

Comparison between Metropolitan and Regional HIV Medical and Nursing Care based on European AIDS Clinical Society (EACS) Guidelines (2015)

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Bendigo Health is a major regional hospital centre .The Infectious Diseases (ID) service comprises a monthly clinic with a visiting ID Physician, two Clinical Nurse Consultants, Psychiatrist, Gastroenterologist and General Physician. Small HIV caseload ~19 patients.



Austin Health is an internationally recognised leader in clinical teaching and training, affiliated with eight universities; it is the largest Victorian provider of training for specialist physicians and surgeons. Larger HIV caseload ~80 patients, but managed between 8 ID Physicians and 3 ID Registrars.

AIM

To measure adherence to good practice between two ID services – Bendigo Health and Austin Health – as determined by the European AIDS Clinic Society Guidelines (EACS): Assessment of HIV-positive persons at initial and subsequent visits.

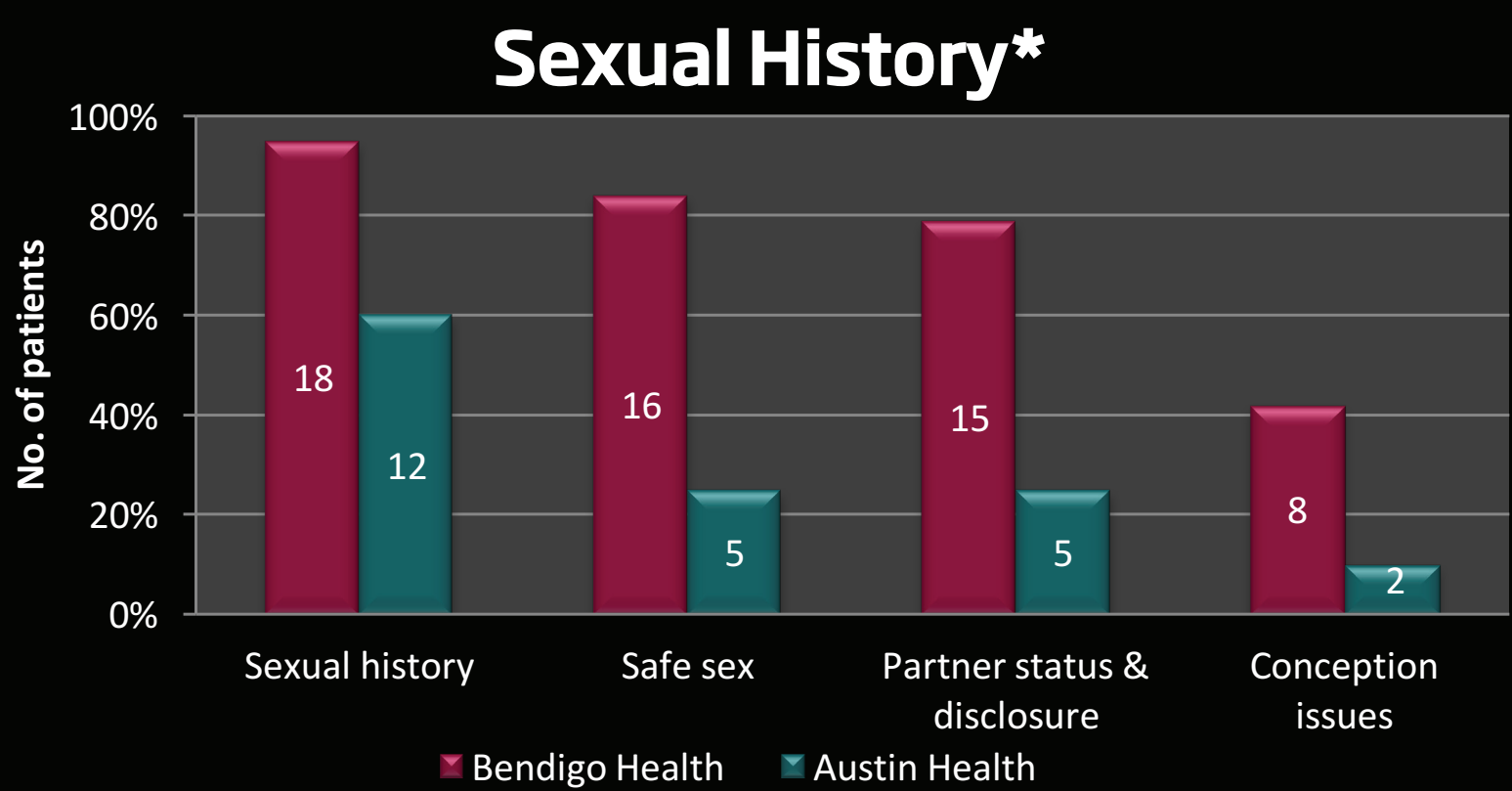
METHOD

A file audit of 39 randomly selected HIV positive de-identified patient files (19 Bendigo Health, 20 Austin Health) was conducted.

Four domains from the EACS Guidelines were assessed: History, HIV disease, Co-infections, and Co-morbidities. Within each domain, multiple criteria were judged as either having been met or unmet, at the time of initial appointment or on subsequent clinic visits within a 12month period where applicable.

RESULTS:

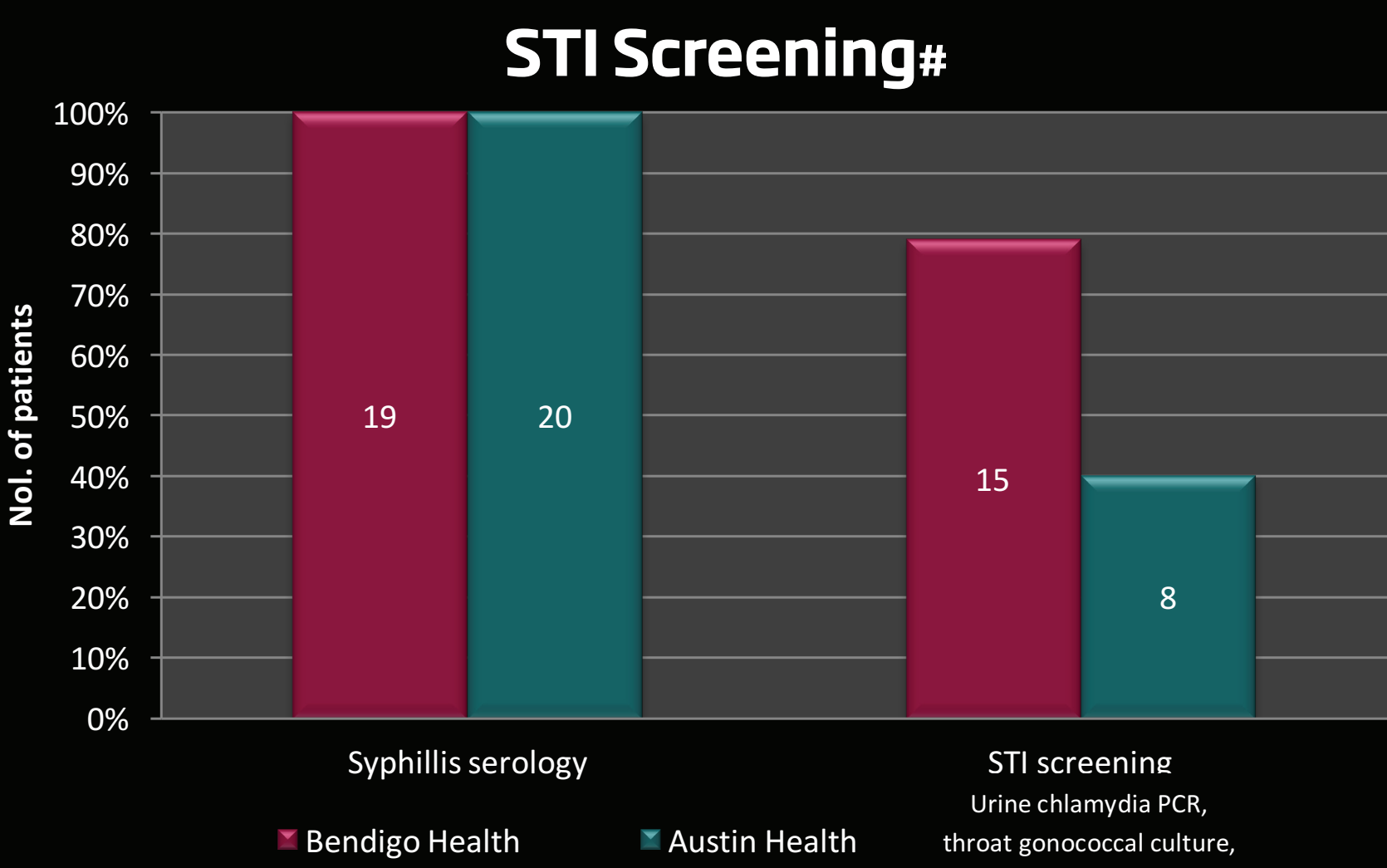
Total number of patients assessed = 19 at Bendigo Health and 20 at Austin Health



* assessed and documented at initial visit

COMMENTS:

- Variation of results may be influenced by Bendigo clinic assessment being more purposeful to gain as much information as possible and more consistent in some domains.
- Bendigo clients rely on ID consultations due to lack of access at other times i.e. few GPs who promote an interest in HIV.
- Several monogamous couples in both services



tested at least annually

COMMENTS:

- Compliance with surveillance measures accepted, most tests done on site post clinic for convenience.
- Austin lack of non-urine testing.
- Clients wait until see ID Physician to manage recent risk behaviour. Lack of access to PrEP at both sites.
- Few acceptable choices for Bendigo clients outside ID clinic

HIV DISEASE

Site- 2015-2016	Number on antiretroviral therapy	Undetectable viral load on ART*
Austin	20 (100%)	20/20 (100%)
Bendigo	16/17§ (94%)^	15/16 (94%)^

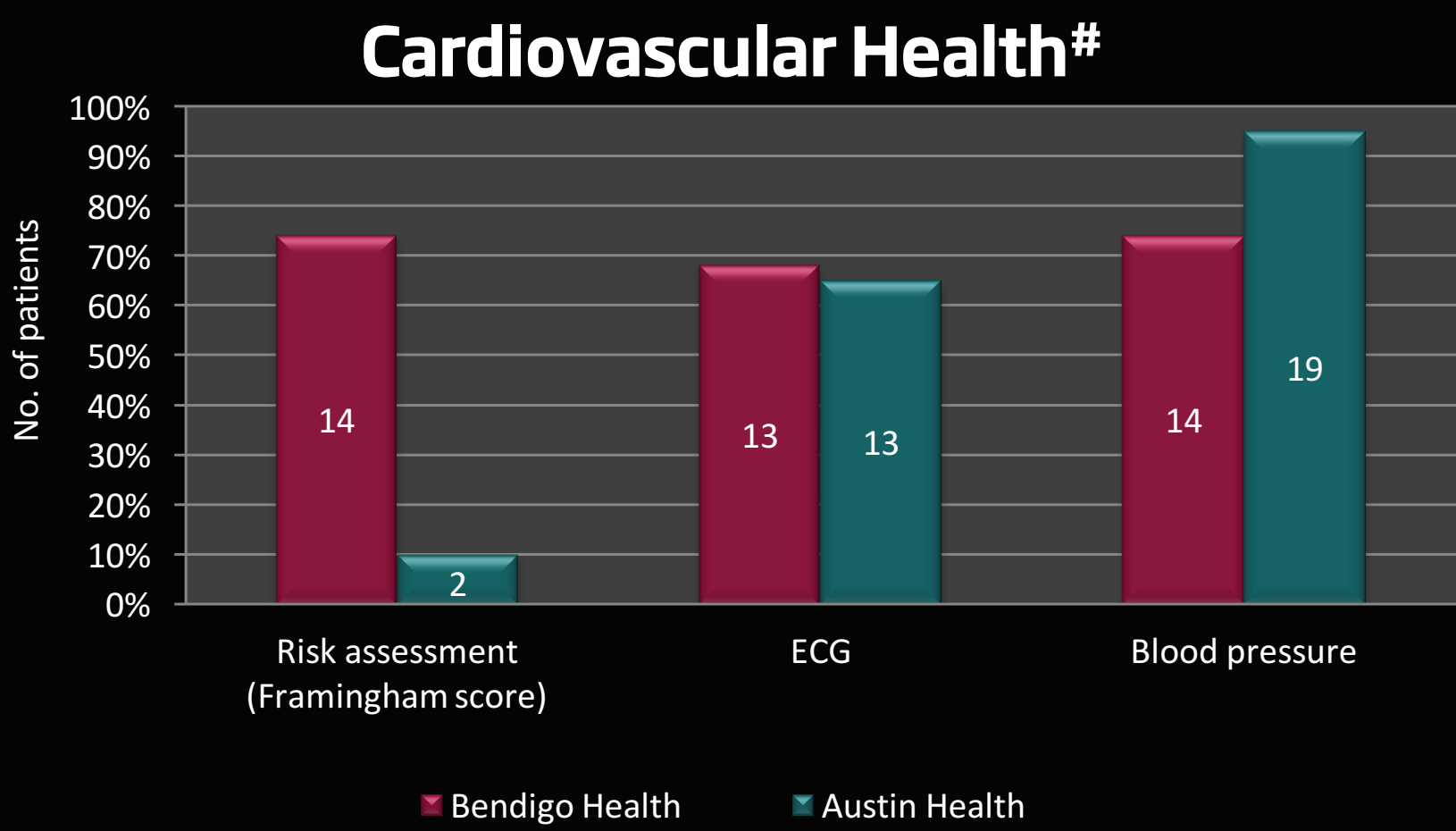
§ 2 Bendigo patients transferred care so did not have monitoring in this period

* Excluding blips <100 copies/mL

^ No statistically significant differences by Fisher’s exact test

COMMENTS:

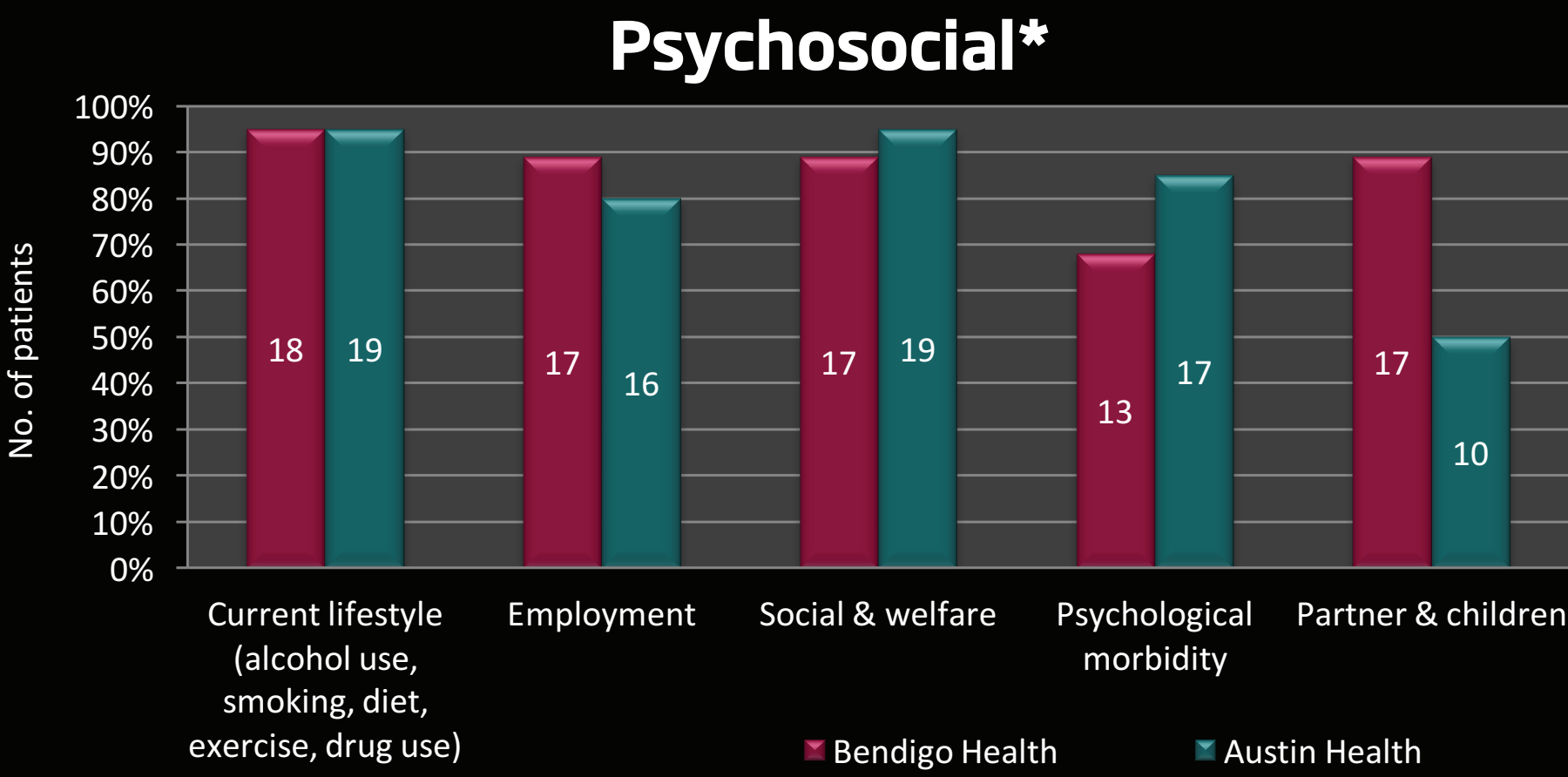
Barriers include: rurality; clients may miss medications due to distance of travelling to collect them
Isolation: less support networks from other medicated HIV infected patients – lack of peer support
Confidentiality: perceived lack of confidentiality by clients to ask GP for support if potential medication side effects



assessed and documented at least annually

COMMENTS:

- Lack of systematic use of the Framingham Score tool for each client at Bendigo has led to development of individualised approach.
- Introduction of CNC led approach to monitor cardiovascular assessment with HIV clients to be implemented.



* assessed and documented at initial visit

COMMENTS:

- Psychiatrist consultation as part of the service enabled a consistent assessment of psychosocial health issues with each client.
- Strong partnerships with local referral services internally and externally have been established
- CNCs have assisted with medical certificates to reduce number of non-attendance.
- Smaller cohort of HIV clients, some assertive outreach to those disengaged for follow ups, often a more intimate knowledge of family/partners/children etc.

RECOMMENDATIONS:

BENDIGO HEALTH

Bendigo Health plans to improve its delivery of care via:

1. HIV Clinical Nurse Consultant to work more closely with clients and ID Physicians to enable the expansion of initial Assessments.
2. Development and implementation of innovative methods of assertive outreach to rural based clients.

AUSTIN HEALTH

Austin Health plans to improve its delivery of care via:

1. Implementation of alerts in the Electronic Medical Record for upcoming appointments, eg. “STI screen due”.
2. Internal education on assessment of cardiovascular comorbidity and frequency of related investigations.