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 transmission rates and potentially driving future costs down
- Practice guidelines ensure a public safety standard and quality care

References


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