



Virginia Department of
Behavioral Health &
Developmental Services

Quality Improvement

A Presentation for DBHDS Licensed Providers

November 2020

Office of Licensing
Virginia Department of Behavioral
Health and Developmental Services

Why Quality?

**WE ARE WHAT WE
REPEATEDLY DO.
EXCELLENCE, THEN, IS
NOT AN ACT, BUT A
HABIT.**

ARISTOTLE

WHOWASARISTOTLE.COM

Institute of Medicine

Six domains to measure and describe quality:

- Safe
- Effective
- Person-Centered
- Timely
- Efficient
- Equitable



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.



A quality improvement program is the structure used to implement quality improvement efforts.

Policies and Procedures

- Serious Incident Reporting Policy
- Root Cause Analysis Policy
- The provider's quality improvement program 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 12VAC-35-105-170

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.

Examples of Tools:

Root Cause Analysis

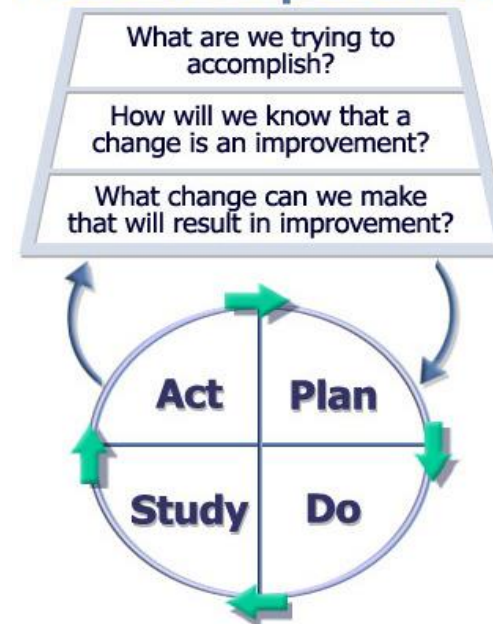
Run Charts

Failure, Mode and Effect Analysis

Flow Charts

PDSA

Model for Improvement



12VAC35-105-20. Definitions

"Quality improvement plan" means 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.

Plan could also include:

Mision, vision, values

Guiding Principles

Quality Committee Structure



C. The quality improvement plan shall:

1. Be reviewed and updated at least annually

Other revisions:

Provider is issued a licensing citation = CAP

Change in systems or programs

2. Define measurable goals and objectives

“Start where you are.

Use what you have.

Do what you can.”

Arthur Ashe

What does it mean to be measurable?

- 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 goals and objectives were met?



Examples

Goal – Individuals are healthy and safe

Objective:

1. Reduce the rate of serious injuries by X% by (date)

Goal – Maintain a well-trained workforce

Objectives:

1. Reduce the turnover rate from % to % by (date)
2. Increase the --% of new employees trained within 15 business days of hire by (date)

620.C - QI Plan shall...

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

The statewide performance measures currently only apply to providers of DD services.

Already reporting to DBHDS; operationally collecting through WaMS and CHRIS.

Statewide Performance Measures - DD

Performance measures must capture positive and negative aspects of health & safety and community integration

- Positive aspects of community integration
 - 86% of individuals with an active waiver are involved in their community.
 - 75% of individuals with an active waiver are involved in their community through the most integrated support
- Negative aspects of community integration
 - Percentage of individuals with an active waiver who have an identified barrier due to either behavioral, medical, or other causes

Statewide Performance Measures - DD

- Positive aspects of health & safety
 - Eighty-seven percent (87%) of individuals with an active waiver status in WaMS will have a documented annual physical exam (approximate or actual)
 - Seventy-five percent (75%) of individuals with an active waiver status and a documented annual physical exam date in their ISP in WaMS will have an actual annual physical exam date recorded
- Negative aspects of health and safety
 - Report the rates of specific serious incidents, representing conditions prevalent in people with DD, as reported in CHRIS

Serious Incident Rates

Performance Measure Indicators – Safety and Freedom from Harm	Target	FY20 QTR1 Results	FY20 QTR2 Results	FY20 QTR3 Results	FY20 QTR4 Results	FY20 Overall Results	Performance Assessment
Serious Incident Rates							
Fall	56.88		67.65	63.93	38.72	56.77	✓
Seizures	Monitoring		32.99	33.20	22.52	29.57	
Urinary Tract Infection	Monitoring		27.40	29.08	23.07	26.61	
Self-injury	Monitoring		20.13	18.11	10.71	16.32	
Aspiration Pneumonia	Monitoring		6.99	6.04	7.14	6.72	
Dehydration	Monitoring		5.59	7.13	3.84	5.52	
Decubitus Ulcer	Monitoring		5.31	5.21	5.77	5.43	
Sepsis	Monitoring		4.75	6.04	3.84	4.97	
Suicide attempt	Monitoring		5.03	5.21	4.39	4.88	
Bowel Obstruction	Monitoring		6.15	4.66	2.75	4.52	
Choking	Monitoring		5.31	4.94	3.02	4.42	
Sexual assault	Monitoring		3.91	4.94	1.65	3.50	

620.C - QI Plan shall...

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



12VAC35-105-170.H

The provider shall monitor implementation and effectiveness of approved correction actions as part of its quality improvement program required by 12VAC35-105-620. If the provider determines that an approved corrective action was fully implemented, but did not prevent the recurrence of a regulatory violation or correct any systemic deficiencies, the provider shall:

- 1. 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; or**
- 2. Submit a revised corrective action plan to the department for approval**

620.C - QI Plan shall...

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

Examples:

- Process for when and how you review progress
 - Reporting calendar (monthly, quarterly, annually)
 - Program outlines who (committee/management)
- Evaluation/analysis



12VAC35-105-620.D

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 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.**



12VAC35-105-620.E

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.



Serious Incident Data

12VAC35-105-160.C. – Quarterly Reviews

The provider shall collect, maintain, and review at least quarterly **all serious incidents, including Level I serious incidents**, as part of the quality improvement program in accordance with 12VAC35-105-620 to include an analysis of trends, potential systemic issues or causes, indicated remediation, and documentation of steps taken to mitigate the potential for future incidents.

QI Program - Action

Program

- Policies and procedures which outline structure
- Utilization of tools such as Root Cause Analysis
- Tools for quality improvement
- Policies on serious incident reporting/RCA
- Policy on criteria used to establish goals and/or revise CAPs

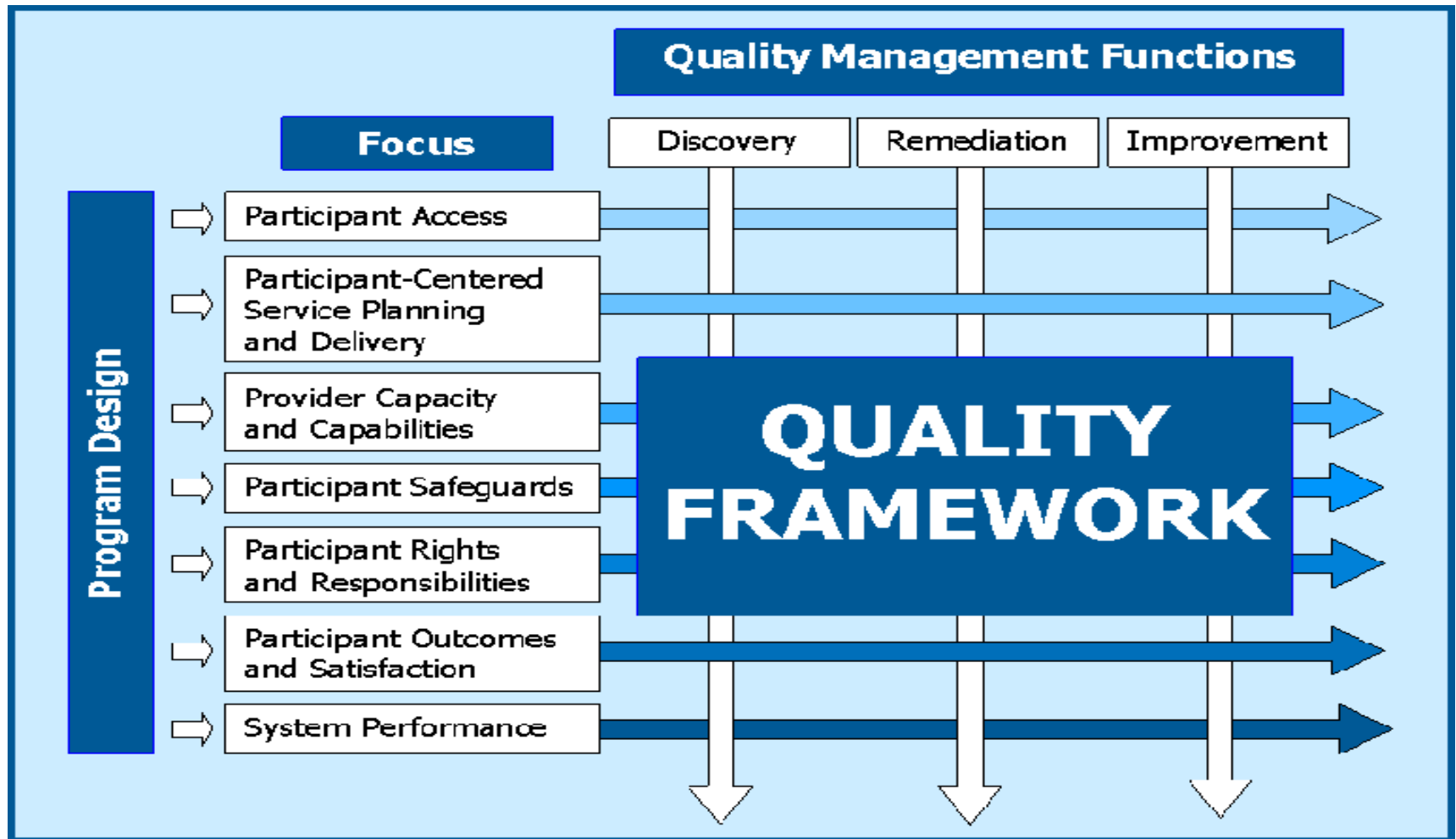
Plan

- Reviewed/updated annually AND as needed based on the provider's criteria and citations
- Establishes measurable goals and objectives
- Includes input from stakeholders
- Monitor CAPs, as applicable
- Monitor data related to the goals and objectives

Actions

- Based on review of data, the provider then implements quality improvement initiatives and follows their quality improvement model for monitoring effectiveness (e.g. PDSA)
- Continue to monitor as quality improvement is a continuous process

HCBS Quality Framework



Quality Program - Example

CMS Quality Assurance/Performance Improvement

5 Elements:

Design and Scope

Governance and Leadership

Feedback, Data Systems and Monitoring

Performance Improvement Projects

Systematic Analysis and Systemic Actions

Quality Improvement Resources

Guidance on Corrective Action Plans

https://townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\720\GDoc_DBHDS_6875_v1.pdf

CMS Quality Assurance/Performance Improvement

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

Home and Community Based Services Quality Framework

<https://nasdds.org/uploads/documents/HCBSQualityFramework%28rev06-05%29.pdf>

Guidance for Quality Improvement Program

http://townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\720\GDoc_DBHDS_6414_v2.pdf