



Death and Serious Incident Reporting

Michele Laird
Incident Management Manager





Death and Serious Incident Reporting

Hello, My name is Michele Laird. I am the Incident Management Manager for the Department of Behavioral Health and Developmental Services (or DBHDS for short) Office of Licensing. Today, I will discuss death and serious incident reporting.

Incident Management: Death and Serious Incident Reporting

Establishing a Delta Account

Creating Delta User Roles

The CHRIS Application

Regulations

When to Report

What to Report

The Incident Management Unit

Other Resources

New Provider Training



May 2025

Initial Applicant Orientation

3

Becoming a Reporting Pro

This module reviews DBHDS licensed providers' responsibilities in relation to death and serious incident reporting. Essentially, today, we will be highlighting the "Day 1 Must Knows" and providing you the resources and tools to help you to become a successful provider. Day 1 essentials include

READ Slide

DBHDS Accessing DELTA for CHRIS Reporting

DBHDS Virginia Department of Behavioral Health and Developmental Services

Central Office:
1220 Bank Street
Richmond, Virginia 23219

Mailing Address:
P.O. Box 1797
Richmond, VA 23218-1797

Phone: (804) 786-3921
Voice TDD: (804) 371-8977
Fax: (804) 371-6638

Policies:
FOIA Policy
HIPAA Policy
Web Policy
Americans with Disabilities Act

Corporate:
Staff Directory
Careers
Strategic Plan

Facilities

Catawba Hospital	Southern Virginia Mental Health Institute
Central State Hospital	Southwestern Virginia Mental Health Institute
Commonwealth Center for Children and Adolescents	Western State Hospital
Eastern State Hospital	Southeastern Virginia Training Center
Northern Virginia Mental Health Institute	Hiram Davis Medical Center
Piedmont Geriatric Hospital	Virginia Center for Behavioral Rehabilitation

Click on the DELTA Application

The DELTA application is available at the bottom of the Department's webpage.
<https://dbhds.virginia.gov/>

May 2025 Initial Applicant Orientation 4

DELTA is the web-based security portal used by Department of Behavioral Health and Developmental Services (or DBHDS for short) to ensure the privacy and protection of the health information records used by the state facilities, CSBs, and private providers. Each user that works with DBHDS applications, such as CHRIS, must logon to DELTA to access those applications.

To safeguard the level of security required for private health records, there are different types of DELTA roles. Each agency needs to fill each of these roles.

Depending on the size of the agency's organization, one person may fulfill multiple DELTA roles, but every user at an agency should not have the accesses for all roles. If possible, there should be a primary contact for each DELTA role, as well as a backup.

Access Help from the Login Page

The screenshot shows the login page for Delta, a service provided by the Virginia Department of Behavioral Health and Developmental Services. The page features a navigation menu on the left with a 'Resources' section containing links for 'Help', 'About', 'Contact Us', and 'Privacy Policy'. A red arrow points to the 'Help' link. The main content area includes a login form with fields for 'Username' and 'Password', a 'Log In' button, and a 'Forgot Password' link. Below the login form, there is a security notice: 'The security of your personal information is important to us!' followed by a paragraph of text and links to 'Citizens Guide to Online Protection' and 'Online Protection Glossary'.

Do not read slide. Once you have accessed, Delta, you will have access to the training material for Delta. Under Home, you will find the list of Resources. Next, access Help, by hovering and then click.

Complete Delta Account Request Form

The screenshot shows the DELTA Help page with a navigation menu on the left and a list of help topics on the right. Two red arrows point to the following items:

- 1 DELTA User Manual_V1.1 (pdf)
- 2 DELTA Account Request Form

Below the list, there is a section for "DELTA Training Videos" and a contact information table at the bottom.

Administrator	Phone	Email
DELTA Support Line		deltaprod@dbhds.virginia.gov

May 2025

Initial Applicant Orientation

6

DO NOT READ SLIDE: This will populate all the DELTA Help videos and instructions. To get started Day 1, you must take two actions.

First, it is recommended that you review the DELTA User Manual. After reviewing, next access the DELTA Account Request Form. This form must be completed by the agency head for a Supervisor, Security Officer, and Local Administrator roles. The form is sent to DBHDS DELTA Production Support by clicking “Submit”.

This Figure shows the steps to create DELTA accounts

1. **Provider*** fills out the "DELTA- Production Account Request Form". Requests a Supervisor, Security Officer & Local Administrator.

* Provider refers to state facilities, CSBs, and private providers.

Form sent to DBHDS and initial accounts set up. Email sent to the new DELTA Supervisor, Security Officer & Local Admin when accounts are ready.

2. **DELTA Supervisor** follows Section 2.1.2 to request accounts for users at his/her site.

Email notification sent to DELTA Security Officer that account requests are pending.

3. **DELTA Security Officer** follows Section 2.1.3 to approve/deny account requests.

Email notification sent to DELTA Users that accounts are ready for user setup.

4. **DELTA User** logs on to DELTA. Follows prompts to change password and setup security question. User does not have access to DBHDS applications yet.

Email notification sent to DELTA Local Administrator that account request is pending.

5. **Local Administrator** follows Section 2.1.4 to approve/deny account requests.

6. **DELTA User** now has access to DBHDS apps. When logs back on, will be able to select app tasks to complete.

★ To reset your password or unlock your account please contact DELTA production @ deltaprod@dbhds.virginia.gov

Figure 2.1-1 Creating DELTA Accounts

This figure shows the steps to create Delta accounts, which we just reviewed. This visual and specific details are found in the Delta User Manual. Two important things to remember is that everything starts with your license and then the submission of the account form. So, again, you must be licensed to establish these accounts. In fact, a provider will not appear in CHRIS until the license is active.

Office of
Human
Rights

- Complaints
- An Allegation of abuse, neglect, exploitation

Office of
Licensing

- Death
- Serious Incident Report

CHRIS Data Warehouse

There are two reporting side of CHRIS, the Office of Human Rights and the Office of Licensing. It is important to note that although providers use the CHRIS system to report serious incidents to the Office of Licensing, and to report allegations of abuse or neglect to 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.

***However, please be assured that the Office of Licensing is working to ensure any future incident reporting system eliminates the need for double entry.**



Regulation 12VAC35-46

Pursuant to **12VAC35-46-1070.C.**, providers of children's residential services shall notify the department **within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department.**

Before we discuss specific definitions, let's look at what the regulations says about reporting. **Read slide now.**

This includes: Any serious incident, accident, or injury to the resident; any overnight absence from the facility without permission; any runaway; and any other unexplained absence shall be reported within 24 hours (i) to the placing agency; (ii) to either the parent or legal guardian, or both as appropriate; and (iii) noted in the resident's record.

B. The provider shall document the following:

1. The date and time the incident occurred;
2. A brief description of the incident;
3. The action taken as a result of the incident;
4. The name of the person who completed the report;
5. The name of the person who made the report to the placing agency and to either

the parent or legal guardian; and

6. The name of the person to whom the report was made.

C. The provider shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department.

The reports shall include:

1. The date and time the incident occurred;

2. A brief description of the incident;

3. The action taken as a result of the incident;

4. The name of the person who completed the report;

5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; and

6. The name of the person to whom the report was made.

D. In the case of a serious injury or death, the report shall be made on forms approved by the department.

“Serious incident“ means:

1. Any accident or injury requiring medical attention by a physician;
2. Any illness that requires hospitalization;
3. Any overnight absence from the facility without permission;
4. Any runaway; or
5. Any event that affects, or potentially may affect, the health, safety, or welfare of any resident being served by the provider.

“Serious injury“ means any injury resulting in bodily hurt, damage, harm, or loss that requires medical attention by a licensed physician.





Regulation 12VAC35-105-160.D.2



Licensing Regulations require providers to **report all Level II and Level III serious incidents using the department's web-based reporting application, by telephone to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery.**



READ slide first

Please note that the 24-hour timeline for reporting incidents begins from the time that the provider or any agent of the provider discovers the incident.

Each business day the IMU CAP Specialist will determine if any providers have NOT reported Level II and Level III serious incidents through the CHRIS system within the 24-hour timeframe.

IMU will follow Protocol and determine if a late report is excused or if a citation will be issued.

Secondly, CHRIS contains required fields which must be completed to submit the CHRIS report. Keep in mind the details documented matter.

Regulation states that reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the

individual's injuries or circumstances of the death and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the consequences that resulted from the serious incident. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported.

"Serious injury" is 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.

"Serious incident" is any event or circumstance that causes or could cause harm to the health, safety, or well-being of an individual. The term "serious incident" includes death and serious injury.



Regulation 12VAC35-105-160C.

Although Level I serious incidents do not need to be reported to the Office of Licensing through the CHRIS system, regulation **12VAC35-105-160.C.** **requires all non-children's residential providers to collect, maintain, and review all serious incidents, including Level I serious incidents at least quarterly as part of the provider's quality improvement program.**



Read First: "Level I serious incident" means a serious incident that occurs or originates during the provision of a service or on the premises of the provider and does not meet the definition of a Level II or Level III serious incident.

Level I serious incidents do not result in significant harm to individuals but may include events that result in minor injuries that do not require medical attention or events that have the potential to cause serious injury, even when no injury occurs.

"Level II serious incident" means a serious incident 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.

"Level II serious incident" includes a significant harm or threat to the health or safety of others caused by an individual.

- Level II serious incidents include:

- 1. A serious injury;
- 2. An individual who is or was missing;
- 3. An emergency room visit;
- 4. An unplanned psychiatric or unplanned medical hospital admission of an individual receiving services other than licensed emergency services, except that a psychiatric admission in accordance with the individual's Wellness Recovery Action Plan shall not constitute an unplanned admission for the purposes of this chapter;
- 5. Choking incidents that require direct physical intervention by another person;
- 6. Ingestion of any hazardous material; or
- 7. A diagnosis of:
 - a. A decubitus ulcer or an increase in severity of level of previously diagnosed decubitus ulcer;
 - b. A bowel obstruction; or
 - c. Aspiration pneumonia.





"Level III serious incident" means a serious incident whether or not the incident occurs while in the provision of a service or on the provider's premises and results in:

- a. Any death of an individual;
- b. A sexual assault of an individual; or
- c. A suicide attempt by an individual admitted for services, other than licensed emergency services, that results in a hospital admission.



- For deaths and serious incidents, the provider must complete the following:
 - Description and Circumstance
 - Medical Treatment Provided and/or Finding
 - Identified solutions to mitigate recurrence of the incident when applicable
 - External notifications made
 - Provider's Corrective Action
- Document how the provider ensured the recipient's safety and well-being.
- Document the immediate action taken before and after the incident to ensure health and safety.
- Document any future action that will lead to other possible interventions.

The Office of Licensing Incident Management Unit, manages, monitors, and supports the overall regulatory compliance and quality improvement initiatives related to deaths and serious incidents reported by licensed providers. Incidents are triaged each business day by the Office of Licensing incident management unit appropriately and according to developed protocols. A trend analysis is conducted for every death and serious incident report. The Incident Management Specialist evaluates if the provider's documented response ensures the recipient's safety and well-being. The Incident Management Specialist evaluates the incident to ensure timely, appropriate corrective action plans are implemented by the provider when indicated. In addition, appropriate action from the Office of Licensing Incident Management Unit occurs, when necessary, this could be to contact the provider to obtain additional information, making referrals to other DBHDS offices and/or investigation.

What does this mean, you may ask?

Essentially, there are the details that can not be omitted from a serious incident or death report. If the items are missing, the Incident Management Specialist is required to contact the provider and request updates to the report. In addition,

the Incident Management Unit will contact the provider to clarify questions related to individual's protocols, an individual's ISP and other relative health and safety matters. DBHDS Look Behind reviews can result in additional requests for information and documentation.

Read slide

COMPLIANCE



24
Hours

12VAC35-46-1070.C. Providers of children's residential services shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department.

- 12VAC35-105-160.D.2. Licensing Regulations require providers to report all Level II and Level III serious incidents using the department's web-based reporting application and by telephone to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery.

Licensed providers are expected to report deaths and serious incidents timely, per [regulation](#).

[LIC 20: Guidance on Incident Reporting Requirements \(August 2020\)](#) has been published and is available to offer additional guidance of late reporting 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 and the progressive citation process.



DBHDS Defines Risk Triggers and Thresholds as Care Concerns

Care Concerns (Last Revised 1/1/2023)

12VAC35-520.D

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

A. 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.

B. 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.

C. Any choking incident that requires physical aid by another person, such as abdominal thrusts (Heimlich maneuver), back blows, clearing of airway, or CPR.

D. Multiple (2 or more) unplanned psychiatric admissions within a ninety (90) day time-frame for any reason.

- One of the trend analysis completed by the Incident Management Unit is the trending of Individual Care Concerns. This trend analysis is captured in the CHRIS system and the Incident Management Unit shares the information with providers by putting information in the Actions tab of the death and/or serious incident report in CHRIS.
- Providers can run a report in CHRIS to see which individuals have met care concern criteria. This is to help provide some trending information for providers to use.
- This is just another tool providers may use to assess if an individual is getting the support they need or if there may be a need to be some changes on an individual or a provider level.
- It is very likely this information may mirror when a provider has determined to conduct a more detailed Root Cause Analysis (RCA) in accordance with our regulations and their own RCA policy.
- You will not be “required” to memorize this criteria day 1, but what you must

know is that monitoring is a provider responsibility, and it is a regulatory requirement. So, the Individual Care Concerns “Day 1 Need-to-Know” is the DBHDS has resources available on the website to guide you through this process.

Risk Triggers and Thresholds Resources Available on the Office of Licensing website:

- [2023 Care Concern Threshold Criteria Memo \(February 2023\)](#)
- [IMU Care Concern PowerPoint Training \(February 2023\)](#)
- [Risk Triggers and Threshold Handout \(February 2023\)](#)

Displayed here are the links to the resources available on the DBHDS Office of Licensing webpage. This includes the care concern threshold criteria memo for providers, the care concern training, and a one-page handout or quick reference guide that details the risk triggers and threshold information.

SERIOUS INCIDENT REPORTING AND CHRIS TRAINING

- [Office of Licensing Incident Management 101 Training \(April 2025\)](#)
- [Risk Mitigation Tool for Serious Incident Reports](#)
- [Serious Incident Reporting-Covid-19 \(December 2022\)](#)
- [Individual and Systematic Risk – How to Report and Respond to Incidents \(April 2022\)](#)
- [Memo – Revoking A User Access \(February 2020\)](#)
- [CHRIS System Training \(May 2021\)](#)
- [Creating A New Serious Incident Case \(August 2019\)](#)
- [Creating A New Death Case \(August 2019\)](#)
- [Updating A Serious Incident \(August 2019\)](#)
- [Updating A Death Record \(August 2019\)](#)
- [DELTA Overview](#)



In addition, there are numerous Serious Incident Reporting and CHRIS Trainings available on the Office of Licensing Webpage. This slide provides the links to those trainings, including the Incident Management 101 Trainings for newly licensed providers.

Available on the Office of Licensing Web Page

Regulations

[Rules and Regulations For Licensing Providers by the Department of Behavioral Health and Developmental Services \[12 VAC 35 - 105\]](#)

[Regulations for Children's Residential Facilities 12VAC35-46](#)



Guidance

- [LIC 17: Guidance for Serious Incident Reporting \(November 2020\)](#) This document contains guidance to providers regarding the definition of "serious incident" and the corresponding reporting requirements as provided in the Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services, 12VAC35-105.
- [LIC 19: Corrective Action Plans \(CAPs\) \(August 2020\)](#) This document provides guidance to DBHDS licensed providers on how to develop and implement an acceptable correction action plan (CAP).
- [LIC 20: Guidance on Incident Reporting Requirements \(August 2020\)](#) has been published and is available to offer additional guidance of late reporting 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 and the progressive citation process.

Also available on the Office of Licensing Web Page are links to regulations and guidance documents. Specific to death and serious incident reporting, you will find the ...

Office of Licensing Incident Management Unit Contact Information

Click this link for the:

[Incident Management Unit Regional Contact](#)

Email Us:

Incident_management@dbhds.virginia.gov



One of the most essential tools that a provider has access to is the Incident Management Unit. The Specialists are available to provide technical assistance. Here you will find the Region Contact information such as the region mailboxes and each specialist's phone numbers. The guidance documents also explain when you should contact the IMU directly at Incident_management@dbhds.virginia.gov

This concludes this module for death and serious incident reporting.