Readiness Assessment Tool to Implement HIV Routine Testing in the Emergency Department

Choose a number between 1 and 5 that best reflects the extent to which you have considered each of the following issues as it pertains to implementing HIV testing in your ED. In this scale, 1 (huh?) means you have not thought about the issue at all. A 3 means you are beginning to plan how to address the issue and 5 (It’s covered) means that you have a plan in place to address the issue. Please use N/A if the issue is not relevant in your facility.

Site:_________________________________________________________

Completed by: ________________________________ Date:_________

HIV Testing Context

1. How will you articulate clearly to all key partners why you want to establish HIV testing in the ED?

   Huh? It’s covered.
   1---------2---------3---------4---------5

2. Have you found information on the overall HIV seroprevalence in your community?

   Huh? It’s covered.
   1---------2---------3---------4---------5

3. Have you identified the legal consent requirements for HIV testing in your state and how these will impact your plans?

   Huh? It’s covered.
   1---------2---------3---------4---------5

Overall Implementation/Leadership

4. If you are in ID, have you spoken to any key people in the ED about your plans for ED testing?

   Huh? It’s covered.
   1---------2---------3---------4---------5

5. If you are in the ED, have you spoken to any key people in ID about testing plans?

   Huh? It’s covered.
   1---------2---------3---------4---------5

6. Have you discussed your testing plans with the hospital laboratory leadership?

   Huh? It’s covered.
   1---------2---------3---------4---------5
**Patient Selection**

7. How will patients be identified as eligible for testing?

8. Who will determine eligibility?

9. Do you have an estimate of how many patients will be eligible over what time period?

**Consent**

10. What type of consent process will be used?

11. Which staff person will obtain consent?

**Testing**

12. Where will the testing and patient interaction occur?

13. What type of test will you be using?

14. Will your testing be lab-based or point-of-care?

15. If point of care, where will specimens be collected and testing performed?

16. Which staff person will collect the specimen and conduct the test?

17. Who will be responsible for quality control for testing?

18. How will testing be documented in the medical record?
**Post Test**

19. Who will provide results to the patient if the test is negative?

20. Who will provide results if the test is positive?

21. What information will be given in either case?

22. How will patient confidentiality be maintained?

**Linkage to Care**

23. How will you ensure that patients with a positive test are linked to HIV care?

24. What arrangements/relationships have been developed with HIV care providers who will take patients with HIV positive test results?

**Data**

25. What data will be collected for the testing project?

26. Who will collect the data?

27. Where/how will it be stored?

**Notes:**