

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?

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

8. Who will determine eligibility?

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

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

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

Consent

10. What type of consent process will be used?

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

11. Which staff person will obtain consent?

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

Testing

12. Where will the testing and patient interaction occur?

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

13. What type of test will you be using?

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

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

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

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

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

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

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

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

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

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

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

Post Test

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

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

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

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

21. What information will be given in either case?

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

22. How will patient confidentiality be maintained?

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

Linkage to Care

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

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

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

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

Data

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

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

26. Who will collect the data?

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

27. Where/how will it be stored?

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

Notes: