

# **PERFORMANCE IMPROVEMENT PROJECT JANUARY 2020- DECEMBER 2020**

## **STI SCREENINGS**

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**SOUTHWEST COMMUNITY HEALTH CENTER**

**PROBLEM:** January – December 2019 Performance Data Report revealed 78% compliance with documenting patients who had their STI done.

**Goal :** To increase number of patients who have STI Screenings yearly from 78% to 85% by December 2020

**Methods:** At the January 2020 meeting, the PI Committee discussed various reasons why STI screenings were low in the past year.

- ❖ Data Integrity: Some labs did not transfer from Quest to CW, some were entered incorrectly into CW
- ❖ Providers' error: forgot to send the labs order
- ❖ Client's non-compliance: providers ordered the lab; client did not go to get it done
- ❖ Appointment's reminder calls for clients
- ❖ Caseload clean-up to remove inactive clients

The team decided to implement a PDSA to address the issues



## **PLAN:**

- ❖ Charts will be screened on the appointment days to identify patients who are due for STI and flag the charts for the provider
- ❖ Sending appointment reminder for LAB and initiate follow-up phone calls.
- ❖ Lab work will be ordered quarterly/yearly
- ❖ If necessary, home visits will be initiated.
- ❖ Educate staff to reinforce the importance of getting STI for HIV+ patients
- ❖ MCM staff will keep a log of all HIV patients who have STI and will enter the data into CAREWARE.
- ❖ Monthly, charts will be reviewed to determine the effectiveness of the action plan
- ❖ Staff will learn the new system so they can print out their clients' appt. and follow-up with their LAB

## Do:

- ❖ The nurses will screen charts on the appointment days to identify patients who are due for STI and flag the charts for the provider
- ❖ The MCM will be sending appointment reminder for LAB and initiate follow-up phone calls
- ❖ The provider will maintain the responsibility to order lab for all patients that are due for STI
- ❖ When necessary, the outreach worker will go for home visits.
- ❖ Staff will be reminded at every ID /quality improvement meeting by program coordinator to reinforce the importance of getting lab done for HIV+ patients.
- ❖ The medical case managers will be keeping a log of all patients who had their lab works done and they will be entering the data into CAREWARE.
- ❖ Monthly, program coordinator will run a CAREWAE report and charts will be reviewed to determine the effectiveness of the action plan
- ❖ Nurses, MCM and all other staff will learn the new NextGen system so they can print out their clients' appt. and follow-up with their LAB

## **Study:**

- ❖ 100% charts will be reviewed and reports from CAREWARE and NextGen will be conducted to determine the effectiveness of the action plan
- ❖ If goal is not met, PDSA will be repeated with new methods for another 6 months

## **Act:**

- ❖ Getting screened for STI process will be adopted to improve health outcomes for patients receiving HIV care at Southwest
- ❖ Continue to run report monthly from CareWare and Nextgen and follow-up with providers
- ❖ Share report with the Quality Improvement team and the CAB group
- ❖ Staff will be entering data into CAREWARE for accurate reporting purposes

# Outcome:

- ❖ Staff has been sending reminders to clients for their LAB appointments and following up with phone calls.
- ❖ All patients who's due for Syphilis, Chlamydia and Gonorrhea Screenings have been given a lab slip to get their lab done, not all of them kept their appointments, but improvement is noted
- ❖ The outreach worker had been going to some of the MIA clients' homes, some he was able to have them rescheduled their missing appointments, but for some it was unsuccessful.  
(Documentation in CareWare)
- ❖ Staff has been reminded at every ID meeting by program coordinator to reinforce the importance of getting Syphilis, Chlamydia and Gonorrhea Screenings for HIV+ patients. They've been working very hard to assess, educate and schedule patients for LAB as needed
- ❖ Staff has been keeping a log of all clients who have their LAB done, for reporting purposes.
- ❖ The case managers are getting the result from Quest/NextGen and entering data into CAREWARE for report accuracy.



**Outcome Continued:**

Syphilis Screening-

1/1/2020: 78%

12/31/2020: 86%

Chlamydia Screening-

1/1/2020: 78%

12/31/2020: 87%

Gonorrhea Screening-

1/1/2020: 78%

12/31/2020: 87%

## Outcome Continued:

As of 7/31/2021

### Multiple Performance Measures Report 7/31/2021

Southwest Community Health Center

<u>Code:</u>	<u>Name:</u>	<u>Numerator:</u>	<u>Denominator:</u>	<u>Percent:</u>
<b>HAB13</b>	Syphilis screening	362	410	88.29%
<b>HAB15</b>	Chlamydia Screening	75	83	90.36%
<b>HAB16</b>	Gonorrhea Screening	75	83	90.36%

**THE END**