

Improving STI/HIV Screening rates in adolescents (ages 13-17)

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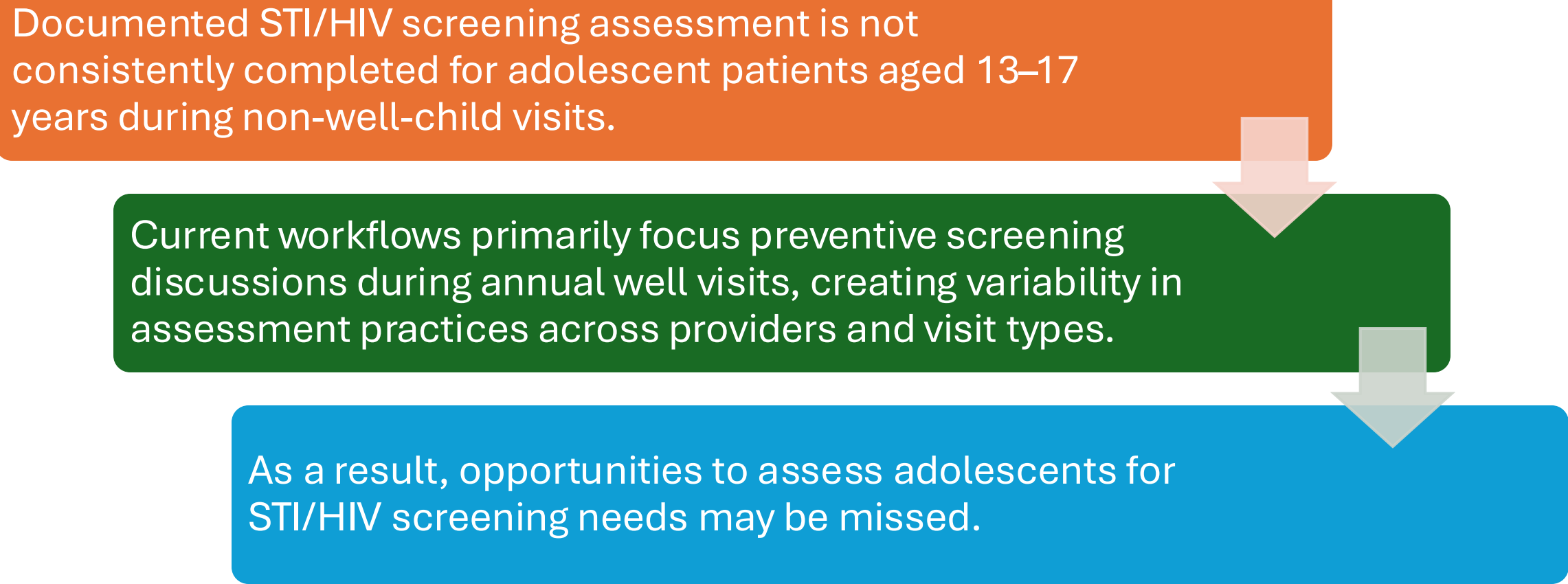
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Background

- Adolescents are at increased risk for sexually transmitted infections (STIs) and HIV. National guidelines recommend routine assessment of sexual health risk factors and screening when appropriate.
- In 2024, women ages 15 to 24 accounted for 56.0% of all reported chlamydia cases among women in NYC, with case rates approximately five times higher than those for the overall female population
- **The Bronx Hotspots:** Specific Bronx neighborhoods, notably Hunts Point-Mott Haven, **Crotona-Tremont**, and Highbridge-Morrisania, consistently rank among the United Hospital Fund (UHF) areas with the highest chlamydia rates in all of NYC
- In our clinic, STI/HIV screening assessment is commonly addressed during well-child visits but is often missed during acute, follow-up, and other non-well adolescent visits. These missed opportunities may result in delayed identification of patients who would benefit from STI/HIV screening.
- Implementing a standardized reminder process may improve provider awareness and increase documentation of STI/HIV screening assessment at all adolescent encounters.

Problem statement

Documented STI/HIV screening assessment is not consistently completed for adolescent patients aged 13–17 years during non-well-child visits.



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graph TD; A[Documented STI/HIV screening assessment is not consistently completed for adolescent patients aged 13–17 years during non-well-child visits.] --> B[Current workflows primarily focus preventive screening discussions during annual well visits, creating variability in assessment practices across providers and visit types.]; B --> C[As a result, opportunities to assess adolescents for STI/HIV screening needs may be missed.];
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Current workflows primarily focus preventive screening discussions during annual well visits, creating variability in assessment practices across providers and visit types.

As a result, opportunities to assess adolescents for STI/HIV screening needs may be missed.

Aim Statement

- SMART Aim - Increase the percentage of adolescent patients aged 13–17 years with documented STI/HIV screening assessment from 55% to 80% over an 8-week period through implementation of daily morning huddle reminders.
- **Specific:** Improve documentation of STI/HIV screening assessment.
- **Measurable:** Percentage of adolescent visits with documented assessment.
- **Achievable:** Utilize existing morning huddle structure.
- **Relevant:** Supports preventive adolescent healthcare.
- **Time-Bound:** 8-week implementation period.

Metric	Sexually transmitted infection (STI) screening Measure
Measurement	Percent of adolescent visits where an appropriate STI screening was performed in the last year.
Denominator	Completed primary care visits where the patient was 13-17(inclusive) years of age
Numerator	Visits where the patient was asked, in the past year, if they were sexually active:AND either most recent answer was No, OR had a chlamydia screening test result documented.
Reporting Frequency	Monthly on the 6th of reporting month
Source	EPIC/Caboodle
Target	80%

Stakeholders



Primary Stakeholders:

Adolescent patients
Providers (NPs, MDs)
Nurses/PCT/PCA



Secondary Stakeholders:

Operations Manager
Clinic leadership
Quality Improvement Team
Parents/guardians
Population health team

Current workflow

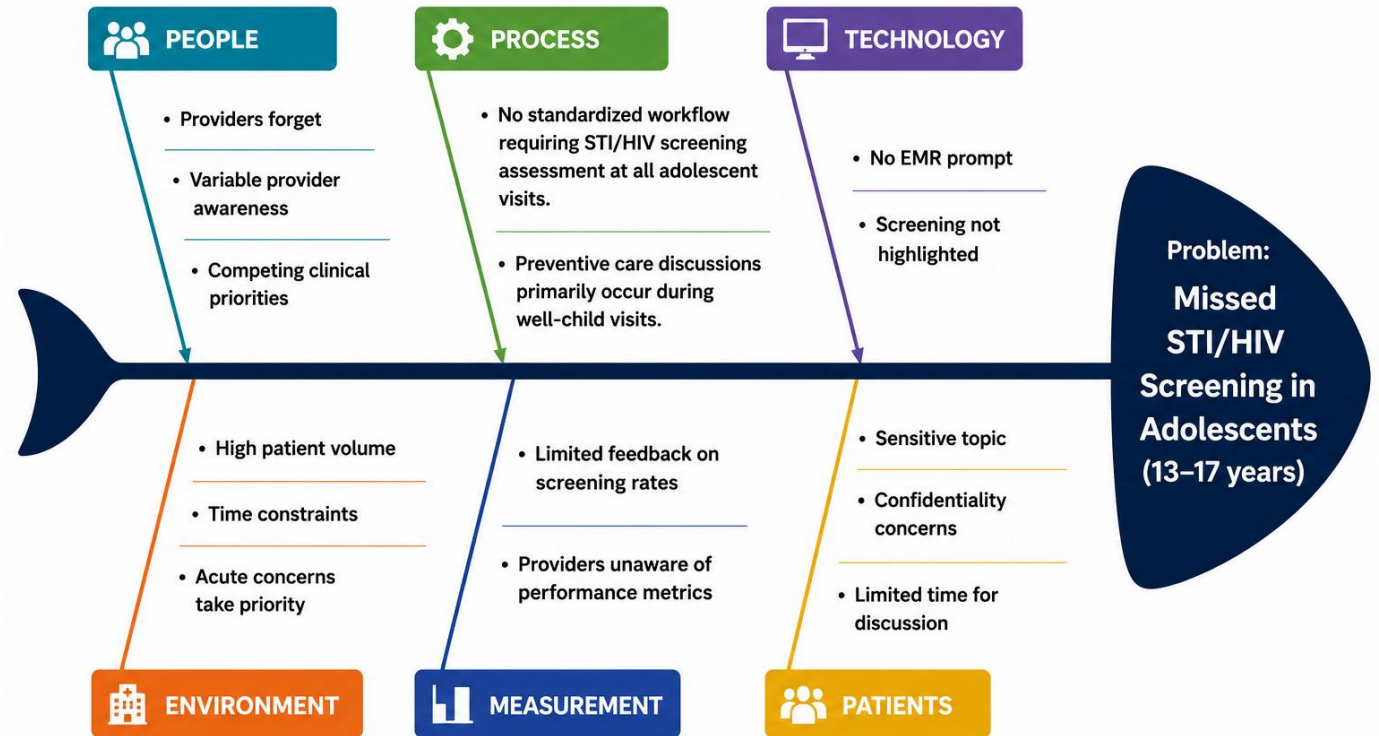
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graph TD; A[Adolescent patient presents for visit] --> B[Visit reason identified]; B --> C[Provider conducts evaluation]; C --> D[STI/HIV screening assessment may or may not occur]; D --> E[Documentation completed]; E --> F[Visit closed];
```

Adolescent patient presents for visit
↓
Visit reason identified
↓
Provider conducts evaluation
↓
STI/HIV screening assessment may or may not occur
↓
Documentation completed
↓
Visit closed

STI/HIV screening assessment is frequently overlooked during non-well-child visits due to competing priorities and lack of standardized reminders.

Fishbone diagram

Fishbone Diagram: Missed STI/HIV Screening in Adolescents (13–17 years)



PDSA Cycle 1

Plan

- Identify low rates of documented STI/HIV screening assessment and implement a reminder-based intervention.

Do

- Introduce daily morning huddle announcements identifying adolescent patients and reminding providers to document STI/HIV screening assessment.

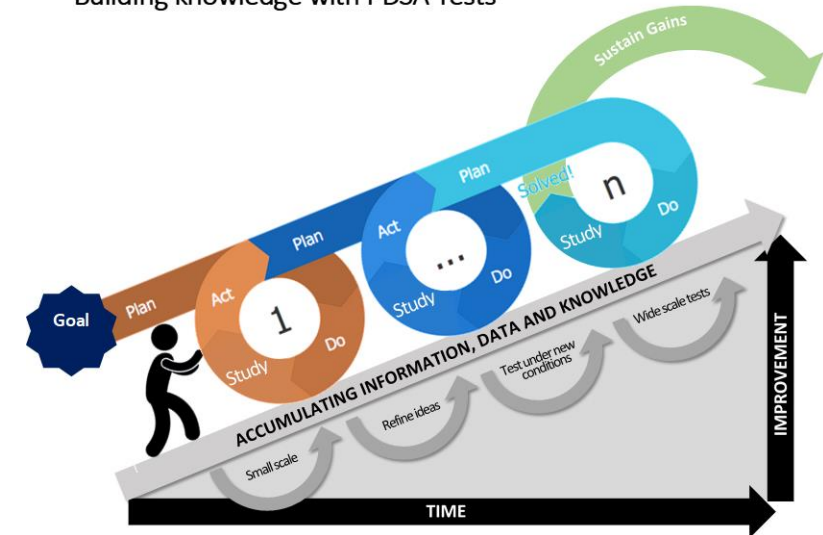
Study

- Monitor monthly documentation rates and compare baseline data to post-intervention performance.

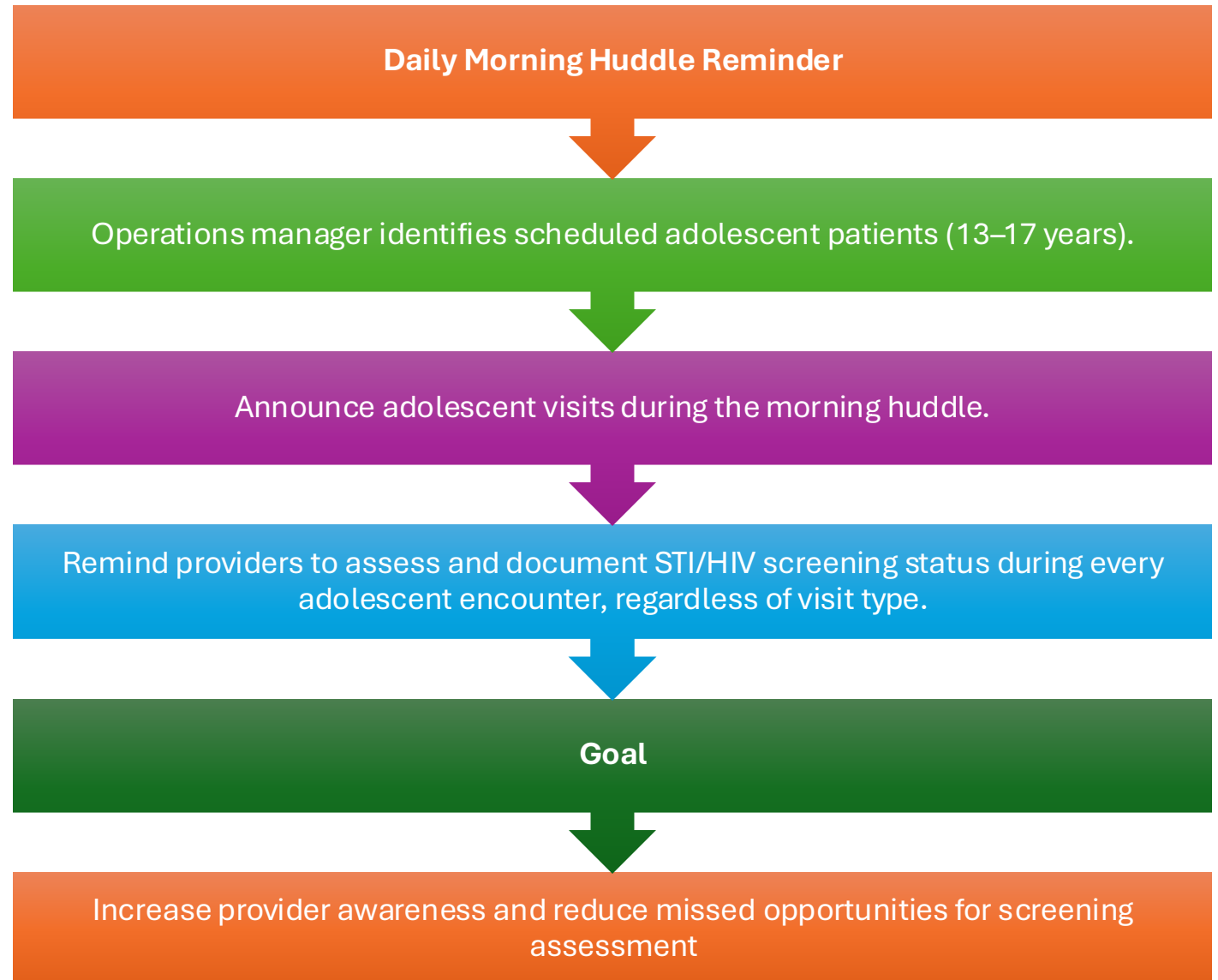
Act

- Determine effectiveness of intervention and develop sustainability strategies if improvement is observed.

Building knowledge with PDSA Tests



Primary Intervention



Outcome Measure

Primary Outcome Measure

- Percentage of adolescent visits with documented STI/HIV screening assessment.

Process Measure

- Number of adolescent patients announced during morning huddles.
- Percentage of clinic days utilizing huddle reminders.

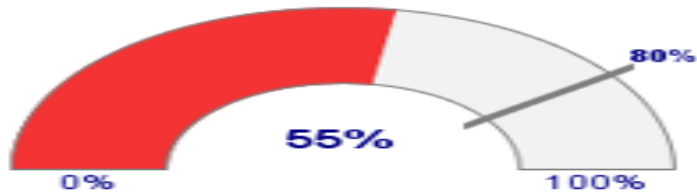
Balancing Measures

- Increased provider documentation burden.
- Impact on visit length.
- Provider satisfaction with workflow.

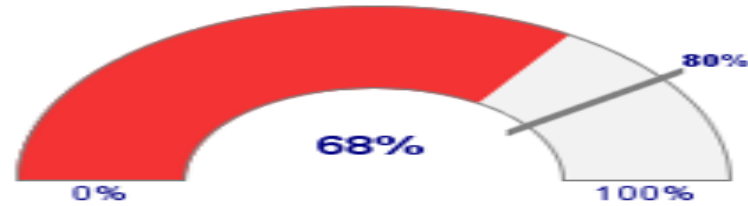
Baseline Data

Data as of March '2026

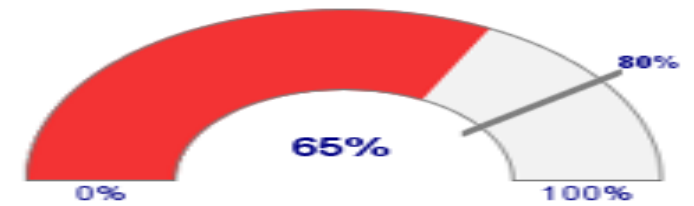
STI Measure - March '2026



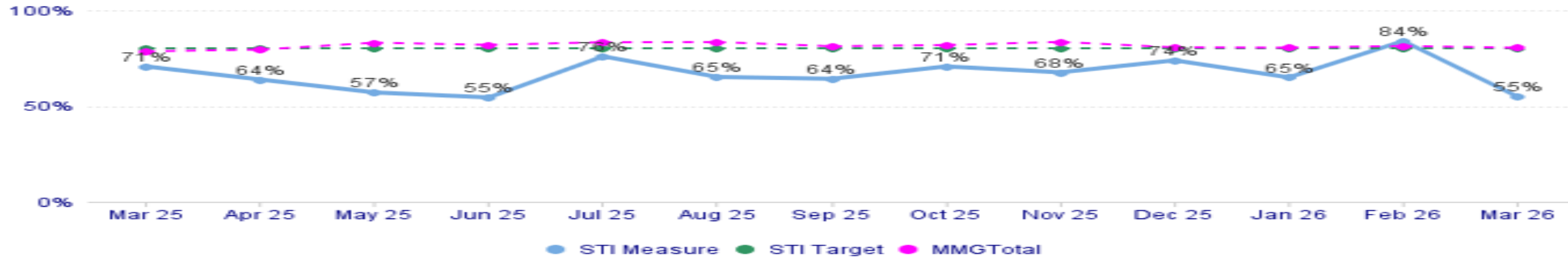
STI Measure - Oct '25 to Mar '26



STI Measure - Apr '25 to Sep '25

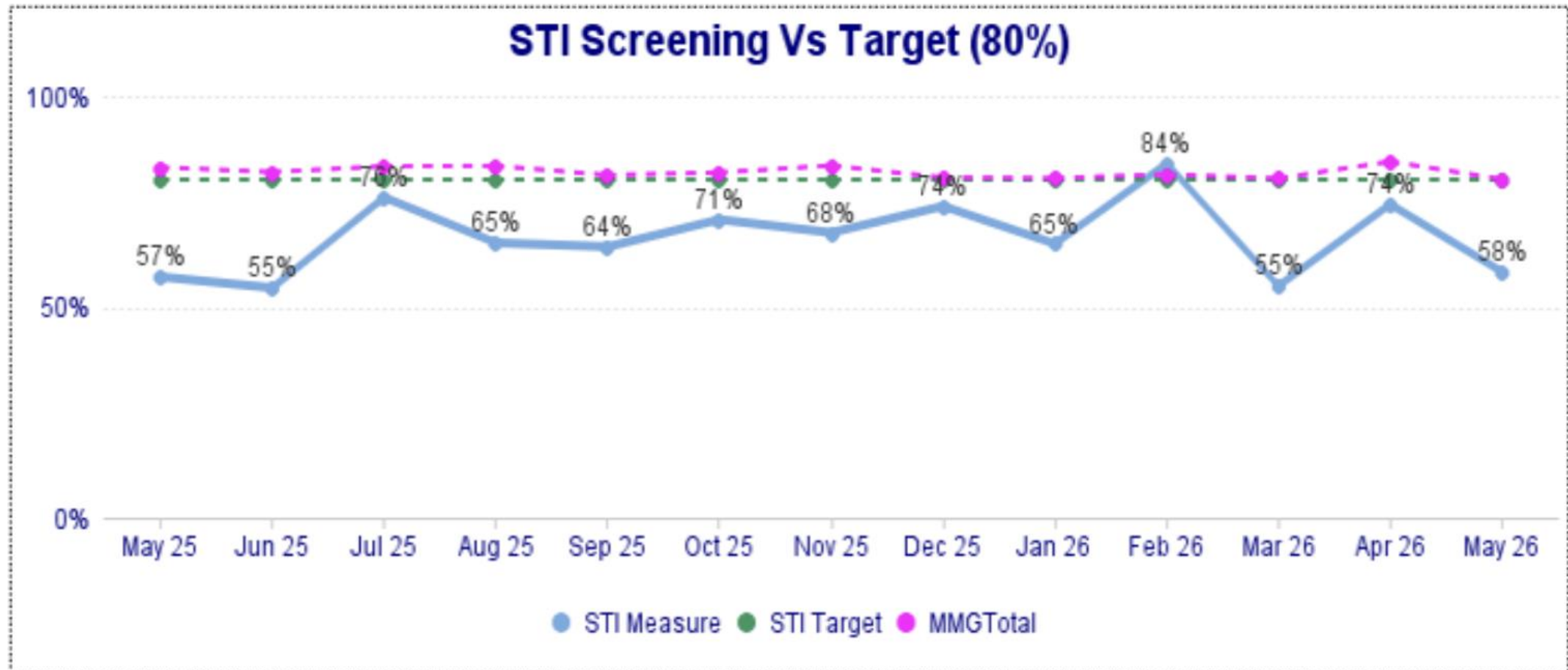


STI Screening Vs Target (80%)



Month	Mar 25	####	May 25	Jun 25	Jul 25	####	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	###
Num	29	23	16	12	19	15	18	29	23	17	13	21	22
Den	41	36	28	22	25	23	28	41	34	23	20	25	40
Measure	71%	64%	57%	55%	76%	65%	64%	71%	68%	74%	65%	84%	55%

Post intervention results



Lessons learned



Performance is inconsistent without reinforcement

Screening assessment improves temporarily but is not sustained
Suggests reliance on individual provider behavior rather than system-based workflow



Spikes indicate intervention potential

Peaks (e.g., 74% suggest that structured reminders or attention to screening can improve performance
However, gains are lost without continued reinforcement



Opportunity exists in non-well visits

Variability likely reflects missed standardization during acute/non-preventive visits
Supports need for embedding screening into *all adolescent encounters*



Feedback loop is critical

Lack of continuous performance feedback likely contributes to regression toward baseline
Providers need visibility into their screening rates to sustain improvement

PDSA Cycle 2

Plan

- Identify low rates of documented STI/HIV screening assessment and implement a reminder-based intervention.

Do

- daily morning huddle announcements **plus Epic notation**

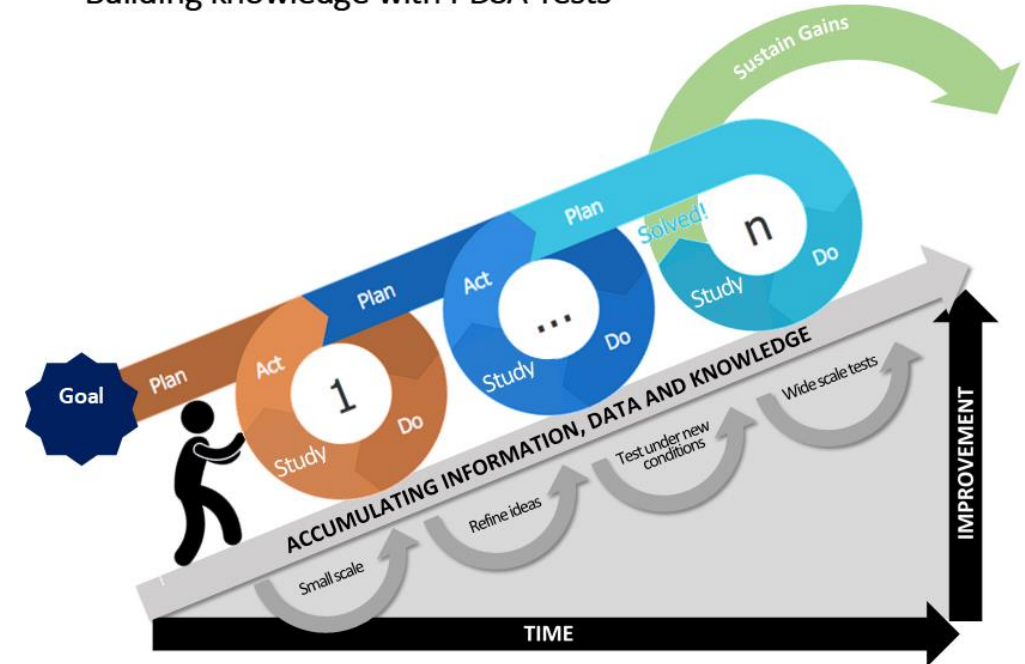
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Building knowledge with PDSA Tests



Sustainability Plan



**LONG-TERM
STRATEGIES**



CONTINUE DAILY
ADOLESCENT PATIENT
ANNOUNCEMENTS.



INCORPORATE STI/HIV
ASSESSMENT
REMINDERS INTO
PROVIDER WORKFLOW.



DEVELOP EMR PROMPTS
OR SMART PHRASES.



PROVIDE MONTHLY
PERFORMANCE
FEEDBACK.



INCLUDE STI/HIV
ASSESSMENT AS PART OF
STANDARD ADOLESCENT
VISIT EXPECTATIONS.

Conclusion

- STI/HIV screening assessment rates in adolescents (13–17) remain **below the 80% target for most of the measurement period**
- Data demonstrate **high variability and lack of sustained improvement**
- Temporary gains suggest that **workflow prompts (morning huddles) have potential effectiveness**
- However, long-term improvement likely requires:
 - Standardized EMR workflow integration
 - Continuous provider feedback
 - Hardwiring screening assessment into all adolescent visit types
- This QI project supports that **system-level interventions are needed to reliably improve and sustain STI/HIV screening assessment in adolescents**, rather than relying on individual provider discretion.