



Virginia Department of
Behavioral Health &
Developmental Services

Quality Improvement Regulations

Tips and Tools

June 2021

Office of Licensing
Virginia Department of Behavioral
Health and Developmental Services

Goals of the Presentation

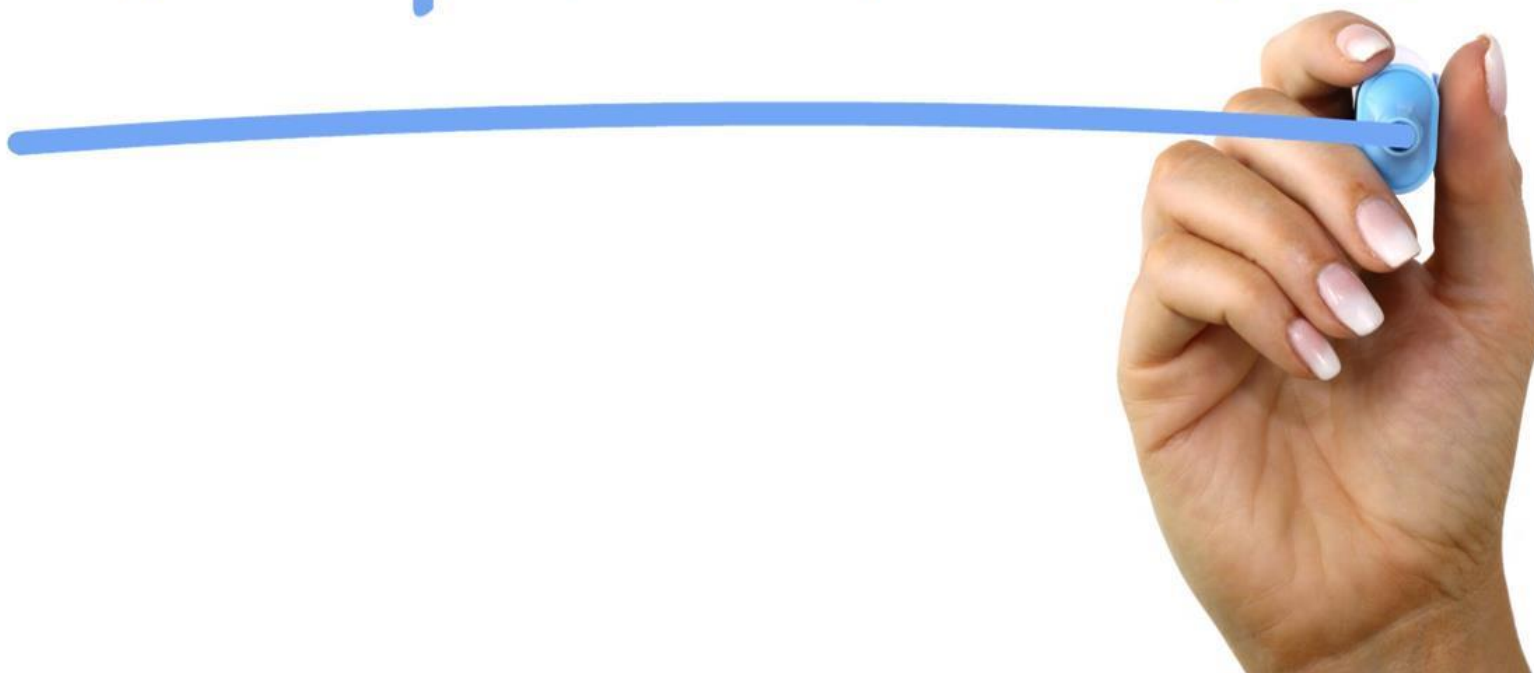
Quality Improvement Plan



Putting it All Together



REGULATIONS



12VAC35-105-620.A

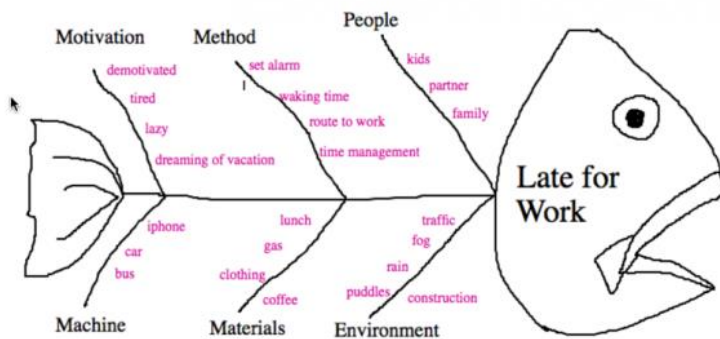
“The provider shall develop and implement written policies and procedures for a quality improvement program sufficient to identify, monitor and evaluate clinical and service quality and effectiveness on a systematic and ongoing basis.”

Examples:

- Quality committee(s) structure or persons assigned to monitor quality improvement efforts
- Procedures for evaluating clinical and service quality (record reviews, utilization reviews, customer satisfaction surveys)
- Serious Incident Reporting Policy
- Root Cause Analysis Policy
- Policy on actions that the provider may take to address deficiencies identified by citations and how/when Corrective Action Plans will be monitored

12VAC35-105-620.B

“The quality improvement program shall utilize standard quality improvement tools, including root cause analysis, and shall include a quality improvement plan.”



12VAC35-105-620.A

Difference: Program

- Structure and/or foundation
- Policies and procedures - 620.D:
 - Criteria for establishing goals and objectives
 - Criteria for updating the QI Plan
 - Criteria for submitting revised corrective action plans
- Standard quality improvement tools

Plan

- Work plan
- Goals for the year

QI Plan Definition

12VAC35-105-20 defines a quality improvement plan as a detailed work plan developed by the 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.

SAMPLE quality improvement plan gives tips

Best practice is to include guiding principles

Best practice would be to define terms

Examples are given of these best practices



12VAC35-105-620.C

“The quality improvement plan shall:

- 1. Be reviewed and updated at least annually**
- 2. Define measurable goals and objectives**
- 3. Include and report on statewide performance measures, if applicable, as required by DBHDS**
- 4. Monitor implementation and effectiveness of approved corrective action plans pursuant to 12VAC35-105-170, and**
- 5. Include ongoing monitoring and evaluation of progress toward meeting established goals and objectives”**

12VAC35-105-620.C.1

Be reviewed and updated at least annually

What will the licensing specialist be looking for?

Guidance states that the QI plan should be dated and signed to indicate when it is implemented and when any updates occur.

Providers decide on what annual means to your organization (calendar, fiscal)

“At least annually”- there may be other times a provider updates the QI plan (change in service, CAP)



12VAC35-105-620.C.2

Define measurable goals and objectives

“Start where you are.

Use what you have.

Do what you can.”

Arthur Ashe

Providers are already collecting data -- so start there

Think about improving programs, outputs, and outcomes

What is the measure to be used?

What is the current data figure (i.e., count, percent, rate) for that measure?

Do you want to increase or decrease that count/percent/rate?

Measurable Goals and Objectives

Examples:

Goal – to maintain a competent workforce

Objective – 97% of full and part time employees will complete required training by December 31, 2021

Goal – to ensure the health and safety of individuals served

Objective – fire drills will be conducted

Goal – to reduce the rate of falls with injury

Objective – employees will complete fall assessment training

The first example (highlighted in green) is measurable.

Think Measurability

Is it clear what is being measured and why?

What collection methods and sources of data are available?

What is the frequency of measurement?

What is the timeframe for achieving the goal or objective?

What is the baseline?

How will the provider know if the goal or objective is met?



12VAC35-105-620.C.3

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

Currently, the statewide performance measures only apply to providers of developmental disability services. DBHDS is operationally collecting through WaMS and CHRIS.

12VAC35-105-620.C.4

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

Guidance for a Quality Improvement Program (November 2020)

“Providers are not required to update their quality improvement plan each time a licensing report is issued. However, anytime a provider is issued a licensing report, the provider should review their quality improvement plan to determine whether their current plan is sufficient to address the concerns identified in the licensing report and to monitor compliance with the provider’s pledge CAP.”

EXAMPLES

Provider A is issued a licensing report for failure to implement a Root Cause Analysis Policy pursuant to 12VAC35-105-160.E.2.

Provider A's CAP includes the implementation of a RCA policy. The provider reviews their quality improvement plan and decides that it does not need to be updated. The provider documents this decision.

Provider B is issued a licensing report for failure to implement a Root Cause Analysis Policy pursuant to 12VAC35-105-160.E.2.

Provider B's CAP includes the implementation of a RCA policy. Provider B reviews their quality improvement plan and decides to add a measurable objective to their plan. They want to measure the compliance with the new RCA policy. The provider adds a measurable objective to the QI plan that 95% of Level II serious incidents that occur to the same individual within 30 days result in a more detailed RCA pursuant to the provider's RCA policy.

12VAC35-105-620.C.5

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

Data monitoring can be an attachment to the provider's QI plan

Monitor data –

- implement quality improvement initiative
- respond to identified concerns



12VAC35-105-620.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.

- No requirements for how often or how input is obtained
- Specific to your organization
- QI Plan outlines how/when AND what the provider does with the information obtained

Example

A group home residential provider conducts an annual survey asking for input from individuals and authorized representatives.

Results are reviewed by the leadership in preparation for developing measurable goals and objectives for the coming year.

In the last survey, 30% of responses indicated dissatisfaction related to staffing. Feedback included the high turnover experienced. Based on that feedback, the provider implemented a measurable goal related to employee retention rate. In addition, leadership conducted more frequent employee meetings to understand concerns related to morale and to try to address the root causes of why turnover is so high.

12VAC35-105-620.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.



Criteria Examples

Criteria for establishing measurable goals and objectives

- What is most meaningful to your organization
- High volume, problem prone, high risk

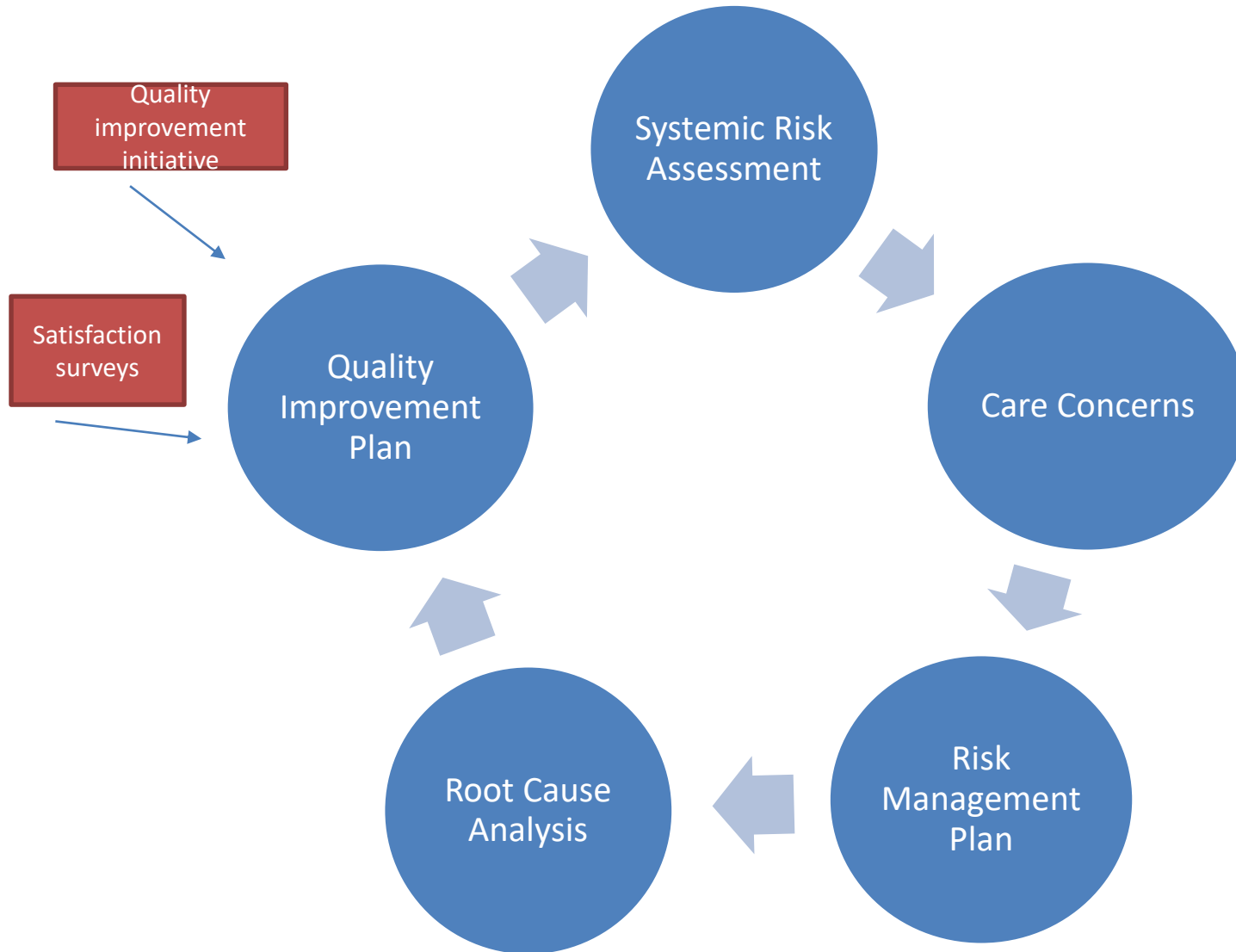
Criteria for updating the quality improvement plan:

- Whenever change in services
- When receiving a citation
- When measurable goals and objectives are not being met and revisions are needed

Criteria for submitting revised CAPs

- Continued deficiencies are identified
- CAP was not effective

Putting it All Together



Resources – OL Webpage

Guidance for a Quality Improvement Program

https://townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\720\GDoc_DBHDS_6414_v3.pdf

Centers for Medicare and Medicaid Services

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/ProcessToolFramework>