

PROMISING PRACTICES

**INTRODUCTION OF RAPID HIV
TESTING IN CONNECTICUT'S
BIRTHING HOSPITALS**

Acknowledgements

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The road to success

- The Connecticut law
- Collection of baseline data/surveillance
- Technical innovation
- Use of formal recommendations for standards of care from respected sources (e.g. NIH, CDC, AMA, ACOG)
- Provider and staff education
- Evaluations, outcomes, and the future

Connecticut Law 99-2

- On October 1, 1999, P.A. 99-2 was introduced in to law in Connecticut
- It requires *all* women be offered HIV antibody testing twice during pregnancy (once at initial visit and again at 28 weeks gestation)
- Women who refuse should be offered test again in L&B

Connecticut law 99-2 (2)

- If a woman refuses to be tested, she must sign a declination form
- If she still declines to be tested, the hospital “shall cause” the baby to be tested
- Baby can be tested with or without the mother’s permission

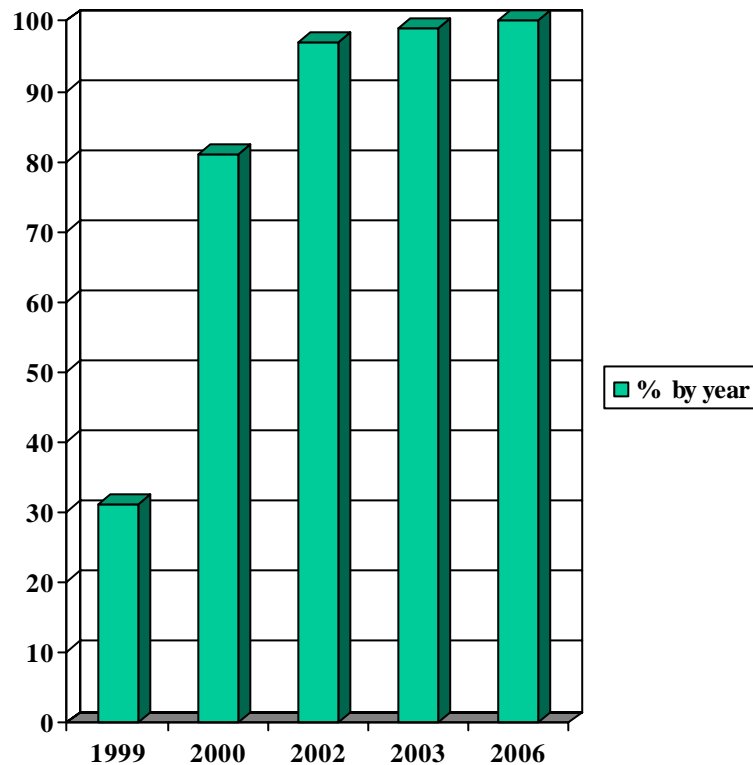
Surveillance

- Starting with one large hospital, the medical record of every pregnant clinic patient was reviewed to
 - determine rates of HIV prenatal testing at 36 weeks gestation
 - If no test, flag the record for an HIV rapid test in final four weeks of pregnancy and in L&B
- Later, this initiative was expanded to three additional Connecticut hospitals

Technical innovation, YNHH

- An electronic block at 28 weeks that will not allow one to write a clinical note unless recent HIV test results are documented or HIV test must be ordered
- A second electronic block that will not allow one to admit patient for delivery unless HIV test results are documented or rapid test is ordered

YNHH prenatal HIV testing rates



- Post electronic blocks and ‘flagging’ of records at 36 weeks gestation, HIV testing rates eventually rose to 97 % by 36 weeks gestation and > 99% on admission for delivery

Other technical innovations

- Electronic medical record
- Logician/Centricity software programs
- Excel-type files
- Access- type programs
- Electronic transfers of information
- 24/7 testing availability

Y 2003 activities

- A questionnaire was developed to assess the existing rate of prenatal testing and the use of HIV rapid technology in all 29 birthing hospitals in CT
- The questionnaire, with cover letter, was mailed to the **OB Chief** at each hospital

Questionnaire results

- Twenty one of 29 hospitals responded
- 11 of 21(52%) hospitals were using HIV RT
- 4 additional hospitals were preparing to use HIV RT
- Mostly used for personnel needle stick injuries, in L&D, and nursery

Y 2004, a second mailing

- A second mailing was sent to every **CEO and every Chief of Staff** at the 29 birthing hospitals stating that HIV rapid testing for women in labor with undocumented HIV status was now *standard-of-care*
- Package included a cover letter, ACOG Committee Opinion re. HIV rapid testing, Margaret Lampe's article, the Miriad study, and an offer to assist with staff education and/or implementation issues

Y2005 follow-up

- Between March and May, a follow-up telephone survey of each of the 29 birthing hospitals was conducted
- 23 of 29 (79%) now had HIV rapid testing available 24/7
- The six remaining hospitals were coached to make arrangements to courier blood samples to nearby 'sister' hospitals when necessary
- None of the CT hospitals chose 'point of care' HIV testing

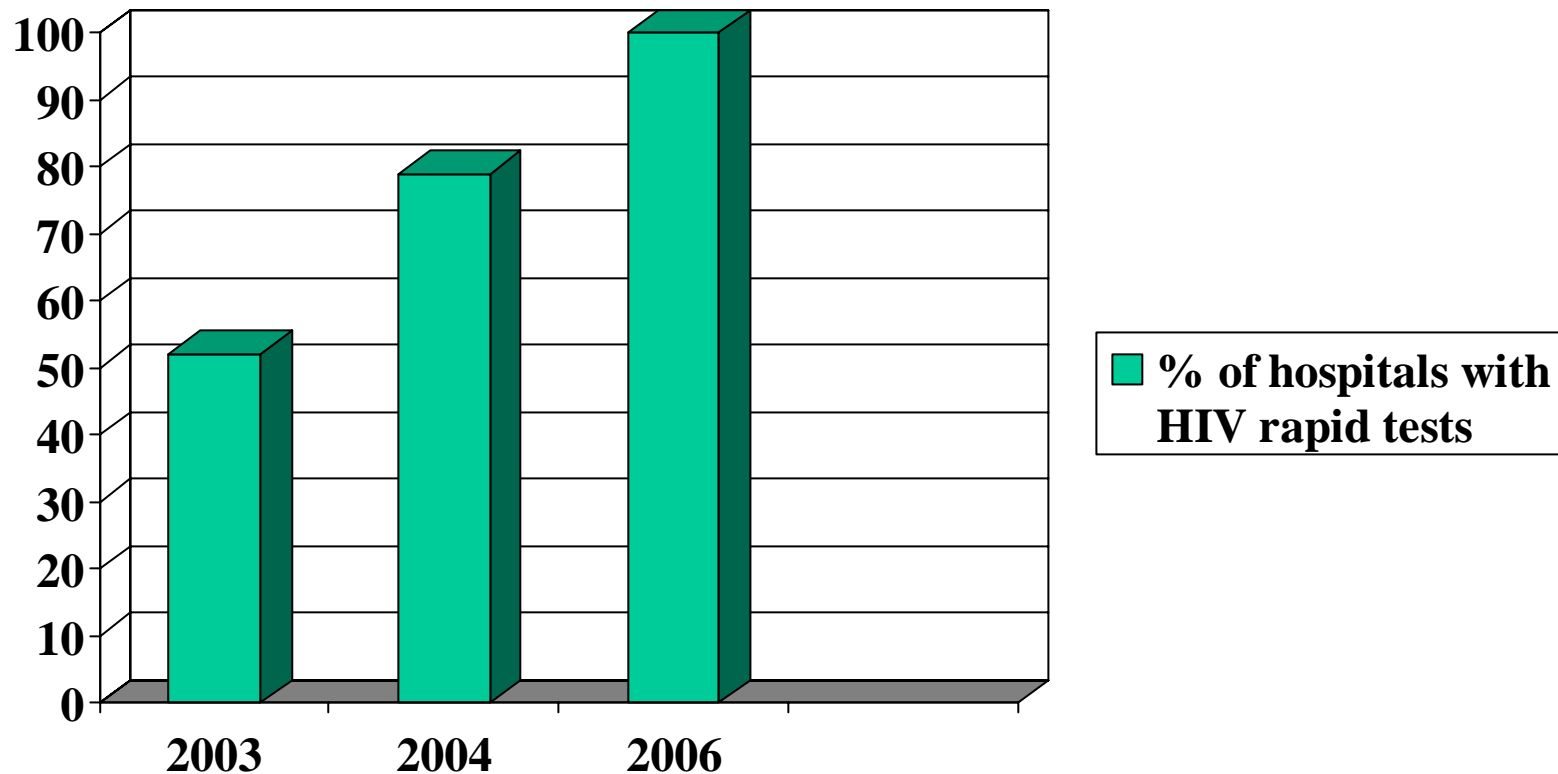
Y2005, the third mailing

- A third mailing was sent to all the **Directors of Pharmacy and Nursing Services** at the 29 birthing hospitals after a need for additional training was identified
- It included a cover letter, the ACOG opinion, the YNHH protocol, and Lampe's CDC model protocol, and an offer to assist with staff education and/or implementation issues

Provider and staff education

- Informational meetings, educational trainings, and Grand Rounds were offered at every step
- Smaller in-services were regularly scheduled
- In 2005, the CDC held a ‘Regional Training and Conference’ in Rhode Island. The CT hospitals that had been identified as having the most difficulties implementing Rapid Testing were invited

Availability of HIV rapid testing in L&D in birthing hospitals in CT by year



Y 2006 - Evaluating success

Outcome measures:

1. Consumer surveys
2. Provider surveys
3. Percentage/number of rapid tests needed in L&B
4. Percentage/number of HIV-infected newborns
5. John Loft's RTI evaluations

Surveys

- Focus groups of women tested during pregnancy (all were HIV- negative women)
- Interviews of women found to be HIV+ for the first time on prenatal screening
- Provider surveys

Outcomes in Connecticut

- Currently, HIV testing rates of pregnant women are $> 99.9\%$
- Since October 1999, 33% of all pregnant HIV+ women are *newly* diagnosed during the prenatal period

Outcomes in Connecticut (2)

- Zero to one pediatric HIV infected child per year
- Recent cases include
 - A baby born to a married woman who had two negative tests during pregnancy
 - The child whose mother was negative when she was born but who later contracted HIV from breast milk
 - Older children of women who test positive during pregnancy

Future initiatives?

- Tweak the CT 99-2 Law
- Expand Rapid HIV testing in: -
 - in Gynecology (e.g. with pregnancy and STD testing)
 - in Counseling and Testing
 - in the ED