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Disclaimer - This document is for educational purposes only and is NOT intended as a template for a quality improvement plan. This sample provides suggestions for an organization to consider when developing a quality improvement plan for compliance with 12VAC35-105-620.C.

Licensed providers should refer to the requirements of a quality improvement plan as outlined in the regulations and in the [Guidance for a Quality Improvement Program](#).

12VAC35-105-20 Definitions – “Quality improvement plan means 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.”

The regulatory requirements and Guidance are noted below in bold. The “tips” in the highlighted sections are best practices for consideration when developing a quality improvement plan. A quality improvement plan will depend on the provider’s size, scope of the services provided and may be a stand-alone document or include the provider’s risk management plan. The quality improvement plan may apply to just one of the provider’s services or the entire provider organization. If the quality improvement plan applies to the entire provider organization, the plan should clearly identify each of the licensed services the plan applies to and how it applies to each service.

The italicized language is provided as example only.

SAMPLE Quality Improvement Plan

12VAC35-105-620.C.1 – The quality improvement plan shall be reviewed and updated at least annually. Office of Licensing [Guidance for a Quality Improvement Program](#) states “the quality improvement plan should be dated and signed to indicate when it is implemented and when any updates occur.”

Tip – Best practice is to include a section for the date and other information at the top or bottom of the document. Revisions could also be noted and dated in this section.

Example:

Date: _____; Signature: _____; Title of Person: _____

Revision Date: _____; Signature: _____; Title of Person: _____

Tip – Best practice is to include a Table of Contents depending upon the length of the quality improvement plan to clearly indicate sections and pages.

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Example: Table of Contents

I.	Definitions.....	1
II.	Introduction.....	2

Tip – Best practice is to define terms used throughout the quality improvement plan that are specific to the organization.

Example – Definitions

“Quality Committee” means the committee responsible for monitoring and analyzing data, reviewing and updating the quality improvement plan, establishing and monitoring measurable goals and objectives, approving quality improvement initiatives, and monitoring corrective action plans.

“Quality improvement program” means the policies and procedures the provider has implemented to identify, monitor and evaluate clinical and service quality and effectiveness on a systematic and ongoing basis.

Tip – Best practice is to include the organization’s mission, vision and values related to quality improvement. Consider including guiding principles related to quality (See Reference Section below for resources). The quality improvement plan may be a stand-alone document or include the provider’s risk management plan.

Example – Standards of Quality

The provider’s quality program is committed to developing a culture of quality which encourages the reporting of errors and uses data to inform quality improvement efforts.

The provider’s quality improvement plan is tied to the organization’s mission statement: to provide the highest quality, compassionate health care to our clients through an array of services.

Tip – Best practice is to outline how the organization’s governing body or leadership is involved in quality improvement. Consider the roles and responsibilities related to quality improvement and who is responsible for monitoring quality improvement efforts. If the information regarding the provider’s quality improvement committee is included in a separate policy, a reference to that policy could be included here.

Example – Leadership

The administration is committed to a culture of quality and will provide opportunities for employees throughout the organization to participate in safety and quality initiatives.

The administration ensures adequate resources are dedicated to quality improvement and risk management efforts.

12VAC35-105-620.C.2 –The quality improvement plan shall define measurable goals and objectives.

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Office of Licensing [Guidance for a Quality Improvement Program](#) states “a provider’s quality improvement should include goals and objectives that are operationally defined and measurable, and a schedule for monitoring progress towards achieving the planned goals and objectives.”

The regulation does not require the provider to set a specific number of goals and objectives. Goals are considered to be endpoints or targets toward which the quality program is directing its efforts (consider what is most important to the organization). Objectives are specific. SMART – Specific, Measurable, Attainable, Relevant and Time-bound.

Tip – Best practice is to include the data source, the frequency of data collection, and the staff person responsible for collecting the data.

Example Goals and Objectives

Goal: *By the end of the calendar year, 100% of individuals admitted for service will receive timely opioid treatment services.*

Objective: *By (Date), 86% of individuals admitted for service during the calendar year will receive face-to-face counseling sessions (either individual or group) every two weeks for the first year of receiving services.*

Goal: *By (Date), 100% of individuals’ dietary needs and preferences will be reflected in their home’s menus.*

Objective: *By (Date), 86% of monthly menus at each group homes will include meals that consider cultural backgrounds, personal preferences, food habits and that meet dietary needs of individuals served. Menus will be approved by each home’s Residential Manager.*

Goal: *By (Date), the provider will ensure that 90% of employee’s meet expectations related to job performance.*

Objective: *By the end of each fiscal year, 95% of employees and contractors will receive an annual performance evaluation completed by their immediate supervisor.*

Goal: *By (Date), individuals will go out with staff with no more than a 1:3 ratio at least monthly.*

Objective: *Staff talks with individuals about their interests at least weekly.*

****Schedule for monitoring goals and objectives:** *Reports will be provided to the quality committee on a quarterly basis.*

12VAC35-105-620.B - The quality improvement program utilizes standard quality improvement tools, including root cause analysis.

Tip – Best practice is to include the quality improvement tools and models the provider will utilize. (Reminder - 12VAC35-105-160.E.2 requires a Root Cause Analysis Policy)

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Example – Quality Improvement Model and Tools

The provider will follow the Plan, Do, Study, Act (PDSA) model for quality improvement efforts.

The provider will conduct Root Cause Analysis (RCA) in accordance with its RCA Policy and to identify the underlying causes of a problem.

12VAC35-105-620.C.4 – The quality improvement plan shall monitor implementation and effectiveness of approved Corrective Action Plans pursuant to 12VAC35-105-170.

As noted in [Guidance for a Quality Improvement Program](#), anytime a provider is issued a licensing report, the provider should review their quality improvement plan to determine whether the current plan is sufficient to address the concerns identified in the licensing report and to monitor compliance with the provider’s pledged CAP. If the current quality improvement plan is not sufficient, then the provider will need to update the plan accordingly. Providers should have a clear written plan for how they will evaluate their current quality improvement plan to determine if it is sufficient to address the concerns identified in the licensing report and to monitor their pledged CAPs. The written plan shall include the person responsible for the reviews as well as how each review will be documented and stored, so that compliance may be determined by the licensing specialist during review.

Example – Corrective Action Plan Monitoring

When the provider is issued licensing reports, the provider will monitor the implementation of the approved CAPs. Leadership will be responsible for reviewing the quality improvement plan and determining whether it is sufficient for monitoring pledged CAPs or whether the plan should be updated accordingly.

Example 1- The provider receives a licensing report related to medication errors. The provider reviewed the current QI plan and determine that the measurable goal related to reducing medication errors is sufficient for monitoring implementation of the CAP.

Example 2 – The provider receives a licensing report for failure to have a RCA policy. The provider’s approved CAP included implementation of a RCA policy. The provider reviewed the current QI plan and decided to update the plan to include monitoring of the RCA policy to determine if the new RCA policy was appropriate and whether established thresholds for conducting more detailed root cause analyses were sufficient in addressing serious incidents. Once the policy has been monitored for effectiveness, the CAP will no longer be subject to monitoring. The person designated for risk management will be responsible for reporting.

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

Tip – Best practice is to establish a quality committee that regularly meets to review progress and documents ongoing monitoring of goals.

Example – Ongoing monitoring and evaluation

The provider's quality committee will meet quarterly to review progress toward the established goals and objectives. As the results of data collection are analyzed, the provider will look for trends, identify progress in meeting the goals and objectives, whether the goals should be revised, and consider whether a quality improvement initiative is necessary.

A report of quarterly data is attached as an appendix to the quality improvement plan.

12VAC-35-105.620.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.

While a survey is not required, the quality improvement program shall outline how input from individuals receiving services and their authorized representatives, if applicable, will be obtained, how it is documented and what is being done with the results/findings. The provider will use this input to update their quality improvement plan.

Example – Stakeholder input

The provider will conduct customer satisfaction surveys on an annual basis. Results of the surveys will be reviewed by the quality committee to determine possible quality improvement initiatives.

Tip – Best practice is to include the process the provider will use to evaluate the quality improvement plan.

Example – Quality Improvement Plan Evaluation

The provider will evaluate the quality improvement plan for its effectiveness at least annually. This review will include evaluation of the components of the quality improvement program and the efficacy of the plan. The results of the evaluation will assist with the development of quality improvement initiatives and/or goals and objectives.

Online Resources for developing a Quality Improvement Plan:

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

[CMS QAPI](#)

[Agency for Healthcare Research and Quality](#)

The Office of Licensing webpage includes a **Guidance and Technical Assistance** section which includes **Quality Improvement-Risk Management Resources**. [Guidance for Quality Improvement Program](#)