

Perinatal HIV RTLD Assessment

Name of Hospital _____
Address _____
Phone _____ **Fax** _____

Deliveries/ year _____ **% of No Prenatal Care** _____

TYPE OF FACILITY

- Teaching Hospital Public Hospital Private Hospital Clinic
 Birthing Center Religious Other; Please SPECIFY: _____

Contacts	Phone	Page	email	
OB				
Peds				
RN MGR				
RN				
Director				
Lab				
Pharmacy				
Social Work				

Date of initial contact _____ **with** _____

LABOR AND DELIVERY

Rapid HIV testing available ___ Yes ___ No Since _____ # Positives ___

Rapid HIV test planned? ___ Yes ___ No

Type of test

- Oraquick Advance Rapid HIV ½ MedMira Reveal G2 HIV-Antibody Test BioRad Multispot HIV-1/HIV-2 Rapid Test
 Trinity Biotech Uni-Gold Recombigen Unknown Other: _____

Location of HIV test ___ Lab ___ Point of Care

POLICY AND PROCEDURE

Status of Rapid Test Policy ___ Not done ___ In progress ___ Completed ___ Approved / Date _____

Availability of Antepartum Tests Test Results

Is there a process for receiving results from each prenatal office via the prenatal record or actual lab result report? ___ Yes ___ No How often are results available? _____%

% of women who delivered in 2005 had a documented HIV status at presentation: ___% Unknown ___

BARRIERS TO ROUTINE RAPID HIV TESTING

To WHAT EXTENT do the following reasons <u>explain why rapid</u> HIV testing is <u>NOT</u> offered to <u>EVERY</u> woman who presents to <u>labor and delivery</u> with an undocumented HIV status?	Does <u>NOT</u> explain	Explains to a <u>SMALL</u> extent	Explains to <u>SOME</u> extent	Explains to a <u>LARGE</u> extent	Comment
Lack of awareness that RAPID HIV testing is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perceived lack of HIV risk in patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lack of knowledge about preventing perinatal HIV transmission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perceived low acceptance rate of testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concern about offending patients by discussing HIV testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concern about the ability of a woman in labor to provide informed consent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concern about over-utilization of testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concern about cost of testing to patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concern about preliminary false positives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discomfort with delivering preliminary HIV positive test results to a woman in labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discomfort in managing an HIV-positive woman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other L&D staff factors (beliefs, concerns, perceptions, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Institution

RAPID HIV test kits not available in L&D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lack of clarity about who is responsible for HIV testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insufficient staff time to perform HIV test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concern with adding additional time commitment and workload to labor and deliver staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns about being able to maintain a woman's confidentiality in the L&D setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lab not available 24/7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lack of system to confidentially and quickly deliver HIV test results to L&D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insufficient time to conduct test or obtain results in time for treatment during labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insufficient staff time to deliver results to the woman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insufficient staff training on how to provide HIV test results and treatments to woman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anti-retrovirals not available 24/7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate whether each factor does not explain at all or explains to a small some or a large extent	Does NOT explain	Explains to a <u>SMALL</u> extent	Explains to <u>SOME</u> extent	Explains to a <u>LARGE</u> extent	Comments
Anti-retrovirals not available in L&D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uncertainty about how to provide follow-up care for woman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uncertainty about how to provide follow-up care for infant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cost or reimbursement concerns related to HIV testing kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cost or reimbursement concerns related to personnel time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insufficient staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Senior leadership/managerial attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hospital Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
National policy or laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
State laws and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local laws and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lack of approval from CA/DHS Lab Field Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Legal issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Privacy issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Regulatory Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perceived low HIV prevalence among facility's patient population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PREPARATIONS FOR IMPLEMENTATION OF RTL

LABORATORY SERVICES:

- Lab certification ____ Date _____
- Capacity to run Rapid HIV and confirmatory test (CLIA, staff etc)

- System to obtain test kits, QC them, track lot numbers for recall?

- Turn around time standard(e.g. 1-2 hours)? _____
- Method for reporting test results to nursing/ ob/gyn _____ Phone _____ Page _____
- Method for reporting positive results to Health Dept:

- Audit process for numbers, timing and results of rapid HIV tests:

- Automatic confirmation of diagnosis:

ASSESSMENT OF A PATIENT’S NEED FOR RAPID TEST

Who assesses need for rapid test? ___RN ___MD ___Midwife
Who offers rapid HIV test? ___RN ___MD ___Midwife
Who provides positive results ___RN ___MD ___Midwife
Who provides negative results ___RN ___MD ___Midwife
Counseling script utilized when conveying that the rapid test is positive? ___Yes ___No
Source: _____

MODE OF DELIVERY PLAN :

Process for developing a delivery plan, in accord with the ACOG recommendations?
By whom: _____

TREATMENT PROTOCOL

Pharmacy

- IV AZT availability on L&D units 7/24 ___Yes ___No
- Oral/ IV AZT readily available for newborns after delivery ___Yes ___No
- Process to ensure notification of the post-partum service of the dyad’s treatment and management
Who? _____
- Process to ensure notification of the Pediatrics (and/or Neonatal)/newborn nursery of the dyad’s
treatment plan? Who? _____
- System in place to organize discharge medication from hospital and or community pharmacies at
least 48 hours before an infant’s discharge so oral AZT can be made available in a timely manner.
Who? _____

INFECTION CONTROL

- IC Depart been involved in the Perinatal HIV Management Plan ___Yes ___No
- Process by which IC is informed about positive tests and their follow-up

- Method for tracking/reporting of rapid and confirmatory test results ___Yes ___No

SOCIAL WORK DEPARTMENT

- Training for staff to provide support (crisis counseling cases) whenever the rapid HIV test is
reported as positive:

- System by which nursing notifies SW Dept to initiate crisis counseling/support of women with
positive HIV screens

- Familiarity with local, regional and national AIDS programs/resources for patient referral?
___Yes ___No

HIS/MEDICAL RECORDS-

- Method to identify charts that need to be protected (e.g. tagged to indicate that I review and/or consent is needed prior to any release to anyone other than patient
- Training of all HIS/Medical Records staff about this process and the need to review the charts carefully for any mention of HIV test results, treatment, counseling, etc Yes No
- A protocol that defines how to protect and/or release these records in accordance with laws and HIPAA regs.? Yes No

QUALITY ASSURANCE

- Process to review cases with positive HIV results for compliance with your unit’s plan for assessment, management, treatment and follow-up? Yes No
By whom: _____

PEDIATRICS

- Confirmation of Diagnosis-**
Plan for evaluating neonates’ status by means of HIV DNA PCR within the first 48 hours, at 2 weeks, 6 weeks, and 4-6 months?
 - Parent Education** – **Feeding Plan** – formula plan in place
 - Therapy Plan** - presumptive therapy until HIV status is resolved for:
Term infants? Yes No Preterm infants? Yes No
 - Referral** to HIV Regional Center for continuing pediatric infectious disease care?
 Yes No
Identification of primary provider Yes No
Identification of Ped Infectious Disease provider Yes No

TRAINING

- _____Lectures/training modules Competency tests Yes No
- Who provides training: _____
- Dates/topics covered _____

- Tools are available for training:
