

Assuring Health and Safety for Individuals with Developmental Disabilities with a Comprehensive Risk Management Plan

Identifying risk, recognizing triggers, and prevention

The Department of Behavioral Health and Developmental Services (DBHDS) has established a strong partnership between the Offices of Integrated Health, Provider Development, Human Rights and Licensing to support direct service providers, case managers, caregivers and support coordinators in your efforts to provide high quality of care and a life of possibilities for all individuals with intellectual and developmental disabilities (DD). We have a series of trainings, tools, and resources, including best practices, to help and support you. Our approach is based on a review of best practice risk management measures utilized in other states, research around best practices, accepted standards of care, the Centers for Medicare and Medicaid (CMS) guidelines and DBHDS Developmental Disability quality systems data reviews. This document outlines approaches that providers can take to identify and mitigate potential risks of harm to the individuals that they serve.

First a few definitions

Risk ... *is the likelihood or potential that a specific action or activity (including the choice of no action) will lead to an undesirable outcome.* Examples:

- Aspiration pneumonia, as it progresses, carries a high incidence of death as a possible outcome.
- Bowel obstruction if not resolved carries a high incidence of death as a possible outcome.

Triggers (indicators) ... *are early warning signs that a risk is about to occur or has occurred. Triggers are events or symptoms that occur and according to established guidelines or best practices are likely to result in the identified risk.* Triggers signal the need for immediate review to determine the need for actions to reduce the risk and prevent harm. Triggers can also be referred to as "indicators" of a potential problem. Examples:

- A diagnosis of dysphagia
- A diagnosis of GERD (i.e. gastroesophageal reflux disease)
- Needs assistance feeding
- A history of choking
- Coughs while eating
- Episode of self-harm
- Episode of financial exploitation

Thresholds ... *are a series of predefined events or changes in status that signify a level of unacceptable risk. When a risk threshold is reached, it signals the need for review to*

determine the need for additional actions designed to mitigate risk and prevent harm.

Examples:

- An individual who has a diagnosis of dysphagia has a new dietary order that changes his altered textured diet. The change in status meets a threshold for potential risk that signals the need for review and the need to take certain actions such as updating protocols and caregiver education.
- An individual, residing in a group home, experiences two minor choking episodes. The first episode occurs while eating and is significant enough to draw staff attention, but the individual is able to clear on their own without further intervention. As an event that did not require medical attention, but has the potential for more serious harm, the provider logs this as a level I incident (but does not need to report it). When the individual has a second minor choking episode two weeks later, staff again record this as a level I incident. The second event is considered to reach a risk threshold that signals that the group home take actions that could prevent any further choking episodes. The first action they choose is to talk to the individual's primary care provider and ask about a swallow evaluation with a speech therapist and development of mealtime protocols.
- An individual who has exhibited community safety risk(s) and has therefore been hospitalized for psychiatric treatment twice in the past quarter. After the first event, the individual was evaluated, they were connected to REACH and a referral for therapeutic consultation with a behavior analyst was provided. The second event is considered reaching a risk threshold that signals a review and actions that could prevent any further psychiatric hospitalizations such as caregiver / provider education.

What is risk management

Risk management is 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 risks¹.

Why is identifying risk important?

Monitoring individuals for risk is an essential component of everyone's health and safety. This is especially true for individuals with DD. Paying attention to potential health, behavioral and environmental risks for individuals with DD and establishing ways to prevent those risks goes a long way to creating a life of purpose and meaning.

¹ 12VAC35-105, Rules and Regulations for Licensing Providers by The Department of Behavioral Health and Developmental Services. August 06, 2018.

Persons with DD face risks in three general categories: (1) health, including disease, malnutrition, aspiration, seizures and cardiac events; (2) behavioral, such as poor decision-making, violent or criminal acts, substance abuse, self-injury or suicide; and (3) environmental or personal safety, abuse and exploitation.

How to identify risks

The identification of risk requires a pro-active process that can lead to identifying potential areas of risk and developing a plan to minimize harm to the individual. DBHDS respects the autonomy of all providers and caregivers to identify, understand and address the risks of harm to individuals provided services. Risk assessment and the development of risk mitigation strategies can occur at the individual level or at the provider/system level. Individual risks are those specific to that individual, based upon their health status, behavioral characteristics, prior history, etc., whereas risks at the provider or system level may be based on factors that impact many individuals. For example, the following risk factors may be present: the physical structure (multi-story building may have fall risks); environment (located on a busy street); or needs of individuals served that require specific staff training.

The DBHDS Risk Management Review Committee (RMRC) identified nine risk areas that are common among individuals with a developmental disability and also align with the Risk Awareness Tool (described below). These include:

- Aspiration pneumonia
- Bowel obstruction
- Sepsis
- Pressure injury (decubitus ulcer)
- Fall
- Dehydration
- Seizure
- Urinary tract infection
- Choking

Tracking the number and rate of these incidents, the RMRC determined that the most frequently occurring incident was a fall, followed by urinary tract infections, and seizures. In response, the RMRC initiated a series of quality improvement initiatives to increase awareness of fall risks and actions to prevent them.

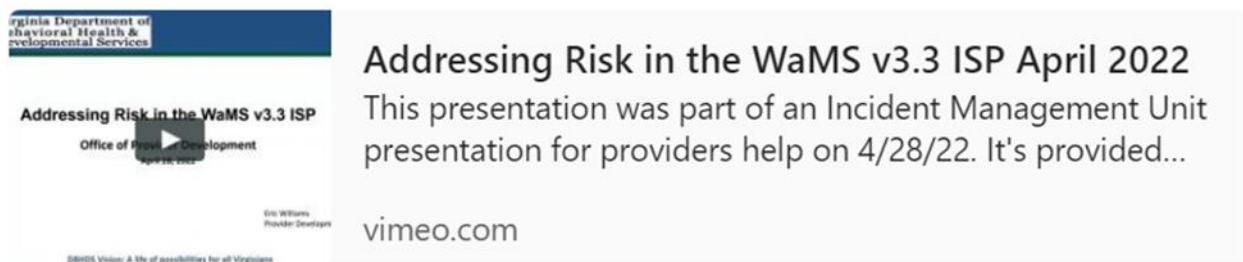
Potentially preventable risks are not limited to those commonly focused on health concerns but can include risks occurring during normal daily activities such as individual behaviors and personal safety.

What tools are we recommending and where can you find them?

Risk Awareness Tool (RAT):

The Risk Awareness Tool (RAT) is designed to increase your awareness of the potential for a harmful event (e.g., accident, choking, bowel obstruction, sepsis, fall with injury, self-harm, elopement, medication error, etc.). It is intended to facilitate the process of acting to reduce and prevent the risk. In the RAT, if one trigger is present the threshold is met, and the findings indicate a potential risk, providers are expected to refer the individual to a qualified health professional (unless the individual/authorized decisionmaker declines) to obtain an assessment and determine if the individual is at risk for an adverse event and, if so, to recommend supports and services to mitigate that risk. If the individual obtains assessment from a qualified health professional and there are new or updated recommendations, those recommendations would be documented in the ISP in the same manner as other changes in status or support plans. If an individual/individual's authorized decision maker does not agree to an assessment by a qualified health professional, the support coordinator and provider will add additional actions to monitor the risk and respond to emergencies in the ISP. DBHDS developed a training that addresses how the RAT is utilized in development of the ISP. The Link to this recording of this training can be found at this link:

<https://vimeo.com/705507408/ccd093ad4d>



Triggers (indicators and thresholds) are important because they tell you when you need to act. One of the central components of risk awareness is the recognition of triggers and thresholds. This is the first step in prevention or reduction of the risk. The RAT addresses potential health risks as well as behavioral and community safety risks.

The Risk Awareness Tool (RAT) itself can be found in the DBHDS website on the Office of Integrated Health (OIH) webpage at this link:

<https://dbhds.virginia.gov/assets/doc/OIH/risk-awareness-tool.11.05.20.pdf>

Training with audio content on how to utilize the Risk Awareness Tool (RAT) is available in the [Commonwealth of Virginia's Learning Center \(COVLC\)](#). A downloadable copy of the RAT is available within the resources tab in the training. Within the Learning Center, the training is titled "DBHDS-Risk Awareness Tool Instructions 2020," and can be accessed by searching any of the following queries: Risk Awareness, Risk, Awareness, Risk Awareness Tool or Tool.

Supports Intensity Scale (SIS):

The SIS is a standardized assessment tool designed to measure the pattern and intensity of supports that a person aged 16 years and older with DD requires to be successful in community settings: <https://www.aaid.org/sis>. A SIS® assessment is required for everyone who receives DD waiver services. Information on the SIS is available on the DBHDS website at: <http://23.29.59.143/developmental-services/waiver-services>. Although not specifically an assessment of risk, the SIS can complement an overall individual risk assessment and plan, by identifying areas where the individual is in most need of supports. The SIS ultimately results in identification of the individual's assigned level and tier within the DD waiver.

How do the RAT, SIS and ISP work together?

Ideally, the individual, caregiver, case manager, support coordinator, family, guardian, authorized representative and other key stakeholders such as legal, supported decision makers, and interdisciplinary team members are encouraged to have input into the completion of the RAT and SIS during the development of the Individualized Services Plan (ISP). This promotes a broader dialogue around potential risks and strategy implementation while ensuring that important information has not been overlooked. Seven health areas are addressed in the RAT:

- Aspiration (and aspiration pneumonia)
- Bowel obstruction
- Sepsis
- Pressure injury (decubitus ulcer)
- Falls
- Dehydration
- Seizures

Behavioral health and community safety risk areas are also address by the RAT, including:

- Severe Community Safety Risks with a conviction
- Severe Community Safety Risks without a conviction
- Severe Risk or Injury to Self

The RAT is a **risk awareness** tool and has broader application than the SIS. It seeks to identify potential risks, connecting people with the appropriate health care professionals. The SIS and RAT complement each other in the effort to identify and reduce risk. The RAT is required by DBHDS to be administered annually while the SIS is required every three (3) years. The RAT, however, is a valuable tool that can be utilized by any member of the individual's support team, whenever there is a change in the status of supports, observed change in behavior or change in health conditions.

The RAT asks important questions to assist the treatment team to determine whether they need help from a qualified healthcare professional and to determine whether the individual has adequate support to reduce the risk of an adverse outcome.

Why do providers need to assess ongoing individual as well as systemic risks?

Event based triggers are warning signs, or red flags that an individual may be at risk for a serious adverse event or outcome. As explained earlier, the RAT helps to identify potential risk based on health, behavioral, personal or community safety needs of an individual. Event-based triggers identify potential risks based on the occurrence of one or more incidents. When a threshold for an event-based trigger is met, it signals the need for a review to determine why these incidents are occurring and whether changes may be necessary to prevent re-occurrence of more serious harm. The activation of an event-based trigger does not necessarily mean there is a problem with an individual's care. Rather, it signals a need to review that care, or other circumstances to determine if modifications are necessary to reduce the likelihood of further harm.

The threshold for event-based triggers should be low enough that it signals the need for a review before serious harm exists, but high enough that unnecessary reviews are not occurring. The thresholds for event-based triggers may be established through an analytic review of data to determine patterns that are associated with adverse outcomes. They may also be established through consensus, or expert opinion of triggers that are likely to lead to more serious outcomes. For example, a threshold for falls may be defined as met when someone falls twice in one month. If this threshold is met, it would indicate the need for the provider to initiate a review or a root cause analysis to understand the causes related to these falls. Has there been a change in the individual's medical condition? Have his or her medications changed? Are there similarities to when or where the falls occurred (same time of day, same location in the residence)? Have

other individuals experienced falls? Examining these questions and others can help to determine whether modifications to an individual's care plan or environment may be necessary to mitigate the risk of repeated falls or more serious injury.

What is the IMU and what is its role in all of this?

DBHDS has implemented an event-based process to identify and address risk triggers when risk events occur. DBHDS identified specific triggers and thresholds (also called care concerns) based upon meeting a threshold for the occurrence of specific number of serious incidents. The Incident Management Unit (IMU) of the Office of Licensing (OL) will monitor these events and flag them. When the IMU identifies that thresholds for these triggers have been met, they will be flagged in CHRIS so that the provider can review these events and whether there is a need for changes to the individual's care plan or supports (ISP). Notification will also be made to the Office of Integrated Health (OIH) and the Office of Human Rights (OHR) who reach out to providers when warranted and connect those providers to training, resources and supports such as REACH, crisis teams, Licensing Specialists, and/or Provider Development Community Resource Consultants, etc.

The specific triggers and thresholds that DBHDS monitors may change over time, based on data and experience. Currently the triggers and thresholds being monitored are:

- Multiple (2 or more) unplanned hospital admissions, or emergency room (ER) visits for a serious incident including: falls, choking, urinary tract infection, aspiration pneumonia, dehydration, or seizures within ninety (90) days for any reason, or
- Any choking event that is reported as a Level II serious incident,
- Any single incident 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.
- Two or more psychiatric hospitalizations per quarter.

These risk triggers (care concerns) have been selected to align with the risks identified on the DBHDS Risk Awareness Tool (RAT). Providers can identify individuals at risk for incidents that could meet the threshold for a care concern through the use of the RAT. DBHDS has posted informational content on these risks on the OIH webpage (see below).

What are we asking providers to do?

As part of the annual ISP planning process, you must identify the potential health and safety risks for the individuals you serve. You will be required to work with the

individual, their support coordinator and any other members of their treatment team to complete the RAT. When the tool has been completed and follow-up tasks have been identified, members of the ISP annual planning meeting should be provided a copy of the tool. This copy can be used to help you identify training objectives, instructions, and resources to address identified risks in the ISP. Once the tool is complete, it creates a list of actionable steps on the summary page. The summary page is an essential tool for you to use to follow-up on action items during Person-Centered Reviews (quarterly reports).

In addition, you should access the educational trainings on DBHDS's website under the Office of Integrated Health for each identified health and safety area to learn about that area and increase your understanding of the potential risk and who can help you at this link: <http://www.dbhds.virginia.gov/office-of-integrated-health#>. If you have specific questions or training needs you can reach out for technical assistance utilizing this email address: communitynursing@dbhds.virginia.gov

You are also required to report incidents in CHRIS per your licensing regulations.

You should review CHRIS regularly to monitor whether any of the thresholds for any event-based triggers have been met. It is important to follow-up on each of these with a review of the individual's care, as well as tracking the number and types of event triggers that are met over time to determine whether they suggest the need for any systemic changes.

It is especially important for you to develop and maintain an internal risk management program with policies, procedures, and organized quality improvement processes. Licensing regulations require providers to implement a written plan to identify, monitor, reduce and minimize harms and risk of harm to persons they serve. A risk management plan should outline risks that have been identified by the provider and their plan to mitigate these risks. It should also include how the provider plans to identify and monitor risks. This plan will be a critical tool for ensuring that risks are identified and analyzed and that all serious incidents are reported promptly and properly. It will help staff identify the severity levels of certain risks and provide procedures for ensuring that all data on serious incidents are collected and reviewed for patterns and trends.

Risk management plans should be reviewed at least annually to determine whether plans to mitigate identified risks have been effective and whether new risks have been identified. In addition to a review of serious incidents, annual reviews should also evaluate risks present in the environment where care or services are provided and

staffing, including ensuring that staff have appropriate training for the needs of individuals served by the provider. Annual reviews should also include a review of risk triggers and thresholds (as discussed above) that have been met, whether they were appropriately addressed at the time, and whether any changes are needed to further mitigate the risks identified.

Licensing regulations require providers to conduct at least a quarterly review of serious incidents. An effective and highly recommended way of doing this is to establish an incident management review committee responsible for conducting a comprehensive review of incidents, including patterns, trends, and findings from root cause analyses. An incident management review committee should develop processes to assure: that appropriate reviews of individual incidents have occurred, including the root cause analysis; that individuals receive appropriate care and protection after an incident; and that recommendations from the root cause analysis are implemented. The committee should also review patterns and trends in incident data to identify risks that may be more prevalent across all individuals served and identify potential areas for improvement. As an example, a provider's incident management review committee may find that a high number of incidents, across multiple individuals, are related to choking. This could lead to a review of these incidents to determine whether there are any common patterns related to the choking incidents (time of day, type of food being eaten, staff on duty, etc.). The review should determine whether food and nutrition requirements for each individual are being appropriately implemented or whether individuals need a reassessment of choking risk and dietary needs.

Once established, the incident management review committee should meet regularly, at least quarterly. Maintaining minutes to document discussion, recommendations, and actions is also recommended. The findings and recommendations of the committee should be incorporated into the provider's annual risk review. Whether or not you choose to establish a formal incident management review committee, you should develop a process to conduct an at least quarterly review of all incidents and document any patterns identified and systemic actions taken.

What is DBHDS doing to support community providers and caregivers?

DBHDS has provided the Risk Awareness Tool (RAT), instructions and training on each of the seven identified high-risk health areas. These trainings are designed to help all ISP stakeholders utilize the RAT and learn more about specific high-risk health areas. We provide additional information regarding the tool and educational resources to ensure a holistic approach to risk awareness and prevention. The trainings are short power points,

each focused on one of the high-risk health areas addressed in the RAT. They can be completed in 30 minutes.

The links are provided here:

- **Aspiration Pneumonia:** <https://dbhds.virginia.gov/assets/doc/OIH/aspiration-pneumonia-pp-rat-10.2020.pptx>
- **Bowel Obstruction:** <https://dbhds.virginia.gov/assets/doc/OIH/constipation-and-bowel-obstructions-pp-rat-10.2020.pptx>
- **Dehydration:** <https://dbhds.virginia.gov/assets/doc/OIH/dehydration-pp-rat-10.2020.pptx>
- **Falls:** <https://dbhds.virginia.gov/assets/doc/OIH/falls-pp-rat-10.2020.pptx>
- **Pressure Injury:** <https://dbhds.virginia.gov/assets/doc/OIH/pressure-injury-training-pp-rat-10.2020.pptx>
- **Seizures:** <https://dbhds.virginia.gov/assets/doc/OIH/seizures-pp-rat-10.2020.pptx>
- **Sepsis:** <https://dbhds.virginia.gov/assets/doc/OIH/sepsis-rat-tool-pp-10.2020.pptx>

DBHDS has provided services and supports through REACH that are designed to assist individuals with DD to obtain prevention services including mental health services when indicated to reduce community safety risks and, in addition, to access appropriate and effective crisis stabilization and intervention when warranted. REACH resources can be found on the DBHDS website at this link: <https://dbhds.virginia.gov/developmental-services/crisis-services/>

Is there a link between the risk management regulations and incident reporting?

To help providers understand the link between the risk management regulations and the expectation that they track the incidence of risks/serious incidents, the Office of Licensing conducted a webinar on 12/16/2021 (slides 30-32). In this webinar, providers were instructed on the connection between these regulations and the expectation that they track the incidence of serious incidents over time, through their quality improvement program, and how to identify and address any trends.

This is the link to the webinar: <https://www.youtube.com/watch?v=9YepYqRiLzg>



What are the consequences of not paying attention to risk?

For individuals with DD, the consequences of not assessing each person for risk and taking steps to address those risks could be serious injury, medical conditions, abuse, neglect, violent or criminal activity or death. It could also mean harm to caregivers or providers.

For providers and caregivers, failing to recognize and document risks and to take steps to prevent harm may result in violations of licensing regulations leading to citations, requiring corrective action plans and may affect license status. Serious injury or harm could result in lawsuits and financial or criminal liability.

At the services systems level, failure to recognize and address risk could result in investigations by multiple state and federal agencies, independent watchdog organizations, lawsuits, liability, and lack of public trust.

Conclusion

DBHDS requires providers to monitor serious incidents as part of their overall risk management program to identify when these triggers occur, using this as an indicator to conduct a review to determine why they are occurring and what changes may be necessary to prevent further harm. Providers are required to conduct systemic risk assessment reviews at least annually. You may also want to develop additional triggers and thresholds based on your own data or experiences.

Screening an individual for risk factors is an ongoing process and an important part of the development of an individual support plan (ISP). A comprehensive ISP must include, as appropriate, a safety plan that addresses identified risks to the individual or to others, including a fall risk plan. It is essential that providers and caregivers assess everyone you serve for risks to health and safety, document those risks and take steps to prevent harm. A comprehensive program of risk management will allow individuals with DD to live independently in communities without fear of harm, abuse, or neglect.

REFERENCES AND RESOURCES

DBHDS Office of Licensing (Announcements, Frequently Asked Questions, and Guidance & Technical Assistance), <http://www.dbhds.virginia.gov/quality-management/Office-of-Licensing>.

DBHDS Office of Integrated Health (Health & Safety Alerts, Newsletters, and Educational Resources), <http://www.dbhds.virginia.gov/office-of-integrated-health#>.

DBHDS Provider Development, <http://www.dbhds.virginia.gov/developmental-services/provider-development>.

Eunice Kennedy Shriver Center, *Risk Management in Developmental Disabilities: Course 2 - Risk Screening and Course 6 - Incident Management*, <https://shriver.umassmed.edu/cdder/rmdd>.

Galantowicz, Sara and Selig, Becky, the MEDSTAT Group, Inc., and Pell, Elizabeth and Rowe, June, Human Services Research Institute, [*Risk Management and Quality in HCBS: Individual Risk Planning and Prevention, System-Wide Quality Improvement*](#), Centers for Medicare and Medicaid Services, Contract #500-96-00006T.O. #2, February 15, 2005.

[*Joint Report: Ensuring Beneficiary Health and Safety in Group Homes through State Implementation of Comprehensive Compliance Oversight*](#), U.S. Department of Health and Human Services, Office of Inspector General, Administration for Community Living and Office for Civil Rights, January 2018.