

Recording of Current Non-Antiretroviral Medication at University Hospitals Birmingham

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Introduction and Rationale

96% of people diagnosed as HIV-positive in the UK are now accessing antiretroviral therapy (ART).¹

There is a risk of drug-drug interactions between ART and concomitant medications.²

This can lead to a reduction of ART or concomitant medication to below therapeutic levels, or conversely, increase levels, precipitating drug toxicity.³

Polypharmacy in older patients increases the risk of potential interactions.⁴ Contraceptive agents, often overlooked, may also increase this risk.⁵

Interactions can be avoided by ensuring a complete list of all current medications is recorded and available to clinicians.³

- The 'British HIV Association guidelines for the routine investigation and monitoring of adult HIV-1-positive individuals 2016' states a minimum of 97% of patients on ART should have a list of all current medication, or note that no medication other than ART is being taken, recorded within the last 15 months.⁵
- A national audit was undertaken in 2015 in order to evaluate adherence with the above target, among others.⁶ The audit included the University Hospitals Birmingham (UHB) site where at the time this was achieved in 85.6% of patients audited.⁷

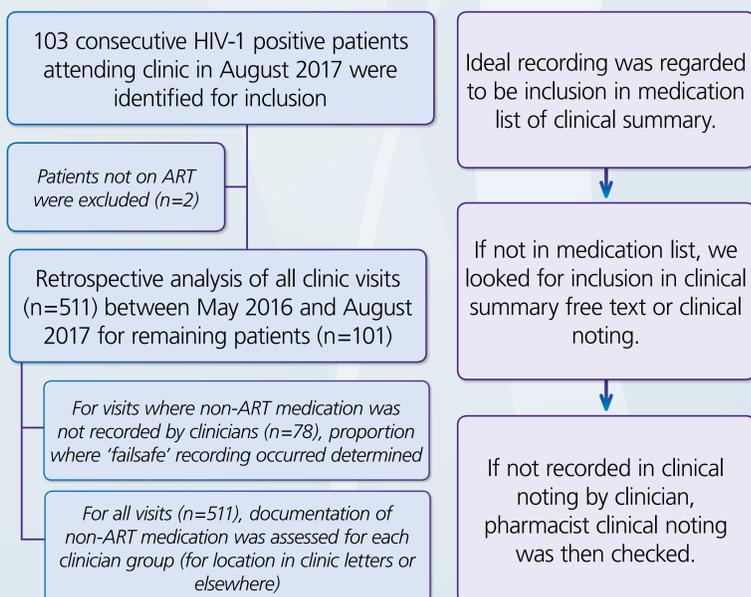
Aims

Our primary aim was to evaluate adherence to the BHIVA target of 97% of patients having non-ART medication recorded in the 15 months prior to August 2017 and to compare to the results of the 2015 audit.

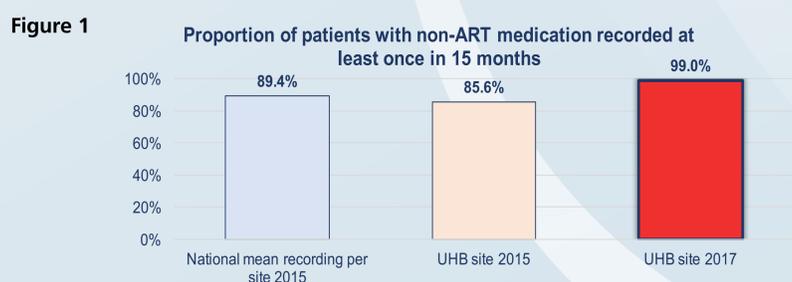
We also assessed where documentation occurred in clinical records, and by which clinicians, in order to establish the proportion of each HIV clinician group documenting in an ideal manner.

Finally, we hoped to evaluate "failsafe recording" –how often the information was available from pharmacy records if not recorded elsewhere.

Methods



Results



Recording practice by clinic visit

Figure 2

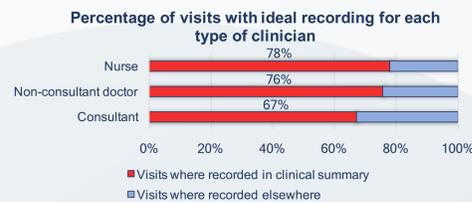
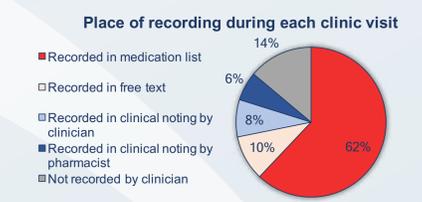


Figure 3

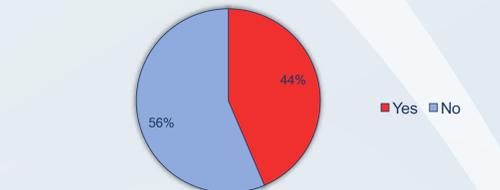


Failsafe recording

Figure 4



Figure 4



Discussion

99% of patients had non-ART medication recorded within the last 15 months (figure 1). This is an improvement from 86% in the 2015 audit for the UHB site, and as result exceeds the BHIVA target.^{5, 7}

In 2015, recording of non-ART medication at the UHB site was 4.4% lower than the national average.⁶ Following the 2015 audit result, all HIV clinicians, including pharmacists, were asked to routinely record all medications at every patient visit, with the hope of an improvement. The 13% increase reflects the successful change in clinical practice.

In 2017, 14% of visits had no evidence of documentation of non-ART medication in the electronic clinical documents (figure 3).

Documentation by nurses proved to be better than consultants and non-consultant doctors. Ideal records of non-ART medications were made in 78% of nurse visits (figure 2). Consultants were the worst performing clinicians at 67%.

Of 78 visits where information was not recorded by clinicians, this information was available from the pharmacists records in only 44% of cases (figure 4). However, we identified that the pharmacists were using a separate electronic record and believe if this record was analysed, this number would significantly increase.

Conclusions

The BHIVA target for recording of non-ART medication was achieved with an improvement seen compared to the previous national audit. This was ultimately achieved through dissemination of audit result to staff, and reminders to record this information in the clinic letters.

Nurses were better than doctors in recording this information in the correct place in the clinical letters, and pharmacists played an important role in "failsafe" capture of non-ART medication information when clinicians failed to record.

The promising findings of this audit are to be disseminated within the department of HIV clinicians. We hope to congratulate and encourage continued good clinical practice. However, as there is always opportunity for improvement, we do have some recommendations.

Recommendations

Consultants, as they had the lowest percentage of ideal recording, should be reminded to record medications in an ideal way, using the clinical summary to ensure important information is available to all clinicians involved in the patients care.

If a re-audit of this area is done in future, all pharmacy record systems should be checked to properly evaluate the failsafe recording of non-ART medications.

References

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