BEST PRACTICES

Sarah Weninger, MPH; ND Dept. of Health Division of Disease Control
ND HIV.STD.TB.Viral Hepatitis Symposium
June 4, 2019
MINOR CONSENT IN ND

- North Dakota Century Code: 14-10-17
  - Any person of the age of fourteen years or older may contract for and receive examination, care, or treatment for sexually transmitted disease or substance use disorder without permission, authority, or consent of a parent or guardian.

- Maintaining Confidentiality
THERE ARE **5 MAJOR STRATEGIES** FOR THE PREVENTION AND CONTROL OF STDs.

- Risk Assessment, Education and Counseling
- Pre-Exposure Vaccination
- Screening Asymptomatic Individuals
- Effective Diagnosis, Treatment, Counseling, Follow-Up of Infected Persons
- Evaluation, Treatment and Counseling of Sex Partners
THE FIVE P’S IN A SEXUAL HISTORY.

- **Partners**
- **Practices**
- **Past History of STIs**
- **Protection from STIs**
- **Pregnancy Plans**

**Goal: Facilitate Rapport with Patients**
- Open-Ended Questions
- Understandable, Nonjudgmental Language
- Normalizing Language
- 6th ‘P’: Prevention
SEXUAL HEALTH HISTORY: WHEN & HOW OFTEN

- At the beginning of the preventive services visit for adolescents or adults
- The sexual health history should be taken at least annually
- ND: Patients need to be 14 yrs. to have STD testing and other sexual health services without parental consent
WHO SHOULD I SCREEN? – CHLAMYDIA

<table>
<thead>
<tr>
<th>Category</th>
<th>Recommendations</th>
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<tr>
<td><strong>Women</strong></td>
<td>*Sexually active women under 25 years of age&lt;br&gt;Sexually active women aged 25 years and older if at increased risk&lt;br&gt;Retest approximately 3 months after treatment</td>
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<tr>
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<td>*All pregnant women under 25 years of age&lt;br&gt;Pregnant women, aged 25 and older if at increased risk&lt;br&gt;Retest during the 3rd trimester for women under 25 years of age or at risk&lt;br&gt;Pregnant women with chlamydial infection should have a test-of-cure 3-4 weeks after treatment and be retested within 3 months</td>
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<td><strong>Consider screening young men in high prevalence clinical settings or in populations with high burden of infection (e.g. MSM)</strong></td>
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## WHO SHOULD I SCREEN? - GONORRHEA

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CHLAMYDIA TREATMENT

Recommended:
Azithromycin 1 g orally in a single dose
OR
Doxycycline 100 mg orally twice a day for 7 days

- Exposures: Presumptive Treatment
- Retesting: 3 Months after Treatment
- Test of Cure: Not Recommended
GONORRHEA TREATMENT

**Recommended:**
Ceftriaxone 250 mg IM
PLUS
Azithromycin 1 g orally

- Directly Observed Therapy
- Exposures: Presumptive Treatment
- Retesting: 3 Months after Treatment
- Test of Cure: Not Recommended
EXPEDITED PARTNER THERAPY (EPT)

- Treatment of partners without an intervening personal assessment by a health-care provider
- Accepted method of treatment of CT and GC infections in ND as of January 2009
- (ND Administrative Code, Chapters 61-04-04-01 Unprofessional Conduct, 54-05-03.1-10 Authority to Prescribe, 50-05-01 Expedited partner therapy).
EXTRAGENITAL SCREENING

- Chlamydia and Gonorrhea screening should always be performed at site of exposure.
- Risk Assessment: Type of Sex
- The CDC recommends that MSM be screened at least annually for chlamydia infection at sites of sexual contact, including the rectum and urethra; for gonorrhea, the guidelines recommend screening at the urethra, rectum, and pharynx.
**SYPHILIS SCREENING RECOMMENDATIONS**

- **Pregnant Women**
  - All pregnant women at the first prenatal visit
  - Retest early in the third trimester and at delivery if at high risk
- **Men Who have Sex With Men (MSM)**
  - At least annually for sexually active MSM
  - Every 3 to 6 months if at increased risk
- **Persons with HIV**
  - For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter
  - More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology
WHO SHOULD BE TESTED FOR HIV?

• Everyone 13-64 should be tested at least once
• Sex with HIV Positive Individual
• Persons who Injects Drugs
• Exchanged Sex for Drugs or Money
• Diagnosed with or Exposed to STDs
• Diagnosed with TB or Hepatitis
• Anonymous Sex Partners
• Pregnant Women – Each Pregnancy
• Men who Have Sex with Men
Daily oral PrEP is recommended for adults at **substantial risk** of acquiring HIV infection:

<table>
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<tr>
<th>Detection of Risk of Acquiring HIV Infection</th>
<th>MSM</th>
<th>Heterosexual Women and Men</th>
<th>Injection Drug Users</th>
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<tr>
<td>▪ HIV-positive sexual partner</td>
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<td>▪ HIV-positive injecting partner</td>
<td></td>
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<tr>
<td>▪ Recent bacterial STI</td>
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<td>▪ Sharing injection equipment</td>
<td></td>
</tr>
<tr>
<td>▪ High number of sex partners</td>
<td>▪ High number of sex partners</td>
<td>▪ Recent drug treatment (but currently injecting)</td>
<td></td>
</tr>
<tr>
<td>▪ History of inconsistent or no condom use</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>▪ Commercial sex work</td>
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</tr>
<tr>
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**MSM** = men who have sex with men; **STI** = sexually transmitted infection.

PARTNER SERVICES IN ND

WHAT IS THE HEALTHCARE PROVIDERS ROLE?

- **Partner Services**: Continuum of Clinical Evaluation, Treatment, Counseling, Testing and Treatment Designed to Increase Number of Infected Persons Brought to Treatment and to Disrupt Transmission Networks

- ND Field Epidemiologists: Gonorrhea, Complicated Chlamydia (<14, More Than 3 Infections in One Year), Syphilis, HIV

- Chlamydia: Healthcare Provider Responsibility

- Partner Services Most Effective if Healthcare Provider Involved
Current or former injection drug users, including those who injected only once many years ago
Everyone born from 1945 through 1965
Recipients of clotting factor concentrates made before 1987, when less advanced methods for manufacturing those products were used
Recipients of blood transfusions or solid organ transplants prior to July 1992, before better testing of blood donations became available
Chronic hemodialysis patients
People with known exposures to HCV, such as health care workers after needle sticks involving HCV-positive blood
recipients of blood or organs from a donor who tested HCV-positive
People with HIV infection
Children born to HCV-positive mothers

U.S. Preventive Services Task Force (USPSTF) also recommends HCV testing for:
Incarcerated persons
People who use intranasal drugs,
People who get an unregulated tattoo
Recommended Testing Sequence for Identifying Current Hepatitis C Virus (HCV) Infection

- **HCV antibody**
  - **Nonreactive**
    - No HCV antibody detected
      - STOP*
  - **Reactive**
    - **HCV RNA**
      - **Not Detected**
        - No current HCV infection
        - Additional testing as appropriate†
      - **Detected**
        - Current HCV infection
        - Link to care
Identify Who is at Risk of Developing Active TB Disease?

- Babies and young children often have weak immune systems. Other people can have weak immune systems, too, especially people with any of these conditions:
  - HIV infection (the virus that causes AIDS)
  - Substance abuse
  - Silicosis
  - Diabetes mellitus
  - Severe kidney disease
  - Low body weight
  - Organ transplants
  - Head and neck cancer
  - Medical treatments such as corticosteroids or organ transplant
  - Specialized treatment for rheumatoid arthritis or Crohn’s disease
Perform Risk Assessment

Tuberculosis Risk Assessment for Pediatrics
Test for tuberculosis by performing a tuberculin skin test (TST) or by interferon gamma release assay (IGRA) if child is 6 years of age or older (unless otherwise contraindicated) if ANY of the four boxes below are selected

- Foreign-born person from a country with an elevated TB rate
  - Includes any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.
  - If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see User Guide for list).

- Immunosuppression, current or planned
  - HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥15 mg/day for ≥1 month) or other immunosuppressive medication.

- Close contact to someone with infectious TB disease ever.

- Foreign travel or residence of ≥1 month consecutively in a country with an elevated TB rate
  - Any country other than United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
  - TB Testing should occur at least 6 weeks after the child left country with elevated TB prevalence.

If IGRA or TST result is positive, evaluate for active TB disease.
- If patient has symptoms of active TB disease or an abnormal chest X-ray consistent with TB disease, place the patient on airborne isolation and evaluate.
- If active TB disease is ruled out, LTBI treatment is recommended
  - All patients who are positive for tuberculosis infection (active or latent) should be screened for HIV.

Tuberculosis Risk Assessment for Adults
Test for tuberculosis by interferon gamma release assay (IGRA) or tuberculosis skin test (TST) (unless otherwise contraindicated) if ANY of the four boxes below are selected

- Foreign-born person from a country with an elevated TB rate
  - Includes any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.
  - If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see User Guide for list).
  - IGRA is preferred over TST for foreign-born persons.

- Immunosuppression, current or planned
  - HIV infection, diabetes, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥15 mg/day for ≥1 month) or other immunosuppressive medication.

- Close contact to someone with infectious TB disease ever.

- Foreign travel or residence of ≥1 month consecutively in a country with an elevated TB rate
  - Any country other than United States, Canada, Australia, New Zealand, or a country in western or northern Europe

If IGRA or TST result is positive, evaluate for active TB disease.
- If patient has symptoms of active TB disease or an abnormal chest X-ray consistent with TB disease, place the patient on airborne isolation and evaluate.
- If active TB disease is ruled out, LTBI treatment is recommended
  - All patients who are positive for tuberculosis infection (active or latent) should be screened for HIV.
Determine Who Would Benefit from Treatment for TB Infection

- Non-US Born – document country of birth
- Recent Contact to Active TB
- Medical Risk Factors
Prior to Starting Treatment for TB Infection – Rule Out Active Disease
Offer Treatment for TB Infection

• Provide directly observed therapy to children and HIV infected
• Monitor for adverse effects to medication during monthly assessment
Quality Improvement

Basic Introduction
Quality Improvement

A **distinct process** and set of tools coordinated to ensure services and programs **consistently meet the needs** of the communities.

A **continuous** and ongoing effort to achieve **measurable improvements** in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality **in services or processes** which achieve equity and improve the health of the community.

Definition developed by the Accreditation Coalition Workgroup (Les Beitsch, Ron Bialek, Abby Cofsky, Liza Corso, Jack Moran, William Riley, and Pamela Russo) and approved by the Accreditation Coalition on June 2009.
Meet Needs

Monitor Goals

Get Better

Visual Based on the Quality Trilogy
Key Features of QI

• Focus on **systems**, not individuals
• Ideas/changes from **customers & front line staff**
• Focus on **small tests of change**
• Frequent, **ongoing measurement** and data-driven decision making
• QI is a never-ending process...it’s **continuous**
• It should **help staff**, not hinder
Understand the Current System

Creating a Visual Representation of the System
Understand Your Current Process

• Collect data on the process (qualitative and quantitative)
  o Observe the process; time studies
  o Chart reviews/data mining from EMR
  o Qualitative: Interviews, surveys, etc.
Purpose:
• Observe the actual work in real time
• Gain knowledge about the process
• Identify opportunities for improvement
OBSERVATIONS

How to Collect the Data:

• Determine the starting and stopping points

• Identify patients within your age range (e.g. 14 - 24 year olds)

• Go and see **first hand** as the patients goes through the visit

• Record **actual** data for each process step
Visually Displaying Observations: Value Stream Map
What are the Wastes?

- Defects
- Overproduction
- Waiting
- Non Value-Added Processing
- Transportation
- Inventory
- Motion
- Employee Underutilization

What are the Steps?

- Identify process steps
- Identify where you are implementing best practices
Lead Time Ladder aka Sawtooth

- 1. Customer
- 2. Process
- 3. Notes
- 4. Data
- 5. Starburst
- 7. Electronic
- 8. Lead Time Ladder

Delay:
- 3 hrs
- 8 hrs
- 30 min
- 5 min
- 5 min
- 5 min
- 15 min
Visually Display: Value Stream Map
Your Turn!

- Observe the Western Union Process
- Document process steps using the *Process Data Collection* Form
What are the Wastes?

• Defects
• Overproduction
• Waiting
• Non Value-Added Processing
• Transportation
• Inventory
• Motion
• Employee Underutilization

What are the Process Steps?

• Identify process steps
• Identify where you are implementing best practices

What did you SEE?
1. Sort to groups
2. Count
3. Log on header sheet

Customer

Email apps

Fillable pdf app

Overnight app

Web app to download & manipulate

1. Sort Mail & Group Delivery
2. Place in in-basket
3. Process App
4. Copy
5. Separate documents

C/T = 3 hr
C/T = 15 min
C/T = 30 min
FPY = 25%
C/T = 5 min
C/T = 5 min
C/T = 15 min

8 hrs
8 hrs
8 hrs
3 hrs
15 min
30 min
5 min
5 min
15 min

965 min
-----------------
250 min
VSM – What do Starbursts help us see?
VSM — What do Starbursts help us see?
Reflect and Report

• How might you use a VSM to understand your clinic flow and how your currently provide STI care?

• What assistance might you need to create the VSM?
Understand the Current System

Collecting Customer and Staff Perspective
Understand Your Current Process

• Collect data on the process (qualitative and quantitative)
  o Observe the process; time studies
  o Chart reviews
  o Qualitative: Interviews, surveys, etc.
Why is it important to collect qualitative info?

How do you currently collect feedback from patients and staff?

How might you collect data differently?
Apply It!

**DRAW**

- What would the ideal adolescent visit look like in your clinic?

**RULES**

- Try not to use any words
- Stick figures are perfect!
- You don’t have to be an artist!
Table Reflection

Share your drawing with your table.

• What things are similar?
• What things are different?
Reflect and Report

• What “aha moments” did you have as you discussed the drawings?

• How might you use drawing to capture ideas from your adolescent patients and staff?
Circle of Care Model

Purpose:
• Survey the services available to a population
• Shows perspectives of patients and providers
• Identifies supports needed to provide services

Source: National MCH Workforce Development Center.
Apply It!

Aim:

• Review the aim your team identified

• Write a quick summary statement of your aim at the top of your bullseye.

Aim:
 Improve STI services for adolescent patients
Apply It!

Target Population:
• Who is your target population?
• List the name, ages, etc. of your target population on a sticky note.
• Place the sticky note in the “Target Population” circle.

Aim:
Improve STI services for adolescent patients

Services Provided

Target Population

Supports

Adolescents ages 12-24
Apply It!

Services Provided:

• *What services or categories of services are available to our population to meet their needs?*

• List the services on a sticky note (one per sticky)

• Place the sticky note in the “Services Provided” circle.
Apply It!

Services Provided:

• What services has this target population asked for that we have not yet been able to provide for them?

• List the services on a different colored sticky note (one per sticky)

• Place the sticky note in the “Services Provided” circle

Aim:
Improving STI services for adolescent patients
Apply It!

Supports:

• What do we need in order to provide X service, or provide that service better?"

• List the need on a different colored sticky note (one per sticky)

• Place the sticky note in the “Supports” circle

Aim:

Improve STI services for adolescent patients

Services Provided

Target Population

Supports

Standard process for offering after hours

After hours services
Apply It!

Supports:

• What are the **barriers** that prevent us from doing our best work?

• List the barriers on a different colored sticky note (one per sticky)

• Place the sticky note on the outside of the “bullseye”

Aim:

Improve STI services for adolescent patients
Reflect and Report

What “aha” moments did you have as you completed the Circle of Care Map?

How might you use the Circle of Care Map to gain insights from your staff?
Testing and Learning

Learn what works on a small scale first
Testing: Everyday Life

“Mom, I LOVE this cake. Can you make it for my birthday next month?”

“Sure, I’ve never made that cake, but I’ll make it for your birthday!”
The day of the party
Have you been in this situation?

“Oh no!
This is not how it’s supposed to look!”

What should the mom have done
to avoid this situation?
“That was a great webinar! What idea should we implement first?”

“We should create a “sexually active” check-box in the EMR. This will trigger us to assess and screen adolescents for chlamydia.”

Great idea!
I’ll work with IT to get this started today.
“There you have it. Easy as 1, 2, 3!”

You can start using the check-box today.”
“Sally!
I can’t believe you got tested for an STI without telling me!
What have you been doing??”

How would you feel if this happened to your patient?

Why did this happen?
What are the benefits to your team/staff/patients if you test changes before implementing them across the entire clinic?
How to Test: PDSA Cycle

**Act**
- What changes are to be made?
- Adapt? Or Abandon?
- Next cycle?

**Plan**
- Objective of cycle
- Questions/predictions
- Plan to carry out the cycle (who, what, where, when)

**Study**
- Complete the analysis of data
- Compare data to predictions
- Summarize what was learned

**Do**
- Carry out the plan
- Document problems/unexpected observations
- Begin analysis of data
Tip for Success

SMALL NUMBER

SHORT TIME FRAME
Tips for Success: Learn and Get Better

Which option will provide you with the best learning opportunity?

1 Test

5 Tests
Tips for Success:
Learn and Get Better

Hunches
Theories
Ideas

Very Small Scale Test

Follow-up Tests

Wide-Scale Tests of Change

Implementation of Change

Changes That Result in Improvement

*Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP.
Reflect and Report

How might your clinic benefit from testing your improvement ideas on a small scale?
Planning
Planning for Next Steps

✔️ Think of the tools and concepts discussed

✔️ Jot down at least two things your clinic can do by July 4th to begin improving

☐ Jot down assistance you might need to move forward
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