|  |  |  |
| --- | --- | --- |
| Agency: |  | |
| Date: |  | |
| Report Period: | **Start Date:** | **End Date:** |
| Report Completed by: | **Name:** | |
| **Title:** | |
| **Contact Info:** | |
| QIP Title: |  | |

**Report Due Dates:**

QIP Proposal: March 30, 2020

QIP Reports: July 1, 2020; October 1, 2020; January 1, 2021; April 1, 2021

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| Section 1: BACKGROUND |

**Problem Statement**:

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

**Goals:**

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

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| Section 2: AIM |

**Agency QIP Aim Statement and Goals:** (*What are you trying to accomplish*)

**If needed, update the Aim Statement and Goals quarterly.**

**QIP Team Members:** (*Names, Titles, Role in QIP only*)

**If needed, update the QIP Team Members quarterly.**

**Selected Performances Measures (PM)** (include numerator and denominators):

**Example: Viral Load Suppression Rate:**

**Using Your Agency Specific Data**

Performance Measure A1

**Numerator:** number of patients with a HIV viral load less than 200 copies/mL at last viral load test

**Denominator:** patients, regardless of age, with a diagnosis of HIV who had at least one care marker during the performance period

**Using DOH Provided Data**

Performance Measure A2

**Numerator:** number of patients with a HIV viral load less than 200 copies/mL at last viral load test

**Denominator:** patients, regardless of age, with a diagnosis of HIV who had at least one care marker during the performance period

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| Section 3: Data Reporting |
| **Performance Reporting periods: Ryan White GY30**  Viral Load Suppression Rate Data provided by the DC Department of Health.  Baseline: January 1, 2019 – December 31, 2019  Quarter 1: Date \*\*\*\*\*\*  Quarter 2: \*\*\*\*\*\*\*\*\*\*  Quarter 3: \*\*\*\*\*\*\*\*\*\*  Quarter 4:\*\*\*\*\*\*\*\*\*\*\* |

1. **Actions/Change Steps Completed:** *Describe below each* **intervention** *plan/change you performed to improve the performance measures and services for the reported quarter. The list below should be your previous submitted action steps.*

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| **List action steps taken to improve your data** | | |
| *List the four 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?* |
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1. **Data:** *Indicate your baseline performance measure rate/percentage that will be addressed through the first quarter (January 1, 2019 – December 31, 2019). DOH will share your baseline data that you will improve with your QIP.*

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|  |  | **Agency Viral Load Suppression Data** | | | **DOH Viral Load Suppression Data** | | |
|  | **Deadline to DOH** | **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: |  |  |  |  |  |  |  |

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| Section 4: Data Interpretation |

1. **Cause and Effect:** *Please provide root causes listing cause and effect reasons for the reported quarter data. Addressing the root causes of poor performance on VL monitoring must involve more than just the health facility team; leadership support across the continuum is essential. Driver Diagram or Fishbone models are encouraged.*
2. **Analysis:** *Explain the following findings and what you identify from this reporting quarter.*
3. What are the data telling you:
4. Provide insight on what went well for this quarter:
5. Provide any Barriers/Challenges:
6. How did your data differ from DOH’s data?
7. Why did your data differ from DOH’s data?
8. How did your data get to the DOH data system?
9. **Graphic:** *Progression starting from Baseline through current reporting period (include all quarters reported to date)*

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| Section 5: Planning Next Steps for the coming quarter |

1. **Interventions/Change Description for the next coming quarter:** *Describe below each* **intervention** *plan/change you will do to improve your current quarterly data reported above (at least four).* ***Based on your analysis of the data for this quarter’s report, what are you planning to do for the next 3-month period (Action plan)?***

*The selected improvement interventions below should be preceded by data review and understanding the gaps in the care provided before they can begin to improve the process of care.*

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| **Action Steps for Next Quarter** | **Person(s) Responsible** | **Target Date** |
| *What are you going to do*? | *Who is going to take the lead?* | *When will the work be done?* |
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1. **Summary Report:** *Overall,* a*nalyze 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.*