Risk Triggers and Thresholds

Care Concern Thresholds

Office of Licensing

Effective Date: January 1, 2023

- Risk Triggers and Thresholds = Care Concern Thresholds
- IMU Role in Triaging Incidents
- Licensing, Office of Human Rights & Office of Integrated Health Role
- Locating the Care Concern Thresholds Report in CHRIS: video and step-by-step
- Care Concern Thresholds 2023
- Provider Responsibility
- Care Concern Thresholds Data
- Resource Links and Contacts

DBHDS Defines Risk Triggers and Thresholds as Care Concerns

Risk Trigger

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

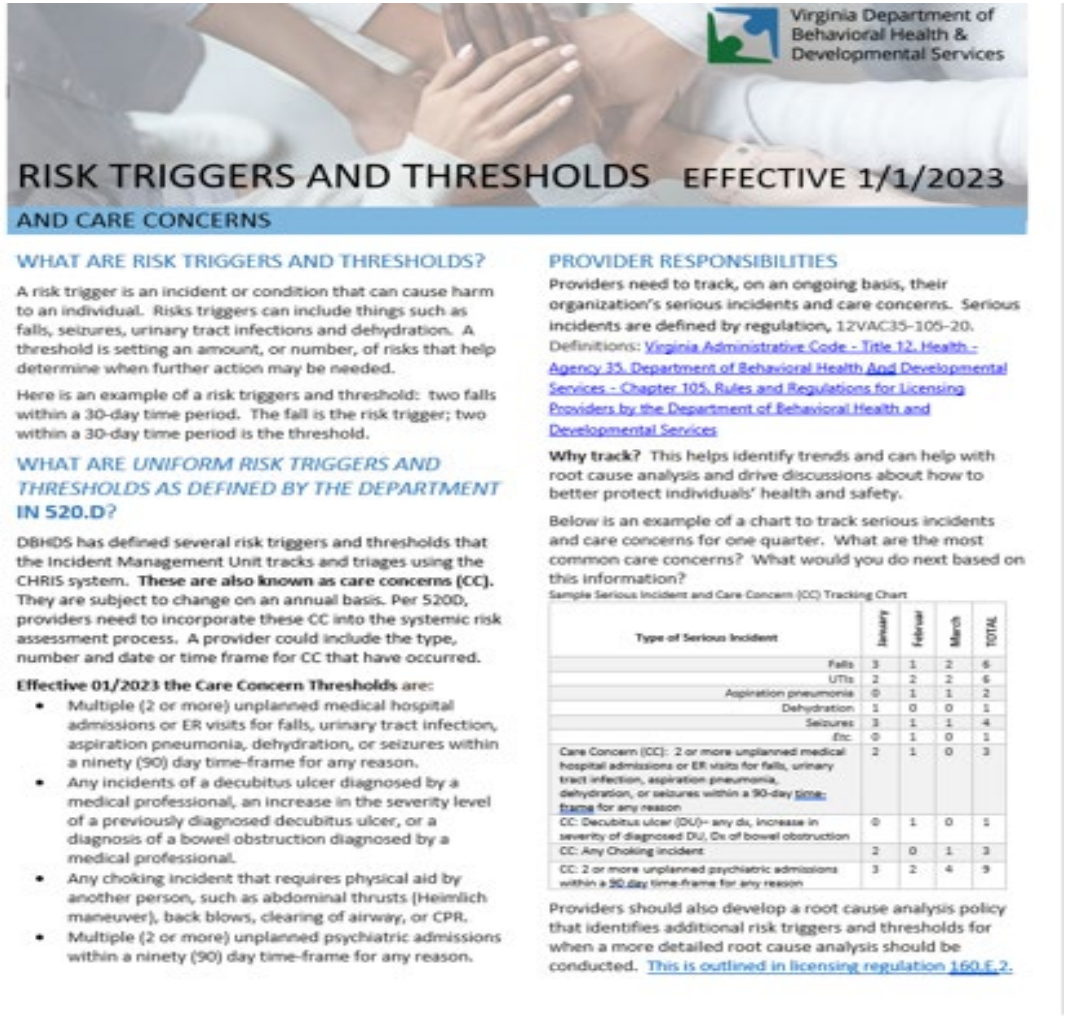
Threshold

- Setting an amount, or number, of risks that help determine when further actions may be needed
- Example: Two within a 90-day time-frame

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.



Virginia Department of Behavioral Health & Developmental Services

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

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 (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.

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	Februar	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 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: 2 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.

12VAC35-520.D Uniform Risk Triggers and Threshold History

- Originated 6/3/2020 after the inception of the Incident Management Unit.
- Care Concern Thresholds Criteria was last Revised on 9/2/2021.
- Current Care Concern Thresholds Criteria was effective 1/1/2023.

Care Concern Thresholds Criteria are reviewed on an annual basis and revised as recommended.

- Review serious incidents
  - 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.
  - May be an indication a provider may need to:
    - re-evaluate
    - review root cause analysis (RCA).
    - consider making more systemic changes.

- 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.

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.

Documented in the “Death/Incident LSA Report” tab located next to the Death/Incident tab in CHRIS

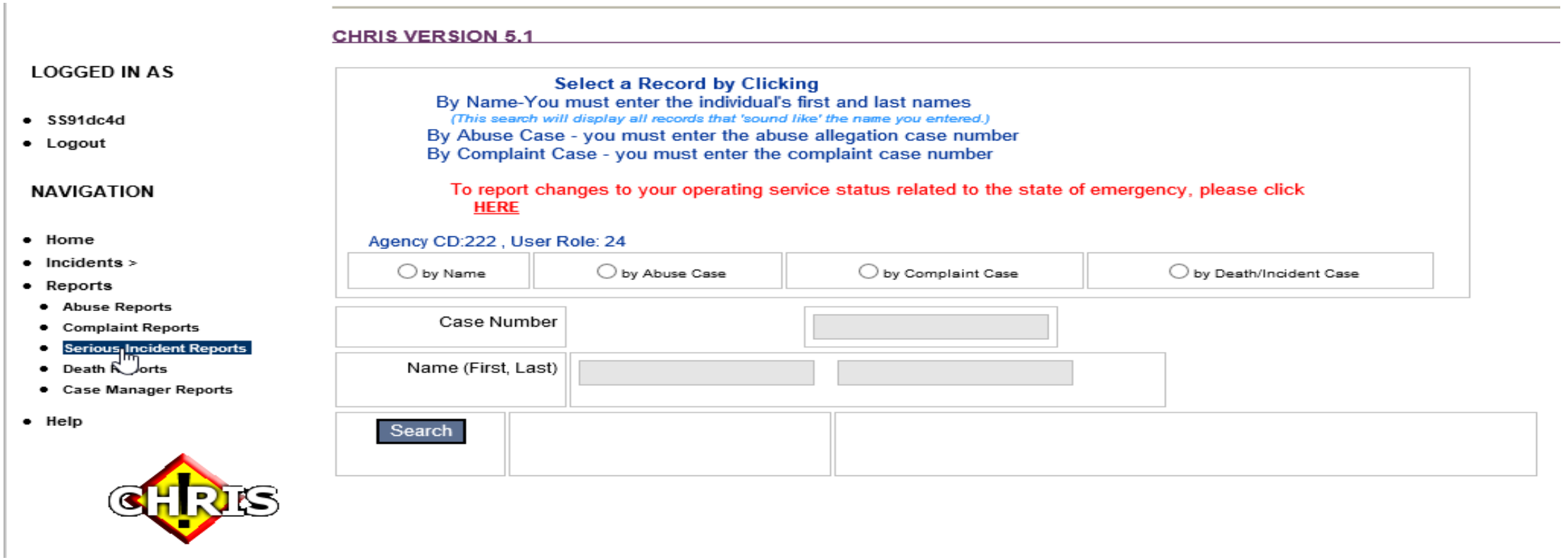
Providers and CSBs can run a report in CHRIS

This is to help provide some trending information for providers to use.

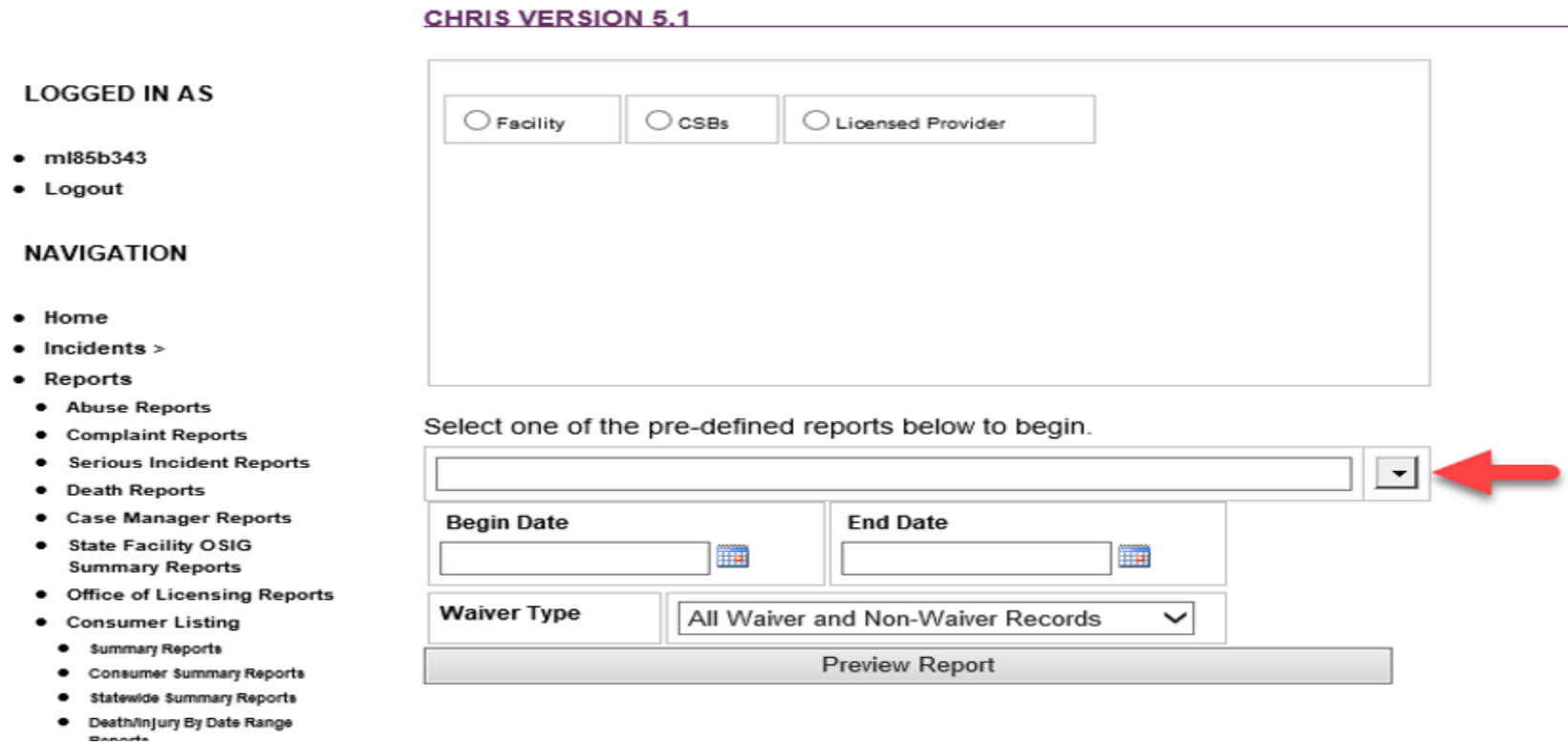
- Another tool providers may use
- Probably consistent with data collected via provider RCA

Care Concern Threshold Report Video

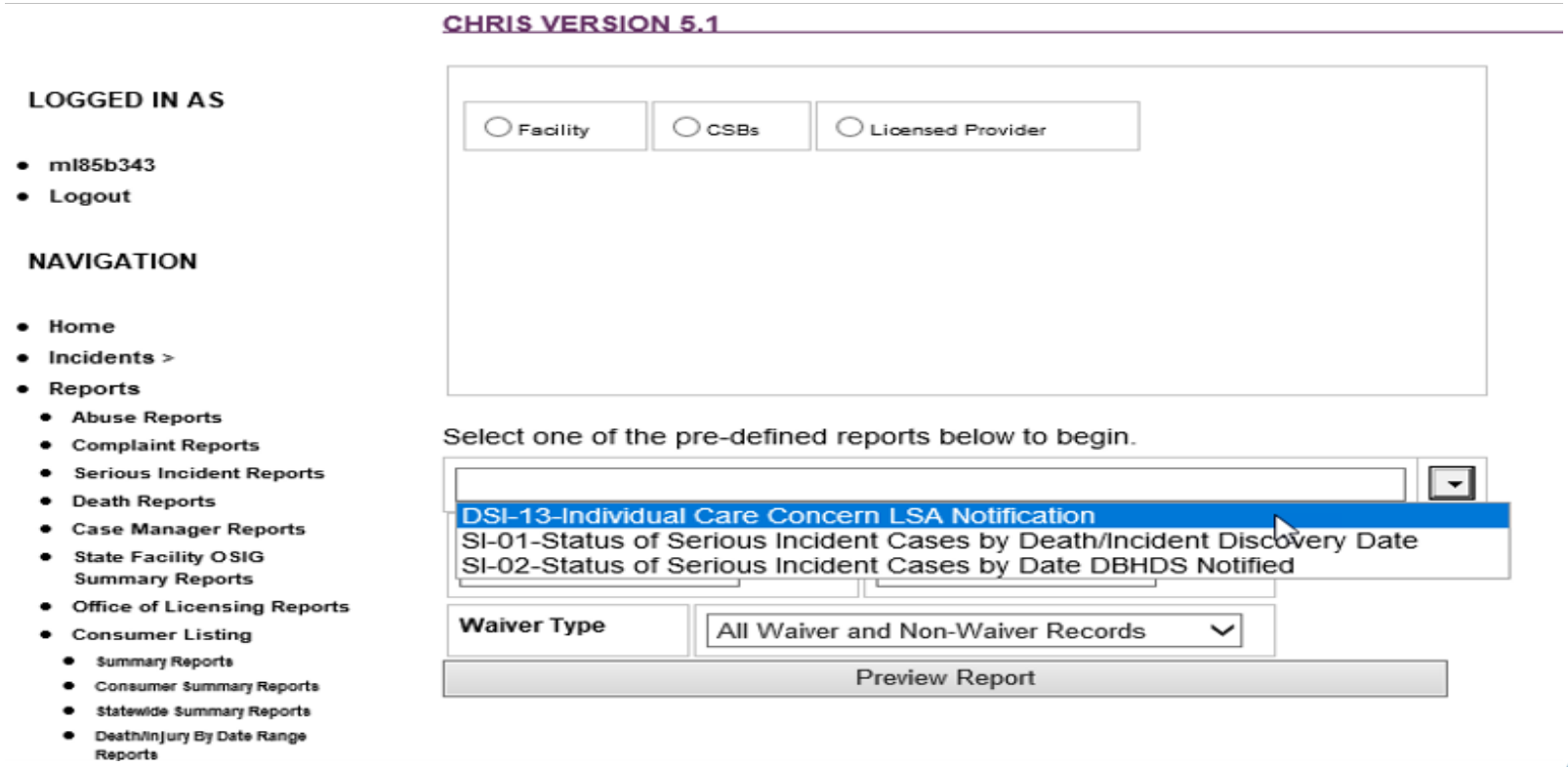
From the CHRIS homepage click on Serious Incident Reports (highlight) on the left side menu.



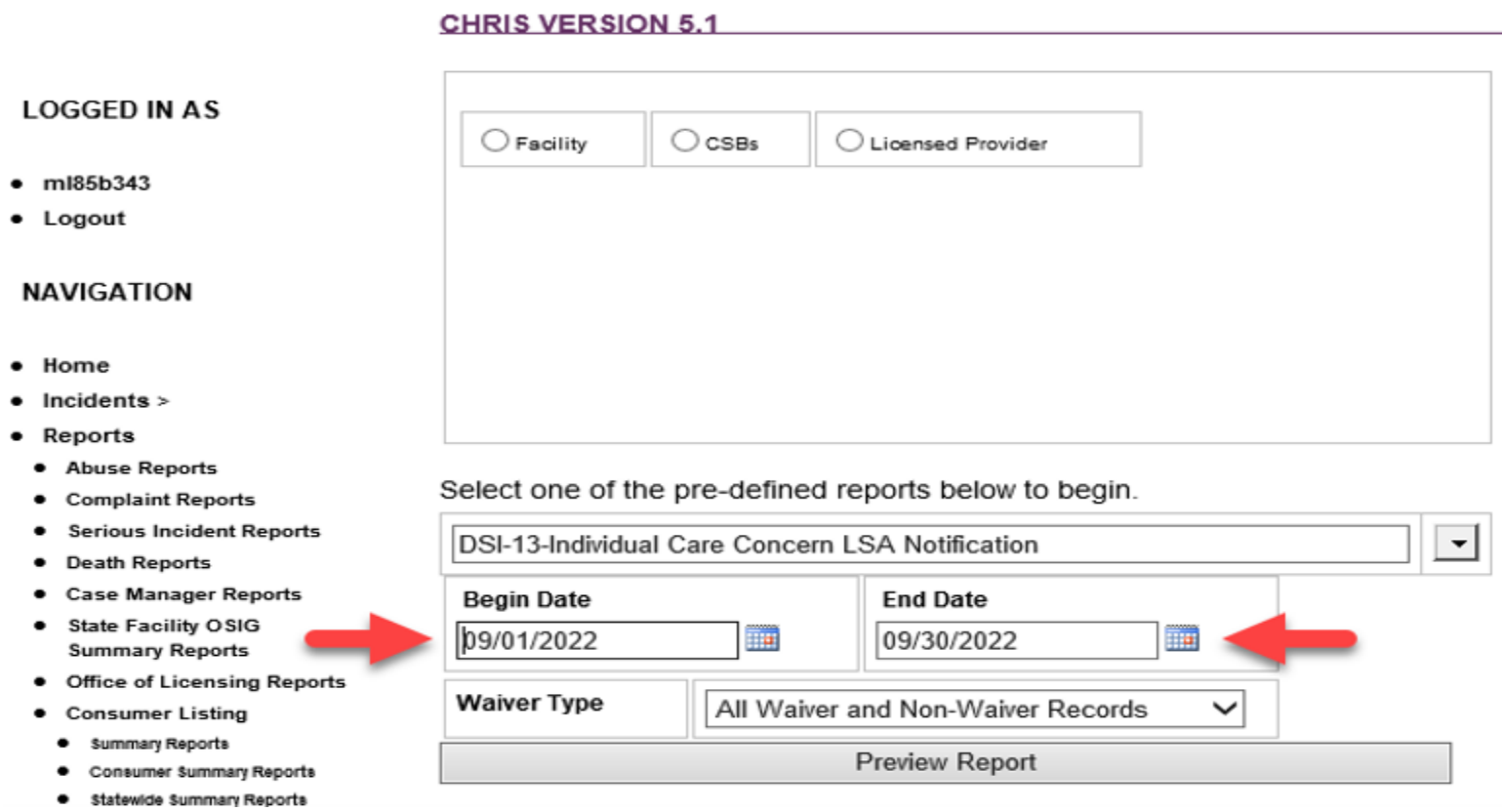
Select report by clicking on the dropdown arrow (see below red arrow).



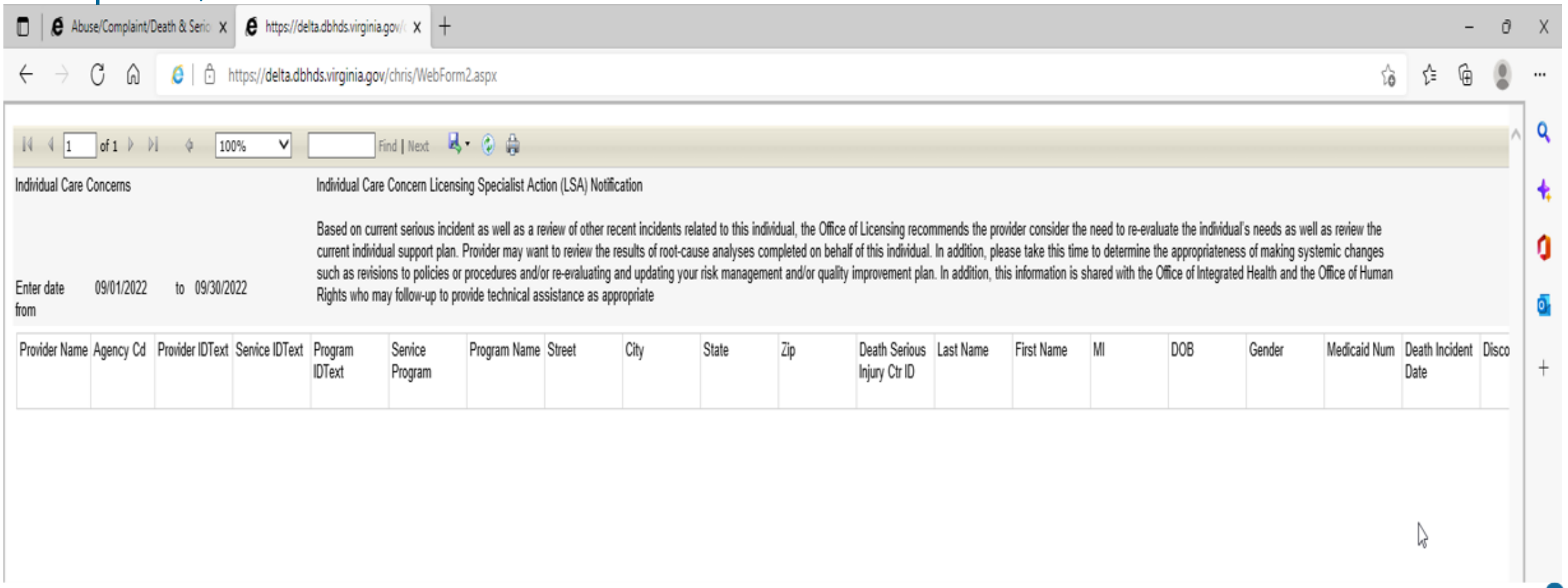
Select the care concern report from the list.
The report will be available in Excel format to download.
Individual Care Concern



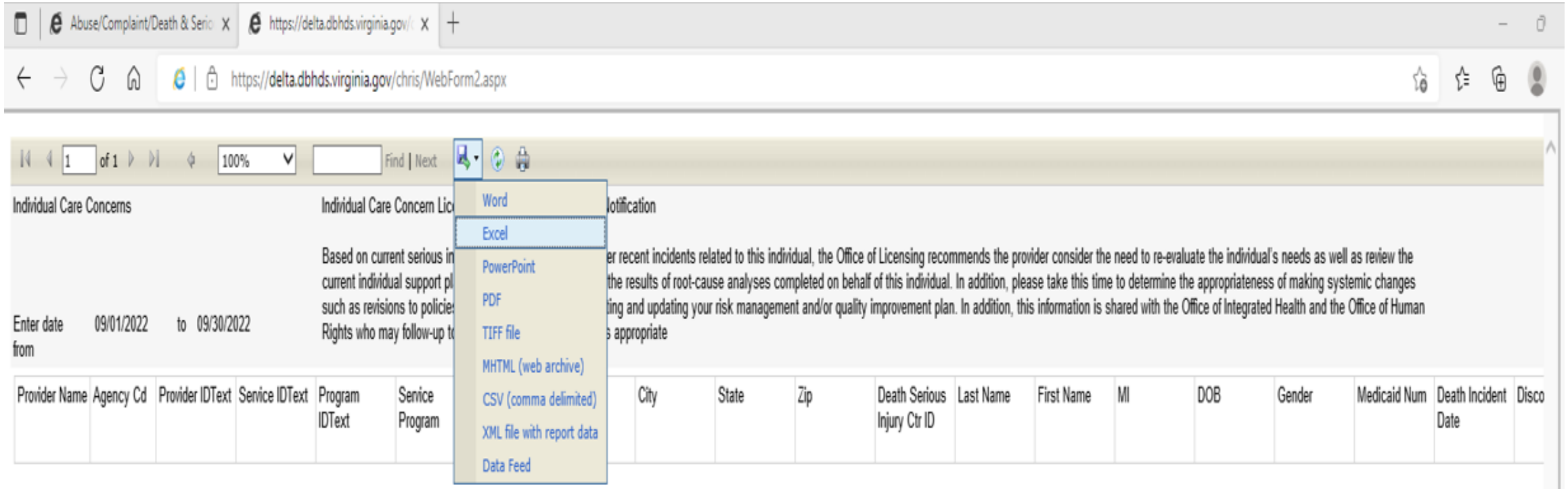
Click on the calendar to select the data entry date for the begin date and end date text box.



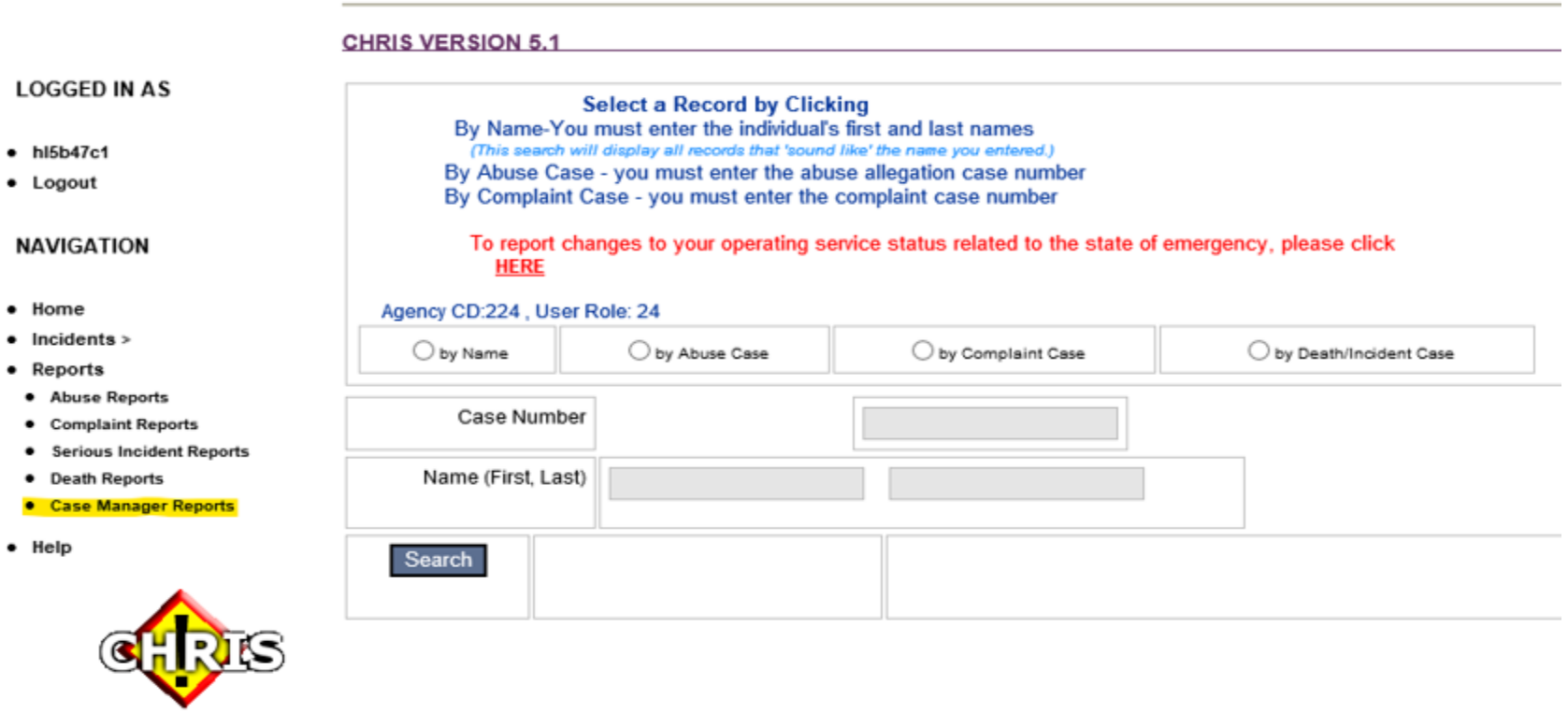
Report displays on a new tab (highlighted). To close the report, click on the x on the new tab.



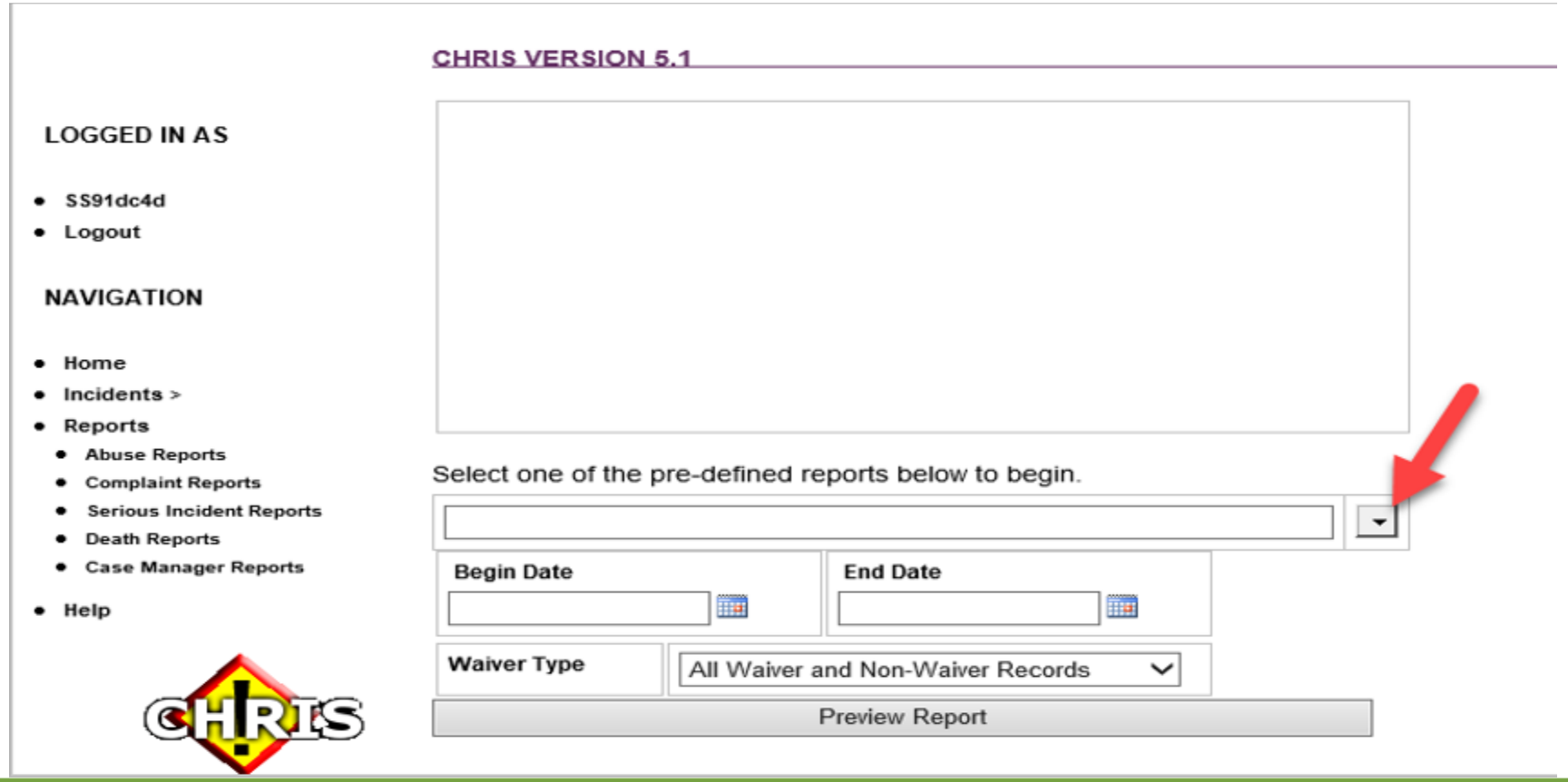
To save the report. Click on the export button (highlighted) and select Excel. Save excel file.



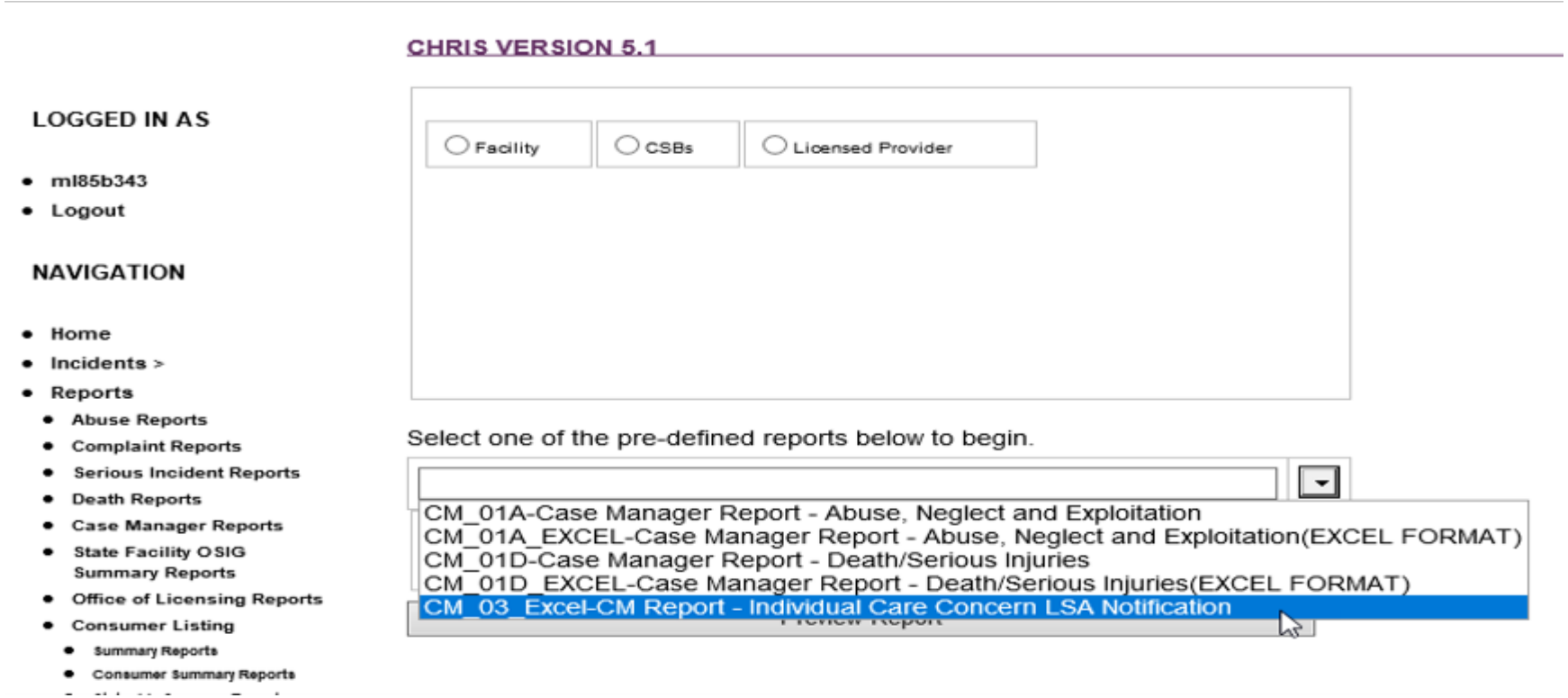
From the CHRIS homepage click on Case Manager Reports (highlight) on the left side menu.



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.
CM Report - Individual Care Concern



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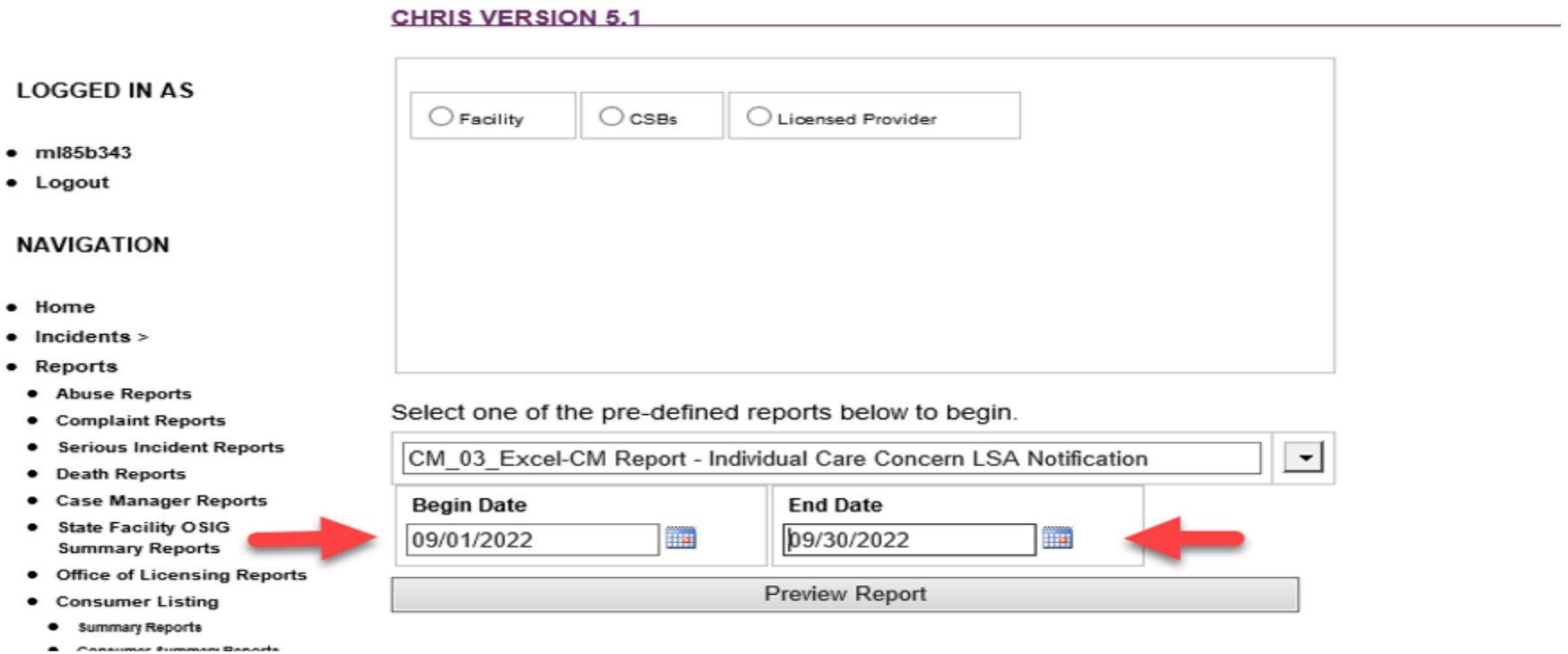
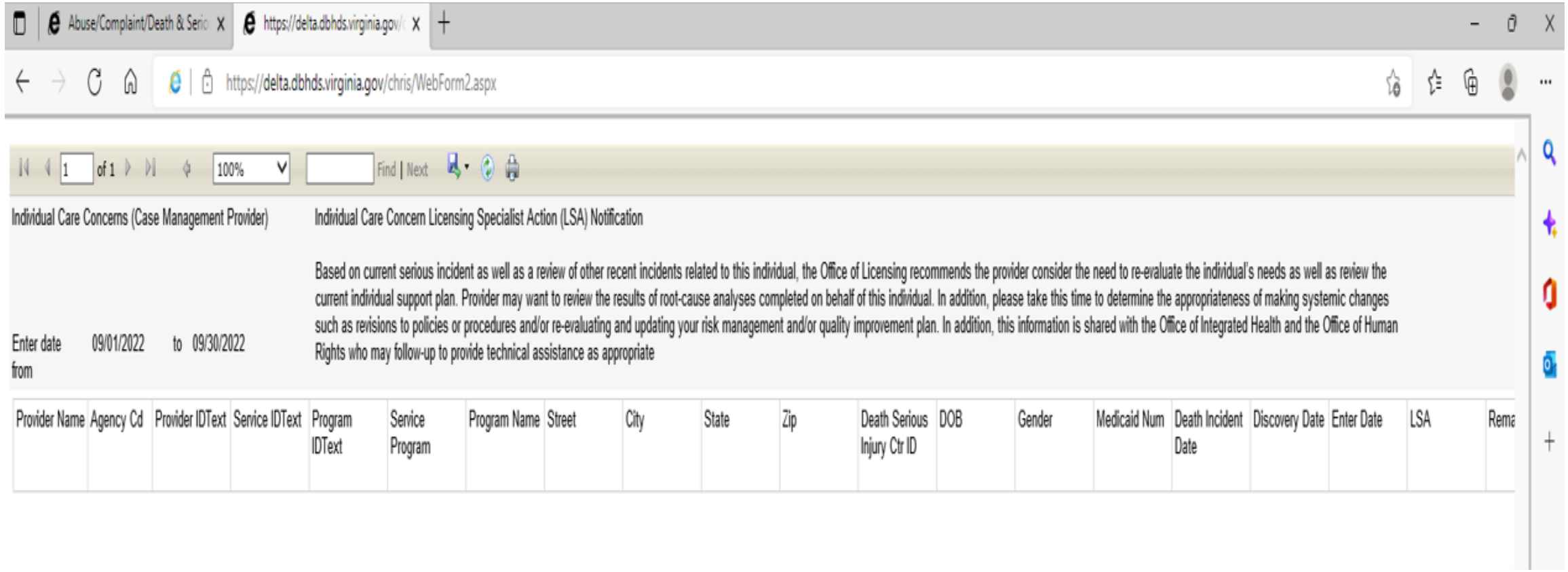
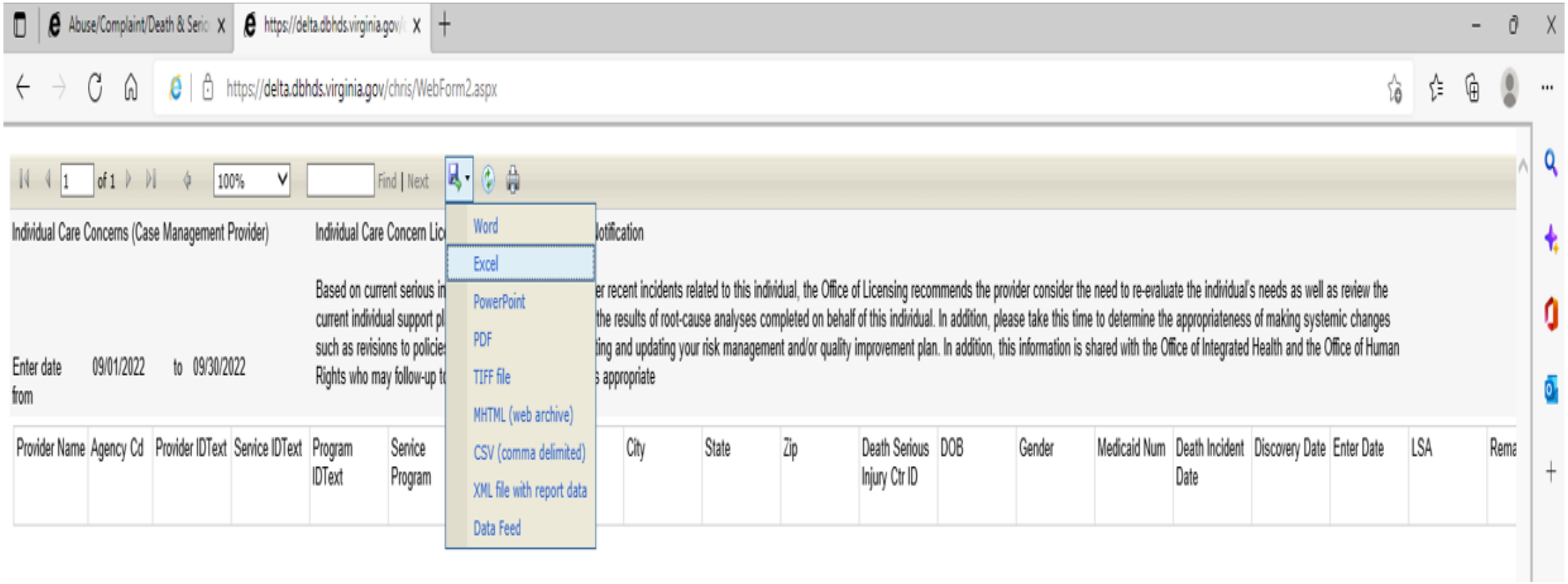


Report displays on a new tab (highlighted). To close the report, click on the x on the new tab.



To save the report. Click on the export button (highlighted) and select Excel. Save excel file.



Care Concern Thresholds Criteria

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.

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

- 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.

Sample Serious Incident and Care Concern (CC) Tracking Chart

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
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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.

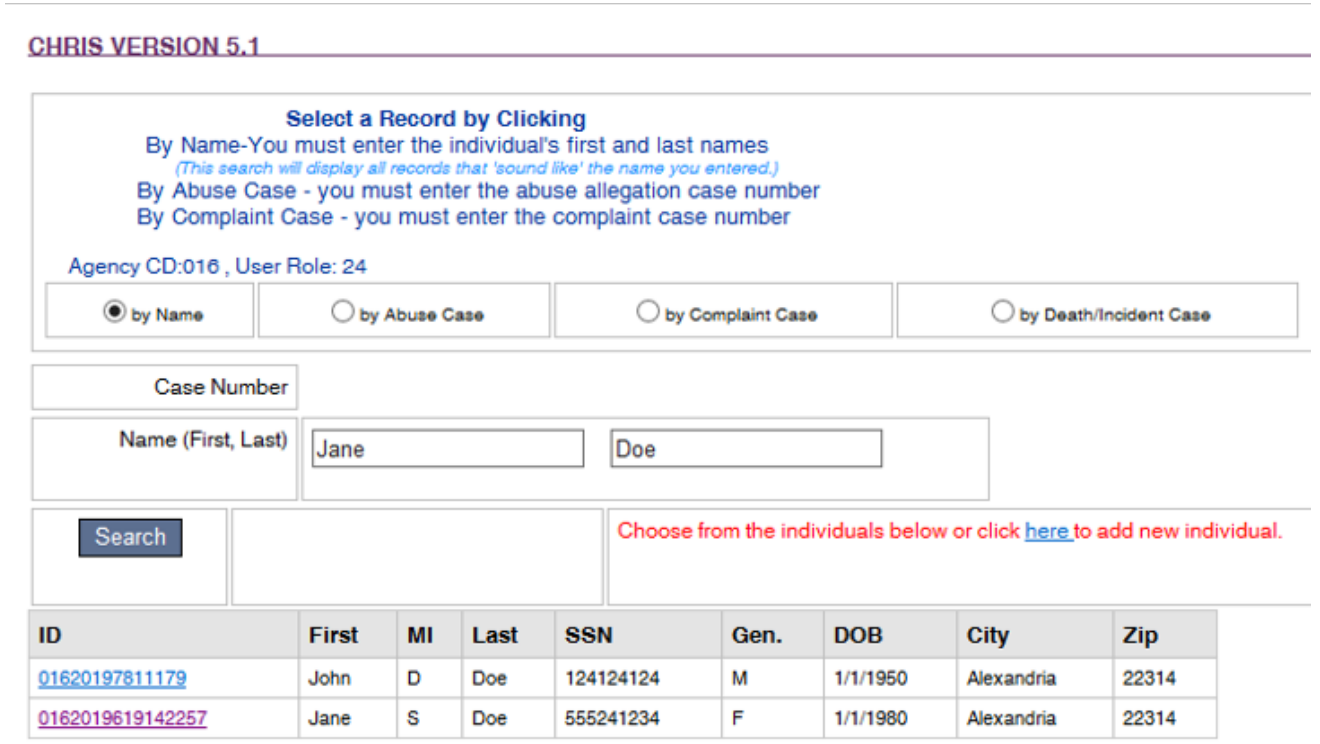
This is outlined in licensing regulation 160.E.2.

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

This is outlined in licensing regulation 520.D.

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.



- 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!

Based on the serious incident as well as a review of other recent incidents related to this individual, the Office of Licensing recommends the provider consider the need to re-evaluate the individual's needs as well as review the current individual support plan. Provider may want to review the results of root-cause analyses completed on behalf of this individual. In addition, please take this time to determine the appropriateness of making systemic changes such as revisions to policies or procedures and/or re-evaluating and updating your risk management and/or quality improvement plan. In addition, this information is shared with the Office of Integrated Health and the Office of Human Rights who may follow-up to provide technical assistance as appropriate.

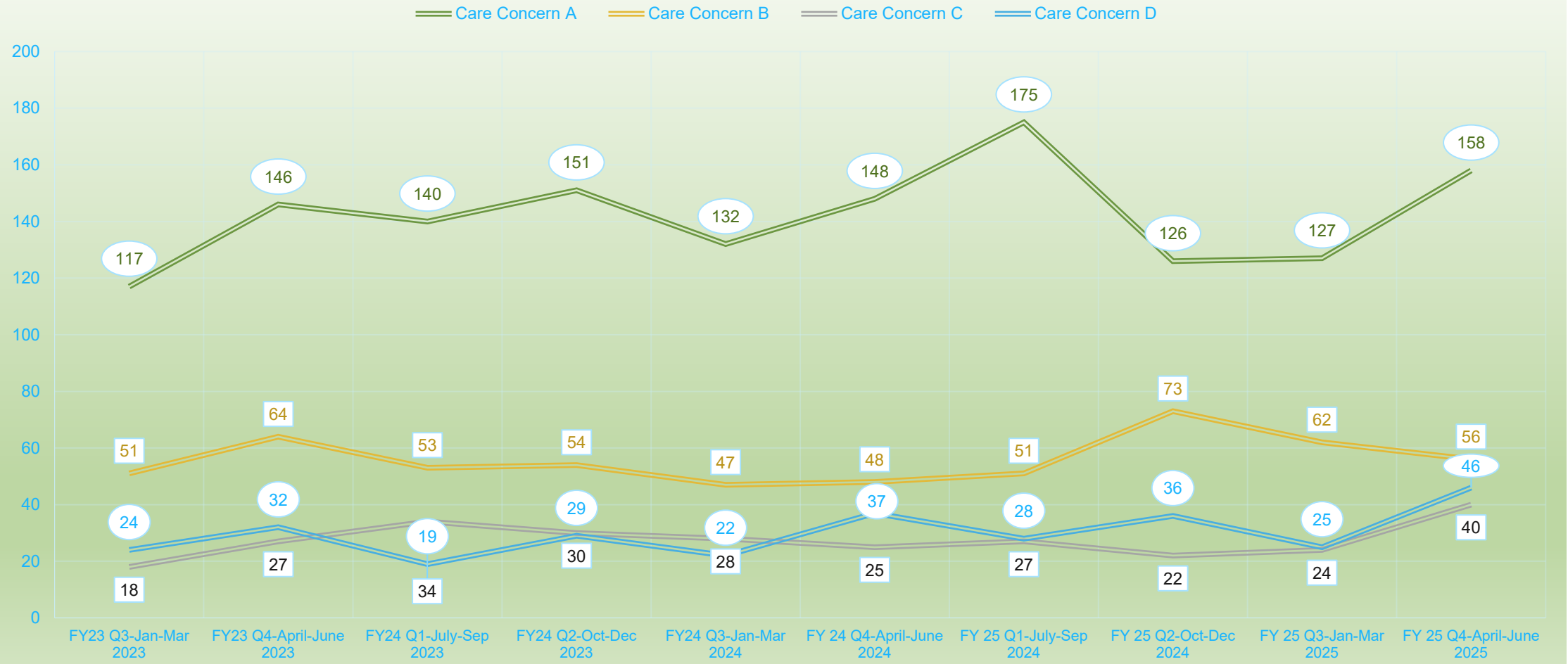
- The Office of Licensing does not complete an inspection or issue a licensing report because of an individual care concern threshold is met.

- The LS can decide that an investigation of the Death or Serious Incident (DSI) will be conducted based on review of an individual care concern threshold, but the same is true for any DSI.

- Provider must follow regulatory requirements in relation to risk triggers and thresholds.

DD Individual Care Concern Thresholds

BY FY QUARTER



Risk Triggers and Thresholds resources available on the Office of Licensing website:

- 2023 Care Concern Threshold Criteria Memo (February 2023)
- Risk Triggers and Threshold Handout (February 2023)

- https://dbhds.virginia.gov/quality-management/Office-of-Licensing/

- 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 @ https://dbhds.virginia.gov/office-of-integrated-health/. 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.

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.

Office of Licensing
Incident Management Unit Information

Incident Management Unit Regional Contacts

Email us @

Incident_management@dbhds.virginia.gov

New Provider Training

Office of Licensing Incident Management 101 Training (April 2025)

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

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