**Community Partner Reporting Form (TEMPLATE)**

**Guidance for completing this Community Partner Reporting Form:**

* This reporting template should grow cumulatively over time; fill in as you go to chronicle your improvement journey
* Submit the form in the designated folder in Glasscubes
* Each cell does not need to be completed each period; only include activities/findings related to that reporting period

**Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Leader Name: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Leader Phone / Email: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Selected Subpopulation of Focus:**

O Youth

O Transgender People

O MSM of Color

O Black/African American and Latina Women

**Community Partner Aim Statement**

Please insert your Aim Statement here:

<insert your aim statement>

**Improvement Activities**

**What steps have you taken to plan and implement quality improvement activities? Please use data when possible.**

|  |  |
| --- | --- |
| **Month/Year** | **Describe your strategies** |
|  |  |
|  |  |
|  | \*Press tab for another row |

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

|  |  |
| --- | --- |
| **Month/Year** | **Describe your strategies** |
|  |  |
|  |  |
|  | \*Press tab for another row |

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

|  |  |
| --- | --- |
| **Month/Year** | **Describe your strategies** |
|  |  |
|  |  |
|  | \*Press tab for another row |

**What are your technical assistance needs, if any, from the Collaborative Faculty or other Community Partners to move your improvement efforts forward?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Aim#** | **Goal#** | **Month/Year** | **Describe your strategies** |
|  |  |  |  |
|  |  |  |  |
|  |  |  | \*Press tab for another row |

**Community Partner Reporting Form (SAMPLE)**

**Guidance for completing this Community Partner Reporting Form:**

* This reporting template should grow cumulatively over time; fill in as you go to chronicle your improvement journey
* Submit the form in the designated folder in Glasscubes
* Each cell does not need to be completed each period; only include activities/findings related to that reporting period

**Agency Name: Best Care Ever**

**Leader Name: John Narratu**

**Leader Phone: ­­­­­­­­­­­123-456-7894 / Email: jn@bestcareever.org**

**Selected Subpopulation of Focus:**

X Youth

O Transgender People

O MSM of Color

O African American and Latina Women

**Community Partner Aim Statement**

Please insert your Aim Statement here:

• By Dec 2019, our Youth (13-24) subpopulation will have the same average viral suppression rate as the entire HIV caseload; no measurable disparities are detected for our Youth patients at that time

• At least 95% of Youth patients who are out of care in the past 6 months are reached out to by May 2019

• At least 85% of all HIV patients served by the agency are virally suppressed by Dec 2019 from baseline 74% in June 2018

• At least 80% of all patients served by the agency who are ART adherent but remain not virally suppressed are genotype or phenotype tested for drug resistance by Dec 2019

**Improvement Activities**

**What steps have you taken to plan and implement quality improvement activities? Please use data when possible.**

|  |  |
| --- | --- |
| **Month/Year** | **Describe your strategies** |
| Sep 2018 | We set up an improvement team dedicated to this QI project |
| Oct 2018 | Training for staff on mental health screening was conducted; policies for routine MH assessments were reviewed |
| Nov 2018 | We partnered with nearby sites that specialize in adolescent mental health; an MOU was developed |
| Dec 2018 | Integrating a texting program that allows staff to reach youth clients and develop the necessary staff policies |
|  |  |
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**Describe your major accomplishments this reporting period.**

|  |  |
| --- | --- |
| **Month/Year** | **Describe your strategies** |
| Oct 2018 | All staff were trained using our new MH assessment form; 90% of pts received a MH assessment using this form |
| Nov 2018 | The partner MH site saw the first 2 Youth pts |
| Dec 2018 | A texting program recommended by a fellow Collaborative participant was purchased |
|  |  |
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**Describe your major challenges this reporting period.**

|  |  |
| --- | --- |
| **Month/Year** | **Describe your strategies** |
| Sep 2018 | QI project team members are not fully trained to run the QI project |
|  | No social media outreach strategies are in place for Youth patients, such as text messaging, to remind them about upcoming appointment and stay connected between appointments |
|  |  |
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**What are your technical assistance needs, if any, from the Collaborative Faculty or other Community Partners to move your improvement efforts forward?**

|  |  |
| --- | --- |
| **Month/Year** | **Describe your strategies** |
| Sep 2018 | QI training is needed by the QI coach on running a QI project |
|  | Can you connect us with other agencies that have done MH screenings? Are there examples about MOUs? |
|  |  |
|  | \*Press tab for another row |