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|  |  | **Organizational Identifiers** |  |  |
|  | VAMC  CONTROL  QIC  BEGDTE  REVDTE | Facility ID  Control Number  Abstractor ID  Abstraction Begin Date  Abstraction End Date | Auto-fill  Auto-fill  Auto-fill  Auto-fill  Auto-fill |  |
|  |  | **Patient Identifiers** |  |  |
|  | SSN  PTNAMEF  PTNAMEL  BIRTHDT  SEX  MARISTAT  RACE | Patient SSN  First Name  Last Name  Birth Date  Sex  Marital Status  Race | Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: can change  Auto-fill: no change  Auto-fill: no change |  |
|  |  | **HIV Test Consent** |  |  |
| 1 | hivtstord | During the time frame from 8/17/2009 to 8/26/2011, was HIV testing ordered for the patient at this VAMC? 1. Yes  2. No | 1,\*2  **\*If 2, the case is excluded** | The intent of the question is to determine if an HIV testing was ordered for the patient at this VAMC. Completion of the test is not relevant to this question.  **Tests for HIV Antibodies:**   * Anti-HIV Virus Ab (EIA or ELISA) * Western blot (follow-up confirmatory test) * Rapid HIV test (point of care test) * HIV – RNA * Branching DNA (HIVBNA)   Suggested data sources: Physician orders, clinic notes  **Exclusion: No documentation that HIV testing was ordered for the patient during the specified time frame excludes the case from the HIV Testing**  **Consent Study.** |
| 2 | hivordt | Enter the date the most recent HIV test was ordered. | mm/dd/yyyy   |  | | --- | | >= 08/17/2009 and <= 8/26/2011 | | If more than one HIV test was ordered on or after 8/17/2009 through 8/26/2011, enter the date the most recent HIV test was ordered regardless of whether the test was completed.  Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |

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| 3 | hivtstdis | During the timeframe from (computer to display hivordt – 5 days to hivordt + 5days), does the record document the provider discussed the decision or plan to order an HIV test with the patient (or if the patient lacks decision-making capacity, with the surrogate decision maker)?  1. Yes  2. No | 1,2 | Documentation that the provider discussed (or similar terms such as informed, offered, recommended) HIV testing with the patient/surrogate is acceptable.  Decision-making capacity is a clinical judgment about a patient’s ability to make a particular type of health care decision at a particular time.  The surrogate is the individual(s) authorized to make health care decisions on behalf of a patient who lacks decision-making capacity. |
| 4 | hivcons | During the timeframe from (computer to display hivordt – 5 days to hivordt + 5days), does the record document the patient’s (or surrogate’s) consent to HIV testing?  3. Yes, record documents oral consent  4. Yes, record documents written (signature) consent  5. Consent not documented in record  98. Record documents patient/surrogate refused HIV testing | 3,4,5,98 | Answer "3" if record documents that patient or surrogate gave oral consent to have an HIV test performed. Examples of oral consent include, but are not limited to: “agrees to HIV testing”, “said OK”, “desires the test”.  Answer "4" if a written consent form for HIV testing was signed by the patient or surrogate and is in the record.  Documentation of a written consent form can be found in progress notes (e.g., iMed Consent note), or as a scanned document in VistA Imaging (which is usually linked to a sub note found in Progress Notes).  Answer “5” if the record does not document patient/surrogate consent to or refusal of HIV testing.  Answer "98" if the record documents that the patient or surrogate refused HIV testing. |