YOU DO THE TEST WE'LL DO THE REST: A NURSE-LED COLLABORATIVE MULTI-SERVICE MODEL TO PROMOTE COMPLETE SEXUALLY TRANSMITTED BLOOD BOURNE INFECTION (STBBI) TESTING IN THE EMERGENCY DEPARTMENT

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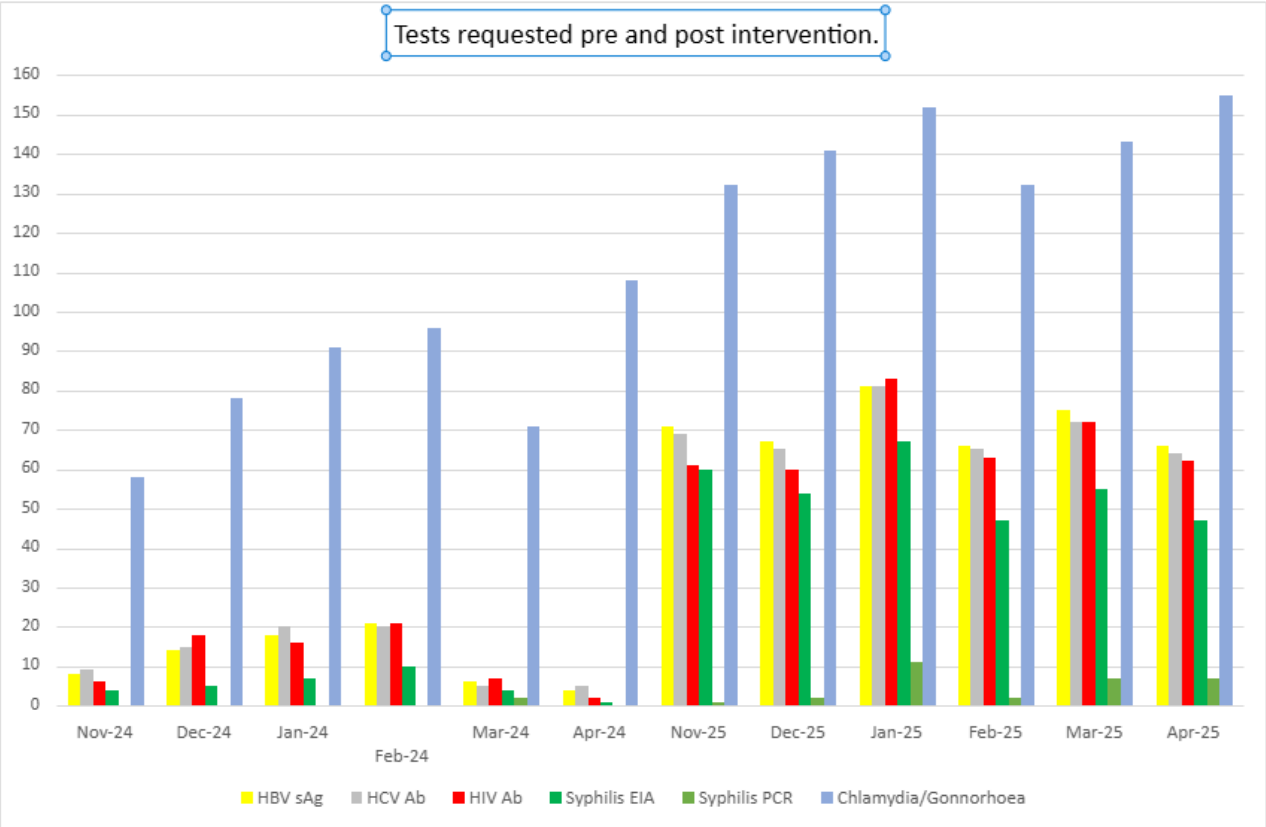
Background/Purpose:
In response to a syphilis epidemic in Aotearoa New Zealand, and low rates of complete STBBI screening in our Emergency Department (ED) we initiated a nurse-led collaborative project between the Infection Management Service, Sexual Health, and Hepatology to increase rates of patients receiving complete STBBI screen.

Approach:
Key barriers to complete STBBI screening by ED clinicians were identified. Clinical Nurse Specialists (CNS) used a solutions-based approach to co-design a pathway, and tools for clinicians to simplify screening in the ED. Inclusion criteria were persons already being tested for ≥1 STI/BBV's. This aimed to facilitate access to diagnostic tests, prompting a complete STBBI screen, and linkage to specialist care for treatment and follow-up.

Best practice and clinical guidelines were reviewed, and a pragmatic approach adopted to simplify the process, negating the need for in-depth risk assessment in the ED environment. Self-swabbing of appropriate sites was offered/encouraged. Positive results were managed by the CNS the next business day, and outside of those hours ED notified the patient. New HIV or symptomatic syphilis discussed with the Infection Management Specialist.

Outcomes/Impact:
Over 6 months testing rates for all STBBI's have increased compared with the same period in 2024 pre-implementation.



Further review has identified gaps in testing in priority populations with women still less likely to have HIV, hepatitis and syphilis serology which will be a target area moving forward.

Innovation and Significance:
This is the first nurse-led multi-service initiative to support STBBI screening in an Aotearoa New Zealand ED. This approach enables automatic follow up of positive results by non-ED CNS's, management of contacts, and leads to diagnosis of asymptomatic infections. The workload for ED clinicians is decreased as the burden of follow-up shifts to specialist services, patient outcomes and management of contacts are improved, and ED re/presentations prevented.

Disclosure of Interest Statement
All authors declare that they have no conflicts of interest.