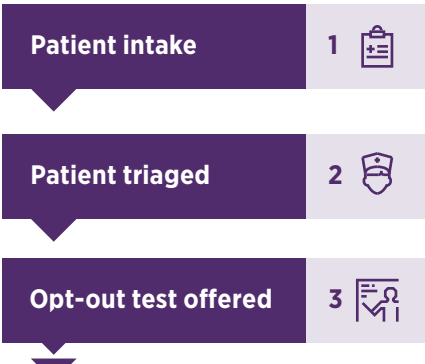


Emergency Department STI Workflow Solutions

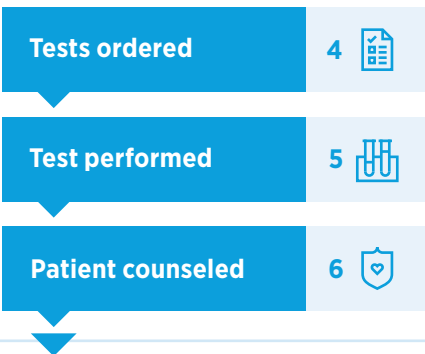
PRE-ROUTINE SCREENING Patient engagement and screening preparedness



OPPORTUNITIES TO OPTIMIZE

1. **Use a self-risk assessment at intake**, integrated with the EHR, to expedite the test order process and reduce burden for the triage clinician. Alternatively, a demographic-based criteria for STI testing would be easier to code in EHRs to auto-flag patients without a self-risk assessment.
2. **Leverage a pre-populated EHR screening tool**, if self-risk assessment is not possible, to help standardize the process and link to automatic orders for patients who are eligible for routine screening.
3. **Implement opt-out testing**, which when allowed by state statutes, makes screening a routine part of clinical services, saving time as well as patient or clinician discomfort.

ROUTINE SCREENING Test performed and results communicated



OPPORTUNITIES TO OPTIMIZE

4. **Bundle panels to co-test** with HIV and HCV (or other recommended tests depending on what the patient qualifies for) at blood draw to save time for clinicians and help reduce transmission of undiagnosed, untreated infection.
6. **Disclose rapid test results before patient leaves setting** to minimize loss in follow-up. If a rapid test is positive, an automatic EHR order for confirmatory testing can reduce that need for a follow-up visit. Clinicians should be trained to disclose STI testing results so they are confident to follow through.

FOLLOWING UP Confirmatory testing and linkage to care, treatment and prevention

POSITIVE RESULT



OPPORTUNITIES TO OPTIMIZE

- 8+. **Inform patients of results** via their patient portal or the phone. There should be clear delineation of care team roles in delivering results. Locations where clinicians lack time can have patient navigators take on this role.
9. **Establish a protocol for administering prescription orders** for STIs that does not require confirmatory testing.
10. **Link positive patients to care**, which may require multiple follow ups to be located. Hiring a patient navigator can unburden clinicians from non-clinical follow up work and effectively get patients into care.

NEGATIVE RESULT

