15th Annual Conference of the
National HIV Nurses Association (NHIVNA)

National HIV Nurses Association

Robert Downes

Liverpool Community Health NHS Trust

27-28 June 2013- The International Convention Centre, Birmingham

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Community HIV Nursing Service

A Complex Case Audit

Robert Downes CNS HIV

Executive summary

- 14 patients were audited for the HIV Complex Case Audit 2012/13: The audit highlighted that;
- Males are more likely to be complex cases
- Complex cases present with CD4<100
- Present with AIDS defining illnesses
- Require intensive and expensive interventions

Executive summary

- Have a history of treatment failure or treatment switches
- 79% have a physical disability
- 100% have Social worker and, or Voluntary sector input
- 93% have home based contact
- Complex cases use a broad spectrum of health related services
- 36% access formalised psychological care
- 71% identified as White British

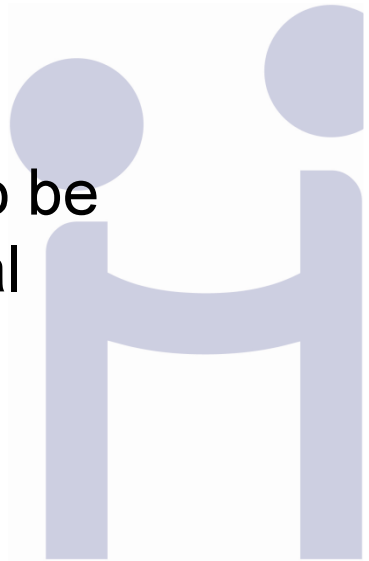
Background

- Complex cases command a huge investment both in terms of nursing time and resources. Often care outcomes can be disappointing, even following years of engagement. There is a service requirement for the team to access regular Clinical supervision, this is undertaken as a team and has proven to be invaluable in supporting the nursing team through some very difficult and often extremely challenging situations whilst managing complex cases.
- A previous audit had highlighted that complex patients often have chaotic lifestyle usually involving substance misuse as a component; this is a continuing trend in some of the complex cases cared for by the HIV Nursing team.

Aims and objectives

- This audit was undertaken to identify possible gaps in care provision and identify drivers for change. Highlighting areas of best practice by exploring both MDT involvement and improvement in CD4 counts and Viral load in response to intensive support were also areas for review.

- Patient care records and referral history were to be reviewed to collect data and summarise medical histories to complete the audit proforma.



Patient sample and methodology

- This is a local audit of the HIV Service's complex case load and all patients were eligible to be included.
- Data was collected in January 2013 on an audit proforma.
- Data was collected within the location of the HIV Service, 14 patients were audited in total.
- Data was sent to the Clinical Audit Department to be scanned, verified and analysed.

CD4/VL at diagnosis

CD4	Patients	
0-50	8	57%
51-100	4	29%
100-200	0	-
>200	2	14%

VL	Patients	
0-49,000	3	21%
50,000-99,000	1	7%
100,000-199,000	3	21%
>200,000	2	14%
Not recorded	5	36%

Current CD4/VL

CD4	Patients		VL		Patients	
100-199	4	29%	79	log 1.9	2	14%
200-299	3	21%	40,000	log 4.6	2	14%
300-399	1	7%	Undetectable		9	64%
400-499	1	7%				
>500	4	29%				

1 patient refuses clinical investigation

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Community HIV team face to face contact

	Patients	
Weekly	10	71%
Fortnightly	1	7%
Less frequent	1	7%
Patient led contact	2	14%

In last 6 months		
0-49 visits	4	29%
50-99 visits	9	64%
>100 visits	1	7%

MDT involvement

- Social worker 13 (92%)
- Voluntary sector 8 (67%)
- District Nursing 1 (8%)
- SALT 3 (25%)
- Dietetics 2 (17%)
- Physiotherapy 3 (25%)
- OT and others 5 (42%)

With the exception of 1 patient multiple services are used

Conclusions

- The results of this audit highlight that MDT working is crucial to care provision in complex case management. The quality of care is greatly enhanced by patients having access to a broad spectrum of AHP's who engage and communicate with each other and ensure the patient is the focal point for decision making. Time spent on none face to face activity or patient related activity with patients and stakeholders in care is equal to or often greater than face to face patient contact.

Conclusions

- It is important this “Behind the scenes” activity is recorded in any data collection used for any service commissioning purposes to portray a true reflection of service activity and patient demand. On-going engagement with complex cases over many years has had a major impact on patient mortality with 64% of cases audited achieving an undetectable viral load, effectively switching off HIV activity, promoting in most cases, immune reconstitution.

Recommendations

- Late diagnosis of HIV continues to be a major problem for HIV services despite years of campaigning for normalised HIV testing and earlier diagnosis of HIV infection, (BHIVA 2008). The HIV team are already proactive in community HIV testing; a way to enhance this activity is to engage with local CCG's and GP practices to promote HIV testing in primary care. HIV Team to explore methods of engagement with CCG'S, GP's and Practice Nurses to normalise and promote HIV testing in primary care as recommended in NICE Guidelines (March 2011).

Lessons learned

- Late HIV diagnosis remains a major problem and the vast majority of late diagnosis/complex cases are diagnosed in secondary care settings.

- More needs to be done to improve uptake of HIV testing in Primary care settings in keeping with NICE guidelines, (March 2011).

- Across the service the HIV team should adopt the, “Make every contact count” approach to promote HIV testing when and wherever possible.

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