

Virginia Department of Health
Quality Improvement Project (QIP) Reporting Template

Agency:			
Report Completed by:	Name:		
	Title:		
	Contact Info:		
Date Submitted:			
Report Period:	Start Date:	End Date:	Report Due Date
<input type="checkbox"/> Quarter 1	April 1, 2022	June 30, 2022	July 15, 2022
<input type="checkbox"/> Quarter 2	July 1, 2022	September 30, 2022	October 15, 2022
<input type="checkbox"/> Quarter 3	October 1, 2022	December 31, 2022	January 15, 2023
<input type="checkbox"/> Quarter 4	January 1, 2023	March 31, 2023	April 15, 2023
QIP Title:	Viral Load Suppression for Existing Ryan White Clients Who Are Not Virally Suppressed and Those Newly Diagnosed		

cc: Safere Diawara, Camellia Espinal, and your Services Coordinator on reports

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) – Make predictions about what will happen and why it will happen.
- **DO** (Section 3) – Carry out the change or test on a small scale.
- **STUDY** (Section 4) – Analyze the test cycle and reflect on the findings.
- **ACT** (Section 5) – Decide if there are any refinements or modifications need for the changes tried.

Section 1: BACKGROUND

The QIP will focus on a selected cohort of people with HIV (PWH) not virally suppressed or/and newly diagnosed. Monitoring the selected cohort will demonstrate the beneficial effects of antiretroviral therapy (ART) on viral load suppression. In addition, it will give the opportunities to examine the factors associated with virologic suppression for PWH on ART receiving Ryan White services.

Problem Statement: What specific issues do you have with viral load suppression of the cohort data for this reporting quarter **(Specific problem statement for each quarter)?**

- Quarter 1:
- Quarter 2:

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- Quarter 3:
- Quarter 4:

Section 2: AIM & GOALS

A. Agency Goals Statement: (If needed, update the Aim Statement and Goals quarterly.)

Indicate your agency's **Specific, Measurable, Achievable, Realistic, and Timely (SMART) **goal for the coming quarter** based on current received cohort data. (e.g., *Our agency will have 2 clients from our cohort achieve VLS by April 30th*)**

- Quarter 1:
- Quarter 2:
- Quarter 3:
- Quarter 4:

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B. QIP Team Members including at least one consumer:

*(Names, Titles, Role in this QIP only; please omit client name and indicate "Consumer")
If needed, update the QIP Team Members quarterly.*

Name	Role at Agency (Title)	Role with this QIP

Section 3: Intervention & Data Reporting

A. Actions/Change Steps Completed in Previous Quarter:

Describe **each intervention/change step you identified last quarter** to improve the performance measures of your cohort data for this reporting quarter. *The list below should list your previous submitted action steps from the previous quarter's report.*

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

Performance Reporting Periods: Ryan White Grant Year 2021

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

BASELINE: March 2021 – February 2022 *(Data received in June 2022)*

Quarter 1: June 2021 – May 2022 *(Data received in July 2022)*

Quarter 2: September 2021 - August 2022 *(Data received in October 2022)*

Quarter 3: December 2021- November 2022 *(Data received in January 2023)*

Quarter 4: March 2022 – February 2023 *(Data received in April 2023)*

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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

A. Overall Cohort Data

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

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

		COHORT VLS DATA ONLY			
Deadline to VDH		Numerator (n)	Denominator (d)	Percentage (n/d x 100)	Total Cohort Clients Remaining Non- suppressed (d – n)
Quarter 1 rate:	July 15, 2021				
Quarter 2 rate:	October 15, 2021				
Quarter 3 rate:	January 15, 2022				
Quarter 4 rate:	April 15, 2022				

B. Newly Diagnosed data

1. Table for Clients that have Achieved VLS within 30 Days

Numerator: Number of patients newly diagnosed that have a HIV viral load less than 200 copies/mL at last viral load test. (Virally Suppressed) at 30 days

Denominator: Number of patients with a new diagnosis of HIV who had at least one care marker during the performance period at 30 days

Indicate your performance measure rate/percentage data for each reporting quarter using the VDH data provided with your agency’s HIV Continuum of Care data.

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Newly Diagnosed VLS DATA ONLY			
30 days			
Deadline to VDH	Numerator (n)	Denominator (d)	Percentage (n/d x 100)
Quarter 1 rate: July 15, 2022			
Quarter 2 rate: October 15, 2022			
Quarter 3 rate: January 15, 2023			
Quarter 4 rate: April 15, 2023			

2. Table for Clients that have Achieved VLS within 60 Days

Numerator: Number of patients newly diagnosed that have a HIV viral load less than 200 copies/mL at last viral load test. (Virally Suppressed) at 60 days

Denominator: Number of patients with a new diagnosis of HIV who had at least one care marker during the performance period at 60 days

Newly Diagnosed VLS DATA ONLY			
60 days			
Deadline to VDH	Numerator (n)	Denominator (d)	Percentage (n/d x 100)
Quarter 1 rate: July 15, 2022			
Quarter 2 rate: October 15, 2022			
Quarter 3 rate: January 15, 2023			
Quarter 4 rate: April 15, 2023			

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3. Table for clients that have achieved VLS overall

Numerator: Number of patients newly diagnosed that have a HIV viral load less than 200 copies/mL at last viral load test. (Virally Suppressed) overall

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

		Newly Diagnosed VLS DATA ONLY		
		Overall		
Deadline to VDH		Numerator (n)	Denominator (d)	Percentage (n/d x 100)
Quarter 1 rate:	July 15, 2022			
Quarter 2 rate:	October 15, 2022			
Quarter 3 rate:	January 15, 2023			
Quarter 4 rate:	April 15, 2023			

Data: Indicate your performance measure rate/percentage data for each reporting quarter using the VDH data provided with your agency’s HIV Continuum of Care data.

Indicate your performance measure rate/percentage data for each reporting quarter using the VDH data provided with your agency’s HIV Continuum of Care data.

Section 4: Data Interpretation & Analysis

A. Analysis: Explain the data by using the following prompts to analyze the data from this reporting quarter including both the overall cohort and newly diagnosed related data.

a. What are the data telling you between cohorts A and B?

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- b. Provide insight on what action steps went well for this quarter.**
- c. Provide any Barriers/Challenges for implementing planned action steps.**
- d. What noticeable trends are you finding from cohorts A and B VLS data?**
- e. How is this affecting your agency overall VLS data? Regional data?**
- f. What frequency did you receive lab data this quarter? Was there a lag time?**
- g. For this quarter, was there a delay in lab data being entered and/or sent to VDH?**
- h. Do you see updates reflected in the VDH provided data for the quarter?**
- i. Provide discrepancies between your agency VLS data and VDH VLS data:
*Please do not include any Private Health Information (PHI)***
- j. Has access to medication changed for clients in this quarter (e.g., Medicaid eligible, Private Insurance)?**
- k. Were any clients enrolled into Medicaid or Medicaid eligible?**

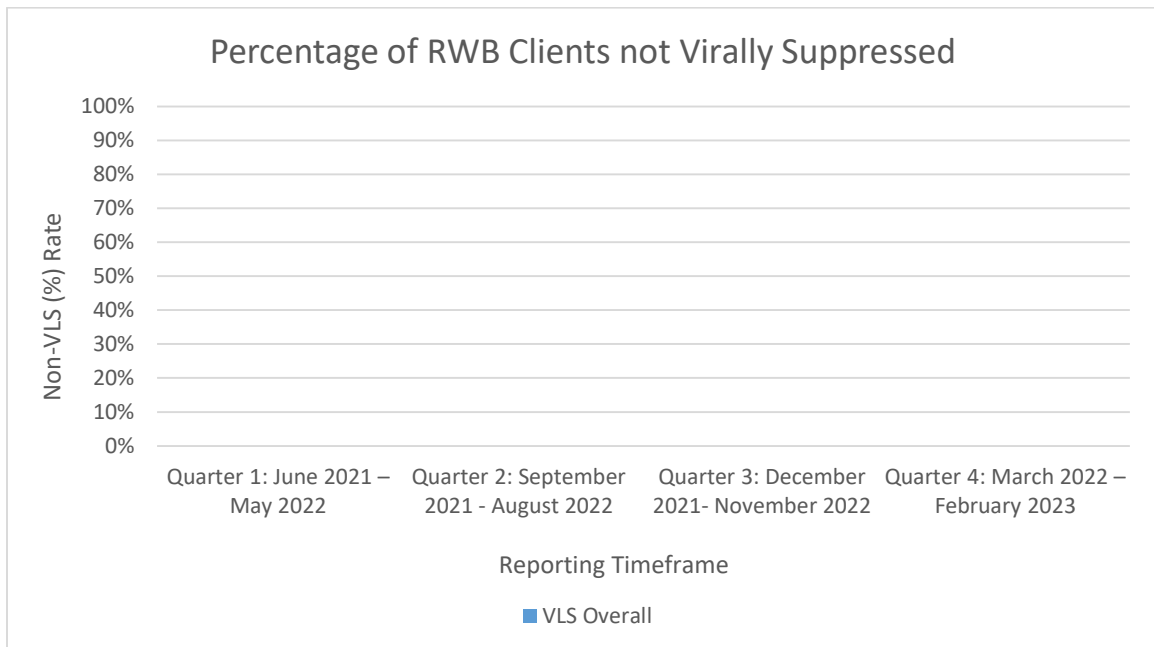
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- B. Cause and Effect:** Provide the root causes for the cohort that shows cause and effect reasons for the VLS data for the reporting quarter in the space below or attach additional page if needed. **This will be updated each quarter to help identify change steps/interventions to address from both data set.**

*The use of updated Driver Diagram or Fishbone models **is requested quarterly** to show root causes and their effects on the cohort. Root causes and graphs help support analysis listed in section 4A (above).*

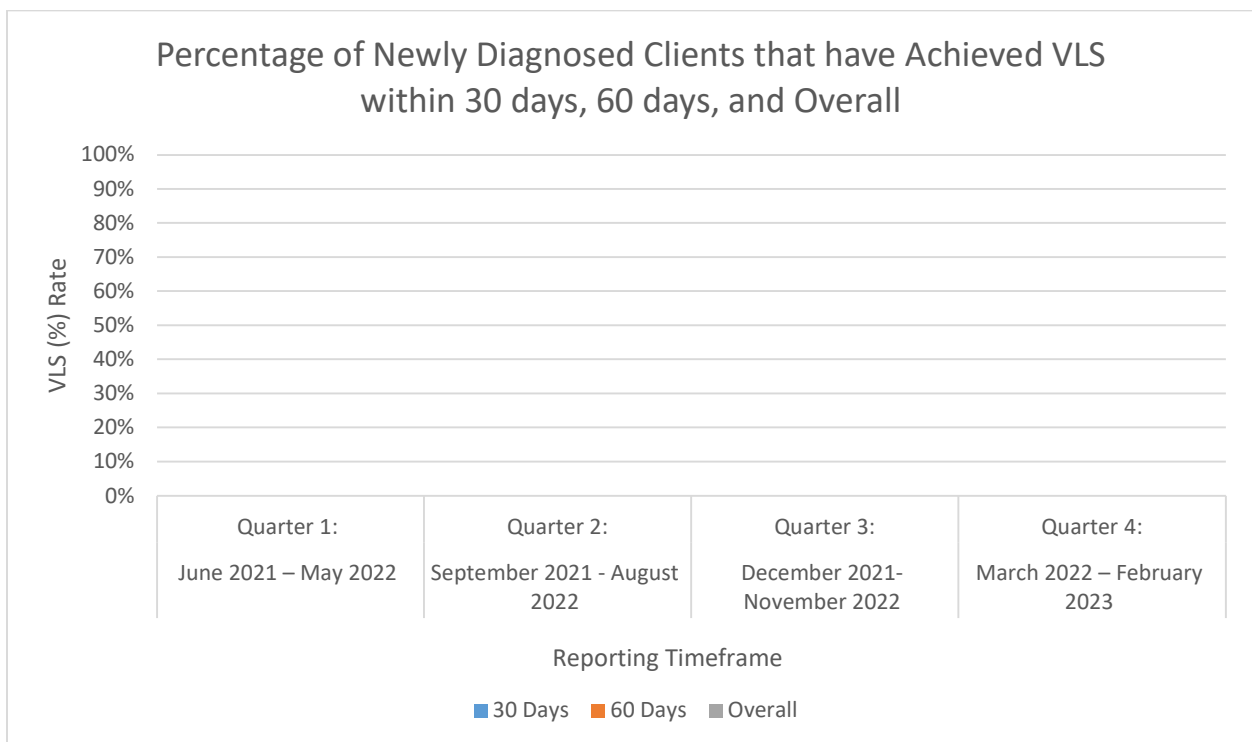
- C. Graph:** Provide an accumulative (*all quarters reported to date*) visual progression for the cohort VLS data below or attach an additional page. *Graphs are visual storytelling and should be able to show your efforts through a graphic depiction. Be sure to use titles, legends, and other detail to your graph. Graphs should match data in the cohort data table listed in section 3A. **If needed, please use the Excel QIP Reporting Graph Template to update this section.***

Graph A: QIP Cohort (RWB clients not virally suppressed)



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Graph B: Newly Diagnosed clients who have achieved VLS within 30 days, 60 days & Overall: To complete this graph, use the percentages from the three charts above for newly diagnosed clients achieving VLS within 30 days, 60 days, and overall. You can right-click the graph below and it will open an excel table where you can enter the percentages. *Graphs should match data in the cohort data table listed in section 3B. If needed, please use the [Excel QIP Reporting Graph Template](#) to update this section.*



Section 5: Planning New Steps for the Next Quarter

Using the table below describe 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, understanding the gaps in the care provided, and root causes identified above before they can begin to improve the process of care.

A. Interventions/Change Description for the next coming quarter: Based on your analysis of the received data for this quarter’s report, **what are the four action steps you are planning to do for the next 3-month period** (Action plan)? *Key quality improvement ideas to remember: principle of 1 to 1 and, small change steps.*

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

B. 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.*