

Apicha Community Health Center 2017 Quality Improvement Project Measuring ART Initiation Within 30 Days from Initial HIV Clinical Visit

Introduction

In September 2017, CQI project team members discussed potential projects for the Annual QI conference. The group noted that ART uptake is critical to ensure PLWH stay healthy and have suppressed viral load. Studies have confirmed that PLWH who are virally suppressed have minimal risk of transmitting the virus to others.

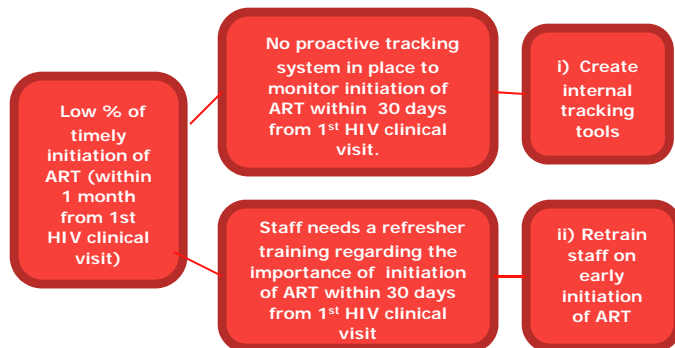
Based on the quarterly report provided by NYCDOHMH, nine (9) clients were not on ART as of May 31, 2017. A project team member reviewed the data and developed the goal to increase timely ART initiation for recently diagnosed clients to 100%. Team members agreed that recently diagnosed clients should initiate ART within 30 days from the 1st HIV clinical visit.

AIM

The aim of this project is to increase clients who are newly diagnosed with HIV/AIDS within 12 months, have them assessed and initiate their ART HIV medication(s) within one month from their initial HIV clinical visit. The goal of this project is to ensure program clients' initiation of ART quickly in order to suppress their viral load as early as possible.

Root Cause Analysis

Program staff conducted root cause analysis in October 2017 and identified two (2) major issues. A fishbone diagram was used, and identified that 1) Program staff have no monitoring tools in place to capture the information regarding ART initiation within 1 month from clients' PCP visit and 2) these staff need retraining on the importance of early initiation of ART.



Methods

The intervention consists of the following strategies. We used a short-term time frame to test the intervention for one (1) month (9.01.17—9.30.17).

a) Tracking Tool

An Excel spreadsheet was created in which Care Coordinators (CC) entered Care Coordination intake date; lab (genotype) date; initial PCP appointment; ADAP/health insurance status; ART prescription date; any identified problem regarding ART on time initiation, and follow-up with PN. The check points on the tracking tool are listed below:

- 1) Program intake date
- 2) Lab date (resistance test)
- 3) Initial PCP visit
- 4) Status of ADAP/Health Insurance
- 5) ART prescription date
- 6) Remarks on any issues which are delaying ART initiation, to be discussed by CC and Provider

b) Staff Re-training

All care coordination staff were given a refresher training regarding the importance of early initiation of ART, in October 2017 by CC. Staff were introduced to the tracking tool to monitor the timeline for ART initiation (30 days from 1st HIV clinical visit). Staff were encouraged to discuss with their supervisor and PCP any obstacles delaying initiation of ART. It was reinforced to staff to submit the PCSM form without delay once a client initiates ART.

Results

After the intervention, results show a 6% increase from baseline of 94%, to 100%, for successful initiation of ART within 30 days from initial PCP visit.

Lessons Learned

Program staff reviewed the data that showed the results of the increase (from 94% to 100%) in timely ART initiation. Below are the lessons learned:

- 1) Program staff learned the importance of utilizing tracking tools for quality improvement. Moving forward, Care Coordinators will monitor the timeline and identify any obstacles in ART initiation within 30 days from initial HIV clinical visit.
- 2) Program staff learned to continue to work to arrange for client's insurance or ADAP in order for them to receive timely blood work and start HIV medications without delay.
- 3) Care Coordinators need to work closely with PCPs to overcome any obstacles that may delay starting ART, such as issues with health insurance approval, or late HIV confirmatory or resistance test results.

