



STOP HIV/AIDS – Acute care testing PHC Nursing: Frequently Asked Questions

What is the new hospital HIV Routine Testing Initiative?

- As part of the STOP HIV/AIDS project, physicians and/or residents will offer all patients admitted to VGH, St Paul's Hospital, UBC Hospital and Mount Saint Joseph's Hospital an HIV test with their admission blood-work.

What is the STOP HIV/AIDS Project?

- STOP HIV/AIDS is a four-year, \$48-million program funded by the Ministry of Health to improve access to HIV testing, treatment, and support services in Vancouver and Prince George.

When does this start and end?

- The new screening initiative begins October 2011. The pilot project will end March 2013.

Who are we testing?

- All patients admitted to acute care units.
- Services/departments that will be excluded include ICU, Palliative Care and Psychiatry.

Why are we initiating HIV routine testing into acute care?

- HIV is an important health issue with 300-400 new diagnoses in BC every year. The number of new infections is not declining.
- People are not being diagnosed early enough. 60% of HIV patients are diagnosed after they should already be on treatment.
- Evidence shows that most people newly diagnosed with HIV have had many missed opportunities in health care for HIV diagnosis. Admission to hospital is an excellent opportunity to screen all patients for HIV.
- Screening based on risk misses a substantial proportion of people with HIV. Anyone who has ever been sexually active is at some risk of HIV infection.
- HIV status affects many aspects of clinical care including treatment of infections and cancers, as well as basic health care such as immunizations.
- Routine HIV testing of all patients reduces stigma and improves early detection.

What is the consent process?

- For most departments/services, physicians and residents will be responsible for offering an HIV test.
- All other information needed for consent is provided in the "Patient Information" sheet which will be distributed to them.

What is the timeline for getting results?

- Negative test results can take 1-3 days
- Positive test results can take 1-2 weeks because the blood sample is sent to BCCDC for confirmatory testing.

I'm not familiar with HIV care. What do I do if the test is positive?

- Nurses are not responsible for disclosing HIV test results.
- *If a patient is in hospital*, a positive test result will be given by the ordering physician and/or an HIV experienced nurse. The ordering physician can disclose the test result or contact the HIV experienced nurse to disclose the result. **The HIV experienced nurse should always be contacted for patient counseling, education and linkage to care after the patient has received the diagnosis.**
- **At Providence Health Care, an HIV experienced nurse can be contacted via the HIV Outreach Pager at local 34377 from Monday- Friday 8am-4pm. After hours, please contact ID on call.**
- *If a patient is discharged*, a public health nurse will contact the patient and provide support, education and options for linkage to care. The public health nurse will always ask the patient how he/she would like to receive follow-up care. Patients can refuse to follow-up with their family physician, and instead, follow-up with another physician in the community.

What if the test result is negative?

- *If a patient is in hospital*, the ordering physician is responsible to notify the patient of the negative test result
- A negative HIV test can be treated as any other negative laboratory test; patients are not normally called for these results.
- *If patient is discharged*, an HIV test results line is available. Patients can call 604-682 2344 ext 62920. This number is available on the "Patient Information" sheet. Or those who have a family doctor can ask their family doctor to look up the HIV test result in Medinet.

What is my role as the nurse during this pilot project?

- Distribute the "Patient Information" sheet to all newly admitted patients. This is available in 10 different languages, which can be printed from PHC Connect intranet. This will also be available on the unit. Identify the language that is appropriate for the patient.
- Initiate the consent with the patient by informing him/her that an HIV test is being offered as part of their hospital care. Give them the opportunity to ask questions and if desired, to decline the test. Indicate this discussion on the pre-printed order in the chart.
- Be available to answer patient's questions. Resources are available on the intranet and you can contact HIV experienced nurse for support.
- Be aware of positive results, inform the physician, and contact the HIV experienced nurse as mentioned above.

Who can provide further information about this testing initiative?

- Contact Nancy Chow, Nurse Educator HIV Acute Care Testing at local 62920 or nchow@providencehealth.bc.ca for questions, concerns, and feedback.

Frequently Asked Questions

1. How do I offer an HIV test to all my patients?

- Use all clinical opportunities to offer an HIV test. These include the patient's first visit to the clinic, **every time** you order a blood test, and **every time** a you do a PAP test or an STI test.
- Offer the test as part of routine care. For example: "I'm ordering some blood tests today, and I see you have not had an HIV test in the past year. I normally order an HIV test for all my patients and would like to add it to your blood tests today."

2. What about pre-test counselling?

- Detailed pre-test counselling is now recognized as a barrier to testing. Therefore, recommendations have changed, and detailed pre-test counselling is no longer required before an HIV test.
- For most patients, offer the test as above, and provide the patient hand-out for those who have questions. This is now considered sufficient for informed consent.

3. How often should I test my patients for HIV?

- At this time, test **all patients** who have not had an HIV test in the previous year.
- Test for HIV every time a patient is tested for an STI.
- People with known risk factors may need more frequent testing. If the clinician is aware of an ongoing high risk of HIV infection, such as using injection drugs, being a sex trade worker, or being a man who has sex with multiple male partners, test every 3 months.
- If a patient presents after a risk event (e.g. sex with a partner with HIV or a high risk partner of unknown HIV status) test at 2-3 weeks following an event or exposure with a high risk of HIV infection.

4. What should I say if a patient asks why they are being tested?

- Remind them that an HIV test is something you do as part of routine health care, and that they are not being singled out.
- Knowing your HIV status is important for your health care.
- Most patients are at very low risk and will have a negative test. But it is just as important for us to know if you are negative as knowing if you are positive. HIV status affects how we treat infections, cancer and even which vaccinations you should get.
- HIV may not show symptoms for many years. During this time, an HIV positive person's health is deteriorating and they may be spreading HIV to others.
- The only way to know for sure is to get the test.
- Getting an HIV test is the healthy thing to do.
- HIV treatment prolongs and improves people's lives. You don't know if you need treatment unless you get the test.

- HIV treatment significantly reduces infectiousness. People on treatment for HIV can have long, healthy lives, relationships and children.

5. Why test patients with no risk factors?

- Everyone who has ever been sexually active is at some risk of HIV.
- Patients don't always know if they are at risk and they rarely tell their health care providers even if they do know.
- Testing based on risk factors simply hasn't worked. Today, one in five patients diagnosed with HIV has AIDS and 60% are diagnosed **after** they should already be on treatment. By contrast, by testing almost all pregnant women, most of whom are at very low risk, we have virtually eliminated mother-to-child HIV transmission. We now need to do the same for all other patients.
- HIV testing is simple, inexpensive, and acceptable to most patients.

6. What if the patient doesn't want an HIV test?

- As with every medical intervention, the patient has the right to refuse an HIV test. However, it is important to inform the patient that knowing their HIV status is important for their health.

7. What if the patient wants a non-nominal test?

- Patients should be informed of the nominal or non-nominal option to test and that HIV is a reportable condition. Use the HIV non-nominal selection box on your lab requisition to indicate if the patient wishes to test non-nominally.
- Nominal testing (using the patient's real name) facilitates a smoother process for receiving and reviewing results as well as linking the patient to treatment, care, and support. Health care providers can encourage clients to screen for HIV using the nominal testing approach.
- If testing non-nominally, use the patient's real birth date and patient name as outlined below. Using this naming standard ensures any repeat testing for the patient will occur under the same name, which facilitates future care:

- Example: Patient real name = Jane Ann Doe becomes Jane, JAD
 - i. Patient's Non-nominal first name = JAD
 - ii. Patient's Non-nominal last name = Jane

8. Do I need to call every patient back to discuss their HIV test result?

- No. A negative HIV test can be treated as any other negative laboratory test; patients are not normally recalled for these. Also, if needed, a negative HIV result can be shared with patients by the phone. This reduces the need to see an increased number of patients as a result of creating the volume of HIV testing.

9. I'm not familiar with HIV care. What do I do if the test is positive?

- You can refer the patient to the STOP HIV/AIDS Outreach team by calling 604-838-1331. A STOP Team member will answer this phone line 24/7.

Implementation Checklist for HIV Testing in Community and Primary Care settings

1. Initial Engagement

- Review the following
 - Rationale for increasing HIV testing
 - Approaches to HIV testing (POC, Lab, routine, opt-out)
 - Context of the clinical program
 - Leadership and operational roles

2. Site Preparation

- Who will fill leader and operational roles for implementation
 - Use Roles and responsibilities doc
- Client volumes – how many unique clients are served per year?
- Training and Go live dates
 - Training should be as close to go live as possible.
- Modify Curriculum
 - what content needs to be customized?

3. On-Site readiness

- Place patient pamphlets in clinic rooms and waiting area – who will do this? Any barriers to placement?
- Place posters in clinic rooms and waiting area – who will do this? Any barriers to placement?

3a. Lab testing

- What process does the clinic follow to order HIV tests?
 - Copies of lab requisitions (for clinic ordering #) for Lifelabs, BC Biomedical, and PHSA Laboratories
 - Who do they order HIV tests through?
 - Names and MSP# of physicians whom tests are ordered under.

3b. POC testing

- What is the process for recording POC tests administered
- How will POC tests administered be reported to VCH?
- Understand POC recall process – who is person designated to lead this if it should happen
- How to order POC tests – who will place orders?
- Reporting positive results – who to contact and what will happen to the client?

Support Materials

- Patient information brochure about HIV testing
- Posters for clinic rooms and waiting area

Lab Testing Support Materials

- Letter from Reka re: Routine HIV testing rationale
- FAQ for Providers on Routine HIV testing
- Link to Testing guidelines
- Testing frequency recommendations (M. Gilbert)
- Summary of Lab requisition approaches (if doing opt-out testing)

POC Support Materials

- POC video – how to administer
- What to do with a positive result?
- Lab vs. POC testing guide

4. Training

- Schedule staff for CCRS
 - HIV 101
 - HIV Pre-Post test counselling
 - POC Basics
 - Hep C/STI training
- On site shoulder to shoulder training
 - POC test mechanics
 - How to record POC tests on the testing log
 - Reporting preliminary positive tests
 - How to ordering POC tests

5. Check-in

- Identify any barriers to testing
- Identify any successes
- Identify any problems in operational processes
- Address problems identified
- Share testing level progress (# tests administered)