

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

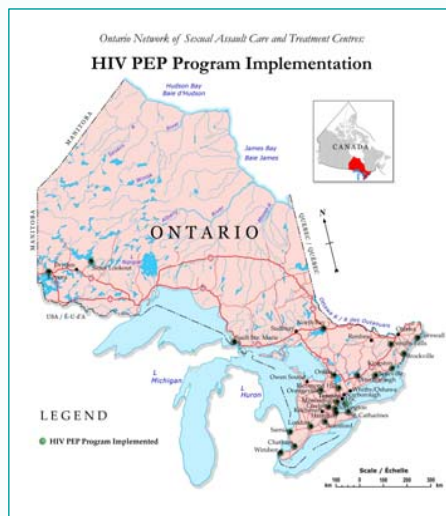
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SUMMARY HIV post-exposure prophylaxis (PEP) has been recommended to prevent transmission of HIV following non-occupational exposure (CDC, 2005). In 2003 Ontario implemented a program offering HIV PEP to victims/survivors following sexual assault. Health Care Providers (HCP) faced challenges in implementing this program but identified creative solutions to address many of the barriers encountered.

OBJECTIVE Examine 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 HCPs 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 via 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 An HIV PEP program was successfully implemented in 24 SATCs (70.6%) (staff resources, maintaining the follow-up schedule, and organisational resistance prevented implementation in 10 SATCs).

Of implemented sites:

- * 35.2% of HCPs responded to a general survey about the program;
- * 80.1% of Follow-up Care Providers responded to a specific survey about the HIV PEP follow-up schedule;
- * 26 HCPs participated in 4 focus groups.

Challenges encountered by SATCs that introduced the new standardised protocols for HIV PEP care fell within three areas: 1) *Staff Resources*; 2) *Expertise*; and, 3) *Commitment*.

Establishing local support networks, ensuring accessibility of HIV PEP information, and flexibility in program delivery were identified as solutions SATCs developed to address challenges.

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

CONCLUSION While funding for staff resources was identified as a significant barrier to program sustainability by nearly 10% of respondents to the general survey, the majority felt that the program was sustainable within their current infrastructure. Findings indicate that despite challenges faced, HCPs were able to propose solutions to ensure high quality 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, 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 offer HIV PEP to all at-risk 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.

HIV PEP PROGRAM GUIDELINES

- * All clients receive counselling about potential HIV risks
- * All clients at any risk of HIV infection (known or unknown) are offered HIV PEP
- * HIV PEP is "strongly recommended" for clients assessed at high-risk of infection
- * HIV PEP is administered within 72 hours of exposure
- * HIV PEP is prescribed for 28-days (Combivir® 1 pill + Kaletra® 3 capsules, BID)
- * Five follow-up visits assist clients who accept HIV PEP to cope with side effects and complete therapy
- * HIV PEP is provided at no cost to clients

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