

Implementation of Routine HIV Testing in an Acute Care Hospital in Rhode Island: A Nurse Initiated Opt-Out Pilot Project

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Disclosure:

- The presenters have no conflicts to disclose.



CDC Revised HIV Screening Policy

- 2006: **Change from risk based to routine** HIV screening for all persons 13-64 and all pregnant women (Branson et al., 2006)
 - Reduce barriers
 - Prevent transmission
 - Promote early detection



Revised State HIV Screening Laws



- http://www.nccc.ucsf.edu/consultation_library/state_hiv_testing_laws/

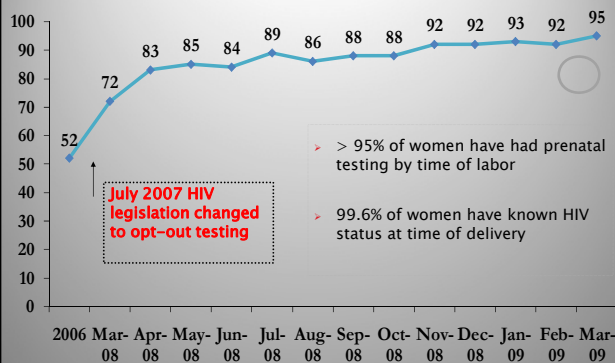
RI State Law



- Prior to 2007, HIV testing in RI opt-in and written consent required for everyone, including pregnant women
- Overall testing rate for pregnant women in RI 52.8%; 3 infants born with HIV in 2006
- Opt-out HIV Testing Requirements in Pregnancy – legislation passed June 2007

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Impact of Maternal HIV Testing in RI



> 95% of women have had prenatal testing by time of labor

> 99.6% of women have known HIV status at time of delivery

July 2007 HIV legislation changed to opt-out testing

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RI State Law: 2009 HIV Screening Legislation



The health care provider must:


- Provide the patient being tested information related to HIV and HIV screening, which can be either written or oral.
- Give the patient the opportunity to ask questions.
- Inform patients of their right to decline HIV testing.
- Obtain **verbal consent** for HIV testing.

(RI Gen. Laws ch 23, § 6.3, 2009)

Health Care Encounters: A Missed Opportunity

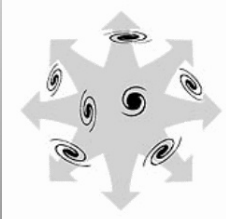


- **73.4%** of those diagnosed with HIV had visited health care facilities prior to the initial HIV diagnosis.
- Of those diagnosed, **43.4%** were “late testers” or had an AIDS diagnosis within a year of initial HIV diagnosis.
- Of the “late testers,” **53.7%** were diagnosed with AIDS within 30 days of initial HIV diagnosis.

(Duffus et al., 2009)





Expansion of Routine HIV Screening

- Prenatal clinics
- Primary care clinics
- Urgent care centers
- Emergency Departments
- Community Health Centers
- Outpatient Clinics
- Corrections facilities

Nurse-Initiated Routine HIV Testing: Cost-Effective

- **89.33%** of patients agreed to testing with **nurse-initiated** screening compared with **84.5%** in the traditional **physician-initiated** model (Anaya et al., 2008)
- Analysis concluded that the model with **nurse initiated** screening was the **most cost-effective** model (Sanders et al., 2010)

Nurse-Initiated Routine HIV Testing: Increased Patient Acceptance

- **42%** of patients agreed to **physician-initiated** opt-out testing compared to **85%** for **nurse-initiated** screening (Cunningham et al., 2009)




Standing Orders for Routine Testing (SORT) Initiative Planning



Gathering the Stakeholders and Obtaining Buy In

- The Chief Nursing Officer
- The Directors of Inpatient and Outpatient Clinical Services, the Director of Nursing Education, the Chief of Infectious Disease, and the Chief of Medicine
- Nurse Manager and Assistant Manager
- Unit RN's



HIV Nursing Education



- Implementation of training program, *HIV Testing, Prevention and Treatment: What Every Nurse Should Know*
- 34 of 35 RNs employed by the pilot unit participated over a 3-month period from August 2011 through October 2011
- 1-hour, in-person training taught by two RNs who were certified in HIV Nursing and who each had more than 10 years of experience working with PLWH
- 5 sessions with group sizes ranging from 2 to 12

Institutional Policy




- The Miriam Hospital policy adapted in 2010 to be congruent with RI State Law
 - Consent or refusal and exchange of information about HIV testing documented in the patient's medical record
 - Consent voluntary with the individual's knowledge and understanding
 - Consent could be **verbally** obtained

Patient Education



- Brochure, *HIV testing: It's for all of us*
 - Developed by RIANAC
 - All patients 18-64 receive 1:1 education upon admission using the brochure
 - Funding Brown University AIDS Program
 - Simple language, photos reflecting people of all ages and racial/ethnic groups being at risk
 - Plans for translation into Spanish and Portuguese


Why should I get tested?
 HIV testing is now being offered as a routine part of healthcare. It is recommended that everyone has an HIV test at least once. You cannot tell by looking at someone if he or she is infected with HIV. The only way to be sure you are not infected is to be tested. You may refuse this test.




HIV test results
 Your blood will be tested for HIV antibodies. These antibodies develop after infection occurs.

- A negative test result means that no antibodies were found in your blood at this time. This means that either you don't have HIV or you were infected in the last 3 months. If you think you are at risk, you should have the test repeated in 3 months.
- A positive test result means HIV antibodies have been found in your blood and you are infected with HIV. You will be referred to a specialist and any support services you may need.
- Test results may take up to 2 weeks.

How does someone get HIV?
 HIV is passed from one person to another through sexual contact or sharing needles with a person already infected with HIV. Pregnant women with HIV can pass the virus to their babies during pregnancy, delivery and breastfeeding. HIV is not spread through mosquitoes, biting, coughing, sweat, tears or through sharing toilets, clothes or any household items.




Standing Orders



- Electronically signed by the Chief of Medicine
- All patients between 18 and 64 offered routine screening on admission
- If an eligible patient did not decline testing, RN places a Protocol Order for the HIV test into the electronic Physician Order Management System
- RN submits the order for HIV testing
- Attending physicians or Infectious disease fellows notify patients of positive results; negative test results given by nurses on the unit

TO REMAIN PART OF THE PERMANENT MEDICAL RECORD



STANDING ORDER

HIV TESTING ORDER PROTOCOL

The Rhode Island Department of Health (DOH) and the Centers for Disease Control and Prevention (CDC) recommend that everyone be tested for HIV at least once in their lives. The POM and the CDC are currently recommending HIV testing as part of routine blood work for individuals between the ages of 13 and 64 who have never been tested, and yearly testing for individuals who fall into certain high risk categories. To address these state and national recommendations, the hospital offers all eligible patients the opportunity for routine HIV testing.

PART A. DETERMINE PATIENT'S ELIGIBILITY FOR ROUTINE HIV TESTING.

Check:

1. Patient age 13-64.	YES (Go to 2)	NO (Go to 3)
1. Patient has never been tested for HIV.	YES (Go to 3)	NO (Go to 3)
1. Patient falls under a high risk category and has not been tested in the last year/Check all that apply.	YES (Go to 4)	NO (STOP and Sign/Date Form)

Male having sex with men

History of injected drugs

Multiple recent sexual partners since last HIV negative test

Using cocaine or methamphetamine

1. Patient has been offered routine HIV testing and the patient declines (Sign Date Form)

YES (STOP and Sign/Date Form)
 NO (Proceed to Part B)

PART B. ROUTINE HIV TESTING IS INDICATED FOR THIS PATIENT.

The following must be performed and checked off:

HIV Testing brochure has been reviewed with patient.

The patient has been informed that recent infections may not be detected by this routine HIV test, and that if s/he is in a high risk category, s/he should consider re-testing in 3 months.

The opportunity to ask questions has been provided and questions have been answered.

Order for routine HIV testing has been entered into POM.

RN: Print Name/Signature _____ Date: ____/____/____ Time: _____

SORT Initiative Implementation

- "Go live": Mid-December 2011
- Ongoing communication
- On-site leadership and commitment





SORT: Lessons Learned

- Float RN's
- Second opportunity
- Negative result retrieval and notification

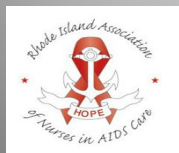


HIV Screenings 3 East

Month/Year	#
September 2012	16
August 2012	24
July 2012	13
June 2012	22
May 2012	36
April 2012	25
March 2012	36
February 2012	22
January 2012	25
December 2011	20 BEGAN MID DEC
November 2011	6
October 2011	5
September 2011	4
August 2011	7

SORT: Evaluation

- Exploratory study of acceptance of nurse-initiated screening by
 - Patients
 - Nurses
 - Physicians



SORT: Future Directions

- Expansion to remainder of in-patient units The Miriam Hospital
- Expansion to other Lifespan partners
- Expansion to other in-patient hospitals in RI
- Expansion to out-patient settings in RI
- Expansion to in-patient and out-patient settings nationally





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