

# **Enhancing Chlamydia and Gonorrhea Screening Rates among Female Teens: A Pediatric Outpatient Clinic Initiative**

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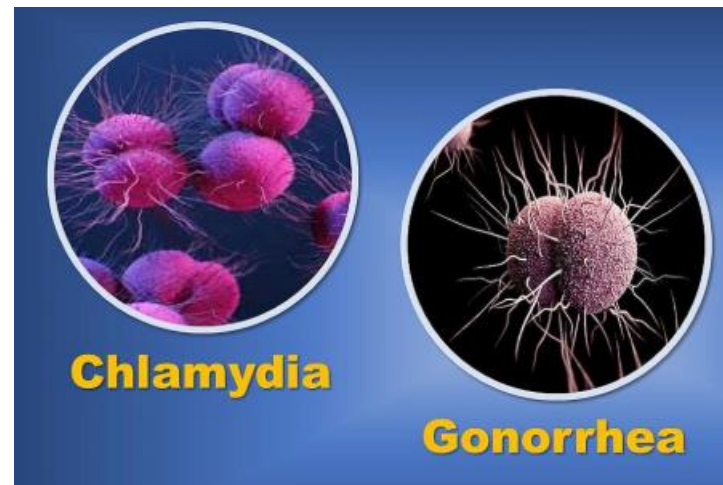
# Background/Introduction

Problem: **Low screening rates** among sexually active high school students, **particular for females**

Population: Female teens aged 15-18 in the ECU Peds outpatient clinic

Why QI?: Can **measure screening rates** after successive **PDSA cycles** to monitor for improvement

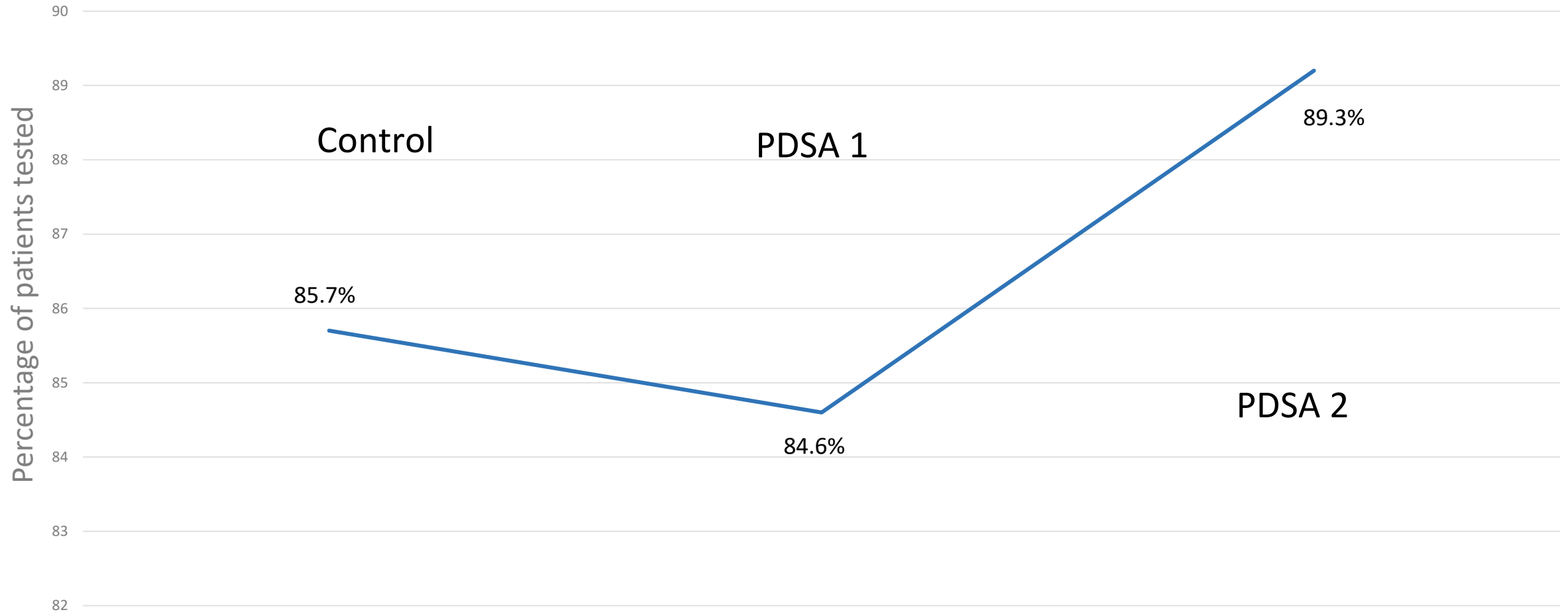
Aim Statement: **Increase the rate of G/C screening** in female teens aged 15-18 in the ECU Peds outpatient clinic by **5% in twelve months**



# Methods

- This employed **Plan-Do-Study-Act (PDSA) cycles** to implement and evaluate interventions. The measure chosen was a **ratio of female teens aged 15-18 that came to the ECU clinic for a physical or WCC, stratifying for sexual activity**. Originally, we included all visits however, we **narrowed the scope** to only include physicals/WCC to more accurately measure our project's success.
- PDSA cycle 1: **Educate the healthcare providers** on the importance of screening, and to remind them about the screening guidelines. A **department-wide email was delivered**, and a **poster was placed prominently in the pediatric outpatient workroom**. After delivery of those materials, **data was collected over four months to track progress**. Baseline data was collected for the **two months** prior to implementation.
- PDSA cycle 2: **Change the well-child check (WCC) template**. After collaborating with a resident physician, we drafted an email **sharing a smart phrase** to modify the WCC/new patient physical note template that **automatically includes a G/C screen in the plan**. We then measured the ratio for four months.

# Results



# Results cont.

Prior to Intervention		
	Sexually active	Non-sexually active
Tested	6	0
Not tested	1	12

PDSA 1		
	Sexually active	Non-sexually active
Tested	11	0
Not tested	2	27

PDSA 2		
	Sexually active	Non-sexually active
Tested	25	1 <sup>a</sup>
Not tested	3 <sup>b</sup>	60 <sup>c</sup>

# Conclusion

- **Relying solely on education rarely leads to a sustainable change** in the system. This was made evident here by the stagnant testing percentage after PDSA cycle 1.
- As demonstrated by the improvement in PDSA cycle 2, **implementing changes in the process** can lead to more **sustainable change**.
- Enhancing Chlamydia screening rates among female adolescents in the pediatric outpatient setting is critical for **early detection and prevention of sexually transmitted infections**. By focusing on targeted interventions that improve the screening process, such as improving workflow templates, this initiative contributes to broader efforts aimed at **reducing the burden of communicable diseases among teenagers in Pitt County**.
- Ongoing evaluation and adjustments will be necessary to sustain and further improve screening practices in the future.