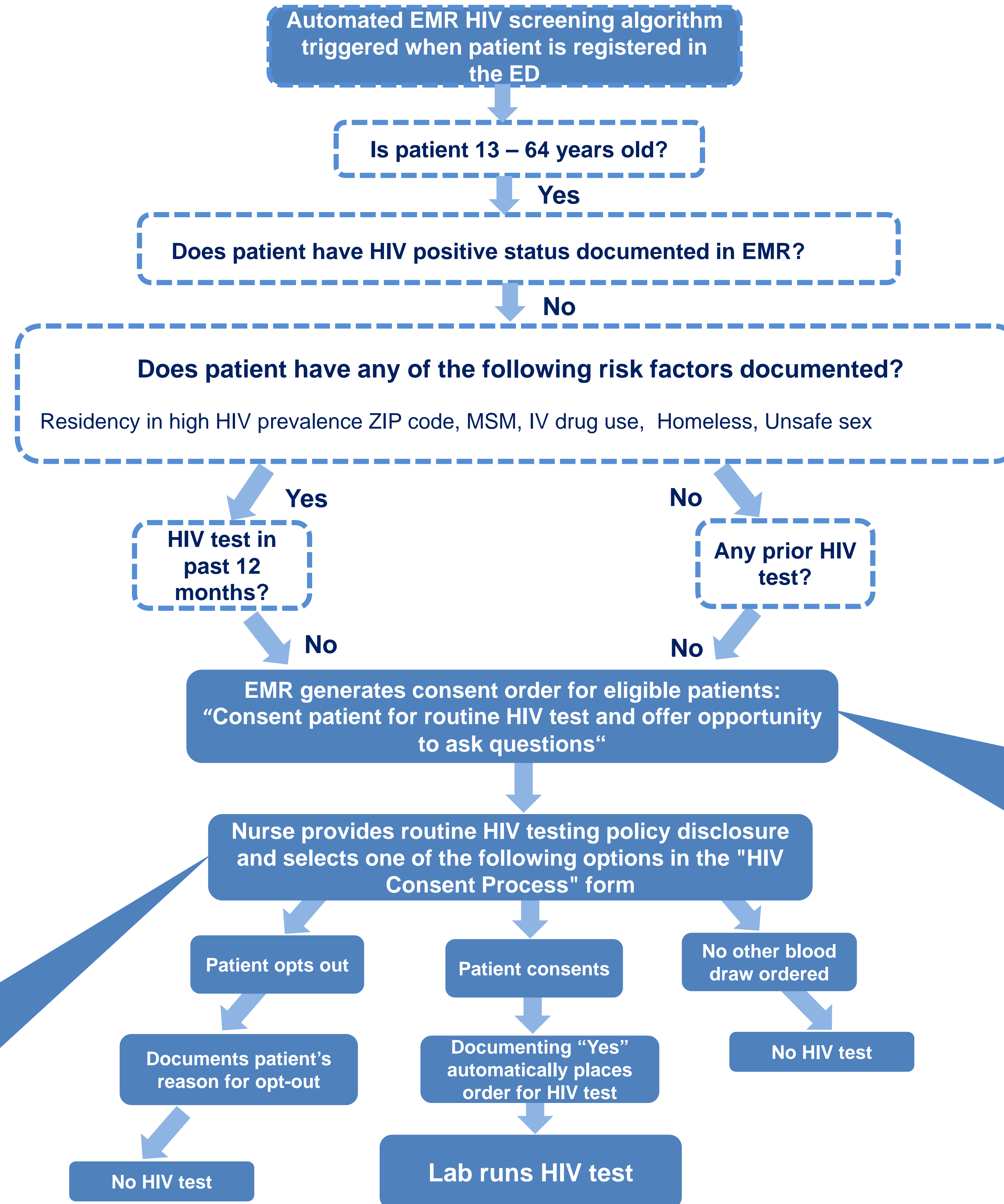


## Background

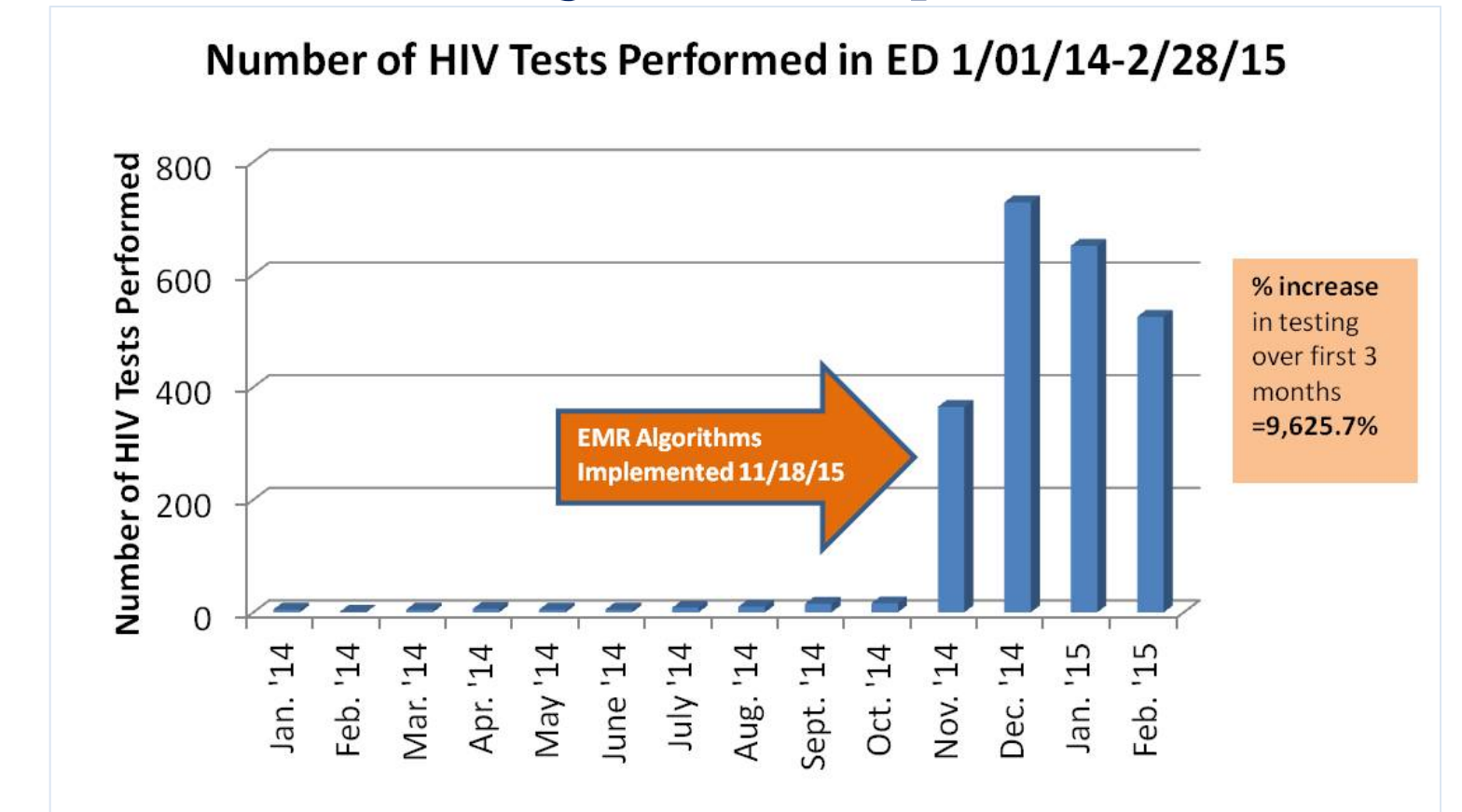
- Few Emergency Departments (EDs) across the US have translated best practices of HIV screening into their clinical routine due to time and workflow constraints, complex legal framework on HIV screening and implications regarding follow-up with patients who test positive for HIV.<sup>1</sup>
- We describe an innovative routine HIV screening model in the ED of the University of Illinois Hospital, a Level II trauma center with an annual census of 42,000 patients, located in a predominantly African-American and Latino neighborhood in Chicago.
- Our model utilizes electronic medical record (EMR) technologies to facilitate the seamless integration of routine opt-out HIV screening into the existing workflow of the ED.

## Process

- Project HEAL (HIV testing, Education, Awareness & Linkage to care) worked with information systems staff to develop EMR algorithms that electronically screen patients for eligibility for routine screening based on their age and documented testing history.
- In accordance with CDC guidelines, all patients age 13-64 with no EMR documentation of previous HIV test are eligible for routine HIV screening in our model.
- More complex algorithms identify high-risk patients to be screened annually. Proxies are utilized to electronically assess high risk patients.
- A patient care order to "Consent patient for routine HIV screening" is automatically generated for all patients who meet the eligibility criteria.
- An HIV Consent Process PowerForm is used to streamline the process of documenting consent or refusal and ordering the test.

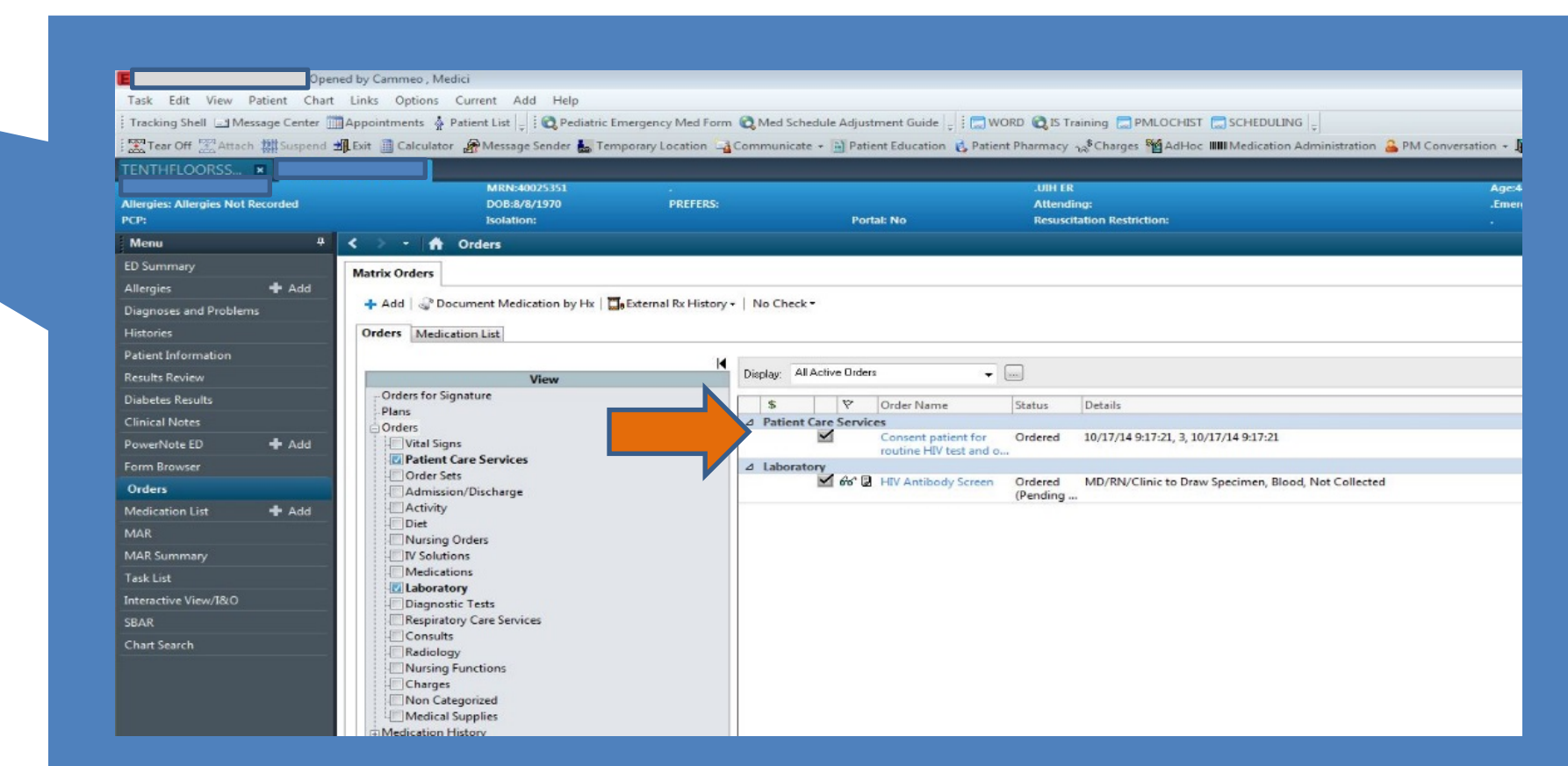


## Project Impact



## Conclusions

- Routine HIV screening in an urban, academic ED is feasible and EMR innovations facilitate rapid improvement in screening practices.
- Utilization of EMR prompts and automated orders facilitates efficient integration of routine screening into ED workflow, and minimizes burden for ED staff.
- EMR technologies and innovations should be utilized to improve the efficiency, acceptability, and sustainability of routine screening programs in EDs.
- Innovations should be tailored to the existing workflow in each health care setting to ensure optimal integration.



## Sources

- Haukoos, J.S., Hopkins, E., Hull, A., et al. HIV testing in emergency departments in the United States: a national survey. *Annals of Emergency Medicine* 2011; 58(1): S10-6.

## Acknowledgements

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