Agency:		
Staff Name:		
Title:		
Contact Info:		
Date Submitted:		
Report Period	**Data to Agency**	**Report Due Date**
Quarter 1	June 15, 2026	July 15, 2026
Quarter 2	September 15, 2026	October 15, 2026
Quarter 3	December 15, 2026	January 15, 2027
Quarter 4	March 15, 2027	April 15, 2027
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 report submissions

Guidance on Using the Reporting Template

The key quality principle for improving HIV care is the Model for Improvement, which includes the PDSA cycle. The Model for Improvement asks three questions:

1. **What are we trying to accomplish?**
   Increased ART Initiation and Linkage to Care Rates among Clients Newly Diagnosed
2. **How will we know that a change is an improvement?**
   Review of Sections 3 and 4 for increased Linkage to Care and ART initiation rates.
3. **What change can we make that will result in improvement?**
   Complete Section 4B Root Cause Analysis; a problem-solving approach used to identify the underlying causes of issues rather than just addressing surface-level symptoms. It involves a systematic investigation to uncover the true source of problems in systems, workflows, or outcomes.

The PDSA cycle involves planning, testing, analysis, and implementation. The report incorporates the PDSA cycle that allows a written and visual impact of your change steps to help improve and meet your goals.

- **Plan** – define the problem, develop a plan, and identify goals.
- **Do** – implement the plan, gather data, and observe.
- **Study** – analyze collected data, determine what was learned from previous interventions, and identify whether it was effective or ineffective.
- **Act** – review root cause 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:

Indicate your agency's **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**imely (SMART) goal, based on this quarter's data analysis. .

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

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: Data Reporting

Performance Reporting Timeline
Baseline: January 1, 2025 – December 31, 2025
Quarter 1: May 1, 2025 – April 30, 2026
Quarter 2: August 1, 2025 – July 31, 2026
Quarter 3: November 1, 2025 – October 31, 2026
Quarter 4: February 1, 2026 – January 31, 2027

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.)

A. 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)**
Baseline Data:						
Quarter 1 rate:						
Quarter 2 rate:						
Quarter 3 rate:						
Quarter 4 rate:						

B. 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: Use the following prompts to analyze the data specific to this reporting quarter.

1. What is this quarter's data telling you?
    a) Linkage:

    b) ART:

2. Provide insight on what action steps went well for this quarter.

3. Provide any barriers/challenges for implementing planned action steps.

4. What noticeable trends are you finding from ART initiation data?

5. How is this affecting your agency's overall regional data?

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

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

8. Provide discrepancies between your agency ART initiation data and VDH ART initiation data: *Please do not include any Private Health Information (PHI)*

B. <u>Root Cause Analysis:</u> 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 should be **updated each quarter** to help identify action 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. <u>Root causes and graphs help support analysis listed in section 4A (above).</u>

C. <u>Graph:</u> Provide a cumulative *(all quarters reported to date)* visual progression for the Linkage to Care rate below or attach an additional page. *Be sure to use titles, legends, and other details on your graph. Graph data should match the cohort data table listed in section 3A.*

Section 5: Interventions

A. <u>Actions Steps Completed in Previous Quarter:</u>
Describe each intervention identified from the previous quarter to improve the performance measures of your cohort data for this reporting quarter.

- Column II should include a **date of completion** or "**Incomplete**", not "Ongoing".

Previous Quarter's Action Steps		
List the main action steps you took to improve data and services.	*When did you complete this step?*	*Will you keep or stop this action step for the coming quarter?*
1.		
2.		
3.		
4.		

B. <u>Action Steps for the Upcoming Quarter:</u> Based on your root cause analysis, what are the action steps you plan to take for the next <u>3-month period</u>?
The target date should reflect a <u>future</u> start and end date.

In the table below, describe each new action step to improve your current quarterly data. Action steps should address your **problem statement**, **data**, and **root cause analysis**.

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?(start and end date)*
1.		
2.		
3.		
4.		

C. <u>Summary Report:</u> *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.*