

Quality Improvement Committee Charter
QIC Approved September 21, 2020

| Committee / Workgroup | Quality Improvement Committee |
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| Statement of Purpose | 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. |
| Authorization/Scope of Authority | <p>The Executive Sponsor of the QIC is the Commissioner of DBHDS and the Commissioner maintains executive authority over the actions taken by the QIC.</p> <p>In keeping with DBHDS’s mission, vision and values, the Quality Improvement Committee is the highest-level quality committee with all other quality subcommittees reporting to the QIC, which in turn provides cross-functional, cross disability data to subcommittees.</p> |
| Charter Review | The QIC charter will be reviewed and/or revised on an annual basis or as deemed necessary by the committee. |
| DBHDS Quality Improvement Standards | <p>DBHDS is committed to a Culture of Quality that is characterized as:</p> <ul style="list-style-type: none"> • Supported by leadership • Person Centered • Led by staff who are continuously learning and empowered as change agents • Supported by an infrastructure that is sustainable and continuous • Driven by data collection and analysis • Responsive to identified issues using corrective actions, remedies, and quality improvement projects as indicated |
| Model for Quality Improvement | <p>Determine the:</p> <ul style="list-style-type: none"> • Aim: What are we trying to accomplish? • Measure: How do we know that a change is an improvement? • Change: What change can we make that will result in improvement? <p>Implement the Plan/Do/Study/Act (PDSA) Cycle:</p> <ul style="list-style-type: none"> • Plan: Defines the objective, questions and predictions. Plan data collection to answer questions. • Do: Carry out the plan. Collect data and begin analysis of the data. • Study: Complete the analysis of the data. Compare data to predictions. • Act: Plan the next cycle. Decide whether the change can be implemented. |
| Structure of Committee / Workgroup: | |

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| <p>Membership</p> | <p><u>Voting members:</u> DBHDS Commissioner (Executive Sponsor) Chief Deputy Commissioner, Community Services Chief Clinical Officer Senior Director of Clinical Quality Management Chief Administrative Officer Deputy Commissioner for Facilities Deputy Commissioner for Quality Assurance and Government Relations Assistant Commissioner for Developmental Disability Services</p> <p><u>Advisory members (non-voting):</u> Assistant Commissioner of Quality Assurance and Government Relations Deputy Director for Community Services Assistant Commissioner for Facilities Director, Community Quality Improvement Pharmacy Manager Behavioral Health Facility Director Training Center Director Representative, Department of Medical Assistance Services Liaisons, Regional Quality Councils Quality Improvement Director, Community Services Board Representative, Service Provider Representatives, Associations as determined by the committee</p> |
| <p>Meeting Frequency</p> | <p>The QIC shall meet at a minimum four times a year.</p> |
| <p>Quorum</p> | <p>A quorum shall be defined as 50% plus one of voting membership.</p> |
| <p>Leadership and Responsibilities</p> | <p>The Chief Clinical Officer 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><u>Standard Operating /Procedures include:</u></p> <ul style="list-style-type: none"> • Development and annual review and update of the committee charter • Regular meetings to ensure continuity of purpose • Maintenance of reports and/or meeting minutes as necessary and pertinent to the committee’s function |

- Analysis of PMIs to measure performance across the key performance areas, to determine if a PMI needs revised or retired, at least on an annual basis
- Quality improvement initiatives are consistent with the Plan, Do, Study, Act model

The QIC:

- Ensures a process of continuous quality improvement
- Reviews goals and performance measure indicators (PMIs)
- Gathers stakeholder input to inform recommended actions
- Analyzes data and monitors for trends
- Approves and prioritizes quality improvement initiatives and identifies resources
- Monitors quality improvement committees/workgroups
- Approves the creation/discontinuation of quality improvement committees/workgroups
- Reviews quality improvement committee/workgroup charters
- Holds programs accountable for quality improvement initiatives
- Directs the work of the Regional Quality Councils (RQCs) and reviews reports and/or recommendations presented by the RQCs; reports to the RQCs on any decisions and related implementation of RQC recommendations
- Reviews, and approves revised, added and/or retired PMIs at least annually and/or as needed
- 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
- Develops 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
- Informs stakeholders of quality improvement initiatives 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
- Reviews/monitors provider reporting measures semi-annually with input from the RQCs including issuing of recommendations and makes revisions to quality improvement initiatives as needed
- Semi-annually, reviews and monitors provider reporting measures, 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 annual reports and determines recommendations to be addressed through quality subcommittees; ensures that deficiencies have been addressed

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
- Review data and reports for meeting discussion
- 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

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
- 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)
- Advisory members, excluding Association and DBHDS representatives, are appointed for a term of two (2) years and may be reappointed for an additional term

Definitions: The following standard definitions as referenced in Part I of the Quality Improvement Plan (Program Description) are established for all quality committees:

- Committee - Subject areas with expertise and accountability
- Sub-committee - QIC is the overseeing quality committee and all other quality committees report into the QIC as sub-committees.
 - Steering Committee - An advisory committee that provides direction, decides on priorities or order of business, and manages the general course of operations and reports to the QIC.
 - Workgroup – Appointed by a quality committee or agency senior leader for a specific purpose or to achieve an outcome for a focused scope of work. Reports progress to and makes recommendations for a specific quality committee who is responsible for oversight
 - Council – Members are nominated by other council members and DBHDS staff

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| | <ul style="list-style-type: none">• Committee Chair - Responsible for ensuring the committee performs its functions, the quality plan activities and core monitoring metrics• Key Performance Area – DBHDS’ three 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• Performance Measure Indicators (PMIs) – Include both outcome and output measures established by DBHDS and reviewed by the DBHDS QIC. Outcome measures focus on what individuals receive as a result of the services and supports they receive. Output measures focus on what the system provides or the products it uses. 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 and approval.• Quality Management (QM) Plan - Ongoing organizational strategic quality management and improvement plan and serves as a monitoring and evaluation tool for the agency and stakeholders as well focuses on improving efficiency, effectiveness and output• Quality Improvement (QI) Initiative- Focuses on a specific area within a QM plan with identified actions |
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