Speaker Name	Statement
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Date :	June 2016

CHALLENGES OF INTRODUCING OPT-OUT TESTING IN A NON-TRADITIONAL SETTING

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NHIVNA June 2016

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- Background
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BACKGROUND

NATIONALLY:

- The NHS saving from 1 early HIV diagnosis is estimated to be £63,061[1]

- NICE estimates that if testing guidance were fully implemented 3500 cases of onward transmission could be prevented within 5 years, leading to a saving of £18 million per year in NHS treatment costs[2]

- Late diagnosis of HIV results in a 10 fold 1year mortality, an increased risk of onward transmission and increased lifetime costs of HIV care by around 50%.[3]

- In 2015, over 40% of newly diagnosed patients in UK presented at a late stage. [3]

[1] BHIVA, BASHH, BIS. UK National Guidelines for HIV Testing 2008. http://www.bhiva.org/documents/ guidelines/testing/glineshivtest08.pdf
[2]National Institute for Health and Care Excellence. NICE advice.: HIV Testing 2014
[3]Skingsley A, Kirwan P, Yin Z, Nardone A, Gill ON, Hughes G, Delpech VC and contributors. HIV new diagnoses, treatment and care in the UK 2015 report: data to end 2014. October 2015. Public Health England, London.

UK NATIONAL GUIDELINES FOR HIV TESTING 2008[1]

Who should be offered a test?

An HIV test should be considered in the following settings where diagnosed HIV prevalence in the local population **exceeds 2 in 1000 population:**

1. all men and women registering in general practice
2. **all general medical admissions.**

[1]BHIVA UK National Guidelines for HIV Testing 2008

BACKGROUND

LOCALLY:

- A study in Lothian found that 100 out of 142 newly diagnosed patients between 2007 and 2012 were in the late stages of the disease.[1]

- That same study found 24.8% of the newly diagnosed HIV patients had presented to secondary care with a clinical indicator disease without being tested for HIV.[1]

- In Edinburgh in 2015, 17% of those living with HIV are undiagnosed and 40% were diagnosed late.[2]

In Lothian diagnosed prevalence amongst 15-59 year olds is 2.6/1000[2]

[1]Stockdale, A. &Mackintosh, C. Too little, too late: Late diagnosis of HIV and the role of improved testing strategies. 19th Annual BHIVA Conference, Manchester Apr 2013, poster 115Health

[2]Protection Scotland Weekly Report. HIV Infection and AIDS: Quarterly Report 1 Dec 2015. 2015:49 (48) 422-426

METHOD

European HIV Testing Week Nov 2015

- All medical wards visited by HIV nurse specialists pre testing week
- Email highlighting benefits of testing Trust wide throughout testing week
- Intranet banner
- Daily presence in Infectious Diseases wards

DESPITE THESE EFFORTS…….

LESS PEOPLE WERE TESTED IN RIDU DURING EUROPEAN TESTING WEEK THAN THE EQUIVALENT WEEK IN OCTOBER!

METHOD

- Introduction of opt-out testing agreed at QIT
- Patient leaflet
- Education for medical and nursing staff
- Clinical notes documentation

- “No news is good news” – results policy
- Monthly snapshot audit

INITIAL CHALLENGES

- Paperlite unit – Jan2016
- Electronic notes ambiguous – “free text”
- Patients consented but not tested
- Not every patient was being tested
- Sample issues

SOLUTIONS

IT IMPROVEMENTS

DOCUMENTATION

EDUCATION

RESULTS

Month (No. of possible tests)	No. tested (%)	No. discussed in clinical notes (%)	No. documented in discharge summary (%)
POST CHANGES			
DEC (25)	20/25 (80)	22/25 (88)	6/25 (24)
JAN (32)	23/32 (72)	24/32 (75)	9/32 (28)
FEB (41)	19/41 (46)	26/41 (63)	4/41 (10)
MAR (24)	18/24 (75)	21/24 (88)	8/24 (33)
APR (27)	25/27 (93)	26/27 (96)	3/27 (11)
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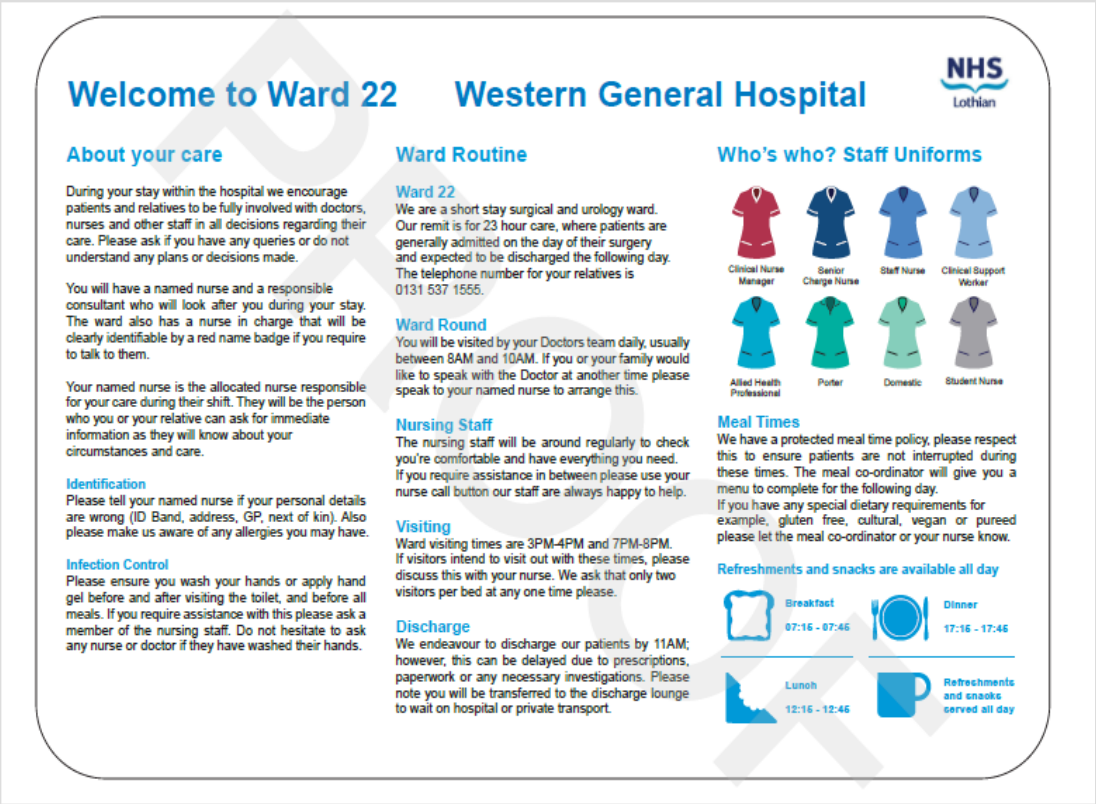
CHALLENGES

- MEDICAL STAFF ROTATION
- STRIVE FOR 100% TESTED
- COMPETING CLINICAL PRIORITIES
- DISCHARGE SUMMARIES
- INCONSISTENT USE OF PATIENT LEAFLET
- ENGAGING NURSES



Welcome to Ward 22 Western General Hospital

NHS Lothian

About your care

During your stay within the hospital we encourage patients and relatives to be fully involved with doctors, nurses and other staff in all decisions regarding their care. Please ask if you have any queries or do not understand any plans or decisions made.

You will have a named nurse and a responsible consultant who will look after you during your stay. The ward also has a nurse in charge that will be clearly identifiable by a red name badge if you require to talk to them.

Your named nurse is the allocated nurse responsible for your care during their shift. They will be the person who you or your relative can ask for immediate information as they will know about your circumstances and care.

Identification
Please tell your named nurse if your personal details are wrong (ID Band, address, GP, next of kin). Also please make us aware of any allergies you may have.

Infection Control
Please ensure you wash your hands or apply hand gel before and after visiting the toilet, and before all meals. If you require assistance with this please ask a member of the nursing staff. Do not hesitate to ask any nurse or doctor if they have washed their hands.

Ward Routine

Ward 22
We are a short stay surgical and urology ward. Our remit is for 23 hour care, where patients are generally admitted on the day of their surgery and expected to be discharged the following day. The telephone number for your relatives is 0131 537 1555.

Ward Round
You will be visited by your Doctors team daily, usually between 8AM and 10AM. If you or your family would like to speak with the Doctor at another time please speak to your named nurse to arrange this.

Nursing Staff
The nursing staff will be around regularly to check you're comfortable and have everything you need. If you require assistance in between please use your nurse call button our staff are always happy to help.

Visiting
Ward visiting times are 3PM-4PM and 7PM-8PM. If visitors intend to visit out with these times, please discuss this with your nurse. We ask that only two visitors per bed at any one time please.

Discharge
We endeavour to discharge our patients by 11AM; however, this can be delayed due to prescriptions, paperwork or any necessary investigations. Please note you will be transferred to the discharge lounge to wait on hospital or private transport.

Who's who? Staff Uniforms

Clinical Nurse Manager · Senior Charge Nurse · Staff Nurse · Clinical Support Worker
Allied Health Professional · Porter · Domestic · Student Nurse

Meal Times

We have a protected meal time policy, please respect this to ensure patients are not interrupted during these times. The meal co-ordinator will give you a menu to complete for the following day.
If you have any special dietary requirements for example, gluten free, cultural, vegan or pureed please let the meal co-ordinator or your nurse know.

Refreshments and snacks are available all day

Breakfast 07:15 - 07:45
Dinner 17:15 - 17:45
Lunch 12:15 - 12:45
Refreshments and snacks served all day

CONCLUSIONS

Robust system now in place

Plan to roll out in ARU

Sustain ongoing audit & education

NORMALISE TESTING

THANKS FOR LISTENING! QUESTIONS?

Thanks to:

Nursing and Medical staff in RIDU

Claire Chambers

Professor Clifford Leen

Andrew Kerr

BBV Counselling/ Mental Health Nurse Team

BBV Community Testing Team