Staff Related Barriers toward Routine HIV Screening of Adolescents in Pediatric Emergency Departments

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Introduction

The Centers for Disease Control and Prevention (CDC) recommend routine HIV testing for everyone aged 13-64 years in all healthcare settings including emergency departments (ED).[1] This is particularly relevant to American youth 13-29 years of age since only 41% of the HIV-infected young people are aware of their HIV status.[2] Pediatric EDs represent a unique opportunity for HIV testing since adolescents and young adults do not access primary care services, but utilize EDs instead.[3]

Since these recommendations have been published, a few pediatric EDs in the country have implemented targeted and routine HIV testing.[4] Studies have shown that there are various barriers to implementation of these programs such as personnel[5], lack of time[6] , and staff not considering HIV testing as an ED priority.[6,7] Other barriers include increased workload and staff being uncomfortable disclosing test results.[8]

Children's National Health System (CNHS) ED implemented universal opt-out HIV screening in 2009 at the Sheik Zayed campus. A dedicated tester model was used at the beginning but was changed to a native staff model in 2011. The staff assigned the responsibility to do the test were nurses and technicians. In 2010, the United Medical Center ED was opened. A native staff HIV screening model was used at this location since its opening. Over 15,000 patients ages 13 and above have been tested in both programs to date. Despite our success in initiating ED based screening, at SZ, the rates of patients who have been approached for an HIV test remain low. On average, only 5% of eligible patients are approached.

This study was conducted as part of an ongoing evaluation and quality improvement project aimed to identify staff-related barriers to HIV screening in pediatric EDs.

Methods

- An online electronic anonymous voluntary survey with twenty-five multiple-choice questions assessing HIV screening barriers and HIV knowledge was administered to ED staff.
- The link to the survey was distributed via monthly emails from June through October 2013. Participation in the survey was rewarded with a small financial incentive (5 USD gift cards).
- HIV Screening team periodically went to the ED to remind staff to complete the survey.
- Descriptive statistics were used to evaluate main barriers of universal HIV screening in the ED among staff.

Methods

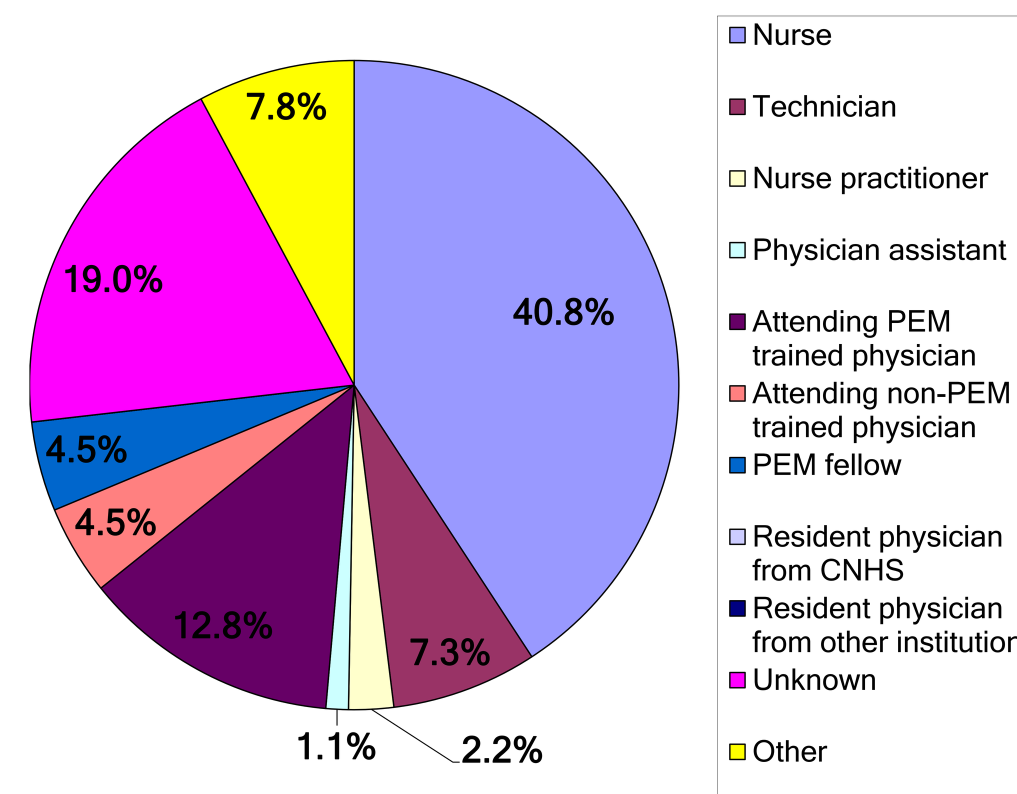

Figure 1. ED Staff Roles among Survey Respondents

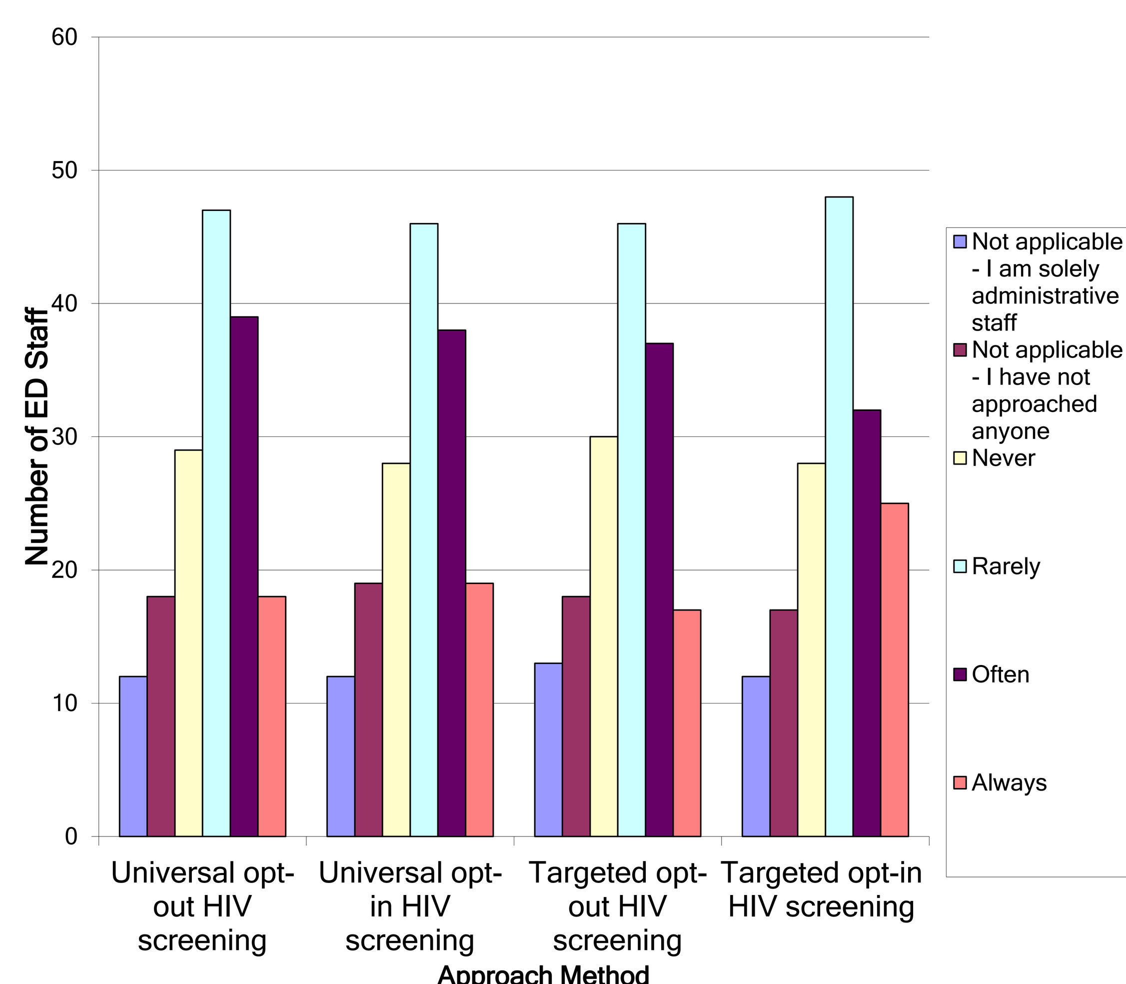

Figure 2. How Often ED Staff Offered Different Methods of Approach for HIV Screening to Adolescents During their Shift (15 unknown values)

Results

- A total of 179 ED healthcare workers completed the survey.
- The majority of respondents were nurses (41%; n=73) followed by physicians (22%; n=39), technicians (7%; n=13) and other personnel (e.g. NP, PA) (30%; n=54).
- The majority of respondents (76%; n=136) knew the CDC recommendations for universal HIV screening among 13-64 year olds.
- Less than half of all respondents **always** felt comfortable approaching patients (n=53) , knew the reactive OraQuick result protocol (n=69) and knew who to contact for questions on the ED Screening Program (n=64).

Results

- An equal percentage of respondents thought that the ED screening method at CNHS was universal opt-in for adolescents greater than 13 years of age (36%; n=64) and universal opt-out for adolescents greater than 13 years of age (37%; n=66).
- A higher proportion of the staff (49%; n=87) reported routinely offering targeted opt-in HIV testing, while a smaller proportion (40%; n=71) reported practicing the universal opt-out HIV screening approach.
- The main barriers to offering HIV testing in EDs were: forgetting to offer the test (42%; n=75) followed by lack of time/competing priorities (33%; n=59).
- A large majority of the ED staff (64%; n=115) indicated that the best method to obtain information on universal HIV screening and HIV education was through continuing education units (CEUs).
- The majority of ED staff (68%; n=122) indicated an interest in learning more about HIV infection.

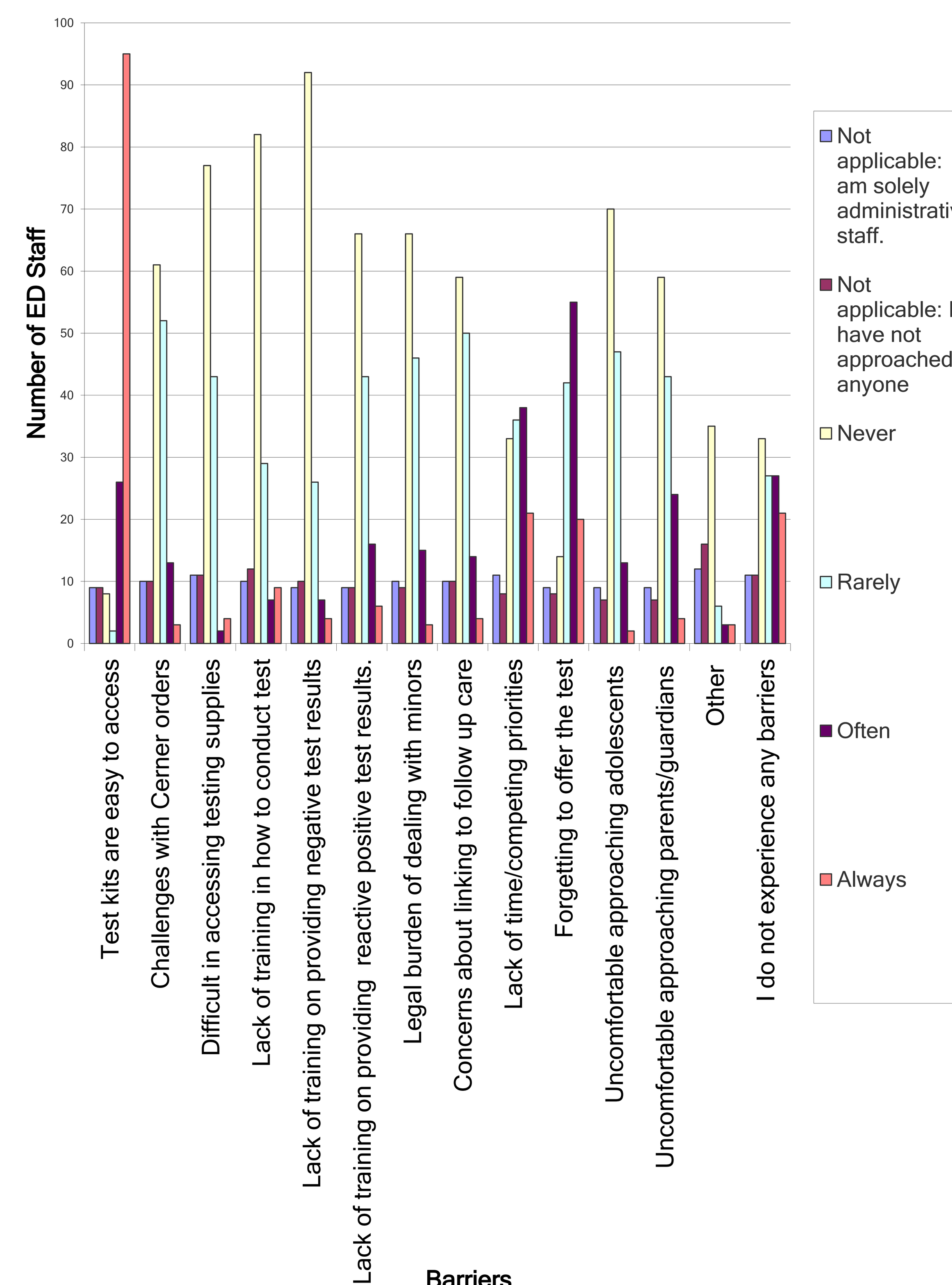

Figure 3. Barriers to Offering Universal Opt-Out HIV Screening to Adolescents (n=179; 30 unknown values)

Conclusions

- Despite ongoing universal HIV screening in EDs at CNHS, barriers to the screening remain and targeted testing continue to be reported by a significant proportion of ED personnel.
- The majority of respondents indicated that they often offer both universal and targeted screening, which indicates that there needs to be more emphasis on the current screening algorithm that implements universal HIV screening rather than targeted testing.
- An equal proportion of respondents reported that they rarely offered both universal or targeted screening which indicates that a large proportion on the staff do not offer testing at all. Therefore, more training and incentives are required to get staff to offer testing more often.
- Potential interventions to address the barriers of forgetting to offer the test and lack of time/competing priorities include prioritizing and re-designing the screening algorithm, introducing an electronic reminder system, and increasing knowledge about HIV through CEUs.

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Acknowledgements

District of Columbia DOH Grant 14X205 and HPTN 065 Testing and Linkage to Care-Plus supported the implementation and scale up of the HIV Screening Program at CNHS

Support for HIV Screening in CNHS's SZ ED provided by Stephen J. Teach MD, MPH; Jeanne Pettinichi BSN,RN,CPEN

Support for HIV Screening in CNHS's UMC ED provided by Sephora N. Morrison, MD, MSCI, MBA; Lin Whetzel, RN BSN, CPEN; Tricia Ericson, MS, RN, CPEN

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