



Improving Chlamydia and Gonorrhea Screening rates: A Pediatric QI Initiative

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BACKGROUND

- Young individuals aged 15 - 24 account for **half of all new STIs** annually, with **one in four sexually active adolescent females** in the United States affected.
- The USPSTF advises yearly Chlamydia and Gonorrhea **screening for all sexually active women aged ≤25**.

PROJECT AIM

- **Increase Chlamydia and Gonorrhea (G/C) screening rates among female adolescents aged 15–18** attending the East Carolina University (ECU) Pediatrics outpatient clinic by **5% within 12 months**

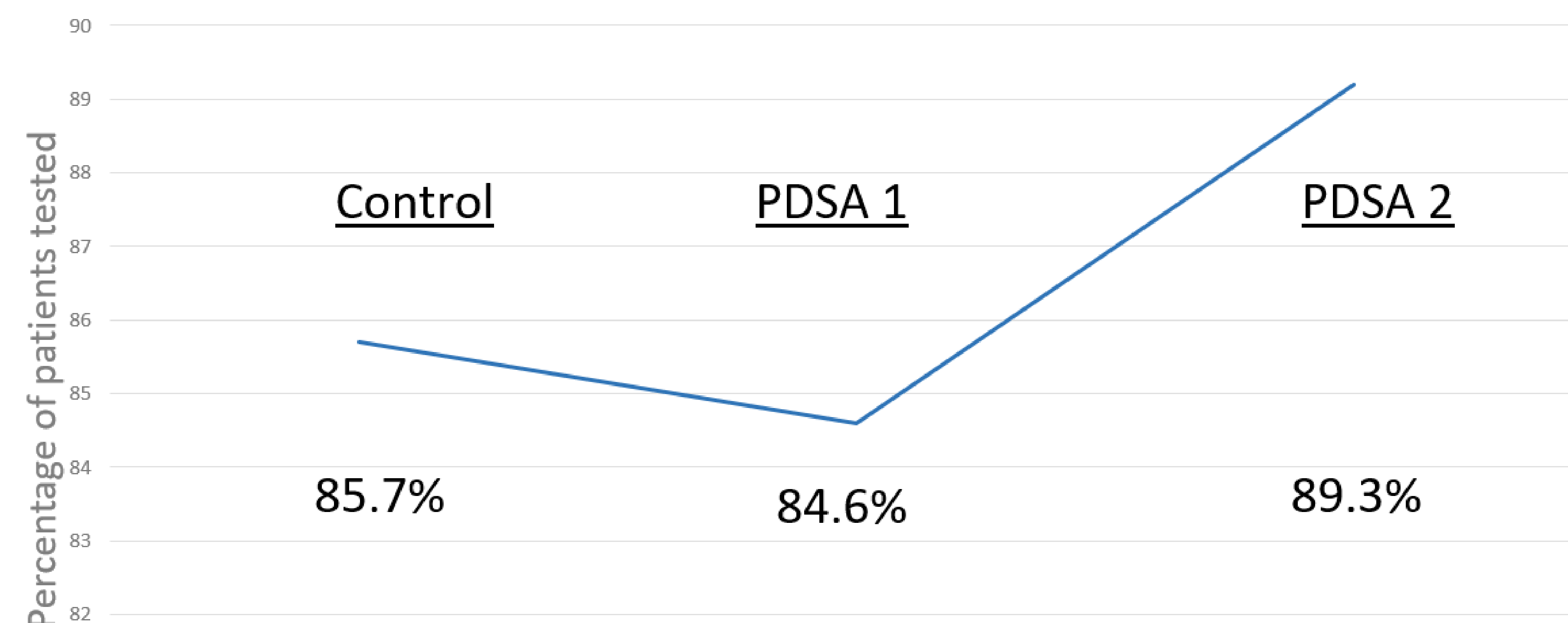
PROJECT DESIGN/STRATEGY

- This project utilized the **PDSA cycle framework** to implement and measure change.
- Each cycle's **measurable outcome** was the **Chlamydia screening rate** among female adolescents aged 15–18 at the ECU Pediatrics outpatient clinic, stratified by sexual activity status.

CHANGES MADE (PDSA CYCLES)

- The first PDSA cycle focused on educating healthcare providers about the importance of screening and reinforcing screening guidelines.
- The second PDSA cycle, the well-child check (WCC) template was modified.

RESULTS/OUTCOMES



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 ^a
Not tested	3 ^b	60 ^c

LESSONS LEARNED

- **Education alone rarely** results in sustainable system-wide change.
- **Modifying workflows**, such as integrating STI screening prompts into WCC templates (as in PDSA Cycle 2), demonstrated potential for more **sustainable improvements**.

NEXT STEPS

Enhancing Chlamydia screening rates among female adolescents in pediatric outpatient settings is critical for **early STI detection and prevention**.

By focusing on process-oriented interventions, such as workflow modifications, this initiative contributes to broader efforts to **reduce the burden of communicable diseases** among teenagers in Pitt County.

Ongoing evaluation and iterative adjustments will be necessary to **sustain and further improve screening practices**.

ACKNOWLEDGEMENTS

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