

DC Health HAHSTA
Quality Improvement Project (QIP) Report

Agency:			
Report Completed by:	Name:		
	Title:		
	Contact Info:		
Date Submitted:			
Report Period:	Start Date:	End Date:	Report Due Date
<input type="checkbox"/> Quarter 1	March 1, 2026	May 31, 2026	July 1, 2026
<input type="checkbox"/> Quarter 2	June 1, 2026	August 31, 2026	October 1, 2026
<input type="checkbox"/> Quarter 3	September 1, 2026	November 30, 2026	January 2, 2027
<input type="checkbox"/> Quarter 4	December 1, 2026	February 28, 2027	April 1, 2027
QIP Title:			

Email to your ASSIGNED Coach
And CC: Program Officer; RW.Quality@dc.gov

Guidance on Using the Reporting Template

This template serves as a written method of improvement Plan, Do, Study, Act (PDSA) cycle.

- **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...

Problem Statement: (Specific problem statement for each quarter)

Quarter 1:

Quarter 2:

Quarter 3:

Quarter 4:

Section 2: AIM & GOALS

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

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Indicate your agency's **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**imely (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.		

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Performance Reporting Periods: Ryan White Grant GY33

BASELINE:

Quarter 1:

Quarter 2:

Quarter 3:

Quarter 4:

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Performance Measurement Definitions

PERFORMANCE MEASURE

A. Overall Cohort Data

Numerator:

Denominator:

	Deadline	Numerator (n)	Denominator (d)	Percentage (n/d x 100)	Total
Quarter 1 rate:					
Quarter 2 rate:					
Quarter 3 rate:					
Quarter 4 rate:					

Data: Indicate your performance measure rate/percentage data for each reporting quarter using data provided by your agency.

Section 4: Data Interpretation & Analysis

A. **Analysis:** *Explain the data by using the following prompts to analyze the data from this reporting quarter.*

1. **What are the data telling you between QX and QY?**
2. **Provide insight on what action steps went well for this quarter.**
3. **Provide any Barriers/Challenges for implementing planned action steps.**
4. **What frequency did you receive lab data this quarter? Was there a lag time?**

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- B. Cause and Effect:** Provide the root causes for the 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 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.*

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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.		

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.*