Quality Improvement Profile

The New York State Department of Health AIDS Institute's HIV Quality of Care Program has compiled crucial information from your HIV quality improvement 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 quality management program's effectiveness and to make changes if needed. **We encourage sites to use the included data to focus on disparities in outcomes of patient groups to ensure equitable health and wellbeing for all patients.** 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 quality management program, please contact Dan Belanger at daniel.belanger@health.ny.gov.

Cascade Submission Date: **Review closed in November 2025**

Quality Improvement Profile Completion Date: **March 2026**

Latest Revision Date: **May 14, 2026**

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

HIV Medical Director	Justin Nistico	justin.nistico@arnothealth.org	Phone number not available
Lead Quality Improvement Contact	Anna Lechowska	anna.lechowska@arnothealth.org	(607) 795-8161
Contract Manager	Romel Wilson	romel.wilson@health.ny.gov	(518) 474-4899
NY Links Coach	Daniel Belanger	daniel.belanger@health.ny.gov	(212) 417-5131

Regional Group/Learning Network Participation

Affiliation: New York Links, Advancing Positive Social Connection
Participated in Group Quality Improvement Project? Yes
Focus: University of California Los Angeles Loneliness Scale

Organizational HIV Treatment Cascade

Definitions of Key Indicators

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

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

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

Suppressed on Final Viral Load (Previously Diagnosed Patients): 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. Only patients diagnosed by the participating organization, and not those referred by external providers or testing sites, are eligible for this indicator. Prior to 2019, documentation of HIV care was based exclusively on visit history (seen by a provider who could prescribe antiretrovirals, 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 antiretroviral 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

Figure 1: Viral Load Suppression at Last Test in Year among New to Care Patients (Other than Newly Diagnosed): Organization Rate from 2018 to 2024

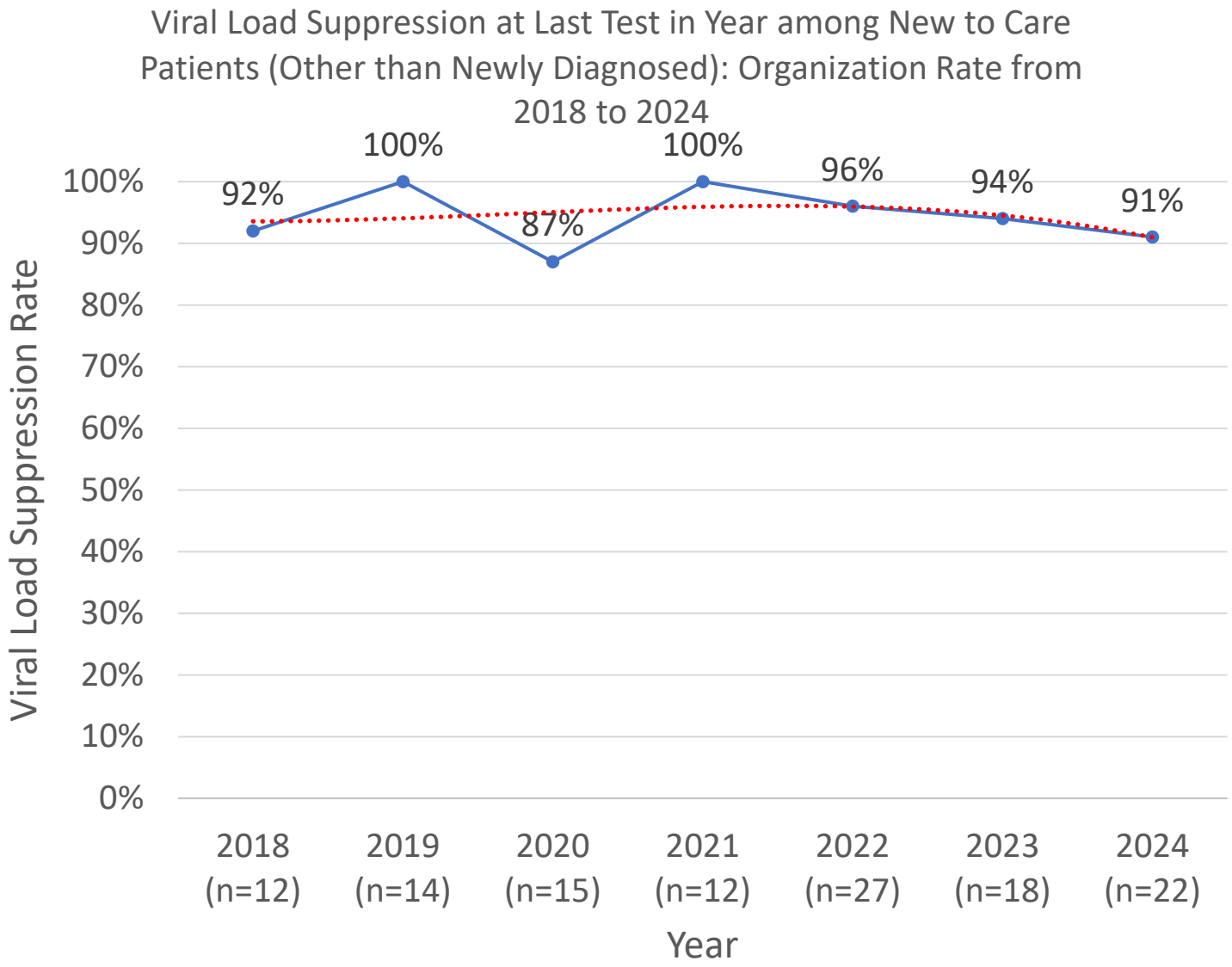


Figure 2: Viral Load Suppression at Last Test in Year among Patients Established in Care: Organization Rate from 2018 to 2024

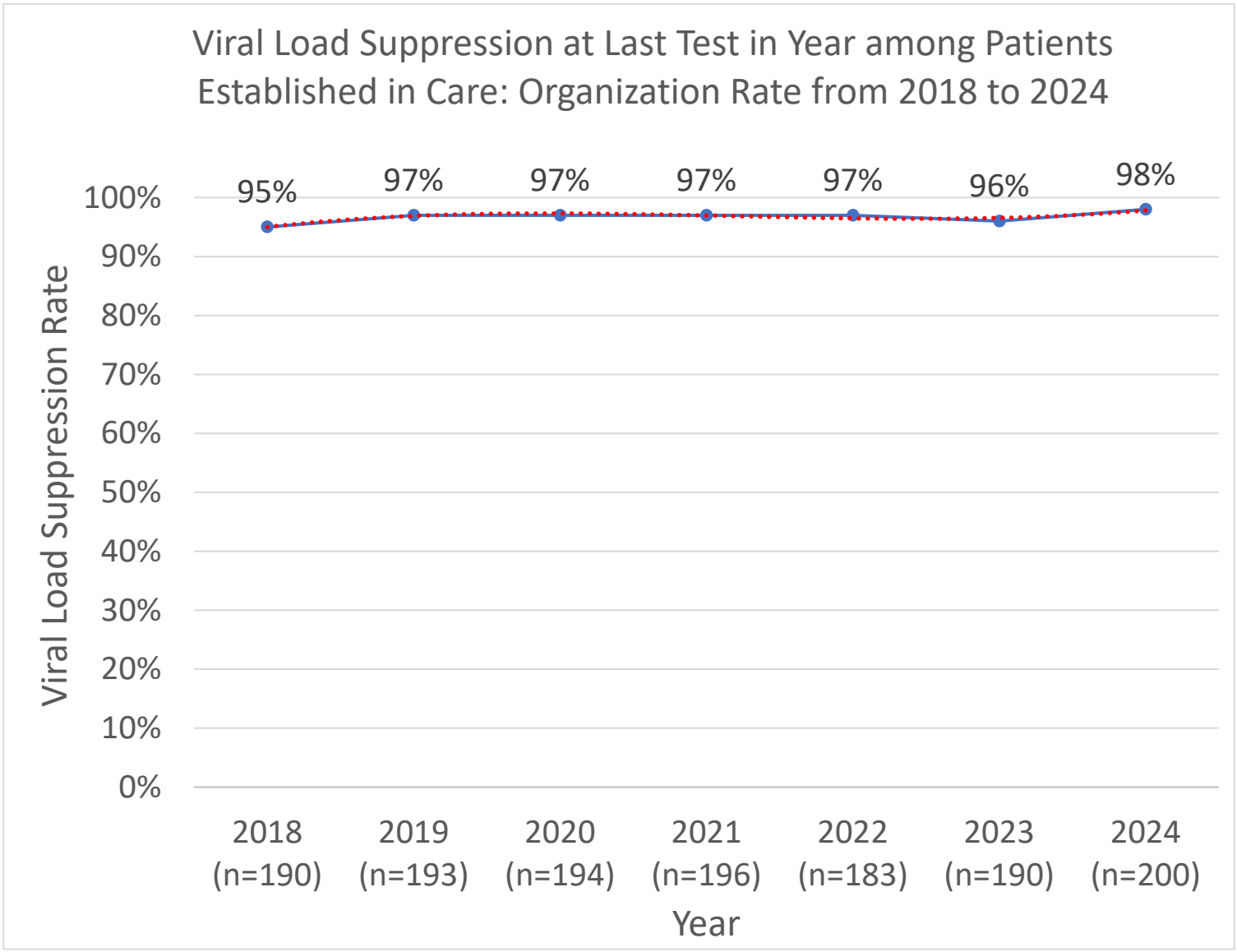


Figure 3. 2024 Established Active Viral Load Suppression Rates by Age at Organizational Level

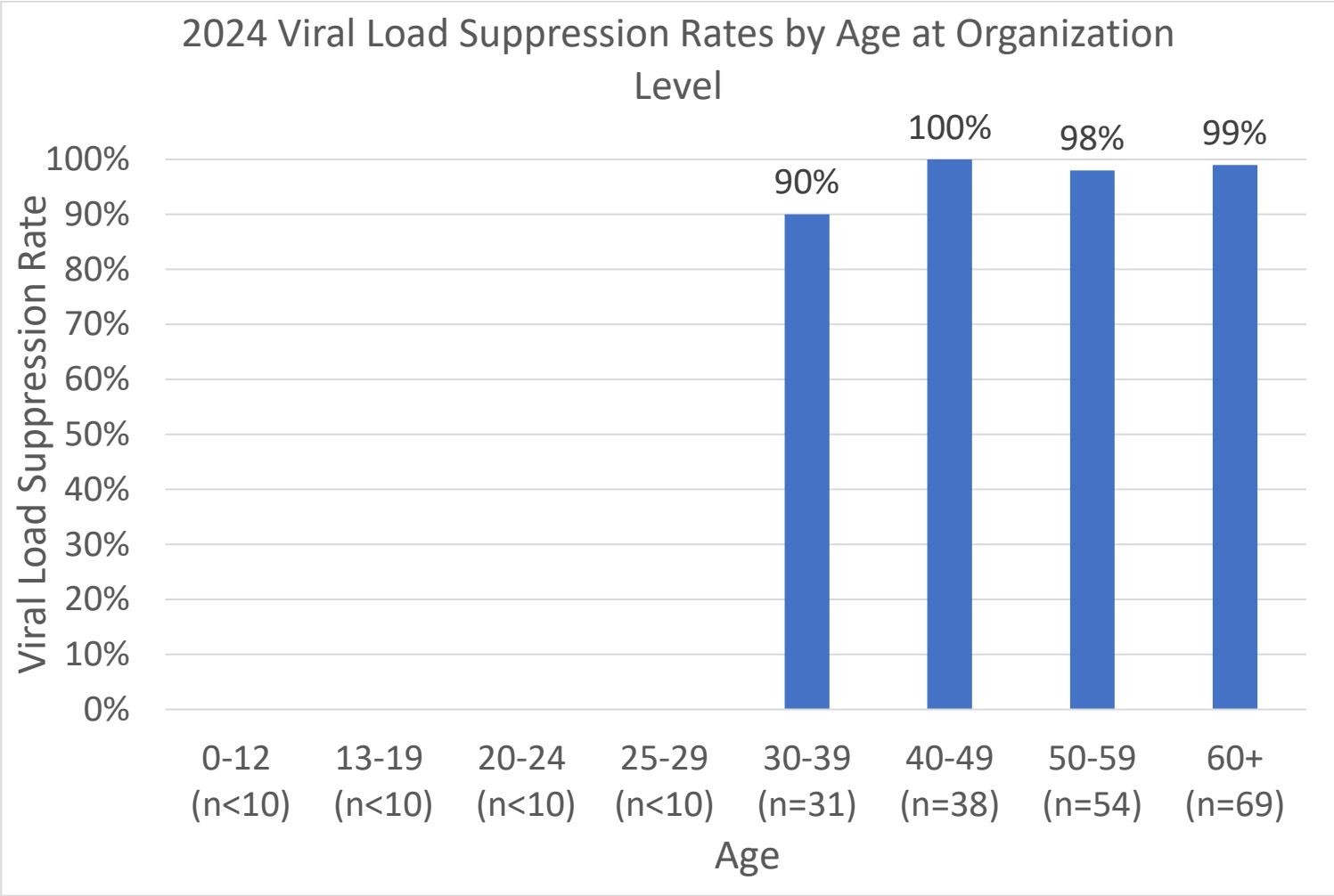
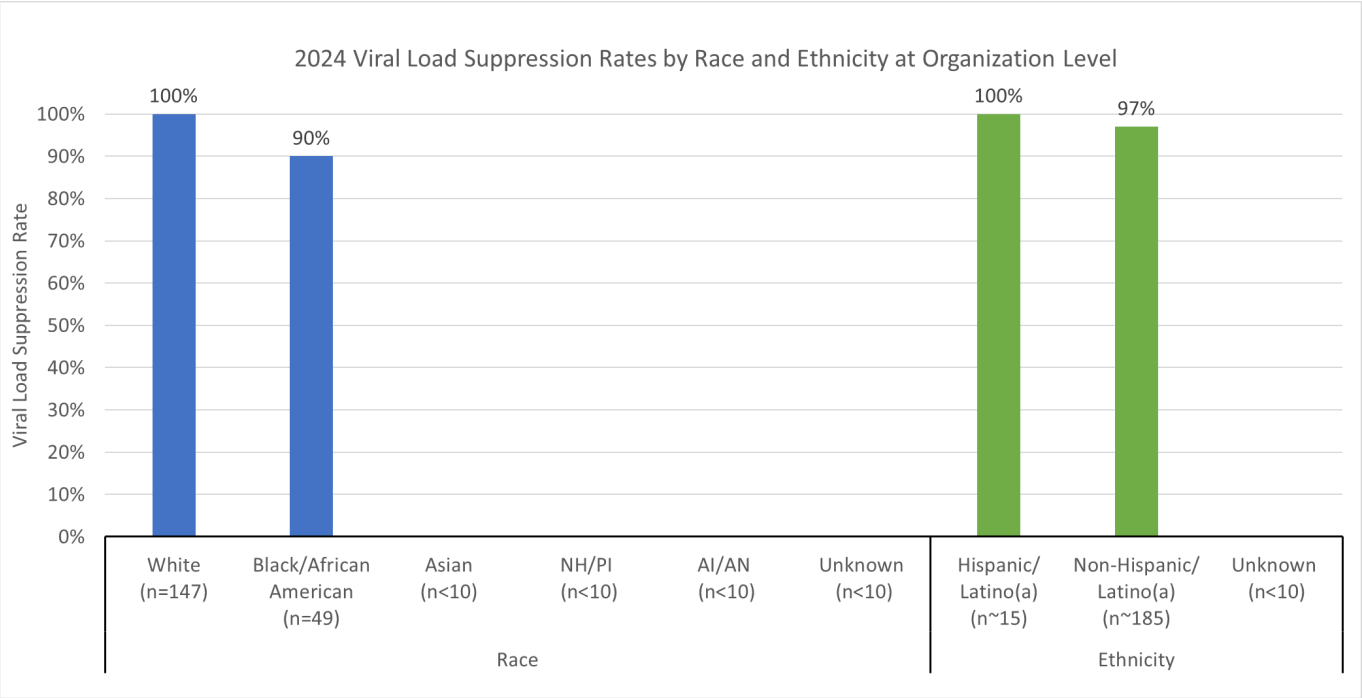


Figure 4. 2024 Established Active Viral Load Suppression Rates by Race and Ethnicity at Organizational Level



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

Table 1: Indicator Rates at Organization Level for 2018 to 2024

Patient Group	Indicator	2018		2019		2020		2021		2022		2023		2024	
		Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median
Newly Diagnosed	3-day Linkage to Care	-- (n<10)*	41%	-- (n<10)*	51%	-- (n<10)*	55%	-- (n<10)*	61%	-- (n<10)*	53%	-- (n<10)*	63%	-- (n<10)*	53%
	On Antiretroviral Therapy	-- (n<10)*	96%	-- (n<10)*	100%	-- (n<10)*	100%	-- (n<10)*	100%	-- (n<10)*	100%	-- (n<10)*	100%	-- (n<10)*	100%
	Viral Load Test within 91 Days	-- (n<10)*	93%	-- (n<10)*	95%	-- (n<10)*	95%	-- (n<10)*	92%	-- (n<10)*	96%	-- (n<10)*	95%	-- (n<10)*	93%
	Suppressed within 91 Days	-- (n<10)*	45%	-- (n<10)*	50%	-- (n<10)*	46%	-- (n<10)*	50%	-- (n<10)*	50%	-- (n<10)*	50%	-- (n<10)*	50%
	Baseline Resistance Test	**	**	-- (n<10)*	74%	-- (n<10)*	80%	-- (n<10)*	82%	-- (n<10)*	79%	-- (n<10)*	76%	-- (n<10)*	83%
Other New to Care	On Antiretroviral Therapy	100% (n=12)	97%	100% (n=14)	100%	100% (n=15)	100%	100% (n=12)	100%	100% (n=27)	100%	100% (n=18)	100%	100% (n=22)	100%
	Any Viral Load Test	100% (n=12)	99%	100% (n=14)	98%	100% (n=15)	100%	100% (n=12)	100%	100% (n=27)	98%	100% (n=18)	98%	100% (n=22)	98%
	Suppressed Final Viral Load	92% (n=12)	74%	100% (n=14)	78%	87% (n=15)	77%	100% (n=12)	69%	96% (n=27)	77%	94% (n=18)	80%	91% (n=22)	81%
Established Active	On Antiretroviral Therapy	100% (n=190)	99%	100% (n=193)	99%	100% (n=194)	99%	100% (n=196)	99%	100% (n=183)	100%	100% (n=190)	100%	100% (n=200)	100%
	Any Viral Load Test	100% (n=190)	99%	100% (n=193)	99%	100% (n=194)	97%	100% (n=196)	98%	100% (n=183)	98%	100% (n=190)	98%	100% (n=200)	98%
	Suppressed Final Viral Load	95% (n=190)	88%	97% (n=193)	89%	97% (n=194)	87%	97% (n=196)	88%	97% (n=183)	89%	96% (n=190)	91%	98% (n=200)	91%
Open Previously Diagnosed (Active & Inactive)	On Antiretroviral Therapy	98% (n=199)	95%	100% (n=202)	96%	99% (n=205)	96%	100% (n=202)	97%	99% (n=191)	97%	99% (n=204)	98%	99% (n=213)	98%
	Any Viral Load Test	99% (n=199)	93%	99% (n=202)	93%	98% (n=205)	90%	100% (n=202)	94%	98% (n=191)	93%	99% (n=204)	94%	100% (n=213)	93%
	Suppressed Final Viral Load	92% (n=199)	80%	97% (n=202)	83%	95% (n=205)	77%	97% (n=202)	79%	95% (n=191)	83%	95% (n=204)	83%	95% (n=213)	86%

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

**** Data for this indicator were not required for this review.**

Table 2: Viral Load Suppression by Established Active Patient Demographic Group at Organization Level for 2024

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*	--	<10*	--	31	90%	38	100%	54	98%	69	99%

GENDER															
Cis Male		Cis Female		Trans Male		Trans Female		Other Gender		Gender X		Unknown Gender			
n	%	n	%	n	%	n	%	n	%	n	%	n	%		
140	98%	57	96%	<10*	--	<10*	--	<10*	--	<10*	--	<10*	--		

RACE															
White		Black/African American		Asian		Native Hawaiian / Pacific Islander		American Indian / Alaskan Native		Unknown Race					
n	%	n	%	n	%	n	%	n	%	n	%				
147	100%	49	90%	<10*	--	<10*	--	<10*	--	<10*	--				

ETHNICITY															
Hispanic, Latino, Latina		Non-Hispanic, Latino, Latina		Unknown Ethnicity											
n	%	n	%	n	%										
~15	100%	~185	97%	<10*	--										

RISK FACTOR															
MSM		IDU Risk		Heterosexual Risk		Hemophilia or Coagulation		Blood Transfusion		Perinatal		Other Risk		Unknown	
n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
99	99%	28	93%	97	98%	<10*	--	<10*	--	<10*	--	<10*	--	<10*	--

HOUSING STATUS															
Stable Housing		Temporarily Housed		Unstably Housed		Unknown Housing									
n	%	n	%	n	%	n	%								
197	98%	<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	%
38	97%	33	100%	83	95%	11	100%	34	100%	<10*	--	<10*	--	<10*	--
Unknown															
n	%														
<10*	--														

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

Table 3: Indicator Rates at Clinic Level for 2018 to 2024

Year	Clinic	Newly Diagnosed	Other New to Care			Established Active		
		Baseline Resistance Test	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load
2018	Ivy/HIV Care Clinic- Elmira	-- (n<10)*	100% (n=12)	100% (n=12)	92% (n=12)	100% (n=137)	100% (n=137)	93% (n=137)
	Ivy/HIV Care Clinic- Ithaca	-- (n<10)*	-- (n=0)	-- (n=0)	-- (n=0)	100% (n=53)	100% (n=53)	98% (n=53)
2019	Ivy/HIV Care Clinic- Elmira	-- (n<10)*	100% (n=11)	100% (n=11)	100% (n=11)	100% (n=141)	100% (n=141)	97% (n=141)
	Ivy/HIV Care Clinic- Ithaca	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=52)	100% (n=52)	98% (n=52)
2020	Ivy/HIV Care Clinic- Elmira	-- (n<10)*	100% (n=10)	100% (n=10)	80% (n=10)	100% (n=148)	100% (n=148)	97% (n=148)
	Ivy/HIV Care Clinic- Ithaca	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (N-46)	100% (N-46)	100% (N-46)
2021	Ivy/HIV Care Clinic- Elmira	**	**	**	**	100% (n=147)	100% (n=147)	97% (n=147)
	Ivy/HIV Care Clinic- Ithaca	**	**	**	**	100% (n=49)	100% (n=49)	100% (n=49)
2022	Ivy/HIV Care Clinic- Elmira	**	**	**	**	100% (n=139)	100% (n=139)	96% (n=139)
	Ivy/HIV Care Clinic- Ithaca	**	**	**	**	100% (n=44)	100% (n=44)	100% (n=44)
2023	Ivy/HIV Care Clinic- Elmira	**	**	**	**	100% (n=145)	100% (n=145)	94% (n=145)
	Ivy/HIV Care Clinic- Ithaca	**	**	**	**	100% (n=45)	100% (n=45)	100% (n=45)
2024	Ivy/HIV Care Clinic- Elmira	**	**	**	**	100% (n=153)	100% (n=153)	97% (n=153)
	Ivy/HIV Care Clinic- Ithaca	**	**	**	**	100% (n=47)	100% (n=47)	98% (n=47)

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

**** Data for this indicator were not requested for this review or were not scored at this level.**

Quality Improvement Interventions for 2025

Self-reported[1] based on 2024 results

Methodology

Data sources for all Ivy Clinic's patients: All active patients' data was generated based on a review of electronic medical records (e-Clinical Works), AIDS Institute Reporting System and Excel spreadsheets with data on viral load and completed visits in 2024, updated on a daily basis by Ivy Clinic's staff. These data sources were chosen due to their 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. Electronic medical record provider and resource notes are constructed based on HIV care guidelines from the AIDS Institute Reporting System. 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 2024 at another organization were determined by review of patients' charts in the electronic medical record, including records received from the original point of HIV testing and records 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 the electronic medical record. The data on previously diagnosed new to care patients was determined based on the report generated from AIDS Institute Reporting System and information recorded in the electronic medical record. The current status of care for patients who relocated, were incarcerated, deceased, or transferred to another provider were also obtained based on comparison of data in the AIDS Institute Reporting System and the electronic medical record. All information on the new location or new provider of patients previously enrolled in care at Ivy Clinic were verified and documented in the electronic medical record. That includes HIV appropriate releases for new providers and documentation regarding transfer and coordination of care. Reports for all patients seen within Arnot Health's three inpatient facilities were run by the Health Information Management (HIM) staff and reviewed by the Clinic Director. AIDS Institute Reporting System 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 from IT staff. AIDS Institute Reporting System data can be easily aggregated but at this time our program is not grant funded for all services reportable on the Cascades and our AIDS Institute Reporting System mapping doesn't capture all the data needed for their creation. Also, patients' demographics are often updated only in the electronic medical record and registration databases, but not in the AIDS Institute Reporting System. Excel worksheets are created solely for the purpose of tracking data needed for HIV quality 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. To spot and avoid the errors the data is double checked by the Program Director and the Treatment Adherence Counselor who prepares monthly quality improvement reports for Hotspotters meetings. Additional data containing the information of all HIV + patients who touched the Arnot Health network were 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 people with HIV who received services as inpatients within all three hospitals, as well as outpatients in Emergency Rooms. Reports were run based on the Quadramed system (hospital electronic medical record). The codes used to identify people with HIV were B20 and Z21. All patients' records were then reviewed by

[1] Text in square brackets represents minor edits by the Quality of Care Program to remove details about small groups of patients.

the Ivy Clinic Director on a 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 directors and admitting providers of the inpatient department hosting the patient.

For the patients who signed regional health information organization consent during their admission process, data was supplemented by review of records available in regional health information organizations. Newly diagnosed patients were identified by review of all testing data for Arnot Health facilities provided by Arnot Health Laboratory Department in the form of Excel document. The review showed that there were over 3500 HIV tests performed at Arnot Health during 2024. There were several preliminary positive test results which proved to be negative on confirmatory testing. In 2024 Arnot Health began transition to EPIC, which will allow all data sources (except AIDS Institute Reporting System) to be available in one system. EPIC will also allow care coordination with other facilities using this software. This should allow better access to medical records and increase the ability to confirm linkage to care or previously received services. EPIC's go-live within Arnot Health was [March 2025] which will be further implemented in preparation of data for the 2025 Cascades of Care. Arnot Ogden Medical Center Ivy Clinic did not utilize any of the frailty screens listed as preferred for the Cascades of Care. For over a year our staff has been conducting modified Integrated Care for Older People Approach screening of all patients over 50, and long-term diagnosed. It has proved extremely helpful in addressing the referral needs of our aging population but does not include all the questions addressing frailty. We will work on incorporating the actual frailty screening into our practice in 2025. All data was entered into the Quality-of-Care Cascade Excel template by Ivy Clinic Program Director, Anna Lechowska. The results obtained have been reviewed with the members of the quality improvement team, including treatment adherence counselor, retention adherence specialist, Ivy Clinic's medical provider (HIV Specialist) and the peer navigator. The team worked together to create quality improvement projects based on the current findings.

Key Findings

All data included in the 2025 Cascades (2024 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 quality improvement meetings conducted by the Ivy Clinic and presented to the Arnot Ogden Medical Center quality improvement review team on a quarterly basis. We saw a higher number of patients, both established active and new-to-care. There was a lower number of patients leaving the clinic and only one death of a patient in 2024. Viral load suppression of patients newly diagnosed was at a perfect 100%, and viral load suppression among established active patients increased from 96% to 98%. 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 were analyzed by the Ivy Clinic Program Director and Medical Director and will be further reviewed with the management and the administration of Arnot Health. The Ivy 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 is one group that is most notable:

Clients with a noted unstable housing: there were [fewer than 10] patients in 2023, and [fewer still in] 2024 [with 50% virally suppressed]. The decrease of the number of patients with unstable housing is a measure of success for the program, showing positive results of referrals for housing assistance. The contributing factors for unstable housing include mental health, domestic situation, substance use, lack of income, lack of transportation and social isolation. Ivy Clinic works to connect patients in need of housing assistance with community-based organizations but quite often patients do not follow up, and/or leave the town without leaving contact information. Often the

most needing clients are not able to prove being eligible for housing assistance because they are not able to report on their income or lack thereof. Most of these patients are already enrolled into the Retention Adherence Program and are receiving assistance with access to benefits. All patients regardless of program enrollment are screened at least once a year for Social Determinants of Health and referred for appropriate services as needed. There are several significant improvements noted. Overall, the rates of suppression for all groups are slightly higher than last year. The issues that stand out are:

- The rate of no-shows for the appointments in 2024 remained high, despite staff efforts to connect patients with transportation. Transportation for Medical Answering Services eligible patients shows a decline in quality of services, with many rides cancelled at the last moment or not showing at all. About 50-60% of our patients are eligible for Medical Answering Services. Not everybody utilizes these services all the time. Unfortunately, we don't have much control over which cab company is assigned to each ride. We have the option of choosing a specific service, but this is often changed at the last moment by that service provider or Medical Answering Service, leading to patients' frustration and refusal to use that transportation service. It is a systemic problem. Our patients come from 6 different counties. We always ask which cab company they prefer and try to arrange for the one of choice. We can only focus our quality improvement efforts on the patients.
- Viral load suppression rate for age groups of 30-39 increased from 85% in 2023 to 90% in 2024, for both White and Black or African American. While the rate increased slightly from last year, it is still notable because they coincide with a high rate of untreated mental health issues, substance use and lack of income. This age group is also most susceptible to problems with unemployment and juggling multiple responsibilities while raising families. This ties with the next problem described below, which has not changed since last year.
- There is noted continued need for mental health services and even more limited access to these appointments. There are also less resources available for patients in need of housing assistance. The agencies we work with to provide this service report a lack of funds and available housing. There is also a noted higher number of patients reporting substance use but no interest in treatment referrals. Mental health, substance abuse, lack of housing and transportation are the main contributing factors to patients not being retained in care and virally suppressed.
- The demographic group with the lowest viral load suppression rate are patients with perinatal transmission ([fewer than 10] patients [with suppression increased by about 25 percentage points from last year]. Ivy Clinic Retention and Adherence Program staff work closely with these patients [details redacted]

Quality Improvement Projects

Quality Improvement Project #1
Indicator: Frailty screen among older patients
2024 rate for this indicator: 0%
Overall 2025 goal for this indicator: 95%
Description: The indicator for assessing frailty among older patients in the expected format is new to us and needs to be fully implemented by the end of 2025. Currently the Ivy Clinic uses a modified Integrated Care for Older People Approach screening, which includes Memory, Mobility, Nutrition, Vision, Hearing, and Mood. It does not include questions specific to Fatigue, Resistance, Aerobic, Illnesses and Loss of weight. These issues are however addressed in the new screening tool for Activities of Daily Living available in EPIC. Both screens are fully integrated into the electronic medical record. Additionally, the new software allows us to track medical records of our patients throughout all local and regional medical centers, including hospitalization, mental health, nutrition and

comorbidities treated elsewhere. Information regarding patients' weight, nutrition and fall assessment is collected at each visit and recorded in patients' electronic medical record. We propose implementing the Simple "FRAIL" Questionnaire screening for the clients who are not able to complete the more time-consuming Integrated Care for Older People/Activities of Daily Living screening during their annual visit with a case manager. The test can be administered by any clinical staff. At this stage of EPIC's implementation, we are not able to integrate the new FRAIL questionnaire into the electronic system, the forms will have to be completed manually and scanned into the patient's chart. We believe that this integration will allow us to gather the maximum amount of information and can be achieved by combining information gathered by both clinical staff during medical appointments and programmatic staff/care coordinators. This project will start as of [July 2025] and the goal is to have 95% of screens of eligible patients completed by the end of the year.

Quality Improvement Project #2
Indicator: Viral load suppression among established active patients
2024 rate for this indicator: 98%
Overall 2025 goal for this indicator: 98%
Description: Viral load suppression among the established active patient age group 30-39 in 2023 was 85% and in 2024 it was 90%.
Goal: Arnot Ogden Medical Center seeks to achieve an increase in viral suppression of patients in the age group 30-39. The viral suppression in the group increased by 5% since 2023, proving that the quality improvement methodology applied to this group is effective and should be continued.
Plan: The Ivy Clinic will review the current Social Determinants of Health data and conduct future screenings to identify reasons for the drop of viral suppression in this group, focusing especially on already identified barriers to care: raising of family and not prioritizing one's own health, lack of childcare, lack of transportation, issues of insurance, work schedule, failing relationships, mental health and substance use. Since the results for this group may change very quickly depending on life circumstances, a review of results will be conducted every 3 months.
Interventions:

- Individualized appointment reminders: aside from automatic system reminders Ivy Clinic offers phone calls, text messages and letters, based on preference of the patient.
- Health education materials tailored for this age group
- Flexibility of the appointments: last-minute changes of time, place and format of the appointment (telemedicine)
- Utilizing marketplace navigator who is experienced in working with Ivy Clinic's population.

Consumer Involvement
Consumer involvement in the development of quality improvement plan: 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 its efforts. The peer also takes part in the monthly quality improvement and Retention Adherence Program conferences and assists in the development of the annual quality improvement plan for Ivy Clinic. The peer navigator assists in facilitating Consumer Advisory Board meetings and educational groups when patients have a need for new information. Unfortunately, from April of 2023 until March of 2025 the position was not filled. Our agency had the position posted but there was noted lack of interest within our patient population. Outside search did not bring any applications from qualified candidates. While the search remained open, we often rely on the experience of a staff member, who is an active member of The Emerging Voices Alliance, New York State Quality of Care Consumer Advisory Committee and HIV Stops with Me Campaign.

On a positive note, an excellent candidate emerged from our patient population and was hired as a peer navigator in March 2025. The general population of Ivy Clinic customers is involved in the clinic's quality improvement through the Consumer Advisory Board, newsletters, community program announcements, and educational activities. The Consumer Advisory Board 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 2025:

- 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 levels and adaptive needs. The clinic will conduct surveys over a 6-month period 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 quality improvement plan to address survey outcomes.
- Face-to-face Consumer Advisory Board meetings, as well as offering meetings through zoom 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.
- A Consumer Advisory Board poster will be displayed in the waiting room area showing 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. Consumer Advisory Board interest cards will be displayed in the waiting room and distributed to patients during their visits. We will also add Consumer Advisory Board contact information (text/phone number) to the back of the appointment cards.
- During Consumer Advisory Board meetings, patients are informed of changes and interviewed on these changes via polls conducted by staff. For patients that have concerns regarding confidentiality or scheduling conflicts, designated staff can conduct interviews that will be considered for the quality improvement plan development.
- A staff member will develop a Consumer Advisory Board info palm card which will be included in the welcome packet given to the new patients during intake to the Clinic. It will also be available in the waiting room handout section.
- Evaluation of the plan will be conducted at 3-, 6-, and 9-months following implementation, to make sure it is working and address issues early. Measures will be determined in accordance with the improvement goals. A subsequent survey will be conducted in the clinic annually to assess quality improvement 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.

<u>Additional consumer involvement</u>:

- Utilize peers to involve patients in regional events and meetings regarding peer quality improvement 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 Community Based Organizations to elicit support for quality improvement 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 Quality Improvement Plan

The methodology of the review is very thoroughly explained; the key findings are also thorough. The quality goals include improving frailty indicator score, for which the Fatigue Resistance Aerobic Illnesses Loss of Weight (FRAIL) screen will be used, and viral load suppression for established active, which is already high at 97.5%. The consumer involvement program has multiple levels and involves consumers in the quality improvement process.

There is continued success in helping patients to sustain viral load suppression amongst patient groups. There is use of the cascade review to identify gaps in care within specific populations such as the unhoused population and perinatally diagnosed. The quality improvement goals are thoughtfully supported by well-developed quality improvement plans. There is multi-faceted consumer involvement in the quality improvement program with an advisory board and a peer who participates in the quality management committee. There is involvement in the Advancing Positive Social Connection Collaborative, and participation in a University of California Los Angeles loneliness scale quality improvement project. It is recommended that there be regular ongoing participation in the Health Equity Learning Collaborative, which is an extension of the cascade review, giving providers an opportunity to engage in peer learning as they work on their cascade goals throughout the year. Quality improvement training is available for staff and consumers through the Quality of Care Program.

Appendices

Note: Results from 2017 have been moved to this appendix to make room for more recent data in the tables and charts within this profile. Of note, the data for 2017 were reported through a different process that did not include submission of patient-level data. Any interpretation of changes between 2017 and 2018 and subsequent years should be made with this discontinuity in the process in mind.

Appendix A-1
2017 Indicator Rates at Organization Level

Established Active (n=196)			Open Previously Diagnosed (Active & Inactive) (n=197)		
On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load
100%	100%	98%	99%	99%	97%

Appendix A-2
2017 Established Active Rates at the Clinic Level

Clinic	Established Active		
	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load
Arnot Health Ivy Clinic (n=196)	100%	100%	98%