

Improving Referral Timeliness for Partner Services Following New HIV Diagnoses: A Quality Improvement Approach

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Plan

To improve the timeliness and efficiency of referring individuals with new HIV diagnoses to Partner Services, with the goal of accelerating intervention efforts and reducing new HIV infections

Intervention Strategies

- Referral Protocol Standardization
- Staff engagement and collaboration
- Effective and organized data sharing
- Rapid case assignment to DIS
- Feedback and monitoring of progress



Intervention Population

Individuals newly diagnosed with HIV and any potential partners



QI Project Team

- HIV Surveillance
- HIV Prevention
- Disease Intervention Specialist (DIS)



Implementation Activities

- Identification of gaps in previous HIV referral methods
- Process mapping and Workflow Assessment
- Development of Standardized Referral Protocol
- Integration of HIV Case Referral tracking tool
- Cross-program collaboration for HIV diagnosis verification
- Monitor new process for feedback and opportunities for improvement

Do

Labs are reported to HIV Surveillance Program (ELR, mail, fax)



Core surveillance investigation (medical record review, phone calls, mailings)



Patients determined to be newly diagnosed are referred to Partner Services by adding using a shared tracking tool in Excel

Critical information related to HIV diagnosis, partner details, and locating information is systematically abstracted from medical charts and entered in the **Connecticut Electronic Disease Surveillance System (CTEDSS)**. This facilitates timely and accurate data availability to Disease Intervention Specialists (DIS) conducting partner service interviews.

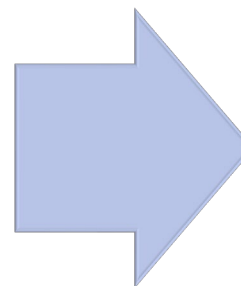
Cases requiring **expedited Partner Services** are flagged on a centralized tracking sheet and concurrently communicated through a collaborative **Teams group**. This dual approach ensures rapid notification and coordinated response among multidisciplinary teams, enhancing the efficiency and effectiveness of partner notification and intervention efforts.

Act

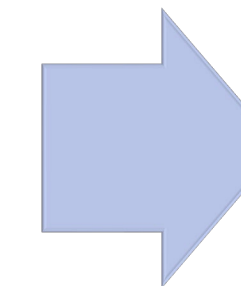
Timely referral of individuals newly diagnosed with HIV to Partner Services is critical for effective partner notification and testing, linkage to care, and prevention of onward transmission. This project aimed to improve the timeliness and efficiency of these referrals by implementing standardized protocols, integrating an electronic referral tool, and enhancing staff collaboration across programs. Implementation activities included workflow assessments, development of referral guidelines, and the introduction of an HIV case referral tool to prompt rapid action. Quality assurance measures ensured data accuracy, timely follow-up, and continuous monitoring of referral outcomes. Early results demonstrate improved referral speed and increased engagement with Partner Services, contributing to accelerated interventions and potential reductions in new HIV infections. This initiative highlights the importance of coordinated efforts and system enhancements to strengthen public health responses to HIV

Lessons Learned & Impact on Improving Referral Timeliness for Partner Services Following New HIV Diagnosis

Rapid referral of newly diagnosed HIV cases to Partner Services helps establish a consistent and manageable workflow for DIS. By spreading referrals over time, this approach prevents overwhelming DIS staff with large volumes of cases simultaneously, enabling timelier and more effective follow-up



Effective teamwork and cross-program collaboration are essential components for the success of this intervention. Coordinated efforts between all staff ensure timely referrals, accurate data sharing, and rapid follow-up



The use of collaborative platforms, such as shared tracking systems and communication tools like Teams, fosters transparency, accountability, and real-time problem solving, ultimately enhancing the impact of Partner Services in reducing new HIV infections



Study

HIV Case Referrals from Surveillance

Year	# Referred
2023	238
2024	169
2025	45*

*Reflects cases referred thru June 2025

Prior to 2024, all cases with a positive HIV lab result were referred directly to DIS for partner services without prior verification. This practice resulted in a high workload and frustration among staff due to duplicate or irrelevant referrals, such as cases previously diagnosed in another state, individuals who no longer reside in CT, or recently deceased patients. In 2023, 238 cases were referred to DIS for investigation, which after further investigation within the HIV surveillance program reduced to 169 in 2024. This reflects a 29% change.

Following our process improvement implementation in 2024, HIV staff now conduct preliminary case investigations before referral. Cases are cross-checked for prior diagnosis, residence and vital status to ensure only eligible cases are referred. This change has optimized workflow, reduced unnecessary referrals, and improved collaboration between teams, enhancing overall efficiency and staff satisfaction. Most importantly this improved process has also significantly reduced the time for DIS to contact patients, enabling faster partner services interventions and ultimately supporting more effective HIV prevention efforts.

Contact Information



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