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

RPMS EHR KELLERHUIS-	COLEMAN,KAREN			White I	arth Hea	alth Cent	er					
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ENTER THE CHIEF COMPLAINT

- Intake nursing staff documents <u>vital signs</u>, <u>review current medications</u> that are listed on their wellness hand out aka the "WHO", <u>immunizations</u>, and <u>LMP's</u> on all females ages 12-49.
- User friendly quick picks are available when entering chief complaints by clicking on the "Patient Request,"

PATIENT REQUEST

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ALARM CLOCK HEALTH FACTORS / WELLNESS

- 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

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ALARM CLOCK HIV REMINDER

- 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.

ALARM CLOCK REFUSALS

 Nursing intake staff will need to document all refusals.

DOCUMENTING ALARM CLOCK REFUSALS

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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



EDUCATION DOCUMENTATION

 Under: <u>Human Immunodeficiency Virus</u>: <u>Prevention</u>: Should use condoms for protection at all times but at least until results confirmed

<u>Test</u>: What does SCREENING testing mean. <u>Follow-Up</u>: 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 reveled.
- 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.

NOTIFICATIONS

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NOTIFICATION TAB

- With the patient name in patient box, go to the notification tab.
- Right click any where on the blank screen.
- Notification Scheduling will appear.
- Olick 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.

HIV/HEP C COALITION

- 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.

THANK-YOU

- 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.

Haskell Health Center

Shannon Tuckwin - RN DON

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

IMPROVING LABS

• Bundled lab orders in EHR

Helps decrease errors of omission

STD LAB EXAMPLE

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IHS-EHR HASKELL INDIAN CENTER USER: WOODHULL, KIMBERLY D

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PRENATAL LAB EXAMPLE

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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

TREATING PARTNERS

 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

CROWNPOINT, NM

- Comprehensive facility with inpatient services, ER, urgent care, primary care, pediatrics, dental, optometry, etc.
- Catchment area of 20,000 pts





- 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



- 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%.

CHALLENGES

- No overall increase in the number of chlamydia tests
- Males (5% of the total # of tests done)
- Peds Clinic vs. Urgent Care
- Oost

TAKE HOME MESSAGE

- 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?"