**Quality Improvement Activity**

**Start date: End date:**

Increasing chlamydia screening in patients in the age group of 15- 29 years of age

**Practice/team name:**

**Specific**

Provide a clear description of what needs to be achieved.

**Measurable**

Include a metric with a target that indicates success.

**Achievable**

Set a challenging target but keep it realistic.

**Relevant**

Keep your goal consistent with higher-level goals.

**Time-Bound**

Set a date for when your goal needs to be achieved.

**QI Activity Lead:**

Improvement in provider capacity to conduct a sexual history assessment of adolescent to young adult patients and increases chlamydia screening coverage.

**Goal:**

What are we trying to accomplish?

**Change Ideas:**

What change can we make that will result in an improvement?

All sexually active patients in the age group 15-29 years are offered a chlamydia test.

Set up a recall system for 3 monthly reviews for those patients who tested positive for chlamydia.

All patients who attend for travel vaccinations are offered a STI screen prior to travelling and on their return.

Provide a safe environment with no stigma where the patient is comfortable to present and discuss their sexual relations and concerns.

**QI Activity Team:**

Using our practice data we can see that xx% of our patients in this age group have not had a recent (last 3 months) Chlamydia screen recorded.

xx# of male patients seen in the age group in the month/xx # of female patients seen in the age group in the month/# nonbinary patients seen in age group/xx # of chlamydia tests undertaken

**Benchmark:**

What is our current data saying?

* Name/Role
* Name/Role
* Name/Role
* Name/Role
* Name/Role

Increase the screening of sexually active patients aged 15-29 from xx % to xx % in a 3 month period.

**Measures:**

How will we know that a change is an improvement?

What data will we use to track our improvement?

**ACT**

*Review or extend activity?*

*Implement the plan and record observations*

**DO**

**PLAN**

**STUDY**

*Develop a plan and the steps involved*

* Consult with the WVPHN practice facilitator, develop a plan of action and present it at staff meetings.
* Form a QI team, discuss workflow and allocate roles & responsibilities. [ideally – practice manager (can include WVPHN practice facilitator) and at least one GP, nurse and admin staff.]
* QI lead to extract baseline data from practice software using data extraction tool
* Establish data cleansing and clinical coding processes are up to date.
* Identify appropriate resources and signage for the practice ie: confidentiality policy and posters geared towards teens/young people.
* Promote educational handouts provided to teens during physicals.
* If appropriate, set up GoShare bundles aimed at target groups with relevant information.

*Analyse and learn from the results*

**ACT**

*Review or extend activity?*

*Implement the plan and record observations*

**DO**

**PLAN**

**STUDY**

*Develop a plan and the steps involved*

* Develop prompting questions for PNs and GPs to support conversations with young people.
* Collect a patient list through data extraction tool/Clinical Software of patients who have not had a screening in xx months.
* Identify patients through morning meetings/appointment bookings.
* Reception team to add pop up notes to patient files for GP/PN management in clinical consults.
* manage screening process throughout QI period.
* GP to measure outcomes - performance data to highlight interventions that achieved improvements in adolescent sexual health service delivery.
* Review data to determine number of patients who returned for screening and number of patients with results. Assistance provided by WVPHN. Compare to baseline.

*Analyse and learn from the results*