Action Item A-5

Revision of Policy 87 – Quality Improvement Program

Background:

CBH staff have reviewed the CBH Quality Improvement Program Policy 87 and are pleased to recommend revisions to the Board of Directors for review.

A primary theme of the recommended changes is the movement of several portions of the Policy to the level of procedure. These changes are made without compromising the intent or integrity of the Policy itself.

This policy and accompanying revisions have been reviewed and endorsed by the agency's lawyer, Pat McDermott.

Summary of Changes: This is a somewhat of a new document based on the DBHDS guidance document on a Quality Improvement Program Policy and Technical Assistance with DBHDS. This plan was submitted to DBHDS for reveiw and awaiting a response on the revisions to the QIP policy.

Current Quality Improvement Program Policy	Proposed Changes to Policy
Purpose	This section is now called "Policy Statement". It has been shortened with the same theme of safe, effective, person-centered and in compliance with regulations. Some of the information was moved to other sections in the policy.
Definitions – many of the definition in this policy were deleted.	Definition scaled backed and deleted. Only included definitions on CAP, DBHDS, Incident, PDSA, QI, QIP and RCA.
Scope Section – the scope was scaled back and information deleted. Many of the items listed in the current policy will move to another policy or procedure on QIP or corporate compliance.	There is one paragraph that states the policy applies to licensed programs, agency departments, and agency processes with the review timeline and annual update.
Leadership and Responsibility	New title – "Governance and Responsibilities". This section was added to include leadership, program directors, coordinators, managers, quality department (same but scaled back because of what is documented moved to

	procedures), Quality Improvement Committee and agency staff.
Not in the current policy	A "Guiding Principle" this section was added based on the guidance document from DBHDS. For this section trying to include many areas as it relates to a quality improvement program but feel free to delete some of the items. This section is required.
Quality Management Section	This section was deleted and will move to procedures.
Not in the current policy	"Quality Improvement Committee" section was added to the policy. This section states the purpose of the committee, how often we meet, review of the program QIP and communication.
Not in the current policy	Section added on "Policies and Procedures" that help drive the quality improvement program.
Not in the current policy	Section added "Quality Improvement Program Required Elements" This section addressed the program quality improvement plan criteria, what categories will be monitored, plan measurable goals and objectives, ongoing monitoring, evaluation and data analysis.
Method of Implementation – for this policy majority of the information was deleted and will be moved to procedures if appropriate.	This section (same theme) was revised and now includes the section titled "Quality Improvement Tools" that will list PDSA and RCA to include the fishbone method for reviewing incidents levels when appropriate.
Incident Reporting	This section is deleted. Incident reports are throughout the document. However, there is a new section in the policy that relates to the review of the incident report and risk monitoring. It is called "Incident Report Review and Risk Monitoring. See below.
Confidentiality	The title is the same but the content of what is written is more of a general statement related to confidentiality and is inclusive to human resources at it pertains to incident reports. Also the statement on

	Personnel Policy 14 was deleted in this section.
Corrective Action Plan	This section is now titles “Corrective Action Plan (CAP)” The section was redefined based on technical assistance from DBHDS. It still have the same theme but the layout of what is written is different and focus on the concept of the CAP.
Not in the current policy	This is a new title that was added called “Incident report review and risk monitoring” This section speaks to the review of incidents is an ongoing process and component of the QI program. The focus is on incident trends.
Evaluation of the Plan	This section title is deleted and now called “Review of Quality Improvement Plans”
Title not in the current policy	New title added “Review of Quality Improvement Plans”. This section speaks to each licensed program plan for improvement.
Not in current policy	This section was added and titled “Evaluation of the Quality Improvement Program.” This section speaks to the overall implementation of the QI program.

Motion from the CBH Executive Committee:

That the Board approve the revisions to the Quality Improvement Program policy as presented.

COLONIAL BEHAVIORAL HEALTH

COUNSEL REVIEW OF BOARD POLICY

Name of Policy: Quality Improvement Program
Category: Administrative
Policy No.: 87

Review Date: April 20, 2026

Name of Counsel: Patrick B. McDermott, Esq.

Comments of Counsel:

1. **Virginia Code Compliance:** The policy references 12VAC105-20 and states that it *Requires a detailed quality improvement work plan to review quality of services provided.* I think that this reference is in error. This section of the Virginia Administrative Code is simply the "Definitions" section and makes no such requirement. I recommend deletion of this reference.
   The other references to the VAC are correct.

2. **Federal Law Compliance:** The references to the Health Insurance Portability and Accountability Act are correct.

3. **Grammar and Punctuation:** Acceptable.

4. **Comments:** This is a broad omnibus rewriting of the CBH Quality Improvement Program Policy. I think that it is well done and should be a useful tool.

Patrick B. McDermott, Esq.

Signature of Counsel

Policy and Procedure

Category:

Administrative

Title: Quality

Improvement Program

Policy Number:87

Primary Areas Affected: All Staff

Policy and Procedure

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Title: Quality

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Policy Statement

Colonial Behavioral Health (CBH) will implement a quality improvement program. The quality improvement (QI) program ensures CBH services are safe, effective, person-centered, timely, efficient, equitable, and in compliance with state and federal regulations. The program provides a structured system to monitor performance, identify opportunities for improvement, implement changes, monitor and evaluate clinical and service delivery as well as sustain compliance. The program will have continuous and ongoing monitoring of each program's defined quality improvement criteria, incidents, policies, procedures, and outcomes that promote efficiency, effectiveness and improvements in agency operations and service delivery.

Source of Authorization

Board of Directors

Legal/Regulatory References

12VAC35-105-20: Requires a detailed quality improvement work plan to review quality of services provided.

12VAC35-105-620: Requires an ongoing, written QI program with measurable goals, monitoring, and annual evaluation.

12VAC35-105-170: Requires a written CAP for systemic non-compliance with monitoring for effectiveness.

45 CFR Parts 160, 162 and 164: Health Insurance Portability and Accountability Act (HIPAA): Requires confidentiality of health information and quality improvement documentation containing individual data.

12VAC35-105: DBHDS Licensing Requirements: Requires programs to demonstrate measurable improvement and compliance with regulations.

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Definitions

Corrective Action Plan (CAP): A documented plan that outlines steps to correct systemic non-compliance or deficiencies, assigns responsible staff, and includes measurable outcomes and timelines.

DBHDS: Department of Behavioral Health and Developmental Services.

Incident: Any event affecting the health, safety, or well-being of individuals served or staff, including events that may lead to a sentinel event. A Sentinel incident is an unexpected event involving death, serious injury, or risk thereof, requiring immediate review that may have occurred on CBH property and/or during the provision of services.

Plan-Do-Study-Act (PDSA): A structured cycle to plan improvements, implement interventions, study outcomes, and act to standardize or revise processes.

Quality Improvement (QI): A systematic process of monitoring, evaluating, and improving services to achieve better outcomes.

Quality Improvement Plan (QIP): is a structured work plan designed to improve performance, efficiency, or quality within CBH.

Root Cause Analysis (RCA): A process to identify the underlying causes of significant incidents or recurring deficiencies to prevent recurrence.

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SCOPE

This policy applies to all licensed CBH programs, agency departments, and with the consideration of operational functions and processes. Each program or department (as appropriate) will maintain a written Quality Improvement Plan (QIP) aligned with this policy. Each quality improvement plan (QIP) will be reviewed at least every three months to assess progress, evaluate outcomes, and make necessary changes throughout the year and updated annually.

GOVERNANCE AND RESPONSIBILITIES

Leadership: Supports the QI Program, allocates resources, holds middle managers accountable for quality improvement initiatives and reviews the annual report with the Board of Directors - Service and Evaluation Committee.

Program Directors, coordinators/administrators, managers: Develop program-specific QIPs, establish measurable goals, implement improvements, monitor progress, and document outcomes, including trending events in the program.

Quality and Compliance Department: Coordinates the QI Program, completes root cause analysis (RCA) and ensures corrective action plans (CAP) are completed by programs, monitors incident reports, and reports findings to program directors, coordinators/administrators and to the executive leadership when appropriate.

Quality Improvement Committee: The quality improvement committee monitors performance data, identifies, opportunities for improvement, and recommends corrective actions if appropriate.

Agency Staff: Quality is a collective responsibility of every employee and is maintained in adherence to the plan by ensuring that all work is done in an ethical and proper manner.

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GUIDING PRINCIPLES

The quality improvement program at CBH is guided by principles that prioritize individualized person-centered care, ensuring that services are safe, effective, efficient, and responsive to individual needs. The process of continuous evaluation and decision-making are essential to identify gaps, implement best practices, and enhance the overall administrative operations, treatment, service delivery systems. A collaboration among multidisciplinary teams, along with transparency and accountability, promotes a culture of ongoing learning and improvement across the agency.

The guiding principles include but are not limited to:

1. Person-Centered & Recovery-Oriented Care - CBH prioritizes the dignity, preferences, strengths, and recovery goals of individuals served. Services are trauma-informed, culturally responsive, and designed to support hope, empowerment, choice and self-determination.
2. Safety & Risk Reduction - CBH is committed to minimizing harm and promoting physical and psychological safety through proactive risk identification, incident review, and continuous system improvement.
3. Evidence-Based & Best Practices - Clinical and operational decisions are informed by current research, established clinical guidelines, and industry best practices to ensure effective, measurable outcomes.
4. Data-Driven Decision Making - CBH uses reliable data to monitor performance, identify gaps, track outcomes, and guide improvement initiatives. Data transparency supports accountability at all agency levels.
5. Quality Improvement (QI) - Quality improvement is an ongoing, systematic process. We use structured methodologies (e.g., Plan-Do-Study-Act cycles) to test changes, evaluate results, and sustain improvements.
6. Regulatory & Accreditation Compliance - CBH makes every effort to comply with applicable federal, state, and payer requirements and align quality initiatives with accreditation standards.

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7. Interdisciplinary Collaboration - CBH supports collaboration among clinical staff, leadership, peers, support staff, and community partners.
8. Stakeholder Engagement - Individuals served, families, staff, and community stakeholders are actively engaged in evaluating services and shaping improvement efforts.
9. Accountability & Transparency - Roles, responsibilities, and performance expectations are clearly defined. Results are communicated internally and used constructively to strengthen services.
10. Workforce Development - CBH supports ongoing staff education, supervision, and competency development to maintain high standards of care and professional growth.
11. Ethical Practice & Confidentiality - CBH upholds professional ethics, protects confidentiality, and ensures compliance with privacy regulations in all quality activities.

QUALITY IMPROVEMENT COMMITTEE

The purpose of the Quality Improvement Committee (QIC) is to promote continuous improvement by systematically reviewing Level 1 incident report quarterly, identifying trends, and ensuring appropriate follow-up actions. Each program will communicate through multiple avenues, including staff meetings, departmental briefings, and email to ensure employee awareness and engagement of the quality improvement initiatives. The committee reviews quality improvement plans quarterly to determine progress toward identified goals. The committee also oversees quality improvement projects initiated by leadership, providing direction, monitoring progress, and evaluating outcomes to achieve measurable improvements in agency performance and service delivery. The committee meets on a quarterly basis.

The level 2 and level 3 incidents are reviewed by the health and safety committee quarterly.

Program coordinators/administrators, quality and compliance manager, quality and compliance officer, risk management officer, or designated employees as needed are members of the QIC.

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POLICIES AND PROCEDURES

CBH's quality improvement (QI) program includes written policies and procedures that establish standardized guidelines for agency practices, performance measurement, data collection, analysis, incident reporting, risk management, corrective action planning, and ongoing monitoring of outcomes. All policies and procedures are reviewed periodically and revised as necessary to reflect regulatory requirements, accreditation standards, organizational changes, and identified opportunities for improvement. CBH management ensures consistent implementation, oversight, and documentation of all quality improvement activities to support continuous enhancement of behavioral health services. For purposes of the quality improvement program, the following policies and procedures include but are not limited to:

- Policy 02 - Confidentiality
- Policy 03 - Human Rights
- Policy 14 - Personnel
- Policy 16 - Incident Reporting
- Policy 22 - Ethical Principles
- Policy 26 - Behavior Management
- Policy 27 - Health Information Management
- Policy 31 - Medication Management
- Policy 44 - Serious Incident – Injury and Death
- Policy 47 - Corporate Compliance
- Policy 65 - Infection Control

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- Policy 85 - Root Cause Analysis
- Risk Management Plan

QUALITY IMPROVEMENT PROGRAM REQUIRED ELEMENTS

1. Quality Improvement Plan (QIP) Criteria

Each program and department will develop and utilize established approved criteria when identifying and implementing program Quality Improvement (QI) activities.

In determining priorities for Quality Improvement (QI) activities, each program or department will consider input from individuals, guardians, authorized representatives as appropriate, stakeholders through surveys, program director, leadership and employees. Additionally, programs and departments will evaluate and prioritize concerns based on, but not limited to, the following:

- Medication errors reviews.
- Issues impacting a significant number of individuals served or employees.
- Risk concern(s) that affect the health and safety of individuals and employees.
- Organization compliance concerns.
- Service delivery and planning.
- Trends identified through data analysis, performance monitoring, incident reporting, or statewide outcome measures.
- Concerns identified through the annual systemic risk assessment if appropriate.

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- Any performance or operational measure that is identified through program evaluations that require improvements.

Programs and departments will document the area for improvement and ensure alignment with CBH's strategic goals, regulatory requirements, and continuous performance improvement standards.

All program/department QI program plans are integral components of the agency Quality Improvement (QI) Program. The QI program plans will support and contribute to the agency's wide quality improvement objectives, ensuring coordinated systematic and continuous improvement across all services and departments.

2. Program/Department Measurable Goals and Objectives

Each program/Department (as appropriate) will:

- Identify areas for improvement.
- Establish measurable goals, performance targets, with the responsible staff for implementing program QIP.
- Determine implementation and completion dates.
- Monitor the QIP progress or lack of progress quarterly and update if needed.
- QIP must be signed, at a minimum, by the Program Director, Coordinator, and/or Manager to indicate responsibility for the plan review and implementation.

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3. Ongoing Monitoring, Evaluation and Data Analysis of Information

CBH collects, reviews and analyzes information on the following:

- Clinical services and documentation
- Service delivery effectiveness and outcomes
- Serious Incident reports on a quarterly basis
- Medication errors on a quarterly basis
- DBHDS Performance measures (review dashboard monthly)
- Satisfaction surveys
- Billing and reimbursement
- Regulatory compliance
- High risk indicators on the risk management plan as appropriate

The analysis of trends identifies patterns over time, identify risks, and opportunities for improvement. Findings are documented and corrective actions plans are implemented as needed.

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QUALITY IMPROVEMENT METHODS

CBH will utilize the following standard quality improvement (QI) tools:

1. Plan-Do-Study-Act (PDSA): Framework used to evaluate QIP and aims to promote efficiency, accountability, and compliance. The process promotes continuous improvement strategies by providing structured evaluation for monitoring and refining agency practices to achieve better outcomes.
2. Root Cause Analysis (RCA): Conducted for serious incidents or sentinel incidents, recurring deficiencies, or significant compliance concerns; includes root causes, contributing factors, corrective recommendations, responsible staff, and timelines for correction. Information is collected using the fishbone method.

CORRECTIVE ACTION PLAN (CAP)

The intent of this Corrective Action Plan (CAP) is to establish a structured and consistent approach for addressing and resolving instances of systemic non-compliance. The CAP purpose is to ensure that deficiencies are promptly corrected with appropriate corrective measures to ensure sustainable controls are established to prevent recurrence, thereby promoting accountability, regulatory compliance, and continuous quality improvement.

When systemic non-compliance is identified:

- Programs/Departments will develop a written CAP that will include corrective actions, assigned staff, measurable outcomes, and timelines for completion.
- If required, the CAP will be submitted to DBHDS via Connect.

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- Each program coordinator and manager will monitor the effectiveness of the CAP as required by the timeline listed in the CAP. The purpose of monitoring is to ensure continued compliance with regulations and prevention of repeat events or deficiencies.

INCIDENT REPORT REVIEW AND RISK MONITORING

Incident report monitoring is an ongoing component of the QI Program. The quality and compliance department reviews incident reports through an electronic reporting system (Clarity).

All incidents are reviewed to:

- Identify trends
- Assess risks to individuals and staff
- Determine if a root cause analysis needs to be completed
- Initiate corrective action when warranted

Trend analysis of incident reports is conducted quarterly to identify patterns, risks, and opportunities for improvement. Findings are documented and corrective actions plans are implemented as needed. If appropriate, findings may be integrated into program QIPs and agency-wide improvement activities to prevent recurrence to enhance workflows, quality of services and/or operations.

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CONFIDENTIALITY

Quality improvement records, quality improvement plans, investigations, incident reports, and any internal report findings are maintained confidentially as required by HIPAA and agency policy, while remaining accessible for regulatory review when required.

REVIEW OF QUALITY IMPROVEMENT PLANS

The Quality Improvement (QI) Plan is designed to guide the continuous assessment and improvement of agency operations, efficiency, effectiveness, and quality of service delivery. To ensure ongoing relevance and effectiveness, the QI program plans will be reviewed quarterly and updated at least annually. If appropriate, revisions to the plans may be based on performance data, identified opportunities for improvement, regulatory changes, or agency priorities.

CBH will conduct a written annual evaluation of the quality improvement plans to assess:

- Achievement of measurable goals and objectives
- Effectiveness of improvement initiatives and CAPs
- Trends in incidents and outcomes
- Barriers to improvement
- Revise program quality improvement plans annually

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EVALUATION OF QUALITY IMPROVEMENT PROGRAM

The Quality Improvement (QI) Program will be evaluated annually to assess its effectiveness, achievement of established goals, performance outcomes, and alignment with organizational priorities and regulatory requirements. The evaluation will include a review of key performance indicators, improvement initiatives, risk and compliance data, that may include external stakeholder feedback. Findings will be documented and used to identify strengths, areas for improvement, and priorities for the upcoming year. The results of the annual evaluation will be reported to leadership and the governing body for review and oversight.

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Diary of Changes

Date of Origin

10/1/2000

Dates of Review

03/06/2026 10/24/2025 04/30/2025

Dates of Revision

03/06/2026 10/24/2025 04/30/2025

Approved By

_____ 5/5/2026_____

Signature Effective Date

Ryan Ashe_____ CBH Board Chair

Printed Name Title