

The Evolution of HIV Testing from Emergency Department to Quick Care

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BACKGROUND

- More than 1.1 million Americans are living with HIV.
- 1 in 5 do not know that they are positive.
- The U.S. Department of Health and Human Services initiative, 'Ending the HIV Epidemic' (EHE), addresses this by involving HIV prevention, diagnosis, treatment, and outbreak response.
- UMC Wellness Center introduced opt-out HIV testing in UMC Emergency Department in 2018 to help identify these individuals. The initial use of Nurse Navigators (NN) followed shortly thereafter (2019) due to the service gap identified between diagnosis and linkage to care.
- UMC was awarded a Grant to expand testing throughout UMC Ambulatory Primary and Quick Cares.

PURPOSE

- To introduce Rapid HIV testing into the quick cares.
- To expand testing opportunities by capturing individuals who are seeking other medical services.
- The location of Quick Cares throughout the community allows testing to be offered to a diverse population.
- Linking newly diagnosed individuals to care and starting them on highly effective Anti-Retroviral Treatment (ART), with the goal of an undetectable viral load within 60 days.
- This supports the EHE initiative. People living with HIV who are undetectable are unable to transmit HIV through sex.

CHALLENGES

- Time constraints during office visit.
- Patient focused on initial reason seeking services at quick care, not HIV.
- Who will offer test? Nurse or Provider?
- Nurses/Providers apprehensive discussing and completing sexual assessment to identify high-risk sexual behaviors.
- Concerns about consent requirements, disclosure of results, and provider liability.
- Staff buy in related to changes in workflow.
- Nurse navigators or telemedicine availability for consult with newly diagnosed patient.

CONCLUSION

To date, over 4,100 Rapid HIV tests were done at UMC quick care and primary care, 16 positive individuals were linked to care.

Implementing routine HIV testing in the quick care was largely driven by nurses educating staff, nurses offering testing, and NN linking patients to care.

Support from UMC administration, providers and EPIC builds was essential.

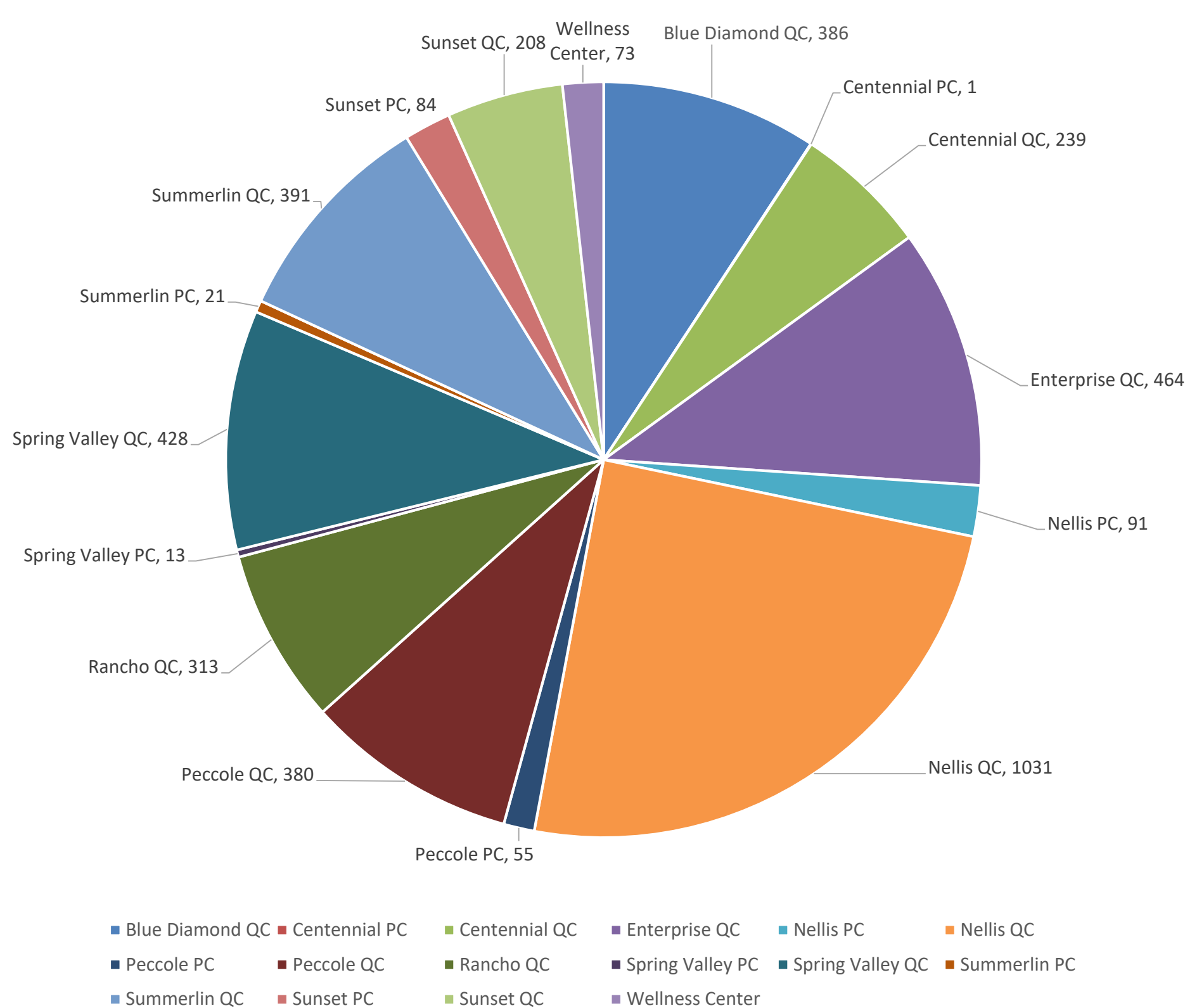
The one minute INSTI test allowed increased screening with less wait time.

Continued education and EPIC sexual assessment build helped increase comfort level with offering HIV tests.

Continued routine HIV screening will identify more positive individuals, and allow them to be linked to care.

DATA

4,174 Tests done since Nov 2021 through Aug 2022



PROCESS

INTRODUCE sexual health assessment to administration, physicians, nurses and staff.

EDUCATE Nevada SB211 recommends routine testing. Nurses educated staff on disease process, Pre-exposure prophylaxis (PrEP) and Post-exposure prophylaxis (PEP).

TRAIN staff on processes and procedures to perform HIV point of care testing (POCT)

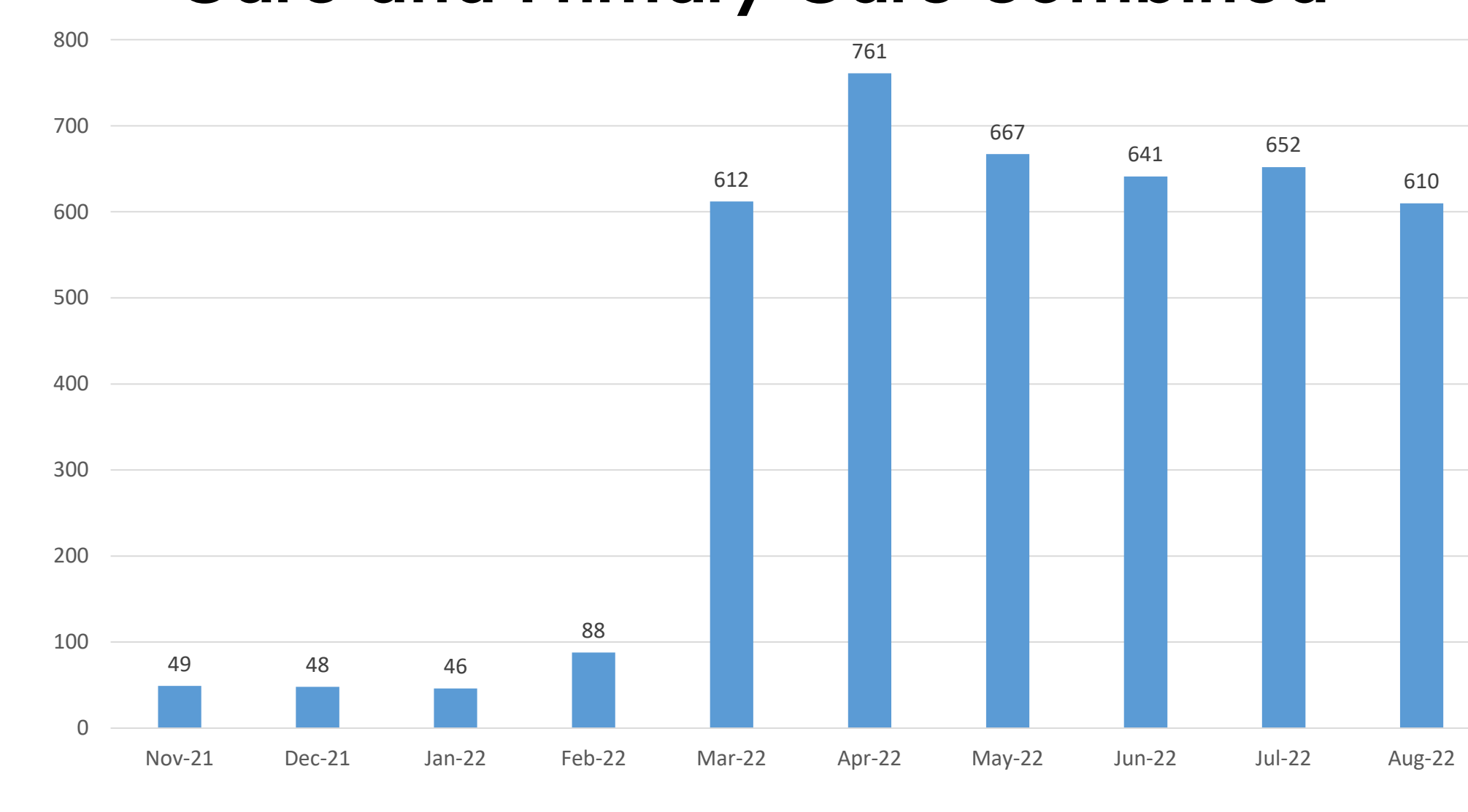
SUPPORT Nurse Navigators (NN) on-call 7 days a week. NN present when quick cares launched testing at each site.

TRANSITION Quick Care nurses or providers to take the lead offering HIV tests to patients. One minute INSTI Test increased testing rates.

FOLLOW-UP NN notified of any positive result. NN connects with patient, ensures UMC Wellness appt/linkage to care has been completed. Frequent follow-up calls.

RESULTS

Amount of tests done monthly in Quick Care and Primary Care combined



RECOMMENDATIONS

- Increase Education and Awareness**
Posters present in waiting room offering HIV testing. Public awareness campaign on need for routine screening. SB 211 education.
- Improve Provider Comfort Ordering Test**
Have triage nurse begin screening and pend order. Have screening questions built into EMR encounter.
- Decrease Result Waiting Time**
Begin screening at time of check in. Pend order for rapid 1 min INSTI test. Reserve 20 min test for confirmatory.

