Enhancing service quality for stable HIV patients through nurse-led, technology-enabled annual review clinics

Findings from a quality improvement initiative

This project was undertaken as a Joint Working Agreement between ViV Healthcare and Chelsea and Westminster Hospital NHS Foundation Trust

Background

Situation

- HIV management has advanced significantly in recent years (1)
- 30% of stable patient cohort now represents a significant proportion of the total patient population for many HIV centres (2)
- Centres may need to transform from places providing acute care to services managing people living with long-term conditions
- Kobler clinic, Chelsea and Westminster Hospital NHS Foundation Trust (CWFT), cares for an estimated 8,000 patients
- Six, 000 patients considered "stable" (3). See box one for stable patient definition

Kobler clinic team partnered with ViV Healthcare's innovation unit, "the hive," to design a solution that aimed to transform the stable HIV positive patient outpatient pathway by:

- Improving health outcomes
- Enhancing patient interactive experience
- Providing a sustainable and cost-efficient care model that ensures patients are seen by the right person at the right time, according to their complexity

- Solution was designed with significant stakeholder involvement (staff and patients)

Table one represents features of the outpatient pathway before and after solution implementation

Stable patient lists at Kobler clinic were reviewed to identify clinically appropriate patients for the pilot service and screening criteria included:

- A stable patient was defined according to the AHQR domains of healthcare quality (6) was also assessed. Example data are provided in table three.

A BHIVA monitoring audit was conducted using the Annual Review patient records (n=92) to assess quality care indicators. Monitoring of broader health factors compared favourably to national BHIVA monitoring audit data (5). Examples are shown in graph two. Kobler monitoring performance was significantly improved with 55% aggregate improvement versus previous BHIVA audit.

Efficiency and other service outcomes

The impact of the pilot service on a range of additional service outcomes (as defined by the AHQR domains of healthcare quality) (6) was also assessed. Example data are provided in table three.

It was great to have a bit more time to talk generally about health and life. It also feels good knowing I've potentially released a slot for a Consultant for a patient with more complex needs as its relate on medication with low lifestyle complexity.

Evaluation design

Audit data, survey data and thematically analysed qualitative data were used to explore the objectives outlined in table two. Patient sampling approach for pilot participation is described in box one.

Table one: "Before and after" features of stable patient care at Kobler clinic

Results: service-related

Graph two: BHIVA monitoring audit data for broader health factors versus national audit

Conclusions

1. Solution for stable patient management identified in this project translated to a service that effectively delivered high-quality care and high levels of patient satisfaction

2. Technology-enabled clinical pathways can support the delivery, recording and demonstration of quality care

3. A nurse-led annual review for stable patients is acceptable to patients, supports the delivery of high-quality care and has the potential to reduce costs for centres

4. New mechanisms that optimise interactions between patient and clinic are viewed positively by patients and have the potential to improve service efficiency

5. Stable patients are happy to receive nurse-led, technology-enabled care but have information needs regarding the service. These needs vary throughout their service experience

- Total number of patients participating in the pilot was relatively small and only 2% of participants were female: caution should be applied with generalisation
- Further work is needed to understand the suitability of this solution for managing a demographically diverse patient cohort
- Changes to outcome signals reported here are expected as the stable patient solution continues its implementation journey

References


Key issues mediating patient acceptance of the service were:

- User-experience of the technology
- Expectations towards technology functionality
- Concerns regarding data privacy
- Concerns regarding future access to regular clinician
- Perceived effort required to develop a relationship with a new clinician

Data suggest that information provision may need to be enhanced for patients to support implementation beyond pilot period. Information should focus on three key time points: onboarding to the new service; deciding to "stick with" the new service; maintaining service use.

Graph one. Patient satisfaction data from patient survey (n=94)

Patient willingness to continue with the service

84% of patients expressed intention to opt in to a service similar to the pilot (definitely / likely).

Patient satisfaction

40% of patients reported satisfaction with service (very satisfied / satisfied)

Graph two. Patient satisfaction data from patient survey (n=84)

Results: patient-related

Patient williness to continue with the service

84% of patients expressed intention to opt in to a service similar to the pilot (definitely / likely).