CLINICAL EXAM FOR STD/STI’S HIV/HEP C

White Earth Health Center
Karen K Coleman LPN
Infection Preventionist
Welcome
EHR Documentation
Not a right way or a wrong way.
Trial and error
Do what works for you and your team
Slides 1-10 basic step to exam
Slide 11 gets us started on screening for HIV
START WITH THE VITALS C C TAB
ENTER THE CHIEF COMPLAINT

- Intake nursing staff documents vital signs, review current medications that are listed on their wellness hand out aka the “WHO”, immunizations, and LMP’s on all females ages 12-49.
- User friendly quick picks are available when entering chief complaints by clicking on the “Patient Request,”
PATIENT REQUEST
# Alarm Clock Reminders

## Wellness Due

### Health Factors

<table>
<thead>
<tr>
<th>Visit Date</th>
<th>Health Factor</th>
<th>Category</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/14/2011</td>
<td>Current Smoker Status Unknown</td>
<td>Tobacco</td>
<td>Cigarette/daily</td>
</tr>
<tr>
<td>01/27/2011</td>
<td>Current Smoker Status Unknown</td>
<td>Tobacco</td>
<td></td>
</tr>
<tr>
<td>01/27/2010</td>
<td>Current Smoker Status Unknown</td>
<td>Tobacco</td>
<td></td>
</tr>
<tr>
<td>02/16/2012</td>
<td>Previous (former) Smoker</td>
<td>Tobacco</td>
<td></td>
</tr>
<tr>
<td>11/26/2011</td>
<td>Smoker In Home</td>
<td>Tobacco</td>
<td></td>
</tr>
<tr>
<td>04/14/2011</td>
<td>Smoker In Home</td>
<td>Tobacco</td>
<td></td>
</tr>
<tr>
<td>11/26/2011</td>
<td>Smoker Free Home</td>
<td>Tobacco</td>
<td></td>
</tr>
<tr>
<td>11/26/2011</td>
<td>Caffeine In Home</td>
<td>Tobacco</td>
<td></td>
</tr>
<tr>
<td>11/25/2011</td>
<td>Caffeine</td>
<td>Coffee/Caffeine</td>
<td></td>
</tr>
<tr>
<td>06/27/2011</td>
<td>Caffeine</td>
<td>Coffee/Caffeine</td>
<td></td>
</tr>
<tr>
<td>09/22/2011</td>
<td>Caffeine</td>
<td>Coffee/Caffeine</td>
<td></td>
</tr>
<tr>
<td>12/13/2011</td>
<td>Caffeine</td>
<td>Coffee/Caffeine</td>
<td></td>
</tr>
<tr>
<td>07/13/2011</td>
<td>Caffeine</td>
<td>Coffee/Caffeine</td>
<td></td>
</tr>
<tr>
<td>07/13/2011</td>
<td>Alcohole +/Drug</td>
<td>Alcohol/Drug</td>
<td></td>
</tr>
<tr>
<td>07/13/2011</td>
<td>Alcohole +/Drug</td>
<td>Alcohol/Drug</td>
<td></td>
</tr>
<tr>
<td>07/13/2011</td>
<td>Alcohole +/Drug</td>
<td>Alcohol/Drug</td>
<td></td>
</tr>
<tr>
<td>07/13/2011</td>
<td>Alcohole +/Drug</td>
<td>Alcohol/Drug</td>
<td></td>
</tr>
</tbody>
</table>

### Personal Health

#### Education

<table>
<thead>
<tr>
<th>Visit Date</th>
<th>Education Topic</th>
<th>Comprehension</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/24/2012</td>
<td>Medications-Medication Dispensation To Proxy</td>
<td>GO DD</td>
</tr>
<tr>
<td>01/19/2012</td>
<td>Eye Conditions Screening</td>
<td>GO DD</td>
</tr>
<tr>
<td>11/05/2011</td>
<td>Alcohol And Other Drugs Cultural/Religious Activities Health</td>
<td>GO DD</td>
</tr>
<tr>
<td>11/05/2011</td>
<td>Colorectal Cancer Screening</td>
<td>GO DD</td>
</tr>
<tr>
<td>09/14/2011</td>
<td>Other Screen Blood Exam/Nutrition</td>
<td>GO DD</td>
</tr>
<tr>
<td>09/14/2011</td>
<td>Routine Eye Examination-Complaints</td>
<td>GO DD</td>
</tr>
<tr>
<td>07/27/2011</td>
<td>Tobacco Use Complications</td>
<td>GO DD</td>
</tr>
<tr>
<td>07/07/2011</td>
<td>Tobacco Use Cigarettes</td>
<td>GO DD</td>
</tr>
<tr>
<td>05/27/2011</td>
<td>Sexually Transmitted Infections Prevention</td>
<td>GO DD</td>
</tr>
<tr>
<td>07/07/2011</td>
<td>Sexually Transmitted Infections Stress Management</td>
<td>GO DD</td>
</tr>
<tr>
<td>05/27/2011</td>
<td>Tobacco Use Cigarettes</td>
<td>GO DD</td>
</tr>
</tbody>
</table>
Intake nursing staff to address issues listed in the alarm clock.

If more than 2-3 it is helpful to use the “Health Assessment” Progress Note. It will show all screenings. All can be address at the visit or just a few that are due now.

Areas are available for comments and scores.

Using this note will also trigger “Education” and GPRA credit is then applied for all entries.
A COMPLETED HEALTH ASSESSMENT
Offer HIV screening.

Some place do OPT-OUT screenings which has increased testing rates.

OPT-OUT is routine screening for DM, Lipids, HgbA1C and etc...that would include HIV, for it is consider part of the routine screening process.
Nursing intake staff will need to document all refusals.
DOCUMENTING ALARM CLOCK REFUSALS
WEHC HIV SCREENING

- WEHC HIV screening is done “OPT-IN” Patients give verbal consent for screening.
- WEHC Medical Providers and Nursing attended HIV training, which talked about OPT-OUT -vs- OPT-IN
- OPT-IN was preferred choice.
- OPT-IN, patients give verbal consent
DOCUMENT EDUCATION
Under: **Human Immunodeficiency Virus**:

**Prevention**: Should use condoms for protection at all times but at least until results confirmed

**Test**: What does SCREENING testing mean.

**Follow-Up**: If screening is (+) will need confirmatory labs and referral. Will need other labs for STI/Hepatitis’
STD’s / STI’s Screening & 3 month Follow-up

- When “risky” or “high” risk behaviors are noted the provider will do/order screenings that are appropriate for what is being revealed.

- When (+) screening comes, patient is treated immediately and ask to come back for follow up labs &/or exam to make sure infection is clear in 3 months.

- Notification is sent to provider team care manager, and co-infection control officer from the Lab co-infection control officer that a 3 month recheck will be needed.
With the patient name in patient box, go to the notification tab.

Right click anywhere on the blank screen.

Notification Scheduling will appear.

Click on “add”

Click on Deliver on: 3 months from tx date.
  Priority=High
  Subject=“recheck labs”
  Recipients= Team Care Manager, Provider, IC
  Message= “recheck”

Then close
**PROBLEMS NOTED**

- New recommendations for no paps even if sexually active until age 21, unless symptomatic.
- Doing more urine GC/Chlamydia less swabs.
- Need of possible new policy/procedure to address clients not getting routine paps now.
Together with the Tribal Offices in Education and Home Health, Sacred Spirits and The Indigenous People Program we have formed our own Coalition.

We meet monthly to address the communities needs of infectious diseases such a HIV and Hep C.

Hosted the first HEP C Summit in Indian Country in the state of Minnesota.
This has been an honor to be asked to be on this panel.

Look forward to continued education with infectious disease and work closely with the native people.

Would like to hear from others with their ideas and concerns of how to help with the Indian Communities.
POLICIES AND PROCEDURES

- Nursing standing orders
- Patients schedule “nurse only” visits
- Decreases provider load and patient wait time
STANDING ORDERS

- STD/STI Screening
  - Lab
    - STD check, HIV, GC/CT, RPR, HBsAG, HCV

- Positive STD/STI

- Prenatal Patients
  - Labs
  - Referrals
Bundled lab orders in EHR

Helps decrease errors of omission
STD LAB EXAMPLE
<table>
<thead>
<tr>
<th>Available Lab Tests</th>
<th>HIV 1/0/2 ANTIBODIES R567000</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV 1/0/2 ANTIBODIES R557</td>
<td></td>
</tr>
<tr>
<td>HIV 1/0/2 ANTIBODIES R557</td>
<td></td>
</tr>
<tr>
<td>HIV Antibody</td>
<td></td>
</tr>
<tr>
<td>HIV EIA &lt;HIV Antibody&gt;</td>
<td></td>
</tr>
<tr>
<td>HIV IN-HOUSE</td>
<td></td>
</tr>
<tr>
<td>HIV PCR RNA QNT(US) R</td>
<td></td>
</tr>
<tr>
<td>HIV PCR RNA QUANT-2ND G</td>
<td></td>
</tr>
<tr>
<td>HIV REPEAT R3608375</td>
<td></td>
</tr>
<tr>
<td>HIV RNA BY PCR QUANTITIA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Collect Sample</th>
<th>Blood (Marbl)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimen</td>
<td>Blood</td>
</tr>
<tr>
<td>Urgency</td>
<td>Routine</td>
</tr>
</tbody>
</table>

Enter order comment: 

Collection Type: Send Patient to Lab
Collection Date/Time: T
How Often: ONCE
How Long: 
Clinical Indication: 

HIV 1/0/2 ANTIBODIES R567000 BLOOD  SP ONCE

Accept Order
Quit
PRENATAL LAB EXAMPLE
### Women's Health Labs

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PAP</strong></td>
<td></td>
</tr>
<tr>
<td>HPV ONLY R5572725</td>
<td></td>
</tr>
<tr>
<td>GC/CHLA (RML) R5560330</td>
<td></td>
</tr>
<tr>
<td>WET PREP</td>
<td></td>
</tr>
<tr>
<td>VIRAL CULTURE R6000450</td>
<td></td>
</tr>
<tr>
<td>VAGINAL CULTURE</td>
<td></td>
</tr>
<tr>
<td>OCCULT BLOOD (DONE IN)</td>
<td></td>
</tr>
<tr>
<td>OCCULT BLOOD (3 SENT H)</td>
<td></td>
</tr>
<tr>
<td><strong>VIT D TOTAL</strong></td>
<td></td>
</tr>
<tr>
<td><strong>QUANT HCG</strong></td>
<td></td>
</tr>
<tr>
<td>CA 125</td>
<td></td>
</tr>
<tr>
<td><strong>VENIPUNCTURE</strong></td>
<td></td>
</tr>
<tr>
<td><strong>STD X4 BLOOD</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PN LABS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PN LABS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PRENATAL PROFILE</strong></td>
<td></td>
</tr>
<tr>
<td><strong>WHOLE BLOOD GLUCOSE</strong></td>
<td></td>
</tr>
<tr>
<td><strong>GLUCOSE TOLERANCE 3 H</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ABO/RH TYPE AND ABY SC</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Tissue R8090000</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Fasting Tests**

- LIPID R2019100
- LDL DIRECT
- TOTAL CHOLESTEROL R2X
- HGB A1C(ON)
- GLUCOSE REF (FASTING)
- OCCULT BLOOD (DONE IN)
- OCCULT BLOOD (3 SENT H)
- URINE DIPSTICK
- PREGNANCY TEST
- UA CULTURE

**Hormone Eval**

- ESTRADIOL
- FSH R3601200
- LH R3601750
- PROGESTERONE R200
- PROLACTIN R3602400
- TESTOS WM TOTAL
- TESTOS FR/TOT/SHBG
- TESTOS BIOAVAILABLE
- DHEA
- 17 HYDROXYPROGEST
- FREE T4 R4502550
- FREE T3 R3606325
- TSH R4501925

**Other Tests**

- RUBELLA ABO R5518900
- CBC (IN HOUSE)
RESULTS OF BUNDLED LABS

- Prenatal patients
  - 100% screening rate

- STD+ patients
  - 96% screening rate
FOLLOW UP STD/STI PATIENTS

- Lab uses a notification to alert Infection Control Officer for all positives

- Patient recalled

- Treatment
  - Nurse enters order
  - Writes note and attaches provider
  - Pharmacy fills medication under provider name
FOLLOW UP STD/STI PATIENTS

- Further testing (if indicated)
- Education/counseling
- Partner information/Notification
- Reporting
Patients encouraged to bring partner with them for testing and treatment

Non-Native American contacts
  - No testing
  - Treatment provided
3 MONTH CHLAMYDIA AND GONORRHEA SCREENING PROJECT FOR 16-25 YEAR OLDS AT CROWNPOINT HOSPITAL

Laura Veal, FNP, MPH
Comprehensive facility with inpatient services, ER, urgent care, primary care, pediatrics, dental, optometry, etc.

Catchment area of 20,000 pts
WHAT

- July 1st 2011 through September 30th 2011
  Crownpoint Hospital initiated a policy of routinely screening all urines submitted by persons aged 16-25 for chlamydia and gonorrhea.

- Anytime a patient in that age range submitted a urine sample for any reason (for example abdominal pain, pregnancy test, sports physical, etc.) the nurse or provider also ordered chlamydia and gonorrhea testing, unless the patient refused.
In 2010 and 2011 we increased our efforts to make HIV screening routine, but had trouble getting buy-in from staff.

We did CT/GC screening with the intent that testing for other more common STDs would generate awareness and concern about HIV as well, and would also help to identify at risk individuals.
Care settings for this age group included pediatric and adult continuity clinic and urgent care.

The pediatric team consists of 2 pediatricians, one midlevel provider, 2 RNs and a health tech.

- EHR
- Teen Screen Button

Urgent care

- mainly staffed by locum tenens (contract) physicians
- no EHR
HOW

- Signs were posted in all hospital toilets notifying patients of this policy.
- The testing was also discussed during the clinic visit - patients had the opportunity to opt out.
- No additional consent was obtained.
- Data collection was done retrospectively using data from LabCorp and EHR.
SUCCESSES

- Females 16-25 screened for chlamydia improved markedly
  - 33% in Aug 2010 as compared to 54% in Aug 2011
- Within the pediatric clinic, not a single patient chose to opt out of the testing.
- No resistance to the project was voiced by parents.
- Overall, for GPRA 2011 Crownpoint screened 55% of females (any age) for STIs
  - higher than the national average of 31%. 
No overall increase in the number of chlamydia tests
Males (5% of the total # of tests done)
Peds Clinic vs. Urgent Care
Cost
Entre into these sensitive discussions
- “We are checking everyone for this; we are not picking on you.”

Ease
- urines were already being submitted for other reasons
- no additional consent.

Patient education and community awareness
- "What is chlamydia?"
- "Is there a lot of that around here?"