

Audit and Improvement
25th Annual Conference of the British HIV Association
Bournemouth 2019

Declaration of interests relating to this presentation

- None

Background

BHIVA audit programme started 2001:

- Annual national clinical audit on selected topic
- Feedback with recommendations
- Some re-audit
- Local responsibility for change/improvement

Audit and Standards Sub-Committee: can we do more to support local quality improvement?

This presentation

- Follow-up of 2017 audit of management of psychological well-being, alcohol and substance use

Results of 2015, 2017 and 2018 audits:

- National results
- Site-level results

Follow-up of 2017 audit

64 services completed follow-up questionnaire in late 2018:

- 9 had not taken part in the original audit, and 4 had submitted patient data but not the survey component
- Among 112 services completing the survey component of original audit, 45.5% (51) took part in the follow-up

How has your service reviewed the findings of the 2017 BHIVA audit?

	Number	%
Discussed in team meeting within HIV service	61	95.3
Discussed with other HIV services, eg regionally	12	18.8
Planned/introduced changes in response	38	59.4
Planned/conducted local re-audit	5	7.8

Other answers:

- Discussed in clinical governance meeting
- In response to questions brought change
- Referred to trust management board

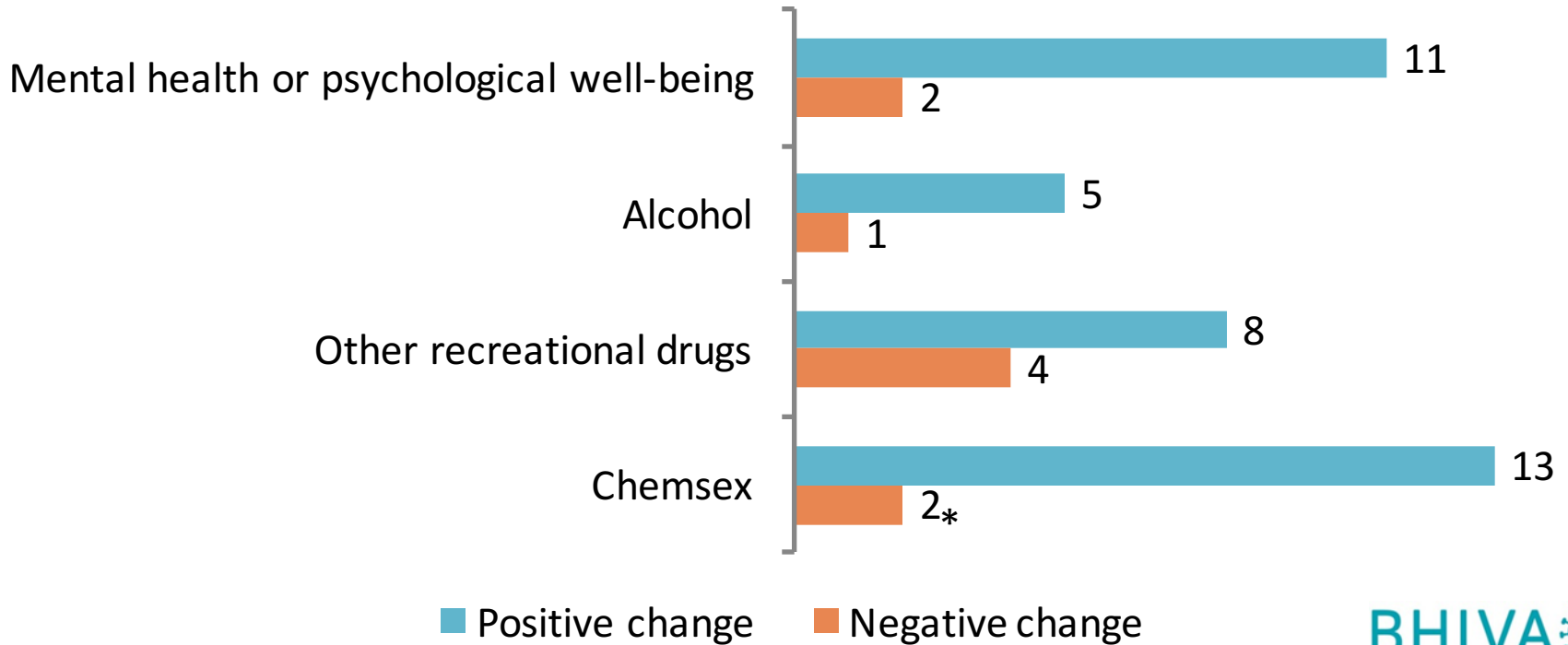
Has your service designated a clinical lead for psychological support for HIV patients?

- 48.4% (31): Yes – 30 gave individual's name
- 10.9% (7): In process of designating
- 40.6% (26): No

Positive change: of 23 services which did not have a clinical lead in the original audit, 9 now had one and 3 were in process of designating

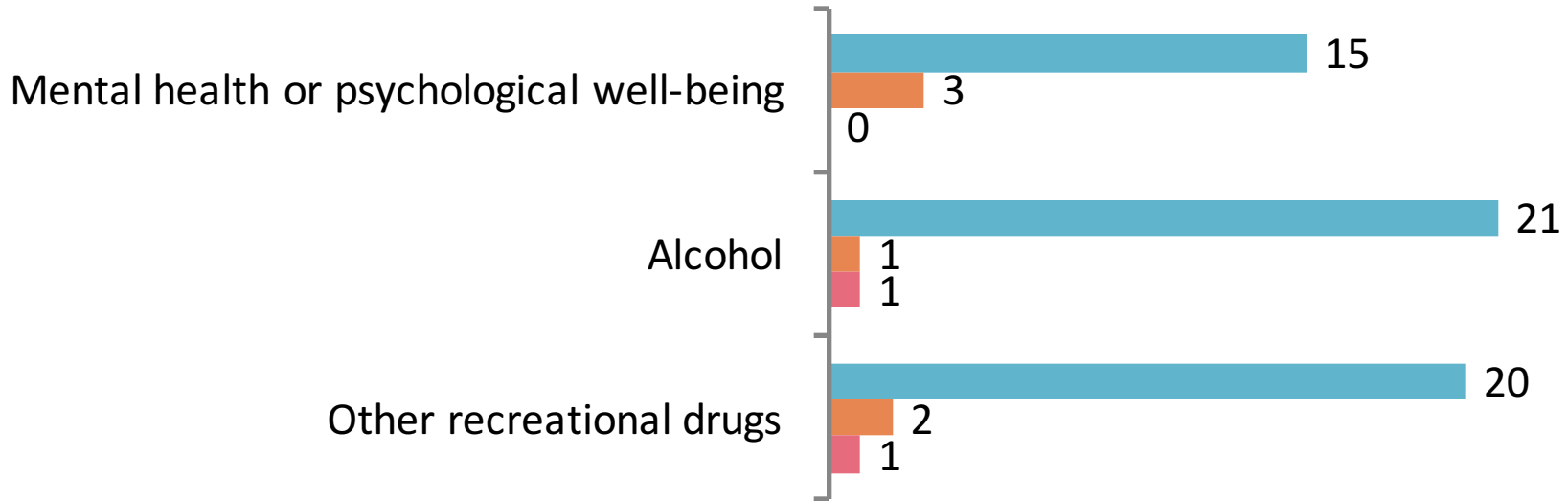
Negative change: but 8 services which did have a clinical lead in the original audit no longer had one

Does your proforma or standard procedure for annual review include asking about:



*From "Yes, for all adults with HIV" to "Yes, for some groups of adults with HIV"

Does your service have documented care pathways for problems associated with:



■ Positive change ■ Neutral change ■ Negative change

Positive: from “No” to “Yes” or “Currently in development”

Neutral: from “Yes” to “Currently in development”

Negative: from “Yes” to “No”

Conclusion

Response was low, but among services taking part in the follow-up to 2017 audit:

- Nearly all had discussed the results in a team meeting
- Most reported planning/introducing change in response

There were net positive changes with respect to specific recommendations

Results of 2015, 2017 and 2018 audits

Three comparable audits of routine care:

- 2015: monitoring of adults with HIV
- 2017: recording of psychological well-being, alcohol, recreational drug use and chemsex
- 2018: monitoring of older adults (≥ 50) with HIV

2016 omitted: conduct of late diagnosis “look-backs”

National results: “like for like” comparisons for key outcomes

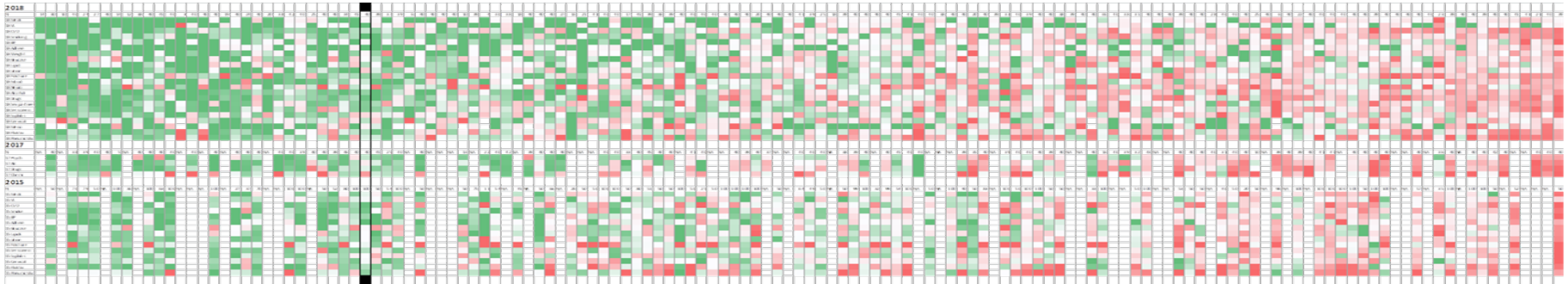
Outcome (target, if any)	2015/2017, age ≥50 only	2018	P
2015 and 2018 audits:			
*VL measured, if on ART (90%)	91.8%	97.2%	<0.001
All medication documented, if on ART (97%)	89.9%	93.9%	<0.001
CVD risk assessed, if on ART without CVD (90%)	50.6%	67.1%	<0.001
BP recorded (90%)	87.5%	91.8%	<0.001
Smoking history documented (90%)	67.8%	80.4%	<0.001
2017 and 2018 audits:			
Mood/psychological well-being/mental health documented or asked about	63.9%	70.5%	<0.001
Asked about alcohol	66.6%	69.7%	<0.05
Asked about recreational drugs	55.1%	59.5%	<0.01

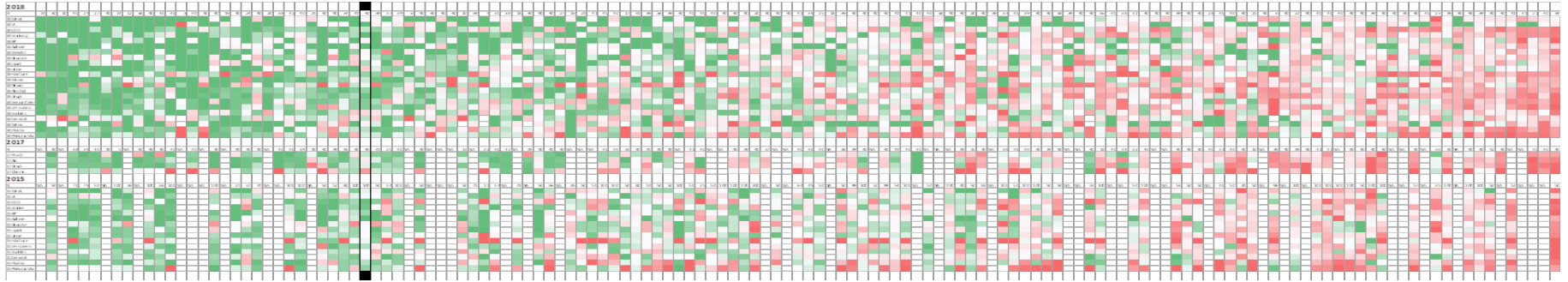
*Guideline for VL changed: 2015 within 6 months (80%); 2018 within 9 months or 15 if on PI (90%).

Conclusion: All key outcomes improved.

Site-level results: consistency across multiple audits and outcomes

Do individual clinical services perform *consistently* well or poorly in terms of BHIVA audit results?





Conclusion:

- Some services performed consistently well or poorly across multiple outcomes in three separate audits

Next steps:

- We will send reports to inform individual services of their own position
- Can BHIVA do more to support local quality improvement?

2019 BHIVA national audit

Management pathways for new HIV diagnoses:

- Timeline to ART initiation
- Reasons for delay, if any

Data collection May-June

Acknowledgements

- Thanks to all clinicians who participate in the BHIVA clinical audit programme
- Audit and Standards Sub-Committee: D Asboe, V Balasubramaniam, F Burns, D Chadwick (chair), M Chaponda, D Churchill, V Delpech, N Ekong, A Freedman, E Kaide, R Kulasegaram, N Larbalestier, K Lowndes, R Mbewe, O Olarinde, E Ong, S Pires, C Sabin, A Sullivan (vice-chair), J Vera