

Risk Triggers and Thresholds Care Concern Thresholds

Office of Licensing

Effective Date: January 1, 2023

Virginia Department of Behavioral Health and Developmental Services

Overview



Quick Reference Handout

This information will be posted on the Website.

This is a one-page, quick reference guide for providers that list the Care Concern Thresholds, provides links to regulation and an example tracking chart.



RISK TRIGGERS AND THRESHOLDS EFFECTIVE 1/1/2023

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

Virginia Department of **Behavioral Health &**

Developmental Services

AND CARE CONCERNS

WHAT ARE RISK TRIGGERS AND THRESHOLDS?

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.

PROVIDER RESPONSIBILITIES

Providers need to track, on an ongoing basis, their

incidents are defined by regulation, 12VAC35-105-20.

Definitions: Virginia Administrative Code - Title 12. Health -

Services - Chapter 105. Rules and Regulations for Licensing

organization's serious incidents and care concerns. Serious

Agency 35. Department of Behavioral Health And Developmental

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	Janua	Febru	March	TOTA
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): 2 or more unplanned medical hospital admissions or ER visits for falls, urinary tract infection, aspiration pneumonia, dehydration, or seizures within a 90-day <u>time-</u> <u>frame</u> 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: 2 or more unplanned psychiatric admissions within a <u>90 day</u> 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.

Risk Triggers and Thresholds

• Risk Triggers and Thresholds are also known are Care Concern Thresholds

 Risk Trigger Incident or condition that can cause harm to an individual Examples: Fall, seizure, UTI, dehydration





12VAC35-520.D Uniform Risk Triggers and Threshold

- Care Concern Thresholds Criteria was last Revised on 10/4/2021.
- Care Concern Thresholds Criteria are reviewed on an annual basis.
- New Care Concern Thresholds Criteria will be effective 1/1/2023.



CARE CONCERNS THRESHOLDS - IMU's Role

- Review <u>serious incidents</u>
 - at the individual level.
 - at a system level.
 - to identify possible patterns/trends by an individual, a provider's licensed service as well as across providers.
- Able to identify areas where there is potential risk for more serious future outcomes.
 - <u>May</u> be an indication a provider may need to:
 - re-evaluate
 - review root cause analysis (RCA).
 - consider making more systemic changes.



Care Concern Thresholds – What it is NOT





Doesn't necessarily mean there is a provider concern.

Individuals with higher needs may have a higher number of incidents.

Doesn't always equate to an investigation.



Role of OHR and OIH

- OHR is notified, via Care Concern Report by the IMU, of individual care concerns that indicate the possibility of the potential for abuse/neglect.
- OIH is notified, via Care Concern Report by the IMU, of individual care concerns that indicate a potential for a health and safety concern.
- Why?
 - To determine if it would be helpful to follow up with provider to offer information, training, resources or technical assistance.
 - It does not mean the provider has done anything wrong.
 - It is a way of sharing information and ensuring providers are aware of trends we are seeing at the state level.



Accessing Information about Care Concern Thresholds

- Documented in the Licensing Specialist (LSA) part of CHRIS
- Providers and CSBs are able to run a report in CHRIS
- This is to help provide some trending information for providers to use.
 - Another tool providers may use
 - Probably consistent with data collected via provider RCA



Care Concern Threshold Report Video

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• Select report by clicking on the dropdown arrow (see below red arrow).



CHRIS VERSION 5.1

- Select the care concern report from the list.
 - The report will be available in Excel format to download.
 - Individual Care Concern

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• Report displays on a new tab (highlighted). To close the report, click on the x on the new tab.

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 From the CHRIS homepage click on Case Manager Reports (highlight) on the lefthand side menu





 Select case management report by clicking on the dropdown arrow (see below red arrow).





- Select the care concern threshold report from the list. •
 - The report will be available in Excel format to download.

onsumer Summary Reports

• CM Report - Individual Care Concern

Virginia Department of Behavioral Health & Developmental Services

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• Click on the calendar to select the data entry date for the begin date and end date text box.

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Care Concern Thresholds Criteria-Outcomes

Care Concerns during the time-frame of April 1, 2022 – September 30, 2022

Care Concern Thresholds Criteria

A. Multiple (2 or more) ER visits or unplanned hospital admissions for a serious incident: falls, choking, 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.

Total Care Concern Thresholds Criteria





- As a result of data analysis, recommendations from the Risk Management Review Committee and other Stakeholders, the Care Concern Criteria, also know as Risk Triggers and Thresholds, has been revised.
- The new Threshold Criteria will be effective beginning January 1, 2023.





Care Concern Thresholds Criteria 2021-2022

A. Multiple (2 or more) ER visits or unplanned hospital admissions for a serious incident: falls, choking, 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.

Care Concern Thresholds Criteria 2023

A. 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.

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



Care Concern Thresholds Criteria Categories

- 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.
- This is any combination.





Care Concern Thresholds Criteria Categories

 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.





Care Concern Thresholds Criteria Categories

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





Care Concern Thresholds Criteria Categories

• Multiple (Two or more) unplanned psychiatric admissions within a ninety (90) day timeframe 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: <u>Virginia Administrative</u> <u>Code - Title 12. Health - Agency 35.</u> <u>Department of Behavioral Health</u> <u>And Developmental Services -</u> <u>Chapter 105. Rules and Regulations</u> <u>for Licensing Providers by the</u> <u>Department of Behavioral Health</u> <u>and Developmental Services</u>



Why track?

Sample Serious Incident and Care Concern (CC) Tracking Chart

- To identify trends.
- To support or identify the need for Root Cause Analysis.

 To promote discussions about how to better protect individuals' health and safety.

Cause / Type of Serious Incident	January	February	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): 2 or more unplanned medical hospital admissions or	2	1	0	3
ER visits for falls, urinary tract infection, aspiration pneumonia,				
dehydration, or seizures within a 90-day time-frame for any reason				
CC: Decubitus ulcer (DU)– any dx, increase in severity of diagnosed DU,	0	1	0	1
Dx of bowel obstruction				
CC: Any Choking incident	2	0	1	3
CC: 2 or more unplanned psychiatric admissions within a 90 day time-	3	2	4	9
frame for any reason				



160.E.2





Providers should 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 <u>160.E.2.</u>



Importance of Case Search by Individual as it relates to Care Concerns

- When entering an incident and creating a new profile for an individual, please perform a Name search first to ensure a profile does not already exist for the individual. To search by individual name:
- Click the **by Name** button
- Enter the individual's First Name and Last Name
- Click Search
- All individuals with a name "similar to" the one you've entered will be displayed on the screen.
- Click the highlighted ID number link to choose the individual you need.

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Importance of Appropriately Categorizing Serious Incidents

- An analysis of Provider's use of the "Other" categories found:
 - The existing Cause checkboxes were being underutilized, potentially resulting in skewed data and misunderstanding of causes.
 - Make sure you select the most appropriate cause(s).
 - Many SIRs categorized as Injury, Other are either not injuries or could likely be better categorized as illnesses.
 - Make sure you use the 'Injury' options correctly.
 - For most Illnesses currently categorized as 'illness, other', there are not alternative checkboxes that apply. Thus, most illnesses are correctly categorized as 'other'.
 - Keep up the great work, appropriately categorizing 'other' illnesses!



Contacts and Resources

Incident Management Unit Regional Contact



- <u>https://dbhds.virginia.gov/quality-management/Office-of-Licensing/</u>
- OIH Health & Safety Alerts, Newsletters, Community Nursing Meeting Agendas, Information on MRE, Dental, and Community Nursing are located on the DBHDS website under the Office of Integrated Health
 <u>https://dbhds.virginia.gov/office-of-integrated-health/</u>. There are additional resources related to common medical concerns for the ID/DD population including Health Risk PPTs under the Educational Resources tab under this same link.



Survey

Please provide feedback on this power point by completing a Survey.

Here is the link: <u>https://forms.office.com/g/bRrNwZuyDA</u>

