

BHIVA 2011 Audit Questionnaires

Part 1: Site survey

Generated on 9/14/2011 7:57:56 AM

1. Is your service an:

- | | |
|--------------------------|-----------------------|
| Outpatient HIV unit | <input type="radio"/> |
| HIV centre | <input type="radio"/> |
| Neither description fits | <input type="radio"/> |
| Not sure | <input type="radio"/> |

2. How many adult patients (age 16 or over) with HIV currently receive care at your clinic/service?

- | | |
|--------------|-----------------------|
| 100 or fewer | <input type="radio"/> |
| 101-200 | <input type="radio"/> |
| 201-500 | <input type="radio"/> |
| 501-1000 | <input type="radio"/> |
| 1001 or more | <input type="radio"/> |
| Not sure | <input type="radio"/> |

3. If possible, please enter the actual number of adult HIV patients who have attended your centre for care at least once in the past six months. This enables us to estimate the proportion of the UK HIV population covered by the audit:

4. Does your service have a written policy regarding provision of psychological support for people with HIV?

- | | |
|----------|-----------------------|
| Yes | <input type="radio"/> |
| No | <input type="radio"/> |
| Not sure | <input type="radio"/> |

If yes, when was it last updated? _____

5. Does your service have a written policy regarding support for treatment adherence for people with HIV?

- | | |
|----------|-----------------------|
| Yes | <input type="radio"/> |
| No | <input type="radio"/> |
| Not sure | <input type="radio"/> |

If yes, when was it last updated? _____

6. Is there a designated person within the HIV care team with specific lead responsibility for psychological support?

- | | |
|----------------------|-----------------------|
| Psychologist | <input type="radio"/> |
| Mental health nurse | <input type="radio"/> |
| Liaison psychiatrist | <input type="radio"/> |
| Physician | <input type="radio"/> |
| Other nurse | <input type="radio"/> |

- Social worker
- Voluntary/patient representative
- Other, please state: _____

7. Which other members of the HIV care team are involved in provision of psychological support (please tick all that apply):

- Psychologist
- Mental health nurse
- Liaison psychiatrist
- Physician
- Other nurse
- Social worker
- Voluntary/patient representative
- Other, please state: _____

8. How many clinic sessions are routinely booked per week for psychological support for people with HIV?

Enter number of sessions: _____

9. How would you describe the accessibility of the following services to patients with HIV:

	Excellent, easy to access	Fair, some problems	Service exists but is hard to access	Service largely unavailable	Please comment as fully as possible:
Mental health/psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Drugs service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Alcohol service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Social care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Welfare rights/benefits advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Self-help/HIV patients group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

10. What is your policy as regards assessing a patient's ability to adhere to ART at each of the following time points?

	Assess routinely	Assess if concerns are raised	Would not normally assess
When initiating ART	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If VL not adequately suppressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When changing ART with fully suppressed VL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Routine clinic visit if receiving ART	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Annually if receiving ART	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
---------------------------	-----------------------	-----------------------	-----------------------

11. What is your policy as regards assessing a patient’s psychological well-being in general at each of the following time points?

	Assess routinely	Assess if concerns are raised	Would not normally assess
At HIV diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When initiating ART	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If VL not adequately suppressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When changing ART with fully suppressed VL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Routine clinic visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Annually if receiving ART	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Annually if not receiving ART	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Around onset of symptomatic illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Please comment on your views on the effectiveness of this provision:

Comment

13. Are there other services you would like to be able to offer to support psychological well-being and/or adherence and clinical attendance?

Please describe:

14. What specific support are you able to offer to patients having difficulty in adhering to ART and/or attending clinic appointments? (please tick all that apply)

- Information resources (eg NAM booklets/publications)
- Text reminder service
- Aids/reminder tools such as pill-box or alarm
- Home/outreach visit by eg nurse specialist
- Peer support/buddying
- Other, please describe: _____

15. Have you conducted a survey of patients' satisfaction with HIV care provided through your department?

- Yes
- No
- Not sure

If yes, please state when last such survey _____
undertaken:

16. How would you describe the quality of the care provided for HIV patients by the following services:

	Excellent, good quality care	Fair, some concerns	Significant concerns	Please comment:
Mental health/psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Drugs service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Alcohol service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Social care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Welfare rights/benefits advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Self-help/HIV patients group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

17. Are you able to refer HIV patients directly to the following services without GP referral?

	Yes	Only in restricted circumstances	No	Not sure
Mental health/psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drugs service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Welfare rights/benefits advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-help/HIV patients group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Does your department have a procedure for regular review of patients who have a detectable HIV viral load (when expected to be suppressed)?

- Yes
- No, please comment on why not:
- Not sure

19. If yes, how does your department generate a list of patients on ART who have a detectable viral load?

- Clinic database query
- Virology database query checked against clinical notes

- Virology database query checked against pharmacy records
- Manual review of virology results, checked against clinical notes or pharmacy records
- Manual review of clinical notes
- Other, please specify: _____

20. What is the process for review of patients with detectable VL (when expected to be suppressed)?

- Formal discussion in consultant-led meeting to identify action plan
- Cases are discussed informally with a consultant
- Clinicians individually review the patient's notes
- No standard process, it varies
- Other, please describe: _____

21. How frequently is this review conducted?

- Weekly or more
- Less than weekly, but at least monthly
- Less than monthly but at least every six months
- Less than every six months
- Not applicable/no regular review
- Not sure

Part 2: Patient case-note review

Generated on 9/14/2011 7:56:55 AM

1. What is the patient's sex?

- | | |
|---------------|-----------------------|
| Male | <input type="radio"/> |
| Female | <input type="radio"/> |
| Transgendered | <input type="radio"/> |

2. What is the patient's age?

- | | |
|------------|-----------------------|
| 16-19 | <input type="radio"/> |
| 20-29 | <input type="radio"/> |
| 30-39 | <input type="radio"/> |
| 40-49 | <input type="radio"/> |
| 50-59 | <input type="radio"/> |
| 60 or over | <input type="radio"/> |
| Not known | <input type="radio"/> |

3. What is the patient's ethnic group?

- | | |
|---------------|-----------------------|
| White | <input type="radio"/> |
| Black-African | <input type="radio"/> |
| Other | <input type="radio"/> |
| Not known | <input type="radio"/> |

4. By what route was HIV probably acquired?

- | | |
|---------------------------|-----------------------|
| Sex between men | <input type="radio"/> |
| Sex between men and women | <input type="radio"/> |
| Injecting drug use | <input type="radio"/> |
| Blood/blood products | <input type="radio"/> |
| Vertical transmission | <input type="radio"/> |
| Other | <input type="radio"/> |
| Not known | <input type="radio"/> |

5. When was this patient last seen for a consultation in your clinic? Please select month AND year:

Month: _____
Year: _____

6. What is the patient's current status in relation to your clinic/department (please select first answer that applies)?

- | | |
|--|-----------------------|
| The patient has transferred his/her care to a different UK clinic/department | <input type="radio"/> |
| The patient has left the UK | <input type="radio"/> |
| The patient has died | <input type="radio"/> |
| We are not aware that the patient has transferred to a different clinic/department, left the UK or died, | <input type="radio"/> |

but s/he has been lost to follow-up from our care

The patient remains under our care

Not sure

7. Has the patient ever been prescribed anti-retroviral therapy (ART)? NB this question requires an answer.

Yes

No

Not known

8. If yes, please give month and year when ART was first prescribed:

Month: _____

Year: _____

9. Does the patient have a current ART prescription? NB this question requires an answer.

Yes

No

Not sure

10.

When was the sample taken for the patient's most recently recorded viral load (VL) measurement?

Day _____

Month _____

Year _____

11. What assay was used?

Roche v1.5 US (<50)

Cobas v1.5 US (<50)

Abott ultra-sensitive

Roche Taqman1 (<40)

Roche Taqman2 (<20)

Other or in-house

Not known

12. What was the result in copies/ml?

Undetectable

Detectable but under 100

101-200

201-1000

1001-10,000

>10,000

Not available

13. When was the sample taken for the patient's most recently recorded CD4 T-lymphocyte count?

Month _____
Year _____

14. What was the result in cells/mm³ ?

- <50
- 51-200
- 201-350
- 351-500
- >500
- Not available

SPECIMEN ONLY: DO NOT USE

Guidance:

The questions you see on this page vary depending on answers already given. If you are asked for reasons, please answer as fully as you can because this may affect your site's performance rating.

15. You have said that this patient has been prescribed ART in the past but does not have a current prescription. Why is this?

Previous prescription was for short term ART for prevention of mother-child transmission only

Previous prescription was for short term ART around seroconversion only

Other reason, please specify: _____

16. You have said that this patient has a current ART prescription but had detectable VL when last measured. Why is this?

Very low VL detected on sensitive assay, not considered clinically relevant

Under investigation - probable blip

Started or re-started ART within past six months, VL not yet fully suppressed

If, <i>re</i>-started, please give date of re-start: _____

ART is monotherapy for prevention of mother-child transmission

Other reason, please specify: _____

17. You have said that this patient had a CD4 count of 350 cells/mm³ or less when last measured, but does not have a current ART prescription. Why is this?

Please state reason _____

18. Has the patient's blood pressure been recorded within the past 15 months?

Yes

No

Not sure

19.

Have lipids been measured within the past 3 years (either in clinic or by GP)?

Yes

No

Not sure

20.

Has any information about the patient's adherence to ART been recorded in notes within the past 15 months?

- Yes
- No
- Not sure

21. If yes, what was the outcome of the assessment?

- Patient adheres well, no concern
- Some concern regarding adherence
- Not sure

22. You have said that this patient was last seen in clinic during [autogenerated]. Why has the patient not been seen more recently?

- Stable, well patient - clinic policy to review infrequently
- Other reason, please specify: _____

23. Please add any further comment you wish regarding this patient:

Comment

Please click on "Review and submit" to check your answers (if you wish, please print a copy for your records). You then need to scroll down and click on "Submit form". Your answers are not saved until you do so.

SPECIMEN ONLY: DO NOT USE