

UC Irvine

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

Impact of a Best Practice Alert on the Implementation of Expedited Partner Therapy

Permalink

<https://escholarship.org/uc/item/9d76867j>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 23(5.1)

ISSN

1936-900X

Authors

Gutting, Andrew  
Ager, Emily  
Ahmed, Fahmida  
et al.

Publication Date

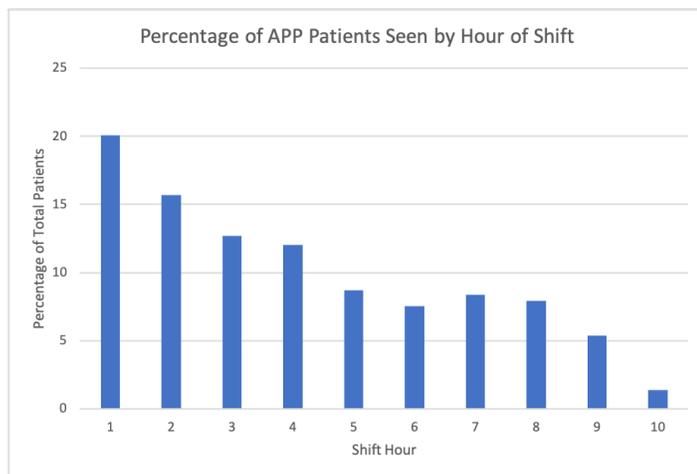
2022

DOI

10.5811/westjem.58924

Copyright Information

Copyright 2022 by the author(s). This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>



**Figure 1.** Percentage of APP patients seen by hour of shift

## 18 Impact of a Best Practice Alert on the Implementation of Expedited Partner Therapy

Andrew Gutting; Emily Ager; Fahmida Ahmed; Keith E. Kocher; *Rachel Solnick*; Roland C. Merchant; Zoe Curry

**Objectives:** The objective of this study was to determine if an ED-based electronic health record (EHR) Best Practice Alert (BPA) increased the ordering of expedited partner therapy (EPT) for sexually transmitted infections (STI) in adult patients.

**Background:** US EDs have reported increases in STI visits and positivity rates, mirroring record level increases in STI incidence in the general population. EPT is an evidence-based practice recommended by public health experts for treating sexual partners of STI patients. EDs typically evaluate patients for STIs without their sexual partner present, thereby providing opportunities for EPT. However, EPT is infrequently used in US EDs.

**Methods:** This pilot study was part of a quality improvement initiative conducted between August and October 2021 in an academic tertiary care ED located in the Midwest. An EPT BPA was randomly displayed in the EHR to clinicians when they empirically treated adult ED patients for STIs with antibiotics. Differences in proportions of EPT ordering were calculated for STI visits between BPA exposed vs. unexposed, ED clinician type, and testing-confirmed vs. not confirmed STI status.

**Results:** Of the 52 adult ED patients empirically treated for STIs during the study period, their mean age was 30 years old, 56% were female, 48% White and 40% Black, and 31% had Medicaid. Testing-confirmed STI prevalence was 27%. EPT was ordered less often during BPA unexposed (8%;

95% CI 1-25) than BPA exposed (42%; 95% CI 23-63) STI visits, for a mean difference of 35% (95% CI 13-56). EPT was ordered during 41% of STI visits involving residents, as compared to 7% of physician assistant visits ( $p=0.07$ ). EPT was not ordered more often for testing-confirmed vs. not confirmed STI visits (21% vs. 26%;  $p=0.7$ ).

**Conclusion:** Displaying an EHR BPA greatly increased EPT ordering for patients empirically treated for STIs, although not consistently across all clinician types. Because suspected cases of STIs may be less common in some EDs depending on the populations they serve, BPAs may be a useful tool to bolster the implementation of EPT practices.

## 19 Metal Detectors Improve Patients' Sense of Safety in the Emergency Department

Devon Fiorino; *Joshua Easter*; William Peter Kehr

**Objectives:** We aimed to assess the impact of metal detectors on patients' feelings of safety in the ED.

**Background:** National guidelines recommend hospitals attempt to prevent weapons from entering EDs. Metal detectors have been shown to reduce the number of weapons coming into EDs. However, there are concerns that they are unwelcoming to patients and might discourage them from seeking care. Less than one third of hospitals in the United States utilize metal detectors. The most recent ED based studies of patients' attitudes towards metal detectors were over 25 years ago, and patients' perceptions of safety likely have evolved during this time.

**Methods:** We surveyed a convenience sample of patients and their companions >18 years of age, who had undergone metal detection at the entrance of our suburban, academic ED from 2019-2021. Using tailored design, we developed survey questions with a consensus panel of physicians, nurses, and patients. We pilot tested the survey with cohorts of medical students and patients. Respondents anonymously reported their answers to questions on a 5 point Likert scale online in Qualtrics. Descriptive statistics were calculated, and chi square tests were utilized to compare groups.

**Results:** The survey response rate was 78%, with 303 patients completing the survey. Most (71%) non-respondents were due to clinical care needs preventing participation. Approximately two thirds of participants were patients (67%) and female (61%) with nearly all respondents in the ED for non-traumatic concerns (83%). Nearly one third of respondents (31%) had a colleague or family member that had been the victim of physical assault, 16% had previously witnessed physical violence in the ED, and 29% had a weapon in their home. An abundance (91%; 95% CI: 87 – 94%) of respondents reported that metal detectors improved their sense of safety in the ED. Slightly over half of respondents (52%; 95% CI: 46 – 58%) indicated the presence of metal detectors