HIV NURSING 2022
September 15-16, 2022 • Virtual
Business Unusual
Bolstering the Agility of HIV Responses through Service Delivery Innovations

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Human immunodeficiency virus (HIV) and hepatitis C (HCV) infection are still a major local, national and European health problem.

Screening and testing awareness campaigns have not yet had an impact in lowering new infections numbers.

Global efforts aim at tackling HIV and HCV infections by stopping its transmission through increased diagnosis and effective linkage to care (LTC).

As a Fast-Track City (FTC), Cascais implemented a universal HIV/HCV screening project in the Emergency Department (ED) of its hospital, with an embedded nurse assuring LTC.
Objectives to be achieved

Perform
Standardizing HIV and HCV screening in healthcare

Identify
Diagnose diseases at earlier stages

Develop
Increase the number of screenings performed, reducing missed diagnostic opportunities

Linkage to care
Ensure a quick and effective link to health care
Specific changes were made in the Electronic Medic Record (EMR) to automatically integrate HIV/HCV screening in the normal clinical flow of the patient.

The EMR determines which patients are eligible for screening.

Completely automated and independent from a clinician’s request implies removing the human factor from testing decision.

An opt-out strategy is adopted.

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**ELIGIBILITY**

Criteria:
- ED patients with blood sample prescription
- Age: 18–65 years
- No screening for HIV/ HCV in the last year
- Without known HIV/ HCV

Automatic Eligibility by the EMR - Automatic prescription of HIV and HCV Ab on the lab order form

**NOTIFICATION**

Alert in the laboratory system to notify the nursing staff that the patient is eligible

Specific FOCUS label will be automatically provided by the labels printer.

**BLOOD COLLECTION**

Nurse informs the patient about the screening.

- **Patient Accepts - OPT IN**
- **Patient Declines - OPT OUT**

The nurse rejects FOCUS parameters in the lab system and records the reason for opt-out

**RESULTS**

Reactive results with description: “awaiting confirmation in medical consultation”

- Highlighted in bold and red letters
- Patients are informed of the results by the ER physician
- All reactive results are referred to the Linkage to Care Team by automated e-mail

Disclaimer “Gilead Sciences’ FOCUS Program funding supported screening & linkage to a first appointment after diagnosis”
- Analyzes performed by the clinical analysis provider - Synlab laboratories
Assurance of Linkage to care

Report to LTC team

All 'reactive' results are reported

Automated email with reactive HIV and/or HCV tests (always)

Contact

Linkage to care (LTC) nurse contact all patients with reactive tests and summoned in person to LTC Nurse consultation

Identify

If indicated, repeat analysis and diagnosis confirmation with the LTC Nurse
Results

Time range: September 2018 to September 2020 (2 year data)

Number of episodes of urgency: 180,126

Number of people effectively screened – eligible minus opt-outs: 27,332

771 reactive results were referred to the LTC nurse

Screened for HIV referred to LTC: 266

Screened for HCV referred to LTC: 505

Successful follow-up contact: 748 (97%)

Successful follow-up contact: 266

Unsuccessful follow-up contact: 0

Successful follow-up contact: 483

Unsuccessful follow-up contact: 23

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Analyzes performed by the clinical analysis provider - Synlab laboratories

Spoiler alert: article for publication with data from the 3 pending publication
Interventions for LTC and reasons for failure

Forms of Contact:
- Telephone
- Mail
- Letter
- Link to primary care

Unable to contact: 8
Foreigners with home country contacts

Unsuccessful follow-up contact: 23 (3%)

Multiple no-shows: 15
Results (2y)

266

- **New Diagnosis: 53**
- False positive: 116 (negative confirmatory test)
- Linked to another hospital and confirmed retention in care: 97

483

- **New Diagnosis: 42**
- False positive: 25
- Linked to another hospital and confirmed retention in care: 147
- Hepatitis C cured: 269 (RNA VHC negative)

Ab HIV reactive
Successful follow-up contact

Ab HCV reactive
Successful follow-up contact

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Results

New diagnose HIV: 53
LTC: 52

New diagnose HCV: 44
LTC: 44

LTC (defined by linked to care within one month of diagnosis date as measured by CD4 count or VL): 99.1% (97/98)

To be LTC: 1 (currently linked to care)

Time range: September 2018 to September 2020 (2 year data)

Spoiler alert: article for publication with data from the 3 pending publication

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Results – HIV Infection

Pré-FOCUS: 01/05/2017-31/08/2018 (16 months)
FOCUS: 01/09/2018 – 31/12/2019 (16 months)

Late Presentation
CD4 count < 350/mm³

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<tr>
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<th>PRE FOCUS</th>
<th>FOCUS</th>
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<tbody>
<tr>
<td>CD4 &lt;350</td>
<td>91%</td>
<td>42%</td>
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<tr>
<td>CD4 &gt;350</td>
<td>9%</td>
<td>58%</td>
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Impact of Covid19 in HIV screening

ED visits

People screened

1st lockdown

2nd lockdown

IA-TAC

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High LTC rates were achieved because of the crucial role of the LTC nurse.

Effective LTC after diagnosis is crucial to ensure optimal patient outcomes.

Screening program in the ED was successful in diagnosing new HIV and HCV infections.

EMR modifications allowed the integration of HIV and HCV testing in the normal clinical flows.
Thank you

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