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?

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
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<tbody>
<tr>
<td>Discussed in team meeting within HIV service</td>
<td>61</td>
<td>95.3</td>
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<tr>
<td>Discussed with other HIV services, eg regionally</td>
<td>12</td>
<td>18.8</td>
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<td>Planned/introduced changes in response</td>
<td>38</td>
<td>59.4</td>
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<td>Planned/conducted local re-audit</td>
<td>5</td>
<td>7.8</td>
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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:

- Mental health or psychological well-being: 11 (11 positive changes, 2 negative changes)
- Alcohol: 5 (5 positive changes, 1 negative change)
- Other recreational drugs: 8 (8 positive changes, 4 negative changes)
- Chemsex: 13 (13 positive changes, 2* negative changes)

*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:

- Mental health or psychological well-being
  - Positive: 15
  - Neutral: 3
  - Negative: 0

- Alcohol
  - Positive: 21
  - Neutral: 1
  - Negative: 1

- Other recreational drugs
  - Positive: 20
  - Neutral: 2
  - Negative: 1

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

<table>
<thead>
<tr>
<th>Outcome (target, if any)</th>
<th>2015/2017, age ≥50 only</th>
<th>2018</th>
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<tbody>
<tr>
<td><strong>2015 and 2018 audits:</strong></td>
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<td>*VL measured, if on ART (90%)</td>
<td>91.8%</td>
<td>97.2%</td>
<td>&lt;0.001</td>
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<td>All medication documented, if on ART (97%)</td>
<td>89.9%</td>
<td>93.9%</td>
<td>&lt;0.001</td>
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<td>CVD risk assessed, if on ART without CVD (90%)</td>
<td>50.6%</td>
<td>67.1%</td>
<td>&lt;0.001</td>
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<td>BP recorded (90%)</td>
<td>87.5%</td>
<td>91.8%</td>
<td>&lt;0.001</td>
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<td>Smoking history documented (90%)</td>
<td>67.8%</td>
<td>80.4%</td>
<td>&lt;0.001</td>
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<td><strong>2017 and 2018 audits:</strong></td>
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<tr>
<td>Mood/psychological well-being/mental health documented or asked about</td>
<td>63.9%</td>
<td>70.5%</td>
<td>&lt;0.001</td>
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<td>Asked about alcohol</td>
<td>66.6%</td>
<td>69.7%</td>
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<tr>
<td>Asked about recreational drugs</td>
<td>55.1%</td>
<td>59.5%</td>
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*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 \textit{consistently} well or poorly in terms of BHIVA audit results?
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<th>18CVD</th>
<th>18Smoking</th>
<th>18BP</th>
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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