

Integration of hypertension and diabetes screening and management at Kiambu County Referral Hospital HIV clinic



Gwengi L¹, Wachira F¹, Mose C¹, Lwaka C¹, Githige A¹, Kiarie M¹, Njenga A², Muchiri I²
1-Elizabeth Glaser Pediatric AIDS Foundation
2-Kiambu County Government, Department of Health



BACKGROUND / INTRODUCTION

Kenya has implemented HIV program for over three decades with HIV care provided as a standalone service. People living with HIV (PLHIV) and other comorbidities are referred to other departments for treatment. Clinicians managing HIV patients do not know non-communicable disease (NCD) status or the control status for those with comorbidities. We integrated screening, identification and management of hypertension (HTN) and diabetes (DM) at Kiambu County Referral Hospital in Kenya with the aim of providing holistic patient-centered care. Before integration, management of PLHIV with NCDs was not synchronized and data were not available.

METHODS

- Held a leadership engagement meeting with the facility in-charge, lead physician, HIV clinic in-charge and sub-county NCD coordinator for buy in.
- Conducted a second level meeting with HIV comprehensive care team to brainstorm and adopt a facility context specific model.
- Sub-county NCD coordinator conducted on-the-job training sessions for clinical staff, followed by a three-day offsite didactic training by a cardiologist.
- Conducted health talks on importance of screening and management of diabetes and hypertension for PLHIV.
- Provided standard operating procedures (SOPs) on screening, identification and management of NCD, blood pressure machines, glucometer and glucose strips.
- Screened patients living with HIV above 15 years who attended HIV clinic between April 2023 and September 2023.
- Documented screening and management outcomes in the electronic medical record.
- The physician, NCD coordinator and program teams provided continuous mentorship, support and consultation.
- Synchronized appointments for HIV and NCD care and identified a specific clinic day for patients with HIV and NCD co-morbidities.
- Conducted weekly and monthly monitoring of outcomes
- We collected screening and diagnostic data of HTN and DM patients from the electronic medical record between April and September 2023.
- Data were analyzed using excel sheet.

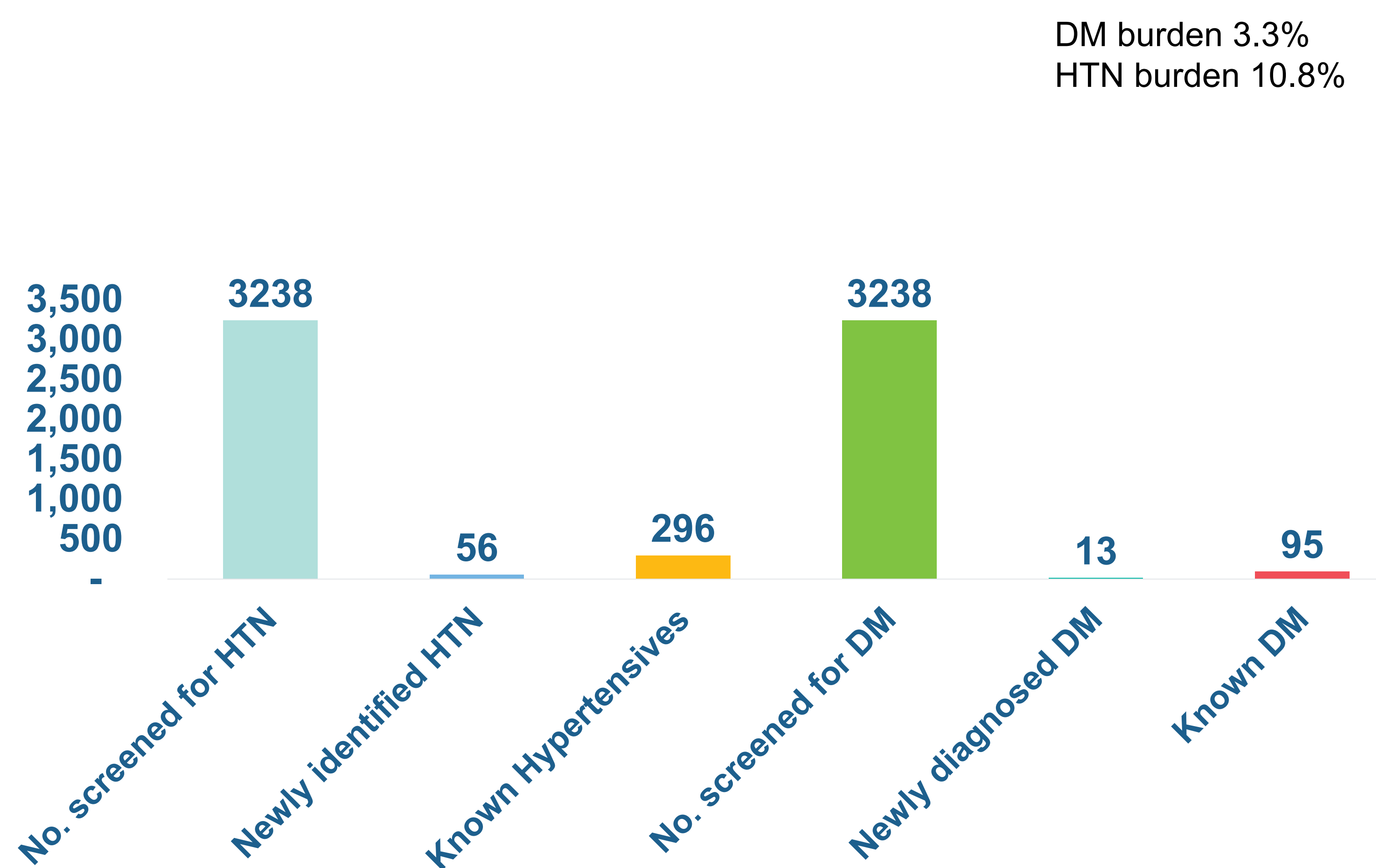


Clinician at Kiambu HIV clinic screening for DM

RESULTS

- Management of HIV and NCD within the HIV clinic was synchronized and data capture streamlined.
- We screened 3,238 of 3241 patients and diagnosed 56 (1.7%) and 13 (0.4%) with HTN and DM, respectively.
- Additionally, 296 (9.1%) with known HTN and 95 (2.9%) with known DM were identified and managed.
- Overall HTN and DM burden among PLHIV was 10.8 % and 3.3%, respectively

HTN & DM screening results



IMPLEMENTATION CHALLENGES

- The department lacked a nutritionist. The program supported one on locum for the review period.
- Lack of consistent supply of glucose strip by the hospital. The program provided glucometer, glucose strips to support the process.

DISCUSSION

- Routine screening for NCD in the HIV clinic improved identification of NCD.
- Synchronization of appointments for HIV and NCD clients improved client care.
- Integration of screening and management of NCD within the HIV clinic is feasible.

ACKNOWLEDGEMENT

This project has been supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the US Centers for Disease Control and Prevention (CDC), award number- GH002449.

The findings and conclusions are those of the authors and do not necessarily represent the position of the funding agencies.