

Solution States of Medicine

# IMPLEMENTING ROUTINE OPT-OUT RAPID HIV TESTING IN AN URBAN PEDIATRIC/ADOLESCENT **EMERGENCY DEPARTMENT & OUTPATIENT CLINICS USING HEALTH EDUCATORS AND NURSES** TO AFFECT RISK BEHAVIORS AND OVERCOME BARRIERS

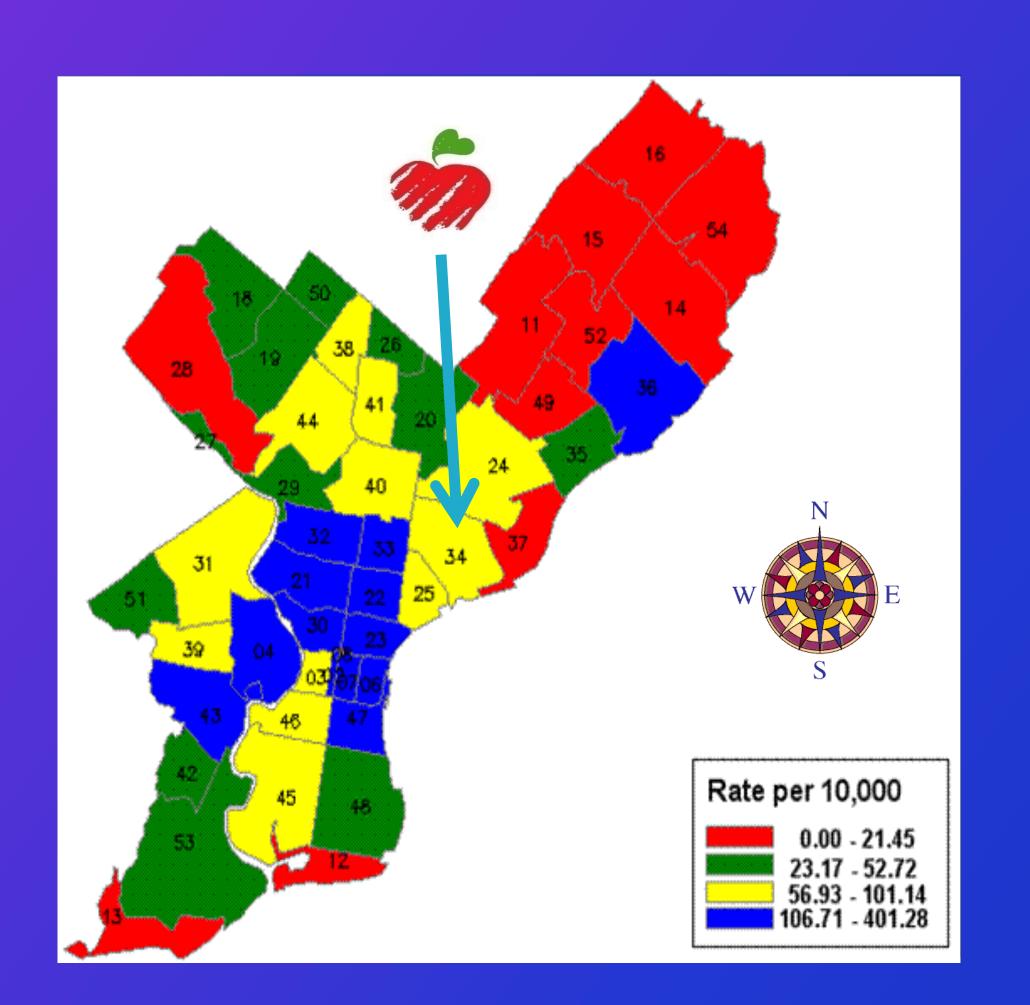
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St. Christopher's Hospital for Children (SCHC) is a 189 bed facility located in North Philadelphia (19134) dedicated to delivering high quality family - & patient -centered care to children from throughout the Philadelphia area and around the world.

SCHC offers a wide range of health care services for children from birth through 21 years of age, including primary care and well over 200 pediatric subspecialty programs such as the Dorothy Mann Center for Pediatric & Adolescent HIV (DMC).

The DMC provides comprehensive, multi-disciplinary, family-centered primary & HIV specialty care to families infected/affected by HIV/AIDS. Our pediatric services begin from birth to 24 years of age. Patients aged 25 and older (current and new) can access services onsite through our adult program (Partnership).

In response to the Centers for Disease Control and Prevention (CDC) recommendation that HIV testing should be integrated into routine patient care coupled with local surveillance data, we implemented a rapid HIV testing program incrementally with grant funding throughout the hospital system in three phases.



Persons living with AIDS in Philadelphia by zip code (191xx) in 2010

### **PHASE I: ASSESSMENT & EVALUATION**

result and link to care.

### Successes/Strengths

• HIV tester in the ED increased visibility (patients and ER staff) • 3,127 people received HIV C&T (<70% reported it was their first) • Those with a non-reactive result but reported high-risk for HIV were referred to the CRCS/Prevention Case Manager at our HIV Clinic (DMC).

 Those with a reactive result (preliminary positive) immediately received confirmatory testing, were linked to care at the DMC and attended at least three medical visits.

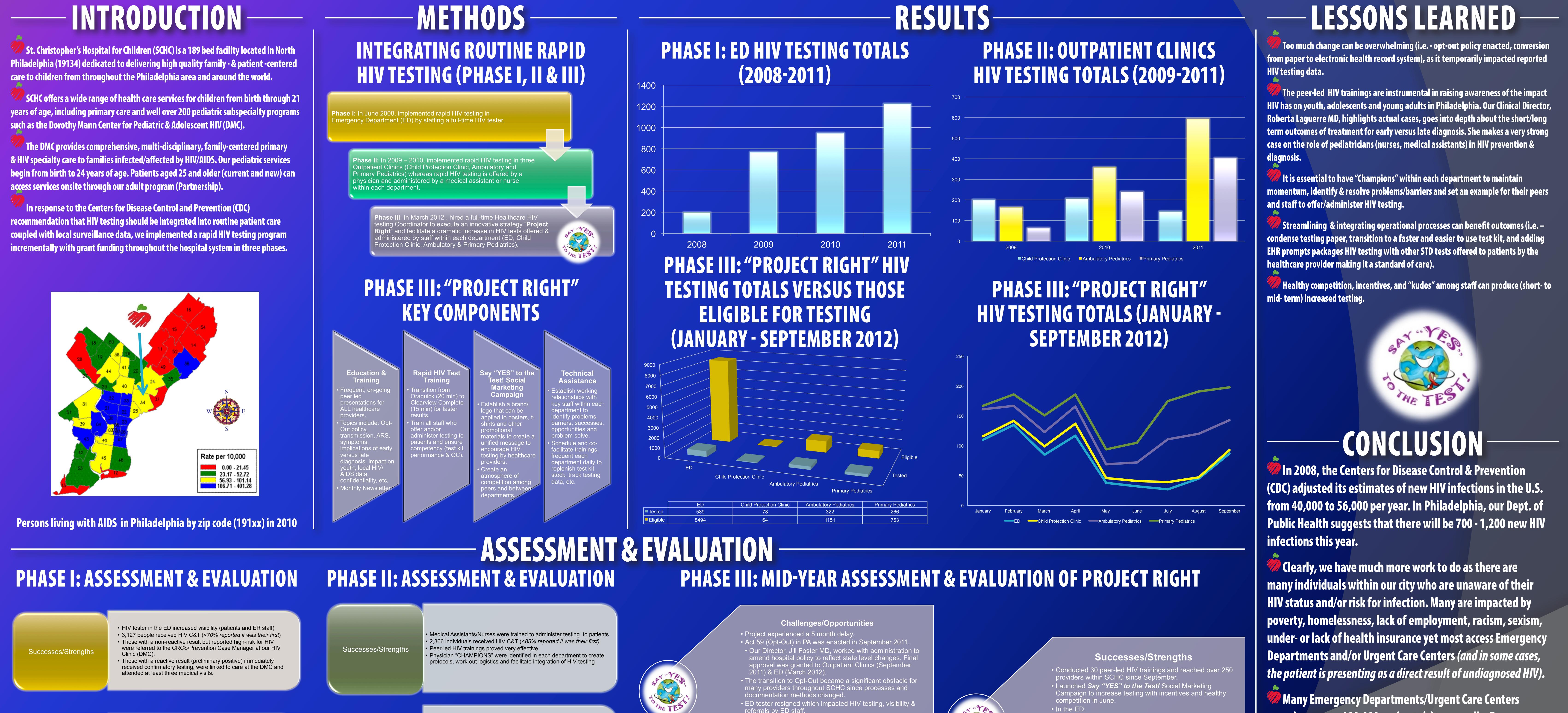
• HIV tester works 40 hours weekly, the ED is open 24/7. The testing potential for patients 13< was 10,500. Peer-led HIV trainings were infrequent, limited and typically did not include ED staff from overnight shifts. •High rate of staff turnover •ED staff predominately relied on ED tester so in her absence no

testing would be administered. •It was reported by some ED staff that paperwork was too excessive, testing process took too long, ED is not an appropriate setting for testing (in the absence of symptoms), patient confidentiality, discomfort and uncertainty on delivering a positive

Successes/Strengths

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Challenges/Opportuniti



- Lack of "Buy-In" from some Physicians • Personal Beliefs of their role as a primary care provider Discussion of Sex/Sexual Health/Sexual Risk
- Confidentiality & Other Provider/Parent/Patient Concerns • High rate of staff turnover (medical assistants)
- Logistics/Work Flow Issues
- Patient Flow/Delays due to HIV testing process. • The WHO: offers & administers testing, obtains consent & results? • Even with "Champions" HIV testing momentum fluctuates • Providers have a multitude of priorities (offering testing is not mandatory)

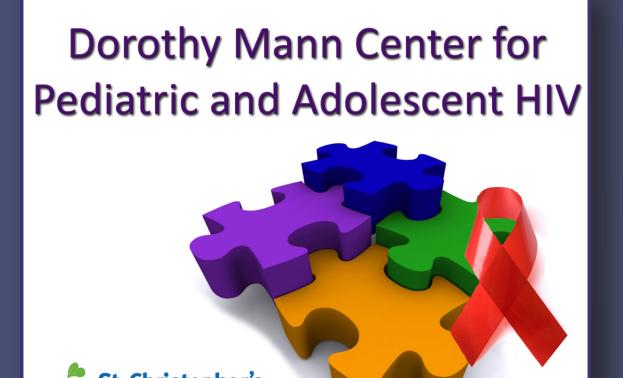
referrals by ED staff.

• ED tester resigned which impacted HIV testing, visibility &

• Some ED physicians prefer risk-based testing. • In March 2012, Ambulatory and Primary Pediatrics transitioned from paper to electronic health record (NextGen tracking HIV testing data became an immediate problem The demand for HIV test kits increased for both departments however the documented/reported data was incongruent.



- In the ED: Charge Nurses/Supervisors have taken the lead to
- encourage their staff to routinely offer/administer testing. Project Right staff condensed the ED testing data form Transition to Clearview Complete was extremely favorable
- New HIV tester started in July. A prompt/pop-up box was added to their EHR for patients accessing services with STD or pregnancy related symptoms in August.
- In the Outpatient Clinics: • ALL Medical Assistants, Nurses (& our Coordinator) were trained on how/where to input testing data in NextGEN



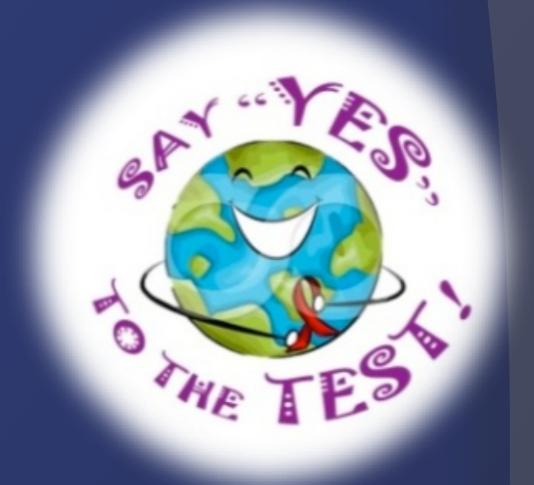
Ioo much change can be overwhelming (i.e. - opt-out policy enacted, conversion from paper to electronic health record system), as it temporarily impacted reported HIV testing data.

The peer-led HIV trainings are instrumental in raising awareness of the impact HIV has on youth, adolescents and young adults in Philadelphia. Our Clinical Director, Roberta Laguerre MD, highlights actual cases, goes into depth about the short/long term outcomes of treatment for early versus late diagnosis. She makes a very strong case on the role of pediatricians (nurses, medical assistants) in HIV prevention &

It is essential to have "Champions" within each department to maintain momentum, identify & resolve problems/barriers and set an example for their peers and staff to offer/administer HIV testing.

Streamlining & integrating operational processes can benefit outcomes (i.e. – condense testing paper, transition to a faster and easier to use test kit, and adding EHR prompts packages HIV testing with other STD tests offered to patients by the healthcare provider making it a standard of care).

Healthy competition, incentives, and "kudos" among staff can produce (short- to mid-term) increased testing.



In 2008, the Centers for Disease Control & Prevention (CDC) adjusted its estimates of new HIV infections in the U.S. from 40,000 to 56,000 per year. In Philadelphia, our Dept. of Public Health suggests that there will be 700 - 1,200 new HIV infections this year.

Clearly, we have much more work to do as there are many individuals within our city who are unaware of their HIV status and/or risk for infection. Many are impacted by poverty, homelessness, lack of employment, racism, sexism, under- or lack of health insurance yet most access Emergency **Departments** and/or Urgent Care Centers (and in some cases, the patient is presenting as a direct result of undiagnosed HIV).

Many Emergency Departments/Urgent Care Centers experience over 100,000 patient visits annually. By implementing routine, opt-out rapid HIV testing (in ALL *healthcare settings)* this can contribute to the break down of stigma, delivery of prevention messages and identify individuals who are HIV positive as well as facilitate an immediate link to care.