

**Location:** Mills Memorial Hospital, Terrace  
**Contact:** Dr. Denise Jaworsky  
**Date:** October 2018

# Routine Offering of HIV Testing for Acute Care Patients in Northwestern BC

## PROJECT AIM

To increase HIV screening of patients 19 years of age and older in acute care (Medicine, Surgery, Intensive Care Unit) at Mills Memorial Hospital to >20% by December 31, 2018.

## ► BACKGROUND

The BC HIV Testing Guidelines recommend that providers routinely offer an HIV test:

- Every 5 years, to individuals 18-70 years
- Annually, to individuals 18-70 years belonging to populations with a higher burden of HIV
- Whenever ordering bloodwork for a new or worsening medical condition

The lower mainland's STOP HIV work has shown that routine offering of HIV testing in the hospital environment is acceptable and effective (inpatient testing increased from 3.3% to 19.2%).

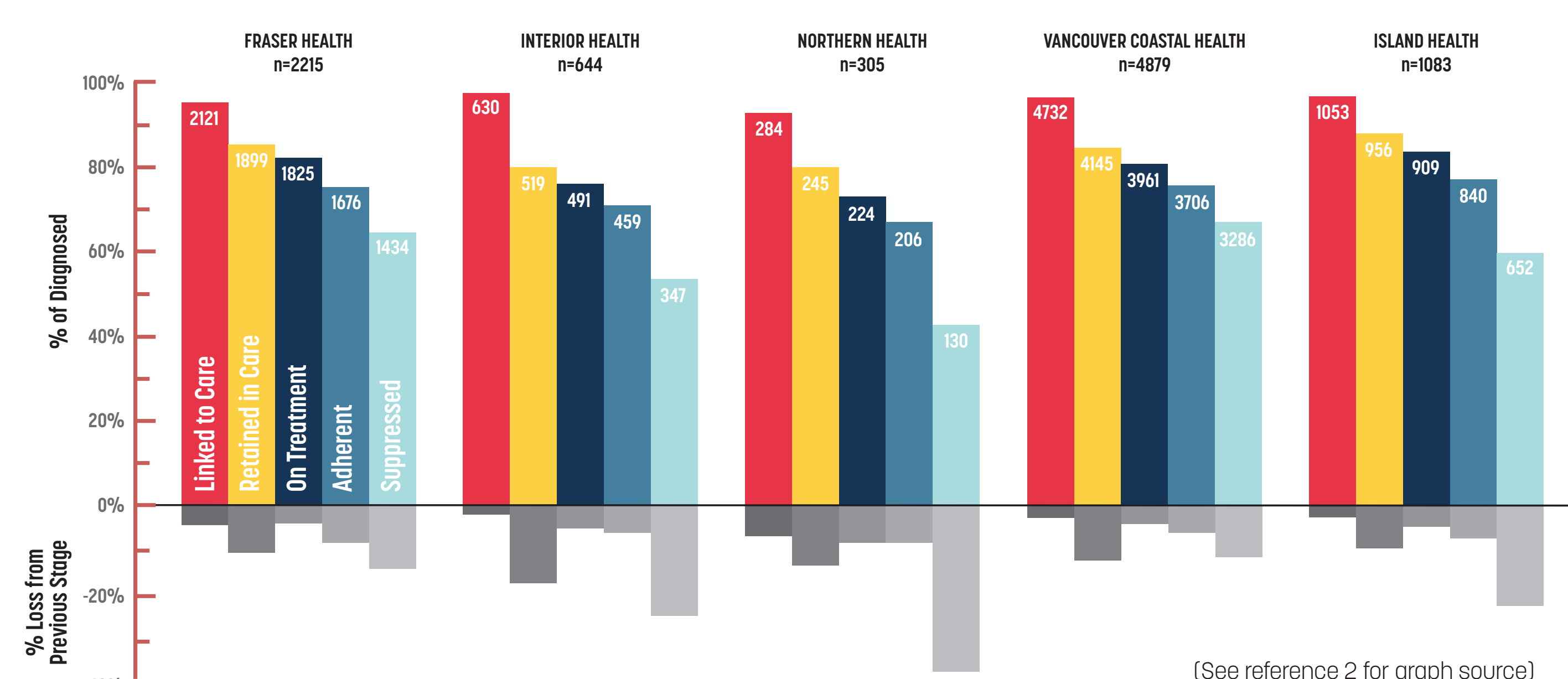
## ► PROBLEM STATEMENT

**In 2017, 4,711 people per 100,000 (4.7%) in Northern Health were tested for HIV<sup>1</sup>**

- Excludes point-of-care and prenatal testing
- Provincial average was 5,963/100,000 people (6.0%)

**42.6% of people living with HIV in Northern Health's catchment area were virally suppressed<sup>2</sup>**

- Below provincial viral suppression rate of 64%



## ► CHANGE IDEAS

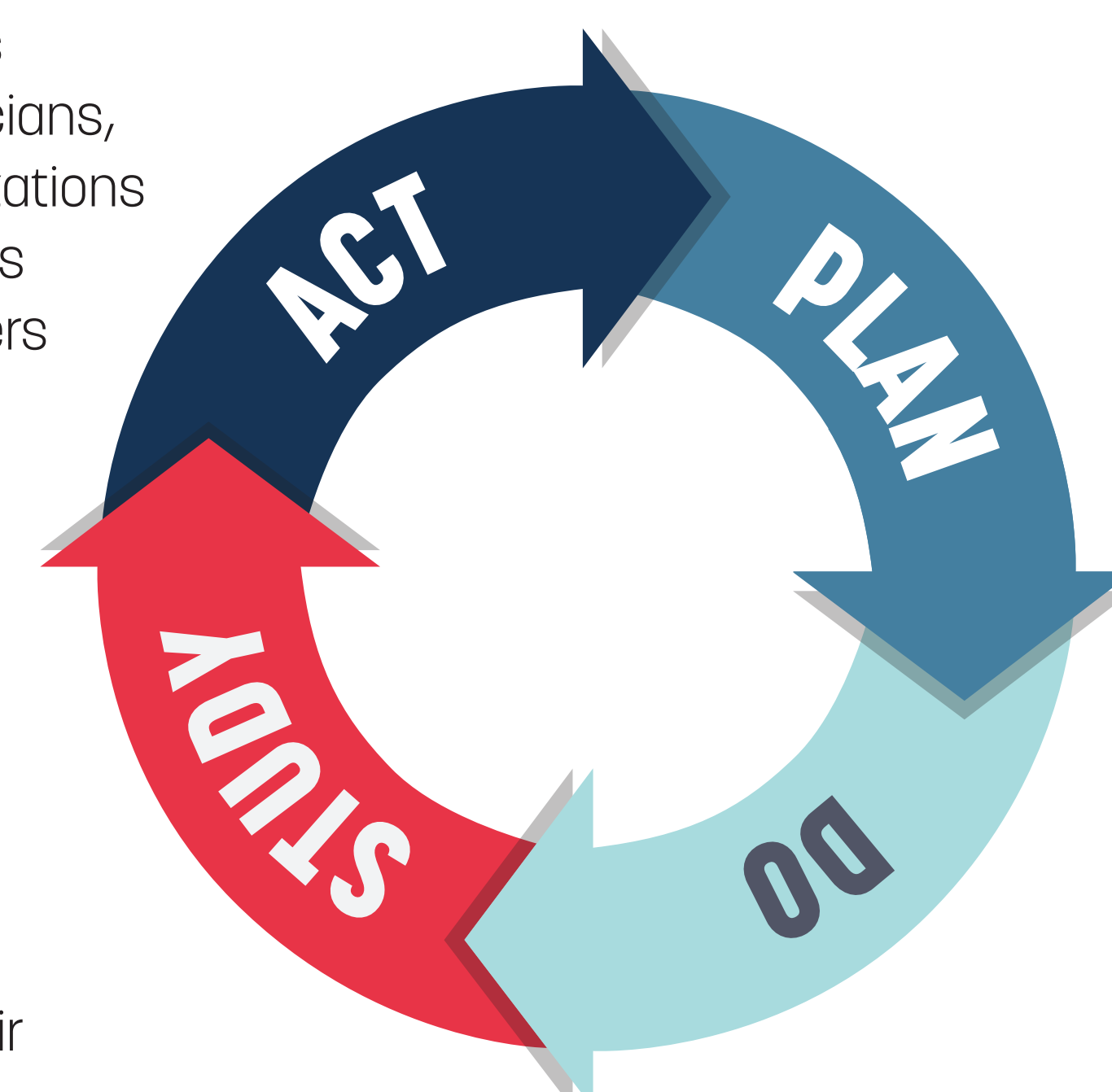
Routinely offer HIV testing to all adults admitted to acute care settings (Medical/Surgical Ward, Intensive Care Unit) at Mills Memorial Hospital in order to increase rates of testing in this population. Plan-Do-Study-Act cycles were utilized to develop and modify the intervention of offering routing HIV testing.

**Steps in this quality improvement project:**

1. Develop a local process of delegated follow-up
2. Formation of stakeholder advisory group
  - Advise on education needs
  - Ensure messaging is appropriate for community
  - Provide input on ways to increase testing

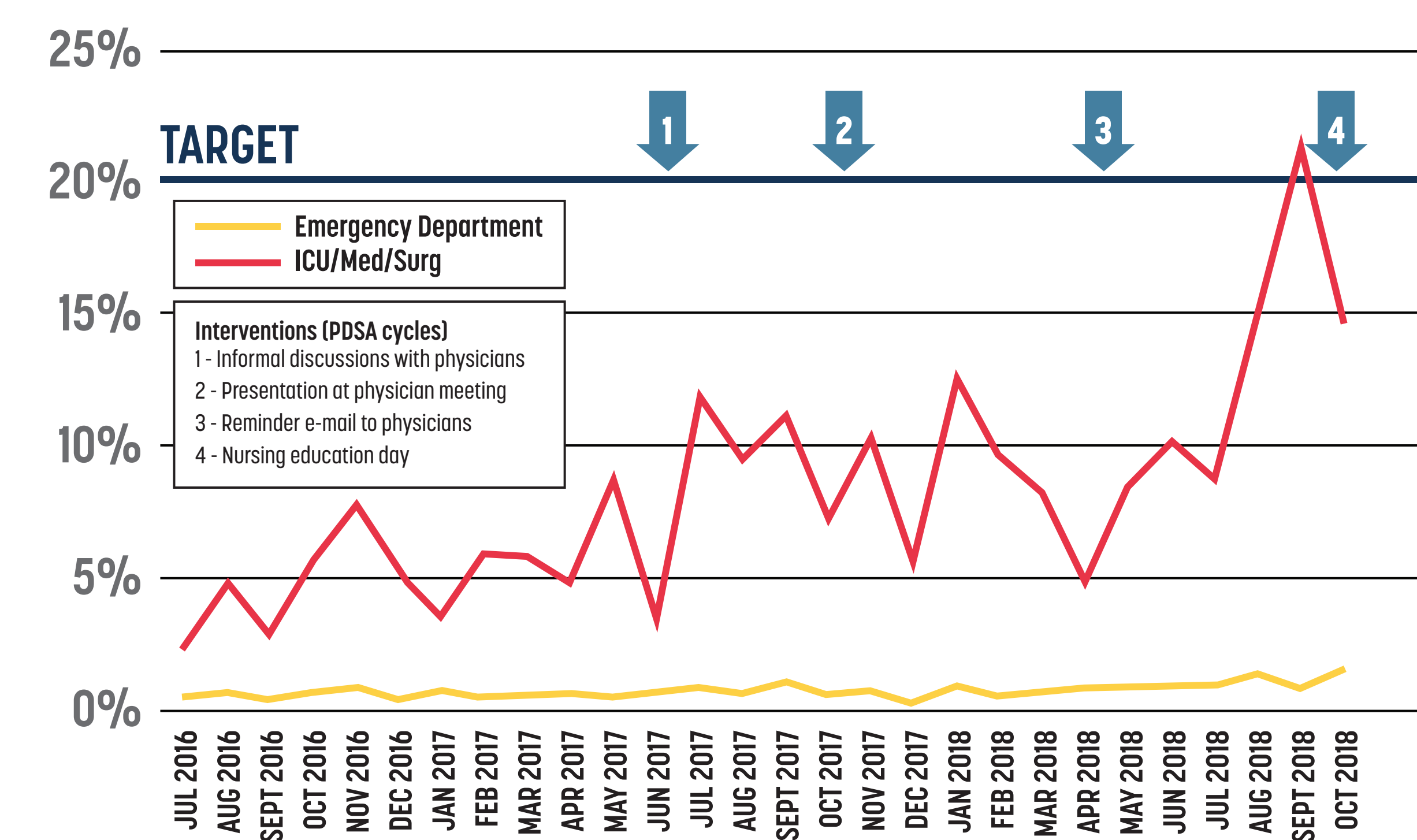
3. Build local HIV capacity and education
  - AIDS service organization visits
  - HIV training sessions for physicians, nurses and community organizations
  - Community education programs
  - Preceptorships for care providers
  - Physician newsletter article
  - HIV resource board for nurses

4. Implementation of routine offering of testing
5. Evaluation
  - Project data reviewed at 3, 6 and 12 months
  - Proportion of individuals who received an HIV test during their inpatient stay



## ► RESULTS

**RATES OF HIV TESTING AT MILLS MEMORIAL HOSPITAL**



## ► NEXT STEPS / SUSTAINING THE GAINS

- Continue Plan Do Study Act (PDSA) cycles to further increase HIV testing rates
- Community HIV education events and educational materials
- Developing client-initiated testing (clients requesting tests in addition to providers offering testing)
- Increased nursing and other health professional engagement

Developing strategies to increase testing in other settings

- Community settings
- Other hospitals in region

## ► PATIENT/CUSTOMER

This project addresses the Northern Health strategic priority, "Healthy People in Healthy Communities" and involvement of patient and community stakeholders was essential. The stakeholder advisory group consisted of representation from:

- Patient partner
- Health Directors - multi-nation representation
- Community service providers
- Public Health nurses
- Community research associate
- Family physician
- Specialist physician

The stakeholder advisory group guided the project and helped to ensure that the project represented the interests and needs of community members.



## ► TEAM MEMBERS

**Holly (Gitsdi motx') Harris, Kyle McIver, Ciro Panessa, Lee Cameron, HIV Community Advisory Board**

### ACKNOWLEDGEMENTS:

Ashley Stoppler, Candice Manahan, Dee-Ann Stickel, Andrew Gray, Raina Fumerton, Mark Hull, ICMT Team, Terrace Public Health, Northern Health, Jasmine Pocha, STOP HIV/AIDS, BC Centre for Excellence in HIV/AIDS

**PRIMARY EMAIL CONTACT:** denise.jaworsky@northernhealth.ca

**SECONDARY EMAIL CONTACT:** physicianqi@northernhealth.ca

- REFERENCES:**
1. STOP HIV report: BC Centre for Excellence in HIV/AIDS. <http://cfenet.ubc.ca>
  2. Lourenco L, et al. High levels of heterogeneity in the HIV cascade of care across different population subgroups in British Columbia, Canada. PLoS One 9(12): e115277