

It doesn't stop here: Supporting PLHIV to start ART after discharge from hospitals

Success Story by Natasha Davies, Mthobisi Mchunu, Mfihlo Malungane, Kate Rees and Melanie Bisnauth.

Introduction

Identifying PLHIV

In Johannesburg, many people living with HIV are still identified for the first time during an admission to hospital because of advanced HIV and related illnesses such as tuberculosis or meningitis. There are also many patients who are aware of their HIV status before admission, but have never been on treatment. Up to 4 out of 10 of these individuals, although they find out they have HIV during their hospital stay, are too unwell, or not psychologically ready, to start antiretroviral therapy (ART) whilst they are in hospital.

One challenge in the hospitals remains with the 2nd 90 target – that 90% of people with HIV infection receive sustained ART. This is difficult to achieve because initiation prior to discharge is often not possible due to complicated HIV requiring treatment and clinical resolution before ART can be safely initiated.

"I call the clients and reinforce the message that if they need the support, they are welcome to call anytime and we will refer them where they will get help. I tell them about my own experience of being HIV positive, reassuring them that it is not the end, you aren't going to die. It's not HIV that kills, it's the ignorance behind it...get the treatment and live longer- acceptance is important. As Anova we are here to support our clients and help the people. Our clients express happiness when I am proactive and call them to check in and see how they are doing"

*-Mthobisi Mchunu
Shared with permission*



This has critical implications for linking patients to treatment during their hospital stay and upon discharge when leaving the hospital.

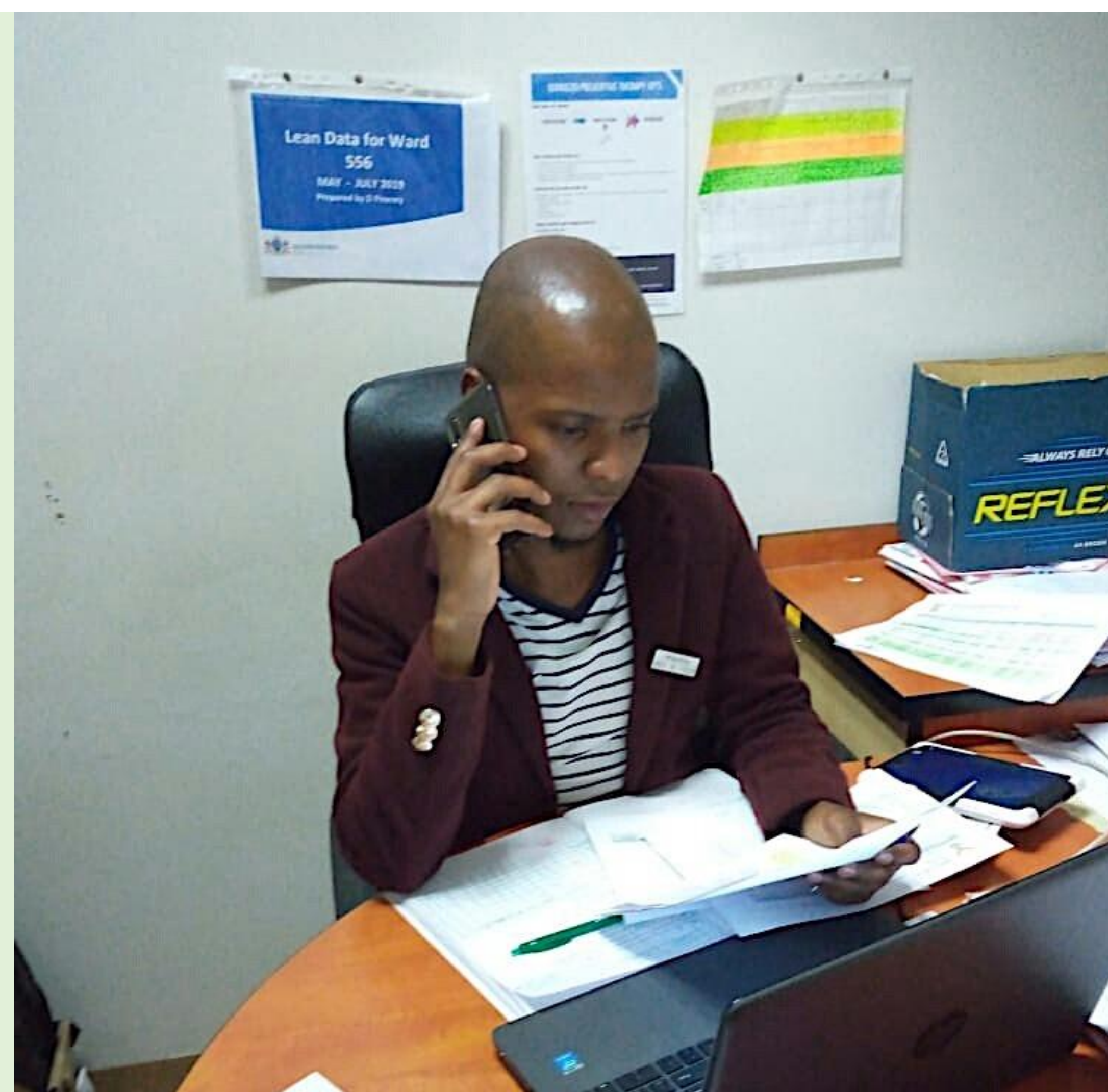


Stressing the importance of linking our patients to care

Unfortunately, after discharge, individuals often struggle to know how to link to care and treatment at their local healthcare facility. **It is easy for them to get lost in the healthcare system,** creating a risk that they become more ill, or even die of HIV-related complications before starting life-saving treatment. In Johannesburg, despite increasing access to ART, the number of people becoming ill with, or dying from, HIV-related illnesses has changed very little over the last 5 years. People are still dying unnecessarily from HIV-related causes.

Why did we want to look at this?

Our team wanted to positively impact through supporting people who were identified as needing ART during a hospital stay to link to much needed ART as soon as possible after discharge.



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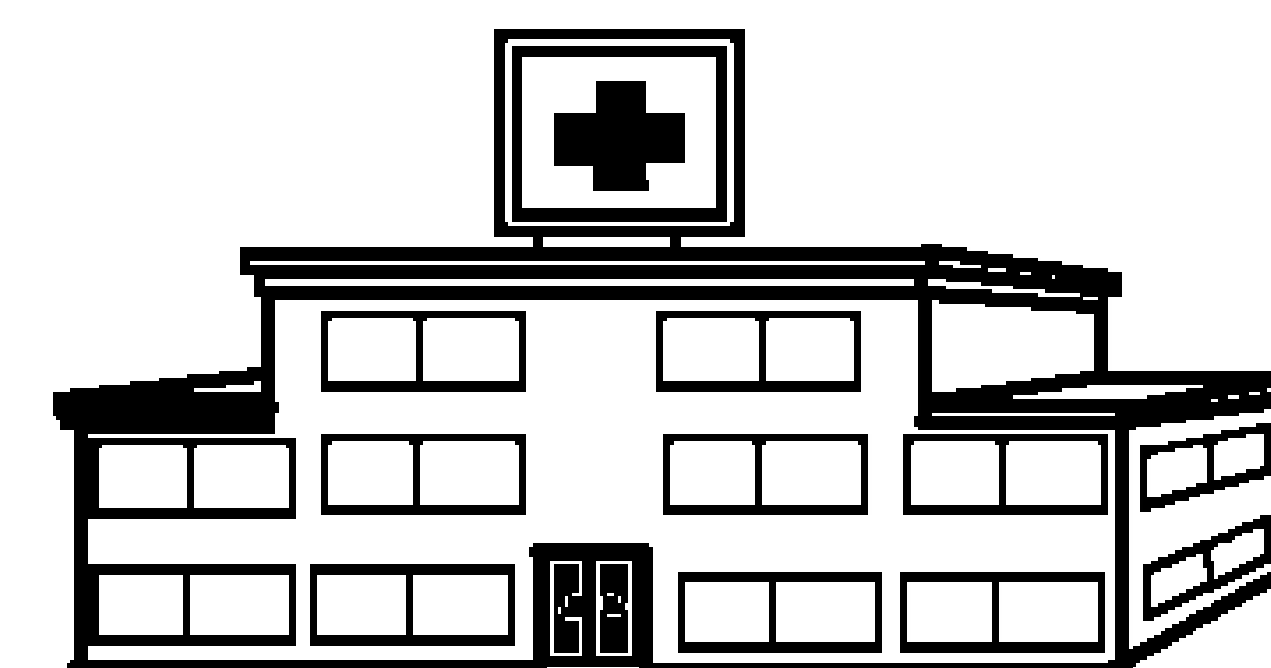
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What was our approach?

The team has introduced a model (Figure 1) at several hospitals in Johannesburg. This result has been very positive. Before introducing weekly follow up by a named linkage officer, only 40-50%, of all clients identified in the hospitals as needing ART were confirmed to have accessed life-saving ART.



What did we find out?

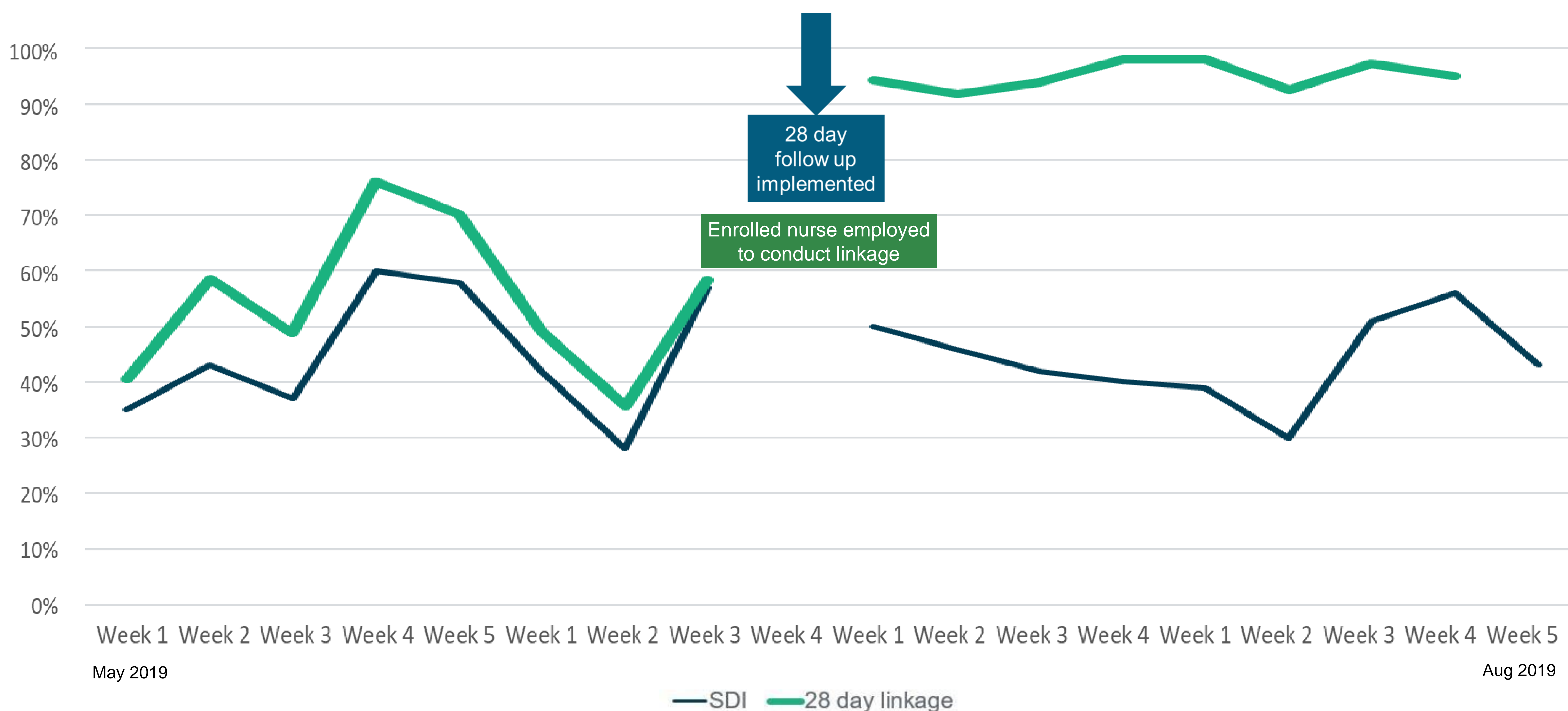
Currently, the hospitals across Johannesburg report that 8 of 10 individuals have started their ART within 28 days after discharge from hospital. In the two largest hospitals, Chris Hani Baragwanath Hospital and Charlotte Maxeke Johannesburg Academic Hospital, more than 9 out of 10 clients are confirmed on ART at 28 days.

This simple, easy to implement process, is saving lives by ensuring that people are not lost from the system and are given the support they need after finding out they have HIV during a hospital admission.

The following (Figure 2) demonstrates the positive impact of this model on linkage to care.

Figure 2. Before and after Same Day Initiation (SDI) and 28 day linkage approach introduced

Figure 2. Before and after SDI and 28 day linkage approach introduced (May-Aug 2019)



The Model to help supporting PLHIV to start ART after discharge from hospitals

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The Model Implemented



Benefiting from this service

After identifying this challenge, we introduced the following process for every person who was identified as **needing ART** but who could not be started on treatment during their hospital admission:



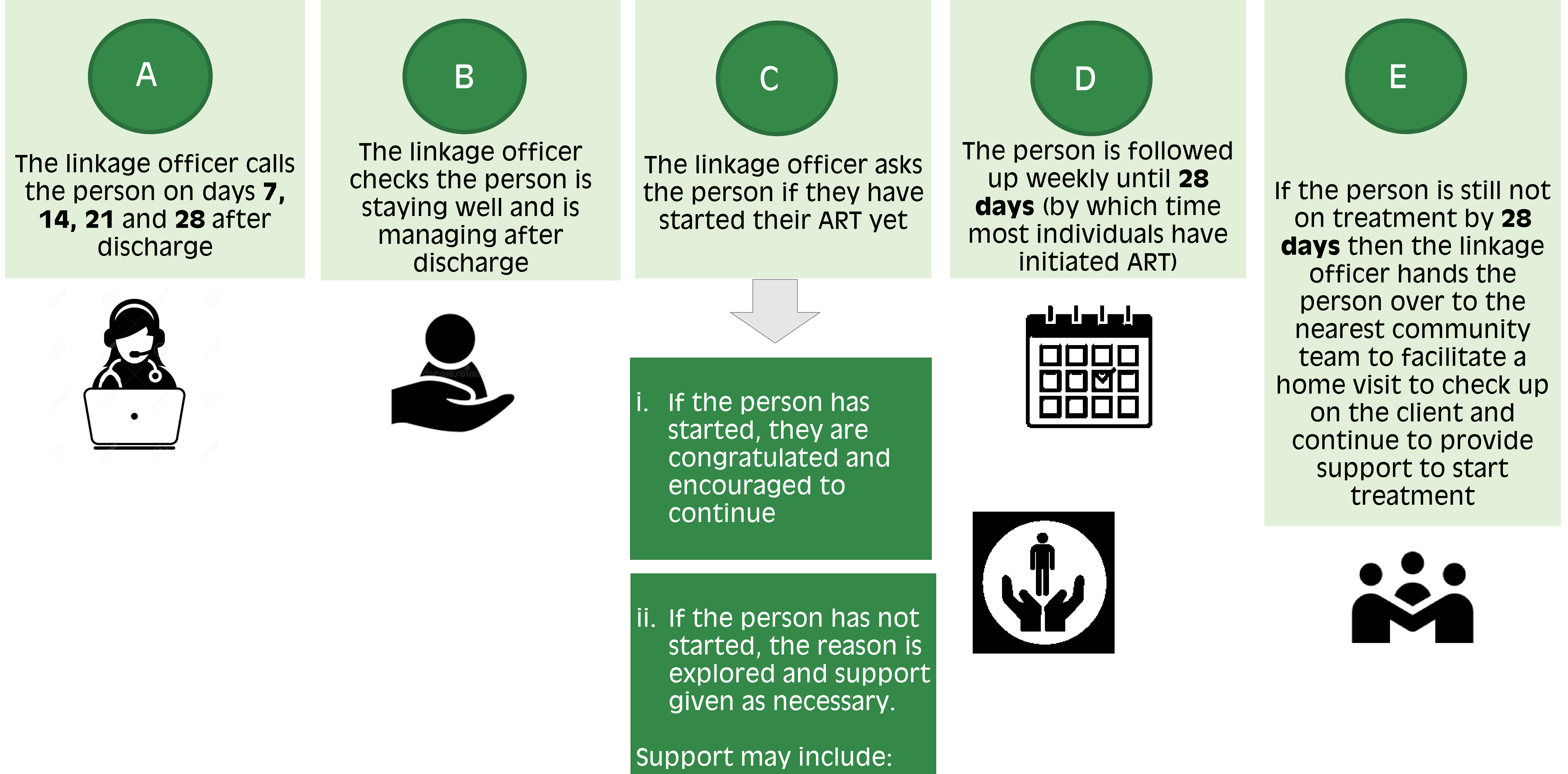
Figure 1. Process for individuals identified as needing ART but could not initiate during their hospital admission

1. Linkage officer visits the patient and introduces him/herself to the person before they are discharged home



2. Linkage officer spends some time with the person, explaining the importance of ART for their health and securing permission from the person to follow them up by telephone after they go home

3. Each person is entered into a special register which the linkage officer uses to call the patient at fixed times after discharge



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Real individual success stories

**individuals names have been changed*

Sipho, age 40, was admitted to hospital but declined to start ART treatment. He was overwhelmed by being diagnosed with diabetes and hypertension and as well as HIV, all at the same time. The stigma that came with HIV made it more difficult for him to accept the diagnosis.

"I followed up on him to come back to be initiated after 3 weeks and reinforced this over the phone.

He was thankful for the encouragement and support and now is happy to be on ART."

Mpho, age 28, was admitted to the hospital and he also declined treatment initially.

"He was experiencing pain from lymphoma. Upon follow-up he decided to take treatment and went to the local clinic to be initiated. He came back to me to tell me that he slept better at night and has been taking his treatment nightly."

Tumi, age 43, felt unable to start treatment because she was in shock after being diagnosed HIV positive.

"She came 2 weeks later, after following up with her and explaining the importance of ART. After follow-up, she even promised to quit smoking to better improve her health holistically. Furthermore, when it came to disclosure to her family, she received support from the counselling and nurses like myself and she was quite happy to do so."

Dzunisani, age 53, was admitted to hospital with Drug Induced Liver Injury due to the TB treatment she had been taking. Her TB treatment was stopped. She was discharged and completely refused to take ARVs due to trauma experienced on TB treatment.

"I spoke to her sister most of the time as Dzunisani had told me she disclosed to her, explaining the importance of the ARVs that it will boost her immune system. Her sister helped her and 4 weeks later she came to the site with his sister and was initiated by the NIMART nurse on the ARVs."

Witness, aged 43, was admitted and diagnosed with HIV and TB. His wife tested HIV negative. He was discharged after 14 days but declined to start HIV treatment.

"I called him every week to check in with him to see if he wanted to initiate ART. On the 3rd week after discharge he came back to the ARV site accompanied by his wife and was initiated on ARVs. He was initiated on 21 days follow up."

Lucky, was admitted to the hospital and had Cryptococcal meningitis, declined ART because of the pain and suffering he was going through due to his illness. After he was discharged, a linkage officer called him weekly. "We had already established a relationship to continue with communication after discharge. After 4 weeks, Lucky came back to be initiated on ART." Thankfully to the encouragement of weekly calls from our linkage officer.

28 Day Linkage & Success Stories from Clients

So What Now?

These are some of the many success stories. Just like Sipho and Lucky, many people experience individualized issues that we need to address, recognising that same day initiation for ART does not always occur. Delays are common because of newly diagnosed TB, cryptococcal meningitis, renal or liver impairment, or because the client is dealing with psychological issues or trauma during an acute illness. Thus, the 28 day follow-up plan was introduced to support the PEPFAR/USAID goal of the 2nd 90, ensuring that we are supporting those who now know their HIV status to initiate ART. The 28 day follow-up process has been introduced at 7 hospitals in the City of Johannesburg, South Africa.