

The Ontario Network of Sexual  
Assault / Domestic Violence  
Treatment Centres (SATC)

*In partnership with*  
Women's College  
Research Institute (WCRI)

*Funding provided by*  
The Canadian Institutes of  
Health Research (CIHR)

Knowledge-to-Action

November 2006

# HIV PEP Program *UPDATE*



It's official — the Ontario Ministry of Health and Long-Term Care is providing base funding to support the universal offering of HIV PEP medications at

Ontario's 34 Sexual Assault / Domestic Violence Treatment Centres!

## CONGRATULATIONS!!!

Based on your participation and data collected during the HIV PEP Study, research has effectively been translated into practice. What an accomplishment!

## What's *NEW* with the KTA Project?

As you know, your Provincial Coordinator Sheila Macdonald is leading the Knowledge-to-Action (KTA) project, funded by the Canadian Institutes of Health Research (CIHR). With ongoing collaboration and input from the Network, this project is developing strategies to support implementation of the HIV PEP program in all Ontario SATCs. It is also updating and creating new program materials based on lessons learned from the study to enhance HIV PEP delivery in the province.

In **July 2006**, four themed KTA 'knowledge exchange' sessions were held via teleconference to talk about: Information needs of health care providers and clients; Inter-professional collaboration; Issues specific to SATCs that did not implement an HIV PEP program during the HIV PEP Study; and Outstanding challenges in delivery of follow-up services.

Thank-you to all of you that took the time to share your experiences and opinions either by participating in a KTA session or by completing the previously circulated survey! You spoke out on the issues most important to you and your SATC – now the KTA research team is

working closely with your Provincial Coordinator to put this knowledge into action! See reverse for more details.

The 1<sup>st</sup> meeting of the KTA Advisory Committee was held on **September 19, 2006**, followed by a 2<sup>nd</sup> meeting **October 25<sup>th</sup>**. The Committee's working group, consisting of front-line SATC health care providers, has worked closely with the research team throughout the summer and fall providing expertise and guidance in the refinement and development of HIV PEP program materials.

On **October 3, 2006** Sheila Macdonald submitted a 2<sup>nd</sup> proposal to CIHR requesting an additional \$100,000 to disseminate KTA materials and, using the revised HIV PEP program guidelines, train Ontario's 34 SATCs. Should funding be received, Phase 2 of the KTA project will run from February 2007 to August 2008.

Plans for **Fall & Winter 2006** include piloting KTA materials and evaluating the success of the KTA project. As a representative of the Ontario Network of SATCs, part of the KTA evaluation will include a brief survey to assess your degree of satisfaction with KTA Phase I. Surveys will be circulated in January 2007.

### KNOWLEDGE-TO-ACTION

#### Community Partner:

Ontario Network of Sexual  
Assault / Domestic Violence  
Treatment Centres

#### Research Team:

Sheila Macdonald  
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Provincial SATC Network Coordinator

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Co-principal Investigator  
HIV Physician & Researcher

Heather McPherson  
Investigator  
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Dr. Alice Tseng  
Investigator  
HIV Pharmacist & Researcher

#### Research Staff:

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Heather Husson (Humphries)  
Project Coordinator

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Look for

*Updates*

In future  
Newsletters

Regarding these  
& Other KT Tools  
In development

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## Knowledge Transfer (KT) Tools

Knowledge generated through the survey and the KTA 'knowledge exchange' sessions has helped to guide the development of strategies and materials (KT Tools) to support a sustainable Ontario HIV PEP program. These KT Tools are aimed at overcoming challenges and promoting best practice in HIV PEP delivery. Drawing from both academic and practice knowledge, the KT Tools are for use by SATC staff, clinicians and hospital policymakers across the province and will support high-quality HIV care for Ontario's sexual assault victims/survivors.

**Development Process:** Data collected through knowledge exchange activities (April – July 2006) were thoroughly reviewed by the research team. Challenges/barriers to successful implementation of the HIV PEP program were extracted and mapped to tangible materials and/or strategies to address the needs identified. Advisory Committee members have been engaged in the development process based on their area(s) of expertise in HIV PEP and sexual assault treatment.

**Preview of Select KT Tools in Development:** HIV PEP program *Medical Guidelines* are being updated and revised to integrate HIV PEP Study findings and new research evidence.

Targeted *HIV PEP Fact Sheets* are being developed for Physicians and for Pharmacists to address the need for an enhanced HIV PEP information base for health professionals and increase accessibility of HIV PEP information. Brief evidence-based HIV PEP information is presented in a format suitable to each profession.

A *Client Scenario Booklet* with 15 sexual

assault scenarios accompanied by standard procedures and case-specific considerations regarding HIV care and HIV PEP delivery is in development for use by individual health care providers and/or teams for building HIV risk assessment, HIV counselling and HIV PEP decision-making skills. It addresses the need for ongoing learning opportunities for health care providers and encourages standard HIV PEP delivery. Additional ongoing education strategies will be developed in Phase 2 of the KTA project.

*Client HIV PEP Information Booklet(s)* are being simplified and redesigned to address the need for brief, concrete and accessible client materials. They will include: 1) a pamphlet providing a general HIV / HIV PEP overview for all SATC clients at-risk of HIV acquisition; and 2) an in-depth booklet for clients that accept HIV PEP only.

*Answers to Frequently Asked Questions* are being compiled for web access. FAQs will target the information needs of: 1) Sexual assault victims/survivors; and 2) Health care providers, and will address general HIV PEP related questions and specific drug-related questions.

*Provincial Nursing Documentation* will be revised to include HIV care information to address the need for standardised, streamlined HIV PEP documentation.

*Paediatric HIV PEP Guidelines, Materials, and Training* will be provided to all SATCs. We acknowledge and thank The Hospital for Sick Children's Suspected Child Abuse & Neglect Program (SCAN) and the Kingston General Hospital's Sexual Assault/Domestic Violence Program for sharing guidelines, materials and training developed internally.