The PQR assesses four domains of a provider's setting and operations: **Setting**, **Quality, Serious Incidents and Corrective Action, and Employee Training**. Within each domain, the electronic abstraction tool requires reviewers to:

- document the sources of information used to inform understanding and assessment of data gathering elements and scored elements
- make a determination on scored elements by utilizing the results of data gathering elements and the evaluation criteria

Setting

The setting portion assesses the provider's setting related to the results of the provider's integration and access to community for individuals, autonomy of individuals in the setting, and handling of medical emergencies.

Quality

The quality portion assesses the provider's setting related to quality improvement plans.

Serious Incidents

The serious incidents assesses the provider's setting related to identifying, reporting, and maintaining on on-going corrective action plans for serious incidents and other licensure surveys.

Employee Training

The employee training portion assesses the provider's operations related to staff training and competency.

PQR Tool Element	Allowable Value(s)	Evaluation Criteria
A. General Information		
1. How was the review completed?	☐ Virtually via webinar ☐ Telephonically ☐ In-person	Reviewer will select the way the review was conducted.
2. Did the provider decline an onsite in-person review due to COVID?	☐ Yes ☐ No	Reviewer will document whether the provider decline an onsite in-person review due to COVID.
3. Date of interview	Date field	Reviewer will document the date of interview with provider.
4. Interview completed with	☐ Front-line supervisor ☐ Manager/Leadership	Reviewer will select the staff member(s) interviewed.
5. Name(s) of interviewee(s)	Text field	Reviewer will enter the names of the staff members interviewed.
6. Date(s) of documentation review	Text field	Reviewer will enter the date(s) of provider documentation review.
B. Quality Improvement/Risk Management		
7. Does the agency have a Risk Management Plan?	☐ Yes ☐ No	A "**Yes**" rating is indicated when the provider has a risk management plan. The Risk Management plan may be incorporated into the Quality Improving plan if it identifies and addresses aspects of risk. A "**No**" rating indicates that a Risk Management Plan was not provided or was not incorporated into the Quality Improvement plan to address areas of risk.
8. Is the plan thorough?	☐ Yes ☐ No	A "**Yes**" rating is indicated when review of RM plan indicates that the provider shall implement a written plan to identify, monitor, reduce and minimize harms and risk of harm, including personal injury, infectious disease, property damage or loss, and other sources of potential liability, it must be a written document that is reviewed and updated annually or as needed. It may be a stand-alone document or integrated into the quality improvement plan. A "**No**" rating indicates that the provider's Risk Management Plan does not identify areas of risk, a plan to address or minimize identified risk, and results are not reviewed to determine if plan is effective.

PQR Tool Element	Allowable Value(s)	Evaluation Criteria
9. Is the plan complete?	☐ Yes ☐ No	A "**Yes**" rating is indicated when review of RM plan includes a designated person or position who is responsible for the RM function who has completed DBHDS approved training; a written plan to address risks and potential risks; a process to conduct systemic risk assessment reviews at least annually to identify and respond to practices, situations, and policies to reduce risk; the systemic risk assessment review process shall incorporate uniform risk triggers and thresholds; an annual safety inspection at each location; and documentation of serious injuries to be evaluated at least annually and results included in implementation by the provider. A "**No**" rating indicates that the provider's Risk Management Plan does not include all previously mentioned areas in the RM plan.
10. Providers proactively identify and address risks of harm and develop and monitor corrective actions.	☐ Yes ☐ No	A "**Yes**" rating is indicated when the ISP and/or individual record documentation confirms that risks of harm were identified and addressed AND that corrective actions were developed and monitored if a risk was identified. A "**No**" rating is indicated when the ISP and/or individual record documentation does NOT confirm that risks of harm were identified and addressed OR that corrective actions were NOT developed and monitored.
11. The provider implements risk management processes, including establishment of uniform risk triggers and thresholds, that enable them to adequately address harms and risks of harm.	☐ Yes ☐ No	A "**Yes**" rating is indicated when review of policies and procedures validated that the provider has risk management processes that include uniform risk triggers and thresholds that enable the provider to address harms and risks, or harm and individual file documentation validated application of the risk triggers and thresholds. A "**No**" rating is indicated when the policies and procedures did not validate that the provider has risk management processes that include uniform risk triggers and thresholds that enable the provider to address harms and risks of harm OR that individual file documentation did not validate application of the risk triggers and thresholds.
12. Does the agency have a QI policy and procedure?	☐ Yes ☐ No	A "**Yes**" rating is indicated when the provider has a QI policy and procedure sufficient to identify, monitor, and evaluate clinical and service quality and effectiveness on a systematic and ongoing basis A "**No**" provider documentation does not confirm provider has a QI policy and procedure. https://dbhds.virginia.gov/assets/doc/QMD/OL/risk-management-quality-improvement-tips-and-tools-june-2021.pdf Slides 51-53 address QI plan vs. program
13. Does the agency have a QI plan?	☐ Yes ☐ No	A "Yes" rating is indicated when the provider has a QI plan. A "No" rating indicates that a QI Plan was not provided.
14. Is the plan thorough?	☐ Yes ☐ No	A "**Yes**" rating is indicated when the provider has a QI plan that meets the following criteria: • Be reviewed and updated at least annually, when the provider is issued a licensing citation or CAP, or there is a change in systems or programs; • Define measurable goals and objectives; • Include and report on statewide performance measures, as required by DBHDS; • Monitor implementation and effectiveness of approved corrective action plans pursuant to 12VAC35-105-170; • Include ongoing monitoring and evaluation of progress toward meeting established goals and objects. A "**No**" rating is indicated when provider documentation only confirms QI policy and procedure, no evidence of a QI plan that meets the previously identified criteria.
15. Is the plan complete?	☐ Yes ☐ No	A "**Yes**" rating is indicated when the provider has a QI plan that includes the following elements: design and scope, governance and leadership, feedback/data systems and monitoring, performance improvement projects, systematic analysis, and systemic actions. A "**No**" provider documentation only confirms QI policy and procedure but does not include all of the required elements indicated by CMS.

PQR Tool Element	Allowable Value(s)	Evaluation Criteria
16. The quality improvement plan is reviewed annually. Source: Office of Licensing Guidance for a Quality Improvement Program, LIC 16, November 2020	☐ Yes ☐ No ☐ Not Applicable	A **"Yes"** rating is indicated when review of documentation validated that the quality improvement plan is reviewed annually and by the person designated in the quality improvement policies and procedures. A **"No"** rating is indicated when review of documentation did not validate that the quality improvement plan is reviewed annually. A **"Not Applicable"** rating is indicated when there is no quality improvement plan provided.
17. Providers have active quality management and improvement programs. Source: DBHDS, LIC16, November 2020	☐ Yes ☐ No	A **"Yes"** rating is indicated when review of documentation validated that the provider maintains an active quality management and improvement and risk management program either as separate plans or combined into one program that addresses both Quality and Risk A **"No"** rating is indicated when review of documentation did not validate that the provider maintains an active quality management and improvement and risk management program. DBHDS Guidance for Risk Management.pdf DBHDS Guidance for a Quality Improvement Program Nov 2020.pdf
18. Does the agency have policies and procedures that address HCBS rights?	☐ Yes ☐ No	A "Yes" rating is indicated when the provider has a policy and procedure that addresses HCBS rights. A "No" provider documentation does not confirm provider has a policy and procedure that addresses HCBS rights.
19. Are those policies and procedures reviewed with the individuals being served?	☐ Yes ☐ No	A "Yes" rating is indicated when the provider demonstrates documentation that the HCBS policy and procedures are reviewed with the individuals being served. A "No" rating is indicated when the provider does not have documentation that demonstrates the HCBS policy and procedures are reviewed with the individuals being served.
20. Does the agency have policies around assurance of individual choice and self-determination?	☐ Yes ☐ No	A **"Yes"** rating is indicated when the provider has a policy and procedure that demonstrates assurance of individual choice and self-determination. "No" provider documentation does not confirm provider has a policy and procedure that provides assurance of individual choice and self-determination.
21. Does the agency have policies around dignity of risk?	☐ Yes ☐ No	A "**Yes**" rating is indicated when the provider has a policy and procedure that addresses dignity of risk. A "**No**" provider documentation does not confirm provider has a policy and procedure that addresses dignity of risk.
22. Does the agency have policies around medical and behavioral health emergencies?	☐ Yes ☐ No	A "**Yes**" rating is indicated when the provider has a policy and procedure that addresses medical and behavioral health emergencies. A "**No**" provider documentation does not confirm provider has a policy and procedure that addresses medical and behavioral health emergencies.
C. Serious Incident Reports (SIR) & Corrective Action Plan (CAP)		
23. How many incident reports does the provider have for the review period?	Text field	Reviewer will insert how many incidents reports the provider has for the lookback period. This information is provided by DBHDS in the CHRIS report file for the lookback period.
24. How many people did the provider serve during the review period?	Text field	Reviewer will have provider report number of people served during the lookback period.
25. Are there any abuse neglect or exploitation patterns contained within the incident reports?	☐ Yes ☐ No	A "**Yes**" rating is indicated if there are more than 2 incidents. A "**No**" rating is indicated if there are none or no more than one incident.
26. Is there evidence that the provider ensured the health, safety, and well-being of individuals post-incidents?	☐ Yes ☐ No	A "**Yes**" rating is indicated if the ISP is updated, protocols in place, supports are adjusted, environment is rearranged, etc. A "**No**" rating is indicated if there is no evidence of the ISP being updated, protocols are not in place, supports are not adjusted, environment is not rearranged, as appropriate, etc.

PQR Tool Element	Allowable Value(s)	Evaluation Criteria
27. Does the provider have any corrective action plans (CAP)?	☐ Yes ☐ No	A "**Yes**" rating is indicated if the most recent licensing report included a CAP. A "**No**" rating is indicated if the most recent licensing report did not include a CAP.
28. Has the provider implemented the CAP as indicated?	☐ Yes ☐ No	A "**Yes**" rating is indicated if the provider provides documentation of a CAP that reflects the elements of the CAP are completed. A "**No**" rating is indicated if the CAP is in progress or not started.
29. Is the CAP having the intended impact?	☐ Yes ☐ No	A "**Yes**" rating is indicated if the provider has evidence of how they are monitoring the CAP, if they are making decisions on whether the plan has to be adjusted, i.e., have med errors decreased? A "**No**" rating is indicated if the provider does not have evidence that the CAP is having the intended impact and/or no adjustments have been made.
D. Employee Training		
30. Does the agency have a hiring policy and procedure?	☐ Yes ☐ No	A "**Yes**" rating is indicated if the provider has a hiring policy and procedure. A "**No**" rating is indicated if the provider does not have a hiring policy and procedure.
31. Does the policy include requirements around background checks?	☐ Yes ☐ No	A "**Yes**" rating is indicated if the providers hiring policy and procedure includes requirements for a background check. A "**No**" rating is indicated if the providers hiring policy and procedure does not include requirements for a background check.
32. Does the agency have an orientation training policy for all staff at all levels?	☐ Yes ☐ No	A "**Yes**" rating is indicated if the provider has an orientation training policy and procedure for all staff at all levels. A "**No**" rating is indicated if the provider does not have an orientation training policy and procedure for all staff at all levels.
33. Does the agency have a process written for determining staff competence?	☐ Yes ☐ No	A "**Yes**" rating is indicated if the provider has a written process for determining staff competence. A "**No**" rating is indicated if the provider does not have a written process for determining staff competence.
34. Number of employee records reviewed	Text field	List the number of employee records reviewed.
35. How many employee records had proof of background checks?	Text field	List the number of employee records with proof of background checks.
36. List staff without evidence of background checks	Text field	List the number of employee records without the evidence of background checks.
37. How many employee records had documentation of provider-based orientation training?	Text field	List the number of employee records.
38. List staff without evidence of orientation training	Text field	List staff without evidence of orientation training.
39. How many employee records have proof of competency-based training?	Text field	Indicate how many employee records have evidence of competency-based training.
40. List staff without evidence of competency-based training	Text field	List staff without evidence of competency-based training.
41. Number of employees reviewed who serve anyone in SIS tier 4?	Text field	List number of employees reviewed who serve anyone in SIS tier 4 pulled in the sample. List zero if no individuals in the sample require level of supports (SIS tier 4).
42. How many employees serving someone in tier 4 have documentation of advanced competency training?	Text field	Indicate how many employees reviewed who serve anyone in the sample who requires SIS tier 4 level of supports who have documentation of completion of advanced competency training.
43. List staff without evidence of advanced competency training	Text field	List employees who support individual with a SIS tier 4 who did not have evidence of advanced competency training.
E. Rollup & Interview		
44. Does the provider promote individual participation in what the individual considers to be meaningful work activities?	☐ Yes ☐ No	A "**Yes**" rating is indicated if the provider is able to demonstrate or verbalize methods or strategies to promote participation in meaningful work activities as determined by the individual. A "**No**" rating is indicated if the provider is not able to demonstrate or verbalize methods or strategies to promote participation in meaningful work activities as determined by the individual.

PQR Tool Element	Allowable Value(s)	Evaluation Criteria
45. Does the provider promote individual participation in non-large group activities?	☐ Yes ☐ No	A "**Yes**" rating is indicated if the provider is able to demonstrate or verbalize methods or strategies to promote participation in non-large group activities as determined by the individual. A "**No**" rating is indicated if the provider is not able to demonstrate or verbalize methods or strategies to promote participation in non-large group activities as determined by the individual.
46. Does the provider encourage individual participation in community outings with people other than those with whom they live?	☐ Yes ☐ No	A "**Yes**" rating is indicated if the provider is able to demonstrate or verbalize methods or strategies to encourage participation in community outings with people other than those with home, they live including community members. A "**No**" rating is indicated if the provider is not able to demonstrate or verbalize methods or strategies to encourage participation in community outings with people other than those with home, they live.
47. Please explain individuals' rights in the program.	Text field	Record interview answer
48. Please explain the agency's process for addressing what to do when someone is having a medical emergency.	Text field	Record interview answer
49. Please explain the agency's process for individuals' needs when an individual is having a behavioral or psychiatric crisis.	Text field	Record interview answer
50. When you identify concerns with the process, how do you report those?	Text field	Record interview answer
51. How are they addressed?	Text field	Record interview answer
52. Please explain the onboarding process for new employees.	Text field	Record interview answer
53. How do you communicate your QI plan to all levels of staff?	Text field	Record interview answer
54. Describe any leadership responses that were inconsistent with staff responses and observation?	Text field	Record interview answer