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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

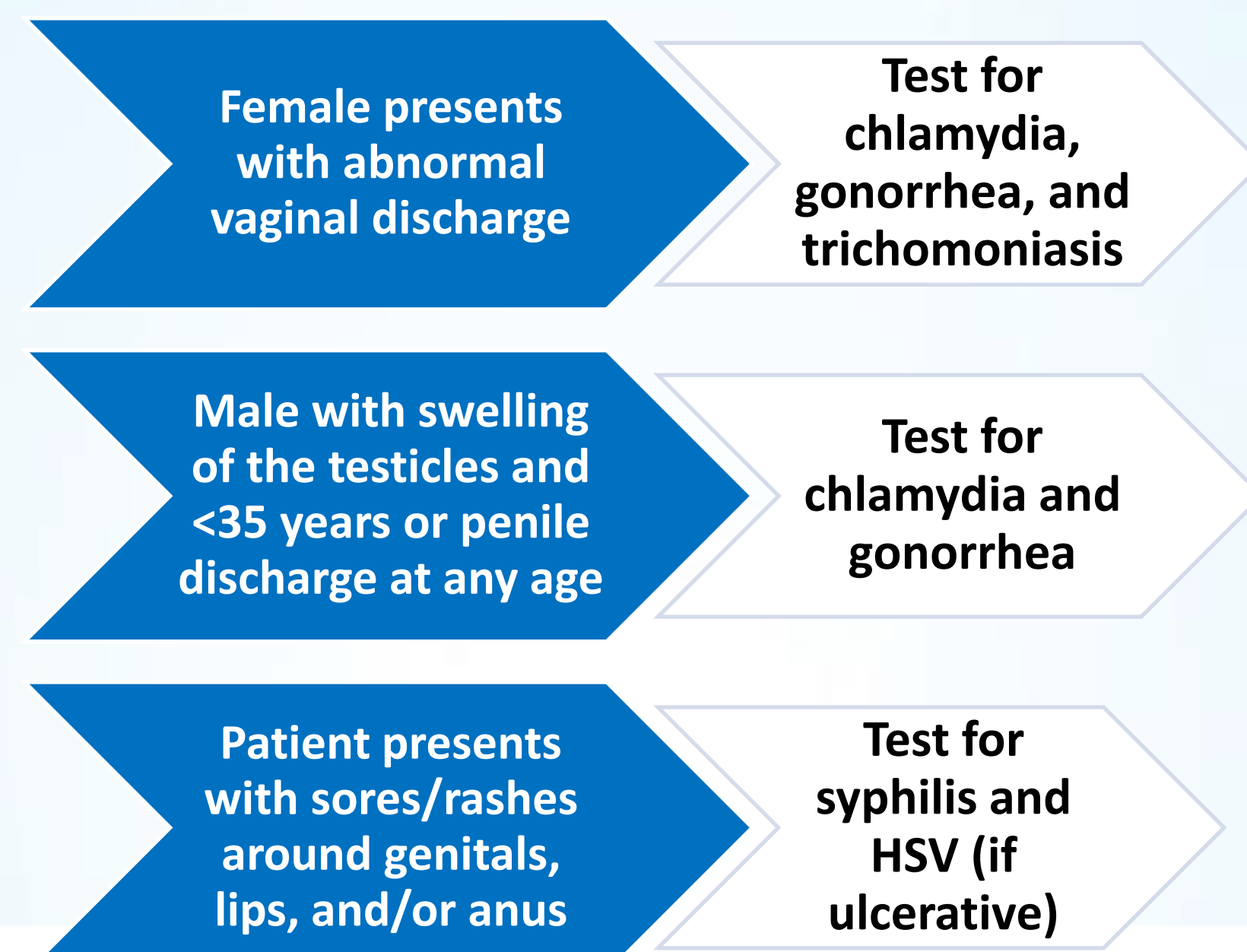
Review 468 patient visits from 1/1/19 to 12/31/19 identified by a grouper available in Epic for ICD-10 billing codes matching an STI-related condition

Exclude patients who were already diagnosed, treated, or fall outside age/symptom guidelines; 231 ED patients and 40 ambulatory visits were included

Review the encounter for appropriateness (i.e. sexual history taken, appropriate testing and treatment) according to CDC Guidelines

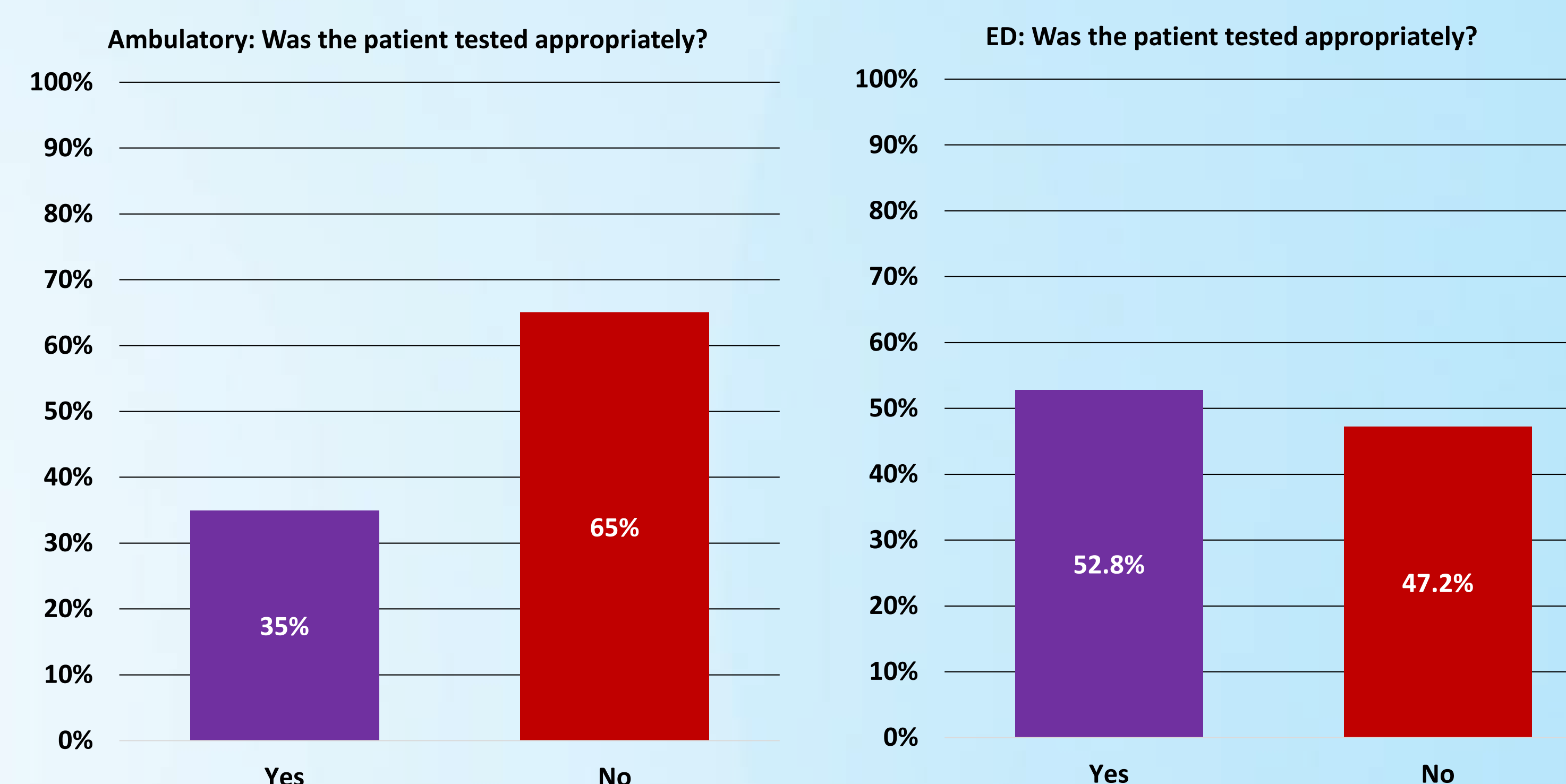
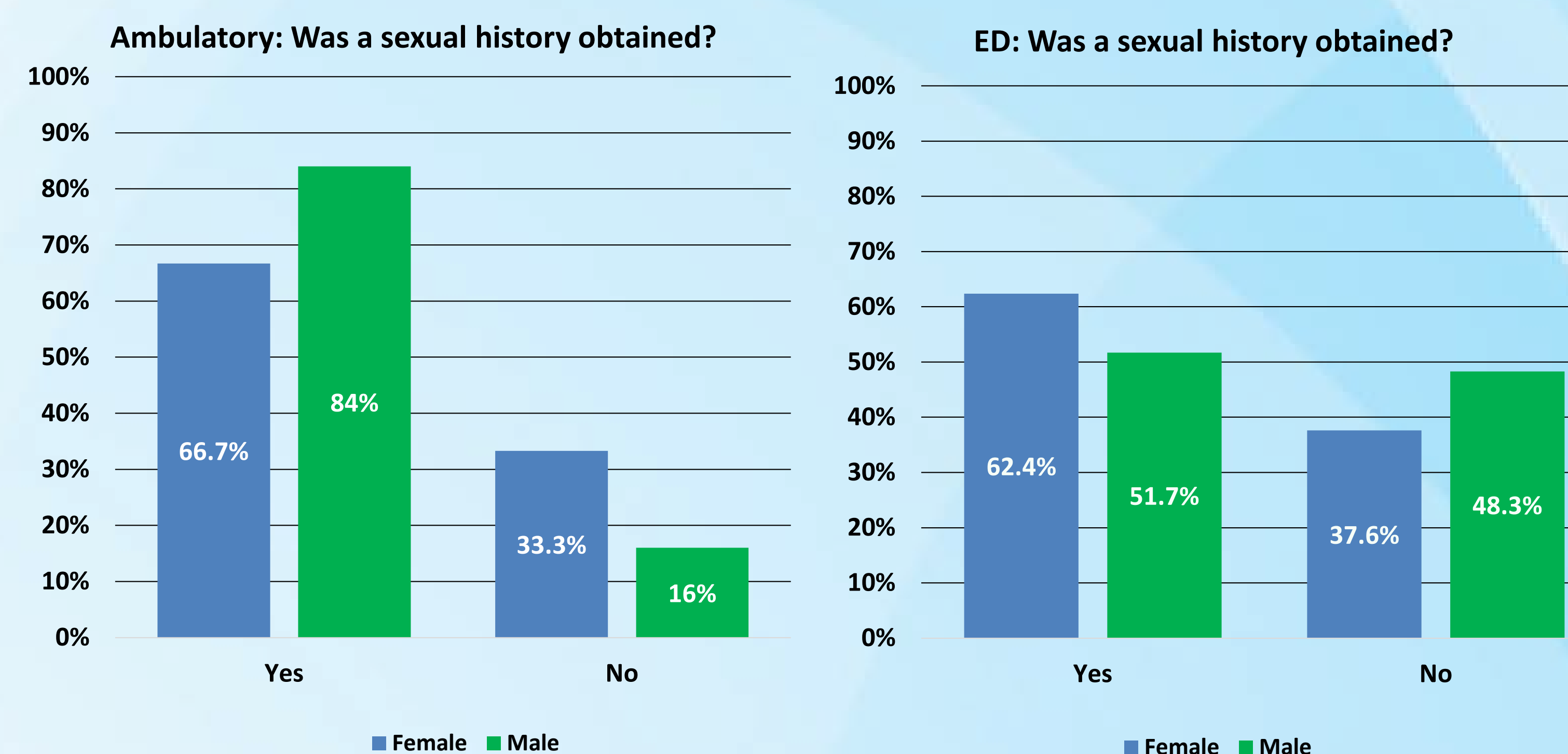
Examples of symptoms and signs and the appropriate STI tests that should be conducted

Work-up may have additionally included non-STI tests



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 STI-related 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>.
- 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.r6805a1.

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