



RISK TRIGGERS AND THRESHOLDS AND CARE CONCERNS EFFECTIVE 1/1/2023

WHAT ARE RISK TRIGGERS AND THRESHOLDS?

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 (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.
- 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 (Two or more) unplanned psychiatric admissions within a ninety (90) day time-frame 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: [Virginia Administrative Code - Title 12. Health - Agency 35. Department of Behavioral Health And Developmental Services - Chapter 105. Rules and Regulations for Licensing 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.

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	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): Two or more unplanned medical hospital admissions or ER visits for falls, urinary tract infection, aspiration pneumonia, dehydration, or seizures within a 90-day time-frame 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: Two or more unplanned psychiatric admissions within a 90 day 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.](#)