Progress Report – Quality Improvement Fund (QIF)

Introduction

This document contains a form for QIF award recipients to report on their project's progress. Award recipients will use this form to report information related to overall project implementation.

The questions in this form are intended to gather information on recipients' progress and are applicable to QIF topics across fiscal years. Grant recipients will share information about their progress towards project-specific goals and evaluative measures based on the QIF Notice of Funding Opportunity.

Progress Report

The following is a template for reporting on relevant activities based on your individual QIF project. You will report on project progress for patient and encounter activity. Report on at least three, and no more than five, key activities each reporting period. You will report on the same activities throughout the project period. You will describe your progress towards the activities and measures proposed in the proposed project plan form, indicating if the activity is outside of the original project plan.

Recipient Organization Name	Grant Number	Reporting Period

Awardee Level Data	
Number of new patients (initial contact) during the reporting period	
Number of total patients during the reporting period	
Number of total encounters (in person or virtual) during the reporting period	
Training and Technical Assistance (T/TA):	Describe any T/TA needs your health center may need to support your QIF project.
Additional Comments:	Provide any additional details, questions, concerns not captured elsewhere in this report. Use this section to elaborate on your activities and outcomes (e.g., major changes that occurred during the reporting period that impacted project activities/progress).

Activity 1	**A. Description:** Describe the activity and what progress you achieved during the reporting period.
	Description of activity:
	B. Activity in Project Plan Form: Was this activity included in your project plan form? Select "Yes" or "No" from the dropdown list.
	☐Yes ☐No

C. Primary QIF Domain: Select the QIF domain from the dropdown list that the activity addresses.

☐ Access to Care
☐ Clinical Quality and Health Outcomes
☐ Reduce Health Disparities
☐ Sustainability

D. Secondary QIF Domain: Select the QIF domain from the dropdown list that the activity addresses. If none, select "N/A".

☐ Access to Care
☐ Clinical Quality and Health Outcomes
☐ Reduce Health Disparities
☐ Sustainability
☐ N/A

E. Activity Status: Select the activity's status at the end of the reporting period from the dropdown list.

☐ Completed
☐ In progress and on schedule
☐ In progress and timing is delayed
☐ Started but will not be completed in the project period
☐ Planned but not yet started
☐ Discontinued or stopped – please explain in the comments

F. Challenges: Describe any challenges (e.g., unanticipated delays, delays in personnel hiring) you experienced while implementing this activity. Include how these challenges may have impacted your project and/or other clinical/operational workflows in your organization.

G. Successes: Describe any successes (or facilitators of success) you experienced while implementing this activity. Include how these successes may have contributed to or informed sustainable improvements to QIF project and/or health center organization.

H. Sustainability: Is this a sustainable activity for your health center after the project period ends? Select "Yes", "No", "Unsure", or "N/A" from the dropdown list. Sustainability refers to the extent health centers can maintain and continue delivering care over the long term (e.g., post-QIF project period).

☐ Yes
☐ No
☐ Unsure
☐ N/A

I. New Discoveries: Briefly describe any observations and/or trends you experienced while implementing this activity that show potential for sustainability and/or scalability at your health center (e.g., success in benefits enrollment through delivering case management, adherence to behavioral health treatment through use of peer support). Include any available qualitative or quantitative data to support your response.

J. Partnerships/Collaboration: Describe any new or existing relationships (e.g., community/local/state organizations, other health centers, schools, companies) your organization has leveraged to enhance case management and complete project activities. Please describe how this collaboration impacted your project activities and patient population and/or community members.

Activity 2	**A. Description:** Describe the activity and what progress you achieved during the reporting period.
	Description of activity:
	B. Activity in Project Plan Form: Was this activity included in your project plan form? Select "Yes" or "No" from the dropdown list.
	☐Yes ☐No
	C. Primary QIF Domain: Select the QIF domain from the dropdown list that the activity addresses.
	☐ Access to Care ☐ Clinical Quality and Health Outcomes ☐ Reduce Health Disparities ☐ Sustainability
	D. Secondary QIF Domain: Select the QIF domain from the dropdown list that the activity addresses. If none, select "N/A".
	☐ Access to Care ☐ Clinical Quality and Health Outcomes ☐ Reduce Health Disparities ☐ Sustainability ☐N/A
	E. Activity Status: Select the activity's status at the end of the reporting period from the dropdown list.
	☐Completed ☐In progress and on schedule ☐In progress and timing is delayed ☐Started but will not be completed in the project period ☐Planned but not yet started ☐Discontinued or stopped – please explain in the comments
	F. Challenges: Describe any challenges (e.g., unanticipated delays, delays in personnel hiring) you experienced while implementing this activity. Include how these challenges may have impacted your project and/or other clinical/operational workflows in your organization.

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	☐Yes ☐No ☐Unsure ☐N/A
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Activity 3	**A. Description:** Describe the activity and what progress you achieved during the reporting period.
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	B. Activity in Project Plan Form: Was this activity included in your project plan form? Select "Yes" or "No" from the dropdown list.

☐Yes ☐No
C. Primary QIF Domain: Select the QIF domain from the dropdown list that the activity addresses.
☐ Access to Care ☐ Clinical Quality and Health Outcomes ☐ Reduce Health Disparities ☐ Sustainability
D. Secondary QIF Domain: Select the QIF domain from the dropdown list that the activity addresses. If none, select "N/A".
☐ Access to Care ☐ Clinical Quality and Health Outcomes ☐ Reduce Health Disparities ☐ Sustainability ☐N/A
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Activity 4	**A. Description:** Describe the activity and what progress you achieved during the reporting period.
	Description of activity:
	B. Activity in Project Plan Form: Was this activity included in your project plan form? Select "Yes" or "No" from the dropdown list.
	☐Yes ☐No
	C. Primary QIF Domain: Select the QIF domain from the dropdown list that the activity addresses.
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	D. Secondary QIF Domain: Select the QIF domain from the dropdown list that the activity addresses. If none, select "N/A".
	☐ Access to Care ☐ Clinical Quality and Health Outcomes ☐ Reduce Health Disparities ☐ Sustainability ☐N/A
	E. Activity Status: Select the activity's status at the end of the reporting period from the dropdown list.
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	☐Yes ☐No

C. Primary QIF Domain: Select the QIF domain from the dropdown list that the activity addresses.

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D. Secondary QIF Domain: Select the QIF domain from the dropdown list that the activity addresses. If none, select "N/A".

☐ Access to Care
☐ Clinical Quality and Health Outcomes
☐ Reduce Health Disparities
☐ Sustainability
☐ N/A

E. Activity Status: Select the activity's status at the end of the reporting period from the dropdown list.

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☐ Yes
☐ No
☐ Unsure
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Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until XX/XX/XXXX. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b). Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.