St. John's Riverside Hospital-Park Care Pavilion-HOPE Center
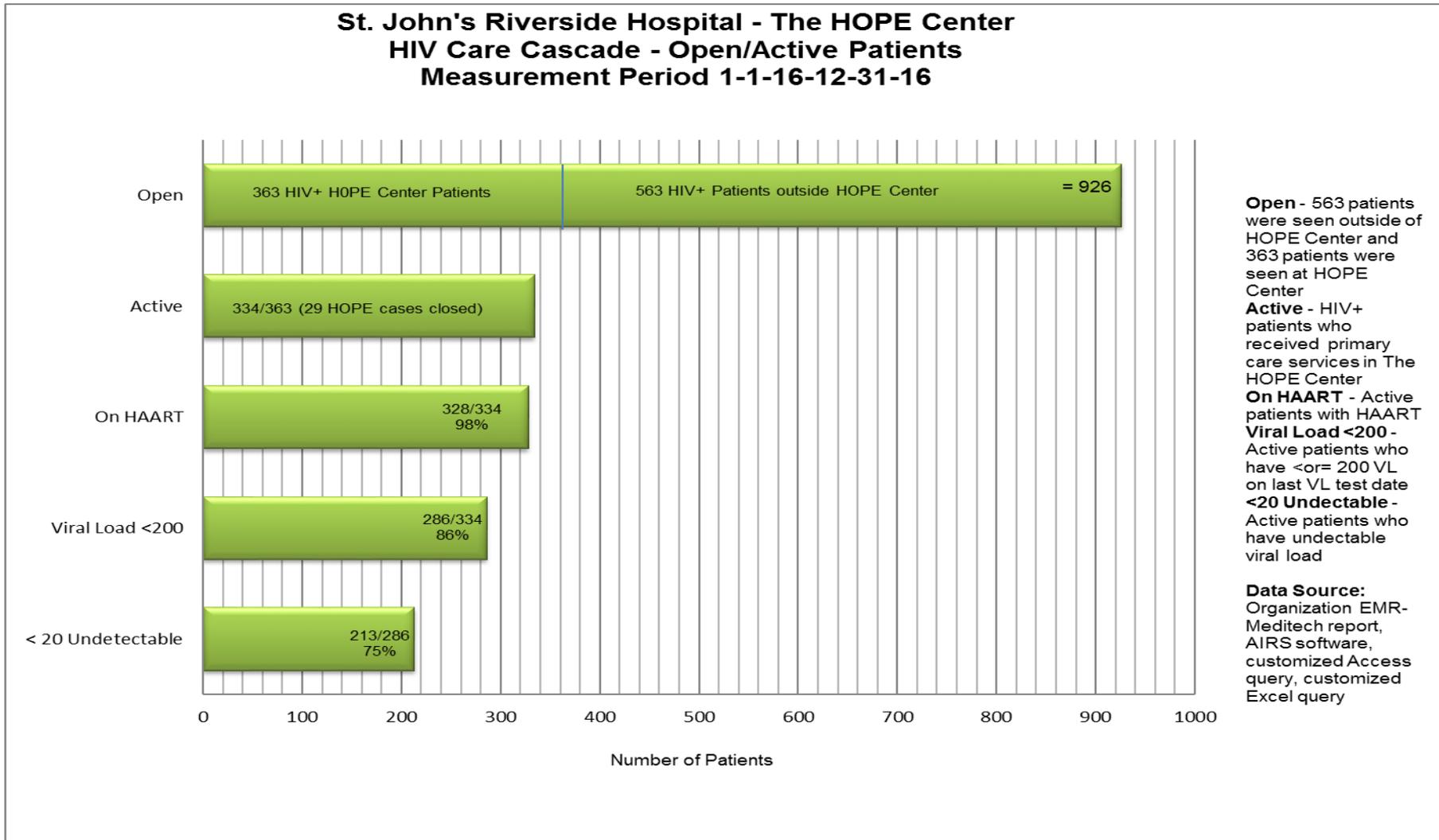
New York State HIV Quality of Care Program Review

Organizational HIV Treatment Cascade and the eHIVQual Methodology

St. John's Riverside Hospital - The HOPE Center
HIV Care Cascade - Open/Active Patients
Measurement Period 1-1-16-12-31-16

Open - 563 patients were seen outside of HOPE Center and 363 patients were seen at HOPE Center
Active - HIV+ patients who received primary care services in The HOPE Center
On HAART - Active patients with HAART
Viral Load <200 - Active patients who have <or= 200 VL on last VL test date
<20 Undectable - Active patients who have undectable viral load

Data Source: Organization EMR-Meditech report, AIRS software, customized Access query, customized Excel query

St. John's Riverside Hospital - The HOPE Center
Measurement Period 1-1-16-12-31-16
Closed cases as of 12-31-16
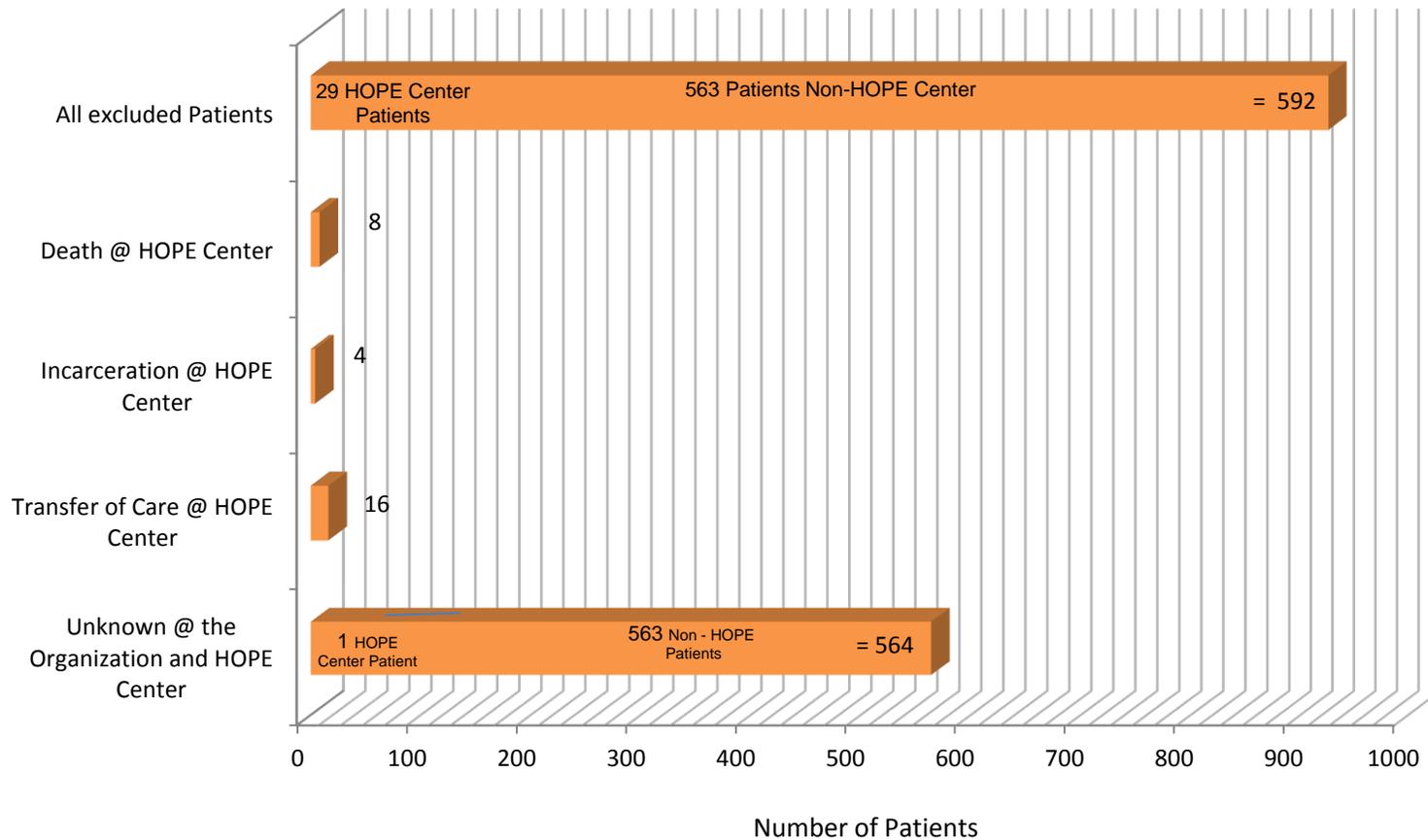
Data Source: Organization EMR-Meditech report, *AIRS software, customized Access query, customized Excel query*

St. John's Riverside Hospital-Park Care Pavilion-HOPE Center

Reporting Methodology

The sources of the data used in the cascade and why they were chosen:

St. John's Riverside Hospital's HOPE Center compiled data for the development of the 2016 Organizational HIV Treatment Cascade in several ways. For the active cases, the HOPE Center's data source was the AIRS (AIDS Institute Reporting Services) database. All services received by our patient population through our HIV Primary Care program, is captured in AIRS. HOPE Center also has an ACCESS database that houses patient information data that is utilized by providers and our QI team. The Data Manager (Annie Samson) developed customized queries from our AIRS database as well as our ACCESS database to obtain cascade data.

To secure data for the open cases, The HOPE Center had to request a custom report to be designed and built by St. John's Riverside Hospital's Information Services and Technology (IST) Department in order to retrieve the data from the hospital's Electronic Medical Record (EMR) known as "Meditech." The custom report requested a list of all individuals with a diagnosis of HIV or AIDS who sought and received services in any of our locations from January 1, 2016 through December 31st, 2016. Individuals "touched" our facility at the following sites: Park Care Pavilion (PCP); Andrus Pavilion; and Dobbs Ferry Pavilion. In addition to their name, the custom report also compiled the medical record number, the date of service, and location of service. The types of services received varied across sites. Patients who were cared for at Park Care Pavilion received Behavioral Health Services such as detoxification and rehabilitation services. Patients who received care at Andrus and Dobbs Ferry Pavilions were treated at the Emergency Room or admitted for inpatient care. In addition to these services, the individuals under the open category of the Cascade also touched the facilities through use of ancillary services such as Radiology and/or Laboratory. One area that was not included in the review was the hospital's private, primary care, practices. The practices only implemented an EMR during the last weeks of 2016 and some did not implement until 2017.

Limitations specific to each data source:

AIRS: The actual time spent by the HOPE Center staff assigned to pull specific queries from the AIRS database was a limitation. This data was requested during the same period of time that our data staff was working on compiling our 2016 RSR data.

ACCESS: During 2016 HOPE Center worked with a consultant to transition our data base from APPROACH to ACCESS. The limitation we faced for this project was that the data migration has not been fully executed and not all data fields have been scrubbed for accuracy.

Meditech: This is an inpatient based electronic medical record (EMR). This system requires custom built queries by our IST staff. The EMR does not easily collect the data in a retrievable fashion.

St. John's Riverside Hospital-Park Care Pavilion-HOPE Center

How were the organization's open and active caseloads differentiated and subsequently extracted from the data source?

The open and active caseloads were pulled from the St. John's Riverside Health Care System (organization) as follows:

1. Open caseload, defined as anyone with an HIV/AIDS diagnosis who "touched" the organization for any service and includes those individuals that were seen at HOPE Center from HIV Primary Care. Our active caseload consisted only of those patients with an HIV/AIDS diagnosis who received services at the HOPE Center (HIV primary care clinic) in 2016.
2. Data for the cascades were pulled from two different data sources.
   a. Data was extracted via a customized report from our EMR to identify those individuals that touched parts of our system outside of HOPE Center.
   b. Data for the active caseload was extracted from AIRS.

How many patients were identified as deceased?

We are only able to obtain this level of detail on our active caseload. Of our active cases (363), eight (8) patients were identified as deceased at the end of 2016.

How many patients were identified as incarcerated?

We are only able to obtain this level of detail on our active caseload. Of our active cases (363), we identified four (4) patients as being incarcerated at the end of 2016.

Number of individuals who transferred care at HOPE Center and are receiving services at an outside organization?

We are only able to obtain this level of detail on our active caseload. Of our active cases (363), we identified a total sixteen (16) patients who are confirmed to have transferred their care from the HOPE Center to another HIV primary care provider at the end of 2016. .

How many were identified as having an unknown disposition?

Active cases (363), we identified one (1) patient as having an unknown disposition of care.

Open cases (not including those seen at -HOPE Center), we identified 563 individuals with and HIV/AIDS diagnosis that have an unknown disposition. We were able to identify the individuals by their respective names, dates of service, HIV/AIDS diagnosis, zip code and location of service. We found that 79% percent of

the individuals under the "open cases" were admitted to our Behavioral Health Services and that 95% of those individuals reside in NYC and return to NY City upon completion of treatment. Of those individuals seen in other areas of our healthcare system, 47% reside in NYC.

Who within the organization was involved in extraction, analysis, and presentation of cascade data?

The following staff from SJRH's HOPE Center (HIV Program) were involved in the extraction, analysis, and presentation of the cascade data: Diane Anderson (Director, HIV Services); Annie Samson (Data Manager); Maria Sariol (Project Director/Quality Lead); Audrel Clarke (Clinical Supervisor); Carmen Vasquez-Brown (Case Management, Assistant Clinical Supervisor); Misty Chiu (Nurse Practitioner); Hillary Feder (Nurse Practitioner); and Magdalena Hidalgo (IST Department).

How was the status of patients linked to, or engaged in, HIV care at an outside organization verified?

The HOPE Center's Care Team is responsible to facilitates patients transferring of medical care to outside providers. When a patient states that they have a desire to transfer care, the Care Team works with the patient to ensure all necessary documentation is transferred appropriately to the new provider. The team has facilitated transfer of care to out of state providers, even to Puerto Rico. In some case verification of linkage is made when HOPE Center receives a request for medical records from a new provider.

How was the status of deceased and incarcerated patients determined?

Learning of the status of patients that are deceased occurs through several venues. The HOPE Center Clinical Supervisor (Audrel Clarke) or one of her designees manually monitors inpatient admissions and discharge reports of all our facilities on a daily basis. HOPE Center can identify if the patient has expired through a specific diagnosis in the EMR. HOPE Center is also notified by other community based organizations (CBOs); Community Support Services: Medical facilities; Skilled Nursing Homes; and Hospices if the patient has expired. The HOPE Center has, also, learned of the patient's death through family members with whom bonds have been formed, especially when it is a patient that we have worked with for many years.

The HOPE Center learns if one of our patients is incarcerated through the Westchester County Department of Corrections website; through the New York City incarceration website; or through the State inmate look-up. Staff has also learned of a patient's incarceration through community based agencies with whom we collaborated on behalf of the patients or through family member. We have also learned of the arrest/incarceration of some of our patients through the local news channels as well as other patients. The information is then verified by methods mentioned above.

Information regarding the disposition of patients is shared with the multidisciplinary care team during the department's daily Afternoon Rounds Meeting or the weekly Case Conference.