



Treponema Be Gone: An Interprofessional Approach to Increasing Serologic Testing After Syphilis Treatment

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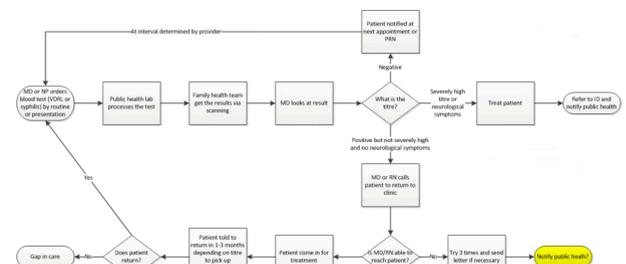
BACKGROUND

The St. Michael's Family Health Team (FHT) is an inner-city multi-site practice in Toronto, ON, comprised of over 40,000 patients, many of which who are under-housed and poor, and who live with multiple medical and psychiatric co-morbidities. The FHT also sees a high prevalence of syphilis infections among Men Who Have Sex with Men (MSM), including MSM who are living with HIV.



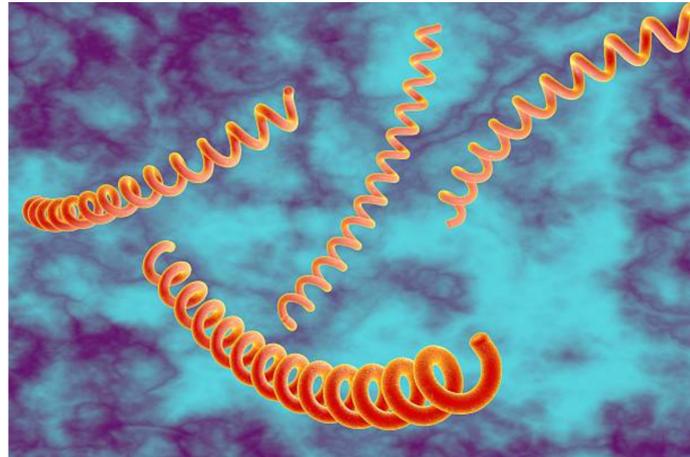
UNDERSTANDING THE PROBLEM

Toronto Public Health guidelines recommend several calendared post-syphilis treatment screens, as follow-up serological testing is an important health care practice that reduces the burden of active syphilis disease in the community. Our clinic's current strategies to monitor serological follow up of treated patients appear fragmented and opportunistic.



AIM STATEMENT

Our aim was to increase the rate of follow-up syphilis testing three months post treatment by 10% within a one year timeframe (September 2016 – September 2017).



PLAN-DO-STUDY-ACT CYCLES (PDSAs)



Understand

PDSA Cycle #1: We conducted a chart audit to understand baseline rates of follow-up testing after syphilis treatment between Jan 1 – Dec 31, 2015



Track & Remind

PDSA Cycle #2: We collaborated with a Toronto Public Health nurse to implement a centralized & formalized tracking system, allowing for reminder calls to patients due for follow-up testing. The clinic nurse then called every patient for their follow up bloodwork. This often took several calls and mailing letters on occasion.



Reflect

PDSA Cycle #3 & #4: We conducted a more in-depth chart review to identify common causes for lack of follow-up serological testing and reflect upon missed opportunities

RESULTS

PDSA Cycle #1: Based upon a chart review of all 2015 new syphilis cases, 58% had appropriate follow up testing 3 months post treatment (28/51 cases)

PDSA Cycle #2: Collaborating with Toronto Public Health allowed for a centralized tracking and monitoring system, with opportunities for patient reminder-calls. Since September 2016, 69% of patients have had appropriate syphilis serological re-testing at the recommended 3-month interval (20/29 cases)

PDSA Cycle #3: Chart review and thematic analysis demonstrated a number of reasons for failure to perform follow up serological testing:

Reason	# of patients
No health card	1
Moved away from clinic area	2
Syphilis re-infection	1
Clinician preference	1
Poor compliance despite reminders	4

PDSA Cycle #4: Further chart review identified that 2 patients within the group who had not performed follow up testing despite reminders (ie 50%) had had routine bloodwork performed within the re-testing window (which had not included repeat syphilis serology) – deemed a “missed opportunity”

CONCLUSIONS

- A formalized and centralized tracking and reminder system is an effective method for improving the efficacy of follow-up serological re-testing for treated syphilis infection
- Many of the reasons that underlie poor rates of serological re-testing for treated syphilis infection are reflective of the potentially marginalized and complex nature of this patient group
- There may be missed opportunities for syphilis re-testing for patients presenting to clinic for other reasons

REFLECTIONS AND LESSONS LEARNED

- Large proportion of population group with concurrent mental illness, addictions, social isolation, and poverty → highlights importance of tracking/monitoring
- A centralized tracking system may actually be an unsustainable strategy for a single provider, given the volume and complexity of the patient group
- Strategies should be focused on capitalizing on chance encounters with this patient group

NEXT STEPS

- Expand tracking and monitoring system to a network of nursing providers to ensure sustainability → Case Management model?
- Reduce missed opportunities by embedding syphilis serological testing requisitions within pre-populated routine bloodwork forms in the EMR

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