



## NHIVNA update 2017

Michelle Croston  
Chair of NHIVNA



# nhivna Academy Leadership Program.....

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- Often the most precious gift a leader can be given is time away from everyday pressures to:
  - Learn
  - Refresh skills
  - Think
  - Reflect
  - Discuss
  - Share experiences and ideas
  - Plan
- The NHIVNA Academy aims to support its members by providing such an opportunity.
- We asked you to identify topics which you felt would benefit yourselves, your teams and your patients.
- Overwhelmingly our members highlighted the ability to influence change, influencing without authority and being able to maximise opportunity as the most pressing topics.
- Following analysis of the survey results it has been decided to create and run a pilot module for 15 participants.

# Criteria to apply for the academy

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- ▶ **Must** be able to attend both the academy days
- ▶ **Must** be will to contribute to group discussions and share ideas
- ▶ Senior nurse
- ▶ Work within HIV care
- ▶ NHIVNA member
- ▶ Please describe in up to 500 words what you feel you will gain from attending the academy.
- ▶ Please highlight any projects or innovations that you have/are developing that you would be willing to share.

# Module 1 – Making It Happen

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- Module 1 consists of two days which are designed to be run sequentially.
- The module is structured to allow:
  - the uptake of new skills (or refreshing of existing skills).
  - the application of those skills to the participants own work situation.
- Each participant will be asked to bring an example of a live project / initiative / innovation which they would like to implement.
- This will be used as a platform to apply the skills / models throughout the day and the participants must be prepared to share information with the group.
- Both days will be made up of a mixture of:
  - small group work.
  - individual application.
  - presentation of theory and trainer led discussion.
- The environment will be one of relaxed learning and thought stimulation where the experiences of the participants will be used to enrich the programme.

# Day 1 – Influencing Without Authority,

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## Focus & Outcomes

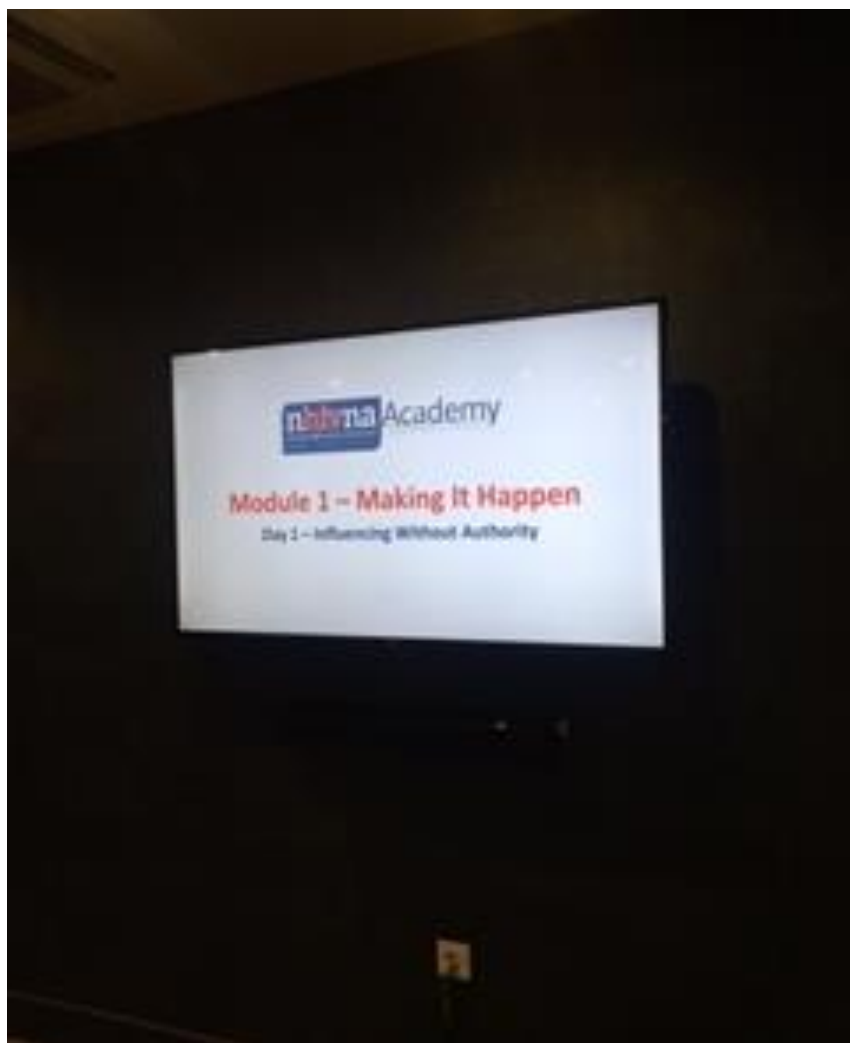
- Explore the elements of influence, persuasion, manipulation, coercion?  
Identify the challenges faced by the participants around influencing others (personal and situational).
- Sphere of influence & Influence mapping.  
Identifying the key people and where they sit within the organisation.  
Understanding Decision Making Units (DMU) and how they affect our ability to influence.
- Creating the right environment for Peer : Peer discussions.
- Message creation and how to tailor the message to the DMU / Influencers.
- Creating momentum, and what to do when it stalls.
- Application planning.

# Day 2 – Maximising Opportunity & Marketing

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## Focus & Outcomes

- Group sharing and learning about the successes and challenges following Day 1.
- Acting on opportunity – understanding the current situation. What works well and what gets in the way?
  - Where are the opportunities? Understanding the profile of the opportunities and how that affects our ability to act on them.
  - Our personal approach. How does our own behaviour affect our ability to maximise opportunity?
  - Identify the challenges faced by the participants around marketing their services.
  - The components of marketing and how to apply them to market projects and services and gain support for initiatives.
  - Application planning.









# Education

# HIV Nursing – **Now online and CPD articles**

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- ▶ [www.HIVNursing.net](http://www.HIVNursing.net)
- ▶ HIV Nursing now with searchable, interactive online content
- ▶ NHIVNA conference abstracts available
- ▶ Free access to NHIVNA members
  - ▶ Log in via the NHIVNA website or from HIV Nursing website
  - ▶ Printed copies of the Journal will still be sent out
- ▶ Online submission of manuscripts
- ▶ Online submission of peer review reports
- ▶ New blog section
  - ▶ Fast publication of viewpoints, comments, good practice points...

# National training and assessment packages

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- ▶ 1) The training is building on the NHIVNA competencies and provides a robust and consistent framework for assessment
- ▶ 2) The training utilises the existing structures from BASHH STIF assessments which many nurses and doctors are familiar with
- ▶ 3) The training will be a national competency passport for nurses moving from one clinic to another
- ▶ 4) The pilot will start in the summer August 2016 for core and December 2016 for the advanced



# Pilot sites



# Pilot update

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- ▶ Core Pilot - currently 20 registered
- ▶ Advanced pilot - 12 registered
- ▶ Aiming to launch after pilot feedback 2018

# ENGAGE

Enhanced Psychological  
Support Skills Workbook

**nhivna**  
NATIONAL HIV NURSES ASSOCIATION  
support · research · education







MHFA course : London 13<sup>th</sup> and 14<sup>th</sup> July

Supported by Janseen

# Research

# What are NHIVNA's research priorities ?

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- ▶ National HIV Nursing research strategy
- ▶ Research fellowships and grants
- ▶ Collaborative research projects
- ▶ NHIVNA award
- ▶ Massive thank you to all involved

# Collaboration



# Guidelines



Royal College of Nursing  
Shaping nursing since 1916

**nhivna**

NATIONAL HIV NURSES ASSOCIATION  
support | research | education

# Advanced Nursing Practice in HIV Care:

Guidelines for nurses,  
providers and  
commissioners

MAC AIDS FUND

Date of publication

# The Maturity Audit

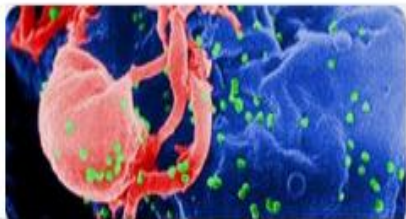
Welcome, Alan Gillies!

[Click here to leave, when done!](#)

The Maturity Audit is based around the standards for each of the 9 areas:

1. CVD
2. Bone
3. Renal
4. Sexual and reproductive health
5. Mental Health, psychosocial and psychosexual well-being
6. ARV therapy management
7. Preventative medicine
8. Monitoring of co-morbidities
9. Neurocognitive impairment

Click on a standard to (re)audit your practice in a particular area.





# Create a new audit of your cardiovascular disease care maturity

Welcome, Alan Gillies!

[Click here to leave, when done!](#)

Records the maturity of care of Cardio Vascular Disease in HIV patients according to the International Standard. All patients should have an annual measurements of blood pressure, lipid profile, QRISK2 score (for people  $\geq 40$  years of age) plus advice on a healthy lifestyle.

Step 1 of 6

16%

**1. Have you committed to providing annual measurements of blood pressure, lipid profile, QRISK2 score (for people  $\geq 40$  years of age) plus advice on a healthy lifestyle for all HIV patients? \***

☐ Yes

☐ No

**Upload your evidence here**

No file chosen

Upload a minute or other document as evidence of commitment

NEXT

# Create a new audit of your cardiovascular disease care maturity

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Step 1 of 6

18%

1. Have you committed to providing annual measurements of blood pressure, lipid profile, QRISK2 score (for people  $\geq 40$  years of age) plus advice on a healthy lifestyle for all HIV patients? \*

☒ Yes

☐ No

Upload your evidence here

No file chosen

Upload a minute or other document as evidence of commitment

You have submitted responses indicating you have achieved a Committed level of maturity in this area of care

NEXT

# Create a new audit of your cardiovascular disease care maturity

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Records the maturity of care of Cardio Vascular Disease in HIV patients according to the International Standard. All patients should have an annual measurements of blood pressure, lipid profile, QRISK2 score (for people  $\geq 40$  years of age) plus advice on a healthy lifestyle.

Step 2 of 6

33%

2. Have you established a process to take annual measurements of blood pressure, lipid profile, QRISK2 score (for people  $\geq 40$  years of age) plus advice on a healthy lifestyle for all HIV patients? \*

☐ Yes

☐ No

Upload your evidence here

No file chosen

Upload a document describing your process as evidence of commitment

PREVIOUS

NEXT

# Create a new audit of your cardiovascular disease care maturity

Welcome, Alan Gillies!

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Records the maturity of care of Cardio Vascular Disease in HIV patients according to the International Standard. All patients should have an annual measurements of blood pressure, lipid profile, QRISK2 score (for people  $\geq$  40 years of age) plus advice on a healthy lifestyle.

Step 4 of 6



4. Have you established a regular review process to learn how to improve the cardiovascular care of all HIV patients? \*

- ☒ Yes
- ☐ No

\*Regular" means that you meet at least every 6 months to review CVD care

Enter the date of your last review meeting

Upload the minutes of your review meeting(s) here

Drop files here or

SELECT FILES

# Create a new audit of your cardiovascular disease care maturity

Records the maturity of care of Cardio Vascular Disease in HIV patients according to the International Standard. All patients should have an annual measurements of blood pressure, lipid profile, QRISK2 score (for people  $\geq 40$  years of age) plus advice on a healthy lifestyle.

Step 3 of 6

50%

## 3. Do you have measurements for all of measures defined within the standard for managing cardiovascular disease amongst your HIV patients '?

☒ Yes

☐ No

If you have data for all of the measures, please answer "Yes" and enter your data below. If you have data for some of the measures, please answer No but enter your data below. If you have not collected any of this data yet, please answer No and go to "Next"

Enter the number of PLHIV on your caseload

0

Enter the number of PLHIV who have a cardiovascular health check

0

Enter the number of PLHIV on your caseload aged 40 or over

0

Enter the number of PLHIV on your caseload

100

Enter the number of PLHIV who have a cardiovascular health check

80

Enter the number of PLHIV on your caseload aged 40 or over

70

Enter the number of PLHIV aged 40 or older who have had an annual CVD screen based on BHIVA guidelines

50

Enter the number of PLHIV with established CVD

60

Enter the number of PLHIV with established CVD who have had an annual CVD screen based on BHIVA guidelines

40

Enter the number of PLHIV with established CVD who have received healthy lifestyle advice

50

Percentage of PLHIV who have a cardiovascular health check

80

Percentage of PLHIV with established CVD and those at increased risk of CVD (10 year CVD risk  $>10\%$ ) are screened annually based on BHIVA guidelines.

66.67

Percentage of PLHIV aged 40 or over who have a cardiovascular health check

71.43

Percentage of PLHIV with established CVD and those at increased risk of CVD who have received healthy lifestyle advice

83.33

You are currently measuring your performance in all the key areas of this standard, and have a maturity level of measuring.

PREVIOUS

NEXT

# Create a new audit of your cardiovascular disease care maturity

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Records the maturity of care of Cardio Vascular Disease in HIV patients according to the International Standard. All patients should have an annual measurements of blood pressure, lipid profile, QRISK2 score (for people  $\geq 40$  years of age) plus advice on a healthy lifestyle.

Step 2 of 6

33%

2. Have you established a process to take annual measurements of blood pressure, lipid profile, QRISK2 score (for people  $\geq 40$  years of age) plus advice on a healthy lifestyle for all HIV patients? '

☒ Yes

☐ No

Upload your evidence here

No file chosen

Upload a document describing your process as evidence of commitment

You have submitted responses indicating you have achieved a Systematic level of maturity in this area of care.

PREVIOUS

NEXT

# Create a new audit of your cardiovascular disease care maturity

Welcome, Alan Gillies!

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Records the maturity of care of Cardio Vascular Disease in HIV patients according to the International Standard. All patients should have an annual measurements of blood pressure, lipid profile, QRISK2 score (for people ≥ 40 years of age) plus advice on a healthy lifestyle.

Step 4 of 6



4. Have you established a regular review process to learn how to improve the cardiovascular care of all HIV patients? \*

- ☒ Yes
- ☐ No

\*Regular\* means that you meet at least every 6 months to review CVD care

Enter the date of your last review meeting

May 2017

|    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|
| M  | T  | W  | T  | F  | S  | S  |
| 1  | 2  | 3  | 4  | 5  | 6  | 7  |
| 8  | 9  | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 |    |    |    |    |

new meeting(s) here

Drop files here or

[SELECT FILES](#)

You are currently measuring your performance in all the key areas of this standard, and have a review process to learn learn how to improve, indicating a maturity level of learning.

[PREVIOUS](#)

[NEXT](#)

# Create a new audit of your cardiovascular disease care maturity

Welcome, Alan Gillies!

[Click here to leave, when done!](#)

Step 5 of 6



5. Can you demonstrate continuous improvement in the cardiovascular care of all HIV patients? \*

☐ Yes

☐ No

Submit your evidence here

Drop files here or

SELECT FILES

To achieve an embedded maturity level of continuous improvement, you need to provide evidence of year on year improvements and submit them for peer review

Name of Peer Reviewer

Are you satisfied by the evidence of continuous improvement in the cardiovascular care of all HIV patients?

☐ Yes

☐ No

To be completed by the named peer reviewer

Peer reviewers comments





# Create a new audit of your cardiovascular disease care maturity

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Step 6 of 6

100%

You have provided peer reviewed evidence of a maturity level of continuous improvement.

Percentage of PLHIV who have a cardiovascular health check

80

Percentage of PLHIV with established CVD and those at increased risk of CVD (10 year CVD risk >10%) are screened annually based on BHIVA guidelines.

66.67

Percentage of PLHIV aged 40 or over who have a cardiovascular health check

71.43

Percentage of PLHIV with established CVD and those at increased risk of CVD who have received healthy lifestyle advice

83.33

DON'T FORGET TO SUBMIT YOUR  
AUDIT IF YOU WANT IT TO BE STORED  
ON THE SYSTEM

PREVIOUS

SUBMIT

**COMING SOON**



THE ONLY TIME  
YOU SHOULD EVER  
LOOK BACK,  
IS TO SEE HOW  
FAR YOU'VE COME.









**"Education is the most powerful weapon  
which you can use to change the world."**

**Nelson Mandela**









# Thank you

