

This is a general orientation with the Regional Quality Council (RQC) Members, otherwise known as RQC. This general orientation is offered to council members as an overview of the RQC, additional targeted training and/or in services may be conducted during conference-type settings, meetings, or via tangible materials made available to members.

Thank you for participating on the RQC in your region. In addition to this overview, annual trainings or meetings can be expected to take a deeper dive into the topics that are noted in this module. The information within this overview will include the definition and purpose of RQC, expectations of council participants, the structure of the quality improvement committees and quality management program at DBHDS, and key performance areas of focus identified to be addressed by DBHDS. Additional modules will address various quality concepts and quality improvement models along with tools that council members may utilize for QI Planning and identifying formal quality improvement initiatives that may be needed based on data reviewed. Please complete the review of the information at your own pace, but prior to your next meeting.

Quality Assurance, Risk Management, and Quality Improvement are integrated processes that are the foundation of the quality management system at DBHDS.

One of the purposes within quality management is to review and assess regional and state data to identify trends, question findings, and identify if additional action steps are needed. Assessing for and ensuring compliance with regulatory demands is important, and it also meets the quality threshold--the minimum amount that you must meet. Anything beyond this threshold is considered "improvement" and we should always strive for improvement in quality.

Quality assurance and risk management primarily fall under the division of compliance legislative and regulatory affairs into the Office of Human Rights (OHR) and the Office of Licensing (OL). The OHR monitors compliance with human rights regulations and manages human rights dispute resolution programs. The OL acts as a regulatory authority for licensed service delivery systems. In addition to quality assurance, risk management is also a vital part of quality management. Risk management encompasses the identification of potential risks and development of mitigating strategies to minimize risks and/or their effect.

Quality improvement at DBHDS is located within the Division of Chief Clinical Officer and under Clinical Quality Management. The Office of Community Quality Improvement and Quality Committees are located there. The Office of Community Quality Improvement provides technical assistance and consultation to internal and external state partners and licensed community-based partners. They facilitate the use of data in the quality improvement process to identify trends, support DBHDS quality committees in the establishment of quality improvement initiatives, and develop training resources for quality improvement. The office provides oversight either directly or indirectly of quality service reviews through National Core Indicators, Quality Service Reviews, and Support Coordinator Quality Reviews, including retrospective reviews.

Here is a visual of the quality improvement structure relationship to the various committees, work groups, Regional Quality Councils and the Quality Improvement Committee. The Quality Improvement Committee, otherwise known as the QIC, is the designated oversight body for the Quality Improvement Program at DBHDS. In keeping with the mission, vision, and values of DBHDS, the QIC is the highest level quality committee, with all other quality subcommittees reporting to the QIC, which in turn provides

cross-functional and cross-disability data and triage to communities. The Risk Management Review Committee has the purpose to provide ongoing risk management through monitoring of serious incidents and allegations of abuse and neglect, and analysis of individual provider and system-level data to identify trends and patterns and make recommendations to promote health, safety, and wellbeing of individuals. The purpose of the Mortality Review Committee is to focus on a system-wide quality improvement by conducting mortality reviews of individuals who are receiving a service licensed by DBHDS at the time of death and diagnosed with a developmental disability. The Case Management Steering Committee is responsible for monitoring case management performance across responsible entities to identify and address risks of harm, ensure the sufficiency, accessibility, and quality of services to meet individuals' needs in integrated settings, and evaluate data to identify and respond to trends to ensure continuous quality improvement. There are also three key performance area work groups, which we will go into more detail about in a moment.

So, what are RQCs? RQC stands for Regional Quality Council. These are subcommittees of the Quality Improvement Committee and they have the support of DBHDS leadership and operate within each region of the Commonwealth. They review information from a quality perspective, and target efforts to improve quality at the regional level. These councils all fall under the oversight of the Office of Community Quality Improvement.

As a reminder, Quality Assurance pertains to meeting rules and regulations and statutes, while Quality Improvement is continuing to work to improve beyond what the actual requirements say you must do. And this is a diagram to demonstrate this. The main focus of the RQCs is to identify and address risks of harm, ensure the efficiency, accessibility, and quality of services to meet individuals' needs in integrated settings. It's also to evaluate data to identify and respond to trends and ensure continuous quality improvement.

There's an RQC in each of the five regions of the Commonwealth. These groups meet to discuss specific regional issues in order to give recommendations to the QIC. All members and alternates attend within their specific region on a quarterly basis. A DBHDS Quality Improvement Specialist serves as the chair for each RQC and is the primary contact for RQC members. Contact information for these regional specialists is located on the landing page of this module for your convenience.

DBHDS has identified three key performance areas known as KPAs that align with the DBHDS vision, mission, and strategic plan in addressing the availability, accessibility, and quality of service provision for individuals' with developmental disabilities in support of a life of possibilities for all Virginians. DBHDS, through the Quality Committees, collects and analyzes data from multiple sources in each of the quality of life and provider service domain areas. These eight domains are included in one of three KPAs, as indicated here. DBHDS established key performance area workgroups to review measures within the eight domains.

The goal of the Health, Safety, and Well Being KPA is that people with disabilities are safe in their homes and communities; receive routine preventative healthcare and behavioral health services, and behavioral supports as needed. The domains that are included in this KPA include safety and freedom from harm, physical, mental and behavioral health and well-being, and avoiding crisis.

The Community Inclusion and Integration KPA goal is people with disabilities live in integrated settings, engage in all facets of community living, and are employed in integrated employment. The domains included in this KPA are Stability, Choice and Self-determination, and Community Inclusion.

The Provider Capacity and Competency KPA has the goal of providers maintaining a stable and competent workforce, are able to meet initial licensing regulations and maintain compliance, and individuals have access to an array of services that meet their needs. And the domains included in this KPA are Access to services, and Provider Capacity and Competency.

Performance Measure Indicators are called PMIs and they are measurable statements that are used to show progress with a specific target. An example might be 86% of people receiving DD services through the waiver report satisfaction with those services. (This is just an example and not a current PMI.) There must be at least one PMI assigned for each of the eight domains, and these are formally approved by the QIC. Some PMIs are based on external requirements of other regulating bodies as well. PMIs include both outcome and output measures that are established by the DBHDS and reviewed by the DBHDS Quality Improvement Committee. 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.

Data is collected related to the PMIs and this information is reviewed and analyzed by the subcommittees and KPA workgroups. The KPA workgroups and subcommittees can also propose PMIs. This analysis is presented to the RQCs for review and recommendations. Recommendations from RQCs that are related to quality improvement initiatives are presented to the Quality Improvement Committee otherwise known as QIC at DBHDS for further consideration. Performance measure indicators are used by DBHDS to set standards and to monitor improvement over time.

Let's summarize the KPA structure. There are three areas of focus, which are known as the key performance areas. There are eight domains that are aligned with the vision, mission, and strategic partnership plan that are divided among the KPAs. There is at least one performance measurement indicator that is approved by the QIC and assigned to each of those eight domains.

To further facilitate informational flow, each RQC has a member identified as the RQC Liaison to the Quality Improvement Committee. The liaison attends the QIC meetings, reports any recommendations or concerns from their RQCs perspective, and brings that information back to their RQC from the Quality Improvement Committee meeting. DBHDS staff who attend QIC are also a part of the Regional Quality Council meetings and there's an assigned quality improvement specialist in each region that supports the RQCs and acts as a chair on the council. The QI subcommittees provide reports to the RQCs and to the QIC.

All council members have been given a copy of the RQC Charter. This Charter establishes the purpose, role, and responsibility of the council. Terms for members are at least three-year commitments. And while nominations can come from a variety of sources, members and alternates must be approved by the DBHDS Quality Improvement Committee prior to serving. Regular attendance and input is required. This is the member's opportunity to provide input and attendance is a critical component of that process. Meeting attendance may be in the form of phone or video conferencing due to travel constraints, and meetings are typically scheduled for two hours, once per quarter. Members unable to attend should contact their alternate member and the council chairperson as soon as possible. Contact

information for the DBHDS QI Specialist for each region is located on the landing page of this module. The QI Specialist in each region currently serves as the council chairperson for the RQC.

According to the RQC Charter, membership must include a Residential, Employment, and Day Services Provider, a Community Services Board (CSB) Developmental Services Director, two Support Coordinators or Case Managers, a Community Service Board Quality Assurance or Improvement staff, a Provider Quality Assurance or Improvement staff, a Crisis Services Provider, an individual receiving services or that is on the DD waitlist, and two family members of individuals receiving services or of individuals that are on the waitlist. There are also three assigned DBHDS employees that are standing members of the RQC, and these include the Director of Community Quality Improvement or designee, a Quality Improvement Specialist that currently serves as the council chair and will facilitate the RQC meeting, and the Community Resources Consultant for that region.

Alternates are encouraged to attend all meetings to stay abreast of the information in case they are needed to act as a voting member; and they serve a very important role and participate by providing input into all planning and discussions, even if they're not needed for the quorum requirement. A quorum must be met for each meeting. The following roles must be present in order for the quorum requirement to be met. A member of the DBHDS QIC must be present. An individual experienced in data analysis must be present. A Developmental Disability services provider must be present. And an individual receiving services or that is on the waitlist or a family member of an individual receiving services or that is on that waitlist must be present. In addition to those four roles, there must be 60% of the total membership present for the quorum.

Each RQC will appoint a non-DBHDS member to act as a regional liaison to the QIC. This member is responsible for attending QIC meetings, in person or remotely, they report regional recommendations and findings, and they provide regional feedback on quality improvement initiatives. The liaisons are vital members of the RQCs and vital to QIC, being the people that are able to convey information from one group to the other in a concise manner and provide feedback to the QIC from the region that they represent. It's important to have a liaison that was present at the RQC meeting to present to the QIC. And for this reason, there's also an alternate liaison named for each region.

As external stakeholders, members of the RQC play a vital role in quality improvement oversight of the Commonwealth. You represent your particular role in perspective when reviewing data and making recommendations, and your opinion and input is both requested and respected. The Council is only as good as its members and their level of participation. In order for council members to be effective, they need to play an active role both during meetings and when preparing for meetings. This includes reviewing information and data prior to meetings, being prepared to discuss your personal findings and compare with findings of other council members, and working together to identify priority items based on your perspective within your area. It also includes developing plans to address the needs that the group identifies. Council members are also asked to share information from the RQC meetings with other related groups that they are associated with. This is not a forum for individual issues or grievances. It's a forum for discussing system-level issues that are identified in the data. A good quality council relies on people bringing an open and sometimes skeptical mind to the discussion and not specific agendas.

In addition to the information that was provided within this overview and the orientation slides, DBHDS Quality Improvement Specialists serving as the RQC chairs are available to answer questions related to

this information as well as other questions you may have while serving on the RQC. Your regional specialist will contact you with additional information regarding meetings and available training. Please see the contact information on the landing page for this module and feel free to contact a specialist with your questions. This information can also be used to notify your regional specialist if you will be unable to attend any meetings in the future. There is a link to a five question survey located on the contact information page. This survey is used to verify your completion of this orientation as well as to improve the orientation by collecting your feedback. Thank you in advance for completing this survey, and thank you again for volunteering your time to the RQC in your area.

Please see the contact information sheet located on the landing page of this module for contact information and a link to the described survey.