The QLC Subcommittees Work Plan is the system for tracking PMIs and development, implementation, and progress of Qlis across subcommittees/councity/ workgroups consistently. In addition, the QLC Subcommittees Work Plan will assist the subcommittee in completing its annual subcommittee performance evaluation and subcommittee report.

Column instructions are found in the italic font directly under each column header. Each QIC subcommittee is responsible to review this work plan at least quarterly, before the QIC meeting.

AIC Coloromitties in which this total pipe. CASC, BANC, CAY Workprops, DAC, Persons Responded for Completion of This Document (CASC) Conditionary or designer. Timeline for completion: For CI) subcommittee meeting schedule with the completed SYY QIC Subcommittee Work Plan due to the QM Coordinator by COB July 31, 2024 Document Location in Plans 1.



Owner of the Document: Rebecca La	aubach		Ōffice	e of Clinical Quality Management						
Date Met During SFY List meeting date in which these were discussed	Surveillance Data Element(s) Reviewed Oscirile the data being reviewed include persioner details (report name, time founce, etc.). Evidents while patterns or events are notwoorthy. If surveillance data is not reviewed, simply state had reviewed.	Actions in Response to Surveillance Data Review and Analysis Describe the subcommittee's response to the data review and analysis. The can souther taking a depend with the data, (pmm/but changes, training, protect refusion, implicing instruction, exter improvement strategies, developing Pall or sur proposing 30 LF in unrefusion data enalysis carent through COCAI review and throught to the subcommittee's attention, please indicate as such.	Mean for Potential (DI). Mean agrin data review (Mi), unveillance, (DI, Kt. I), list and state the substantial to a transition in particular (MI), and the substantial to a transition in particular (MI). The proposed QI is the entry becomes important the proposed QII, the entry becomes important to those been rested. The column should be incorporated into the QI is the substantial in discussing particular (QI). QII.	QIC Action: Approval/Disapproval I The QIC action must be noted per proposed QII. QIIs disapproved by the QIC can be modified and presented again. Information on approved QIIs can be found on the Approved QII Pragress Tracking tab.	Data Requests List any requests for additional data from the RICLs (be specific in listing which RICL). List any flolow-up questions or recommendations from the RICLs as well. If there are no data requests, list NA. Include date received.	List the subcommittee's response to the date requestion for survey for any questions panel. Identify if data request and expects and the survey of data request and the survey of data request and the survey of the	Response to QSR Recommendations Describe the subcommitter's actions in reposals or recommendations from the QSR wender. If there are no QSR recommendations, fix the.	Response to Other Recommendations Decode the subcommittee actions in repose to recommendations found in other reposition of the subcommittee is action as a continuous continuou	Other Describe any other work the subcommittee does that is not captured in any of the columns listed in this work plan. Includer attainate for the work supporting data as applicable, identification of challenges/barriers and resolution to challenges/barriers. This can include any requests from other subcommittees and the resulting response/action.	Comments Provide additional comments as needed to further support the preceding columns. Other pertinent information should be included if it impacts the work of the subcommittee, if data trends support a proposed new PMI, list that information here.

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QIC Subcommittees to which this tool applies: RQCs
Persons Responsible for Completion of This Document: Ol/QIM Coordinator or designee
Timeline for completion: Custrelly with the completed SPY QIC Subcommittee Work Plan due to the QM Coordinator by COB July 31, 2024
Document Location: in Teams

Virginia Department of Behavioral Health & Developmental Services

Office of Clinical Quality Management

Owner of the Docu	ment: Rebecca Laubach											
Committee	Date Met During SFY List meeting date	Data and Reports Reviewed Describe the data reviewed—list subcommittee, type of data (PMI, surveillance, CM, employment, etc.), respond breasdown available and reported.	Provider Reporting Measures CMSC has 4 (2 PMIs under HSW, 2 PMIs under CI), RMRC has 1+7 surveillance measures under HSW, KPA Workgroups has 1 in HSW and 2 in CI. List subcommittee and whether there is input for the QIC to consider.	Analysis Describe the summary of the RQC's analysis relative to patterns, trends or gaps, is more information needed?	Data Requests/Recommendations to Subcommittees List on requests/recommendations for additional data for the subcommittee fle specific, List any follow-up questions for the subcommittee.	Data Requests/Recommendations to Subcommittees Follow List the subcommittee's response to the data request/recommendation and answer to any questions posed. Identify any data request that remain unifield and the reson provided. Identify if data request is determined to be unvoisible. Unifyllified data requests and data determined to be unvoisible will be presented to the QIC during the RQC presentation.	Subcommittee Data Request Close Date List the date the RQC determines it has the information needed to close out the request.	Recommendations for the QIC (by RQC consensus) These are identified areas for systemic improvement based upon the review and analysis of data presented to the RQC.	RQC Ideas for Qlis List ideas (include the data prompting the idea; if available) that ore generated through discussion that the RQC can furthe explore sio QW Toolkir as potential QWs. There ideas can also be prioritized based upon discussion regarding DBHGS' stated praviles.	RQC Proposed QII Using the QII Toolkit, list the proposed QII the RQC has agreed upon.	QLC Action per RDC Proposed QII: Approach (Disapproval) List the QIC action and dise of action. If QII is disapproved by the QILC is can be endiffed and presented again, identify which subcommittee will implement the agrowed QIII if is assigned other than to the RDC. If assigned to the RDC, the Approved QII Progress Tracking tob must be completed.	Comments Provide additional comments as needed to further support the preceding columns. Other pertinent information should be included if it impacts the work of the subcommittee.

RQC 1			
RQC 2			
RQC 3			
nge 5			

The QIC Subcommittees Work Plan is the system for tracking PMIs and development, implementation, and progress of QIIs across subcommittees/councils/ workgroups consistently. In addition, the QIC Subcommittees Work Plan will assist the subcommittee in completing its annual subcommittee performance evaluation and subcommittee report.

Column instructions are found in the italic font directly under each column header. Each QIC subcommittee is responsible to review this work plan at least quarterly, before the QIC meeting. If PMI is performing below target, comments must include what efforts will occur to raise performance.

Subsequent monitorings must then indicate the effectiveness of these efforts. If data is not available at the time of review, the reason must be listed under comments. Per KPA Documentation, DQV has established a data review and submission schedule as follows: Q1 (July 1-Sept 30) = January of next year; Q2 (Oct 1-Dec 31) = April of next year; Q3 (Jan 1-Mar 31) = July of same year; Q4 (April 1-June 30) = October of same year

QIC Subcommittees to which this tool applies: CMSC, RMRC, KPA Workgroups, MRC

Persons Responsible for Completion of This Document: QI/QM Coordinator or designee

Timeline for completion: Quarterly with the completed SFY QIC Subcommittee Work Plan due to the QM Coordinator by COB July 31, 2024

Document Location: in Teams

Owner of the Document: Rebecca Laubach

The PMI data contained below is not the primary or official source of PMI data. This data is used in conjunction with subcommittee activities found within this spreadsheet. The spreadsheet is designed for tracking and monitoring of status and interventions.

Virginia Department of Behavioral Health & Developmental Services
Office of Clinical Quality Management

PMI List the QIC Approved PMI	PMI Target (% and/or #) List PMI target	List Data Source Per KPA Documentation form (Measure Development form)	List Data Reporting Period (Q, Semi-Annual, Yearly, note if FY or calendar year)	Date of Review	Results	Comments If data is not available, provide rationale and any actions underway to address the issue.	Date of Review	Results	Comments	Date of Review	Results	Comments If data is not available, provide rationale and any actions underway to address the issue.	Date of Review	Results	Comments If data is not available, provide rationale and any actions underway to address the issue.
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Column instructions are found in the italic font directly under each column header. Remember to use QII Toolkit as well. Each QI subcommittee is responsible to review this work plan at least quarterly, before the QIC meeting.

QIC Subcommittees to which this tool applies: CMSC, RMRC, KPA Workgroups, MRC
Persons Responsible for Completion of This Document: (JI/QM Coordinator or designee
Timeline for completion: Clusterly with the completed SFY QIC Subcommittee Work Plan due to the QM Coordinator by COB July 31, 2024.
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** Information pertaining to previously completed activities for continued QIIs can be found on SFYXX XXXX QIC Subcommittee Work Plan **



Owner of the Document: Rebecta Laubach Office of Chinical Quality Management													
nmittee	Qli Catchphrase Catchphrase for Qli that best summarizes what the Qli is about	QII Aim List the Aim Statement from the QII Toolkit and as approved by the QIC	Date Approved/ Date Implemented Include both the date approved and the date the QII was actually implemented	Date Subcommittee Conducts QII Status Review List each date the QII is reviewed (oldest to most recent)	Where are you in your PLAN? Now that the (I) has begun, describe steps taken towards completion.	Where are you in your DO? Describe what's happened/what worked well and the data collected. Please note that challenges and borriers are discribed in a separate column.	Challenges/Barriers Identified What challenges/barriers have been identified since the QII was implemented?	Actions Implemented to Reduce Challenges/Barriers What actions were implemented to reduce or eliminate the challenges/parriers? If the recommended action needs to go to the QIC. It should be noted here and included in the report to the QIC.	How are you Studying? List the results of data analysis. Describe the impact the Oil is having. Were the unexpected results Surprises? Were the challenges/barriers eliminated/reduced?	you Adapt (headed right direction, needs tweaking)? Do you Adopt (incorporate change into practice and expand where appropriate)? Do you Abandon (change did not	List the Outreach, Education, or Training provided as part of this QI initiative List the date and describe what outreach, education or training that has been done related to the QII. This will show the effectiveness of the outreach, education or training.	Date QII Determined to be Completed (Aim has been achieved) or Discontinued (Priority changed, QII no longer needed) List date of change and a describe reason for completion or discontinuance.	Comments Provide any additional details regarding support actio taken or other important information that should be kind If an approved Oil needs revision, pice supporting documentation here. Once the revision has been appro- the revised QII will be tracked under the original QII.
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The QIC Subcommittees Work Plan is the system for tracking PMIs and development, implementation, and progress of QIIs across subcommittees report.

QM Plan Part III Annual Report and Evaluation outlines the statewide recommendations for the QM system to implement. These are provided to the subcommittees as indicated and listed within each subcommittees Work Plan. For subcommittees that produce annual reports or semi-annual reports, their recommendations will also be incorporated into the applicable subcommittees Work Plan. For the KPA Workgroups (who do not produce any reports), subcommittee work are tasks identified through review of materials/reports presented during meetings. Recommendations from other external investigative reports can be included here as well, if the subcommittee chooses. Materials such as review of safety alerts, guidance documents, newsletters, and so on should be included in this tab. Each QIC subcommittee is responsible to review this work plan at least quarterly.

QIC Subcommittees to which this tool applies: CMSC, RMRC, KPA Workgroups, MRC, RQCs

Persons Responsible for Completion of This Document: QI/QM Coordinator or designee

Timeline for completion: Per QI subcommittee meeting schedule with the completed SFY QIC Subcommittee Work Plan due to the QM Coordinator by COB July 31, 2024

Document Location: in Teams

Owner of the Document: Rebecca Laubach



Identified Work List the identified work item and the related issue that triggered the work.	Identified Actions List the actions the subcommittee is performing to address the identified work item.	Describe the resources needed to complete the previous	Link the consequence actually used in acceptant the consequence detical as	Review Date List each date the work items are reviewed	Comments Describe relevant information related to each review date	Anticipated Date of Completion	Completed ac	Final Comments Include any final comments related to the accomplishment/finalization of the work item r barriers that kept the work item from being completed	