

Collaborative Efforts to Decrease Perinatal Transmission in Washington, DC

A Successful Partnership

Pennsylvania MidAtlantic AIDS Education and Training Center

HIV/AIDS, Hepatitis, STD and TB Administration

District of Columbia Department of Health



Presenters

Linda Frank, PhD, MSN, ACRN

Principal Investigator and Executive Director, PA/MA AETC
Associate Professor, Department of Infectious Diseases
Graduate School of Public Health
University of Pittsburgh

Anitra P. Denson, MD, MPH

HIV/AIDS, Hepatitis, STD and TB Administration
District of Columbia Department of Health

David W Hoover, LCSW, MDiv

Site Director, Northern Virginia Local Performance Site,
Pennsylvania Mid-Atlantic AIDS Education and Training
Center

Hazel Jones-Parker, MSN, CRNP AACRN

University of Maryland School of Medicine
Maryland Local Performance Site,
Pennsylvania Mid-Atlantic AIDS Education and Training Center

Role of the PA/MA AETC in Responding to HIV Training Needs of DC on Perinatal Transmission

Linda Frank, PhD, MSN, ACRN

Principal Investigator and Executive Director, PA/MA AETC

Associate Professor, Department of Infectious Diseases

Graduate School of Public Health

University of Pittsburgh



Pennsylvania/MidAtlantic AETC

Genesis of DC Collaborative

- Information obtain and published on perinatal transmission in DC
- Convening of internal PA/MA AETC discussion about how we could respond
- Convening of meeting with DC HIV Administration and the AETC to discuss intervention
- This collaborative is a superb example of the capacity building provided by the AETCs in collaboration with our agencies

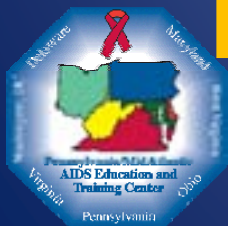
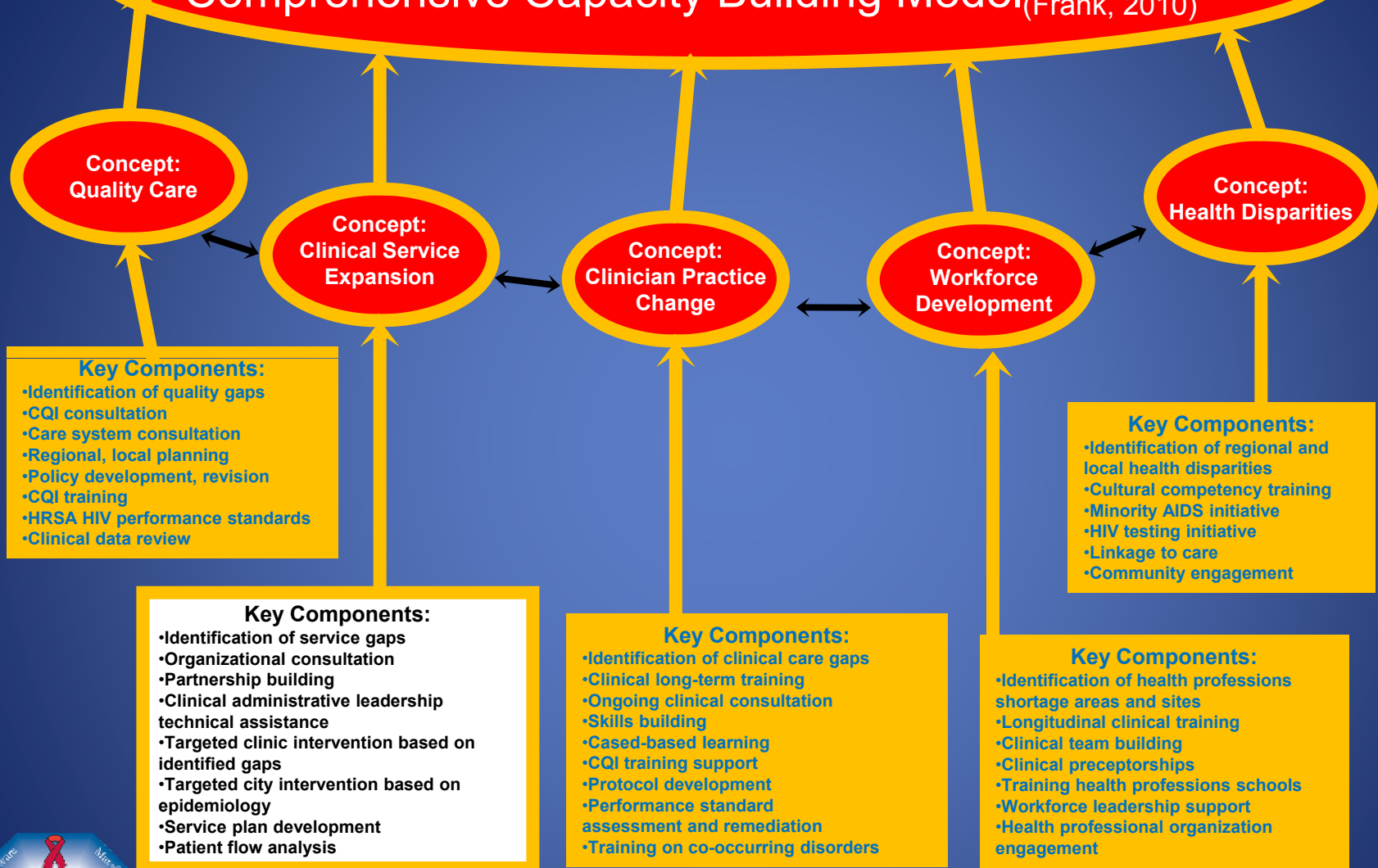


Role of the AETCs In Responding to Regional, Local Needs

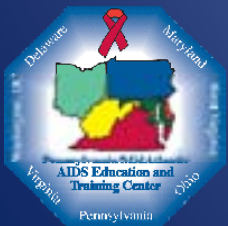
- Training
- Consultation
- Technical assistance
- Capacity building



Pennsylvania/MidAtlantic AETC Comprehensive Capacity Building Model_(Frank, 2010)



The PDSA Cycle QM Model Which Drives AETC Design, Intervention, and Evaluation



Elimination of Perinatal HIV Infection in the District

Anitra P. Denson, MD, MPH
HIV/AIDS, Hepatitis, STD and TB Administration
District of Columbia Department of Health



The Washington Post

November 26, 2007

Study Calls HIV in D.C. a “Modern Epidemic”

The New York Times

November 27, 2007

Report Finds Washington Has Highest AIDS Infection Rate Among U.S. Cities

Where we've been...



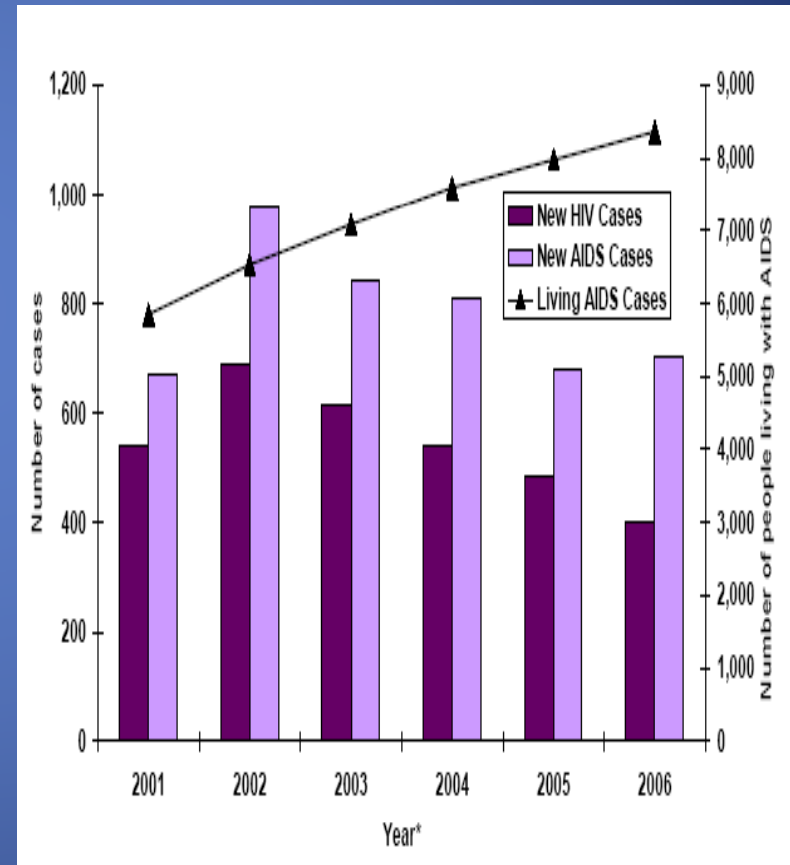
HIV/AIDS in DC, 2006

- As of December 2006 there were 12,428 people reported as living with HIV and AIDS
- DC has the highest AIDS case rate nationally (128.4 cases per 100,000)



HIV/AIDS 2001-2006

- 7,947 total HIV/AIDS cases
- 2,621 (33%) women
- 20-29y and 30-39y accounted for nearly 66% of new cases



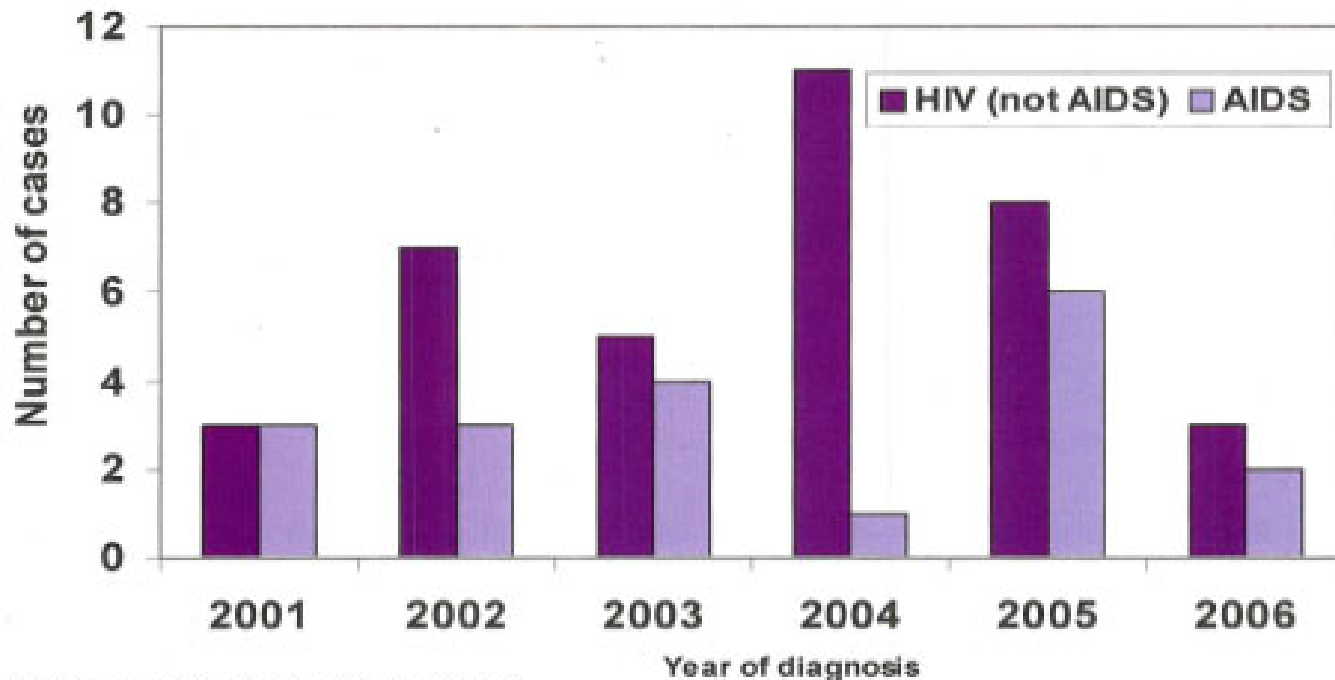
HIV/AIDS among Women

- From 2001-2006 1,155 women diagnosed with HIV, **1,466** with AIDS
- HIV case rate 46.7 per 100,000
- AIDS case rate *83.6 per 100,000*



Pediatric HIV/AIDS

Pediatric HIV and AIDS Cases, by Year of Diagnosis—
District of Columbia, 2001-2006



*All HIV cases were perinatally acquired

**14 AIDS cases were perinatally acquired; the remainder were transfusion/hemophilic or unknown risk.



Where are we now?



HIV/AIDS in DC, 2008

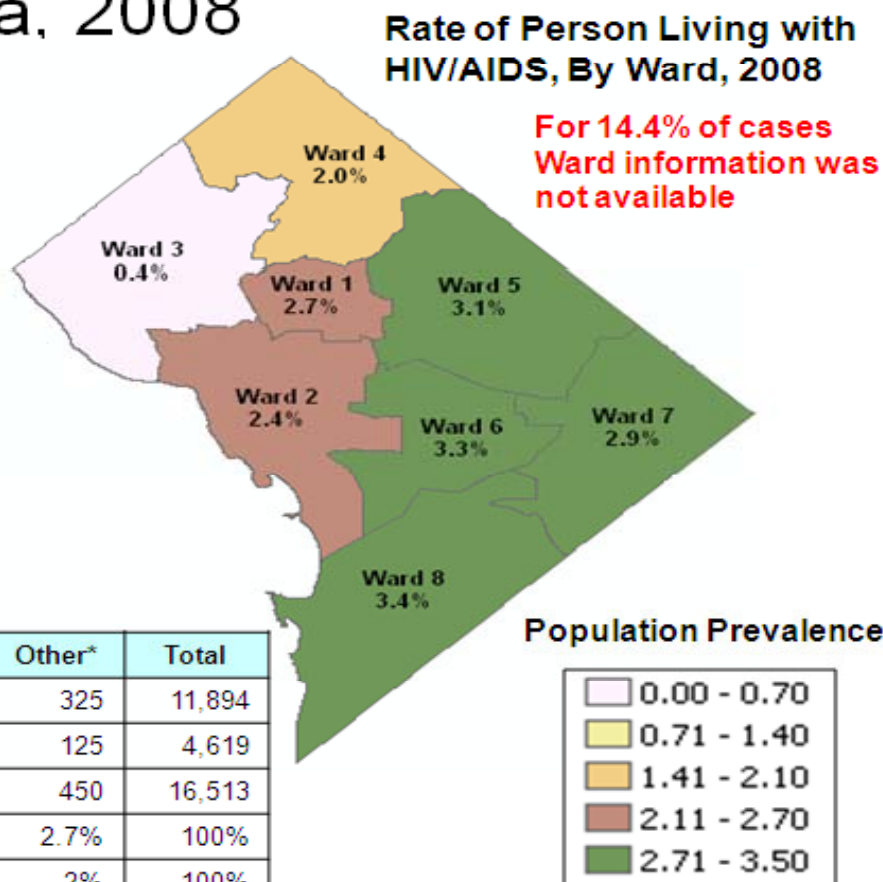
- As of December 2008 there were 16,513 people reported as living with HIV and AIDS
- DC has the highest AIDS case rate nationally (102.8 cases per 100,000 as of 12/2008)



HIV/AIDS Overview

Prevalence of HIV/AIDS in the District of Columbia, 2008

- 16,513 reported living with HIV/AIDS in the District as of 12/31/2008
- 6,204 new HIV cases reported between 2004-2008
- 3.2% of the District's population diagnosed with HIV/AIDS
- One-third to one-half of people (locally) may be unaware of the HIV+ status (Source: DC NHBS data)

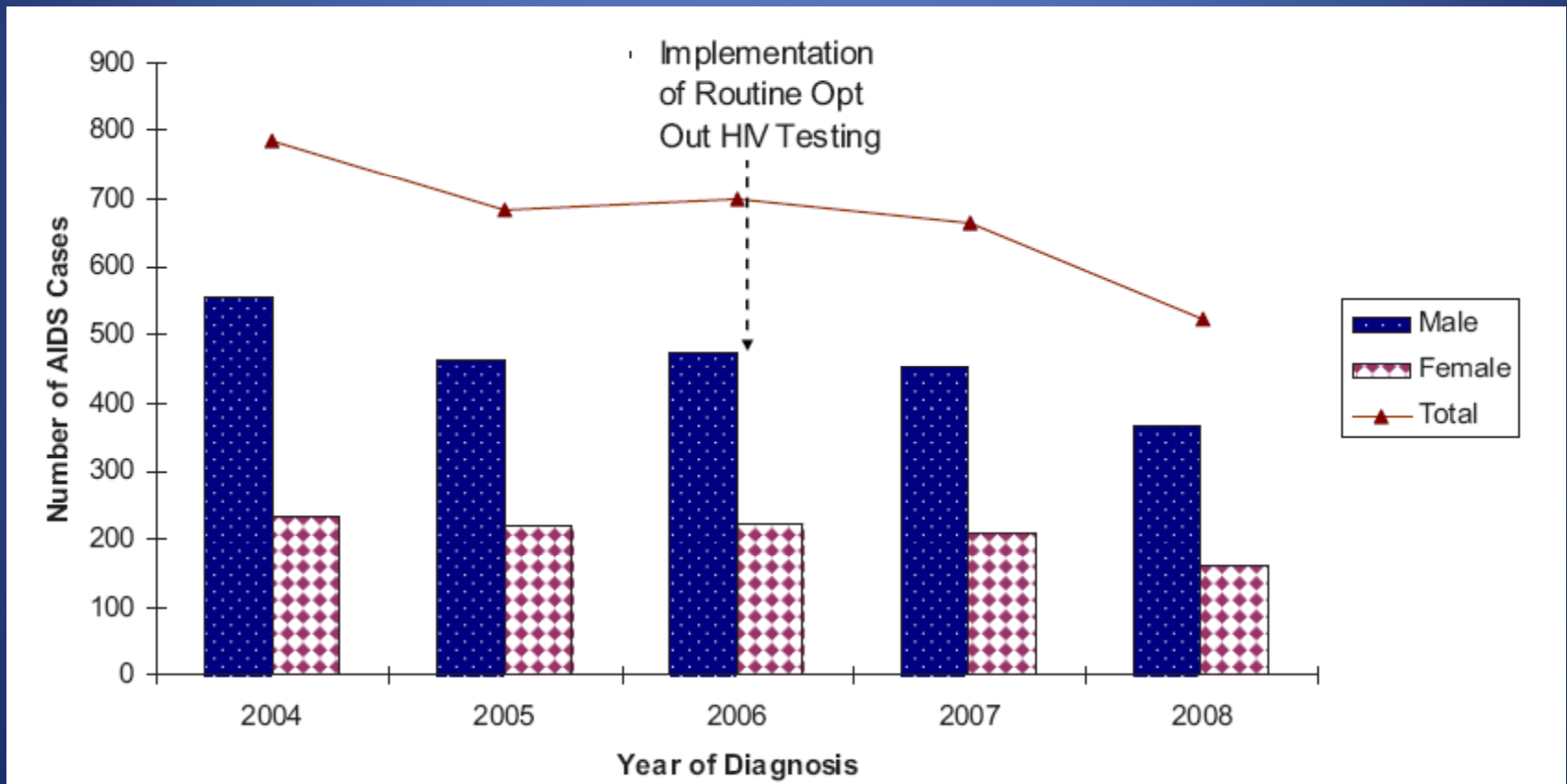


DC Resident Living with HIV/AIDS as of 2008, by Gender and Race/Ethnicity

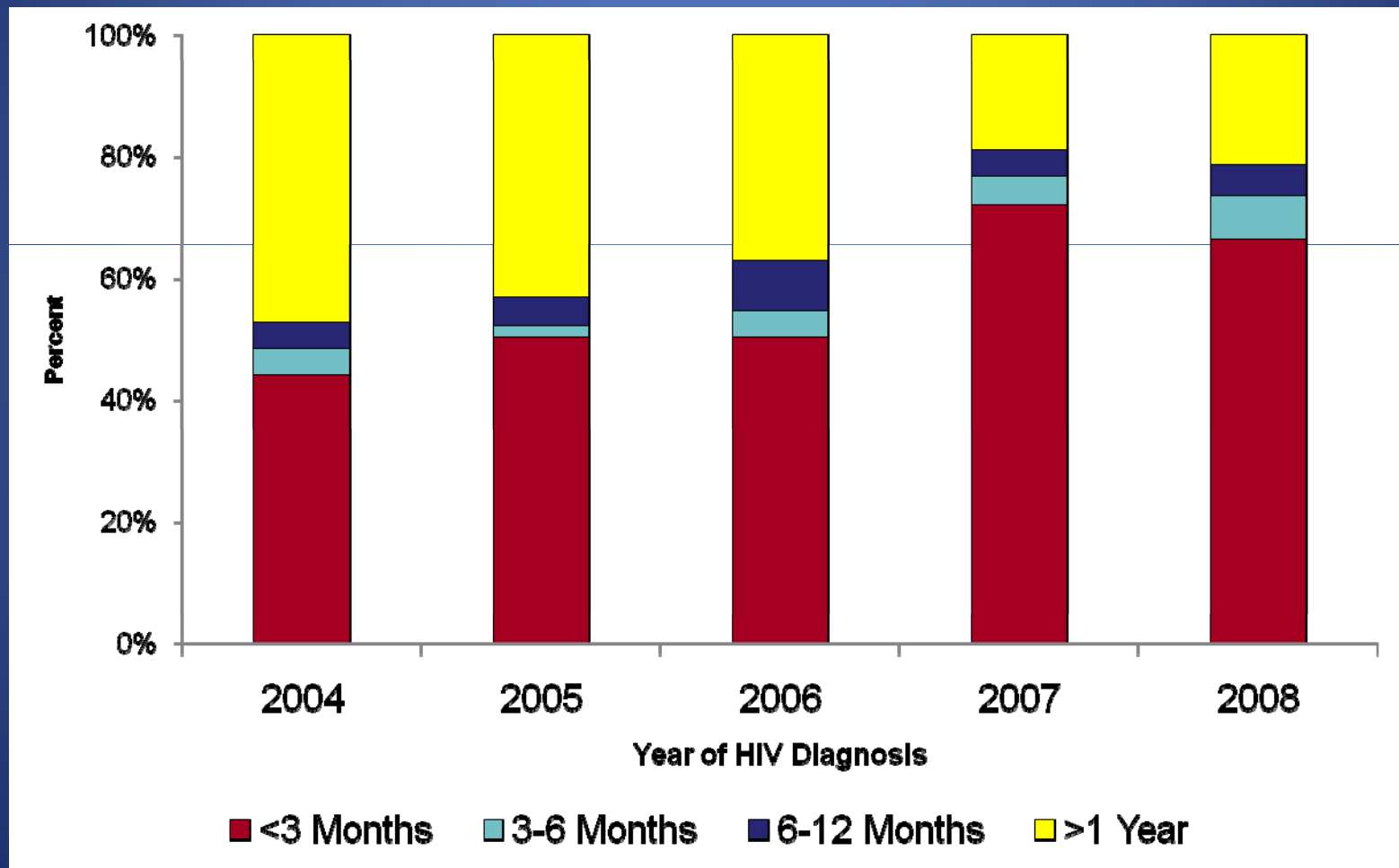
	Black	Hispanic	White	Other*	Total
Male	8,285	736	2,548	325	11,894
Female	4,204	146	144	125	4,619
Total	12,489	882	2,692	450	16,513
DC%	75.6%	5.3%	16.3%	2.7%	100%
US% (2007)	51%	18%	29%	2%	100%



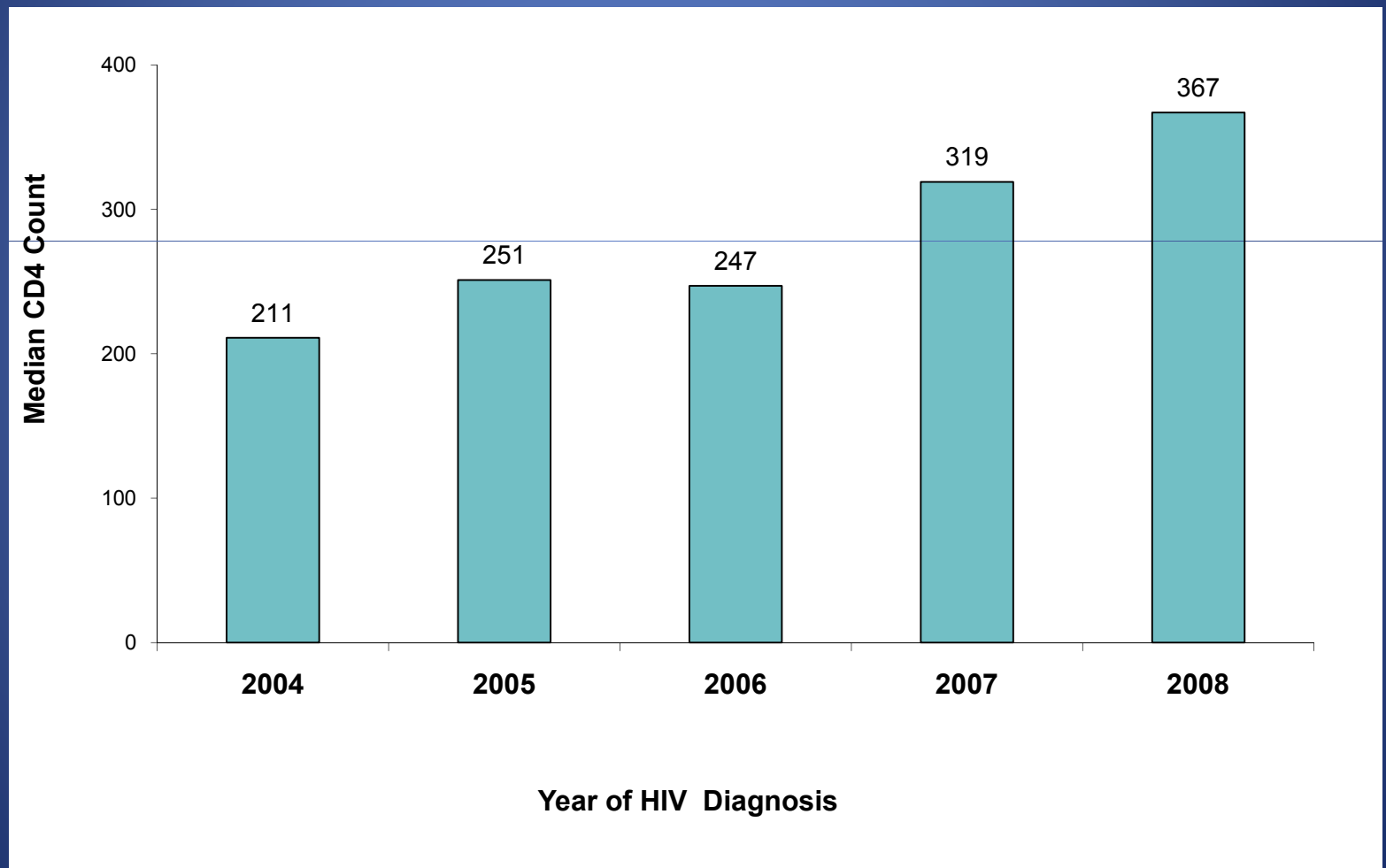
New AIDS Diagnoses in the District, 2004-2008



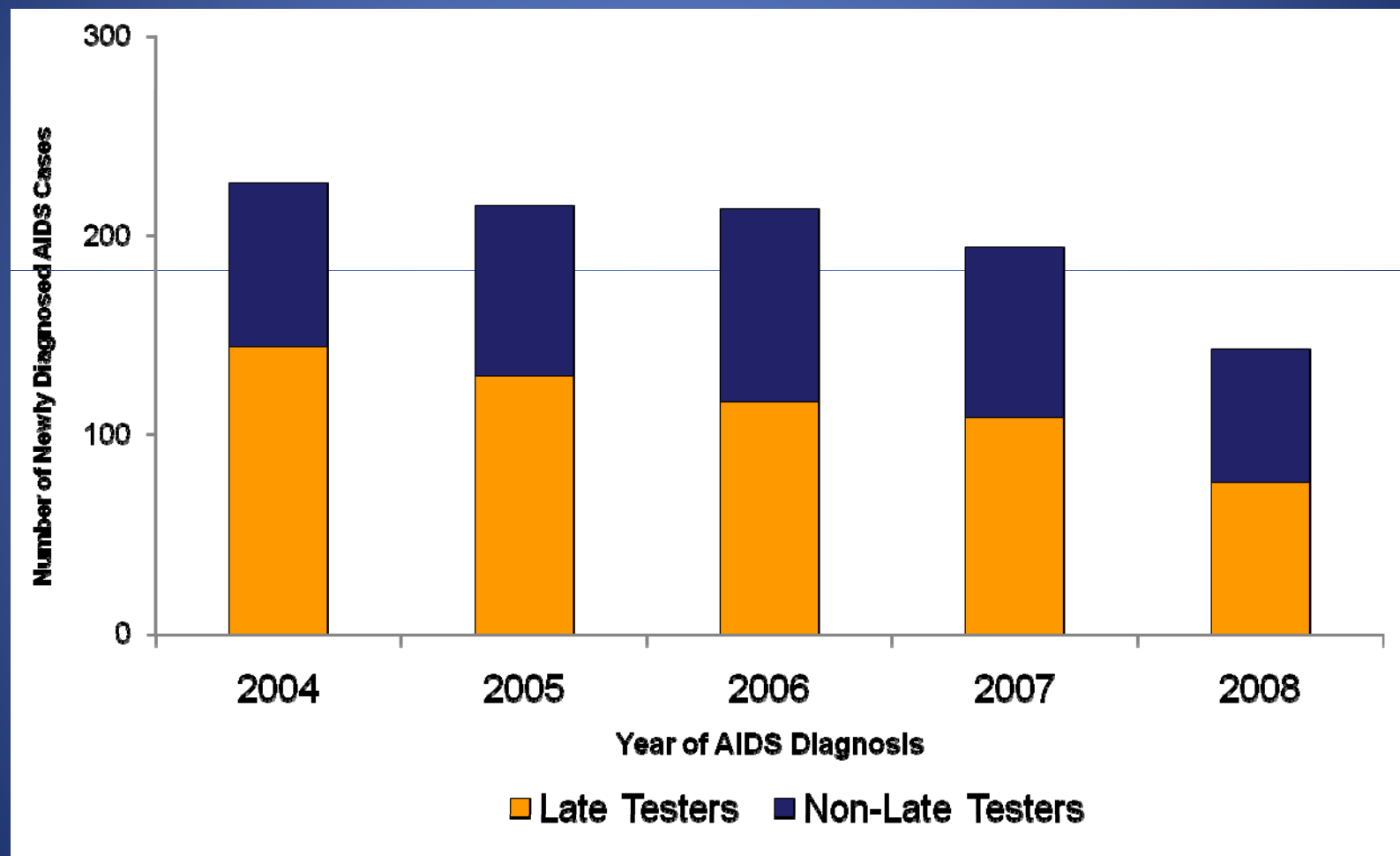
Time between HIV Initial Diagnosis and Entrance to care as Evidenced by First CD4 Count, Percentage, or Viral Load Test Among Women by Year of HIV Diagnosis, 2004-2008 (N=1697)



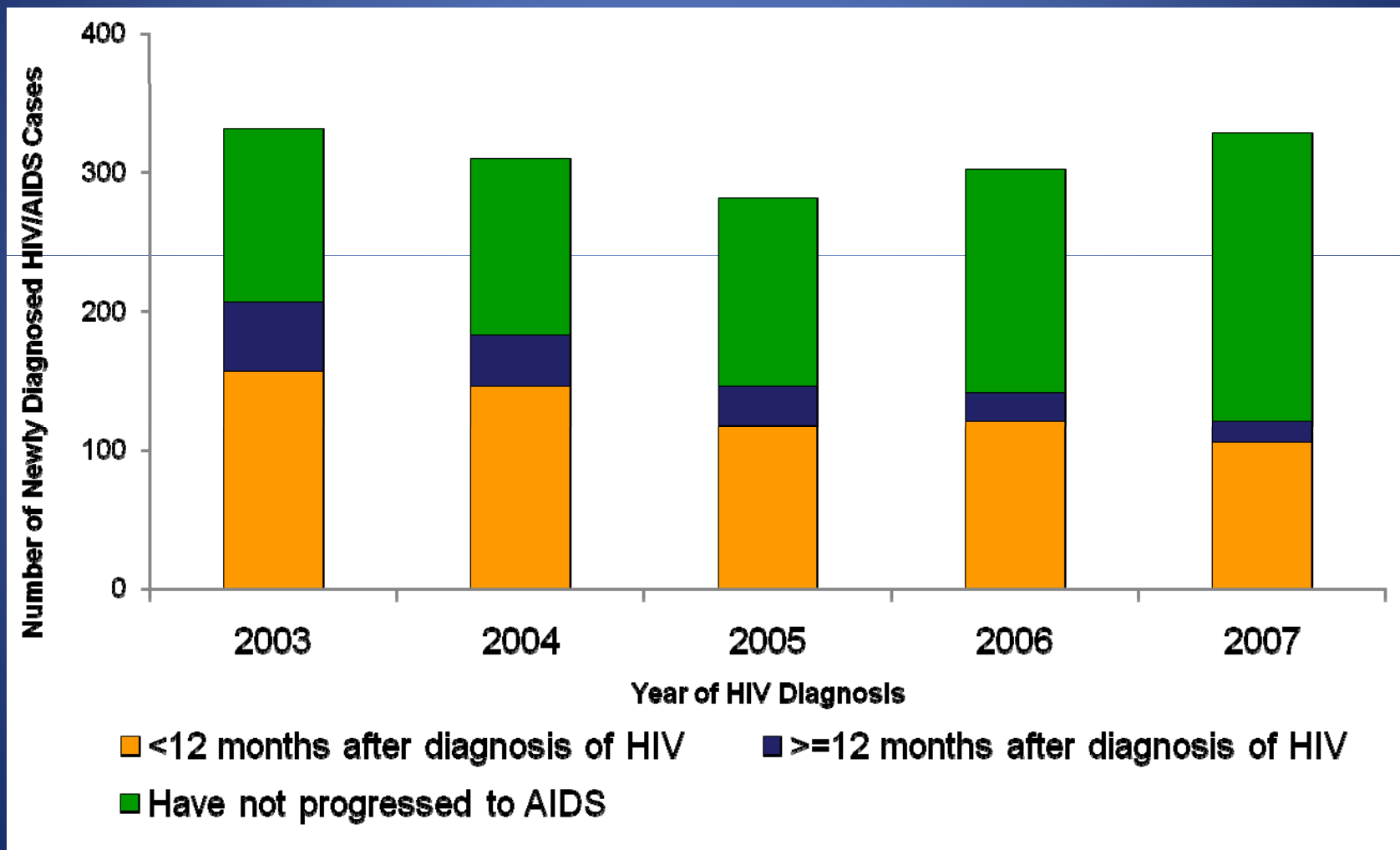
Median CD4 Count for HIV/AIDS Cases Among Women by Year of Diagnosis, 2004-2008 (N=1318)



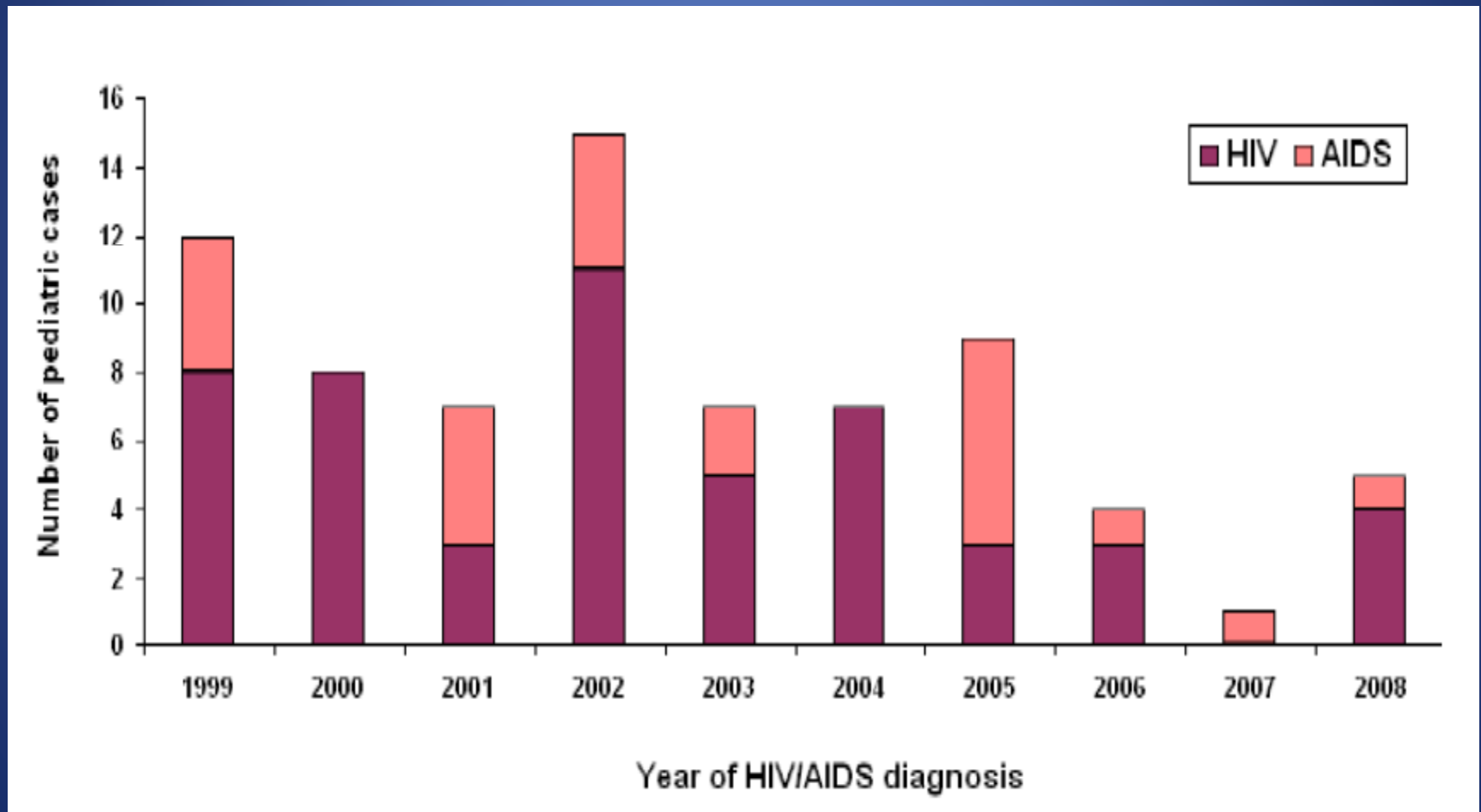
Newly Diagnosed AIDS among Women and the Proportion Late Testers by Year of AIDS Diagnosis, 2004-2008 (N=991)



Progression from HIV to AIDS after a Diagnosis of HIV among Women, 2003-2007 (N=1552)



Pediatric HIV/AIDS



Pediatric HIV/AIDS



Perinatal Infections by Year of Transmission 1999-2009 in the District



Pediatric HIV/AIDS

Characteristic	Among HIV-infected Women			
	Frequency of Births	%	Number perinatally infected	%
Year of birth				
1999	79	11.8%	13	23.2%
2000	59	8.8%	8	14.3%
2001	73	10.9%	5	8.9%
2002	47	7.0%	6	10.7%
2003	59	8.8%	3	5.4%
2004	74	11.1%	8	14.3%
2005	65	9.7%	9	16.1%
2006	60	9.0%	1	1.8%
2007	71	10.6%	1	1.8%
2008	80	12.0%	2	3.6%
Total	667	100.0%	56	100.0%



PMTCT Testing and Progress

	1 st trimester	3 rd trimester	L&D
Facility 1	Yes	No	Yes if no result
Facility 2	Yes	No	Yes if no result
Facility 3	Yes	No	??
Facility 4	Yes	No	No
Facility 5	??	??	??
Facility 6	Yes	+/-	Yes
Facility 7	Yes	No	No
Facility 8	Yes	No	No



PMTCT Testing and Progress

	1 st trimester	3 rd trimester	L&D
Facility 1	Yes	No	Yes if no result
Facility 2	Yes	<i>Yes</i>	Yes if no result
Facility 3	Yes	<i>Yes</i>	<i>Yes</i>
Facility 4	Yes	<i>Yes</i>	<i>Yes</i>
Facility 5	Yes	<i>Yes</i>	+/-
Facility 6	Yes	<i>Yes</i>	Yes
Facility 7	Yes	<i>Yes</i>	<i>Yes</i>
Facility 8	Yes	<i>Yes</i>	<i>N/A</i> *



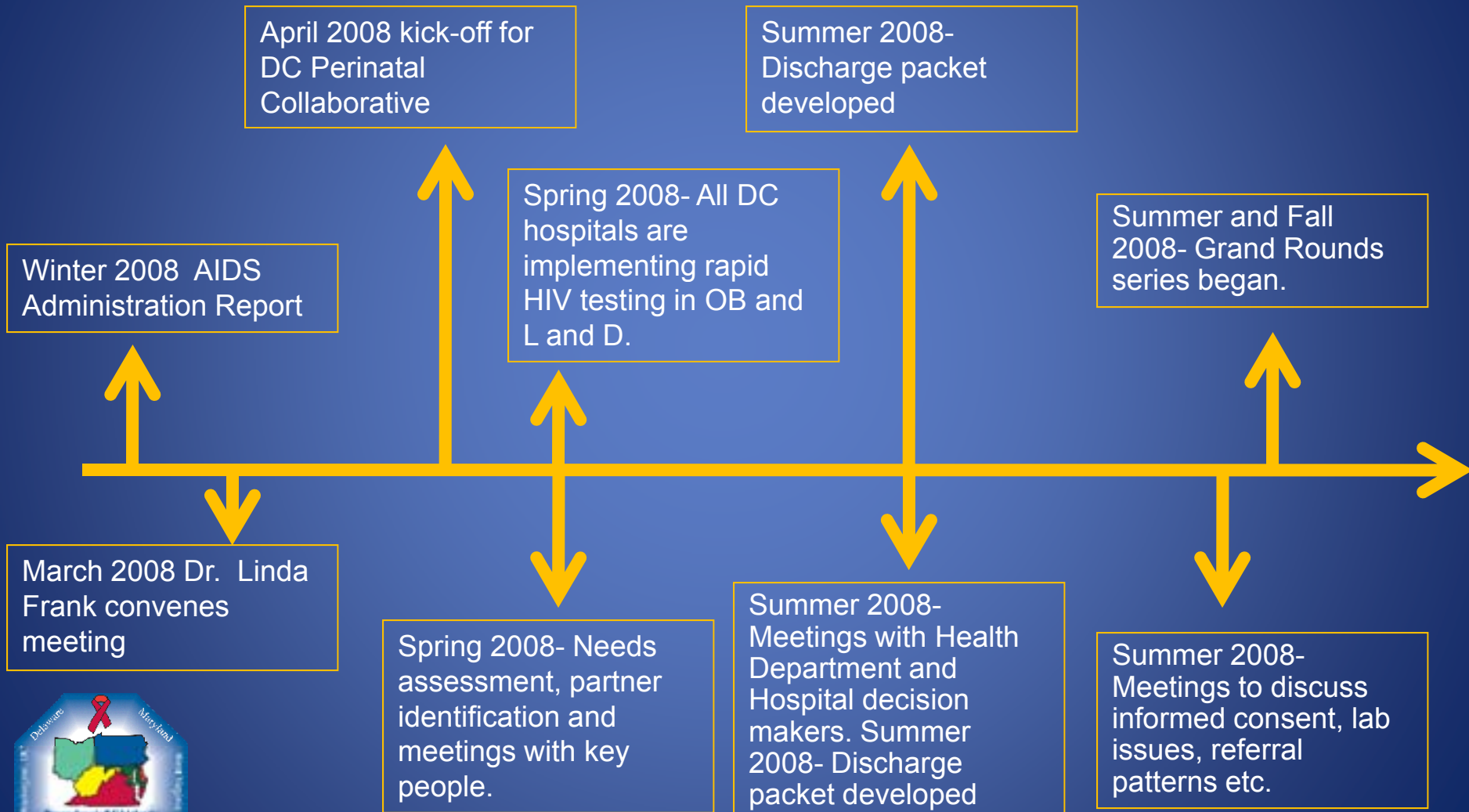
Labor and Delivery in the District of Columbia Timeline

David W Hoover, LCSW, MDiv
Site Director, Northern Virginia Local Performance Site,
Pennsylvania Mid-Atlantic AIDS Education and Training
Center



Pennsylvania/MidAtlantic AETC

Timeline



TimeLine (continued)

Spring 2009-
Implemented on-site
training series in
managing the HIV
positive mother.

2009- Resources
developed *Next
Steps, Posters,
Pamphlets.*

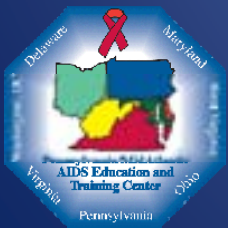
2009- on-site
trainings, policy and
procedures review
and refine,
roundtables, Grand
Rounds.

2010- on site
trainings and Grand
Rounds.



Lessons Learned

- Never let a crisis go to waste
- AETC convening role
- Include key players early i.e. buy in from Health Department and Hospital Administration.
- Have a good attitude
- Include “trainees” in the process
- Build relationships
- Collaborate -Communicate



Site Specific Curriculum Development

Hazel Jones-Parker, MSN, CRNP AACRN

University of Maryland School of Medicine

Maryland Local Performance Site,

Pennsylvania Mid-Atlantic AIDS Education and Training Center



Steps to Curriculum Development

1. Identify key players within the institution
2. Plan a roundtable introductory meeting
3. Identify key players within specific maternal child health unit
4. Perform needs assessment
5. Create a work plan/curriculum
6. Design implementation plan
7. Assess! Assess! And Reassess



Identify Institution's Key Players

- Infectious Disease
- Risk management
- Laboratory Services
- OB attendings and Chief (Medical Director)
- Director of Nursing
- Director of Education
- Pharmacy Services
- Board of Directors



Plan a Roundtable

- Meet the stakeholders
- Introduce your self/organization
- Identify why you are there (be prepared)
- Offer a plan
- Negotiate agreement and follow up
- Identify point person/ champion

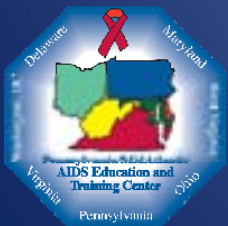


Pennsylvania/MidAtlantic AETC



Unit Key Players

- Nurse Manager
- Nurse Educator
- Charge Nurse
- Passionate Nurse
- Nurse Naysayer
- Worker Nurse



Perform Needs Assessment

- Design to answer specific questions
 - # of undocumented moms tested for HIV
 - # of positive moms
 - Barriers to testing
- Administer to different levels of key players
- Use different techniques to gather info
 - Email, SurveyMonkey, face to face interview
- Compile data to shape curriculum



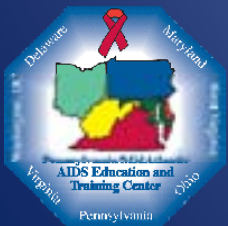
Create Goals

- Goal: to establish a teaching curriculum for nurses especially labor and delivery, postpartum, neonatal nurses that detail the disease process and management of HIV infected patients with a focus on preventing MTCT transmission.



Create Objectives

- Perinatal Nursing Curriculum Objectives
- Define the Natural History of HIV AIDS
- Review General HIV epidemiology
- Define HIV AIDS CD4 and Viral Load
- Discuss modes of transmission
- Review epidemiology concerning scope of HIV/AIDS epidemic among women and children in the US
- Identify the important components of the nursing protocol
- Review epidemiology of HIV infection in Washington DC
- Review the benefits of testing for HIV during pregnancy



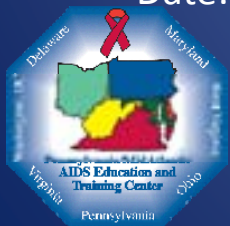
Create Objectives

- Discuss perinatal transmission prevention
- Identify issues related to HIV Pregnancy and confidentiality, reporting, partner services and other legal issues
- Discuss HIV Care during pregnancy
- Review HARRT Therapy in the HIV positive pregnant women
- Review postpartum care of the HIV positive woman
- Discuss Care of HIV positive exposed infant
- Identify referrals and resources for mother and baby
- Review Patient Education tools to be used with patients
- Review the key components of post exposure prophylaxis



Work plan creation

- **Baseline Facility Information**
- L&D survey distributed and completed by targeted staff
- Date: _____
- Capacity building meeting held with division head and targeted staff
- Date: _____
 - Identify target staff and divisions
 - Review process of program development
 - Identify Challenges/Barriers
 - Identify Training Needs
- Schedule Ground Rounds presentation
- Date: _____ Conducted By: _____
- Number of women with undocumented/unknown HIV status tested in L&D
- In last 12 months: _____ In last 24 months: _____
- Number of HIV+ women delivering
- In last 12 months: _____ In last 24 months: _____
- **Facility/Staff Training**
- L&D training scheduled
- Date: _____ Conducted By: _____



Presentations and Trainings

- Review of DC law
- CDC protocol for L&D rapid testing
- Perinatal ARV guidelines
- Maternal ARV Guidelines
- Confidentiality
- Coding
- The Role of the Laboratory
- The Role of the Pharmacy
- Provide sample policy and procedures
- Provide sample quality assurance policy and procedures
- Post Delivery Considerations
- Referrals and Resources
- Risk Management
- Case Reviews
- **Clinical Laboratory**
- **Rapid Testing Information**
- Identify Testing Device To Be Used
 - OraSure
 - Inverness
 - Trinity Biotech
- Location of Rapid Testing
 - L&D unit
 - Rapid Test Training by Pharmaceutical Company
- Date: _____



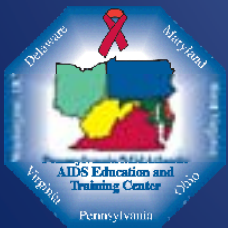
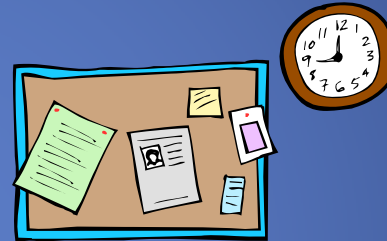
Protocols

- **Protocol for Preliminary Positive Patients**
 - Protocol for maternal-child anti-retroviral therapy
 - Confirmatory HIV test
 - Risk assessment/Patient Counseling
 - Disclosure of Positive Results
 - Referrals/Community Resources
- **Protocol for Negative Patients**
 - Risk assessment/Patient Counseling tools



Provision of Materials

- Posters
- Pocket Guides
- Brochures
- Magnets
- Patient Education Materials

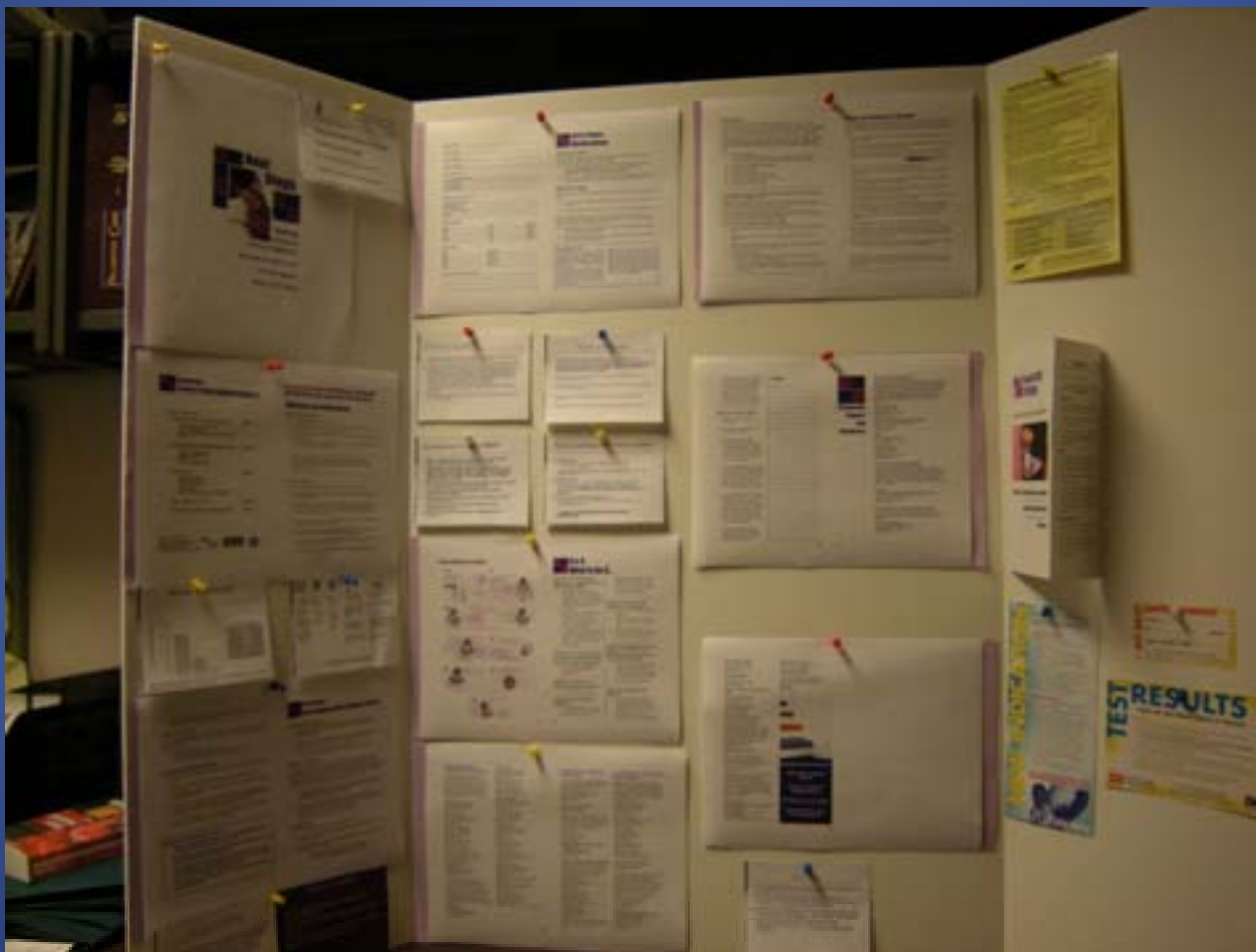


L and D in DC products

- Next Steps
- Testing Trifold
- Poster #1
- Poster # 2
- Display Board
- Flip Chart

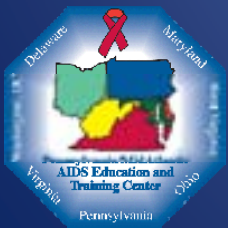


Materials

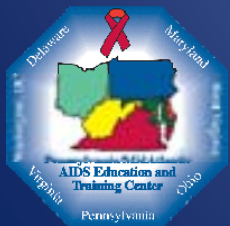
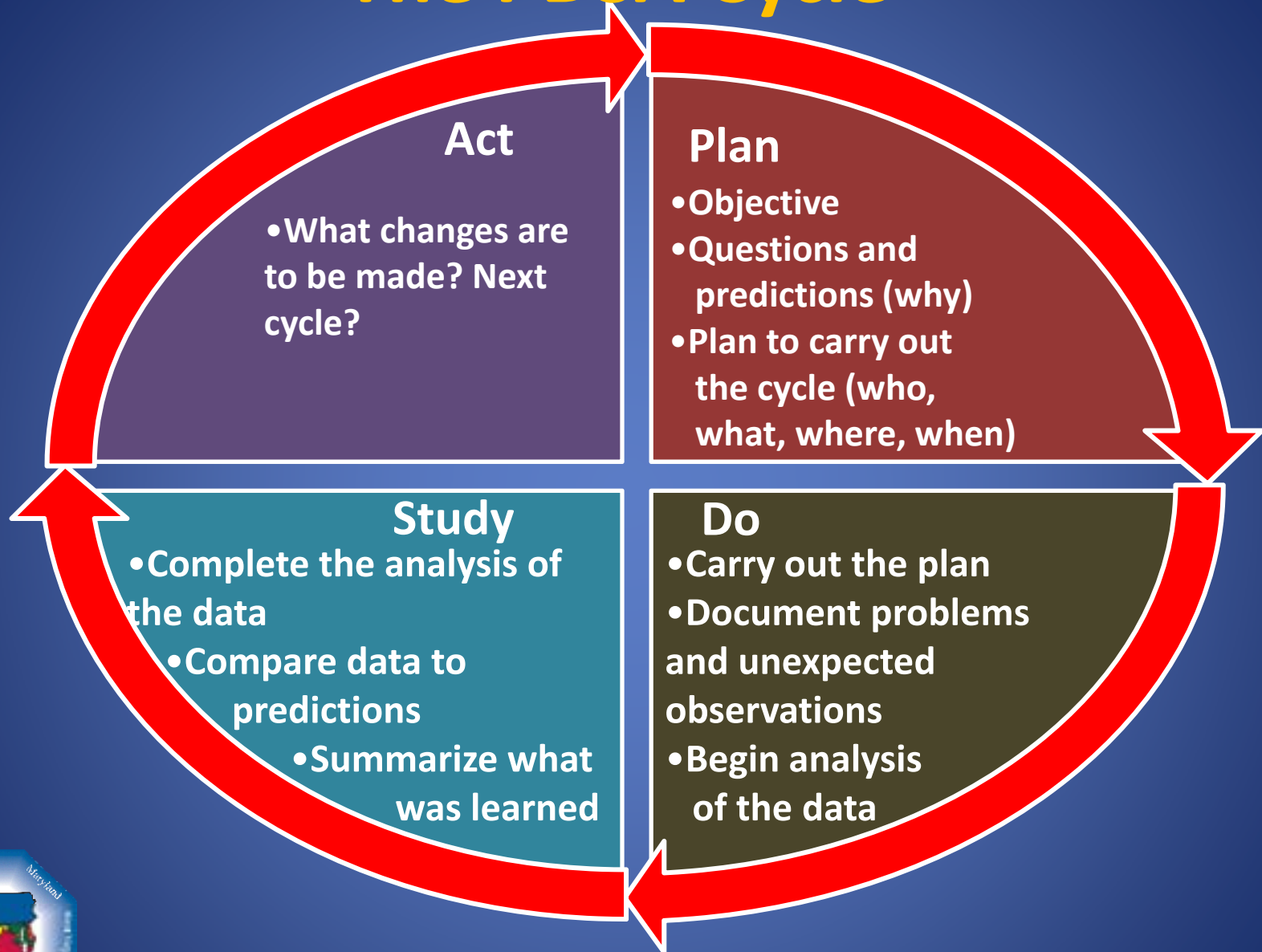


Implementation and Assessment

- How to deliver your message
 - weekly, monthly,
 - targeted groups
- How to use your education team effectively
 - Logistics
- Assessment
 - Pre and post test participant information forms



The PDSA Cycle



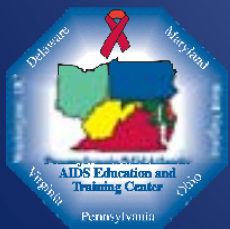
Re-evaluate

- Time frame for reassessment
- Areas of Focus
- Outcomes
 - Capacity building .. Relationships
 - Identify other areas of need
 - Check the numbers



Thank You

Questions



Pennsylvania/MidAtlantic AETC