

## H. Ending the Epidemic Initiative

**GOAL:** *To assess how the HIV program generates and uses facility level cascades to identify opportunities for improvement and develop data-driven improvement plans, to align initiatives, and to ensure that accurate and timely information about the care engagement and viral load suppression status of patients is available to all members of the facility so that they can effectively achieve both patient and public health outcomes as New York State accelerates its work to end the HIV epidemic.*

The Ending the Epidemic section assesses how the program selects, gathers, analyzes and uses data based on the cascade of care to improve performance. This includes how cascade data are collected and used by leaders, staff and the quality program to improve outcomes along the cascade throughout the entire healthcare agency and to achieve program goals.

### H.1. To what extent does the HIV program routinely generate and use facility level cascades to drive improvement and address gaps in care?

**Each score requires completion of all items in that level and all lower levels (except any items in level 0)**

Getting Started	0	<input type="checkbox"/> Facility does not report required rates of retention, treatment and viral load suppression.
Planning and initiation	1	Facility: <input type="checkbox"/> Reports required rates of treatment, retention, and viral load suppression.
Beginning Implementation	2	Facility: <input type="checkbox"/> Can annually construct a cascade that reports rates of retention, prescribed ART, and viral load suppression.
Implementation	3	Facility: <input type="checkbox"/> Can conduct an analysis, based on its facility level cascade, to understand why patients do not meet expected outcomes and develop an intervention plan based on its analysis. <input type="checkbox"/> Facility leaders, quality committee members, including providers and consumers, and facility staff use facility level cascade to develop and implement a quality improvement plan. <input type="checkbox"/> Implements quality improvement plan, tracks the impact of interventions on facility level cascade rates, and responds to the results of QI projects. <input type="checkbox"/> Involves community service agencies, including health homes, in process analysis and improvement plans to address linkage, engagement, re-engagement, and viral suppression. <input type="checkbox"/> Makes its cascade visible to its internal stakeholders, and discusses it with its community advisory board.
Progress toward systematic approach to quality	4	Facility: <input type="checkbox"/> Can measure whether or not HIV+ patients are linked to medical care when they engage with any unit of the facility (including, but not limited to emergency room and supportive services) and can identify the status of every HIV+ patient ever seen at the facility <input type="checkbox"/> Can stratify data to identify potential disparities in care provided to sub-populations. <input type="checkbox"/> Identifies patients who are lost to follow up and reaches out to its local health department or the State or other source to determine whether or not each patient has been engaged in care elsewhere.
Full systematic approach to quality management in place	5	Facility: <input type="checkbox"/> Produces, at least annually, a full cascade that includes facility wide testing and linkage rates within the institution, including, but not limited to emergency departments, inpatient units and appropriate ambulatory care clinics <input type="checkbox"/> Follows longitudinal cohorts of patients enrolled in care at the facility over a 24 month period to assess retention, treatment, and suppression.

Comments: