



## Santa Rosa Community Health Center Integrating HIV Testing in Diverse Clinic Settings



### Phase 1 Staff Survey

#### PURPOSE

Per SOW, survey should identify:

- New practices **impacting workflow**
- **Challenges** and **best practices**
- Opinions on **effectiveness** of HIV screening integration

Overall goals of evaluation:

- Highlight **common themes and/or distinctive differences** that emerge during the implementation of opt-out HIV testing in varied visit types and with diverse patient populations
- Identify **best practices** in implementing opt-out HIV testing in varied clinic visit types and with diverse patient populations
- Uncover **needs for** content specific staff **training** and additional program support

Other potential content:

- Measure knowledge, attitudes and beliefs currently
- To be used to demonstrate effectiveness of trainings to senior leadership

#### INVITATION

Dear [first name],

Thank you for participating in the 'We Test Everyone!' opt-out HIV testing program. Together, we can ensure that all of our patients know their HIV status. We very much value your impressions about how HIV screening is working at [Custom Data 1]. Please help us by completing a 5-minute on-line survey about your experiences and opinions. There are no right or wrong answers. You can be anonymous, or you can **enter into a drawing to win [describe incentive, include deadline]**. Either way your answers will remain confidential and results we present will never include your name.

Use the button below to access the survey.

Feel free to contact me at [tyrac@srhealthcenters.org](mailto:tyrac@srhealthcenters.org) with any questions or concerns. Thank you for your time. Your input will help improve HIV screening at SRCHC.

Sincerely,

Tyra Corona

HIV Testing Training Specialist

## SURVEY

Thank you for taking the time to help us improve our HIV screening project! Remember, there are no right or wrong answers- we really want your honest opinions, even if they are less than positive. Your input is valuable and will help us to improve both patient and staff experience with this initiative.

At the end of the survey, you will also have the opportunity to type in anything you think we missed. Please keep this in mind and jot down notes as you go.

## TRAINING

1. **Did you attend a training on the HIV We Test Everyone project?**
  - Yes
  - No [skip to Q5]
  
2. [If Yes attended training] **How well did the training(s) prepare you to test your patients for HIV?**
  - Excellent preparation
  - Good preparation
  - Adequate preparation
  - Not very good preparation
  - Poor preparation
  
3. [If Not Very Good, Adequate, Good, Excellent] **What was most helpful about the training(s)?**
  
4. **What would you have changed? What would you have added or eliminated?**
  
5. **Please mark each of the following statements about HIV as either True or False.**

QUESTIONS LISTED ON SEPARATE PAGES, RESPONDENTS RANDOMLY SEE ONLY 1 OF THE 2 PAGES

PAGE 1

- HIV can be spread through blood, semen (cum), pre-seminal fluid (pre-cum), vaginal fluids, and breast milk. (T)
- We only test people for HIV if they are a certain gender or sexual preference. (F)
- PReP can be used by individuals who are engaged in high-risk behaviors to prevent HIV infection. (T)
- There is no treatment a rape victim or someone else who has unprotected sex can do *afterwards* to prevent an HIV infection. (F)

PAGE 2

- Flulike symptoms can occur with acute HIV infection. (T)

- There is no treatment that someone who engages in high risk behaviors can take to *prevent* an HIV infection. (F)
- PReP is a one-pill-a-day treatment used to reduce the potential spread of HIV. (T)
- HIV positive people can live long and healthy lives if they receive proper care. (T)

## IMPLEMENTATION

The following questions ask about HIV screening at your SRCHC site. *If you work at more than one site, please answer the questions **only** about the smallest site (fewest employees) where you work.*

- 6. When you see a patient who has not been screened for HIV, how often are you able to conduct screening in that current visit?**

  - Almost always (95-100%)
  - Usually (80-95%)
  - Sometimes (50% - 80%)
  - Occasionally (20-50%)
  - Rarely or never (0-20%)
  - NA, I don't interact with patients (I don't provide direct patient care?) (skip to Q10)
- 7. [Occasionally or Rarely Screen] Which of the following barriers make it difficult to test patients for HIV? Choose a response for each item.** [Often a Problem, Sometimes, Rarely/Never a Problem]

  - The patient declines the test
  - I don't see the HIV Lifetime Screening Practice Alert under the CDSS tab
  - There are logistical issues with collecting the sample
  - There are logistical issues with ordering the test, for example, I don't have the template as a favorite or the template isn't working properly
  - The patient does not go to the lab to get tested
  - There are special challenges unique to our site's patient population
  - There are more pressing clinical issues that we need to focus on
  - Other barriers, describe:
- 8. [Occasionally or Rarely Screen] Please provide some examples of the barriers you've encountered. Please be specific. Tell us more about the barriers you checked above or anything else that's been challenging. Also, why do you think these barriers are happening? What would you change to make HIV testing easier?**
- 9. [Almost always, Usually, Sometimes Screen] What has helped you screen for HIV at your site? Please provide some specific examples.**

**10. How well does HIV screening fit into the workflow at your clinic?**

- Fits extremely well
- Good fit
- Adequate fit
- Poor fit
- Doesn't fit at all well
- Don't know

**11. [Poor fit or Doesn't fit at all] Please provide some examples of how HIV screening has disrupted your workflow.**

**12. Why do you think some patients decline to be tested? Check all that apply.**

- They don't want to take the time to go to the lab
- They don't think they need to be tested
- They are worried about having a positive result
- They have been tested at another clinic/they report a recent negative result
- They don't want their blood drawn/fear of needles
- I don't know
- Other, describe:

**13. Before the HIV We Test Everyone project began, how comfortable were you talking to patients about HIV screening and answering their questions?**

- Extremely comfortable
- Moderately comfortable
- Somewhat comfortable
- Not very comfortable
- Not at all comfortable
- NA/Does not apply, I never talked to patients about HIV screening/I didn't interact with patients

**14. Currently, how comfortable are you talking to patients about HIV screening and answering their questions?**

- Extremely comfortable
- Moderately comfortable
- Somewhat comfortable
- Not very comfortable
- Not at all comfortable
- NA/Does not apply, I haven't talked to many patients about HIV screening/I didn't interact with patients

**15. [If Somewhat/Not Very/Not at All Comfortable] What keeps you from feeling more comfortable discussing HIV screening with patients? Check all that apply.**

- I worry my patients will think I'm calling them gay, a drug user, or sex worker
- I worry parents of underage patients will be upset if I offer their child an HIV test
- I often see patients in a state of trauma response or psychotic break, HIV testing would not be appropriate
- I don't know how to talk to my mono-lingual Spanish speaking patients about HIV
- Other, please describe:

**16. How helpful has it been to receive follow-up reports about your HIV screening rates?**

- Extremely useful
- Moderately useful
- Somewhat useful
- Not very useful
- Not at all useful
- NA/Does not apply, I've never seen/received any follow-up reports

**17. [If Not Very/Not at All] Why don't you think the follow-up reports have helped? What might you change about them to make them better?**

**18. How useful have you found the We Test Everyone opt-out HIV testing program materials?**

[Extremely useful, Moderately useful, Somewhat useful, Not very useful, Not at all useful, NA never seen these materials]

- Patient education materials (video, pamphlet)
- Staff training materials (Powerpoint slides, Linkage to Care laminate, handouts)
- Staff swag (pens, notepads)
- Patient swag (backpacks, balloons)

**19. What might you change about the current We Test Everyone materials to make them better? What other materials would be helpful?**

**20. In the context of all the care you provide to patients, how big a priority was HIV screening to you before the HIV We Test Everyone project began?**

- Essential
- High priority
- Medium priority
- Low priority
- Not a priority

**21. In the context of all the care you provide to your patients, how big a priority is HIV screening to you *now*?**

- Essential
- High priority
- Medium priority
- Low priority
- Not a priority

**22. Is there anything else you'd like to share? What questions do you have?**

ABOUT YOU

**23. What is your role/title?**

- Medical Receptionist
- Medical Assistant
- Primary Care Provider (MD, NP, other)
- Registered Nurse
- Clinical Team Assistant
- Administrator
- Other, describe:

**24. [If Primary Care Provider or Registered Nurse or Medical Assistant] Are you a resident or student intern?**

- No
- Yes

**What is the smallest site where you work?**

- Brookwood
- Bridges to Health
- Dental
- Elsie Allen
- Lombardi
- Roseland
- SRJCHC
- Turning Point
- Vista

**[If Vista] Which Vista clinic do you work in?**

- Blue
- Green
- Orange
- Red

**[If Lombardi] Which Lombardi clinic do you work in?**

- A
- B
- C
- D

**If you'd like to [be entered into a drawing to win a \$20 Oliver's giftcard, please provide the contact information below:**

Name:

Email Address:

[If gave contact info] We would be happy to provide individual assistance on this project as time permits. Would you be interested in receiving any one on one assistance?

- No thanks
- Yes please: my email is in the question above

**Thank you for your input!**

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## **IMPLEMENTATION**

- Tyra assembles distribution lists for all sites, starting with those that have completed Phase 1 training and implemented testing
- SRCHC to determine incentives (number, type and \$ amount of gift cards) \$1000 in Oliver's gift certificates- \$10, \$15, & \$20 increments. Tyra will figure out scheme.
- ~~SRCHC purchases SurveyMonkey gold level account and share access with CFHC~~
- Survey contents finalized
- CFHC sets up SurveyMonkey survey and imports distribution list(s). Tyra tests/approves survey set-up
- SRCHC sends invitation, tracks responses, and sends reminders as needed
- SRCHC tracks respondent contact info and distributes incentives
- CFHC codes open-ended questions as surveys are received
- CFHC compiles data once surveys are closed and provides results and recommendations

## DELETED

**From what you remember about the HIV We Test Everyone training(s) you attended, in which of the following areas did you learn something?** [Learned something, Already knew before training, Don't remember]

- How HIV is spread and education on prevention
- Why some myths about HIV are untrue
- How to talk to patients about opt-out HIV testing
- How to fit HIV screening into our clinic workflow
- How to use the eClinicalWorks CDSS practice alert for HIV screening
- Why we screen all patients 15 and older for HIV

**Add in two fact-based test questions for each role/title (maybe 3 groups- clinical, MR, and MA?) (One question that you feel is likely going well and one that you're worried about)**

HIV is spread through the following body fluids: (mark all that apply)

Blood, saliva, semen (cum), pre-seminal fluid (pre-cum), breast milk, rectal fluids, vaginal fluids

PrEP is (check all that apply)

- A one-pill-a-day treatment used to reduce the potential spread of HIV
- Used by individuals who are engaged in hi-risk behaviors

When a patient reports being raped, sharing a dirty needle, or having unprotected sex and fears possible HIV exposure I should:

- Call team VIDA IMMEDIATELY
- Get this patient on nPEP (non-occupational Post-Exposure Prophylaxis)
- Listen to them
- Let the social worker on staff know

I should automatically order an HIV test for patients who:

- Come in with flu-like symptoms
- Are sexually active
- Are 15 and older
- Are going to labs to run other tests

It is important that we test everyone for HIV because:

- You can only tell if someone has HIV if they are tested
- Approximately 1 in 8 people in Sonoma County who are living with HIV do not know their status
- With proper care, people with HIV can live long and active lives



- Everyone has a right to know their status
- HIV is a disease of poverty
- HIV is a disease of drug users, and sex workers

Some symptoms of acute HIV infection are:

- Sweating
- Nausea
- Fever
- Rash
- Cold
- Cough

Which of the following behaviors increase potential risk of contracting HIV (when engaged with someone who has HIV, or if both parties do not know their HIV status). Check all that apply.

- Receptive anal sex
- Sharing needles
- Sex without a condom
- Nursing
- Kissing
- Oral sex
- Hugging

**Please mark each of the following statements about HIV as either True or False.**

- HIV can be spread through blood, semen (cum), and pre-seminal fluid (pre-cum).
- Sex without a condom increases the potential risk of contracting HIV.
- Hugging increases the potential risk of contracting HIV.
- Flulike symptoms can occur with acute HIV infection.
- PReP is a preventive treatment used to reduce the potential spread of HIV.
- There is nothing a rape victim or someone else who has unprotected sex can do afterwards to prevent an HIV infection.
- We should only test people for HIV if they are a certain age, gender, or sexual preference.
- Almost all people with HIV are homosexual.
- It is possible for us to completely eradicate HIV from our community.