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# Assessment of the Sexually Transmitted Infection Testing at LVHN in Symptomatic Patients Who Present to the Emergency Department or Ambulatory Setting

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# Assessment of the Sexually Transmitted Infection Testing at LVHN in Symptomatic Patients Who Present to the Emergency Department or Ambulatory Setting

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## INTRODUCTION

- Sexually transmitted infections (STIs) are infections transmitted through sexual activity
- Common STIs include chlamydia, gonorrhea, trichomoniasis, herpes simplex virus (HSV), syphilis, and human immunodeficiency virus (HIV)
- It is important to diagnose and treat STIs to prevent sequelae of disease and transmission to future partners
- This project aim is to review STI-related encounters for appropriate testing and treatment to ensure a high quality of care at LVHN

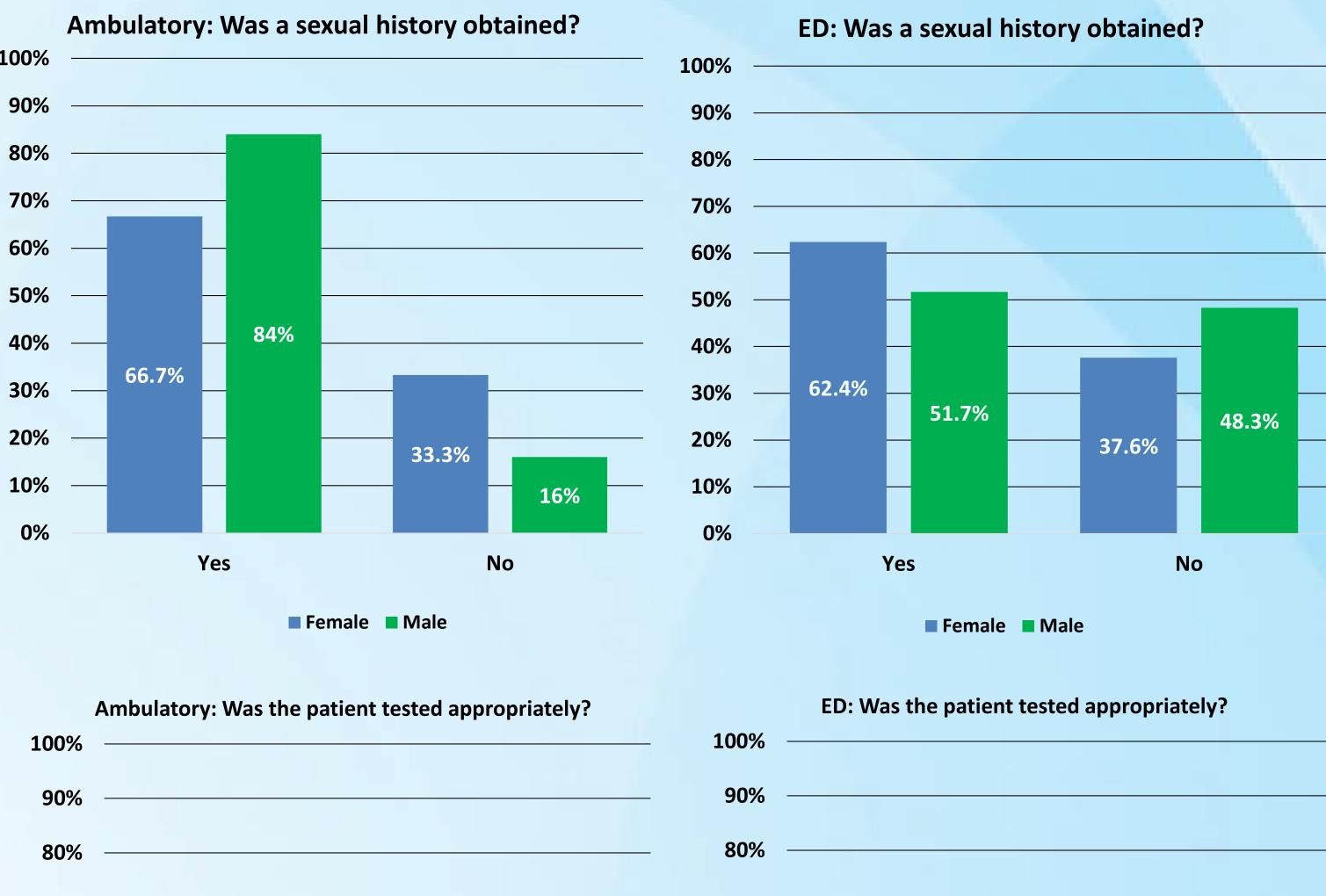
METHODS & OBJECTIVES

Review 468 patient visits from 1/1/19 to 12/31/19

identified by a grouper available in Epic for ICD-10

### RESULTS

- 57.1% of patients had a sexual history taken in the ED versus 77.5% in the ambulatory setting
- In the ED, the most commonly missed testing was for trichomoniasis versus HIV testing in the ambulatory setting
- ED patients spent an average of 183 minutes at the hospital versus 43 minutes in the ambulatory setting
- In the ED, 33% of patients did not have a primary care provider versus 5% in the ambulatory setting
- In the ED, 10.4% of patients did not have insurance versus 12.5% in the ambulatory setting



## CONCLUSIONS

- There is an opportunity for improved STI testing for patients who present with symptoms at LVHN to both the ED and ambulatory setting
- Sexual histories were not discussed consistently during the visit and often varied in detail
- Patient spent, on average, 140 extra minutes in the ED versus the ambulatory setting
- More patients seen in the ED did not have a PCP as compared to ambulatory patients
- More patients seen in the ambulatory setting did not have insurance as compared to patients in the ED

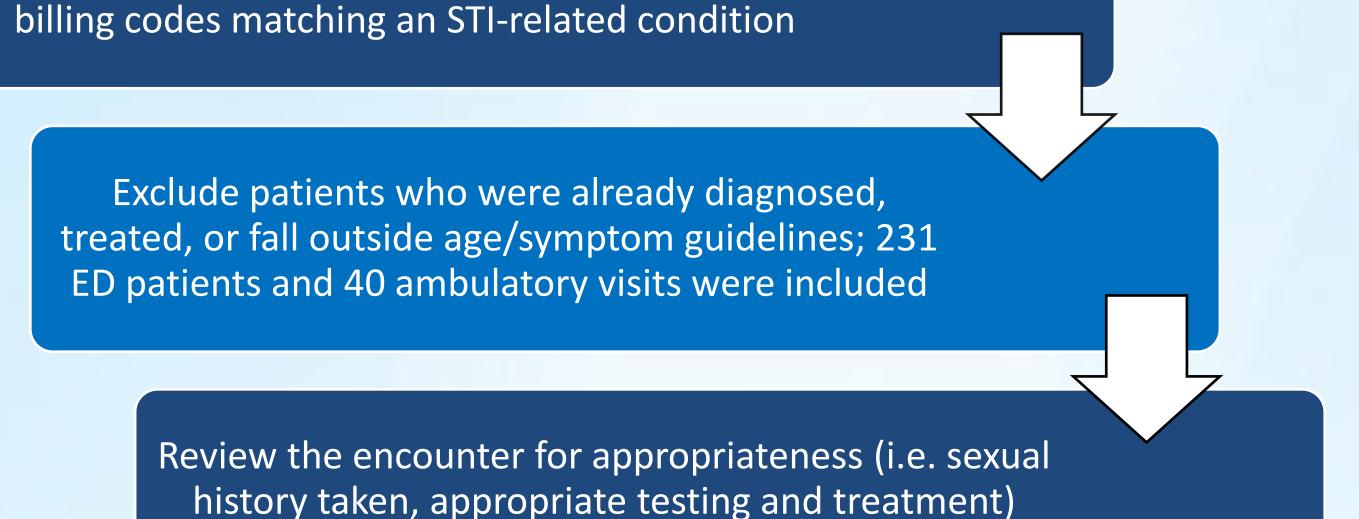
## **FUTURE DIRECTIONS**

- Future work should be devoted to educating clinicians about taking a thorough sexual history and appropriate testing for STIs
- Consider constructing a computer notification system to alert providers regarding incomplete STI testing
- The implementation of a Sexual Health Center would offer comprehensive and timely access for any patient regardless of insurance or ability to pay
- Establish an online platform for patients to utilize in the assessment and treatment of their STIrelated symptoms to enhance convenience and encourage patients to seek care when indicated

### References

- Clinical Prevention Guidance 2015 STD Treatment Guidelines. 13 Apr. 2020, https://www.cdc.gov/std/tg2015/clinical.htm
- 2. Barrow, Roxanne Y. "Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services, 2020." MMWR. Recommendations and Reports, vol. 68, 2020. www.cdc.gov, doi:10.15585/mmwr.rr6805a1.

Special Thank You to the Division of Infectious Diseases and the Dorothy Rider **Pool Healthcare Trust** 



**Examples of symptoms** 

and signs and the appropriate STI tests that should be conducted

Work-up may have additionally included non-STI tests

**Female presents** with abnormal vaginal discharge

according to CDC Guidelines

Male with swelling of the testicles and <35 years or penile discharge at any age

**Patient presents** with sores/rashes around genitals, lips, and/or anus

**Test for** syphilis and HSV (if ulcerative)

**Test for** 

chlamydia,

gonorrhea, and

trichomoniasis

**Test for** 

chlamydia and

gonorrhea

