

13th Annual Conference of the
National HIV Nurses Association (NHIVNA)



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Royal Liverpool & Broadgreen University
Hospitals NHS Trust

16-17 June 2011, Arena and Convention Centre, Liverpool



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**The joint implementation of point of care HIV
testing in hospital and community setting: a
nursing perspective**

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Background

Hospital	Community
<ul style="list-style-type: none">• Venous samples• Urgent sameday/next day results faxed• Routine results 1 week• Lab on site	<ul style="list-style-type: none">• Venous samples• Urgent sameday/next day results telephoned• Routine results 1 week• Transported to lab at acute hospital


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Methods

- Determine HIV-1/2 Ag/Ab combo (Alere)
- POCT offered in hospital setting (GUM clinic) and 6 community outreach venues
- Joint training given to staff
- Regular internal and external quality assurance
- Logbook for results
- Results verified by second reader

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Implementation

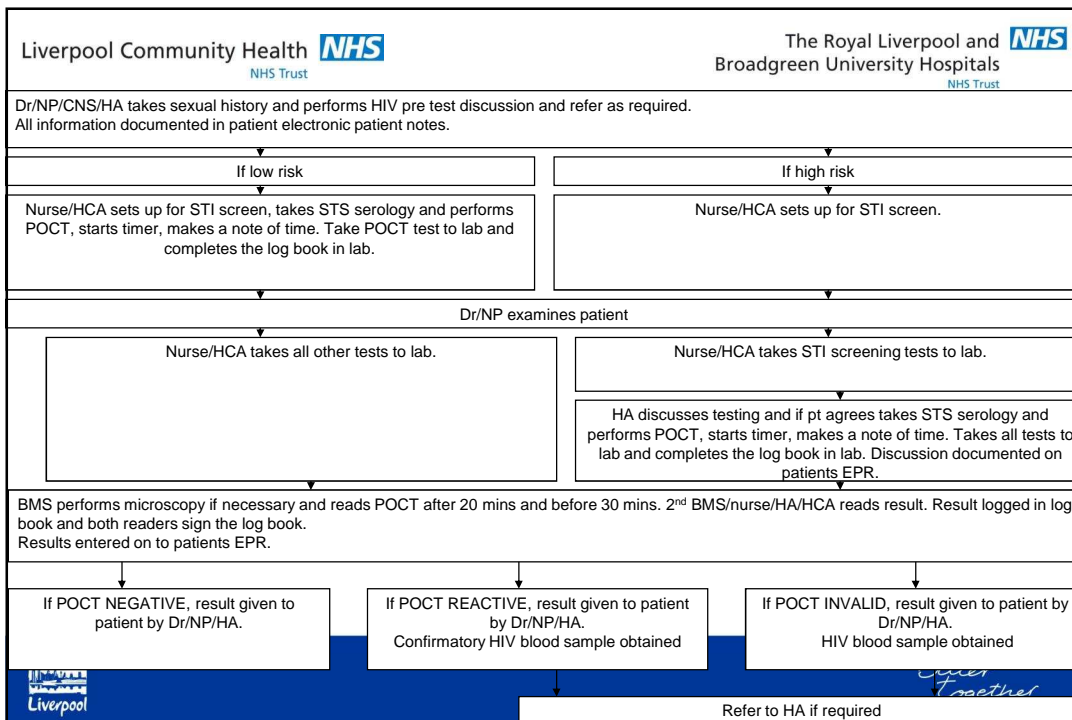
Hospital


- Initially all patients offered testing
- All MDT performed testing including HCAs
- Interruption in flow
- Different people reading result


Community

- High risk groups
- Specialist HIV community nurses/practice based and other community based nurses performed test
- Continuity
- Same people reading result




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Implementation

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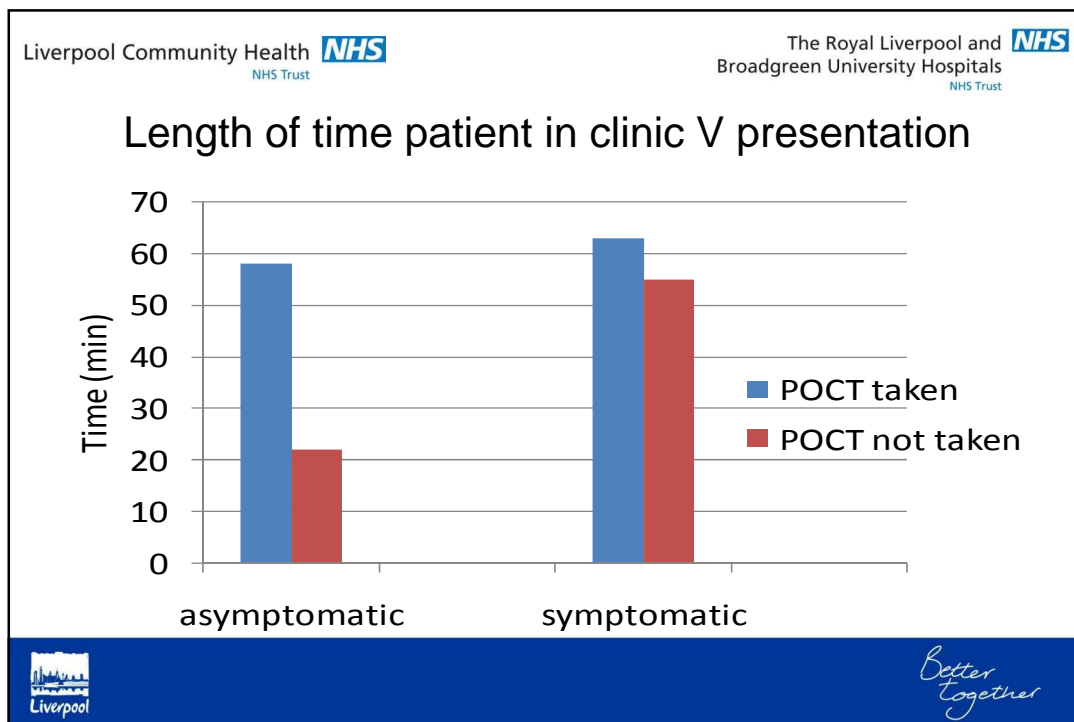
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Results

<p>Hospital</p> <ul style="list-style-type: none"> • POCT increased the average time patients were in clinic • Impacted on clinic flow • Increased waiting times • Potential patients left without booking in • Offered to patients high risk 	<p>Community</p> <ul style="list-style-type: none"> • Saved time • No transportation costs • Screened marginalised groups who would have never attended traditional settings • Volume of patients less therefore able to spend more time promoting POCT
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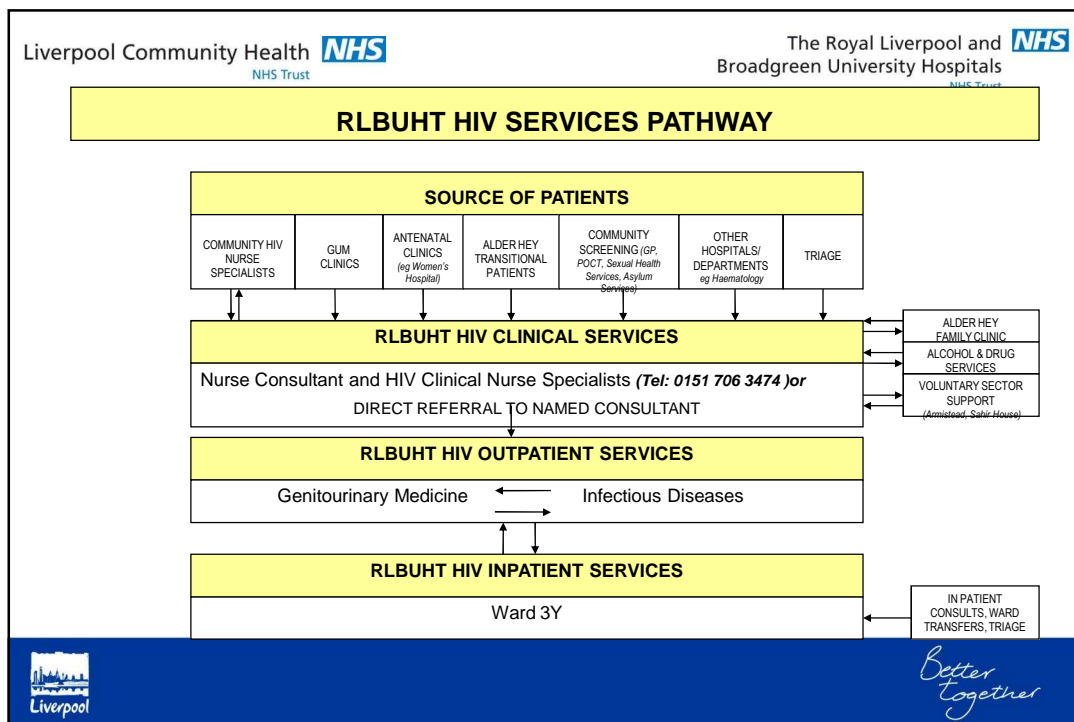
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Results

Hospital/Community

- Nurses found POCT feasible and highly acceptable
- Opportunity to explore risk and provide health promotion
- Joint working – standardised approach
- Referral pathways for newly diagnosed HIV positive patients

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Staff comments

POCT is useful for pts who were victims of sexual assault and about to receive PEP

Hospital worker

Good to give a rapid result and not have to worry about clients failing to return to the department to collect results

Hospital worker

Careful line to tread between supporting someone in a marginalised group and vulnerable position to learn their HIV status and placing undue pressure on an individual who had not planned to take a HIV test

Community worker

It was beneficial to be able to reach out into the community to increase awareness of POCT for HIV and engaging individuals who may have otherwise not been able to access health services

Community Worker

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Conclusions

- Highlights close working between nurses to improve patient outcomes
- Increased uptake of HIV testing in groups who would never have been tested via traditional routes
- Specialist nurses are able to support non specialist nurses to increase uptake of testing

Future developments

Hospital

- Introducing POCT for HIV as part of their service to high risk patients

Community

- POCT for HIV implemented in Well Travelled Clinic
- Negotiating with Commissioners to try and introduce POCT within the community setting

Acknowledgements

- Liverpool NHS Community Health
- Liverpool School Of Tropical Medicine
- RLBUHT(LCSH, HIV Clinical Services and Virology),
- Sahir House
- Brownlow group Practice
- Addaction
- UC24
- Armistead

With particular thanks to Vida Spaine & Bob Downs