

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



National HIV Nurses Association

Linda Panton

Western General Hospital, Edinburgh

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

Development of an Integrated Care Pathway (ICP) for HIV Outpatient Care in Scotland

Linda Panton

RIDU

Western General, Edinburgh

June 2013

INTRODUCTION

“An ICP is a locally agreed multi-disciplinary document based on guidelines and evidence where available for a specific patient/client group. It forms all or part of the clinical record, documents the care given and facilitates the evaluation of outcomes for continuous quality improvement”

Sue Overill, *Journal of Integrated Care* (1998), 2, 93-98

HIS Standards for HIV Prevention, Treatment and Care (2011)

Sexual Health and BBV Framework (Scottish Government)

BHIVA Guidelines, BHIVA and medFASH Standards for Psychological Support, BHIVA Standards of Care, QIS Standards for Sexual Health

OBJECTIVES

- Develop and pilot an ICP for first 3 months of care following diagnosis
- Use the ICP to ensure consistency of care

METHOD

- Early phase



20 volunteers – MDT team, patient representation, ICP expert
Process mapping
Extensive redrafting!

- Pre-pilot on 10 patients

What did we learn?

Limited buy-in

Resistance in the ranks

Too long



The Launch

- ICP commenced 1year pilot April 2012
- CNS sees every new patient
- Sign off at 3 months



ESSENTIAL COMPONENTS OF ICP

HISTORY	EXAMINATION	INVESTIGATIONS	SCREENING	ONGOING CARE
Diagnosis/transfer date	Clinical examination	Confirmatory HIV test	STI screen	Problem list
Sexual history	Fundoscopy if CD4<50	Resistance test	Cervical screening	Sexual risk reduction
Psychological wellbeing		CD4/VL	Cognitive assessment if appropriate	Partner notification
Drug history		Hep B & C status	CVD risk assessment	Vaccinations
Allergies		Routine haematology/biochemistry		Contact details/GP/consents/out of hours plan
Contraception		Urinalysis		Identification/testing of children
				Level 1 psychological support provision

VARIANCES

If care is not delivered as planned the reason (VARIANCE) is given

Allows comparison of planned care with actual care given

Variance analysis highlights gaps in care provision

Enables implementation of continuous quality improvement

Variance Description	Code
Patient condition (physical)	A1
Adjustment/distress	A2
Stigma/disclosure	A3
Patient preference	A4
Other patient factor	A5
Clinical decision	B1
Clinician skill-set	B2
Lack of clinical time	B3
Other staff factor	B4
DNA	C1
Equipment/resource factor	C2
External agency	C3
Other	C4

CHALLENGES

**RELUCTANCE
TO CHANGE**

**RELUCTANCE
TO ENTER ICP
PROCESS**

**NEGATIVE
PERCEPTIONS**

TIME

**MDT
DOCUMENT**



BENEFITS

- Improves overall management of patient
 - Facilitates care from more than one person
 - Measures effectiveness of interventions and evaluates outcomes for Quality Improvement
 - Provides opportunity to continually improve practice
-
- Introduction of a new patient monthly meeting
 - CNS involved with every new patient

CONCLUSIONS

- CHALLENGING!!
- DIFFERENT DOCUMENTATION&RECORDING SYSTEMS
- NURSE DRIVEN
- EACH PATIENT RECEIVES SAME STANDARD OF CARE IN FIRST THREE MONTHS POST DIAGNOSIS

WHAT NEXT?

Joint meeting July 2013 for feedback

Agree 5 priority areas aiming for 100% variance recording

Agree to eliminate any parts of document never completed and not required

Development of patient questionnaire

Assist other Scottish units - Nov2013

Electronic ICP on local database



Test Patient 08/11/1956 500123456 HIV? HCV? Usual Doctor: david.wilks Cons: LEEN CLS

ICPLead:

	Signed off date	By	Comments	Variance
Supplementary demographic details	25/03/2013	Daniel.Clutter	Unchanged from baseline	<input type="text"/>
Social enquiry				
Problem list and PMH				
Investigations	02/05/2013	david.wilks		<input type="text"/>
Diagnosis and transmission risk	13/05/2013	linda.panton	too late	B1 <input type="text"/>
Consent and communication				<input type="text"/>
CVS risk and nutritional assessment	25/03/2013	Daniel.Clutter	Overall CVS risk =34%	<input type="text"/>
Sexual health screening	02/05/2013	david.wilks		<input type="text"/>
Female reproductive health				<input type="text"/>
Mental health	25/03/2013	Daniel.Clutter	No current issues	<input type="text"/>
Children	13/05/2013	linda.panton	No children	<input type="text"/>
Prophylaxis	13/05/2013	linda.panton	No prophylaxis required	<input type="text"/>
Medicines reconciliation	25/03/2013	Daniel.Clutter		<input type="text"/>
Alcohol and drugs of addiction				<input type="text"/>
Vaccination and serology	13/05/2013	linda.panton	Vaccinations planned but incomplete	<input type="text"/>

Go to clinic record

Find a different patient

Test Patient 08/11/1956 500123456 HIV? HCV? Usual Doctor: Cons:

Date:

Lifetime Sexual Partners

Current sexual partner?

If, YES:

Partner Gender:

Partner HIV Status:

Duration of relationship:

Type of sexual activity:

Condoms used?

If, NO:

Date last sexual contact:

Prev Partner Gender:

Prev Partner HIV status:

Duration of Prev relationship:

Type of sexual activity:

Condoms used?:

Partner notification required?

Sexual health screen ever Date last SHS:

Previous STI Prev STI Details:

SHS Comments:

Sexual health screen done today As a rule all new referred to GUN been reviewed Symptomatic patients should not be signed off until result

- Patient condition (physical) A1
- Adjustment/distress A2
- Stigma/disclosure A3
- Patient preference A4
- Other patient factor A5
- Clinical decision B1
- Clinician skill-set B2
- Lack of clinical time B3

Record: of 1

Signed Off:

Comments:

Variance:

Signed Off By:

THANKS TO

- Katherine Bethell
- Dr Dan Clutterbuck and Dr Sally Fielding
- Dr David Wilks and Alan Wilson
- Alan Fisher and all members of the ICP team
- Colleagues in RIDU