



Virginia Department of  
Behavioral Health &  
Developmental Services

# **Risk Management**

## **A Presentation for DBHDS Licensed Providers**

**November 2020**

**Office of Licensing**  
Virginia Department of Behavioral  
Health and Developmental Services

# Risk Management

**12VAC35-105-20. - Risk management means an integrated system-wide program to ensure the safety of individuals, employees, visitors and others through identification, mitigation, early detection, monitoring, evaluation, and control of risks.**



# 12VAC35-105-520. Risk Management

**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.**



# 12VAC35-105-520. Approved Training

DBHDS has contracted with Center for Developmental Disabilities Evaluation and Research (CDDER) [at the University of Massachusetts]

**CDDER will host webinars in the coming months:**

- 1. individual risk screening**
- 2. root cause analysis**
- 3. using data to identify patterns and trends and incorporating this into an annual risk assessment**

# 12VAC35-105-520. Approved Training

## **DBHDS shall:**

- post a crosswalk from training offered by Office of Licensing to the components for training required in 520A

## **Provider shall:**

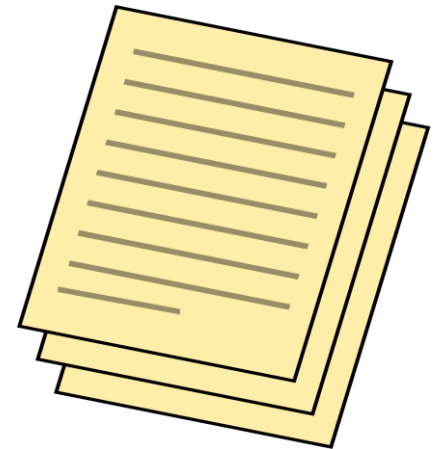
- complete an attestation stating that the risk manager has completed the required training, including all essential components
  - attestation is then signed by the risk manager and the supervisor
  - attestations shall be available for review by OL Specialist or Investigator upon request



# 12VAC35-105-520. Risk Management

**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.**

- Written plan (reviewed and updated at least annually or any time that the provider identifies a need to review and update)
- A stand-alone document or integrated into the quality improvement plan



# 12VAC35-105-520 - Risk Management

**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.**

Risk assessment is essentially a careful examination of what internal and external factors or situations could cause harm to individuals served or that could negatively impact the organization.

- Consider quarterly review of serious incidents
- Analyze trends

## Sample

**C. The risk assessment review shall address at least the following:**

**1. Environment of care;**  
(results of annual safety inspection)

- Hazardous chemicals
- Fire extinguishers
- Hot water temps
- Medication storage
- Security systems
- Emergency egress
- Ventilation
- Lighting



## Sample

### **2. Clinical assessment or reassessment processes;**

- Physical exams completed prior to admission
- Reassessments include review of incidents/health risks

## Sample

### 3. Staff competence and adequacy of staffing;

- Background checks
- CPR certification
- Abuse/Neglect and Exploitation Training
- Turnover rates

## Sample

**4. Use of high risk procedures, including seclusion and restraint; and**

- High risk meds
- Seclusion/restraint
- Transfer procedures
- Training related to the above

## Sample

### **5. A review of serious incidents (Refer to 160.C)**

Reminder –

12VAC35-105-780.5 -

**Provider shall review medication errors at least quarterly as part of quality assurance**

- Quarterly review of serious incidents
- Annual review of serious incidents
- Identified trends or patterns

# 12VAC35-105-520.D.

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

DBHDS defined risk triggers and thresholds as care concerns through review of serious incident reporting conducted by the Incident Management Unit.

# 12VAC35-105-520.D.

Systemic risk assessment reviews shall include review of risk triggers that were met and whether they were addressed.

## Example:

On an annual basis a provider would ask the following:

- Did provider review the care concerns and determine whether there was need for further action?
- If further action was needed, did it occur?
- If not, what were the barriers?
- If actions were implemented, did this mitigate further risks?

# 12VAC35-105-520.E.

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

## Safety Inspection (Date----, completed by ----)

Safety item	Yes	No	Not applicable	Recommendations to address
Fire equipment				
Emergency egress				
Lighting				

And much more.....

# 12VAC35-105-520.F.

**F. The provider shall document serious injuries to employees, contractors, students, volunteers, and visitors that occur during the provision of a service or on the provider's property. Documentation shall be kept on file for three years. The provider shall evaluate serious injuries at least annually. Recommendations for improvement shall be documented and implemented by the provider.**





# RM Program - Action

## Policies

- Root Cause Analysis Policy
- Serious Incident Reporting Policy

## Plan

- Written plan reviewed and updated at least annually
- Plan may be integrated into overall quality improvement plan

## Actions

- Based on review of data, findings of the risk assessment and safety inspection, the provider takes action to prevent/mitigate risks

# Risk Management Resources

## Guidance for Risk Management

[https://townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\720\GDoc\\_DBHD\\_S\\_6874\\_v3.pdf](https://townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\720\GDoc_DBHD_S_6874_v3.pdf)

## Guidance on Corrective Action Plans

[https://townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\720\GDoc\\_DBHD\\_S\\_6875\\_v1.pdf](https://townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\720\GDoc_DBHD_S_6875_v1.pdf)

## Guidance on Incident Reporting Requirements

[https://townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\720\GDoc\\_DBHD\\_S\\_6876\\_v1.pdf](https://townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\720\GDoc_DBHD_S_6876_v1.pdf)

## Assuring Health and Safety for Individuals with DD

<http://www.dbhds.virginia.gov/assets/doc/OIH/assuring-health-and-safety-for-individuals-with-dd.pdf>