

**STI
SCREENING PERFORMANCE
MEASURES
REGION 4**



**Presenter:
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Region 4 Lead**

OUTPATIENT AMBULATORY HEALTH SERVICE STANDARD

- Standard measure
 - Client had annual screening for Syphilis
 - Client had annual screening for Chlamydia
 - Client had annual screening for Gonorrhea
- Agency Responsibility
 - Documentation of annual STI screening evident in client chart
- Goal (NHFC EMA)
 - 90%

STI SCREENING PERFORMANCE MEASURE GOAL

- Regional Goal: STI screenings will increase to 80% or above

PDSA REGION 4

ACT

- Apply any solution learned through process
- Identify need to continue PDSA once rate is above 80%
- Lead will continue to run STD screening report monthly
- Lead will continue to review and discuss PM rates with Region

PLAN

- Regional Lead will run STI screening rate performance measure report monthly in CAREware
- Lead will Provide STI data to Stamford Hospital and Norwalk Community Health Center for discussion
- Review data entry
- Increase STI rate to 80%

STUDY

- Lead will do monthly spot-checks and monitor clients on list to ensure 80% or above rates
- Lead will discuss PDSA progress monthly on Regional continuum meeting
- Identified factors will be addressed and solutions implemented

DO

- Identify barriers/challenges preventing STI screenings
- Identify and create client list to focus on clients that have not received STD screenings
- Schedule client appointments and lab orders for clients needing STD screenings
- Enter data for clients that already received screenings/enter new data in a timely manner

NORWALK COMMUNITY HEALTH CENTER

Multiple Performance Measures Report 3/31/2021

Selection: Norwalk Community Health Center

<u>Code:</u>	<u>Name:</u>	<u>Numerator:</u>	<u>Denominator:</u>	<u>Percent:</u>
PTADW10	Part A:Domain Wide Syphilis screening_	63	77	81.82%
PTADW15	Part A:Domain Wide Gonorrhea Screening_	52	77	67.53%
PTADW14	Part A:Domain Wide Chlamydia Screening_	50	77	64.94%

Multiple Performance Measures Report 6/30/2021

Selection: Norwalk Community Health Center

<u>Code:</u>	<u>Name:</u>	<u>Numerator:</u>	<u>Denominator:</u>	<u>Percent:</u>
PTADW10	Part A:Domain Wide Syphilis screening_	63	75	84.00%
PTADW15	Part A:Domain Wide Gonorrhea Screening_	56	75	74.67%
PTADW14	Part A:Domain Wide Chlamydia Screening_	56	75	74.67%

STAMFORD HOSPITAL

Multiple Performance Measures Report 3/31/2021

Selection: Stamford Hospital

<u>Code:</u>	<u>Name:</u>	<u>Numerator:</u>	<u>Denominator:</u>	<u>Percent:</u>
PTADW15	Part A:Domain Wide Gonorrhea Screening_	30	47	63.83%
PTADW14	Part A:Domain Wide Chlamydia Screening_	30	47	63.83%
PTADW10	Part A:Domain Wide Syphilis screening_	32	47	68.09%

Multiple Performance Measures Report 6/30/2021

Selection: Stamford Hospital

<u>Code:</u>	<u>Name:</u>	<u>Numerator:</u>	<u>Denominator:</u>	<u>Percent:</u>
PTADW10	Part A:Domain Wide Syphilis screening_	51	55	92.73%
PTADW15	Part A:Domain Wide Gonorrhea Screening_	49	55	89.09%
PTADW14	Part A:Domain Wide Chlamydia Screening_	49	55	89.09%

PLAN

- Run baseline report for Stamford Hospital and Norwalk Community Health Center from 3/31/21 and 3 months after on 6/30/21
- Provide data to agencies individually and at Regional continuum meeting for discussion
- Review data entry by running performance measures reports monthly
- Increase rate to 80%

DO

- Identify barriers/challenges preventing STI screenings
 - COVID-19 still a barrier for clients
 - Labs not ordered in advance to appointment or client not informed of labs
 - Client not comfortable getting tested again
- Identify and create client list to focus on clients that have not received STI screenings
 - Agencies had an easier time by having list to focus on clients missing STI screen
- Schedule client appointments and lab orders for clients needing STI screenings
 - Agencies updated client panel , worked with MCMs
- Enter data for clients that already received screenings/enter new data in a timely manner
 - Data entry was a one of the biggest issues on why rates declined
 - New provider not entering data/miscommunication

STUDY

- Lead will do monthly spot-checks and monitor clients on list to ensure 80% or above rates
 - Rates were reported significantly higher after implementation of plan
- Lead will discuss PDSA progress monthly on Regional continuum meeting
 - Discussion of PDSA at meeting allowed open discussion on plan and progress.
- Identified factors will be addressed and solutions implemented

ACT

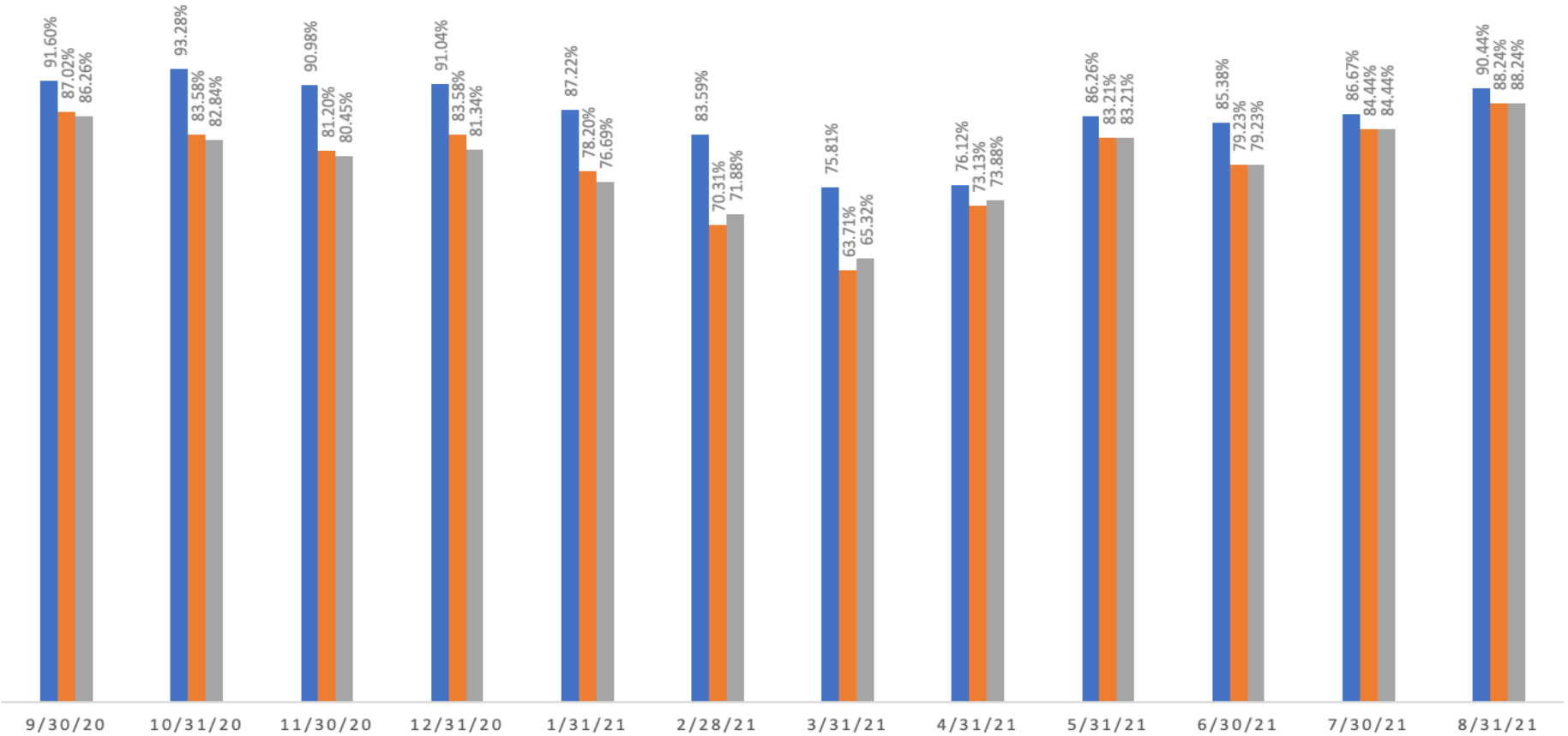
- Apply any solution learned through process
 - monthly instead of quarterly allows for identification on any issue sooner
- Identify need to continue PDSA once rate is above 80%
 - Able to meet goal, Region will consider targeting 90% rate
- Lead will continue to run STD screening report monthly
- Lead will continue to review and discuss PM rates with Region

STI SCREENING RATE

9/30/20-8/31/21

STI SCREENINGS

■ Syphilis ■ Chlamydia ■ Gonorrhea



STI SCREENING PROGRESS

- Identified clients were receiving screenings but not being updated in CAREware
 - Stamford Hospital increased data entry and set up appointments for non compliant clients
 - NCHC is working on client list that need screenings
 - Both clinics continue to improve on making sure screenings are ordered

QUESTIONS?