

13th Annual Conference of the
National HIV Nurses Association (NHVNA)





National HIV Nurses Association

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Liverpool Community Health NHS Trust

16-17 June 2011, Arena and Convention Centre, Liverpool


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NHS Trust

The Royal Liverpool and
Broadgreen University Hospitals 
NHS Trust

**Improving complex patient
outcome with collaborative
primary & secondary
nursing intervention**

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AIM

To share an example of best practice, highlighting the importance of collaborative working between primary and secondary care specialist HIV nursing teams, and the wider MDT.

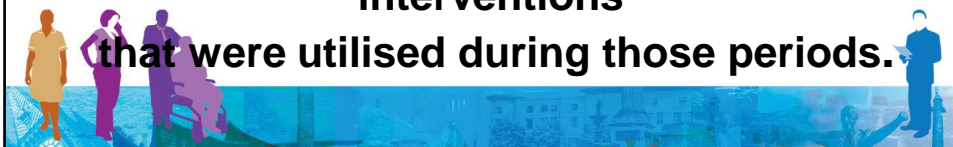


METHODOLOGY

Anonymous information was gathered from case notes and MDT meeting minutes, from 2002 – present.

This case study is underpinned by graphs of CD4 counts and Viral load, which correspond & reflect to chaotic / stable periods, and the nursing interventions

that were utilised during those periods.



PATIENT BACKGROUND

**X is a 45 year old gay man with medical
and social complexities.**



PAST MEDICAL HISTORY

HIV infection diagnosed 1993

PCP

MTB

Gastric Ulcers

Fractured femur

Recurrent anaemia

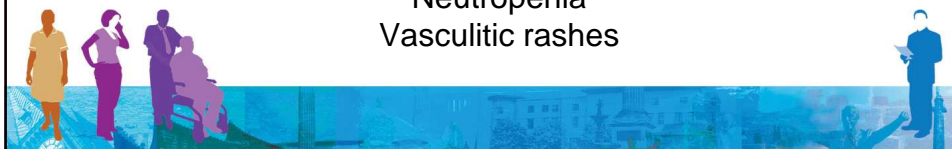
Scabies


Alcohol related seizures


Infected eczema

Neutropenia

Vasculitic rashes





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Currently

Gilles de la Tourette Syndrome
Depression
Poor sight
Asthma
Chronic peri-anal HSV infection/ulceration
Intermittent oral thrush
Unsteady Gait
Multi drug resistant virus




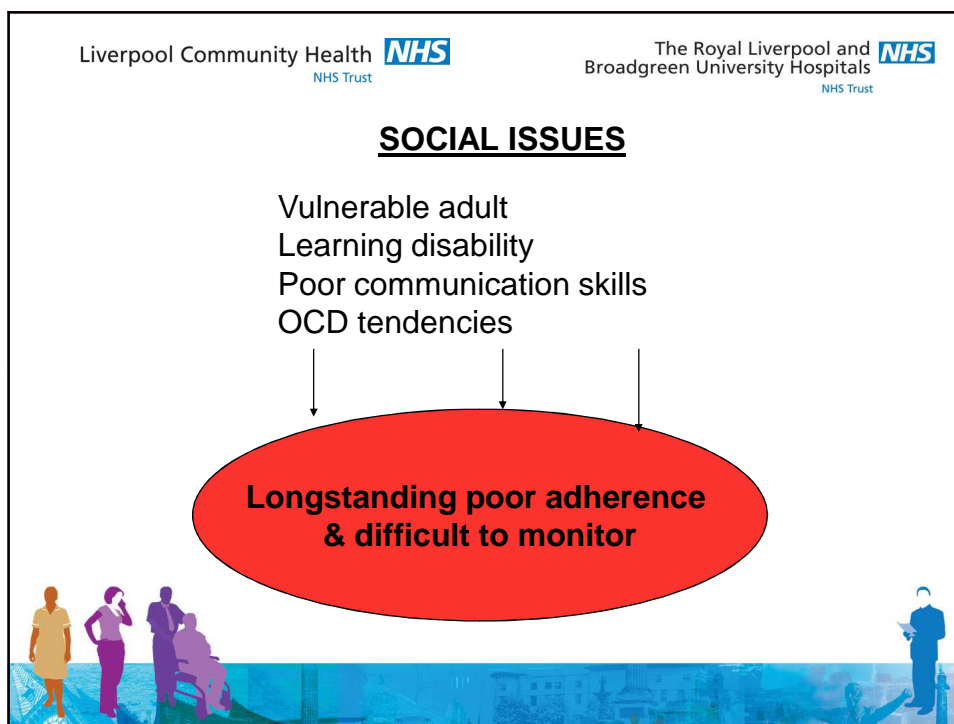
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COMMON FREQUENT ISSUES

Erratic clinic attendance- inadequate monitoring
Running out of medication – compounding poor compliance
Difficult management of treatment changes





INTERVENTIONS 2003-4

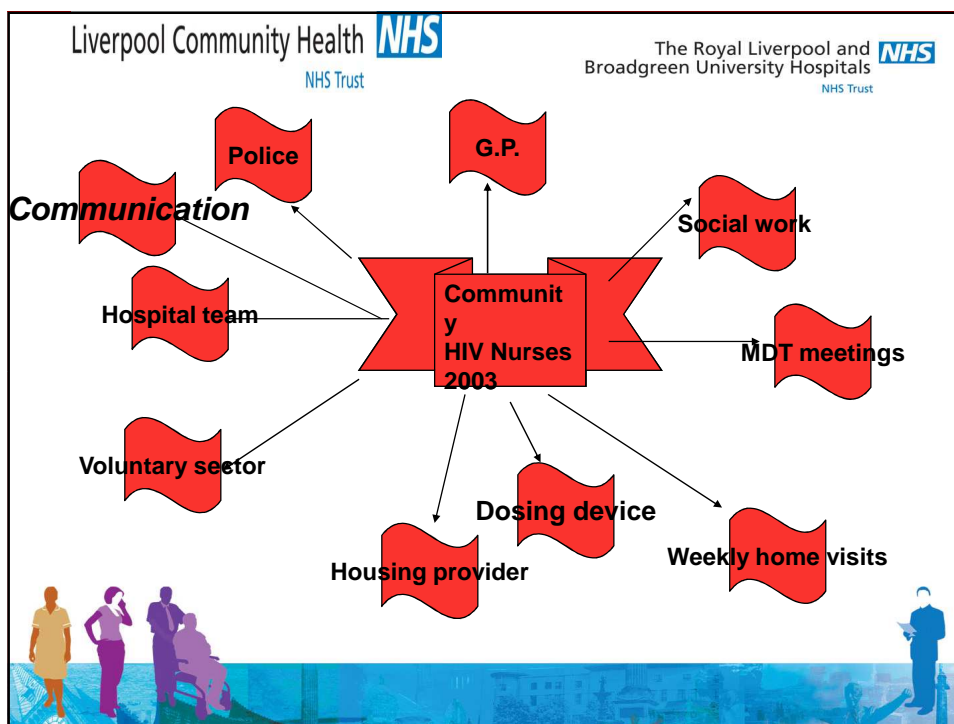
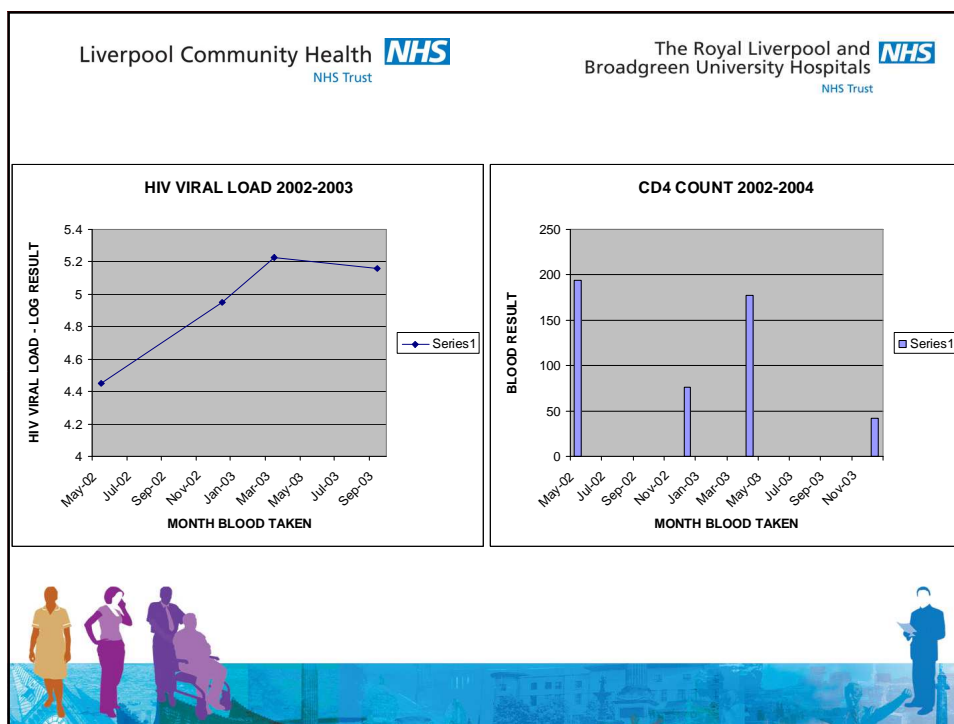
Case conferences
MDT meetings
Referral to HIV community specialist
nurses
Commencement of home visits(March03)

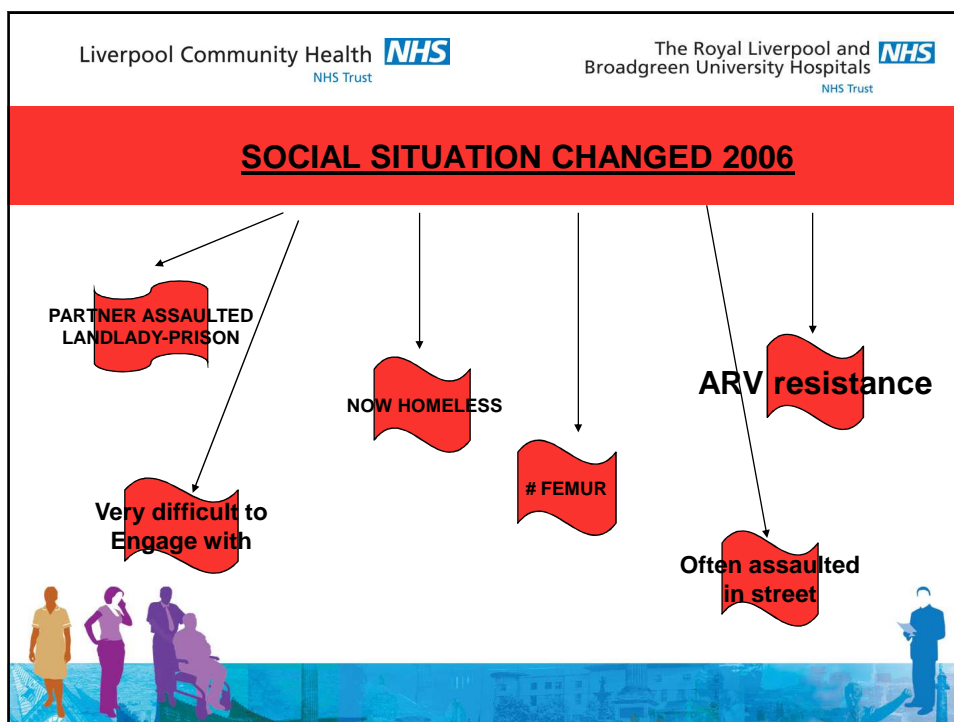
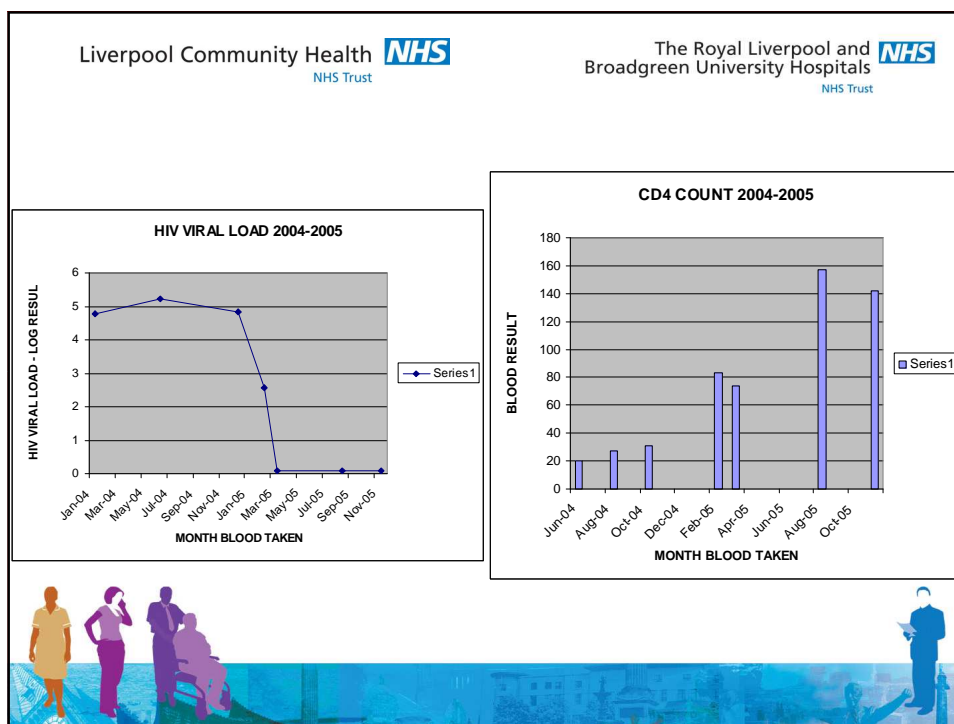


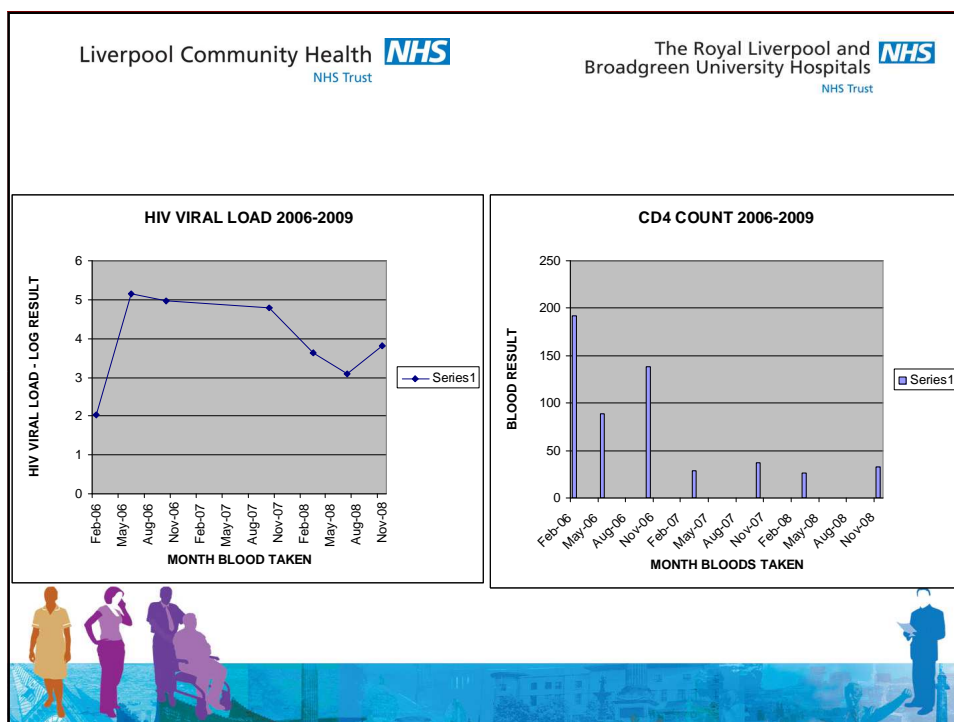
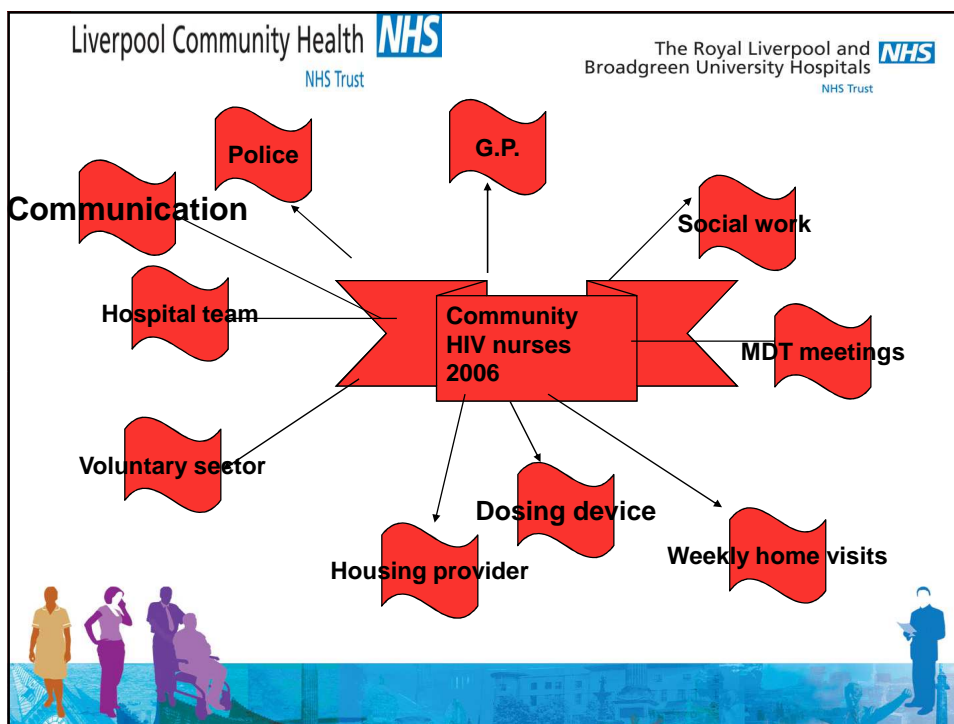
HOME VISIT ASSESSMENT

Living in sub standard B&B accommodation
Partner also had learning disability & was taking X's pills!
Drinking vast amounts of alcohol
Often in trouble with police
Financial difficulties







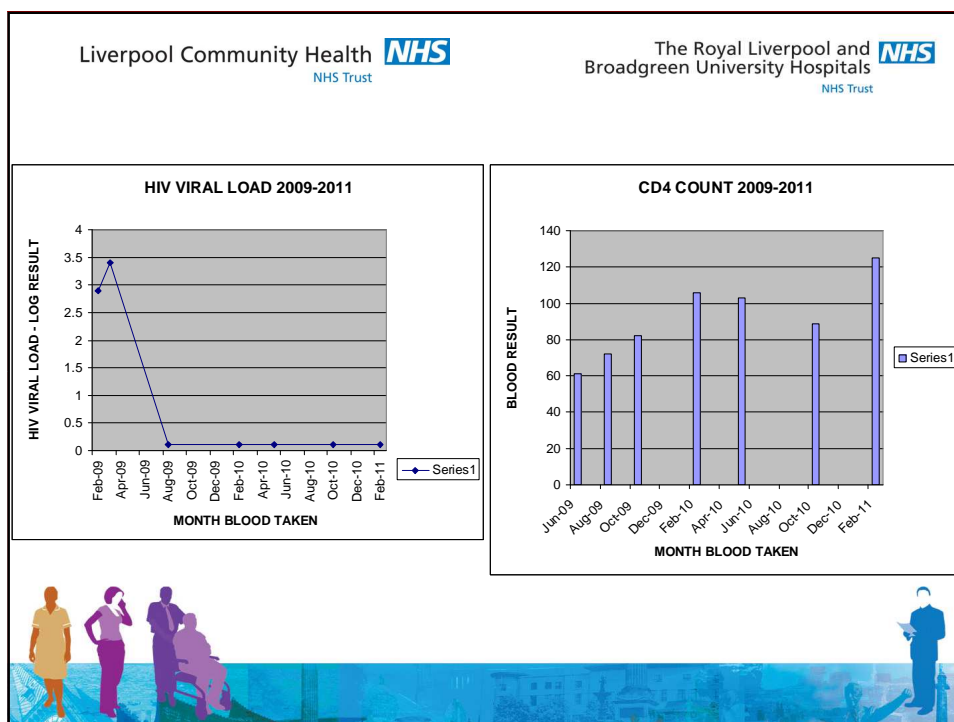


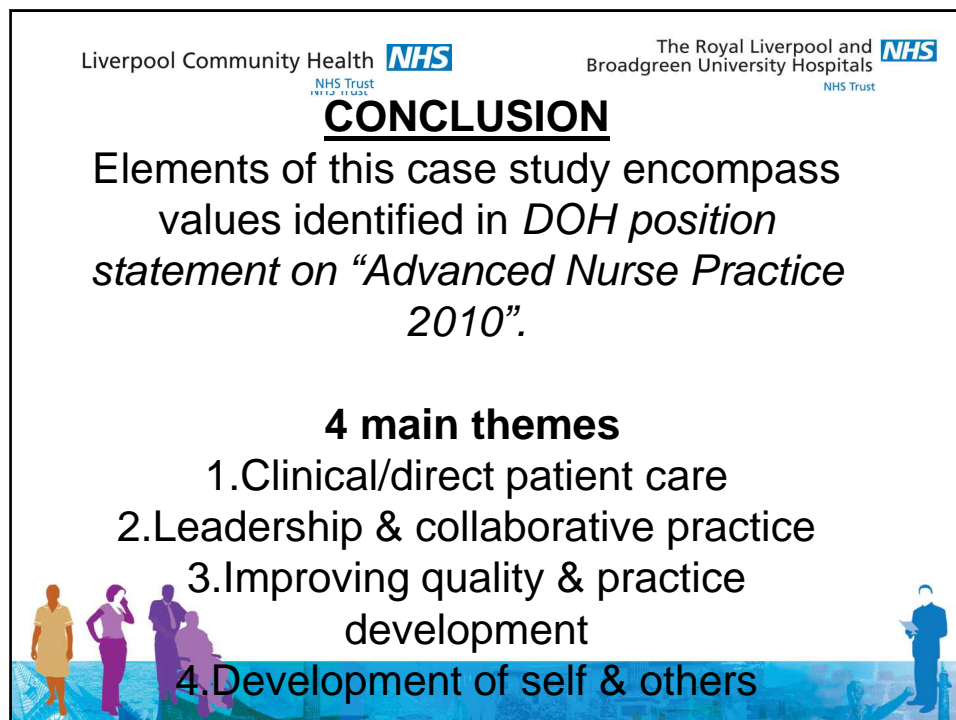
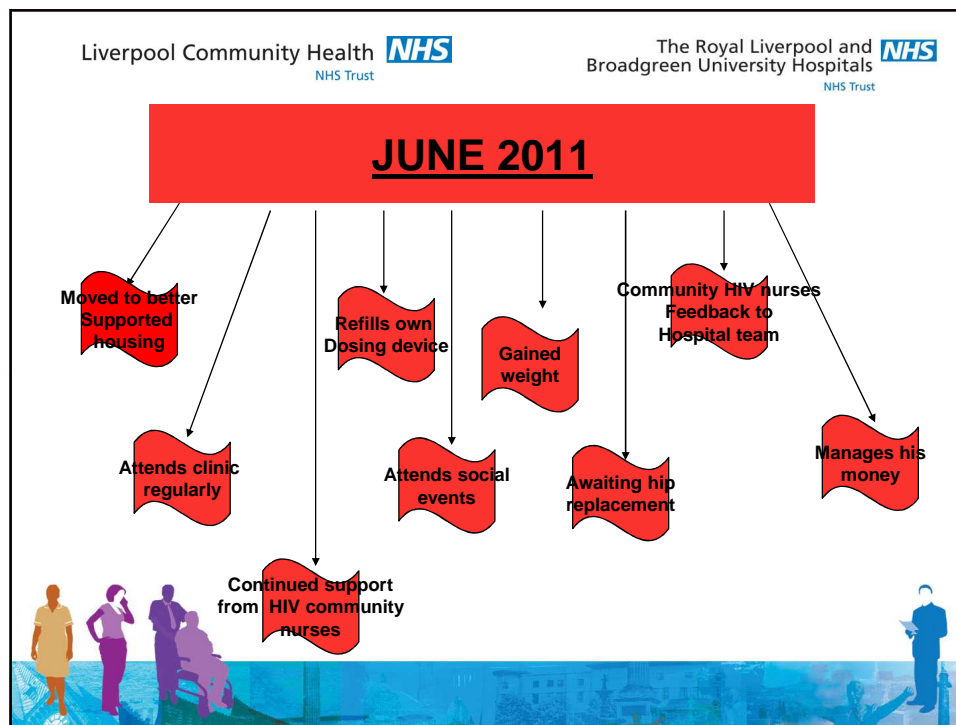
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Moved to supported housing DEC 2008

Ongoing weekly visits
Commenced new ARV regimen
Maintained dosing device/observed adherence
Close communication with hospital team,
repeat prescriptions & flexible clinic appts
Monitoring bloods at home prior to clinic
Training to support staff(DOT)
PERSERVERENCE



Application of the themes, and the detail within them, has improved the clinical, psychological, physical & emotional outcomes of X, and his experiences of nursing input.

Attention to detail, perseverance and close collaboration by hospital and community HIV specialist nurses has not only enhanced, but undoubtedly saved X's life.



REFERENCES

Department of Health (2010)
Advanced Level Nursing: *A Position Statement*.



