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/](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

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.

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

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
**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

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**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

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SORT: Evaluation

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

SORT: Future Directions

- Expansion to remainder of in-patient units
- 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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References

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References 2


References 3


References 4


References 5


Reference 6


Reference 7