



HIV NURSING 2022



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IAFAC
INTERNATIONAL ASSOCIATION
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Business Unusual Bolstering the Agility of HIV Responses through Service Delivery Innovations

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Why a HIV/HCV Screening Program



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



Applied innovations

Specific changes were made in the Electronic Medic Record (EMR) to automatically integrate HIV/HCV screening in the normal clinical flow of the patient



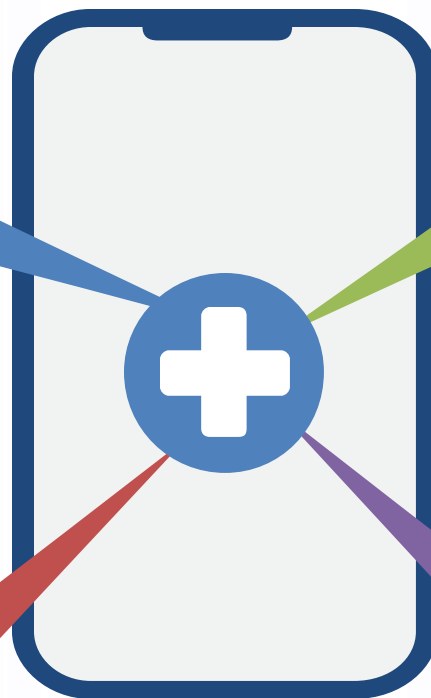
The EMR determines which patients are eligible for screening



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




An opt-out strategy is adopted



Project methodology


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



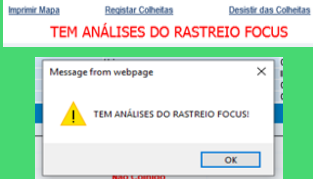
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Lab alert on Nursing Workflow


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.



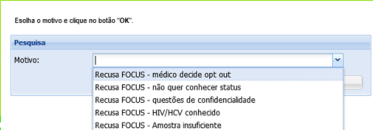
BLOOD COLLECTION




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



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



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



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**

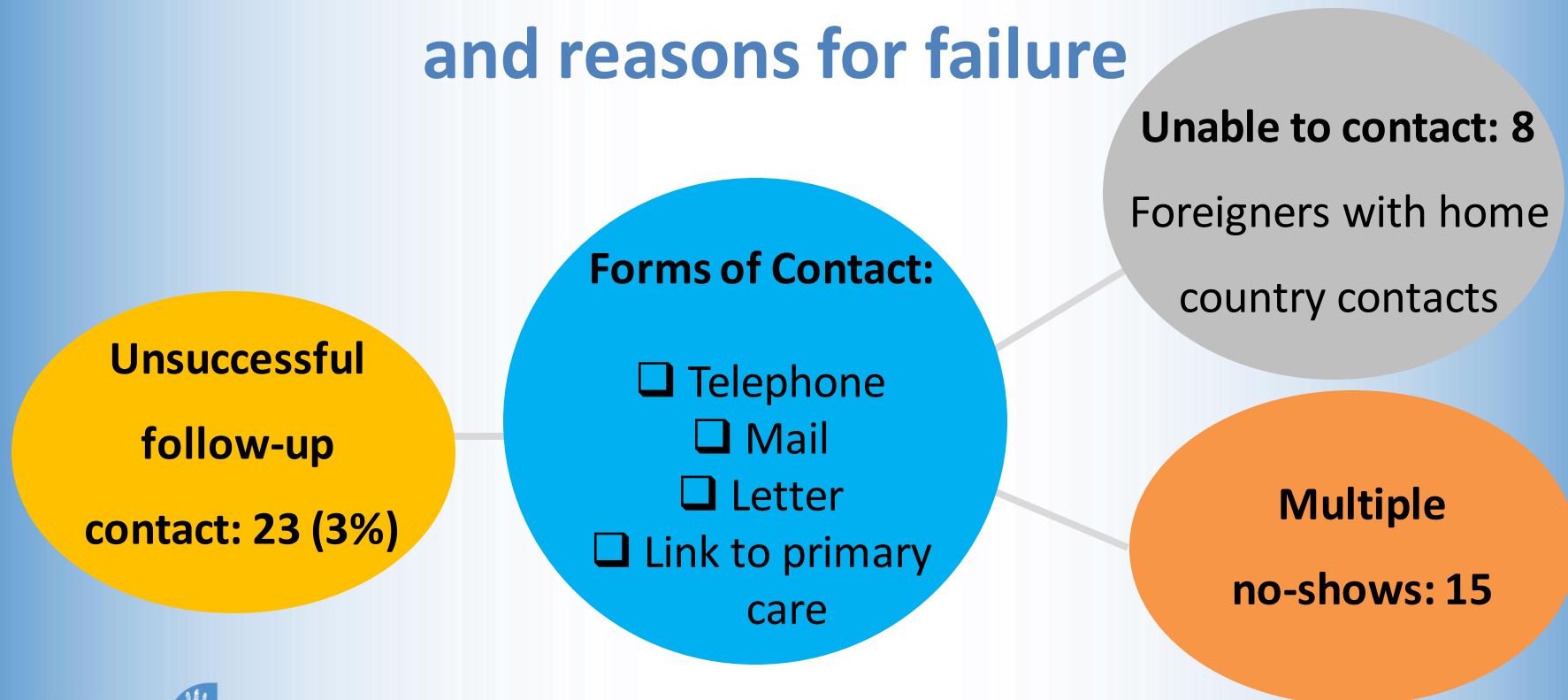
Unsuccessful follow-up
contact: **0**

**Successful
follow-up
contact: 483**

Unsuccessful follow-up
contact: **23**



Interventions for LTC and reasons for failure



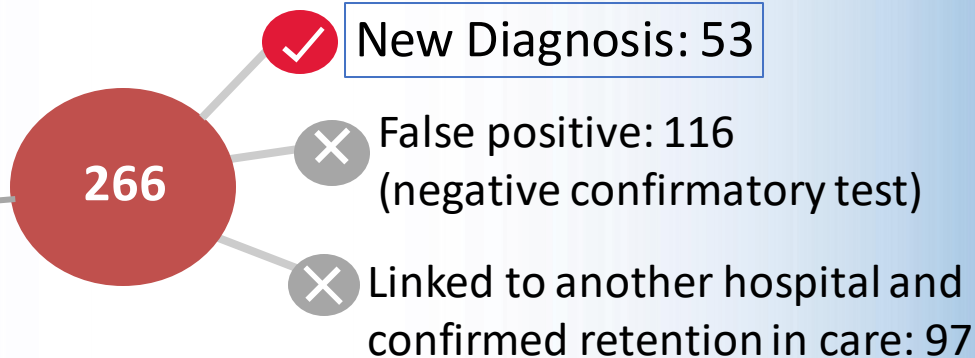
Results (2y)



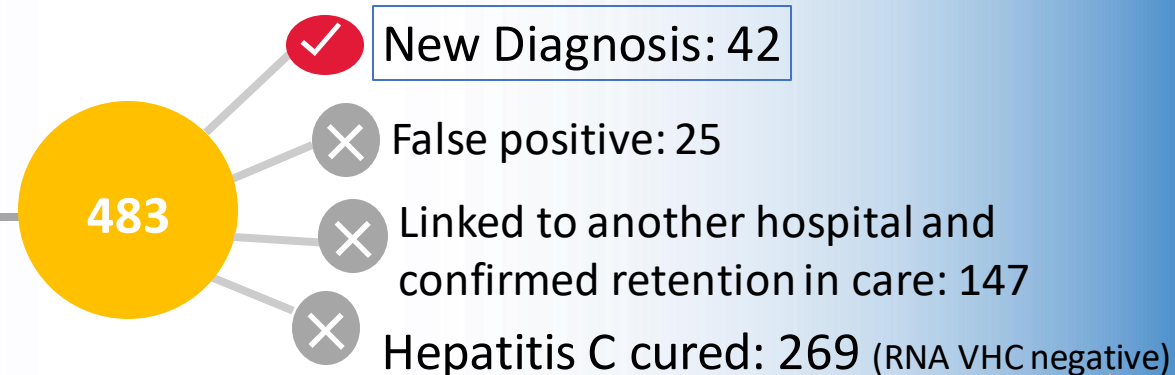
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publication**



Ab HIV reactive
Successful follow-up contact



Ab HCV reactive
Successful follow-up contact



Results



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



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

**New diagnose
HIV: 53** ✓

**To be LTC: 1
(currently linked to care)**

LTC: 52

**LTC (defined by linked to care within one month of diagnosis
date as measured by CD4 count or VL): 99,1% (97/98)**

**New diagnose
HCV: 44** ✓

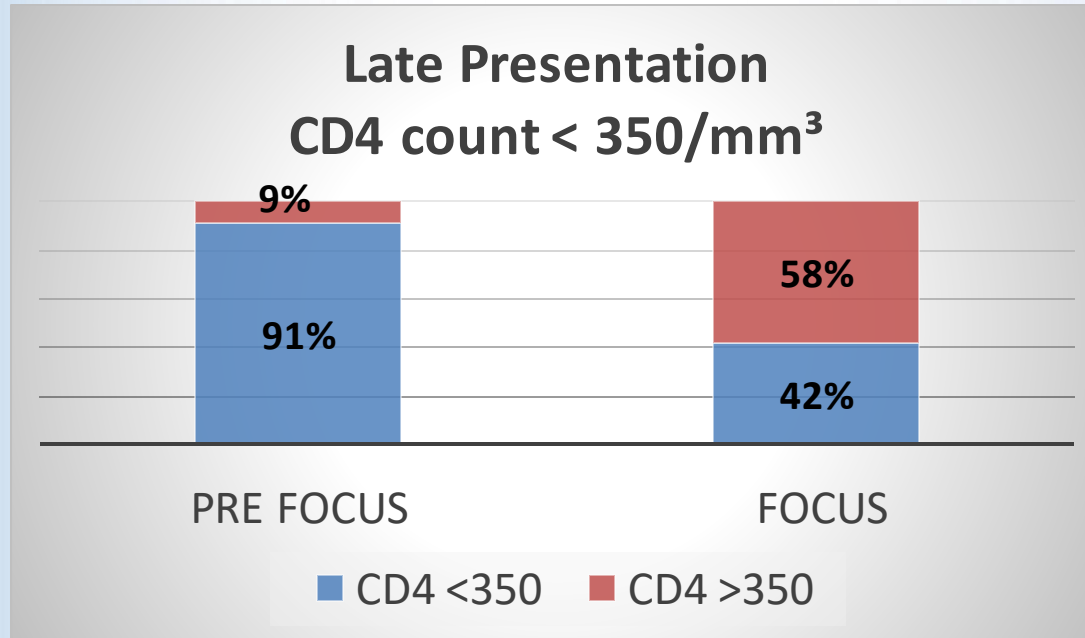
LTC: 44



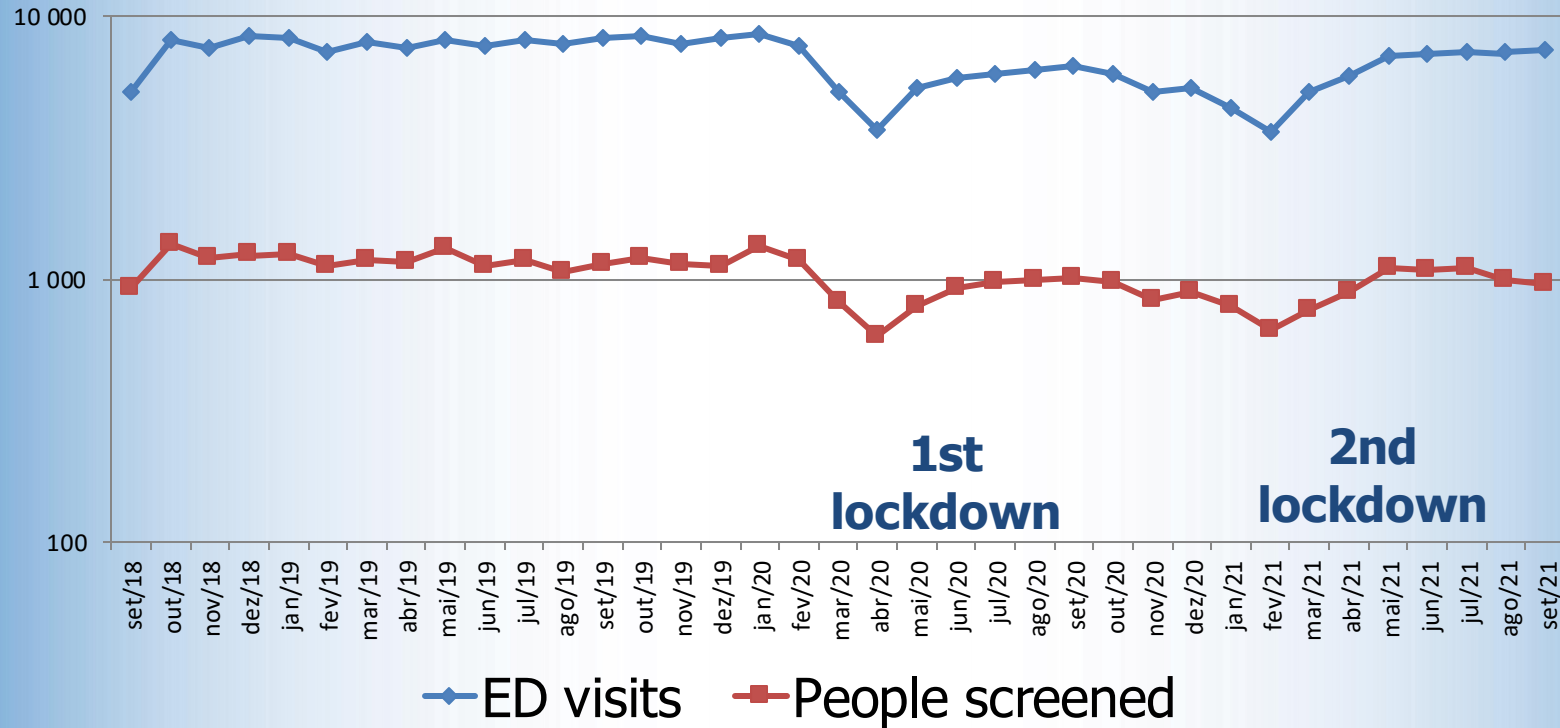
Results – HIV Infection

Pré-FOCUS: 01/05/2017-31/08/2018 (16 months)

FOCUS: 01/09/2018 – 31/12/2019 (16 months)



Impact of Covid19 in HIV screening



Conclusions



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



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



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



Thank
you



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