



Virginia Department of  
Behavioral Health &  
Developmental Services

# Serious Incidents and Office of Licensing Guidance

June 17, 2020

# DBHDS Office of Licensing Training

- You are encouraged to sign up for the Office of Licensing's recurring Computerized Human Rights Information System (CHRIS) trainings on Eventbrite for helpful information related to serious incident reporting.
- Training will be conducted every third (3<sup>rd</sup>) Wednesday of each month during the year of 2020
- Registration for the training is on Eventbrite (<https://www.eventbrite.com/e/chris-training-recurring-2020-tickets-91319315531>)
- CHRIS Training Link  
<http://www.dbhds.virginia.gov/quality-management/human-rights/shr-committee/computerized-human-rights-information-system-chris>



# Training Overview

- **Communication from the Office of Licensing**
- **Guidance on Incident Reporting Requirements**
- **COVID-19**
- **Individuals Reentering A Service**
- **CHRIS – new fields expectations**
- **Reporting incidents in CHRIS**
- **Late Reporting**
- **Care Concerns**
- **Data**

# Communication from the Office of Licensing

- **The Office of Licensing (OL) will be sending out information to providers utilizing Constant Contact.**
- **To ensure your organization receive these email-notifications, add the following two email addresses to your “accepted list”.**
  - [licensingadminsupport@dbhds.virginia.gov](mailto:licensingadminsupport@dbhds.virginia.gov)
  - [Incident\\_management@dbhds.virginia.gov](mailto:Incident_management@dbhds.virginia.gov)

# Guidance on Incident Reporting Requirements

- The guidance on Incident Reporting Requirements is to remind DBHDS licensed providers of the requirements and expectations for reporting serious incidents to the DBHDS Office of Licensing, pursuant to 12VAC35-46-1070.C. and 12VAC35-105-160.D.2., including
  - the timeframe for reporting incidents;
  - the process for reporting incidents;
  - the allowable timeframe for adding to, amending, or correcting information reported to the Office of Licensing through the Computerized Human Rights Information System (CHRIS);
  - and to inform providers of the processes that the Office of Licensing will follow for issuing citations, repeat citations and sanctions for violations of serious incident reporting requirements.

# CHRIS

- It is important to note that although providers use the CHRIS system to report *serious incidents* to the **Office of Licensing (OL)**, and to report *allegations of abuse or neglect* to the **Office of Human Rights (OHR)**, **these are two distinct reporting functions**, which satisfy separate regulatory requirements.
- Reporting an allegation of abuse or neglect to OHR **does not remove the need to report a Level II or Level III serious incident to the Office of Licensing**, even if the serious incident report involves the same underlying facts as the abuse or neglect allegation
  - For example, an individual had a behavior which required the use of a restraint (TOVA) and in that process the person happened to have fallen resulting in a fracture to their arm. This incident would be applicable to report on the OHR side as a possible allegation of abuse/neglect for provider to investigate if staff implemented TOVA correctly and to OL as a level II serious incident.

# Non-compliant Incident Reporting

- Please note that these methods of reporting an incident in place of submitting an incident report into the CHRIS system will be deemed **as non-compliant and the provider will be cited**:
  - Reporting a serious incident to the provider's licensing specialist via e-mail or phone call;
  - Reporting a serious incident to the provider's human rights advocate via e-mail or phone call;
  - Reporting a serious incident to any other representative of DBHDS by any means other than the serious incident reporting function in CHRIS; and
  - Reporting an allegation of abuse or neglect that also meets the criteria for a Level II or Level III serious incident only on the DBHDS Office of Human Rights (OHR) side of CHRIS instead of reporting the incident to both the OHR and the DBHDS Office of Licensing sides of CHRIS.

# CHRIS System Errors and Network Outages

- There may be unusual circumstances when a provider is unable to report an incident through the CHRIS system because of a CHRIS system error or a network outage. **The ONLY valid reasons for not reporting a serious incident into CHRIS include:**
  - 1) The CHRIS system was not functioning at the time the incident was discovered; or
  - 2) The provider was unable to access the CHRIS system for reasons that were not in the provider's control.
    - Power outage which can be verified (ex. Dominion Power outage)



# DELTA Assistance

**Support from DBHDS may be requested by DELTA Security Officer (s) using the following contact information:**

Administrator	Phone	Email
DELTA Support Line		deltaprod@dbhds.virginia.gov
Catrina Sankey	(804) 887-7402	Catrina.Sankey@dbhds.virginia.gov
Rennie Hubbard	(804) 887-7408	Renola.Hubbard@dbhds.virginia.gov

# Potential Late Reporting

- If a provider is unable to report a serious incident through the CHRIS system for one of the two valid reasons, **then the provider must notify the Office of Licensing's Incident Management Unit of the provider's inability to report the incident through the CHRIS system within 24 hours of the discovery of the incident by emailing the Incident Management Unit @ incident\_management@dbhds.virginia.gov**

# Potential Late Reporting

- Mark the e-mail to IMU with the following **subject line**: **“Potential Late Entry-CHRIS complications for [NAME OF PROVIDER].”** Notification to other DBHDS employees or representatives, **including the provider’s licensing specialist or human rights advocate, will not substitute for notification to the IMU.**
- Providers will be cited for a regulatory violation of 12VAC35-105-160.D.2. or 12VAC35-46- 1070.C., as applicable, if they do not report serious incidents within the regulatory timeframe, unless they have notified the IMU of their inability to do so due to a system error in CHRIS or a network outage, even if they have notified their licensing specialist or human rights advocate.

# CHRIS Back up

- PER THE OCTOBER 1, MEMO AND SUBSEQUENT CHRIS TRAINING, NOT HAVING AN AUTHORIZED USER FOR CHRIS IS NOT A VALID REASON FOR LATE SUBMISSION OF A SERIOUS INCIDENT REPORT IN THE CHRIS SYSTEM.
- **It is the provider's responsibility to ensure that they have authorized users for CHRIS at all times.**

# Updates to Serious Incident Reports:

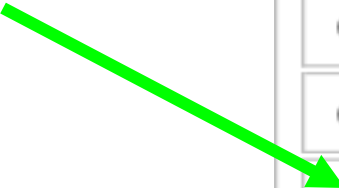
- In some instances, a provider may need to update a serious incident report in CHRIS after its initial submission.
  - A provider may be awaiting a medical report or other records related to an emergency room visit; or
  - IMU staff may request that the provider update an incident report in CHRIS when the IMU identifies information that should have been included in the report, but was not included.
- When the provider must update an incident report in CHRIS after the initial submission, **the provider must do so within 48 hours from the initial submission of the incident report, or from the time that the provider is informed by the IMU of the need to update the report, whichever is later.**

# Updates to Serious Incident Reports

- Providers must select “**An update to the serious incident report has been provided**”, when saving the incident after they have made their update. This will send a notification to IMU and the Licensing Specialist that an update as been entered.

\* Required. Please select one from the following:

<input type="radio"/> Death/Serious incident report is complete and no further updates will be provided.
<input type="radio"/> Updates to death/serious incident report will be provided.
<input type="radio"/> An update to the death/serious incident report has been provided.



- Failure to update a serious incident report in CHRIS within 48 hours from the initial submission of the report, or from the time that the provider is made aware of the need to update the report may result in a citation of 12VAC35-105-160.B, or 12VAC35-46-230.A, as applicable.**

# Unifying Serious Incident Report Information

- Each business day IMU Specialists triage incidents reported from the previous day.
- Based upon IMU review, they may note information in the narrative section of the incident which was not included or checked under the following sections:
  - Injury,
  - Illness or Condition, or
  - Cause of incident
- IMU will check the corresponding check box(s) to unify the report with the narrative for the purpose of data collection, completeness and accuracy.
- IMU will send an email notification to the provider of any changes made to the incident.

# CHRIS Mandatory Fields

In section titled “External notifications” please be sure to **enter in the name or the person(s)** contacted for each field. When you select, Substitute Decision Maker/Legal Guardian, Support Coordinator or Agency; you must include the name of the person or agency in the text box.

<b>* External notifications made</b> <i>(Check all that apply)</i>	<input type="checkbox"/> DSS	<b>Substitute Decision Maker/Legal Guardian:</b> <input type="text"/> <b>Support Coordinator:</b> <input type="text"/> <b>Support Coordinator Agency's Name:</b> <input type="text"/> <b>Other (please specify):</b> <input type="text"/>
	<input type="checkbox"/> Local Law Enforcement Agency	
	<input type="checkbox"/> State Police	
	<input type="checkbox"/> Department of Health Professionals	
	<input type="checkbox"/> Department of Health	
	<input type="checkbox"/> Non-Applicable	
	<input type="checkbox"/> Substitute Decision Maker/Legal Guardian	
	<input type="checkbox"/> Support Coordinator	
	<input type="checkbox"/> Support Coordinator Agency's Name	
	<input type="checkbox"/> Other	



# CHRIS Mandatory Fields

- The Person Filling Out the Form Name/Title is a required field. The name submitted must be **the actual person** completing the incident.
- The phone number will be used to contact the provider if additional information is needed.

* Person Filling Out Form Name/Title					
* First name	Buggs	* Last name	Buggy	* Staff Title	QA Coordinator, Senior
				* Date of Completion	01/02/2020
				* Phone Number	
* Licensing Specialist	Christine Morris	Date/Time Licensing Notification:	1/2/2020 5:52:42 PM	Date Case Closed:	01/03/2020
<p>* Required. Please select one from the following:</p> <p><input type="radio"/> Death/Serious incident report is complete and no further updates will be provided.</p> <p><input type="radio"/> Updates to death/serious incident report will be provided.</p> <p><input type="radio"/> An update to the death/serious incident report has been provided.</p>					

# Office of Licensing Compliance Monitoring Activities

- The Office of Licensing conducts ongoing monitoring of provider compliance with serious incident reporting requirements.
- The IMU within the Office of Licensing reviews serious incident reports each business day for timeliness and compliance with all other regulatory requirements.

# Individuals with Developmental Disabilities with High Risk Health Conditions

- Current SIR tracking implemented by the Office of Licensing (“OL”) Incident Management Unit (“IMU”) has revealed that there have been incidents regarding individuals with Developmental Disabilities (DD)) who have decubitus ulcers (“pressure injuries”), aspiration pneumonia, and falls that result in serious injuries.
- The OL distributed the finalized Guidance document entitled ***Individuals with Developmental Disabilities with High Risk Health Conditions*** in the packet sent to providers on June 5, 2020.
- This memo serves as a reminder of the importance for licensed providers to ensure that any individuals with DD, that have these identified health conditions, are appropriately supported based on their assessed identified needs. Providers shall ensure that they only accept individuals into their services who they can support and who meet their service description (12VAC35-105-580).

# Individuals with Developmental Disabilities with High Risk Health Conditions

- (12VAC35-105-520 C). A reminder that providers must conduct systemic risk assessment reviews at least annually and the assessment must include a review of serious incidents
- In addition, the guidance from DBHDS related to high risk conditions reminds providers that when reporting SIRs into the DBHDS Computerized Human Rights Information System (“CHRIS”), they should ensure that the correct diagnosis is selected, versus “unknown,” when applicable

# Office of Licensing Compliance Monitoring Activities

- Each business day the IMU CAP specialist will ‘pull’ a report to determine if any providers have not reported Level II and Level III serious incidents through the CHRIS system within the 24-hour timeframe.
- The IMU CAP specialist will issue a licensing report for all late submissions of serious incident reports into the CHRIS system, except
  - when a provider has notified IMU during the 24 hour reporting period,
  - and the provider had a valid reason for not reporting the incident in the CHRIS system during the 24 hour reporting period.

# Office of Licensing Compliance Monitoring Activities

- The OL also monitors provider compliance with serious incident documentation and reporting requirements during all investigations and annual inspections.

# Office of Licensing Compliance Monitoring Activities

- If a licensing specialist identifies a serious incident(s) during an annual inspection that should have been reported, but was not reported at all or was not reported within 24 hours of the discovery of the incident, and for which a licensing report has not already been issued, then the licensing specialist will issue a licensing report citing the provider for late reporting pursuant to 12VAC35-105-160.D.2. or 12VAC35-46-1070.C., as applicable.

# Writing a CAP

- Address the issue of late reporting in CAP:
  - a. Developing a systemic plan of action, ask the question, does this require updating policies, procedures, or forms, or conducting any needed training or retraining for staff, or other steps that could alleviate the problem and minimize the possibility that the violation will occur again;
  - b. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, quarterly check list); and
  - c. Providing written documentation to demonstrate compliance related to violation



# Questions



# Case Management Non-reportable Death

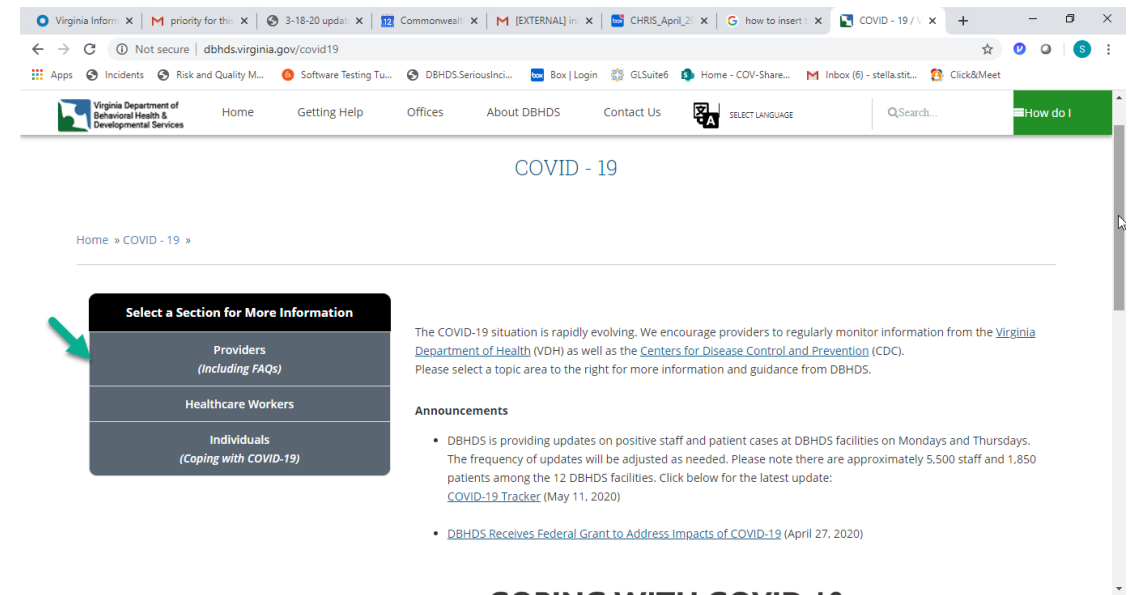
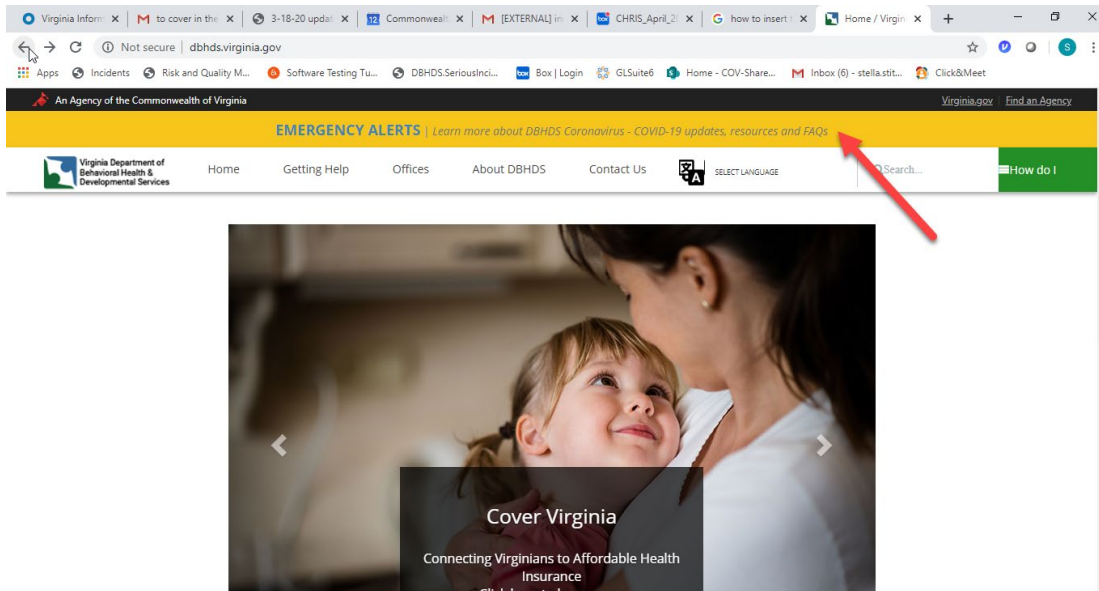
- The following criteria clarifies when not to report a death in CHRIS.
  - When an individual is not an **ACTIVE admission** to Developmental Disability Case Management Services at time of death
  - Individual is only receiving "consumer monitoring" or "consumer follow up" case management services at the time of death, then the death should NOT be reported via CHRIS.

# Individuals Returning to a Service Program

- IMU has noticed multiple entries in CHRIS for the same individual. For the purpose of data collection it is important to only have one unique number for an individual.
- When an individual is discharged and readmitted into your service program do not create a new profile.
- Perform a search for the individual's name and update the demographic page to match the current information for the individual and then submit the new incident report.

# COVID-19

- DBHDS has a new webpage created to help with questions associated with COVID-19 at [www.dbhds.virginia.gov/covid19](http://www.dbhds.virginia.gov/covid19)



# COVID-19

- DBHDS Office of Licensing (OL) sent out an email on March 16, 2020 to all providers about reporting verified cases of COVID-19
- The purpose of the correspondence was to inform licensed providers about reporting expectations with respect to presumptive positive and laboratory confirmed cases of the novel coronavirus (COVID-19).



# Confirmed Cases of COVID-19 in CHRIS

- Presumptive positive and laboratory confirmed cases of COVID-19 may be reported in CHRIS in one of several ways depending on the circumstances of the case. Depending on the circumstances of the case, the confirmed case may be reported as:
  - 1. An unplanned hospital admission, if the individual is admitted to the hospital;
  - 2. An unplanned emergency room or urgent care facility visit, when the individual is taken to the emergency room or an urgent care facility for diagnosis and/or treatment; or
  - 3. Any other event or circumstance that occurs or originates during the provision of a service or on the premises of the provider that results in significant harm or threat to the health and safety of an individual, if neither of the above occurred.

# How to Report Confirmed Cases of COVID-19 in CHRIS

- Under the following regulation for: ☐ Children's Residential Services - 12VAC35-46-1070(C) ☐ Level II Serious Incident - 12VAC35-105-160(D)(2) and 12VAC35-105-530(F)

Select the Level II  
Incident which apply

*Level 2
<input checked="" type="checkbox"/> AN UNPLANNED MEDICAL HOSPITAL ADMISSION
<input type="checkbox"/> AN UNPLANNED PSYCHIATRIC ADMISSION
<input checked="" type="checkbox"/> AN UNPLANNED EMERGENCY ROOM OR URGENT CARE FACILITY VISIT, WHEN NOT USED IN LIEU OF PRIMARY CARE - In lieu of primary care-The provider is not required to report if they have to take an individual to an urgent care facility or emergency room for an issue typically treated by a primary care physician because the individual's primary care physician is not accessible at the time treatment is required.
<input type="checkbox"/> SERIOUS INJURY REQUIRING MEDICAL ATTENTION (OTHER THAN LEVEL 3) - Serious injury-Any injury resulting in bodily hurt, damage, harm, or loss that requires medical attention by a licensed physician, doctor of osteopathic medicine, physician assistant, or nurse practitioner.
<input type="checkbox"/> A DIAGNOSIS OF A DECUBITUS ULCER - Decubitus Ulcer-Decubitus Ulcers, known as Pressure Injuries, are caused by unrelieved pressure over a defined area, resulting in decreased blood flow to the area, causing the tissue to die.
<input type="checkbox"/> A DIAGNOSIS OF A BOWEL OBSTRUCTION - Bowel obstruction-An intestinal obstruction (complete or partial) that occurs when food or stool cannot move through the intestines. A bowel obstruction is different than constipation and must be diagnosed by a medical professional.
<input type="checkbox"/> A DIAGNOSIS OF ASPIRATION PNEUMONIA - Aspiration pneumonia-Pneumonia is a breathing condition in which there is swelling or an infection of the lungs or large airways. Aspiration pneumonia occurs when food, saliva, liquids, or vomit is breathed into the lungs or airways leading to the lungs.
<input type="checkbox"/> AN INDIVIDUAL WHO IS MISSING - Missing-A situation where an individual is not physically present and cannot be accounted for.
<input type="checkbox"/> INGESTION OF ANY HAZARDOUS MATERIAL - Ingestion is the act of taking something (food, medicine, liquid, poison etc.) into the body through the mouth. Hazardous chemical is one which is a physical hazard or a health hazard.
<input type="checkbox"/> CHOKING INCIDENT - A choking incident that requires physical aid by another person, such as abdominal thrusts (Heimlich maneuver), back blows, clearing the airway, or CPR.
<input checked="" type="checkbox"/> ANY OTHER EVENT OR CIRCUMSTANCE THAT OCCURS OR ORIGINATES DURING THE PROVISION OF A SERVICE OR ON THE PREMISES OF THE PROVIDER THAT RESULTS IN A SIGNIFICANT HARM OR THREAT TO THE HEALTH AND SAFETY OF AN INDIVIDUAL THAT DOES NOT MEET THE DEFINITION OF A LEVEL III SERIOUS INCIDENT.



# How to Report Confirmed Cases of COVID-19 in CHRIS

- Second – In the section titled “Did an injury, illness or condition occur?” select Yes.

*Did an injury, illness or condition occur?	<input type="radio"/> No <input checked="" type="radio"/> Yes
---	---



# How to Report Confirmed Cases of COVID-19 in CHRIS

- Next under Illness and Condition scroll down and select “**Other Illness/Condition**” (it is the last checkbox in the column). In the space below “**If Other please describe**” type in “ **Confirmed case of COVID -19**”.

\*Did an injury, illness or condition occur?

☐ No ☒ Yes

Select any injuries, illnesses, or conditions that occurred (Select all that apply)

Injury	Illness or Condition
<input checked="" type="checkbox"/> OTHER ILLNESS/CONDITION - Other Illness/Condition, not otherwise listed.	

If Other please describe:

Confirmed case of COVID-19



# How to Report Confirmed Cases of COVID-19 in CHRIS

- Please include the time Medical Attention was provided. In the “**Description of Medical Treatment Provided and/or Finding**”. Provide the name of the **health department jurisdiction** notified about the confirmed case.
- Be sure to complete the following three sections in the report.
  - a. “\*Describe the consequences and risk of harm;
  - b. “External Notification made” and;
  - c. “Provider’s Corrective Action”
- DBHDS uses this information to determine which providers may need assistance or support related to serving individuals with COVID-19. This information is also shared with Department of Justice and Department of Medical Assistance Services and information is posted on DBHDS website.

# Care Concerns

- The IMU reviews serious incidents on an individual level and systematically, to identify possible patterns/trends by an individual, 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.
- The IMU has identified these situations as Care Concerns. Incidents of individuals or providers who meet the following Care Concern criteria will trigger follow-up by the IMU.
- In addition, this information is shared with the Office of Integrated Health and the Office of Human Rights who may follow-up to provide technical assistance as appropriate

# Care Concerns

- Care Concerns may require reassessment or additional intervention to prevent unwanted outcomes. Incidents of individuals or providers who meet the following criteria will be further reviewed.
  - Individual Care Concerns
  - Provider Care Concerns

# Individual Care Concern Criteria

- Three (3) or more unplanned medical hospitalization admissions, ER visits or psychiatric hospitalizations within a ninety (90) day time-frame for any reason.
- Multiple (2 or more) unplanned medical hospitalization admissions or ER visits for the same condition or reason that occur within a thirty (30) day time-frame.
- Any combination of 3 or more incidents of any type within a thirty (30) day time-frame.
- Multiple (2 or more) unplanned hospital admissions for: falls, choking, urinary tract infection, aspiration pneumonia, or dehydration within a ninety (90) day time-frame for any combination
- Any incidents of medically verified decubitus ulcers or bowel obstruction

# Provider Care Concern Criteria

- Multiple (5 or more) serious incidents occurring at a licensed location within a 30 day time frame.
- Repeat citations (3 or more) for a provider who has failed to report Serious Incidents within required timeframes.

# Care Concerns in CHRIS

- Care Concerns are identified on the “Death/Incident LSA (Licensing Specialist Action) Report” tab of CHRIS

Individual	Death/Incident	Death/Incident LSA Report
------------	----------------	---------------------------

## CHRIS VERSION 5.1

### **I. Individual Care Concern Licensing Specialist Action (LSA) Notification**

Based on current serious incident as well as a review of other recent incidents related to this individual, the Office of Licensing recommends the provider consider the need to re-evaluate the individual's needs as well as review the current individual support plan. Provider may want to review the results of root-cause analyses completed on behalf of this individual. In addition, please take this time to determine the appropriateness of making systemic changes such as revisions to policies or procedures and/or re-evaluating and updating your risk management and/or quality improvement plan. In addition, this information is shared with the Office of Integrated Health and the Office of Human Rights who may follow-up to provide technical assistance as appropriate

### **II. Provider Care Concern Licensing Specialist Action (LSA) Notification**

Based on current serious incident as well as a review of other recent incidents occurring within this licensed service, the Office of Licensing recommends you may want to review your trend analysis for serious incidents as well as root-cause analyses completed on behalf of individuals receiving this service. Please take this time to determine and review the need for systemic changes such as revisions to policies or procedures and/or re-evaluating and updating your risk management and/or quality improvement plan. In addition, this information is shared with the Office of Integrated Health and the Office of Human Rights who may follow-up to provide technical assistance as appropriate

# Care Concerns in CHRIS

- IMU will identify in the LSA when an incident has been classified as an “Individual or Provider Care Concern”.

Select an existing Report below or [here](#) to add a new Action

	ID	Date	Licensing Specialist Action	Remarks
<a href="#">Select</a>	99703	6/10/2020	Referred	IMS reviewed incident and completed a trend analysis. This is a report of a medical hospital admission due to fever of 103.5. Individual was transported back to SOVAH Medical Center for evaluation and treatment. Report has limited information, but provider noted an update will be provided. Provider noted a RCA will be conducted. Notification were made and incident was reported timely. Individual is 74 years old. It appears that appropriate medical attention was sought by provider since he is having ongoing medical complications post-surgery. MLL
<a href="#">Select</a>	99704	6/10/2020	Individual Care Concern	IMS will notify the LS of this Care Concern referral due to 3 hospital admissions within 30 day timeframe for the same reasons. This is the 4th hospitalization within the last 45 days. Trends: Individual was admitted to the hospital on 4/25/2020 and then discharge on 5/16/2020 after treatment and an extended medical hospital admission due to bowel obstruction. During a nurse assessment on 5/17/2020, individual presented with low blood pressure and compromised breathing. He was again admitted to the hospital due to complications. 5/30/2020- medical hospital admission due to exacerbation of a chronic medical condition. Individual complained of pain on his left side. He was feeling fatigued, lack of appetite and having difficulty urinating. MLL



- In the area above the Licensing Specialist Actions are recommendations regarding individual and provider care concerns



# Individual Care Concern Licensing Specialist Action (LSA) Notification

- Based on a current serious incident as well as a review of other recent incidents related to this individual, the Office of Licensing recommends the provider consider the need to re-evaluate the individual's needs as well as review the current individual support plan. Provider may want to review the results of root-cause analyses completed on behalf of this individual. In addition, please take this time to determine the appropriateness of making systemic changes such as revisions to policies or procedures and/or re-evaluating and updating your risk management and/or quality improvement plan. In addition, this information is shared with the Office of Integrated Health and the Office of Human Rights who may follow-up to provide technical assistance as appropriate

# Provider Care Concern Licensing Specialist Action (LSA) Notification

- Based on a current serious incident as well as a review of other recent incidents occurring within this licensed service, the Office of Licensing recommends you may want to review your trend analysis for serious incidents as well as root-cause analyses completed on behalf of individuals receiving this service. Please take this time to determine and review the need for systemic changes such as revisions to policies or procedures and/or re-evaluating and updating your risk management and/or quality improvement plan. In addition, this information is shared with the Office of Integrated Health and the Office of Human Rights who may follow-up to provide technical assistance as appropriate

# CHRIS Report for Care Concerns

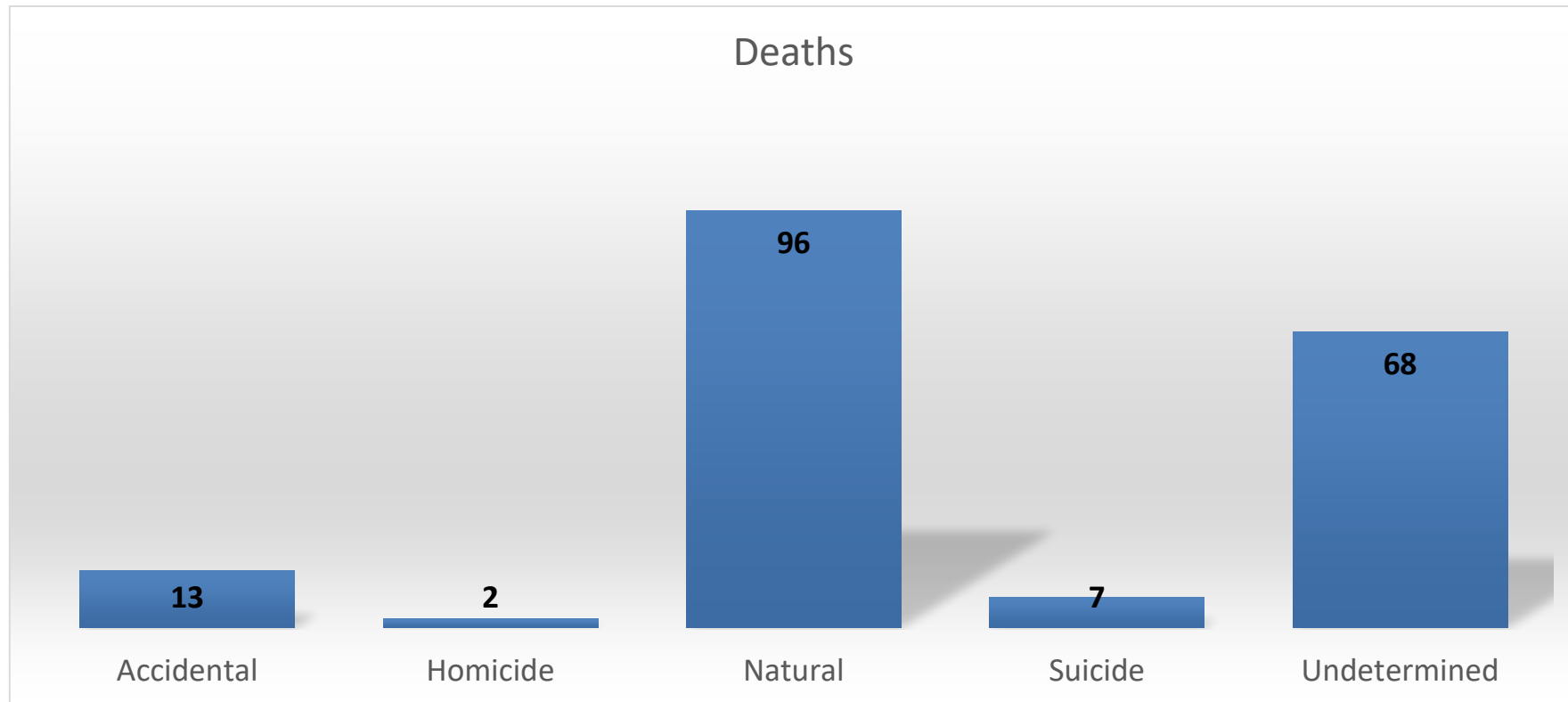
- There will be a new report placed in CHRIS by the end of June 2020, which will allow providers to pull up all incidents labeled as a Care Concern.

# Data

- IMU will begin displaying data once a quarter on all the incidents that have been triaged.
- The data will consist of patterns and trends which may be used to identify opportunities for improvement.
- The data being displayed today covers incidents triaged from January 1, 2020 to March 31, 2020 in Regions 3, and 4 (Incident management did not roll out into Region 2 until May 1, 2020)

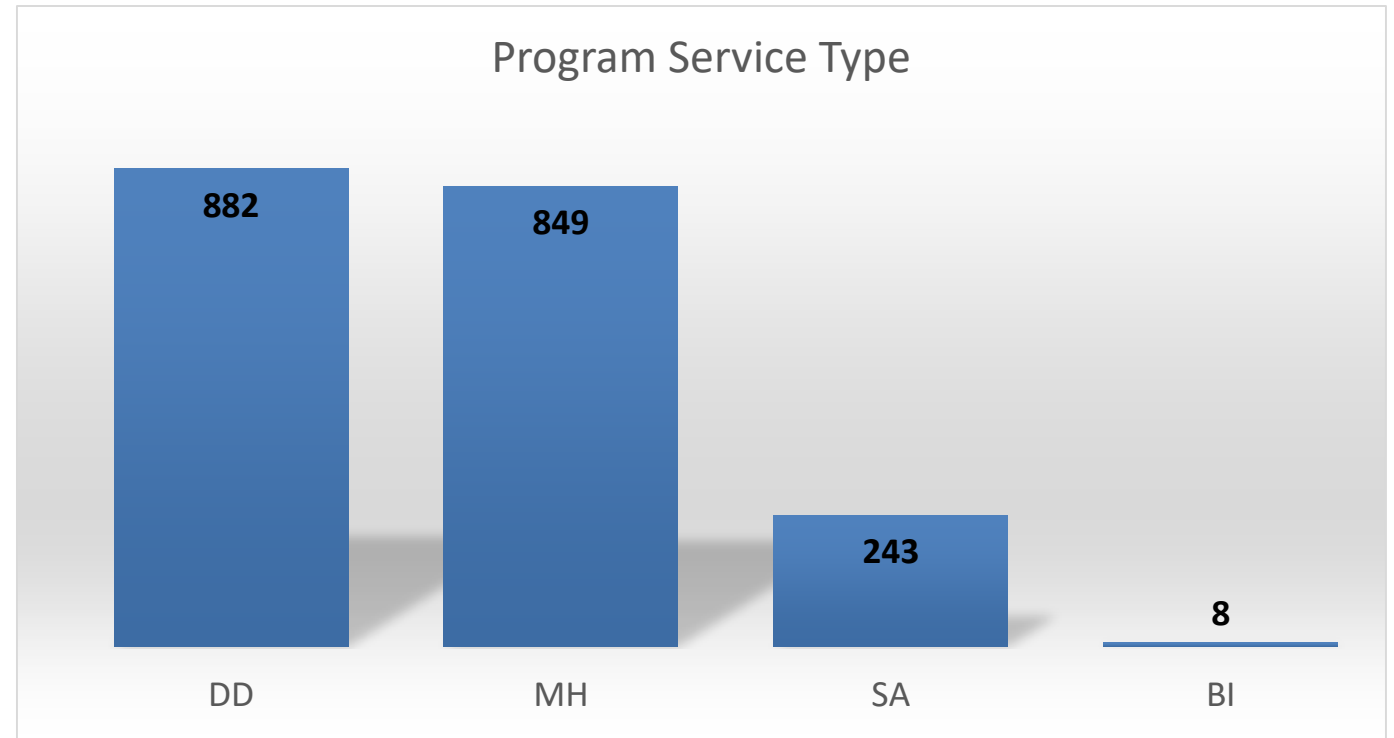
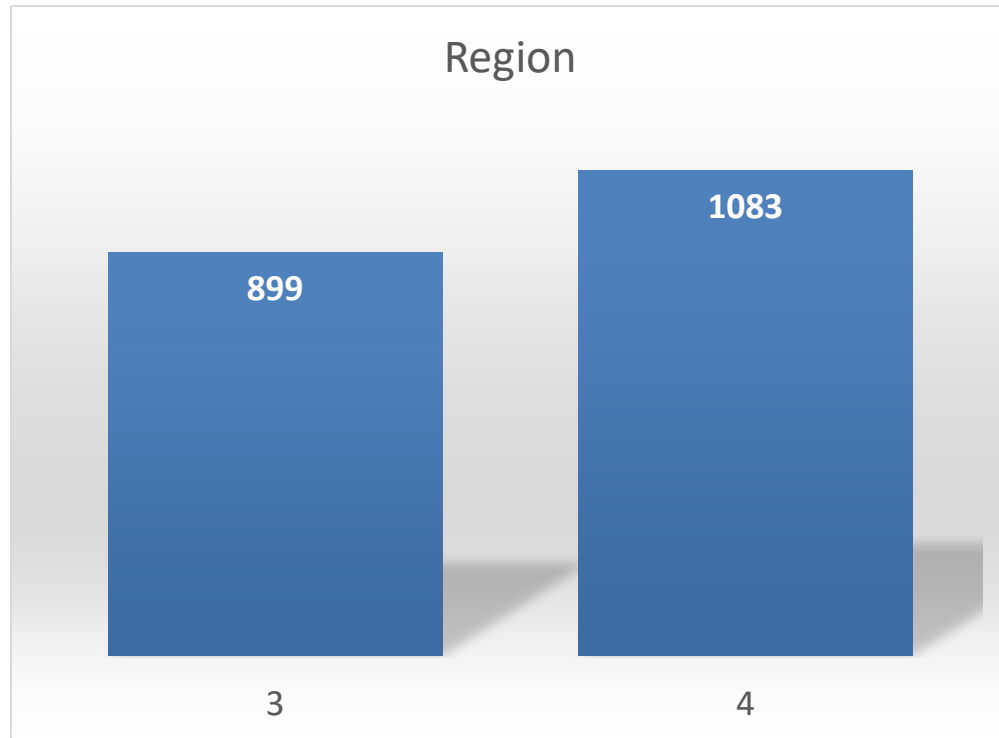
# Deaths

- 186 Deaths were reported during the 3<sup>rd</sup> Quarter of FY2020



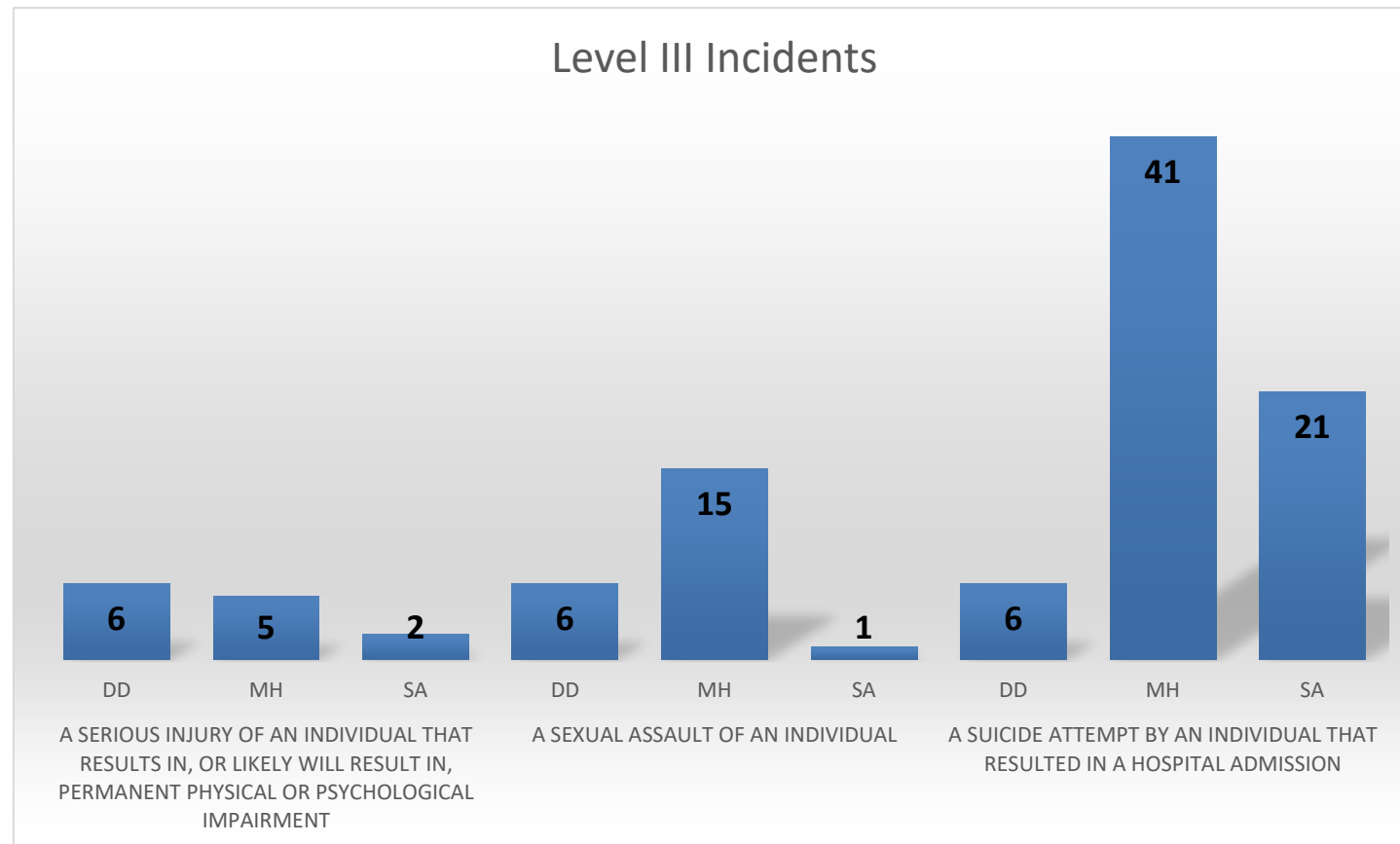
# Incidents

- Incident Management Unit triaged 1,982 incidents in 3<sup>rd</sup> quarter of FY20.



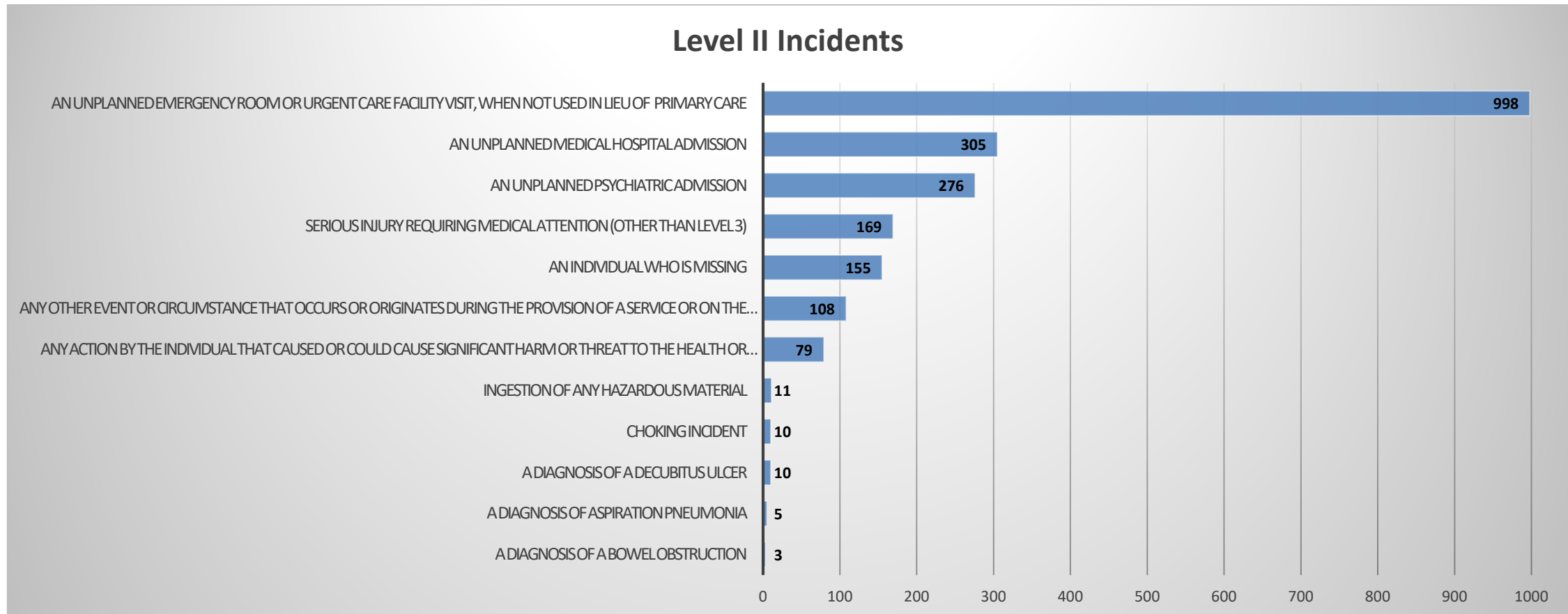
# Level III

- There were a total of 103 Level Three incidents reported.
  - DD - 18
  - MH - 61
  - SA - 24



# Level II Developmental Disabilities (DD) Incidents

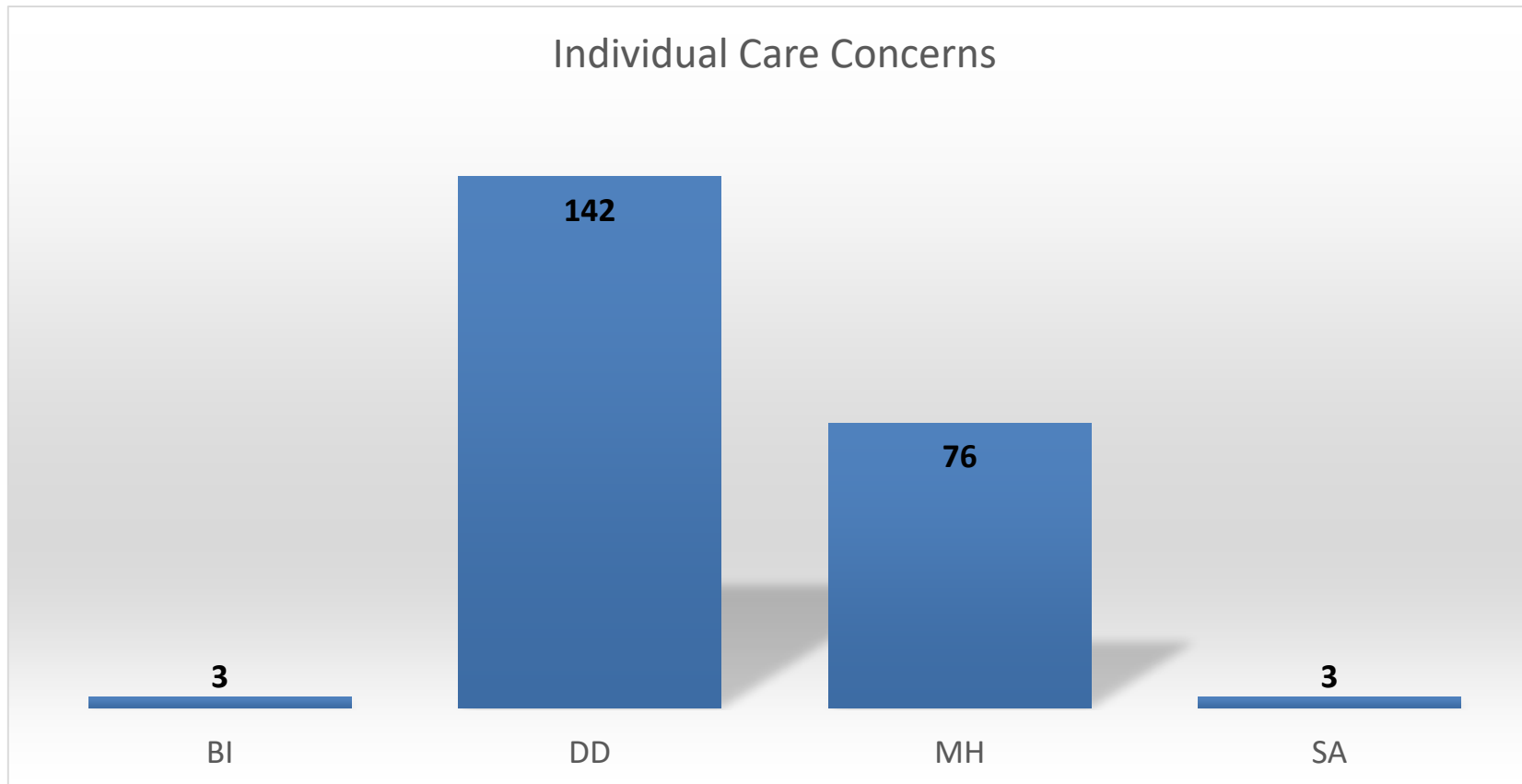
- There were a total of 2,129 Level II Incidents selected.
- Providers are able to select multiple Level categories per incident.





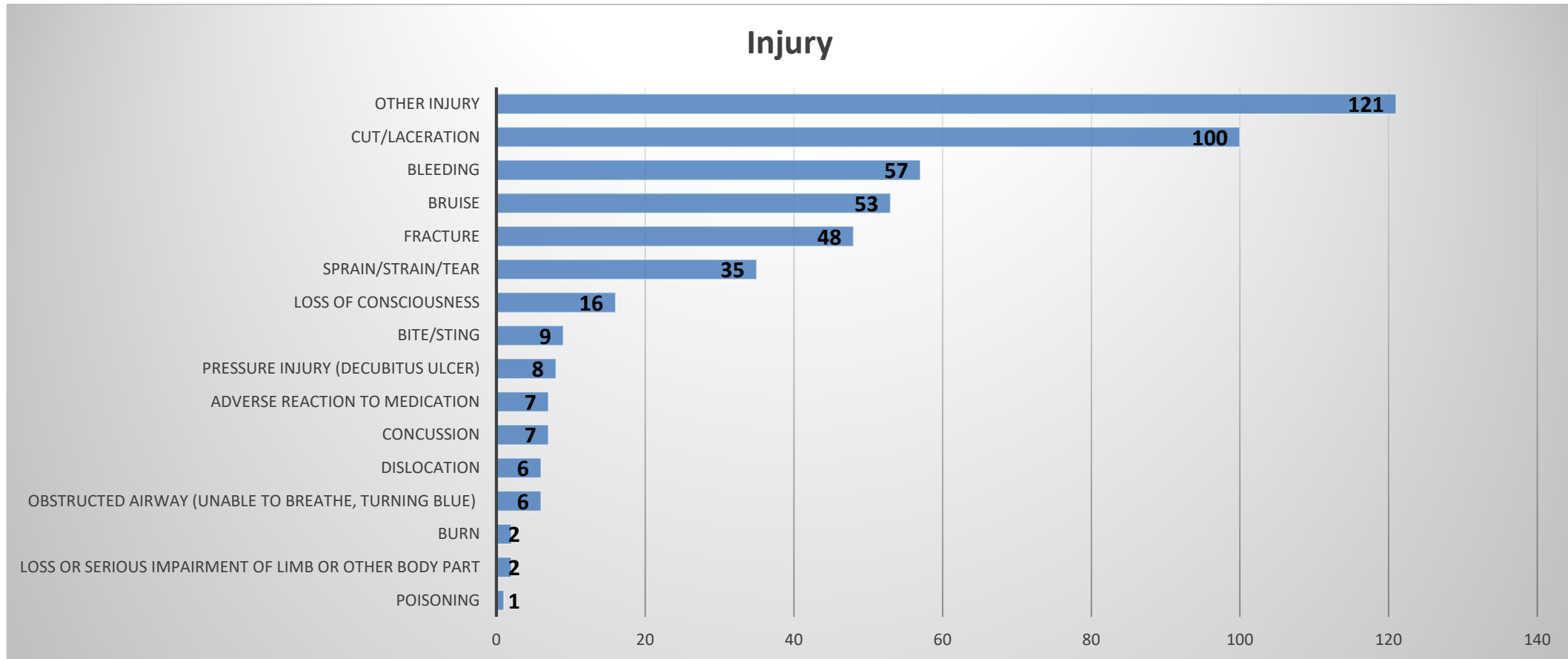
# Care Concerns

- There were 224 incidents which met the criteria of a Individual Care Concern.



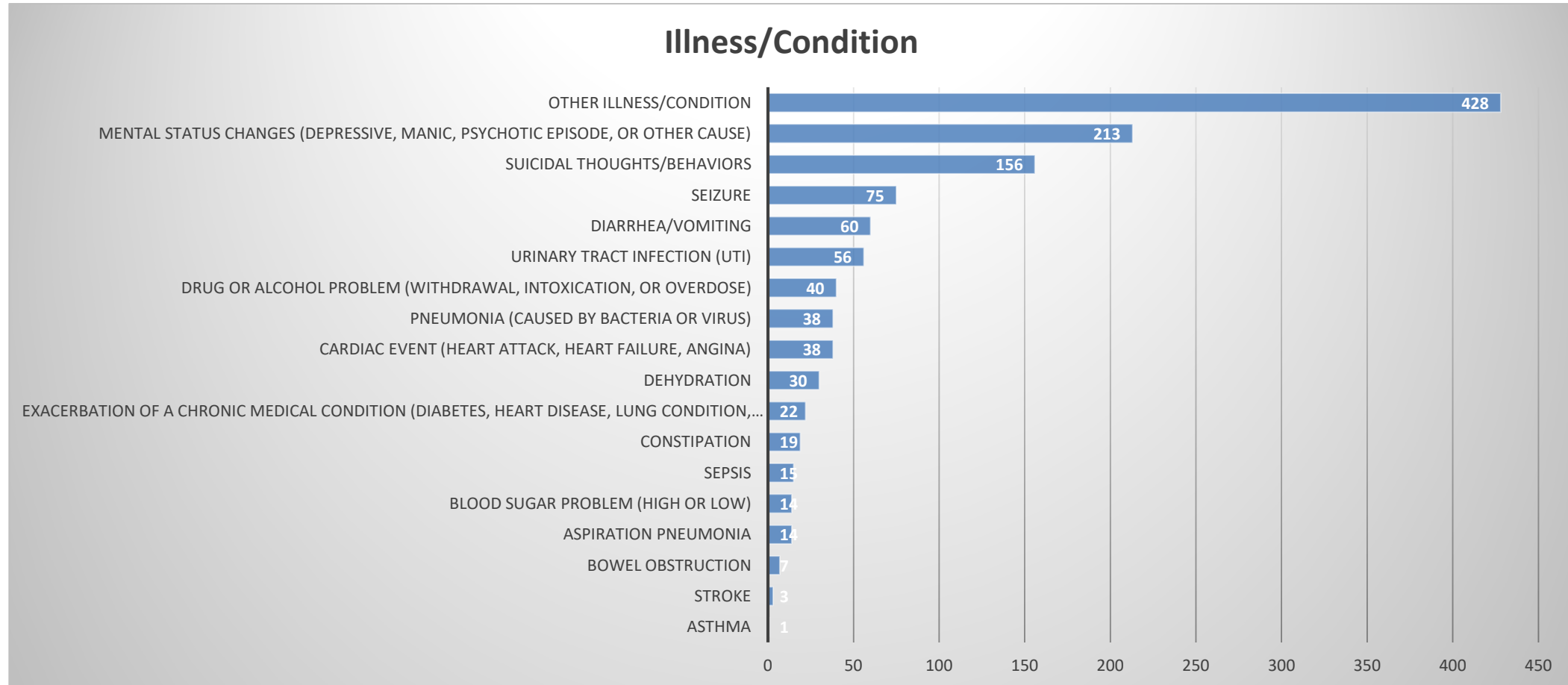
# Injury Category

- There were 478 injuries selected for incidents. Providers are allowed to select more than one.



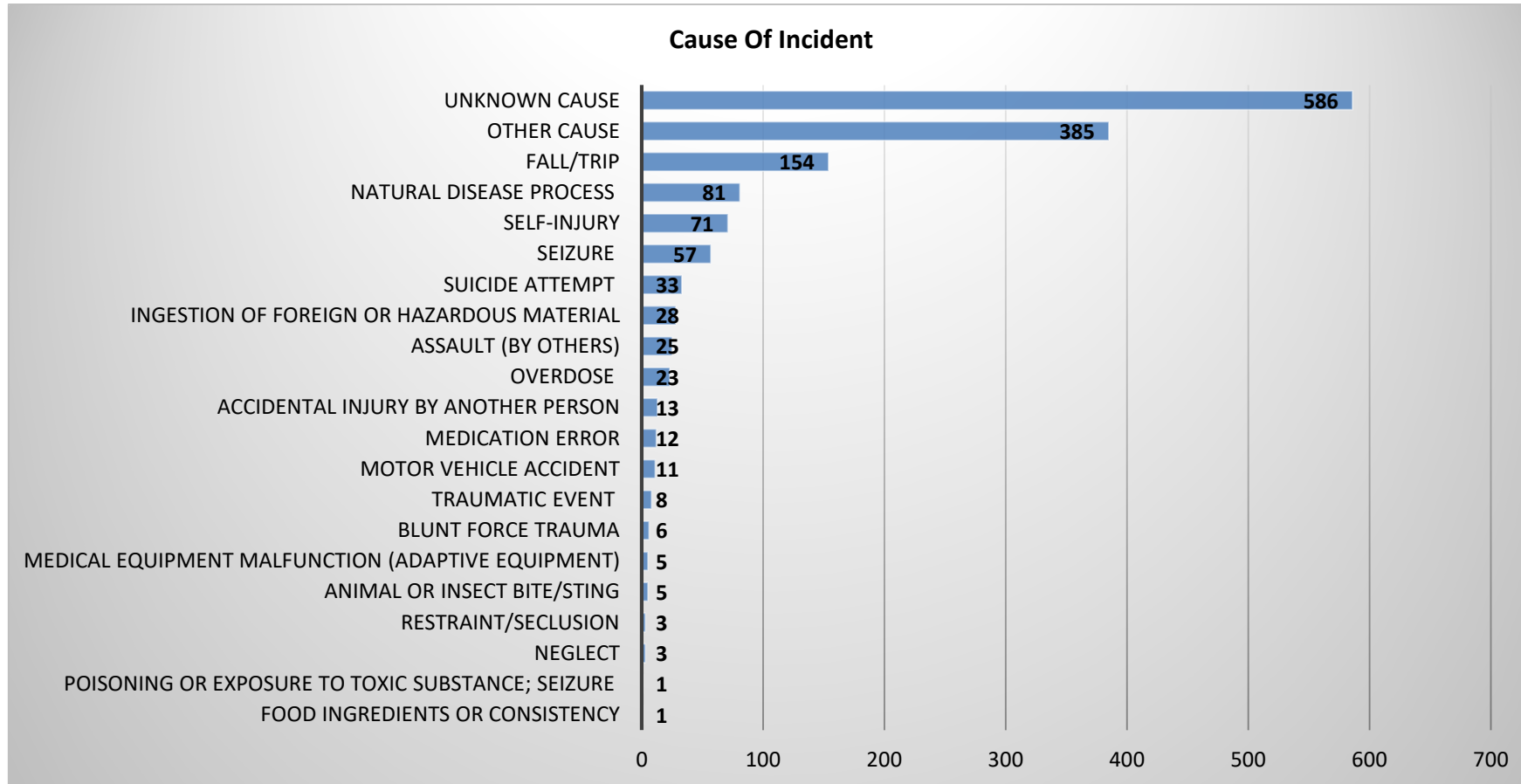
# Illness/Condition

- There were 1,229 illnesses/conditions selected for incidents. Providers are allowed to select more than one.



# Cause of Incidents

- There were 1,511 causes of incidents selected for incidents. Providers are allowed to select more than one.

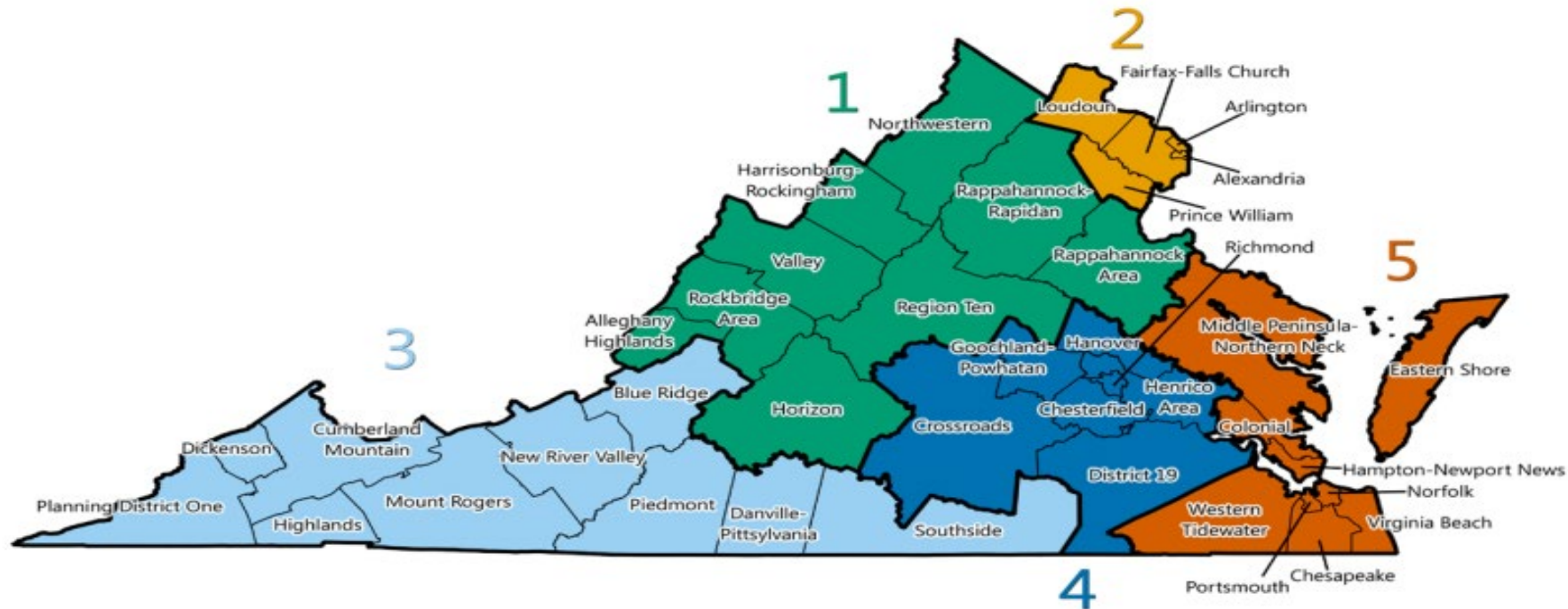


# Other Category

- The “Other” is still the highest selected for injury, illness/condition and cause of incident.
- The IMU team will be working with providers make sure when “other” is selected if there is no other “check box” associated with the information entered.

# Incident Management Unit

- The Incident Management Unit is currently triaging incidents in Regions 2,3, and 4. We will be rolling out into Regions 1 & 5 by August 2020.



# Incident Management Contacts

**Incident Management Email:** [incident\\_management@dbhds.Virginia.gov](mailto:incident_management@dbhds.Virginia.gov)

**Manager:** Stella Stith- (804) 786-1377; [stella.stith@dbhds.virginia.gov](mailto:stella.stith@dbhds.virginia.gov)

**Region 2:** Lisa Lingat- (703)342-6521; [lisa.lingat@dbhds.virginia.gov](mailto:lisa.lingat@dbhds.virginia.gov)

**Region 3:** Michele Laird- (804) 432-4822; [michele.laird@dbhds.virginia.gov](mailto:michele.laird@dbhds.virginia.gov)

**Region 4:** Jakuta Williams-(804) 664-2452; [jakuta.williams@dbhds.virginia.gov](mailto:jakuta.williams@dbhds.virginia.gov)

**IMU Specialist:** Lamar Spicely- (804) 510-3945; [lamar.spicely@dbhds.virginia.gov](mailto:lamar.spicely@dbhds.virginia.gov)

**IMU CAP Specialist:** Sherry Miles-(804)432-6324; [sherry.miles@dbhds.Virginia.gov](mailto:sherry.miles@dbhds.Virginia.gov)

# Questions





**THANK YOU**