The Early Intervention Nurse is an individual level intervention which provides a formal clinical link between a newly diagnosed person with HIV and HIV medical care. The key characteristics the Early Intervention Nurse are: the development of a one-to-one relationship between a recently diagnosed client and a skilled clinician; the mobility of the nurse to travel to any location to meet the client; and the utilization of a skilled HIV nurse to provide education about HIV infection and direct access to clinical care and services.

I. Description

OBJECTIVES

» To identify newly diagnosed people early in the infection and link them to health care services
» To educate the client population on therapy, adherence, the value of partner notification, and other health related services
» To provide intensive, early case management for the newly diagnosed HIV+ client

TARGET AUDIENCE

» White gay men, Hispanic/Latino gay men

ACTIVITY DESCRIPTION

The early intervention nurse is a seasoned nursing professional who introduces a newly diagnosed person living with HIV into the HIV medical care system. The early intervention nurse provides patients with basic information about their diagnosis, accompanies the individual through the initial stages of care, and helps the newly diagnosed patient transition into regular HIV medical services.

To initiate this activity, it is necessary for the agency to work with highly skilled nurses with HIV experience who are residents in both the urban and rural geographic communities that make up the target population for services. These nurses serve as the principal actors in the early intervention nurse development. The program’s staff must have a good relationship with the care and treatment centers of the target community.
Often, the provider responsible for giving a positive test result facilitates the first encounter between an Early Intervention (EI) nurse and newly diagnosed client.

- When a positive HIV test result is given, the agency calls the Early Intervention Nurse to offer the post-test counseling to the client. This will most likely be the first contact with the EI nurse for the client.
- The EI nurse can go to any testing site for a post-test counseling and information session.
- In a rural community, the EI nurse can go to the person’s home after a positive HIV test and explain the result, HIV infection, and the health care process.
- The EI nurse can also be on the street, if there is no residence to go to or if the situation calls for an intervention on the street. The EI Nurse can answer questions, give information on HIV infection and prevention, and draw blood for laboratory tests, if necessary.
- At the first encounter between nurse and client, independent of the setting, the EI nurse does an assessment of the client’s needs. The nurse and client then begin to set up their communication dynamic and rhythm.
- The nurse gives information on HIV infection, T-cell counts, viral load testing, transmission, prevention, and describes the process of beginning HIV specific health care.
- The EI nurse helps schedule the first doctor’s appointment at the closest clinic and works to set up an appointment within 24 to 48 hours that fits into the client’s schedule.
- The nurse helps the client fill out the central application access form to the AIDS Drug Assistance Program which is then sent to the state office to determine the eligibility of the client.
- The EI nurse provides the client with an orientation to the health system and possible benefits including an introduction to the state’s benefits. The nurse also can provide information about the nearest health maintenance organization.
- The nurse takes the client to the first medical appointment using a state car, their own car, or accompanying the client on foot.
- If the client wishes, the EI nurse can begin to work with the partner of the HIV+ client, offering education around HIV infection, transmission, prevention, and testing as well as the active listening and counseling skills.
- In most cases, after the first visit with the doctor, the health care staff of that particular clinic supplants the need for the EI nurse.
- The EI nurse, however, can continue the relationship with a client if the circumstances require it. The nurse uses his or her professional judgment to decide how long to work with a particular client.
- The rhythm of the relationship can change over time; the client and nurse can see each other at “key” moments in the client’s process or after several months for a friendly check-in.

**Promotion of Activity**

- Every agency or testing site offers information and access to the EI nurse as part of their standard intervention.
- The EI nurses tend to promote themselves. Their existence is known throughout the community by word-of-mouth.
- The testing site or clinic or agency can give the client an Early Intervention nurse brochure if there is no way to contact the EI nurse directly.

**II. Logistics**

**Staff Required**

- There are 6 nurses in 4 health districts
- Support staff in disease prevention management
**TRAINING & SKILLS**

- Registered nurses with a background of at least 5 years of experience with HIV
- Annual HIV training

**LOCATION OF ACTIVITY**

HIV testing sites, wherever HIV test results are given, or where a client wants to meet after receiving a positive test result: a public health office, a private physician’s office, private homes, bars, homeless shelters.

**FREQUENCY**

Ongoing. The nurses decide how long they will follow a particular client.

**OUTSIDE CONSULTANTS**

None

**SUPPORT SERVICES**

None

**NECESSARY CONDITIONS**

- Health care providers must be willing to collaborate and work with nurses.
- Nurses need to have diverse client experience and strong experience in HIV.
- The EI staff must have an operative collaboration with state, federal, and county agencies. It is very difficult to work if there are sentiments of territoriality within the different agencies.

### III. Strengths and Difficulties

**STRENGTHS**

- Dedication of the nurses and belief in what they are doing. They have a genuine desire to get HIV+ people in care.
- Nurses meet with clients who do not want to be in care (a client is not obliged to enter into medical care to receive the services of the EI nurse).
- Respect for the clients
- The service provides fast, direct access to expert clinical physicians.
- The service works well where there are few or no infectious disease doctors, and few health care providers (typically in rural areas).
- The service works well in communities that have health care providers with no HIV expertise.

**WEAKNESSES**

- The client can become too dependent on the EI nurse.
- The EI nurse would not be the appropriate model for some urban settings with a complete continuum of care service package for HIV+ clients. It could even outdate itself as the health care setting in a particular city or jurisdiction evolves over time.

**DIFFICULTIES FOR CLIENTS**
DIFFICULTIES FOR STAFF

- There are not enough nurses, for the large numbers of cases.
- It is often difficult to cover all of the potential sites in locations that are widely dispersed.
- Patients can become so "dependent" and adamant about not leaving their EI nurse that the state government has had to establish a three-tiered system of classification to determine how much investment of time the EI nurses can have in their clients prior to their discharge from the program or service.

OBSTACLES FOR IMPLEMENTATION

None

NON-APPROPRIATE CLIENTS

None

IV. Outcomes

EVIDENCE OF SUCCESS

- The number of newly diagnosed people getting into care and the number of EI nurse to client encounters, which cover important HIV and health related issues (education about therapy, CD4 cell and viral load testing, psychosocial support opportunities, homeless connections, assisted living, substance abuse treatment referrals), show that these activities are working in the communities.

UNANTICIPATED BENEFITS

- The EI staff may take on a much bigger role in HIV prevention activities.
- The nurses do a lot of work with Hepatitis C and take on the additional role of educator, which other HIV related healthcare providers do not have the time or expertise to do.
- Some nurses may also run support groups for Hepatitis and HIV co-infection.

“CONNECTING TO CARE” ELEMENTS OF ACTIVITY

- The EI nurse provides a “welcome” into the system in a skilled, knowledgeable, and empathetic manner.
- The nurses are well known and established in rural communities.
- The EI nurse wins the clients’ trust with a nonjudgmental attitude along with listening and counseling skills.
- The nurse’s excellent HIV knowledge and experience are key to connecting with the client and then connecting the client to medical care.

EVALUATION

- EI nurses take part in “care team” meetings: monthly meetings with clinicians, the case manager, and nursing team to
coordinate the care of their clients.

» Supervision by district health office managers

» Independent patient satisfaction surveys on activity

» Quality assurance assessments at site visits to talk about EI nurses

» The state receives “utilization evaluation” reports.

» The health department has observed the service over the years and has seen it grow into a very successful and useful program.

**KEEP IN MIND...**

» Don’t implement the model without dedicated planning time; the process of development is always an “evolution” where people have to collaborate and come to the table together.

» It takes a lot of hard work to establish a friendly working relationship with the districts.

» Establish common respect with districts, jurisdictions, and providers.

» In the district health offices, it is very important to locate registered nurses who live in the community.