

Baseline Data Collection Form - Part 2; Site Level Data on HIV Testing

Dear site,

Please complete this form to provide information on HIV testing - including indicator condition-guided HIV testing - in your service. This information will largely relate to patients who are being treated for the following indicator conditions (IC); hepatitis B or C, pneumonia or infectious mononucleosis-like illness. PLEASE ONLY SELECT THE SPECIFIC IC(S) YOU HAVE AGREED TO INCLUDE IN THE OPTTEST PROJECT. At the end of this form a separate section on baseline HIV testing data will appear for each IC you have selected.

If necessary, you can partially complete the form and return later to complete it by clicking “Save and return later” at the end of the form.

There will be an opportunity to provide any additional comments/information at the end of the survey.

If you have any questions or experience technical difficulties regarding the survey, please contact HIV in Europe at (hie.rigshospitalet@regionh.dk).

Contact information

First name: _____

Last name: _____

Position: _____

Staff Group: _____

Service/Organisation: _____

Street address: _____

City: _____

Postal code/zip code: _____

Country: _____

Phone number: _____

E-mail address: _____

Site number: _____

Please tick the indicator condition(s) you are including in the OptTEST project (please tick all that apply):

- A. Hepatitis B & C
 B. Pneumonia
 C. Infectious mononucleosis-like illness

HIV testing in your service

1. Where are your services located?

- Hospital setting
 Primary care setting
 Community setting
 Other

If other, please give details:

Please use this box to provide any further information/explanation:

2. Are there guidelines for indicator condition guided HIV testing in your service?

- Yes
 No
 Do not know

If yes, are these guidelines (please tick all that apply)

- National
 Local
 Specific to your service

If no, which guidelines are used?

Please use this box to provide any further information/explanation:

3. Is indicator condition guided HIV testing offered in your service?

- Yes
 No

Please use this box to provide any further information/explanation:

4. Have there been any discussions about promoting HIV testing in your service at Board or equivalent level?

- Yes
 No
 Do not know

Please use this box to provide any further information/explanation:

5. In the past 12 months have there been any general training /profile events on HIV testing in your organisation - e.g. teaching rounds, department meetings?

- Yes
 No
 Do not know

Please use this box to provide any further information/explanation:

6. Is there training on HIV testing for health care professionals managing hepatitis B or C, pneumonia or infectious mononucleosis-like illness (i.e. non-HIV clinicians)?

- Yes
 No
 Do not know

Please use this box to provide any further information/explanation:

7. In the treatment/management of these indicator conditions, if templates/forms are used to guide history taking, recommended investigations etc. - is HIV testing included?

- Yes
 No
 Not applicable

Please use this box to provide any further information/explanation:

8. Who offers an HIV test in your service? (Please tick all that apply)

- Doctors
 Nurses
 Health care assistants
 Phlebotomists
 Lab assistants
 Patient is referred to another department
 Reception/administrative staff
 Physician's assistant
 Other
 Do not know

If patient is referred to another department, please give details:

If other, please give details:

Please use this box to provide any further information/explanation:

9. Who performs the HIV test in the service? (Please tick all that apply)

- Doctors
- Nurses
- Health care assistants
- Phlebotomists
- Lab assistants
- Patient is referred to another department
- Physician's assistant
- Other
- Do not know

If patient is referred to another department, please give details:

If other, please give details:

Please use this box to provide any further information/explanation:

10. What is the HIV testing technology used in your service? (Please tick all that apply)

- Rapid testing (near patient test, point of care test)
- 4th generation (antibody/ antigen) serology - laboratory test
- 3rd generation (antibody) serology - laboratory test
- Do not know

Please use this box to provide any further information/explanation:

11. Who pays for HIV testing in your service? (Please tick all that apply)

- Your service
- The HIV/ infectious diseases service
- Other

If other, please give details:

Please use this box to provide any further information/explanation

12. When an HIV test is performed in your service, is there a requirement for any of the following? (Please tick all that apply)

- Signed consent
- Pre-test counselling
- Pre-test discussion/ information
- Post-test counselling
- Any other requirement
- None of the above

If any other requirements, please give details:

Please specify the staff group responsible for each action selected above:

Please use this box to provide any further information/explanation:

13. Is your service at a different location to the HIV treatment and care services?

- Yes
- No

Please use this box to provide any further information/explanation:

14. Does the HIV/infectious diseases service provide any support for HIV testing/delivery of HIV test results in your service?

- Yes
- No

Please use this box to provide any further information/explanation:

15. Please briefly describe the pathway to care for patients testing positive in your services: As an example: Patient has an HIV test in a medical outpatient clinic. 1) Clinician recalls patient on receipt of reactive HIV test result. 2) Patient is given the result by the clinician and an appointment is made to be seen in local HIV service for confirmatory testing. 3) Clinician informs HIV service to expect patient. 4) Service diarises patient for recall if does not attend.

Staffing - Details of the health care professionals in your service

16. Doctors

Total number within the service:

Number assessed as competent to perform an HIV test:

Number who currently performs HIV testing:

Please use this box to provide any further information/explanation:

17. Nurses

Total number within the service:

Number assessed as competent to perform an HIV test:

Number who currently perform HIV testing:

Please use this box to provide any further information/explanation:

18. Other staff group 1 (please describe):

Total number within the service:

Number assessed as competent to perform an HIV test:

Number who currently perform HIV testing:

Please use this box to provide any further information/explanation:

19. Other staff group 2 (please describe):

Total number within the service:

Number assessed as competent to perform an HIV test:

Number who currently perform HIV testing:

Please use this box to provide any further information/explanation:

20. Other staff group 3 (please describe):

Total number within the service:

Number assessed as competent to perform an HIV test:

Number who currently perform HIV testing:

Please use this box to provide any further information/explanation:

Baseline HIV Testing Data

At the beginning of this form, you indicated that you are including specific indicator condition(s) in the OptTEST project. Please complete the following audit section(s) to provide baseline HIV testing data on these patients who have been treated/managed in your service.

Hepatitis B & C - Baseline HIV testing data for individuals presenting with hepatitis B & C

Audit of HIV testing in hepatitis B & C

This audit can be carried out using one of three different methods (please see below), depending on the data you have available. Please use Method 1 if possible; if not, use Method 2; and only use Method 3 if you are unable to use Methods 1 or 2.

Method 1: All patients seen with hepatitis B or C in the previous 12 months.

Method 2: An audit of the last 100 patients seen with hepatitis B or C.

Method 3: An audit of 40 case notes of patients seen with hepatitis B or C.

Collect the following data and enter below: Were all patients offered an HIV test; was an HIV test performed; what was the result of the HIV test; if the result was positive was the patient transferred to HIV care. Data is reported in overall numbers - no patient identifiable data is required

1A. Please indicate the method used for the audit

- Method 1: Audit of all patients seen with hepatitis B or C in previous 12 months
- Method 2: Audit of the last 100 patients seen with hepatitis B or C
- Method 3: Audit of 40 case notes of patients seen with hepatitis B or C

If method 1 is used, please provide the total number of patients included in the audit:

2A. Is the number of HIV tests offered available?

- Yes
- No

If yes, please enter number of HIV tests offered:

3A. Number of HIV tests performed:

4A. Number of positive HIV test results:

Have these patients been transferred to HIV care?

- Yes - all
- Yes - some
- No
- Do not know

Please use this box to provide any further information/explanation:

Thank you for completing this survey. If you have any additional comments/information relating to the responses you have provided, please enter in the text box:

Pneumonia - Baseline HIV testing data for individuals presenting with pneumonia

Audit of HIV testing in pneumonia

This audit can be carried out using one of three different methods (please see below), depending on the data you have available. Please use Method 1 if possible; if not, use Method 2; and only use Method 3 if you are unable to use Methods 1 or 2.

Method 1: All patients seen with pneumonia within the past 12 months.

Method 2: An audit of the last 100 patients seen with pneumonia.

Method 3: An audit of 40 case notes of patients seen with pneumonia.

Collect the following data and enter below: Were all patients offered an HIV test; was an HIV test performed; what was the result of the HIV test; if the result was positive was the patient transferred to HIV care. Data is reported in overall numbers - no patient identifiable data is required

1B. Please indicate the method used for the audit

- Method 1: Audit of all patients seen with pneumonia in previous 12 months
- Method 2: Audit of the last 100 patients seen with pneumonia
- Method 3: Audit of 40 case notes of patients seen with pneumonia

If method 1 is used, please provide the total number of patients included in the audit:

2B. Is the number of HIV tests offered available?

- Yes
- No (data not available)

If yes, please enter number of HIV tests offered:

3B. Number of HIV tests performed:

4B. Number of positive HIV test results:

Have these patients been transferred to HIV care?

- Yes - all
- Yes - some
- No
- Do not know

Please use this box to provide any further information/explanation:

Thank you for completing this survey. If you have any additional comments/information relating to the responses you have provided, please enter in the text box:

Infectious mononucleosis-like illness - Baseline HIV testing data for individuals presenting with infectious mononucleosis-like illness

Audit of HIV testing in infectious mononucleosis-like illness

This audit can be carried out using one of three different methods (please see below), depending on the data you have available. Please use Method 1 if possible; if not, use Method 2; and only use Method 3 if you are unable to use Methods 1 or 2.

Method 1: All patients seen with infectious mononucleosis-like illness within the past 12 months.

Method 2: An audit of the last 100 patients seen with infectious mononucleosis-like illness.

Method 3: An audit of 40 case notes of patients seen with infectious mononucleosis-like illness.

Collect the following data and enter below: Were all patients offered an HIV test; was an HIV test performed; what was the result of the HIV test; if the result was positive was the patient transferred to HIV care. Data is reported in overall numbers - no patient identifiable data is required

1C. Please indicate the method used for the audit

- Method 1: Audit of all patients seen with infectious mononucleosis-like illness in previous 12 months
- Method 2: Audit of the last 100 patients seen with infectious mononucleosis-like illness
- Method 3: Audit of 40 case notes of patients seen with infectious mononucleosis-like illness

If method 1 is used, please provide the total number of patients included in the audit:

2C. Is the number of HIV tests offered available?

- Yes
- No (data not available)

If yes, please insert the number of HIV tests offered:

3C. Number of HIV tests performed:

4C. Number of positive HIV test results:

Have these patients been transferred to HIV care?

- Yes - all
- Yes - some
- No
- Do not know

Please use this box to provide any further information/explanation:

Thank you for completing this survey. If you have any additional comments/information relating to the responses you have provided, please enter in the text box:
