

Increasing Access to HIV Care through Institutional Policy in the Acute Care Setting

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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

Why Test Routinely for HIV in the Acute Care Setting?

- Maryland is ranked second in the nation for new HIV diagnoses among US States and Territories¹
- Only 66% of Persons living with HIV are linked to HIV care; only 45% are retained in care²
- The acute care setting is the first line of medical care in our community³

¹ Centers for Disease Control & Prevention, 2013

² Gardner et al, 2011

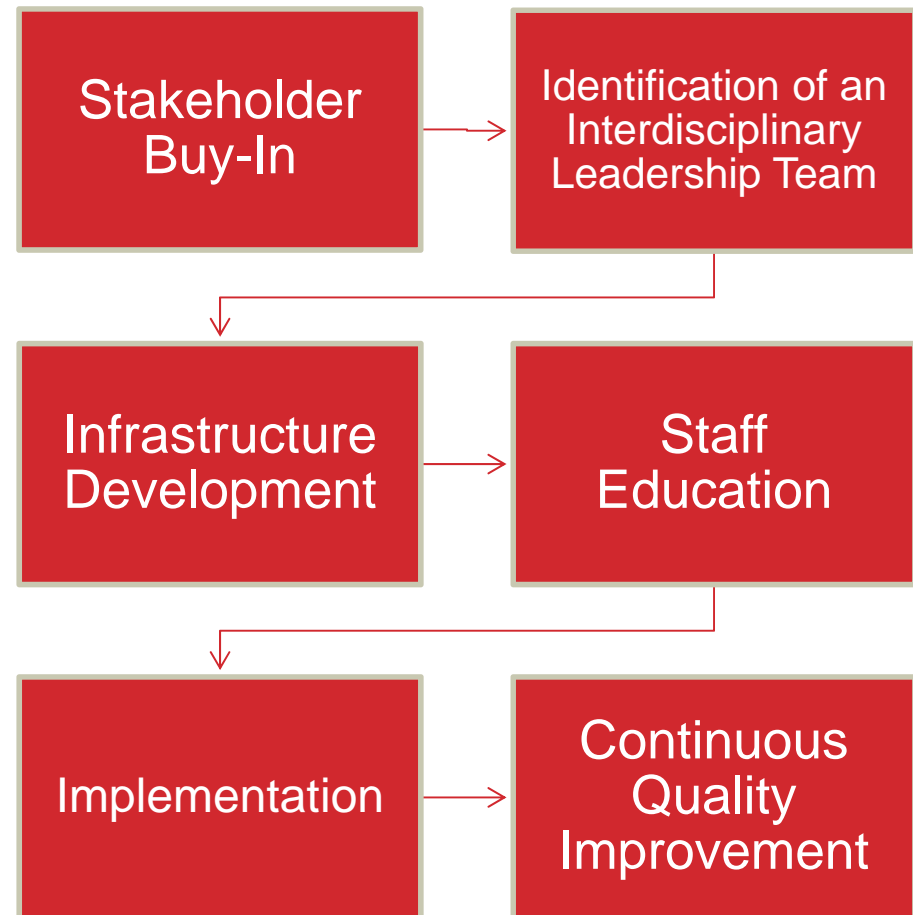
³ Gresenz CR, 2010

Implementing Policy Change

- Hospital wide policy changes were made to facilitate the routine HIV testing and linkage to care process
- Policy changes were approved by the Executive Infection Control Council, Performance Improvement Steering Committee and Medical Executive Committee
- Policy changes included:
 - Clearly identifying the nurse's role
 - CDC recommended guidelines
 - Clear delineation of linkage to care process
 - Routine HIV Testing Process Algorithm
 - Patient Educational Brochure

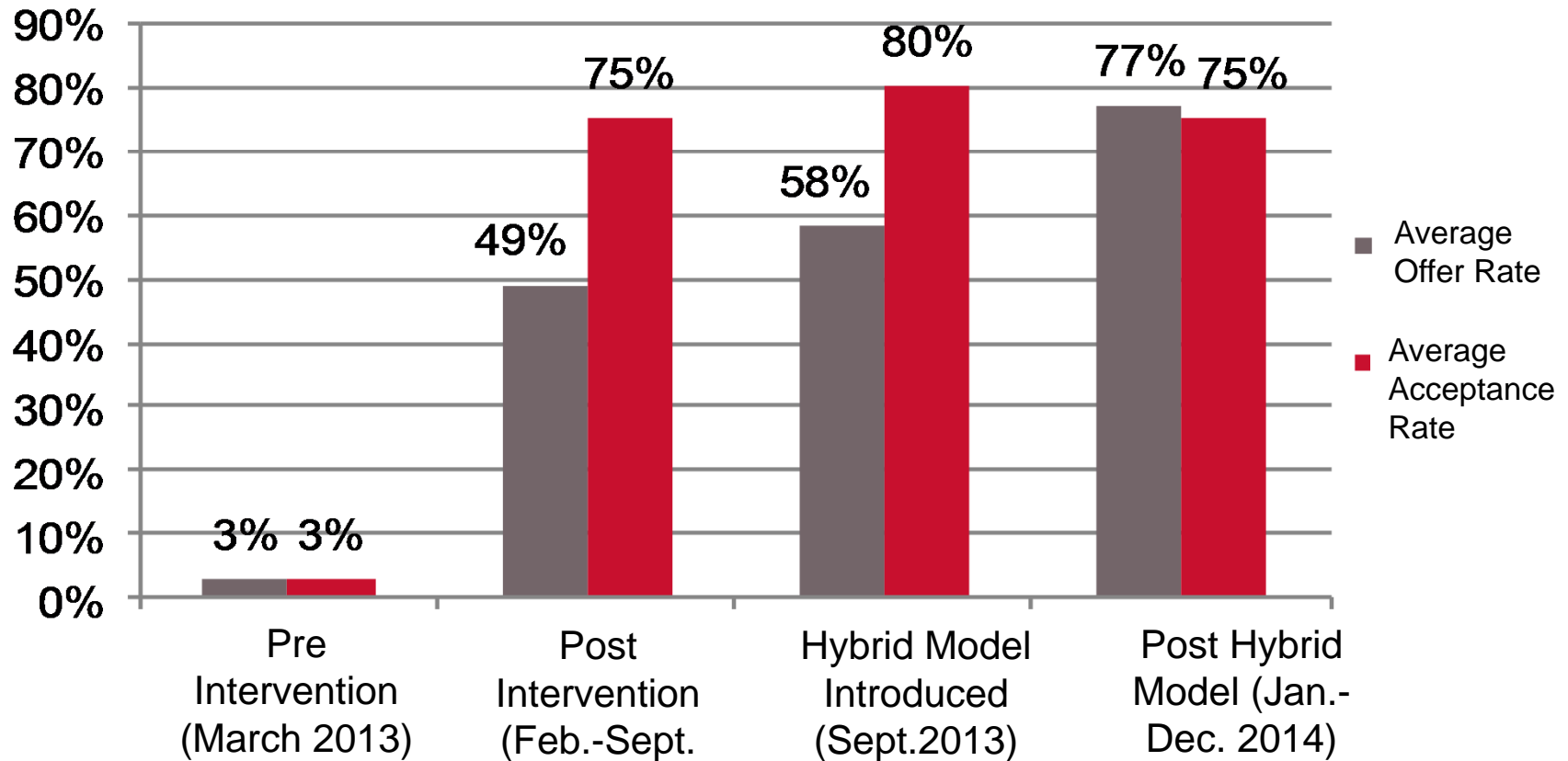
Process for Policy Implementation

- Policy changes and the routine HIV testing and linkage to care process were established using a six-step process for organization change⁴
- Interdisciplinary education performed through champions, train the trainer, case conferences, huddles and staff meetings



Results

2013 and 2014 Routine Testing Data



Results and Next Steps

4,451

• Patients tested since 2013 as part of the routine HIV testing initiative

26

• Newly diagnosed HIV positive patients

184

• Previously diagnosed HIV positive patients out of care

85%

• Newly diagnosed HIV positive patients linked to outpatient HIV care

52%

• Previously diagnosed HIV positive patients re-linked to outpatient care

- 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

- ¹ Centers for Disease Control and Prevention. (2013). Diagnoses of HIV Infection in the United States and Dependent Areas, 2011 *HIV Surveillance Report* (Vol. 23). Atlanta: Centers for Disease Control and Prevention.
- ² 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
- ³ Gresenz CR, R. T., Lurie N (2010). Ambulatory Care Sensitive Hospitalizations and Emergency Department Visits in Baltimore City.: Rand Corporation.
- ⁴ 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*.