

HIV SCREENING IN THE PEDIATRIC EMERGENCY AND URGENT CARE SETTING



JOHNS HOPKINS
SCHOOL of NURSING

CHELSEA M. COLLINS, BSN, RN, CEN, SANE-A; BRIGIT VAN GRAAFEILAND, DNP, CRNP, FAAN
JOHNS HOPKINS UNIVERSITY, SCHOOL OF NURSING, BALTIMORE MARYLAND

Introduction

In 2018, the rate of undiagnosed HIV infections increased for individuals in the 13-24 age group. Of those diagnosed with HIV in all age groups, 63% received medical care, and only 51 are virally suppressed. According to the Center for Disease Control and Prevention (CDC) it is recommended that screening for HIV begins at the age of 13.

Purpose

Provide HIV screening education to providers (MD, DO, PA, and NP) in order to increase HIV screening in the Emergency Department and Urgent Care setting.

Aim 1: Increase provider knowledge and attitude to test in the ED/UC by providing an educational in-service on HIV screening guidelines.

Aim 2: Increase HIV screening and testing by 10% for patients who fit defined high-risk categories and behaviors during a 12-week period as compared to the previous year data.

Survey Numerical Data		
	Questions	Completed
Pretest	35	34
Education Attestation	5	14
Posttest	37	8

Methods

- **Design:** Quality Improvement project using pretest-posttest design.
- **Sample Size:** approximately 200 providers.
- **Population:** Physicians (MD/DO), physician assistants (PA), and nurse practitioners (NP).
- **Setting:** Two community emergency departments with one urgent care associated with an academic, Level 1 trauma center, and research pediatric hospital in a large metropolitan and urban community in the West.
- **Survey:** Addressed provider knowledge and attitudes.
- **Education:** PowerPoint presentation with voiceover and transcript included and sent via email. Presentation available throughout the project implementation period.

Pretest Data

	None of the time	Some of the time	Half of the time	Most of the time	All of the time
How often do you ask if your patients are sexually active?	0%	17.6%	38.2%	29.4%	2.9%
How often do you talk about safer sex with your patients?	0%	50%	26.5%	11.8%	0%
How often do you ask patients if they have had recent unsafe sex?	2.9%	35.3%	29.4%	20.6%	0%
How often do you ask about how many sex partners a patient has had?	5.9%	44.1%	20.6%	17.6%	0%

Posttest Data

	None of the time	Some of the time	Half of the time	Most of the time	All of the time
How often do you ask if your patients are sexually active?	0%	25%	25%	50%	0%
How often do you talk about safer sex with your patients?	25%	50%	0%	25%	0%
How often do you ask patients if they have had recent unsafe sex?	0%	62.5%	25%	12.5%	0%
How often do you ask about how many sex partners a patient has had?	0%	62.5%	25%	12.5%	0%

Limitations

- Covid-19 pandemic significantly decreased the daily census in the ED and UC setting.
 - 45.7% decrease within the project sites
- Multiple school districts went to online learning during the implementation period.
- Participation of providers in the education and implementation.

ED Visits	2019			2020		
	Site 1	Site 2	2019 Total	Site 1	Site 2	2020 Total
October	747	1554	2301	436	1175	1611
November	802	1607	2409	370	1010	1380
December	852	1932	4710	299	920	2991
Total	2401	5093	9420	1105	3105	5982

Table 1. ER Visits from October through November of 2019 and 2020

HIV Tests	2019			2020		
	Site 1	Site 2	2019 Total	Site 1	Site 2	2020 Total
October	1	5	6	0	0	0
November	0	2	2	0	0	0
December	1	0	1	0	0	0

Table 2. HIV Tests Ordered from October through November of 2019 and 2020

Conclusions

- Early diagnosis and management of the disease is imperative, and emergency providers are one avenue to increase access to diagnosis.
- Working in conjunction with primary care, emergency providers are in a unique position to help screen for HIV, and begin the conversation surrounding safe sex, high risk factors, and STI including HIV testing and prevention.
- Continued efforts to increase knowledge and attitudes surrounding the importance of HIV screening outside of the COVID-19 pandemic may lead to improvement of screening access for this vulnerable patient population.

Future Directions for Research

Adjusting this project minimally for another pediatric emergency and urgent care department to fit the data and the rules surrounding the specific community would be warranted to examine the impact of COVID-19 on this implementation project. Furthermore, adjustment of the project to include the limitations that are able to be mitigated (e.g., online education module versus in-person education, clarification of questions to be more specific, etc.) would provide insight on the impact of education on knowledge and attitudes surrounding HIV screening within the pediatric ED and UC setting.

References upon request