

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

Agency:		
Report Completed by:	<b>Name:</b>	
	<b>Title:</b>	
	<b>Contact Info:</b>	
Date Submitted:		
Report Period:	<b>Data to Agency</b>	<b>Report Due Date</b>
Quarter 1	<b>June 14, 2024</b>	<b>July 15, 2024</b>
Quarter 2	<b>September 16, 2024</b>	<b>October 15, 2024</b>
Quarter 3	<b>December 16, 2024</b>	<b>January 15, 2025</b>
Quarter 4	<b>March 15, 2025</b>	<b>April 15, 2025</b>
QIP Title:	Targeted Strategies to Increase ART Initiation and Linkage to Care Rates among Clients Newly Diagnosed	

**cc:** *Camellia Espinal, Lynea Hogan, 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 newly diagnosed clients through the implementation of rapid ART processes will demonstrate the benefit of improving antiretroviral therapy (ART) initiation, linkage to care, and viral load suppression (VLS) rates. In addition, it allows the peripheral 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 ART initiation 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 quarter's data analysis. (e.g., *Our agency **will have** 5 ART initiation clients between days 0-7 by April 30<sup>th</sup>* *This should reflect a future date within the next quarter.*)

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

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

**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.		

Performance Reporting Timeline

- Baseline: January 1, 2023 – December 31, 2023
- Quarter 1: June 1, 2023 – May 30, 2024
- Quarter 2: September 1, 2023 – August 30, 2024
- Quarter 3: December 1, 2023 – November 30, 2024
- Quarter 4: March 1, 2023 – February 28, 2025

**Performance Measurement Definitions:**

Health Resources and Services Administration (HRSA) defines linkage to care as completing an outpatient appointment with a clinical provider who has the skills and ability to treat HIV infection, including prescribing ART. (VLS data will be located within the HIV Care Continuum portion of the VDH provided data packet.)

**B. Linkage to Care**

Performance Measure

**Numerator:** Number of clients newly diagnosed in the reporting timeline and considered linked to care with at least one care marker reported within 30 days of diagnosis date.

**Denominator:** Number of clients newly diagnosed with a confirmed HIV Positive status during the reporting timeline.

	Agency Linkage to Care Data			VDH Linkage to Care Data		
	Numerator (n)	Denominator (d)	Percentage (n/d x 100)	Numerator (n)	Denominator (d)	Percentage (n/d x 100)
<b>Baseline Data:</b>						
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.

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

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:												

<b>Section 4: Data Interpretation &amp; Analysis</b>
--

**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?**

**i. Linkage**

**ii. ART**

**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 ART initiation data?**

**e. How is this affecting your agency overall regional data?**

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

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

- g. Is the VDH-provided data consistent with your agency data?**
  
- h. Provide discrepancies between your agency ART initiation data and VDH ART initiation data: *Please do not include any Private Health Information (PHI)***

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

- B. Cause and Effect:** Provide root causes that display cause and effect reasoning for ART initiation 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 Linkage to Care 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.*