



HIVQUAL-US

Multi-specialty Maintenance of Certification Approval Program and HIVQUAL-US

****Quality Improvement Project Reporting Guidelines****

NOTE: please refer to the following guidance when preparing the annual report of your participation in HIVQUAL-US.

- 1) Participant Information:
 - Physician's Name
 - Practice Site
 - Contact Information (address, telephone, email address)
 - Dates of Participation in HIVQUAL-US
 - HIVQUAL-US Consultant (if applicable)
 - Report Date

- 2) HIVQUAL-US Performance Measurement:
 - Describe your experience using *eHIVQUAL* or another application to collect, measure and identify quality improvement goals for your practice/clinic/program. Be sure to include information on sampling methodology, criteria for selection of clinical indicators and results.
 - Suggested Supporting Documentation: *eHIVQUAL* performance measurement reports, charts, graphs and other reports prepared by physician or quality improvement team

- 3) Quality Management Program:
 - Describe your role in the practice/clinic/program quality management program. Include information such as attendance at quality team or committee meetings, participation in specific quality improvement activities and in quality goal setting.
 - Describe your participation in the HIVQUAL-US Quality Organizational Assessment. Please summarize findings and action plan.
 - Suggested Supporting Documentation: Annual Quality Management Plan, Annual Quality Workplan, quality team or committee minutes, HIVQUAL-US Organizational Assessment

- 4) Quality Improvement Methodology:
 - Describe the standard quality improvement methods and tools used.
 - Include a description of the quality improvement intervention (project). Be sure to identify the clinical indicator(s) targeted, the team members involved, the beginning and end scores and interventions tested.
 - Include changes implemented in your clinical practice, sustainability plan, barriers/challenges and lessons learned.
 - Suggested Supporting Documentation: reports or documentation pertaining to this quality improvement project.

QI Intervention



Report Completed By:		Date:	
QM Group Project? <input type="checkbox"/> LN/Regional Group:			
Facility(ies) Involved: Site Name		City	State
Performance Indicator(s) Targeted			Score
Team Members Names:		Title:	Leader?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Intervention/Change Description:			
Was this intervention tested? <input type="checkbox"/>		Numerator:	
		Denominator:	
Start Date:	Baseline Rate:	End Date:	Final Rate:
	____%		____%

Results/Comments