Emergency Department HIV Workflow Solutions

AMA
AMERICAN MEDICAL ASSOCIATION

PRE-ROUTINE SCREENING — Patient engagement and screening preparedness

Patient intake	1
Test ordered	2
Patient triaged	3
Opt-out test offered	4
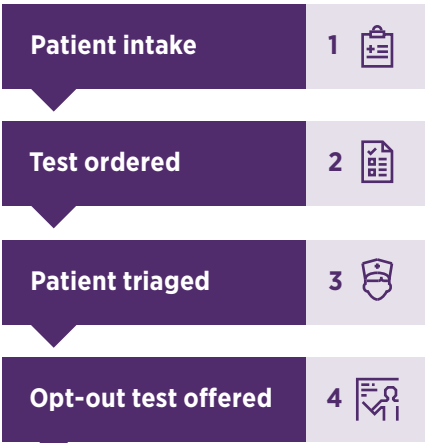
OPPORTUNITIES TO OPTIMIZE

1. **Automate EHR algorithms** which can identify patients who qualify for routine screening, eliminating the need for clinicians to remember to conduct risk assessment.

2. **Bundle test orders.** The EHR alert can automatically populate an order, such as bundling with HCV or other recommended tests, for a physician to accept order if patient is getting blood drawn.

4. **Conduct opt-out testing with verbal notification.** Led by the triage nurse at point of blood draw, opt out testing alleviates stigma-related barriers and reduces the counseling burden.

ROUTINE SCREENING — Test performed and results communicated

| Rapid testing | 5 |
| Patient informed of results | 6 |
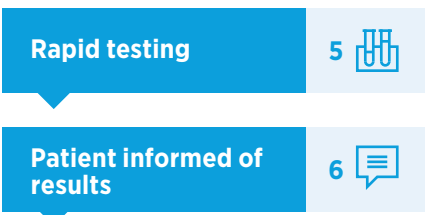
OPPORTUNITIES TO OPTIMIZE

5. **Make routine screening packets available** for nurses to obtain from phlebotomy stations. These should include patient identification cards, requisite screening tubes to draw for screening test, and an additional non-standard 6 mL lavender tube to be filled for every rapid test. In the event that the preliminary result is positive, the patient will not have to have their blood drawn again.

6. **Disclose rapid test results before patient leaves setting** to minimize loss in follow-up. Clinicians should be trained to disclose results so they are confident to follow through.

FOLLOWING UP — Confirmatory testing and linkage to care, treatment and prevention

POSITIVE RESULT

Risk stratify	7
Confirmatory testing	8+
Report result to local health department	9
Linked to care	10

NEGATIVE RESULT

| Linked to prevention | 8- |

OPPORTUNITIES TO OPTIMIZE

7. **Use risk stratification,** based on lab interpretation and chart review, to identify acute infection and likelihood of confirmation, to determine how quickly a patient needs to be linked to care and started on ARTAS.

8+. **Link confirmatory testing orders automatically** to rapid positive results via an EHR reflex, saving time for the clinician.

10. **Leverage patient navigators** to review patient records, make sure confirmatory test is being done in timely manner, disclose confirmatory test to patient (2–10 days later), and work with community clinic partner as liaison to get client into care as soon as possible.

→ **GET STARTED NOW**   Visit ama-assn.org/RoutineScreeningToolkit