

The Implementation of Patient-Delivered Expedited Partner Therapy for Chlamydia Trachomatis (CT) at an Urban Youth Clinic

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Patient-Delivered Expedited Partner Therapy Algorithm

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PROBLEM STATEMENT

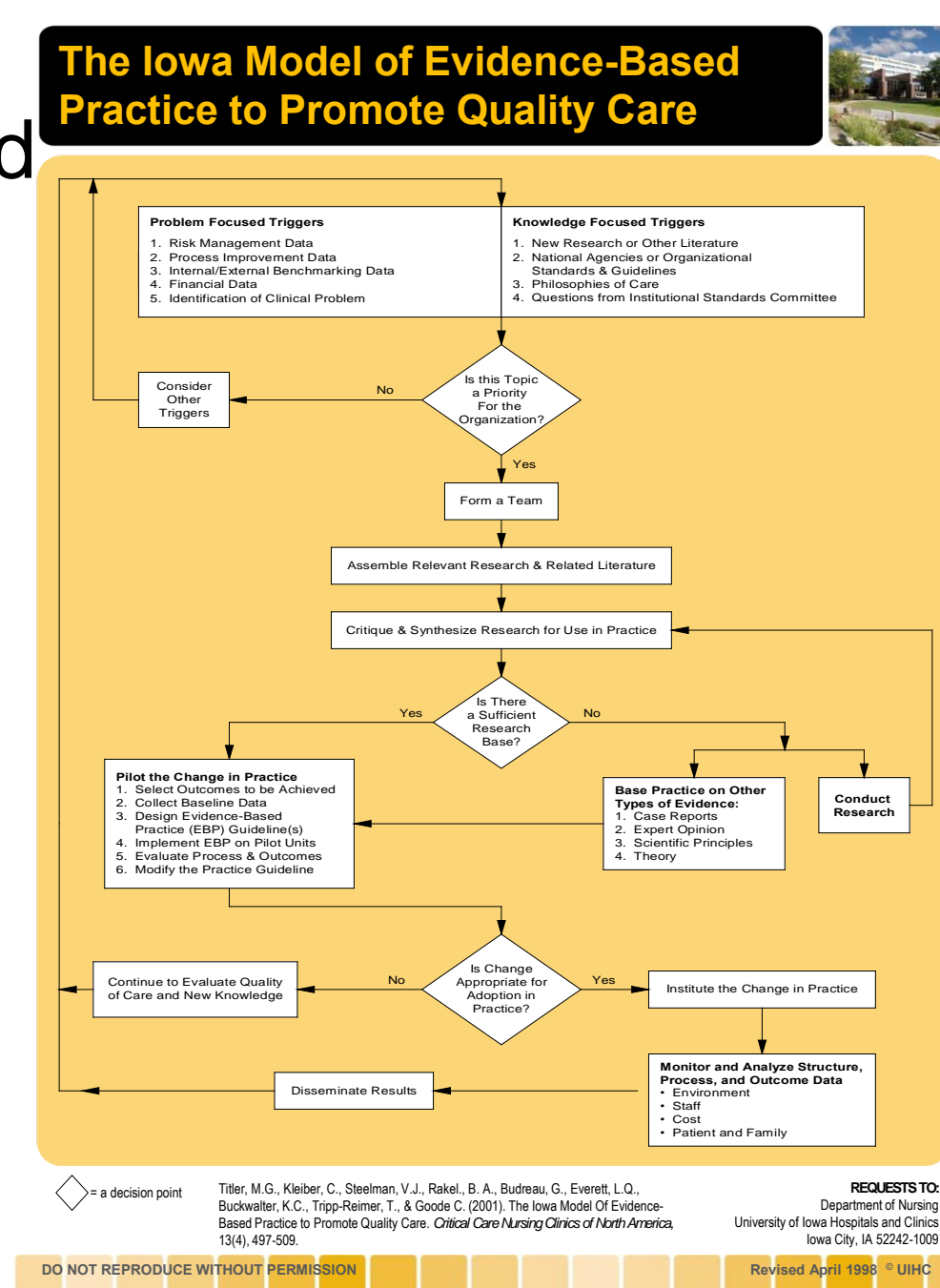
- Chlamydia trachomatis (CT) is the most infectious sexually transmitted infection (STI) in the United States; untreated CT in women can cause pelvic inflammatory disease, ectopic pregnancy, and infertility^{1,2}
- Up to 60% of men and 73% of women are re-infected with CT within seven months of treatment³
- To prevent partner re-infection, expedited partner therapy (EPT) is recommended by the Center for Disease and Control (CDC) in states where permissible⁴
- Although legal in Florida since 2016, this treatment method was not routinely used at an urban youth clinic in central Florida⁴

PROJECT PURPOSE

- Purpose:** To increase the number of patient partners who receive treatment for CT at the clinic
- Aim:** Develop and use the Patient-Delivered Expedited Partner Therapy (PDEPT) algorithm to ensure all qualifying patients are offered PDEPT
- Clinical Question:** Will the implementation of PDEPT for CT using a clinical algorithm increase the number of partners treated for CT of patients at the clinic aged 18-24 who are being treated for CT over a six-week period as compared to the current practice of unassisted partner treatment?

MODEL/NURSING THEORY

- The Iowa Model of Evidence-Based Practice (EBP) to Promote Quality Care⁵
- The Health Belief Model (HBM)⁶



METHODS

Subjects

- Patients at the clinic aged 18-24 being treated for confirmed or suspected CT during the 12-week project period (n=28)

Setting

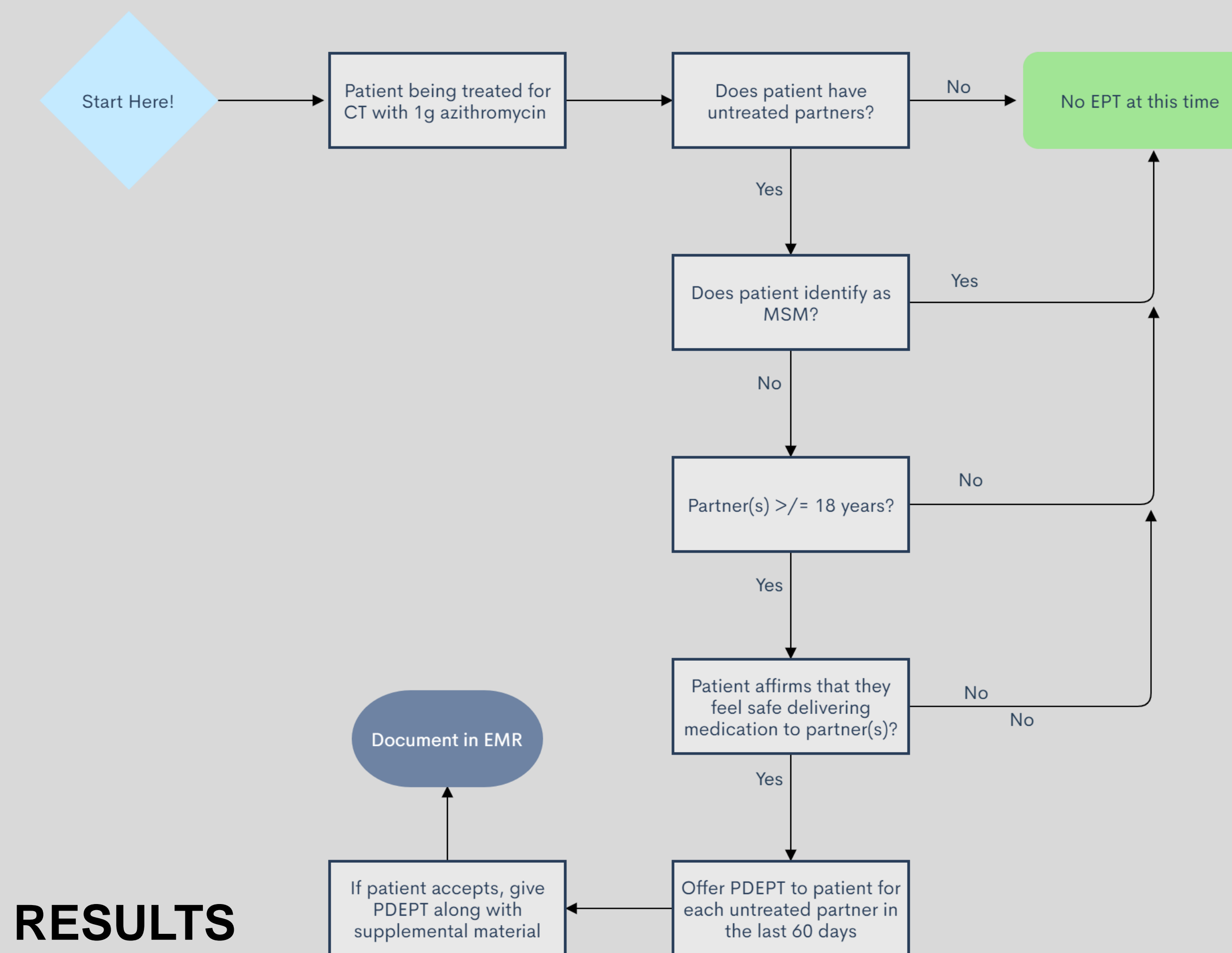
- A nonprofit urban youth clinic located in central Florida that provides STI testing and treatment for adolescents ages 13-24
- Additional services offered at the clinic include contraceptives, reproductive care, and referral to community partners

Instruments/Tools

- No specific instrument or tool was used for this project

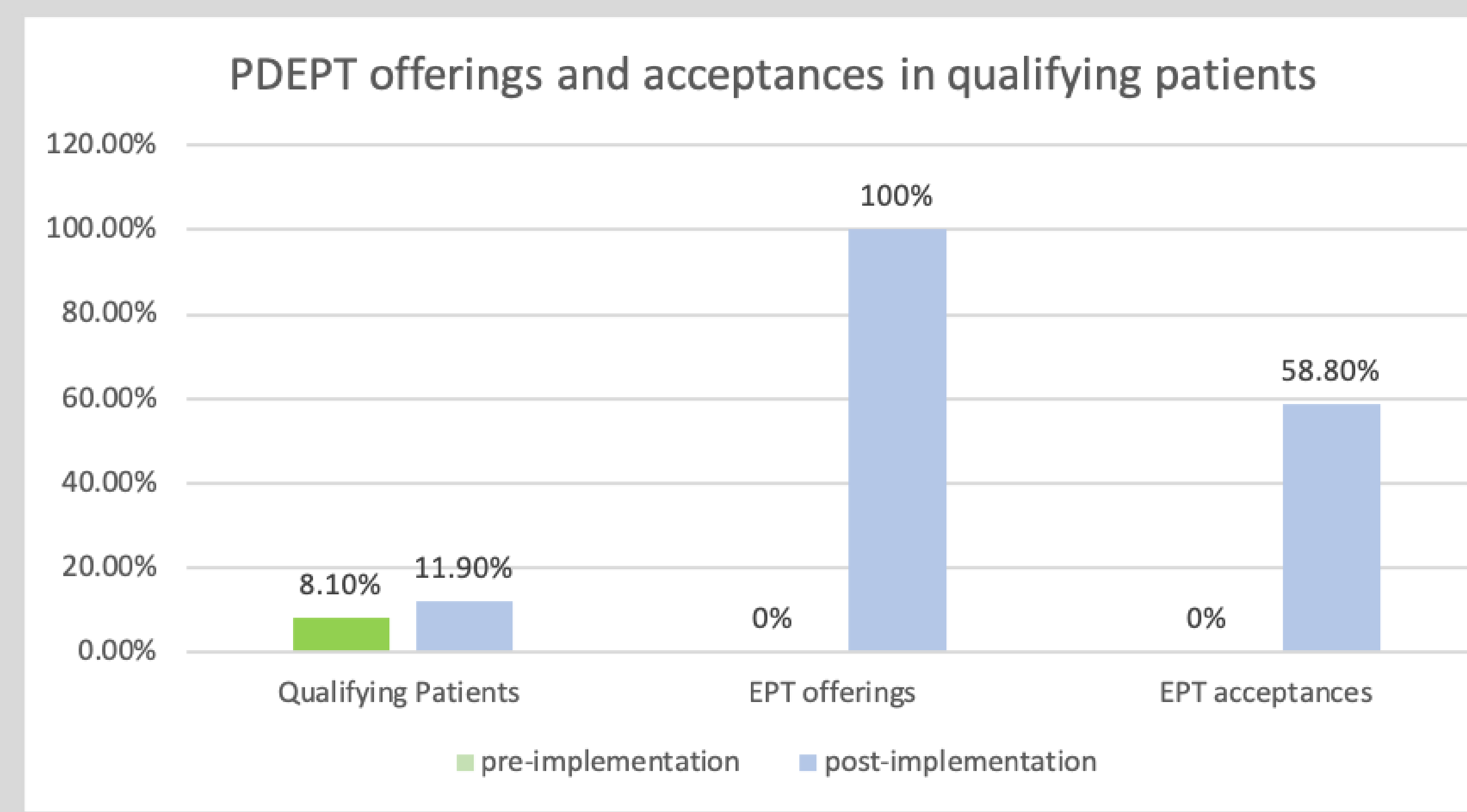
Intervention and Data Collection

- Six-week retrospective chart review conducted
- PDEPT algorithm developed based on CDC guidelines⁴
- Clinic providers were educated on EPT and how to use the newly developed algorithm
- Following algorithm implementation, prospective data was collected for six-weeks
- Patient charts were reviewed to determine the number of PDEPT-eligible patients, as well as the number of patients who accepted PDEPT when offered
- Patients who were offered and accepted PDEPT for at least one partner during the implementation period were contacted within one-week to verify whether the PDEPT was successfully delivered to the partner(s)
- All data was de-identified and collected in a password-protected Excel workbook



RESULTS

- Of the qualifying pre-implementation patients (n=11), 0% of them were offered EPT, which resulted in 0% accepting EPT
- Post-implementation qualifying patients (n=17) were offered EPT 100% of the time, with 58.8% of qualifying patients accepting EPT for at least one partner who would not otherwise have sought treatment
- 94.1% of patients who accepted EPT reported successful delivery of medication to partner(s)



DISCUSSION

- STIs in adolescents occur at high rates compared to other age groups⁷
- While this project only considered patients 18 years or older as qualifying for EPT, the CDC does not restrict EPT offerings by age⁴
- This project warrants further implementation over a longer period of time with no restrictions on patient age

LIMITATIONS

- COVID-19 pandemic decreased clinic numbers and restricted walk-in testing
- Pre-implementation period fell during winter holidays, during which the clinic closes

IMPLICATIONS FOR ADVANCE PRACTICE NURSING (APNs)

- ANPs and other Health Care Providers must understand when and how to safely offer EPT to patients
- Concerns with EPT legality are a barrier
- Standardized algorithm needed to reference when determining whether EPT is indicated
- Offering EPT to qualifying patients ensures that more partners receive appropriate treatment

SUSTAINABILITY

- The clinic has continued to use the algorithm to guide the use of EPT in the clinic
- The algorithm is an educational tool for medical students and residents who rotate through the clinic
- The inclusion of gonorrhea (GC) in EPT should be explored⁴
- CDC guidelines on GC treatment were updated during the implementation period⁴
- The algorithm can be broadened to include indications and instructions for PDEPT in the treatment of GC

REFERENCES



PDEPT offerings at the clinic rose from 0% to 100% after algorithm implementation, with 58.8% of patients accepting PDEPT when offered.