

Title: Evaluating the Need for Standardized Tools in the Electronic Health Record to Improve the Management of Sexually Transmitted Infections

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Practice Site: Central Virginia Veterans Affairs Health Care System (CVCHS)

Background

According to the 2021 Centers for Disease Control and Prevention Guidelines, the incidence of Sexually Transmitted Infections (STIs) has increased from 2015-2019. The COVID-19 pandemic may have resulted in an underreported incidence in 2020 due to stay-at-home orders and limited resources. Use of standardized tools to influence appropriate STI treatment approaches, such as empiric therapy and referrals Infectious Disease (ID) specialists for pre-exposure or post-exposure prophylaxis, may reduce the transmission of STIs and Human Immunodeficiency Virus (HIV).

Objective

Evaluate the need for a newly applied STI order set and templated ID consults in the electronic health record (EHR) as a means to increase appropriate antimicrobial prescribing and ID referrals among outpatient settings at the CVCHS.

Methods

Data was pulled through a national veterans affairs internal database to assess patients who tested positive for STI (chlamydia, gonorrhea, or syphilis) between January 1, 2021- October 31, 2021. The primary endpoint included the number of patients inappropriately for STI. Secondary endpoints included the number of patients who were referred to ID when clinically indicated and number of patients treated empirically. The proposed intervention includes implementation of treatment order sets and templated ID consults in the EHR. Providers will also receive education in the form of a handout detailing the steps for ordering medications and referring select patients to ID.

Results

The post-intervention results of this project are currently pending. However, data prior to intervention show a total of 90 patients that tested positive for pre-specified STIs during the study time period. Of these patients, 16% were inappropriately treated for their STI diagnosis. Referrals to ID for further assessment was not completed for 86% of the patients, and empiric treatment was not completed for 15% of patients when indicated.

Conclusion

Although the post-intervention results are pending, pre-intervention results suggest there are areas for improvement in regards to antimicrobial prescribing and treatment approaches for STI management. Use of standardized tools in the EHR in addition to provider education may be an effective strategy in reducing inappropriate antibiotic prescribing and preventing STI and HIV transmission at the CVCHS.