

HSU Student Medical Services QI Re-Study Peer Health Educators in Clinic, Provider Follow-up Fall 2018

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1. Purpose Statement

In the fall of 2017 we implemented a peer to peer model to provide asymptomatic STI screenings and birth control consults. By using a peer to peer model it was anticipated that medical staff would have more time to see more complex and acute issues and we would increase the number of students being screened for STI's. The purpose of this re-study is to evaluate how often a patient seen be a Peer Health Educator (PHE) subsequently needed to be seen by a provider and compare findings from fall 2017 with fall 2018.

2. Performance Goal

In the fall of 2017, 28% of the PHE visits required a follow-up visit with a provider. The performance goal for the fall 2018 semester was to decrease the need for a follow-up visit to 20% or less.

3 & 4 Data Collection Methods

The electronic medical records were reviewed for each of the 387 visits conducted by PHEs. All subsequent clinic visits were reviewed to see if the visits were related to the reason they were seen by the PHE. When a patient saw a provider for follow-up the reasons were noted. Excel was used to analyze the data.

5. Data Analysis & Interpretation

PHEs completed 387 patient visits during the fall 2018 semester. Of these, 65 (17%) required a follow-up visit with a provider, which decreased from 28% requiring a follow-up in fall 2017 (note: this is excluding the Nexplanon inserts by providers) (Figure 1). The most common reason for follow-up with a provider was exposure or symptoms of a sexually transmitted infection (n=27), followed by pill, patch or ring consult (prior to PHEs being trained to do these consults n=17; after PHEs trained to do these n=4), IUD consult (n=7), Nexplanon consult with a provider (prior to PHEs being trained to do these consults) (n=4), Depo Provera (n=2), and other reasons (n=4) (Figure 2).

Figure 1.
 Provider follow-up needed after seeing a PHE?
 fall 2017 (n=260) and fall 2018 (n=387)

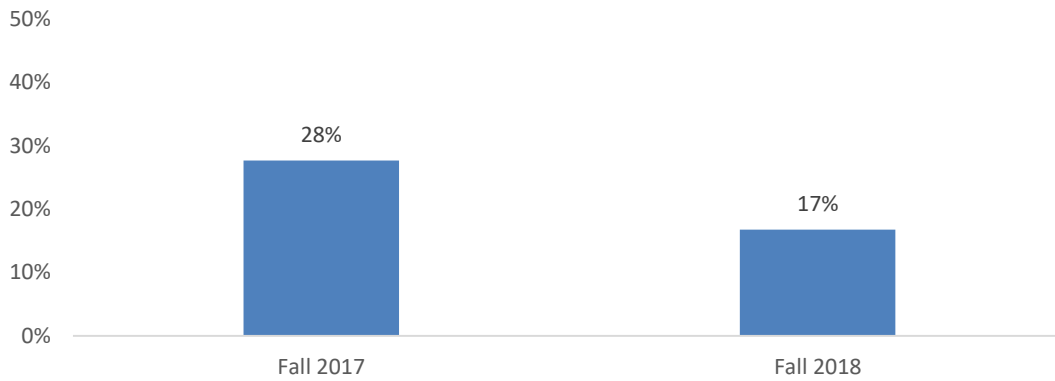
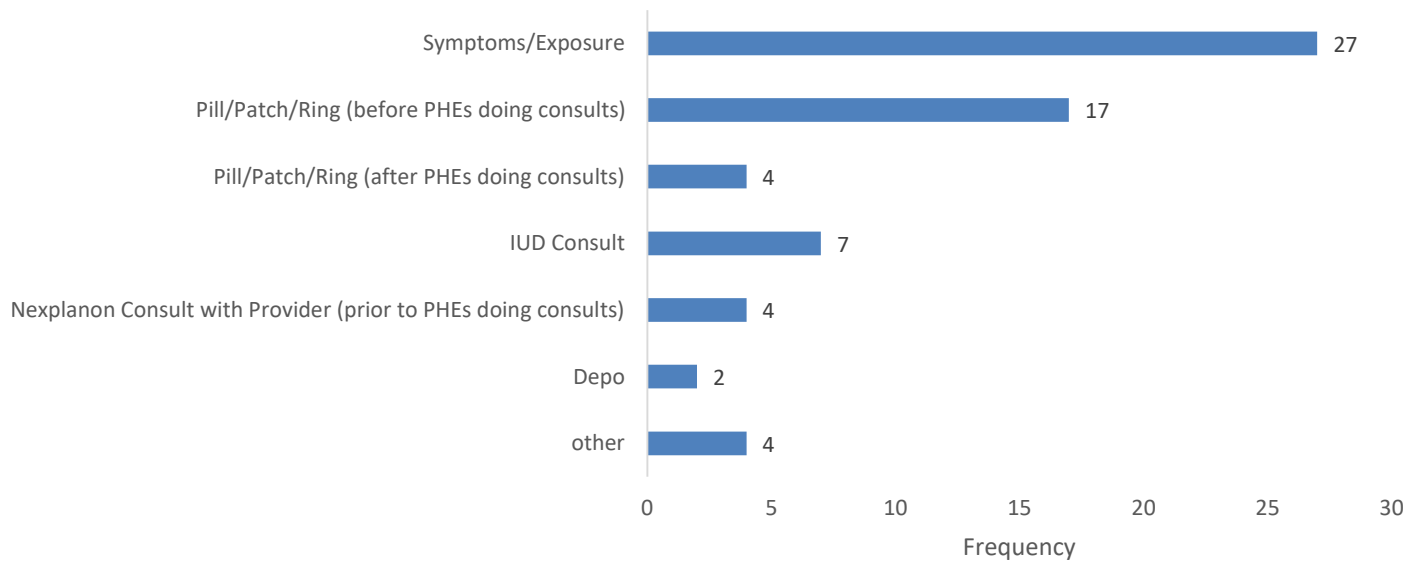


Figure 2.
 Reason for follow-up with provider after PHE visit
 fall 2018 (n=65)



6. Comparison

In the fall of 2017, 28% of the PHE visits required follow-up with a provider. In the fall of 2018 this decreased to 17%. The most common reason for follow-up with a provider in fall 2017 was for birth control pills. The most common reason in fall 2018 was for STI symptoms or exposure.

7. Implementation

During the fall 2017 semester we implemented the ability for PHEs to do Nexplanon consults. Then, during the fall 2018 semester we implemented the ability for them to do pill, patch, and ring consults, which contributed to the decreased need for follow-up with a provider.

8 & 9. Re-Measurement & Implementation of Corrective Actions

This re-measurement showed that we met the performance goal of decreasing the need for a follow-up visit to 20% or less. We will continue to monitor the effectiveness of this program with periodic re-measurements.

10. Communication

This results of this study will be presented at the QI meeting on 1/17/19 and to the Governing Body on 2/28/19.