Assuring Health and Safety for Individuals with Developmental Disabilities with a Comprehensive Risk Management Plan
Identifying risk, recognizing triggers, and prevention

The Department of Behavioral Health and Developmental Disabilities (DBHDS) has established a strong partnership between the Offices of Integrated Health and Licensing to support direct service providers, case managers, caregivers and support coordinators in your efforts to provide high quality of care and a life of possibilities for all individuals with intellectual and developmental disabilities (DD). We have a series of trainings, tools, and resources, including best practices, to help and support you. Our approach is based on a review of best practice risk management measures utilized in other states, research around best practices, accepted standards of care, the Centers for Medicare and Medicaid (CMS) guidelines and DBHDS Developmental Disability quality systems data reviews. This document outlines approaches that providers can take to identify and mitigate potential risks of harm to the individuals that they serve.

First a few definitions
Risk ... *is the likelihood or potential that a specific action or activity (including the choice of no action) will lead to an undesirable outcome.* Examples:
- Aspiration pneumonia, as it progresses, carries a high incidence of death as a possible outcome.
- Bowel obstruction if not resolved carries a high incidence of death as a possible outcome.

Triggers (indicators) ... *are early warning signs that a risk is about to occur or has occurred. Triggers are events or symptoms that occur and according to established guidelines or best practices are likely to result in the identified risk.* Triggers signal the need for immediate review to determine the need for actions to reduce the risk and prevent harm. Triggers can also be referred to as "indicators" of a potential problem. Examples:
- A diagnosis of dysphagia
- A diagnosis of GERD (i.e. gastroesophageal reflux disease)
- Needs assistance feeding
- A history of choking
- Coughs while eating

Thresholds ... *are a series of predefined events or changes in status that signify a level of unacceptable risk. When a risk threshold is reached, it signals the need for review to determine the need for additional actions designed to mitigate risk and prevent harm.* Examples:
- An individual who has a diagnosis of dysphagia has a new dietary order that changes his altered textured diet. The change in status meets a threshold for

potential risk that signals the need for review and the need to take certain actions such as updating protocols and caregiver education.

- An individual experiences two choking episodes. After the first event, the individual was evaluated at the local hospital emergency room (ER) and returned home to follow-up with his primary care provider (PCP). No changes were recommended. Then the individual experiences a second choking episode. The second event is considered reaching a risk threshold that signals a review and actions that would prevent any further choking episodes such as a swallow evaluation with a speech therapist, development of mealtime protocols, and caregiver education.

What is risk management

Risk management 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[1].

Why is identifying risk important?

Monitoring individuals for risk is an essential component of everyone's health and safety. This is especially true for individuals with DD. Paying attention to potential health, behavioral and environmental risks for individuals with DD and establishing ways to prevent those risks goes a long way to creating a life of purpose and meaning. Persons with DD face risks in three general categories: (1) health, including disease, malnutrition, aspiration, seizures and cardiac events; (2) behavioral, such as poor decision-making, violent or criminal acts, substance abuse, self-injury or suicide; and (3) environmental or personal safety, abuse and exploitation.

How to identify risks

The identification of risk requires a pro-active process that can lead to identifying potential areas of risk and developing a plan to minimize harm to the individual. DBHDS respects the autonomy of all providers and caregivers to identify, understand and address the risks of harm to individuals provided services. Risk assessment and the development of risk mitigation strategies can occur at the individual level or at the provider/system level. Individual risks are those specific to that individual, based up on their health status, behavioral characteristics, prior history, etc. Whereas risks at the provider or system level may be based on factors that impact many individuals. For example, the following risk factors may be present: the physical structure (multi-story building may have fall risks); environment (located on a busy street); or needs of individuals served that require specific staff training.

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DBHDS mortality data for fiscal year 2018 revealed the **leading known cause of death for that year was aspiration**. After a full analysis of the mortality review data, the DBHDS Mortality Review Committee (MRC) determined that **almost half (48%) of deaths caused by aspiration were potentially preventable.** In response, the Mortality Review Committee (MRC) recommended that DBHDS establish quality improvement initiatives specifically targeted at decreasing the rate of potentially preventable deaths related to the health and safety risks of aspiration (and aspiration pneumonia),bowel obstruction, and sepsis. DBHDS has developed a risk awareness tool that can help identify when individuals are at higher risk for these or other conditions and is developing training on nutrition that includes strategies to reduce the risk of aspiration pneumonia.

Potentially preventable risks are not limited to those commonly focused on health concerns but can include risks occurring during normal daily activities such as individual behaviors and personal safety.

What tools are we recommending and where can you find them?
Risk Awareness Tool (RAT):

The Risk Awareness Tool (RAT) is designed to increase your awareness of the potential for a harmful event (e.g., accident, choking, bowel obstruction, sepsis, fall with injury, self-harm, elopement, medication error, etc.). It is intended to facilitate the process of taking action to reduce and prevent the risk. In the RAT, if one trigger is present the threshold is met, and referral to a qualified medical professional is recommended. Triggers (indicators and thresholds) are important because they tell you when you need to act. One of the central components of risk awareness is the recognition of triggers and thresholds. This is the first step in prevention or reduction of the risk. The RAT addresses potential health risks as well and behavioral and community safety risks.

Training on how to use the RAT is available in the [Commonwealth of Virginia's Learning Center (COVLC)](). A downloadable copy of the RAT is available within the resources tab in the training. Within the Learning Center, the training is titled "DBHDS-Risk Awareness Tool Instructions 2020," and can be accessed by searching any of the following queries: Risk Awareness, Risk, Awareness, Risk Awareness Tool or Tool.

Support Intensity Scale (SIS):
The SIS is a standardized assessment tool designed to measure the pattern and intensity of supports that a person aged 16 years and older with DD requires to be successful in community settings: https://www.aaidd.org/sis. A SIS® assessment is required for

everyone who receives DD waiver services. Information on the SIS is available on the DBHDS website at: http://23.29.59.143/developmental-services/waiver-services The Annual Risk Assessment (ARA) attached to the SIS determines specific changes in assessed needs identified through the SIS. Although not specifically an assessment of risk, the SIS can complement an overall individual risk assessment and plan, by identifying areas where the individual is in most need of supports.

How do the RAT, SIS and ISP work together?
Ideally, the individual, caregiver, case manager, support coordinator, family, guardian, authorized representative and other key stakeholders such as legal, supported decision makers, and interdisciplinary team members are encouraged to have input into the completion of the RAT and SIS during the development of the Individualized Services Plan (ISP). This promotes a broader dialogue around potential risks and strategy implementation while ensuring that important information has not been overlooked. Seven health areas are addressed in the RAT:

- ❑ Aspiration (and aspiration pneumonia)
- ❑ Bowel obstruction
- ❑ Sepsis
- ❑ Decubitus Ulcers (pressure injuries)
- ❑ Falls
- ❑ Dehydration
- ❑ Seizures

Behavioral health and community safety risk areas are also address by the RAT, including:
- ❑ Severe Community Safety Risks with a conviction
- ❑ Severe Community Safety Risks without a conviction
- ❑ Severe Risk or Injury to Self

The RAT does not replace the ARA attached to the SIS. The RAT is a ***risk awareness*** tool and has broader application than the SIS and the ARA. It seeks to identify potential risks, connecting people with the appropriate health care professionals. The ARA and RAT are both needed, but for different reasons. The RAT is required by DBHDS to be administered annually while the SIS is required every three (3) years.

The RAT asks important questions to assist the treatment team to determine whether they need help from a qualified healthcare professional and to determine whether the individual has adequate support to reduce the risk of an adverse outcome. DBHDS is

developing seven (7) supplemental trainings to provide more education and support for utilizing these tools. These trainings are posted on the OIH section of DBHDS website.

Why do providers need to assess ongoing individual as well as systemic risks?
Event based triggers are warning signs, or red flags that an individual may be at risk for a serious adverse event or outcome. As explained earlier, the RAT helps to identify potential risk based on health, behavioral, personal or community safety needs of an individual. Event-based triggers identify potential risks based on the occurrence of one or more incidents. When a threshold for an event-based trigger is met, it signals the need for a review to determine why these incidents are occurring and whether changes may be necessary to prevent re-occurrence of more serious harm. The activation of an event-based trigger does not necessarily mean there is a problem with an individual's care. Rather, it signals a need to review that care, or other circumstances to determine if modifications are necessary to reduce the likelihood of further harm.

The threshold for event-based triggers should be low enough that it signals the need for a review before serious harm exists, but high enough that unnecessary reviews are not occurring. The thresholds for event-based triggers may be established through an analytic review of data to determine patterns that are associated with adverse outcomes. They may also be established through consensus, or expert opinion of triggers that are likely to lead to more serious outcomes. For example, a threshold for falls may be defined as met when someone falls twice in one month. If this threshold is met, it would indicate the need for the provider to initiate a review or a root cause analysis to understand the causes related to these falls. Has there been a change in the individual's medical condition? Have his or her medications changed? Are there similarities to when or where the falls occurred (same time of day, same location in the residence)? Have other individuals experienced falls? Examining these questions and others can help to determine whether modifications to an individual's care plan or environment may be necessary to mitigate the risk of repeated falls or more serious injury.

What is the IMU and what is its role in all of this?
DBHDS has developed event-based triggers and thresholds as set out below. The Incident Management Unit (IMU) of the Office of Licensing will monitor these events and flag them. When the IMU identifies that thresholds for these triggers have been met, they will be flagged in CHRIS so that the provider can review these events and whether there is a need for changes to the individual's care plan or supports. Notification will also be made to the Offices of Integrated Health and Human Rights, who may reach out to providers when warranted. The specific triggers and thresholds that DBHDS monitors may change over time, based on data and experience. Currently the triggers and thresholds being monitored are:

- Three (3) or more unplanned medical hospitalizations, emergency room (ER) visits or psychiatric hospitalizations within ninety (90) days for any reason.
- Multiple (2 or more) unplanned medical hospitalizations or ER visits for the same condition or reason that occur within a thirty (30) days.
- Any combination of 3 or more incidents of any type within thirty (30) days.
- Multiple (2 or more) unplanned hospital admissions or ER visits for any combination of the following serious incidents: falls, choking, bowel obstruction, urinary tract infection, aspiration pneumonia, or dehydration within ninety (90) days.
- Any incidents of medically verified decubitus ulcers or bowel obstruction.

What are we asking providers to do?
As part of the annual ISP planning process, you must identify the potential health and safety risks for the individuals you serve. You will be required to work with the individual, their support coordinator and any other members of their treatment team to complete the RAT. When the tool has been completed and follow-up tasks have been identified, members of the ISP annual planning meeting should be provided a copy of the tool. This copy can be used to help you identify training objectives, instructions, and resources to address identified risks in the ISP. Once the tool is complete, it creates a list of actionable steps on the summary page. The summary page is an essential tool for you to use to follow-up on action items during Person-Centered Reviews (quarterly reports).

In addition you should access the educational trainings on DBHDS's website under the Office of Integrated Health for each identified health and safety area to learn about that area, increase your understanding of the potential risk and who can help you, http://www.dbhds.virginia.gov/office-of-integrated-health#. You are also required to report incidents in CHRIS per your licensing regulations.

You should review CHRIS regularly to monitor whether any the thresholds for any event-based triggers have been met. It is important to follow-up on each of these with a review of the individual's care, as well as tracking the number and types of event triggers that are met over time to determine whether they suggest the need for any systemic changes.

It is especially important for you to develop and maintain an internal risk management program with policies, procedures, and organized quality improvement processes. Licensing regulations require providers to implement a written plan to identify, monitor, reduce and minimize harms and risk of harm to persons they serve. A risk management plan should outline risks that have been identified by the provider and their plan to mitigate these risks. It should also include

how the provider plans to identify and monitor risks. This plan will be a critical tool for ensuring that risks are identified and analyzed and that all serious incidents are reported promptly and properly. It will help staff identify the severity levels of certain risks and provide procedures for ensuring that all data on serious incidents are collected and reviewed for patterns and trends.

Risk management plans should be reviewed at least annually to determine whether plans to mitigate identified risks have been effective and whether new risks have been identified. In addition to a review of serious incidents, annual reviews should also evaluate risks present in the environment where care or services are provided and staffing, including ensuring that staff have appropriate training for the needs of individuals served by the provider. Annual reviews should also include a review of risk triggers and thresholds (as discussed above) that have been met, whether they were appropriately addressed at the time, and whether any changes are needed to further mitigate the risks identified.

Licensing regulations require providers to conduct at least a quarterly review of serious incidents. An effective and highly recommended way of doing this is to establish an incident management review committee responsible for conducting a comprehensive review of incidents, including patterns, trends, and findings from root cause analyses. An incident management review committee should develop processes to assure: that appropriate reviews of individual incidents have occurred, including the root cause analysis; that individuals receive appropriate care and protection after an incident; and that recommendations from the root cause analysis are implemented. The committee should also review patterns and trends in incident data to identify risks that may be more prevalent across all individuals served and identify potential areas for improvement. As an example, a provider's incident management review committee may find that a high number of incidents, across multiple individuals, are related to choking. This could lead to a review of these incidents to determine whether there are any common patterns related to the choking incidents (time of day, type of food being eaten, staff on duty, etc.). The review should determine whether food and nutrition requirements for each individual are being appropriately implemented or whether individuals need a reassessment of choking risk and dietary needs.

Once established the incident management review committee should meet regularly, at least quarterly. Maintaining minutes to document discussion, recommendations, and actions is also recommended. The findings and recommendations of the committee should be incorporated into the provider's annual risk review. Whether or not you choose to establish a formal incident management review committee, you should

develop a process to conduct an at least quarterly review of all incidents and document any patterns identified and systemic actions taken.

What is DBHDS doing to support community providers and caregivers?
DBHDS has provided the Risk Awareness Tool (RAT), instructions and training on each of the seven identified health and safety health high risk areas. These trainings are designed to help all ISP stakeholders utilize the RAT and learn more about specific high-risk health areas. We provide additional information regarding the tool and educational resources to ensure a holistic approach to risk awareness and prevention. The trainings are short power points each focused on one of the health and safety areas addressed in the RAT. They can be completed in 30 minutes.

What are the consequences of not paying attention to risk?
For individuals with DD, the consequences of not assessing each person for risk and taking steps to address those risks could be serious injury, medical conditions, abuse, neglect, violent or criminal activity or death. It could also mean harm to caregivers or providers.

For providers and caregivers, failing to recognize and document risks and to take steps to prevent harm may result in violations of licensing regulations leading to citations, requiring corrective action plans and may affect license status. Serious injury or harm could result in lawsuits and financial or criminal liability.

At the services systems level, failure to recognize and address risk could result in investigations by multiple state and federal agencies, independent watchdog organizations, lawsuits, liability, and lack of public trust.

Conclusion
DBHDS requires providers to monitor serious incidents as part of their overall risk management program to identify when these triggers occur, using this as an indicator to conduct a review to determine why they are occurring and what changes may be necessary to prevent further harm. Providers are required to conduct systemic risk assessment reviews at least annually. You may also want to develop additional triggers and thresholds based on your own data or experiences.

Screening an individual for risk factors is an ongoing process and an important part of the development of an individual support plan (ISP). A comprehensive ISP must include, as appropriate, a safety plan that addresses identified risks to the individual or to others, including a fall risk plan. It is essential that providers and caregivers assess everyone you serve for risks to health and safety, document those risks and take steps to prevent

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harm. A comprehensive program of risk management will allow individuals with DD to live independently in communities without fear of harm, abuse, or neglect.

REFERENCES AND RESOURCES

DBHDS Office of Licensing (Announcements, Frequently Asked Questions, and Guidance & Technical Assistance), http://www.dbhds.virginia.gov/quality-management/Office-of-Licensing.

DBHDS Office of Integrated Health (Health & Safety Alerts, Newsletters, and Educational Resources), http://www.dbhds.virginia.gov/office-of-integrated-health#.

DBHDS Provider Development, http://www.dbhds.virginia.gov/developmental-services/provider-development.

Eunice Kennedy Shriver Center, *Risk Management in Developmental Disabilities: Course 2 - Risk Screening and Course 6 - Incident Management*, https://shriver.umassmed.edu/cdder/rmdd.

Galantowicz, Sara and Selig, Becky, the MEDSTAT Group, Inc., and Pell, Elizabeth and Rowe, June, Human Services Research Institute, *Risk Management and Quality in HCBS: Individual Risk Planning and Prevention, System-Wide Quality Improvement*, Centers for Medicare and Medicaid Services, Contract #500-96-00006T.O. #2, February 15, 2005.

Joint Report: Ensuring Beneficiary Health and Safety in Group Homes through State Implementation of Comprehensive Compliance Oversight, U.S. Department of Health and Human Services, Office of Inspector General, Administration for Community Living and Office for Civil Rights, January 2018.