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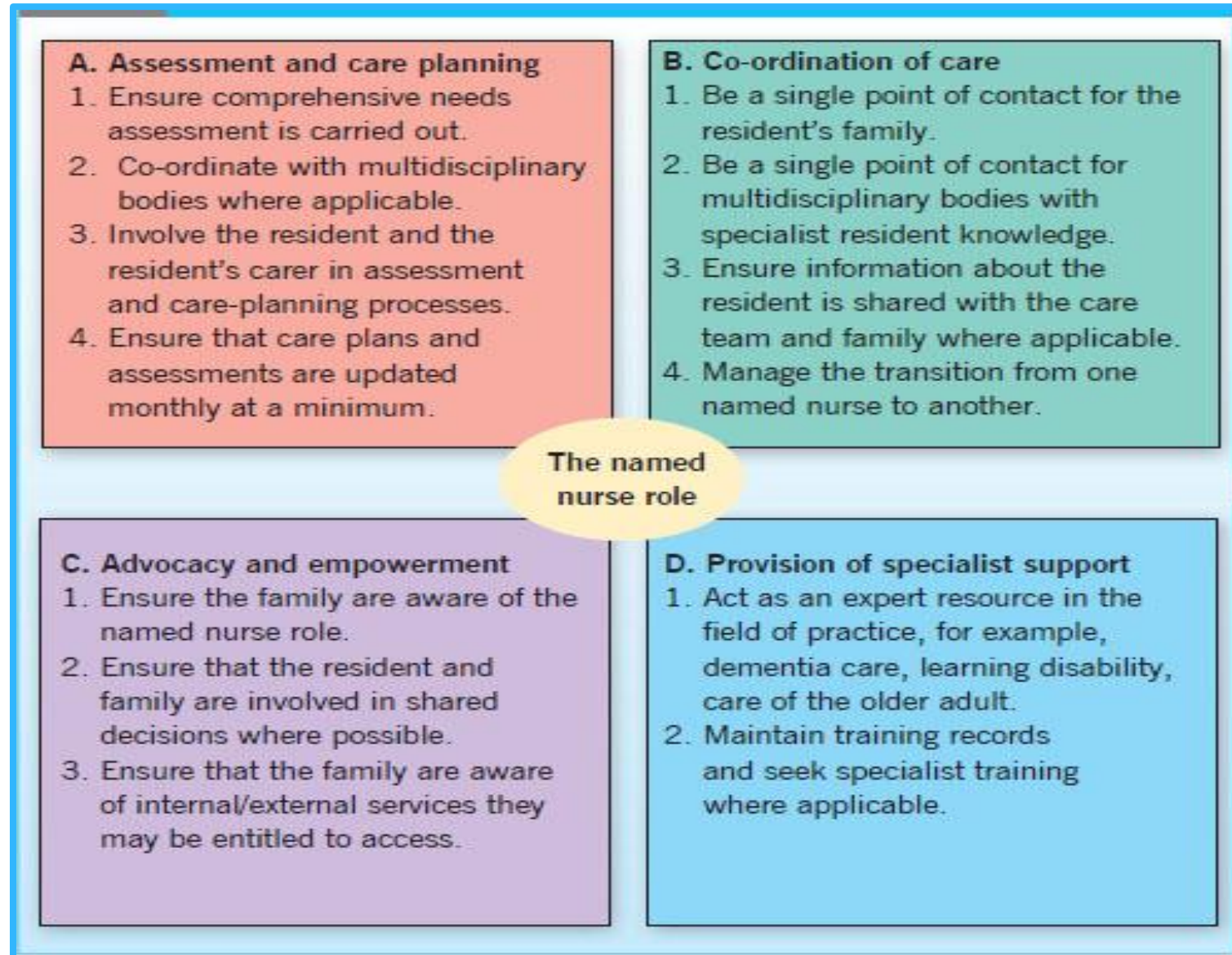
**Annual Conference** *of the* **National HIV Nurses Association (NHIVNA)**

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# Adapting a named nurse model for HIV outpatients with increased needs

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# Named Nurse Model



# Adapted named nurse model - Brighton

2004

Link named nurse role was introduced for Oncology patients and those with Hepatitis C

2014

Work Based Learning project\* evaluating named nurses for new patients

2015

Named nurses for patients with increased needs

## Named Nurse Role

For patients with increased needs such as: new patients, transfers, patients with active co-morbidities and infections or patients who require additional support

- Develop a therapeutic relationship to enable continuity of and engagement in care
- Undertake an HIV nursing assessment, care planning and make onward referrals as required
- Be aware of booked appointments for named patients.
- To review every six months

## Associate Named Nurse and Associate HCA

To support the named nurse in the above and cover during periods of leave, RN only for nursing assessment

# Project aim

To review the application of an adapted named nurse model in the HIV clinic in Brighton

- To identify the needs of patients with a named nurse and the main nursing / patient care issues
- To measure clinical activity associated with named nurses
- To describe skill mix of named nurses
- To obtain MDT feedback on named nurse role

# Methods

Retrospective data collection on all active patients with a named nurse - 1<sup>st</sup> September 2018 to 28<sup>th</sup> February 2019

ARVs, viral load, HARS, current nursing care issues, clinical interactions, referrals and skill mix of named nurses



Descriptive analysis undertaken using Excel



Survey Monkey Questionnaire

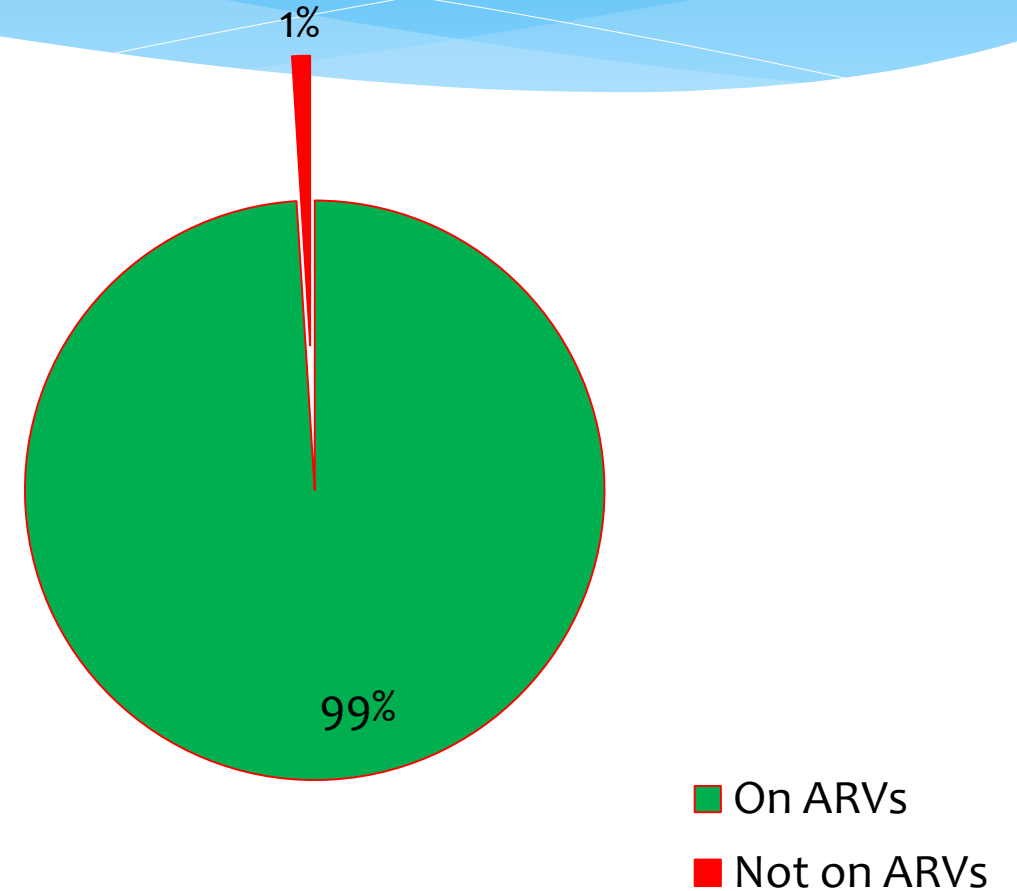
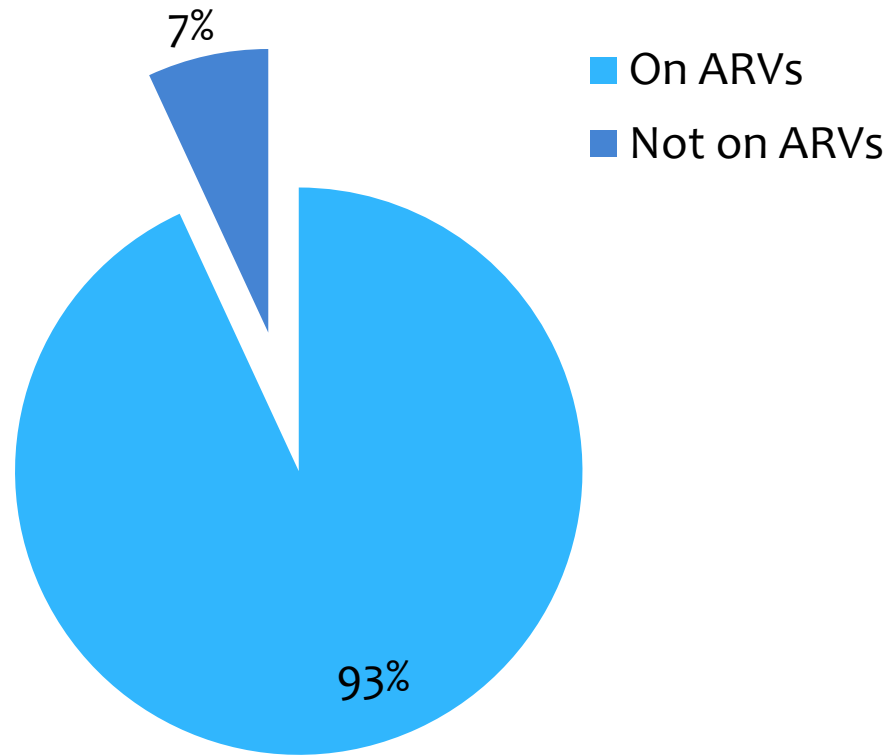
Sent to 29 members of MDT. Feedback was sought on named nurse support for role and contribution to patient care

# Patient Results

# Patients on ARVs

## Named Nurse Caseload

## General Clinic Caseload

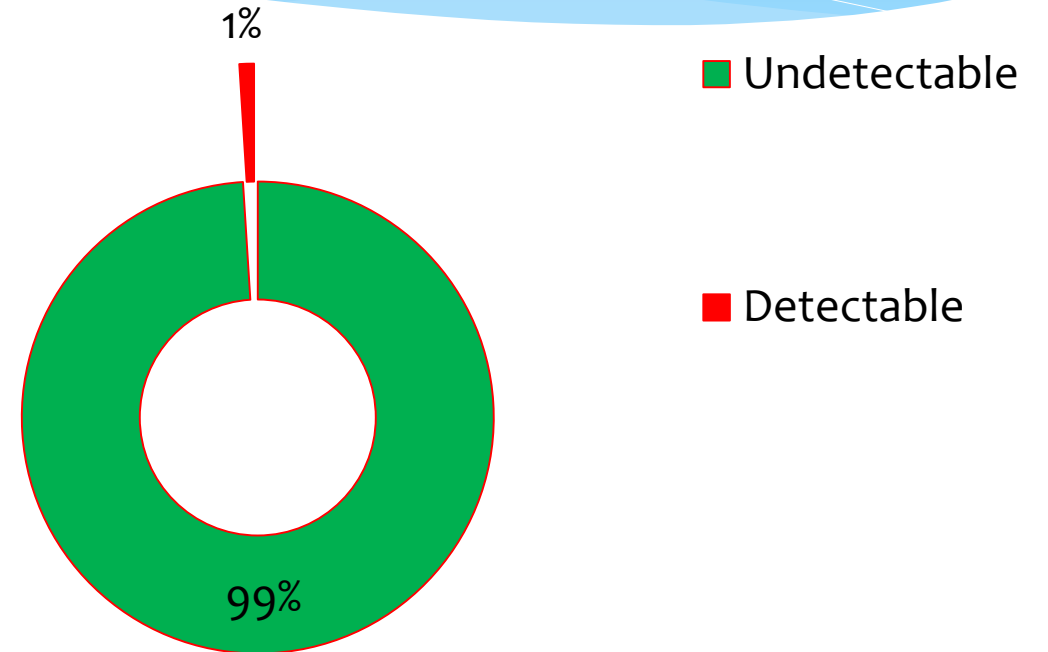
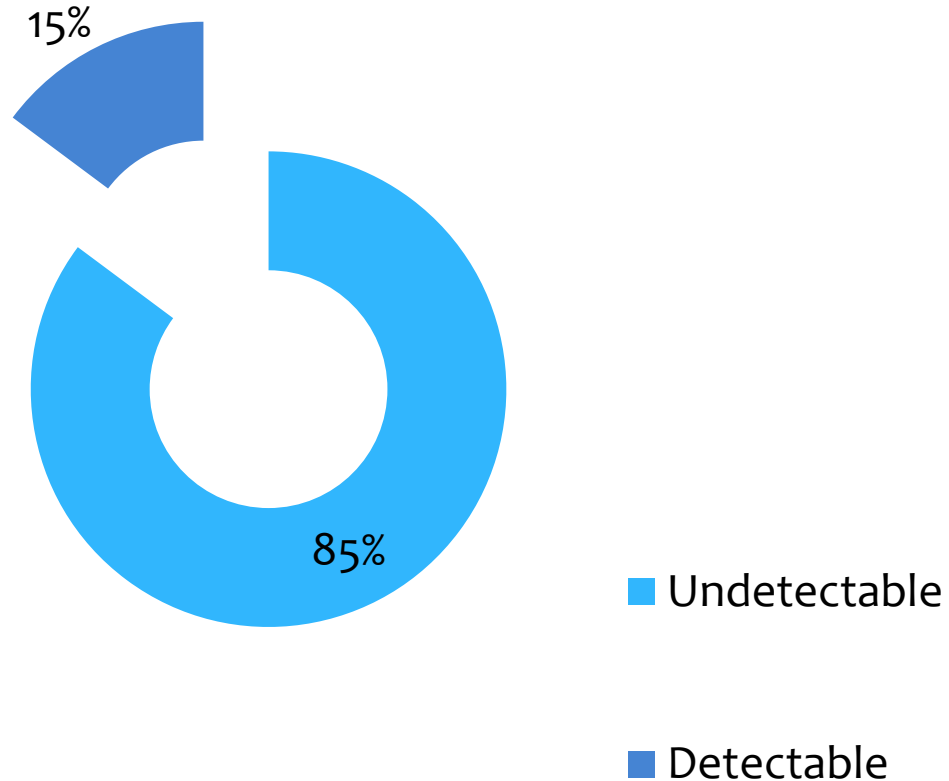




# % with detectable viral load

## Named Nurse Caseload

## General Clinic Caseload



# HARS Categories

## Named Nurse Caseload

HARS1 = 5.2%

HARS2 = 42.3%

HARS3 = 52.5%

## General Clinic Caseload (2018)

HARS1 = 4.6%

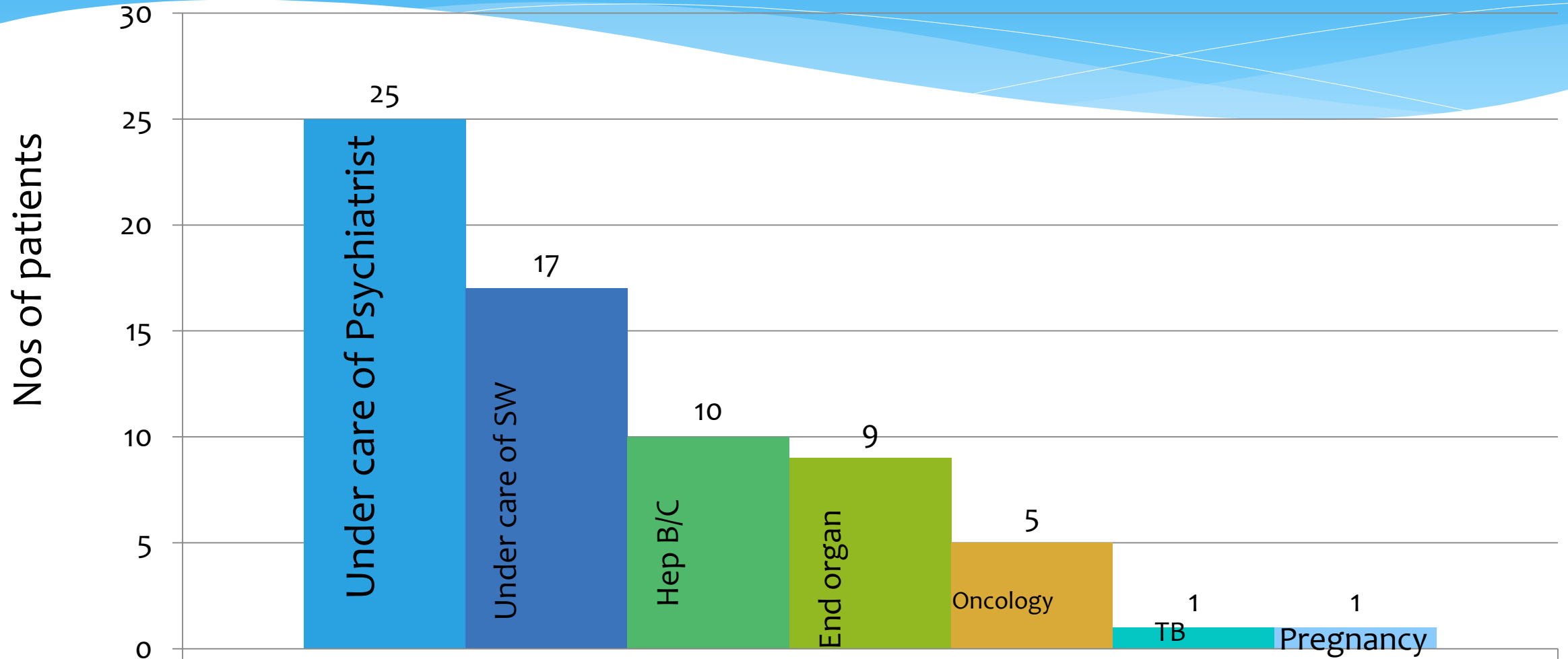
HARS2 = 75.6%

HARS3 19.8%

*HARS 1 new or new to ARVs. HARS 2 Stable HIV.*

*HARS 3 – Hep B/C, TB, Pregnancy, Social Worker, Under care of a psychiatrist, end organ disease, Cancer*

# Breakdown of HARS 3 for named nurse caseload

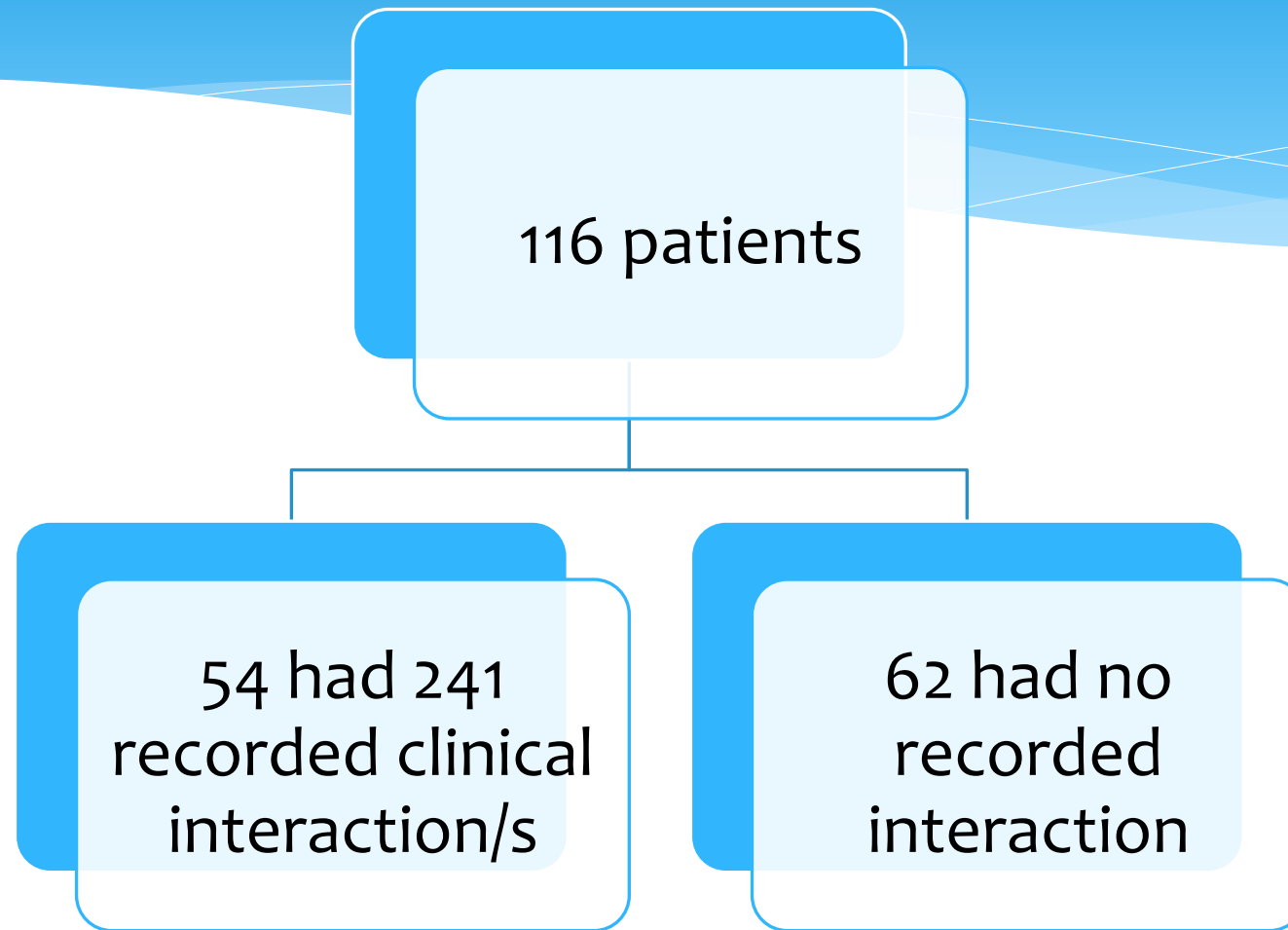


# Assessment of needs

Nursing care issues identified	% of patients affected
Mental Health	55.2%
Attendance support	48.2%
Co-morbidities support (Inc Hep C)	39.6%
Substance misuse	30.2%
Adherence support	25.0%
Social Care issues	21.5%
Unstable housing issues	18.1%
Cognitive function issues	12.9%

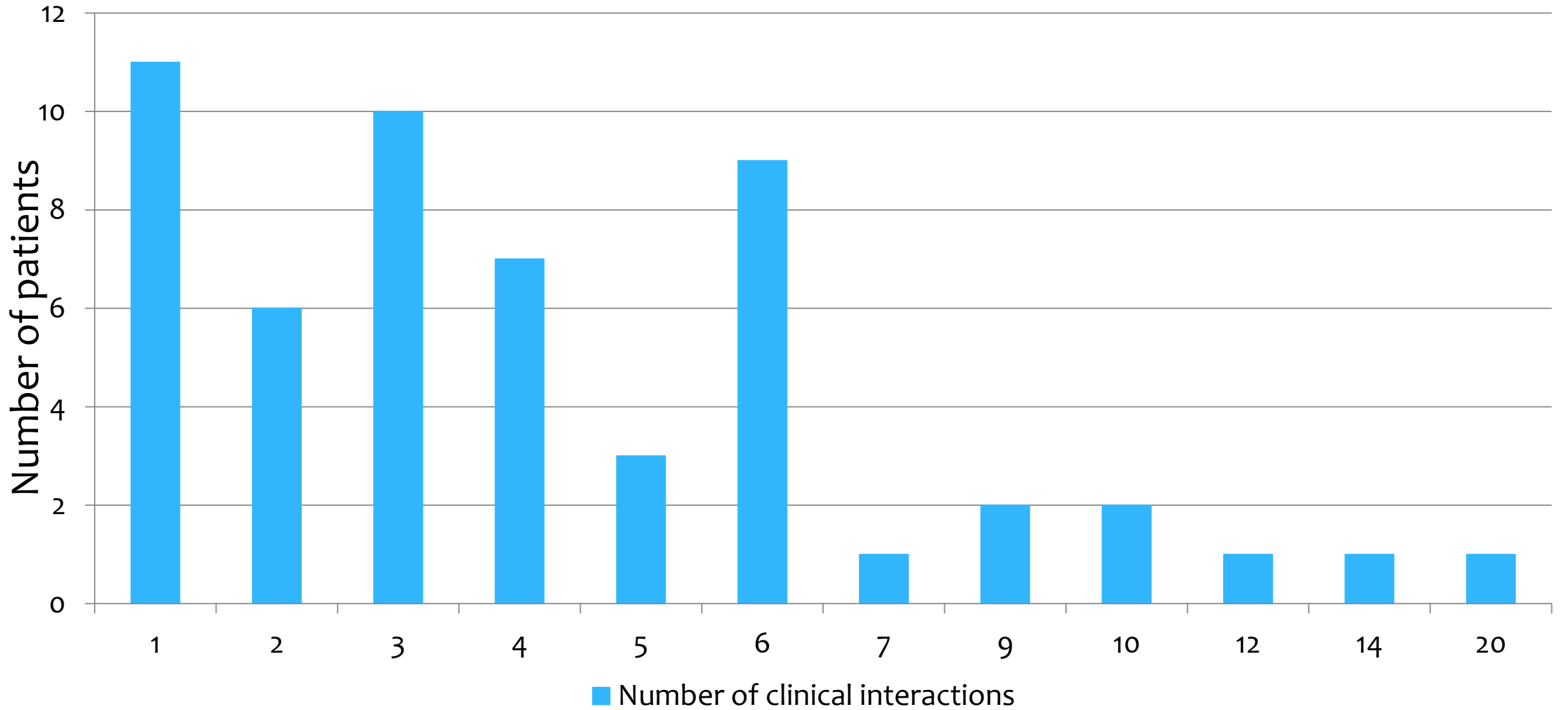
# Clinical Activity

# Clinical interactions\*



*\*Clinical interactions were defined as additional activity to booked F2F or virtual appointments and included liaison, attendance support, case conferences/reviews and care co-ordination*

## Distribution of 241 clinical interactions for 54 patients



# Onward Referrals

Type of referral	% of patients referred
Voluntary sector	37.8%
HIV Community	26.2%
Mental health	20.3%
Homeless/ housing	12.6%
Drug and alcohol services	10.6%
Social care	7.7%



# Named nurse skill mix and MDT feedback

# Skill mix for primary named nurses



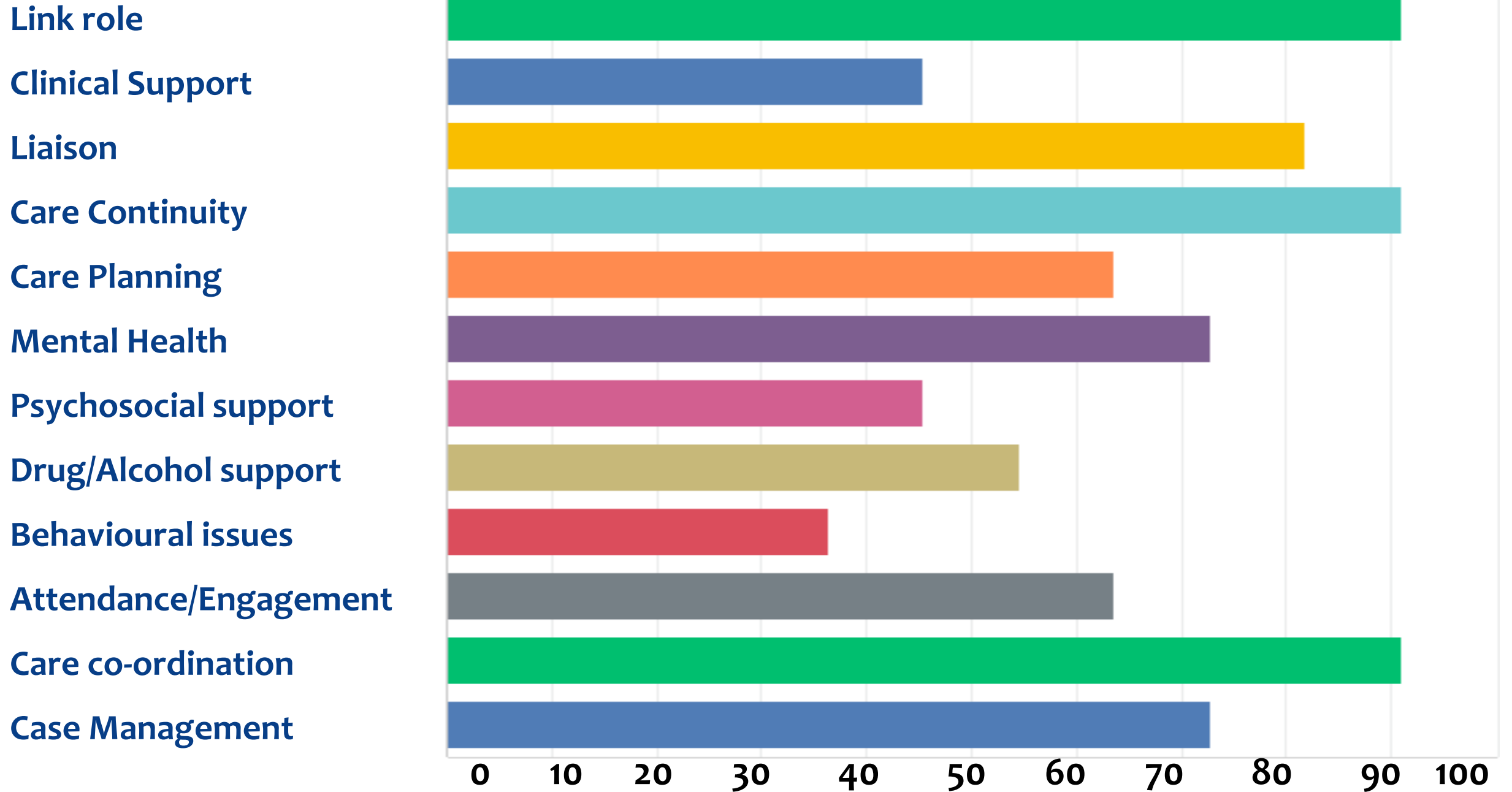
Total registered nurse posts 5.3 WTE  
(7 staff)

Band	WTE	% of named nurse caseload
Band 8	0.5	32%
Band 7	1.0	22%
Band 6	1.0 inc 0.8	29%

# Survey monkey MDT feedback

- \* 12/29 responded – 41% return rate
- \* 6 doctors
- \* 1 AHP
- \* 5 specialist nurses
- \* What are the 3 most valuable aspects of the named nurse role?
  - \* Continuity of care
  - \* Co-ordination of care
  - \* Engagement / self-management

# How has the named nurse role contributed to patient care?



# Limitations

- \* Recent introduction of EPR that is likely to have impacted on activity recorded /captured
- \* 2 new Band 5 staff at beginning of study period
- \* The associate named nurse role was not explored
- \* No patient feedback at this stage of the project

# Implications for nursing practice

- \* This review shows that the named nurse role can be adapted in an HIV Outpatient setting and can contribute to supporting people living with HIV who have complex needs
- \* There is scope to further train and develop Band 5 nurses and HCA posts in the HIV named nurse role
- \* This work could be utilised to contribute to the evidence base for the role of HIV outpatient nurses
- \* Patient feedback is essential to further evaluate this role in HIV nursing

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