

14th Annual Conference of the
National HIV Nurses Association (NHIVNA)



Breda Patterson

Chelsea and Westminster Hospital, London

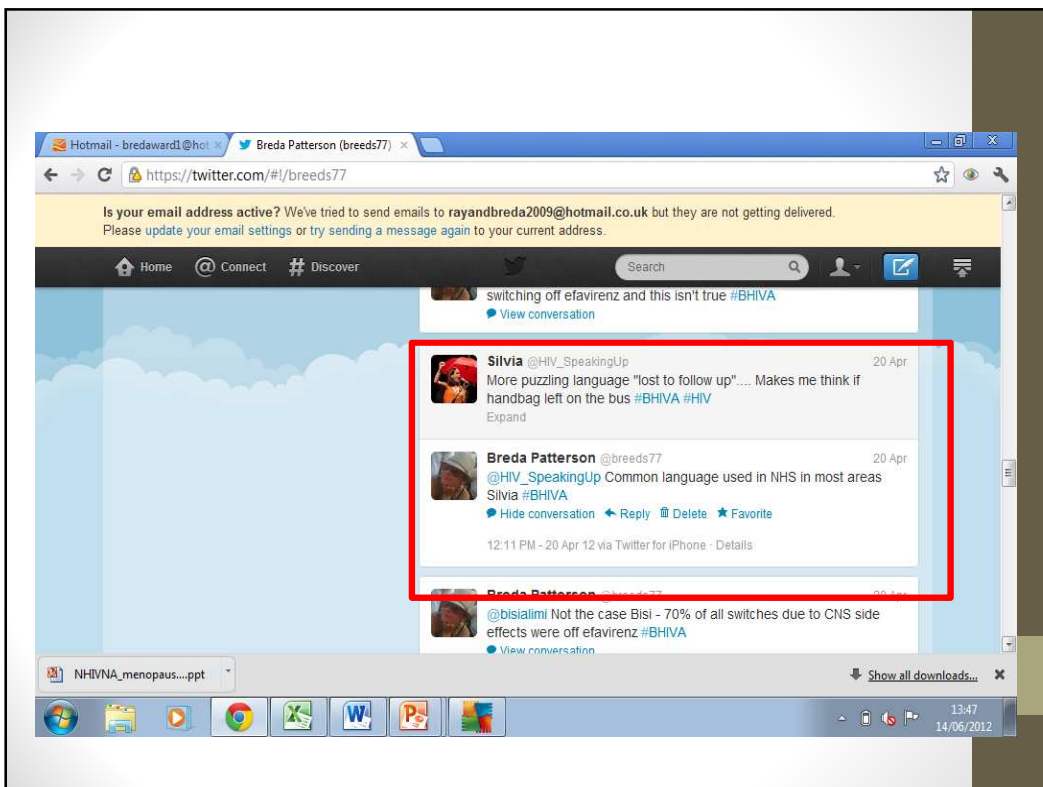
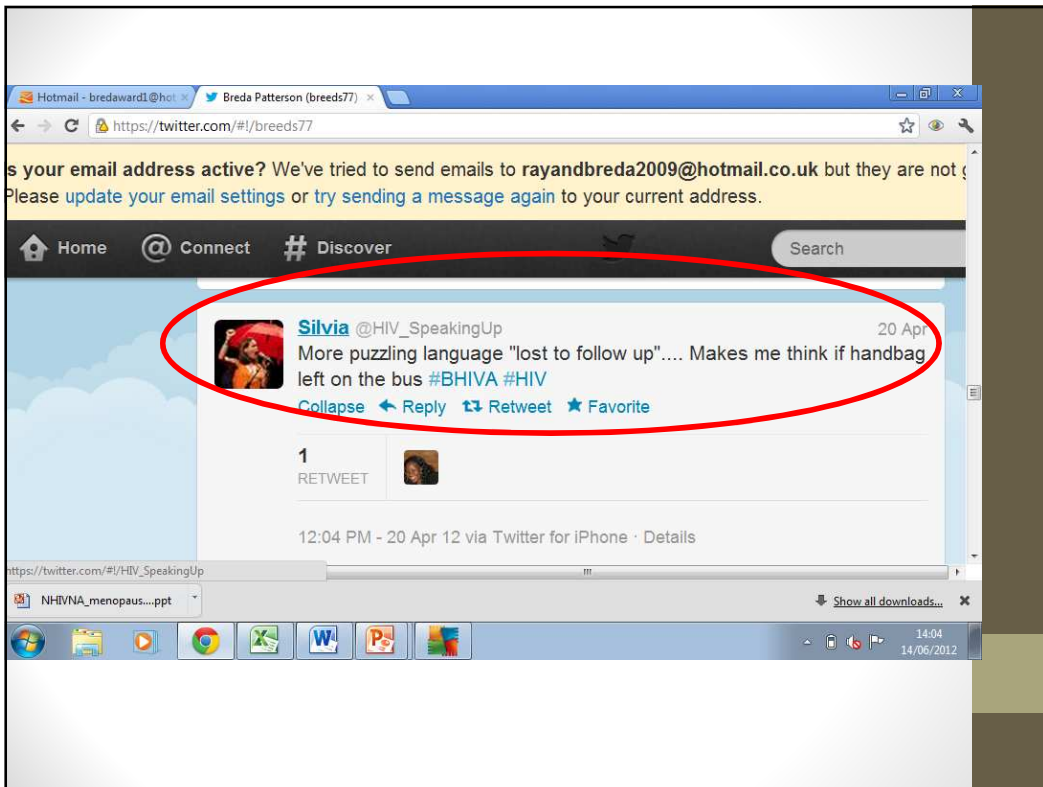
14-15 June 2012, Manchester Conference Centre

*Identification and management of
patients who are newly diagnosed with
HIV infection and subsequently lost to
follow up*

Breda Patterson
Chelsea and Westminster Hospital
NHS Foundation Trust
London

Maria Karga
Patras General University
hospital
Greece

Chelsea and Westminster Hospital 
NHS Foundation Trust



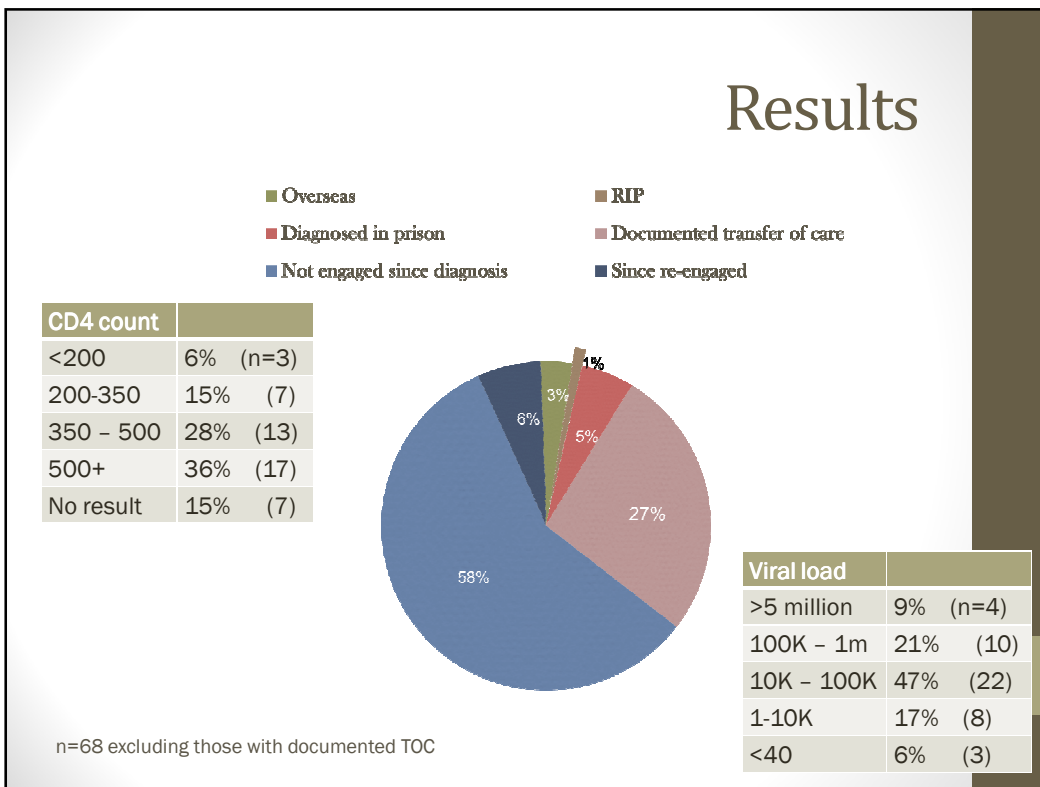
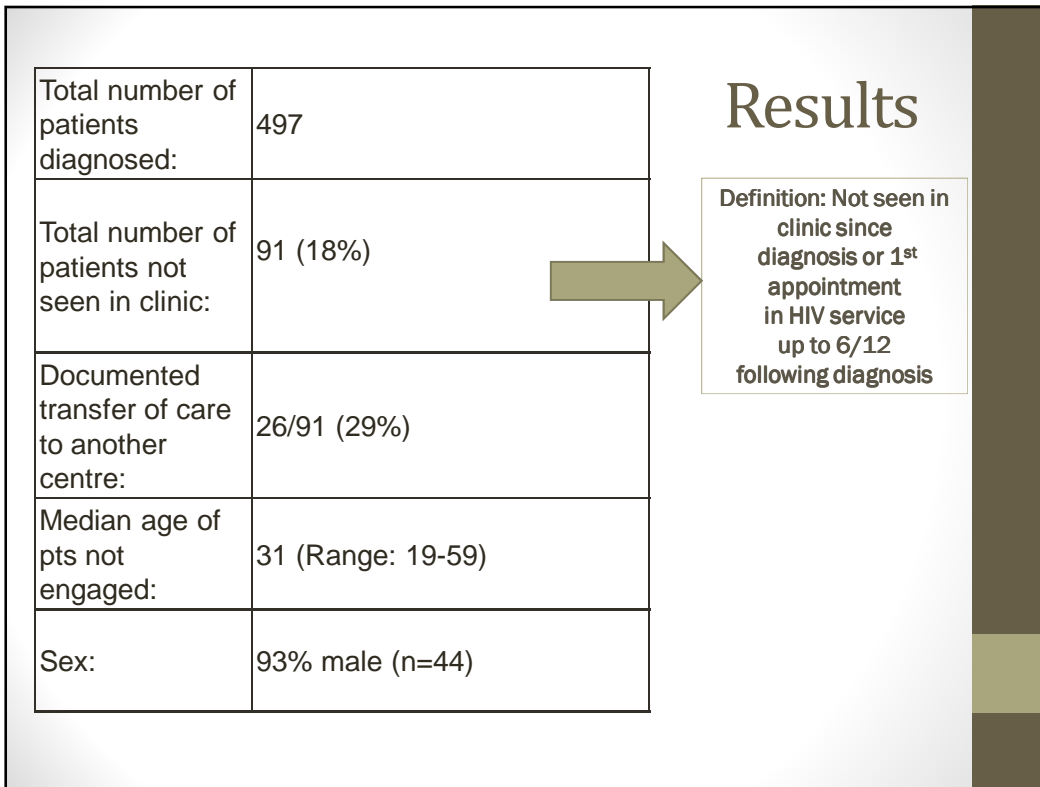
Background

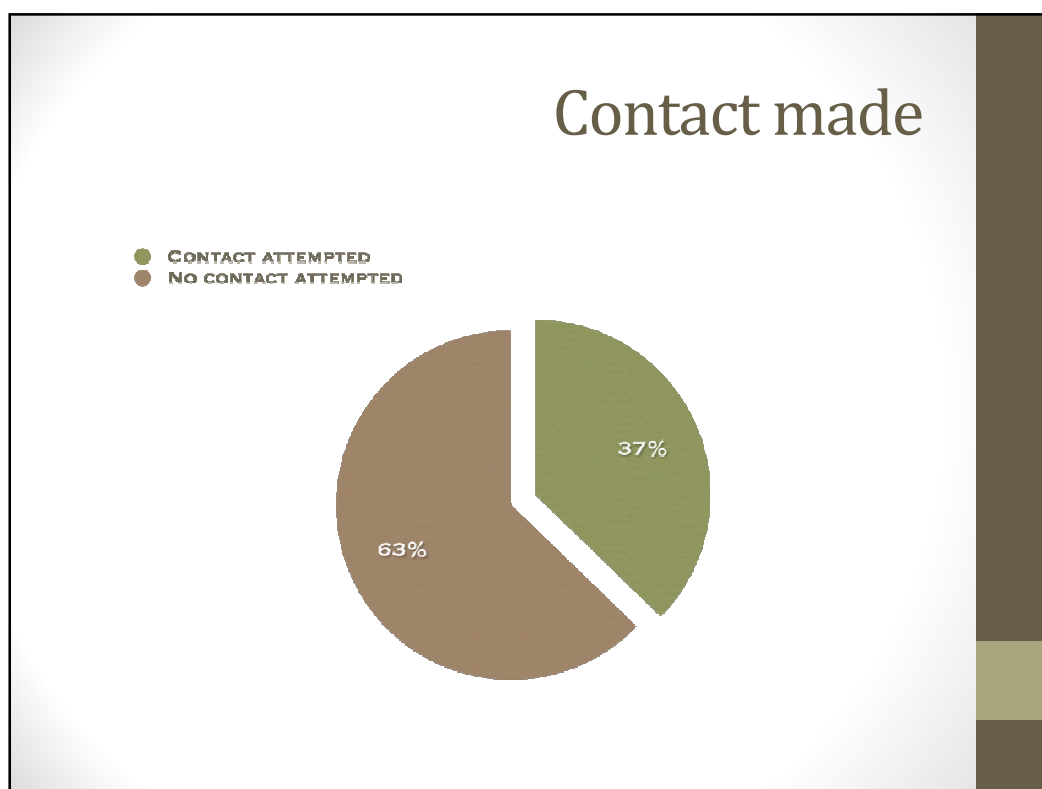
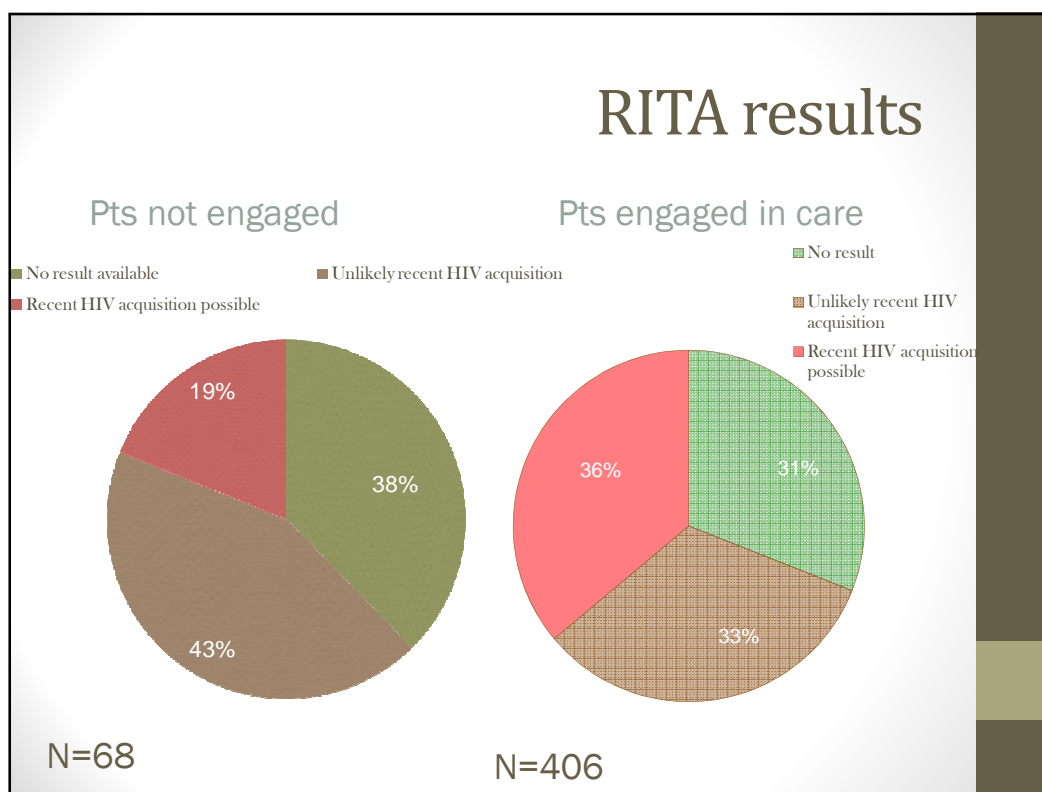
- The provision of optimal HIV care and regular clinic review can help reduce the risk of HIV-related morbidity among patients living with HIV, as well as the risk of HIV transmission
- Nearly 5% of adults attending services in any one year are lost to follow up.
- Recently, the Health Protection Agency has suggested monitoring rates of loss-to follow-up (LFU) from HIV services as a quality of care indicator.
- Currently no local policy to identify newly diagnosed patients who are lost to follow up

Rice et al, AIDS 2011

Methods

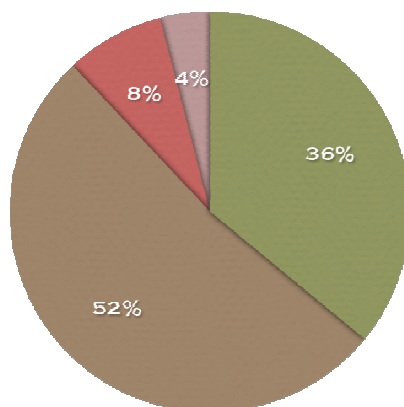
- All patients diagnosed with HIV infection between January 2011 and January 2012
- Electronic patient records
 - Age of patients lost to follow up within the 1st year of diagnosis
 - CD4 count
 - whether these patients were truly lost to follow up or transferred to another centre
 - whether contact had been attempted
 - outcome of this contact





Methods of contact

● LETTER ● PHONECALL/VOICEMAIL ● TEXT MESSAGE ● OTHER



Cost implications

- Individual health
- Public health
- Organisation – potential loss of maintenance payment
- Partner notification
- Children
- Admin time

HARS

- HIV and AIDS Reporting System
- HARS has been designed to:
 - Reduce the reporting burden for reporting sites.
 - Increase the efficiency of HIV surveillance.
 - Enhance standard HIV surveillance outputs.
 - Produce quality of care indicators.
 - Directly support commissioning services.

Conclusion

- Robust local protocols are essential to ensuring that patients who are lost to follow up are identified and contacted appropriately
- Ensuring that contact details are correct and appropriate is essential
- Standardized processes required to enable confirmation of attendance at other centres

Next steps

- BHIVA grant applied for
- BHIVA audit
- Re-evaluate current dataset in 6-12 months

Thank you!

Questions?