Quality Improvement
Putting the Pieces Together

March 26, 2020

Virginia Department of
Behavioral Health &
Developmental Services

DBHDS Quality Management System

- The DBHDS Quality Management System includes:

  - Quality Assurance

  - Risk Management

  - Quality Improvement

Quality Assurance/Risk Management

- **Division of Compliance, Legislative and Regulatory Affairs**

- Office of Human Rights
  - Monitors compliance with human rights regulations by promoting the basic precepts of human dignity, advocating for the rights of persons with disabilities in the service delivery system and managing Human Rights dispute resolution program

- Office of Licensing
  - Acts as regulatory authority for licensed service delivery system (i.e. initial application reviews, initial site visits, licensed provider reviews, unannounced inspections, issuance of corrective action plans, investigations of complaints)

Division of Chief Clinical Officer

Clinical Quality Management
- Office of Community Quality Improvement
- Office of Facility Quality Improvement
- Quality Committees

Office of Data Quality and Visualization (DQV)
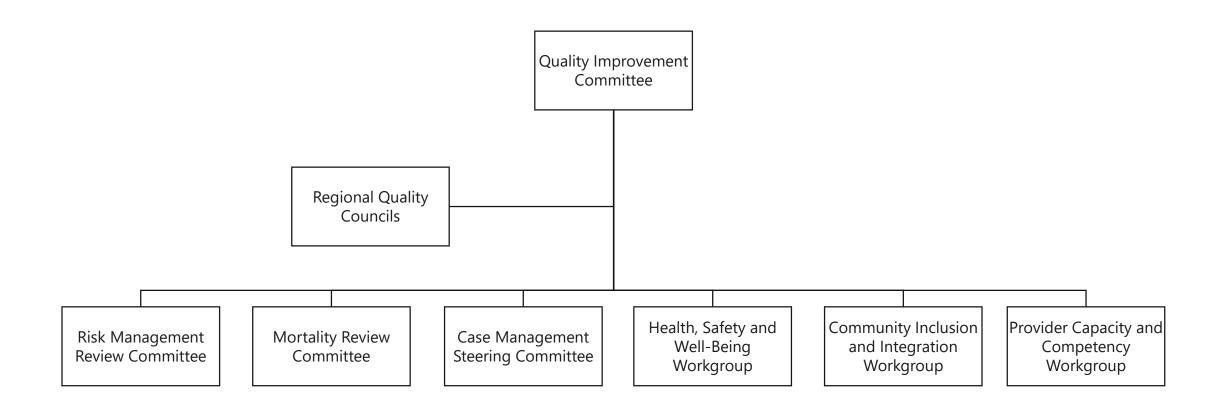
Clinical Quality Management

The Office of Clinical Quality Management:

- Provides technical assistance and consultation to internal and external state partners and licensed community-based partners
- Facilitates the use of data in the quality improvement process to identify trends
- Supports all DBHDS quality committees in the establishment of quality improvement initiatives
- Develops training resources for quality improvement

- The office provides oversight, either directly or indirectly, of quality service reviews
  - National Core Indicators
  - Quality Service Reviews
  - Support Coordinator Quality Reviews

DBHDS Quality Committee Structure

DBHDS Quality Committees

QIC

- Highest level quality committee for the agency and overall oversight of the Quality Management Program
- All other quality committees report into QIC, known as sub-committees to the QIC
- Ensures a process of continuous quality improvement and maintains responsibility for prioritization of needs and work areas
- Maintains a charter and ensures that all sub-committees have a charter describing standard operating procedures
- Ensures that providers, Community Services Boards, and other stakeholders are informed of quality improvement initiatives approved for implementation

DBHDS Quality Committees

Risk Management Review Committee (RMRC)

- Enables DBHDS to identify and prevent or substantially mitigate risks of harm

- Reviews aggregate data of provider compliance with serious incident and human rights reporting requirements and establishes targets for performance measurement indicators (PMIs)

- Monitors trends and uses the results of data reviewed to identify areas for improvement

- Identifies priorities and determines quality improvement initiatives as needed, including identified strategies and metrics to monitor success

DBHDS Quality Committees

Mortality Review Committee (MRC)

- Reviews deaths of individuals with IDD who received a licensed service at the time of death
- Reviews of unexplained OR unexpected deaths completed within 90 days of the death
- Recommends actions or interventions for the provider as applicable
- Addresses risk factors and gaps in service and recommends prevention strategies
- Identifies and implements quality improvement initiatives to reduce preventable deaths

DBHDS Quality Committees

Case Management Steering Committee

- Coordinates mechanisms for monitoring case management performance across responsible entities
- Reviews data from multiple sources, analyzes trends and progress toward meeting established targets
- Identifies and implements quality improvement initiatives to improve the provision of case management services

Key Performance Areas

DBHDS has identified three Key Performance Areas (KPAs) which:

- Align with the DBHDS Vision and Mission
- Have cross disability applicability
- Are focused on establishing performance measures for the Eight Domains noted in the Department of Justice Settlement Agreement

Performance Measure Indicators

For each KPA, the committees will:

- Establish performance measure indicators (PMIs)
- Consider a variety of data sources for collecting data
- Include baseline data when available and applicable
- Define measures and the methodology for collecting the data
- Establish a target and timeline for achievement
- Analyze data and monitor for trends
- Recommend quality improvement initiatives
- Report to the QIC for oversight and system-level monitoring

Performance Measure Indicators (PMIs)

Critical incidents reported to the Office of Licensing within the required timeframes.

94%

Licensed DD providers that administer medications are NOT cited for failure to review medication errors at least quarterly.

99.36%

Case Management records document that choice of waiver providers was provided and discussed
CL 97.5%%
FIS 100%
BI 83.3%

Number and percent of Individuals who receive annual notification of rights and information to report to ANE.
CL 93%
FIS 100%
BI100%

Number of new consumer-directed employees who have a criminal background check at initial employment.

100%

Number & percent of individual records indicating a risk assessment was completed as required.
CL 52%
FIS 44.7%
BI 100%

State policies and procedures for the use or prohibition of restrictive interventions *(including seclusion)* are followed.
100%

Had complete physical exam in past year
81 % VA
87% NCI average

Had a dental exam in past year
63% VA
81% NCI average

Number and percent of individuals whose service plan was revised, as needed, to address changing needs.

CL 44.4%
FIS 0%
BI100%

There is at least one place where the person feels afraid or scared(i.e., residential service, day service, community, work...)

19% VA
10% NCI average

Building A Culture of Quality

- Quality is a shared responsibility

- Quality is not a one time activity, it is a continuous process

- Quality improvement is a data driven process

Model for Quality Improvement

Aim • What are we trying to accomplish?

Measure • How do we know that a change is an improvement?

Change • What change can we make that will result in improvement?

PLAN
Defines the objective, questions, & predictions. Plan data collection to answer questions.

DO
Carry out the plan. Collect data and begin analysis of the data.

ACT
Plan the next cycle. Decide whether the change can be implemented.

STUDY
Complete the analysis of the data. Compare data to predictions.

Where are we headed?

- Create a Quality Management (QM) System that is:

  - Cross disability/cross continuum
  - Leadership supported
  - Person driven
  - Empowers ALL stakeholders to be change agents
  - Has an infrastructure that is sustainable and continuous

How do we get there?

- Development of a DBHDS Quality Management Plan
  - Describes what the agency is planning to accomplish and reflects what is currently happening
  - Serves as a guidance document that informs the organization as to the direction, timeline, activities related to QI
  - Living document that is revised and updated at regular intervals
- Includes a Data Quality Plan that guides the improvement of key data sources and monitors progress over time

Quality Management Plan

- Part I: Quality Management Program Description
  - Describes the current structure, framework, and existing quality committees for the agency

- Part II: Quality Management Work Plan
  - Contains the charters of each quality committee outlining the purpose and aims of the committee and anticipated quality initiatives

- Part III: Quality Management Annual Report and Evaluation
  - Summarizes the key accomplishments of the Quality Management Program, work plans, and challenges to meeting stated goals

Quality Management Plan

- Quality Committee Charters:
  - Charge
    - Statement of Purpose
    - Authorization
  - Chair
  - Membership Responsibilities
    - Attendance at meeting
    - Come prepared
    - QIC Liaison
    - Report to QIC
  - Quorum
  - Frequency of Activities of the Committee