



QUALITY IMPROVEMENT STORYBOARD



PROGRAM NAME: Community Health Services SPA 3 & 4
 PROJECT TITLE: Patient Delivered Partner Therapy (PDPT) Quality Improvement Project
 PROJECT TIMELINE: July 10, 2017 – June 2018
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PLAN
 Identify an opportunity and Plan for Improvement

1. Getting Started

According to recent data from the Division of HIV and STD Programs (DHSP), chlamydia and gonorrhea have been on the rise in LA County between 2004 and 2015. Specifically, the rates of chlamydia and gonorrhea are significantly higher in SPA 4 when compared to LA County.

2. Assemble the Team

A multidisciplinary Project Team was assembled from 3 health centers in SPA 3 & 4: Pomona Health Center, Central Health Center, and Hollywood Wilshire Health Center. The team included staff from each center's STD clinic, Nursing, the Area Medical Director, and Health Program Analysts.

3. Examine the Current Approach

Data from DHSP shows that the percent of patients receiving PDPT packets in 2015 for chlamydia in SPA 3 & 4 clinics was very low (3.6% in Central; 1.8% in Hollywood Wilshire; and 11% in Pomona). Data also show that few patients received PDPT for gonorrhea (3.1% in Central; 0% in Hollywood Wilshire; 12% in Pomona). Also, there was not a systematic way to capture if PDPT was offered to a patient, if the patient refused or accepted PDPT, and the reason for refusal. The number of PDPT packets distributed was captured in the PILS system.

4. Identify Potential Solutions

One strategy to implement improvement activities included inviting subject matter experts from DHSP to provide training to all STD clinic staff. The training covered the current state of PDPT: usage in CHS clinics, policy, indications, eligibility,

Frequently Asked Questions, barriers, and health education materials for patients and partners.

A tracking log was created to be used by clinicians to obtain real-time PDPT prescription data on: patient diagnosis of chlamydia, gonorrhea, or trichomonas (confirmed or highly suspected), whether PDPT was issued, number of packets issued, if it was recorded in PILS, and the reason for declining PDPT.

5. Develop an Improvement Theory

If we provide an intensive PDPT training, then we will expect at least a 5% increase in the percent of patients who receive PDPT in SPA 3 & 4 STD clinics from 7/10/17 – 1/3/18.

DO
 Test the Theory for Improvement

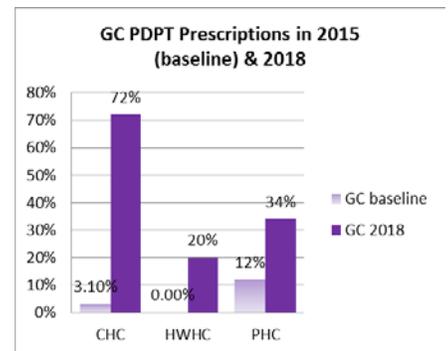
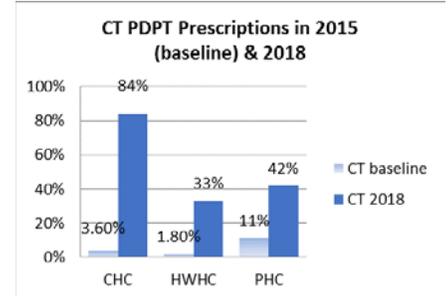
6. Test the Theory

Data was collected using PDPT from 7/10/17 to 6/5/18. Improvement was measured monthly to ensure activities were being implemented and patients were receiving PDPT packets to share with their sexual partners.

STUDY
 Use Data to Study Results

7. Check the Results

A total of 655 visits were recorded on PDPT tracking logs. The percentage of patients that accepted PDPT (n=320) (combined total for chlamydia, gonorrhea, and trichomonas) when it was offered varied by each health center: 28% (Hollywood Wilshire), 40% (Pomona) & 78% (Central).



The primary reasons for declining PDPT included (n=306): partner already received treatment (35%), sex partner unknown (28%), and partner is currently in the clinic (20%).

ACT
 Adopt, Adapt or Abandon and Establish Future Plans

8. Adopt, Adapt or Abandon the Strategy

Since we exceed our target goal of 5% in every health center, we decided to adopt the strategy. However, tracking logs are no longer used, as PDPT utilization is now recorded in ORCHID.

9. Establish Future Plans

The Quality Management Team has discussed mechanisms to improve PDPT distribution in all health centers and continuing to track usage in ORCHID. Health Centers are continuing to work on improving the number of patients who have PDPT to give to partners.