



Increasing Effective Care For Sexually Active Patients Presenting to Urgent Care Through STI Screening

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Background

- According to the Centers for Disease Control and Prevention, chlamydia and gonorrhea continue to rise across the nation.¹
- Over 20 million new cases are reported each year with Tennessee ranking 19th among the 50 states.³
- CDC recommendations include screening patients at risk for STIs to decrease disparities related to untreated infections and rising healthcare costs.⁴
- The U.S. annual healthcare costs are estimated at more than \$16 billion dollars annually² with public funding continuing to dwindle⁵, increasing the need for prevention and screening of this population.
- A chart audit of 20 patients revealed that only 15% of patients received appropriate STI screening.
- Gap in care noted that no formal process existed for obtaining sexual health histories, documenting STI education, risk, or referral needs of high-risk patients.

Aim

- Increase effective care for sexually active patients presenting to urgent care through STI screening by 50% in 90 days.

Planned Improvement

- 4-PDSA cycles were utilized as the method for making iterative changes

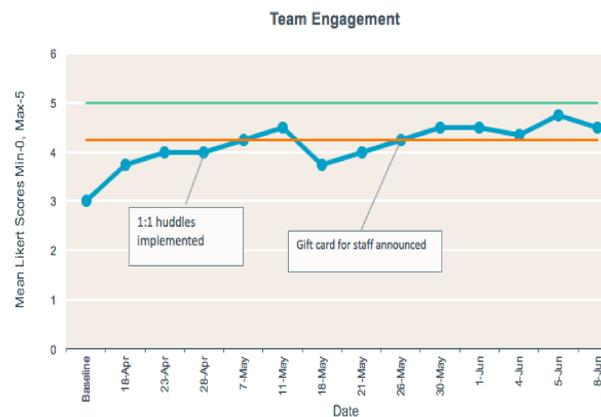
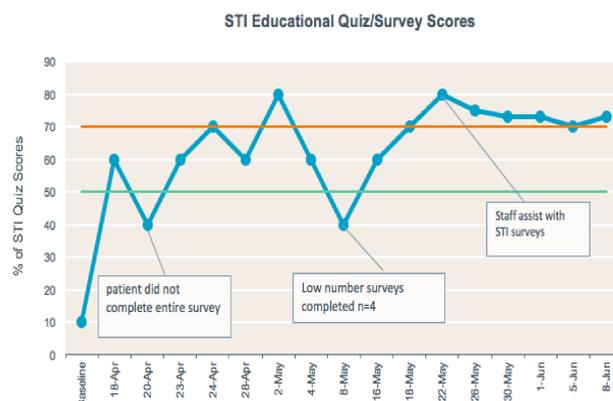
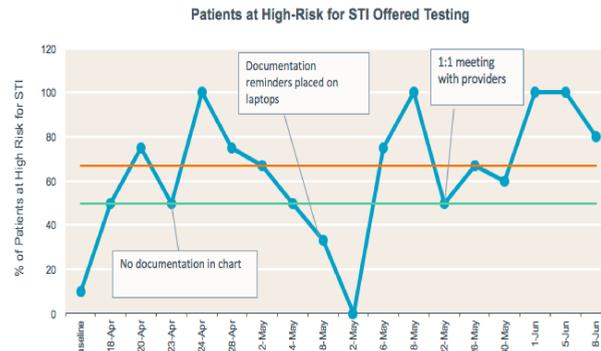
PDSA	Cycle 1	Cycle 2	Cycle 3	Cycle 4
Screening	Pilot use of STI screening tool in my patients.	Utilize PMH tab in EHR to obtain sexual health histories.	Send "quick texts" to providers for ease of charting.	Chart audit with \$15.00 gift card for provider with most patients with appropriate STI documentation
Patient Engagement / Experience of Care	Pilot patient engagement surveys, provide STI handout with quiz to my patients.	Place STI surveys with education in all patient rooms.	Staff assist with patient education to increase patient participation in care and improve communication	Staff provide patients with STI handouts and verbally ask survey questions.
Referral	Implement tracking log for high risk patients.	Place extra tracking logs in clinical area.	Initiate post shift huddles for review of tracking log daily.	Utilize EHR "follow up" tab in computer for tracking.
Teamwork/Engagement	Daily start of shift huddles with staff.	1:1 education with staff.	Continue 1:1 team meetings with weekly huddles.	Pilot GU log at front desk for staff to use; \$15.00 gift card for staff who utilize the most.

I will continue am huddles, providing STI handouts to all patients at risk for STIs, offer testing, education, prevention, and appropriate treatment as recommended per CDC guidelines, and continue utilization of follow up tab in EHR for high risk patients.

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Results



Baseline number of high-risk patients offered STI testing 10%; 100% by end of cycle 1, staff turnaround in cycle 2 and decrease in testing. Reminders to screen placed with increased testing in cycle 3. PDSA 4 1:1 meeting with providers increased number of patients offered testing.

Patient scores on STI quizzes started off at 10%, by cycle 2 scores were up to 60%, in cycle 4 staff verbally assisted with STI education and quiz and scores increased to 70%.

Baseline team engagement measuring satisfaction with 5-point Likert scale was 3 (60%) with dissatisfaction from staff due to disconnect with management, addition of daily team huddles and 1:1 meetings with staff increased communication and scores to 3.5 (70%) and 4.15 (83%) in PDSA 4.

Measures

	Measures	Operational Definitions
AIM	Increase effective care for sexually active patients presenting to urgent care through STI screening by 50% in 90 days.	# of sexually active patients with GU complaints provided effective care/# of sexually active patients with GU complaints.
Screening	Process: Utilize STI screening tool to assess risk in patients presenting with genitourinary symptoms by 50%. Outcome: Increase number of patients screened for STIs and provided education by 50%.	# of times STI screening tool completed/total # of GU patients screened. # of patients with documented STI screening and education/total # of patients with GU complaints.
Patient Engagement	Process: Patients presenting with genitourinary complaints will be given STI educational handouts with needs survey by 50%. Outcome: Implement use of educational STI handout with survey for all patients with GU complaints to increase patient knowledge of STI risk by 50%.	# of patients with GU complaints provided STI needs survey/# of patients presenting with genitourinary complaints. Average scores of surveys/percentages of those completed.
Referral	Process: Increase number of patients at risk for STI that are offered STI testing by 50%. Outcome: Utilize chart audit tool/log for tracking of patients with positive STI diagnosis that received appropriate follow up and/or referral by 50%.	# of patients entered on tracking log/# of patients screened at risk for STI. # of patients with documented appropriate follow up or referral/total # patients on tracking log.
Team Engagement	Process: Increase number of staff attending huddles to improve teamwork to 100%. Outcome: Increase team efficiency score by 50% utilizing teamwork survey tool.	# of staff attending huddles/# of staff working. Mean team score on Likert scale.

Balancing Measure:
Increase in patient waiting times due to screening. Will have no more than a 10% increase in current wait times.

Conclusions

- Increasing effective care for sexually active patients presenting to urgent care with GU complaints is achievable. During this 90-day project effective care increased by 41%.
- Screening increased by 48%, patient knowledge increased by 52%, high-risk patients on tracking log increased by 60%, and staff attendance at huddles increased by 25%.
- Results support continuing this quality improvement project.
- This project is highly instructive about providing STI education and screening to high-risk individuals to decrease the burden of disease related to untreated infections.⁷
- This project could easily be implemented in other urgent and primary care clinics that utilize EHRs with the capability to input screening forms and flag patient charts in need of follow-up.
- To improve upon this current process, it would be beneficial to work with the information technology (IT) staff to identify any EHR changes or addition of protocols and work with management to improve support and communication to increase staff willingness to engage in team projects.⁶

Lessons Learned

- Patient and team engagement in quality improvement projects relies on support of the team and patients' willingness to participate in their own care.
- Patients are more likely to be involved in their care when the environment is calm, relaxed and centered around their personal needs.
- Prioritizing team engagement helps staff feel appreciated, supported and encouraged to engage in quality improvement.
- Management support is essential in promoting best practice initiatives to improve patient care.
- The cost to support and continue this project is minimal and has the potential to decrease overall health care costs through early identification, treatment of illness, and prevention of future illnesses through education.

Acknowledgements

Thanks to Dr. Khara Jefferson, Faculty Advisor for all her support and encouragement; Jacalyn Carfagno, Copy Editor for her advice; and my entire team for all of their hard work and willingness to participate.