EXPANDING EMPIRIC TREATMENT FOR ADOLESCENT STI TESTING IN AN EMERGENCY DEPARTMENT SETTING

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Background

• In 2018, ED APPs at the Children’s Hospital of Philadelphia received over 90,000 follow-up items, with approximately 10% requiring intervention.
• Adolescents requiring follow-up or STI test results proved to be one of the most challenging populations to reach.
• A texting platform was implemented as the primary means of notification for adolescents age 13 years or greater to offset burden and expedite contact.

Details of Innovation

• Initial Project Goals:
  • Decrease time until treatment of STI
  • Decrease number of attempts until result notification.
• Preformatted text entered into the electronic medical record (EMR) was implemented to standardize follow-up documentation.
• A streamlined texting approach, utilizing the EMR and linking directly to a RedCap Database for ease of data collection and evaluation, is being trialed.
• Empiric treatment data on positive results has encouraged a broader look at practice standardization with recommended empiric treatment for any patient suspected to have an STI.
• A focus on those patients with barriers to follow-up such as dispositions to behavioral health facilities or to places other than home has been highlighted.

Outcomes

• Utilization of the preformatted text has been incorporated into the follow-up policy governing APP workflow.
  • 28% of adolescents returned communication less than one hour after text compared to 22% of those adolescents who were called initially.
  • Empiric treatment of patients being tested for STI with disposition to behavioral health facilities is now the standard of care in our ED.
  • Direct lines of communication via comprehensive contact information for all regional behavioral health facilities was established.
• Empiric treatment of other high-risk/high-suspicion patients is widely encouraged with the goal to make this a treatment standard.

Discussion

• Reflecting on outcomes of current workflow led to the conclusion that standardization of documentation could be expanded to all subsets of follow-up, allowing for a single, streamlined approach.
  • It additionally highlighted the need to change our approach to treatment of high-risk populations, allowing for improved care for vulnerable groups while improving access to treatment for all patients.
  • This project is ongoing, with each new step forward in digitalized communication the direct implications of the innovations to practice achieved continue to expand care.
TH-4: Expanding empiric treatment for adolescent STI testing in an emergency department setting

**Background:** The Advanced Practice Providers (APPs) in the Emergency Department (ED) at Children’s Hospital of Philadelphia complete follow-up on all labs not resulted prior to discharge. In 2018 ED APPs received over 90,000 follow-up items, 9,000 of those requiring intervention. Adolescents requiring follow-up on STI testing proved to be one of the most challenging populations to reach; in an effort to offset delayed time to contact and expeditiously provide treatment when indicated, a texting platform was implemented as the primary means of notification to adolescents age 13 or greater. While evaluating the efficacy of this communication method it was found that 14% of the nearly 1,200 specimens obtained tested positive for some combination of Gonorrhea, Chlamydia, and/or Trichomoniasis. Further evaluation revealed 55.5% of those found to be STI positive were not empirically treated in the ED, with a striking discrepancy among genders. 81% of male STI positives were empirically treated compared to 38% of female positives, noting that females accounted for 84% of positive STIs.

**Aim of service change:** The initial project goals included decreasing both time until treatment of STI and number of attempts at result notification. Our project showed 28% of adolescents returned communication after text in less than 1 hour compared to 22% of those adolescents who were called initially. However, through data evaluation it became apparent that additional changes within our practice could be made concurrent to ongoing research supporting increased empiric treatment.

**Details of Innovation:** Preformatted text entered into the electronic medical record (EMR) was implemented to standardize follow-up documentation. A streamlined texting approach, utilizing the EMR and linking directly to a RedCap Database for ease of data collection and evaluation is being trialed. Empiric treatment data on positive results has encouraged a broader look at practice standardization. Our group has provided data and ongoing education to ED staff during department-wide meetings encouraging empiric treatment for any patient suspected of STI, especially those who may incur barriers to follow-up care such as dispositions to behavioral health facilities (BHF) or to places other than home.

**Outcome:** Utilization of the preformatted text has been incorporated into the follow-up policy governing APP workflow. Empiric treatment of patients being tested for STI with disposition to BHF is now the standard of care in our ED. Comprehensive direct contact information for all regional BHF is now available providing direct lines of communication for this particularly vulnerable population. Additionally, empiric treatment of other high-risk/high-suspicion patients is widely encouraged with the goal to make this a treatment standard.

**Discussion:** Reflecting on outcomes of current workflow led to the conclusion that standardization of documentation could be expanded to all subsets of follow-up, allowing for a single, streamlined approach. It additionally highlighted the need to change our approach to treatment of high-risk populations, allowing for improved care to vulnerable groups while improving access to treatment for all patients. This project is ongoing, with each new step forward in digitalized communication the direct implications of the innovations to practice achieved continue to expand care.

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