



*Stamford / Norwalk  
Quality Improvement  
STI PDSA*

*Presented by: Lauren Gau*

# STI PDSA #1 (2014)

A PDSA cycle was completed to address the low rates of STI screening in the Stamford/Norwalk Region. The Quality Improvement Committee decided to focus on this as their next project. The following is the result:

Address the issue of low STI screening rates.

**Plan:** Run CareWare reports to get a baseline.

**Do:** Ran reports.

**Study:** The QI Committee reviewed the reports and identified where gaps existed in reporting STI's. Nearly 75% of missing STI data were for patients who had a private physician.

**Act:** The QI Committee decided to draft a letter to private physicians highlighting the required STI HAB Measures. The QI committee also added Gonorrhea and Chlamydia screening to the general lab request form already in use.

Dear \_\_\_\_\_,

Stamford CARES, a program of Family Centers Inc. would like to thank you for all of the attention and hard work that goes in to each patient. As Medical Case Managers we are required to ensure that patients who are HIV positive are receiving treatment that coincides with the HIV AIDS Bureau and Health Resources and Services Administration (HAB/HRSA) Guidelines. These guidelines include different requirements for:

CD4 Cell Count  
HIV Viral Load Monitoring  
Hepatitis B Screening  
Hepatitis B Vaccination  
Hepatitis C Screening  
**Chlamydia Screening**

PCP Prophylaxis  
ARV if Pregnant  
TB Screening  
**Syphilis Screening**  
**Gonorrhea Screening**

In recent review of this patient's chart I have found that some of this information is either not present or out of date. To guarantee that we are aligning with the necessary guidelines, I have checked off what information is needed on the attached lab request form.

For all of the HIV/AIDS Bureau Performance Measures and the frequency of the requirements please visit <http://hab.hrsa.gov/deliverhivaidscares/habperformmeasures.html>.

Adhering to the HAB/HRSA Guidelines ensures that our patients conform to the minimum standards and are able to access the critical support services paid for by Ryan White. Thank you for your time and attention in this matter.

Sincerely,

Lauren Gau  
Program Coordinator  
203-977-5296

# STI PDSA #1 Outcome

Percentage of clients who were getting screened for STI's went up from 45% to 65%.

Follow up was monitored biannually.

# STI PDSA #2 (Rapid) (2016)

In response to a request made by the New Haven Ryan White office to conduct a PDSA on STI data collection, the QI Committee decided to conduct rapid cycle PDSA's on STI data as this process was already completed in 2014.

**Plan:** Run reports in CareWare to get a baseline report (updated report from last run).

**Do:** Ran the canned CareWare report.

**Study:** CareWare report was not accurate as there were clients showing up in report who we knew were compliant.

**Act:** Worked with Arvil to create a new report that was accurately capturing the information in the system.

# STI PDSA #2 Outcome

An accurate CareWare report was created and can now generate correct information

# STI PDSA Cycle #3 (2016)

**Plan:** Run clean data to develop list of clients who were out of compliance with STI standard.

**Do:** Ran the STI reports.

**Study:** Reviewed the names to make sure the data entry and reporting was up to date. Developed an accurate list of clients not meeting measure.

**Act:** Circulated the list of clients not meeting the measures to the medical provider, clinic nurse, MCM, Adherence Nurse, and other community providers that can help getting clients up do date with labs and screenings.

# PDSA Cycle #3 Outcome

## Stamford Hospital Gonorrhea and Chlamydia Screening

**Pre: % of clients meeting the measure before data clean up: 77%**

There were clients on the list who clearly should not have been (e.g. incarcerated, moved, etc.)

**Post: % of clients meeting the measure after data clean up: 86%**

Clients who fell outside the measure were shared with mutual providers to work on getting clients in compliance.

**% of clients meeting the measure after outreach efforts:**

**Chlamydia there were 92% compliant**

**Gonorrhea there were 88% compliant**



# Next Steps

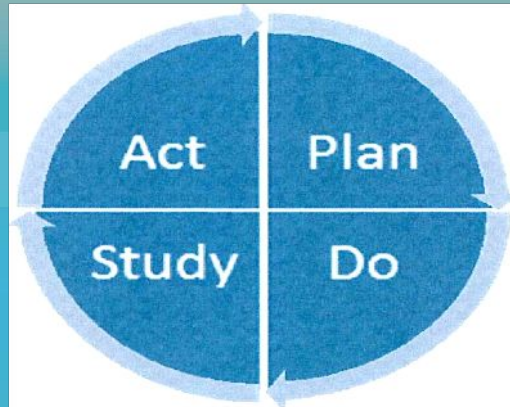
Continue to run CareWare reports every 4 months to monitor the rates of STI testing and reporting.

The reports will be reviewed and discussed at Quality Improvement meetings as well as the Quarterly Provider Meetings.

# STI PDA 2017

What changes  
are we going to  
make based on  
our findings?

What were  
the results?



What exactly are  
we going to do?

When and how  
did we do it?

# PLAN

## List your action steps along with person(s) responsible and time line

**Change:** The Stamford/Norwalk region will raise their STI Performance Measures (Syphilis, Gonorrhea and Chlamydia) by at least 10 percentage points.

**Prediction:** When they reach 90 percent or above they will switch focus to other STI's or Performance Measures that are subpar.

**Who:** All contracted agencies will participate in the PDSA (Stamford CARES, MFAP, CT Counseling, FCA, Liberations, NCHC, Stamford Hospital)

**Time:** January 1, 2017 – January 1, 2018

**Resources:** CareWare, Agency involvement and Provider involvement

# PLAN Cont.

## Steps:

- Run each agency baseline data on Syphilis, Gonorrhea and Chlamydia
- Discuss STI PDSA at Stamford/Norwalk AIDS Regional Planning (SNARP) meeting
- Present and discuss the baseline percentages with each agency
- Disseminate information to Medical Case Managers, nurses, adherence nurses and Medical Providers so they can help reach out to clients not meeting the measure
- Discuss list of clients not meeting the measure at Case Review so the medical providers can be aware of who needs screenings
- Ensure that everyone is using the updated Lab Request forms that have STI's labs included. Medical Providers who are notorious for not following performance measures should have a HAB Provider Letter (See letter on slide 3) along with each Lab Request
- If a new provider is working with a client the MCM will inform them of the mandated testing for Ryan White patients
- Encourage and empower clients to discuss screening with their providers if they aren't getting routinely tested

*All that is needed to perform the listed steps is CareWare and the work of MCM's. This work will be implemented throughout the year*

# DO

## Describe what actually happened when you ran the test

- Re-run a baseline report of the STI performance measures for each agency
- Bring the information monthly to SNARP (local consortium) so each agency can review their percentages and see if they are improving. They will also make sure each agency knows how to run their own STI reports so they can keep track on their performance
- The agencies will bring back their information to clean up their data and make sure it was accurate (closed clients, deceased clients, clients whose information is not in the system yet, etc.)
- All 3 STI's will be included in the PDSA until they increase 10% or hit 90%

*A STI PDSA was performed in 2014 and 2015 so all reporting issues were addressed during those cycles.*

# STUDY

## Describe the measured results and how they compared to the predictions

- Review measures periodically to track progress or lack of
- See if there are any trends in providers not performing the screenings
- Bring periodic reports to SNARP and Case Review to summarize and highlight any successes or failures

# ACT

## Describe what modifications to the plan will be made for the next cycle from what you learned

- If clients remain on the list throughout the year and did not get screened for the 3 STI's MCM's will discuss the importance of screening with the client
- MCM's will call/visit the medical provider to remind them of the mandated testing
- Members of SNARP will discuss and come up with new innovative ideas to motivate providers and empower clients to increase screening rates