

Audit of nurse delivered care within Klick, a technology-enabled, outpatient pathway for people living with HIV (PLWH)

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Background

HIV services are experiencing resource and capacity pressures due to an expanding and ageing population of people living with HIV (PLWH), many of whom have multiple co-morbidities. BHIVA standards state "PLWH should receive care overseen by a consultant and provided by practitioners with appropriate competencies within suitable and recognised governance and management structures."

Klick is a technology-enabled pathway that supports patient access to CWFT HIV outpatient clinics. It involves a smartphone app for patients to schedule appointments, view routine results and receive care updates from the clinical team. In addition, designated (Band 6/7) nurses conduct routine and/or annual review consultations either over the telephone or face-to-face, to manage a cohort of stable Klick patients. Nurses document using a dynamic workflow medical proforma on a web-based portal (HealthMachine™).

We audited Klick clinic nurse documentation against BHIVA HIV monitoring guidelines, benchmarking against national audit findings from 2018, and we also describe the complexity of the Klick nurse caseload.

Method

HealthMachine™ and hospital electronic patient records of forty patients who received care within Klick nurse clinics between 25th June 2022 and 8th August 2022 were reviewed. When booking these consultations patients self-identified as stable and completed a pre-visit questionnaire.

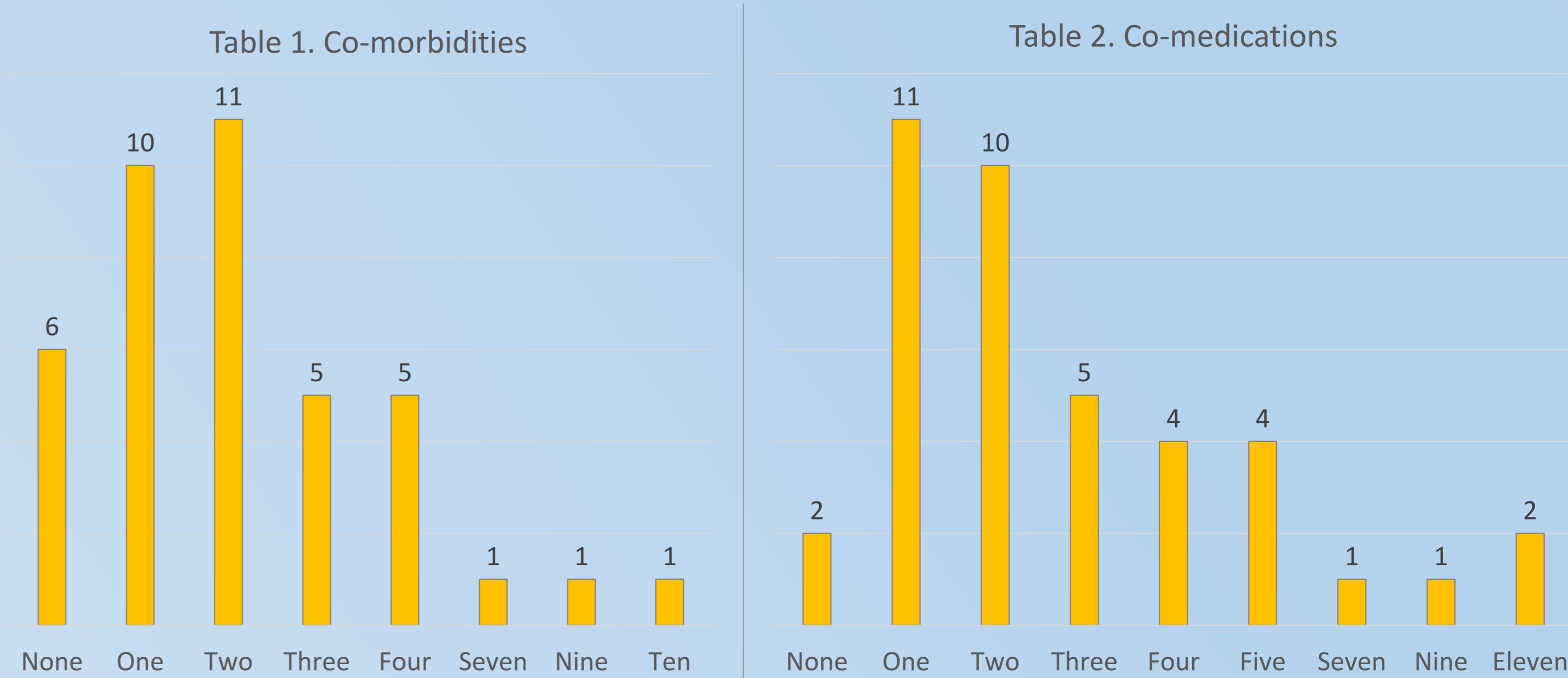
Klick nurses receive training in line with National HIV Nursing Association (NHVNA) competencies framework. Each nurse conducts pre and post-clinic discussions with a senior medical supervisor and runs clinics alongside a consultant-led MDT.

Notes were audited against the following: documentation within the previous 15 months of routine blood tests, vital signs, co-morbidities, co-medications, adherence, sexual and reproductive health history, mental health and cognition status, risk profiles and vaccinations, and an HIV viral load (<9mths).

Results

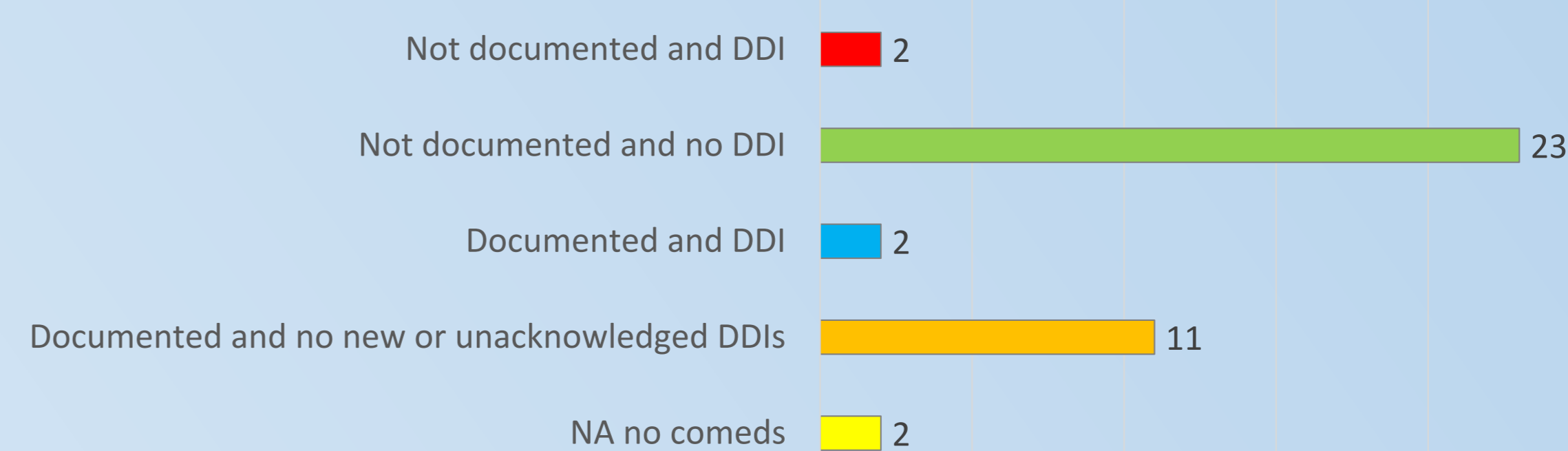
34/40 (85%) had ≥1 co-morbidities including hypertension, hyperlipidaemia, diabetes, chronic kidney disease, cardiovascular disease, anxiety/depression, osteoporosis or obesity. 13/40 (33%) had ≥3 co-morbidities. Table 1.

Polypharmacy (≥2 medications besides antiretroviral treatment (ARV)) was taken by 27 (68%) individuals. Table 2.



Drug-drug interactions (DDIs) are provided in Table 3. No significant DDIs were encountered but Klick nurses identified two previously unidentified minor DDIs.

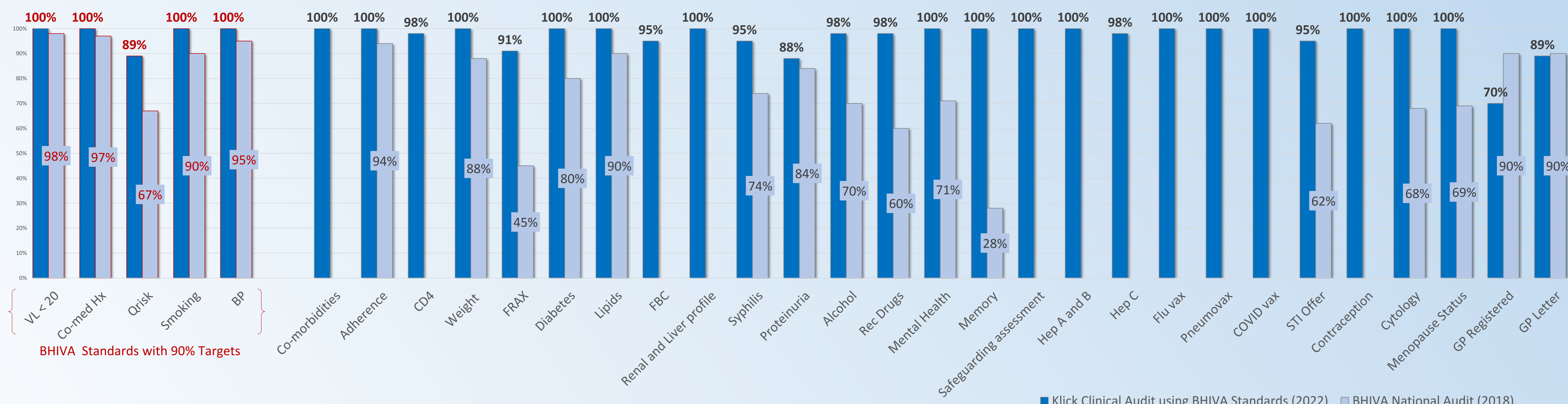
Table 3. DDI identification



8/40 (20%) patients switched ARV during their Klick consultation. No patient required same-day escalation to be seen by a consultant.

Klick achieved over 95% compliance in 27 of 32 of areas monitored and 4 out of 5 BHIVA targets (see Table 4.)

Table 4. BHIVA Clinical Audit Results



Conclusion

As part of a consultant-led team, 3 Band 6 and 2 band 7 Klick nurses provided safe, high quality and comprehensive HIV care to a cohort of PLWH, most of whom had complex co-morbidities (85%) and polypharmacy (33%). Klick care was compliant with 4/5 BHIVA monitoring targets and, compared to the 2018 National monitoring audit, it performed better on almost every outcome measured. This audit highlights the potential for nurse delivered care within a technology assisted training pathway to maximise outpatient capacity and enable senior clinicians to focus on complex, urgent patient care.