**Regional Response Team Reporting Form (TEMPLATE)**

**Guidance for completing this Regional Response Team Reporting Form:**

* This reporting template should grow cumulatively over time. Fill in as you go to chronicle your improvement journey.
* An updated version of this form is submitted every other month.
* This form is completed by your assigned Coach in collaboration with the Response Team; the monthly Regional Group meetings provide a routine forum to discuss the content and to complete this form.
* After the Regional Response Team reviews the form, the Coach submits the form to a designated folder in Glasscubes.
* Each data field does not need to be completed each period; only include activities/findings related to that reporting period.
* For each strategy, report the number of the Collaborative goal and/or letter of the Regional Group Aim (listed below) that corresponds. Not all strategies must be associated with a goal or aim.

**Regional Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Regional Response Team Leader Name: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Leader Phone: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Regional Group Data Liaison:**

**Consumer Liaison:**

**Regional Group QI Coach Name: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Collaborative Goals:**

When reporting your activities, specify towards which goal(s) the strategy works.

**#1 Impact**: Increase viral suppression rates for people living with HIV (PLWH) by focusing on four subpopulations disproportionately affected by HIV (MSM of Color, African and Latina Women, Transgender People, Youth (Ages 13-24) and

**#2 Quality Improvement**: Implement and document effective quality improvement activities to reduce gaps in HIV care

**#3 Regional Quality Management Infrastructure**: Advance the harmonization/alignment of local improvement efforts and regional coordination of cross-Part QI activities

**#4 Sustainability**: Sustain local regional quality management networks of cross-Part RWHAP recipients and subrecipients in regional improvement groups

**Regional Group Aims:**

When reporting your activities, specify towards which aim(s) the strategy works.

1. <insert your state aim statement>
2. <insert your state aim statement>
3. <insert your state aim statement>

**A) Activities:**

**Quality Management Infrastructure: How have you strengthened and sustained your regional quality management infrastructure, including Response Team, QM plan, Regional Group meetings, etc.?**

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| --- | --- | --- | --- |
| **Aim#** | **Goal#** | **Month/Year** |  **Describe your strategies**  |
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**Performance Measurement: How have you established and strengthened the regional performance measurement structure to receive, analyze, and report Regional Group-wide data?**

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| **Aim#** | **Goal#** | **Month/Year** |  **Describe your strategies**  |
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**Quality Improvement: What steps have you taken to plan and implement local quality improvement activities? What are your major accomplishments, lessons learned, and/or challenges?**

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| **Aim#** | **Goal#** | **Month/Year** |  **Describe your strategies**  |
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**Capacity Building: What actions have you taken to build capacity for both providers and consumers?**

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| --- | --- | --- | --- |
| **Aim#** | **Goal#** | **Month/Year** |  **Describe your strategies**  |
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**B) Accomplishments and Challenges:**

**Describe your major accomplishments this reporting period.**

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| --- | --- | --- | --- |
| **Aim#** | **Goal#** | **Month/Year** |  **Describe your accomplishments** |
|  |  |  |  |
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**Describe your major challenges this reporting period.**

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| --- | --- | --- | --- |
| **Aim#** | **Goal#** | **Month/Year** |  **Describe your challenges** |
|  |  |  |  |
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**How can the Collaborative help you with your technical assistance needs? What requests to you have from other Regional Groups participating in the Collaborative?**

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| --- | --- | --- | --- |
| **Aim#** | **Goal#** | **Month/Year** |  **Describe your needs** |
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**Response Team Reporting Form (SAMPLE)**

**Guidance for completing this Response Team Reporting Form:**

* This reporting template should grow cumulatively over time. Fill in as you go to chronicle your improvement journey.
* An updated version of this form is submitted every other month.
* This form is completed by your assigned Coach in collaboration with the Response Team; the monthly Regional Group meetings provide a routine forum to discuss the content and to complete this form.
* After the Response Team reviews the form, the Coach submits the form to a designated folder in Glasscubes.
* Each data field does not need to be completed each period; only include activities/findings related to that reporting period.
* For each strategy, report the number of the Collaborative goal and/or letter of the Regional Group Aim (listed below) that corresponds. Not all strategies must be associated with a goal or aim.

**Regional Group Name: The Quality Champions**

**Regional Response Team Leader Name: ­­­­­­­­­­­John Smith, Alejandra Hassan, Zoe Osmar**

**Leader Phone: 123-234-4567 / Email:** **js@qualitychampions.org**

**Coach Name: ­­­­­­­­­­­Kevin Knows**

**Collaborative Goals:**

When reporting your activities, specify towards which goal(s) the strategy works.

**#1 Impact**: Increase viral suppression rates for people living with HIV (PLWH) by focusing on four subpopulations disproportionately affected by HIV (MSM of Color, African and Latina Women, Transgender People, Youth (Ages 13-24) and

**#2 Quality Improvement**: Implement and document effective quality improvement activities to reduce gaps in HIV care

**#3 Regional Quality Management Infrastructure**: Advance the harmonization/alignment of local improvement efforts and regional coordination of cross-Part QI activities

**#4 Sustainability**: Sustain local regional quality management networks of cross-Part RWHAP recipients and subrecipients in regional improvement groups

**Regional Group Aims:**

When reporting your activities, specify towards which aim(s) the strategy works.

1. Engage all HIV agencies to actively participate in the Collaborative, as evidenced by 90% of regional participants routinely attend the Regional Group meetings
2. Engage all RWHAP-funded HIV medical providers in submitting data every 2 months
3. Create a written QM plan for the region to emphasize harmonization across Parts by Nov 2018 and is updated in Sep 2019
4. Conduct a consumer QI training with at least 50 participants by Dec 2018

**A) Activities:**

**Quality Management Infrastructure: How have you strengthened and sustained your regional quality management infrastructure, including Response Team, QM plan, Regional Group meetings, etc.?**

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| --- | --- | --- | --- |
| **Aim#** | **Goal#** | **Month/Year** |  **Describe your strategies**  |
| A, B | 3 | Aug 2018 | As pre-work for the Learning Sessions, completed an assessment tool to evaluate the regional alignment and opportunities to improve |
|  |  |  | Shared results with all participants |
| C, D | 3, 4 | Sep 2018 | Drafted the first QM plan for review by Response Team |
|  |  |  | Received feedback from regional provider participants |
| C, D | 3, 4 | Oct 2018 | Presented the updated QM plan at a regional quality meeting for further feedback |
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**Performance Measurement: How have you established and strengthened the regional performance measurement structure to receive, analyze, and report Regional Group-wide data?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Aim#** | **Goal#** | **Month/Year** |  **Describe your strategies**  |
| B | 1 | Aug 2018 | Reached out to all RWHAP-funded HIV medical providers in submitting data every 2 months |
| B | 1 | Sep 2018 | Collected the contact information from one data liaison per RWHAP-funded HIV medical provider across the region |
| B | 1 | Oct 2018 | Established a Data Team Sub Committee to review, analyze and communicate results of statewide data |
|  |  |  | Provided CAREWare training to provider that had staff turn over |
| D | 1,2 | Nov 2018 | Generated a benchmark report across the four subpopulations |
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**Quality Improvement: What steps have you taken to plan and implement local quality improvement activities? What are your major accomplishments, lessons learned, and/or challenges?**

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| --- | --- | --- | --- |
| **Aim#** | **Goal#** | **Month/Year** |  **Describe your strategies**  |
| A, D | 2 | Sep 2018 | Conducted a survey to evaluate interventions conducted by Regional Group participants |
|  |  |  | Shared findings with Response Team |
| A, D | 2 | Nov 2018 | Held case follow-up presentations by 2 participants – important milestone |
|  |  |  | Lessons Learned: it is important to allow more time for Q&A |
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**Capacity Building: What actions have you taken to build capacity for both providers and consumers?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Aim#** | **Goal#** | **Month/Year** |  **Describe your strategies**  |
| A, E | 2,3 | Aug 2018 | Scheduled upcoming QI trainings for providers and consumers; utilized Regional Group QI Coach as a resource |
|  |  |  | Secured meeting locations for the first two trainings |
| A, E | 2,3 | Sep 2018 | Held one in-person consumer training with over 15 participants; general feedback was good and suggestions for further refinements were presented |
| A, E | 2,3 | Oct 2018 | Held first regional QI training for providers across the region |
|  |  |  | Two Response Team members attended Center TOT training |
|  |  |  |  |
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**B) Accomplishments and Challenges:**

**Describe your major accomplishments this reporting period.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Aim#** | **Goal#** | **Month/Year** |  **Describe your accomplishments** |
| B | 3 | Sep 2018 | Collected the contact information from one data liaison per RWHAP-funded HIV medical provider across the region |
| C, D | 3 | Sep 2018 | Drafted the first ever QM plan |
| A, E | 2,3 | Sep 2018 | Held first consumer training with over 15 participants |
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**Describe your major challenges this reporting period.**

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| --- | --- | --- | --- |
| **Aim#** | **Goal#** | **Month/Year** |  **Describe your challenges** |
|  |  | Sep 2018 | Challenges with the exclusions and the reporting burden the exclusions create; Response Team will directly follow-up with HRSA |
|  |  |  | Experiencing some resistance from leadership about the importance of doing quality work. HAB talked with the Part A project officer and reached out to the RWHAP Director to relay support. This was very helpful.  |
|  |  | Oct 2018 | There is a leadership change. This may result in the need for more support/development of this new staff person. |
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**How can the Collaborative help you with your technical assistance needs? What requests to you have from other Regional Groups participating in the Collaborative?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Aim#** | **Goal#** | **Month/Year** |  **Describe your needs** |
|  |  | Sep 2018 | Please negotiate with HRSA to bring back CAREWare trainings |
|  |  |  | If CAREWare and participation at Learning Sessions are priorities we could use assistance from HRSA and Center in making that happen |
|  |  |  | Please identify one Regional Group with consumer training activities |
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