



# DBHDS Office of Licensing

## Tools for Developing a Quality Improvement Program

Disclaimer – This document is for educational purposes only and is NOT intended as a template.

This document provides suggestions for an organization to consider when developing a quality improvement program in accordance with 12VAC35-105-620. Licensed providers are encouraged to refer to the [Licensing Regulations](#) and the [Guidance for a Quality Improvement Program](#) for additional information related to quality improvement programs. This document is not a SAMPLE quality improvement plan. Please see the [SAMPLE Quality Improvement Plan](#) for suggestions to consider when developing a quality improvement plan for compliance with 12VAC35-105-620.C.

There is no “one size fits all” quality improvement program. Quality improvement programs are based on the population served, the organization’s size and services provided. Licensed providers may use this resource to create, review and/or add to their quality improvement program.

The **bold/underlined** section headings are offered as examples providers may wish to consider. The *italicized language* is for purposes of illustration. The inserted boxes highlight the regulatory language.

### **Policy Title – Quality Improvement Program**

Issue Date: \_\_\_\_\_

Revisions: \_\_\_\_\_

Responsible Staff: \_\_\_\_\_

#### **Purpose and Introduction:**

This section could outline the purpose of the policy and an introduction regarding the provider’s mission or vision.

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.

#### *Example:*

*The purpose of this policy is to outline the quality improvement structure, define quality improvement activities and establish criteria for ensuring that quality improvement is an ongoing and continuous process.*

#### **References:**

A quality improvement program may include many of the provider’s policies and procedures. This section could list such policies and procedures and how they are part of the provider’s overall quality improvement program.

*Examples:*

- *Risk management policy*
- *Serious incident reporting policy*
- *Root cause analysis policy*
- *Employee training policy*
- *Infection control policy*
- *Records management policy*
- *Medication management policy*

### **Definitions and Acronyms:**

This section could define terms used in this policy and specific to this organization.

*Examples:*

- *12VAC35-105-20 defines a quality improvement plan as 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.”*
- *Executive leadership team includes the executive officer, program manager, nursing director, risk manager.*
- *Quality improvement plan means the provider’s work plan which is reviewed and updated at least annually (every 365 days).*

### **Leadership:**

The provider may include senior leadership’s commitment to a quality improvement culture which sets the tone for the organization and ensures that quality improvement initiatives are consistent with the provider’s mission and strategic plan. The organization could also outline here how stakeholder involvement is fundamental to a well-designed and person-centered quality improvement system.

*Examples:*

- *The provider’s leadership holds managers accountable for quality improvement activities and creates an environment that promotes quality improvement efforts.*
- *Leadership values the input of stakeholders including individuals served and their authorized representatives as applicable.*

### **Guiding Principles:**

Best practice for a quality improvement program is to identify guiding principles.

*Examples:*

- *Customer focused*
- *Data informed*
- *Leadership involvement*
- *Employee empowerment*
- *Continually improve all processes*

## **Structure:**

The provider may have committees, councils, teams, or workgroups responsible for leading quality improvement activities. Depending on its size, the provider may have one committee that is responsible for all quality improvement activities or multiple subcommittees that report to a larger committee or council. Some smaller provider organizations may incorporate these activities in regular staff meetings. No matter the structure, the provider's meeting minutes provide documentation of quality improvement activities.

### *Examples:*

- *The provider's quality improvement committee meets monthly, reviews and analyzes data and receives reports from the safety committee.*
- *The provider's quality improvement council is charged with approving quality improvement initiatives or performance improvement projects.*
- *Staff meetings include progress toward meeting annual goals and objectives as well as corrective action plans.*

## **Quality Improvement Tools and Models**

This section could outline the systematic approach or quality improvement model the provider utilizes as well as the tools the provider incorporates into their quality improvement program. These tools help address systemic problems, prevent future adverse events, improve processes and promote sustained improvement. The provider could include information on how the chosen models/tools are utilized in the quality improvement program.

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.
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### *Examples*

- *Aim, Measure, Change*
- *Plan, Do, Study Act (PDSA)*
- *Root Cause Analysis (RCA)*
- *Failure Modes and Effect Analysis (FMEA)*
- *Process Mapping*
- *Pareto Chart*
- *Brainstorming*
- *Focus, Analyze, Develop, Execute (FADE)*
- *Run Chart*

## **Processes:**

This section could outline the quality improvement processes the provider follows. This could include data monitoring, record audits, feedback from employees, implementation of corrective action plans, review of serious incidents, recommendations of root cause analyzes or other quality improvement activities.

12VAC35-620.C.1. – The quality improvement plan shall be reviewed and updated at least annually.
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*Examples:*

- *The provider's quality council meets regularly (monthly/quarterly) to analyze data and trends. Ongoing qualitative and quantitative record reviews are analyzed for trends and opportunities for improvement.*
- *A calendar of quality improvement activities outlines when reports and/or data are reviewed.*
- *The provider updates the quality improvement plan at least annually (365 days) but may update more frequently such as when there is a change of services or the addition of corrective action plans.*

12VAC35-105-620.C.4 – The quality improvement plan shall monitor implementation and effectiveness of approved corrective action plans.

*Examples:*

- *The provider's executive leadership reviews citations and monitors the implementation of pledged corrective action plans (CAPs).*
- *When citations are received, the provider reviews the quality improvement plan to determine whether it is sufficient to address the pledged CAP or to update the plan. The provider documents this decision in meeting minutes.*

12VAC35-105-620.C.5 – The quality improvement plan shall include ongoing monitoring and evaluation of progress toward meeting established goals and objectives.

*Examples:*

- *Progress in meeting established goals and objectives is a critical part of quality improvement activities. The goals and objectives are monitored (monthly/quarterly) and based on identified trends, the provider initiates quality improvement projects.*
- *An addendum to the quality improvement plan outlines the data and meeting minutes reflect the quality improvement committee's discussion regarding progress toward meeting the goals and objectives.*
- *If progress is not demonstrated, the provider identifies barriers to improvement and/or makes changes to the goals/objectives.*
- *When a goal/objective is met, the committee determines the necessity for continuing to monitor or focuses on other priorities.*

12VAC35-105-780.5 – The provider shall review medication errors at least quarterly as part of the quality assurance in 12VAC35-105-620.

*Examples:*

- *The provider reviews medication errors at least quarterly to identify systemic issues and makes recommendations for improvement.*
- *Policies and procedures related to medication administration are reviewed and then updated to reflect implemented improvements. .*

12VAC35-105-160.C – 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.

*Examples:*

- *The quality improvement committee reviews all serious incidents, including Level I serious incidents, at least quarterly.*
- *The risk management committee provides a quarterly report of analysis of trends and recommendations to mitigate the potential for future incidents.*

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.

*Examples:*

- *A formal survey is administered as well as complaints/comments received from individuals receiving services and their authorized representatives, if applicable.*
- *Input/feedback from stakeholders is reviewed by the quality committee.*
- *The executive leadership conducts meetings and focus groups to obtain input.*

**Criteria:**

This section could outline the criteria the provider will use in their quality improvement activities related to 12VAC35-105-620.D.1-3.

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.

*Examples:*

- *When developing goals and objectives for the quality improvement plan, the provider considers one or several criteria for establishing goals and objectives.*
  - *The goal/objective matters to the licensed provider as it has the potential to result in improved outcomes for the population served or improvement in the provider’s processes.*
  - *The goal/objective relates to the agency’s purpose, mission, and vision.*
  - *The data sources are available for measuring improvement; baseline data is available.*

- *The goal/objective relates to an area of high volume (affecting a large number of individuals).*
  - *The goal/objective relates to high risk concerns (places individuals at risk for poor outcomes or places the organization at high risk).*
  - *The goal/objective was identified from stakeholder input.*
  - *The goal/objective relates to a concern identified in the annual systemic risk assessment.*
  - *The goal/objective relates to concerns identified through trends identified in review of serious incidents.*
  - *The goal/objective relates to recommendations identified through medication error reviews.*
  - *The goal/objective was the result of employee input.*
- *When updating the provider's quality improvement plan, the provider will consider one or several of the following criteria:*
    - *The provider has discontinued or added services which would affect the quality improvement plan.*
    - *The provider received citations from external reviews for which an approved CAP should be added to the quality improvement plan.*
    - *The provider is not making progress in meeting established goals/objectives so a revision is necessary.*
- *When determining whether to revise the corrective action plans, the provider will consider one or several of the following criteria:*
    - *The provider determines additional corrective measures are necessary to fully correct the deficiency. The provider will continue to implement the CAP, but adopt additional corrective measures and incorporate those additional measures into the quality improvement plan.*
    - *The provider will conduct a root cause analysis (RCA) to determine why the CAP is not effective and based on the RCA team's recommendations amend or submit a revised CAP to the department.*

### **Evaluation:**

This section could outline how the licensed provider evaluates the effectiveness of its quality improvement program and whether the provider seeks to change how quality improvement work is accomplished.

*Examples:*

- *The provider's executive leadership annually evaluates the quality improvement program. Recommendations for enhancements are incorporated into the program.*
- *The provider uses a self-assessment tool to assess performance management strengths and weaknesses in their quality improvement program.*

### **Resources:**

[CMS Guide for Developing A QAPI Plan](#)

[CMS QAPI 5 Elements](#)