

Minimizing Risk:

Helping Providers Meet  
Licensing Requirements related  
to Risk - 160C, 520C, 520D and  
Beyond

Joint Training from  
The Office of Licensing  
and the  
Office of Clinical Quality Management

3 Part Series - Please Attend All Sessions

Friday April 14, 10:00 a.m.-Noon

Friday April 21, 10:00 a.m.-Noon

Friday April 28, 10:00 a.m.-Noon

**Good morning, all! My name is Britt Welch and I welcome you to Day 1 of the "Minimizing Risk" training sessions, where we hope to help providers meet licensing requirements related to risk, specifically regulations 160C, 520C, 520D and beyond.**

**This is a joint training from the Office of Licensing and the Office of Clinical Quality Management.**

**I want to remind you that this is 3-part training series. Each session builds off the previous day's session. It our sincere hope that each of you here, today, will return for Days 2 and 3.**

**Please note that each session has a separate registration link. The links were provided to you in the notice that went out from the Office of Licensing on March 22. Simply click on each date to register for that day's session.**

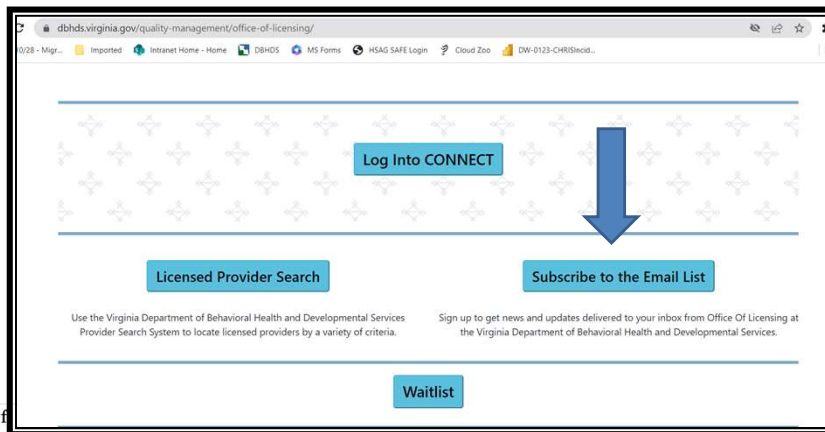
**Again, we hope that you will do your best to attend each session!**

**We think this is especially important if your organization was previously found noncompliant on any of these regulations that we'll be covering.**

Thank you for being here!

Make sure you get future announcements from the Office of Licensing.  
Subscribe to the email list.

<https://dbhds.virginia.gov/quality-management/office-of-licensing/>



**Again, We greatly appreciate your being here. We know you are busy and it means a lot to us that you are taking the time to attend all 3 sessions.**

**To ensure you get all future announcements, including training and otherwise, from the office of Licensing, please subscribe to the free email list!**

**The link to the DBHDS Office of Licensing webpage is provided on this slide. At that link, you will find the subscribe button as indicated by the blue arrow pictured.**

## Introductions – Your Presenters Today

- Office of Licensing:
  - Mackenzie Glassco, Associate Director of Quality and Compliance
    - [Mackenzie.Glassco@dbhds.virginia.gov](mailto:Mackenzie.Glassco@dbhds.virginia.gov)
  - Michele Laird, Manager, Incident Management Unit
    - [Michele.Laird@dbhds.virginia.gov](mailto:Michele.Laird@dbhds.virginia.gov)
  - Larisa Terwilliger, Training Coordinator
    - [Larisa.Terwilliger@dbhds.virginia.gov](mailto:Larisa.Terwilliger@dbhds.virginia.gov)
- Office of Clinical Quality Management:
  - Mary Beth Cox, Quality Improvement Coordinator
    - [MaryBeth.Cox@dbhds.virginia.gov](mailto:MaryBeth.Cox@dbhds.virginia.gov)
  - Britt Welch, Director, Office of Community Quality Management
    - [Britton.Welch@dbhds.virginia.gov](mailto:Britton.Welch@dbhds.virginia.gov)

**You will hear from several presenters throughout this training.**

**From the Office of Licensing, your presenters will be:**

- Mackenzie Glassco, Associate Director of Quality and Compliance
- Michele Laird, Manager of the Incident Management Unit, and
- Larisa Terwilliger, Training Coordinator with the Office of Licensing

**From the Office of Clinical Quality Management, your presenters will be:**

- Mary Beth Cox, Quality Improvement Coordinator, and
- Myself, Britt Welch, Director of Community Quality Management

**Our two offices came together to develop this training and we hope to partner for more, future trainings!**



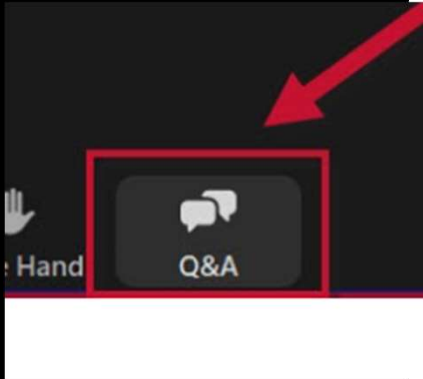
Thank  
you!

Many thanks to everybody who played a part in developing this training and the tools/resources we will be reviewing.

- Region 5 Quality Council members
- Risk Management Review Committee members
- Provider, CSB and licensing specialist key informants and testers
- Colleagues from the:
  - Office of Community Quality Improvement
  - Office of Clinical Quality Management
  - Office of Integrated Health
  - Office of Licensing



## Housekeeping



Please put questions and comments in the 'Q&A' feature.

The slides and documents will be posted on the licensing website.

There will be a FAQ produced after the training series.

To touch on a few Housekeeping items:

- Please put ALL questions and comments in the "Q&A" feature
  - Again, please use the "Q&A" feature for your questions and comments
- The slides and documents will be posted on the Licensing Website
- Additionally, there be a Q&A produced after the training series.

Are y'all about ready to get going on this?!

Let's do it!

## Purpose

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The purpose of this training is to provide information, tools and resources to assist providers to achieve compliance with the regulatory requirements of 160.C., 520.C., and 520.D, and related skills and tasks.

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These requirements focus on tracking serious incidents and conducting a systemic risk assessment review.

Slide 6

**The purpose of the 3-day training series is quite simply to Provide you with information, tools and resources that can assist you in achieving compliance with regulatory requirements**


- 160.C
- 520.C and
- 520.D, along with
- The related skills and tasks that need to be completed.

**As you are aware, these 3 requirements focus on:**

- Tracking serious incidents, and
- Conducting a systemic risk assessment review

**And, Spoiler Alert! I think you're really going to like this folks!**

## Session Overview

- There are 3 sessions. They build on each other, so it is important to attend each session!
- **We will introduce new, useful tools**  **you won't want to miss!**
- We also want to provide clarity and helpful tips.
- There will be homework after the first and second sessions. *Don't worry, you won't get a grade!*
- **TODAY! Session 1: Focus on Systemic Risk Assessment**
- Session 2: Focus on Understanding and Tracking Serious Incidents and Care Concerns
- Session 3: Pulling It Together and Taking It Further
- **Please do the post-test after each session!**



Again, there are three sessions for this training. Each session builds off the previous day's training. I encourage you to attend each session.

You will be introduced to new tools that have been tested with CSBs and Private Providers. We think you will find these useful and practical for helping you meet these regulations.

We also hope to clarify previously confusing aspects of the regs and provide helpful tips and suggestions throughout the 3 sessions.

There WILL be homework after this and the second session. I know you thought you were thru with homework a few years ago, or in my case many years ago...

But let's be clear about what we're trying to do here and what we're after:

- We want you gain familiarity and a level of comfort with the tools
- You won't be graded on the homework, but we do want to know from you your experience in using the tools
- To accomplish that, we're integrating a model of learning that is used in many Psychology Doctorate programs

It's a model of:

- Classroom
- Application in the field of what you've learned
- Back to the classroom to discuss how things went and
- And then, back to applying what is learned

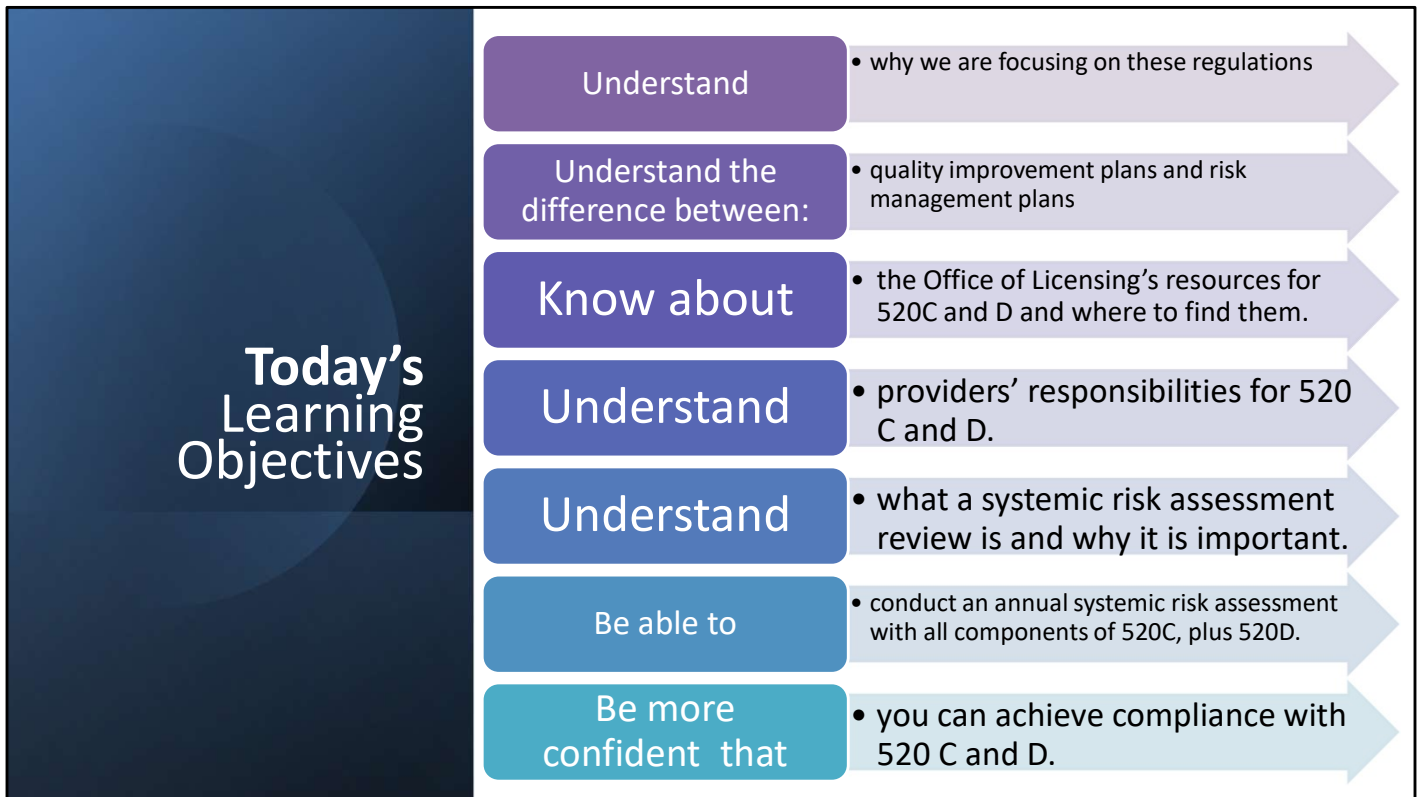
Today's session will focus on the Systemic Risk Assessment.

Session 2 will focus on understanding and tracking serious incidents and care concerns.

In session 3, we will 'pull it all together'.

- There will be a post-test after each session. Please--Please take time to complete the post-test. It gives us feedback on training areas WE need to improve!
- We're allowing time during the session to complete the post-test and truly appreciate your helping us out.

Are you with us? Alright! Let's take a look at our Learning Objectives for Day 1.



Today we're focusing on the Systemic Risk Assessment.

Our learning objectives for the rest of today's session are for you to:

- **Understand**
  - why we're focusing on these regulations
- **Understand the difference between:**
  - quality improvement plans and risk management plans. Again, that's the difference.....between Quality Improvement Plans and Risk Management Plans
- **Know about**
  - the Office of Licensing's resources for 520C and D and where to find them.
- **Understand**
  - Your responsibilities as providers' for 520 C and D.
- **Understand**
  - what a systemic risk assessment review is and why it is important.
- **Be able to**
  - conduct an annual systemic risk assessment with all components of 520C, plus 520D.
- **Be more confident that**
  - you can achieve compliance with 520 C and D.





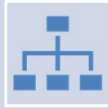
## Why is risk management important?

- A risk means there is a chance of an adverse event or outcome.
- Risk management helps us understand and reduce risks.
  - Clinical aspects of the service, such as risks happening to individuals (for example: infections, falls).
  - Administrative aspects that support the service such as risks to your organization/business (for example: staff turnover, financial viability).
- Improve outcomes for individuals.
- Improve effectiveness of services.

Let's briefly review the question – Why is risk management important?

- A risk means there is a chance of an adverse event or outcome.
- Basically, there is a possibility that something harmful could happen.
- Risk management consists of processes and practices that help us to understand and reduce risk.
- We want to reduce the chance of something harmful happening.
- What kind of risks are we talking about?
  - **Two main areas of risk in out field: Clinical and Administrative**
    1. Clinical aspects or service delivery such as infections or falls, etc.
    2. On the Administrative side, think about those aspects that support service provision, so think about staff turnover, financial viability/sustainability
- Ultimately, Risk Management seeks to reduce risk in order to improve outcomes for individuals and to improve the effectiveness of services.

## Why focus on these regulations?



Risk Management Review Committee (RMRC) and the Region 5 Quality Council (RQC5) identified low performance on 520C (1-5) and 520D.



They decided to conduct a quality initiative to improve performance for FY2023.



In FY2022, 61% of licensed DD providers have met all of the risk management requirements (excludes NA and ND).

The goal for this = 86%. *The next slide shows more detail.*

### So, why are we focusing on these specific regulations?

- The Risk Management Review Committee (RMRC) and the Regional Quality Council in Region 5 (RQC5) are subcommittees in the DBHDS Quality Management System.
- Both of these subcommittees are required to propose a quality improvement initiative each year.
- For FY23, the current fiscal year, these subcommittees, both, noticed low performance on these regulations.
- They decided to partner and proposed a quality improvement initiative to try to improve performance across the system on these regulations.
- One piece of data they looked at was the performance measure indicator – or PMI – for regulation 520.
- This PMI measures the percent of licensed, developmental disability providers that have met 100% (that is, all) of the risk management requirements, excluding Not Applicable and Not Determined.
- The result for FY21 was 62%. The result for FY22 was 61%. The goal for this measure is 86%.

Let's take a look, on the next slide, at the results on each specific sub-regulation.

## How are we doing on the sub-regulations?

Measure (if applicable)	Data Source	Frequency	Target	Q1 2022	Q2 2022	Q3 2022	Q4 2022	FY 2022	Q1 2023
% of licensed DD providers that have met 100% of the risk management requirements (excludes NA and ND)	520 A-E	quarterly	≥86%	62%	63%	61%	61%	61%	57%
Designated person with training or experience responsible for risk management function	520A	quarterly	≥86%	75%	76%	81%	78%	77%	72%
Implements a written plan	520B	quarterly	≥86%	91%	87%	86%	87%	89%	88%
Conducts annual systemic risk assessment	520C	quarterly	≥86%						
- environment of care	520C1	quarterly	≥86%	84%	77%	90%	88%	85%	83%
- clinical assessment/reassessment	520C2	quarterly	≥86%	80%	77%	88%	84%	81%	80%
-staff competence / adequacy of staffing	520C3	quarterly	≥86%	79%	77%	90%	85%	80%	82%
- use of high risk procedures	520C4	quarterly	≥86%	79%	74%	87%	82%	79%	80%
- review of serious incidents	520C5	quarterly	≥86%	83%	83%	91%	87%	85%	83%
Systemic risk assessment incorporates risk triggers and thresholds	520D	quarterly	≥86%	76%	83%	79%	76%	79%	75%
Conducts annual safety inspection	520E	quarterly	≥86%	92%	82%	89%	95%		

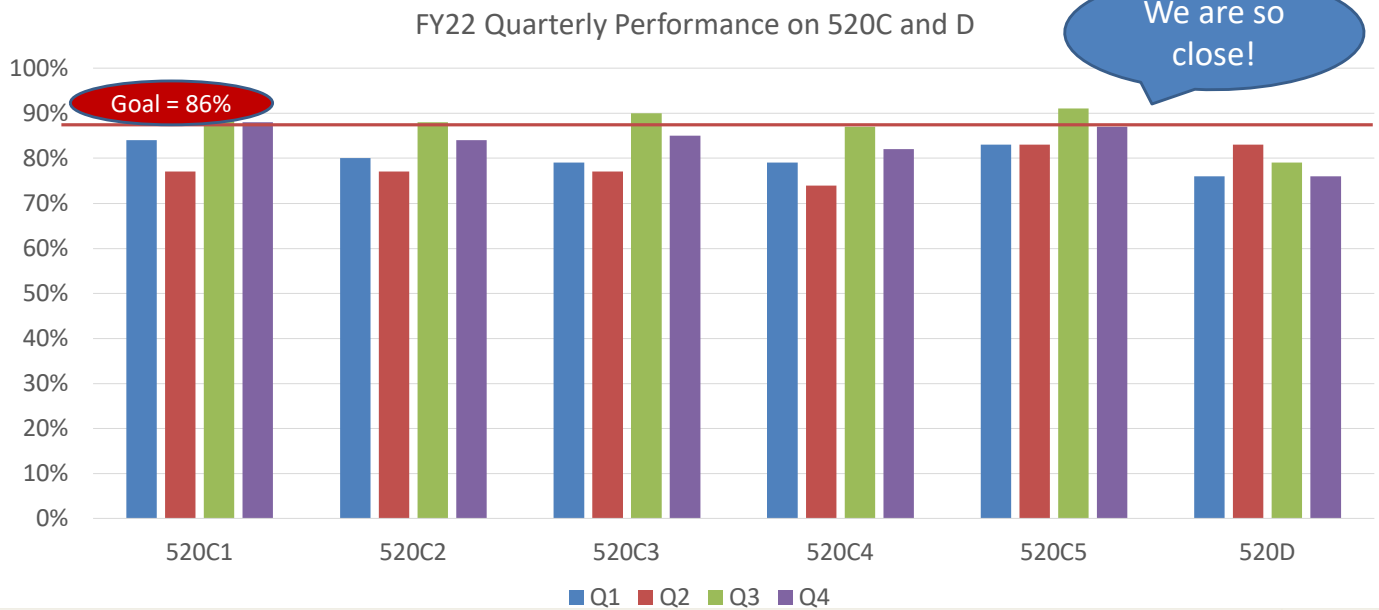
We believe if we can improve 520C and D, it will improve the overall measure.

Behavioral Health & Developmental Services

Slide 11

- The red box at the top of this slide shows the result of 61% for FY22, as we just discussed.
- The information on the bottom shows the results for each sub-regulation of 520.
- The red box highlights the components 520C1,2,3,4,5 and 520D.
- The red font means 75% or less; the gold font means between 76% and 85%, and the green font means 85% or higher.
- You can see that even during FY22, although we achieved green in many areas, no regulation surpassed 86% consistently and none reached 86% for the year.
- In addition, several results – specifically 520C3, 520C4 and 520D were the lowest at 79%-80%.
- This stood out to the committees, and they believe that if we can improve 520C and D, it will improve the overall measure for 520.

## How are we doing on these regulations?



- **And we are *VERY* close! We're hoping you will join us in trying to meet the goal for this measure.**
- **This is another way of looking at that same data. Here, we see the results for each quarter in FY22 for each sub-regulation.**
- **You can see the red goal line of at least 86% across the graph.**
- **You can see that many regulations made it or almost made it at some time during the year. However, 520D never reached 86%.**
- **We are providing this training to help providers achieve success with these measures.**
- **We are all in this together – your success is everybody's success!**



**KEY MESSAGE:**

**YOU CAN DO IT!**

- **Folks, before I hand-off the presentation to my teammate, Mackenzie Glassco, I want y'all to hang on to these words I'm about to say to you:**
- **These metrics...they are achievable, and YOU...CAN...DO IT!**

# The Foundation

## Understanding Licensing Regulations, Tools and Resources

Mackenzie Glassco  
Associate Director of Quality and Compliance  
DBHDS Office of Licensing



Virginia Department of  
Behavioral Health &  
Developmental Services

- Thank you and good morning everyone. Right now, we're going to take a few minutes to review the foundation. This includes the mission and vision of the Office of Licensing, navigating the OL website for resources and tools as well as a brief discussion related to the regulations.
- As you know, a good foundation is the key to success

# DBHDS Office of Licensing (OL)



**OUR MISSION:** To be the regulatory authority for DBHDS licensed service delivery systems through effective oversight.



**OUR VISION:** The Office of Licensing will provide consistent, responsive, and reliable regulatory oversight to DBHDS licensed providers by supporting high quality services to meet the diverse needs of its clients.



OL  
**WEBSITE:** <https://dbhds.virginia.gov/quality-management/office-of-licensing/>



The Office of Licensing's website includes the regulations and guidance documents. It also includes several tools, resources and training documents to assist providers in achieving compliance with the regulatory requirements.

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- The Office of Licensing's mission is to be the regulatory authority for DBHDS licensed service delivery systems through effective oversight.
- The vision of the Office of Licensing is to provide consistent, responsive, and reliable regulatory oversight to DBHDS licensed providers by supporting high quality services to meet the diverse needs of its clients.
- On your screen is the link the Office of Licensing's website. From here, you can access the regulations, guidance documents, tools, resources and training documents which are available to assist providers in achieving compliance with the regulatory requirements.

# Navigating the OL Website

## CORRESPONDENCE

- [Changes from the Emergency BHE Regulations to the Final BHE Regulations Memo](#) (February 2023)
- [Changes from the Emergency ASAM Regulations to the Final ASAM Regulations Memo](#) (February 2023)
- [Changes from the Emergency Children's ASAM Regulations to the Final Children's ASAM Regulations Memo](#) (February 2023)
- [Revised-Care-Concern-Criteria-Level-I-Serious-Incidents-Memo](#) (February 2023)
- [2023 Annual Inspections for Providers of Developmental Services Memo](#) (January 2023)
- [Medication Assisted Opioid Treatment Services \(MAT\) legislative changes effective January 1, 2023 Memo](#) (December 2022)
- [TDT and Outpatient Memo](#) (August 2022)
- [New Regulation Affecting 12VAC35-46 Effective 1-10-22 Memo](#) (December 2021)
- [Word Version of the Sponsor Certification Form](#)
- [Sponsored Provider Certification Process](#) (November 2021)
- [December 1, 2021 Behavioral Health Enhancement \(BHE\) Licensed Services](#) (October 2021)
- [Memo – Grace Period for Documentation of ISPs](#) (March 2021)



## What is a correspondence and how is a provider notified?

## Navigating the OL Website

The Office of Licensing sends notifications to providers who have signed up for Constant Contact. When memos are sent, they are typically posted to the Office of Licensing website under the correspondence section. Items listed under this section include pertinent information that licensed providers may find helpful. As Mary Beth mentioned at the beginning of the presentation, you can subscribe to the email list from the Office of Licensing website. It is also highly recommended that you frequent the Office of Licensing website so that you can stay informed. Please make sure that you are signed up to receive notifications from the Office of Licensing, we cannot stress this enough.



# Navigating the OL Website

- **What is a guidance document?** A "guidance document" is any document developed by a state agency that provides information or guidance of a general nature to agency staff or the public to interpret or implement statutes or the agency's regulations.

## Guidance

- [LIC 16: Guidance for A Quality Improvement Program](#) (November 2020)
- [LIC 17: Guidance for Serious Incident Reporting](#) (November 2020)
- [LIC 18: Individuals with Developmental Disabilities with High Risk Health Conditions](#) (June 2020 )
- [LIC 19: Corrective Action Plans \(CAPs\)](#) (August 2020)
- [LIC 20: Guidance on Incident Reporting Requirements](#) (August 2020)
- [LIC 21: Guidance for Risk Management](#) (August 2020)

All current DBHDS Guidance Documents can be found here:

<https://www.townhall.virginia.gov/L/GDocs.cfm?BoardID=65>

A "guidance document" is any document developed by a state agency that provides information or guidance of a general nature to agency staff or the public to interpret or implement statutes or the agency's regulations.

We have several guidance documents located on the Office of Licensing's website. The Office of Licensing develops guidance documents when it is determined that more detailed explanations are needed related to interpreting the regulations.

ALL current DBHDS Guidance Documents can be found here by clicking on the link

Mary Beth, please click on the link to open

As you can see, there are 33 guidance documents relevant to DBHDS


Thank you, next slide

# Guidance for Risk Management

Agency

Department of Behavioral Health and Developmental Services

## Guidance Document Information

<b>Title</b>	Guidance for Risk Management
<b>Document ID</b>	LIC 21
<b>Summary</b>	This document contains guidance to providers regarding the requirements for risk management adopted to address compliance with the Department of Justice's Settlement Agreement with Virginia within the Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services [12VAC35-105] ("Licensing Regulations"). Questions should be directed to Jae Benz, phone -- (804) 786-1747 or email -- jae.benz@dbhds.virginia.gov.
<b>Effective Date</b>	8/27/2020
 <a href="#">View document text</a> Posted On 12/20/2022 <i>Document on Town Hall</i>	
<b>Explanation or Citations</b>	Regulations addressed: Note all regulatory language is formatted in italics while guidance language is in plain text located within boxes under the label "guidance." 12VAC35-105-20. Definitions. 12VAC35-105-520. Risk management. Settlement Agreement indicators addressed: V.C.1.1, V.C.1.4, V.C.1.5, V.C.4.1, V.C.4.3, and V.C.4.4

[https://www.townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\720\GDoc\\_DBHDS\\_6874\\_v3.pdf](https://www.townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\720\GDoc_DBHDS_6874_v3.pdf)

This is an example of what you would see when you click on the guidance for risk management.

To view the document text, you would then click the "view document text link"

# Guidance for Risk Management

Virginia Department of Behavioral Health & Developmental Services

**DBHDS Office of Licensing**  
**Guidance for Risk Management**

**Effective: August 27, 2020**

**Purpose:** This document contains guidance to providers regarding the requirements for risk management adopted to address compliance with the Department of Justice's Settlement Agreement with Virginia within the Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services [12VAC35-105] ("Licensing Regulations").

**Regulations addressed:** Note all regulatory language is formatted in *italics* while guidance language is in plain text located within boxes under the label "guidance."  
12VAC35-105-20. Definitions.  
12VAC35-105-520. Risk management.

**Settlement Agreement indicators addressed:**  
V.C.1.1, V.C.1.4, V.C.1.5, V.C.4.1, V.C.4.3, and V.C.4.4

**Guidance:**

**12VAC35-105-20. Definitions.**  
The following definitions (pending final approval) are relevant to this guidance document:  
*"Risk management" means an integrated system-wide program to ensure the safety of individuals, employees, visitors, and others through identification, mitigation, early detection, monitoring,*

Once the link opens, you are able to view the guidance document

A provider who follows guidance documents and incorporates them into their policies and procedures is more likely to be compliant with the DBHDS rules and regulations.

# Navigating the OL Website-Root Cause Analysis

## QUALITY IMPROVEMENT-RISK MANAGEMENT RESOURCES FOR LICENSED PROVIDERS

### Recorded Trainings

- [Risk Management & Quality Improvement Strategies Training by the Center for Developmental Disabilities Evaluation & Research – Recorded Webinar \(December 2020\)](#)
- [QI-RM-RCA Webinar Recording December 2021 \(February 2022\)](#)

### Root Cause Analysis – 12VAC35-105-160.E.2

- *Sample(s)*
  - [Sample Root Cause Analysis Policy \(February 2022\)](#)
- *Training(s)*
  - [Flow-Chart Incident Reviews \(April 2022\)](#)
  - [QI-RM-RCA Webinar \(December 2021\)](#)
  - [Regulatory Compliance with Root Cause Analysis Regulations Training \(December 2021\)](#)
  - [Risk Management & Quality Improvement Strategies Training by the Center for Developmental Disabilities Evaluation and Research – Handout \(December 2020\)](#)
  - [Root Cause Analysis Training \(October 2020\)](#)
- *FAQs*
  - [Root Cause Analysis Q&A's \(Updated July 2022\)](#)



The OL website includes training and technical assistance documents related to root cause analysis, risk management, care concerns, and quality improvement in addition to other resources.

# Navigating the OL Website-Risk Management

## Risk Management – 12VAC35-105-520

### • Attestation

- [Updated Crosswalk of DBHDS Approved Attestation Trainings \(August 2022\)](#)
- [Updated Risk Management Attestation Form \(August 2022\)](#)

### • Sample(s)

- [Sample Provider Systemic Risk Assessment \(February 2022\)](#)
- [Sample Provider Risk Management Plan \(June 2021\)](#)

### • Training(s)

- [Flow-Chart Incident Reviews \(April 2022\)](#)
- [QI-RM-RCA Webinar \(December 2021\)](#)
- [Regulatory Compliance with Risk Management Regulations Training \(December 2021\)](#)
- [Risk Management Tips and Tools Training \(June 2021\)](#)
- [Risk Management & Quality Improvement Strategies Training by the Center for Developmental Disabilities Evaluation & Research – Recorded Webinar \(December 2020\)](#)
- [Risk Management Training \(November 2020\)](#)



The Minimizing Risk training will provide additional information related to Risk Management. As you can see, the most recent trainings are posted and technical assistance documents are also located on our website.

## Navigating the OL Website-Care Concerns

- *Care Concerns*
  - [2023 Care Concern Threshold Criteria Memo](#) (February 2023)
  - [IMU Care Concern PowerPoint Training](#) (February 2023)
  - [Risk Triggers and Threshold Handout](#) (February 2023)
- *FAQ*
  - [Risk Management Q&A's \(Updated July 2022\)](#)



The OL also posts trainings and technical assistance documents related to Care Concerns. The Department of Behavioral Health and Developmental Services (DBHDS) defines risk triggers and thresholds as care concerns through review of serious incident reporting conducted by the Incident Management Unit.

# Navigating the OL Website-Quality Improvement

## Monitoring and Evaluating Service Quality – Quality Improvement – 12VAC35-105-620

### • Memo(s)

- [Tracking of Level I Serious Incidents vs Baseline Behaviors Memo](#) (February 2023)

### • Sample(s)

- [Tools for Developing a Quality Improvement Program](#) (February 2022)
- [Sample Provider Quality Improvement Plan](#) (June 2021)

### • Training(s)

- [QI-RM-RCA Webinar](#) (December 2021)
- [Regulatory Compliance with Quality Improvement Regulations Training](#) (December 2021)
- [Quality Improvement Tips and Tools Training](#) (June 2021)
- [Risk Management & Quality Improvement Strategies Training by the Center for Developmental Disabilities Evaluation & Research – Recorded Webinar](#) (December 2020)
- [Quality Improvement Training](#) (November 2020)

### • FAQs

- [Quality Improvement Q&A's](#) (Updated June 2022)

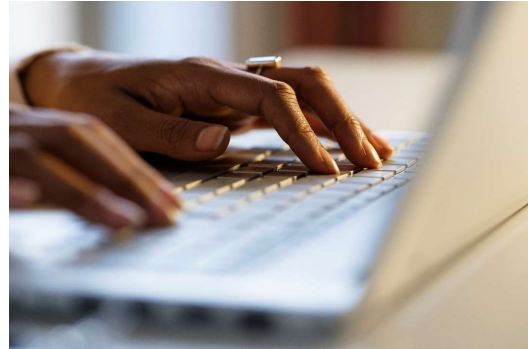


As shown here, there are also trainings and technical assistance documents related to quality improvement.

# Navigating the OL Website-SIRs and CHRIS

## SERIOUS INCIDENT REPORTING AND CHRIS TRAINING

- [Serious Incident Reporting-Covid-19 \(December 2022\)](#)
- [Individual and Systematic Risk – How to Report and Respond to Incidents \(April 2022\)](#)
- [Serious Incident Reporting COVID19 \(January 2021\)](#)
- [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](#)



Additionally, you can locate resources related to serious incident reporting and CHRIS training. Please familiarize yourself with the OL website, we cannot stress this enough.

Now Larisa Terwilliger, the OL Training Coordinator, is going to talk briefly about the rules and regulations for licensed providers.





Good morning everyone,

Now let's talk a little bit about the regulations

## 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](#)
- [Emergency/NOIRA:12VAC35-46. Regulations for Children's Residential Facilities \(adding 12VAC35-46-1260, 12VAC35-46-1270\) Effective January 10, 2022 – January 8, 2024](#)

# DBHDS Rules and Regulations

- This training is specific to the [Rules and Regulations For Licensing Providers by the Department of Behavioral Health and Developmental Services \[12 VAC 35 - 105\]](#). However, the tools and resources provided today can be adapted and used for providers that provide Children's Residential Services under [Regulations for Children's Residential Facilities 12VAC35-46](#).

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The DBHDS regulations can be located on the OL website. The Managing Risk Training is specific to licensed providers that are required to comply with Chapter 105, Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services; however, the tools and resources provided during these training sessions can be adapted and used for providers licensed to provide services under Chapter 46, Children's Residential Facilities.

Providers should always read the regulations closely and have an understanding of what they mean. Providers should ensure that their policies and procedures align with the regulations. If you have a question about a regulation, please reach out to your assigned licensing specialist.

Providers should avoid copying and pasting regulations directly into their policies and procedures.

Policies and procedures should be tailored to your organization.

If a consultant writes your policies and procedures, your agency will still be required to understand and implement these regulations and be able to answer questions posed by your licensing specialist.

## 12VAC35-105-160.C

- 12VAC35-105-160. Reviews by the department; requests for information; required reporting.
- C. The provider shall collect, maintain, and review at least quarterly all serious incidents, including Level I serious incidents, as part of the quality improvement program in accordance with 12VAC35-105-620 to include an analysis of trends, potential systemic issues or causes, indicated remediation, and documentation of steps taken to mitigate the potential for future incidents.

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This training series will provide detailed information related to regulation 160.C which states that the provider shall collect, maintain, and review, at least quarterly, all serious incidents, including Level I serious incidents, as part of the quality improvement program in accordance with regulation 620 to include an analysis of trends, potential systemic issues or causes, indicated remediation, and documentation of steps taken to mitigate the potential for future incidents.

## 12VAC35-105-520

- 12VAC35-105-520. Risk management.
- C. The provider shall conduct systemic risk assessment reviews at least annually to identify and respond to practices, situations, and policies that could result in the risk of harm to individuals receiving services. The risk assessment review shall address at least the following:
  - 1. The environment of care;
  - 2. Clinical assessment or reassessment processes;
  - 3. Staff competence and adequacy of staffing;
  - 4. Use of high risk procedures, including seclusion and restraint; and
  - 5. A review of serious incidents.
- D. The systemic risk assessment process shall incorporate uniform risk triggers and thresholds as defined by the department.

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- Additionally, we will be reviewing regulation 520.C.1 through 5 which states that the provider shall conduct systemic risk assessment reviews at least annually to identify and respond to practices, situations, and policies that could result in the risk of harm to individuals receiving services. The risk assessment review shall address at least the following:
  1. The environment of care;
  2. Clinical assessment or reassessment processes;
  3. Staff competence and adequacy of staffing;
  4. Use of high risk procedures, including seclusion and restraint;
  5. A review of serious incidents.

AND lastly

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



## Knowing and Understanding the Regulations

- Licensed provider responsibilities:
  - Be able to locate the most current DBHDS regulations and guidance documents
  - Understand and interpret regulations
  - Have written policies and procedures that align with the regulations.
  - Update applicable policies, procedures and forms when regulations change
  - Have systems in place to minimize risk
  - Submit a Corrective Action Plan for DBHDS approval when determined to be non-compliant with a regulation(s)

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So, what are *your* responsibilities as a provider?

- Providers should be able to locate the most current DBHDS regulations and guidance documents
- Providers should be able to understand and interpret regulations
- Providers should have written policies and procedures that align with the regulations.
- Providers should have updated applicable policies, procedures and forms when regulations change
- Providers should have systems in place to minimize risk
- Providers should be able to submit a Corrective Action Plan to DBHDS for approval when determined to be non-compliant with a regulation or regulations.



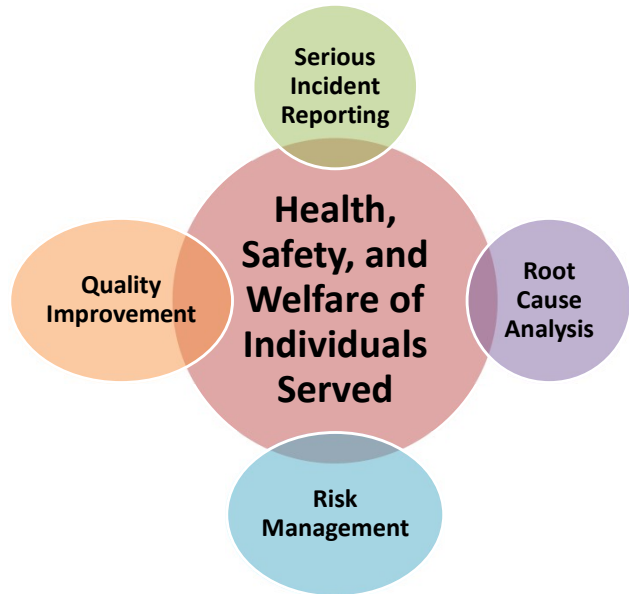
**Understanding DBHDS  
Risk Management Regulations  
12VAC35-105-520.A  
12VAC35-105-520.B  
Having Someone Responsible for Risk  
Management Plan**

Larisa Terwilliger  
Training Coordinator

Before we dive into the systemic risk assessment and care concerns, it is important to understand risk management and the responsibilities of the person responsible for the risk management function.

# Why?

- Regulatory requirements
- Providers are assessed for their compliance with risk management in the Licensing Regulations during their annual inspections.
- DOJ Settlement Agreement Indicators (V.C.1.1 a-c; V.C.1.2; V.C.1.4; V.C.1.5; V.C.4.3; and V.C.4.4)



- Let's face it, Risk Management is a regulatory requirement
- As you probably know, providers are assessed for their compliance with risk management regulations during inspections and may also be assessed in this area during an investigation
- And, as it relates to the DOJ, an overall compliance goal for regulations 160 and 520 is 86% across all licensed providers – we are not there yet, but we *are* making moves in the right direction!

## 12VAC35-105-520. Risk Management



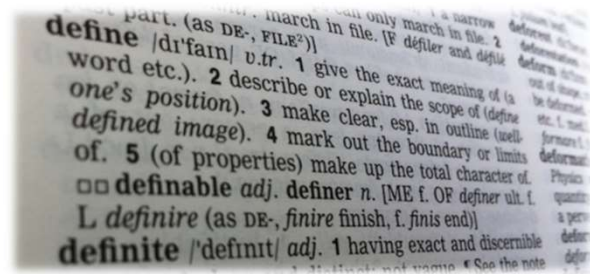
So let's get started!



# Definition

## 12VAC35-105-20:

- Risk management means 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 risks.



It is important to know that the DBHDS regulations include definitions.

One important definition is that of Risk Management, which 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 risks.

## 12VAC35-105-520.A

- A. The provider shall designate a person responsible for the risk management function who has completed department approved training, which shall include training related to risk management, understanding of individual risk screening, conducting investigations, root cause analysis, and the use of data to identify risk patterns and trends.

**To Be Compliant:**

- The provider must designate a person responsible for the risk management function,
- This person's job description must specify the role for risk management, and
- The provider must maintain the completed DBHDS Risk Management Attestation (signed and dated by the person responsible for risk management and the person's supervisor) as evidence of completed training. Resumes are not a substitute for the employee's job description.

- Regulation 520.A states that the provider shall designate a person responsible for the risk management function who has completed department approved training, which shall include training related to risk management, understanding of individual risk screening, conducting investigations, root cause analysis, and the use of data to identify risk patterns and trends.
- Keep in mind that the number of risk managers depends on size of the organization
- The person responsible for the Risk Management function may have other duties, but if they are the designated risk manager, then their job description must also include risk management responsibilities
- The risk manager must complete the DBHDS approved trainings that are listed on the current crosswalk of Approved Risk Management Training
- The provider must keep a copy of the risk manager's attestation form on site; it does not need to be submitted directly to OL unless requested.
- Annual retraining is not required; therefore the attestation form does not need to be completed annually.
- However, a new attestation form must be completed when there is a change in the designated risk manager as the new risk manager would be required to complete the approved risk management training.
- As previously stated, the regulatory requirement states that the provider must have "a person" designated by the provider to be responsible for the risk management function. Please note, this person may oversee other persons who carry out risk management activities, but it is the designated person who is ultimately responsible for this function. Only the designated person is required by the regulation to complete the required training.

## UPDATED Crosswalk of DBHDS Approved Trainings Effective August 2022

Training Topic Area	Crosswalk of DBHDS Approved Trainings and Hyperlink Access
<b>Risk Management</b>	<ol style="list-style-type: none"> <li>1. Risk Management and Quality Improvement Strategies Webinar by CDDER <a href="http://www.dbhds.virginia.gov/assets/doc/QMD/OL/va-dbhds-risk-management-webinar-final-12-10-2020-handout-with-notes-(1).pdf">http://www.dbhds.virginia.gov/assets/doc/QMD/OL/va-dbhds-risk-management-webinar-final-12-10-2020-handout-with-notes-(1).pdf</a></li> <li>2. Office of Licensing PPT Training on Quality Improvement – Risk Management (Nov 2020) <a href="http://www.dbhds.virginia.gov/assets/doc/QMD/OL/quality-improvement-risk-management-training-(november-2020).pdf">http://www.dbhds.virginia.gov/assets/doc/QMD/OL/quality-improvement-risk-management-training-(november-2020).pdf</a></li> <li>3. Office of Licensing Quality Improvement – Risk Management Tips and Tools (June 2021) <a href="https://dbhds.virginia.gov/assets/doc/QMD/OL/risk-management-quality-improvement-tips-and-tools-june-2021.pdf">https://dbhds.virginia.gov/assets/doc/QMD/OL/risk-management-quality-improvement-tips-and-tools-june-2021.pdf</a></li> </ol>
<b>Understanding of Individual Risk Screening</b>	<ol style="list-style-type: none"> <li>1. Risk Management and Quality Improvement Strategies Webinar by CDDER <a href="http://www.dbhds.virginia.gov/assets/doc/QMD/OL/va-dbhds-risk-management-webinar-final-12-10-2020-handout-with-notes-(1).pdf">http://www.dbhds.virginia.gov/assets/doc/QMD/OL/va-dbhds-risk-management-webinar-final-12-10-2020-handout-with-notes-(1).pdf</a></li> <li>2. Office of Licensing PPT Training on Quality Improvement – Risk Management (Nov 2020) <a href="http://www.dbhds.virginia.gov/assets/doc/QMD/OL/quality-improvement-risk-management-training-(november-2020).pdf">http://www.dbhds.virginia.gov/assets/doc/QMD/OL/quality-improvement-risk-management-training-(november-2020).pdf</a></li> </ol>
<b>Conducting Investigations</b>	<ol style="list-style-type: none"> <li>1. OHR Investigating Abuse &amp; Neglect: An Overview for Community Providers <a href="https://dbhds.virginia.gov/assets/doc/QMD/human-rights/ohr-2021-statewide-training-calendar_current1.docx">https://dbhds.virginia.gov/assets/doc/QMD/human-rights/ohr-2021-statewide-training-calendar_current1.docx</a> <a href="https://www.youtube.com/watch?v=4wB4dx-olyk">https://www.youtube.com/watch?v=4wB4dx-olyk</a></li> </ol>
<b>Root Cause Analysis</b>	<ol style="list-style-type: none"> <li>1. Risk Management and Quality Improvement Strategies Webinar by CDDER <a href="http://www.dbhds.virginia.gov/assets/doc/QMD/OL/va-dbhds-risk-management-webinar-final-12-10-2020-handout-with-notes-(1).pdf">http://www.dbhds.virginia.gov/assets/doc/QMD/OL/va-dbhds-risk-management-webinar-final-12-10-2020-handout-with-notes-(1).pdf</a></li> <li>2. Office of Licensing PPT Training on Root Cause Analysis (Nov 2020) <a href="http://www.dbhds.virginia.gov/assets/doc/QMD/OL/root-cause-analysis-training-(november-2020).pdf">http://www.dbhds.virginia.gov/assets/doc/QMD/OL/root-cause-analysis-training-(november-2020).pdf</a></li> </ol>
<b>Use of Data to Identify Risk Patterns and Trends</b>	<ol style="list-style-type: none"> <li>1. Risk Management and Quality Improvement Strategies Webinar by CDDER <a href="http://www.dbhds.virginia.gov/assets/doc/QMD/OL/va-dbhds-risk-management-webinar-final-12-10-2020-handout-with-notes-(1).pdf">http://www.dbhds.virginia.gov/assets/doc/QMD/OL/va-dbhds-risk-management-webinar-final-12-10-2020-handout-with-notes-(1).pdf</a></li> <li>2. Office of Licensing PPT Training on Quality Improvement – Risk Management (Nov 2020) <a href="http://www.dbhds.virginia.gov/assets/doc/QMD/OL/quality-improvement-risk-management-training-(november-2020).pdf">http://www.dbhds.virginia.gov/assets/doc/QMD/OL/quality-improvement-risk-management-training-(november-2020).pdf</a></li> </ol>

In August of 2022, the Crosswalk of DBHDS Approved Trainings was updated so that it was easier for the provider and Risk Manager to determine which trainings were required.

- As you can see here, the first column in the Crosswalk outlines the five training topic areas which include Risk Management, Understanding of Individual Risk Screening, Conducting Investigations, Root Cause Analysis and Use of Data to Identify Risk Patterns and Trends.
- The second column provides the DBHDS approved trainings for each of the topic areas, and the associated hyperlinks allow access to each training. The risk manager only has to complete one training per topic area, but may choose to complete the others.
- Upon completion of a DBHDS approved training for each topic area, the designated Risk Manager should complete the corresponding Risk Management Attestation Form.

## UPDATED ATTESTATION FORM – EFFECTIVE AUGUST 2022

Topic Area	Name of DBHDS Approved Training Completed	Training Completion Date
	<p><b>*** Note: Check the associated DBHDS approved training(s) completed by the designed Risk Manager</b></p>	
<b>Risk Management</b>	<input type="checkbox"/> Risk Management and Quality Improvement Strategies Webinar by CDDER <a href="http://www.dbhds.virginia.gov/assets/doc/QMD/OL/va-dbhds-risk-management-webinar-final-12-10-2020-handout-with-notes-(1).pdf">http://www.dbhds.virginia.gov/assets/doc/QMD/OL/va-dbhds-risk-management-webinar-final-12-10-2020-handout-with-notes-(1).pdf</a> Or <input type="checkbox"/> Office of Licensing PPT Training on Quality Improvement – Risk Management (Nov 2020) <a href="http://www.dbhds.virginia.gov/assets/doc/QMD/OL/quality-improvement-risk-management-training-(november-2020).pdf">http://www.dbhds.virginia.gov/assets/doc/QMD/OL/quality-improvement-risk-management-training-(november-2020).pdf</a> Or <input type="checkbox"/> Office of Licensing Quality Improvement – Risk Management Tips and Tools (June 2021) <a href="https://dbhds.virginia.gov/assets/doc/QMD/OL/risk-management-quality-improvement-tips-and-tools-june-2021.pdf">https://dbhds.virginia.gov/assets/doc/QMD/OL/risk-management-quality-improvement-tips-and-tools-june-2021.pdf</a>	Click or tap to enter a date.
<b>Understanding of Individual Risk Screening</b>	<input type="checkbox"/> Risk Management and Quality Improvement Strategies Webinar by CDDER <a href="http://www.dbhds.virginia.gov/assets/doc/QMD/OL/va-dbhds-risk-management-webinar-final-12-10-2020-handout-with-notes-(1).pdf">http://www.dbhds.virginia.gov/assets/doc/QMD/OL/va-dbhds-risk-management-webinar-final-12-10-2020-handout-with-notes-(1).pdf</a> Or <input type="checkbox"/> Office of Licensing PPT Training on Quality Improvement – Risk Management (Nov 2020) <a href="http://www.dbhds.virginia.gov/assets/doc/QMD/OL/quality-improvement-risk-management-training-(november-2020).pdf">http://www.dbhds.virginia.gov/assets/doc/QMD/OL/quality-improvement-risk-management-training-(november-2020).pdf</a>	Click or tap to enter a date.
<b>Conducting Investigations</b>	<input type="checkbox"/> OHR Investigating Abuse & Neglect: An Overview for Community Providers <a href="https://dbhds.virginia.gov/assets/doc/QMD/human-rights-ohr-2021-statewide-training-calendar_current1.docx">https://dbhds.virginia.gov/assets/doc/QMD/human-rights-ohr-2021-statewide-training-calendar_current1.docx</a> <a href="https://www.youtube.com/watch?v=4wB4dx-olyk">https://www.youtube.com/watch?v=4wB4dx-olyk</a>	Click or tap to enter a date.
<b>Root Cause Analysis</b>	<input type="checkbox"/> Risk Management and Quality Improvement Strategies Webinar by CDDER <a href="http://www.dbhds.virginia.gov/assets/doc/QMD/OL/va-dbhds-risk-management-webinar-final-12-10-2020-handout-with-notes-(1).pdf">http://www.dbhds.virginia.gov/assets/doc/QMD/OL/va-dbhds-risk-management-webinar-final-12-10-2020-handout-with-notes-(1).pdf</a> Or <input type="checkbox"/> Office of Licensing PPT Training on Root Cause Analysis (Nov 2020) <a href="http://www.dbhds.virginia.gov/assets/doc/QMD/OL/root-cause-analysis-training-(november-2020).pdf">http://www.dbhds.virginia.gov/assets/doc/QMD/OL/root-cause-analysis-training-(november-2020).pdf</a>	Click or tap to enter a date.
<b>Use of Data to Identify Risk Patterns and Trends</b>	<input type="checkbox"/> Risk Management and Quality Improvement Strategies Webinar by CDDER <a href="http://www.dbhds.virginia.gov/assets/doc/QMD/OL/va-dbhds-risk-management-webinar-final-12-10-2020-handout-with-notes-(1).pdf">http://www.dbhds.virginia.gov/assets/doc/QMD/OL/va-dbhds-risk-management-webinar-final-12-10-2020-handout-with-notes-(1).pdf</a> Or <input type="checkbox"/> Office of Licensing PPT Training on Quality Improvement – Risk Management (Nov 2020) <a href="http://www.dbhds.virginia.gov/assets/doc/QMD/OL/quality-improvement-risk-management-training-(november-2020).pdf">http://www.dbhds.virginia.gov/assets/doc/QMD/OL/quality-improvement-risk-management-training-(november-2020).pdf</a>	Click or tap to enter a date.

- Now let's take a look at the attestation form
- Beginning January 1, 2023, whenever a new Risk Manager is hired, providers are required to use the Attestation form located on the DBHDS website
- For **ALL** topic areas listed in the chart, the Risk Manager must select the name of the completed DBHDS approved training and document the date of completion for each. Again, additional information related to the DBHDS approved trainings and the requirements of regulation 520.A. can be found within the “*Crosswalk of DBHDS Approved Risk Management Training*” which we reviewed on the previous slide.
- To be determined as Compliant, the provider should select at least one approved training in each of the five topic areas; complete the training, check the box, and enter the training completion date – it's that simple!
- Remember, the attestation form does not need to be submitted directly to the Office of Licensing upon completion; however, the form must be kept on file and presented upon request to the Office of Licensing

## Updated Attestation Form Continued...

**This certificate is to be read, signed, and dated by the person designated as responsible for the risk management function for the provider, as well as, that person's direct supervisor.**

*By completing this Risk Management Attestation Form, I am indicating that I have participated in live/recorded trainings and/or reviewed the training PowerPoint presentations posted on the DBHDS Office of Licensing webpage.*

*TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION CONTAINED HEREIN IS CORRECT AND COMPLETE.*

_____	_____	_____
<b>Name of Designated Risk Manager</b>	<b>Signature of Risk Manager</b>	<b>Date</b>
_____	_____	_____
<b>Supervisor</b>	<b>Signature of Supervisor</b>	<b>Date</b>

The designated Risk Manager does not have a direct supervisor.

- Lastly, the person responsible for risk management shall attest to the completion of required training for each topic area by signing and dating this DBHDS Risk Management Attestation Form.
- The attestation shall also be signed and dated by the person's direct supervisor, if applicable.
- On the updated attestation form, if the designated Risk Manager does not have an immediate supervisor, this can be indicated on the form by checking the box. For example, for a very small organization, the Risk Manager may also be the owner.

## RM Attestation

- Providers can access the [Updated Crosswalk of DBHDS Approved Attestation Trainings \(August 2022\)](#) and the [Updated Risk Management Attestation Form \(August 2022\)](#) by accessing [DBHDS Office of Licensing](#).
- For current licensed providers, the Office of Licensing will continue to accept the former Risk Management Attestation form until the end of this calendar year (i.e. December 2022). All new providers will be directed to utilize the updated Attestation form as part of the application process.
- Only the DBHDS Risk Management Attestation form can be used to demonstrate compliance. Training certificates from other organizations do not meet compliance for this regulation.

Don't forget, you can access the current form from the DBHDS website.

Mary Beth, please click the Office of Licensing Link shown here. Please scroll down to the crosswalk and attestation section to show our participants where it is located.

# Job Description Example: **Compliant**

This job description includes “Risk Management” language and the duties of a risk manager.

Job Title: Risk Manager (RM)

Immediate Supervisor: Program Director

**Job Description: Duties and Responsibilities**

the role of a Risk Manager to create, communicate and implement risk policies and processes for an organisation. They provide hands-on development of risk models involving market, credit and operational risk, assure controls are operating effectively, and provide research and analytical support.

The duties under a Risk Management job description include the following:

- Creating, implementing, and evaluating the outcomes of the risk management plan.
- Implement a written risk management plan to identify, monitor, reduce, and minimize harm and risk of harm, including personal injury, infectious disease, property damage or loss, and other sources of potential liability.
- Conduct systemic risk assessment reviews at least annually to identify and respond to practices, situations, and policies that could result in the risk of harm to individuals receiving services. The risk assessment review shall address at least the following:
  1. The environment of care;
  2. Clinical assessment or reassessment processes;
  3. Staff competence and adequacy of staffing;
  4. Use of high-risk procedures, including seclusion and restraint; and
  5. A review of serious incidents.

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

- Conduct and document that a safety inspection has been performed at least annually of each service location owned, rented, or leased by the provider. Recommendations for safety improvement shall be documented and implemented.
- Document and review at least quarterly all serious injuries to employees, contractors, students, volunteers, and visitors that occur during the provision of a service or on the provider's property. Recommendations for improvement shall be documented and implemented.
- Attest to completion of required training by signing and dating this DBHDS Risk Management Attestation. The attestation shall also be signed and dated by the direct supervisor.

*(The attestation does not need to be submitted directly to the Office of Licensing when completed but must be kept on file and presented when requested by the Office of Licensing, including when requested during onsite and remote inspections.)*

Remember that the job description for the person responsible for the risk management function must include language pertaining to risk management such as "will perform the role of risk manager", "responsible for oversight of the agency's risk management plan", "is responsible for completing the systemic risk assessment at least annually", and other appropriate duties.

As you see here, this job description includes “Risk Management” language and the duties of someone responsible for the risk management function.

The person responsible for the Risk Management function may have other duties, but if they are the designated risk manager then their job description must also include risk management responsibilities.

12VAC35-105-  
520.B



- B. The provider shall **implement a written plan** to identify, monitor, reduce, and minimize harms and risk of harm, including personal injury, infectious disease, property damage or loss, and other sources of potential liability.
- A provider's Risk Management Plan may be a standalone risk management plan or it may be integrated into the provider's overall Quality Improvement Plan.
- Systemic Risk Assessment (SRA) is a component of the providers risk management plan; it is a tool for proactively identifying systemic risks and should inform the RM plan.
- The SRA should be reviewed and updated at least annually, or any time that the provider identifies a need to review and update the plan based on ongoing quality review and risk management activities, such as during its quarterly reviews of all serious incidents.

- Let's take a few minutes to talk about the Risk Management Plan
- Regulation 520.B states, that the provider shall **implement a written plan** to identify, monitor, reduce, and minimize harms and risk of harm, including personal injury, infectious disease, property damage or loss, and other sources of potential liability.
- Risk Management plans are based on assessed risks, potential risks, and includes strategies and efforts needed to mitigate those risks
- Each provider's risks will vary depending on size, populations served, services offered, and unique risks associated with their business model.
- A Risk Management plan can apply to just one of the provider's services or to the entire organization
- A provider's Risk Management Plan may be a standalone risk management plan or it may be integrated into the provider's overall Quality Improvement Plan.
- Systemic Risk Assessment is a *component* of the providers Risk Management plan; it is a tool for proactively identifying systemic risks and should *inform* the Risk Management plan.
- The Systemic Risk Assessment must be reviewed and updated at least annually, or any time that the provider identifies a need to review and update the plan based on ongoing quality review and risk management activities, such as during its quarterly reviews of all serious incidents.



# RM Plan vs QI Plan

Risk Management (RM) Plan (520.B)	Quality Improvement (QI) Plan (620.C.1-5)
<p>Providers must have a written risk management plan focused on identifying, monitoring, reducing, and minimizing harms and risk of harm through a continuous, comprehensive approach. This plan should include identifying year-over-trends and patterns and the use of baseline data to assess the effectiveness of risk management systems.</p> <p>The written risk management plan should be reviewed and updated at least annually, or any time that the provider identifies a need to review and update the plan based on ongoing quality review and risk management activities, such as during its quarterly reviews of all serious incidents.</p>	<p>A written work plan developed by a provider that defines steps the provider will take to review the quality of services it provides and to manage initiatives to improve quality. A quality improvement plan consists of systematic and continuous actions that lead to measurable improvement in the services, supports, and health status of the individuals' receiving services.</p> <p>There is no specific template required for creating a quality improvement plan; however, staff responsible for implementation of the quality improvement plan must review and update the plan at least annually (every 365 days).</p>

A provider must have a:

- Risk Management (RM) Plan and a Quality Improvement (QI) Plan.
- A provider's risk management plan may be a standalone risk management plan, or it may be integrated into the provider's overall quality improvement plan. Risk management plans and overall risk management programs should reflect the size of the organization, the population served, and any unique risks associated with the provider's business model.

Now let's look at the differences between a Risk Management Plan and a Quality Improvement Plan.

Providers must have a written Risk Management plan focused on identifying, monitoring, reducing, and minimizing harms and risk of harm through a continuous, comprehensive approach. This plan should identify year-over-year trends and patterns and use baseline data to assess the effectiveness of risk management systems.

Regarding the Quality Improvement Plan, the provider must have a written work plan developed that defines steps the provider will take to review the quality of services it provides and to manage initiatives to improve quality. A quality improvement plan consists of systematic and continuous actions that lead to measurable improvement in the services, supports, and health status of the individuals' receiving services.

There is no specific template required for creating a quality improvement plan; however, staff responsible for implementation of the quality improvement plan must review and update the plan at least annually.

The bottom line is that a provider must have:

- A Risk Management (RM) Plan *and* a Quality Improvement (QI) Plan.
- The provider's risk management plan may be a standalone risk management plan, or it may be integrated into the provider's overall quality improvement plan. Risk management plans should reflect the size of the organization, the population served, and any unique risks associated with the provider's business model.

## Compliant Risk Management Plans

Include:

- ✓ How the provider would identify risks;
- ✓ How the provider would monitor risks; and
- ✓ How the provider would reduce and minimize risks.

That identify risks associated with:

- ✓ Personal injury (incident reporting; employee injuries)
- ✓ Infectious diseases (hand hygiene, COVID protocols)
- ✓ Property damage/loss (financial risks, weather related property damage)

For Risk Management Plans that are integrated with an overall Quality Improvement Plan (620.C 1-5) the provider is expected to identify the sections that address the Risk Management requirements of regulation 520.B. The combined plan would need to be dated since Quality Improvement Plan is required to be updated at least annually.

Risk Management Plans should include:

- How the provider would identify risks;
- How the provider would monitor risks; and
- How the provider would reduce and minimize risks.

It should also identify risks associated with:

- Personal injury (incident reporting; employee injuries)
- Infectious diseases (hand hygiene, COVID protocols)
- Property damage/loss (financial risks, weather related property damage)
- And other sources of potential liability.
- Risks can be identified in several ways, such as using the systemic risk assessment, safety inspections, serious incident reporting, infectious disease reporting, financial reports, documented medication errors, instances of property damage/loss, emergency preparedness responses, and personal injury sustained on provider's premises.
- A provider can monitor risks through their review of serious incidents, the committee or leadership review of trends, care concerns, and other ways.
- A provider can reduce and minimize risk by conducting a root cause analysis, proposing an initiative to minimize risk related to findings from the systemic risk assessment, and even implementing new training.

- For Risk Management Plans that are integrated with an overall Quality Improvement Plan, the provider is expected to identify the sections that address the Risk Management requirements. The combined plan would need to be dated since the Quality Improvement Plan is required to be updated at least annually.



## The Systemic Risk Assessment

- An annual risk assessment review is a necessary component of a provider's risk management plan.
- A risk assessment...
  - is a careful examination of what the provider identifies as internal and external factors or situations that could cause harm to individuals served or that could negatively impact the organization.
  - should lead to a better understanding of actual or potential risks and how best to minimize those risks.
  - varies depending on numerous factors such as an organization's size, population served, location, or business model.
- This review should include consideration of harms and risks identified and lessons learned from the provider's quarterly reviews of all serious incidents conducted pursuant to 12VAC35-105-160.C., including an analysis of trends, potential systemic issues or causes, indicated remediation, and documentation of steps taken to mitigate the potential for future incidents.

- An annual risk assessment review is a necessary component of a provider's risk management plan.
- A risk assessment...
  - is a careful examination of what the provider identifies as internal and external factors or situations that could cause harm to individuals served or that could negatively impact the organization.
  - should lead to a better understanding of actual or potential risks and how best to minimize those risks.
  - varies depending on numerous factors such as an organization's size, population served, location, or business model.
- This review should include consideration of harms and risks identified and lessons learned from the provider's quarterly reviews of all serious incidents conducted pursuant to regulation 160.C., including an analysis of trends, potential systemic issues or causes, indicated remediation, and documentation of steps taken to mitigate the potential for future incidents.

**Now you're going to hear from my colleague Mary Beth Cox in the Office of Clinical Quality Management.**

**She's going to discuss our first new tool – the Flow Chart for Incident Reviews.**



Tool Alert:  
“At a Glance Flow Chart –  
Incident Reviews”

Website:

[https://dbhds.virginia.gov/wp-content/uploads/2023/03/Flow-Chart\\_Incident-Review\\_April-2023.pdf](https://dbhds.virginia.gov/wp-content/uploads/2023/03/Flow-Chart_Incident-Review_April-2023.pdf)

Mary Beth Cox, Quality Improvement  
Coordinator  
Office of Clinical Quality Improvement

QUALITY IMPROVEMENT-RISK MANAGEMENT RESOURCES FOR LICENSED PROVIDERS

Recorded Trainings

- [Risk Management & Quality Improvement Strategies Training by the Center for Developmental Disabilities](#)
- [QI-RM-RCA Webinar Recording December 2021 \(February 2022\)](#)

Root Cause Analysis – 12VAC35-105-160.E.2

• Sample(s)

- [Sample Root Cause Analysis Policy \(February 2022\)](#)

• Training(s)

- [Flow-Chart Incident Reviews \(April 2023\)](#)
- [QI-RM-RCA Webinar \(December 2021\)](#)
- [Regulatory Compliance with Root Cause Analysis Regulations Training \(December 2021\)](#)
- [Risk Management & Quality Improvement Strategies Training by the Center for Developmental Disabilities](#)
- [Root Cause Analysis Training \(October 2020\)](#)

• FAQs

- [Root Cause Analysis Q&A's \(Updated July 2022\)](#)

Risk Management – 12VAC35-105-520

• Attorneys

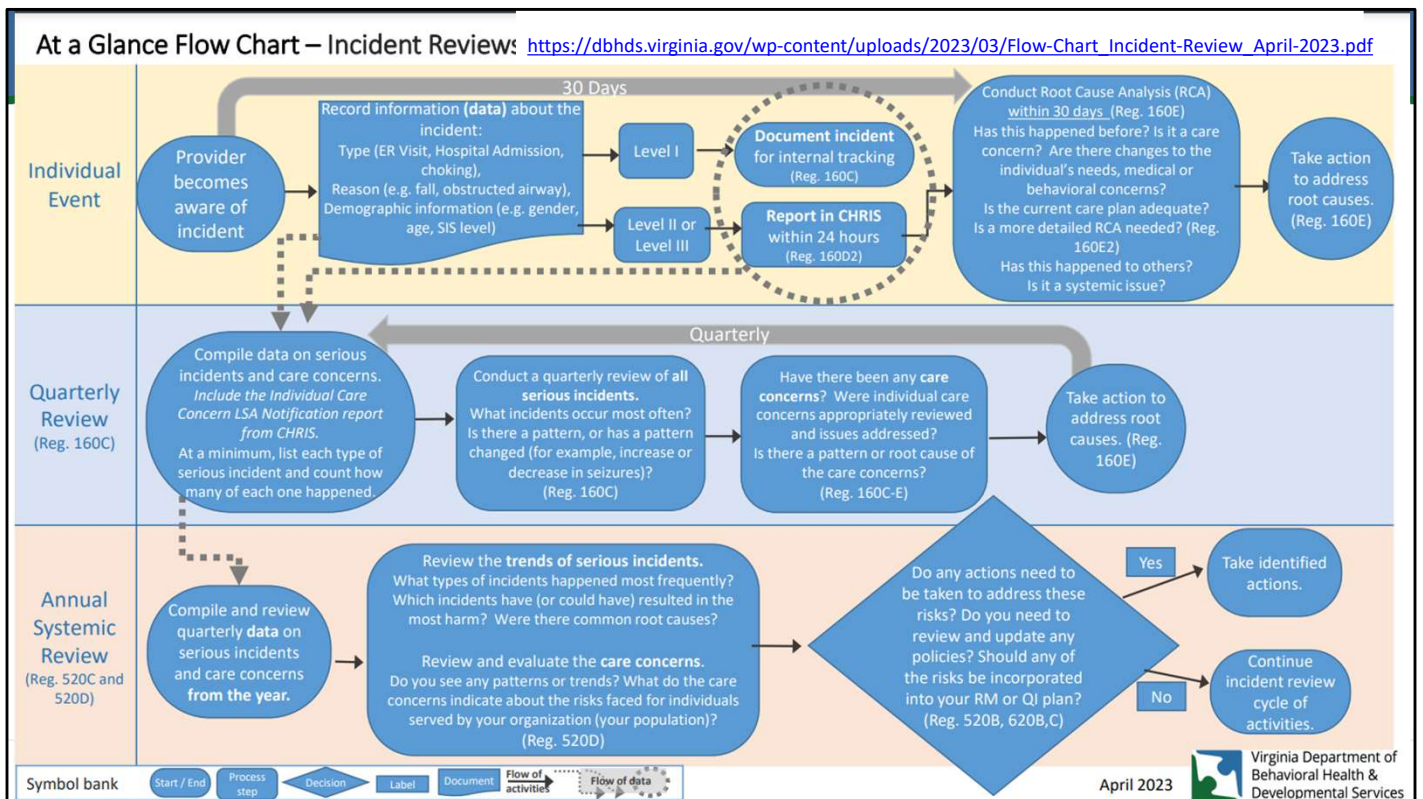
Thank you, Larisa! And hello everybody.

Our partners from the Office of Licensing just reviewed important regulations and tools and resources.

One question we have heard time and again is, how do all the pieces fit together? In response to that, OCQM and OL partnered last year to create this flow chart.

**This can be found on the Office of Licensing website at the link given on the slide. The description is “Flow-Chart Incident Reviews (April 2023)”.**

It is an At a Glance Flow Chart for Incident Reviews.



Let's walk through it step by step.

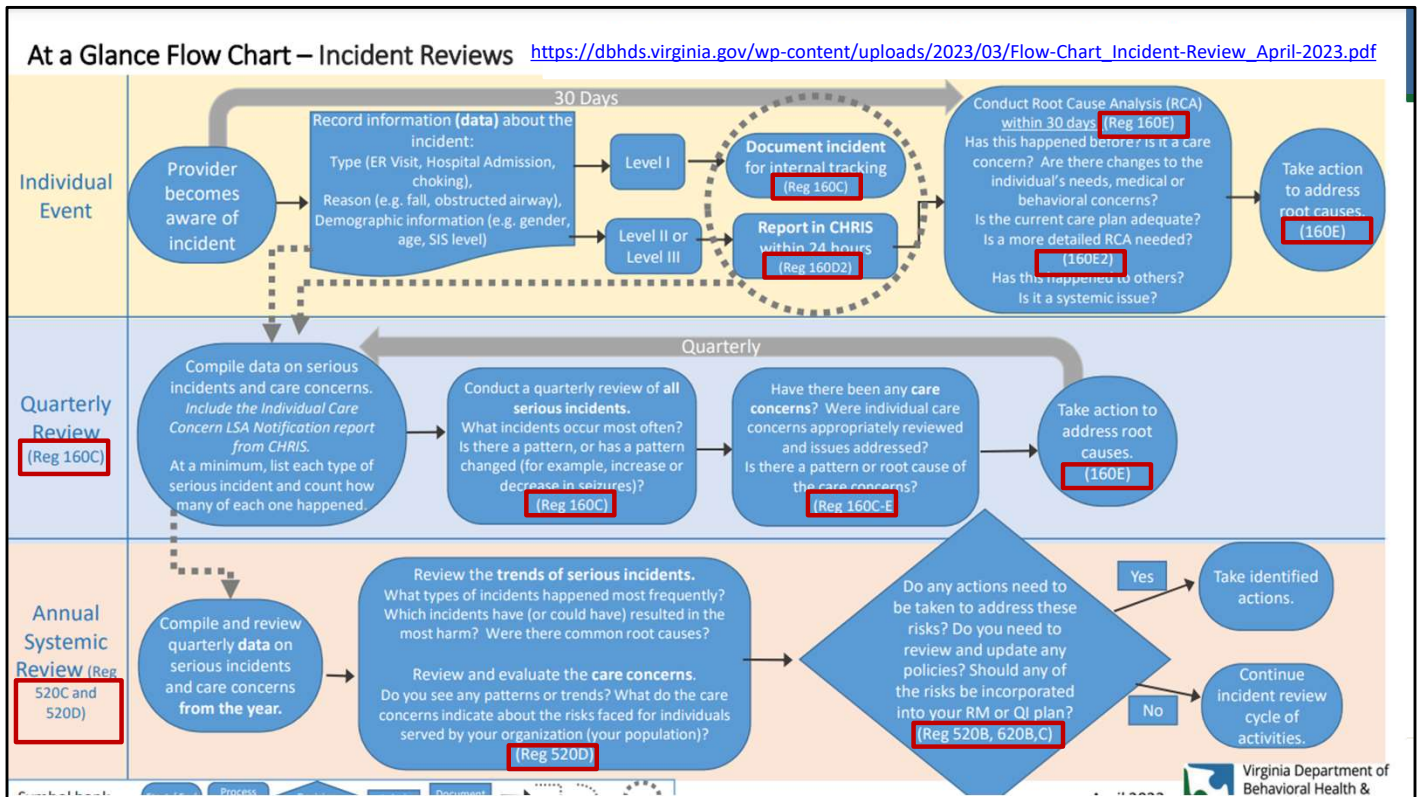
First, notice there is a Symbol Bank that tells you what each symbol means.

For examples, ovals indicate the start and end points. Curved rectangles are process steps. Diamonds are decisions. Solid arrows indicate the flow of activities, and dotted lines indicate the flow of data.

The 'start' is at the Individual Event level.

Next, notice the arrows and how they lead you to the next step(s).

Also notice throughout, the relevant licensing measures are referenced. [next slide]



We’re going to use this like a map during this training and make stops along the way to help us with 520C and D, and 160C and more.

An important thing to understand about 520C and D is, it is an annual review, but it should include and build on what your organization has been tracking and reviewing quarterly and throughout the year. That is why 520C and D are related to 160C and a number of other regulations as well.

{Explain the map}

Let’s start at the Individual Event level. First, the provider becomes aware of the incident. The provider needs to record information – which is data – about the incident include the type of incident, the reason, and demographics of the individual. If it is a Level I incident, the provider needs to document this incident for internal tracking; which is related to regulation 160C. If it is a Level II or III incident, the provider needs to report it in the CHRIS system within 24 hours; this is related to regulation 160D2. Note the dotted circle around these items; this indicates data collection.

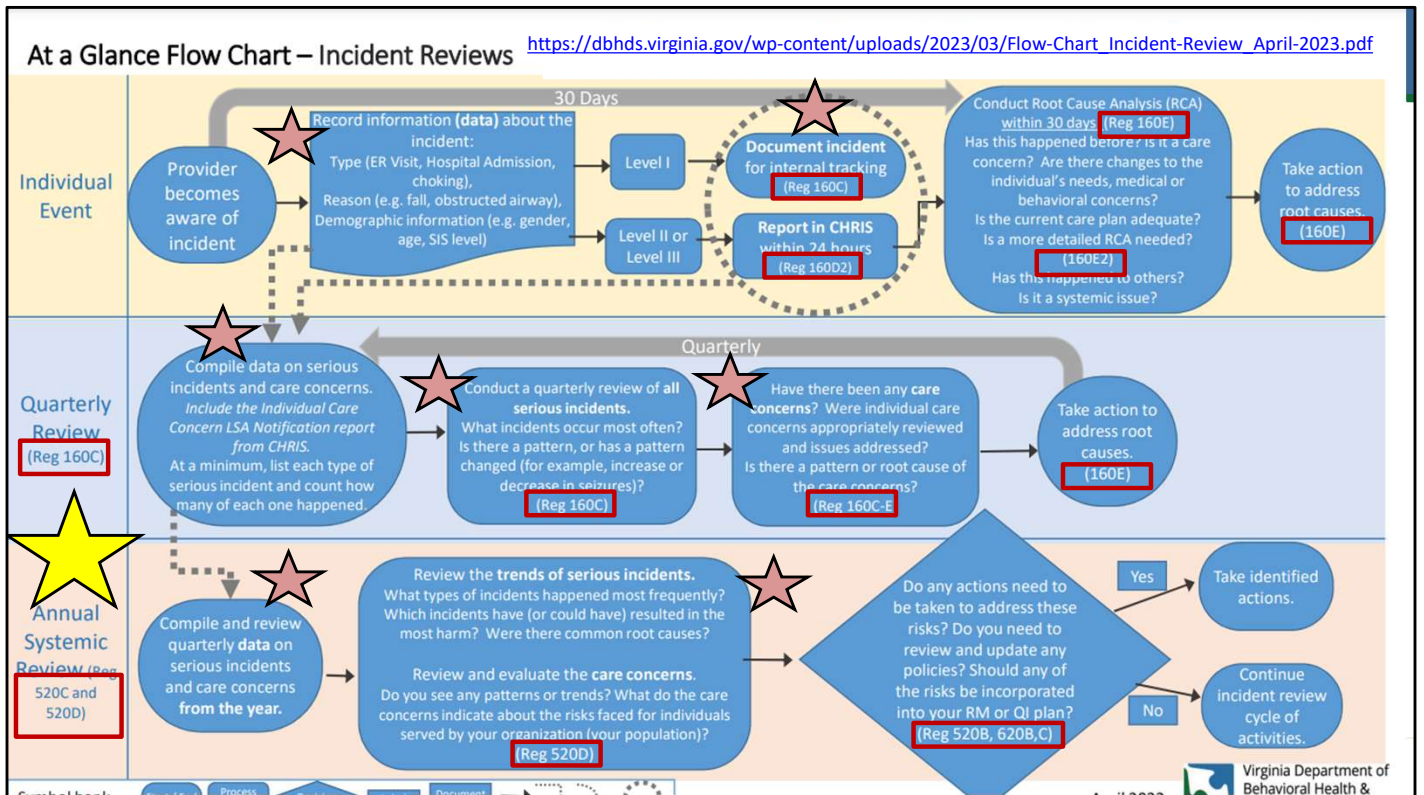
If this is a Level II or III incident, regulations require that the provider conduct a Root Cause Analysis (or RCA) within 30 days; this is per regulation 160E. There are some helpful questions in this diagram to ask as well. In addition, the provider should determine if a more detailed Root Cause Analysis is needed, which is per regulation 160E2. Providers need to take action to address root causes; this is per regulation 160E.

Now let’s look at the quarterly Review. It begins with compiling the data on serious incidents and care concerns that you’ve been collecting from individual events. Follow the dotted lines, from the information about the incident and documenting information about Level I and Level II/III incidents. Note, to include the individual care concern LSA notification report from CHRIS. At a minimum, you need to list each type of incident and count how many of each one happened. This includes Level I incidents. Next, you need to conduct a quarterly review of all these incidents; this is per regulation 160C. You need to ask questions such as, what incidents occurred most often? Is there a pattern? In the next boxes, you need to also review care concerns, and then take action to address root causes. Note the solid gray arrow that indicates this is a quarterly process, to makes to set a schedule and assure it is done quarterly.

The last row is for the annual systemic risk review, the requirements of which are described in regulations 520C and D. Begin by compiling the quarterly data of serious incidents and care concerns from the year. Next, review the trends of serious incidents and care concerns, asking questions like – what types of incidents happened most often? Which could have resulted in the most harm? Were there common root causes? What patterns did you see?

Next, the diamond shape indicates that you need to decide if you need to take any action to address the identified risks – such as updating policies and procedures or incorporating information into your risk management or quality improvement plan, and take those actions.

This cycle of reviewing incidents needs to continue on an ongoing basis.



For the rest of today, we're going to focus on the Annual Systemic Risk Assessment. (Gold star)

On Day 2, we're going to walk through from the beginning of the map, to document, track and review serious incidents. (Pink stars)

Before I turn it back over to Mackenzie to review the Systemic Risk Assessment, let's do a few poll questions!




## Poll Question

- Which of the following is NOT a required component of a Systemic Risk Assessment?
  - The environment of care
  - Clinical assessment or reassessment process
  - Staff competency and adequacy of staffing
  - Use of high-risk procedures, including seclusion and restraint
  - Medication Administration ←
  - A review of serious incidents
  - Uniform risk triggers and thresholds as defined by DBHDS

The correct answer is Medication Administration.  
While medication administration is an important risk area to monitor and review, it is not a required component of the systemic risk assessment.

## Poll Question

- How often do you have to complete a systemic risk assessment?
- Annual 
- Semi-Annual
- Quarterly
- Monthly

The correct answer is, you have to do the systemic risk assessment at least annually. You can do it more often if you want to.

## **A Deeper Dive:**

### **Risk Assessment Regulations**

**12VAC35-105-520.C.1-5**

**12VAC35-105-520.D**

I know that you want to know more about the regulations related to the systemic risk assessment.

Let's go ahead and take a closer look at those risk areas.

## 12VAC35-105-520.C.1-5-Systemic Risk Assessment

- C. The provider shall conduct systemic risk assessment reviews at least annually to identify and respond to practices, situations, and policies that could result in the risk of harm to individuals receiving services. The risk assessment review shall address at least the following:
  - 1. The environment of care;
  - 2. Clinical assessment or reassessment processes;
  - 3. Staff competence and adequacy of staffing;
  - 4. Use of high-risk procedures, including seclusion and restraint; and
  - 5. A review of serious incidents.
- Identifying risks/potential risks helps to prevent harm to the individuals served, to staff, and to the organization.
- There are many risks that may affect an organization such as:
  - security breaches
  - business risks
  - financial risks
  - workforce related risks
  - liability risks

Let's take a closer look at each component.

- As previously mentioned, the systemic risk assessment review is required to be conducted at least annually
- This review shall address at least the following areas: The environment of care; clinical assessment or reassessment processes; staff competence AND adequacy of staffing; Use of high-risk procedures, including seclusion and restraint; and include a review of serious incidents.
- Keep in mind that identifying risks and potential risks helps to prevent harm to the individuals served, to staff, and to the organization.
- There are many risks that may affect an organization and a provider's risks could change from year to year.
- Don't forget, even if a provider has not yet served any individuals, the provider is still able to identify potential risks
- Now we will break down each of the required components starting with the environment of care.

## 12VAC35-105-520.C.1 - Environment of Care

### 1. The environment of care

The “environment of care” means the physical environment where services are provided, such as the building and physical premises. A review of the environment of care should consider the results of the annual safety inspection conducted pursuant to 12VAC35-105-520.E, when applicable, but is broader than a safety inspection.

#### Examples:

- Any site where individuals are served
- How the area where services are provided is arranged
- Any special protective features that may be present
- Location, amount and condition of safety equipment, including
  - Fire extinguishers
  - First Aid kits
  - Flashlights
  - And much more...

The “environment of care” means the physical environment where services are provided, such as the building and physical premises. A review of the environment of care should consider the results of the annual safety inspection conducted pursuant to 520.E, when applicable, but is broader than a safety inspection.

#### Examples:

- Any site where individuals are served
- How the area where services are provided is arranged
- Any special protective features that may be present
- Location, amount and condition of safety equipment, including
  - Fire extinguishers
  - First Aid kits
  - Flashlights
  - And much more...
- The objective is to provide a safe, functional and effective environment for individuals served, staff members and others.
- Results of safety inspections should be incorporated into the systemic risk assessment.
- Every organization will have different risks associated with its environment of care.
- Each provider needs to think about its environment of care and the potential risks.
- An examination of what internal and external factors or situations could cause harm to the individuals served or that could negatively impact the organization.

## 12VAC35-105- 520.C.2 – Assessment and Reassessment

### 2. Clinical assessment or reassessment processes

- Examples of assessments include physical exams that are completed prior to admission or any time that there is a change in the individual's physical or mental condition.
- Reassessments include: (i) reviews of incidents in which the individual was involved, and (ii) reviews of the individual's health risks.
- Persons designated as responsible for the risk management function need not be engaged in the clinical assessment or reassessment process but should review these processes during the risk assessment review process. For example, are assessment processes effectively identifying and mitigating risks unique to each individual?

#### Clinical Assessment and Reassessment processes

- Examples of assessments include physical exams that are completed prior to admission or any time that there is a change in the individual's physical or mental condition.
- Reassessments include: reviews of incidents in which the individual was involved, and reviews of the individual's health risks.
- Persons designated as responsible for the risk management function need not be engaged in the clinical assessment or reassessment process but should review these processes during the risk assessment review. For example, are assessment processes effectively identifying and mitigating risks unique to each individual?
- Other examples: "Admission assessments include risk of harm to self or others"; "Physical exams for individuals are completed annually"; "Assessments and reassessments include a falls risk assessment"; "Reassessments include a review of incidents in which the individual was involved"

# 12VAC35-105- 520.C.3 - Staff Competency and Adequacy of Staffing

## 3. Staff competence and adequacy of staffing

- Risks vary according to the licensed provider;
- Examples of factors related to staff competency and adequacy of staffing include whether:
- All employees meet minimum qualifications to perform their duties;
- All employees complete orientation training prior to being assigned to perform direct care work;
- All employees have undergone background checks;
- All employees have completed abuse and neglect training;
- All employees have up to date CPR certification;
- Employees who administer medications have received required training;
- Employees have completed additional training applicable to their job functions, such as initial and annual fire safety training;
- Staffing schedules are consistent with the provider's staffing plan; and
- The staffing plan continues to be adequate to meet the needs of the individuals being served. Reviews of serious incidents over the prior year may help to inform this consideration.

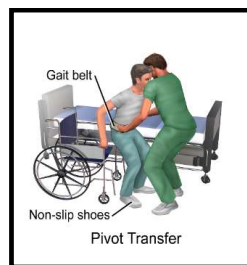
## Staff competence and adequacy of staffing

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- All employees have up to date CPR certification;
- Employees who administer medications have received required training;
- Employees have completed additional training applicable to their job functions, such as initial and annual fire safety training;
- Staffing schedules are consistent with the provider's staffing plan; and
- The staffing plan continues to be adequate to meet the needs of the individuals being served. Reviews of serious incidents over the prior year may help to inform this consideration.
- It has been noted that adequacy of staffing is not consistently included in the systemic risk assessment review. As a reminder, 520.C.3 must address staff competency AND adequacy of staffing.

# 12VAC35-105-520.C.4 - Use of High-Risk Procedures

## 4. Use of high risk procedures, including seclusion and restraint

- High risk procedures may involve questions such as:
- Is the use of seclusion and restraint, in compliance with Human Rights Regulations?
- Are high-risk procedures reviewed regularly?
- Are the staff trained to implement high risk procedures?
- Are high risk procedures properly authorized and reviewed per policy, regulation, and law?



## Use of high risk procedures, including seclusion and restraint

- High risk procedures may involve questions such as:
- Is the use of seclusion and restraint in compliance with Human Rights Regulations?
- Are high-risk procedures reviewed regularly?
- Are the staff trained to implement high risk procedures?
- Are high risk procedures properly authorized and reviewed per policy, regulation, and law?
- Other Examples include: “All staff are trained on how to safely transfer individuals”; “All staff will refrain from the use of seclusion and restraints”; “All staff are trained on how to use CPI techniques”.



## 12VAC35-105-520.C.5 - Review of Serious Incidents

### 5. A review of serious incidents.

- The provider's systemic risk review shall evaluate serious incidents at least annually. Examples of considerations related to serious incidents include whether:
  - Are all serious incidents (Level I, Level II, and Level III) reviewed at least quarterly?
  - What trends are identified?
  - What kinds of incidents are reported? Are they related in terms of the type of incident?
  - Were there similar incidents that appeared close together in time? Was there anything unique that took place at that time?
  - Any patterns (time of day, day of week, location, program, certain types of activities, presence of other people/visitors)?
  - Reflect on what has been learned from Root Cause Analyses

### A review of serious incidents.

- The provider's systemic risk review shall evaluate serious incidents at least annually.
- Examples of considerations related to serious incidents include whether:
  - All serious incidents (Level I, Level II, and Level III) are reviewed at least quarterly.
  - What trends are identified?
  - What kinds of incidents are reported? Are they related in terms of the type of incident?
  - Were there similar incidents that appeared close together in time? Was there anything unique that took place at that time?
  - Are there any patterns relevant to the specific time of day, day of week, location, program, certain types of activities, presence of other people or visitors?
  - Reflect on what has been learned from Root Cause Analyses
- Additional Examples include: "All serious incidents are reported to the AR within 24-hours of discovery"; "Medication errors are reviewed quarterly"; "Staff injuries will be reviewed quarterly".

## 12VAC35-105-520.C.5 - Review of Serious Incidents

### *Continued*

- Does the provider have an updated policy that defines who has the authority and responsibility to act when a serious incident or a pattern of serious incidents indicates that an individual is at risk?
- The provider must have evidence that they completed an analysis of trends from their quarterly review of serious incidents, identified potential systemic issues or causes, indicated remediation and planned/implemented steps taken to mitigate the potential for future incidents. This includes identifying year-over-year trends and patterns and the use of baseline data to assess the effectiveness of risk management systems.
- Important to note: This is an area of focus for the independent reviewer and his consultants as it relates to the DOJ Settlement Agreement.

#### Review of Serious Incidents Continued

- Does the provider have an updated policy that defines who has the authority and responsibility to act when a serious incident or a pattern of serious incidents indicates that an individual is at risk?
- The provider must also have evidence that they completed an analysis of trends from their quarterly review of serious incidents, identified potential systemic issues or causes, indicated remediation and planned/implemented steps taken to mitigate the potential for future incidents. This includes identifying year-over-year trends and patterns and the use of baseline data to assess the effectiveness of risk management systems.
- It's important to note that this is an area of focus for the independent reviewer and his consultants as it relates to the DOJ Settlement Agreement. Lucky for you, Mary Beth will be introducing a risk tracking tool during the next training session.

## 12VAC35-105-520.D-Risk Triggers and Thresholds (Care Concerns)

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

The Department of Behavioral Health and Developmental Services (DBHDS) defines risk triggers and thresholds as **care concerns** through review of serious incident reporting conducted by the Incident Management Unit.

12VAC35-105-520 Risk Management	Prompts to Determine Compliance
D. The systemic risk assessment review process shall incorporate uniform risk triggers and thresholds as defined by the department.	
	D - Did the provider include Care Concerns? If the provider did not have any Care Concerns for the year, the risk assessment should address what they would do to address if identified.

### **The provider's Systemic Risk Assessment (SRA) must incorporate risk triggers and thresholds (care concerns) as defined by the department.**

520.D. states that the systemic risk assessment process shall incorporate uniform risk triggers and thresholds as defined by the department.

- The Department of Behavioral Health and Developmental Services (DBHDS) defines risk triggers and thresholds as care concerns through review of serious incident reporting conducted by the Incident Management Unit.
- The provider's Systemic Risk Assessment (SRA) must also incorporate risk triggers and thresholds, which the department defines as care concerns
- The list of care concerns was updated in January 2023
- Providers should be monitoring the current list of care concerns.
- The Incident Management Unit identifies care concerns, which are available for providers to review in CHRIS
- Providers should be able to show the Office of Licensing how they monitored care concerns and how they use the data.
- If there are no care concerns identified, a provider must document how they would review and address care concerns if they arise.
- Care Concerns will be addressed in more detail by Michele Laird during the next session

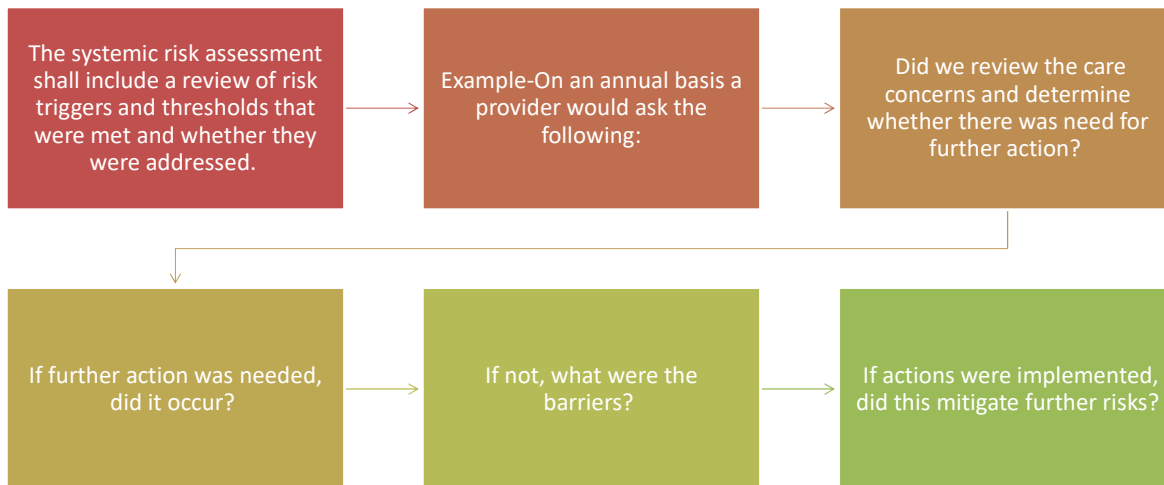
## Effective January 2023, the Care Concern Thresholds are:

- 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.

Effective January 2023 the current care concern thresholds are as follows:

- 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 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.
- Any choking incident that requires physical aid by another person, such as abdominal thrusts, back blows, clearing of airway, or CPR.
- Multiple (2 or more) unplanned psychiatric admissions within a ninety (90) day time-frame for any reason.

## Risk Triggers and Thresholds (Care Concerns)



- The systemic risk assessment shall include a review of risk triggers and thresholds that were met and whether they were addressed.
- Example-On an annual basis a provider would ask the following:
- Did the provider review the care concerns and determine whether there was need for further action?
- If further action was needed, did it occur?
- If not, what were the barriers?
- If actions were implemented, did this mitigate further risks?

# 12VAC35-105-520.E-Safety Inspections

**E. The provider shall conduct and document that a safety inspection has been performed at least annually of each service location owned, rented, or leased by the provider. Recommendations for safety improvement shall be documented and implemented by the provider.**

- An annual safety inspection must be completed at least annually for ALL service locations.

Safety Inspection	Monthly	Quarterly	Annually
✓ Fire extinguishers			
✓ Tripping hazards			
✓ Water temperatures			
✓ Flashlights			

- The provider must document and implement recommendations for safety improvement from the safety inspection.
- **A review of the environment of care (12VAC35-105-520.C.1) should consider the results of the annual safety inspections (12VAC35-105-520.E), when applicable, but is broader than a safety inspection.**

Let's not forget about those safety inspections

- 520.E. states, that the provider shall conduct and document that a safety inspection has been performed at least annually of each service location owned, rented, or leased by the provider. Recommendations for safety improvement shall be documented and implemented by the provider.
- An annual safety inspection must be completed at least annually for ALL service locations.
- Safety inspections are not the same as the environment of care. A review of the environment of care should consider the results of the annual safety inspections (12VAC35-105-520.E), when applicable, but is broader than a safety inspection.
- Environment of care should include an analysis of risks associated with the provision of services, whether the risk is present in a residential setting, community-based setting, an individual’s home, outpatient office, or in the community.
- Providers may not have direct control over identified risks, but an analysis will help the provider develop a plan to mitigate those risks.
- Remember Environment of care does not focus exclusively on “homes”

## Safety Inspection (520.E) VS Environment of Care Risk Assessment (520.C.1)

- Safety inspections focus exclusively on the physical environment.
- Safety inspections are performed at least annually at each service location.
- Safety inspections make recommendations for safety improvement.
- Results of annual safety inspection should be included in the Systemic Risk Assessment.

FACILITY SAFETY CHECKLIST		
FACILITY NAME _____	Date: _____	Time: _____
<b>ACCESS</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking area is free of glass, cans, rocks, limbs and other debris which might impede visibility and safe access to the building and vehicles.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior and exterior lighting is in working order, all light bulbs are working.		
<b>EMERGENCY</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A fire extinguisher is charged with gauge reading or indicator in the operable range and readily accessible.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All exit signs (if applicable) and emergency lights are lit and have operating batteries in the event of an emergency.		
<b>ELECTRICAL</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting fixtures are electric, operable and adequate for visibility in the interior parking area		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating and cooling systems are operational.		
<b>HOUSEKEEPING</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior and exterior of building are free from any accumulation of rubbish.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building is free from insects (to include bedbugs) and vermin.		
<b>PLUMBING</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet facilities are available for all occupants, with operating locks for privacy.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water is available and will not reach a temperature capable of producing a scald. Temperature Range must be within 100° -110° Range. Current Temperature reading: _____		
<b>STAFFING</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All staff are informed of emergency evacuation and alarm procedures.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All staff are trained in the management of aggressive behavior (Therapeutic Options).		
<b>MEDICAL</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All personal medical equipment and devices inspected to insure they are working properly.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All personal medical equipment and devices are sanitized appropriately.		
Inspector: _____		Date: _____

Let's talk a little bit about the safety inspection and the environment of care....so what's the difference?

- The safety inspection focuses exclusively on the physical environment.
- It is performed annually at each service location. AND
- Makes recommendations for safety improvement.
- The results of the annual safety inspection should be included in the systemic risk assessment.
- Regulations 520.E and 520.C.1 are not the same.

# What is a systemic risk assessment?

A tool for proactively identifying systemic risks **before** adverse events occur.

Where to begin:

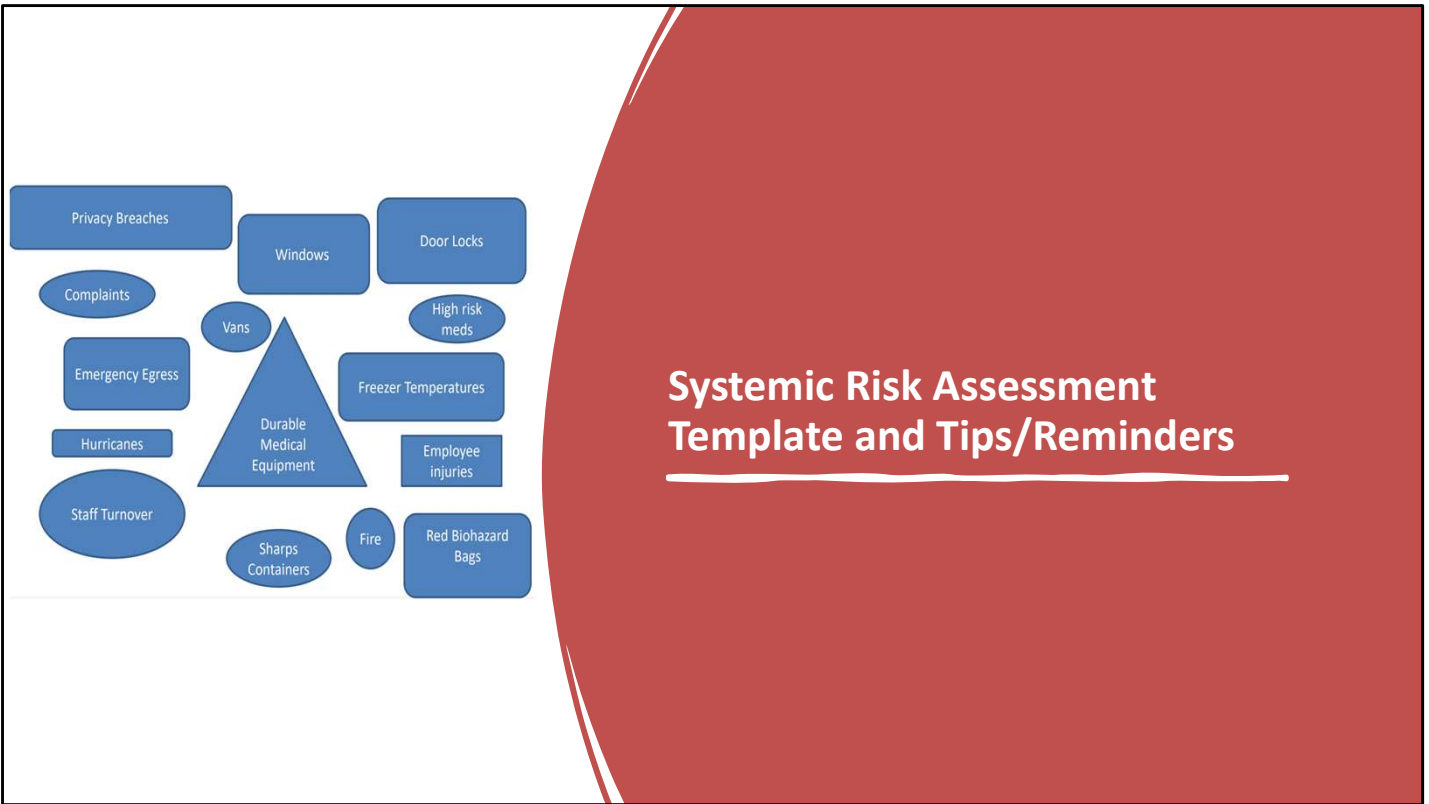
1. Determine a format

2. Determine who will conduct the risk assessment  
(leadership, risk manager, committee)

Remember, a risk assessment is a careful examination of what the provider identifies as internal and external factors or situations that could cause harm to individuals served or that could negatively impact the organization. The risk assessment should lead to a better understanding of actual or potential risks and how best to minimize those risks. Systemic risk assessments vary depending on numerous factors such as an organization's size, population served, location, or business model. The risk assessment process is focused on identifying both existing and potential harms and risks of harm.

- Where to begin:  
First, determine a format and then determine who will conduct the risk assessment. Is it leadership, the risk manager or a committee?





Now we are going to take a look at the Systemic Risk Assessment Template developed by the Office of Licensing. We will also provide you with some tips and reminders to assist you as you complete the annual Systemic Risk Assessment.

## Systemic Risk Assessment Template (April 2023)



- Providers may use the [new DBHDS Systemic Risk Assessment \(SRA\) Template](#).
- This is not a required template for a provider's Annual Systemic Risk Assessment; however, utilization of this template will assist providers in achieving compliance with the regulatory requirements of 12VAC35-105-520.
- This template will also be located on the Office of Licensing's webpage once the training series has concluded.



- Providers may chose to use the new DBHDS Systemic Risk Assessment (SRA) Template.
- Please note that this is not a required template for a provider's Annual Systemic Risk Assessment; however, utilization of this template will assist providers in achieving compliance with the regulatory requirements outlined in regulation 520.
- The reason providers can use their own format, is because a risks vary.

# Risk Matrix

A **risk matrix** can be used during a risk assessment to define the level of risk by considering the category of probability against the category of severity. This is a simple mechanism to increase visibility of risks and assist management with decision making.

	Very Likely	Acceptable Risk Medium 2	Unacceptable Risk High 3	Unacceptable Risk Extreme 4
Likelihood - it will happen ↑	Quite Likely	Acceptable Risk Low 1	Acceptable Risk Medium 2	Unacceptable Risk High 3
	Unlikely	Acceptable Risk Low 1	Acceptable Risk Low 1	Acceptable Risk Medium 2
		Minor	Moderate	Major
		Impact - How serious is the risk? →		

- When creating a risk matrix, the provider could look at the likelihood of something happening and how serious is the risk. For example, a serious risk that is likely to occur could result in a score of 3, which is “Unacceptable Risk High” according to this risk matrix and may need to be addressed immediately.

- Before we talk about the format of the systemic risk assessment template, I'd like to take a few minutes to talk about the risk matrix that's included on the last page of the template.
- So what is a risk matrix?
- If you aren't familiar with this term, a **risk matrix** can be used during a risk assessment to define the level of risk by considering the category of probability against the category of severity.
- This is a simple mechanism to increase visibility of risks and assist management with decision making.
- When creating a risk matrix, the provider could look at the likelihood of something happening and how serious is the risk.
- For example, a serious risk that is likely to occur could result in a score of 3, which is “Unacceptable Risk High” according to this risk matrix, and the risk may need to be addressed immediately.

# Systemic Risk Assessment Template (April 2023)

## Office of Licensing

**Disclaimer:** This document may be used as a template for a provider's Annual Systemic Risk Assessment pursuant to the requirements outlined in 12VAC35-105-520. This template should be individualized to your agency and scope of services provided.

This is not a required template for a provider's Annual Systemic Risk Assessment; however, utilization of this template will assist providers in achieving compliance with the regulatory requirements of 12VAC35-105-520.

Be sure to sign and date the last page.

### Annual Systemic Risk Assessment TEMPLATE

Provider Name:

Policy #:

Regulation: 12VAC35-105-520

Effective:

Revised:

Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	Date
------------	----------	------------------------------	-------------------	------------------	--	------

- Alright, so let's take a look at the first page of the Systemic Risk Assessment Template
- Again, you are not required to use this template; however, utilization of the template will assist you in achieving compliance with the regulatory requirements.
- When completing the template you will need to fill in the provider name, the provider's policy number (if applicable) and the effective date.
- The effective date is the date in which the provider determines that they will begin to use the form. A revision date would be entered if the provider decides to modify the format of the form.
- At the bottom of the slide, you can see that the template includes columns for the provider to enter the identified risk areas, any findings, a risk score if applicable, recommendations, comments or actions, a column to indicate if the Risk Management plan will be updated and a section for the date.
- Remember, this review will address at a minimum risk areas related to the Environment of care; Clinical assessment or reassessment processes; Staff competence AND adequacy of staffing; Use of high-risk procedures, including seclusion and restraint; and include a review of serious incidents.
- And, don't forget to incorporate those care concerns since that is also a required component of the systemic risk assessment .
- Now I invite you to follow along with me as we look at risk areas. Remember these are just EXAMPLES. The systemic risk assessment will vary depending on numerous factors such as an organization's size, service provided, population served, location, or business model.

## Systemic Risk Assessment Template (April 2023)

Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	Date
520.C.1 → Environment of Care						
Floors clean and free of tripping hazards	Cracked bathroom tile floor	2	Replace cracked tile	Work completed	No	4/14/23
Recycling, composting and garbage do not create a nuisance or invite insects or rodents	No issues identified	1	No recommendations at this time.	N/A	No	
Ventilation	Age of the home presents risk	3	Contract with a company to evaluate further	Assigned to Risk Manager who will provide an update by 4/21/23	Yes	
Click or tap here to enter text.						

- 520.C.1-The Environment of Care
- The provider identified three areas as it relates to the environment of care
  1. The first area has to do with floors being clean and free of trip hazards. According to the provider, they identified a cracked bathroom tile floor which resulted in a risk score of 2. Their recommendation was to replace the cracked tile and the work was completed April 14. The provider determined that this would not need to be incorporated into their risk management plan.
  2. The second area pertains to recycling, composting and garbage so that it does not create a nuisance or invite insects or rodents. Based on their findings, there were no identified issues and they indicated a risk score of 1. They also noted no recommendations at this time and determined it would not be necessary to add this to the risk management plan.
  3. The last area has to do with the ventilation in which the provider indicated that the age of the home presents a risk resulting in a risk score of 3. Additionally the provider indicated that they would contract with a company to evaluate this further and assigned this task to the risk manager. The provider also indicated that they would add this to their risk management plan.
- These are just a few examples of risk areas related to the environment of care. Let's move on to Clinical Assessment and Reassessment Processes

## Systemic Risk Assessment Template (April 2023)

Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	Date
520.C.2 <span style="font-size: 2em;">➔</span> Assessment and Reassessment						
Admission assessments include risk of harm to self or others	Process implemented per policy	1	No recommendations at this time.	N/A	No	
Annual Fall Risk Assessments	Procedures are in place but 3 of the 16 individuals did not have an annual fall risk assessment	3	More frequent monitoring by the Program Manager	Program Manager to complete the fall risk assessment by 5/1/23, quarterly audit of individual records is to be shared with leadership	Yes	
Click or tap here to enter text.						

- 520.C.2-Assessment and Reassessment
- For this section, the provider identified two areas as it relates to assessments and reassessments
  1. The first one has to do with admission assessments including risk of harm to self or others. According to the provider this process was implemented per their policy which resulted in a risk score of 1.
  2. The second area pertains to annual fall risk assessments. The provider indicated that procedures are in place but that three of the individuals did not have an annual fall risk assessment. They entered a risk score of 3 and indicated that more frequent monitoring by the program manager was needed and that the program manager would be responsible for completing the fall risk assessments by May 1. It was also noted that they would add this to their risk management plan.
- These are just a few examples of risk areas related to assessment and reassessment processes. Let's move on to Staff Competence and Adequacy of Staffing

## Systemic Risk Assessment Template (April 2023)

Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	Date
<b>520.C.3</b> <b>Staff Competence and Adequacy of Staffing</b>						
Employee CPR/First Aid Certification	1 of 13 employees had an expired CPR/FA certification	3	Remove employee from solo overnight shift and recertification to be completed immediately	Assign to Program Manager to complete by 4/12/23; Revise monitoring system to ensure compliance	Yes	4/12/23
DSP and Supervisor Competencies	1 of 13 DSPs had an incomplete competency in their file	2	Increase frequency of employee audits and finalize the competency with the DSP.	Assign to Program Manager who is also responsible for providing updates during leadership meetings	No	
Insufficient number of staff during the evening shift	Employee burnout resulting in high turnover	3	Increase recruitment efforts using various marketing tools	Assigned to Human Resources to monitor and provide updates to leadership	Yes	
Click or tap here to enter text.						

- 520.C.3-Staff Competency and Adequacy of Staffing
- Don't forget, you need address both Staff Competence AND Adequacy of Staffing, it's not one or the other
- For this section, the provider identified three areas
  1. The first area has to do with employee CPR/First Aid Certification. It was determined by the provider that one employee had an expired certification. Since that employee works alone overnight it was recommended that employee be removed from the shift and the recertification training be completed immediately. This was assigned to the program manager and it was completed April 12. It was also indicated that the provider would revise their monitoring system and add this to their risk management plan.
  2. The second area pertains to DSP and Supervisor Competencies. It was identified that one of the DSPs had an incomplete competency in their file. The provider indicated that they would increase the frequency of employee audits and finalize the competency with the DSP. The provider also noted that this would be assigned to the Program Manager who would in turn provide updates to the leadership team. The provider indicated that the risk management plan would not be updated.
  3. The third area identified relates to insufficient staffing during the evening shift. The provider found that employee burnout was resulting in high turnover. The recommendation was to increase recruitment efforts which was assigned to human resources for monitoring. The provider noted that this would be added to their risk management plan.
- These are just a few examples of risk areas related to employee competency and adequacy of staffing. Let's move on to use of high risk procedures, including seclusion and restraint.

## Systemic Risk Assessment Template (April 2023)


Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	Date
<div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: green; color: white; padding: 5px 20px; font-weight: bold; margin-right: 10px;">520.C.4</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Use of High-Risk Procedures</div> </div>						
High risk medications are administered	Documentation of quarterly review of medication errors was not present	3	Nurse manager to report quarterly to the Quality Improvement Committee on medication errors	Quality Improvement (QI) Committee will monitor and determine need for any QI initiatives to address these errors	Yes	
Transportation of individuals using wheelchair accessible vans	No incidents	1	Conduct spot checks to ensure safety protocols are followed	Program Manager to report quarterly on spot checks		
<div style="display: flex; align-items: center;"> <div style="border: 1px solid gray; padding: 2px; margin-right: 5px;"> <span style="font-size: 0.8em;">⌨</span> Click or tap here to enter text.         </div> </div>						

### 520.C.4-Use of High-Risk Procedures including seclusion and restraint

- For this section, the provider identified two areas
  1. The first area has to with the administration of high risk medications. It was identified that quarterly reviews of medications errors were not completed which resulted in a risk score of 3. It was recommended that the nurse manager report medication errors to the Quality Improvement Committee quarterly. This QI Committee would monitor and determine the need for any QI initiatives to address these errors. It was also noted that the provider would add this to their risk management plan.
  2. The second area identified pertains to transportation of individuals using wheelchair accessible vans. Even though there were no incidents the provider indicated that they would conduct spot checks to ensure that safety protocols continue to be followed which would be monitored by the program manager.
- These are just a few examples of risk areas related to use of high risk procedures. Let's move on to serious incident reviews



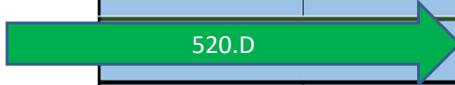
## Systemic Risk Assessment Template (April 2023)

Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	Date
<div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: green; color: white; padding: 5px 20px; font-weight: bold; margin-right: 10px;">520.C.5</div> <div style="font-size: 2em; color: green; margin-right: 10px;">➔</div> <div style="border: 1px solid black; padding: 2px 10px; background-color: #e6f2ff;">Review of Serious Incidents</div> </div>						
Serious injury to employees, contractors, volunteers and visitors	Review of incidents indicate increase in incidents involving visitors and contractors	2	Further analysis regarding need for more safety procedures	Risk Manager to present to leadership	No	
Quarterly review of serious incidents	Level I, II and III serious incidents were reviewed per policy and regulatory requirements	N/A	More analysis of serious incidents to determine if there are identified trends and/or other systemic issues	Nurse manager and risk manager to conduct trend analysis and report to Risk Mgmt Committee	Yes	
Serious incident review	Reviews are conducted per policy. Slight increase in incidents involving elopement over the past year.	3	Program Manager and Risk Manager to review findings of root cause analysis and ensure recommendations have been effective in mitigating risks related to elopement.	Add efforts to mitigate risks to Risk Management Plan	Yes	
						

- 520.C.5-Review of Serious Incidents
- For this section, the provider identified three areas
  1. The first area has to do with serious injuries to employees, contractors, volunteers and visitors. It was noted that a review of incidents indicated an increase in incidents involving visitors and contractors. The provider noted that further analysis was needed and was assigned to the risk manager.
  2. The second area pertains to their review of serious incidents. It was indicated that the provider reviewed incidents per their policy and the regulatory requirement. The provider recommended that additional analysis of serious incidents was needed to determine if there are any trends or other systemic issues. Both the nurse manager and risk manager were assigned to conduct a risk analysis and report to the risk management committee. Additionally, the provider indicated that this would be added to their risk management plan
  3. The third area also has to do with their review of serious incidents. It was again noted that reviews were conducted per policy, but they also noted an increase in elopements. Based on their findings, it was recommended that the program manager and risk manager review root cause analyses to ensure that the recommendations have been effective in mitigating risks related to elopements. The provider indicated that they would add efforts to mitigate risks to their risk management plan.
- These are just a few examples of risk areas related the review of serious incidents. Let's move on to the final section, care concerns and additional risks

## Systemic Risk Assessment Template (April 2023)

Risk Areas	Findings	Risk Score (N/A if not used)	Recommendation(s)	Comments/Actions	Add to Risk Management (RM) Plan (Yes/No/NA)	Date
Risk Triggers and Thresholds (Care Concerns)						
Process in place to monitor care concerns	Individual care concerns involving decubitus ulcers have been addressed through a quality improvement (QI) initiative and performance objective added to the quality improvement plan	3	Continue to monitor all care concerns	Assigned to nursing manager	Yes	4/13/23
Additional Risks						
LEIE (List of Excluded Individuals/Entities)	Documentation not present for DMAS Quality Management Review	3	Human Resources to establish system per Corrective Action Plan	Report quarterly to Risk Management Committee	Yes	
Financial risks	Vehicular liability insurance increasing	2	Research other insurance companies/rate	Assign to Executive Director	No	



- 520.D-Risk triggers and thresholds
- As previously stated, DBHDS has defined risk triggers and thresholds as care concerns which are identified through the Incident Management Units review of serious incident reporting.
- If a provider has not had any care concerns, the systemic risk assessment review process would still need to outline how they would address care concerns if they were to occur.
- For this example, the provider indicated that there is a process in place to monitor care concerns. It was noted that care concerns involving decubitus ulcers have been addressed through a Quality Improvement initiative and that a performance objective was added to the Quality Improvement Plan. The provider indicated that they would continue to monitor all care concerns. Additionally, they updated their risk management plan April 13.
- As you can see, the systemic risk assessment template also includes a section for the provider to document other risk areas. Remember, systemic risk assessments vary depending on several factors such as the organization's size, service provided, population served, location, or business model.
- Now let's move on to the last page of the template.

# Systemic Risk Assessment Template (April 2023)

Office of Licensing

Risk Matrix for use when determining a risk score:

Likelihood - it will happen ↑	Very Likely	Acceptable Risk Medium 2	Unacceptable Risk High 3	Unacceptable Risk Extreme 4
	Quite Likely	Acceptable Risk Low 1	Acceptable Risk Medium 2	Unacceptable Risk High 3
	Unlikely	Acceptable Risk Low 1	Acceptable Risk Low 1	Acceptable Risk Medium 2
		Minor	Moderate	Major
		→ Impact - How serious is the risk?		

4/10/23

\_\_\_\_\_  
[Provider Designee Signature]

\_\_\_\_\_  
[Date]

- Remember the Systemic Risk Assessment is required to be completed at least annually and it must be dated.
- If your Systemic Risk Assessment includes a signature line then it must be signed.

- This colorful chart should look familiar. Yes, it's that risk matrix that we discussed earlier and it's located on the last page of the template to assist you in determining a risk score
- As you can see, the systemic risk assessment template includes both a signature line and a line for the completion date.
- Don't forget, the Systemic Risk Assessment is required to be completed at least annually!
- If it's not dated then reviewers cannot verify that the Systemic Risk Assessment was conducted at least annually.
- If your Systemic Risk Assessment includes a signature line, like the template presented, then it must be signed.



## Questions To Ask After Completing the SRA

- Is our agency's Systemic Risk Assessment (SRA) dated?
- Does our Systemic Risk Assessment (SRA) incorporate a review of identified risks associated with Environment of Care?
- Does our Systemic Risk Assessment (SRA) incorporate a review of identified risks associated with Clinical Assessment or Reassessment Processes?
- Does our Systemic Risk Assessment (SRA) incorporate a review of identified risks associated with Staff Competence and Adequacy of Staffing?
- Does our Systemic Risk Assessment (SRA) incorporate a review of identified risks associated with Use of High Risk Procedures?
- Does our Systemic Risk Assessment demonstrate that individual care concern triggers were reviewed and includes the actions our agency took when the threshold was met? If our agency has not had any care concerns, does our Systemic Risk Assessment review process outline how we would address care concerns if they were to occur?
- Did we identify year-over-trends and patterns and the use of baseline data to assess the effectiveness of risk management systems? Based on this information, do these risks need to be addressed in our Risk Management Plan or as part of our Quality Improvement Plan?

### • Questions To Ask Yourself After Completing the SRA

- Is our agency's Systemic Risk Assessment (SRA) dated?
- Does our Systemic Risk Assessment (SRA) incorporate a review of identified risks associated with Environment of Care?
- Does our Systemic Risk Assessment (SRA) incorporate a review of identified risks associated with Clinical Assessment or Reassessment Processes?
- Does our Systemic Risk Assessment (SRA) incorporate a review of identified risks associated with Staff Competence and Adequacy of Staffing?
- Does our Systemic Risk Assessment (SRA) incorporate a review of identified risks associated with Use of High Risk Procedures?
- Does our Systemic Risk Assessment demonstrate that individual care concern triggers were reviewed and includes the actions our agency took when the threshold was met?
- If our agency has not had any care concerns, does our Systemic Risk Assessment review process outline how we would address care concerns if they were to occur?
- Did we identify year-over-trends and patterns and the use of baseline data to assess the effectiveness of risk management systems?
- Based on this information, do these risks need to be addressed in our Risk Management Plan or as part of our Quality Improvement Plan?

# Systemic Risk Assessment - Non-Compliant

- Environment of Care section is missing. The risk area labeled as “Environmental Safety” suggests the completion of mandated safety inspections.
- Review of Serious Incidents should also include a review of Level 1 incidents.
- SRA does not identify risks based on the provider’s size, population served, and/or unique risks associated with the provider’s business model.
- SRA does not include both internal and external risk factors.
- SRA does not include any “findings”, recommendations/action plan, or how to monitor identified risk.
- SRA does not include risk triggers and thresholds.



**Systemic Risk Assessment Review Form**

Risk Areas	Measure
Clinical Assessments Timely	█ shall develop a crisis intervention and clinical emergency plan to implement in the event of emergency situations as measured by ensuring that emergency medical information is readily available to employees
Environmental Safety	█ shall conduct and document annual safety inspections for the residential site such as fire extinguishers, first aid kits, emergency exits, fire drills, and other emergency evacuation drills as measured by monthly inspections.
Serious Incidents Level II / Level III	█ shall report all serious incidents to an individual receiving services by reporting and forwarding to all parties within 24 hours of discovery as measured by constant monitoring and a daily checklist.
Staff competence and adequacy of staffing.	█ shall review staff competencies monthly as measured by testing, updating new materials as measured by DBHDS updated information.
Use of high risk procedures, including seclusion and restraint; and	█ shall train all staff seclusion and restraint of T.O.V.A. annually. Restraint is not the first answer of high use risk procedure, but if the individual becomes aggressive and attacks all staff of █ shall learn to restrain and protect themselves and the individual with 100% accuracy as measured by an assessment, videos, and meetings discussions.

Origination Date: 8/22/2021

Revision Date:

Let's take a look at non-compliant systemic risk assessment.

For this systemic risk assessment:

- The environment of Care section is missing. The risk area labeled as “Environmental Safety” suggests the completion of mandated safety inspections.
- The review of Serious Incidents should also include a review of Level 1 incidents.
- The SRA does not identify risks based on the provider’s size, population served, and/or unique risks associated with the provider’s business model.
- The SRA does not include both internal and external risk factors.
- The SRA does not include any findings, recommendations, comments or actions, or how to monitor identified risks.
- The SRA does not include risk triggers and thresholds also known as care concerns as required per regulation 520.D.

# Systemic Risk Assessment (SRA)- Compliant

COMPLETED BY: ██████████		Date: 10/1/21			
Environment of Care	Findings	Risk Score	Recommendations	Comment/Actions	Date
Compliance with all licensing regulations for Physical Environment and Fire Inspections	Sensor light on the side of the house not working properly	2	Have Electrician replace it	Work Completed	10/20/2021
There is a working fire alarm systems	Fire alarm beeping	2	Replace battery	Work Completed	11/3/2021
Assessment and Reassessment					
Physical exams and TB tests for individuals are completed prior to admission	No issues Identified	1	No Recommendations at this time	N/A	
Physical exams for individuals are completed annually	No issues Identified	1	No Recommendations at this time	N/A	

- ✓ SRA is dated
- ✓ Includes the five (5) elements (environment of care, assessment/reassessment, staff competency/staffing, use of high-risk procedures, and review of serious incidents)
- ✓ It includes a section to address risk triggers and thresholds
- ✓ The systemic risk assessment identifies specific risks associated with each of the five (5) regulatory elements and how those risks are being addressed.
- ✓ All components of the SRA are clearly labeled.

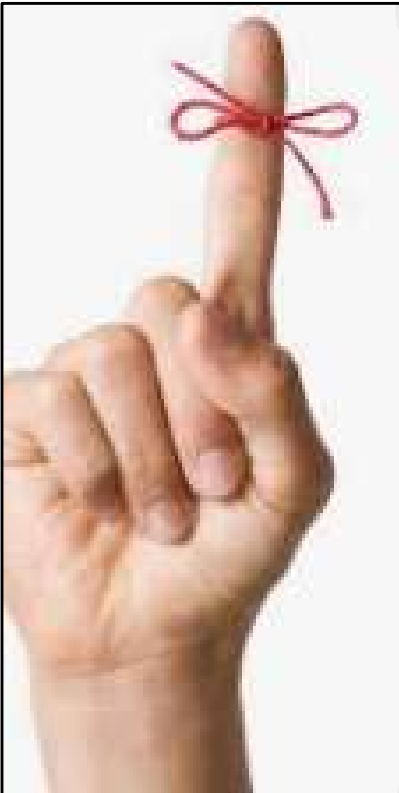
## Now let's look at a compliant systemic risk assessment

- ✓ The systemic risk assessment is dated
- ✓ It includes the five (5) elements (environment of care, assessment/reassessment, staff competency and adequacy staffing, use of high-risk procedures, and review of serious incidents)

## SRA Example Continue-Compliant

<b>Employee Competency and Adequacy of Staffing</b>					
Staffing schedules are consistent with the provider's staffing plan	No issues Identified	1	No Recommendations at this time	N/A	
Employees or contractors are trained to meet the specialized health needs of individuals	No issues Identified	1	No Recommendations at this time	N/A	
<b>Use of High-Risk Procedures</b>					
The organization has defined high risk procedures to include, at a minimum, the use of seclusion, restraint, and electroconvulsive therapy (ECT).	No issues Identified Richmond Home does not practice the use of seclusion, restraint and electroconvulsive therapy	2	No Recommendations at this time	N/A	
A root cause analysis is conducted for Level II and Level III incidents within 30 days of incident	No issues Identified	1	No Recommendations at this time	N/A	
<b>Review of Serious Incidents</b>					
Medication errors are reviewed whether or not they resulted in an injury or harm.	No issues Identified	1	No Recommendations at this time	N/A	
There is a review and follow-up whenever a single serious incident or a pattern of incidents is identified	No issues Identified	1	No Recommendations at this time	N/A	
<b>Risk Triggers and Thresholds</b>					
Reports are run in CHRIS to determine if any individual care concern thresholds have been met.	N/A				
Have any thresholds been met?	N/A				

- ✓ It also includes a section to address risk triggers and thresholds
- ✓ The systemic risk assessment identifies specific risks associated with each of the six regulatory elements and how those risks are being addressed.
- ✓ All components of the SRA are clearly labeled.



## Tips and Reminders

Don't forget, the Systemic Risk Assessment (SRA) really has six components! 520.C.1-5 and 520.D

*12VAC35-105-520.C. The provider shall conduct systemic risk assessment reviews at least annually to identify and respond to practices, situations, and policies that could result in the risk of harm to individuals receiving services. The risk assessment review shall address at least the following:*

- 1. The environment of care;*
- 2. Clinical assessment or reassessment processes;*
- 3. Staff competence and adequacy of staffing;*
- 4. Use of high risk procedures, including seclusion and restraint; and*
- 5. A review of serious incidents.*

**AND**

*12VAC35-105-520.D. The systemic risk assessment review process shall incorporate uniform risk triggers and thresholds as defined by the department. Defined by the department as Care Concerns.*

Don't forget, the Systemic Risk Assessment (SRA) really has six components! 520.C.1-5 and 520.D

Make sure all components of your SRA are clearly labeled.



## Tips and Reminders

Determine a format. Every provider can use their own format, as every providers' risks will vary.

Determine who will conduct the systemic risk assessment (leadership, risk manager, committee, etc.).

Think outside the box when identifying risk areas. There is not a set number of risks for each section.

Ensure the systemic risk assessment (SRA) is:

- Conducted at least annually, **which is verified by including the date(s) the provider conducted their annual risk assessment;**
- Informs the risk management plan; and
- Incorporates uniform risk triggers and thresholds.

**The Annual Systemic Risk Assessment (SRA) must be dated so reviewers can verify that it was conducted at least annually.**

- Here are some more important tips and reminders.

# Tips and Reminders

- A systemic risk assessment is required for all service types and all required areas must be reviewed.
- As noted in the Guidance for Risk Management, the annual systemic risk assessment is a necessary component of a provider's risk management plan.
- Upon completion of the risk assessment, the provider should consider next steps:
  - Assign recommendations to appropriate staff members, departments and/or committees.
  - Determine what recommendations to include in the risk management plan.
  - Determine how to monitor risk reduction strategies for effectiveness.
  - Continue to conduct systemic risk assessment reviews as needed.



And now back to Mary Beth to review the homework for today.

## Homework

- Take at least one step to begin (or update) your Systemic Risk Assessment Review right now.
- Ideas:
  - ***Use the new Systemic Risk Assessment template from the Office of Licensing!***
  - Start identifying your risk areas within each category.
  - Convene a team to begin completing/updating it.
- Does it include all six components?
- Does it have a date on it?
- **Be prepared to share what you did at the next session!**

Thank you, Mackenzie!

So, as promised, we have homework for you today! Don't worry, it won't be graded. The focus of today's presentation has been the systemic risk assessment.

Your homework is to take at least One step to begin your systemic risk assessment Right Now. If you've already begun it, take this opportunity to update or add to it. Some ideas would be:

Use the new systemic risk assessment template that Mackenzie introduced to you! This template was sent to you prior to today's training so you should have it in your email box.

Also, start identifying your risk areas within each category.

Think about convening your team to begin or update your assessment.

Think about – does it include all 6 components? Does it have a date on it?

Be prepared to share your homework at next Friday's session!

# Wrap Up



Thanks for attending!  
Hope to see you at the next session –  
Friday, April 21!



Reminders:

- A FAQ will be sent after the training.
- Slides and handouts will also be sent out.



Post-test- don't leave before doing this!

- Link: <https://forms.office.com/g/NP6N17GKhY>

That brings us ALMOST to the end of today's session.

We want to thank you for attending today's session and hope to see you at next Friday's session!

As a reminder, a FAQ along with the slides and handouts will be available after the training.

Last but not least, we have a post-test! Please take time to do the post test!

The link has been emailed to you. We'd love for you to take the time to do it NOW while the training is fresh on your mind. However, we are keeping it open until Tuesday April 18 at Noon. It's important for us to hear from you...We need to know what you got out of the training and how we can improve it.

- Link: ...
- The next three slides have additional resources, so you'll have them available when you receive the slides.
- Again, please go take the post-test.
- Goodbye and have a great day!

## Existing Risk Management Resources

[QI-RM-RCA Webinar Recording December 2021 \(February 2022\)](#)

[QI-RM-RCA Webinar \(December 2021\)](#)

[Risk Management & Quality Improvement Strategies Training by the Center for Developmental Disabilities Evaluation and Research – Handout \(December 2020\)](#)

[Risk Management & Quality Improvement Strategies Training by the Center for Developmental Disabilities Evaluation & Research – Recorded Webinar \(December 2020\)](#)

[Updated Crosswalk of DBHDS Approved Attestation Trainings \(August 2022\)](#)

[Updated Risk Management Attestation Form \(August 2022\)](#)

[Sample Provider Systemic Risk Assessment \(February 2022\)](#)

[Sample Provider Risk Management Plan \(June 2021\)](#)

[Flow-Chart Incident Reviews \(April 2022\)](#)

## Existing Risk Management Resources

[QI-RM-RCA Webinar \(December 2021\)](#)

[Regulatory Compliance with Risk Management Regulations Training \(December 2021\)](#)

[Risk Management Tips and Tools Training \(June 2021\)](#)

[Risk Management & Quality Improvement Strategies Training by the Center for Developmental Disabilities Evaluation & Research – Recorded Webinar \(December 2020\)](#)

[Risk Management Training \(November 2020\)](#)

[2023 Care Concern Threshold Criteria Memo \(February 2023\)](#)

[IMU Care Concern PowerPoint Training \(February 2023\)](#)

[Risk Triggers and Threshold Handout \(February 2023\)](#)

[Risk Management Q&A's \(Updated July 2022\)](#)

## Additional Resources

- Office of Clinical Quality Improvement
  - DBHDS YouTube Videos on Quality Improvement:  
<https://www.youtube.com/playlist?list=PLmFe443VQ9xUxxc85z--thJUFCjjKrTfL>
  - List of Quality Improvement Resources:  
[https://dbhds.virginia.gov/wp-content/uploads/2022/10/QI-Resources\\_revised-10.22.pdf](https://dbhds.virginia.gov/wp-content/uploads/2022/10/QI-Resources_revised-10.22.pdf)

Thank you!

