"I believe choosing to undergo an optional accreditation, reflects a healthcare facility's dedication and commitment to meeting standards that demonstrate a higher level of performance and patient care."

Colleen Jahnel, Director of Quality Assurance, Compliance, and Health Information
Healthcare clinicians and nurses from the University of Minnesota Boynton Health --the nation's first college health service to be accredited by AAAHC --recently shared their compelling study at the American College Health Association's (ACHA) annual conference in Denver, Colorado earning them the “Best Professional Practice Poster” distinction.

Judges reviewed poster submissions to evaluate their contribution of new information or best practices within the field of college health; their use of evidence-based practices, theory, and sound methodology; clear evaluation, conclusions, and implications; and professionalism and attractiveness.

The award-winning study, “The Impact of Reminder Systems on Retesting Rates for those Positive for Chlamydia and Gonorrhea in a College Health Setting,” aimed to evaluate the baseline retesting practice and to implement methods for improving three-month follow-up in a college health population at greater risk for infection. In the past, the Centers for Disease Control (CDC) has recommended retesting those who test positive for chlamydia and gonorrhea at three months or within a year, as these patients represent a higher-risk population.

Before implementing interventions, the research team determined the baseline incidence of positive tests for chlamydia and gonorrhea as well as the baseline rate of three- and 12-month retesting for those with positive tests at the University of Minnesota Boynton Health. The research team developed and shared with attendees a secure messaging template to notify and remind patients about a three-month follow-up to better identify reinfection rates. Additionally, employees were trained on using electronic health records (EHR) to set a provider reminder to advise patients to return for three-month retesting. The team further developed a protocol for lab walk-ins and equipped providers with a cheat sheet on educating the qualifying patients about the re-screening process.

The results showed that three-month retesting is indeed a worthwhile endeavor. The study’s authors also shared that the project shed light on a few challenges. First, there was an inability to set up automatic reminders directly to the patients or to send batch reminders to multiple patients at one time. Despite the interventions, only 55% of patients received their reminder.

The students themselves also posed a problem, as they did not always follow up, due to leaving the university, graduation, or studying abroad. Concerns regarding claims to family insurance and the cost of testing were also raised. Finally, there was no evaluation done on the demographics of the students. In the future, the team could use such information to better target interventions.

Overall, the results were consistent with the CDC’s statement that there is a higher prevalence of repeat infections in a previously test-positive population. In the study, 2.6% of those screened for chlamydia and gonorrhea had a positive test result. Of those who initially tested positive and were retested after three months, 13.9% were positive at the follow-up. The simple interventions, along with taking advantage of the power of EHR, increased retesting rates from 11% to 30% at three months and from 30% to 65% at one year.

Congratulations to the University of Minnesota Boynton Health for its impressive work and commitment to excellent patient care.