Integrating Routine HIV Screening and Birth Cohort HCV Screening in a busy ED - can be done seamlessly!

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Background

In 2006, the CDC recommended routine HIV testing due to growing incidence of HIV nationally. Projections indicated 1,039,000 -1,185,000 were infected with HIV, with 25% unaware of their infection. In 2012, the CDC recommended testing individuals born 1945 to 1965 for HCV estimating that there are 2.7 to 3.9 million people in the US living with HCV.

Emergency departments (ED) capture a wide variety of individuals who might not seek healthcare in other ways and therefore are the perfect platform for infectious disease screening that finds individuals unknowingly positive and responsible for the spread of the disease in the community. Memorial Hermann Healthcare System entered a partnership with Gilead-HIV FOCUS to add birth cohort HCV screening to a successful routine opt-out HIV program throughout all 9 ED campuses of the Memorial Hermann Healthcare System.

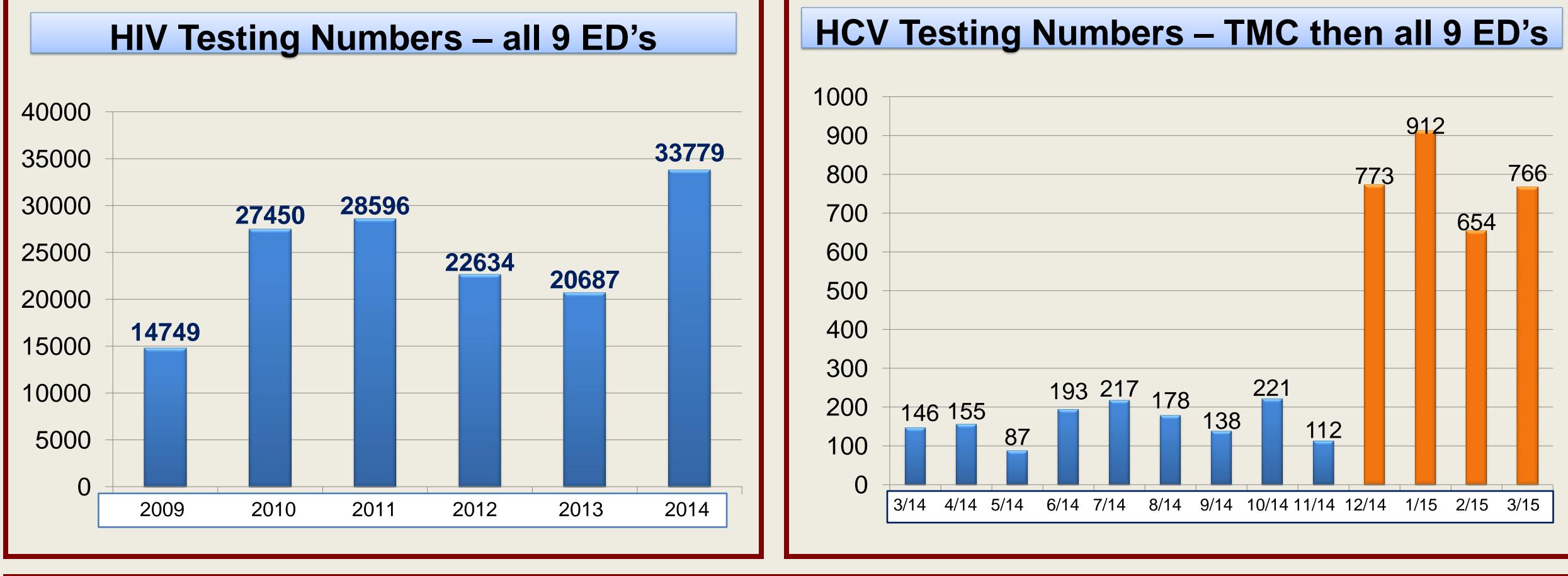
Objectives

To integrate and define the feasibility of adding birth cohort HCV screening to a successful routine opt-out HIV Screening program in a busy urban ED Hospital System.

Results:

2014 HIV screening total – 31,514 patients tested, 261 positives, overall .08% positivity. December HCV 2014, 773 patients screened, 60 patients antibody positive (12.8%). January HCV 2015 - 912 patients tested for HCV, 87 patients antibody positive. (10.5%)

HIV Screen Shot - EMR				HCV Screen Shot - EMR	
📕 ED Screening - EBGVWRI, NZ	ZVVREZB		E ED Screening - OCCURV, KF		
🗸 🖃 🚫 🥸 🌠 🛧 🔸			*Performed on: 09/10/2014		
Performed on: 12/23/2013 🚔 🕶 1253 🚔			* Psychosocial	Hepatitis C Testing	
 Psychosocial 			TB Screen ED Fall Risk Tool		
TB Screen	Maria and an address to the second stands	1 6	 * HIV Previously Tested * HCV Screening 	Was the patient born between 1945-1965?	
				egory/Score	
ED Fall Risk Tool			JH Fall Risk Interventions		
HIV Previously Tested		O Positive	Pediatric Fall Risk		
JH Fall Risk Category/Score	O No	O Negative	 Providers Advance Directive 		
JH Fall Risk Interventions	O Unknown	O Unknown	0-6 Develop	Has the patient ever been tested for Hepatitis C?	
Pediatric Fall Risk			7-17 Develop * Past Medical History	O Yes O No	
roviders			Family Medical History Family Medical History	O Unknown	
			* Procedure History		
dvance Directive			Social History ED Problems and Diagnosis		
)-6 Develop	Inform Patient that they will be tes	sted for HIV unless they choose not to be.	Vaccine Info	What was the result of the test?	
7-17 Develop			Nutrition	O Positive O Negative	
Past Medical History	Acceptance of testing automation	ically generates HIV protocol lab order.		O Unknown	
Family Medical History					
Procedure History	HIV CDC Scree	ning?			
	istory ED O Accept Testing O Decline Testing			The CDC recommends a one time test for HCV to persons born 1945-1965. If you are unaware of your HCV status, we encourage yo participate in this confidential testing opportunity. The test will automatically be ordered unless you decline testing.	
Social History ED					
Problems and Diagnosis				Testing Options	
Vaccine Info				 Accept Testing Decline Testing 	
Nutrition					



Study Design: Clinical Quality Improvement Protocol. Participants: HIV – all patients age 18-65 who access the ED for care and who are able to opt-out of screening. HCV - all patients born 1945-1965 who access the ED for care and who are able to opt-out of screening. **Interventions:** Patients are informed of screening and given the opportunity to opt out of testing via a built in electronic medical record process.

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Methods

Conclusion

Through the process of ED based screening we have been able to demonstrate the feasibility of testing patients for HIV and HCV identifying unknown infection. Routinely testing patients as part of everyday practice removes stigma that frequently prevents patients from seeking out testing. Memorial Hermann Healthcare System has integrated and implemented HIV and HCV screening programs in such a way that testing becomes a standard way of practice built into normal ED workflow so that screening isn't affected by time, process or cost.



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References

http://www.cdc.gov/hepatitis/HCV/GuidelinesC.htm

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