



DBHDS Office of Licensing
Guidance for a Quality Improvement Program

Effective: November 29, 2018

Purpose: This document contains guidance to providers regarding the provider's quality improvement program required by 12VAC35-105-620 in the [emergency text](#) containing amendments to the Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services, effective September 1, 2018, through February 29, 2020, or until the permanent regulation takes effect.

12VAC35-105-620. Monitoring and evaluating service quality.

The provider shall develop and implement a quality improvement program sufficient to identify, monitor, and evaluate clinical and service quality and effectiveness on a systematic and ongoing basis. The program shall: (i) include a quality improvement plan that is reviewed and updated at least annually; (ii) establish measurable goals and objectives; (iii) include and report on statewide performance measures, if applicable, as required by DBHDS; (iv) utilize standard quality improvement tools, including root cause analysis; (v) implement a process to regularly evaluate progress toward meeting established goals and objectives; and (vi) incorporate any corrective action plans pursuant to 12VAC35-105-170. 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.

A quality improvement (QI) program is the structure used to implement quality improvement efforts. The structure of the program may be documented in policies or as a separate program document. Whether in policies or a separate document, there should be documentation as to how the provider is addressing the elements required in 12VAC35-105-620.

[Note: If you are a provider of group home, sponsored residential, supervised living residential, or day support services offered in the DD waivers, and your agency is currently engaged in efforts to come into compliance with the Home and Community Based Services (HCBS) settings requirements (42 CFR § 441.301), consider including those efforts into your QI program.]

When developing a quality improvement program, providers may consider resources and tools available on the department's [Quality Management Page](#).

The program shall:

- i include a quality improvement plan that is reviewed and updated at least annually;***
- 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. It consists of systematic and continuous actions that lead to measurable improvement in the services, supports, and health status of the individuals receiving services.*”
 - Pursuant to 12VAC35-105-620, “*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.*”
 - There is no specific template required for creating a quality improvement plan; however, staff responsible for implementation of the quality improvement plan must review and update the plan at least annually (every 365 days).
 1. The provider must also update the plan, if needed, more frequently based on defined goals and the occurrence of relevant events, such as the issuance of a Corrective Action Plan (CAP). As providers experience changes in systems or programs, the quality improvement plan should be reviewed to ensure that it continues to be relevant.
 2. Annual and other reviews of the quality improvement plan should include evaluation of the components of the program, efficacy of the plan, and whether any updates are needed to accomplish the plan’s goals.
 3. The quality improvement plan should be dated to indicate when it is implemented and when any updates occur.

ii. establish measurable goals and objectives

- Identifying goals and objectives may start with the provider considering who they are serving and the types of services they provide.
- A provider's quality improvement plan should include goals and objectives that are operationally defined and can be measured. Establishing a measurable objective may start with the question, "How will I know that there has been improvement or that the objective has been achieved?" For example, if the objective of a residential provider is to reduce the number of injuries sustained, this objective could be stated as, "Reduce the number of serious injuries occurring each quarter from x to x by December 31, 2019."
- This regulation does not require the provider to set a specific number of goals and objectives. Providers may wish to select only a few goals and then revise or expand the list as evaluations indicate. Providers collecting data already may consider using the data to identify areas that they want to improve.
 - For example, if data from fire drills indicates that it is taking longer to evacuate individuals than expected, the provider may set an objective to reduce the time to evacuate individuals from the facility from x minutes to x minutes by x date. Other goals and objectives could be tied to maintaining a well-trained workforce (*i.e.*, objective of low turnover) or compliance with the HCBS settings requirements, if applicable.
- When establishing measurable goals and objectives, a provider may consider the following:
 - Is it clear what is being measured and why? Is there a statement that defines what is to be measured?
 - What collection methods and sources of data are available?
 - What is the frequency of measurement? (*e.g.*, monthly, quarterly, semi-annually)
 - How will the provider know if their plan was successful?
 - What is the timeframe for achieving the goal or objective?
 - Who will be accountable for collecting data, analyzing data, and ensuring that relevant goals or objectives are met?

iii. include and report on statewide performance measures, if applicable, as required by DBHDS

- As DBHDS requires statewide performance measures, it will provide information regarding reporting to licensed providers.

iv. utilize standard quality improvement tools, including root cause analysis

- Providers are required to use standard tools for measuring quality improvement. Providers are not required to use any specific quality improvement tools and may choose to use any of the many available quality improvement tools and methods, such as:
 1. Plan, do, check, act (PDCA).
 2. Failure Modes Effect Analysis.
 3. Cause and effects diagrams.
 4. Fishbone diagrams.
 5. Control and run charts.
- Root cause analysis (RCA) is one standard quality improvement tool that must be used.
 - Providers seeking additional information regarding root cause analysis may consult the DBHDS [Directions for Using the 5 Whys Approach](#), as well as other resources that are available on the Department's [Quality Management Page](#).

v. implement a process to regularly evaluate progress toward meeting established goals and objectives

- A quality improvement program must include a process defining when and how the provider will review progress toward the goals and objectives of the program.
- This may occur through establishing a quality council that regularly meets to review progress or through an established meeting structure.
- This process should include an evaluation as to whether or not the goals and objectives of the quality improvement plan were met.

vi. incorporate any corrective action plans pursuant to 12VAC35-105-170.

- The provider should identify any systematic actions that may be taken to address deficiencies identified by citations or CAPs and incorporate these into their quality improvement program.
- This may include establishing measurable objectives that are related to the corrective actions and evaluating the degree to which these objectives have been achieved.
 - For example, if a provider has been cited for errors in medication administration, they may develop a corrective action plan to reduce errors and then establish a specific objective for x number of errors in the next quarter. This could be measured through chart review and reported as part of the quality improvement program.