Lessons from a Quality Improvement Project in *Mycoplasma genitalium* testing in clinically indicated conditions

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Background

• *Mycoplasma genitalium* is an emerging STI, with potential complications including ascending infection

• BASHH Guidelines 2018 recommend testing in certain clinically indicated conditions (CIC)

• Guy’s and St Thomas’ Trust (GSTT) introduced testing soon after and produced local guidelines

• Prevalence:

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<tbody>
<tr>
<td>General population</td>
<td>1-2%</td>
</tr>
<tr>
<td>NGU</td>
<td>10-20%</td>
</tr>
<tr>
<td>PID</td>
<td>10-13%</td>
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Aim

To ensure that 100% of the following patients attending the three GSTT SRH clinics were appropriately tested for *M. genitalium* by March 2019:

• All NGU

• PID with confirmed pus cells

• Epididymo-orchitis with confirmed pus cells
Measuring change

Outcome measure

• Random sample of 10 patients every week for each clinically indicated condition
• 5 weeks of baseline data
• At least 3 weeks between each change

Balancing measure: inappropriate testing

• *M. genitalium* test is not funded for by our commissioners
• No evidence that screening asymptomatic individuals is beneficial
Driver Diagram
Aim: to ensure that 100% of patients are tested according to trust guidelines by March 2019

- **Staff awareness**
  - Display posters clearly demonstrating the guidelines
  - Educate staff on the new guidelines
  - Send weekly reminder emails to those who failed to test in an indicated patient

- **IT**
  - Ensure clinicians have access to order the test
  - Change the name of the order on the system
Plan-Do-Study-Act cycles

PDSA 1 (week 6)
IT access for all clinicians

PDSA 2 (week 9)
Educational event & posters in clinical areas

PDSA 3 (week 13)
Reminder emails
Dear xxx,

We thought that we’d make you aware that you didn’t test the above patient for Mycoplasma Genitalium. According to new trust and national guidelines we should be offering testing to all patients presenting with:

1) PID with pus cells on microscopy
2) NGU
3) Epididymitis with pus cells on microscopy

We appreciate this is change of routine and we hope as a department we can adapt. As part of the M. Gen QIP we are aiming to test 100% of eligible patients for M. Gen by March 2019 and we are currently sampling a selection of patients each week and sending reminder emails to clinicians that did not test according to guidelines in the hope to promote change and improve testing. As a reminder, we have attached a poster detailing how and when to test for M. Gen.

Please note, there is no further action to be taken, this is just a reminder that in future when seeing patients with the above conditions please offer M.Gen testing.

If you have any questions please do get in contact me.

Thank you for taking the time to read this email.
Happy M.Gen Testing!

King Regards,
M. Gen QIP Testing Team
NGU: Median testing rates increased from 60% at baseline to 90% by the end of January 2019
Results-PID

Percentage of women with PID appropriately tested for MG
(September 2018-January 2019)

- IT access
- Education event
- Reminder emails

Week 1: Goal
Week 2: Median

Week number

% of women with PID appropriately tested for MG
Results

• Inappropriate testing rates:

<table>
<thead>
<tr>
<th>Week number</th>
<th>Inappropriate testing rates</th>
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<tbody>
<tr>
<td>8</td>
<td>13% (10/75)</td>
</tr>
<tr>
<td>10</td>
<td>7% (4/57)</td>
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<tr>
<td>13</td>
<td>15% (7/45)</td>
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<tr>
<td>21</td>
<td>8% (5/62)</td>
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Discussion and reflections

• Low numbers of eligible PID (8/week) and epididymo-orchitis (2/week)
• Practicalities of testing in PID

• Key lesson: importance of departmental engagement from outset
  - Identify barriers and solutions, create shared driver diagram
  - Increase awareness of guidelines
  - Foster an environment of change
Thank you