



# Navajo Syphilis/STI Excel Workbook, Workstream, and Dashboard

A syphilis patient panel system that reduces loss to follow up and time-to-treatment

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Northern Navajo Medical Center (NNMC)  
Shiprock Service Unit (SRSU)  
Indian Country ECHO





Disclosures:



None

# Presentation Objectives and Outline



## Optimize Syphilis testing, treatment, data collection and analysis at NNMC and Navajo

- Background
- Development Process and Timeline
- Illustrative Analysis/Performance (using dummy data)
- Successes
- Challenges
- Next steps



# Staging Syphilis



1 year

Early syphilis

Late syphilis

Infection

Primary  
Chancre, regional lymphadenopathy

Secondary  
Rash, generalized lymphadenopathy

Latent asymptomatic

Lifetime latency

70%

Incubation period: 10 – 90 days

1 – 3 months

1 – 3 months

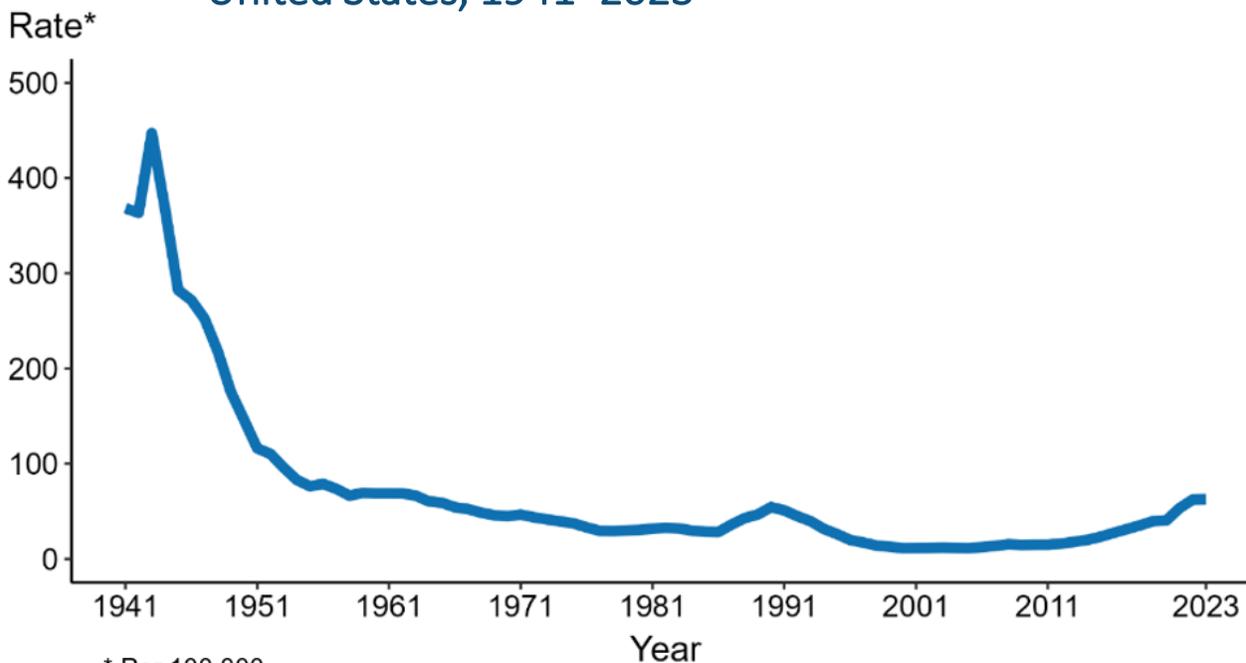
2-50 years

Tertiary:  
Gumma, CV syphilis, general paresis, Tabes dorsalis

30%

Neurosyphilis (CNS invasion) & congenital syphilis

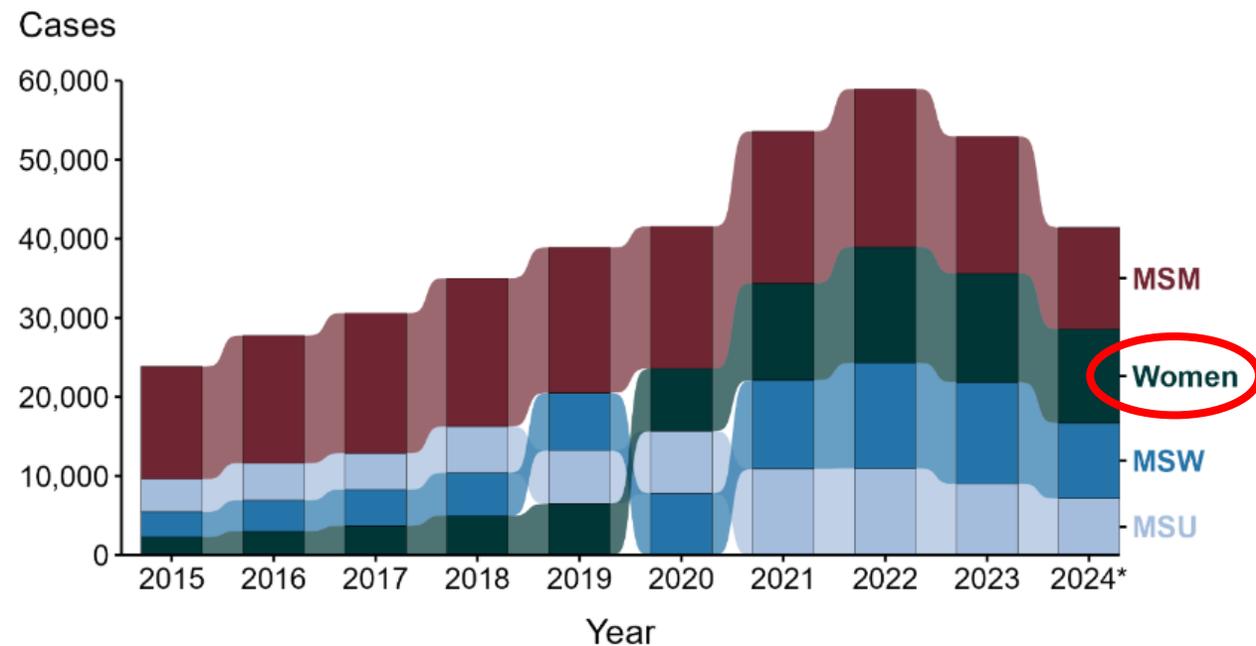
Syphilis — Rates of Reported Cases by Year, United States, 1941–2023



\* Per 100,000

**NOTE:** Includes all stages of syphilis and congenital syphilis.

Primary and Secondary Syphilis — Reported Cases by Sex and Sex of Sex Partners and Year, United States, 2015–2024

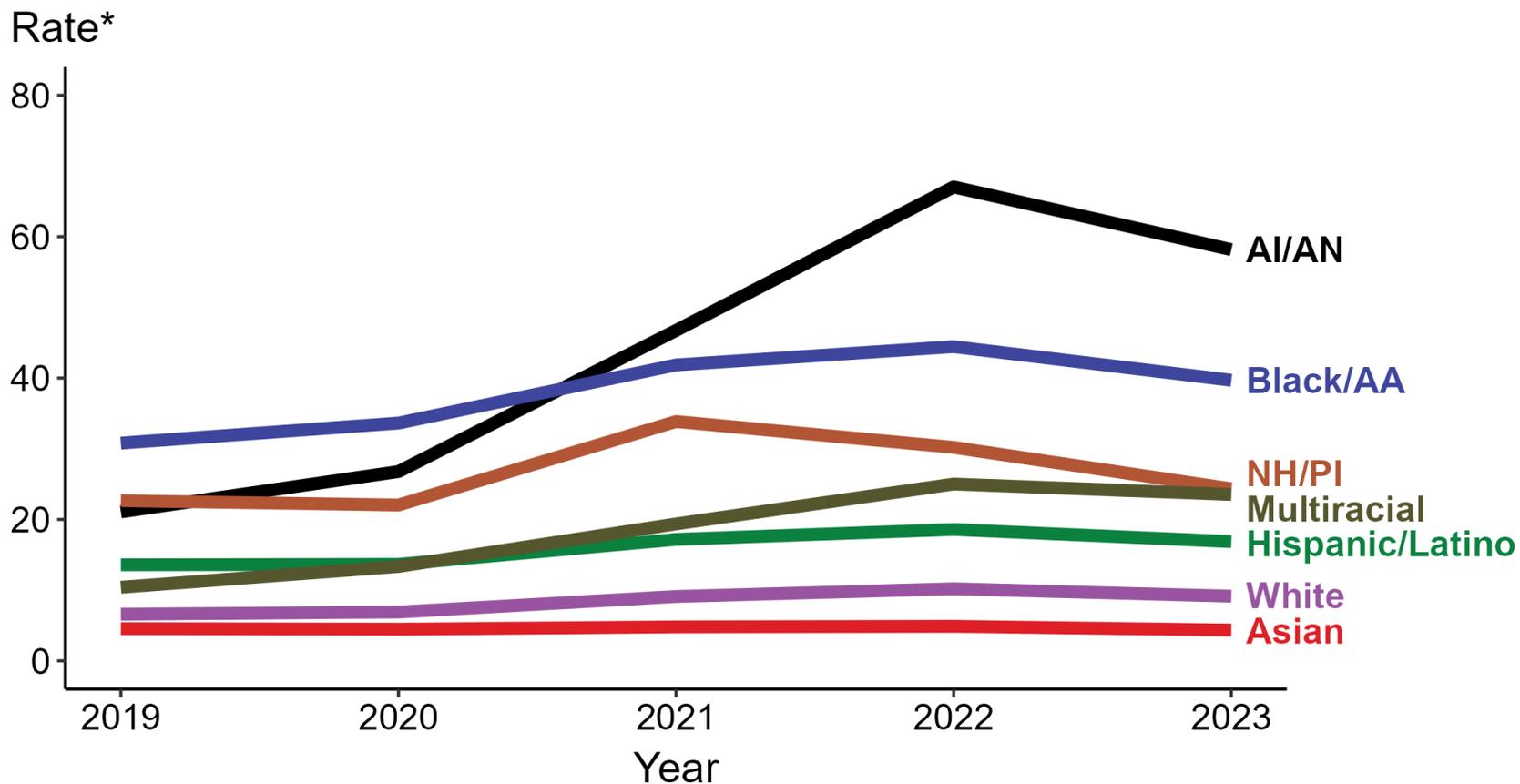


\* 2024 data are provisional as of August 14, 2025.

**ACRONYMS:** MSM = Men who have sex with men; MSU = Men with unknown sex of sex partners; MSW = Men who have sex with women only



# Primary and Secondary Syphilis — Rates of Reported Cases by Race/Hispanic Ethnicity and Year, United States, 2019–2023



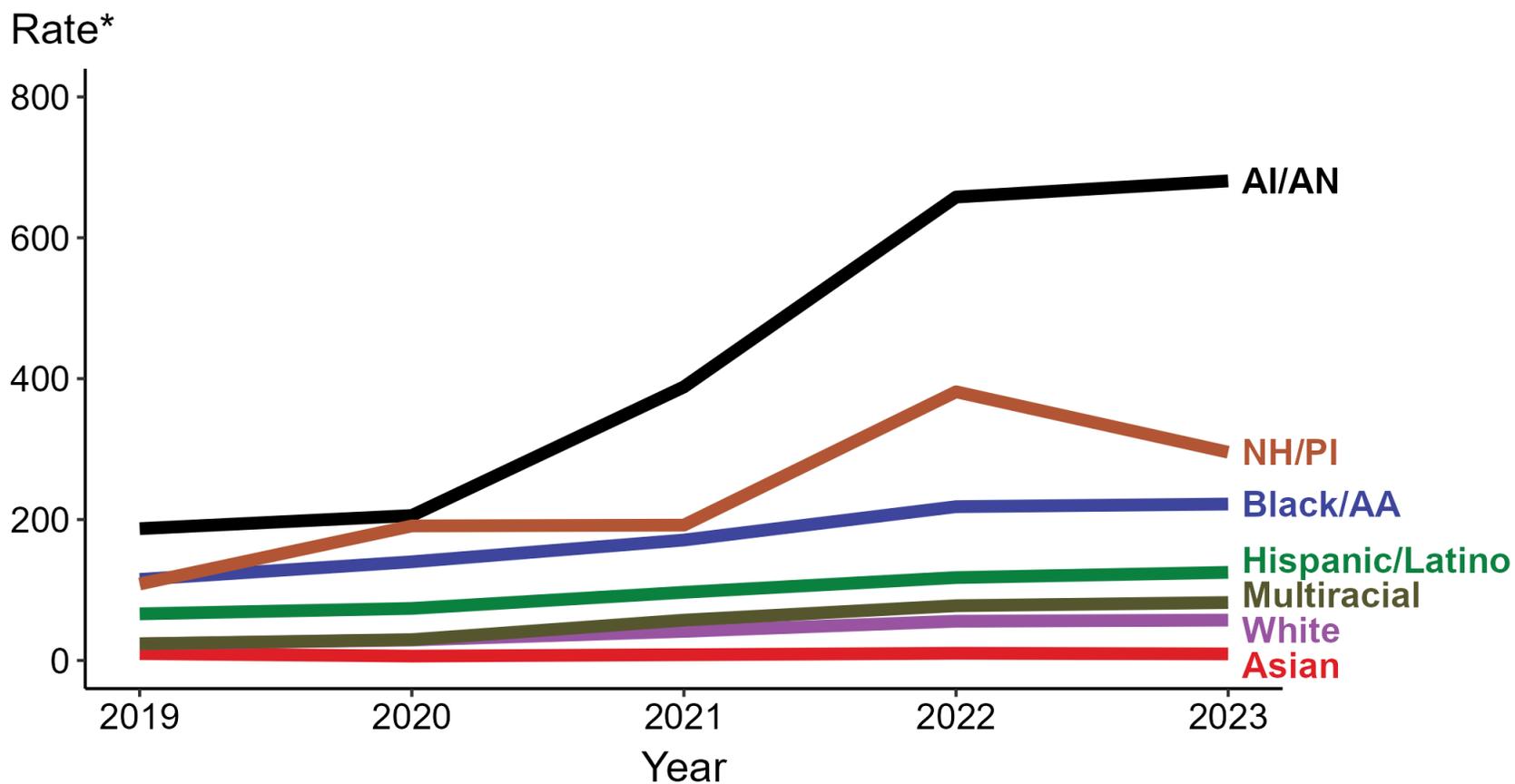
\* Per 100,000

**ACRONYMS:** AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

**NOTE:** During 2019 to 2023, the percentage of all primary and secondary syphilis cases with missing, unknown, or other race and not reported to be of Hispanic ethnicity was 6.5%, from a low of 5.6% (n = 2,947) in 2023 to a high of 7.2% (n = 2,822) in 2019. These cases are not shown in this figure.



# Congenital Syphilis — Rates of Reported Cases by Race/Hispanic Ethnicity of Birth Parent and Year of Birth, United States, 2019–2023



\* Per 100,000 live births

**ACRONYMS:** AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

**NOTE:** During 2019 to 2023, the percentage of all congenital syphilis cases with missing, unknown, or other race and not reported to be of Hispanic ethnicity was 5.2%, from a low of 5.0% (n = 193) in 2023 and 2019 to a high of 5.5% (n = 119) in 2020. These cases are not shown in this figure.



# Syphilis Background/Timeline from the Shiprock Service Unit and Navajo Are Office

- We have a multi-disciplinary syphilis/STI team including providers, public health, PHNs, social hygiene techs, or PCPs, data experts in response to recent syphilis/STI epidemic
- We started reviewing our tools and processes in early 2024 and realized that we were not systematically tracking/analyzing all positive syphilis results, and that our excel tool did not capture all the critical data elements, and was not routinely analyzed
- We designed a new excel tool, key data elements, and SOP with the support of a visiting medical student who worked as a consultant in her prior life, and is an excel guru
- We implemented the tool to capture and track all positive syphilis test results, and a simple excel dashboard to analyze our performance



# Syphilis Background/Timeline from the Shiprock Service Unit and Navajo Area Office

- NAO convened a meeting for all seven Navajo service units in January 2025 and we agreed to standardize our tools and scale across Navajo
- Three service units are routinely submitting data to Navajo Area Office. We are working on receiving data from the remaining two federal sites. Some complex data sharing considerations with 638 sites
- We explored developing a Qlik based dashboard with OIT/DDMA, but are currently using a NAO PowerBI dashboard

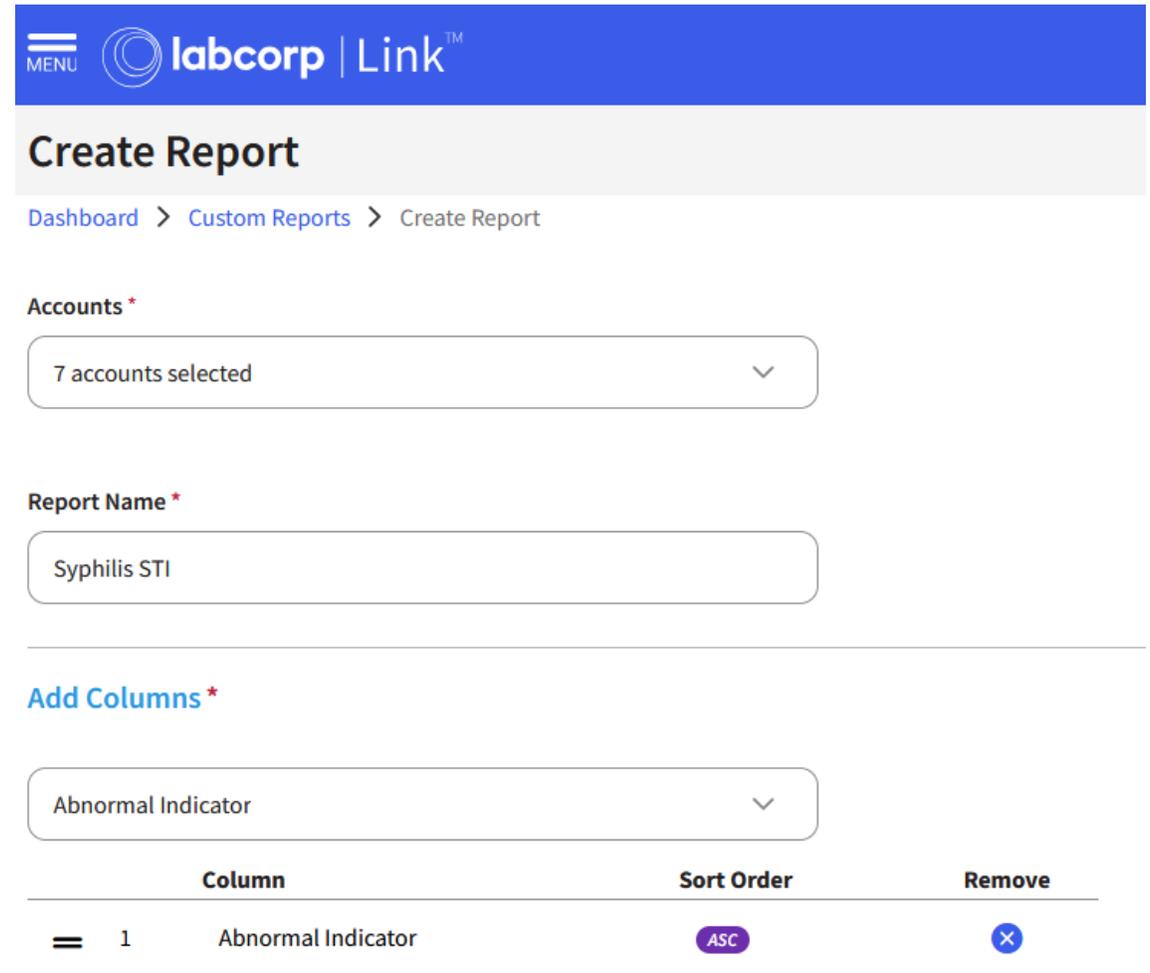
# Basic Syphilis Workbook Data Flow



- On a weekly basis new positive syphilis test results are queried/extracted from LabCorp and copied/pasted into our shared Excel Workbook (time ~15 minutes)
- Three STI/syphilis expert providers review the cases, determine staging and need for treatment, complete the excel tool, call the patient to discuss results PrEP etc, communicate with PCPs, order medications, order additional testing, design a treatment plan, consult PHNs, document recommendations in an EHR note
- Social hygiene also follows cases, does interviews, contact tracing, works in PRISM, leaving some notes in EHR
- We reviewed ~1400 positive syphilis tests in 2024 and 2025. Oversight of this process and STI express testing took an estimated 10-20 hours a week from three providers, led by Dr. Ann Vaughn
- Biweekly/monthly meeting with PH, social hygiene tech to review complex cases
- Quarterly cohort data review/cleaning prior to finalizing the data set, copying into the combined excel data sheet (~3 hours to ensure all key data fields are entered, note duplicate cases etc)

# LabCorp Data Extraction

- NNMC uses a standardized LabCorp data report to identify positive syphilis results on a weekly basis, copy/paste into excel tool
- We can share SOP of exactly how to create this LabCorp report
- \*This misses some Chembio tests, but most positives get follow-up RPR tests



The screenshot shows the 'Create Report' page in the LabCorp Link system. The page has a blue header with the LabCorp logo and 'Link' text. Below the header, there is a breadcrumb trail: 'Dashboard > Custom Reports > Create Report'. The main content area includes a dropdown menu for 'Accounts' with '7 accounts selected' and a downward arrow. Below that is a text input field for 'Report Name' containing 'Syphilis STI'. Further down is another dropdown menu for 'Add Columns' with 'Abnormal Indicator' selected. At the bottom, there is a table with one column:

	Column	Sort Order	Remove
≡ 1	Abnormal Indicator	ASC	✕

# RPMS STI/Syphilis Summary Report



- First developed at Whiteriver
- Worked with CACs to develop at NNMC
- Go to Documentation > Reports > Health Summary> Syphilis/STI Health Summary
- Captures syphilis testing, urine/blood hcg, G/C, HIV, Hep C, PCN and Doxy treatment

Navigation tabs: Review, Problem List + Device Manageme, Vital Sign Trends, Input + Output, Orders, Labs, **Documentation**, Triage, Wellness, Immunization +Skin Test

Sub-navigation tabs: Progress Notes, Goals, Discharge Summary, Consults, RCIS, **Reports**

Available Reports:

- Recent Labs
- Recent Labs
- Referrals
- Remote Outpatient Meds (6M)
- Repro HX
- Same Day
- Sample 1
- Sample 2
- Sample 3
- Sample 4
- Sanostee
- Seizure Clinic
- SPN
- Surgery Clinic
- Surgical History
- Syphilis Health Summary**
- Text Reports (1Y)
- Text Reports (3M)
- TPC Summary
- Treating Specialty
- Typing And Sensitivity
- Urgent Care Summary
- Urology
- Va-Braden Scale 30D
- Va-Pressure Ulcer
- Va-Pu Interventions
- Vital Signs
- Well Child Exam
- Women'S Health
- Womens Health Supplement

Health Summary Syphilis Health Summary

FLO - Flowsheet

BICILLIN ADMINISTRATION

Date	Syphilis Treatment	SYPHILIS POVs
12/12/2024	:DOXYCYCLINE HYCLATE 100MG : : TAB=#24 TAKE TWO (2) TAB : :LETS BY MOUTH ONCE A DAY : :AS NEEDED WITHIN 72HRS AF : :TER SEXUAL ACTIVITY FOR : :INFECTION :	: 126672010
09/12/2024	:DOXYCYCLINE HYCLATE 100MG : : TAB=#24 TAKE TWO (2) TAB : :LETS BY MOUTH ONCE A DAY : :AS NEEDED WITHIN 72HRS AF : :TER SEXUAL ACTIVITY FOR : :INFECTION 12/12/24 :	
03/26/2024	:DOXYCYCLINE HYCLATE 100MG : : TAB=#14 TAKE ONE (1) TAB : :LET BY MOUTH 2 TIMES A DA : :Y WITH FOOD UNTIL ALL TAK : :EN FOR INFECTION :	
03/25/2024	:	: 126672010
02/09/2024	:PENICILLIN G BENZATHINE 2 : :.4MU SYR INJ (NB)=#4 INJE :	:Latent syphilis, unspecif :ied as early or late

# RPMS STI/Syphilis Summary Report



## ----- SLT - HIV and Hep C Tests (max 2 years)

Collection DT	Specimen	Test Name	Result	Ur
01/05/2026 15:34	BLOOD !!	HIV4Ge	Non Reactive	
12/04/2025 09:39	BLOOD !!	HIV4Ge	Non Reactive	
03/08/2024 13:07	BLOOD !!	HIV4Ge	Non Reactive	
07/12/2025 08:50	BLOOD	HIV combo	NON-REACTIVE	
10/21/2024 19:36	BLOOD	HIV combo	NON-REACTIVE	
01/05/2026 15:34	BLOOD !!	_HEP C VIRUS AB	Non Reactive	
12/04/2025 09:39	BLOOD !!	_HEP C VIRUS AB	Non Reactive	
03/08/2024 13:07	BLOOD !!	_HEP C VIRUS AB	Non Reactive	
07/12/2025 09:07	BLOOD	Hep C Screen	NON-REACTIVE	
10/21/2024 19:36	BLOOD	Hep C Screen	NON-REACTIVE	

## ----- SPN - Last Syphilis Note (max 1 occurrence) ---

01/12/2026 12:31 Local Title: STI SUMMARY  
Standard Title: INFECTIOUS DISEASE PROGRESS NOTE

Pt had Express STI testing on 1/7/26 w/+urine trich & GC, +RPR & TPPA w/RPR titer 1:8, neg/NR HIV, HCV, urine CT/hCG.

Pt was tx'd for late latent/uncertain duration syphilis in Mar 2024 w/serofast since Oct 2024, and last RPR titer 1:8 on 7/12/25.

## ----- PLT - Pregnancy Tests (max 2 years)

Collection DT	Spec	HCG/UR	HCGPOC	QuanHCG
07/14/2025 13:39	BLOOD			166410
07/12/2025 10:11	BLOOD			136780
07/12/2025 09:17	URINE	POSITIVE		
10/28/2024 16:37	URINE	NEGATIVE		
03/29/2024 08:08	URINE		N	
03/08/2024 12:49	URINE		N	

## ----- SCLU - Syphilis Labs -----

Collection DT	Spec	RPR,QNT	Trepon	_RPR	TP-PA
01/15/2025 10:33	SERUM	1:128 H	Reactive	ARegative	ARegative A
09/12/2024 09:54	SERUM	1:64 H	Reactive	ARegative	ARegative A
03/20/2024 12:18	SERUM	1:64 H	Reactive	ARegative	ARegative A
01/15/2024 12:23	SERUM	1:128 H	Reactive	ARegative	ARegative A
08/31/2022 11:39	SERUM	1:2 H	Reactive	ARegative	ARegative A
02/10/2022 10:37	SERUM	1:4 H	Reactive	ARegative	ARegative A
10/10/2021 13:53	SERUM	1:4 H	Reactive	ARegative	ARegative A
02/26/2021 10:36	SERUM	1:8 H	Reactive	ARegative	ARegative A
03/24/2020 15:46	SERUM	1:64 H	Reactive	ARegative	ARegative A
02/17/2020 22:41	SERUM	1:256 H	Reactive	ARegative	ARegative A
11/24/2019 20:41	SERUM	1:1 H	Reactive	ARegative	ARegative A
10/05/2018 12:33	SERUM	1:1 H	Positive	ARegative	APositive A
03/17/2018 03:47	SERUM	1:1 H	Positive	ARegative	APositive A
09/25/2017 11:05	SERUM	1:1 H		Reactive	APositive A
02/09/2017 13:55	SERUM	1:1 H		Reactive	APositive A
06/02/2016 16:00	SERUM	1:1 H		Reactive	APositive A
04/13/2015 16:24	SERUM	1:2 H		Reactive	APositive A
09/11/2014 09:59	SERUM	1:2 H		Reactive	Positive
04/16/2014 15:02	SERUM	1:2 H		REACTIVE	POSITIVE

## ----- SCL2 - Gonorrhea Lab Tests (max 1 year)

Collection DT	Spec	GC NAA	GCPnar	GCRECT	_Gonoco
09/12/2024 11:14	URINE	Negative			
09/12/2024 09:56	PHARY		Negative		
09/12/2024 09:55	RECTA			COMMENT	
03/20/2024 12:18	URINE				Negative
03/20/2024 12:18	PHARY		Negative		
03/20/2024 12:18	RECTA			Positive	A

## ----- FLO - Flowsheet -----

BICILLIN ADMINISTRATION	Syphilis Treatment	SYPHILIS POVs
12/12/2024	:DOXYCYCLINE HYCLATE 100MG : : TAB=#24 TAKE TWO (2) TAB : :LETS BY MOUTH ONCE A DAY : :AS NEEDED WITHIN 72HRS AF : :TER SEXUAL ACTIVITY FOR : :INFECTION : :PENICILLIN G BENZATHINE 2 : :.4MU SYR INJ (NB)=#4 INJE : :CT 2400000 UNITS (4 ML) I : :INTRAMUSCULARLY NOW (ER/CL : :INIC) & GIVEN IN CLINIC :	:126672010
09/12/2024	:DOXYCYCLINE HYCLATE 100MG : : TAB=#24 TAKE TWO (2) TAB : :LETS BY MOUTH ONCE A DAY : :AS NEEDED WITHIN 72HRS AF : :TER SEXUAL ACTIVITY FOR : :INFECTION 12/12/24 :	
03/26/2024	:DOXYCYCLINE HYCLATE 100MG : : TAB=#14 TAKE ONE (1) TAB : :LET BY MOUTH 2 TIMES A DA : :Y WITH FOOD UNTIL ALL TAK : :EN FOR INFECTION :	
03/25/2024		:126672010
02/09/2024	:PENICILLIN G BENZATHINE 2 : :.4MU SYR INJ (NB)=#4 INJE : :CT 2400000 UNITS (4 ML) I : :INTRAMUSCULARLY ONE DAY A : :WEEK & GIVEN IN CLINIC W : :EEKLY FOR 3WKS (3 DOSES T : :OTAL) 12/12/24 :	:Latent syphilis, unspecif :ied as early or late :****ICD****
02/02/2024		:Syphilis, unspecified :****ICD****
01/25/2024	:PENICILLIN G BENZATHINE 2 : :.4MU SYR INJ (NB)=#4 INJE : :CT 2400000 UNITS (4 ML) I : :INTRAMUSCULARLY ONE DAY A : :WEEK & GIVEN IN CLINIC W : :EEKLY FOR 3WKS (3 DOSES T : :OTAL) 12/12/24 :	:Syphilis, unspecified :****ICD****

# The Excel has an “Active Line List” of all positive syphilis test results for the service unit



Unique ID	Quarter	Service Unit	Facility	ASUFAC Code	Last Name	First Name	DOB	Age	Sex	Address	State	Date of Test for List	CHLAMYDIA: 1=Pos, 0=Neg, ND=Not Done	GONORRHEA: 1=Pos, 0=Neg, ND=Not Done	RPR	TP-PA Reactive? (Yes/No)	RPR Test titer 1:N	Test Order Location	Staging/Dx.	Requires Treatment?	Date of First Treatment Dose	Days to Treatment	Date of Second Treatment Dose	Date of Last Treatment Dose	Recommended Treatment	Treatment Completed?	Treatment Location
XXXX45924	2025Q3	XXXX	YYY					46	M		NM	9/24/2025	0	0	1:4	Y	4	PHN/Community	Late Latent (or Unkown)	Y	9/24/2025	0	10/1/2025	10/9/2025	BICx3	Y	PHN/Community
XXXX45924	2025Q3	XXXX	YYY					42	F		NM	9/24/2025	1	0	1:4	Y	4	Clinic	Late Latent (or Unkown)	Y	9/24/2025	0			BICx3	N	Street Medicine
XXXX45924	2025Q3	XXXX	YYY					43	F		NM	9/24/2025	1	0	1:32	Y	32	ED/Urgent Care	Early Latent	Y	10/1/2025	7			BICx1	Y	ED/Urgent Care
XXXX45925	2025Q3	XXXX	YYY					41	M		NM	9/25/2025	ND	ND	1:32	Y	32	Clinic	Late Latent (or Unkown)	Y	10/16/2025	21	10/23/2025	11/6/2025	BICx3	Y	Clinic
XXXX45925	2025Q3	XXXX	YYY					38	F		NM	9/25/2025	0	0	1:64	Y	64	PHN/Community	Late Latent (or Unkown)	Y	9/25/2025	0	10/2/2025	10/9/2025	BICx3	Y	PHN/Community
XXXX45925	2025Q3	XXXX	YYY					55	M		NM	9/25/2025	ND	ND	1:4	Y	4	Inpatient	Early Latent	Y	9/25/2025	0			BICx1	Y	Inpatient
XXXX45925	2025Q3	XXXX	YYY					37	F		AZ	9/25/2025	ND	ND	1:8	Y	8	Inpatient	Late Latent (or Unkown)	Y	8/25/2025	0	9/2/2025	9/9/2025	BICx3	Y	Clinic

\* This table is illustrative and uses dummy data

We highlight/color cells yellow that need follow-up, that are incomplete, red if they are outside window of 2 weeks between IM shots and were not successfully treated

Clinicians (could also be nurses, PHNs, social hygiene techs) work together to complete relevant cells in gray, track treatment if indicated



# The excel has a dedicated “Congenital” tab to track high risk Mother/Baby pairs

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	
PRISM ID	NNMC MRN	Last Name	First Name	DOB	AGE	Sex	Address	State	Date of Test for List	CHLAMYDIA (1=Pos, 0=Neg, ND)	GONORRHEA (GC) (1=Pos, 0=Neg, ND)	RPR (1=Pos, 0=Neg, ND)	Test Titer	TP-PA Reactive? (Y/N)	Staging/Dx.	Requires Treatment ? (Y/N)	Date of First Treatment Dose	Date of 2nd Treatment Dose	Date of Last Treatment Dose	Recommended Treatment	Treatment Completed? (Y/N/NA)	TREATMENT CO	

*\*PII removed from all columns*

*On these sheet we often have babies with negative syphilis testing, pregnant individuals who might be negative but exposed to partner with syphilis*

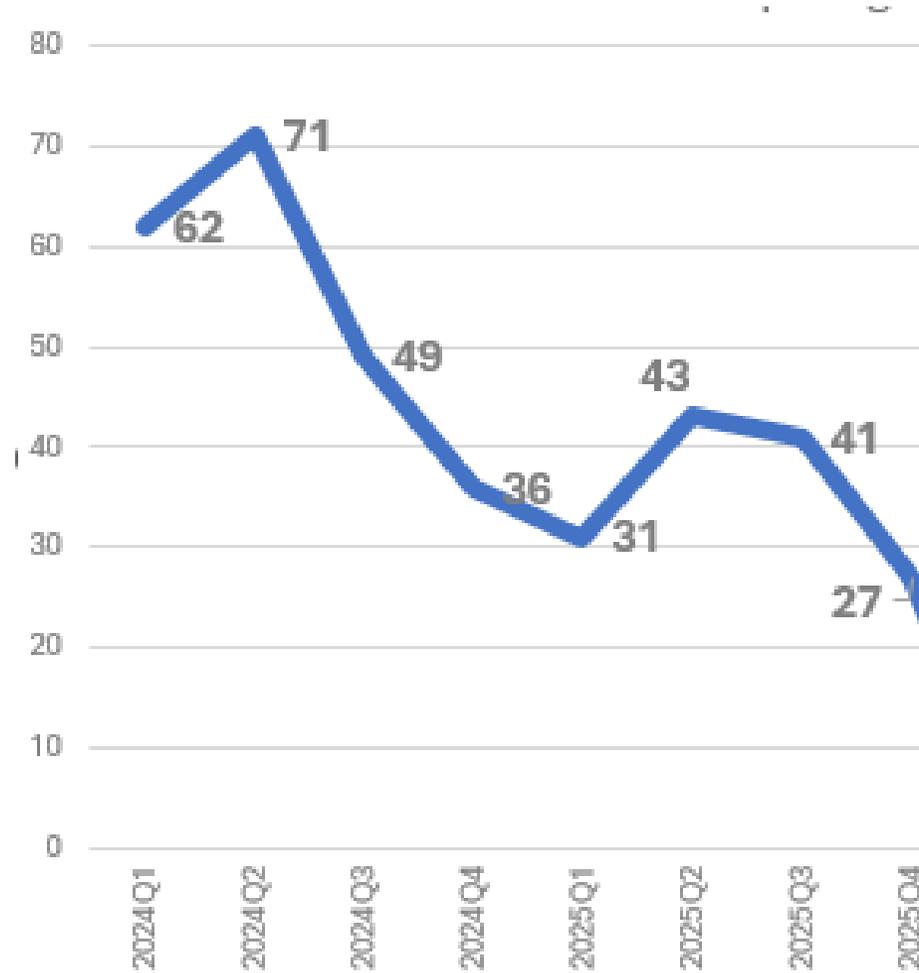
*This sheet is co-managed with OB/FM providers who are also caring for these patients, IM/Peds Dr. Murphy who tracks baby’s testing/treatment*

# Data Cleaning and Finalization

- Do review of critical columns including
  - Staging
  - Requires treatment
  - Treatment completion (and dates)
  - STI test results and treatment, Urine HcG
  - Duplicate test result for same patient in the same quarter
    - We have rule that shades cell light red if it is a duplicate result, we can ctrl+F MRN to find other lines with the same patient (or filter)
    - We do not de-duplicate across quarters

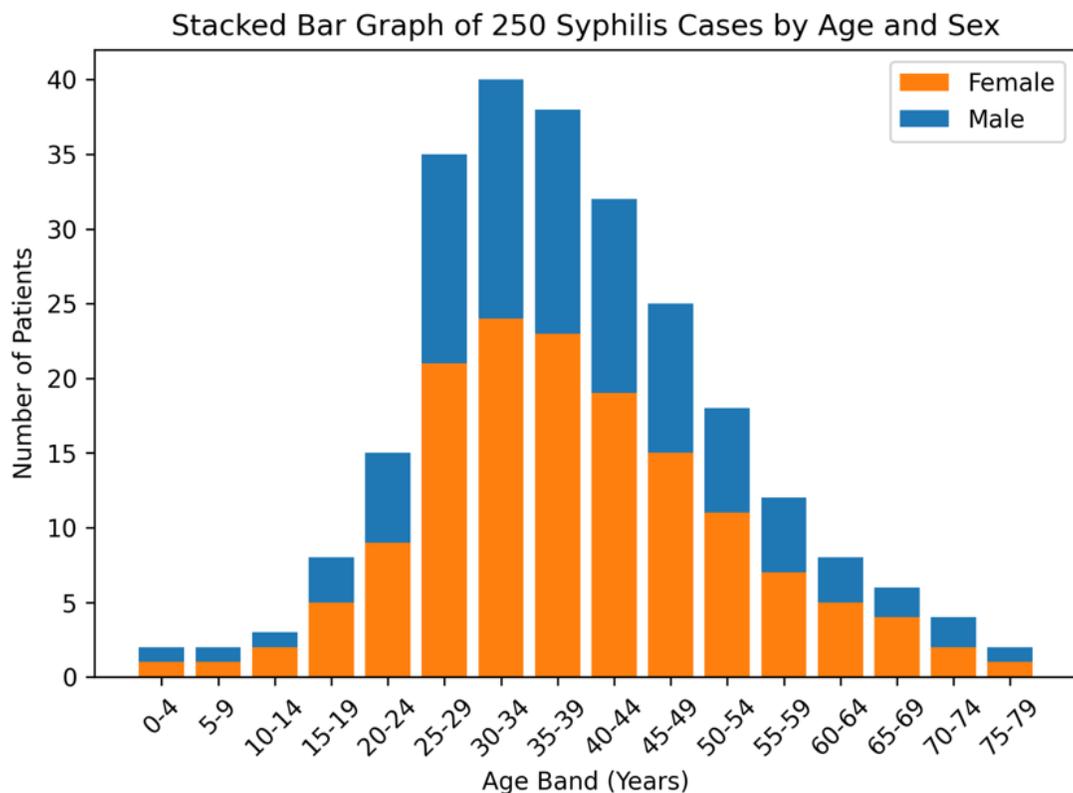
AE
Duplicate (exclude from analysis) (Y/N)
N
Y
N
N
N
N
N
N
N
N
Y
N
Y
Y

# Total XXXXSU Patients Requiring Treatment for Syphilis by Quarter



# Illustrative Syphilis Trends and Outcomes

## Total XXXXSU Patients Treated for Syphilis Stratified by Sex and Age

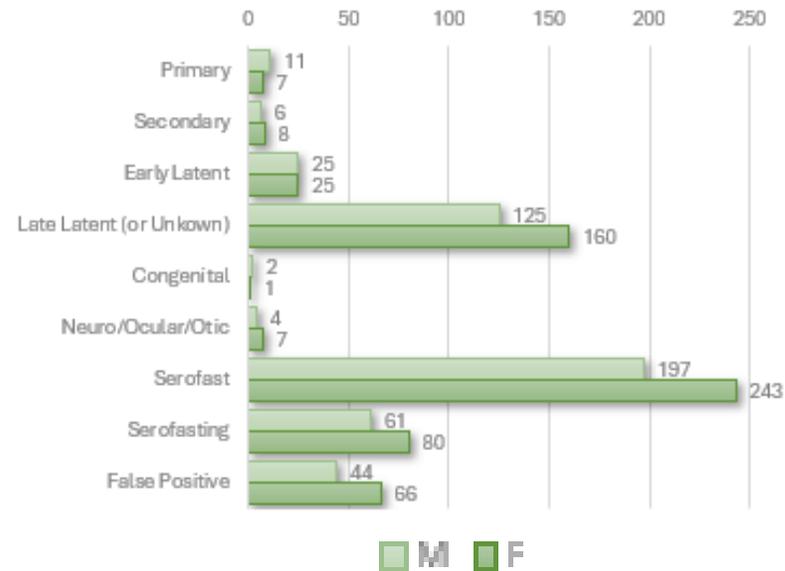


- For XXXXSU 250 patients were treated for syphilis in 2024 and 2025
  - 60% were female, 40% male
  - Majority were in the 25-50 year-old age bands
- 5% had HIV co-infection
- 15% had chlamydia co-infection
- 2% had gonorrhea co-infection

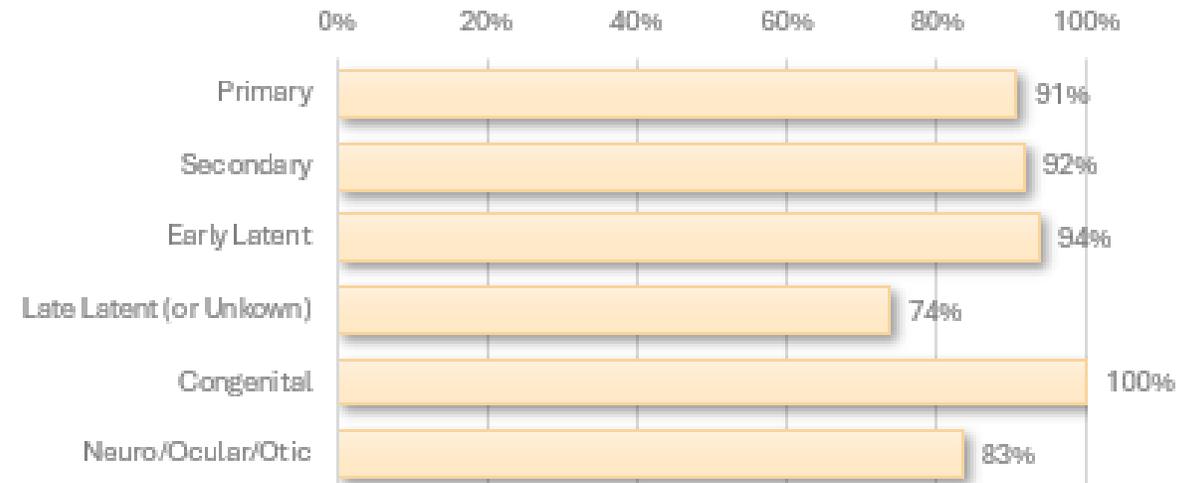
# Illustrative Syphilis Trends and Outcomes



**XXXXSU Total Positive Tests by Stage and Gender**



**XXXXSU Treatment Completion Rate by Stage**



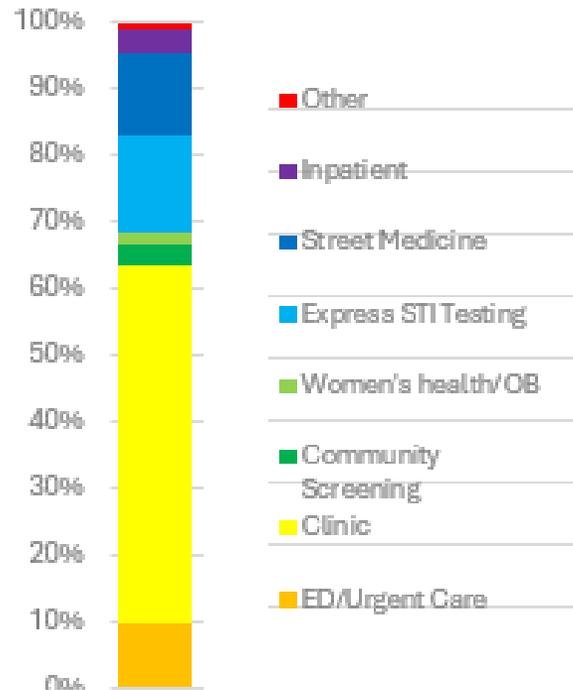
**C. Treatment Capture For Late Latent Patients**

	Number of Patients	% of Total Patients
Late Latent Patients Requiring Treatment	200	
One Dose Received	180	90%
Two Doses Received	160	80%
Three Doses Received	148	74%

# Illustrative Syphilis Trends and Outcomes

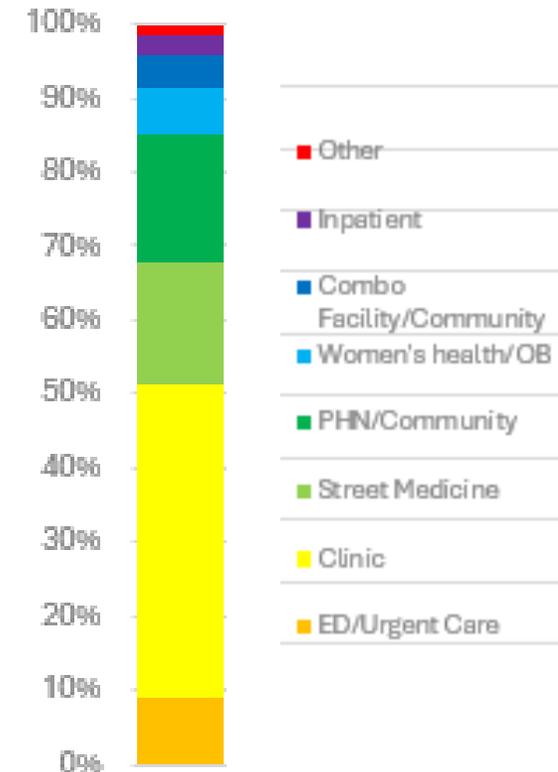


**Where Patients with Positive Syphilis Result are Tested**



- For XXXXSU 29% of patients with a positive syphilis test are diagnosed from express STI Testing or Street Medicine

**Where Patients with Syphilis are Treated**

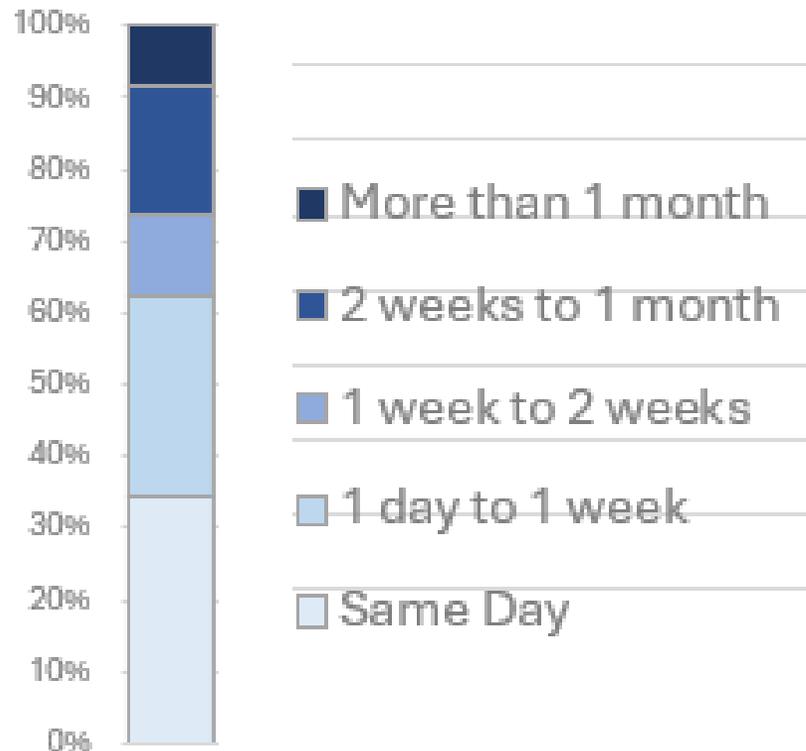


- For XXXXSU 36% of patients benefit from field-based treatment for syphilis with Street Medicine or PHNs

# Illustrative Syphilis Trends and Outcomes



## Average Time from Diagnosis to Treatment for Patients with Syphilis at XXXXSU



- ~34% of patients are treated empirically the same day as syphilis diagnosis
- ~63% of patients are treated within a week of syphilis diagnosis

# Street Medicine and PHN Team



- PHN and Street Medicine Team doing field tests for HIV and syphilis using Chembio
- These are the people behind the data driving impact



# NNMC ID/ASP Sharepoint: PCN Allergy Review and Delabelling with PENFAST

## Resources for NNMC Staff and Clinical Providers:

### Ordering STAT Labs from SJRMC



NNMC Lab Requisition  
Form for SJRMC 20250507



Ordering labs at SJRMC  
from NNMC 20250520

### Measles Guidance and Links



NNMC Measles Emails to  
Staff and Providers...



NMDOH State Lab Form  
Requisition - Measles



Measles Algorithm 6.4.25  
for NNMC ED and Providers



Measles PEP NNMC  
Guidance 2025.6.5



MMR vs MMRV in  
Pediatrics



2025 NMDOH Measles  
Outbreak Guidance



CDC Measles Cases and  
Outbreaks



CDC Clinical Overview of  
Measles



CDC Measles Infection  
Prevention Guidance

### Influenza A and Avian Flu Guidance and Links



NNMC Influenza A  
Subtyping and Avian Flu...



Health Alert Network  
(HAN) - 00520 \_...



Highly Pathogenic Avian  
Influenza in New Mexico

### NNMC Rapid Blood Culture Guidance and Interpretation



NNMC ePlex BCID  
Guidance Document -...

### NNMC Penicillin Allergy Review and Delabeling Policy and SOP



NNMC Penicillin Allergy  
delabeling Email 2025.2.5



NNMC Penicillin Allergy  
Delabeling SOP 20250205



PCN Allergy Delabeling  
Policy in PolicyStat June...

### Guidance on Starting IV Antibiotics at NNMC Infusion Clinic for Outside Hospitals



NNMC Email Infusion Clinic  
Order Update 2025.03.31



NNMC Guidance for  
Outpatient IV Antibiotics...

# What is Business Intelligence??



# Business Intelligence



❖ *Business intelligence (BI) generally refers to the process of transforming the raw data companies/institutions collect from their various operations into usable information.*

❖ *BI software comprises specialized computer programs that allow an enterprise to easily aggregate, manipulate, and display data as information that can be acted upon in the decision-making process.*

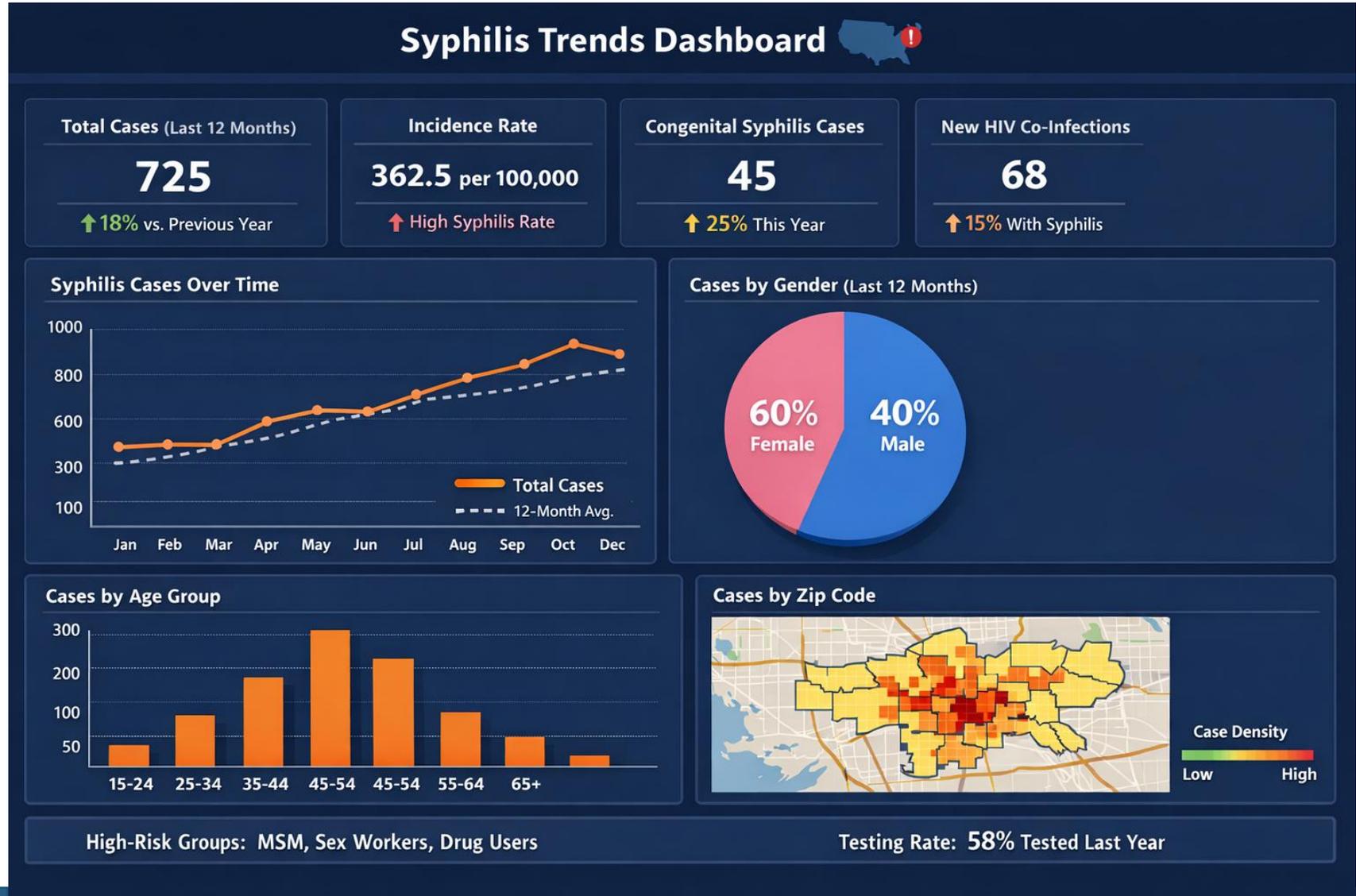


- Data Management
- Reporting (visualization)
- Data Analysis

# BI Project Success Factors

- ❖ *Guarantee the commitment of the higher management for the BI project.*
- ❖ *Involve the users in the planning and conception phase of the project.*
- ❖ *Establish a culture of measurement.*
- ❖ *Make the system as easy to use as possible.*
- ❖ *Empower the system with flexibility and adaptability to answer new requirements that can come up.*
- ❖ *Design efficient and standardized data collection tools, processes and data flows*

# Illustrative PowerBI Syphilis Dashboard



# Strengths/Successes



- Timely, systematic review of all positive syphilis results with rapid treatment and relatively high treatment success rates resulting in better patient care, gradual decline in patients needing treatment
- STI/Syphilis report significantly reduces the time to do a chart review
- Reliable data collection from Three Navajo service units, several others are starting to use the tool this year
  - Interest from other service units in adapting this tool
  - The built in Dashboard allows for immediate data analysis for service units
- Support and buy-in from NAO especially Dr. Mora, Arika Perry, Lisa Chee, Adeline June
  - They have developed the initial PowerBI Navajo Syphilis Dashboard
- Support for universal screening for syphilis, general awareness amongst providers
- Access to community based/express STI testing and treatment
- This tool facilitates communication with state Public Health/STI Departments and their databases

# Challenges/Weakness



- Not all Navajo service units have fully adopted the tool and are reporting to NAO
  - Some lack a champion, staff with bandwidth to use the tool – these might be the sites that need it most
- IHS does not have a clear strategic information strategy/approach for collecting, analyzing and utilizing routine infectious disease and STI data
- This is a time intensive process that requires manual chart reviews but that is what is required to appropriately stage and treat our patients with syphilis

# Next Steps



- Support adoption of this Excel Workbook and STI/Syphilis RPMS Report to all Navajo Service Units, and across other interested IHS sites
  - Contact me at [james.cowan2@ihs.gov](mailto:james.cowan2@ihs.gov) and I can share our syphilis excel template with built-in dashboard
- Build out our current PowerBI Syphilis dashboard that could be adopted by other IHS sites
- Consider building out Congenital Syphilis Worksheet and standardize indicators and analysis
- Document response to treatment, drop in RPR titers, ensure they are ordered and monitored
- Consider a more systematic analysis of our Hep C, HIV, PREP, PEP excel spreadsheets based on our syphilis experience
- Explore routine reporting of key STI/ID indicators for all HIS sites with IHS HQ and continue to build a culture of quality improvement based on accurate data collection, analysis and utilization

# Questions and Discussion

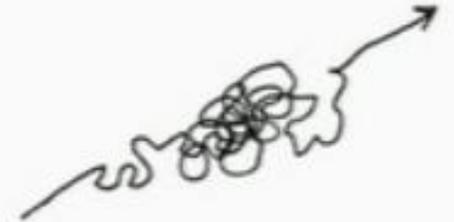


Success



what people think  
it looks like

Success



what it really  
looks like

# Thank You!



[james.cowan2@ihs.gov](mailto:james.cowan2@ihs.gov)

Our entire NNMC, SRSU and NAO team

Dr. Jon Iralu and Oskian Kouzouian for slides





