Implementing A Protocol For HIV Screening in the Emergency Department

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Introduction

- 1.1 million people currently living with HIV in the US with an estimated 14% who are unaware (US Dept Health & Human Services, 2020)
- HIV is an STI
- CDC (2006) and USPSTF (2013) have established guidelines for HIV screening in ED patients presenting with STI symptoms
- American College of Emergency Physicians (2014) supports these findings

Background & Significance

- **Who is affected**: High correlation between STI and HIV infections (Hashemi- Shahri et al., 2016; Taylor et al., 2015)
- **Why should we care**: High prevalence of HIV in Hudson County (NJ Dept Health & Human Services, 2018)
- **What we know**: Current practice ineffective- "missed opportunities" (Klein et al., 2014)

Research Questions:

- What is the educational impact on providers knowledge and attitudes towards HIV?
- What is the educational impact on the number of HIV testing in the presence of another STI diagnosis in ED patients?

Methodology

Design:

- QI protocol with a retrospective and prospective data analysis at 6-weeks and 3-months intervals post implementation

Sample:

- ED Providers

Outcomes:

- Measurement of HIV tests ordered for each STI diagnosis made after the intervention utilizing a chart review
- Impact of the educational intervention on the knowledge and attitudes of the ED Providers utilizing pre and post questionnaires

Results

- The results yielded statistical significance for the questionnaires with an averaged mean (M) and standard deviation (SD) for the pretest scored M=8.92, SD=1.26 and for the posttest scored M=7.75, SD=1.16 ($p < .05$).
- On the ordering HIV tests, the order rate increased to 3.7 % at 6 weeks and 3.2% at 3 months from a 1.4% at baseline ($p < .05$).
- The providers reported barriers to testing for HIV such as time, patient flow and congestion, patient refusal and blood versus oral swabs.

Discussion

Results displayed statistical significance

- Increased testing post intervention
- Positive impact on provider knowledge and attitudes

Findings consistent with previous literature

- Missed opportunities (Klein et al., 2014)
- Providers' knowledge and attitudes (Bares et al., 2016; Hansoti et al., 2017; Martinez Sanz et al., 2019)
- Barriers to performing HIV testing (Arbelaez et al., 2012; Bares et al., 2016; Hansoti et al., 2017)
- Re-education possibly needed

Implications

- Early diagnosis can have an influence on the mitigation of transmission rates and potentially driving future costs down
- Practice guidelines ensure a public safety standard and quality care

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