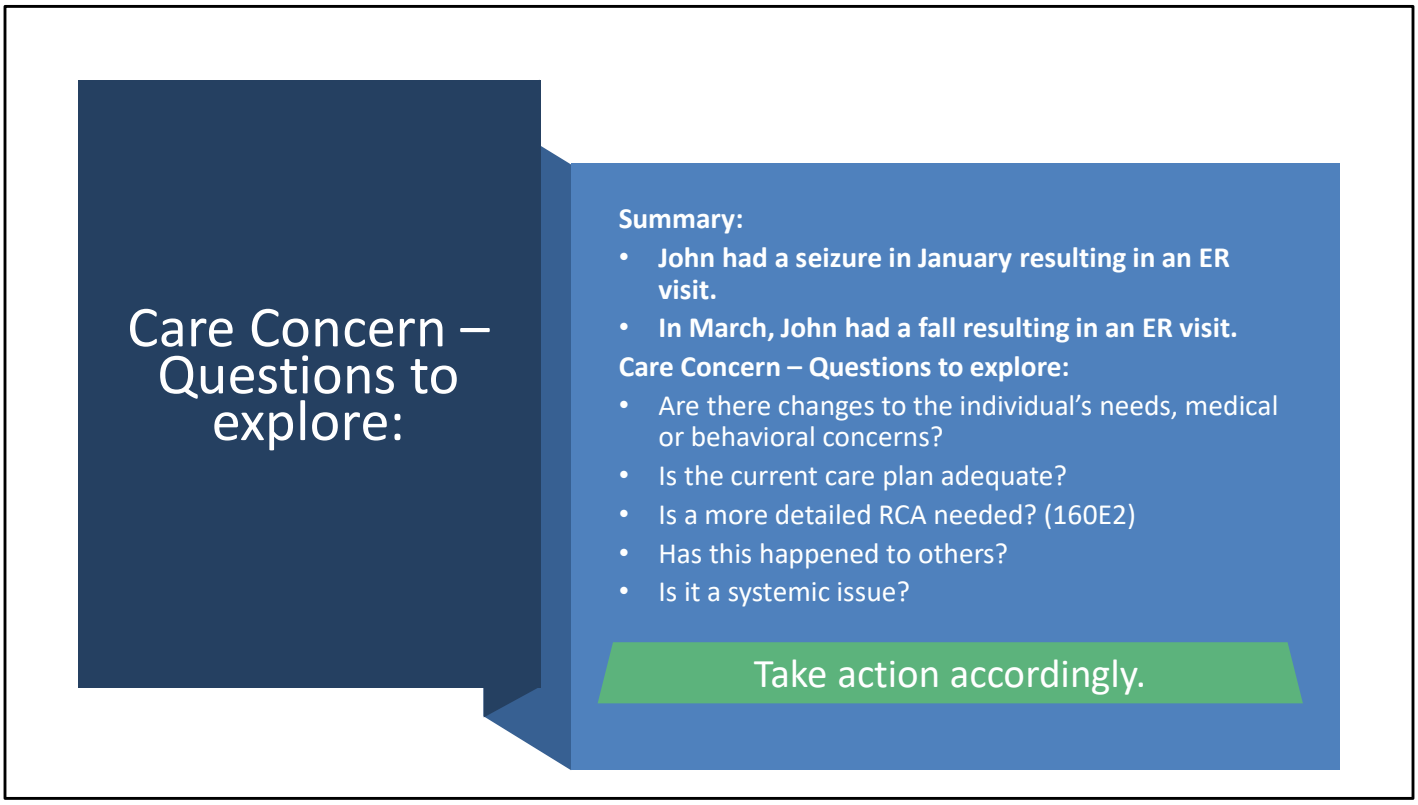
Type of Serious Incident	January	Februar	March	TOTAL
Falls	3	1	2	6
UTIs	2	2	2	6
Aspiration pneumonia	0	1	1	2
Dehydration	1	0	0	1
Seizures	3	1	1	4
Etc.	0	1	0	1
Care Concern (CC): Two or more unplanned medical hospital admissions or ER visits for falls, urinary tract infection, aspiration pneumonia, dehydration, 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.

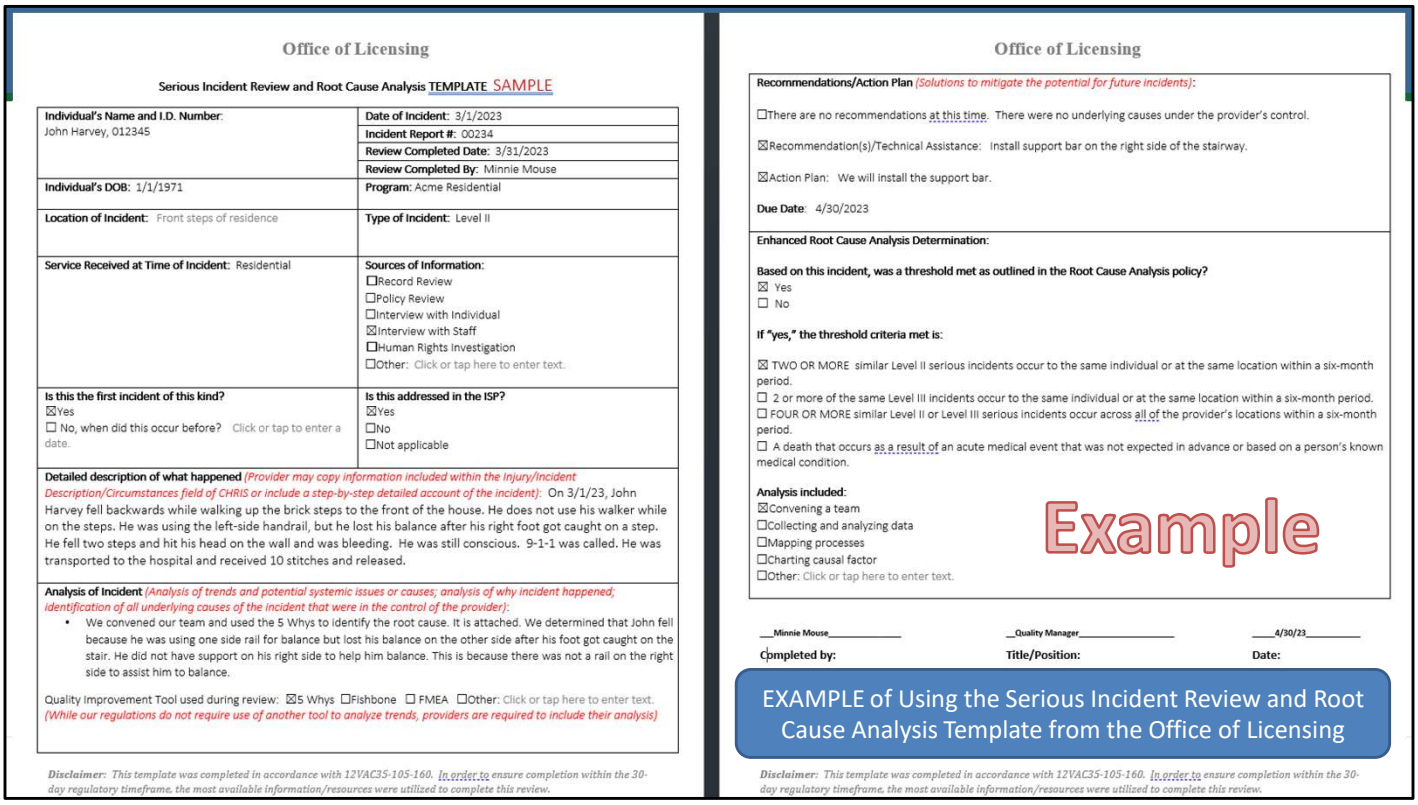
Virginia Department of Behavioral Health & Developmental Services

Slide 15

As a reminder, we have provided this resource for you – the Risk Trigger and Threshold and Care Concern handout.
The website location is indicated on the slide.
It includes the care concern criteria, and for John, he met the criteria indicated by the arrow of two or more unplanned ER visits – one for a seizure and one for a fall – within 90 days.
This handout also outlines the provider's responsibilities for care concerns.



Because it is a care concern, Acme Residential needs to take a closer look at it and ask some questions.
John met the criteria of two or more serious incidents – one being a seizure, and now a fall – in a 90 day period.
Here are questions, listed on the slide, to help the provider review the care concern.
NOTE: These are the same questions that are on the FLOW CHART that has been provided to you.



Office of Licensing

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)

Disclaimer: *This template was completed in accordance with 12VAC35-105-160. In order to ensure completion within the 30-day regulatory timeframe, the most available information/resources were utilized to complete this review.*

Office of Licensing

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.

Example

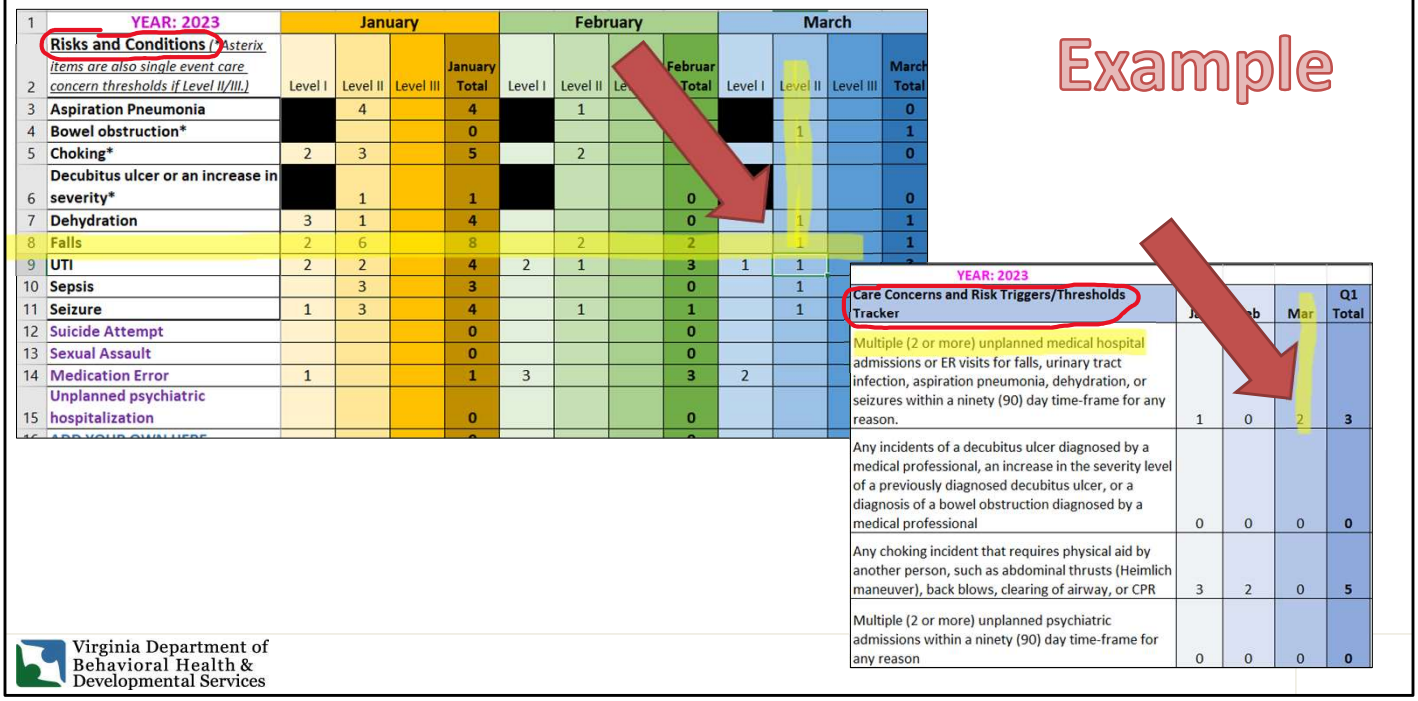
Minnie Mouse — **Completed by:**
Quality Manager — **Title/Position:**
4/30/23 — **Date:**

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

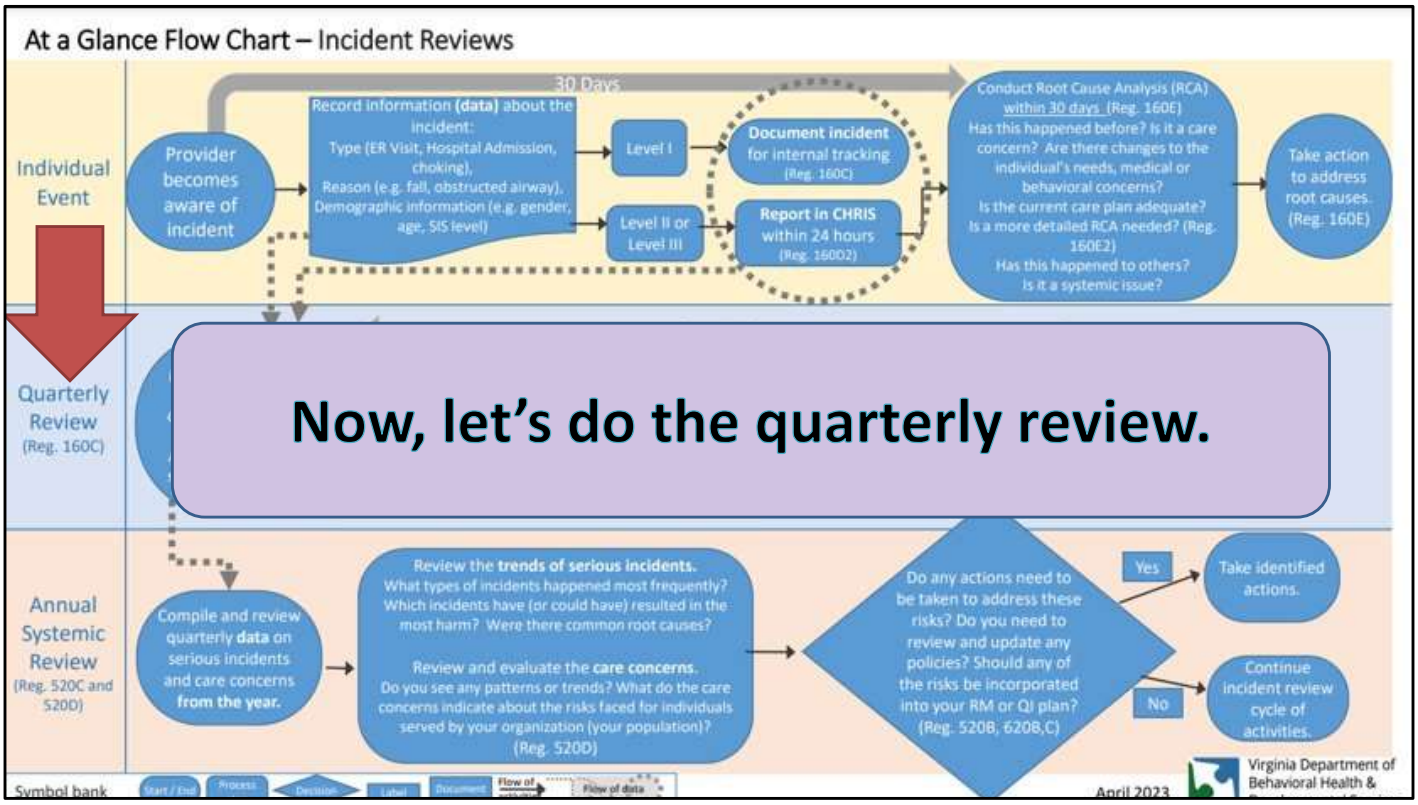
Disclaimer: *This template was completed in accordance with 12VAC35-105-160. In order to ensure completion within the 30-day regulatory timeframe, the most available information/resources were utilized to complete this review.*

Here, Acme has used the Office of Licensing Serious Incident Review and Root Cause Analysis Template.

Add data to the Risk Tracker



Finally, Acme Residential needs to add this incident to their data tracker.
At the last session, we reviewed a new tool – the Excel Risk Tracker – and how to use it.
The tool was sent to all participants if you need to review it later.
It was a Level II fall that occurred in March, so the incident should be recorded in the cell indicated by the yellow highlight.
Note that it is first recorded in the Monthly tracker.
It is also record in the Care Concerns tracker.
I can show you what this actually looks like in the tracker itself.



Now we're going to look at how Acme Residential does their quarterly review.

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				
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**

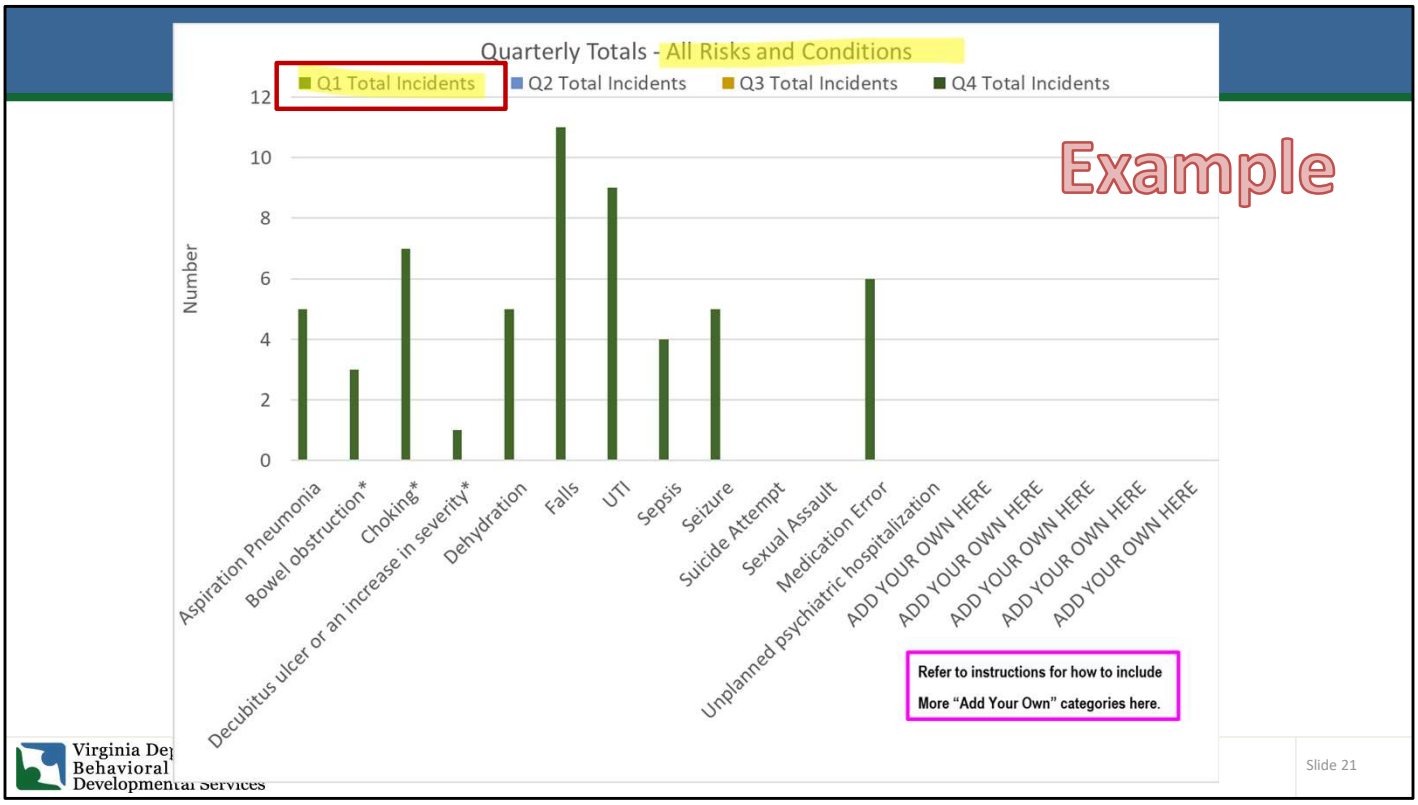
Virginia Department of Behavioral Health & Developmental Services

Example

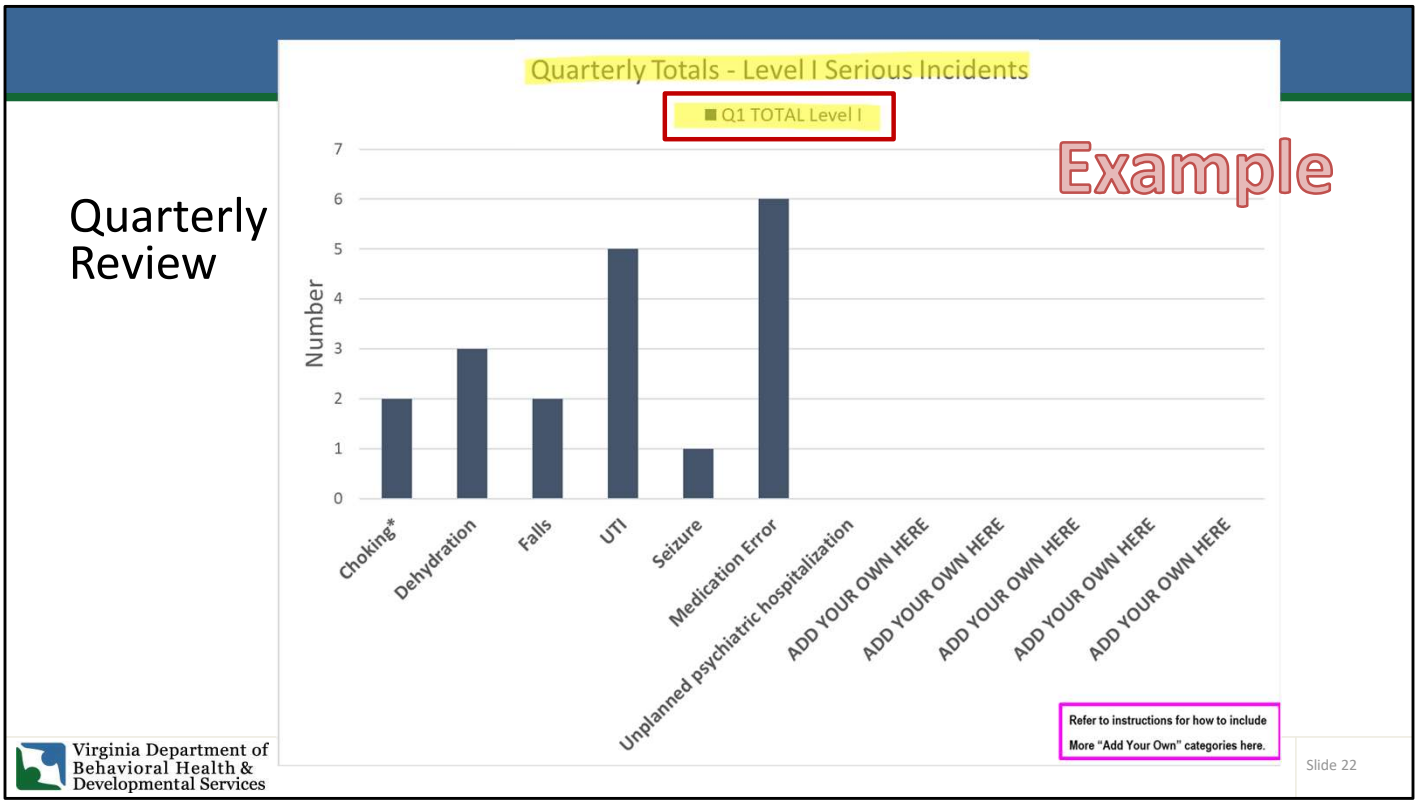
Slide 20

Acme has been entering data on risks and conditions all quarter using the Excel Risk Tracker.

This is what their data shows, in the monthly tracker and the CC tracker.

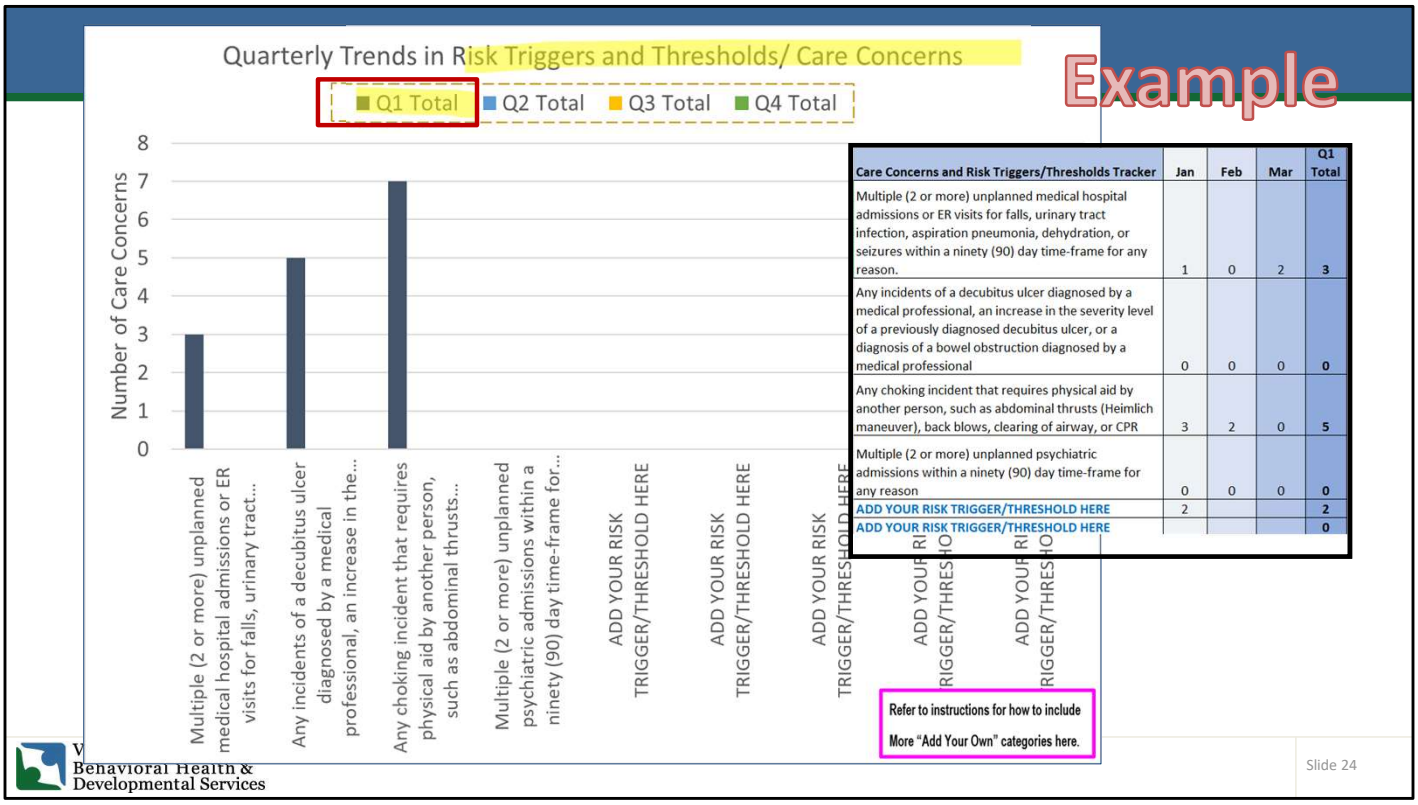


Here is their graph of all risks and conditions, for all levels, for Quarter 1.
The risks and conditions are along the bottom. The graph shows the number of each risk / condition.
You can see that for Quarter 1, the highest number was 11 falls followed by 9 UTIs and 7 choking.



This is the graph of just Level I incidents for Quarter 1 .
The highest was 6 medication errors followed by 5 UTIs and 3 dehydration incidents.
Question: Do you think Acme residential would have realized this pattern if they hadn't been collecting the data this way?

This is the graph for Quarter 1 Level II incidents. The highest was 9 falls, followed by 3 each of aspiration pneumonia, choking and seizure.



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

This is the graph for Care Concerns. The highest was 7 CC for choking, 5 for decubitus ulcer or bowel obstruction, and 3 for multiple unplanned hospitalizations/ER visits

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

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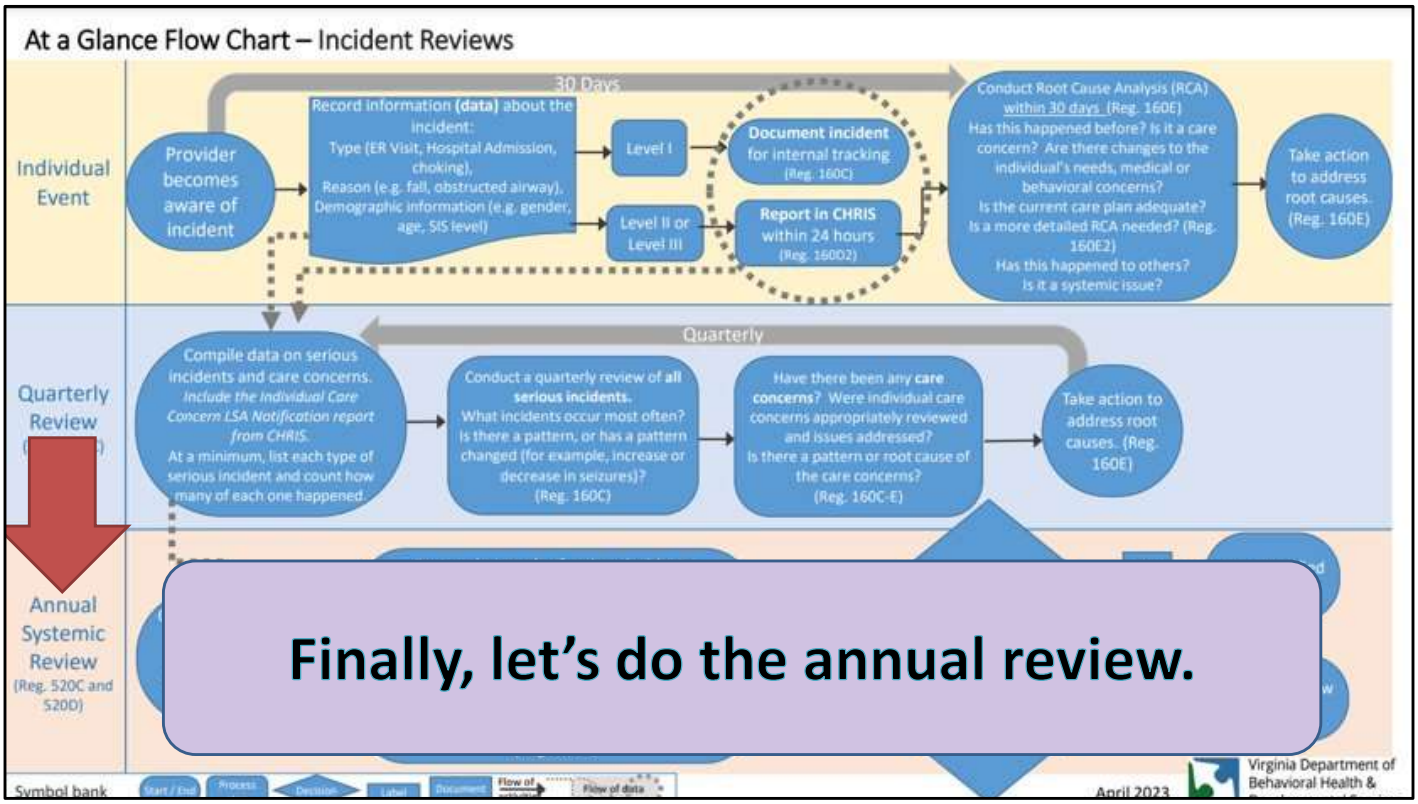
For the quarterly review of serious incidents and care concerns, Acme uses the worksheet that is in the Risk Tracking Tool.
As you recall, it is the last tab in the tool.

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* Example
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?*

Developmental Services

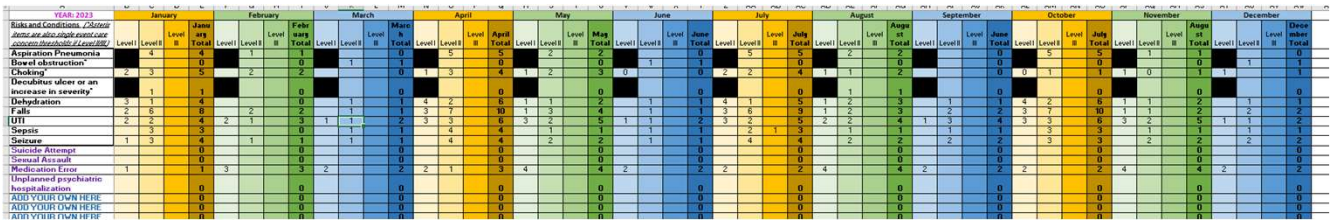
This is a tool for providers to use. This is an example of what it looks like filled out.



Finally, let's look at how Acme does their annual review.

Data entry over the 1 year period

Example



YEAR: 2023

Risks and Conditions. (Across items are also single event care concern thresholds if Level III#)	January			February			March			April			May			June			July			August			September			October			November			December		
	Level I	Level II	Level III	Level I	Level II	Level III	Level I	Level II	Level III	Level I	Level II	Level III	Level I	Level II	Level III	Level I	Level II	Level III	Level I	Level II	Level III	Level I	Level II	Level III	Level I	Level II	Level III	Level I	Level II	Level III	Level I	Level II	Level III	Level I	Level II	Level III
Aspiration Pneumonia		4	4		1	1			0		5	5		2	2			0		5	5		2	2			0		5	5		1	1			0
Bowel obstruction*			0			0		1	1			0			0		1	1			0			0			0			0			0		1	1
Choking*	2	3	5		2	2			0	1	3	4	1	2	3	0		0	2	2	4	1	1	2			0	0	1	1	1	0	1	1		1
Decubitus ulcer or an increase in severity*		1	1			0			0			0			0			0			0		1	1			0			0			0			0
Dehydration	3	1	4			0		1	1	4	2	6	1	1	2		1	1	4	1	5	1	2	3		1	1	4	2	6	1	1	2		1	1
Falls	2	6	8		2	2		1	1	3	7	10	1	3	4		1	1	3	6	9	1	2	3		2	2	3	7	10	1	1	2		2	2
UTI	2	2	4	2	1	3	1	1	2	3	3	6	3	2	5	1	1	2	3	2	5	2	2	4	1	3	4	3	3	6	3	2	5	1	1	2
Sepsis		3	3			0		1	1		4	4		1	1		1	1		2	3		1	1		1	1		3	3		1	1		1	1
Seizure	1	3	4		1	1		1	1		4	4		2	2		1	1		4	4		2	2		2	2		3	3		2	2		2	2
Suicide Attempt			0			0			0			0			0			0			0			0			0			0			0			0
Sexual Assault			0			0			0			0			0			0			0			0			0			0			0			0
Medication Error	1		1	3		3	2		2	2	1	3	4		4	2		2	2		2	4		4	2		2	2		2	4		4	2		2
Unplanned psychiatric hospitalization			0			0			0			0			0			0			0			0			0			0			0			0
ADD YOUR OWN HERE			0			0			0			0			0			0			0			0			0			0			0			0
ADD YOUR OWN HERE			0			0			0			0			0			0			0			0			0			0			0			0
ADD YOUR OWN HERE			0			0			0			0			0			0			0			0			0			0			0			0

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**

Virginia Department of Behavioral Health & Developmental Services

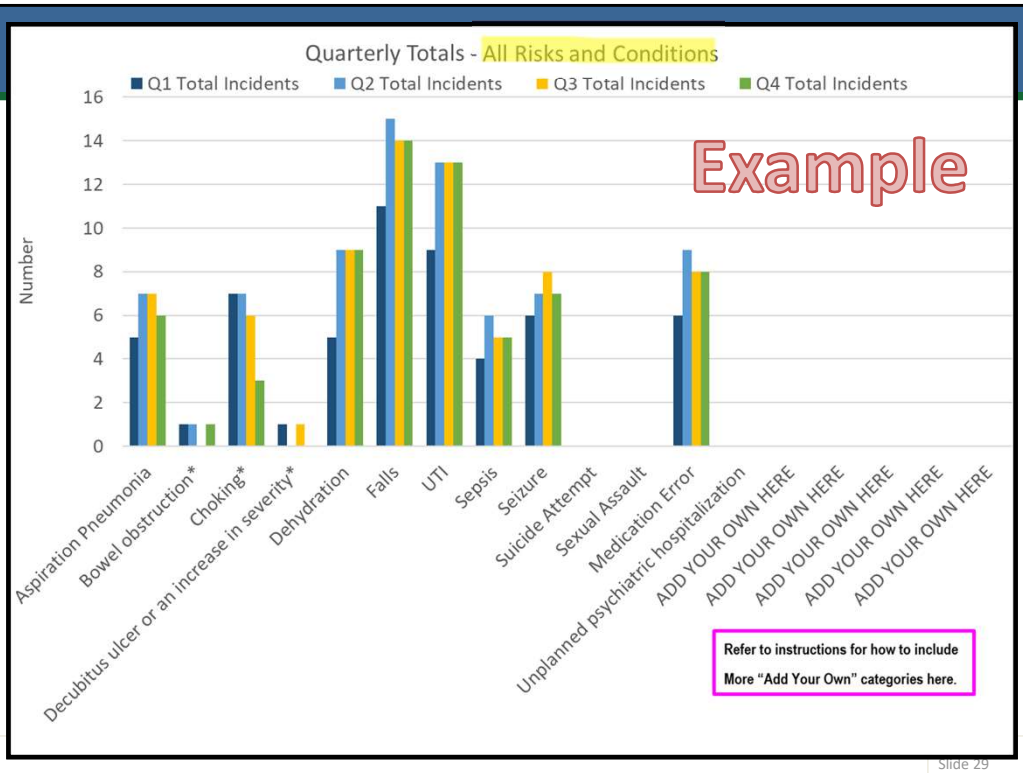
Slide 28

Here you can see that Acme has entered data in the Risk Tracking tool for the entire year of 2023.

They have been entering data on risks and conditions each month, and also the care concerns and risk triggers and thresholds tracker.

How would you describe the patterns and trends here?

Tell me in the Q&A



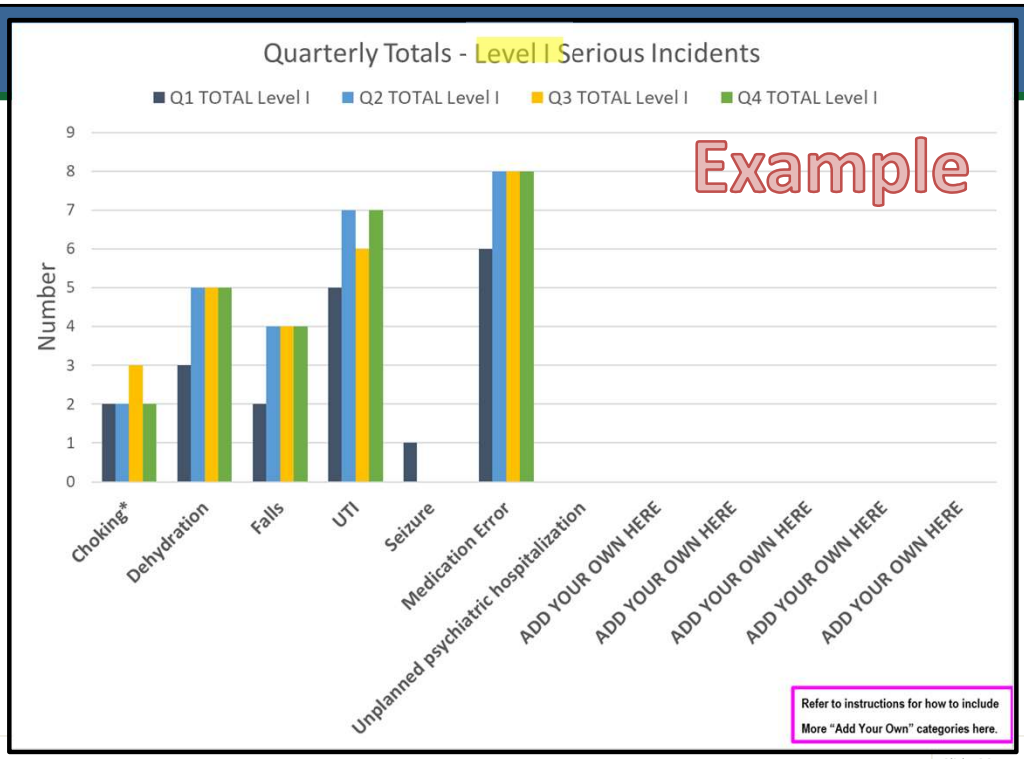
Virginia Department of Behavioral Health & Developmental Services

Slide 29

Let's look at their graphs.
This graph shows the total risks and conditions, at all levels, for all quarters.

How would you describe the patterns and trends here?

Tell me in the Q&A

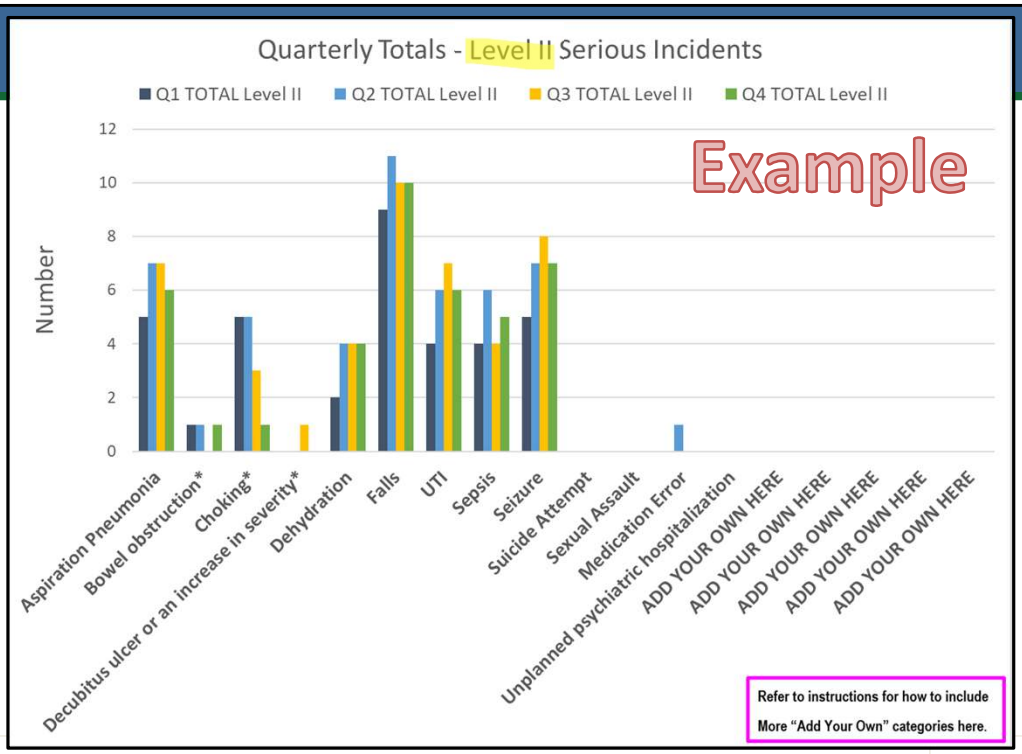


Virginia Department of Behavioral Health & Developmental Services

Slide 30

This is the graph of just Level I serious incidents for all Quarters in FY23. Again, how would you describe the patterns and trends here?

How would you describe the patterns and trends here?

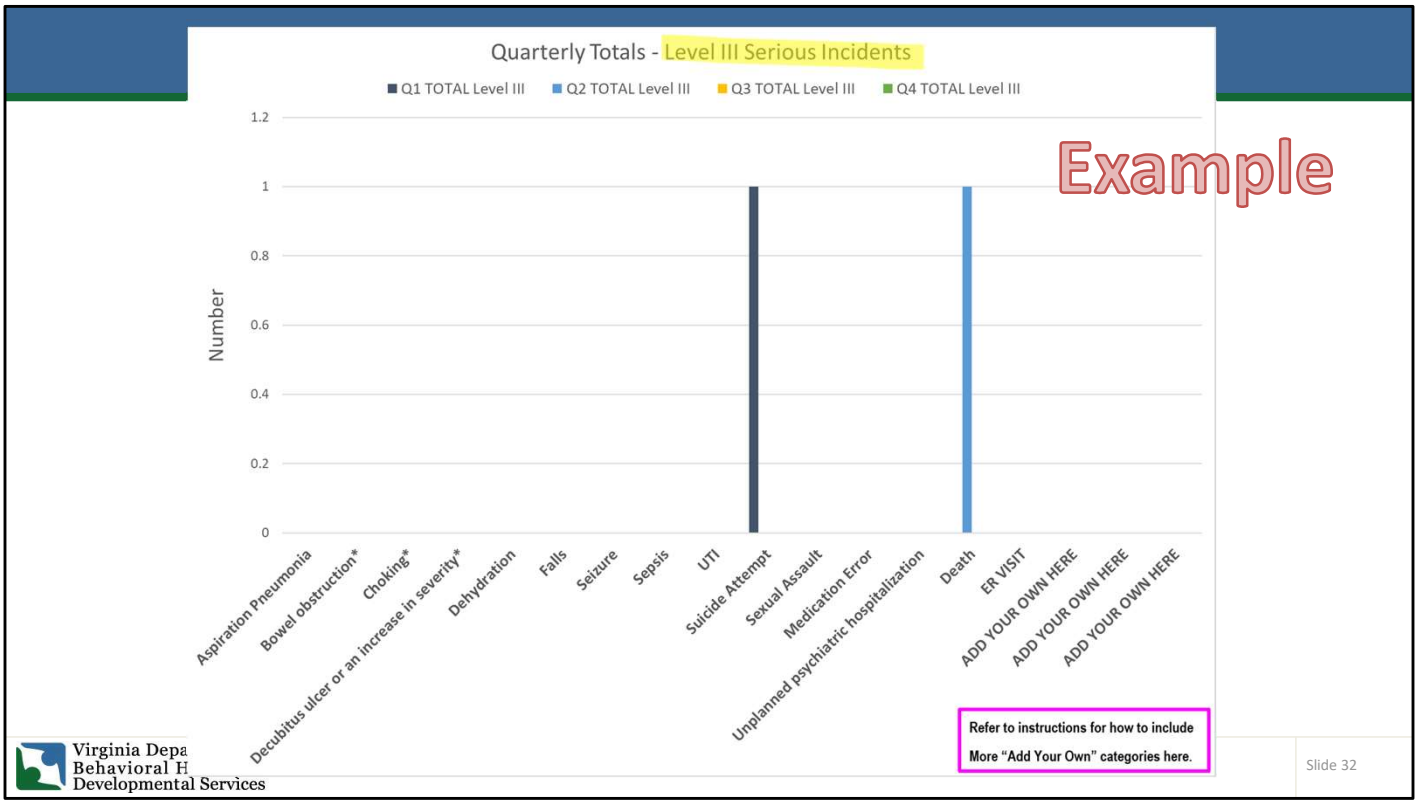


Virginia Department of Behavioral Health & Developmental Services

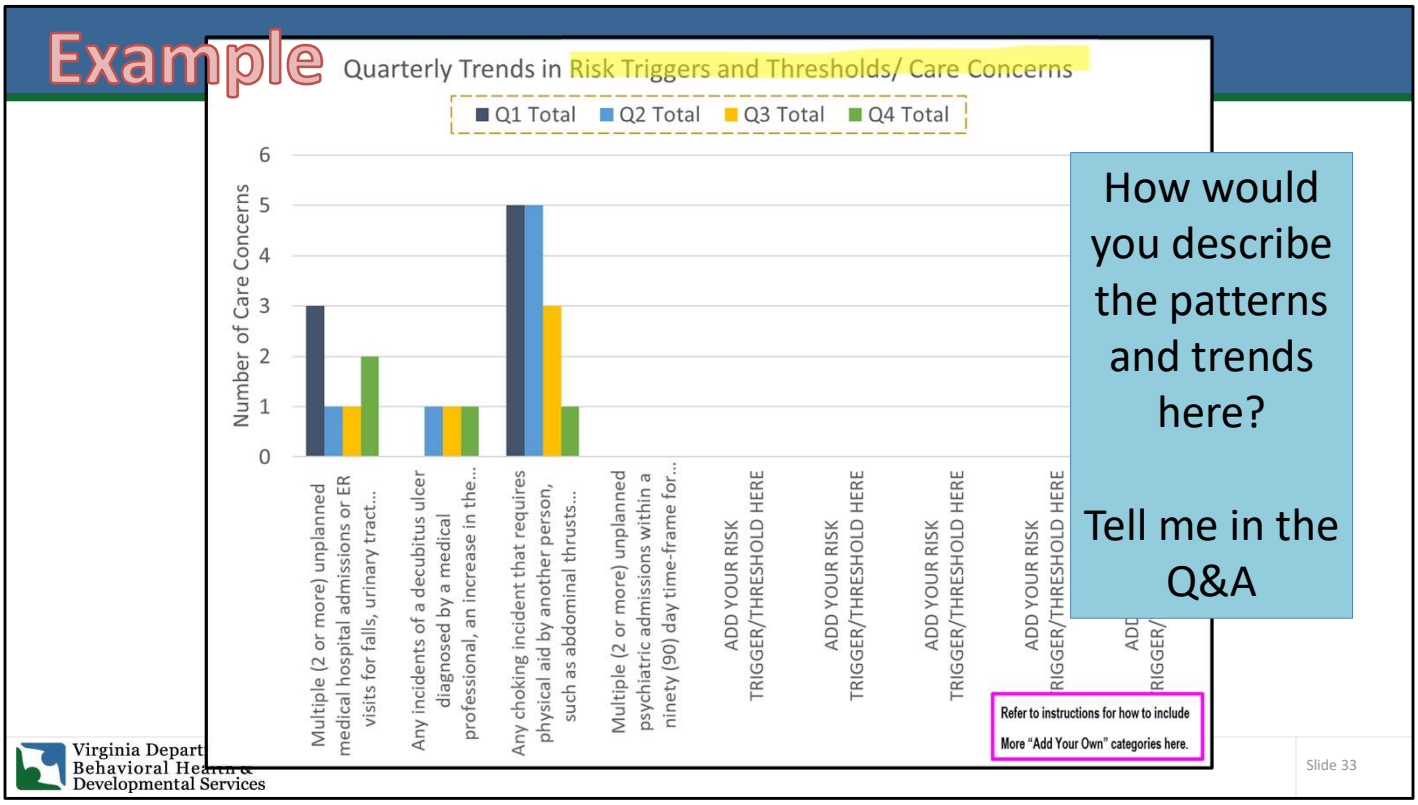
Slide 31

This is the graph of just Level II serious incidents for all Quarters in FY23. Again, how would you describe the patterns and trends here?

How would you describe the patterns and trends here?



This is the graph of Level III incidents for all quarters.
As you can see, there were two Level III incidents - one for a death and one for a suicide attempt.



This is the graph of the Care Concerns for all Quarters in FY23. A gain, how would you describe the patterns and trends here? How would you describe the trends here?

Annual Review

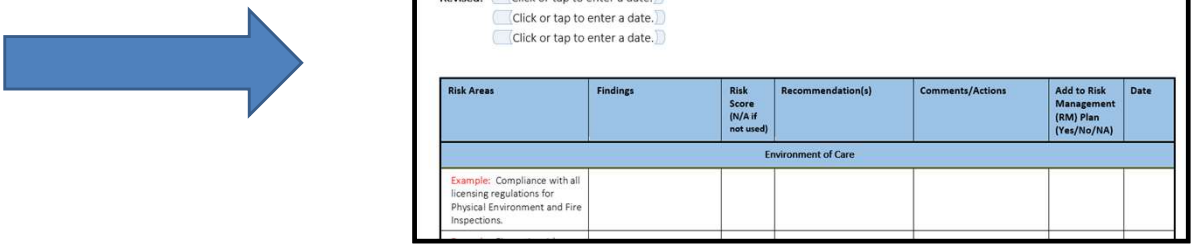
Example

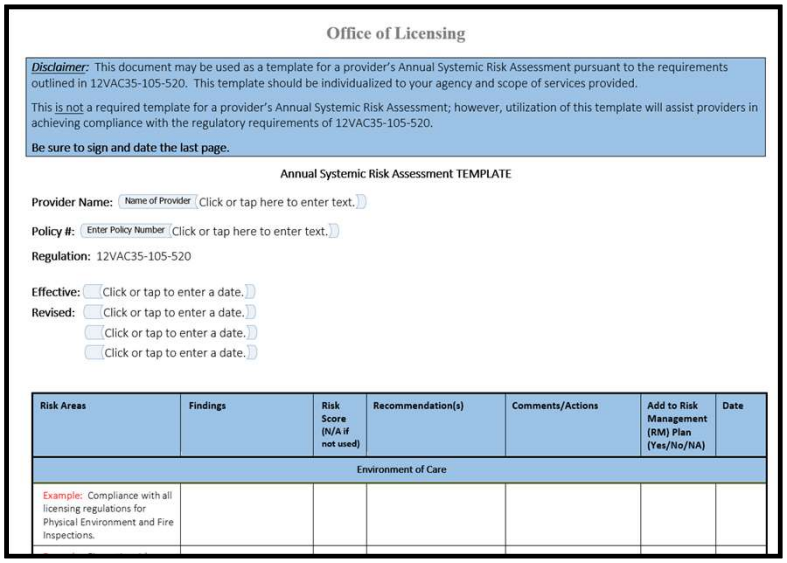
ANNUAL REVIEW. Dates covered: **1/1/23 to 12/31/23__.**	Risks, Conditions and Serious Incidents	Risk Triggers/Thresholds and Care Concerns	*Helpful Questions to Consider*
Summary of Findings	For 2023, Falls and UTIs, medication errors and dehydration had the highest number of incidents. For Level I, 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?*

This is the Annual review form that is in the Excel Risk Tracking Tool.
Acme has filled it out based on their review of data for the year.

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.





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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

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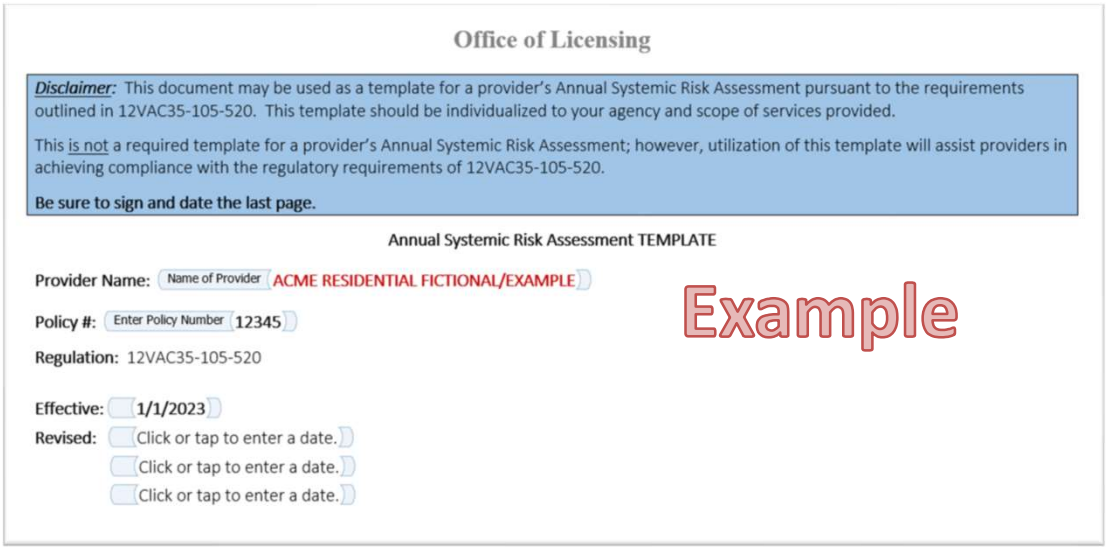
Now let's look at how Acme uses their review of serious incidents (520C.5) and review of care concerns (520D) to complete their annual Systemic Risk Assessment review.

Systemic Risk Assessment



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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

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This is an example of how they have done that. Please note that this is just how they fill out the serious incident and care concern sections. There are the other sections as well that they would fill out (520D1-2-3-4) that I'm not reviewing right now.

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						

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

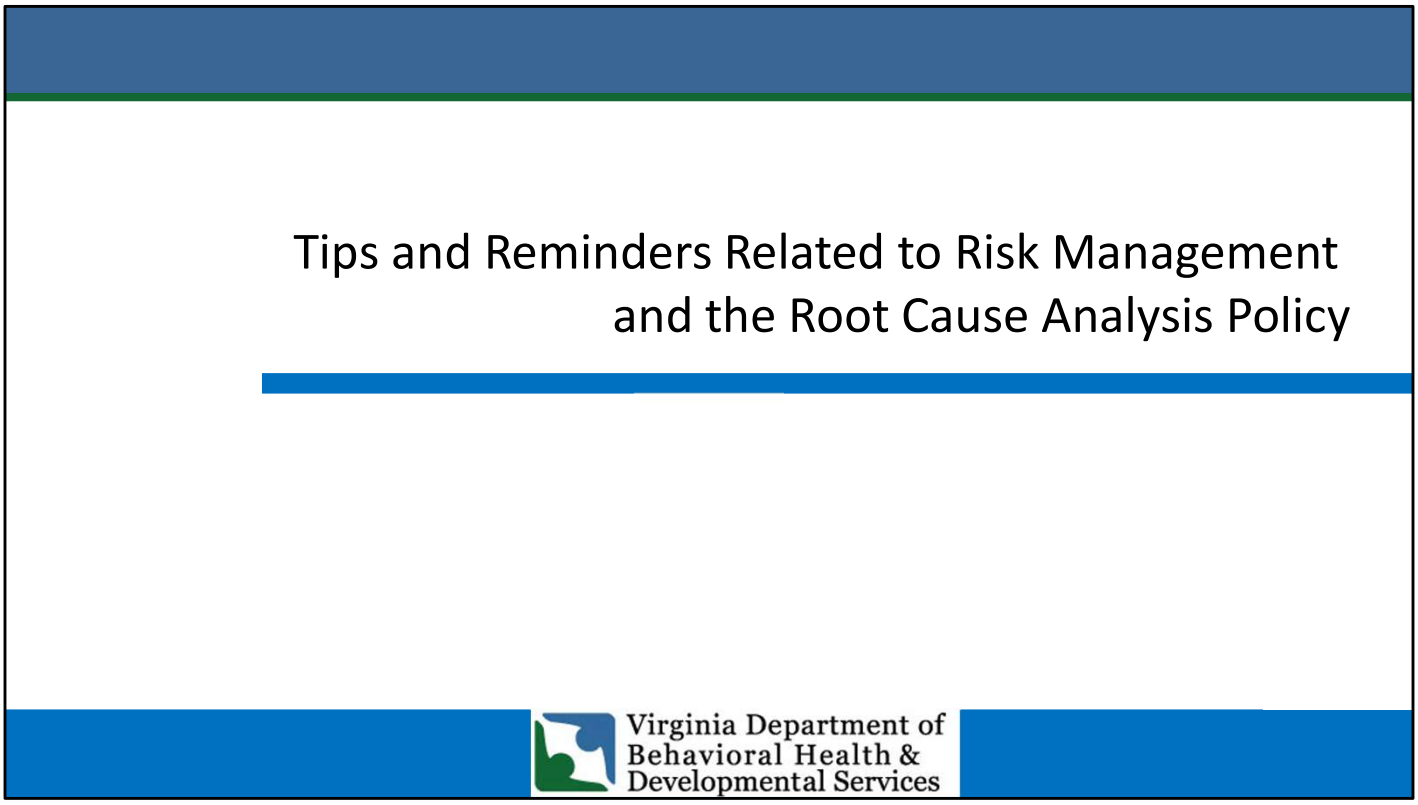
Example

Reflection

What do you think of Acme Residential's process?

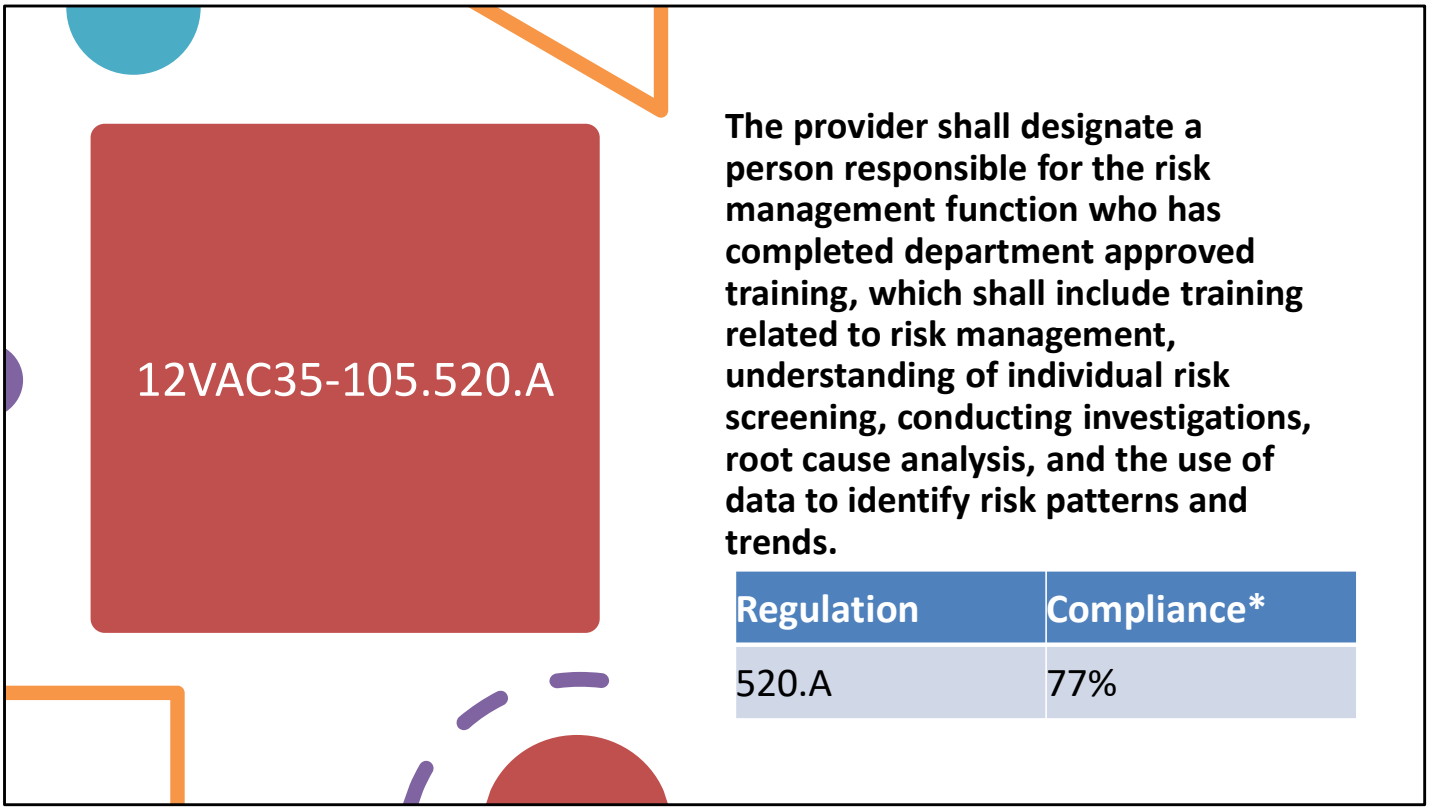
Reviewing individual incident	Quarterly review	Annual review

How do you see this relating to your work?



Thanks Mary Beth, these examples were extremely helpful.

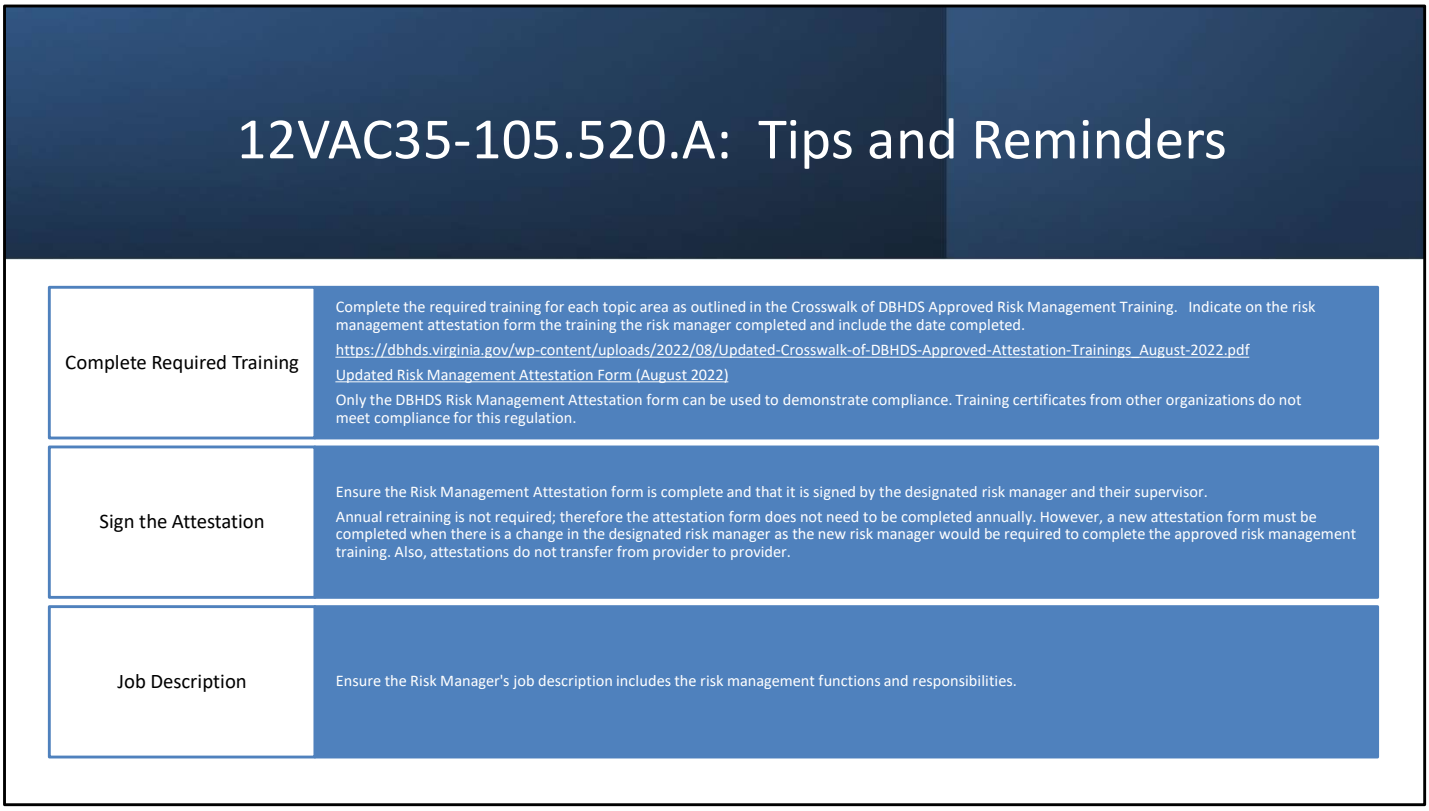
Now we're going to review some data related to Risk Management and the Root Cause Analysis policy as well as provide you with some tips and reminders.



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.

The overall compliance rating for providers specific to 520.A in 2022* was 77%. 86% is attainable.

The compliance results were related to several identified issues. Providers failed to complete the Attestation; some did not submit the job description for the person designated for the risk management function; others did not complete training that was listed on the Crosswalk and some failed to sign the Attestation.



Tips and Reminders related to the risk manager

- 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 of completion.**
  - **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.**
- 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.

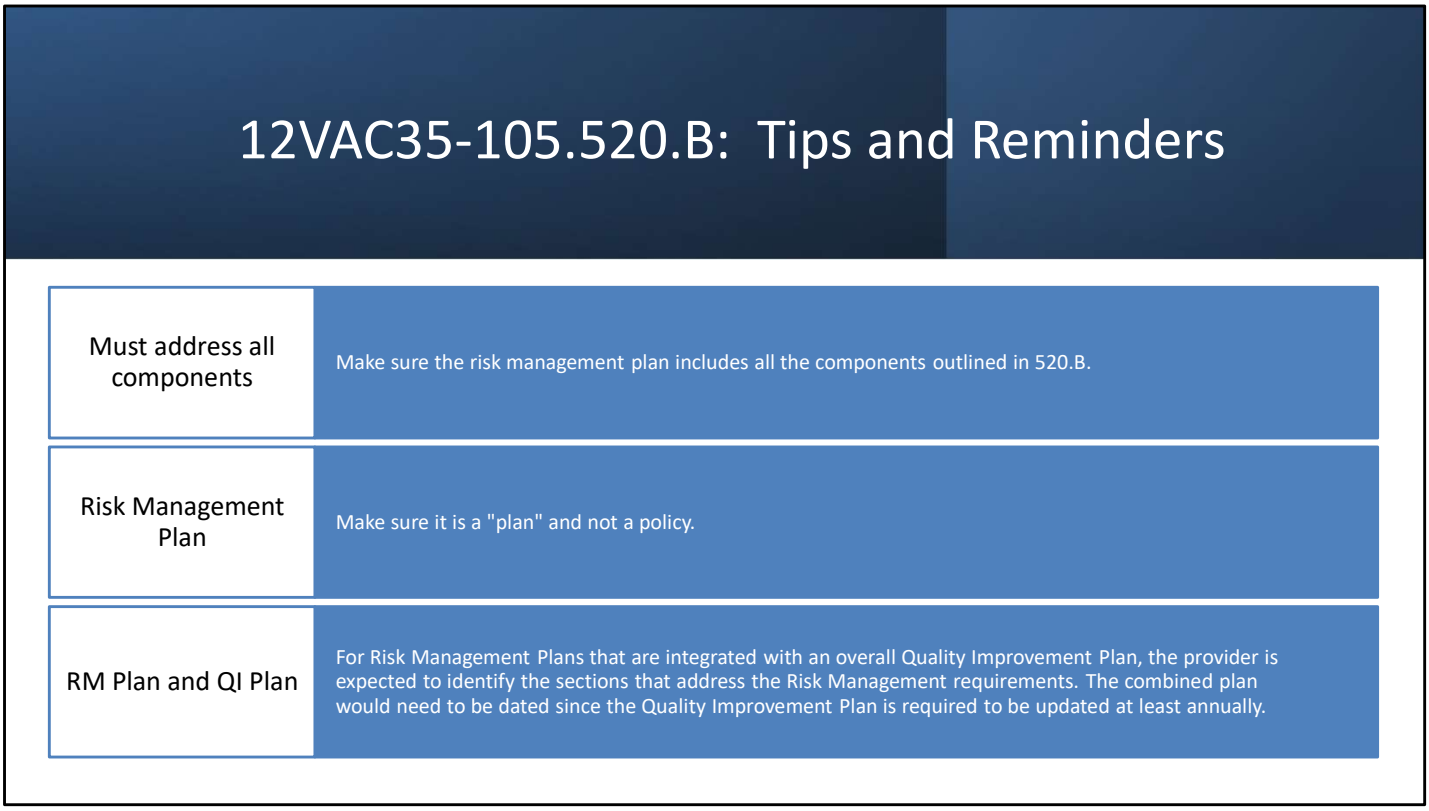
Regulation	Compliance*
520.B	89%

- **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.**

- The overall compliance rating related to 520.B in 2022* was 89%. You all have reached the goal of 86% and need to continue to maintain this level of compliance

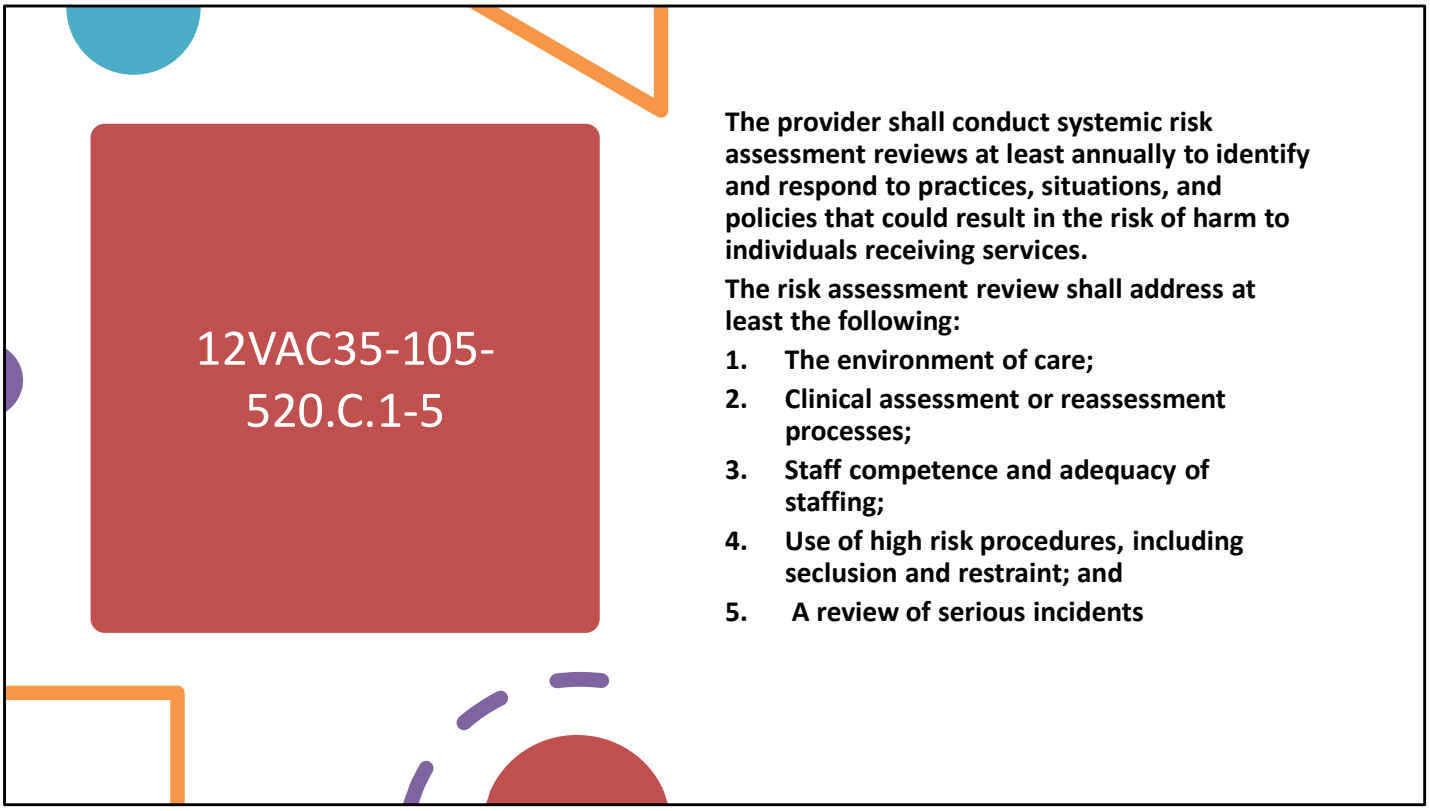
Providers were compliant if the plan included:

- how the provider would identify risks
- how the provider would monitor risks and
- how the provider would reduce and minimize risk



Tips and Reminders related to the risk management plan

- 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.**



520.C: 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**

Identified issues during inspections

Either there was no systemic risk assessment or the risk assessment that was provider had missing elements. Make sure you address all five elements outlined in 520.C and care concerns as required per regulation 520.D. Essentially, there are six elements required.

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 Behavioral Health & Developmental Services

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Before we move on to tips and reminders I want to remind everyone of the data that was shared during Session I as it relates to provider compliance with the systemic risk assessment.

520.C.1 -In 2022* providers were at 85% compliance and we are so close to that 86% mark as it relates to the environment of care.

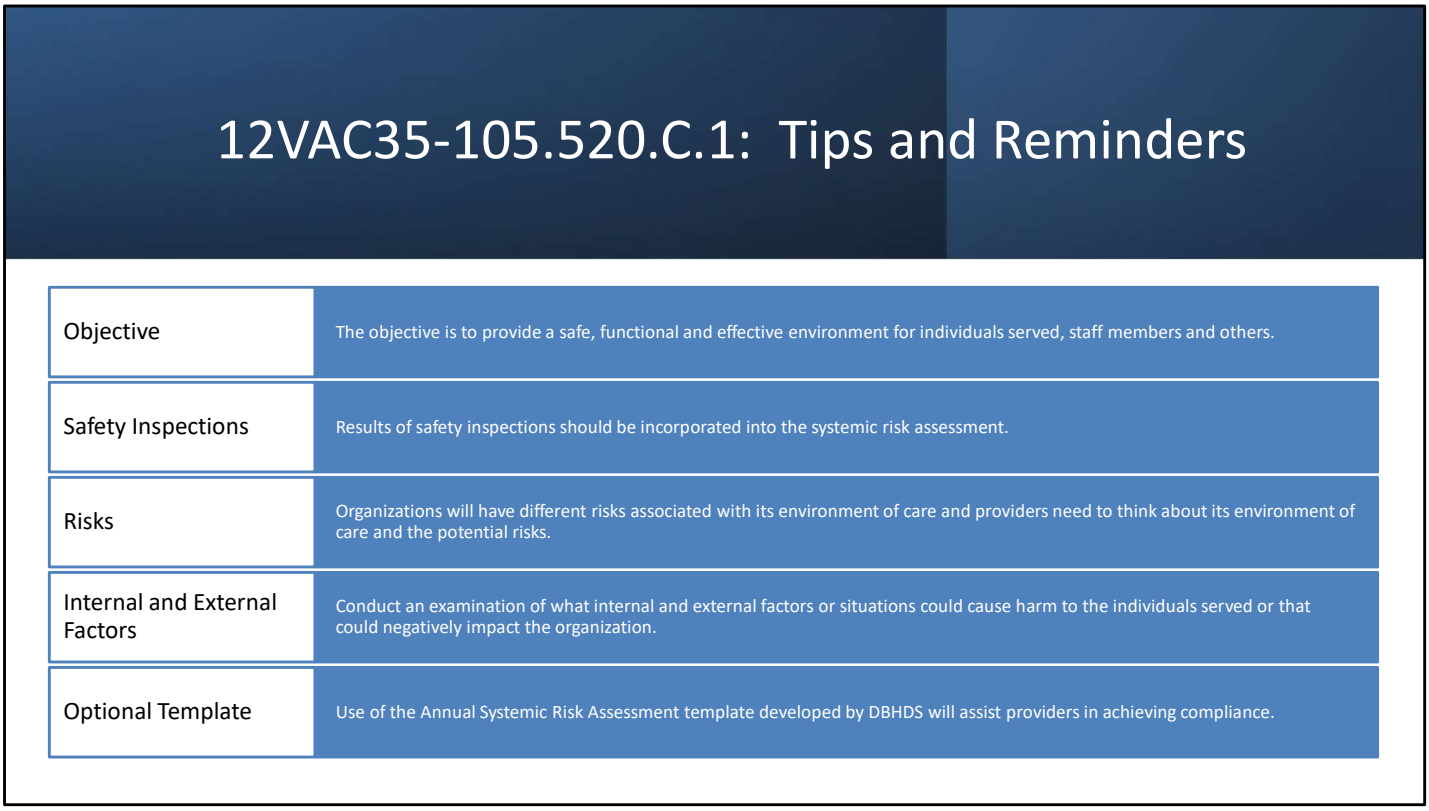
520.C.2-Providers were at 81% compliance and some more work needs to be done as it relates to reviewing risks associated with clinical assessment and reassessment processes.

520.C.3-Providers were at 80% compliance with more work needed related to staff competence and adequacy of staffing.

520.C.4-Providers were at 79% compliance with some more work needed as it relates to use of high risk procedures .

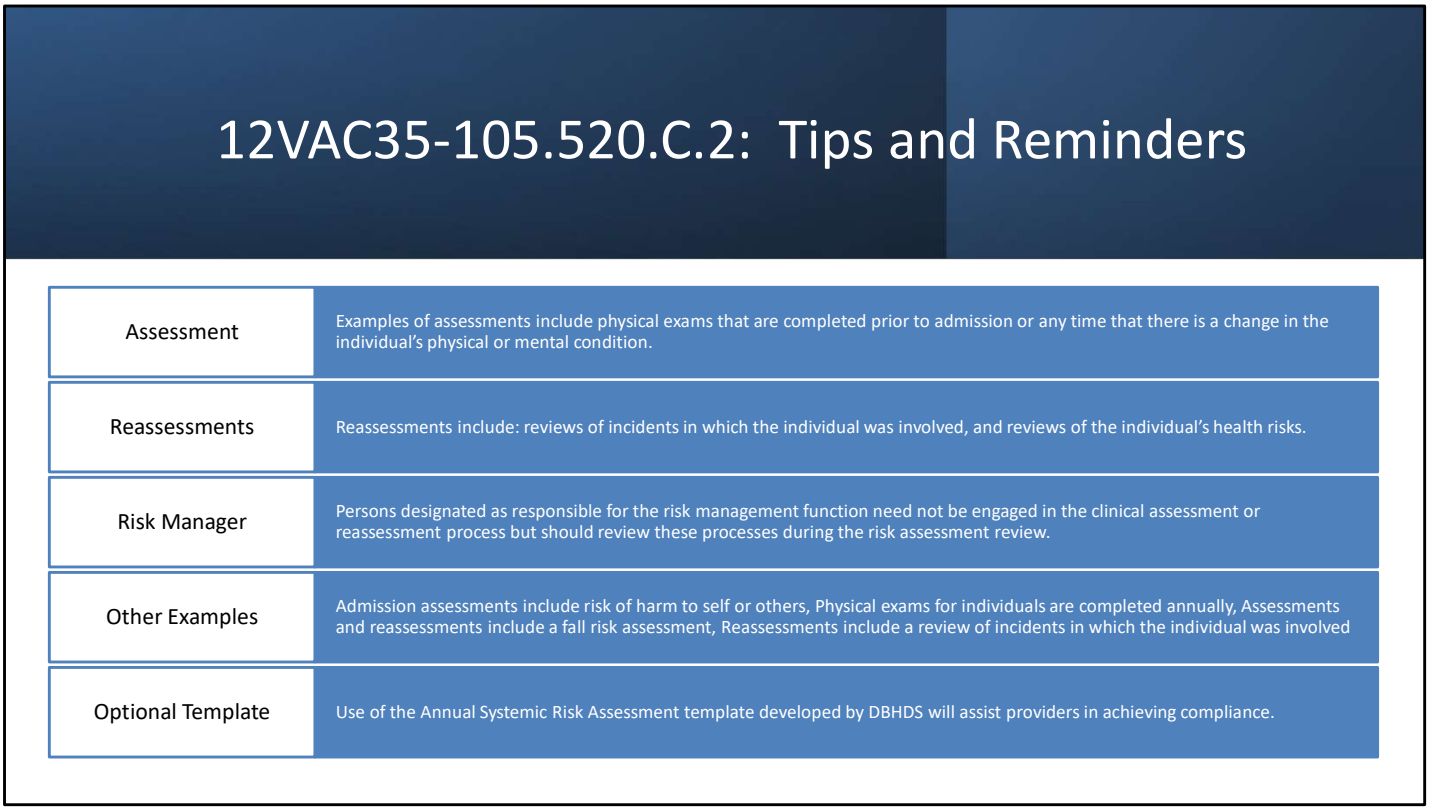
520.C.5-Providers were at 85% compliance, again so close to our goal of 86% as it relates addressing risks related to serious incidents.

It's a good thing you attended the training because now you have the information and tools to get to where you need to be.



Tips and Reminders related to the Environment of Care

- 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. Some providers have presented the safety inspection as the systemic risk assessment related to the environment of care. The environmental risk assessment should include the results of the annual safety inspection, where applicable, but it is much broader than a safety inspection. (12VAC35-105-520.E)**
- Risks
  - **Organizations will have different risks associated with its environment of care and providers need to think about their 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.**
- Template
  - **Use of the Annual Systemic Risk Assessment template developed by DBHDS will assist providers in achieving compliance with the regulatory requirements.**



Tips and Reminders related to Clinical Assessment or Reassessment Processes

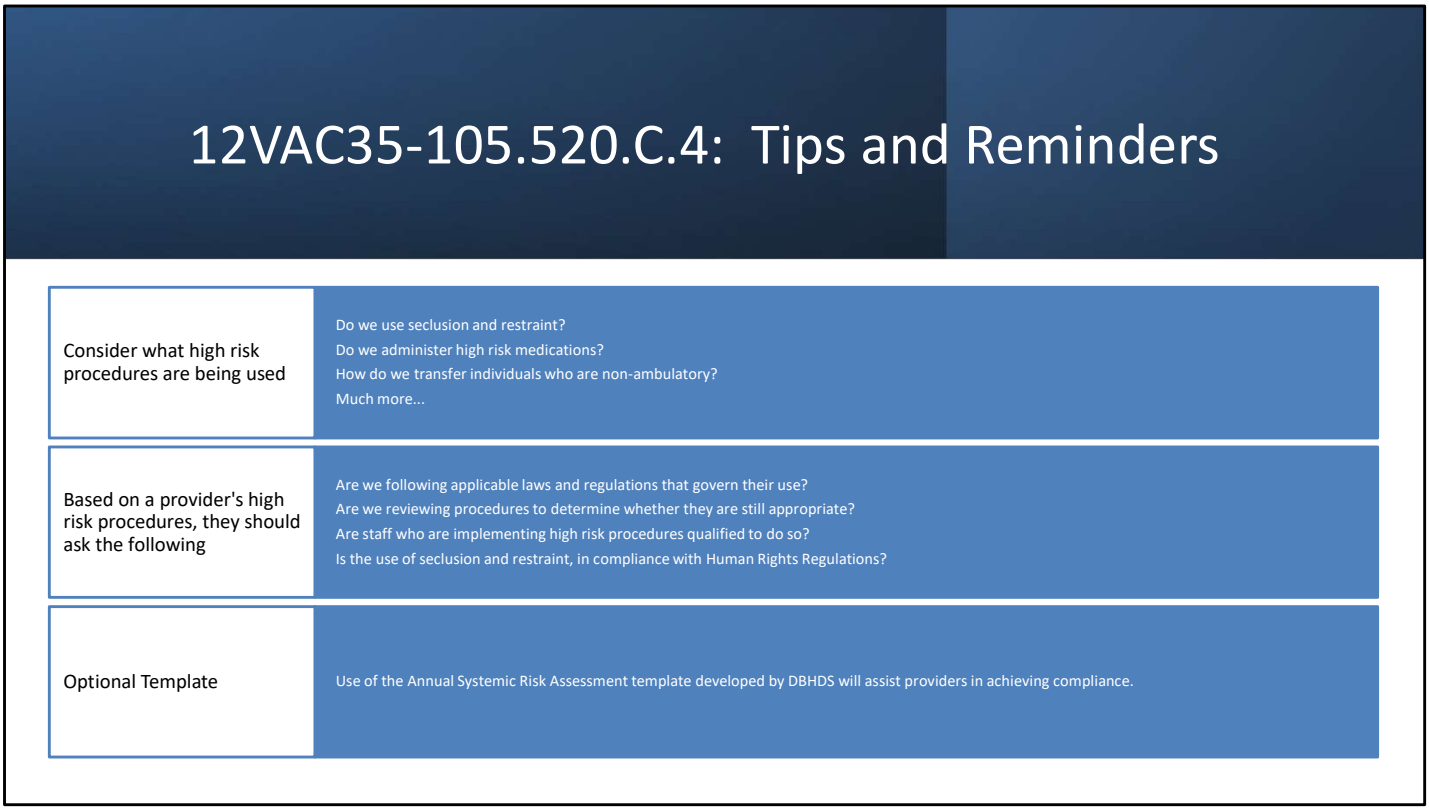
- Assessment
  - **Examples of assessments include physical exams that are completed prior to admission or any time that there is a change in the individual's physical or mental condition.**
- Reassessments
  - **Reassessments include: reviews of incidents in which the individual was involved, and reviews 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**
- Template
  - **Use of the Annual Systemic Risk Assessment template developed by DBHDS will assist providers in achieving compliance with the regulatory requirements.**

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.

Tips and Reminders related to Staff competency and adequacy of staffing

- **Staff competence 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?**
- Template
  - **Use of the Annual Systemic Risk Assessment template developed by DBHDS will assist providers in achieving compliance with the regulatory requirements.**



Tips and reminders related to use of high risk procedures including seclusion and restraint

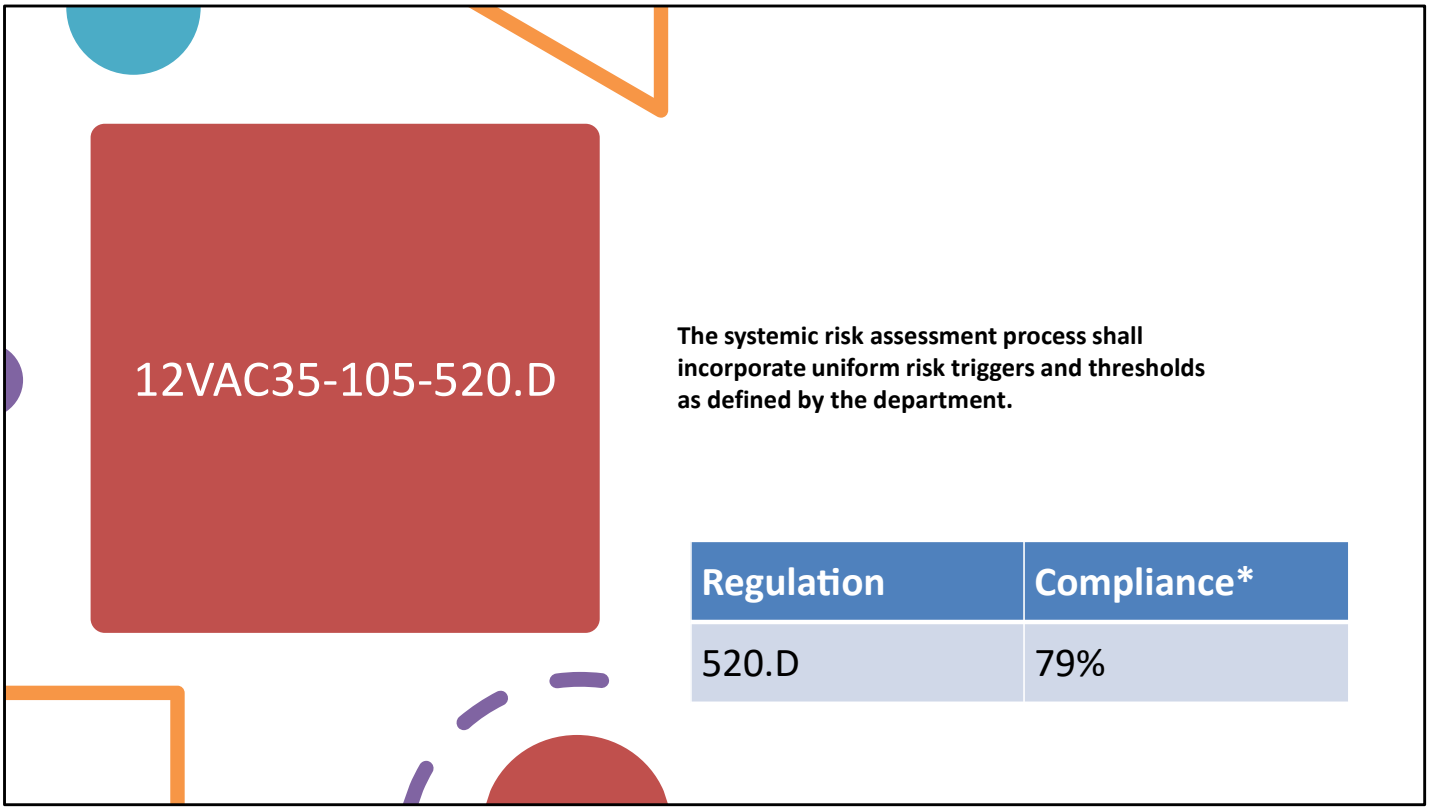
- **Consider what high risk procedures are being used**
  - **Do we use seclusion and restraint?**
  - **Do we administer high risk medications?**
  - **How do we transfer individuals who are non-ambulatory?**
  - Much more...
- **Based on a provider's high risk procedures, they should ask the following:**
  - **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?**
- Template
  - **Use of the Annual Systemic Risk Assessment template developed by DBHDS will assist providers in achieving compliance with the regulatory requirements.**

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.

Tips and Reminders related to reviewing serious incidents

- 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 (including 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**
- Year-over-year 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:
  - **A provider's systemic risk assessment should identify the incidences of common risks and conditions that occurred. Developmental disability providers would focus on incidences of common risks for individuals served.**
- 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 with the regulatory requirements.**



Don't forget that DBHDS defines risk triggers and thresholds as **care concerns** through review of serious incident reporting conducted by the Incident Management Unit.

In 2022*, providers were at 79% compliance, we can get to 86%.

The IMU reviews serious incidents not only on an individual level but systematically as well to identify possible patterns/trends by individuals, a provider's licensed service, and 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.

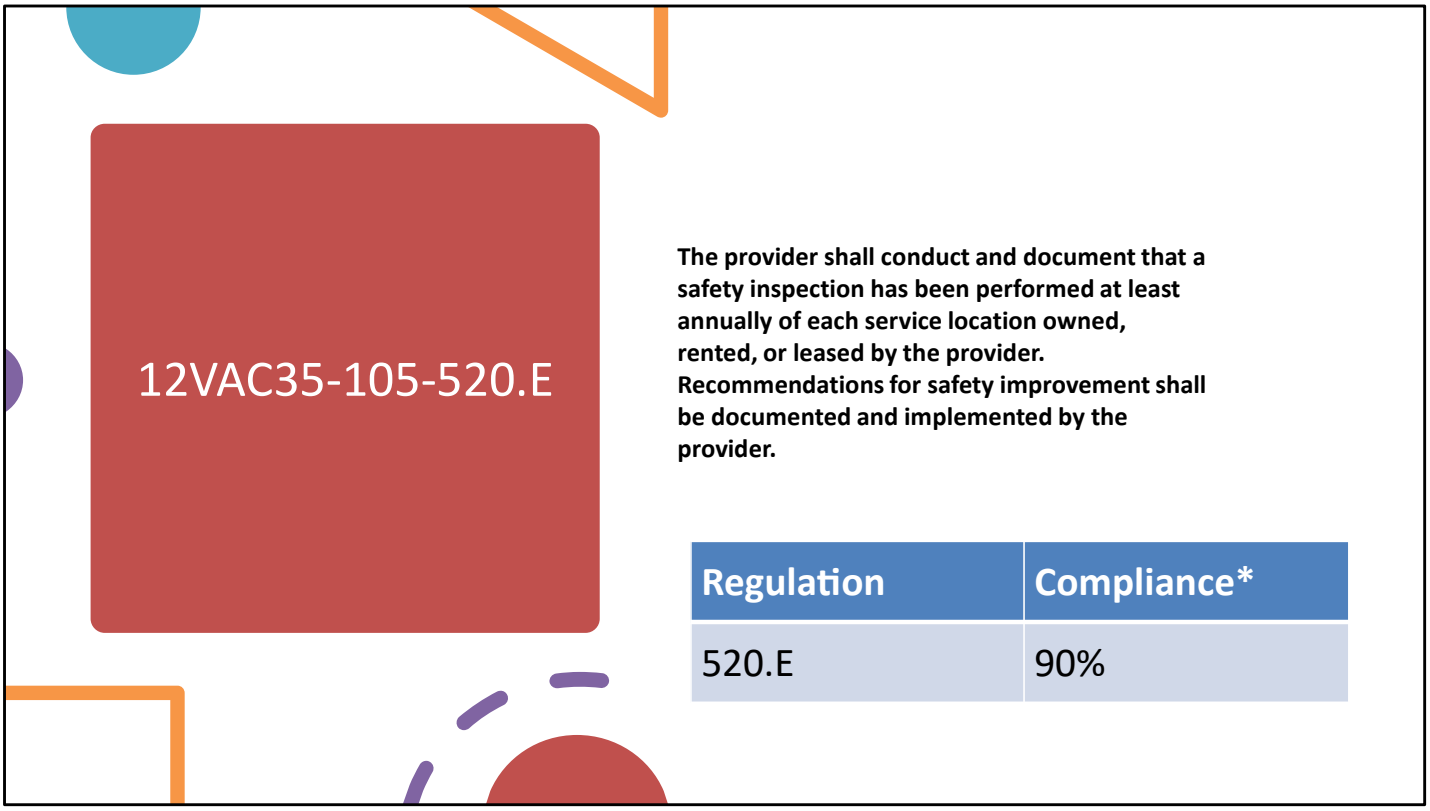
When care concerns thresholds are met it may be an indication a provider may need to re-evaluate an individual's needs and supports, review the results of their root cause analysis or even consider making more systemic changes

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.

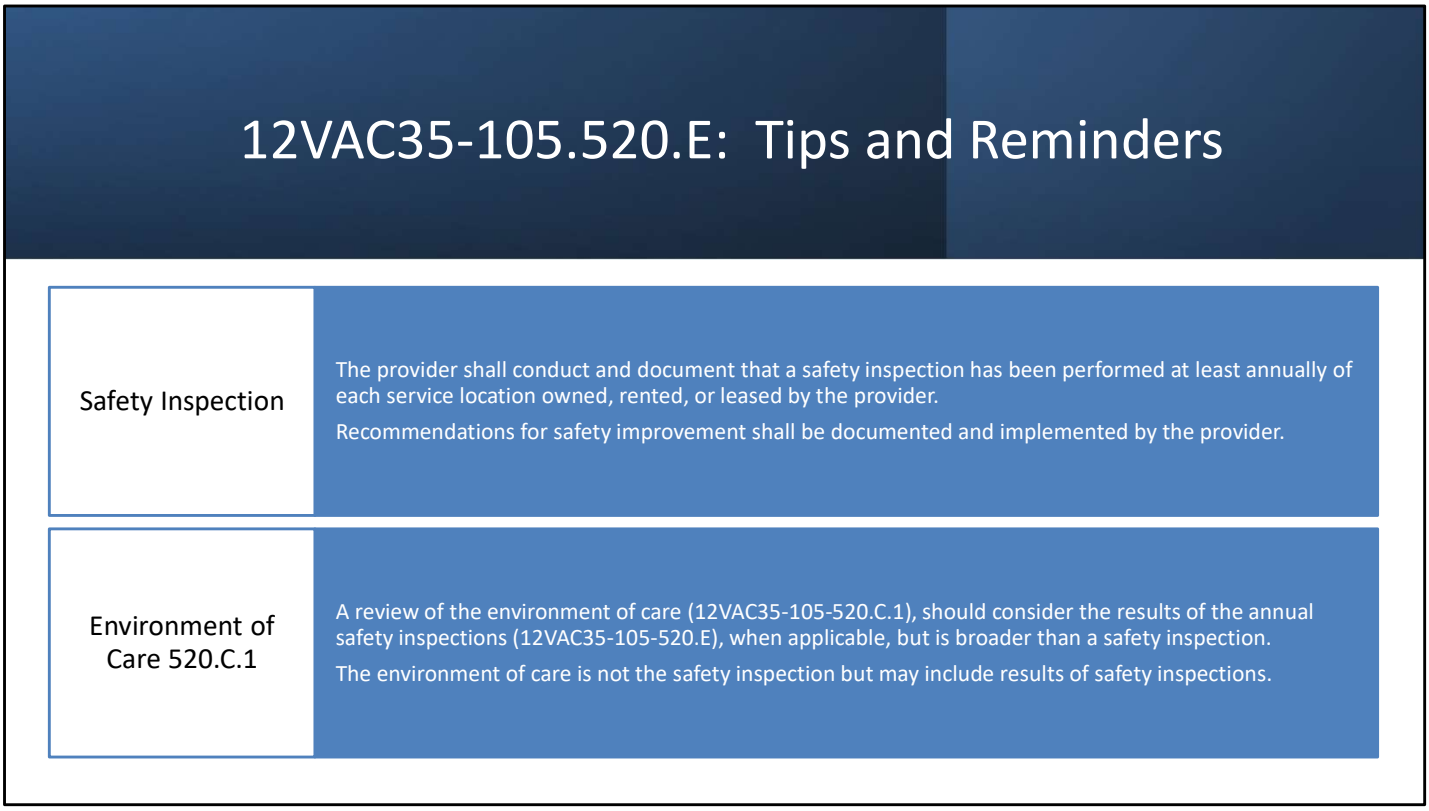
Tips and Reminders related to care concerns

- 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.**
- 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 with the regulatory requirements.**



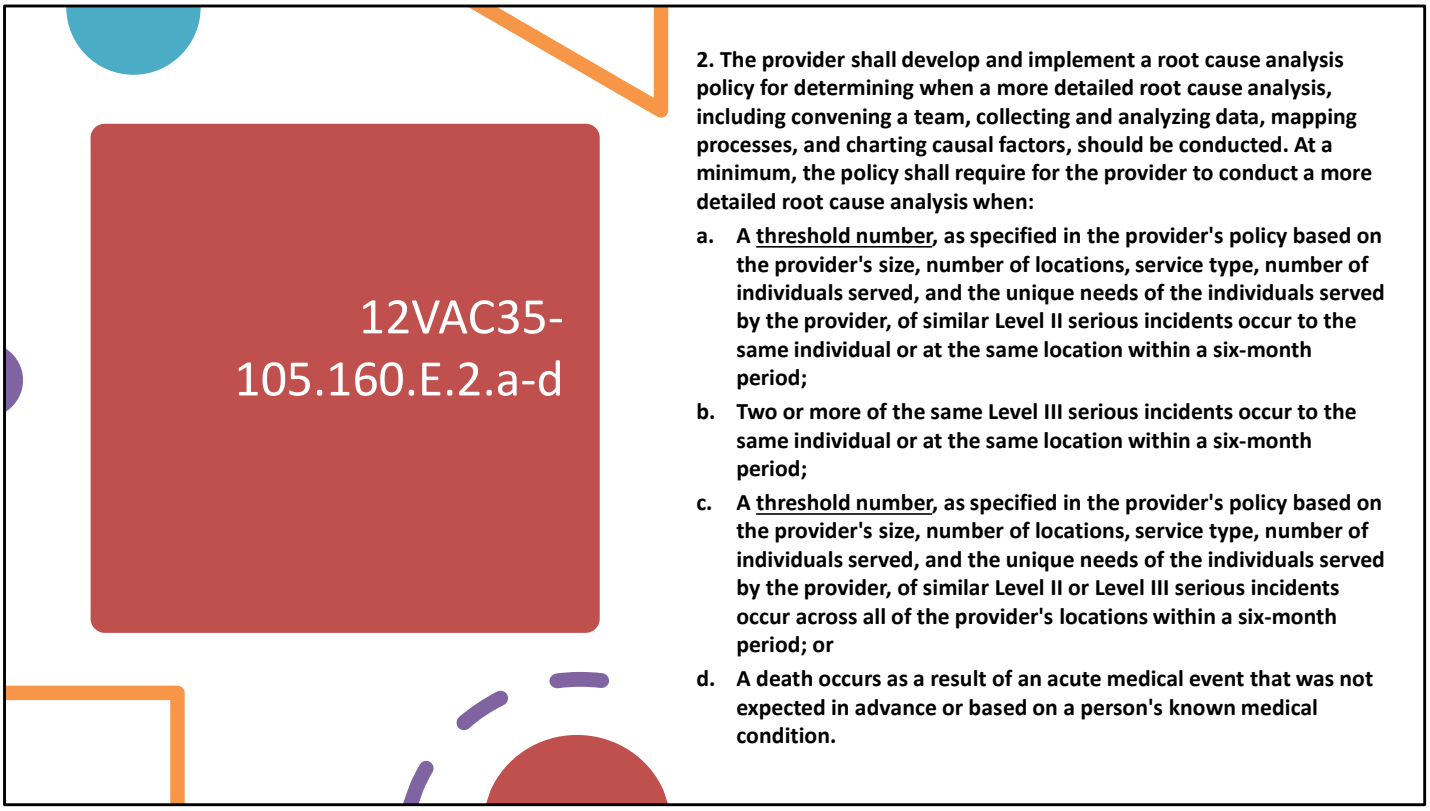
The provider shall conduct and document that a safety inspection has been performed at least annually of each service location owned, rented, or leased by the provider. Recommendations for safety improvement shall be documented and implemented by the provider.

Providers are at 90% compliance as it relates to safety inspections so keep up the great work!



Tips and Reminders related to safety inspections

- Safety Inspection
  - Annual safety inspection must be completed at least annually and are to be completed for each service location.
  - 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.



- **We are going to switch gears now and provide some tips and reminders related to the root cause analysis (RCA) policy.**

- **Remember, all providers are required to develop and implement a root cause analysis policy for determining when a more detailed root cause analysis should be conducted. This includes convening a team, collecting and analyzing data, mapping processes, and charting causal factors. At a minimum, the policy must indicate when the provider will complete a more detailed root cause analysis.**

- **The RCA policy could also outline who will appoint a team if a more detailed RCA is being conducted.**

- **Keep in mind that a provider's RCA policy can be part of the provider's Serious Incident Reporting policy.**

Provider Compliance

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

Virginia Department of Behavioral Health & Developmental Services

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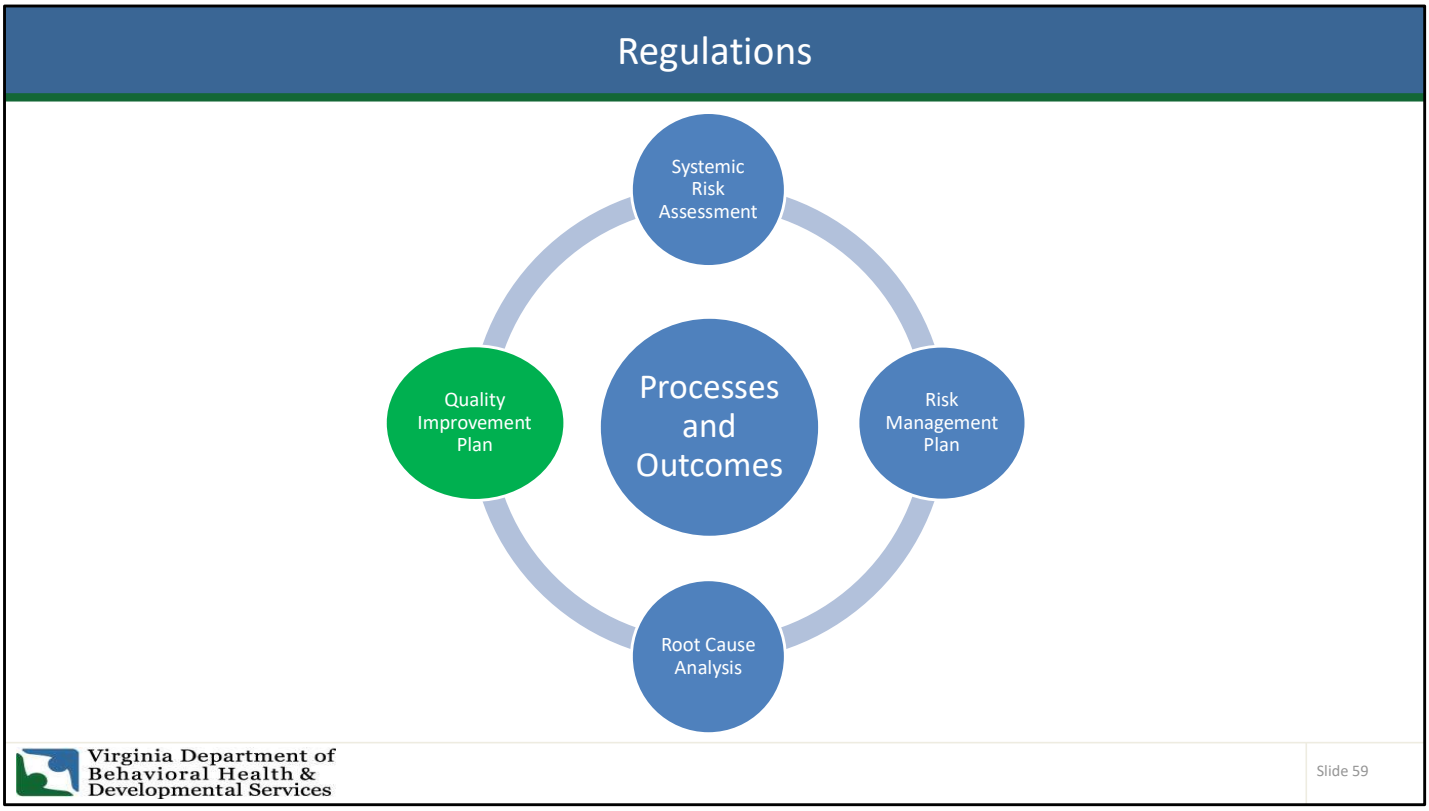
Providers have made significant progress as it relates to compliance with the root cause analysis policy over the last few years. This data is from 2022*.
Providers were at 83% compliance as it relates to 160.E.2.a
Providers were at 86% compliance as it relates to 160.E.2.b
Providers were at 81% compliance as it relates to 160.E.2.c
Providers were at 89% compliance as it relates to 160.E.2.d

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.

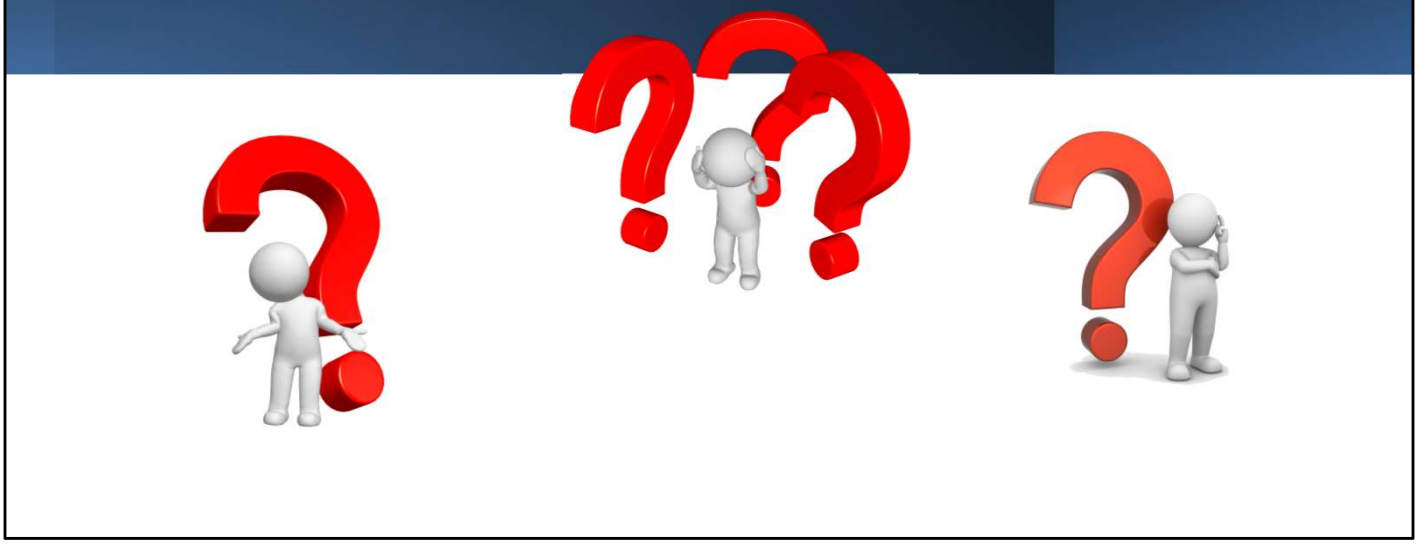
- Policy
  - **When developing the root cause analysis policy, providers should take into consideration the number of locations, the number of individuals receiving services, the type of services the provider provides, and the unique needs of the individuals.**
  - **The term threshold, as it relates 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.**
  - **A more detailed root cause analysis includes convening a team, collecting and analyzing data, mapping processes, and charting causal factors.**
- **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 with the regulatory requirements of 12VAC35-105-160.**



This visual is a reminder that there is a relationship to a central idea which is – to improve the provider's processes and outcomes for individuals served. The ring of circles contributes to the central idea.

Now I am going to turn it over to Larisa Terwilliger who will address some of the frequently asked questions.

FAQs



Good morning everyone!

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.**

FAQs

- **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.

FAQs

- 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.

FAQs

- **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.

FAQs

- **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.

FAQs

- **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.

FAQs

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

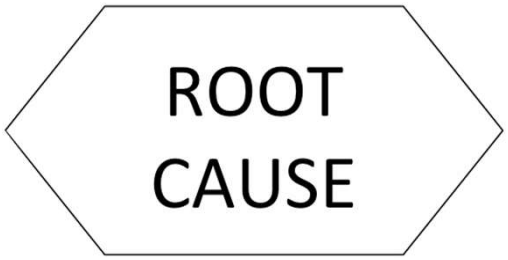
Answer: **A quality improvement (QI) plan** is a detailed work plan developed by a provider that defines steps the provider will take to **review the quality of services it provides and to manage initiatives to improve quality**. A quality improvement plan consists of systematic and continuous actions 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.

FAQs

- **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.

FAQs

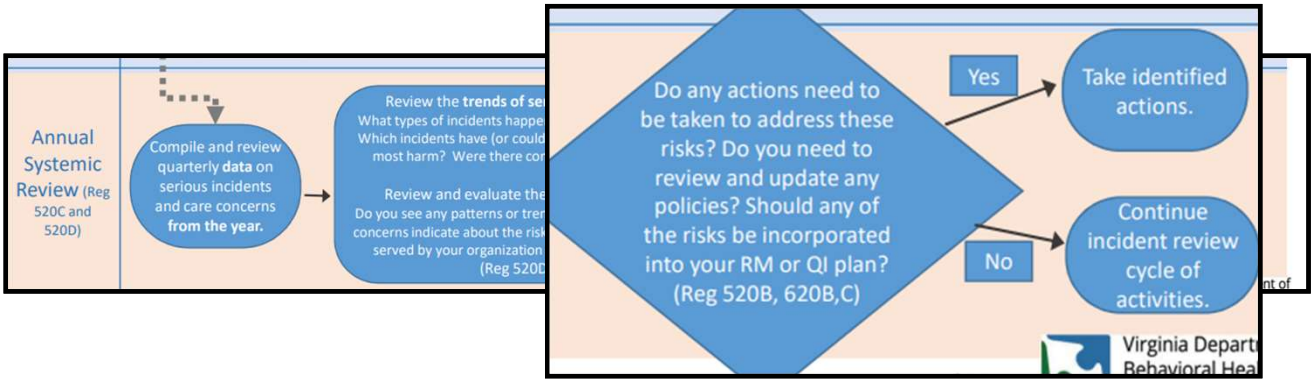
- **Question:** How do providers receive feedback related to their policies and procedures? It may be helpful if providers knew especially what their identified issues are as it applies to the regulations.

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.

Taking It Further

- Look at the end of the Flow Chart



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Thanks, Mackenzie / Larisa. Hopefully that cleared up some questions that participants may have had!
Now, let's look at the end of the flow chart and we're going to talk about taking it further.

Taking it further

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

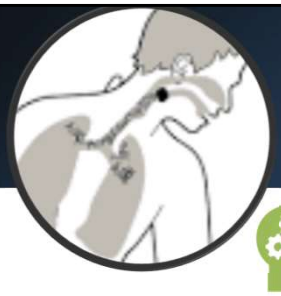
SMART =
Specific, Measurable, Achievable, Relevant, Time-bound

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

We will incorporate this into the Quality Improvement Plan (620B).

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

One way to take it further is to use everything you've learned through your serious incident reviews, to create measurable goals and objectives. This is a requirement outlined in regulation 620.C.2.
Here is an example for Acme Residential.
They used the criteria of a SMART objective: Specific, Measurable, Achievable, Relevant and time-boud.
Here is their first SMART measurable goal. By December 31, 2024, Acme Residential want to reduce the number of Level I medication errors by 30%. The baseline during 2023 was 30 med errors; the goal is 21 med errors or fewer.
They also plan to incorporate this into their QI plan – described in regulation 620B, and into their risk management plan, per 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).

Here is a 2nd measurable goal that Acme has identified, based on their risk reviews. By December 31, 2024, Acme Residential want to reduce the number of care concerns due to choking to zero. The baseline during 2023 was 7 choking care concerns.

Taking it further

Incorporate into the Risk Management Plan (520B)

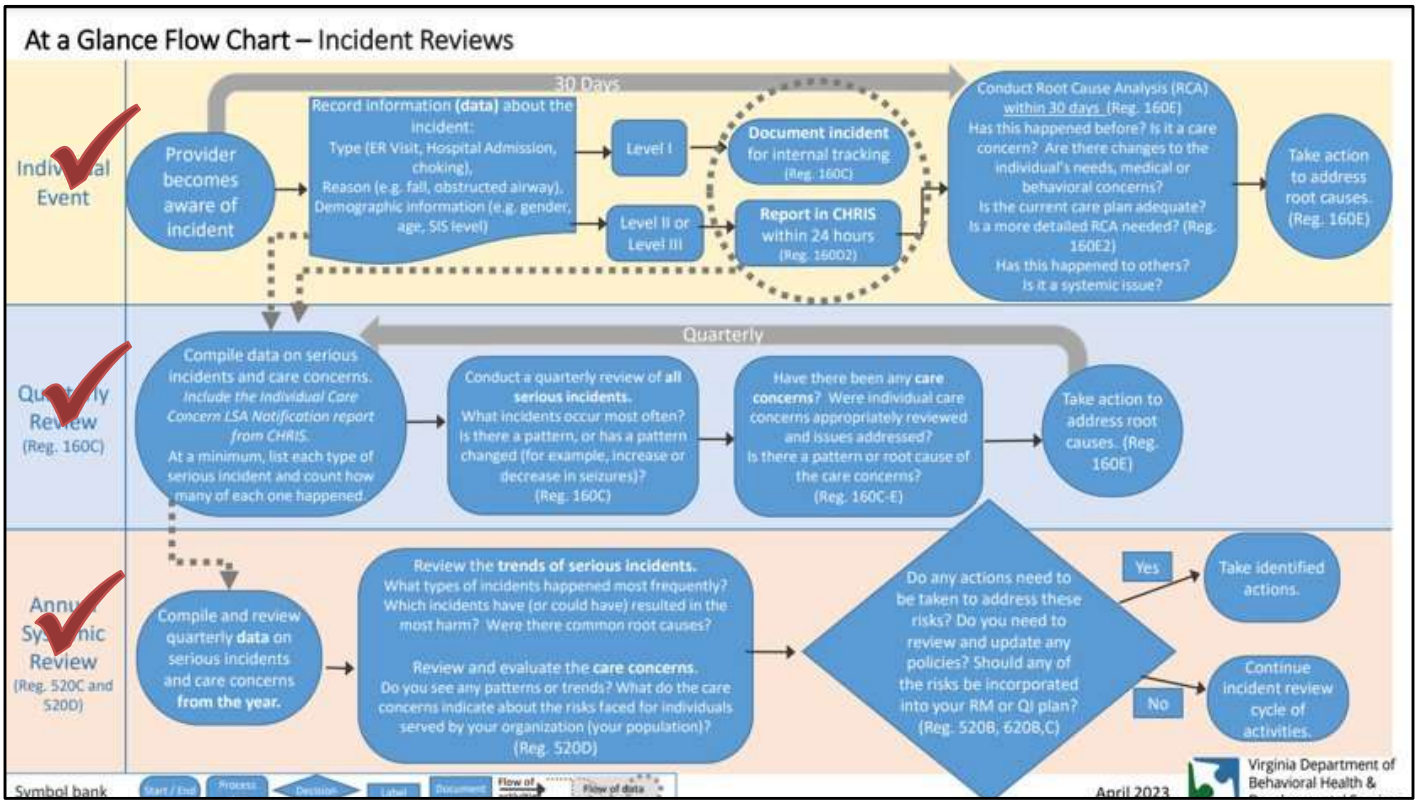
Link to example:
https://dbhds.virginia.gov/assets/doc/QMD/OL/sample-provider-risk-management-plan-6-2021.pdf

Incorporate into the Quality Improvement Plan (620B)

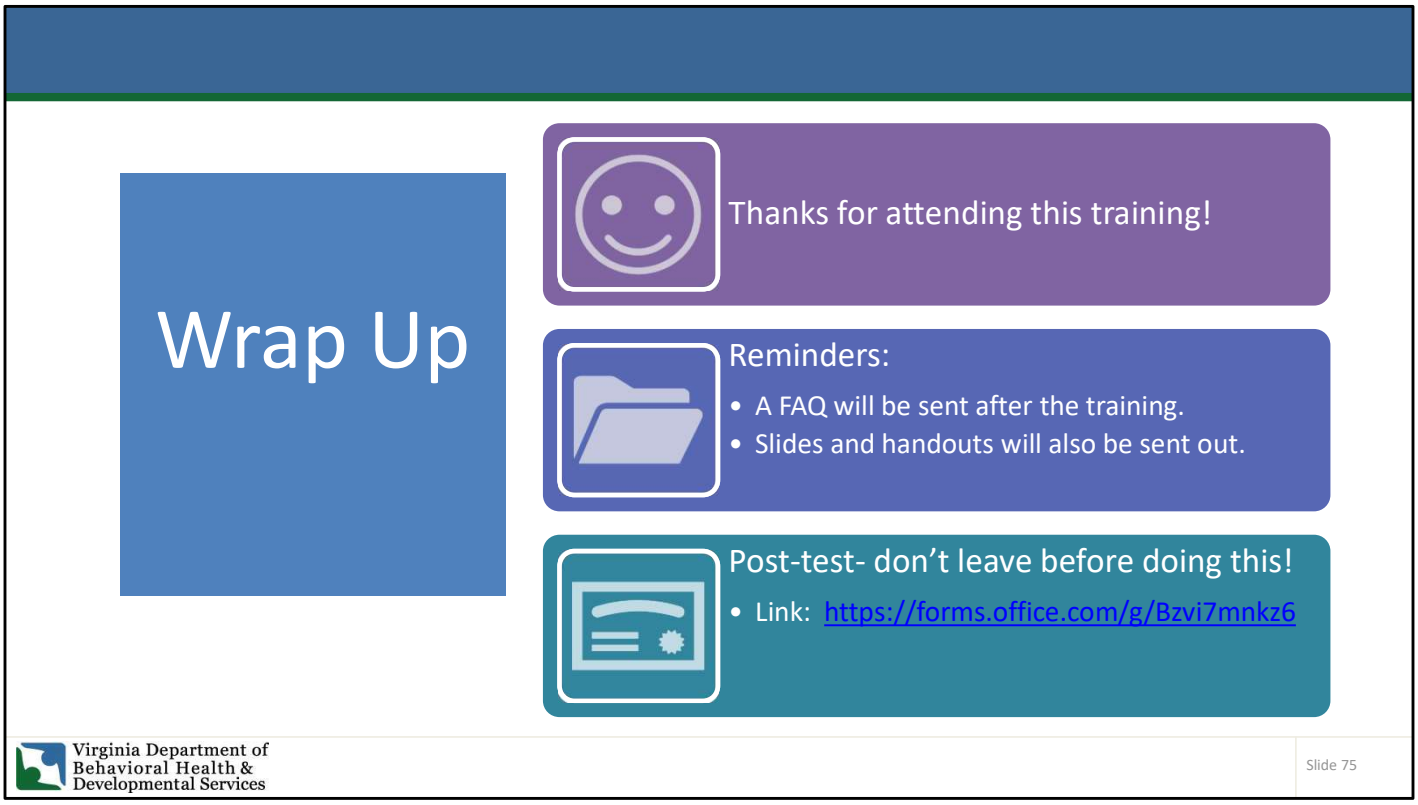
Link to example:
https://dbhds.virginia.gov/assets/doc/QMD/OL/sample-provider-quality-improvement-plan-6-2021.pdf

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

You'll note that Acme plans to incorporate information into their QI plan and RM plans based on their risk reviews.
While, we aren't going in depth into RM and QI plans during this training, I want to point out that the Office of Licensing has examples of these plans on the website. The links are given on this slide. [click to show]
In addition, the Office of Licensing will be releasing new templates to assist with these functions in June of this year. So make sure you be on the lookout for that! [Reminder to sign up for the listserv.]



Now, let's our incident review flow chart, our map, one last time.
Now that we have reviewed 'taking it further,' **we have gone through all of the elements in the map.**
We have taken the whole journey together!
We truly hope that, as we've gone through this journey, you learned about valuable information and tools that can get you closer to achieving compliance with 520C, 520D and 160C or any of the other regulations reviewed.
We truly want you to be successful!



That brings us ALMOST to the end of today's session AND the end of the 3 session training.
Hopefully many of you have attended all three days with us. If so, thank you very much!
If you attended one or two, we want to thank you as well.
As a reminder, a FAQ along with the slides and handouts will be available after the training.
Last but not least, we have ONE LAST post-test! Please take time to do the post test!
I'm going to put the link to the post-test in the chat right now.
In addition, the link will be emailed to you. We'd love for you to take the time to do it NOW while the training is fresh on your mind. However, we are keeping it open until Tuesday May 2 at Noon.
It's important for us to hear from you…We need to know what you got out of the training and how we can improve it.

- Link: …

•The next three slides have additional resources, so you'll have them available when you receive the slides.
•Again, please go take the post-test.

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)

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

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WORK ON THIS

Thank you again!
And this concludes today's training.