



---

# Assessment of Nurse Perspectives on an Emergency Department-Based Routine Opt-Out HIV Screening Program

Sara Heinert, MPH\*  
Julius Carter, BSN, RN  
Cammeo Mauntel-Medici, MPH  
Janet Lin, MD, MPH

*Routine opt-out HIV screening is recommended for everyone between 13 and 64 years of age. An urban, academic emergency department implemented a nurse-driven routine opt-out HIV screening program. The aim of our study was to assess program uptake and opportunities to improve the program from the perspectives of emergency nurses. Emergency nurses completed a brief prediscussion questionnaire and then participated in a focus group or semi-structured one-on-one interview to elicit feedback on the routine opt-out HIV screening program. All 16 participants felt adequately prepared for the screening program. Several themes emerged from the discussions, including challenges of specific patient characteristics and overall nurse and patient support for the program. One thread across themes was the importance of good language and communication skills in such programs. While there are opportunities to improve nurse-driven routine opt-out HIV testing programs in emergency settings, this program was found to be accepted by emergency nurses.*

(Journal of the Association of Nurses in AIDS Care, 28, 316-326) Copyright © 2016 Association of Nurses in AIDS Care

**Key words:** emergency department, emergency nurse, HIV screening

One in eight people living with HIV infection are not aware of their status (Centers for Disease

Control and Prevention [CDC], 2016). Routine opt-out HIV screening is recommended for all individuals between 13 and 64 years of age by the CDC (2006) and the U.S. Preventive Services Task Force (Moyer, 2013) in all health care settings.

Emergency departments (EDs) are an important setting for routine HIV screening because they are often a safety net for people who may have limited access to primary care and may be at high risk for HIV infection (Lyons, Lindsell, Ledyard, Frame, & Trott, 2005; Rothman, Lyons, & Haukoos, 2007). EDs have been identified as the most common site for missed screening opportunities. One study showed that among patients with a new HIV

*Sara Heinert, MPH, is the Director of Research, Department of Emergency Medicine, University of Illinois at Chicago, Chicago, Illinois, USA. (\*Correspondence to: sheinert@uic.edu). Julius Carter, BSN, RN, is a Research Assistant, Project HEAL, Department of Emergency Medicine, University of Illinois at Chicago, Chicago, Illinois, USA. Cammeo Mauntel-Medici, MPH, is an Associate Director, Project HEAL, Department of Emergency Medicine, University of Illinois at Chicago, Chicago, Illinois, USA. Janet Lin, MD, MPH, is the Project Director and Principal Investigator, Project HEAL, and an Associate Professor, Department of Emergency Medicine, University of Illinois at Chicago, Chicago, Illinois, USA.*

diagnosis, about 45% had visited an ED in the year before diagnosis (Lyons et al., 2011). HIV screening programs in the ED have demonstrated a higher rate of HIV positivity than the CDC threshold of 0.1% and have identified an overall high rate of unrecognized HIV infections (Goggin, Davidson, Cantril, O'Keefe, & Douglas, 2000; Kelen et al., 1988; Laeyendecker et al., 2008; Moschella et al., 2014; Rothman et al., 2011). ED-based HIV screening programs have increased in number across the nation, from less than 2% of EDs offering screening in 2004 to one quarter of EDs offering an organized screening program in 2009 (Rothman et al., 2011; Torres, Yonek, Pickreign, Whitmore, & Hasnain-Wynia, 2009).

Because nurses are often at the frontline of patient care, nurse involvement with HIV screening programs can allow for more streamlined integration into the existing emergency care system. Additionally, research has shown that patients are more likely to agree to screening if approached by a nurse about routine HIV screening than if approached by a physician (Cunningham et al., 2009).

Nurse-driven HIV screening programs have proven successful in the ED but have faced barriers (Hack, Scarfi, Sivitz, & Rosen, 2013; Mumma & Suffoletto, 2011; White, Scribner, Schulden, Branson, & Heffelfinger, 2009). Patient perceptions of routine HIV screening in the ED have been explored, as have provider perceptions through quantitative data collection (Arbelaez et al., 2012; Brown et al., 2008; Hecht, Smith, Radonich, Kozlovskaya, & Totten, 2011). However, no study could be found that provided in-depth qualitative data from the emergency nurse perspective of an ED-based nurse-driven routine opt-out HIV screening program. Because of the important roles they play in routine opt-out HIV screening programs, emergency nurses are critical to the success of this and other HIV screening strategies. The purpose of our study was to assess uptake and opinions from emergency nurses on a routine opt-out HIV screening program in an urban, academic ED to better prepare nurses for similar programs.

## Methods

### Study Design

Project HEAL (HIV & HCV Screening, Education, Awareness, & Linkage to care) implemented a routine opt-out HIV screening program at an urban, academic ED in November 2014. Our study used a mixed method exploratory approach to determine challenges and successes of a routine opt-out HIV screening program from the perspective of the emergency nurse. Figure 1 shows an overview of emergency nurses' roles in the screening program workflow; an in-depth description of the workflow can be found elsewhere (Lin, Mauntel-Medici, Heinert, & Baghikar, 2016). The program utilizes electronic medical record (EMR) discern rules that trigger a nursing order to "Consent patient for routine HIV screening" and a corresponding "H" icon to be automatically generated for all patients who meet the routine HIV screening eligibility criteria. The nurse discloses the HIV testing policy and offers the opportunity to ask questions and to opt out of screening. A custom EMR Cerner® PowerForm (Cerner Corporation, Kansas City, Missouri) allows nurses to document consent with one click, which simultaneously places an order for the HIV test, streamlining both the consent and ordering process. The nurse then draws one extra tube of blood for the lab-based HIV test. For patients who decline routine HIV testing, the nurse inquires reasons for the opt-out and documents these in the EMR. Lastly, nurses stamp patients' discharge paperwork with the information, with a phone number to call to receive results.

Prior to the implementation of the routine opt-out HIV screening program, all ED nursing staff received an hour of in-person training on routine opt-out HIV screening during a bi-annual mandatory nurse training session. The training was led by the Project HEAL project manager and aimed to familiarize nurses with (a) basic HIV information and statistics; (b) opt-out screening and wording of opt-out language; (c) details of the program-specific screening model, such as the use

Download English Version:

<https://daneshyari.com/en/article/5569063>

Download Persian Version:

<https://daneshyari.com/article/5569063>

[Daneshyari.com](https://daneshyari.com)