

**DBHDS Office of Licensing**  
**Guidance for a Quality Improvement Program**

**Effective:**

**Purpose:** This document contains clarifications for providers as to the necessary criteria for the provider's quality improvement program per 12VAC35-105-620 in accordance with emergency amendments effective September 1, 2018.

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

*The provider shall develop and implement a quality improvement program sufficient to identify, 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.*

The provider's policies and procedures should include direction related to their quality improvement program. 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.

When developing a quality improvement program, providers should consider certain key components, including:

- **A quality statement:** This describes what quality means to the organization and how it relates to the organization's mission, vision, and values.
- **Quality infrastructure:** A provider shall also identify who is responsible for the quality improvement program. This means identifying the positions involved in the implementation of the program and the roles and responsibilities of each position. While some providers may have a larger quality improvement team with members representing different roles in the organization, other providers may assign two or three people to make up a team.
- **Participation of stakeholders:** Consider individuals served; authorized representatives or guardians; family members.
- **Culture of Safety and Quality:** How the provider communicates to employees the importance of creating and maintaining a culture of safety and quality (i.e. employees feel empowered to suggest opportunities to improve processes and outcomes).
- **Data collection methods:** How data will be collected (e.g., monthly medical record reviews). Data collection and analysis lies at the heart of quality improvement. The data will help the provider to understand how well their systems work, identify potential areas for improvement, set measurable goals, and monitor the effectiveness of change.

- Sources of data: The information available to the provider (e.g., satisfaction surveys, incident reports).

In addition, please see the DBHDS Office of Licensing, Guidance for Serious Incident Reporting.

[Note: If you are a provider of group home, sponsored residential, supervised living residential, or day support services offered in the DD waivers, it may be appropriate to include the QI efforts the agency is implementing to come into compliance with the Home and Community Based Services (HCBS) settings requirements (42 CFR 441.301) when developing your QI program.]

**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.
- 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, those responsible for its implementation shall review and update the plan at least annually (every 365 days).
  1. While the quality improvement plan is to be updated annually, the provider shall 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. The provider shall properly document the date the quality improvement plan was implemented.
  3. The annual review should also include an evaluation of the effectiveness of the quality improvement program and whether the provider seeks to change how quality improvement work is accomplished.
  4. The quality improvement plan shall be signed and dated by the person designated as responsible for the quality improvement program and shall be readily available upon request by DBHDS.

***ii. establish measurable goals and objectives***

- A provider's annual quality improvement plan should include opportunities for improvement. These opportunities for improvement will be represented by measurable goals and objectives.
- DBHDS does not require the provider to set a specific number of goals and objectives. Providers may wish to select only a few and then revise as necessary. Providers already collecting data may consider using the data to set a goal and objective such as goals about

safety (i.e., objective related to fire drills); goals related to maintaining a well trained workforce (i.e., objective of low turnover); or compliance with the HCBS settings requirements, if applicable, to the licensed setting.

- When establishing goals and objectives, a provider may consider the following:
  1. Is it clear what is being measured and why? Is there a statement that defines what is to be measured?
  2. What collection methods and sources of data are available?
  3. What is the frequency of measurement? (e.g., monthly, quarterly, semi-annually)
  4. How will the provider know if their plan was successful?
  5. What is the timeframe for achieving the goal or objective?
  6. Who will be accountable for collecting data, analyzing data, and ensuring that relevant goals or objectives are met?
- As goals or objectives are met, the provider may wish to discontinue data collection on a regular formal basis and only collect data periodically to ensure the improvement is sustained.

**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***

- DBHDS does not require providers to utilize a specific template or tool for quality improvement. However, providers are required to use a standardized tool for measuring quality improvement. Providers may use any of the many quality improvement tools available including:
  1. Plan, do, check, act (PDCA).
  2. Root cause analysis (RCA).
  3. ["5 Whys"](#)

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

- A quality improvement plan shall specify when and how the provider will review progress toward goals and objectives.

**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 plan.