

**SFY2024 Quality Improvement Committee Charter**  
**QIC Approved 6.26.23**

Committee / Workgroup	Quality Improvement Committee
<b>Statement of Purpose</b>	The Quality Improvement Committee (QIC) is the designated oversight body for the Quality Management System of the Department of Behavioral Health and Developmental Services (DBHDS). The QIC ensures a process of continuous quality improvement and maintains responsibility for prioritization of needs and work areas.
<b>Authorization/Scope of Authority</b>	<p>The Executive Sponsor of the QIC is the Commissioner of DBHDS who maintains executive authority over the actions taken by the QIC.</p> <p>The QIC is the highest-level quality committee with all other quality subcommittees (inclusive of the Regional Quality Councils, Key Performance Area Workgroups and the Case Management Steering Committee, the Mortality Review Committee, and the Risk Management Review Committee and collectively known as the QIC subcommittees) reporting to the QIC.</p>
<b>Charter Review</b>	The QIC charter will be reviewed and/or revised on an annual basis or as otherwise deemed necessary by the QIC.
<b>DBHDS Quality Improvement Standards</b>	<p><b>DBHDS is committed to a Culture of Quality that is characterized as:</b></p> <ul style="list-style-type: none"> <li>• Supported by leadership</li> <li>• Person Centered</li> <li>• Led by staff who are continuously learning and empowered as change agents</li> <li>• Supported by an infrastructure that is sustainable and continuous</li> <li>• Driven by data collection and analysis</li> <li>• Responsive to identified issues using quality improvement initiatives (QIIs) and other mitigating strategies as indicated</li> </ul>
<b>Model for Quality Improvement</b>	<p>On a quarterly basis, QIC subcommittees assigned to implement QIIs report data, related to the QII progress to the QIC to enable the QIC to track implementation.</p> <p>Based on QIC subcommittee data reviews and analysis (shared with the QIC), including the identification of trends and problems at the individual service delivery and systemic levels, the QIC directs the implementations of QIIs.</p> <p>To that end, the QIC reviews the proposed QII:</p> <ul style="list-style-type: none"> <li>• Aim: What are we trying to accomplish?</li> <li>• Measure: How do we know that a change is an improvement?</li> <li>• Change: What change can we make that will result in improvement?</li> </ul> <p>The QIC directs the implementation of the Plan/Do/Study/Act Cycle through its approval of proposed QIIs:</p>

	<ul style="list-style-type: none"> <li>• Plan: Defines the objective, questions and predictions. Plan data collection to answer questions.</li> <li>• Do: Carry out the plan. Collect data and begin analysis of the data.</li> <li>• Study: Complete the analysis of the data. Compare data to predictions.</li> <li>• Act: Plan the next cycle. Decide whether the change can be implemented.</li> </ul> <p>Additionally, the QIC:</p> <ul style="list-style-type: none"> <li>• Approves new, revised or retired PMIs that are based in data analysis and in keeping with continuous quality improvement practices</li> <li>• Reviews annual reports and determines recommendations to be addressed through QIC subcommittees; ensures that deficiencies have been addressed;</li> <li>• Develops or directs the development of strategic recommendations regarding any gaps or issues with availability of services identified through data reviews from Quality Service Reviews (QSRs) and National Core Indicators (NCI) related to the quality of services and individual level outcomes</li> <li>• Approves proposed QIIs whose design follows the PDSA model (in consideration of other quality improvement activities currently occurring within the DBHDS system), addresses identified systemic area of concern, aligns with agency priorities, and agency resources permit implementation of the QII as written</li> <li>• Monitors progress of approved QIIs assigned and addresses concerns/barriers as needed</li> </ul>
<b>Structure of Committee / Workgroup:</b>	
<b>Membership</b>	<p>The QIC is composed of internal and external stakeholders who have clinical training and experience in quality improvement, quality management, resource management, developmental disabilities, behavioral health, compliance, behavioral analysis, provider services, and data analytics.</p> <p><b><u>Voting members:</u></b></p> <ul style="list-style-type: none"> <li>• DBHDS Commissioner (Executive Sponsor)</li> <li>• Chief Deputy Commissioner</li> <li>• Deputy Commissioner for Clinical and Quality Management</li> <li>• Senior Director of Clinical Quality Management</li> <li>• Deputy Commissioner for Administrative Services</li> <li>• Deputy Commissioner for Facility Services</li> <li>• Assistant Commissioner for Provider Management</li> <li>• Assistant Commissioner for Developmental Services</li> <li>• Assistant Commissioner for Crisis Services</li> <li>• Assistant Commissioner for Behavioral Health Services</li> </ul>

	<p><b><u>Advisory members (non-voting):</u></b></p> <ul style="list-style-type: none"> <li>• Chief of Staff</li> <li>• Assistant Commissioner for Facility &amp; Forensic Services</li> <li>• Director, Community Quality Management</li> <li>• Chief Diversity, Equity and Inclusion Officer</li> <li>• Pharmacy Manager</li> <li>• Behavioral Health Facility Director</li> <li>• Training Center Director</li> <li>• Representative, Department of Medical Assistance Services</li> <li>• Liaisons, Regional Quality Councils</li> <li>• Quality Improvement Director, Community Services Board</li> <li>• Representative, Service Provider</li> <li>• Representatives, Associations as determined by the committee</li> </ul>
<b>Meeting Frequency</b>	The QIC shall meet at a minimum four times a year. Meetings can occur in the absence of quorum; however, no action, where approval of the QIC is required, could be taken in this instance. In such instances, approval may be sought via email.
<b>Quorum</b>	A quorum shall be defined as 50% plus one of voting membership. These actions require quorum: approval of minutes, approval/denial of QIIs, PMIs (new, revised, ending), and charter revisions.
<b>Leadership and Responsibilities</b>	<p>The Deputy Commissioner for Clinical and Quality Management and Senior Director of Clinical Quality Management shall serve as committee chair and co-chair and shall be responsible for ensuring the committee performs its functions, the quality plan activities and core monitoring metrics.</p> <p><b><u>Standard Operating Procedures Include:</u></b></p> <ul style="list-style-type: none"> <li>• Development and annual review and update of the committee charter</li> <li>• Regular meetings to ensure continuity of purpose</li> <li>• Maintenance of reports and/or meeting minutes as necessary and pertinent to the committee’s function</li> <li>• Analysis of PMIs to measure performance across the key performance areas, to determine if a PMI needs to be revised or retired, at least on an annual basis</li> <li>• Prioritization of needs and work areas</li> <li>• Directing the work of the QIC subcommittees</li> </ul> <p>The QIC:</p> <ul style="list-style-type: none"> <li>• Ensures a process of continuous quality improvement</li> <li>• Approves the creation/discontinuation of quality improvement subcommittees/workgroups</li> <li>• Approves all QIC subcommittee charters</li> <li>• Monitors QIC subcommittees</li> </ul>

- Holds QIC subcommittees accountable for QIIs
- Reviews the progress of performance measure indicators (PMIs) across all eight domains
- Approves and prioritizes QIIs resources
- Reviews/monitors provider reporting measures semi-annually with input from the Regional Quality Councils (RQC), identifies systemic deficiencies or potential gaps, issues recommendations, monitors measures, and makes revisions to QIIs as needed
- Annually, assesses the validity of provider reporting measures
- Reviews the recommendations reported by the RQCs and directs the implementation of any RQC proposed QII to the relevant DBHDS staff, after approval by the QIC
- Directs the work of the RQCs and reviews reports and/or recommendations presented by the RQCs; reports to the RQCs on any decisions that impact their proposed QIIs or otherwise related implementation to RQC recommendations
- Reports publicly on an annual basis regarding the availability and quality of supports and services, gaps in supports and services, and provides recommendations for improvement
- Annually informs stakeholders of QIIs approved for implementation including those that result of trend analyses based on information from investigations of reports of suspected or alleged abuse, neglect, serious incidents or deaths

Membership Approval: The DBHDS Commissioner shall approve the committee membership. The DBHDS Commissioner appoints advisory members. Internal members are appointed by role.

Member Responsibilities:

**Voting members:**

- Have decision making capability and voting status.
- Attend 75% of meetings per year; may send a proxy to one meeting per year
- A designated proxy has the authority that the voting member maintains and therefore should be in a position reflective of that authority, including awareness of the organization or system impact of actions taken by the QIC
- Review data and reports for meeting discussion

**Advisory members:**

- Perform in an advisory role for the QIC, whose various perspectives provide insight on QIC performance goals, outcomes PMIs and recommended actions
- Inform the committee by identifying issues and concerns to assist the QIC in voting and prioritizing meaningful QI initiatives

	<ul style="list-style-type: none"> <li>• Attend 75% of meetings per year and may send a proxy to one meeting per year if the proxy represents the same advisory role (i.e. representing same subject matter, discipline, or DBHDS office)</li> <li>• Advisory members, save RQC liaisons, have no term limits. RQC liaisons can serve up to two consecutive terms (one term is three years).</li> </ul> <p>All members will be granted access to training, both for new member orientation and annually. Members shall be trained on the Quality Management System, QIC charter, committee responsibilities and continuous quality improvement.</p>
<b>Definitions</b>	<p>The following standard definitions as referenced in Part I of the Quality Management Plan (Program Description) are established for all quality committees:</p> <ul style="list-style-type: none"> <li>• Advising Members - Members of the quality committees without the authority to approve meeting minutes, charters, PMIs and other activities requiring approval.</li> <li>• Case Management Steering Committee- monitors case management performance across responsible entities. This includes identifying and addressing risks of harm, ensuring the sufficiency, accessibility, and quality of services to meet individuals’ needs in integrated settings, and evaluating data to identify and respond to trends to ensure continuous quality improvement.</li> <li>• Corrective Actions - DBHDS OL imposed requirements to correct provider violations of Licensure regulations</li> <li>• Data Quality Monitoring Plan - Ensures that DBHDS is assessing the validity and reliability of data, at least annually, that it is collecting and identifying ways to address data quality issues.</li> <li>• Developmental Disabilities Quality Management Plan - Ongoing organizational strategic quality improvement plan that operationalizes the QMS.</li> <li>• Eight Domains - Outline the key focus areas of the DBHDS quality management system (QMS): (1) safety and freedom from harm; (2) physical, mental and behavioral health and well-being; (3) avoiding crises; (4) stability; (5) choice and self-determination; (6) community inclusion; (7) access to services; and (8) provider capacity.</li> <li>• Home and Community-Based Services (HCBS) Waivers - provides Virginians enrolled in Medicaid long-term services and supports the option to receive community-based services as an alternative to an institutional setting. Virginia’s CMS-approved HCBS waivers include the Community Living (CL) Waiver, the Family and Individual Supports (FIS) Waiver, and the Building Independence (BI) Waiver.</li> <li>• Key Performance Area (KPA) - DBHDS defined areas aimed at addressing the availability, accessibility, and quality of services for individuals with developmental disabilities. These areas of focus include Health, Safety and Well-Being; Community Inclusion and Integration; and Provider Competency and Capacity.</li> <li>• Key Performance Area Workgroups - DBHDS workgroups that focus on ensuring quality service provision through the establishment of performance measure indicators, evaluation of data, and recommendation of quality improvement initiatives relative to the eight domains.</li> </ul>

	<ul style="list-style-type: none"> <li>• Mortality Review Committee- focuses on system-wide quality improvement by conducting mortality reviews of individuals who were receiving a service licensed by DBHDS at the time of death and diagnosed with an intellectual disability and/or developmental disability (I/DD), utilizing an information management system to track the referral and review of these individual deaths.</li> <li>• N - Sample size</li> <li>• National Core Indicators - Standard performance measures used in a collaborative effort across states to assess the outcomes of services provided to individuals and families and to establish national benchmarks. Core indicators address key areas of concern including employment, human rights, service planning, community inclusion, choice, health and safety.</li> <li>• Performance Measure Indicators (PMIs) - Include both outcome and output measures established by the DBHDS and reviewed by the DBHDS QIC. The PMIs allow for tracking the efficacy of preventative, corrective and improvement initiatives. DBHDS uses these PMIs to identify systemic weaknesses or deficiencies and recommends and prioritizes quality improvement initiatives to address identified issues for QIC review.</li> <li>• Provider Reporting Measures - Provider reporting measures are those measures that providers report progress on to DBHDS.</li> <li>• Quality Improvement Committee (QIC) Subcommittee/Quality Committee - DBHDS quality committees, councils and workgroups existing as part of the QMS (Case Management Steering Committee, Key Performance Area Workgroups, Mortality Review Committee, Regional Quality Councils, and the Risk Management Review Committee).</li> <li>• Quality Improvement Committee (QIC)-Oversees the work of the QIC subcommittees</li> <li>• Quality Improvement Initiative (QII) - Addresses systemic quality issues identified through the work of the QIC subcommittees.</li> <li>• Quality Service Review - Review conducted for evaluation of services at individual, provider, and system-wide levels to evaluate: whether individuals’ needs are being identified and met through person-centered planning and thinking; whether services are being provided in the most integrated setting appropriate to the individuals’ needs and consistent with their informed choice; and whether individuals are having opportunities for integration in all aspects of their lives. QSRs also assess the quality and adequacy of providers’ services, quality improvement and risk management strategies, and provide recommendations to providers for improvement.</li> <li>• Quorum - Number of voting members required for decision-making.</li> <li>• Regional Quality Councils (RQC) - DBHDS formulated councils, comprised of providers, CSBs, DBHDS quality improvement personnel, and individuals served and their family members that assess relevant data to identify trends and recommend responsive actions for their respective DBHDS designated regions.</li> </ul>
--	---

	<ul style="list-style-type: none"><li>• Risk Management Review Committee- identifies and addresses risks of harm; ensures the sufficiency, accessibility, and quality of services to meet individuals' needs in integrated settings; and collects and evaluates data to identify and respond to trends to ensure continuous quality improvement.</li><li>• State Fiscal Year (SFY) - July 1 to June 30</li><li>• Voting Members - Members of the quality committees with the authority to approve meeting minutes, charters, PMIs and other activities requiring approval.</li><li>• Waiver Management System (WaMS) - The Commonwealth's data management system for individuals on the HCBS DD waivers, waitlist, and service authorizations.</li></ul>
--	--