# National Survey of HIV Testing in Hospitals

Attachment 3
Data Collection Instrument

Public reporting burden of this collection of information is estimated to average 1 hour per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions regarding this burden estimate of any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer: 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-08BD).

#### NATIONAL SURVEY OF HIV TESTING IN HOSPITALS

This is a survey to gather information on HIV testing services available in hospitals. We are asking that individuals who are most knowledgeable about HIV testing and services in the hospital complete this survey. We also encourage you to seek input from others in the hospital that may have information to help you complete the survey, including persons from the emergency, inpatient unit, and labor and delivery.

The Health Research and Education Trust (HRET) stresses the importance of this survey, and the vital role that your input plays. We will keep the answers you provide in the strictest of confidence. We will use the aggregated results of this survey to develop relevant operational guidance for hospitals and health systems to assist administrators, department heads, and chiefs in incorporating testing, where possible, to prevent HIV transmission.

This survey should take up to four hours to complete. You may 1) complete the survey online at <a href="http://response.survey-one.com/jsp/hiv.jsp">http://response.survey-one.com/jsp/hiv.jsp</a> using the login and password included in the letter that accompanied the questionnaire, or 2) return the completed questionnaire in the enclosed, prepaid envelope. In either case, we ask that you respond by June 1, 2009, so that your hospital may be represented in this nationwide survey. If you would like a copy of the report we develop, please include your contact information at the end of the survey form.

Again, we emphasize the value of your contribution to this survey, and thank you in advance for your time.

# NATIONAL SURVEY OF HIV TESTING IN HOSPITALS

In this survey, we are interested in learning more about HIV testing for patients in the hospital. We are not asking questions about HIV testing of source patients in cases of needle sticks.

I. GENERAL QUESTIONS

1.	Are HIV tests ever performed for patients in this hosp  Yes (Continue)  No (Go to Q48)	vital?			
2.	Are HIV tests ever ordered for patients in the followin not exist in the hospital, please select NA for not appa a particular department, please inquire with that department	licable. If you	do not know whe	ether HIV tests a	
	a. Emergency department				
	b. Inpatient unit				
	c. Labor and delivery				
	d. Primary care clinic(s)				
	e. Urgent care				
	f. Substance abuse treatment clinic(s)				
	g. Psychiatry/mental health				
3.	Are patients screened for HIV in this hospital? (By so in some defined population)  Yes, everywhere throughout the hospital (Go Yes, in some departments (Continue)  No (Go to Q5)  Do not know (Go to Q5)		ean that HIV tes	ting is offered to	all patients
4.	In what departments are patients screened for HIV? (hospital, please select NA for not applicable. If you departicular department, please inquire with that depart	o not know wh	ether HIV screer	ning takes place	
	a. Emergency department				
	b. Inpatient unit				
	c. Labor and delivery				
	d. Primary care clinic(s)				
	e. Urgent care				
	f. Substance abuse treatment clinic(s)				
	g. Psychiatry/mental health				

OMB Number: 0920-XXXX How are patients notified that an HIV test may be performed? Select one Patients are offered an HIV test and must give consent to be tested (also called opt-in testing) Patients are told that an HIV test will be performed unless they refuse it (also called opt-out testing) Patients are not notified that an HIV test will be performed Other (specify\_\_\_\_ 6. How does a patient consent to an HIV test? Select one Written consent specifically for HIV testing ☐ Written consent for medical care including HIV testing Oral consent Other (specify\_\_\_\_\_ 7. Are any of these types of information documented in the patient's medical record? DK NA Yes No a. HIV test was offered to patient Patient declined/refused HIV test C. Positive test result d. Negative test result e. Health department notification of test result 8. Are there written guidelines that inform procedures for HIV testing of patients in the hospital? Yes (Continue)

	☐ No (Go to Q48)
	Do not know (Go to Q48)
9.	Are the guidelines the same throughout the hospital or do they vary department by department? Select the one that best describes this hospital
	☐ Same guidelines throughout the hospital (Go to Q10)
	Guidelines vary department by department (Go to Q23)

#### **II. HOSPITAL GUIDELINES**

(COMPLETE THIS SECTION IF YES TO Q9; OTHERWISE GO TO Q23 - LABOR & DELIVERY)

10.	Select one Less 1 yea 2 yea 3 yea	te the hospital-wide HIV testing guidelines be than 1 year ar to <2 years ars to <3 years ars or more ot know	een in place?				
11.	years with unl	sting guidelines specify that an HIV test shown HIV status? (Go to Q13) Continue) ot know (Continue)	uld be performe	d for all pa	itients ages 1	3 through 64	
12.		sting guidelines specify that HIV tests should characteristics?	d be performed	for patients	s with any of	the following	
				Yes	No	DK	NA
	a.	Clinical signs or symptoms of HIV or AIDS					
	b.	Pregnancy with unknown HIV status					
	C.	Sexual assault victim					
	d.	Sexually transmitted disease					
	e.	Tuberculosis					
	f.	High-risk sexual activity					
	g.	Injection-drug use					
	h.	Other (specify	)				
13.	of information risk reduction Yes	sting guidelines require that patients receive include an explanation of HIV infection, how strategies) ot know					S
14.	Select all that One- Pam Com Other	formation communicated to the patient?  capply  con-one discussion  phlet / brochure  puter, video or kiosk  c (specify  ot know			)		

15. Who usually communicates this information to the patient?

OMB Number: 0920-XXXX Select one ■ Physician ☐ Nurse □ Counselor Social worker ☐ No one Other (specify\_\_\_ 16. Are rapid HIV tests, conventional HIV tests, or both used in the hospital? (A rapid HIV test is a screening test for HIV in which the results are available within 30 minutes.) Select one Only rapid HIV tests (*Continue*) Only conventional HIV tests (*Go to O19*) ☐ Both rapid and conventional HIV tests (*Continue*) 17. Where are rapid HIV tests run? Select all that apply LA At the point of care (i.e., at or near the site of patient care, including at a satellite or STAT laboratory) In the hospital's central laboratory Other (specify\_\_\_\_\_ 18. If a rapid test is reactive, how is a specimen collected for confirmatory testing? Select all that apply ☐ Specimen is collected during patients' stay Patient is referred to another provider for confirmatory testing Other (specify\_\_\_\_\_ Do not know 19. How are patients are notified of a positive HIV test result? Select all that apply Result is communicated in person by a provider in the hospital (e.g., physician, nurse, counselor or other skilled staff) Result is communicated in person by a referral provider after patient discharge Result is provided on discharge instructions U Other (specify\_\_\_\_\_\_ 20. Which of the following occurs when a patient has a positive HIV test result? Select all that apply Patient is provided information by which they may seek subsequent services lacktriangle Patients are given an appointment time with an infectious disease provider  $\square$  An infectious disease provider or social worker meets with the patient in the hospital to facilitate entry to HIV care ☐ The health department is notified U Other (specify\_\_\_\_\_\_

OMB Number: 0920-XXXX at high risk for HIV infection advised to be

	nen a ested	re patients who test negative but are known/suspected to be at high risk for HIV in 2	rection adv	risea to be	
100		3 months			
		6 months			
		12 months			
		Other (specifymonths)			
		Patients are not advised of a specific time interval			
		Do not know			
	·	estion pertains to guidelines for testing pregnant women in labor and delivery.  nospital guidelines for HIV testing specify any of the following?			
			Yes	No	DK
	a.	Any woman with undocumented HIV status at the time of labor should be screened with a rapid HIV test unless she declines			
	b.	The HIV test result of the mother is to be documented in the medical record of the newborn			
	c.	HIV prophylaxis is to be initiated immediately on the basis of a preliminary positive rapid HIV test result of a pregnant woman			

Go to Q48 (Plans)

# **III. LABOR & DELIVERY GUIDELINES**

23.	Are the	e written guidelines for HIV testing in Labor and Delivery?			
		Yes (Continue)			
		No (Go to Q25)			
		Do not know (Go to Q25)			
24.	Do the	guidelines for HIV testing in Labor and Delivery specify any of the following?			
			Yes	No	DK
	a.	Any woman with undocumented HIV status at the time of labor should be screened with a rapid HIV test unless she declines			
	b.	The HIV test result of the mother is to be documented in the medical record of the newborn			
	c.	HIV prophylaxis is to be initiated immediately on the basis of a preliminary positive rapid HIV test result of a pregnant woman			

Go to Q25 (Emergency Department Guidelines)

# IV. EMERGENCY DEPARTMENT GUIDELINES

25.	Are there write	ten guidelines for HIV testing in the emer	gency departm	nent?			
	☐ No (0	Go to Q38)					
	☐ Do n	ot know (Go to Q38)					
26.	Select one    1 year   1 year   2 year   3 year	e the emergency department HIV testing ear ar to <2 years ars to <3 years ars or more ot know	guidelines bee	en in place?			
27.	Do the HIV te years with unl	sting guidelines specify that an HIV test s known HIV status? (Go to Q29) Continue) ot know (Continue)	should be perfo	ormed for all p	atients ages 1	3 through 64	
28.		sting guidelines specify that HIV tests sho characteristics?	ould be perforn	ned for patien	ts with any of	the following	
				Yes	No	DK	NA
	a.	Clinical signs or symptoms of HIV or All	DS				
	b.	Pregnancy with unknown HIV status					
	C.	Sexual assault victim					
	d.	Sexually transmitted disease					
	e.	Tuberculosis					
	f.	High risk sexual activity					
	g.	Injection-drug use					
	h.	Other (specify	)				
29.	of information risk reduction Yes	sting guidelines require that patients rece include an explanation of HIV infection, I strategies)					es

OMB Number: 0920-XXXX 30. How is this information communicated to the patient? Select all that apply One-on-one discussion Pamphlet / brochure ☐ Computer, video or kiosk Other (specify\_\_\_\_\_ Do not know 31. Who usually communicates this information to the patient? Select one Physician ■ Nurse Counselor Social worker No one Other (specify 32. Are rapid HIV tests, conventional HIV tests, or both used in this emergency department? (A rapid HIV test is a screening test for HIV in which the results are available within 30 minutes.) Select one Only rapid HIV tests (*Continue*) Only conventional HIV tests (*Go to Q35*) ☐ Both rapid and conventional HIV tests (*Continue*) 33. Where are rapid HIV tests run? Select all that apply At the point of care (i.e., at or near the site of patient care, including at a satellite or STAT laboratory) In the hospital's central laboratory Other (specify 34. If a rapid test is reactive, how is a specimen collected for confirmatory testing? Select all that apply ■ Specimen is collected during patients' stay Patient is referred to another provider Other (specify\_\_\_\_\_\_) Do not know 35. How are patients are notified of a positive HIV test result? Select all that apply Result is communicated in person by a provider in the hospital (e.g., physician, nurse, counselor or

Result is communicated in person by a referral provider after patient discharge

U Other (specify

other skilled staff)

Result is provided on discharge instructions

OMB Number: 0920-XXXX 36. Which of the following occurs when a patient has a positive HIV test result? Select all that apply Patient is provided information by which they may seek subsequent services Patients are given an appointment time with an infectious disease provider An infectious disease provider or social worker meets with the patient in the hospital facilitate entry to HIV care ☐ The health department is notified Other (specify\_\_\_\_\_ 37. When are patients who test negative but are known/suspected to be at high risk for HIV infection advised to be retested? 3 months ☐ 6 months 12 months Other (specify \_\_\_\_months) Patients are not advised of a specific time interval Do not know

Go to Q38 (Inpatient Unit Guidelines)

# **V. INPATIENT UNIT GUIDELINES**

38.	Yes (	ten guidelines for HIV testing in inp (Continue) Go to Q48) ot know (Go to Q48)	atient units?				
39.	Select one    1 year   1 year   2 year   3 year	e the inpatient HIV testing guideline ear ar to <2 years ars to <3 years ars or more ot know	es been in place?				
40.	years with unl	sting guidelines specify that an HIV known HIV status? (Go to Q42) Continue) ot know (Continue)	test should be perfo	ormed for all p	atients ages 1	3 through 64	
41.		sting guidelines specify that HIV te characteristics?	sts should be perfor	•	-	_	
	a.	Clinical signs or symptoms of HIV	or AIDS	Yes	No	DK	NA
	b.	Pregnancy with unknown HIV stat	rus				
	C.	Sexual assault victim					
	d.	Sexually transmitted disease					
	e.	Tuberculosis					
	f.	High risk sexual activity					
	g.	Injection-drug use					
	h.	Other (specify	)				
42.	of information risk reduction Yes	sting guidelines require that patient include an explanation of HIV infect strategies) ot know	s receive any inform ction, how HIV is trai	nation about H nsmitted, the i	IV prior to an I meaning of tes	IV test? (Type t results, and	S

OMB Number: 0920-XXXX 43. How is this information communicated to the patient? Select all that apply One-on-one discussion Pamphlet / brochure Computer, video or kiosk Other (specify\_\_\_\_\_ Do not know 44. Who usually communicates this information to the patient? Select one Physician ■ Nurse Counselor Social worker No one Other (specify\_\_\_\_\_) 45. How are patients are notified of a positive HIV test result? Select all that apply Result is communicated in person by a provider in the hospital (e.g., physician, nurse, counselor or lacktriangle Result is communicated in person by a referral provider after patient discharge Result is provided on discharge instructions Other (specify 46. Which of the following occurs when a patient has a positive HIV test result? Select all that apply  $\square$  Patient is provided information by which they may seek subsequent services lacktriangle Patients are given an appointment time with an infectious disease provider  $\square$  An infectious disease provider or social worker meets with the patient in the hospital to facilitate entry to ☐ The health department is notified Other (specify\_\_\_\_\_\_ 47. When are patients who test negative but are known/suspected to be at high risk for HIV infection advised to be retested? 3 months 6 months 12 months Other (specify months)

Go to Q48 (Plans)

Do not know

☐ Patients are not advised of a specific time interval

# **VI. PLANS**

48. This question pertains to the whole hospital. For each of the following please indicate if this is current practice anywhere in the hospital, if the hospital plans to implement it in the next 12 months, or if it is not being considered by the hospital at this time.							
	Considere	ed by the hospital at this time.	Current Practice	Plan to Implement	Not Being Considered	DK	NA
	a.	Offering HIV tests to all patients at high risk for HIV infection					
	b.	Offering HIV tests to all patients regardless of risk or symptoms					
	С.	Incorporating consent for HIV testing into the patient's general consent for medical care (i.e., no separate written consent for HIV testing)					
	d.	Removing requirements to provide HIV prevention counseling before testing					
	e.	Offering HIV tests on an opt-out basis (i.e., patient is notified that an HIV test will be performed unless he/she declines)					
49.		of the following areas is "offering HIV tests		-	or symptoms"	current	
	practice	e or are there plans to implement thi	s in the next Current	12 months?			
			Practice	implemented	No —	NA —	DK —
	a.	Emergency department					
	b.	Inpatient unit					
	C.	Labor and delivery					
	d.	Primary care clinic(s)					
	e.	Urgent care					
	f.	Substance abuse treatment clinic(s)					
	g.	Psychiatry/mental health					
50.		of the following areas, is "offering HIV tests e plans to implement this in the nex	=		sis" current p	ractice or	
			Current Practice	Plan to be implemented	No	NA	DK
	a.	Emergency department					
	b.	Inpatient unit					
	c.	Labor and delivery					
	d.	Primary care clinic(s)					
	e.	Urgent care					

		OMB Number: 0920-XXXX				
f.	Substance abuse treatment clinic(s)					
g.	Psychiatry/mental health					

Go to Q51 (Reimbursement)

# **VII. REIMBURSEMENT**

51.	Does the hospital receive funding, resources, or in-kind support from external organizations (such as local or state health departments, federal departments, private foundations) to support facilitating HIV-infected patients' entry to care?					
	닏	Yes (Continue)				
	⊢	No (Go to Q54)				
	ш	Do not know (Go to Q54)				
52.	state he	ne hospital receive funding, resources, or in-kind support from e ealth departments, federal departments, private foundations) to Yes (Continue)  No (Go to Q54)  Do not know (Go to Q54)			s local or	
53.	Which o	of the following does the hospital receive to support HIV testing	or linkage to ca	are?		
			Yes	No	DK	NA
	a.	Funding (other than reimbursement from 3 <sup>rd</sup> party payers)				
	b.	Test kits				
	C.	Staff				
	d.	Training				
	e.	Laboratory Services				
	f.	Partner counseling and referral services				
	g.	Tracking patients testing positive who are lost to follow up				
	h.	Prevention counseling				
	i.	Other (specify)				
54.		ne hospital receive reimbursement from 3 <sup>rd</sup> party payers, such as or HIV tests that are performed for screening purposes? Yes No Do not know	s Medicaid, Me	edicare or priva	ite insurance	

Go to Q55 (HIV Testing Volume)

# **VIII. HIV TESTING VOLUME**

55.	How many HIV tests were performed at this hTests		not know	
50				
56.	How many HIV tests performed at this hospital			
	Tests	<b>∟</b> Do i	not know	
СО	NCLUSION			
	nk you for your participation in this important s Ithcare settings.	survey. Your input is v	ery important to monitor HIV tes	ting in
If yo	ou would like to receive a free copy of our repo	ort, please provide you	r contact information.	
Nam	ne:	Title	:	
Org	anization:			· · · · · · · · · · · · · · · · · · ·
Add	lress:			
City	<u>/</u>	State:	Zip Code:	
Tele	ephone:()	Email:		