**TITLE X PERFORMANCE MEASURES ACTION PLAN**

**STD-1: CT Screening Coverage for Women Under Age 25**

**Benchmark**: **80%** of all women under 25 are tested once per year

| STD-1 ACTION PLAN CREATION (due 8/31) | ACTION PLAN COMPLETION (due 12/31) |
| --- | --- |
| Mark an X For All Chosen Items | Action Item | Progress Notes/Documentation | Date Completed |
| Cause is Unclear |
|  | A. | We will complete a self-assessment of our agency’s protocols and practices using the tool Improving Chlamydia (CT) and Gonorrhea (GC) Screening Rates:  |  |  |
| Possible Cause: Issues with CDS Data Collection (for agencies whose STD test data comes from CDS data) |
|  | B. | We will train staff on the location and importance of consistent entry of CDS chlamydia testing data in the PMS/EHR. |  |  |
|  | C. | We will confirm that our CDS report is configured correctly to collect and report chlamydia testing, and make updates to the PMS/EHR system as needed. All types of chlamydia tests should be included (e.g. all applicable CPT codes), and any mapping should be approved by the CDS Team. |  |  |
|  | D. | We will ask the CDS Team to confirm that their system is configured correctly to match our data report. |  |  |
|  | E. | We will conduct a chart review to confirm that a chlamydia test recorded in the patient chart matches the data that appears in CDS (ideally by viewing the data on the CDS website). |  |  |
|  | F. | We will request additional technical assistance from the CDS Team (describe): |  |  |
|  | G. | Other (describe): |  |  |
| Possible Cause: Issues with non-CDS Data Collection (for agencies whose STD test data comes from agency estimates typed into year-end SPR) |
|  | H. | We will conduct a chart review to confirm that a chlamydia test recorded in the patient chart matches the data that appears from our lab’s report or other estimate. |  |  |
|  | I. | We will work with the lab that supplies our testing data to confirm that the numbers they provide represent the same group of Title X users that is otherwise sent to CDS (i.e., to confirm that data was filtered properly). |  |  |
|  | J. | Other (describe): |  |  |
| Possible Cause: Need for Additional Provider/Staff Knowledge/Training |
|  | K. | We will train and/or remind providers and other staff on the protocols for chlamydia testing and how to assess a complete sexual history so that appropriate testing can be recommended and/or done. |  |  |
|  | L. | We will distribute screening guidelines and reference materials downloaded from <http://www.intouch4health.org/clinicresources.php> to providers and other staff. |  |  |
|  | M. | We will have providers and other staff listen to the podcast on screening available at <http://www.essentialaccess.org/performance-measures.html>. |  |  |
|  | N. | We will request additional training from the STD Team (describe): |  |  |
|  | O. | Other (describe): |  |  |
| Possible Cause: Need for System Changes to Visit Flow, PMS/EHR, etc. |
|  | P. | We will modify our protocol for STD testing to encourage testing at non-annual/initial exam opportunities (i.e. pregnancy testing visits where the result is negative; an emergency contraception visit; or when the client mentions having had a new partner, is unsure of his/her partner’s fidelity, or has abnormal vaginal discharge). |  |  |
|  | Q. | We will modify our protocol for STD testing in another way (describe): |  |  |
|  | R. | We will add provider reminder alerts to our PMS/EHR. |  |  |
|  | S. | We will request additional technical assistance from the STD Team (describe): |  |  |
|  | T. | Other (describe): |  |  |
| Possible Cause: Need for Patient Education/Outreach |
|  | U. | Other (describe): |  |  |
| Other Possible Cause |
|  | V. | Other: We will conduct additional chart reviews or run additional reports to assure progress towards compliance with the benchmark (describe): |  |  |
|  | W. | Other: We will incorporate this measure into our agency’s overall Quality Improvement process (describe): |  |  |
|  | X. | Other (describe): |  |  |

 **TITLE X PERFORMANCE MEASURES ACTION PLAN**

**STD-2: CT Retesting**

**Benchmark**: **100%** of all women with a positive chlamydia test are retested

between 1-6 months later if they return to clinic

| STD-2 ACTION PLAN CREATION (due 8/31) | ACTION PLAN COMPLETION (due 12/31) |
| --- | --- |
| Mark an X For All Chosen Items | Action Item | Progress Notes/Documentation | Date Completed |
| Cause is Unclear |
|  | A. | We will complete a self-assessment of our agency’s protocols and practices using the tool Improving Chlamydia (CT) and Gonorrhea (GC) Screening Rates: A Clinical Self-Assessment Tool for Title X Clinic Sites found at <http://www.essentialaccess.org/performance-measures.html>. |  |  |
| Possible Cause: Need for Additional Provider/Staff Knowledge/Training |
|  | B. | We will train and/or remind providers and other staff on the importance of reviewing patients’ previous visit history/results at time of clinical visit, and taking an accurate current sexual history. |  |  |
|  | C. | We will have providers and other staff listen to the podcast on screening available at <http://www.essentialaccess.org/performance-measures.html>. |  |  |
|  | D. | We will distribute reference materials downloaded from <http://www.intouch4health.org/clinicresources.php> or [http://www. essentialaccess.org/performance-measures.html](http://www.cfhc.org/performance-measures.html%20) to providers and other staff. |  |  |
|  | E. | We will request additional training from the STD Team (describe): |  |  |
|  | F. | Other (describe): |  |  |
| Possible Cause: Need for System Changes to Visit Flow, PMS/EHR, etc. |
|  | G. | We will modify our protocol for STD testing and treatment (describe): |  |  |
|  | H. | We will begin scheduling a return visit for STD positive patients at the time of their treatment. |  |  |
|  | I. | We will add provider reminder alerts to our PMS/EHR for all STD+ clients. |  |  |
|  | J. | We will institute a text/postcard/telephone reminder system to chlamydia positive patients to encourage them to return to the clinic (describe): |  |  |
|  | K. | We will begin asking chlamydia positive patients to add a reminder to return to clinic for retesting in 3 months into their smartphones. |  |  |
|  | L. | We will request additional technical assistance from the STD Team (describe): |  |  |
|  | M. | Other (describe): |  |  |

|  |
| --- |
| Possible Cause: Need for Patient Education/Outreach |
|  | N. | We will distribute patient education materials downloaded from <http://www.intouch4health.org/clinicresources.php> or [http://www. essentialaccess.org/performance-measures.html](http://www.cfhc.org/performance-measures.html) to patients. |  |  |
|  | O. | Other (describe): |  |  |
| Other Possible Cause |
|  | P. | Other: We will conduct additional chart reviews to assure progress towards compliance with the benchmark (describe): |  |  |
|  | Q. | Other: We will incorporate this measure into our agency’s overall Quality Improvement process (describe): |  |  |
|  | R. | Other (describe): |  |  |
|  | S. | Other (describe): |  |  |