

GUIDE FOR DEVELOPING A COMPREHENSIVE QUALITY IMPROVEMENT PLAN

Once a root cause analysis has been completed and the organization is confident with what root cause(s) were identified, the next step is to develop a Comprehensive Quality Improvement Plan. A Comprehensive Quality Improvement Plan is a detailed work plan intended to enhance an organization's quality in a target area (e.g. medication administration, aggression, neglect, etc.). A Comprehensive Quality Improvement Plan incorporates one or more Quality Improvement Plans to address each identified root cause.

WHAT IS A QUALITY IMPROVEMENT PLAN?

A Quality Improvement Plan includes essential information about how your organization will design, implement, manage, and assess quality. All aspects of the Quality Improvement Plan correlate to the identified root cause.

A Quality Improvement Plan is an organization's framework for developing and improving processes. It includes the direction, timeline, activities, and assessment measures of quality and quality improvement within the organization. The Quality Improvement Plan is a living document, and as such, is revisited on a regular basis to document accomplishments, lessons learned, and changing organizational priorities.

An effective Quality Improvement Plan includes the following elements:

- A description of quality improvement goals and objectives
- A description of the activities designed to meet the quality improvement goals and objectives
- A description of how quality initiatives will be managed and assessed/measured
- A description of any training and/or support that will be developed and implemented, based on the quality improvement process
- A description of the communication plan for quality improvement activities and processes, including how updates will be communicated to all staff on a regular basis
- A description of evaluation/quality assurance activities that will be used to determine the effectiveness of the plan's implementation

Instructions for use:

On the following pages, please find a Comprehensive Quality Improvement Plan template which has been completed to serve as an example. You will find improvement activity categories defined below, and throughout the template there are instructions for completing each section.

Quality Improvement Plan

The Quality Improvement Plan is a larger scale activity intended to address an issue that was identified during a root cause analysis. The Quality Improvement Plan should correlate to the root cause analysis. An example could be, "Develop and implement a plan for management to have regular oversight of medication errors and tracking." The activity itself is very broad; however, it is comprised of a series of action steps that will accomplish the overall goal (e.g. create a work group to design the plan, conduct work group meetings to create the plan, gather feedback prior to finalizing the plan to make sure nothing was overlooked, develop policy and procedures for the plan, develop a training plan for the new process, train all relevant staff on the process, develop a method for ensuring staff are aware of the process regardless of turnover in staff, etc.).

Below are specific improvement activity categories that may be included in the Quality Improvement Plan:

✓ **Training/Professional Development**

This should be included as an action step/activities if the Quality Improvement Plan involves any type of training or professional development. This may mean that existing training is revised, new training is developed, or any other training-related topic.

✓ **Transitions in Staff**

This should be included as an action step/activities if some component of the Quality Improvement Plan listed will need to take into account how the provider will address staff turnover – whether it be training, general staffing shifts, or the addition of new staff members.

✓ **Transition of Individuals**

Describe steps and requirements to change internal protocols and changes in the activities, supports, and experiences for those your organization supports by applying new and improved methods. Consider how changes may affect the welfare and emotional support of the individual. If various steps are required to transition activity, list steps in sequential order.

✓ **Attracting and Retaining High Quality Staff**

This should be included as an action step/activities if the Quality Improvement Plan will be affected by the quality of staff, as well as whether the activity has steps in place to help hire, develop, or retain quality staff.

✓ **Assessment/Oversight to Monitor this Area (Short Term & Long Term)**

This should be included as an action step/activities if the Quality Improvement Plan requires steps for any of the following: ensuring the activity is completed, evaluating the effectiveness of the implementation, or assessing the results of the activity.

✓ **Technology**

This should be included as an action step/activities if the Quality Improvement Plan has a technology-specific component. This may include online training, using technology to document activity, or any other technology-specific activity.

✓ **Individual/Guardian/Family Involvement**

This should be included as an action step/activities if the Quality Improvement Plan listed is designed to improve the level of meaningful involvement for individuals and/or their guardians/families, or if the success of the activity requires a particular level of individual/guardian/family involvement.

✓ **Cultural Awareness/Sensitivity**

This should be included as an action step/activities in the Quality Improvement Plan if there are cultural factors (e.g. language, social norms, etc.) of staff, consumers, or consumers' families/guardians that could impede the implementation and/or success of the activity.

✓ **Creating a Positive Climate**

This should be included as an action step/activities if the Quality Improvement Plan listed is specifically designed to have a positive affect on the organization's climate.

✓ **Collaboration/Building on Success**

This should be included as an action step/activities if the Quality Improvement Plan listed is either building on a previous success within the organization, or if the success of this activity will be used as a springboard for another identified area.

SAMPLE COMPREHENSIVE QUALITY IMPROVEMENT PLAN

The following pages contain a sample Comprehensive Quality Improvement Plan that your organization may wish to use as a reference when creating your own Comprehensive Quality Improvement Plan. The information in this sample is only meant for illustrative purposes and not intended to represent a fully developed Comprehensive Quality Improvement Plan.

PROVIDER DEMOGRAPHICS

This section contains basic information about your organization and also lists the primary contact person for this initiative.

Provider Name	ABC Provider Company		
Provider Address	12345 N. Easy Street, Anytown, IN 44111		
Target Area	Aggression <i>(The target area is identified by BQIS and all providers selected during a particular quarter will be addressing the same target area specific to their organization)</i>		
Plan start date (month, day and year)	October 1, 2015	Plan end date	December 31, 2016
Lead Contact	John Doe, Director of Quality (jdoe@abcprovider.provider or 317-222-1212)		
Goal (State the end result the provider wishes to achieve based on a successful design and implementation of a Quality Improvement Plan. The goal should take into consideration all factors involved that will affect achieving the goal.)	<p>By December 2016, reportable incidents of aggression will be reduced by 7%, based on incident report data while maintaining or increasing the RHS consumer count.</p> <p><i>[The Goal Statement should be specific and include: what area will improve, the timeframe by which it will improve, the degree to which it will improve, and relevant data to determine improvement. It is also helpful to add where the information will come from (e.g. internal tracking of incident reports, BQIS' PRP data, etc.)]</i></p>		

PROVIDER METRICS

Current Level of Performance: *Identify the current level of performance for the targeted area. This should include how the level of performance is currently being measured and the data source utilized.*

This information can come from a provider’s most recent Provider Review Profile (PRP), other data provided by BQIS, or internal data sources. The data statements can be general (related to aggression as a whole) or specific (related to particular types of aggression, such as aggression to peer, peer to peer, aggression to staff etc.)

Current Level of Performance	How Level of Performance is currently being measured	Data Source
Based on October 2015 BQIS Provider Review Profile data for aggression, 75% of all incident reports are aggression for ABC Provider.	Data is provided by BQIS in the Provider Review Profile for Re-approval	BQIS Provider Review Profile

Benchmarks: *List as many metrics as necessary to measure and track progress toward goal. Include the data source and indicate how you will calculate the metric.*

Benchmarks are the incremental changes your organization wishes to see as you move toward the end goal. Similar to the data statements under “Current Level of Performance,” Benchmarks may also be general (related to aggression overall), or specific (related to a particular type of aggression, such as aggression to peer, peer to peer, aggression to staff, etc.)

Benchmark	Data Source	How the metric will be calculated
By March 2016, reportable aggression IRs for ABC Provider will decrease by 2% overall from the October 2015 data set based on incident reporting data while maintaining or increasing RHS consumer count.	Incident Report data provided by BQIS each quarter	If the RHS consumer count is the same or increased then compare the IR data to determine if there is a 2% decrease since October 15. If the consumer count decreased, determine the ratio or percentage of decrease and calculate the reduction of IRs that should be expected based on the new consumer count. If the current IR percentage is above the expected percentage then the metric is not achieved.
By June 2016, reportable aggression IRs for ABC Provider will decrease by an additional 2% (4%) overall from the October 2015 data set based on incident reporting data while maintaining or increasing RHS consumer count.	Incident Report data provided by BQIS each quarter	If the RHS consumer count is the same or increased then compare the IR data to determine if there is a 4% decrease since October 15. If the consumer count decreased, determine the ratio or percentage of decrease and calculate the reduction of IRs that should be expected based on the new consumer count. If the current IR percentage is above the expected percentage then the metric is not achieved.

<p>By September 2016, reportable aggression IRs for ABC Provider will decrease by another 3% (7%) overall from the October 2015 data set based on incident reporting data while maintaining or increasing RHS consumer count.</p>	<p>Incident Report data provided by BQIS each quarter</p>	<p>If the RHS consumer count is the same or increased then compare the IR data to determine if there is a 7% decrease since October 15. If the consumer count decreased, determine the ratio or percentage of decrease and calculate the reduction of IRs that should be expected based on the new consumer count. If the current IR percentage is above the expected percentage then the metric is not achieved.</p>
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IDENTIFIED ROOT CAUSES

List ALL the root causes your organization identified through the root cause analysis work.

- Staff are not consistently implementing the BSP.
- The behavior tracking system is cumbersome and staff have difficulty identifying the antecedents.
- Staff need additional training on effectively implementing the BSP.
- The BSP is not effective in addressing the individual’s aggression.
- The individual does not currently receive behavioral services and does not have a formal BSP.

Quality Improvement Plan: *The Quality Improvement Plan should be broad in scope and correlate to the root cause being addressed. The action steps/activities should outline how your organization will complete the quality improvement plan including the lead person, timeline, evidence to verify the step/activity took place, and any resources/materials that are needed to accomplish the step/activity.*

Quality Improvement Plan #1: Create and implement a system to support DSPs in consistently implementing BSPs.

Root Cause Addressed with this Quality Improvement Plan: Staff are not consistently implementing the BSP.

Action Steps/Activities <i>Enter the Action Steps/Activities in the boxes below for completing the Quality Improvement Plan. (A separate Quality Improvement Plan should be used for each initiative.)</i>	Lead Person <i>List the name of the lead person responsible.</i>	Timelines <i>Indicate start and end dates for the full activity and for each step.</i>	Evidence <i>List possible ways for verifying the activity took place.</i>	Resources/ Materials Needed <i>List any specific resources needed in order to complete the activity.</i>
Action Steps/Activities	Lead Person	Timeline	Evidence	Resources/Materials Needed
1. Have a brainstorm session and potential survey with DSPs as to why staff have difficulty with consistently implementing BSPs.	John Doe, Director of Quality	October 2015 – December 2015	Brainstorm session meeting notes	Time for meetings Schedule flexibility Feedback from a variety of DSPs
2. Establish a work group to design a plan to create the system to support DSPs in consistently implementing BSPs.	John Doe, Director of Quality	January 15, 2016	List of work group members	None
3. Conduct biweekly work group meetings to create the plan.	Work Group chairperson	February – March, 2016	Work group meeting agendas and notes/minutes	Time for meetings Schedule flexibility
4. Gather stakeholder feedback prior to finalizing the plan to make sure nothing was overlooked. Include management and DSPs.	Work Group chairperson	April 2016	Work group meeting agendas and notes/minutes	Create a feedback form for use with this step

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5. Develop procedures for the plan	<p><i>The action steps/activities for the Quality Improvement Plan would continue on subsequent lines, incorporating all necessary steps and filling in all boxes.</i></p>			
6. Develop a training plan for the new process				
7. Train all relevant staff on the process				