

Building Sustainable Universal HIV Screening Programs in Pediatric Emergency Departments: A Comparison

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Background

- Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) recommendations identify **Emergency Departments (ED) as important access points for HIV screening** particularly when targeting vulnerable populations





Program Start-Up and Scale-Up

- Children's National is located in DC, an area of high HIV prevalence (3.4%)
- In **2009**, implemented an opt-out oral fluid rapid HIV screening at the Sheikh Zayed (SZ) ED for patients ≥ 13 years old
- In **2010**, the second Children's National ED opened at United Medical Center (UMC) and the HIV screening program was extended to UMC
- With 7.3% of uninsured children in the DC, both EDs serve as a *safety net* for pediatric and adolescent populations utilizing the ED as a main source of care



Objective

This study was aimed to evaluate the implementation of HIV screening programs in two pediatric urban EDs located in an area of high HIV prevalence in Washington, DC.



Methods

- Prospective, cross-sectional quality improvement assessment of the implementation and performance of two rapid HIV screening algorithms (10/10-03/12)
- The rates of screening and staff involvement were compared

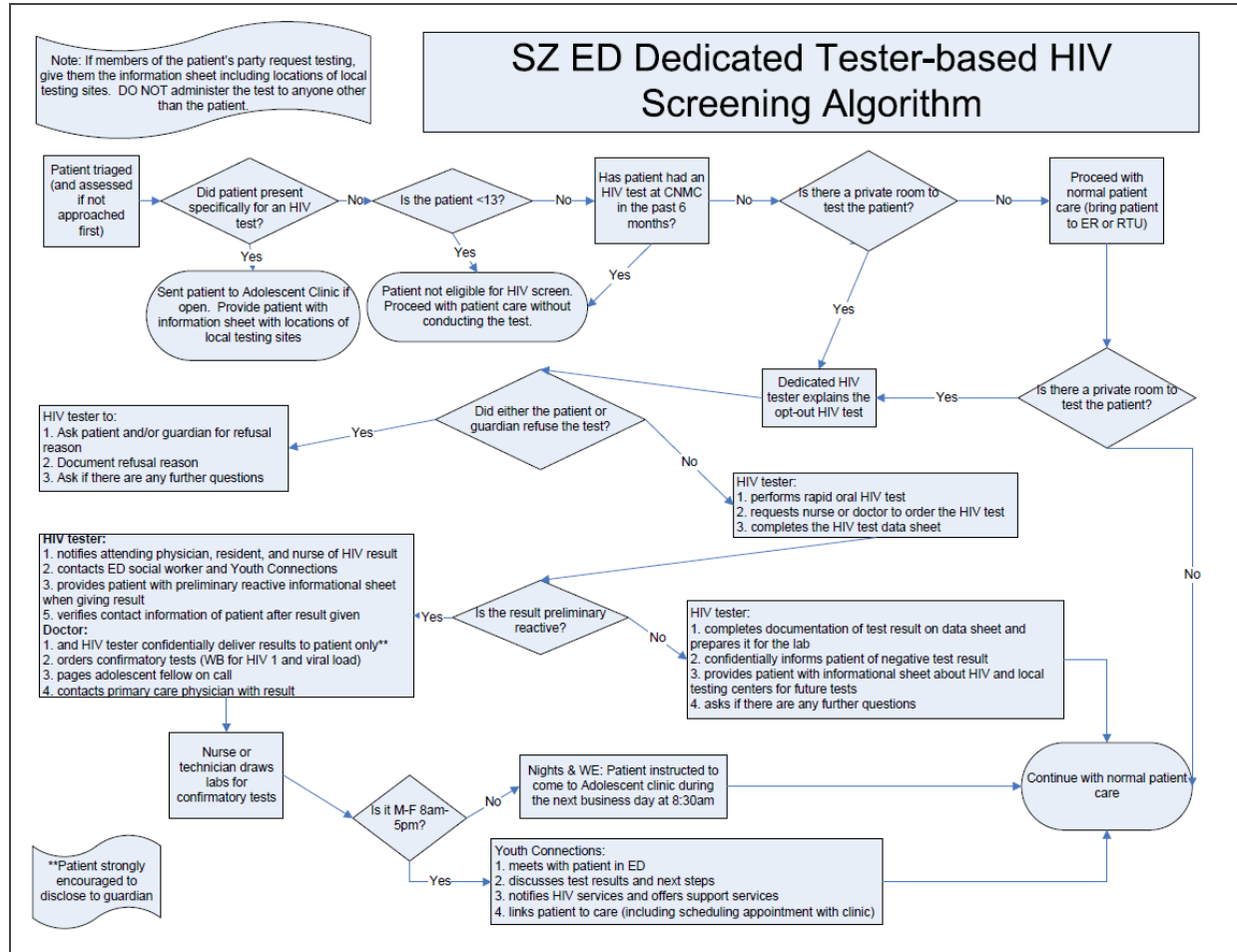


Dedicated Tester-based HIV Screening Algorithm

Testing times:

**Mon-Fri
08:00-22:00**

**Sat-Sun
09:00-17:00**

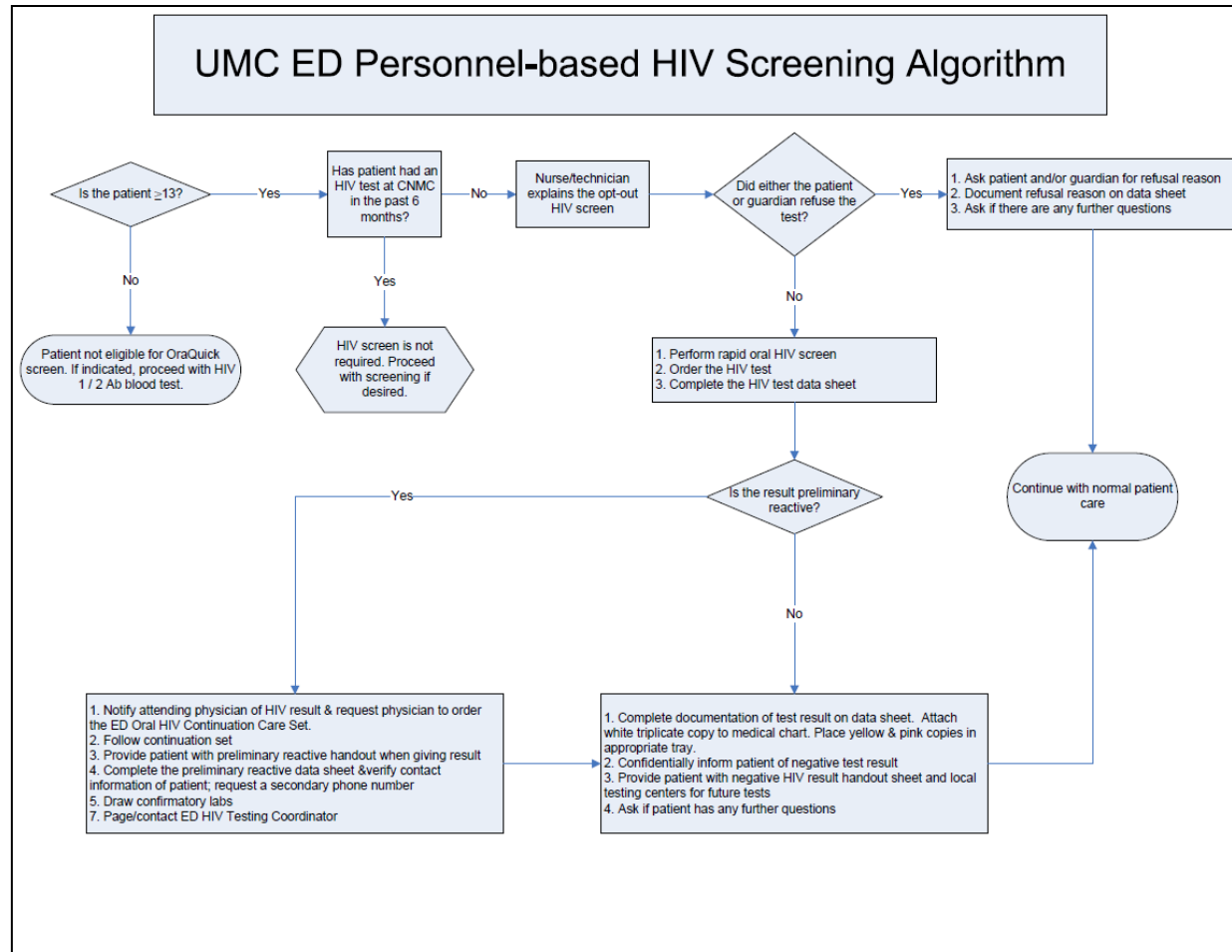




ED Personnel-based HIV Screening Algorithm

Testing times:

**Mon-Sun
24h/7days**



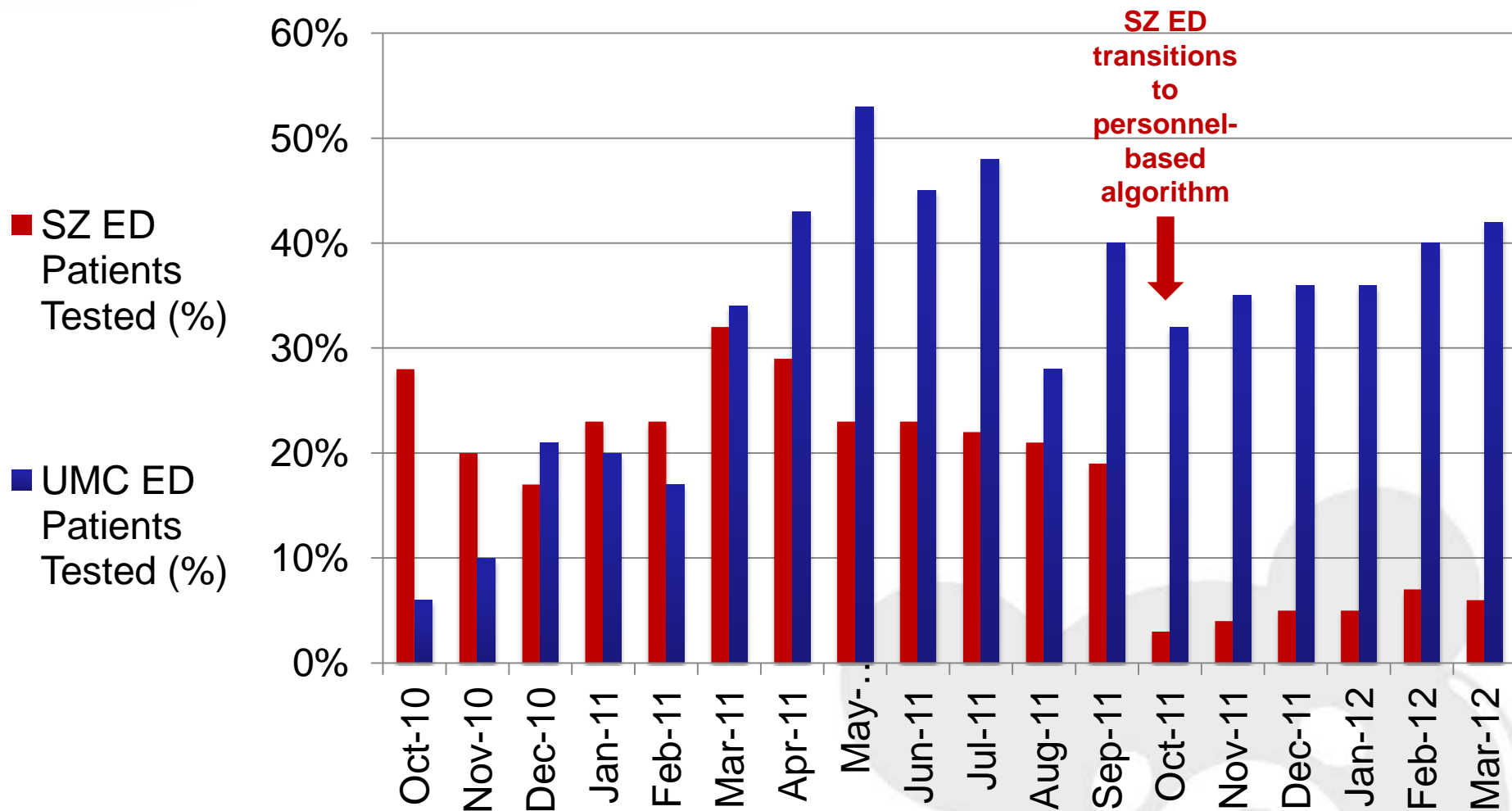


Comparison of Sites

SZED: 22,722 adolescents seen
5,069 (22%) approached
3,863 (17%; 3%-32%) screened

UMCED: 6,095 adolescents seen
2,875 (47%) approached
2,070 (34%; 6%-53%) screened

Comparison of Sites





Comparison of Sites

- Screening at SZED - **completely dependent upon** the presence of the dedicated testers
- Feedback and enhanced education at both EDs improved the performance of the program at **UMCED** (sustained effect), while having a significantly smaller short-term effect at **SZED**

Conclusions

- The ED personnel-based algorithm for universal opt-out HIV screening of adolescents has proven to be more effective over time in pediatric EDs
- Transition from a dedicated tester-based model to the ED personnel-based model is complex and requires ongoing staff education and reinforcement



Conclusions

- Flexibility and continuous adaptation of the algorithm are required for the success of the program
- Transition to the ED staff performing the test and development of the billing procedure are necessary to fully integrate the ED HIV screening program into standard of care



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- HIV screening at UMCED is led by Denise Doherty, RN, MSN; Lin Whetzel, RN, BSN, CPEN and Tricia Ericson, RN, BSN, CPEN
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