

## Background

- Only 66% of Persons living with HIV (PLWH) are linked to HIV care; only 45% are retained in care (Gardner et al., 2011).
- Maryland is ranked second in the nation for new HIV diagnoses among US states and territories (Centers for Disease Control and Prevention, 2013).
- PLWH are admitted to the hospital at a rate 44% higher than the general population (Berry, 2012).

## Objectives

- Identify the connection between policy change and increased HIV testing and linkage to care.
- Describe the dissemination of policy changes and how they influence interdisciplinary workflow.
- Explore impact of policy changes on patient-level data.

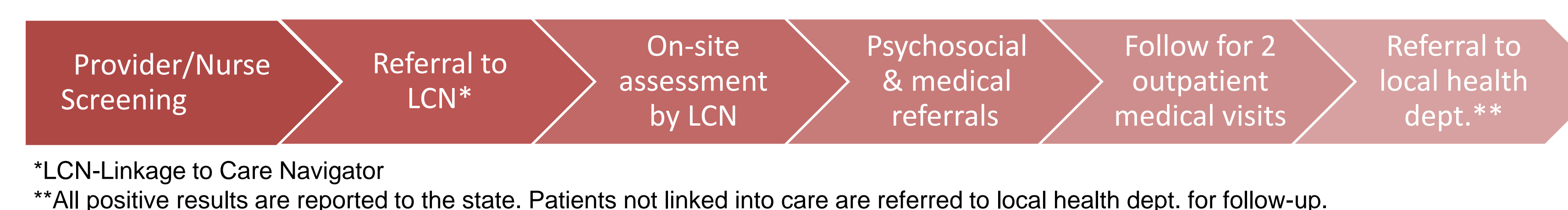
## Methods

- In 2013, a large urban, academic medical center developed a routine HIV testing and linkage to care process.
- A six-step process for organizational change was developed and implemented to modify policy and routinize HIV testing and linkage to care (Mignano et al., 2015) (Figure 1).

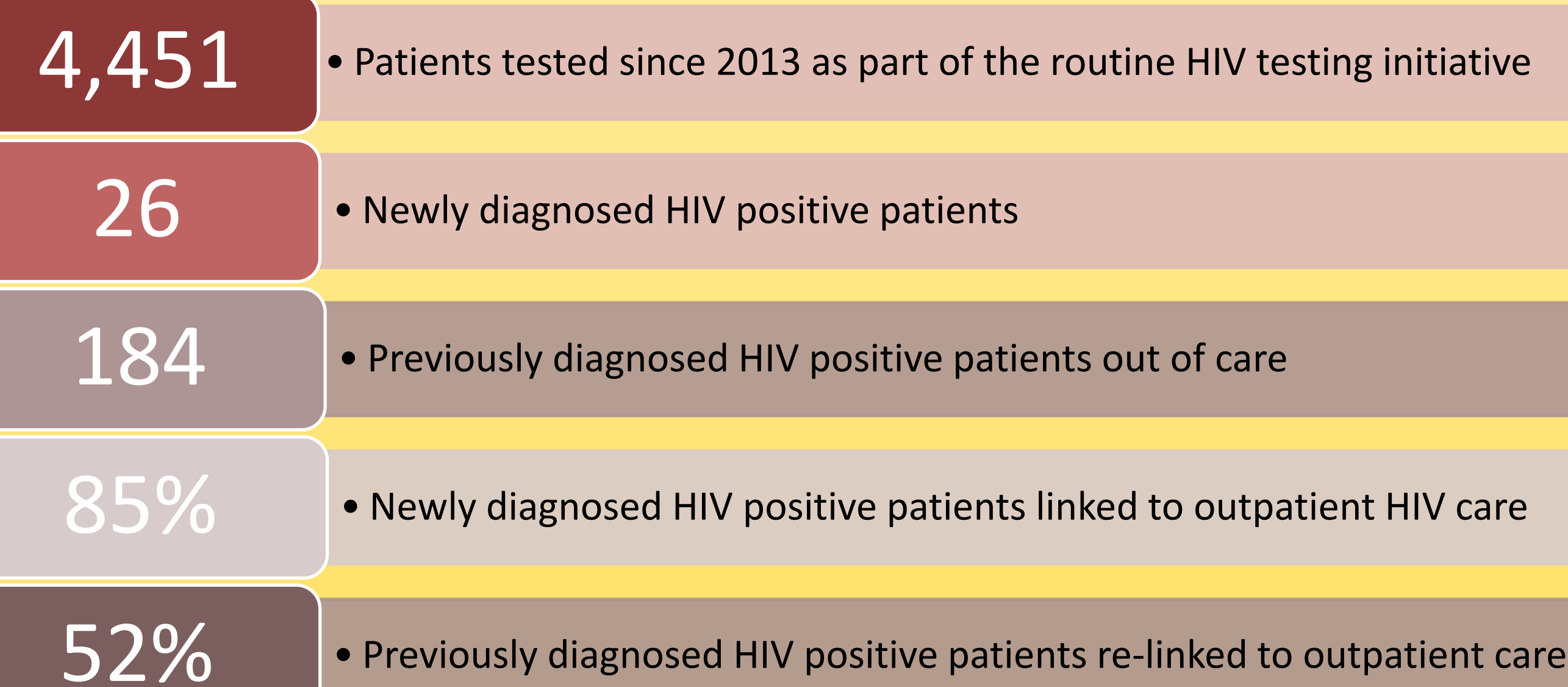
## Methods

- Hospital wide policy changes were implemented and approved by the Executive Infection Control Council, Performance Improvement Steering Committee and Medical Executive Committee.
- Policy changes included:
  - Clearly identifying the nurse's role in the offer of HIV testing and ensuring fulfillment of state-mandated pre- and post-test counseling.
  - Guidelines to offer HIV test to persons age 13 and over, not tested in the last 12 months (routine HIV testing) per the CDC's recommendations.
  - Clear delineation of linkage to care process for persons who identify as previous positive or screen positive through routine HIV testing (Figure 2).
  - Routine HIV Testing Process Algorithm added as an attachment to policy.
  - Patient Educational Brochure added as an attachment to policy, ensuring necessary patient education is provided at the time of consent.
- Staff education was achieved through an educational approach utilizing champions, train the trainer, case conferences, and huddles to support the adoption of the policy and changes to routine practice.

Figure 2: UMMC Routine HIV Testing and Linkage to Care Process

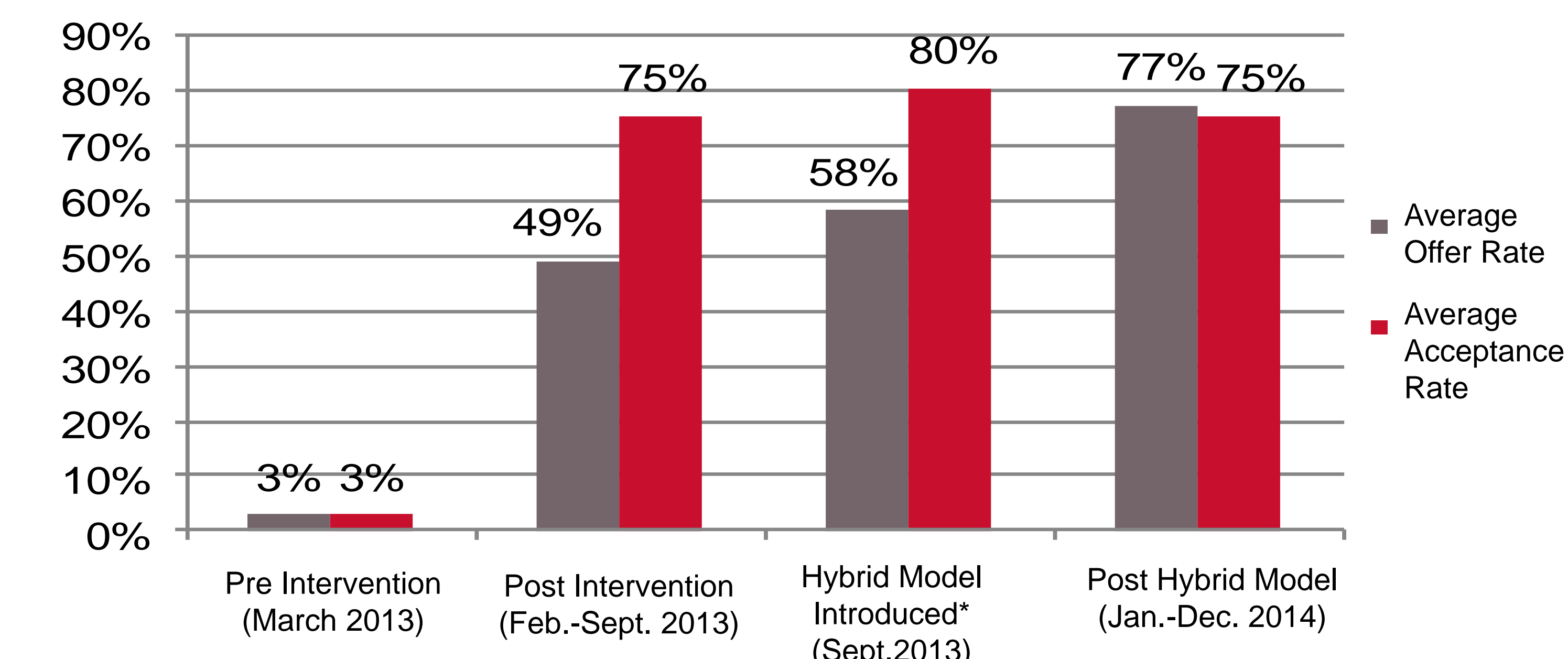


## Results



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### 2013 and 2014 Routine Testing Data



\* Providers and nurses both offer routine HIV testing. Prior to hybrid model, only providers were offering testing.

## Discussion

- Policy changes supported a new workflow that routinized HIV testing and improved access to HIV care.
- Policy changes, with support at the institutional level, promoted the practice change at the unit-level.
- Process is successful in identifying and linking PLWH to outpatient HIV care.
- Next steps include examining opportunities to reduce readmissions by implementing more comprehensive and longitudinal transitional care coordination.

## References

- Berry, S. A., Fleishman, J. A., & Yehia, B. R. (2012). *Unexpected complications: high 30 day readmission rates among persons living with HIV* Paper presented at the XIX International AIDS Conference, Washington DC. [http://www.natap.org/2012/IAS/IAS\\_08.htm](http://www.natap.org/2012/IAS/IAS_08.htm)
- Gardner, E. M., McLees, M. P., Steiner, J. F., Del Rio, C., & Burman, W. J. (2011). The spectrum of engagement in HIV care and its relevance to test-and-treat strategies for prevention of HIV infection. *Clinical Infectious Diseases*, 52(6), 793-800. doi: 10.1093/cid/ciq243
- Maryland Department of Health & Mental Hygiene. (2015). Maryland HIV/AIDS Quarterly Update, Forth Quarter 2014. Baltimore, Maryland.
- Mignano, J. L., Miner, L., Cafeo, C., Spencer, D. E., Gulati, M., Brown, T., . . . Gottlieb, J. E. (2015). Routinization of HIV Testing in an Inpatient Setting: A Systematic Process for Organizational Change. *Journal for Healthcare Quality*.

Figure 1

