

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

Linda Panton

Western General Hospital, Edinburgh

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

Linda Panton
RIDU
Western General, Edinburgh
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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 3months 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

RESULTS

• ICP completed for 55 of 63 patients

24 essential components
 19.9 GUM

16.8 RIDU

Completion high for sexual history 53/55

Completion lowest for out of hours plan 13/55

Variances – poor completion rate

Not 100% even for components identified as essential-STI screening (not completed in 15, variance only recorded in 9)

NO CONSISTENT DIFFERENCES IN LEVEL OF COMPLETION BETWEEN UNITS

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

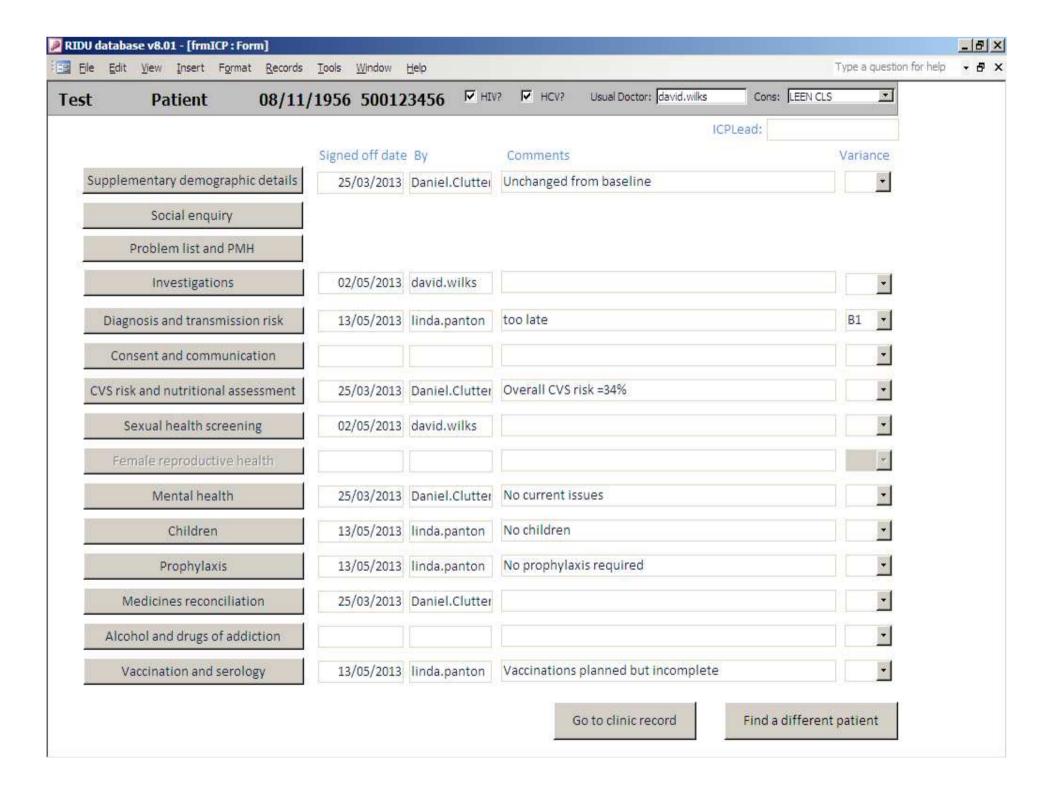
Agree to eliminate any parts of document never completed and not required

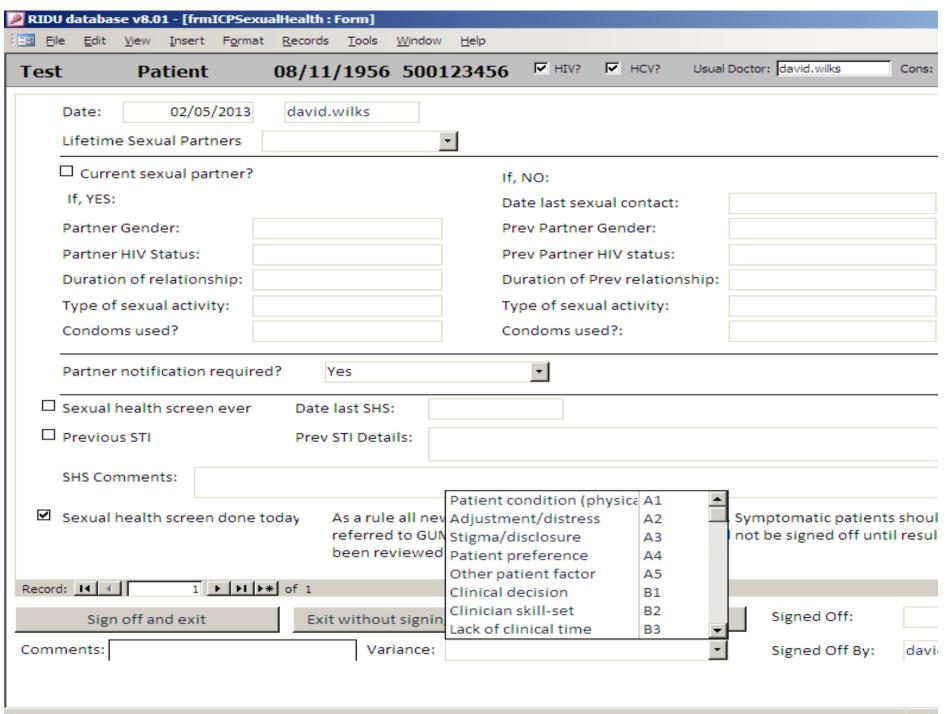
Development of patient questionnaire

Assist other Scottish units - Nov2013

Electronic ICP on local database







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