

Methods All booked asymptomatic screens from 1st December–13th January 2015 were analysed. These patients were registered and self-triaged as per normal and analysis of the electronic patient record was performed on the 27th January.

Results During this period 285 patients attended via the online booking service and the majority (91%) were asymptomatic and seen by the health care assistants. The median (min, max) number of appointment each weekday was 10 (1, 31) and 39% of these patients were from the local two boroughs.

Abstract P179 Table 1 Asymptomatic screens

Description	Male	Female	Total
Number	139 (49%)	146 (51%)	285 (100%)
Age in years, Median (range)	30 (21–58)	27 (18–47)	
Sexuality			
Heterosexual	106 (73%)	137 (99%)	243 (85%)
Bisexual	2 (1.4%)	1 (0.7%)	3 (1%)
Homosexual	37 (25%)	0	37 (13%)
Ethnic origin			
White	98 (67%)	100 (72%)	198 (70%)
BME	30 (21%)	25 (18%)	55 (19%)
Not stated	18 (12%)	14 (10%)	32 (11%)
Sexually transmitted infections			
Chlamydia	3 (2.1%)	5 (3.6%)	8 (2.8%)
Gonorrhoea	2 (1.4%)	2 (1.4%)	4 (1.4%)
Trichomonas vaginalis	0	1 (0.7%)	1 (0.4%)

Discussion/conclusion The majority of patients used the online booking service correctly. Further work is required to increase the range of services available via online booking.

P180 THE HOLY GRAIL, IS IT POSSIBLE? – A QUALITY IMPROVEMENT APPROACH USED TO INCREASE PRODUCTIVITY, CAPACITY AND OFFER A HIGH QUALITY AND TIMELY WALK-IN SEXUAL HEALTH SERVICE WITHIN EXISTING RESOURCE

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Background/introduction Patient feedback consistently informed us that they disliked waiting to be seen. Our Sexual health clinic (SHC) was facing challenges of low staff morale, uncertainty around future tendering arrangements and declining attendances. Quality improvement methods were used to empower the multidisciplinary team to find solutions for improvement and two priorities emerged, to see walk-in patients on time and to extend our evening clinic provision from two to four per week.

Aim(s)/objectives

Aims:

- To reduce the average waiting time for walk-in patients in a SHC by 50%.
- To see every walk-in patient within 20 min of the allocated slot time by April 2015.

Objectives:

- Increase productivity by 15%.
- Extend evening clinic provision within existing resource.
- Introduce asymptomatic quick check service.

Methods A quality improvement approach, using the Institute of Healthcare Improvement's model for improvement was used. The whole multidisciplinary team (MDT) met bi-monthly and ideas were tested using plan, do, study, act (PDSA) cycles. Measurement was introduced using statistical process control charts.

Results The quick check service shows a 40% increase in uptake, from 10 to 14 patients (average), (range 4–23). We introduced minimum patient allocated numbers, following these interventions there is a 42% reduction in average waiting times from allocated slot time (31 min pre and 18 min post intervention). Our productivity last month increased by 14%.

Discussion/conclusion A quality improvement approach was a successful method to improve the quality of our services, respond to patient feedback and effect change in a sexual health clinic.

P181 RETROSPECTIVE AND PROSPECTIVE ANALYSIS OF THE INPATIENT MANAGEMENT OF EPIDIDYMO-ORCHITIS

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Background/introduction Epididymo-orchitis, a common urological diagnosis in men aged 18–50, has significant sequelae if inadequately treated. Causative organisms in patients under the age of 35 are most commonly sexually transmitted infections. In patients over 35 enteric Gram-negative organisms causing urinary tract infections are more prevalent. Empiric treatment should be commenced as per guidelines until results of investigations are known.

Aim(s)/objectives To evaluate inpatient management of epididymo-orchitis.

Methods Data was retrospectively collected from June to December 2014 for all epididymo-orchitis patients diagnosed clinically. Information was obtained from notes, radiology and pathology databases. A 3 month prospective study is ongoing to improve investigations and antibiotic prescribing.

Results 7 of 26 inpatients diagnosed with epididymo-orchitis were under 35 years of age and 19 over 35. 19 were diagnosed with unilateral epididymo-orchitis and 7 bilateral. 4 patients developed abscesses, and 1 had an orchidectomy. 6 had a first-void urine, 14 a mid-stream urine, and 3 a urethral swab. 9 patients were discharged on doxycycline and ciprofloxacin, 7 with ciprofloxacin monotherapy. Duration of treatment as an outpatient ranged from 7 to 42 days.

Discussion/conclusion Current inpatient management of epididymo-orchitis varies significantly, and a third of patients are being discharged on doxycycline and ciprofloxacin, a combination not recommended in the BASHH guidelines. BASHH recommends cefuroxime +/- gentamicin for management of inpatients over 35 years of age; however in view of the risk of clostridium difficile this may require updating. This and our ongoing prospective study may provide results to help recommend appropriate antibiotics for inpatients with epididymo-orchitis.