Implementation of an emergency department HIV routine screening program in inner city Washington, DC: Lessons Learned and New Frontiers

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Background

Routine HIV screening in medical settings is endorsed by the CDC and the Washington, DC Department of Health (DOH). A DOH priority is implementation of HIV screening in the District's emergency departments (ED). United Medical Center (UMC) a safety net and sole hospital in Ward 8, east of the Anacostia River, services the District's poorest residents. Figure 1. Ward 8 has the highest rates of HIV in Washington, DC. (Figure 2). In 2010, UMC implemented its first HIV screening program in the ED.

Challenges and successes provide insights about strategic approaches needed to ensure program sustainability. the sought to explore alternative ED routine screening program strategies that did not rely on additional ED staff solely dedicated to HIV screening.

Figure 1. United Medical Center

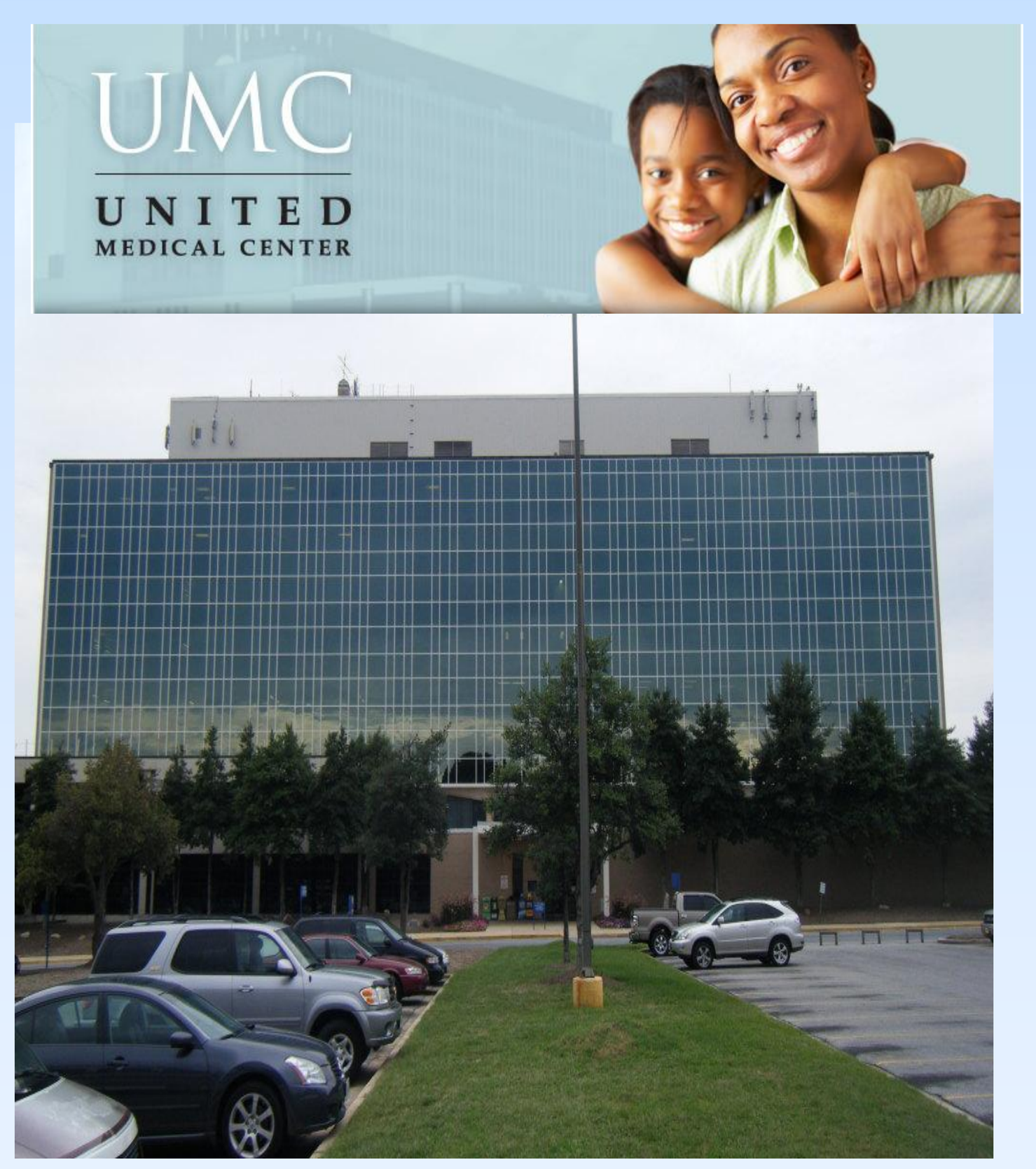
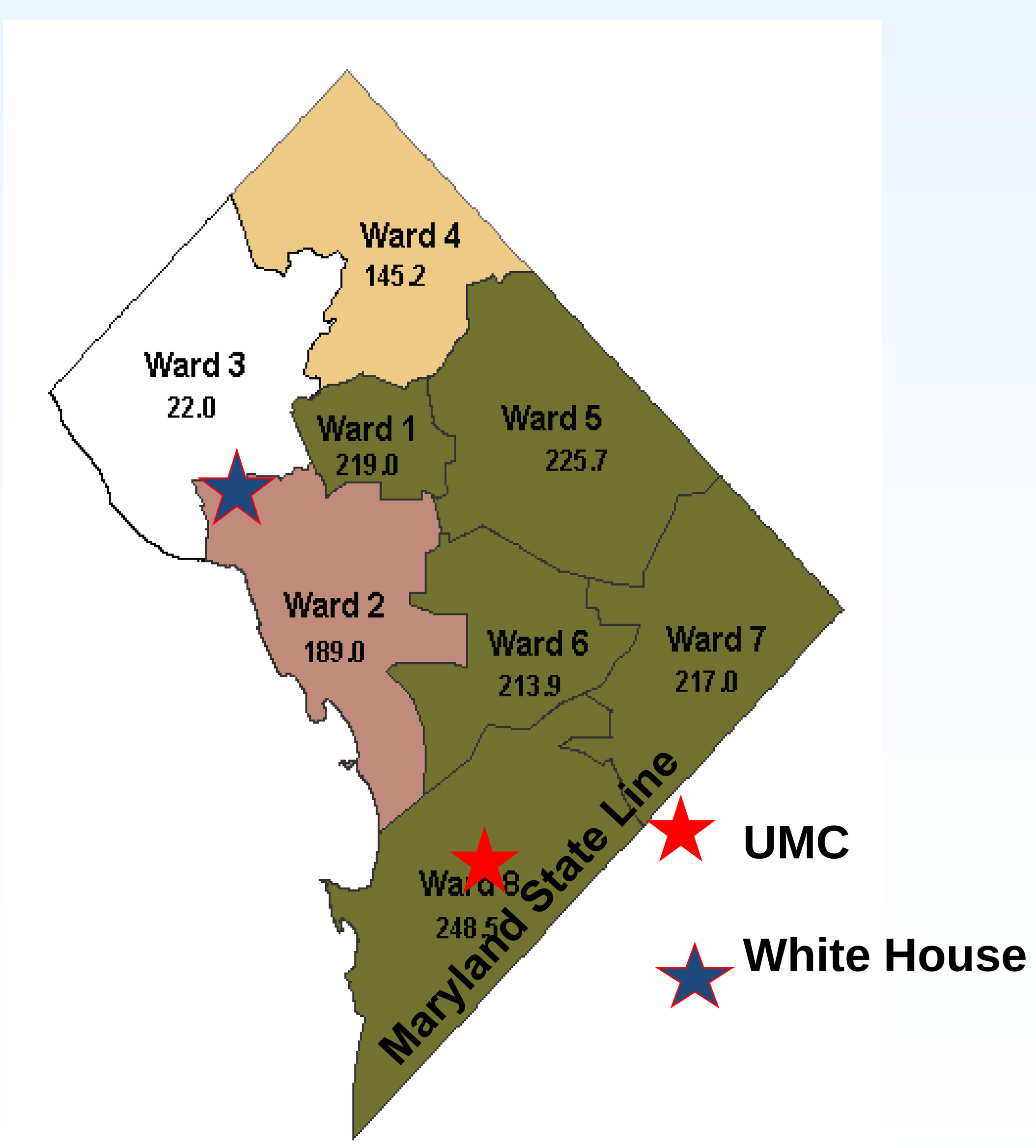


Figure 2: HIV Rates by Ward, Washington DC



Methods

Interviews were conducted by an epidemiologist among hospital administrators, leadership and clinical staff to gauge interest in and commitment or resistance to routine HIV screening

Existing ED procedures and flow were reviewed to assess opportunities to integrate HIV screening into the ED process.

To assist in anticipating barriers to routine screening implementation, existing infection control and screening policies were reviewed.

Multiple, recurring HIV-related educational sessions, including grand rounds and workshops were held for medical, nursing and social work staff.

A proposal was developed to request a standing HIV testing order for all admitted patients from the ED.

A request was made to modify the general conditions of admissions form to include HIV testing

A multi-disciplinary working group was established to develop a strategy and process for implementation of routine screening. This group consisted of the Chief nursing officer and head nurse, representatives from the laboratory, the emergency department, hospitalists group and social work.

Results

Hospital leadership including the CEO, chief medical officer, chief nursing officer and emergency department director supported implementation of routine HIV screening. Consequently, within 2 months HIV testing consent was incorporated into the general consent for care form. (Figure 3). Because no external funding was initially available, for four months routine screening was integrated within the ED triage triage process.

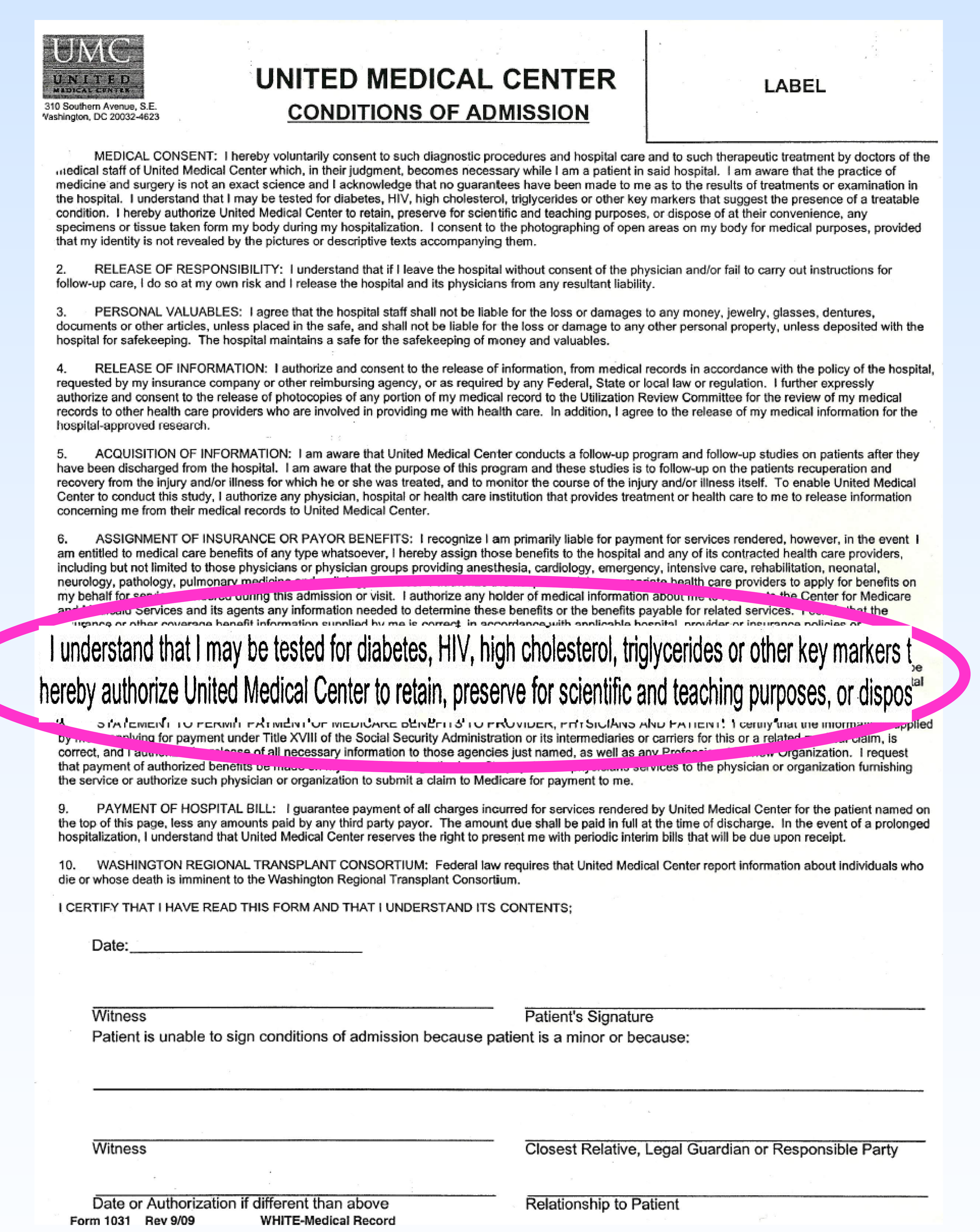
Six months later testing was shifted from triage to dedicated testers after grant support was obtained from DOH for routine screening.

Results, cont'd

Of the 1359 (~339/month) ED clients tested in triage, 31 (2.3%) were HIV-positive. Demographics for these newly-diagnosed patients included, median age 47, range (20-55). 55% were male. Of the 8415 (701/month) patients tested via dedicated testers since this change, 88 (1%) were new HIV-positives. Of these, 38% were male, median age 41 (range 17-84).

HIV testing volume plateaued between 600-800/monthly or 20% of ED volume. Repeat program assessment identified complete reliance on a designated tester model as the primary limitation in testing expansion. To expand testing volume, an HIV standing admission order is being reviewed by hospital leadership. Advanced HIV testing diagnostic capability including p24 Antigen testing via Abbot Architect was suggested as a mechanism to increase ED testing volume and identification of new and acute infections.

Figure 3. Modified General Consent Form



UMC UNITED MEDICAL CENTER
310 Southern Avenue, S.E.
Washington, DC 20032-4623

UNITED MEDICAL CENTER
CONDITIONS OF ADMISSION

LABEL

MEDICAL CONSENT: I hereby voluntarily consent to such diagnostic procedures and hospital care and to such therapeutic treatment by doctors of the medical staff of United Medical Center which, in their judgment, becomes necessary while I am a patient in said hospital. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the results of treatments or examination in the hospital. I understand that I may be tested for diabetes, HIV, high cholesterol, triglycerides or other key markers that suggest the presence of a treatable condition. I hereby authorize United Medical Center to retain, preserve for scientific and teaching purposes, or dispose of at their convenience, any specimens or tissue taken form my body during my hospitalization. I consent to the photographing of open areas on my body for medical purposes, provided that my identity is not revealed by the pictures or descriptive texts accompanying them.

2. RELEASE OF RESPONSIBILITY: I understand that if I leave the hospital without consent of the physician and/or fail to carry out instructions for follow-up care, I do so at my own risk and I release the hospital and its physicians from any resultant liability.

3. PERSONAL VALUABLES: I agree that the hospital staff shall not be liable for the loss or damages to any money, jewelry, glasses, dentures, documents or other articles, unless placed in the safe, and shall not be liable for the loss or damage to any other personal property, unless deposited with the hospital for safekeeping. The hospital maintains a safe for the safekeeping of money and valuables.

4. RELEASE OF INFORMATION: I authorize and consent to the release of information, from medical records in accordance with the policy of the hospital, requested by my insurance company or other reimbursing agency, or as required by any Federal, State or local law or regulation. I further expressly authorize and consent to the release of photocopies of any portion of my medical record to the Utilization Review Committee for the review of my medical records to other health care providers who are involved in providing me with health care. In addition, I agree to the release of my medical information for the hospital-approved research.

5. ACQUISITION OF INFORMATION: I am aware that United Medical Center conducts a follow-up program and follow-up studies on patients after they have been discharged from the hospital. I am aware that the purpose of this program and these studies is to follow-up on the patients recuperation and recovery from the injury and/or illness for which he or she was treated, and to monitor the course of the injury and/or illness itself. To enable United Medical Center to conduct this study, I authorize any physician, hospital or health care institution that provides treatment or health care to me to release information concerning me from their medical records to United Medical Center.

6. ASSIGNMENT OF INSURANCE OR PAYOR BENEFITS: I recognize I am primarily liable for payment for services rendered, however, in the event I am entitled to medical care benefits of any type whatsoever, I hereby assign those benefits to the hospital and any of its contracted health care providers, including but not limited to those physicians or physician groups providing anesthesia, cardiology, emergency, intensive care, rehabilitation, neonatal, neurology, pathology, pulmonary [illegible] health care providers to apply for benefits on my behalf for [illegible] during this admission or visit. I authorize any holder of medical information about [illegible] the Center for Medicare and [illegible] Services and its agents any information needed to determine these benefits or the benefits payable for related services. [illegible] that the [illegible]

I understand that I may be tested for diabetes, HIV, high cholesterol, triglycerides or other key markers t
hereby authorize United Medical Center to retain, preserve for scientific and teaching purposes, or dispos

8. STATEMENT TO PERMIT PAYMENT OF MEDICARE BENEFITS TO PROVIDER, PHYSICIANS AND PATIENT: I certify that the information [illegible] applying for payment under Title XVIII of the Social Security Administration or its intermediaries or carriers for this or a related [illegible] claim, is correct, and I [illegible] release of all necessary information to those agencies just named, as well as any [illegible] Organization. I request that payment of authorized benefits [illegible] services to the physician or organization furnishing the service or authorize such physician or organization to submit a claim to Medicare for payment to me.

9. PAYMENT OF HOSPITAL BILL: I guarantee payment of all charges incurred for services rendered by United Medical Center for the patient named on the top of this page, less any amounts paid by any third party payor. The amount due shall be paid in full at the time of discharge. In the event of a prolonged hospitalization, I understand that United Medical Center reserves the right to present me with periodic interim bills that will be due upon receipt.

10. WASHINGTON REGIONAL TRANSPLANT CONSORTIUM: Federal law requires that United Medical Center report information about individuals who die or whose death is imminent to the Washington Regional Transplant Consortium.

I CERTIFY THAT I HAVE READ THIS FORM AND THAT I UNDERSTAND ITS CONTENTS;

Date:____________

Witness — Patient's Signature

Patient is unable to sign conditions of admission because patient is a minor or because:

Witness — Closest Relative, Legal Guardian or Responsible Party

Date or Authorization if different than above — Relationship to Patient

Form 1031 Rev 9/09 WHITE-Medical Record

Lessons Learned

- Early success of the new routine screening program implementation was due to leadership and healthcare team commitment and buy-in.
- In hospital settings, reliance on designated tester models as the primary mechanism for identification of HIV infection limits the ability to expand testing.
- Dependency on external funding for testing jeopardizes long-term program sustainability.
- Transition to physician directed testing and integration of testing within the flow is likely more feasible than current approaches.
- Implementation of novel and cutting-edge testing strategies and related policies require commitment and support from hospital leadership and each member of the healthcare team.

Next Steps

- Funding secured to purchase Abbott Architect
- Standing admissions orders for routine screening will be revisited by the leadership
- Incentives will be identified for ED and primary care physicians to motivate provider behavior toward consistent HIV screening for all patients

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