COMMONWEALTH of VIRGINIA

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MEMORANDUM

To: DBHDS Licensed Providers

From: Jae Benz, Director, Office of Licensing

Cc: Angelica Howard, Specialized Investigation Unit Manager

Date: ~~March 31, 2020~~ **FINAL May 28, 2020**

RE: **Individuals with Developmental Disabilities with High Risk Health Conditions**

Purpose: The purpose of this memo is to inform providers licensed by the Department of Behavioral Health and Developmental Services ("DBHDS") that provide services to individuals with developmental disabilities ("DD") of the importance of adequately supporting individuals with high-risk health conditions. High-risk health conditions include decubitus ulcers ("pressure injuries"), aspiration pneumonia, and falls that result in serious injury. DBHDS is committed to continually improving the health and safety of individuals receiving behavioral health and developmental services from DBHDS licensed providers. Rigorous inquiries into serious incident reports ("SIRs") can identify opportunities for provider and system improvements that will reduce risks to individuals receiving licensed services. This memo also reminds providers of the available resources offered by the DBHDS Office of Integrated Health ("OIH").

Overview: Current SIR tracking implemented by the Office of Licensing ("OL") Incident Management Unit ("IMU") has revealed that there have been incidents regarding individuals with DD who have decubitus ulcers ("pressure injuries"), aspiration pneumonia, and falls that result in serious injuries. This memo serves as a reminder of the importance for licensed providers to ensure that any individuals with DD, that have these identified health conditions, are appropriately supported based on their assessed identified needs. Providers shall ensure that they only accept individuals into their services who they can support and who meet their service description (12VAC35-105-580). In addition, providers must compile appropriate assessments (12VAC35-105-650); develop specific individual service plans (ISPs) and applicable protocols to address identified needs (12VAC35-105-660 and -665); and reassess individuals as new diagnoses occur or when Level II incidents occur (12VAC35-105-160 D 2 and -675 A). Providers should look at incidents at both the individual level and from a risk management perspective for all individuals (12VAC35-105-520 A-E). In addition, providers are reminded that

when reporting SIRs into the DBHDS Computerized Human Rights Information System ("CHRIS"), they should ensure that the correct diagnosis is selected, versus "unknown," when applicable. Providers should make any updates in the SIR report as soon as possible and no later than 48 hours from the time of their original submission. This will aid with appropriate data collection.

Potential Areas of Assessment: Below are a few examples of potential questions based on the Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services ("Licensing Regulations") [12VAC35-105]. Providers should consider and assess these examples in an effort to prevent or address decubitus ulcers ("pressure injuries"), aspiration pneumonia, and falls resulting in serious injuries. Please note the following is not a comprehensive list and does not serve as a substitute for obtaining a medical assessment from a licensed professional:

- **12VAC35-105-450. Employee Training and Development:**
  1. Do you have evidence that staff were trained to support the individual with the identified medical diagnosis based on best practice evidence (e.g. skin integrity training, aspiration pneumonia prevention, fall prevention)?
  2. Have you ensured that all staff are trained on the required direct support professional (DSP) orientation training and associated competency checklists completed?
- **1VAC35-105-520. Risk Management:**
  1. Do you have a risk management plan in place to help minimize the risk for the identified individual and for other individuals that is based on best practice evidence?
  2. Do you complete safety and environmental check forms to ensure the environment is safe for the individual in an effort to minimize falls based on best practice evidence?
- **12VAC35-105-580.F. Service Description Requirements:**
  1. Did you ensure that you only admitted individuals whose needs are consistent with your service description? What steps did you take to ensure that you only admitted individuals whose needs are consistent with your service description?
  2. What procedures do you have in place for notifying the support coordinator and guardian that you can no longer provide services safely due to health changes?
  3. Is there a procedure in place for emergency removal from the home?
- **12VAC35-105-590 C 3. Provider Staffing Plan:**
  1. Do you have appropriate staffing levels for supervision of the individuals based on their identified needs and best practice evidence?
  2. Do you have staff trained in medication administration available for all shifts?
- **12VAC35-105-600. Nutrition:**
  1. Did you ensure that the individual received the appropriate nutrition and food consistency needed based on current protocol or physician orders?
  2. Was all assistive technology and adaptive food equipment used for eating and drinking: a) per physician orders; and b) per speech therapist/physical therapist/occupational therapist ("SPT/PT/OT") evaluations; and c) consistently carried out across all settings and addressed within the individual's ISP?
  3. Is there adequate supervision or level of support provided to the individual while eating?
  4. Is there evidence that all staff are trained in appropriate use of, and support of, assistive technology and adaptive equipment for the individual for eating and drinking: a) per physician orders; and b) per SPT/PT/OT's evaluations; and c) consistently carried out across all settings and addressed within the individual's ISP?

5. Is there evidence that all staff across all settings are able to describe symptoms of dysphagia (difficulty swallowing)?
6. Is there evidence that all staff across all settings can accurately identify when a consultation with a dietician or SPT is needed?
7. Is there evidence that all staff can accurately identify the functions and services a primary care physician (PCP)/SPT/PT/OT/nurse can provide to an individual?

- **12VAC35-105-620. Monitoring and Evaluating Service Quality:**
  1. Do you have a quality improvement plan and processes to help identify where improvements in service delivery may be needed to minimize the risk for these types of injuries and to implement quality improvement initiatives?
  2. Do you have a system in place to track repeat incidents, hospitalizations, injuries, illnesses, falls, etc., in order to analyze and recognize patterns or trends among the individuals, which can help identify system process issues, educational or training needs, and identify the need for a referral to PCP/SPT/PT/OT/nurse or other specialized medical assessments and treatments?
- **12VAC35-105-650. Assessment Policy:**
  1. Do you have adequate assessment procedures documented to include reassessments when the injury or event is discovered?
  2. Do your assessments include assessing for falls, pressure injuries, aspiration risk, and other potential individual health and safety risks?
  3. Did you seek outside assessments of individuals when needed (SPT/OT/PT/nurse, etc.) to include regular safety and maintenance checks of all durable medical equipment (DME) such as wheelchairs, shower chairs, toileting chairs, rollators, walkers, hospital beds, standers, gait trainers, etc.)?
  4. Do you have protocols and procedures in place to ensure that individuals who use wheelchairs have an annual seating assessment (best practice) and as needed?
  5. Have you requested onsite training (from the Office of Integrated Health) for mobile rehabilitation evaluation/durable medical equipment evaluation/assistive technology (“MRE/DME/AT”) to help you identify the need for a new DME assessment?
- **12VAC35-105-660. Individualized Services Plan (ISP) and -665. ISP Requirements:**
  1. Did the ISP have adequate health and safety goals, objectives, and interventions to address identified medical and clinical therapeutic needs as indicated via assessments?
  2. Are the ISPs individualized such that staff clearly know how to support the individual with medical, positioning, health, and nutritional needs per best practice evidence?
  3. Have you documented discussion of identified risks and potential mitigating strategies with the individual and guardian or authorized representative, as applicable, to ensure informed choice and decision making?
  4. Can your staff demonstrate a working knowledge of the ISP supports?
  5. Are there separate detailed protocols needed to supplement the ISP (i.e., repositioning protocol, nutritional management protocol, fall prevention protocols, and DME/AT/adaptive equipment protocols)?
  6. Do you have evidence that staff were trained on the ISP and specific DME/AT/adaptive equipment protocols by specialists such as an SPT/OT/PT, etc.?
  7. If you have a nurse on staff, is the nurse attending ISP meetings for those individuals who had a recent serious incident (aspiration, fall, and pressure injury)?
- **12VAC35-105-680. Progress Notes or Other Documentation**:
  1. Do progress notes support implementation of the ISP?

2. Are there any other needed medical tracking forms or documentation to support the ISP goals (repositioning forms for skin pressure prevention, nutritional monitoring forms to document appropriate nutrition and food consistencies for prevention of aspiration pneumonia, body check forms after falls to monitor for any bruising, etc.), based on best practice evidence?

- **12VAC35-105-720. Health Care Policy:**
  1. Does your health care policy meet regulation requirements and include how identified medical needs like decubitus ulcers ("pressure injuries"), aspiration pneumonia, and high fall risks will be addressed, especially if you currently support individuals with these identified needs, based on best practice evidence?
  2. Do you have a policy to identify those individuals who have a fall risk and to develop and implement a fall prevention and management plan for each individual at risk, based on best practice evidence?
  3. Does your policy address when staff immediately contact 911 in the event of an emergency and do you have evidence that all staff have been trained in your policy?
- **12VAC35-105-750. Emergency Medical Information:**
  1. Does your emergency medical information or form include identifying those individuals who are at high risk for decubitus ulcers ("pressure injuries"), aspiration pneumonia, or falls, based on best practice evidence?
- **12VAC35-105-770. Medication Management:**
  1. Did you ensure all prescribed medications were administered as prescribed (checking medication administration record sheets ("MARS") and available medications)?
  2. Did your staff ensure any medical orders for treatment were followed (repositioning orders, nutritional consistency orders, and ensuring assistive devices like walkers are available to use and in good working condition)?
  3. Are all supplies (for prescribed treatments) available per physician's (PCP or other physician) orders?

Available Resources: The DBHDS Office of Integrated Health's (OIH) website has several safety alerts and newsletters regarding skin integrity, aspiration pneumonia, and fall prevention, along with other vital resources. OIH also has the Health Support Network, which currently offers the following programs: Mobile Rehab Engineering, Dental Services, and Community Nursing, which provide educational and technical assistance on health and safety related topics. Providers are highly encouraged to utilize this resource to keep informed about important health alerts that may affect individuals with DD.

Sincerely,

Jae Benz

Jae Benz
Director, Office of Licensing
DBHDS