



Inpatient Healthcare Utilisation by People with Human Immune Deficiency Virus (HIV) in Ireland, a National Retrospective Evaluation



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Introduction:

HIV represents a chronic disease treated in the outpatient setting. We sought to characterise inpatient care by this cohort; in the first such report to be undertaken in Ireland.

Methods:

A retrospective analysis of all adult patients with HIV discharged from Irish public hospitals between January 2017 and January 2022 was performed. Data was obtained from the National Quality Assurance Improvement System (NQAIS) Clinical, a national electronic database of hospital discharges, descriptive analysis was performed.

Results:

During the study period, 242 inpatient episodes of care were captured, 22 elective with 220 emergent, mean of 46 admission episodes per annum, 95% (232) were public patients, 11 were private, 165 (68%) were male.

The median age was 41 (IQR 33-49). Regional distribution; Dublin 153 (63%), Galway 29 (11.9%), Cork 26 (10.7%), Limerick 6 (2.5%), Waterford 6 (2.5%) and other 22 (9%). The mean length of stay was 16.9 days, median 9 (IQR 5-17.7 days), 24 episodes were same-day discharges. Over 90% of admissions were to centres with infectious diseases and HIV services. Reason for admission (fig 1). Admission to ICU was recorded for 19 (7.8%) episodes of care; 12 (65%) were male; median age of 40; median length of stay in ICU was 5 days (IQR 2.75-15.25), and the total median length of stay was 24 days (IQR 6.7-64.5).

Reason for admission ICD Dx 1	No.
Acute HIV infection syndrome	18
Asymptomatic HIV infection status	9
HIV resulting in infection & parasitic disease	113
HIV resulting in malignant neoplasms	12
HIV resulting in other spec conditions	6
HIV resulting in other spec diseases	13
Laboratory evidence HIV	3
Unspecified HIV disease	68
Grand Total	242

Fig 1. Reason for admission ICD Dx 1.

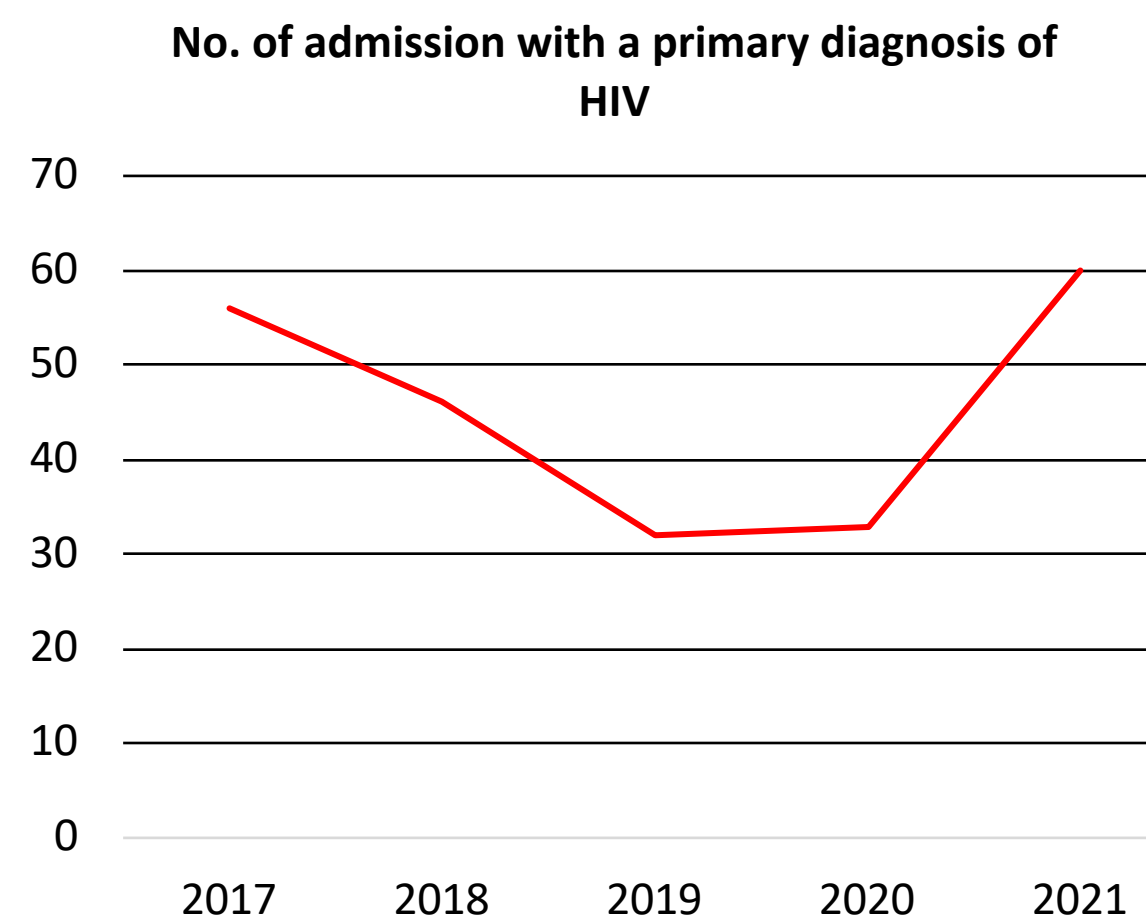


Fig 2. Admissions per annum during the study period

Reason for ICU admission was, respiratory infection for 15 patients, 5 with tuberculosis and 5 with pneumocystis, 14 required intubation and ventilation, the remainder having bloodstream or central nervous system infections. The mean cost of admission to the ICU for these patients was €53,296, with a median cost of €26,435.

Conclusion:

Results reflect HIV data from the Irish Health Protection Surveillance Centre with male preponderance and Dublin focus however, the age profile of those admitted was higher. The high rate of admissions for opportunistic infections suggests an ongoing need for earlier case finding and treatment initiation. The study is limited by information supplied to coders in discharge summary, and may under represent HIV care if diagnosis are not disclosed to healthcare providers.