



Virginia Department of
Behavioral Health &
Developmental Services

Quality Improvement Regulatory Compliance

December 2021

Office of Licensing
Virginia Department of Behavioral
Health and Developmental Services

Goals of the Presentation

1. Review Developmental Disabilities (DD) providers' compliance* with the following regulation:

- Quality Improvement (12VAC35-105-620.A-D)

Data for January 1, 2021 – September 30, 2021*

2. Review some issues that were identified when providers were not compliant

- Remind providers of available resources

* Data is for January 1, 2021 to September 30, 2021



Goals of the Presentation

3. Review what Quality Improvement documents will be requested as part of the annual inspections in 2022.

Annual Inspection Checklist



Some of these documents may be requested in advance as the Licensing Specialists have a lot to review while on site.

Providers need to have these documents ready for review when requested.

Settlement Agreement Indicator

“On an annual basis, the Commonwealth determines that at least 86% of DBHDS licensed providers of Developmental Disability (DD) services are compliant with the risk management requirements in the Licensing Regulations.”

12VAC35-520.A-E

RISK
MANAGEMENT



DD Inspections - 2021

**Percent of licensed DD providers that met
100% of risk management requirements =
61%**

Data for January 1, 2021 – September 30, 2021*

Quality improvement means looking at the data and identifying issues that can be addressed in order to improve.

* Data represents compliance of DD providers for January 1, 2021 to September 30, 2021 unless otherwise noted.

Quality Improvement – 12VAC35-105-620.A

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.

Regulation	Compliance
12VAC35-105-620.A	90%

Reminder

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

Versus

Plan

- Work plan
- Goals for the year

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

Regulation	Compliance*
12VAC35-105-620.B	88%

12VAC35-105-620.C.1

The quality improvement plan shall:

1. Be reviewed and updated at least annually

Regulation	Compliance*
12VAC35-105-620.C.1	80%



Identified Issues

- Providers did not date the plan. This is necessary to demonstrate that the plan was reviewed and updated at least annually.
- A policy is not a plan.
- Copying the regulatory language is not a plan.



12VAC35-105-620.C.2

The quality improvement plan shall:

2. Define measurable goals and objectives

Regulation	Compliance*
12VAC35-105-620.C.2	77%

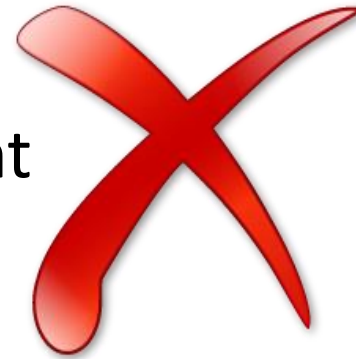


Identified Issues

Goals and objectives were not measurable

Examples:

Provide a safe environment



Reduce the rate of Level II serious injuries by X% by
December 31, 2022



The quality improvement plan shall:

3. Include and report on statewide performance measures, as 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.

As this changes, DBHDS will provide additional information.

12VAC35-105-620.C.4

The quality improvement plan shall:

4. Monitor implementation and effectiveness of approved corrective action plans

Regulation	Compliance*
12VAC35-105-620.C.4	74%



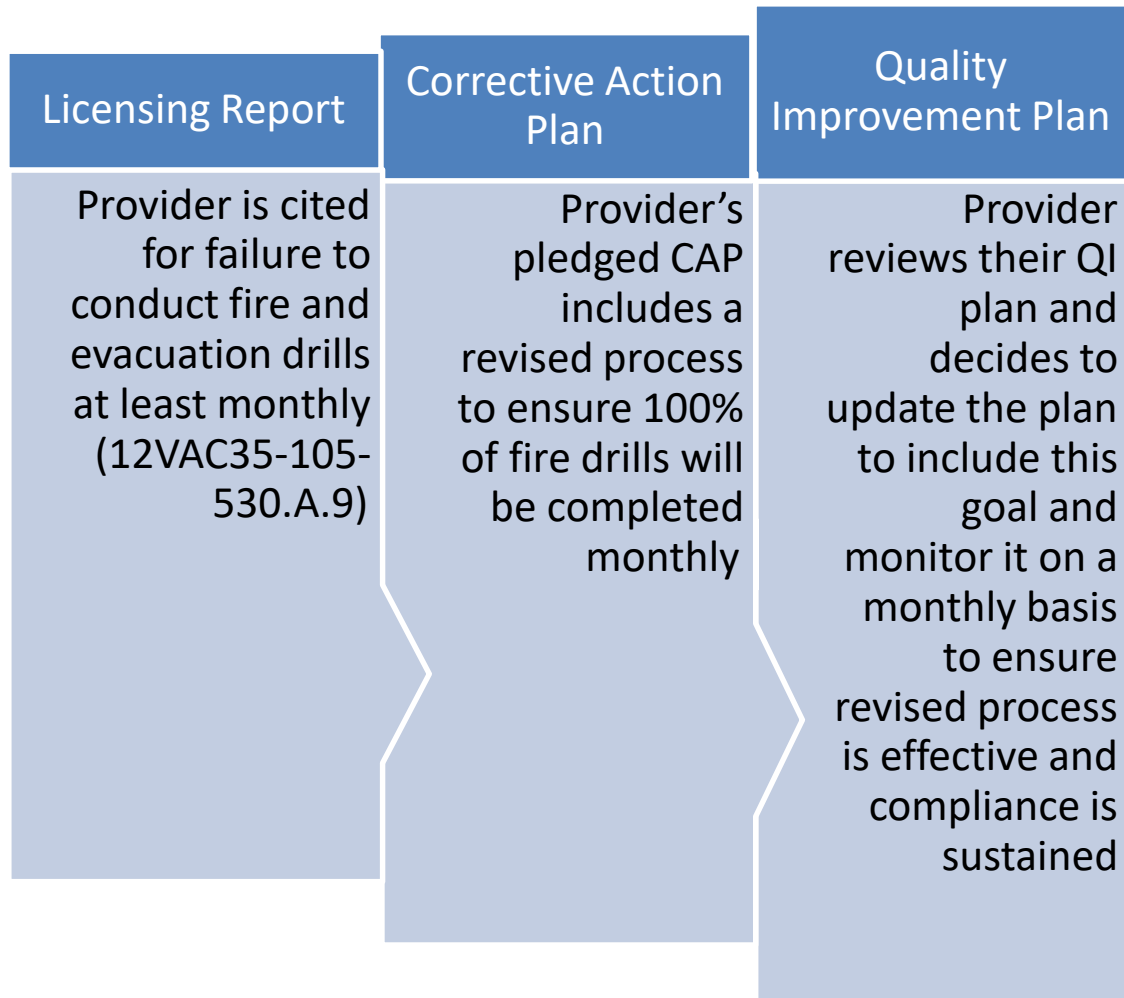
Identified Issues

Providers who had approved corrective action plans had not reviewed their QI plan and determined whether it was sufficient to address the concerns identified in the licensing report and to monitor compliance with the provider's pledge CAP.

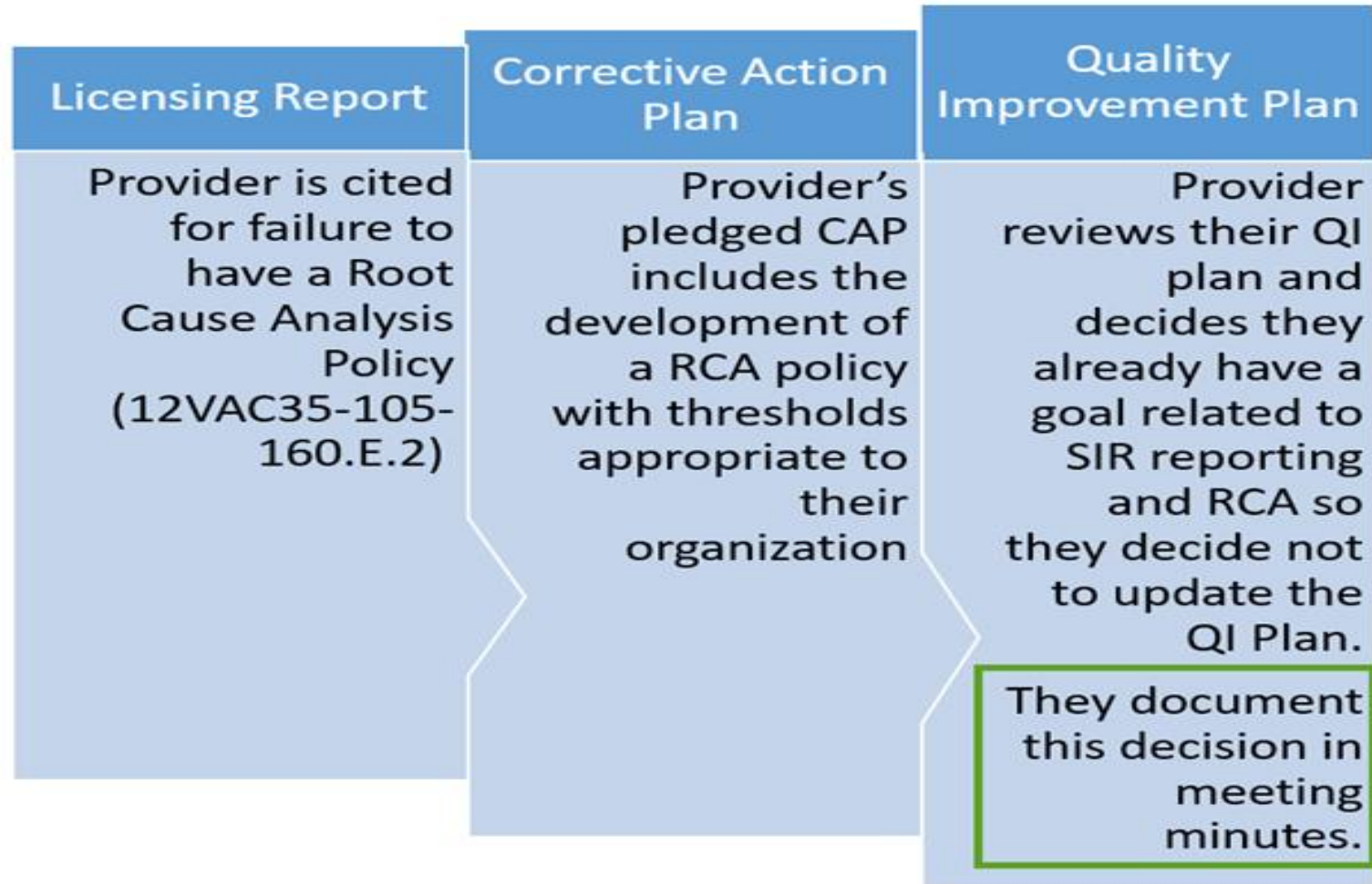
Or

If the provider decided not to update their QI plan documentation was not included in meeting minutes or as an addendum to the QI plan.

EXAMPLE to Update Plan



EXAMPLE - Decision Not to Update Plan



12VAC35-105-620.C.5

The quality improvement plan shall:

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

Regulation	Compliance*
12VAC35-105-620.C.5	78%

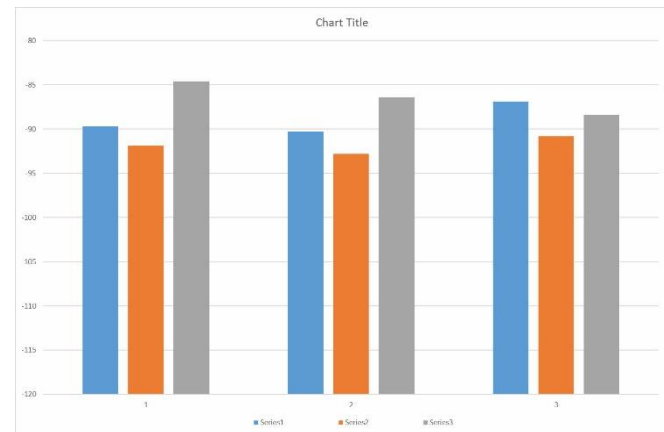


Identified Issues

Providers did not have measurable goals/objectives so there was no data to monitor/show progress.

Ongoing monitoring/progress means:

- Data as an attachment to the QI plan
- Meeting minutes where data is presented and reviewed



EXAMPLE

Goal – new employees receive required orientation

Objective – By December 31, 2021, 100% of new employees, contractors, volunteers and students shall be oriented in all required policies, procedures and practices within 15 business days of hire.

SAMPLE

Month	Training	# of New Employees	Percent of new employees who complete training in 15 business days
January	Human Rights	5	100%
	Infection Control	5	100%
	Emergency preparedness	5	100%
	Person-centeredness	5	100%

EXAMPLE

Month	Training	# of New Employees	Percent Trained in 15 days
March	Human Rights	8	100%
	Infection Control	8	50%
	Emergency preparedness	8	100%
	Person-centeredness	8	50%

Review data and ask questions:

1. Are new staff completing training but the documentation is missing?
2. Is the training schedule not working?

Take action and continue to monitor:

1. Address deficiencies
2. Demonstrate that you are monitoring progress



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;**
- 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.**

12VAC35-105-620.D-1.3

Regulation	Compliance*
12VAC35-105-620.D.1	74%
12VAC35-105-620.D.2	74%
12VAC35-105-620.D.3	65%

Identified Issues

Providers did not outline criteria in the policy.

Some providers copied regulatory language but that does not establish the provider's criteria.

Criteria could be defined as a **principle or standard by which something may be judged or decided.**

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

1. Establish measurable goals and objectives

Criteria examples:

- The provider will establish measurable goals and objectives that are based on identified areas of non-compliance.
- The provider will establish measurable goals and objectives that will result in improved outcomes for individuals served.
- The provider will establish measurable goals and objectives for which valid data is accessible.
- The provider will establish measurable goals and objectives based on areas of high risk.
- The provider will establish measurable goals and objectives based in part on what is identified through customer satisfaction results.
- The provider will establish measurable goals and objectives using the SMART approach (specific, measurable, attainable, relevant and time bound).

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

2. Update the provider's quality improvement plan;

Criteria examples:

- The provider will update the quality improvement plan at least annually.
- The provider will update the quality improvement plan whenever there is a change in service.
- The provider will update the quality improvement plan when a new goal is developed.

12VAC35-105-620.D.3

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

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.

12VAC35-105-620.D.3

Criteria examples:

- The provider will submit revised CAPs if progress is not being made to correct the deficiency of the cited violation after X number of months.
- The provider will conduct a root cause analysis to determine why the CAP is not effective in addressing the identified deficiency.
- The provider will continue to monitor and then identify additional measures to address the deficiency.

Example – CAP implemented but no improvement in compliance.

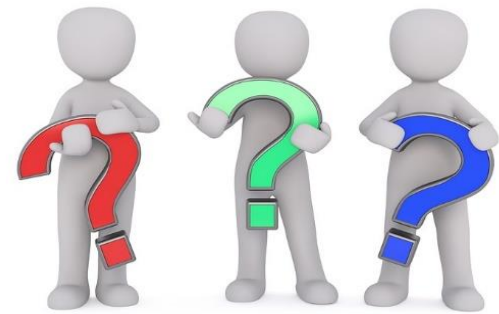
Are you following your policy for when you submit a revised CAP?

2022 Inspections

Quality improvement policies/procedures (to include criteria) will be requested.

Prepare -

- ✓ Make sure criteria are outlined; appropriate for your organization
- ✓ Avoid copying and pasting regulatory language



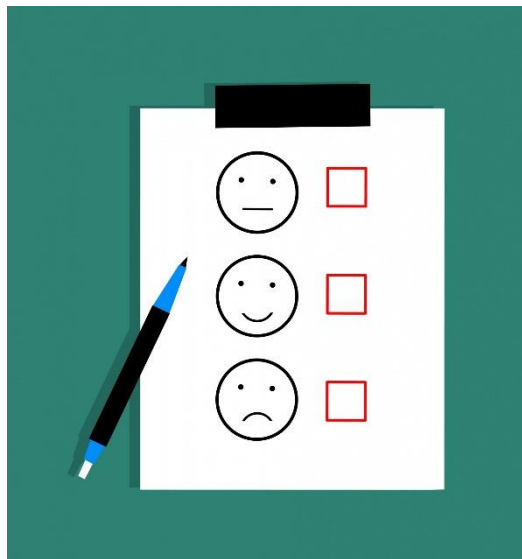
12VAC35-105-620.E

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.

Regulation	Compliance*
12VAC35-105-620.E	80%

Identified Issues

Providers included in their policy/program that they would obtain customer satisfaction but there was no proof. If the provider did not use a survey, there should be documentation of how customer satisfaction was obtained.



2022 Inspections

Proof that input was requested from individuals and their Authorized Representatives, if applicable, will be requested.

Prepare:

- ✓ Document how you are obtaining input
- ✓ Provide example of what is being done with results/findings

Licensing Specialist will be asking:

- How is the provider obtaining this input?
- How is this documented?
- What is being done with results/findings?

(Example – the majority of feedback related to a specific concern: Is the provider addressing through a quality improvement initiative or a goal/objective added to the quality improvement plan?)