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

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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

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

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

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

Figure 1: Adapted version of Lawson Unit TI request proforma

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