

# The GESIDA Quality Indicators for HIV/AIDS care in Spain.

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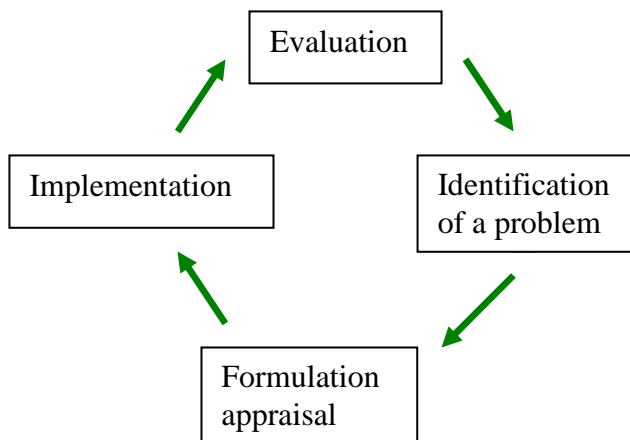
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In the management of the HIV infection there has been a high improvement in terms of survival and quality of life. There is a comprehensive work of the scientific societies in guidelines and recommendations. At first, all we think that our clinical practice is good enough.

**Are we doing well enough?**

**False certainty? ↔ Doubt?**

**We must be sure that relevant things are well done**



## Structure of an indicator

<b>Name of the indicator</b>	
<b>Background</b>	Indicator as a measure of quality. Related to scientific evidence and validity.
<b>Area explored</b>	Main area of activity evaluated.
<b>Mathematical formule</b>	Numerator and denominator x 100
<b>Explanation of terms</b>	Explanation of terms used in detail.
<b>Eligible population</b>	With a clear description.
<b>Type</b>	Structure, Process, Result
<b>Data source</b>	Description in detail for numerator and denominator.
<b>Outcome</b>	Desirable level of achievement
<b>Remarks</b>	Bibliography and explanations about validity.

Standards must be high in order to improve our practice.

Indicators are useful:

- to identify relevant problems
- to benchmark between units and hospitals
- to benchmark in a service after implementation measures

Sixty-six indicators have been developed in the following area: structural conditions, diagnosis and evaluation, follow-up and preventive interventions, follow-up of patients under treatment, specific aspects for women, comorbidities, hospitalization, mortality rates, professional training and research.

Indicators can be classified, by type (structure, process an results), basic (for accreditation) or advanced and relevant or not.

A core set of 22 indicators has been selected as relevant and should be monitored constantly in all HIV units. They are based on randomized clinical trials or highly recommended in clinical guidelines by scientific societies.

<b>Indicator</b>	<b>Standard (desirable outcome)</b>
Trained medical staff (on HIV management)	100%
Relevant issues in the initial evaluation (a list of them)	90%
Laboratory tests in the initial evaluation (a list of them)	95%
Viral load in the initial evaluation	100%
CD4 cell counts in the initial evaluation	100%
Sanitary education in the inicial evaluation	95%
Patients with less than < 350 CD4 cells without antirretroviral therapy	<10%
Detección of Latent Tuberculosis	90%
Hepatitis A vaccination	85%
Hepatitis B vaccination	85%
Pneumococcal vaccine	85%
<i>Pneumocystis jiroveci</i> and <i>Toxoplasma</i> prophylaxis in patients with less than < 200 CD4 cells	100%
Smoking prevention and tobacco addiction treatment	95%
Loss to follow-up	≤5%
First line antirretroviral therapy according to the spanish guidelines (GESIDA/Plan Nacional del Sida)	95%
Viral load of less than 50 copias/ml) at week 48 of therapy	80%
Therapy adherente registered	95%
Virological failure with resistance tests	90%
Antiretroviral therapy in pregnant women	100%
Evaluation of HCV coinfecteds patients	90%
Treatment of coinfecteds patients with chronic HCV infection	>25%
Evaluation of the cardiovascular risk at least once a year	90%

The whole document is accessible at:  
[http://www.gesida.seimc.org/pcientifica/fuentes/DeyRc/gesidadc\\_vrc2010-IndicadoresGesida.pdf](http://www.gesida.seimc.org/pcientifica/fuentes/DeyRc/gesidadc_vrc2010-IndicadoresGesida.pdf)