

Implementation of IPP at Newark Beth Israel

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Heart &
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Objectives



- Introduction to Newark Beth Israel Hospital and the Newark Community
- The Adolescent population
- Our participation with the IPP
- Research and data

Newark Beth Israel



- Newark Beth Israel Hospital is an urban tertiary care center serving the Newark, NJ population
- ED department is divided into Adult ED, Crisis, Psychiatric ED, Fast Track and the Pediatric ED
- Between 1/1/2011 and 3/31/2011 over 2100 of adolescents ages 13-20 were triaged and examined



Adolescent Demographics

- Female : Male ratio 2:1
- Newark Beth Israel is located in the South Ward of Newark which is made up predominantly of African Americans, Dominicans and Puerto Ricans ^{1, 2}
- South Ward contains 17 public schools, 5 day care centers, three libraries and one police precinct ^{1, 2}
- Most patients live within a short distance from the hospital. Most are from Newark and nearby Irvington.

Chief Complaints 1/1-3/31/2011

- Of those adolescents nearly 20% (410) are triaged with a chief complaint of either abdominal or GU complaints
- Female : Male ratio 3:1
- 9% of female adolescents were diagnosed with pregnancy or threatened abortion.
- 5 visits had a final diagnosis of possible or ectopic pregnancy



Chief Complaint



	<u>Male</u>	<u>Female</u>
• Pelvis	43	126
• Vaginal		99
• Pregnancy test		5
• STD check	7	4
• Abdominal pain	10	25
• Vomit/vomiting	13	20
• Void/pain with urination	3	16
• Back pain	4	19
• Other *	8	8

(*nausea, stomach, discharge, bleeding, urine problem, blood in urine)

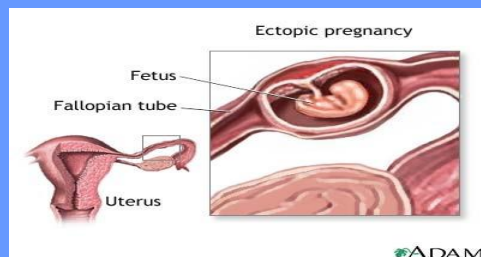
Final Diagnosis



	<u>Male</u>	<u>Female</u>
• Pregnancy		142
• Ectopic/rule out ectopic		5
• Threatened Abortion		40
• Sexually transmitted infection	10	22
• UTI	5	93
• Urethritis	39	2
• Cervicitis		33
• Vaginitis		54

Ectopic Pregnancies in 2010

- 15 cases of ectopic pregnancy in 13-20 yr olds
- 65 patient with diagnosis of ectopic or rule out ectopic pregnancy 13-25



Prevalence of Asymptomatic Disease

- April, 2001, Sexually Transmitted Diseases
- 8.7% prevalence of asymptomatic chlamydia when adolescents 12-19 were routinely screened by managed care providers from 1998-1999. (16% females, 1.5% males)
- January 2001 Sexually Transmitted Diseases, Identified that an urban ED setting is a high risk setting which may be an appropriate site for routine GC and chlamydia screening and may be a logical place for intervention

STI screening in the ED

- Pediatrics 2009: The prevalence of STI appear to occur rapidly after sexual initiation which reinforces the need for prevention well before the onset of sexual activity.⁸
- Academic Emergency Medicine 2005: Conclusion: 17% women with complaints of simple UTI were positive for STI especially those with >1 sexual partner. These conclusions suggested screening and/or treatment in the ED for STI.¹⁰

Our Role

Many patients use the ED for routine health visits for minor complaints⁹

Many of our patients are underinsured with no regular medical care³ except state mandated immunizations for school attendance

They lack a medical home and a relationship with their primary pediatrician⁴.



Our Role



The high prevalence of sexually transmitted infections in the Newark Beth Israel catchment area⁵ does not correlate with age, sexual experience or risk taking behaviors⁸

Very few adolescent females have had specific gynecologic/obstetrical care

Many come to the ED alone

Some are accompanied by a friend

IPP and Newark Beth Israel

- **Goals:**
- Decrease asymptomatic chlamydia and gonorrhea infections
- Further our understanding of the community in which we serve
- Understand and identify current attitudes about sex and sexually transmitted infections
- Identify how we can proactively decrease the spread of GC and chlamydia within this urban population

Implementation

- **Current flow:**

Patients enter, register, wait to be triaged and then wait in the waiting room to be called when a spot in ED is available. They wait to be seen by the nurse and doctor and are then diagnosed, treated and discharged.

- **Preferred model:**

1. Patients enter ED directly and are directed to a bed/seat, avoiding lengthy waiting room times
2. Triaged in ED by nurses and examined by doctors
3. Registered at the end.

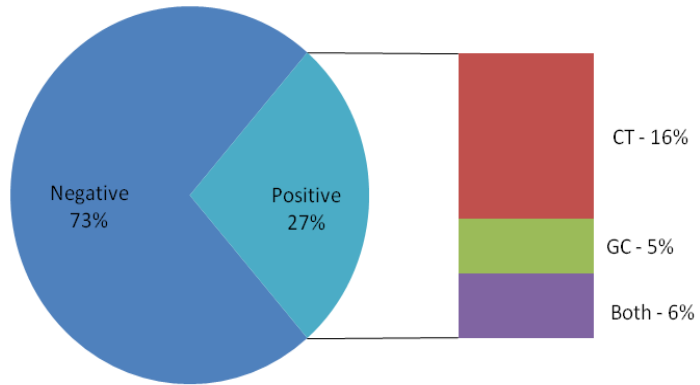
Non IPP Testing 1/1/11-3/31/11



<u>Age</u>	<u>Positivity</u>	<u>No. tests performed</u>
• 13 yrs	0%	1
• 14	20%	5
• 15	30%	10
• 16	23%	22
• 17	39.5%	43
• 18	29.5%	44
• 19	29%	87
• 20	20%	93

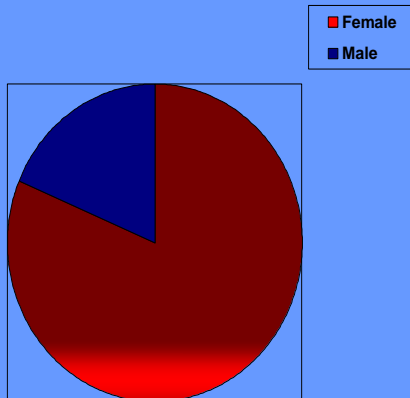
1/1/2011-3/31/2011

Symptomatic Rate

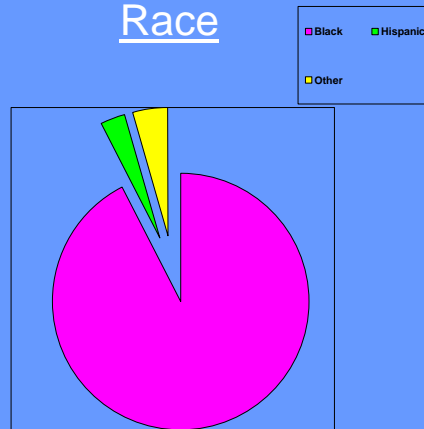


Non IPP Testing

Sex



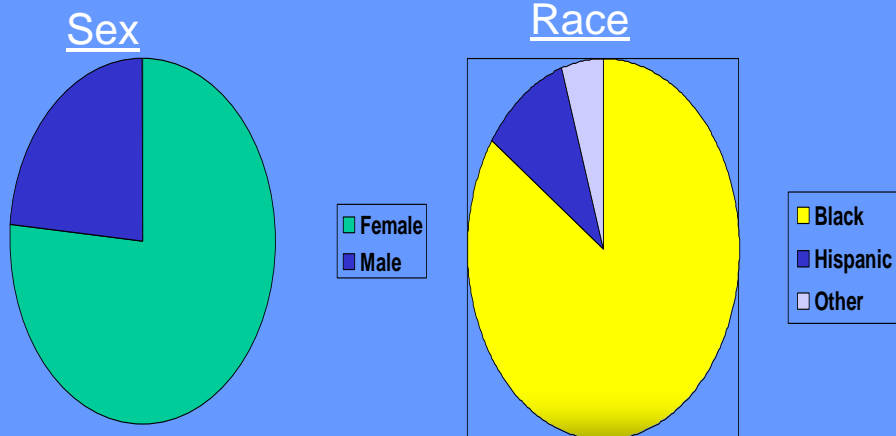
Race



IPP Testing 1/1-3/31/2011

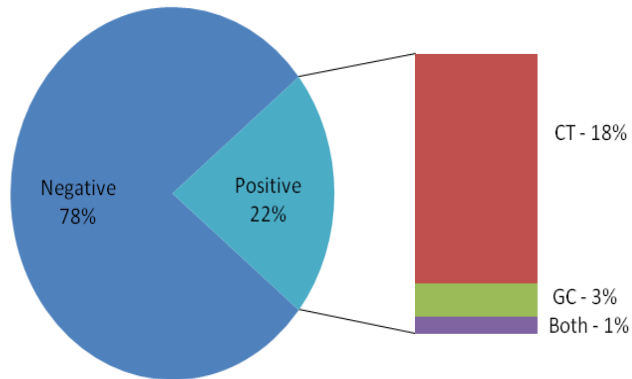
<u>Age</u>	<u>Positivity</u>	<u>Percentage</u>
13	0	0 % (4tests)
14	2	33% (6 tests)
15	2	28.5% (7 tests)
16	2	28.5% (7 tests)
17	1	12.5% (8 tests)
18	5	33% (14 tests)
19	2	14.2% (14 tests)
20	3	37.5% (8 tests)
21-25	0	0% (11 tests)

IPP Positive Tests



1/1/2011 – 3/31/2011

Asymptomatic Rate



Limitations and Barriers to Screening



- Busy ED setting
- Single attending coverage, busy nursing staff
- Lack of personnel, research assistants
- Other house staff in the ED unfamiliar with ongoing projects or less academically focused

References

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6. Sexually Transmitted Diseases: August 2001 - Volume 28 - Issue 8 - pp 477-483 *Adolescent Chlamydia Testing Practices and Diagnosed Infections in a Large Managed Care Organization*
7. Sexually Transmitted Diseases: January 2001 - Volume 28 - Issue 1 - pp 33-39, *Unsuspected Gonorrhea and Chlamydia in Patients of an Urban Adult Emergency Department: A Critical Population for STD Control Intervention*
8. Pediatrics:2009;124;1505-1512 Epub 11/23/2009;*Prevalence of Sexually Transmitted Infections Among Female Adolescents Aged 14-19 in the United States*
9. Annals of Emergency Medicine: Vol 52, Issue 2,p108-115,e1 August 2008 *Are the Uninsured Responsible for the Increase in Emergency Department Visits in the United States?*
10. Academic Emergency Medicine,2005.