

## Quality Improvement Profile

The NYSDOH/AIDS Institute's HIV Quality of Care Program has compiled crucial information from your HIV quality improvement (QI) program into a single profile report.

This quality profile contains longitudinal performance data on key quality indicators derived from the organizational HIV treatment cascade self-review, such as viral load suppression. It highlights quality improvement plans developed by the organization based on results of the review, consumer involvement in this process, as well as feedback from the quality coach and contract manager. Capacity building information such as participation in a quality learning network or regional group is also included. Please use this report to review the HIV QM program's effectiveness and to make changes if needed. Also, please let us know if there is an update that should be made to the contact information. If you have any questions or would like to request technical assistance or coaching for your HIV QM program, please contact Dan Belanger at [Daniel.Belanger@health.ny.gov](mailto:Daniel.Belanger@health.ny.gov).

Cascade Submission Date:  
**Review closed November 2022**

QI Profile Completion Date:  
**February 2023**

Latest Revision Date  
**October 27, 2023**

### Program Name: Arnot Health

#### Clinic Information

| Type of Clinic | Clinic Name                 | Address                | City   | Zip   |
|----------------|-----------------------------|------------------------|--------|-------|
| Hospital       | Ivy/HIV Care Clinic- Elmira | 600 Roe Avenue         | Elmira | 14905 |
| Hospital       | Ivy/HIV Care Clinic- Ithaca | 521 West Seneca Street | Ithaca | 14850 |

#### Important Contacts

|                             |                 |                                |                |
|-----------------------------|-----------------|--------------------------------|----------------|
| <i>HIV Medical Director</i> | Justin Nistico  | [pending]                      | [pending]      |
| <i>Lead QI Contact</i>      | Anna Lechowska  | anna.lechowska@arnothealth.org | (607) 795-8161 |
| <i>Contract Manager</i>     | Marcus Martir   | marcus.martir@health.ny.gov    | (212) 417-4560 |
| <i>NY Links Coach</i>       | Kelly St. Clair | kelly.st.clair@health.ny.gov   | (315) 477-8472 |

## Regional Group/Learning Network Participation

**Affiliation:** New York Links

**Participated in Group QI Project?** N/A

**Focus:** N/A

## Organizational HIV Treatment Cascade

### Definitions of Key Indicators

On ARV Therapy: Documented prescription of one or more antiretroviral medications at any time during the review year.

Any VL Test: Documentation of at least one viral load test at any time during the review year.

VL Test within 91 Days (Newly Diagnosed Patients): Documentation of at least one viral load test performed within 91 days of initial HIV diagnosis.

Suppressed Final VL: A value of less than 200 copies/mL on the final viral load test during the review year. Patients with no documented viral load test during the review year are scored as unsuppressed.

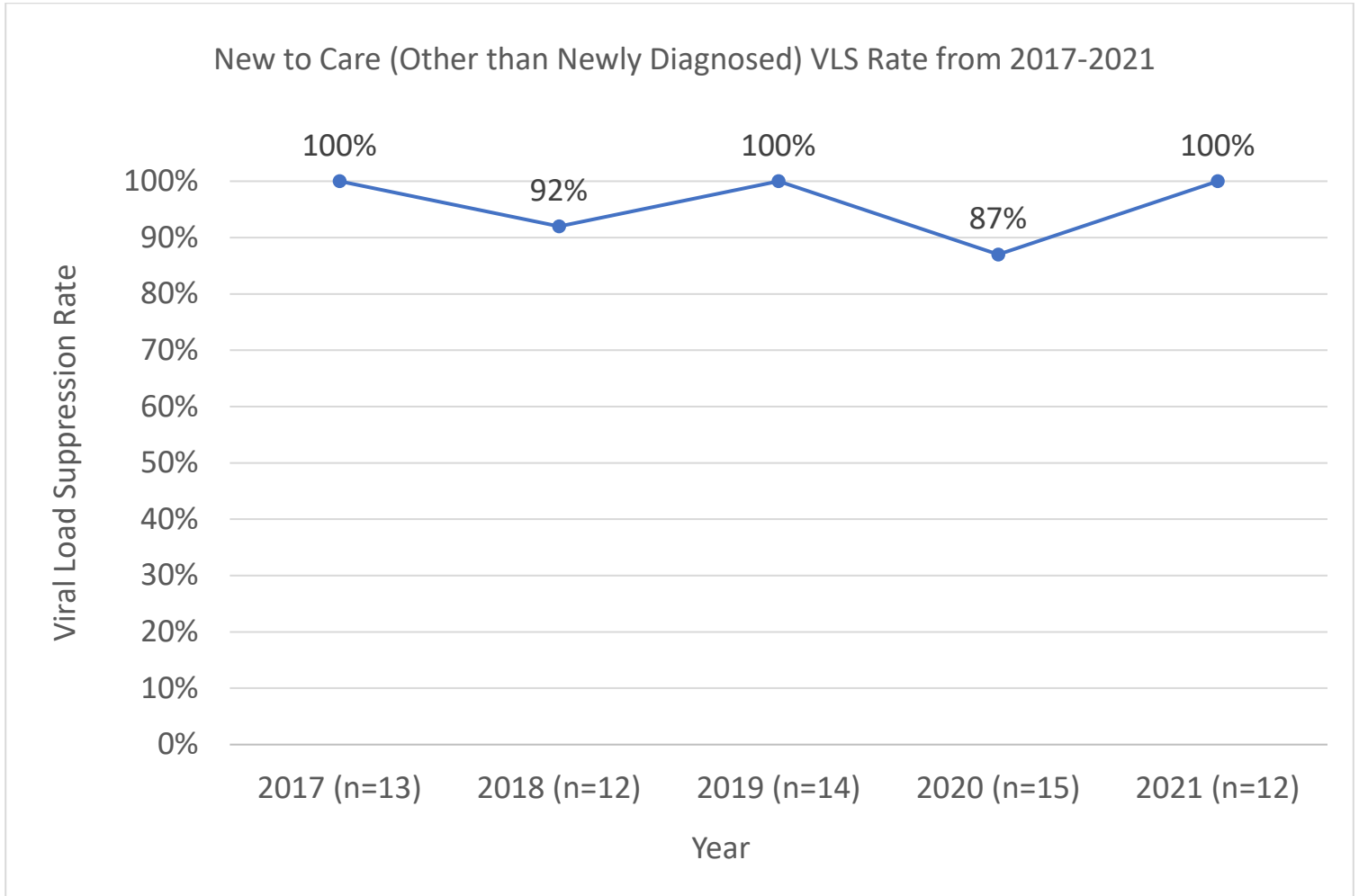
Suppressed within 91 Days (Newly Diagnosed Patients): A value of less than 200 copies/mL on any viral load test performed within 91 days of initial HIV diagnosis. Patients with no documented viral load test during this period are scored as unsuppressed.

3-day Linkage to Care (Patients Newly Diagnosed Within the Organization): A time interval of three days or less from initial HIV diagnosis to provision of HIV care. Prior to 2019, documentation of HIV care was based exclusively on visit history (seen by a provider who could prescribe ARVs, whether or not this was done), and an exception was made in 2017 (only) for individuals seen as inpatients (linkage within 30 days); beginning in 2019, documentation of first ARV prescription was also used for this, and there were no exceptions to the 3-day limit.

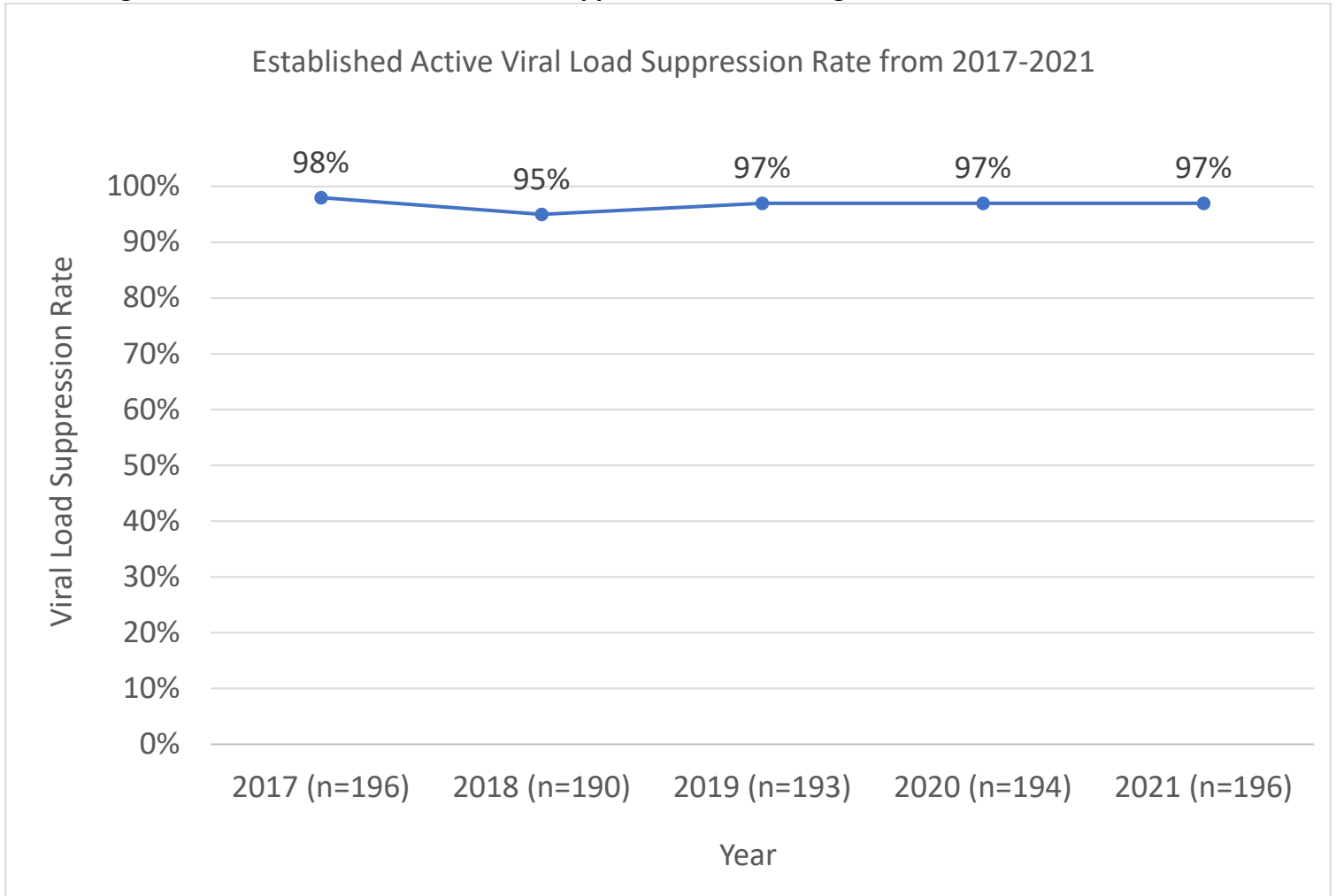
**NOTE:** Data are not reported for subpopulations of fewer than 10 patients. This is done to address any concerns about confidentiality and avoid possible misinterpretation of results based on small populations. For brevity, throughout the profile, the number of applicable patients is reported using the “n=x” convention with x being the number of patients eligible for an indicator or within a demographic subpopulation.

Key Indicators from 2017 to 2021

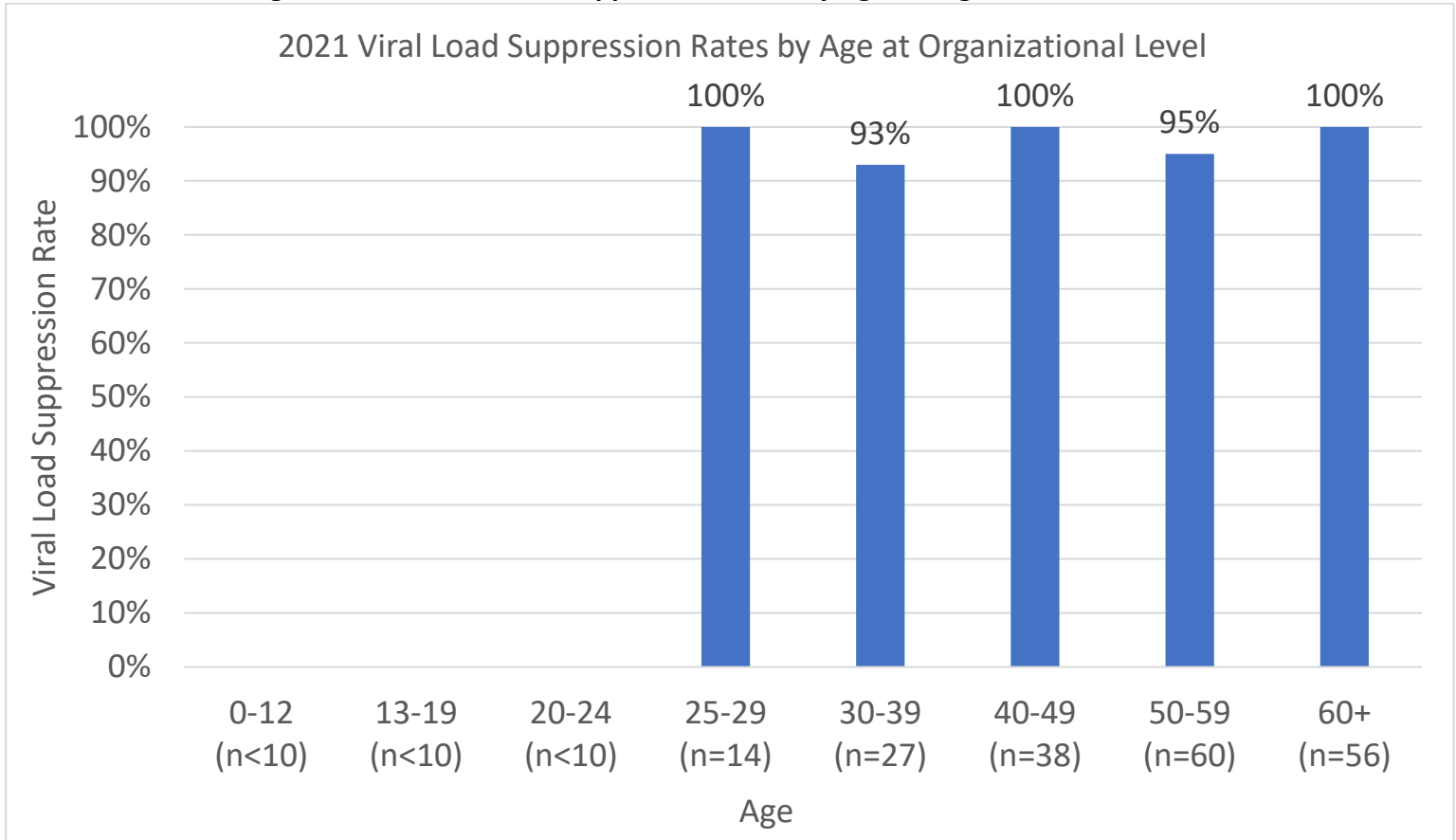
Figure 1: New to Care (Other than Newly Diagnosed) Viral Load Suppression Rates at Organizational Level from 2017-2021



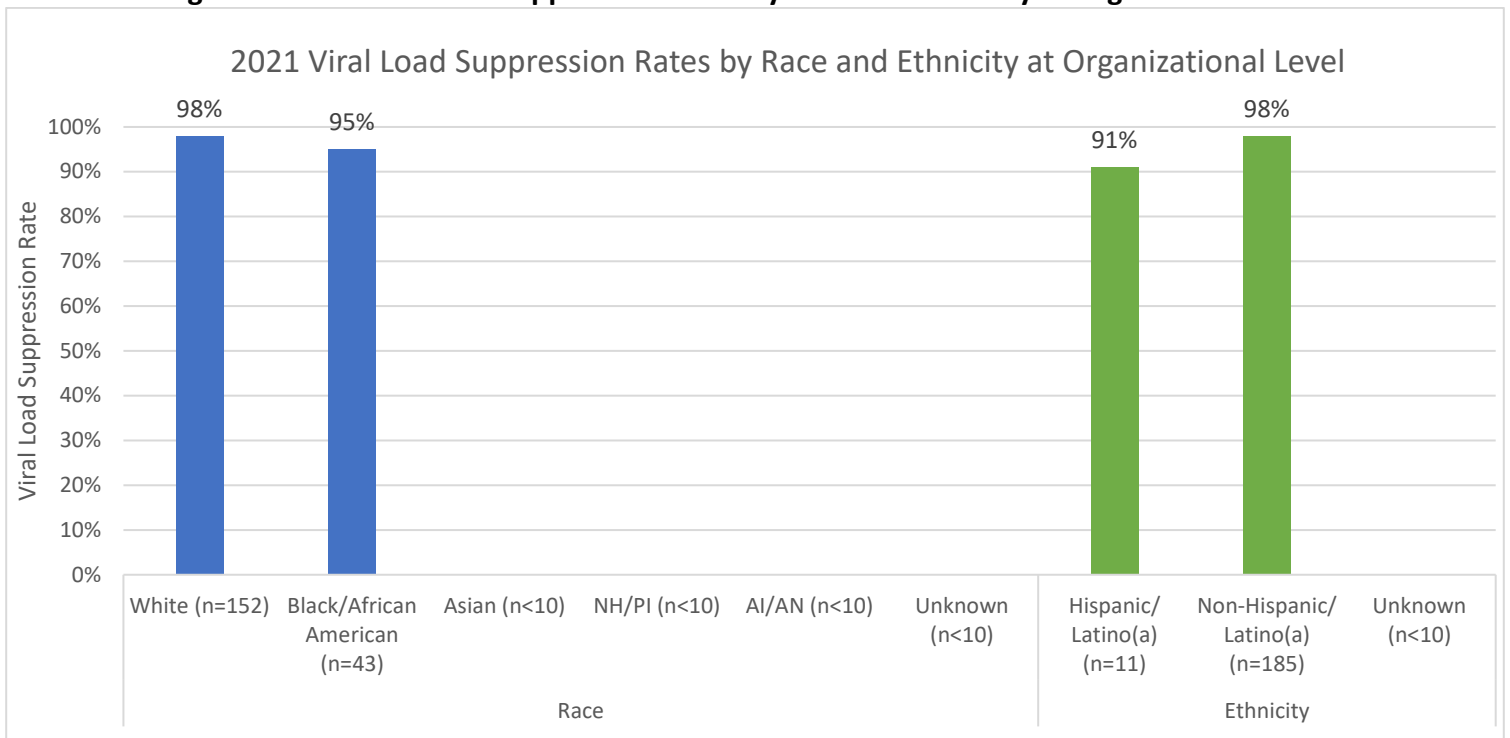
**Figure 2: Established Active Viral Load Suppression Rates at Organizational Level from 2017-2021**



**Figure 3. 2021 Viral Load Suppression Rates by Age at Organizational Level**



**Figure 4. 2021 Viral Load Suppression Rates by Race and Ethnicity at Organizational Level**



**Note:** NH/PI = Native Hawaiian/Pacific Islander; AI/AN = American Indian/Alaska Native.

**NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE HIV QUALITY OF CARE PROGRAM**

**Table 1: Indicator Scores at Organization Level for 2017-2021**

| Patient Group                                 | Indicator                 | 2017            |              | 2018            |              | 2019            |              | 2020            |              | 2021            |              |
|---|---------------------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|
|   |                           | Org. Score      | State Median | Org. Score      | State Median | Org. Score      | State Median | Org. Score      | State Median | Org. Score      | State Median |
| Newly Diagnosed                               | 3-day Linkage to Care     | --<br>(n<10)*   | 65%          | --<br>(n<10)*   | 41%          | --<br>(n<10)*   | 52%          | --<br>(n<10)*   | 55%          | --<br>(n<10)*   | 61%          |
|   | On ARV Therapy            | --<br>(n<10)*   | 91%          | --<br>(n<10)*   | 96%          | --<br>(n<10)*   | 100%         | --<br>(n<10)*   | 100%         | --<br>(n<10)*   | 100%         |
|   | VL Test within 91 Days    | **              | **           | --<br>(n<10)*   | 93%          | --<br>(n<10)*   | 95%          | --<br>(n<10)*   | 95%          | --<br>(n<10)*   | 92%          |
|   | Suppressed Final VL       | --<br>(n<10)*   | 65%          | **              | **           | **              | **           | **              | **           | **              | **           |
|   | Suppressed within 91 Days | **              | **           | --<br>(n<10)*   | 45%          | --<br>(n<10)*   | 50%          | --<br>(n<10)*   | 46%          | --<br>(n<10)*   | 50%          |
|   | Baseline Resistance Test  | **              | **           | **              | **           | --<br>(n<10)*   | 74%          | --<br>(n<10)*   | 80%          | --<br>(n<10)*   | 82%          |
| Other New to Care                             | On ARV Therapy            | 100%<br>(n=13)  | 96%          | 100%<br>(n=12)  | 97%          | 100%<br>(n=14)  | 100%         | 100%<br>(n=15)  | 100%         | 100%<br>(n=12)  | 100%         |
|   | Any VL Test               | 100%<br>(n=13)  | 97%          | 100%<br>(n=12)  | 99%          | 100%<br>(n=14)  | 98%          | 100%<br>(n=15)  | 100%         | 100%<br>(n=12)  | 100%         |
|   | Suppressed Final VL       | 100%<br>(n=13)  | 70%          | 92%<br>(n=12)   | 74%          | 100%<br>(n=14)  | 78%          | 87%<br>(n=15)   | 77%          | 100%<br>(n=12)  | 69%          |
| Established Active                            | On ARV Therapy            | 100%<br>(n=196) | 99%          | 100%<br>(n=190) | 99%          | 100%<br>(n=193) | 99%          | 100%<br>(n=194) | 93%          | 100%<br>(n=196) | 99%          |
|   | Any VL Test               | 100%<br>(n=196) | 99%          | 100%<br>(n=190) | 99%          | 100%<br>(n=193) | 99%          | 100%<br>(n=194) | 97%          | 100%<br>(n=196) | 98%          |
|   | Suppressed Final VL       | 98%<br>(n=196)  | 88%          | 95%<br>(n=190)  | 88%          | 97%<br>(n=193)  | 89%          | 97%<br>(n=194)  | 87%          | 97%<br>(n=196)  | 88%          |
| Open Previously Diagnosed (Active & Inactive) | On ARV Therapy            | 99%<br>(n=197)  | 92%          | 98%<br>(n=199)  | 95%          | 100%<br>(n=202) | 96%          | 99%<br>(n=205)  | 96%          | 100%<br>(n=202) | 97%          |
|   | Any VL Test               | 99%<br>(n=197)  | 92%          | 99%<br>(n=199)  | 93%          | 99%<br>(n=202)  | 93%          | 98%<br>(n=205)  | 90%          | 100%<br>(n=202) | 94%          |
|   | Suppressed Final VL       | 97%<br>(n=197)  | 80%          | 92%<br>(n=199)  | 80%          | 97%<br>(n=202)  | 83%          | 95%<br>(n=205)  | 77%          | 97%<br>(n=202)  | 79%          |

\* Data redacted due to small number of applicable patients (fewer than 10).

\*\* Data for this indicator were not requested for this review.

**Table 2: Viral Load Suppression by Established Active Patient Demographic Group at Organization Level for 2021**

| AGE                      |      |                              |      |                    |     |                           |      |                     |      |                 |      |            |     |              |      |
|--------------------------|------|------------------------------|------|--------------------|-----|---------------------------|------|---------------------|------|-----------------|------|------------|-----|--------------|------|
| 0-12                     |      | 13-19                        |      | 20-24              |     | 25-29                     |      | 30-39               |      | 40-49           |      | 50-59      |     | 60+          |      |
| n                        | %    | n                            | %    | n                  | %   | n                         | %    | n                   | %    | n               | %    | n          | %   | n            | %    |
| <10*                     | --   | <10*                         | --   | <10*               | --  | 14                        | 100% | 27                  | 93%  | 38              | 100% | 60         | 95% | 56           | 100% |
| GENDER                   |      |                              |      |                    |     |                           |      |                     |      |                 |      |            |     |              |      |
| Cis Male                 |      | Cis Female                   |      | Trans Male         |     | Trans Female              |      | Other Gender        |      | Unknown Gender  |      |            |     |              |      |
| n                        | %    | n                            | %    | n                  | %   | n                         | %    | n                   | %    | n               | %    |            | %   |              | %    |
| 148                      | 97%  | 47                           | 100% | <10*               | --  | <10*                      | --   | <10*                | --   | <10*            | --   |            |     |              |      |
| RACE                     |      |                              |      |                    |     |                           |      |                     |      |                 |      |            |     |              |      |
| White                    |      | Black/African American       |      | Asian              |     | Native Hawaiian/PI        |      | American Indian/ AN |      | Unknown Race    |      |            |     |              |      |
| n                        | %    | n                            | %    | n                  | %   | n                         | %    | n                   | %    | n               | %    |            | %   |              | %    |
| 152                      | 98%  | 43                           | 95%  | <10*               | --  | <10*                      | --   | <10*                | --   | <10*            | --   |            |     |              |      |
| ETHNICITY                |      |                              |      |                    |     |                           |      |                     |      |                 |      |            |     |              |      |
| Hispanic, Latino, Latina |      | Non-Hispanic, Latino, Latina |      | Unknown Ethnicity  |     |                           |      |                     |      |                 |      |            |     |              |      |
| n                        | %    | n                            | %    | n                  | %   |                           | %    |                     | %    |                 | %    |            | %   |              | %    |
| 11                       | 91%  | 185                          | 98%  | <10*               | --  |                           |      |                     |      |                 |      |            |     |              |      |
| RISK FACTOR              |      |                              |      |                    |     |                           |      |                     |      |                 |      |            |     |              |      |
| IDU Risk                 |      | Heterosexual Risk            |      | MSM                |     | Hemophilia or Coagulation |      | Blood Transfusion   |      | Perinatal       |      | Other Risk |     | Unknown      |      |
| n                        | %    | n                            | %    | n                  | %   | n                         | %    | n                   | %    | n               | %    | n          | %   | n            | %    |
| 29                       | 90%  | 89                           | 97%  | 102                | 98% | <10*                      | --   | <10*                | --   | <10*            | --   | <10*       | --  | <10*         | --   |
| HOUSING STATUS           |      |                              |      |                    |     |                           |      |                     |      |                 |      |            |     |              |      |
| Stable Housing           |      | Unstably Housed              |      | Temporarily Housed |     | Unknown Housing           |      |                     |      |                 |      |            |     |              |      |
| n                        | %    | n                            | %    | n                  | %   | n                         | %    |                     | %    |                 | %    |            | %   |              | %    |
| 195                      | 97%  | <10*                         | --   | <10*               | --  | <10*                      | --   |                     |      |                 |      |            |     |              |      |
| INSURANCE TYPE           |      |                              |      |                    |     |                           |      |                     |      |                 |      |            |     |              |      |
| ADAP                     |      | Dual Eligible                |      | Medicaid           |     | Medicare                  |      | Private Insurance   |      | Veteran's Admin |      | Other      |     | No Insurance |      |
| n                        | %    | n                            | %    | n                  | %   | n                         | %    | n                   | %    | n               | %    | n          | %   | n            | %    |
| 29                       | 100% | 35                           | 100% | 84                 | 94% | 18                        | 100% | 29                  | 100% | <10*            | --   | <10*       | --  | <10*         | --   |
| Unknown                  |      |                              |      |                    |     |                           |      |                     |      |                 |      |            |     |              |      |
| n                        | %    |                              | %    |                    | %   |                           | %    |                     | %    |                 | %    |            | %   |              | %    |
| <10*                     | --   |                              |      |                    |     |                           |      |                     |      |                 |      |            |     |              |      |

\* Data redacted due to small number of applicable patients (fewer than 10).

**Table 3: Indicator Scores at Clinic Level for 2017-2021**

| Year | Clinic                      | Newly Diagnosed          | Other New to Care |                |                     | Established Active |                 |                     |
|------|-----------------------------|--------------------------|-------------------|----------------|---------------------|--------------------|-----------------|---------------------|
|      |                             | Baseline Resistance Test | On ARV Therapy    | Any VL Test    | Suppressed Final VL | On ARV Therapy     | Any VL Test     | Suppressed Final VL |
| 2017 | Arnot Health Ivy Clinic     | **                       | **                | **             | **                  | 100%<br>(n=196)    | 100%<br>(n=196) | 98%<br>(n=196)      |
| 2018 | Ivy/HIV Care Clinic- Elmira | --<br>(n<10) *           | 100%<br>(n=12)    | 100%<br>(n=12) | 92%<br>(n=12)       | 100%<br>(n=137)    | 100%<br>(n=137) | 93%<br>(n=137)      |
|      | Ivy/HIV Care Clinic- Ithaca | --<br>(n<10) *           | --<br>(n=0)       | --<br>(n=0)    | --<br>(n=0)         | 100%<br>(n=53)     | 100%<br>(n=53)  | 98%<br>(n=53)       |
| 2019 | Ivy/HIV Care Clinic- Elmira | --<br>(n<10) *           | 100%<br>(n=11)    | 100%<br>(n=11) | 100%<br>(n=11)      | 100%<br>(n=141)    | 100%<br>(n=141) | 97%<br>(n=141)      |
|      | Ivy/HIV Care Clinic- Ithaca | --<br>(n<10) *           | --<br>(n<10) *    | --<br>(n<10) * | --<br>(n<10) *      | 100%<br>(n=52)     | 100%<br>(n=52)  | 98%<br>(n=52)       |
| 2020 | Ivy/HIV Care Clinic- Elmira | --<br>(n<10) *           | 100%<br>(n=10)    | 100%<br>(n=10) | 80%<br>(n=10)       | 100%<br>(n=148)    | 100%<br>(n=148) | 97%<br>(n=148)      |
|      | Ivy/HIV Care Clinic- Ithaca | --<br>(n<10) *           | --<br>(n<10*)     | --<br>(n<10) * | --<br>(n<10) *      | 100%<br>(N=46)     | 100%<br>(N=46)  | 100%<br>(N=46)      |
| 2021 | Ivy/HIV Care Clinic- Elmira | **                       | **                | **             | **                  | 100%<br>(n=147)    | 100%<br>(n=147) | 97%<br>(n=147)      |
|      | Ivy/HIV Care Clinic- Ithaca | **                       | **                | **             | **                  | 100%<br>(n=49)     | 100%<br>(n=49)  | 100%<br>(n=49)      |

\* Data redacted due to small number of applicable patients (fewer than 10).

\*\* Data for this indicator were not requested for this review.



## Quality Improvement Interventions for 2022 (Self-reported based on 2021 results)

### Methodology

Data Sources for all Ivy Clinic's patients: all active patients' data was generated based on review of electronic medical records (e-Clinical Works), AIRS (AIDS Institute Reporting System) and Excel spreadsheets with data on viral load and completed visits in 2021, updated on daily basis by Ivy Clinic's staff. These data sources were chosen due to the completeness and up to date information they contain. The information contained in all three data sources can be verified between them, all three complete and complement each other. EMR provider and resource notes are constructed based on HIV care guidelines from AIRS. Excel worksheets simplify the process of running reports on viral load and demographic data and allow Clinic staff easy access to medical care indicators, which are updated based on daily lab reports.

The data for new to care patients, newly diagnosed in 2021 at another organization was determined by review of patients' chart in EMR, including records received from the original point of HIV testing and record of follow up referral to Ivy Clinic for HIV medical care. Ivy Clinic documents all contact with the patient and referring agency/provider as telephone encounters in EMR.

The data on previously diagnosed new to care patients was determined based on the report generated from AIRS and information entered into EMR. Current status of care for patients who relocated, were incarcerated, deceased, transferred to another provider was also obtained based on comparison of data in AIRS and EMR. All information on the new location or new provider of patients previously enrolled in care at Ivy Clinic was verified and documented in EMR. That includes HIV appropriate releases for new providers and documentation regarding transfer and coordination of care. Reports from eCW were run by the Medical Information Services staff and reviewed by the Clinic Director, AIRS and Excel data are maintained by Ivy Clinic's staff and Program Director.

### Limitations of data sources:

E-Clinical Works contains all progress notes, labs and demographics necessary for preparing cascades, however running reports required for data aggregation requires assistance of MIS staff. AIRS data can be easily aggregated but at this time our program is not grant funded for all services reportable on the Cascades and our AIRS mapping doesn't capture all the data needed for their creation. Also, patients' demographics are often updated only in EMR and registration database, but not in AIRS. Since all visits, viral loads and historical information are entered in AIRS for all active patients AIRS was our base source of information for number of active patients and their encounters, both established in care and new to care. Excel worksheets are created solely for the purpose of tracking data needed for HIV quality of care programs. It's the base source of data for aggregation and running reports on short notice. However, because it's based on manually entered data there may be mistakes due to human errors.

Additional data containing information of all HIV + patients who touched the Arnot Health network was generated and provided by AH Medical Records Department (HIM). That list included all inpatient and outpatient visits at Arnot Ogden Medical Center, St. Joseph's Hospital and Ira Davenport Hospital and their service delivery points. That included PLWH who received services as inpatients within all three hospitals, as well as outpatients in Emergency Rooms, Endoscopy and Behavioral Science Unit. Reports were run based on the Quadramed system (hospital EMR). The codes used to identify PLWH were B20 and Z21. All patients' records were then reviewed by the Ivy Clinic Director on one-by-one basis, identifying service delivery points, medications prescribed and laboratory tests that were ordered. In many cases that information had to be supported by reaching out to unit

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directors and admitting providers of the inpatient department hosting the patient. For the patients who signed RHIO consent during their admission process, data was supplemented by review of records available in RHIO.

Newly diagnosed patients were identified by review of all testing data for Arnot Health facilities provided by AH Laboratory Department in the form of Excel document. The review showed that there were over 4000 HIV tests performed at AH during 2021. There was one new diagnosis identified within the network, an inpatient at AOMC Intensive Care Unit. The patient was an inmate of local correctional facility who was later transferred to a long-term care unit and did not establish HIV PC care within Arnot Health system. All data was entered into the Excel template by Ivy Clinic Program Director, Anna Lechowska.

## Key Findings

### Data Analysis and Key Findings:

All data included in the 2022 Cascades (2021 data) is available in real time and updated daily by the Ivy Clinic staff, including Program Director, Medical Director, Physician Assistant, clinical support staff and Retention Adherence Program Staff. The findings of this review are consistent with the findings of the monthly QI meetings conducted by the Clinic and presented to the AOMC QI review team on a quarterly basis. There were no outcomes that would be unexpected. We are working with the clients on a one-on-one basis and are rarely surprised by the outcome. Results of the cascade data was analyzed by the Ivy Clinic Program Director and Medical Director and will be further reviewed with the management and the administration of the Arnot Health. The Clinic's goal is to retain an average suppression rate of 95% or above in all demographic groups among established active patients. The review of data provides some low percentages in categories that are easy to review and address. There are two such groups:

- The group of newly diagnosed (75% rate of viral suppression, 75% of suppression within 91 days of HIV care initiation, 75% of ever suppressed during review period): The group consists of 4 patients. One of them was diagnosed at the Ivy Clinic and enrolled into care the same day. The patient had an intake with one of the counselors, followed up by visit with a medical provider and nurse. Rapid start of ARV was initiated, patient was virally suppressed a month later. The remaining 3 patients were diagnosed externally and linked to care within 3 days of Ivy Clinic being notified of their diagnosis. Two of them achieved suppressed status within a month of rapid initiation of medication. The last patient established care with the Clinic and eventually reached the viral suppression but not until January of 2022.
- The group of Perinatal transmission: this group consists of 4 patients, with the suppression rate of 75%. One client (male, 29, salvage ARV therapy) remained not suppressed in 2021 but remained engaged in care thanks to great effort of the Ivy Clinic's RAP team. He is currently enrolled in the trial of intravenous ART medication Trogarzo, under the supervision of the Ivy Clinic Medical Director.

Medication adherence (both ARV and other medications, including MH) is notably improved. Significant improvement and/or gaps in care: There is no noted significant improvement or decline in the performance in any of the cascade measures between 2020 and 2021. Most of the measures that are showing lower performance can be attributed to the size of the group itself and one or two individuals who are experiencing individual barriers to care and trouble meeting their goals. There is a slight improvement in viral suppression among open patients (from 95% to 97%) and increase in viral suppression among new-to-care patients (87% to 100%). The clinical had less patients diagnosed internally and more patients transferring care and returning to care at our facility. There is noted continued need for mental health services and even more limited access to these appointments due to

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pandemic. Patients also deal with their pandemic related stress and uncertainty by turning to substance use but are not agreeable to substance abuse treatment referrals. The Ivy Clinic remained fully operational through the entire period of COVID-19 pandemic in 2021. Patients were offered appointments both in person and through telemedicine. No HIV+ patients were turned away when in need of care. HIV and STI testing were offered to all who requested it or were referred to Ivy Clinic by local DOH or their physician.

### QI Projects

#### QI Project #1

**Indicator:** VL suppression among established active patients

**2021 rate for this indicator:** 97%

**Overall 2022 goal for this indicator:** 97%

**Description:** While the overall VL suppression rate among established active patients remains high, the group that is noted to be in need of improvement is patients in the age group 30-39 (93%) and intravenous drug users (90%). The lower viral suppression rate can be associated with higher rate of no-shows related to pandemic, mental health and substance use issues.

Ivy Clinic will develop a PDSA to gather data and develop an improvement project to address this more specifically.

Goal: To retain viral suppression by improving appointment attendance.

Plan:

1. Create a PDSA to identify:
  - a. reasons for all patients missing their appointment.
  - b. demographics of patients most at risk for non-attendance.
2. Track data over 6 months period and cross reference all gathered information to discover hidden trends.
3. Develop interventions for specific, most often occurring reasons (i.e., Transportation, lack/lapse of insurance, lack of intensive case management and support).
4. Develop most effective reminder system for specific demographic groups identified as most at risk of missing their appointments.
5. Track the outcomes of interventions in order to determine their effectiveness.

#### QI Project #2

**Indicator:** 3-day linkage of internally diagnosed patients

**2021 rate for this indicator:** 100%

**Overall 2022 goal for this indicator:** 100%

**Description:** The system of linkage to care developed based on the past QI initiatives works well. The Clinic will continue to monitor documentation, linkage to care and medical follow up for PLWH seen for inpatient and outpatient services at Arnot Health three facilities: Arnot Ogden Medical Center, Ira Davenport and St. Joseph's Hospital.

Ivy Clinic Program Director reviews all HIV testing data and coordinates follow up on the positive results with the Medical Director and Infectious Disease physician providing inpatient care at ArnotHealth facilities. In 2021 several HIV positive patients were referred to Ivy Clinic after their need of HIV PC was identified while inpatient or recognized by an outpatient provider associated with Arnot Health. While the documentation of the ARV in

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patient's chart is a noted improvement, the presence of VL suppression information is not yet completed. Most of the information regarding both factors came from review of patient's charts in EMR and through RHIO; the in-patients documentation often doesn't include this information.

### Plan:

1. Identify patients newly diagnosed during inpatient stay and coordinate delivery of their diagnosis through attending physician. Assure prompt linkage to care for all newly diagnosed by coordination of care between inpatient and outpatient services.
2. Identify patients who are reported to have HIV diagnosis during the admission process and/or during follow up visit with medical provider while inpatient.
3. Improve documentation of current HIV status and history of illness, current HIV viral load and HIV medications. Document current HIV PCP or lack of thereof.
4. Assure that every PLWH seen at Arnot Health receives HIV viral load while inpatient.

### **Consumer Involvement**

Arnot Health Ivy Clinic employs a Peer Navigator who is an integral part of the multidisciplinary team. The Peer is involved in the Retention Adherence Program and has a chance to participate in all of its efforts. The Peer also takes part in the monthly QI and RAP conferences and assists in development of annual QI plan for the Clinic. The Peer assists in facilitation of CAB meetings as well as support and educational groups when patients have a need for new information. The general population of Ivy Clinic customers is involved in the Clinic's QI through CAB, newsletters, community program announcements, and educational activities. The CAB meetings, events, and waiting room advertisements provided methods to inform clients about educational programs and activities. Consumers will continue being informed and outreached through these means in 2022; however, the Clinic is planning to expand the involvement through following plan:

- In-clinic surveys aimed at determining quality of care at the clinic in the areas of: patient centeredness, efficiency, effectiveness, and timelines of care. The anonymous surveys will be dispensed and collected during clinical visits at check-in, while patients are registering for medical appointments. Surveys will be accessible for different literacy/adaptive needs. The clinic will conduct surveys over a 6-month period of time in order to collect information from a diverse group of consumers. Once surveys are collected, staff will pull together data and provide an opportunity for consumers to participate in the development of a QI plan to address survey outcomes.
- We will again attempt to restart face to face CAB meetings, as well as offer meetings through zoom in order to include patients unable to attend in person. We will offer face to face meetings in neutral locations, such as public parks accessible via public transportation.
- The Peer Navigator will conduct telephone surveys of our patients' population, utilizing a short set of questions, to assess their interest in CAB and specific patients' needs.
- A CAB specific board will be placed in waiting room area to display updates at the Clinic as well as polling opportunities to measure when changes are needed, or to introduce ideas to consumers and get their input. CAB interest cards will be displayed in the waiting room and distributed to patients during their visits. We will also add CAB contact (text/phone number) to the back of the appointment cards.
- During CAB meetings and on the CAB bulletin board, patients will be informed on changes and interviewed on these changes via polls (set up on CAB bulletin board) or communication with staff. For patients that

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have concerns regarding confidentiality or scheduling conflicts, designated staff can conduct interviews that will be considered for the QI plan development.

- Retention Adherence Specialist (former Peer Navigator) will develop a CAB info flyer which will be included in the intake welcome packet, given to the new patients. It will also be available in the waiting room handout section.
- The Peer Navigator will work on a list of “Question of the Month”, to be given to patients attending their appointments while they are in the waiting or exam room. We aim to learn more about our customers to better meet their needs in the future.
- Evaluation of the plan will be conducted at 6- and 12-months following implementation. Measures will be determined in accordance with the improvement goals. A subsequent survey will be conducted in clinic to assess QI plan progress. Anecdotal information will also be gathered and added to the data collection process. The evaluation of the plan will again be shared with the consumers.
- Additional consumer involvement: Utilize peers to involve patients in regional events/meetings regarding peer QI activities and updates. Call interested patients with new information/event information related to HIV activism, treatments, or activities. Partner with other Ryan White funded organizations and CBO’s to elicit support for QI planning activities including: interview care managers, health educators, peers regarding experiences at the clinic and areas for improvement. Utilize those relationships to host focus groups in their meeting space where consumers feel comfortable and familiar (including online).

### **Coach’s Feedback and Updates on Cascade QI Plan**

Arnot Health has a highly functioning QI program with a team that is cohesive in their vision for how to improve VLS. Consumer involvement has always been a priority and is evident in their submission.