

# Innovating follow up: telephone follow up for epididymo-orchitis and pelvic inflammatory disease

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## BACKGROUND

- BASHH guidelines suggest 2 week follow up for individuals diagnosed with either pelvic inflammatory disease (PID) or epididymo-orchitis (EO)<sup>1,2</sup>. This follow up consists of determining that partners have been notified, symptoms have resolved and that patients have abstained from sex.
- We audited attendance and documentation of outcomes over a 3 month period.
- Following the results, our innovation was to provide follow up by booked telephone consultation using a proforma to collect relevant information. Here we present the audit of telephone clinic outcomes against the baseline audit.

## Methods

- An audit form was designed based on the information suggested by BASHH guidelines, with an additional score to assess convenience of telephone clinic. We were particularly interested in the follow up of patients, and although there are no strict standards in the current BASHH guidelines for PID and EO, there are a number of recommendations and suggestions. The results informed us that it might be feasible to provide telephone follow up.
- A proforma for information gathering was created and a full telephone clinic established. Patients with a C5A diagnosis (PID or EO) were offered a choice of telephone or face-to-face follow up. Exclusion criteria were severe C5A diagnosis and inability to communicate in English. After three months the telephone clinic was audited to establish any change and the need for embedding.

## RESULTS

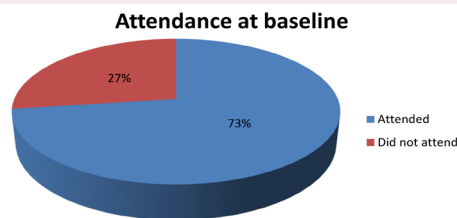
### Baseline audit

110 case notes identified, 92 (84%) were correctly coded and retrievable for the interval being audited.

#### Demographics:

- Mean age 24.5 years
- Gender split 35 (38%) male/ 57 (62%) female

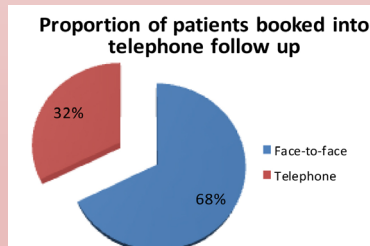
**Number of non-attendances:** 25 (27%) of which 22 (24%) did not receive follow up at all, and 3 (3%) were later available by telephone for health advisor follow up.



#### Follow up outcomes:

	Yes	No	Unable to trace partner	No outcome recorded (including DNA and unable to reach)
Abstained from sex	58 (63%)	4 (4%)		30 (33%)
Partner notified	39 (43%)	7 (8%)	8 (9%)	37 (40%)
Symptoms resolved	51 (55%)	19 (21%)		22 (24%)

**Post innovation audit:** 135 case notes identified, of which 102 (75%) cases notes were retrievable and coded correctly for the interval being examined. Of these 102 cases, 69 (68%) had face to face follow up, and 33 (32%) had telephone follow up.



### Demographics

#### Overall:

- Mean age 26
- Gender split 44 (43%) male/ 58 (57%) female

#### Telephone:

- Mean age 25.5
- Gender split 15 (46%) male/ 18 (54%) female

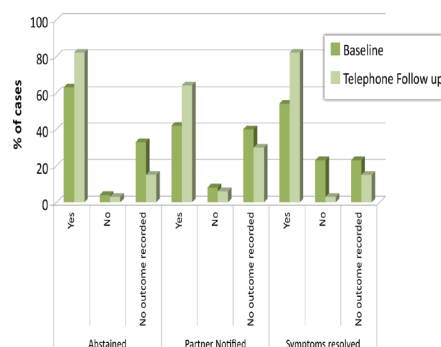
	Overall N=102	Face-to-face N=69	Telephone N=33
Number of non-attendances	29 (29%)	21 (30%)	8 (24%)
Able to contact patient later	7 (7%)	4 (6%)	3 (9%)

#### Telephone clinic follow up outcomes:

	Yes	No	No outcome recorded (including DNA and unable to reach)
Abstained from sex	27 (82%)	1 (3%)	5 (15%)
Partner notified	21 (64%)	2 (6%)	10 (30%)
Symptoms resolved	27 (82%)	1 (3%)	5 (15%)

**Assessment of innovation:** To assess whether the innovation was to be permanently implemented, we compared the results of the baseline audit to the results of the telephone component of the repeat audit.

#### Comparing outcomes of baseline audit vs telephone audit



## Conclusion

- The telephone follow up is feasible, effective, has improved documentation and is convenient for patients.
- The DNA rate was reduced in the telephone clinic.
- A standardised form for all C5A follow up appointments is likely to improve documentation regardless of whether this is by telephone or face to face.
- The limitations of the audit are that this is still a relatively small sample size, and so we plan to re audit all follow up for patients with a C5A coding over a six month period. In addition, audits are limited by correct coding, retrieval of documents and accurate documentation of what was covered during the consultation.

## References:

1: Street E, Joyce A, Wilson J on behalf of BASHH. 2010 United Kingdom national guideline for the management of epididymo-orchitis. Available online 25th March 2014: <http://www.bashh.org/documents/3546.pdf>

2: Ross J, McCarthy G on behalf of BASHH. UK National Guideline for the Management of Pelvic Inflammatory Disease 2011. Available online 25th March 2014: <http://www.bashh.org/documents/3572.pdf>