

DBHDS Office of Licensing
Guidance for a Quality Improvement Program

Effective:

Purpose: This document contains guidance to providers regarding the requirements for quality improvement adopted to address compliance with the US 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."
12VAC35-105-620. Monitoring and Evaluating Service Quality.

12VAC35-105-620. Monitoring and evaluating service quality.

- A. *The provider shall develop and implement written policies and procedures for a quality improvement program sufficient to identify, monitor, and evaluate clinical and service quality and effectiveness on a systematic and ongoing basis.*

Guidance:

A quality improvement (QI) program is the structure used to implement quality improvement efforts. The structure of the program shall be documented in the provider's policies.

[Note: If you are a provider of group home, sponsored residential, supervised living residential, or day support services offered in the Developmental Disability (DD) waivers, and your agency is currently engaged in efforts to come into compliance with the Home and Community Based Services (HCBS) settings requirements (42 CFR § 441.301), consider including those efforts into your QI program.]

When developing a quality improvement program, providers may consider resources and tools available on the department's [Office of Community Quality Management page](#).

- B. *The quality improvement program shall utilize standard quality improvement tools, including root cause analysis, and shall include a quality improvement plan.*

Guidance:

12VAC35-105-20 defines a quality improvement plan as "*a detailed 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.*"

C. *The quality improvement plan shall:*

1. *Be reviewed and updated at least annually;*

Guidance:

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).

- If needed, the provider must also update the plan more frequently based on defined goals and the occurrence of relevant events, such as the issuance of a corrective action plan (CAP). As providers experience changes in systems or programs, the quality improvement plan should be reviewed to ensure that it continues to be relevant.
- Annual and other reviews of the quality improvement plan should include evaluation of the components of the program, efficacy of the plan, and whether any updates are needed to accomplish the plan's goals.
- The quality improvement plan should be dated and signed to indicate when it is implemented and when any updates occur.

2. *Define measurable goals and objectives;*

Guidance:

Identifying goals and objectives may start with consideration of the individuals served and the types of services provided.

A provider's quality improvement plan should include goals and objectives that are operationally defined and measurable, and a schedule for monitoring progress towards achieving the planned goals and objectives. Establishing a measurable objective may start with the question, "How will I know that there has been improvement or that the objective was achieved?" For example, if the objective of a residential provider is to reduce the number of injuries sustained, this objective could be stated as, "Reduce the rate of serious injuries by X% by December 31, 2020."

This regulation does not require the provider to set a specific number of goals and objectives. Providers may wish to select only a few goals and then revise or expand the list as evaluations indicate. Providers collecting data already may consider using the data to identify areas for improvement.

- For example, if data from fire drills indicates that it is taking longer to evacuate individuals than expected, the provider may set an objective to reduce the time to evacuate individuals from the facility from X minutes to Y minutes by [specific date]. Other goals and objectives could be tied to maintaining a well-trained workforce (*i.e.*, objective of low turnover) or compliance with the HCBS settings requirements, if applicable.
- Other examples of data driven objectives could include:
 - Increase the percentage of individuals with employment outcomes; or
 - Increase the percentage of individuals who participate in advocacy groups.

When establishing measurable goals and objectives, a provider may consider the following:

- Is it clear what is being measured and why? Is there a statement that defines what is to be measured?
- What collection methods and sources of data are available?
- What is the baseline data, if available?
- What is the frequency of measurement? (e.g., monthly, quarterly, semiannually)
- How will the provider know if goals and objectives were met?
- What is the timeframe for achieving the goal or objective?
- Who will be accountable for collecting data, analyzing data, and ensuring that relevant goals or objectives are met?

3. *Include and report on statewide performance measures, if applicable, as required by DBHDS;*

Guidance:

As DBHDS requires statewide performance measures, it will provide information to providers.

4. *Monitor implementation and effectiveness of approved corrective action plans pursuant to 12VAC35-105-170; and*

Guidance:

The provider should identify any systematic actions that may be taken to address deficiencies identified by citations or CAPs and incorporate these into their quality improvement program.

This may include establishing measurable objectives that are related to the corrective actions and evaluating the degree to which these objectives have been achieved.

- For example, if a provider was cited for errors in medication administration, they may develop a CAP to reduce errors, and then establish a specific objective for X number of errors in the next quarter. This could be measured through chart review and reported as part of the quality improvement program.

5. *Include ongoing monitoring and evaluation of progress toward meeting established goals and objectives.*

Guidance:

A quality improvement program must include a process defining when and how the provider will review progress toward the goals and objectives of the program.

This may occur through establishing a quality council that regularly meets to review progress or through an established meeting structure.

This process should include an evaluation as to whether or not the goals and objectives of the quality improvement plan were met, whether the goals and objectives should be

revised, and if a new quality improvement initiative should be considered to better meet the goals and objectives.

D. The provider's policies and procedures shall include the criteria the provider will use to:

- 1. Establish measurable goals and objectives;*
- 2. Update the provider's quality improvement plan; and*
- 3. Submit revised corrective action plans to the department for approval or continue implementing the corrective action plan and put into place additional measures to prevent the recurrence of the cited violation and address identified systemic deficiencies when reviews determine that a corrective action was fully implemented but did not prevent the recurrence of the cited regulatory violation or correct a systemic deficiency pursuant to 12VAC35-105-170.*

Guidance:

Provider policies and procedures must include the processes by which the provider will develop, implement, and update its quality improvement plan, and thereby demonstrate an ongoing, constant process.

The provider's policies and procedures must address the steps that the provider will take when the provider determines that an approved CAP was fully implemented, but did not resolve the underlying issue (e.g., even though the CAP was fully implemented, the regulatory violation that the CAP was adopted to prevent still recurred, or an underlying systemic deficiency was not resolved). In this scenario, the provider may:

- Continue to implement the CAP, but adopt additional corrective measures and incorporate those additional measures into the quality improvement plan, or
- If the provider wishes to revise the CAP, the provider must submit a revised CAP to the department for approval.

For additional information related to 12VAC35-105-620.D.2. and 12VAC35-105-170 please see the DBHDS Office of Licensing's [Guidance on Corrective Action Plans \(CAPs\)](#).

E. Input from individuals receiving services and their authorized representatives, if applicable, about services used and satisfaction level of participation in the direction of service planning shall be part of the provider's quality improvement plan. The provider shall implement improvements, when indicated.

Guidance:

Provider quality improvement programs must incorporate input from individuals and their authorized representatives, when applicable, including input related to the level of satisfaction with the level of participation for individuals related to service planning; and, when improvements are indicated based on this input, such improvements shall be implemented.