

REASON WHY?

NICE guidance for the management of pneumonia recommends that all adults with persisting symptoms and those at high risk of malignancy (smokers and aged >50 years) have follow-up Chest X-ray at 6 weeks. NICE and BHIVA (British HIV Association) also recommend that all adults with pneumonia should have a HIV test as it's a HIV indicator condition.



To improve investigation and follow-up in community-acquired pneumonia, including the proportion having requests for follow-up Chest X-rays and the proportion having a HIV test performed.

PLAN

This study aimed to examine the proportion of patients in AMU and the Respiratory Ward (Ward 24) with a radiological diagnosis of pneumonia that had a follow-up Chest X-ray (CXR) at 3 months (to allow for delays) and a HIV test performed.

It was anticipated that some patients would not have a follow-up Chest X-ray when care is discontinued on discharge, with the responsibility for this being on the discharging team rather than the GP.

Anecdotally, HIV was currently not part of routine investigations for patients with pneumonia at the hospital, despite this being deemed to be feasible, cost-effective and acceptable to both patients and staff by other studies.

DO

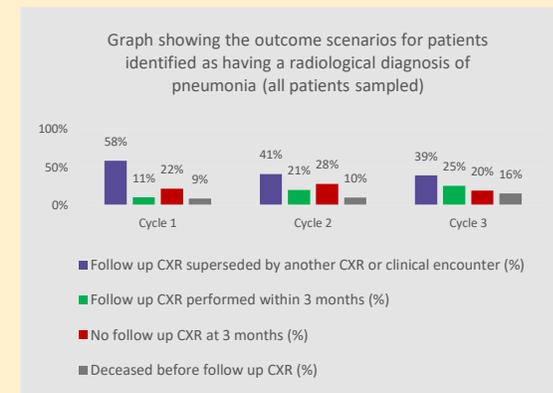
A sample of 55 patients with a radiological diagnosis of pneumonia were initially identified over a ~1 week period and followed up to investigate the proportion having a follow-up CXR and HIV test.

Subsequently, repeat cycles of data collection were completed after introducing 2 improvement interventions:

- Educational posters in clinical areas (AMU and Ward 24)
- Holding educational/stakeholder sessions for the AMU and Respiratory Departments

STUDY

Of the 55 patients initially sampled, most (58%) had a subsequent CXR triggered by another clinical encounter during or after admission. However, 22% had no follow-up CXR at 3 months. Following the improvement interventions, similar results remained overall with a proportion still not having a follow-up CXR.



Concerning HIV testing, 0 patients sampled had a HIV test either before or after the improvement interventions, representing a clear opportunity for further improvement in the future.

ACT

There remains significant scope to improve on HIV testing for patients with pneumonia at RSH, as recommended by NICE and BHIVA guidance. Alternative interventions considered for the future include educational sessions for resident doctors, a prompt in the clerking booklet concerning this, representing an opportunity for further quality improvement work.

Further work is required to examine why patients don't go on to have follow-up CXR, including whether they are requested or whether patients are able to attend.