

PLUS Legacy Report:

**a) Title**

Universal Chlamydia Screening Among Adolescents in Urgent Care: A pilot in 6M

**b) Key words**

Chlamydia, screening, urgent care, adolescents, sexually transmitted infections, STI, primary care, prevention, high-risk

**c) Learning objectives**

- To be able enlist and maintain support of clinic staff for intervention in urgent care triage
- To be able to oversee execution of intervention in urgent care triage
- To be able to collect data about patient population from intervention implemented in urgent care triage

**d) Project objective**

- Increase urine chlamydia screening rate of adolescent girls ages 14-18 seen in 6M pediatric urgent care clinic from 37% of all adolescents to 100% of adolescents who identify as sexually active.
- Measure prevalence of chlamydia infection among sexually active adolescent girls and boys ages 14-18 seen in 6M pediatric urgent care clinic.
- Measure prevalence of sexual activity among adolescent boys and girls ages 14-18 seen in 6M pediatric urgent care clinic.
- Assess feasibility of universal urine chlamydia screening program among adolescent girls ages 14-18 in 6M pediatric urgent care clinic.

**e) Activities (Partly using objectives listed..) what did you do to reach your objectives?**

- Survey asking about sexual activity and other STI risk factors given to all adolescent patients age 14 or older in urgent care triage for a 2-month period
- Patient-driven Chlamydia urine screen offered to all adolescent patients age 14 or older seen in urgent care for a 2-month period

**f) Outcomes:**

*Population Data Collected:*

- Sexual activity among teens 14-18 in clinic: 63%
- Sexual activity among teens 16-18 in clinic: 81%
- Percentage of teens who identify a “regular” PMD: 64%

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- Average time since last visit to PMD: 209 days
- Of teen with regular PMD's 50% of PMD's are in 6M and only 13% are outside of SFGH

### *Intervention Results:*

- Increased chlamydia screening during time of intervention
- Slightly more than double screening rate among girls compared to baseline year (15.5% vs 6.9%)
- Threefold increase in chlamydia tests sent from 2 months prior to intervention period (17 vs 6)
- Sixfold increase in chlamydia tests sent from same time period previous year (17 vs 6)
- 60% of sexually active girls screened. (67% of those eligible for screening screened)

### **g) Lessons in Implementation (what did you learn in the process of your work?)**

- Involving nursing staff is important in nursing-driven intervention.
- Incorporating regular training/orientation in cases where staff frequently rotates or changes is important in ensuring adherence to protocol.
- Reducing provider-dependent steps in process important to data collection and intervention implementation.
- Staying close to the process and re-evaluating frequently is important in identifying and dealing with unexpected obstacles.
- Simple interventions and protocols that require less from staff are more likely to be adopted and maintained.
- Recruiting and working with local champions is key in maintaining interest and sustaining efforts.

### **h) Potential future projects:**

- Triage-based universal screening protocol based solely on age and date of last Chlamydia screen
- Triage based patient-driven chlamydia screening
- Increase in services and interventions in urgent care focusing on sexual health given high rate of sexual activity in population (eg. contraception, condoms, etc)

### **i) Resources (include local individuals/contacts; key organizations - local and national; potential funding sources/grants)**

Local expertise and support offered by Mary-Ann Shafer, Carolyn Jasik, Andrea Marmor, Jamal Harris, Shonul Jain, Lanie Adelman, and nursing staff of 6M.