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| --- | --- | --- | --- | --- | --- | --- |
| Agency: |  | | | | | |
| Report Completed by: | **Name:** | | | | | |
| **Title:** | | | | | |
| **Contact Info:** | | | | | |
| Date: |  | | | | | |
| Report Period: | **Quarter Start Date:** | | | **Quarter End Date:** | | |
| QIP Title: | Enhanced Quality Improvement Strategies To Increase HIV Viral Load Suppression (VLS) for Ryan White Clients | | | | | |
| Quarter Report | Proposal | Quarter 1 | Quarter 2 | | Quarter 3 | Quarter 4 |
| **Report Due:** | Due: 05/31/20 | Due: 07/15/20 | Due: 10/15/20 | | Due: 01/15/21 | Due: 04/15/21 |

Guidance on Using the Reporting Template

This template serves as a written method of improvement Plan, Do, Study, Act (PDSA) cycle. Use this template for each quarter to help capture your interventions for improvement using the PDSA cycle. The report is setup in a model of the PDSA cycle that allows a written and visual impact of your change steps to help improve and meet your goals. PDSA method is outlined by:

* **Plan** *(Sections 1 & 2)* – identifying problems and setting goals.
* **Do** *(Section 3)* – recording actions chosen to improve the data.
* **Study** *(Section 4)* – during the analysis of your data you collected.
* **Act** *(Section 5)* – where capture of data and analysis to determine what action steps can be taken next quarter.

These actions will lead you back to the plan phase.

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| Section 1: BACKGROUND |

Monitoring the selected cohort will demonstrate the beneficial effects of antiretroviral therapy (ART) on viral load suppression. In addition, it will give you the opportunities to examine the factors associated with virologic suppression for HIV-infected patients on ART receiving Ryan White services.

**Problem Statement**: What specific issues do you have with viral load suppression for each quarter?

* Baseline:
* Quarter 1:
* Quarter 2:
* Quarter 3:
* Quarter 4:

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| Section 2: AIM & GOALS |

1. **Agency QIP Aim Statement:** (**If needed, update the Aim Statement and Goals quarterly.)**

**Agency Aim:** Indicate what your agency is trying to accomplish each quarter.

* Proposal *(based on baseline data)*:
* Quarter 1:
* Quarter 2:
* Quarter 3:
* Quarter 4:

1. **Goals:** Indicate your agency’s specific achievable goal based on current data for the reporting quarter. (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**imely)

* Proposal *(based on baseline data)*:
* Quarter 1:
* Quarter 2:
* Quarter 3:
* Quarter 4:

1. **QIP Team Members:** (*Names, Titles, Role in this QIP only*) **If needed, update the QIP Team Members quarterly.**

|  |  |  |
| --- | --- | --- |
| **Name** | **Role at Agency (Title)** | **Role with this QIP** |
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| Section 3: Intervention & Data Reporting |

1. **Four Actions/Change Steps Completed:** Describe below each **intervention** plan/change you performed to improve the performance measures and services for this reporting quarter. *The list below should be your baseline or previous submitted action steps from the previous quarter.* **Do not complete this section for Baseline/Proposal**

|  |  |  |
| --- | --- | --- |
| **List action steps taken to improve your data** | | |
| *List the four main action steps you took to improve data and services this quarter* | *When did you complete this step?* | *Will you keep or stop this action step for the coming quarter?* |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |

**Performance Reporting Periods: Ryan White Grant Year 2020**

Viral Load Suppression Rate Data will be provided by the Virginia Department of Health.

Baseline: January 1, 2019 - December 31, 2019

Quarter 1: June 1, 2019 - May 31, 2020

Quarter 2: September 1, 2019 - August 31, 2020

Quarter 3: December 1, 2019 - November 30, 2020

Quarter 4: January 1, 2020 – December 31, 2020

**Performance Measurement Definitions**

Health Resources and Services Administration (HRSA) defines VLS as the percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.

Performance Measure

**Numerator:** Number of patients that have a HIV viral load less than 200 copies/mL at last viral load test.

**Denominator:** Number of patients that have with a diagnosis of HIV who had at least one care marker during the performance period

1. **Data:** Indicate your performance measure rate/percentage data for each reporting quarter. VDH will provide the HIV Continuum of Care data for your agency prior to each quarter.

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| --- | --- | --- | --- | --- | --- |
|  |  | **VDH Viral Load Suppression Data** | | | |
|  | **Deadline to VDH** | **Numerator (n)** | **Denominator (d)** | **Percentage (n/d x 100)** | **Total Non-suppressed Clients (d – n)** |
| **Baseline Data:** | **May 30, 2020** |  |  |  |  |
| Quarter 1 rate: | **July 15, 2020** |  |  |  |  |
| Quarter 2 rate: | **October 15, 2020** |  |  |  |  |
| Quarter 3 rate: | **January 15, 2021** |  |  |  |  |
| Quarter 4 rate: | **April 15, 2021** |  |  |  |  |

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| Section 4: Data Interpretation |

1. **Cause and Effect:** *Active VLS monitoring must involve more than just the health facility team; leadership support across the continuum is essential. The use of* ***Driver Diagram or Fishbone models is encouraged*** *to get to root causes and their effects. Provide root causes showing cause and effect reasons for the reported quarter data in the space below or attach additional page at end of report. This will be updated each quarter based on data findings.*
2. **Graph:** *Provide progression starting from Baseline through current reporting period (include all quarters reported to date) below or attach additional page to end of report. Graphs are visual storytelling and should be able to show your efforts through a graphic depiction. Be sure to use titles, legends, and other detail to your graph.*
3. **Analysis:** *Explain the following findings and what you identify from this reporting quarter. Use root causes and graphs to help support your findings.*
   1. **What are the data telling you:**
   2. **Provide insight on what action steps went well for this quarter:**
   3. **Provide any Barriers/Challenges for implementing planned action steps and/or reaching your goal for the quarter:**
   4. **How were client lab data captured and entered at your agency this quarter?**
   5. **What frequency did you receive lab information this quarter?**
   6. **Was there a lag time?**
   7. **How is your updated lab data getting to the VDH data system?**
   8. **Do you see the updates reflected in the VDH provided data for the quarter?**

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| **Section 5: Planning New Steps for the Next Quarter** |

*Describe using the table below each of the four action steps (interventions/changes) you will do to improve your current quarterly data reported above.* ***Do not list more than four action steps****. Your chosen action steps below should always be informed by a data review and understanding the gaps in the care provided before they can begin to improve the process of care.*

1. **Interventions/Change Description for the next coming quarter:** Based on your analysis of the data for this quarter’s report, what are the four action steps you planning to do for the next 3-month period (Action plan)?

|  |  |  |
| --- | --- | --- |
| **Four Main Action Steps for Next Quarter** | **Person(s) Responsible** | **Target Date** |
| *What are you going to do*? | *Who is going to take the lead?* | *What is the time period for this action step? (Include start date and end date)* |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |

1. **Summary Report:** *Overall,* *analyze the cumulative data and progress towards projected goals and objectives****.*** *If applicable, include any technical assistance needed for this quality improvement project with the summary report.*