



Standards of Care audits and good practices

1st Live Webinar of the Thematic Network

Standards of Care: HIV/AIDS, VH and TB. Good Practices and
Ensuring Prevention and Care for People on the Move, Thursday 16
February 2023

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Conflict of Interest: JKR

- Honoraria for lectures and/or consultancies from Abivax, Galapagos, Gilead, Janssen, MSD, NPO Petrovax Pharm LLC, Theratechnologies and ViiV.
- Research grants from Dt. Leberstiftung, DFG, DZIF, Hectorstiftung, NEAT ID.





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British HIV Association Standards of care for people living with HIV 2018

Introduction

The Standards are designed to provide a reference point against which to benchmark the quality of HIV care in the context of the changing needs of patients and the current financial pressures. They provide information to support top quality care and to inform commissioning decisions to meet the growing need for more efficient and cost-effective services. These Standards update earlier versions published in 2007 and 2013.

The new Standards are evidence based, and have been developed in partnership with care providers, professional associations, commissioners and people living with HIV. They cover the range of care needed from testing and diagnosis to the end of life, taking a holistic view of an integrated approach embracing overall health and well-being, as well as clinical care.

There are eight quality Standards, covering the care that any adult living with HIV in the UK should expect to receive. Each one presents a rationale, quality statements and measurable and auditable outcomes. Three new sections have been introduced looking at HIV prevention, stigma and well-being, and HIV across the life course.

Following the recent launch of the 2018 BHIVA Standards of Care for People living with HIV, it became





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National Audit Reports

Findings from Audit Projects

- [2021: Audit of HIV and hepatitis C \(HCV\) virus co-infection \(pdf\)](#)
- [2021: Survey of HIV clinical services: lessons from the pandemic \(pdf\)](#)
- [2019: Management pathways for new HIV diagnoses: timelines to assessment and treatment \(pdf\)](#)
- [2018: Audit of monitoring and assessment of older adults with HIV](#)
- [2017: Audit of alcohol, substance misuse and psychological support \(pdf, also available as video\)](#)
- [2016: Review of late diagnoses](#)
- [2016: Survey of access to seasonal influenza vaccine](#)
- [2015: Routine monitoring and assessment of adults with HIV \(presented Autumn 2015, PDF\). Technical report of further analyses by S Michael, M May, M Gompels.](#)
- [2014: Management of pregnancy in HIV: survey results \(presented Autumn 2014, pdf\), \[survey participants \\(pdf\\)\]\(#\) and \[case review audit using data submitted to National Study of HIV in Pregnancy in Childhood \\(presented Spring 2015, pdf\\)\]\(#\)](#)
- [2013 joint BHIVA/BASHH audit of partner notification for patients with newly diagnosed HIV infection](#)
- [2012-13 audit of patients with diagnosed HIV infection apparently not in care](#)
- [2011-12 audit of outcomes in established HIV infection \(also available as .pdf\)](#)
- [2010-11 survey of HIV testing policy and practice and audit of new patients when first seen post-diagnosis](#)
- [2010-11 audit participation list \(pdf\)](#)
- [2009-10 survey of testing of children of adult patients, and adolescent transition from paediatric care \(nb participating sites may request an individual report of this survey from \[Hilary Curtis\]\(#\)\)](#)

Why do we need Standards/Audits beyond 2023?

- **Clinical demands in HIV care are changing in an aging population**
- **First generation of HIV nurses and physicians is retiring; start of new medical staff without history of HIV disease development**
- **Increasing migration and refugee flow with changing needs**
- **Management of new treatment strategies Based on long-acting treatment regimens**
- **Help impact reimbursement strategies and national health guidance**
- **Create evidence for what is needed in times of unforeseen events such as COVID-19 pandemic**
-

STANDARD of Care

Prof. Jürgen Rockstroh
Standard of Care Chair

The mission of the Standard of Care project is to promote better and more equal standards of HIV testing and care throughout Europe, a region characterised by gross disparities.

Because an overview of standards of care in different countries does not exist, a long-term goal for the group has been to deploy a European audit of services and care in different countries. A pilot audit project on the standards of care in viral hepatitis co-infection has been completed and a red thread running through the five sessions was discussion around how to scale up audits in other clinical areas to a larger exercise.

The scheduled meeting for EACS Standard of Care for HIV and Co-infections was repackaged from a physical event in Tbilisi, Georgia into a series of five mostly virtual sessions between October 2020 and February 2021. The sessions were designed to build on the work done since the 2014 launch of the Standard of Care project in Rome

The opening session was co-chaired by Prof. Jürgen Rockstroh and Prof. Tengiz Tsertsvadze. It discussed the data from standard of care initiatives and how the data might impact other patient populations and explored the impact of the COVID-19 pandemic on HIV, hepatitis and TB services.

The hepatitis pilot audit was presented by Dr Ann Sullivan (see separate section in this article). Prof. Chloe Orkin, former chair of BHIVA, spoke of her extensive experience with audits and gave practical advice on how to manage them. Feedback from a scoping exercise to identify existing national and local standards of care in Europe mandated by ECDC and carried out by EACS in cooperation with CHIP was shared by Dr Kamilla Laut. Seven countries and several pan-European agencies participated in the exercise which concluded that one common set of standards of care should be feasible.

The first of three themed workshops looked at HIV and COVID-19 co-infection and at the impact of COVID-19 on HIV, hepatitis and TB services. It revealed multiple impacts of the COVID-19 lockdown on people living with HIV with particular attention paid to the situation in Central and Eastern Europe. Impacts included services being restricted, HIV patients observing lockdown impositions very strictly and, therefore, not seeking medical help, and HIV medical staff, hospital beds and laboratory resources being reallocated to COVID-19.



Biennial Report
October 2021

Audit

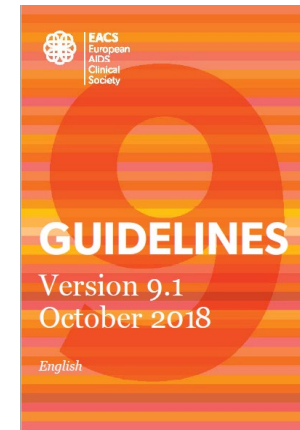
Topic selected and audit proforma developed following multi-stakeholder involvement at the SoC meeting in Bucharest Jan/Feb 2019

Topic: Hepatitis screening, prevention and management in people living with HIV

Guidelines: EACS Standards 9.1

Structure: Policy survey and case note review

Patients: those recently diagnosed with HIV; those with HBV or HCV co-infection



EACS Guidelines 9.1 (pages 6, 58, 81-85)

Initial visit following HIV diagnosis:

Screen for Hepatitis A,B and C.

Vaccinate (A/B) if non-immune

If insufficient response (anti-HBs < 10 IU/L), re-vaccination should be considered

Use TDF/TAF containing ART in HepB vaccine non-responders

HBV co-infected

Hepatitis Delta antibodies should be screened for in all HBsAg positive persons

All persons with HBV/HIV co-infection should receive ART that includes TDF or TAF unless history of tenofovir intolerance

HCV co-infected

Perform HCV RNA if HCV Ab detected

Harm reduction for those identified with specific risk (e.g. PWID, chemsex) – advise harm reduction interventions e.g. OST NEP, safer sex advice

Every person should receive IFN-free DAA therapy to eradicate HCV

Patients with cirrhotic liver disease

HCC screening is indicated in all cirrhotic HBV or HCV co-infected persons in a setting where treatment for HCC is available (Ultrasound every 6 months)

Methodology

5 countries selected – lead for each country identified and asked to invite 5 services to take part; lead co-ordinated involvement at a country level

Georgia (4) Romania (6) Poland (4) Germany (5) Spain (4) = 23

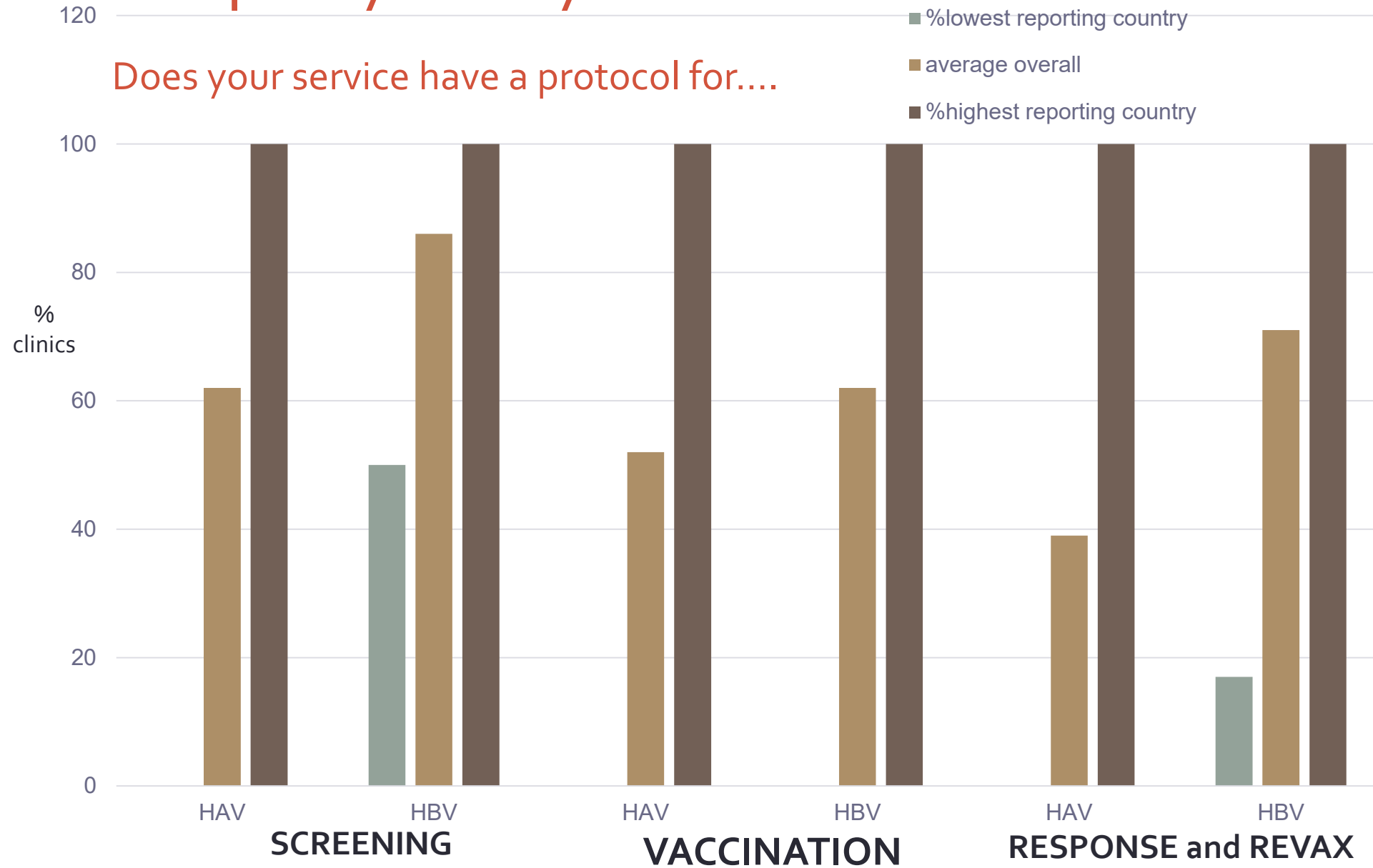
Policy survey: each service asked to complete once

Case note review: total of 40 or 20 patients' notes reviewed

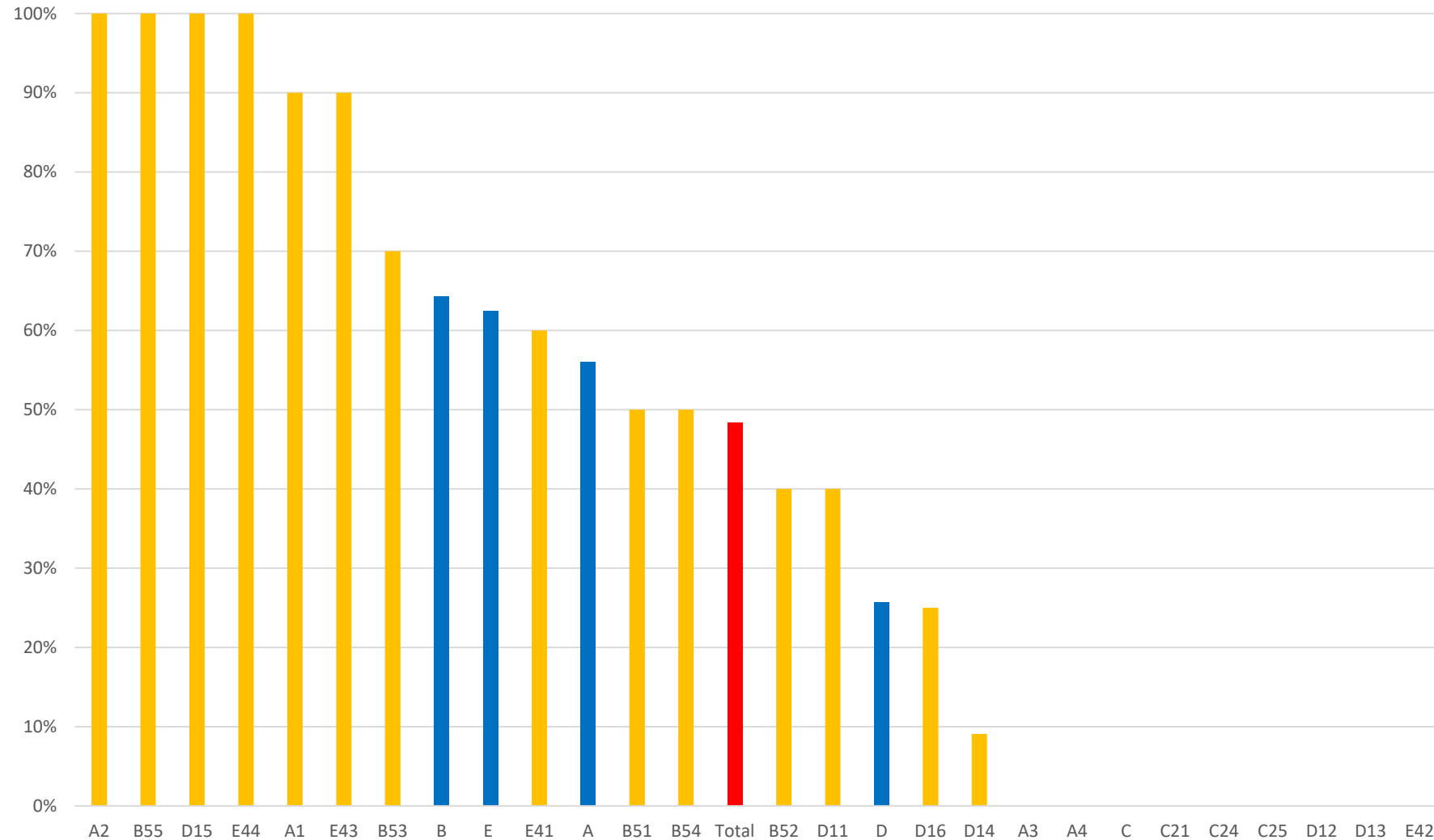
- 20 or 10 recently diagnosed with HIV
- 10 or 5 co-infected with HBV and HCV

No patient identifiable information was submitted; audit number assigned and decoding list retained at clinic

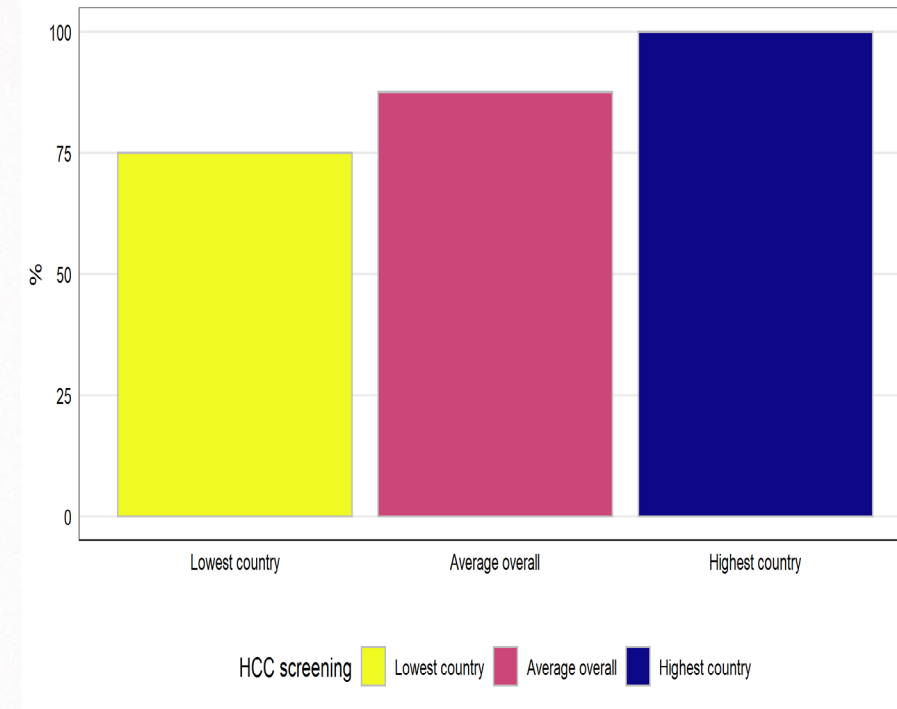
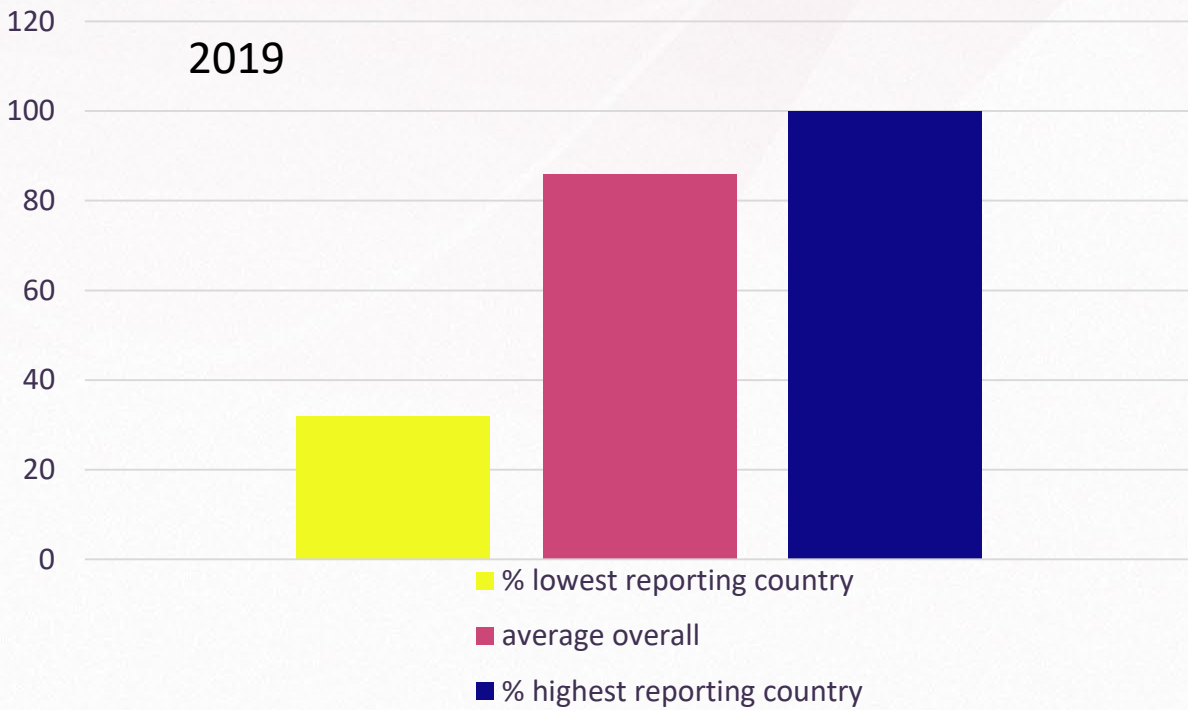
Results: policy survey



HBV coinfectd: delta performed



Policy survey – HCC screening of cirrhotic patients



Audits in the TB and VH space

> [PLoS One](#). 2022 Oct 13;17(10):e0275789. doi: 10.1371/journal.pone.0275789. eCollection 2022.

Management of tuberculosis infection in Victorian children: A retrospective clinical audit of factors affecting treatment completion

Rebecca Helena Holmes¹, Sunjuri Sun², Saniya Kazi³, Sarath Ranganathan^{4 5}, Shidan Tosif^{4 5 6}, Stephen M Graham^{4 5 6}, Hamish R Graham^{4 5 6}

Affiliations + expand

PMID: 36227875 PMCID: [PMC9562148](#) DOI: [10.1371/journal.pone.0275789](#)

[Free PMC article](#)

Abstract

Background: Tuberculosis preventive treatment (TPT) is strongly recommended for children following infection with *Mycobacterium tuberculosis* because of their high risk of progression to active tuberculosis, including severe disseminated disease. We describe the implementation of TPT for children and adolescents with evidence of tuberculosis infection (TBI) at Victoria's largest children's hospital and examine factors affecting treatment completion.

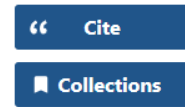
Methods: We conducted a retrospective clinical audit of all children and adolescents aged <18 years diagnosed with latent TBI at the Royal Children's Hospital, Melbourne, between 2010 and 2016 inclusive. The primary outcome was treatment completion, defined as completing TPT to within one month of a target duration for the specified regimen (for instance, at least five months of a six-month isoniazid course), confirmed by the treating clinician. Factors associated with treatment adherence were evaluated by univariate and multivariate analysis.

Results: Of 402 participants with TBI, 296 (74%) met the criteria for treatment "complete". The most common TPT regimen was six months of daily isoniazid (377, 94%). On multivariate logistic regression analysis, treatment completion was more likely among children and adolescents who had refugee health screening performed (OR 2.31, 95%CI 1.34-4.00) or who were also treated for other medical conditions (OR 1.67 95%CI 1.0-2.85), and less likely among those who experienced side-effects (OR 0.32, 95%CI 0.11-0.94). However, TPT was generally well tolerated with side-effects reported in 15 participants (3.7%).

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SHARE



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Similar articles

References

Publication types

> [Intern Med J](#). 2022 Aug;52(8):1347-1353. doi: 10.1111/imj.15349. Epub 2022 May 31.

Measuring quality of hepatitis B care in a remote Australian Aboriginal community: opportunities for improvement

Sumudu Narayana^{1 2}, Michael Nugent³, Richard Woodman⁴, Michael Larkin⁵, Jeyamani Ramachandran^{1 2}, Kate Muller^{1 2}, Alan Wigg^{1 2}

Affiliations + expand

PMID: 33979037 DOI: [10.1111/imj.15349](#)

Abstract

Background: Chronic hepatitis B (CHB) infection remains a significant public health issue for Indigenous Australians, in particular for remote communities.

Aim: To evaluate the spectrum of hepatitis B virus (HBV) care provided to a remote Aboriginal community. Measures studied included screening, seroprevalence, vaccination rates and efficacy, and HCC risk and surveillance adherence.

Methods: A retrospective audit of HBV care received by all permanent residents currently attending a remote Aboriginal Health service. This study was endorsed by both the local Aboriginal Health service and the Aboriginal Health Council of South Australia.

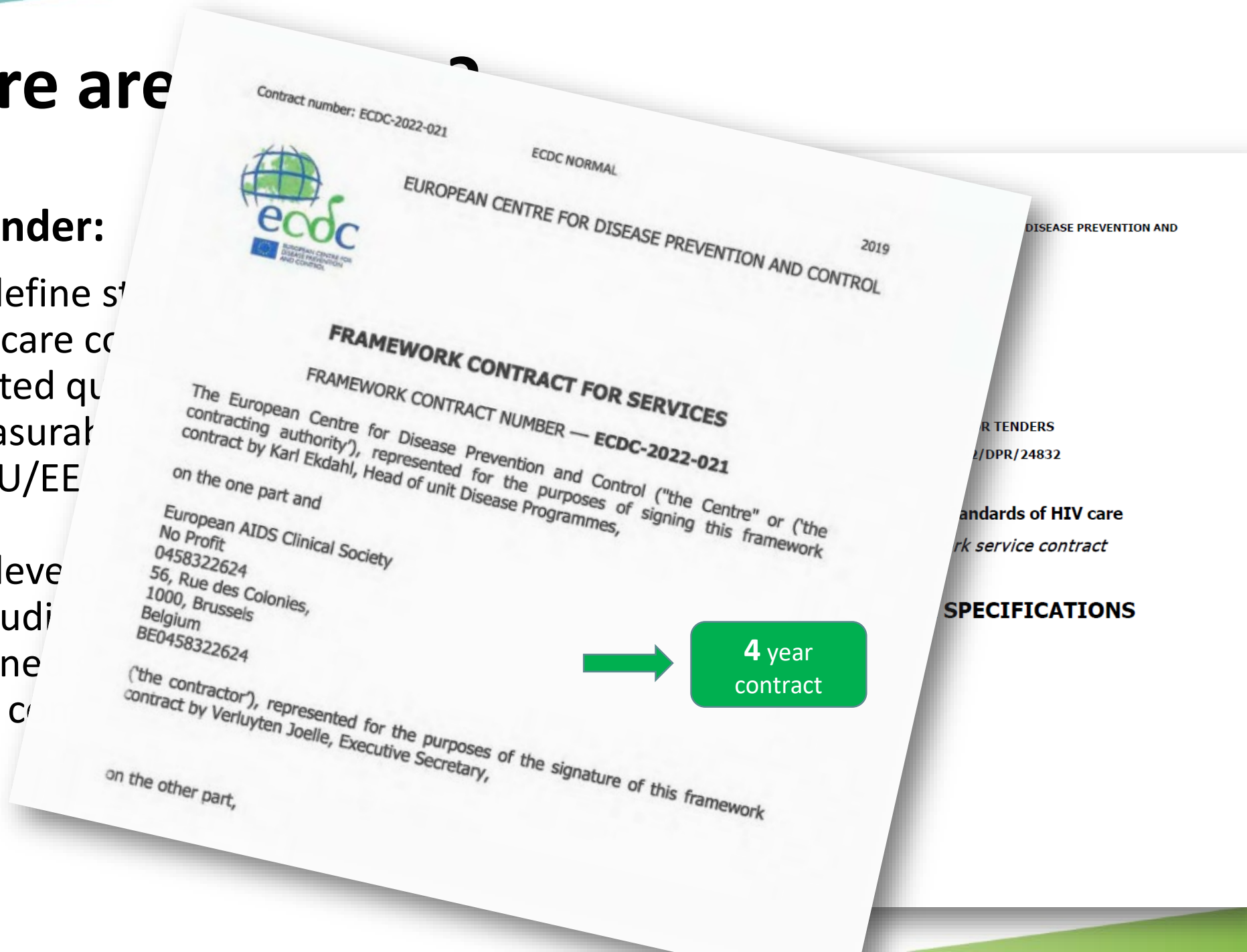
Results: A total of 208 patients attended the clinic, of whom 52% (109) were screened for HBV. Of these, 12% (13) had CHB and 20% (22) had evidence of past infection. Similarly, of the 208 attending patients, complete vaccination was documented in 48% (99). Of the 33 patients with post-vaccination serology, 24% (8) had subtherapeutic (<10 IU/mL) levels of HBsAb. Subtherapeutic HBsAb was independently associated with higher Charlson Comorbidity scores (odds ratio = 17.1; 95% confidence interval 1.2-243.3; P = 0.036). Definitive breakthrough infection was identified in 6% (2) patients. One HBsAg positive patient was identified as needing HCC surveillance, but had not undertaken HCC surveillance.

Conclusion: Opportunities to improve the quality of CHB care through increased HBV vaccination,

Where are

ECDC tender:

1. To define s
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Key elements of the project



Annual workshops at EACS conferences

ECDC advisory group meetings

Standard of care modules

Support implementation of standards
(country support tender)

Audits

Scientific manuscripts

Assess implementation of standards
(Dublin monitoring)

Take-home Points and where do we want to be in the near future

- » **There is great variation in the quality of care across clinics and countries in Europe**
- » **Consensus on standard of care does not cover the whole spectrum of HIV care, prevention and control**
- » **Few surveyed countries have standards of care and levels of performance monitoring vary**
- » **BHIVA standards and audit track record are very advanced and well developed and should encourage further efforts throughout Europe**
- » **Future goal is to:**
 - **to have consensus European standards of HIV care across the European region**
 - **to support implementation of standards of HIV care across the European region**
 - **to raise the standards of HIV care and reduce the observed inequities in the standards of care in the European region**
 - **support European countries reach the Sustainable Development Goals**

Happy carneval !!!!!

