

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

Agency:		
Report Completed by:	Name:	
	Title:	
	Contact Info:	
Date Submitted:		
Report Period:	Data to Agency	Report Due Date
QIP Proposal	May 1, 2023	May 31, 2023
Quarter 1	June 15, 2023	July 15, 2023
Quarter 2	September 15, 2023	October 15, 2023
Quarter 3	December 15, 2023	January 15, 2024
Quarter 4	March 15, 2023	April 15, 2024
QIP Title:	Viral Load Suppression Among Clients Aged 13-34 and Expediting ART Initiation for Clients 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*) – 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.

Section 1: BACKGROUND

Monitoring the selected cohort will demonstrate the beneficial effects of antiretroviral therapy (ART) on viral load suppression (VLS). In addition, it allows the opportunity to examine factors associated with virologic suppression for people with HIV (PWH) on ART receiving Ryan White services.

Problem Statement: What specific issues do you have with cohort viral load suppression for this reporting quarter?

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

Section 2: AIM & GOALS

A. Agency Goals Statement: (Update the projected Goals for the upcoming quarter.)

Indicate your agency's projected **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**imely (SMART) goal, based on this reporting quarter's data analysis. (e.g., *Our agency will have 2 clients from our cohort achieve VLS by April 30th*) ***This should reflect a future date.***

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

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B. QIP Team Members: Update the QIP Team Members quarterly.

- List names, titles, and roles for the current quarter QIP only
- Include at least one consumer; *omit client name* and indicate “Consumer”

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 identified **last quarter** to improve the performance measures of your cohort data for this reporting quarter.

- This table should list action steps from the previous quarter’s Section 5A report*.
- Column II should include a **date of completion** or “Incomplete”, not “Ongoing”.

**Skip this table for the QIP proposal*

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.		

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Performance Reporting Timeline

Baseline: January 1, 2022 – December 31, 2022
 Quarter 1: June 1, 2022 – May 30, 2023
 Quarter 2: September 1, 2022 – August 30, 2023
 Quarter 3: December 1, 2022 – November 30, 2023
 Quarter 4: March 1, 2023 – February 29, 2024

Performance Measurement Definitions:

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

B. Overall Cohort

Performance Measure

Numerator: Number of patients aged 13-34 who have an HIV viral load less than 200 copies/mL at last viral load test. (Virally Suppressed)

Denominator: Number of patients aged 13–34 years with a diagnosis of HIV who had at least one care marker during the performance period (Not virally suppressed at baseline)

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 (HCC) data.

COHORT VLS DATA ONLY				
	Numerator (n)	Denominator (d)	Percentage (n/d x 100)	Total Cohort Clients Remaining Non- suppressed (d – n)
Baseline:				
Quarter 1 rate:				
Quarter 2 rate:				
Quarter 3 rate:				
Quarter 4 rate:				

C. Time from Diagnosis to ART Initiation

Performance Measure

Numerator: Number of newly diagnosed HIV clients who have initiated antiretroviral medication (ART) within 30 days of their HIV diagnosis.

Denominator: Number of newly diagnosed HIV clients during the reporting period.

ART Initiation for Clients Newly Diagnosed												
	Same Day			1 - 7 Days			8 - 14 Days			15-30 Days		
	Numerator (n)	Denominator (d)	Percentage (n/d x 100)	(n)	(d)	(n/d x 100)	(n)	(d)	(n/d x 100)	(n)	(d)	(n/d x 100)
Baseline												
Quarter 1:												
Quarter 2:												
Quarter 3:												
Quarter 4:												

Section 4: Data Interpretation & Analysis

- A. Analysis:** Explain the data by using the following prompts to analyze the data specific to this reporting quarter.
- a. What is this quarter’s data telling you?**
 - 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 cohort VLS data?**
 - e. How is this affecting your agency overall VLS data? Regional data?**

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- f. For this quarter, was there a delay in lab data being entered and/or sent to VDH?**

- g. Is the VDH-provided data consistent with your agency data?**

- h. Provide discrepancies between your agency VLS data and VDH VLS data:
*Please do not include any Private Health Information (PHI)***

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- B. Cause and Effect:** Provide root causes that display cause and effect reasoning for cohort VLS data for this reporting quarter. Please complete in the section below or attach as an additional page. This will be **updated each quarter** to help identify change steps/interventions.

The use of updated Driver Diagram or a Fishbone model 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 a cumulative (*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 on your graph. Graph data should match the cohort data table listed in section 3B.*

Section 5: Planning New Steps for the Next Quarter

Using the table below describe each new action step (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 address issues identified in:

- the problem statement,
- data analysis, and
- the root cause-effect assessment from this reporting period.

A. Interventions/Change Description for the next quarter: Based on your data analysis of this quarter’s report, what are the four action steps you plan to do for the next 3-month period? *Key quality improvement ideas to remember: the principle of 1 to 1, and small change steps. The target date should reflect a future start and end date.*

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 toward projected goals. If applicable, include any technical assistance needed for this quality improvement project with the summary report.*