

# Improving Screening Rates for Chlamydia Planned Parenthood Pasadena and San Gabriel Valley [PPPSGV]



Planned Parenthood Pasadena and San Gabriel Valley

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## Background

PPPSGV operates four health centers which provided over 50,000 patient visits in 2013. PPPSGV implemented a quality improvement initiative in July 2011 focused on increasing the number of chlamydia screening tests provided to eligible women. Prior to the initiative, 59.7% of women  $\leq$  24 years of age in 2011 from April to June were screened for chlamydia.

## Aim

To improve annual chlamydia screening rates for females  $\leq$  24 years of age, with the goal of achieving affiliate benchmark of 86%.

## Multi-disciplinary Team

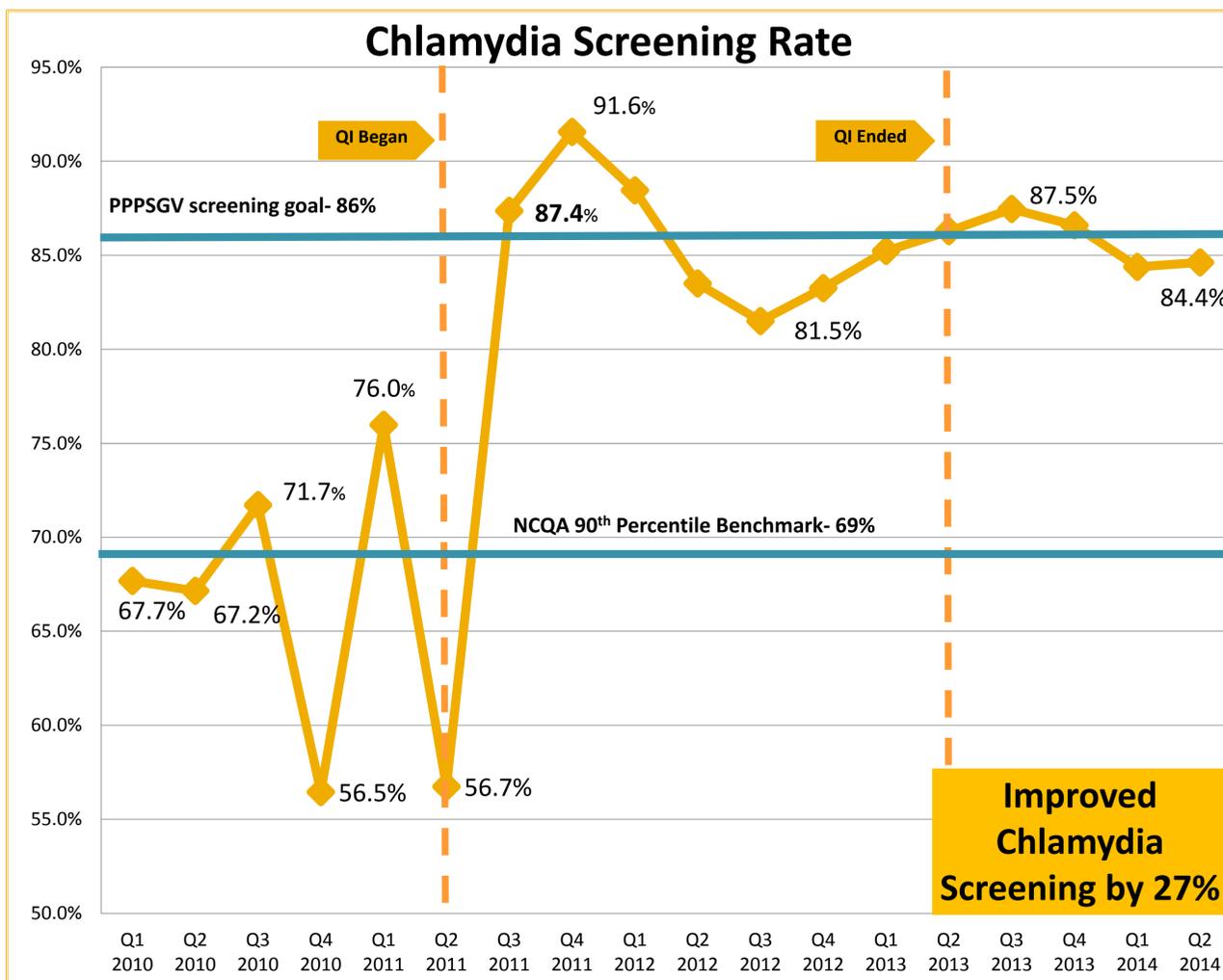
- Laurel Felczer, Senior Director of Medical Services
- Dr. Mary Gatter, Medical Director
- Bethany Eshleman, Chief Operating Officer
- Cheri Pogue, Senior Director of Clinical Services
- Lauren Hill, Director of Learning & Organizational Development
- Dr. Ian Tilley, Associate Medical Director

## Change Ideas

1. Opt-out testing policy for chlamydia
2. Urine specimens collected for all patients at check-in
3. Clinicians recommend and promoted testing for all female patients  $\leq$  24 years of age, even if asymptomatic.

## Actions Taken

- All health center staff educated on CDC recommendations for annual chlamydia testing for women
- Front desk staff instructed to provide each patient with a urine specimen cup at check-in and to have each patient leave specimen before intake
- Chlamydia testing rates, per health center and per individual provider, were monitored on a monthly basis to determine if the benchmark goal was being achieved



## Results

- In 2011, prior to beginning initiative, PPPSGV had a 59.70% screening rate for chlamydia.
- As an affiliate, PPPSGV increased their chlamydia screening rate by 27% in two years.
- By the end of the QI initiative, they met their affiliate goal of an 86% screening rate.

## Lessons Learned

- Staff need to understand “the why” behind the change process in order to accept it
- Sharing data is a powerful tool in helping staff achieve benchmark
- Drift occurs over time. Continued focus on testing helps to identify and address any declines in rates
- Original benchmark goal (90%) was too high and revised (86%)
- MA’s and clinicians need training on consistent messaging with patients regarding opt-out testing to sustain rates

## Next Steps

- Chlamydia testing rates have been added to both the provider and health center metric report cards and are reviewed with all staff on a monthly basis
- Opt-out testing expanded for female patients  $\leq$  30 years based on increased infection incidence in county
- Implement in-center, patient collected vaginal specimens for those identified as “at risk” for infection (improved diagnosis rate by 8-10%)