

# Transfer audit: review of the local pathways for HIV patients transferring their care into the unit and of the quality of information provided by ‘sending’ units, June 2013-2014 inclusive

N Mody<sup>1, 2</sup>, E Youssef<sup>2</sup>, E Nixon<sup>2</sup>, T Buckingham<sup>2</sup>

1. King’s College Hospital, London      2. Royal Sussex County Hospital, Brighton  
Correspondence: nisha.mody@nhs.net

## BACKGROUND

- Standard 2 of the 2013 BHIVA Standards of Care for People Living with HIV states

*HIV services must have defined pathways for the safe transition of care, both from the sending and receiving clinical services. Patients who transfer their care...should have a full clinical summary provided from their former to their new treatment centre within 2 weeks of this being requested. This...should contain as a minimum the information outlined in the BHIVA Investigation and Monitoring Guidelines*

- Neither the Standards of Care, nor the Guidelines set audit standards for this

## RESULTS: 68 cases eligible for audit

- >30% transferred from non-UK units
- 25% had previous care at >1 unit

## Communication with SUs

- 69% had documented evidence of the local TI request proforma being faxed to the SU; 10% had > 1 request sent
- Where TI was requested, this was received within 2 weeks for 38%
- In 18 cases, TI was received prior to first presentation to the unit
- Overall, TI was received for 87% of transfers
- For 74%, TI was available for their first doctor review

Brighton and Sussex University Hospitals NHS Trust

The Lawson Unit  
LEADING HIV CARE FOR BRIGHTON

Dr Martin Fisher  
Dr Duncan Churchill  
Dr Gillian Dean  
Dr Yvonne Gillmore  
Dr Daniel Richardson  
Dr Debbie Williams  
Dr Suneeta Sony  
Dr Amanda Clarke

The Lawson Unit Request for Medical History

RE: Name: (Please Print)..... DOB:...../...../.....

PREVIOUS CLINIC DETAILS

- Name of Clinic:.....
- Your Clinic number:.....
- Clinic Telephone/Fax number:.....

Dear Doctor,

The above named patient has requested to transfer their HIV medical care to the Lawson Unit. In line with the BHIVA Standards and Monitoring Guidelines (section 5) we would be grateful if you could fill in the table below, attaching relevant results and fax this back to us. Please also send a summary of any co-morbidities, significant clinical and psychosocial history and concomitant medication.

Date of HIV Diagnosis	
Date of most recent negative HIV antibody test	
Nadir CD4 T-cell count, dated	
Current CD4 T-cell count and plasma HIV VL, dated	
History of HIV-related illness	
Staging of HIV infection	
ART History	
Regimens	
Indication for starting	
Indications for stopping/switching	
(Please provide details on extra sheet if insufficient space across)	
Dated baseline and subsequent resistance tests	
(please attach copy of result/comment if unavailable)	
Dated tropism test results (please attach copy of result)	
HLA B*57:01 result (please attach copy of result)	
Hepatitis vaccination history	
Most recent viral hepatitis results, dated	
Most recent syphilis results, dated	

In order for us to continue with this patient's care effectively and in line with BHIVA Standards of Care (standard 2), we would be grateful if we could receive all relevant information within 14 days.

I give my permission for you to pass on my medical details to the Lawson Unit, Brighton and Sussex University Hospitals NHS Trust, Royal Sussex County Hospital, Brighton.

Signature.....Date.....

Many thanks in anticipation  
Yours Sincerely  
The Lawson Unit

Figure 1: Adapted version of Lawson Unit TI request proforma

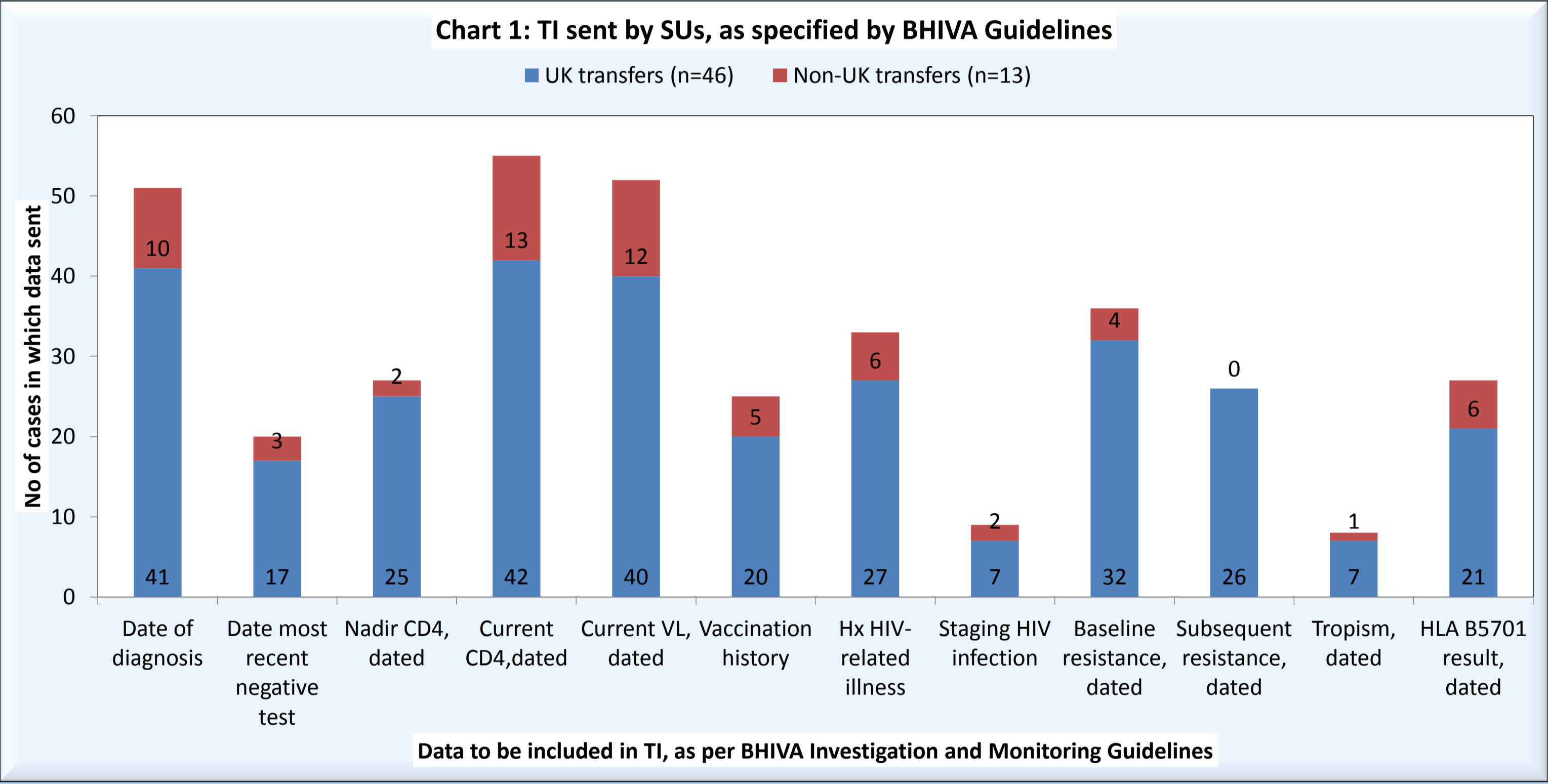
## AUDIT AIMS

- Review local pathways for patients transferring in to the Lawson Unit (LU)
- Assess the timing and quality of transfer information (TI) provided by ‘sending’ units (SUs)

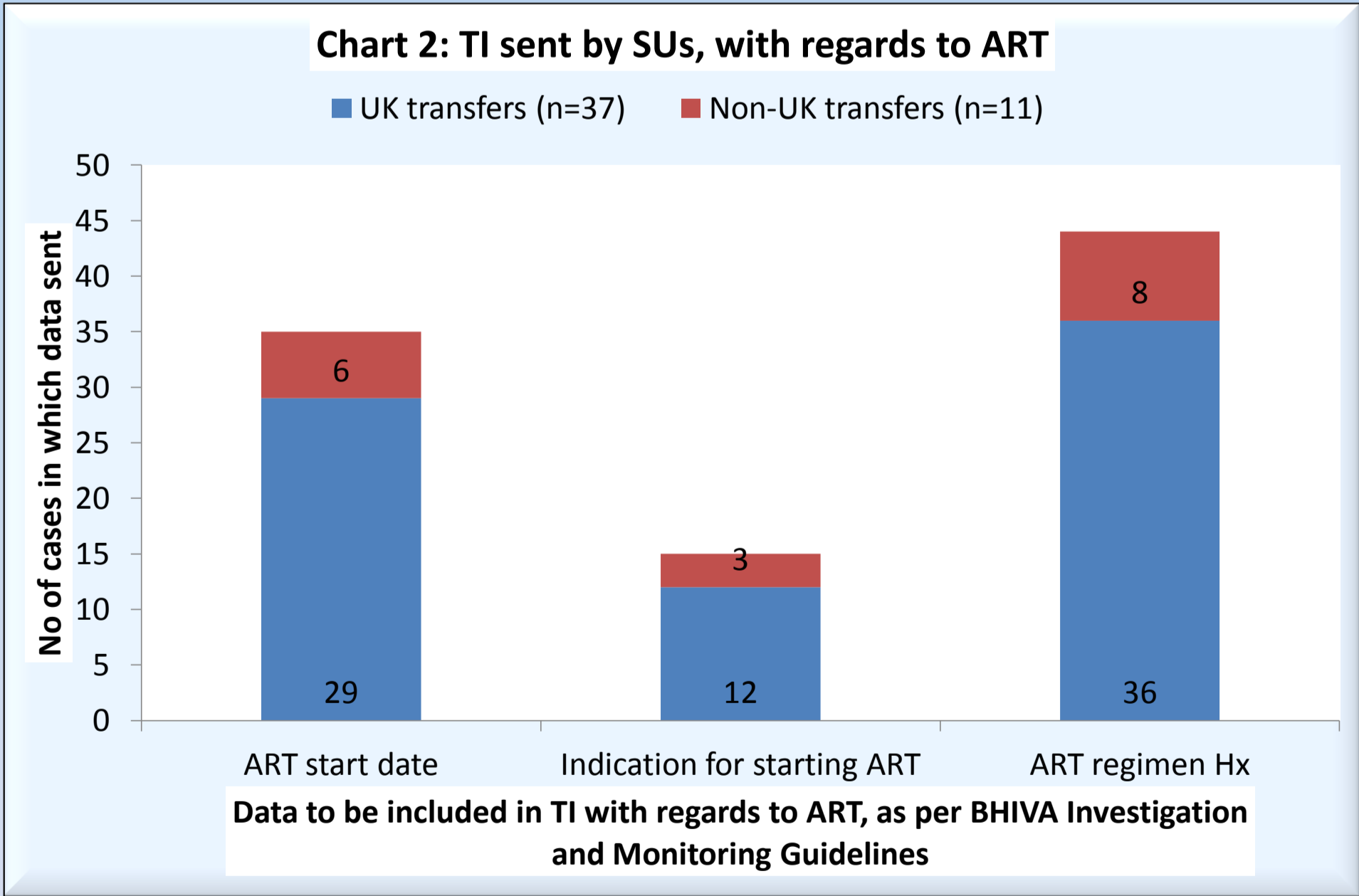
## METHODS

- Electronic patient records (EPR) searched for patients transferring their care to the LU, June 2013-2014
- Paper notes and EPR reviewed for documented evidence of the local transfer pathway being followed, including requests for TI being sent
- Timing of receipt of TI was checked
- Quality of the TI received was reviewed for inclusion of all of the data outlined in the Guidelines

## Data sent by SUs (Charts 1, 2)



- The full set of data as set out by the Guidelines was not sent in any cases
  - Most commonly sent was current CD4 count (93%), current viral load (88%) and date of diagnosis (86%)
  - Less commonly sent was baseline resistance (61%), HLA B5701 status (46%), vaccination history (42%), most recent negative HIV test (34%), staging of HIV infection (15%) and tropism (14%)
- ## ART History (Chart 2)
- 48 cases on ART
  - 37 cases had stopped ART/switched regimens → reason provided for 51%



## CONCLUSIONS

- Optimal management of patients with HIV depends on a comprehensive medical record
- Communication between HIV units on both a national and international level needs to be improved
- A nationalised transfer proforma should be considered (Fig 1)
- National transfer standards, with regular audits against the standards, are needed