Virginia Department of Behavioral Health & Developmental Services

Serious Incidents and Office of Licensing Guidance

August 19, 2020

DBHDS Office of Licensing Training

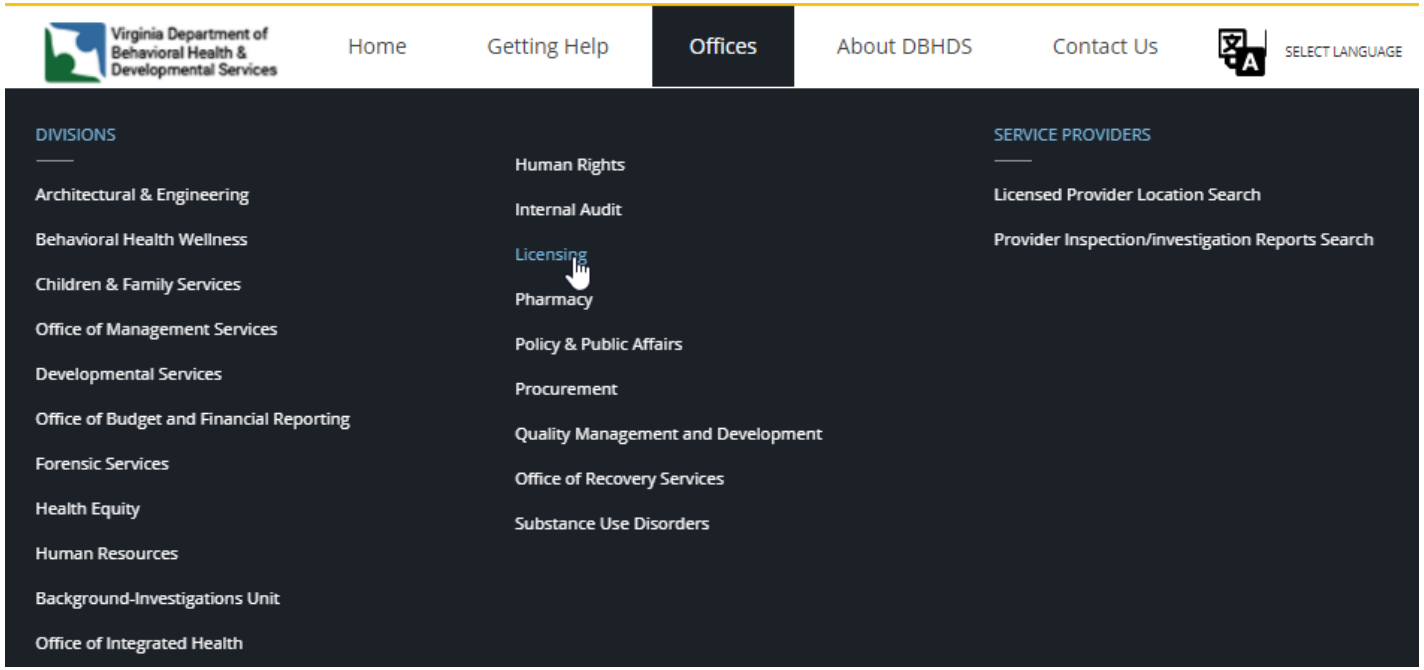
- You are encouraged to sign up for the Office of Licensing's recurring CHRIS trainings on Eventbrite for helpful information related to serious incident reporting.
- Training related to tracking and trending data and updates related to IMU will be conducted quarterly, on the third (3rd) Wednesday of the month.
- The 1st quarterly training will be held September 16, 2020 at 10:00 am and 1:30 p.m.
- Training for new staff and new providers will be available via Commonwealth of Virginia Learning Center (COVL) in September 2020.
- Training on the new regulations and new guidance documents will be held in September.
- Registration for the training is on Eventbrite (https://www.eventbrite.com/e/chris-training-recurring-2020-tickets-91319315531)

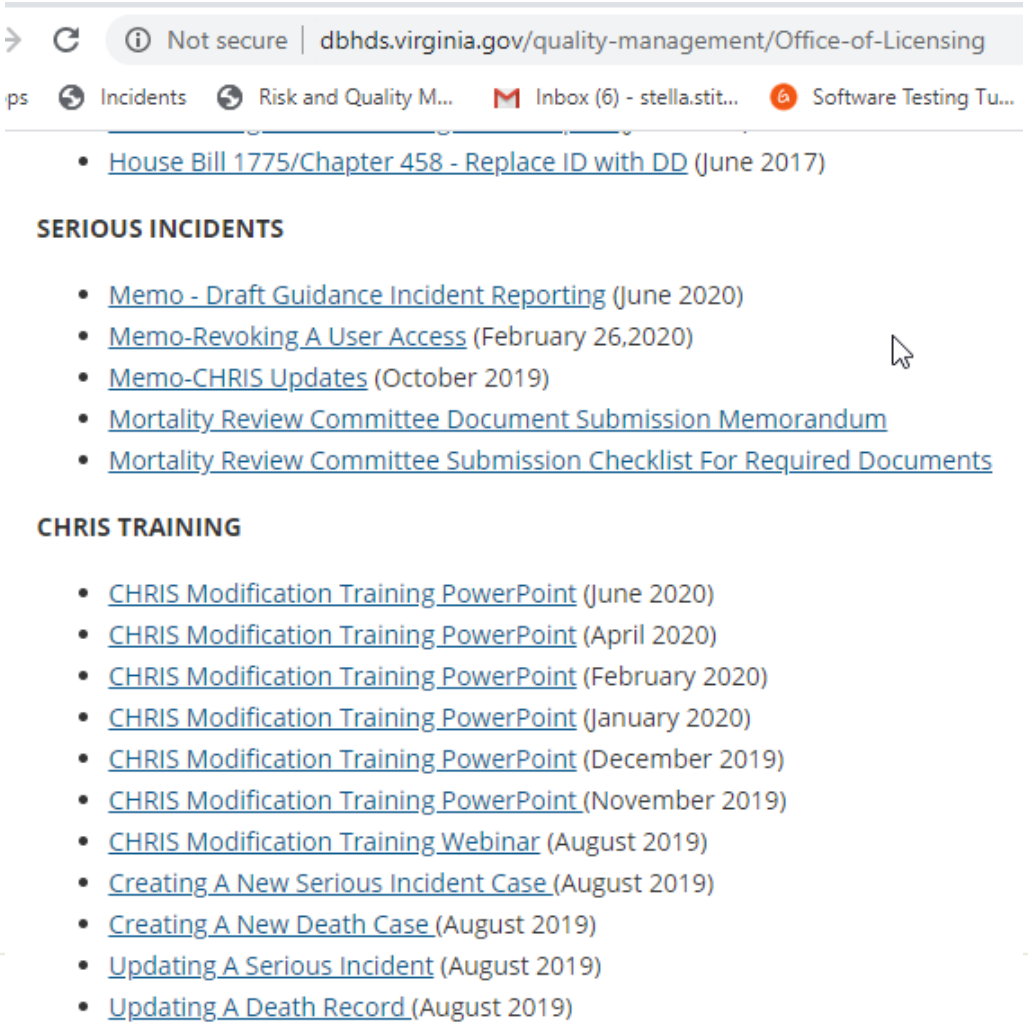
Training Overview

- **Communication from the Office of Licensing**
- **IMU CHRIS Training new location**
- **IMU Expanding**
- **Guidance on Incident Reporting Requirements**
- **Non-Compliant Incident Reporting**
- **Late Reporting**
- **Updates to Serious Injury**
- **Care Concerns**
- **4th Quarter FY 20Data**

IMU CHRIS Training

- The Office of Licensing CHRIS training is now on the Office of Licensing Home page





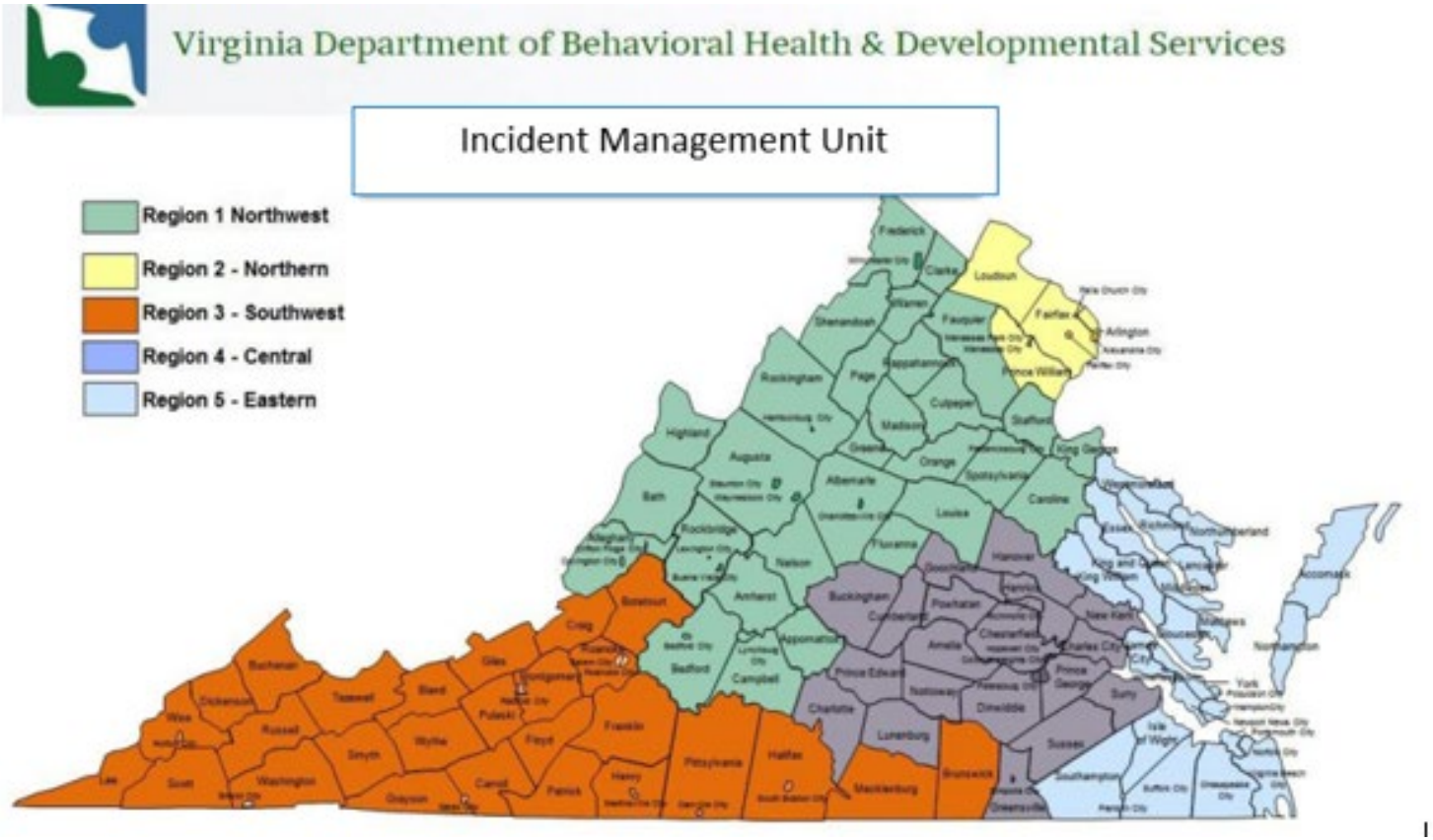
Communication from the Office of Licensing

- **The Office of Licensing (OL) will be sending out information to providers utilizing Constant Contact.**
  - **We are getting a lot of bounce back messages. Please make sure**
    - **Email address is correct**
    - **Mailbox is not full**
    - **Email is not blocked**

- **To ensure your organization receive these email-notifications, add the following two email addresses to your "accepted list".**
    - **licensingadminsupport@dbhds.virginia.gov**
    - **Incident_management@dbhds.virginia.gov**

IMU Expansion

- IMU will be expanding into Regions 1 & 5 in September 2020. This rollout will have the Incident Management Unit in the entire state of Virginia.



IMU Contact Information

Stella Stith	IMU Manager	804-356-4938
Region	IMU Specialist	Contact Number
Region #1	Brian Dempsey	804-584-0752
Region #2	Lisa Lingat	703-342-6521
Region #3	Michele Laird	804-432-4822
Region #4	Jakuta Williams	804-664-2452
Region #5	David Wampler	804-709-4844
Citations	Sherry Miles	804-432-6324
Citations Floating (IMU Specialist)	Lamar Spicely	804-510-3945

Non-compliant Incident Reporting

- Please note that these methods of reporting an incident in place of submitting an incident report into the CHRIS system will be deemed **as non-compliant and the provider will be cited**:
  - Reporting a serious incident to the provider's licensing specialist via e-mail or phone call;
  - Reporting a serious incident to the provider's human rights advocate via e-mail or phone call;
  - Reporting a serious incident to any other representative of DBHDS by any means other than the serious incident reporting function in CHRIS; and
  - Reporting an allegation of abuse or neglect that also meets the criteria for a Level II or Level III serious incident only on the DBHDS Office of Human Rights (OHR) side of CHRIS instead of reporting the incident on both the OHR and the DBHDS Office of Licensing sides of CHRIS.

CHRIS System Errors and Network Outages

- There may be unusual circumstances when a provider is unable to report an incident through the CHRIS system because of a CHRIS system error or a network outage. **The ONLY valid reasons for not reporting a serious incident into CHRIS include:**
  - 1) The CHRIS system was not functioning at the time the incident was discovered; or
  - 2) The provider was unable to access the CHRIS system for reasons that were not in the provider's control.
    - Power outage which can be verified (ex. Dominion Power outage)

Potential Late Reporting

- If a provider is unable to report a serious incident through the CHRIS system for one of the two valid reasons, then the provider must notify the Office of Licensing's Incident Management Unit of the provider's inability to report the incident through the CHRIS system within 24 hours of the discovery of the incident by emailing (IMU) via email (incident_management@dbhds.virginia.gov)
- If your internet is not working due to a power outage, then you may contact the IMU team at 804-786-1377.

Potential Late Reporting

- Mark the e-mail to IMU with the following **subject line**: **"Potential Late Entry-CHRIS complications for [NAME OF PROVIDER]."** Notification to other DBHDS employees or representatives, **including the provider's licensing specialist or human rights advocate, will not substitute for notification to the IMU.**
- Providers will be cited for a regulatory violation of 12VAC35-105-160.D.2. or 12VAC35-46- 1070.C., as applicable, if they do not report serious incidents within the regulatory timeframe, unless they have notified the IMU of their inability to do so due to a system error in CHRIS or a network outage, even if they have notified their licensing specialist or human rights advocate.

CHRIS Back up

- PER THE **OCTOBER 1, 2019 MEMO** AND **SUBSEQUENT CHRIS TRAINING**, NOT HAVING AN AUTHORIZED USER FOR CHRIS IS NOT A VALID REASON FOR LATE SUBMISSION OF A SERIOUS INCIDENT REPORT IN THE CHRIS SYSTEM.

- **It is the provider's responsibility to ensure that they have authorized users for CHRIS at all times.**

- It is also the provider's responsibility to obtain or provide their authorized users with the training necessary to utilize the CHRIS system.

- Failure to submit a CHRIS report on time because of technical errors on the part to the provider, such as the failure to use Internet Explorer, is not a valid reason for late submission of a serious incident report in the CHRIS system.

Updates to Serious Incident Reports:

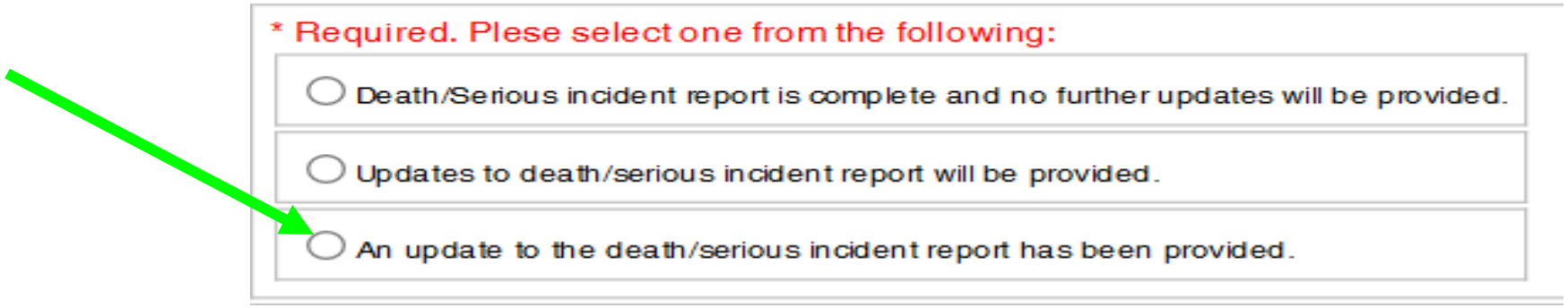
- In some instances, a provider may need to update a serious incident report in CHRIS after its initial submission.
- A provider may be awaiting a medical report or other records related to an Emergency Room visit, for example; or IMU staff may request that the provider update an incident report in CHRIS when the IMU identifies information that should have been included in the report, but that was inadvertently omitted.
- In any instance when the provider must update an incident report in CHRIS after its initial submission, the provider must do so within 48 hours from the initial submission of the incident report, or from the time that the provider is made aware of the need to update the report, whichever is later.
- **Failure to update a serious incident report in CHRIS within 48 hours from the initial submission of the report, or from the time that the provider is made aware of the need to update the report will be cited as a regulatory violation of 12VAC35-105-160.B, or 12VAC35-46-230.A, as applicable.**
- When a provider is unable to provide the necessary updates within 48 hours please contact your IMU Specialist.

Update CHRIS report Example

- In the CHRIS incident provider notated the individual was displaying shortness of breath, chest pain and dizziness. Individual was taken to the ABC ER on 8/13/20. Individual was admitted to have tests performs.
- The provider selects “Updates to death/serious incident report will be provided”
- IMU Specialist contact provider on 8/15/20 to get follow up information. Provider inform IMU Specialist that the individual is still in the hospital and they are waiting for results back from lab work which was performed on the individual.
- On 8/17/20 the provider has not gotten lab results back and contact IMU Specialist to inform that they have not received the results yet.

Updates to Serious Incident Reports

- Providers must select "**An update to the serious incident report has been provided**", when saving the incident after they have made their update. This will send a notification to IMU and the Licensing Specialist that an update as been entered.



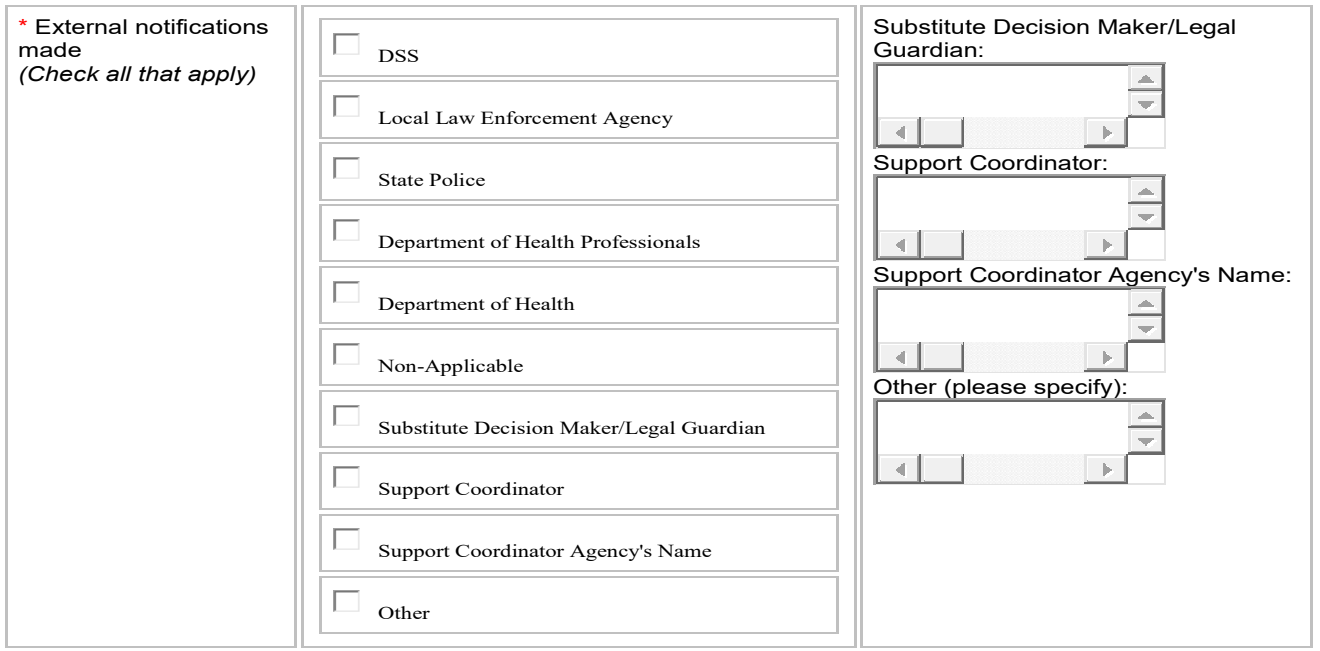
- **Failure to update a serious incident report in CHRIS within 48 hours from the initial submission of the report, or from the time that the provider is made aware of the need to update the report may result in a citation of 12VAC35-105-160.B, or 12VAC35-46-230.A, as applicable.**

Unifying Serious Incident Report Information

- Each business day IMU Specialists triage incidents reported from the previous day.
- Based upon IMU review, they may note information in the narrative section of the incident which was not included or checked under the following sections:
    - Injury,
    - Illness or Condition, or
    - Cause of incident
- IMU will check the corresponding check box(s) to unify the report with the narrative for the purpose of data collection and completeness and accuracy.
- IMU will send an email notification to the provider of any changes made to the incident.

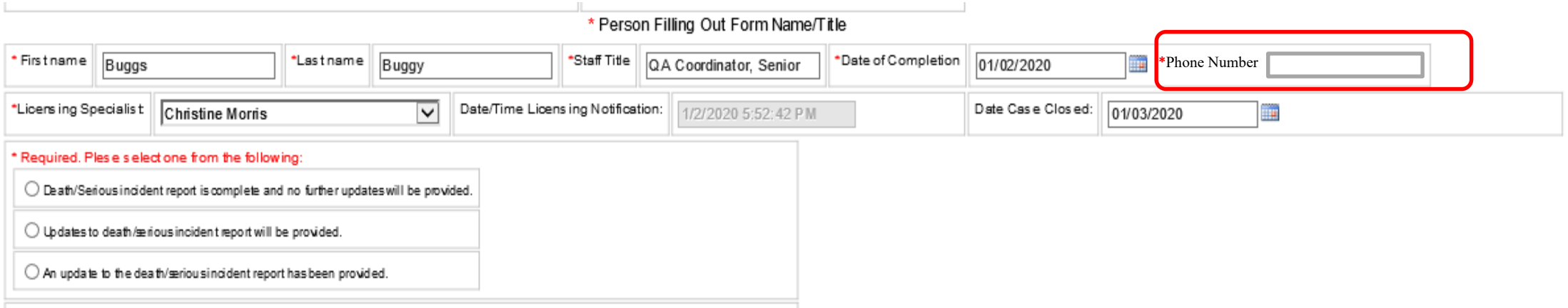
CHRIS Mandatory Fields

In section titled “External notifications” please be sure to **enter in the name or the person**(s) contacted for each field, when you select-Substitute Decision Maker/Legal Guardian or Support Coordinator or Agency you must include the name of the person or agency in the text box.



CHRIS Mandatory Fields

- The Person Filling Out the Form Name/Title is a required field. The name submitted must be **the actual person** completing the incident.
- The phone number will be used to contact the provider if additional information is needed.



Office of Licensing Compliance Monitoring Activities

- The Office of Licensing conducts ongoing monitoring of provider compliance with serious incident reporting requirements.

- The IMU within the Office of Licensing reviews serious incident reports each business day for timeliness and compliance with all other regulatory requirements.

Office of Licensing Compliance Monitoring Activities

- Each business day the IMU CAP specialist will ‘pull’ a report to determine if any providers have not reported Level II and Level III serious incidents through the CHRIS system within the 24-hour timeframe.

- The IMU CAP specialist will issue a licensing report for all late submissions of serious incident reports into the CHRIS system, except
  - when a provider has notified IMU during the 24 hour reporting period,
  - and the provider had a valid reason for not reporting the incident in the CHRIS system during the 24 hour reporting period.

Office of Licensing Compliance Monitoring Activities

- The Office of Licensing will monitor providers' compliance with serious incident documentation and reporting requirements during all investigations and annual inspections. Prior to conducting an annual inspection, the licensing specialist will review the provider's history of compliance with 12VAC105-160.D.2, or 12VAC35-46-1070.C, as applicable, and will include a statement as to the provider's history of compliance in the licensing report.

- If a licensing specialist identifies a serious incident(s) that should have been reported, but was not reported at all, or that was not reported within 24 hours of the discovery of the incident, and for which a licensing report has not already been issued, in this case it the **licensing specialist who will issue cite the provider for late reporting and issue a corrective action plan (CAP) instead of IMU.**

Writing a Corrective Action Plan (CAP)

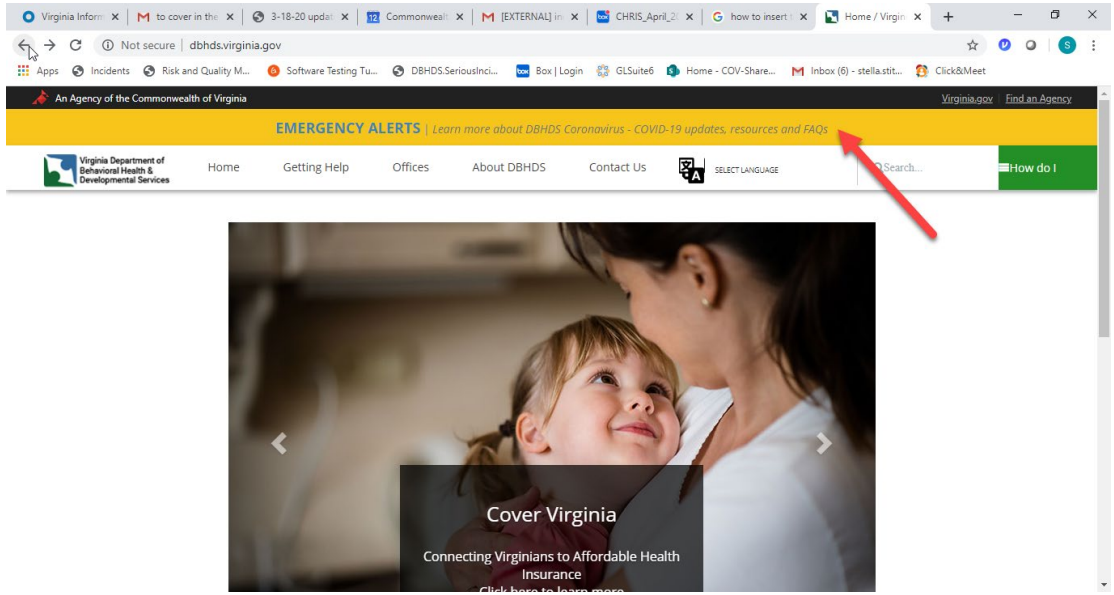
- Address the issue of late reporting in CAP:
  - a. Develop a systemic plan of action, ask yourself, does this require updating policies, procedures, or forms, or conducting any needed training or retraining for staff, or other steps that could alleviate the problem and minimize the possibility that the violation will occur again;
  - b. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, quarterly check list); and
  - c. Provide written documentation to demonstrate compliance related to violation

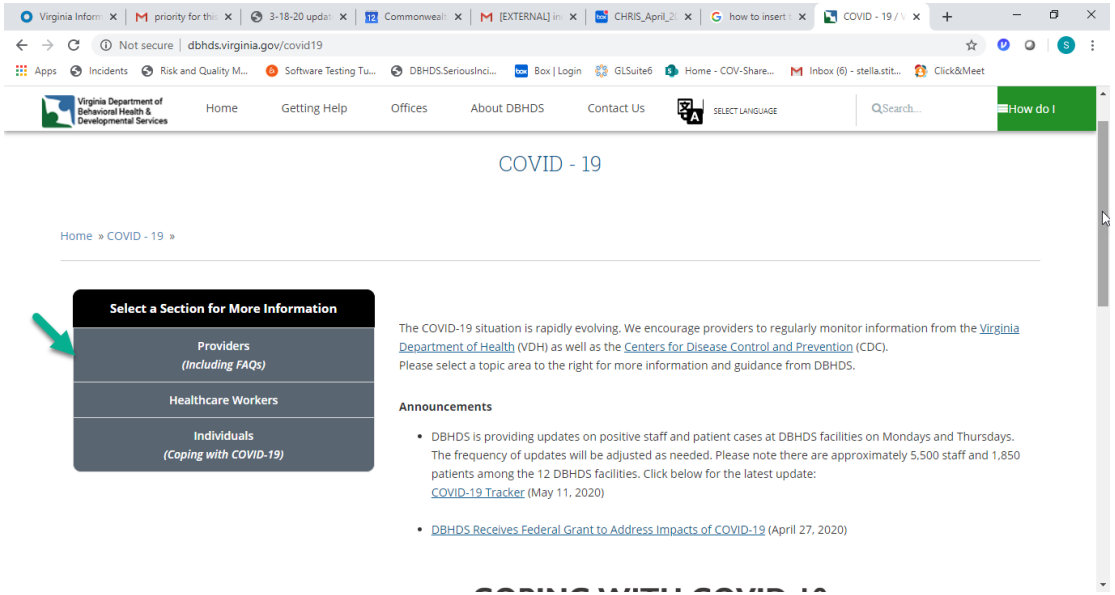
***Whenever possible a provider should submit proof of implementation of the corrective action, along with the CAP.**

Questions

COVID-19

- DBHDS has a new webpage created to help with questions associated with COVID-19 at www.dbhds.virginia.gov/covid19





COVID-19

- DBHDS Office of Licensing (OL) sent out an email on March 16, 2020 to all providers about reporting verified cases of COVID-19
- The purpose of the correspondence was to inform licensed providers about reporting expectations with respect to presumptive positive and laboratory confirmed cases of the novel coronavirus (COVID-19).

DBHDS Logo

A message from the DBHDS Office of Licensing

MEMORANDUM

To: All Providers
From: Jae Benz, Director, Office of Licensing
Date: March 16, 2020
Re: Coronavirus

Purpose: To inform licensed providers about reporting expectations with respect to presumptive positive and laboratory confirmed cases of COVID-19. The novel corona virus is a new virus which causes coronavirus disease (COVID-19), and there is still much that we do not know about it. The Centers for Disease Control and Prevention Services ("CDC") define presumptive positive cases as individuals with at least one respiratory specimen that tested positive for the virus that causes COVID-19 at a state or local laboratory and laboratory-confirmed COVID-19 cases as individuals with at least one respiratory specimen that tested positive for the virus that causes COVID-19 at a CDC laboratory. According to the Virginia Department of Health, symptoms of COVID-19 can range from mild to severe. Mild symptoms include runny nose, cough, sore throat, fever, and shortness of breath. Severe infections can cause pneumonia, kidney failure, and death. Because of the severity of the symptoms that some individuals who have contracted the virus experience and the ease with which it appears to spread, COVID-19 is considered a serious public health concern.

Please click on **"Download a Memo "** below, for more information.

Sincerely,

Jae Benz
Director, Office of Licensing, DBHDS

Download a Memo

Visit our website

Subscribe

To contact the Office of Licensing

please call 804-786-1747 or email licensingadminsupport@dbhds.virginia.gov

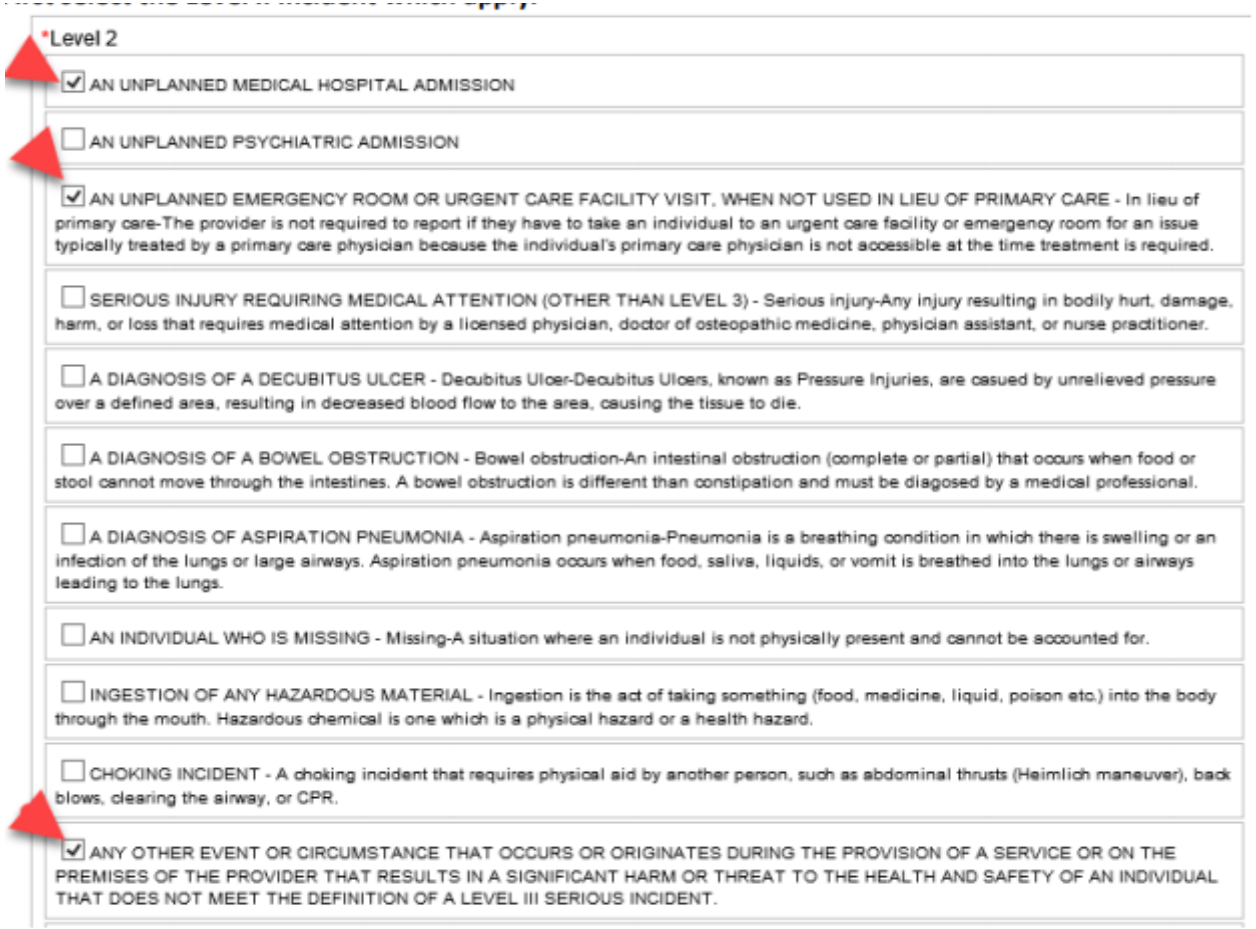
Confirmed Cases of COVID-19 in CHRIS

- Presumptive positive and laboratory confirmed cases of COVID-19 may be reported in CHRIS in one of several ways depending on the circumstances of the case. Depending on the circumstances of the case, the confirmed case may be reported as:
  - 1. An unplanned hospital admission, if the individual is admitted to the hospital;
  - 2. An unplanned emergency room or urgent care facility visit, when the individual is taken to the emergency room or an urgent care facility for Individuals served and/or treatment; or
  - 3. Any other event or circumstance that occurs or originates during the provision of a service or on the premises of the provider that results in significant harm or threat to the health and safety of an individual, if neither of the above occurred.

How to Report Confirmed Cases of COVID-19 in CHRIS

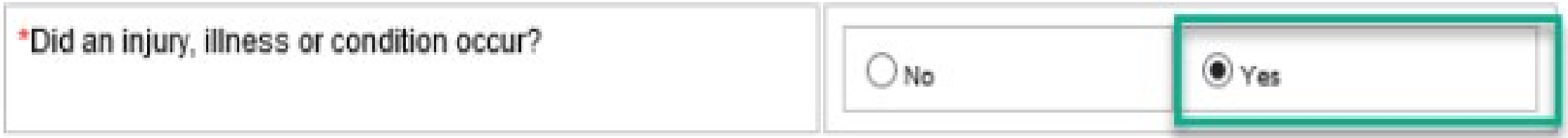
- Under the following regulation for: Children's Residential Services - 12VAC35-46-1070(C) Level II Serious Incident - 12VAC35-105-160(D)(2) and 12VAC35-105-530(F)

Select the Level II Incident which apply



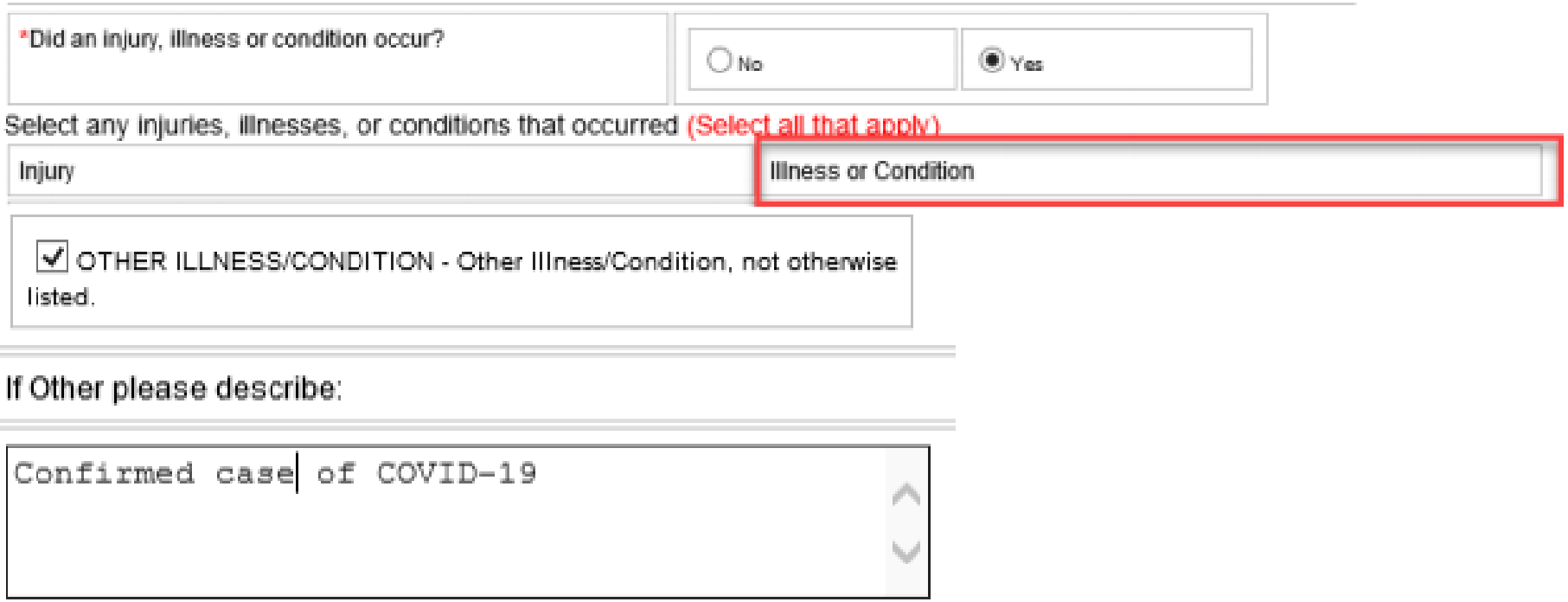
How to Report Confirmed Cases of COVID-19 in CHRIS

- Second – In the section titled “Did an injury, illness or condition occur?” select Yes.



How to Report Confirmed Cases of COVID-19 in CHRIS

- Next under Illness and Condition scroll down and select “Other Illness/Condition” (it is the last checkbox in the column). In the space below “If Other please describe” type in “ Confirmed case of COVID -19”.



How to Report Confirmed Cases of COVID-19 in CHRIS

- Please include the time Medical Attention was provided. In the "Description of Medical Treatment Provided and/or Finding". Provide the name of the **health department jurisdiction** notified about the confirmed case.
- Be sure to complete the following three sections in the report.
  - a. "*Describe the consequences and risk of harm;
  - b. "External Notification made" and;
  - c. "Provider's Corrective Action"
- Stakeholders are interested in how providers are responding and updating protocols to ensure the safety of the individuals they service. DBHDS has been asked for information related to outbreaks and providers from the Department of Justice, Department of Medical Assistance Services and others.

COVID-19 Review Questions

- The Office of Licensing knows when a positive case(s) of COVID-19 is identify, it utilizes a lot of your resources. When an outbreak occurs if you could provide the answers to the following questions in the CHRIS report it would be beneficial in helping us process the incident. The questions can be found on the Office of Licensing homepage.

- What was the result of COVID-19 testing?
- What is the individual's current status?
- Who did you notify for the positive COVID-19 test? (Peers or housemates; staff, family; Day program, CSB CM, and other external notification i.e. VDH...)
- Do you have guidance or protocol in place for Infection Control and Prevention of Coronavirus Disease to include cleaning/sanitizing, removal of potential biohazard waste, isolation, and the use of protective equipment?
- How many individuals in your location has tested for positive for COVID-19? (if more than one positive case, this is considered an Outbreak, please complete the Outbreak form below).
- How do you screen the people entering the home? (i.e. staff, clinicians, emergency support)
- What other actions have you implemented? (I.e. Train all staff, Increase staffing, Individual(s) were moved, Environmental modification, Meet with support team to review/plan...)
- Do you have any additional concern at this time?
- If out-patient or Case management service only, When was the last contact or face-to-face?

Care Concerns

- The IMU reviews serious incidents not only on an individual level but systematically as well to identify possible patterns/trends by individual, a provider's licensed service as well as across providers.
- Through this review, the IMU is able to identify areas, based on serious incidents, where there is potential risk for more serious future outcomes.
- The IMU has identified these situations as Care Concerns. Incidents of individuals or providers who meet the following Care Concern criteria will trigger follow-up by the IMU.
- In addition, this information is shared with the Office of Integrated Health and the Office of Human Rights who may follow-up to provide technical assistance as appropriate

Care Concerns

- Care Concern may require reassessment or additional intervention to prevent unwanted outcomes. Incidents of individuals or providers who meet the following criteria

- OL monitors two types of Care Concerns
  - Individual Care Concerns
  - Provider Care Concerns

Individual Care Concern Criteria

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

Provider Care Concern Criteria

- Multiple (5 or more) serious incidents occurring at a licensed location within a 30 day time frame.
- Repeat citations (3 or more) for a provider who has failed to report Serious Incidents within required timeframes.

Care Concerns

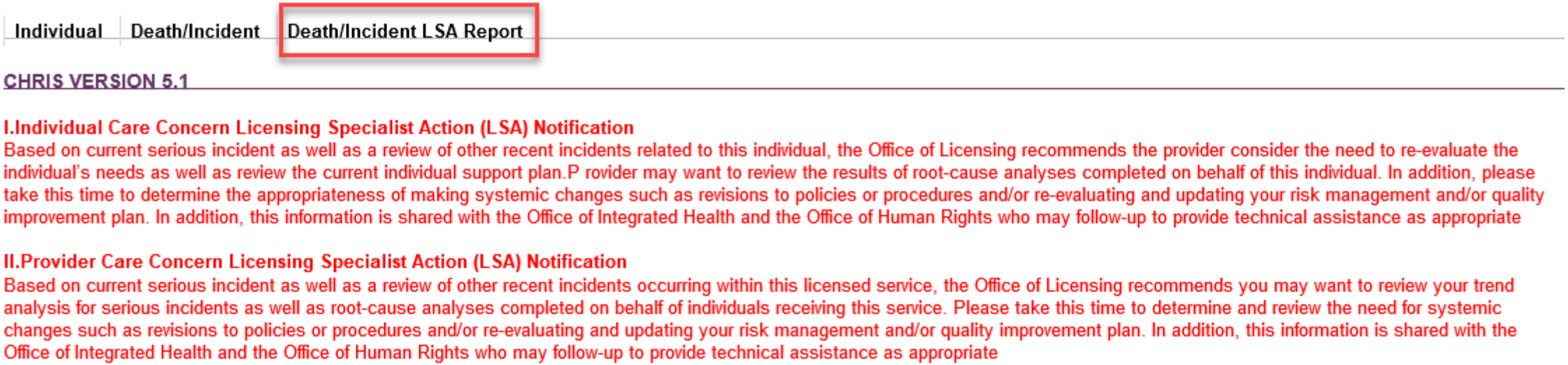
- The information below is displayed on all incidents. Please see the “Licensing Specialist Action” selected to determine if the incident has met the “Care Concern” criteria. The information below includes the Office of Licensing expectations on what to do when risk, triggers, or thresholds are met. Providers are expected to address any identified risks or changes in risk status

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

- Provider Care Concern Licensing Specialist Action (LSA) Notification
  - Based on current serious incident as well as a review of other recent incidents occurring within this licensed service, the Office of Licensing you may want to review your trend analysis for serious incidents as well as root-cause analyses completed on behalf of individuals receiving this service. Please take this time to determine review the need for systemic changes such as revisions to policies or procedures and/or re-evaluating and updating your risk management and/or quality improvement plan. In addition, this information is shared with the Office of Integrated Health and the Office of Human Rights who may follow-up to provide technical assistance as appropriate in the individual’s support plan.

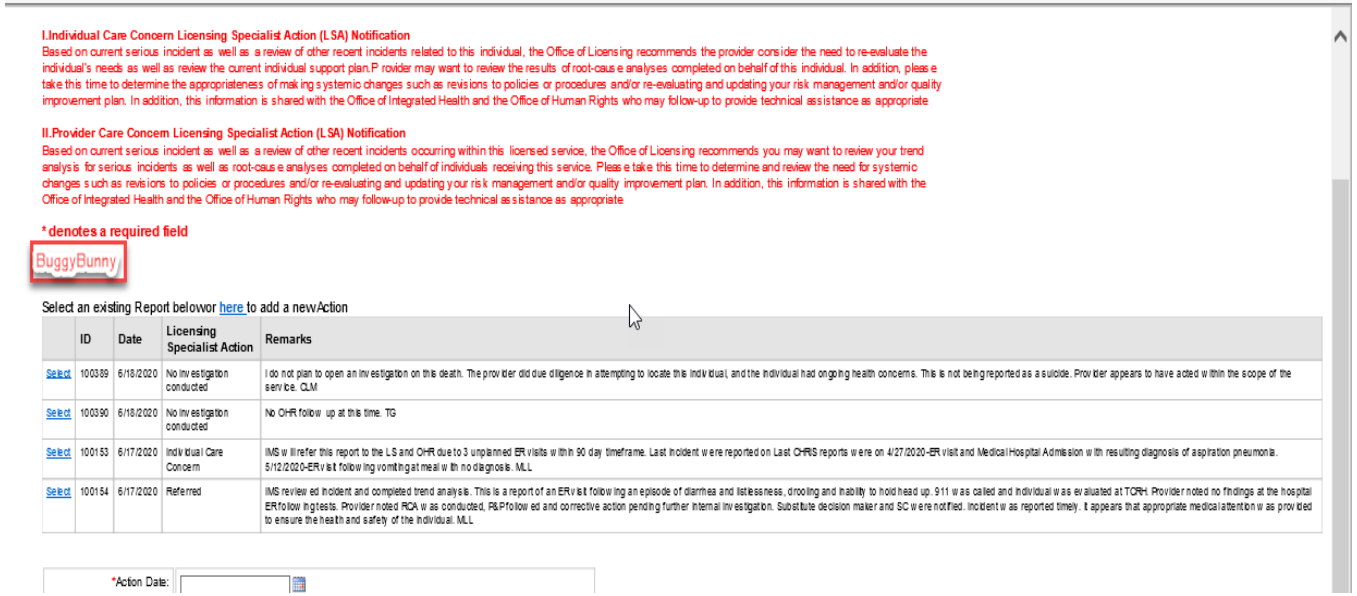
Care Concerns in CHRIS

- Care Concerns are identified on the “Death/Incident LSA (Licensing Specialist Action) Report” tab of CHRIS



Care Concern

- For an incident to be classified as an “Individual Care Concern” or “Provider Care Concern” , please read the “Action Item” and “Remarks” under the LSA Report tab (Figures 3 & 4). The “Action Item” selected would either be “Individual Care Concern” or “Provider Care Concern”. The “Remarks” statement will include the incidents criteria which lead to the incident being classified as a Care Concern.



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

II.Provider Care Concern Licensing Specialist Action (LSA) Notification
Based on current serious incident as well as a review of other recent incidents occurring within this licensed service, the Office of Licensing recommends you may want to review your trend analysis for serious incidents as well as root-cause analyses completed on behalf of individuals receiving this service. Please take this time to determine and review the need for systemic changes such as revisions to policies or procedures and/or re-evaluating and updating your risk management and/or quality improvement plan. In addition, this information is shared with the Office of Integrated Health and the Office of Human Rights who may follow-up to provide technical assistance as appropriate

***denotes a required field**

BuggyBunny

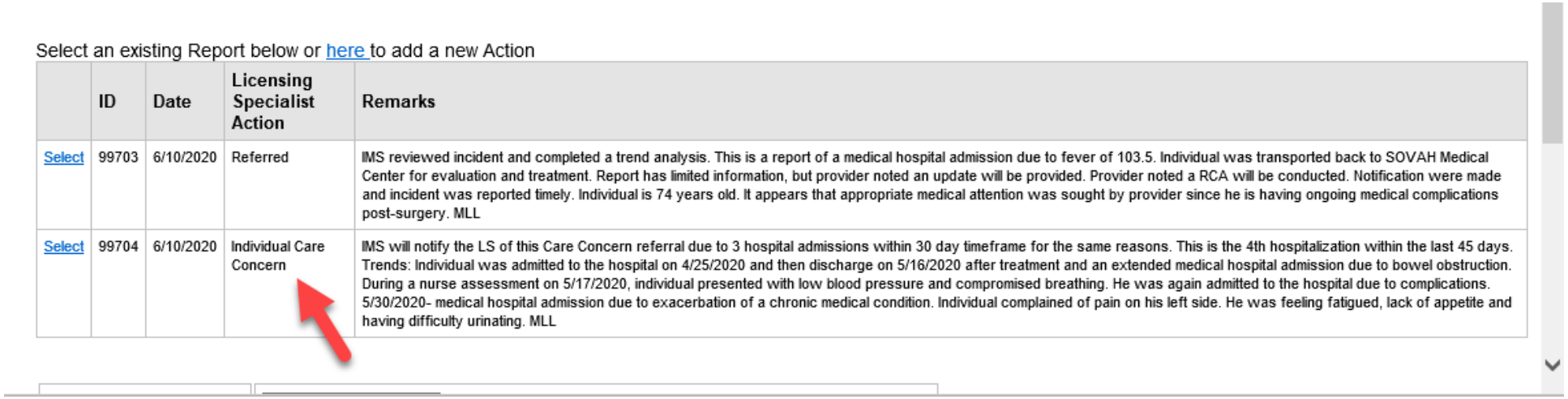
Select an existing Report belowor here to add a newAction

	ID	Date	Licensing Specialist Action	Remarks
Select	100389	6/18/2020	No investigation conducted	I do not plan to open an investigation on this death. The provider did due diligence in attempting to locate this individual, and the individual had ongoing health concerns. This is not being reported as a suicide. Provider appears to have acted within the scope of the service. CLM
Select	100390	6/18/2020	No investigation conducted	No OHR follow up at this time. TG
Select	100153	6/17/2020	Individual Care Concern	IMS will refer this report to the LS and OHR due to 3 unplanned ER visits within 90 day timeframe. Last incident were reported on Last CHRIS reports were on 4/27/2020-ER visit and Medical Hospital Admission with resulting diagnosis of aspiration pneumonia. 5/12/2020-ER visit following vomiting at meal with no diagnosis. MLL
Select	100154	6/17/2020	Referred	IMS review ed incident and completed trend analysis. This is a report of an ER visit following an episode of diarrhea and listlessness, drooling and inability to hold head up. 911 was called and individual was evaluated at TCRH. Provider noted no findings at the hospital ERfollowingtests. Provider noted RCA was conducted, P&Pfollow ed and corrective action pending further internal investigation. Substitute decision maker and SC were notified. Incident was reported timely. It appears that appropriate medical attention was provided to ensure the health and safety of the individual. MLL

*Action Date:

Care Concerns in CHRIS

- IMU will identify in the LSA when an incident has been classified as an “Individual or Provider Care Concern”.



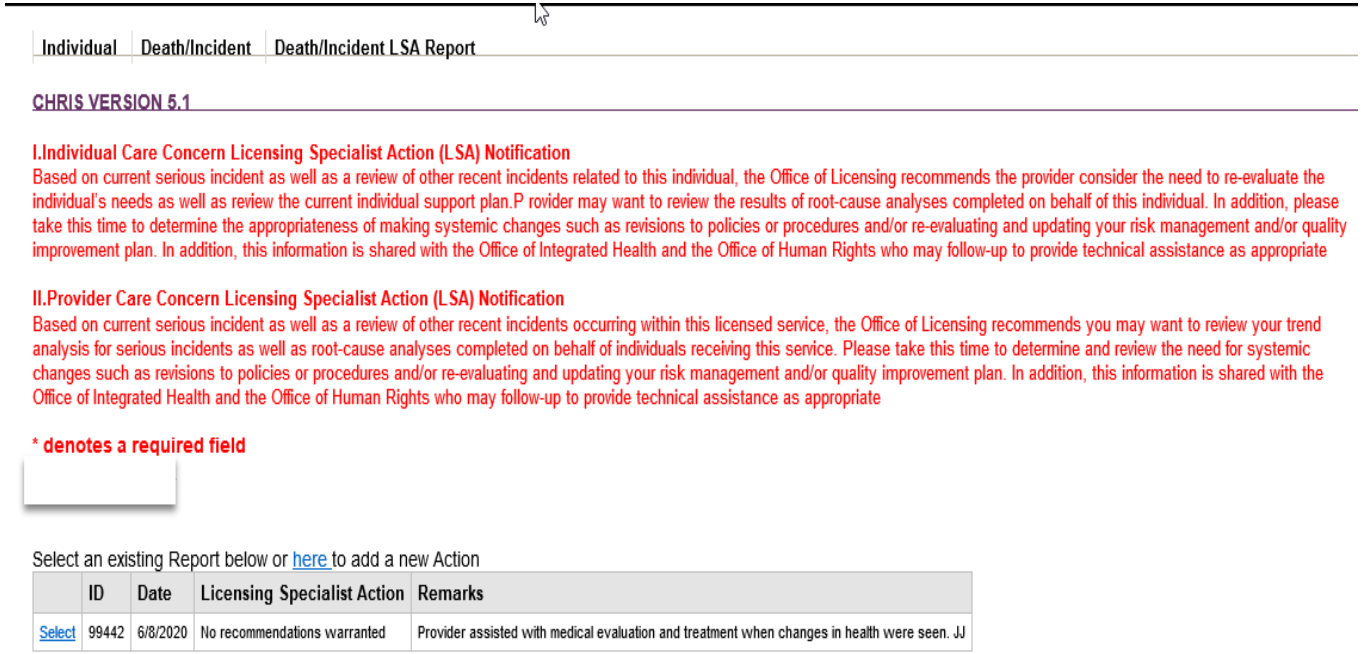
Select an existing Report below or here to add a new Action

	ID	Date	Licensing Specialist Action	Remarks
Select	99703	6/10/2020	Referred	IMS reviewed incident and completed a trend analysis. This is a report of a medical hospital admission due to fever of 103.5. Individual was transported back to SOVAH Medical Center for evaluation and treatment. Report has limited information, but provider noted an update will be provided. Provider noted a RCA will be conducted. Notification were made and incident was reported timely. Individual is 74 years old. It appears that appropriate medical attention was sought by provider since he is having ongoing medical complications post-surgery. MLL
Select	99704	6/10/2020	Individual Care Concern	IMS will notify the LS of this Care Concern referral due to 3 hospital admissions within 30 day timeframe for the same reasons. This is the 4th hospitalization within the last 45 days. Trends: Individual was admitted to the hospital on 4/25/2020 and then discharge on 5/16/2020 after treatment and an extended medical hospital admission due to bowel obstruction. During a nurse assessment on 5/17/2020, individual presented with low blood pressure and compromised breathing. He was again admitted to the hospital due to complications. 5/30/2020- medical hospital admission due to exacerbation of a chronic medical condition. Individual complained of pain on his left side. He was feeling fatigued, lack of appetite and having difficulty urinating. MLL

- In the area above the Licensing Specialist Actions are recommendations regarding individual and provider care concerns

Not Care Concern

- For an incident **without** the "Licensing Specialist Action Item" "Individual Care Concern" or "Provider Care Concern" selected, this incident was triaged by IMU or the licensing specialist and is not determine to be a "Care Concern" because the incident did not meet the required Care Concern criteria



Individual | Death/Incident | Death/Incident LSA Report

CHRIS VERSION 5.1

I.Individual Care Concern Licensing Specialist Action (LSA) Notification

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

II.Provider Care Concern Licensing Specialist Action (LSA) Notification

Based on current serious incident as well as a review of other recent incidents occurring within this licensed service, the Office of Licensing recommends you may want to review your trend analysis for serious incidents as well as root-cause analyses completed on behalf of individuals receiving this service. Please take this time to determine and review the need for systemic changes such as revisions to policies or procedures and/or re-evaluating and updating your risk management and/or quality improvement plan. In addition, this information is shared with the Office of Integrated Health and the Office of Human Rights who may follow-up to provide technical assistance as appropriate

*** denotes a required field**

Select an existing Report below or here to add a new Action

	ID	Date	Licensing Specialist Action	Remarks
Select	99442	6/8/2020	No recommendations warranted	Provider assisted with medical evaluation and treatment when changes in health were seen. JJ

Individual Care Concern Licensing Specialist Action (LSA) Notification

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

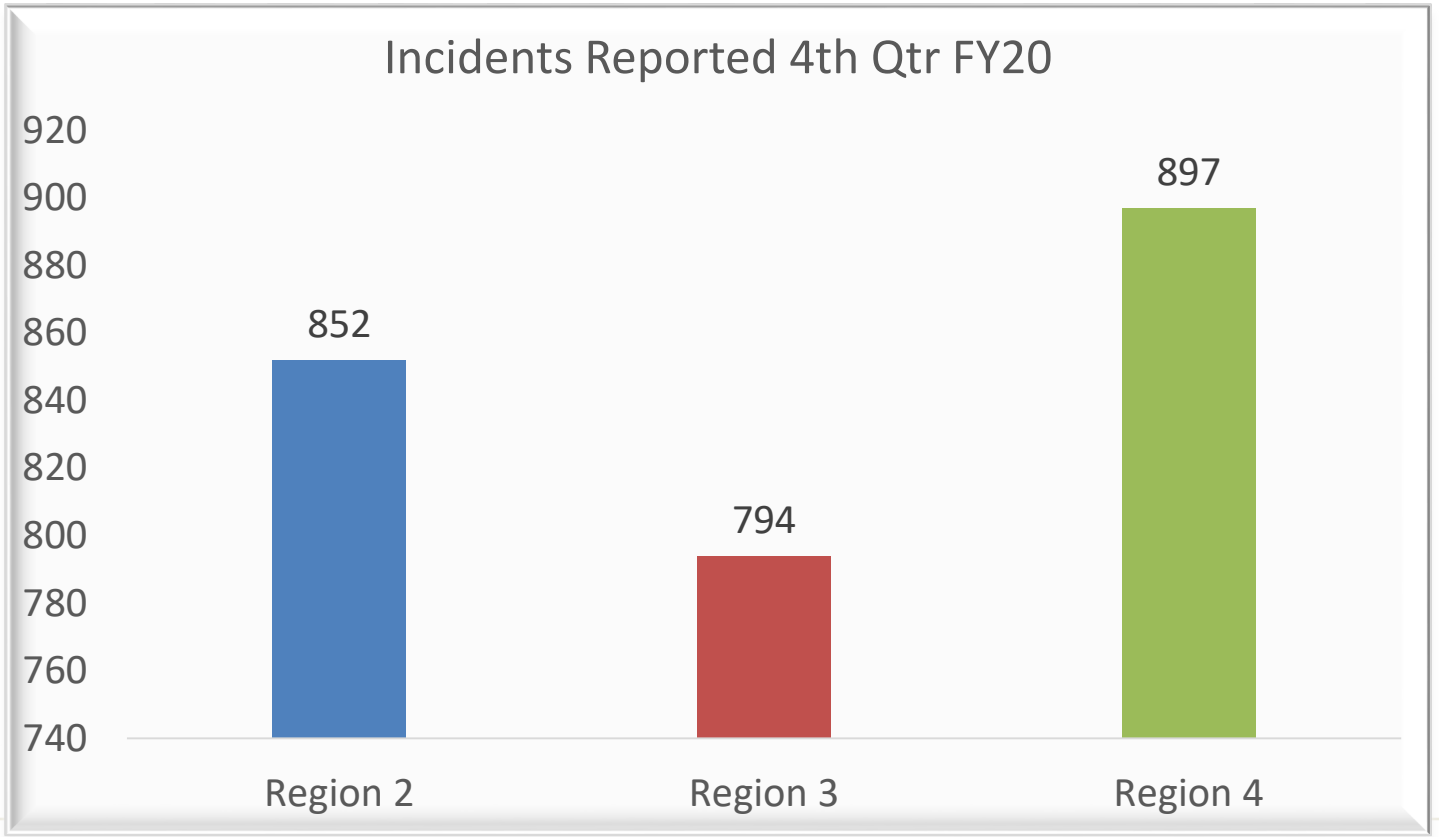
Provider Care Concern Licensing Specialist Action (LSA) Notification

- Based on current serious incident as well as a review of other recent incidents occurring within this licensed service, the Office of Licensing recommends you may want to review your trend analysis for serious incidents as well as root-cause analyses completed on behalf of individuals receiving this service. Please take this time to determine and review the need for systemic changes such as revisions to policies or procedures and/or re-evaluating and updating your risk management and/or quality improvement plan. In addition, this information is shared with the Office of Integrated Health and the Office of Human Rights who may follow-up to provide technical assistance as appropriate

IMU Data

- The data being displayed today covers incidents triaged from April 1, 2020 to June 30, 2020. This data covers incidents reported in Regions 2-4. There were a total of 2,543 incidents reported in 4th Qtr. FY20

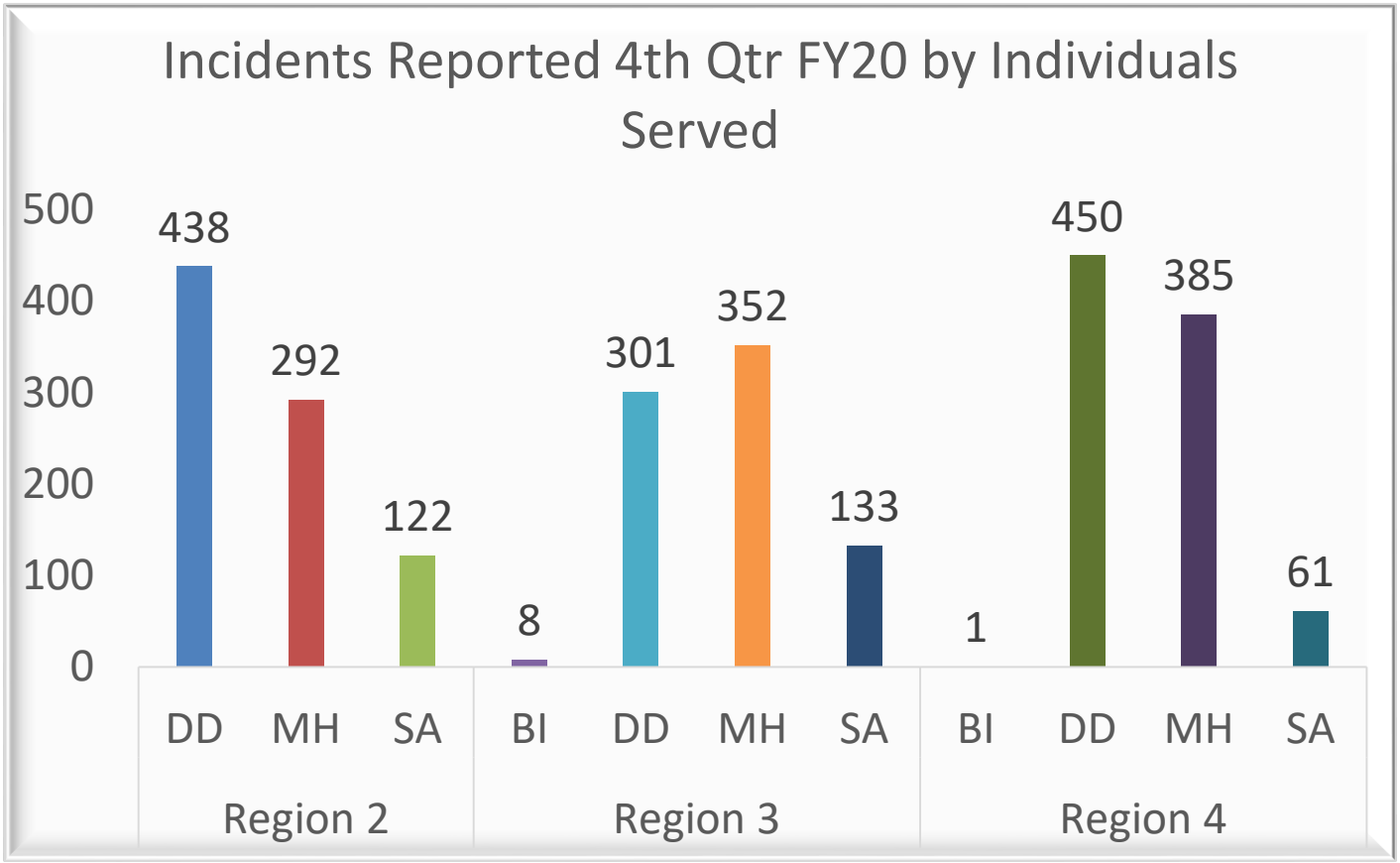
Region	Incidents
Region 2	852
Region 3	794
Region 4	897
Grand Total	**2543**



Incidents Reported by Individuals served

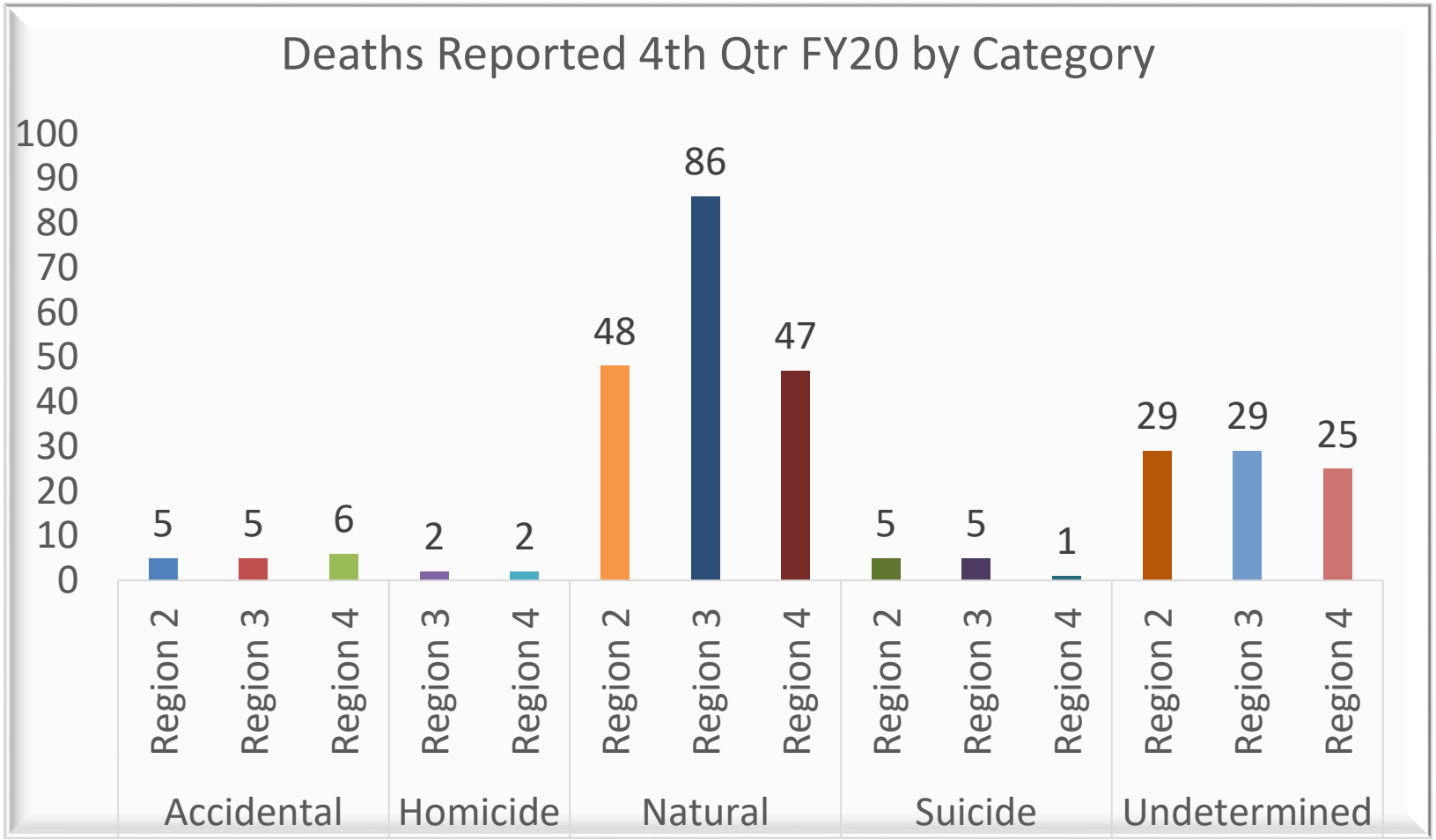
- These are the incidents IMU triaged by Individuals Served.

Region	Program Service Type	Total
Region 2	DD	438
	MH	292
	SA	122
Region 3	BI	8
	DD	301
	MH	352
	SA	133
Region 4	BI	1
	DD	450
	MH	385
	SA	61
Grand Total		**2543**



Deaths by Category

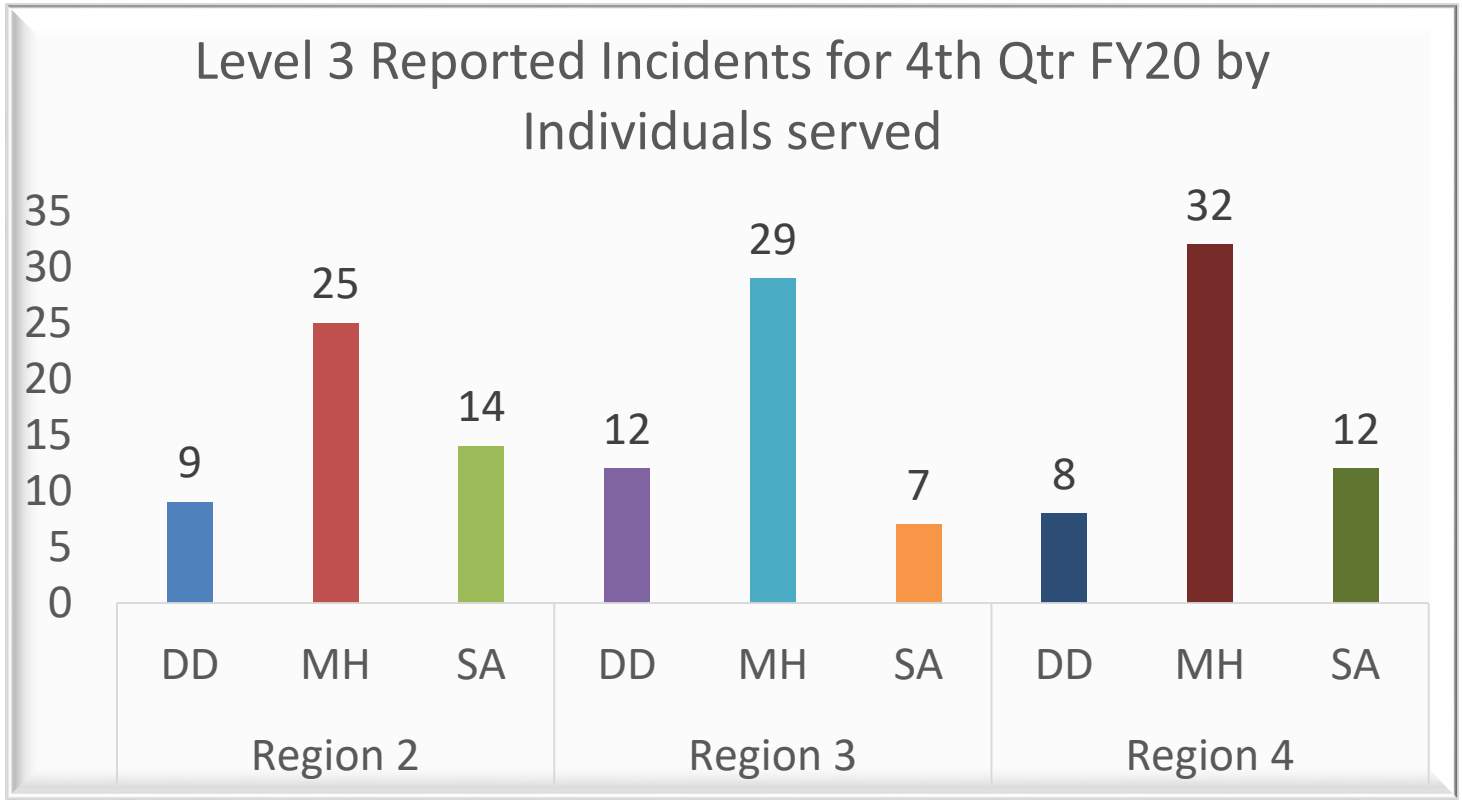
- 295 Deaths were reported during the 4th Quarter of FY2020
  - Accidental - 16
  - Homicide- 4
  - Natural – 181
  - Suicide – 11
  - Undetermined - 83



Level III

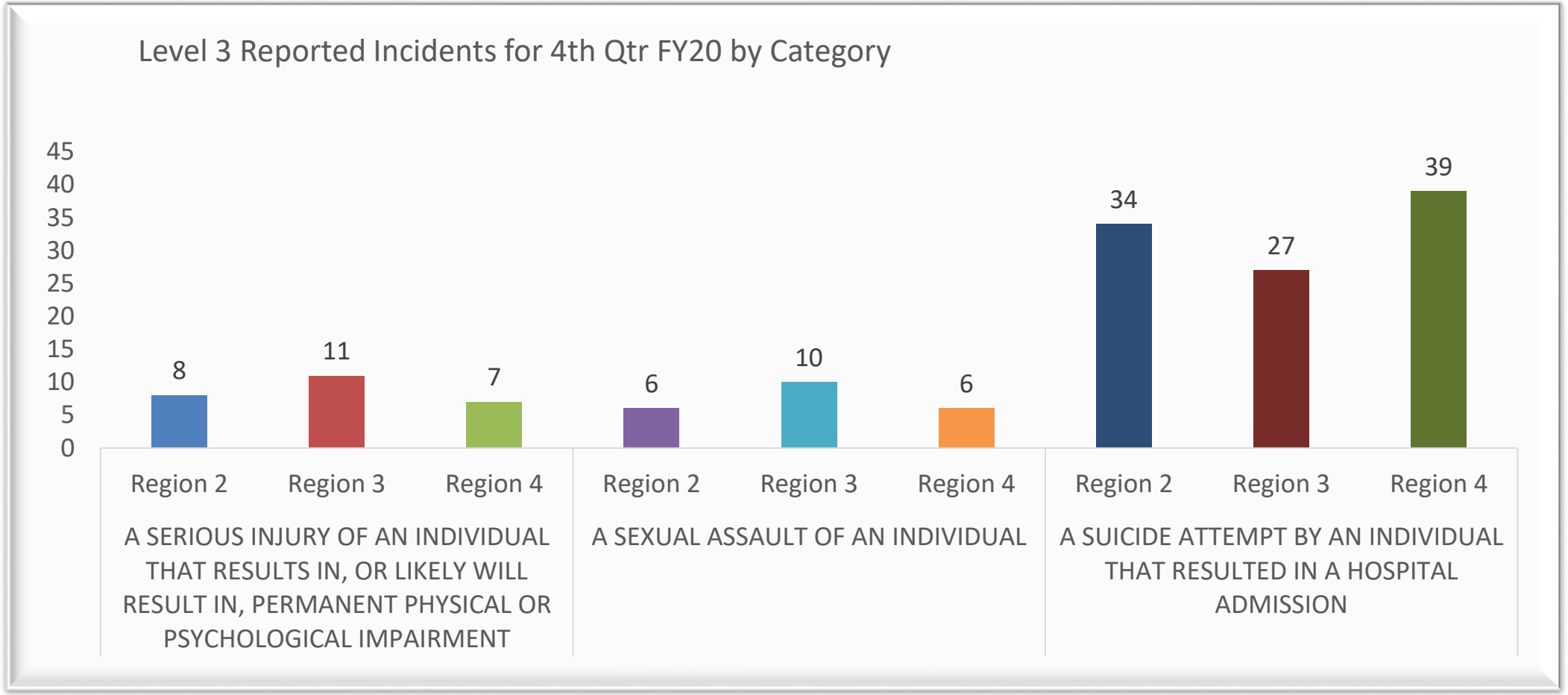
- There were a total of 148 Level Three incidents reported.

Region	Program Service Type	Level 3
Region 2	DD	9
	MH	25
	SA	14
Region 3	DD	12
	MH	29
	SA	7
Region 4	DD	8
	MH	32
	SA	12
Grand Total		**148**



Level III

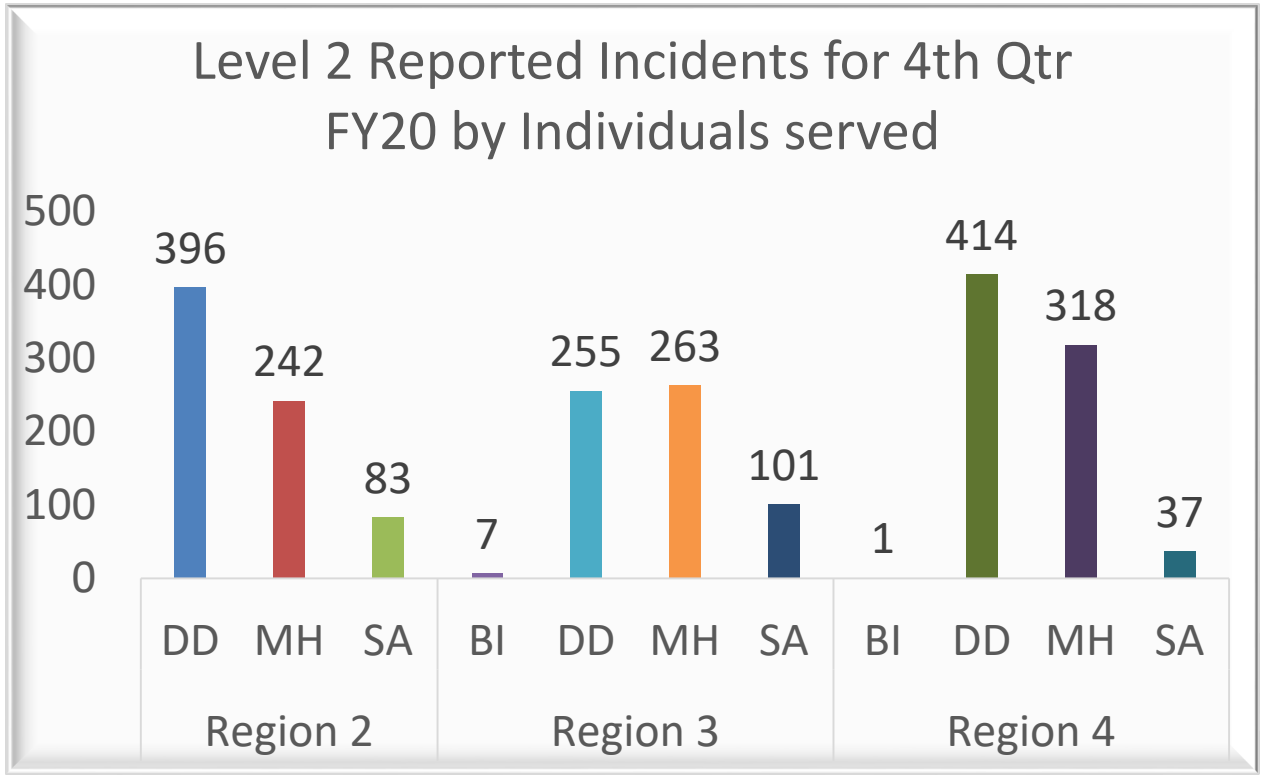
- There were a total of 148 Level Three incidents reported this slide is by Level III Category



Level II

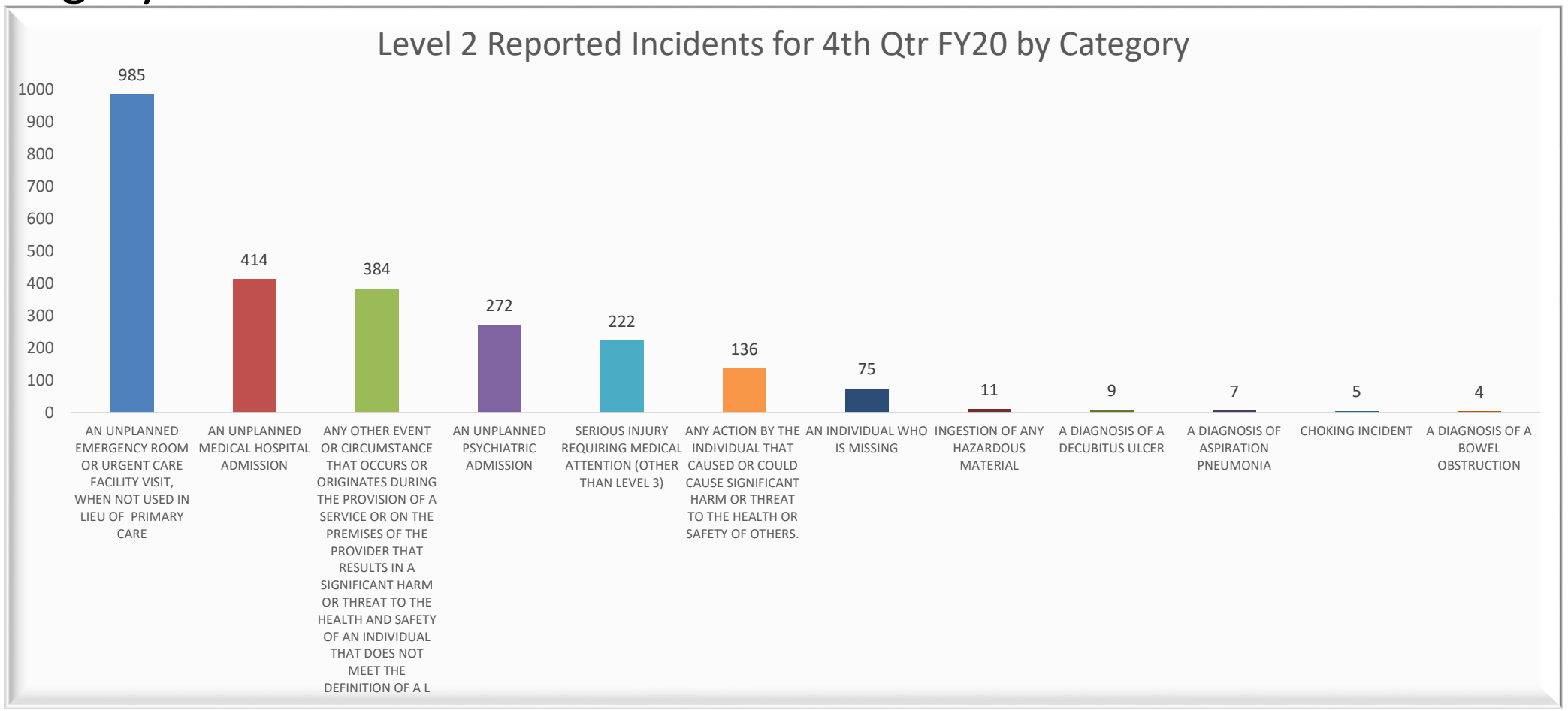
- There were a total of 2,117 Level Two incidents reported

Region	Program Service Type	Total	Grand Total
Region 2	DD	396	721
	MH	242	
	SA	83	
Region 3	BI	7	626
	DD	255	
	MH	263	
	SA	101	
Region 4	BI	1	770
	DD	414	
	MH	318	
	SA	37	
Grand Total			**2117**



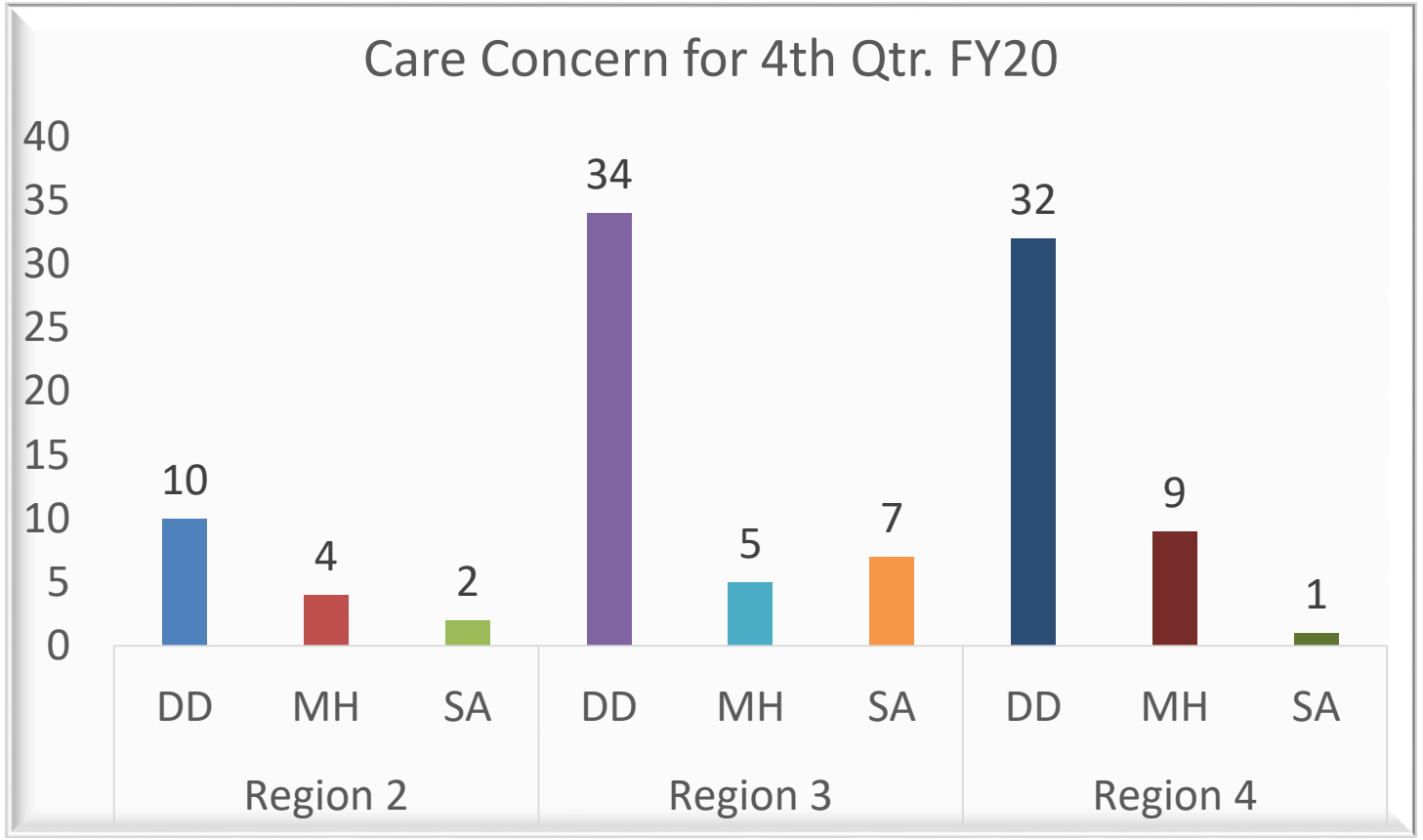
Level II

- There were a total of 2,117 Level Two incidents reported this slide is by Level II Category



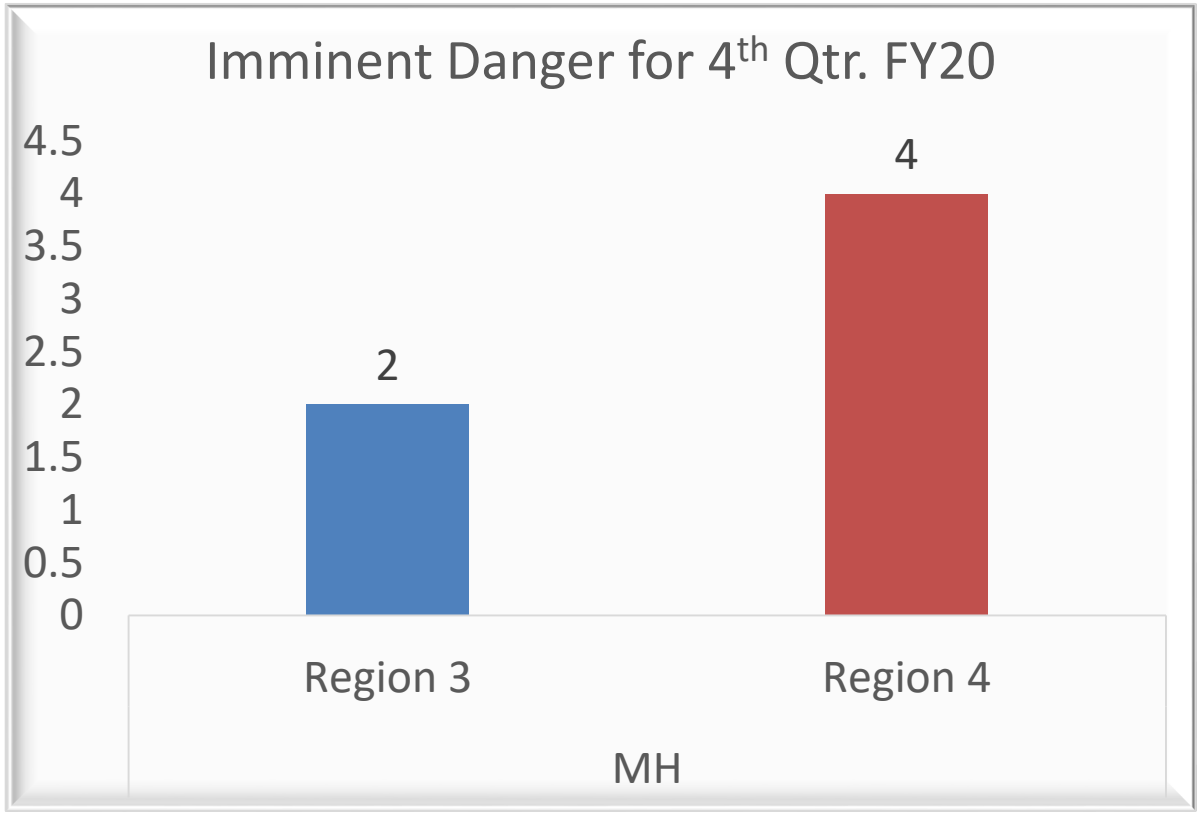
Care Concerns

- There were 104 incidents which met the criteria of a Individual Care Concern.



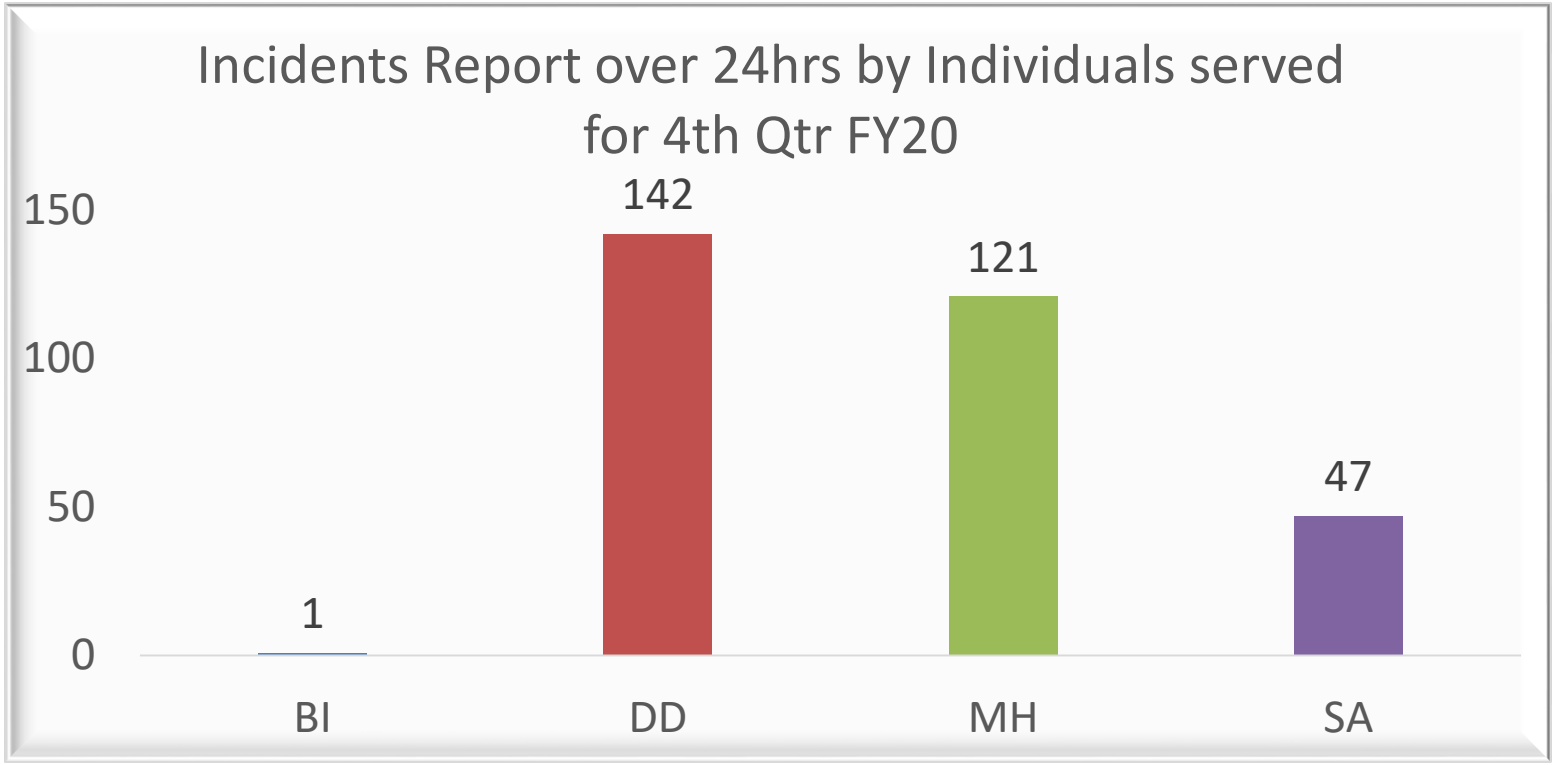
Imminent Danger

- There were only 6 incidents which where categorized as imminent danger.



Citations Issued for Late Reporting

- There were 246 citation issued for late reporting regulations 12VAC105-160.D.2, or 12VAC35-46-1070.C,



Questions

THANK YOU