

# Challenges in implementing an HIV-1 post-exposure prophylaxis program for sexually assaulted persons in Ontario, Canada

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**BACKGROUND:** HIV post-exposure prophylaxis (PEP) has been recommended to prevent transmission of HIV following non-occupational exposure (CDC, 2005). This study examines the challenges encountered in implementing a program of universal offering of HIV PEP to at-risk sexually assaulted persons presenting to Ontario's hospital-based Sexual Assault/Domestic Violence Treatment Centres (SATC).

**METHODS:** As part of a larger HIV PEP Study that operated from September 2003 to January 2005, Health Care Providers (HCP) who participated in the implementation of an Ontario-wide HIV PEP program were surveyed and invited to participate in focus groups to elicit their opinions of the program. In addition to formal data collection, opinions of the program were documented in written correspondence between the research coordinator and SATC HCPs. Using qualitative techniques, data were analysed for common themes around barriers to and supports for implementing and sustaining an HIV PEP program.

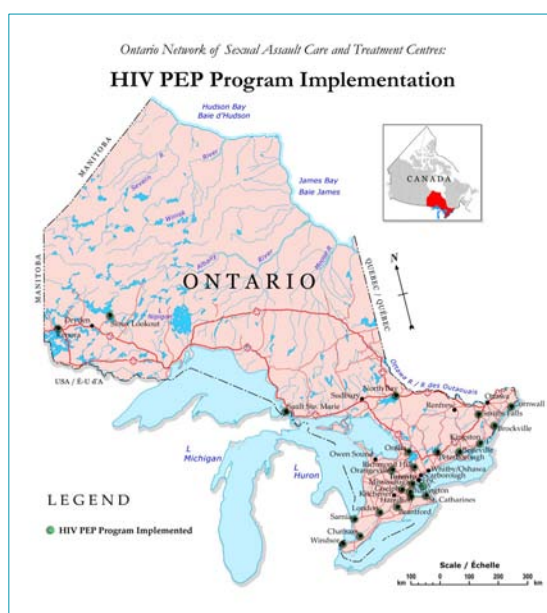
## RESULTS:

- \* 70.6% (24/34) SATCs successfully implemented an HIV PEP program.
- \* 35.2% (132/375) of HCPs responded to a general survey about the HIV PEP program. The majority of respondents were Sexual Assault Nurse Examiners (75.8%).
- \* 80.1% (21/26) of Follow-up Care Providers responded to a specific survey about the follow-up schedule for an HIV PEP program.
- \* 26 HCPs participated in 4 focus groups (1 physician, 5 SATC Coordinators, 17 nurses, and 3 social workers).

	CHALLENGES	SOLUTIONS
STAFF RESOURCES	<ul style="list-style-type: none"> <li>* Insufficient HCPs for 24/7 service</li> <li>* Insufficient clerical support</li> <li>* Insufficient time for client counselling, follow-up schedule (especially in rural and remote communities)</li> </ul>	<ul style="list-style-type: none"> <li>* Establish support networks</li> <li>* Partner with community agencies (e.g., Public Health Units)</li> <li>* Flexible follow-up services (e.g., phone follow-up, flexible drug prescribing)</li> </ul>
EXPERTISE	<ul style="list-style-type: none"> <li>* Inconsistent HIV PEP knowledge (Nurse &amp; Physician level)</li> <li>* Logistics of HCP training &amp; ongoing education</li> <li>* Insufficient HIV Expert support</li> </ul>	<ul style="list-style-type: none"> <li>* Provide detailed practice guidelines</li> <li>* Flexible education and training opportunities (e.g., evening sessions, rounds to review case studies, work shadowing)</li> <li>* Establish relationships with local HIV Experts</li> </ul>
COMMITMENT	<ul style="list-style-type: none"> <li>* Resistance of SATC staff to new procedures</li> <li>* Resistance of physicians to HIV PEP</li> <li>* Resistance of hospital administration</li> </ul>	<ul style="list-style-type: none"> <li>* Nurse and/or physician "champion" at each SATC</li> <li>* Central HIV PEP program liaison to promote information sharing</li> <li>* Provide evidence-based information re: HIV</li> </ul>

**CONCLUSION:** 10 SATCs found staff resources, inability to maintain the follow-up schedule and lack of organisational commitment prevented them from implementing an HIV PEP program. While funding for staff resources was identified as a significant barrier to program sustainability by nearly 10% of HCPs who responded to the general survey, the majority felt that the program was sustainable within their current infrastructure. Findings indicate that despite the challenges faced in implementing an HIV PEP program, HCPs were able to propose solutions to ensure HIV care was provided for their clients.

**RELEVANCE:** Knowledge of potential challenges prior to implementation of a new health service, and establishment of open lines of communication are integral to the successful implementation and maintenance of a standardised multi-site health care program. As many other jurisdictions are developing/refining responses to sexually assaulted persons' HIV care, experiences documented in this study may help to inform similar programs.



**ONGOING RESEARCH:** Since the end of the HIV PEP Study (January 2005), several Ontario SATCs have continued to universally offer HIV PEP to their clients. In April 2006 a new Knowledge-to-Action peer-reviewed grant from the Canadian Institutes of Health Research was started to explore in more depth the challenges to implementing the HIV PEP program and to develop knowledge translation tools to assist in sustaining the program throughout the province.

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