



**Free!**

**HIV Technical Assistance  
Exchange for Health Care  
Providers and Organizations**



San Francisco Area  
  
**PACIFIC  
AIDS**  
Education and  
Training Center

# HIV Testing:

**Current Issues,  
Recommendations  
and Emerging  
Practices for  
Health Care Settings**

***Thursday, May 14, 2009***

***8:00AM—12:30PM***

***UCSF Mission Bay Conference Center  
1675 Owens St., San Francisco***

- ☑ **Current Status of HIV Testing in Health Care Settings**  
*Current recommendations from the Centers for Disease Control and Prevention (CDC); local and statewide HIV testing issues relevant to health care settings*
- ☑ **Stories and Lessons from the Field**  
*Lessons learned and emerging/promising practices from health care sites that have implemented or are in the process of implementing routine HIV testing*
- ☑ **Resources Available to Support Implementation of Routine HIV Testing**  
*Partners and resources for training and technical assistance with implementing routine HIV testing at your clinic*
- ☑ **Action Planning for Health Care Sites**  
*“8 Simple Rules for Change Management” and what needs to change or occur at your health care site to advance routine HIV testing*

## **To RSVP:**

Simply complete an RSVP Form (attached or available online—see below) and return by fax, mail or e-mail as indicated.

## **FOR MORE INFORMATION:**

**Visit us online:**  
<http://www.sfaetc.ucsf.edu>

**Or call SFAETC:**  
(415) 206-8730

**Pre-Registration RSVP Form: HIV Testing Technical Assistance Exchange**

**HIV Testing: Issues, Recommendations and Emerging Practices for Health Care Settings**

Thursday, May 14, 2009 ♦ UCSF Mission Bay Conference Center

<b>Participant Information</b>	<b>Your Name:</b>				<b>Profession/ Discipline:</b>	
	<b>Clinic/Organization</b>					
	<b>Current Position/Title:</b>					
	<b>Preferred Mailing Address:</b>	Street Address:				
		City:	State:	ZIP Code:		
	This is my: <input type="checkbox"/> Work Site Address <input type="checkbox"/> Home Address			OK to list contact info on roster? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Daytime Phone:</b>		<b>Alternate Phone:</b>			
	<b>E-mail Address:</b>		<b>FAX Number:</b>			

<b>HIV Routine Testing Capacity Assessment</b>	<b>At present, what is the status of your clinic or health center in regards to HIV testing services? Check one:</b>			
	<input type="checkbox"/> HIV testing available to patients and routinely offered to all patients 13-64 years old with undocumented HIV status			
	<input type="checkbox"/> HIV testing available to patients but not routinely offered to all eligible patients			
	<input type="checkbox"/> HIV testing is available somewhere in the health center system, but not in clinic or my unit			
	<input type="checkbox"/> HIV testing not available anywhere in the clinic or health center			
	In the last 6 months, how many patients did your clinic or health center test for HIV?			
	In the last 6 months, how many unduplicated patients were tested for HIV?			
	What is the percentage of patients tested for HIV in the last 6 months? (Estimate if you don't know)			%
	What percentage of patients tested for HIV in the last 6 months tested HIV POSITIVE? (Estimate if you don't know)			%
	<b>At present, does your clinic or health center have <u>written policies and procedures/protocols</u> for the following:</b>			
	<b>Policies</b>		<b>Procedures/Protocols</b>	
a) Providing HIV risk assessments	<input type="checkbox"/> Yes <input type="checkbox"/> In preparation <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> In preparation <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> In preparation <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> In preparation <input type="checkbox"/> No
b) Providing HIV testing	<input type="checkbox"/> Yes <input type="checkbox"/> In preparation <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> In preparation <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> In preparation <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> In preparation <input type="checkbox"/> No
c) Providing HIV testing to patients receiving STD health care	<input type="checkbox"/> Yes <input type="checkbox"/> In preparation <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> In preparation <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> In preparation <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> In preparation <input type="checkbox"/> No
d) Providing HIV testing to patients receiving general medical care	<input type="checkbox"/> Yes <input type="checkbox"/> In preparation <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> In preparation <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> In preparation <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> In preparation <input type="checkbox"/> No
e) Delivering HIV+ test results	<input type="checkbox"/> Yes <input type="checkbox"/> In preparation <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> In preparation <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> In preparation <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> In preparation <input type="checkbox"/> No
Are policies and procedures up-to-date and consistent with current CDC recommendations?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Have staff been trained on clinic policies and procedures to support expanded HIV testing?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
What challenges have you encountered in implementing routine HIV testing at your clinic/health care setting?				
How does your clinic link HIV positive patients to care? Please describe:				