In 2015, there were approximately 8,427 individuals living with HIV in Eastern North Carolina (ENC) with 1 in 7 being unaware of their positive status. In 2006, the CDC issued revised recommendations to routinely test adolescents and adults for HIV in various settings, including emergency departments. Beginning March 2017, we used those guidelines to offer routine opt-out testing to adults presenting to the Vidant Medical Center Emergency Department (VMC-ED) in Pitt County, NC and to link them to care.

**PROJECT AIM**

- To improve routine, opt-out HIV Screening in all three of the VMC-ED (Adult, Children’s (CED), Minor (MED)) for people age 18-64 who will have blood work done in the ED and have not had an HIV test documented in the electronic medical record (EMR) in the past year by 20% within 4 months.
- To successfully link all HIV-positive patients to HIV care at the ECU-HIV Program and other HIV clinics in the region.

**DATA COLLECTION**

With each PDSA cycle, the following data were collected:
1. Number of HIV screening tests performed
2. Number of eligible patients based on HIV screening criteria presenting to the ED
3. The name of the ordering individual
4. HIV positive individuals linked to care

**CHANGES MADE (PDSA CYCLES)**

- **PDSA 1 March 2017**
  - Electronic Medical Record automatic population of HIV test based on predetermined criteria
  - Full-time linkage coordinator who would link patients to the appropriate care in accordance with their HIV diagnosis
  - Nursing education at morning huddles

- **PDSA 2 December 2017**
  - Expansion of routine opt-out HIV screening to VMC-CED and VMC-MED

- **PDSA 3 September 2018**
  - Development of ED Nursing Focus Group
  - Identification of nursing champions who are responsible for providing monthly feedback about the progress of HIV screening in the ED

**RESULTS/OUTCOMES**

**HIV Screening Tests at VMC**

- **PDSA 1: Nurse Education**
- **PDSA 2: Testing Expanded to VMC-CED and VMC-MED**
- **PDSA 3: Nurse Focus Group**

**HIV Positive Found in ED and Linked to Care**

**LESSONS LEARNED**

- Efforts are only as successful as the buy in from individuals participating
- Your timeline in mind does not always mean the actual timeline for the project at hand.
- Elements out of our control e.g. EMR update and Best Practice Alert (BPA) build
- Education in the realm of QI is important but not sustainable
- There should be hard stops in the system that force the desired result (e.g. BPA)

**NEXT STEPS**

- Continue to routinely test of HIV between 18-64 years of age; extend minimum to 16 years of age and maximum age of 74 years in February 2019
- Increase number of HIV tests performed for eligible individuals
- EMR update to add “DEFER and REMIND LATER” capability
  - provide data collection on deferment and reason for it.
  - Add routine Hepatitis C testing

**ACKNOWLEDGEMENTS**

This poster was prepared with financial support from the American Medical Association (AMA) as part of the Accelerating Change in Medical Education Initiative. The content reflects the views of the authors and does not necessarily represent the views of the AMA or other participants in this initiative.