RYAN WHITE PART A – CLEVELAND TGA

CLINICAL QUALITY MANAGEMENT

QUARTERLY QUALITY IMPROVEMENT REPORT

The CQM Quarterly Quality Improvement Reports must be submitted to the grantee's office according to the reporting periods outlined below.

Please submit all reports in Word format electronically to Zach Levar at zlevar@ccbh.net.

Some of the information that you include on this report may be used in the Part A office's reports to HRSA/HAB or provided to Planning Council, therefore, please be accurate and detailed in your responses. Should you have any questions regarding the quarterly quality improvement report please do not hesitate to contact our office.

Thank you for your hard work throughout this grant year and for all of the great work that you do.

Reporting periods and time frames for 2018/2019:

- Report Due June 1, 2018 (data April 1, 2017 - March 31, 2018)
- Report Due September 3, 2018 (data July 1, 2017 – June 30, 2018)
- Report Due December 3, 2018 (data October 1, 2017 – September 30, 2018)
- Report Due March 1, 2019 (data January 1, 2018 – December 31, 2018)
- Report Due June 3, 2019 (data April 1, 2018 – March 31, 2019)

RYAN WHITE PART A – CLEVELAND TGA
CLINICAL QUALITY MANAGEMENT
QUARTERLY QUALITY IMPROVEMENT REPORT

Agency:

Date:

Individual Responsible for Submitting Report:

Reporting Period (please check):

☐   June 1, 2018   (data April 1, 2017 - March 31, 2018)
☐   September 3, 2018   (data July 1, 2017 - June 30, 2018)
☐   December 3, 2018   (data October 1, 2017 - September 30, 2018)
☐   March 1, 2019   (data January 1, 2018 - December 31, 2018)
☐   June 3, 2019   (data April 1, 2018 - March 31, 2019)

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1. **Please complete the following graph with Viral Load Suppression data for the current reporting time frame.**

	VLS Numerator	VLS Denominator	VLS %
Agency Total			
Target Population (please enter)			
Additional population if applicable (please enter)			

2. **How would you describe your current progress status with your QI project (please check only one)**

     ☐ Ahead of schedule   ☐ On schedule   ☐ Behind schedule

3. **Please describe any successes you have had in implementing your QI project over the past quarter.**

4. **Please describe any barriers encountered with implementing your QI project over the past quarter.**

5. **Have you made any alterations to your QI project over the past quarter. If yes, please describe.**