RT-1

Implementation of New Non-occupational Post-exposure Prophylaxis (nPEP) in a Large City Hospital

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Background: Antiretrovirals (ARVs) should be offered to prevent HIV transmission following a non-occupational exposure according to CDC guidelines. Many recipients of nPEP regimens experience side effects, which can adversely affect completion rates. Completion rates are highly variable and range between 24% to 78% (1). Multiple models exist in healthcare settings to deliver potent antiretrovirals to clients with high-risk exposures. The CDC guidelines were last released in 2005. It is highly anticipated that the CDC and state health departments will revise these guidelines in 2012, addressing the use of newer, less toxic ARVs. However, access to these newer drugs may be limited due to high cost compared to older nucleosides now available in generic formulation.

Purpose: To discuss best practices and considerations for implementing nPEP programs and policies.

Methods: This presentation will highlight changes to anticipated revisions to NYS nPEP guidelines and present various clinical tools and patient education materials to streamline nPEP visits. It will also present lessons learned in the update process, specifically identifying effective methods of communicating between key players in any nPEP program; the emergency department, pharmacy, and clinical staff responsible for the ongoing management of patients on nPEP.

Conclusions/Implications for Practice: Clients seeking nPEP typically have weak links to the healthcare system and it is often difficult to separate their primary care issues from nPEP management. Even as guidelines expand their repertoire of nPEP regimens, issues around paying for these regimens still loom large. Tools, templates and algorithms are one way of unifying an nPEP program in response to guidelines changes.

(1)Bryant J., Baxter L., Hird S. (Feb 2009). Non-occupational post exposure prophylaxis for HIV: a systematic review. Health Technol Assess. 13(14): iii, ix-x, 1-60.

Objectives: The learner will be able to:

- Compare and contrast 2005 and 2012 nPEP guidelines;
- Outline lessons learned from an nPEP program;
- Generate a list of potential steps in the update process for each participant/participant's facility.

RT-2

Hepatitis C in the MSM Population – Implications and Practice of Enhanced Screening

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Background: There are an estimated 3.2 million people living with hepatitis C (HCV) in the United States[1]. HCV is mainly transmitted through percutaneous exposure, among intravenous drug users (IVDU). However, with the recent rise in acute HCV incidence in the MSM population, newer research has shown that HCV is being transmitted through sexual intercourse at higher rates, especially in the presence of human immunodeficiency virus (HIV) coinfection in major metropolitan areas[2]. Moreover, transmission risk increases with amphetamine use and high-risk sexual activity causing rectal trauma or ulcerative STIs.

Purpose: To describe best practices for the screening and diagnosis of HCV in the men who have sex with men (MSM).

Methods/Practice: Given the rise in incidence of HCV among the MSM population, it is of utmost importance to incorporate routine screening into the care of our HIV-positive MSM patients. This presentation will highlight recent research on HCV within this population, risk for acquisition, screening recommendations, and new treatment algorithms. It will incorporate composite cases that will assist clinicians in performing risk assessment, HCV risk reduction counseling, and treatment education.

Conclusions/Implications for Practice: Screening for HCV by antibody testing is recommended at initiation of care for all patients with HIV. HCV RNA should also be measured in HCV seronegative persons with risk behaviors such as IDU and MSM or with unexplained increases in serum transaminases. Additionally, providers should have a high index of suspicion for acute HCV among the MSM population and consider annual HCV testing as well as at any time of increase in serum transaminases

Objectives: The learner will be able to:

- Outline data regarding the transmission of HCV and populations at risk;
- Apply screening recommendations and risk-reduction counseling with practice cases;
- Describe new treatment algorithms with specific attention to the MSM population.

RT-3

Health Care Provider's Perceptions and Attitude Towards HIV/AIDS Patients

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Background: HIV/AIDS has been the most stigmatized disease in all over the world, especially in developing countries. In Pakistan, 1972 with 1765 HIV positive and 233 AIDS cases has been reported (as cited in Curriculum Wing, Ministry of education 2005). Health care providers play a vital role in improving the lives of these patients.

Purpose: The purpose of literature review is to identify perceptions and attitude of health care providers towards people living with HIV/AIDS and lists the factors leading to such perceptions and attitude.

Method: The literature review of both eastern and western countries was done. These include three qualitative and two quantitative studies from 2000-2007.

Findings: Literature review reveals that health care providers perceive insecurity while caring these people because of many factors which includes fear of contagion nature of the disease, fear of non typical sexual behavior of homosexual infected patients, lack of experience of staff, knowledge deficit related to the occupational safety and absence of physical resources during emergency conditions. In addition, declined emotional support from supervisors, decreases the nurses' sense of control over their grieving process while caring dying patients. Moreover, Jewish and Muslim health care providers reported social and moral values leading to abstaining care to these patients. Therefore in order to improve health care professional attitude guidelines for nursing these patients and coping with individual responses should be developed.

Conclusion: Thus the review suggests that the health care professionals should recognize that overcoming individual responses of fear and undesirability to provide care to HIV/AIDS patients will facilitate dealing with the disease itself.

Implications for Practice: Future researches in developing countries facilitate in developing a plan of care for every health care providers which will enhance their knowledge, guide their attitude and offer them strategies to decrease their stressors while caring HIV/AIDS patients.

Objectives: The learner will be able to:

- List perceptions of caring people living AIDS among health care profession;
- Verbalize the factors affecting caring attitude of health care professionals towards HIV/AIDS patients.

RT-4

Providing HIV/AIDS Care in the Slums of Nairobi Kenya: A Challenge to Nurses in Care

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Introduction: Nairobi city has about 70% of its population living in the slums characterized by high poverty and disease levels, accounting for 65% of the HIV and AIDS burden.

Purpose: KICOSHEP Kenya is involved in providing home based care services to part of this population in Kibera slums. Care is extremely needed in the slums where huge populations depend on handouts for survival, making it one of the most challenging factors to professional nursing care to be rolled out.

Methodology and Practice: Between 2009 and 2011, KICOSHEP involved its nurses in supporting close to 772 people (440 women, 165 men and 117 youth) living with HIV and AIDS in its home based and palliative care work in Kibera, by providing nursing and medical care services at homes. In 3 out of 4 visits, one of the most constraining factors to survival and positive mindsets for clients was lack of food. Commonly, clients would ask nurses the following questions "Do you know where I could get some food?" or "Have brought some food with you sister?" This became of one of the greatest sources of stress for nurses involved in care.

Recommendations and Conclusions: Nursing care is a critical aspect of all HIV and AIDS care work. The experiences of KICOSHEP nurses between 2009 and 2011, following close to 772 clients demonstrate that nursing care will greatly improve quality of lives, survival and coping for persons living with HIV if it is blended with a strong element of nutritional care and support in resource constrained setups like the slums.

References

• Report of KICOSHEP Nurses' experiences in providing home based care in Kibera slums (Quarterly reports, 2009-2011)
• Home based care guidelines Kenya (Rev 2010).
• KICOSHEP Concept paper on rolling out palliative care in HIV and AIDS (Dec 2011)

Objectives: The learner will be able to:

- Experience sharing of nurses working in slums in Nairobi, Kenya and specific challenges;
- Working in the slum areas with very few resources

RT-5

A Toolkit to Support Preconception and Contraceptive Care for Women Living with HIV

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Background: For women living with HIV, access to preconception care, including contraception, supports pregnancy planning, reduces unintended pregnancies, and promotes safer conception. Data indicating that many pregnancies are unintended and contraception is underutilized reflects an unmet need for these services. Providers need additional training and resources to meet the specialized needs of women with HIV.

Based on the recommendations of a panel of experts convened by a national agency and a university-based school of nursing and feedback from nurses at a previous ANAC roundtable, a toolkit was developed to support the integration of contraceptive and preconception counseling and care in the HIV primary care setting.

Purpose: Participants will be oriented to the components of the *Contraceptive and Preconception Care Toolkit* and will practice using these resources in the HIV primary care setting through role play and discussion of clinical case studies.

Methods/Practice: The *Contraceptive and Preconception Care Toolkit* synthesizes national recommendations about contraceptive and preconception care with those made specifically for women living with HIV and couples**.** The toolkit includes a self-study training curriculum that is easily adaptable for use by trainers, job aids for healthcare providers and a client brochure. Materials are being disseminated widely and are publicly available for download.

Conclusions: Preconception care, which includes contraceptive care, is an important component of primary health care services for all women living with HIV with the potential for childbearing. The goal of preconception care is to ensure that every pregnancy is planned and well-timed; that pregnancy occurs in the context of optimal maternal health; and that the risk of HIV transmission to an uninfected partner and to the infant is reduced to the fullest extent possible.

Implications for Practice: The toolkit will assist healthcare providers to be proactive in addressing the reproductive intentions and contraceptive practices and needs of every HIV-infected woman. This is an ongoing process that begins when healthcare providers initiate nonjudgmental conversations with women living with HIV at every visit about pregnancy intentions, contraception needs and sexual health.

Objectives: The learner will be able to:

- Orient participants to the *Contraceptive and Preconception Care Toolkit* designed to support delivery of preconception and contraceptive care services for women living with HIV;
- Practice using the *Contraceptive and Preconception Care Toolkit* job aids in the HIV primary care setting through role play and by discussing clinical case studies;
- Discuss how the toolkit will impact barriers and best practices related to contraceptive and preconception counseling and care and provide suggestions about future additions to the toolkit and related activities.

RT-6

HIV and Substance Abuse

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Background: Studies previously done have shown that substance abuse facilitates the spread of HIV and also complicates its management.

Purpose: The purpose of the study was to assess if the above is true and applicable to Bulawayo, a Zimbabwean city with a current adult rate of HIV transmission of 21%.

Methodology: The researcher followed up two research arms, Group A of 96 randomly chosen youths(15-24 years) around Bulawayo suburbs and Group B of 30 youths from Mpilo hospital Opportunistic clinic with 5000 adolescents already on ARVs. Each group answered a 20 item questionnaire on HIV and substance abuse in youths.

Results: The results were manually analyzed showing; Group A had (62/96)64, 58% youths living in the high density suburbs, (37/96)38, 54% lived with both parents. Early sexual debut rate was (6/96) 6%, 0% 'unnatural' sexual encounters and (25/96)26, 04% had never been tested for HIV. HIV positive youths were (15/96)15, 63% with (13/15)86, 67% on ARVs. (36/96) 37,50% used drugs, 53,13% using marijuana and alcohol with only 2, 08% on opiates. 46, 88% accessed condoms easily and under the influence of drugs, 8,33% had occasionally experienced unprotected sex, and 46,88% used protection. Group B showed similar demographic data except that 6, 67% were child-headed families. Early sexual debut rate was (4/30) 13.33%, 6, 67% had 'unnatural' sexual encounters, (20/30)66,67% never had sex.(14/30) 46,67% used drugs, with 30,0% on marijuana and alcohol,13,3% used glue and 33,33% smoked ARVs. 60,0%% had easy access to condoms and under the influence of drugs, 13,33% occasional had unprotected sex and 20,0% used protection.

Conclusion: HIV positive youths have higher rates of substance abuse therefore have higher rates of transmission risk behaviors under the influence of drugs which confirms that substance abuse still helps in the spread of HIV.

Implications for Practice: The research expands our knowledge that more psycho-social measures are needed to address the challenges in HIV positive youths in order to create an HIV free generation future.

Objectives: The learner will be able to:

- Determine if substance abuse is a risk factor for HIV transmission amongst adolescents;
- Determine the effects of substance abuse in youths already on ART;
- Determine the psycho-social causes of substance abuse linked to HIV spread;
- Understand and hence intervene the factors linked to HIV transmission in our city.

RT-7

The Patient-Centered Medical Home (PCMH): A Model of Care Delivery for People Living with HIV (PLWH)

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Background: The Patient-Centered Medical Home (PCMH) model of primary care originated in the care of children with special health needs in the 1960s and is now advocated for all individuals, particularly those with chronic illness. Characteristics of PCMHs include engaged leadership; quality improvement; empanelment; continuous team-based relationships; organized, evidence-based care; patient-centered interactions; enhanced access to care; and comprehensive, coordinated care. The HIV Medical Homes Resource Center (HIV-MHRC) is a national initiative, funded by the Health Resources and Services Administration (HRSA) HIV AIDS Bureau (HAB), to support Ryan White HIV/AIDS program clinics/practices to develop PCMHs for persons living with HIV (PLWH) and achieve certification as recognized PCMHs.

Purpose: To discuss the PMCH model of care and its relevance to the care of PLWH and to discuss the activities and resources of the HIV-MHRC with a focus on PCMH development in the Ryan White HIV/AIDS program.

Methods/Practice: An online needs assessment, disseminated to funded grantees by email, was conducted to inform HIV-MHRC activities and learn about clinics/practices and their readiness, interests, and resource needs regarding PCMHs. The 223 respondents across Parts A, B, C, and D funding were evenly split between primary care sites and HIV/specialty care sites (50% each); the majority (66%) was very interested in obtaining or maintaining PCMH certification. Fifty-one clinics/practices have current PCMH certification or pending applications. Findings indicate that Ryan White sites have many characteristics that align with PCMH development including multidisciplinary teams, quality improvement programs, electronic health records, capacity for practice change. Respondents identified TA needs with 36% requesting topics related to certification. Findings will be used in creating ongoing technical assistance (TA) to include strategic planning workshops with replication through webinars, practice facilitation teams, web-based resource repository, e-consultation, and targeted educational opportunities.

Conclusions/Implications for Practice: Needs assessment findings indicate Ryan White funded clinics/practices are interested in PCMH certification, but require TA which will be facilitated by the HIV-MHRC. Shared experiences of certified sites will be part of strategic planning workshops, and lessons learned from these workshops will be incorporated in other HIV-MHRC activities and resources.

Objectives: The learner will be able to:

- Gain knowledge about the patient-centered medical home (PCMH) model of care and its relevance to persons living with HIV;
- Describe what is happening throughout the Ryan White HIV/AIDS program related to PCMH development and certification;
- Describe the role of the HIV-Medical Homes Resource Center (HIV-MHRC) in supporting Ryan White agencies seeking certification as Medical Homes.

RT-8

Strengthening the Capacity of Graduating Nurses and Midwives as Frontline Providers in Tackling the HIV/AIDS Pandemic: The Heartbeat of the Healthcare System

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Background: With nurses/midwives as frontline health providers in African countries, increasing their capacity to provide primary and comprehensive HIV care is critical to improving health outcomes. Initial focus by Ministries of Health which targeted nurses/midwives at the clinical level has expanded to address nursing/midwifery education institutions so that graduates have needed competencies to function effectively as they enter the workforce.

Purpose: The ICAP Nurse Capacity Initiative with its Nursing Education Partnership Initiative Coordinating Center (NEPI-CC), partnered with PEPFAR/HRSA, works in five African countries since 2010 to improve quantity, quality, and relevance of nurses. ICAP-NEPI-CC supports development and implementation of targeted interventions at nursing/midwifery institutions to expand competencies of educators, ensuring that new graduates are prepared to provide effective care for their communities' needs.

Methods: This model bases itself on leadership from Ministries of Health and Education to maximize synergy with country-specific HRH strategies and build sustainability. Following partnership development and needs assessments, ICAP-NEPI-CC is supporting intervention implementation at selected nursing education institutions in Zambia, Malawi, Lesotho, Ethiopia, and Democratic Republic of Congo. Indicators to monitor strengthened competency-based pre-service nursing/midwifery education programs include: increased numbers of nurse/midwife graduates trained in competency-based programs; strengthened existing and new curricula; and strengthened clinical skills and mentorship capacity of nurse faculty.

Conclusions: Competency-based programs in combined nursing/midwifery programs have started in Zambia and Malawi. An advanced degree in nursing education in Malawi, designed to reach nurses in rural areas and increase retention of nurses with a higher level of expertise, has enrolled its first class. Support to the nursing councils works to strengthen nursing regulation within country and through regional networking, a critical need in the era of Nurse-Initiated and Managed ART (NIMART).

Implications for Practice: Effective task shifting necessitates that nurses/midwives graduate with critical knowledge and clinical skills such as NIMART, essential to improve severe healthcare worker shortage in African countries. ICAP-NEPI CC is developing and evaluating educational models that can be sustained within countries' HRH strategies and be adapted elsewhere as effective and sustainable ways to improve health outcomes.

Objectives: The learner will be able to:

- Understand the long term implications of addressing nursing/midwifery education for improved health outcomes;
- Be oriented towards examples of competency-based educational programs currently being implemented.

RT-9

Global Health Service Partnership

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Background: The last decade has been characterized by emergency responses to health epidemics around the world. Yet, there is a growing recognition that vertical, disease-focused programs will be limited in their success and scale without broader engagement in health system strengthening activities. Health systems in developing countries suffer from major shortages of health personnel, which limits their ability to deliver even basic health care let alone respond to growing and emerging epidemics. The WHO has identified 57 countries around the world with critical shortages of health workers equivalent to a global deficit of 2.4 million doctors, nurses and midwives.[i] Investments in health professional education and training will be instrumental to the scale-up of health care delivery programs.

Purpose: We propose the creation of a Global Health Service Partnership (GHSP) to strengthen medical and nursing education in partner countries. Based on recent proposals for an American global service initiative in the health professions, the GHSP, working in conjunction with the Peace Corps (PC) and other U.S. health agencies, will recruit, send, and support U.S. doctors, nurses, and other health professionals to serve as educators, trainers, and faculty in medical and nursing education.[i],[ii] The program will promote long-term investments for health system strengthening in developing countries.

Methods and Practice: Under the new partnership, GHSP volunteers will primarily function as medical or nursing educators, working alongside local faculty counterparts to teach and transfer clinical skills.

Conclusions: Partner countries will work with the PC and the GHSP to determine where GHSP fellows can have the greatest impact on local health systems. The work of the GHSP will have a multiplier effect in that training more doctors and nurses will rapidly increase the partner country's immediate clinical care capacity while also investing in additional health professionals to sustain and build the system for future generations.

Implications for Practice: Lessons learned from this bold initiative will provide essential information moving forward as the USG strives to meet its commitment to 140,000 new health care workers in order to meet the health needs of those living in disease burden countries.

Objectives: The learner will be able to:

- Will be made aware of the significant shortage of healthcare workers, esp. nurses in the developing world. Impact of HIV will be identified;
- Understand the importance of a strategic and comprehensive response required to effectively address the shortage...which includes a long term commitment to educational partnerships with nursing educational and clinical institutions;
- Be made aware of the Global Health Service Corps and the Peace Corp Partnership;
- Goals and objectives of the GHSC and PC will be defined and evaluated an annual bases;
- Opportunities for learners will be clearly identified.

RT-10

Person-Centered HIV/AIDS Care: A Philosophy and Practice

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Background: Creating a respectful relationship that supports the person's ability to identify his/her personal needs is essential to ensuring that information is given at the appropriate time and is relevant to the Person's own decision making. The Institute of Medicine Report outlines six aims for improving health systems, which includes person-centered care.

Purpose: The purpose of this presentation is to define person-centered HIV/AIDS care and Illustrate how person-centered HIV/AIDS care can be a part of the Delivery System component of HIV/AIDS care.

Practice: This will be done by outlining a process of person centered care utilized in a population health center that focused on integrative care coordination and support. Person-centered care emphasizes evidence-based, planned, and integrative collaborative care. This care creates a uniformed process concerning practical and supportive interactions between an informed, active patient and a prepared, proactive practice team.

Implications for Practice: This delivery system design for care provides care that persons understand and that fits their culture, provides care coordination services and discussions, ensure continuous care, uses time with persons wisely, utilizes research and evidence in care, and defined roles and tasks appropriately. Implications for nursing practice are outlined within community-based settings that promote the individuality of each person within care.

Objectives: The learner will be able to:

- Define Person-Centered HIV/AIDS Care;
- Illustrate how Person-Centered HIV/AIDS Care can be a part of the Delivery System component of HIV/AIDS care.