QUALITY IMPROVEMENT STORYBOARD

| QI PROJECT TITLE:	Chlamydia & Texting QI Project
QI TEAM:	Jill E, Stefanie, Daniela, and Cindi
PROGRAM:	Communicable Disease
DESIRED OUTCOME:	Determine the most effective way to interview STD cases.

PLAN

1. Getting Started
Initially, we started this project with the goal of improving our rate of STD cases that were not contacted for an interview. After reviewing the data, we found that only a small number of cases were not interviewed (10 out of 208 cases not managed by Bridgercare). The focus of our study changed from whether texting will decrease our number of cases not contacted to whether texting is more efficient than calling.

2. Assemble the Team
The team assigned to this QI project was as follows:
-Communicable Disease Manager
-CD Public Health Nurse
-Immunization Nurse
-AmeriCorps VISTA

3. Examine the Current Approach
The team created a process map and brainstormed to determine areas of potential solutions.
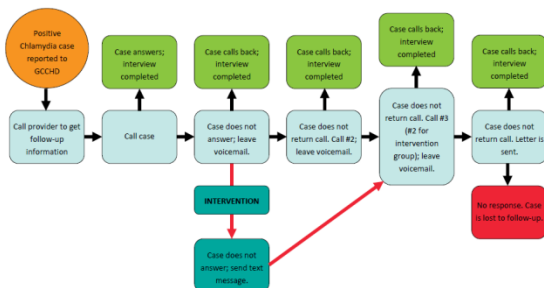
We also talked with the Riverstone PHN (Billings, MT) who uses Facebook and texting in their disease investigation.

4. Identify Potential Solutions
The following alternatives were considered:
-Contacting via Facebook
-Sending texts
-Mailing letters earlier in the process

-Changing the order of the phone call and letter

The team elected to incorporate texting, since it seemed easy to measure and least time consuming.

5. Develop an Improvement Theory
If we incorporate texting into the current STD follow-up procedure, then interviews and contact case management will be completed quicker and more efficiently.

DO

6. Test the Theory
We used our current Communicable Disease log to randomize the control and intervention groups. We decided to test our theory for positive Chlamydia cases only so that the data collection would be manageable. Every other case received a text after the first phone call (the other cases followed the 'standard' procedure). The CD log was modified to record when a person was contacted and when they were interviewed. After three months, we reviewed our data.

STUDY

7. Study the Results
In the three month time period (first quarter of FY15), we had 51 cases; 25 cases in the intervention group (call, text, call, letter) and 26 cases in the control group (call, call, call, letter).The control group had 16 interviews completed after the first call; the intervention group had 9 interviews completed after the first call (no text was sent). We found the completion rate after call #2 versus text was

60% for the control group compared to 80% for the intervention group. To measure efficiency, we calculated days from first phone call to completed interview for each group. On average, the intervention group took 0.61 days to complete and the control group took 1.63 days to complete. Each group had two cases that were lost to follow up (LTFU).

ACT

8. Standardize the Improvement or Develop New Theory
From our data, we found it is important to incorporate calling as our first intervention, as 48% of our cases were completed after the first call. In addition, it appears that texting significantly increases the efficiency of case follow-up. We have changed our procedure to call, text, letter for all positive cases and their contacts to reach out for an interview.

Please note we are aware the sample size for call #2 in the control group is significantly different than the intervention group.

9. Establish Future Plans
Since provider information is also recorded in the CD log, we will analyze which providers refer the most STD cases to the health department and work with them to increase collaboration and try to further improve the efficiency of case follow-up.

It may be interesting to incorporate Facebook in contact investigation in the future.

Project Completed April 2015