

# Creating a Critical Task List to Improve Pregnancy Status Reporting

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With rising congenital syphilis cases across the United States, it is vital for disease intervention specialists (DIS) to follow up on cases of pregnant women with syphilis to ensure timely treatment, re-testing, and linkage to services. However, DIS may work on thousands of active STI cases at any one time, and pregnancy status is often missing in their records.

The Florida Department of Health (FL DOH) developed a low resource intervention to improve timely reporting of pregnancy status of women with syphilis – the *Critical Task List*. The Critical Task List is a weekly automated email alert sent to program managers, regional coordinators, and state-level staff highlighting STI records missing key data. Over time, the use of this tool enabled the state to achieve [nearly 100% of female syphilis diagnosis](#) cases to include data on pregnancy status and aided STI programs in prioritizing cases for DIS follow-up.

## Obtaining Program Buy-In

STI program leadership proposed the Critical Task List to executive leadership at FL DOH and then engaged local health department management and staff for buy-in. Initially the use of the Critical Task List faced resistance as it was thought to be an added burden or type of performance evaluation. Once presented as a collaborative tool to achieve desired outcomes (e.g., reducing congenital syphilis), it was more readily accepted.

*When obtaining buy-in for a new tool, it is important to share its value in achieving a common goal – such as reducing perinatal transmission of syphilis in the state.*

## Setting up the Critical Task List

Florida STI programs use a Critical Task List generated by their surveillance system to prioritize STI cases for DIS follow-up. To set up the Critical Task List, STI program leadership convened their development team, surveillance manager, operations manager, and subject matter experts. Together, they identified parameters to include in the report: reasons for priority status, disease, pregnancy status, staff assigned for follow-up, etc. Steps to set up the Critical Task List included:

Developing a SQL query to extract field records (events) of female syphilis and HIV with unknown or missing pregnancy status.

Using the SQL query to create a SQL report.

Determining the stakeholders needing to see the report.

Scheduling the report as an automatic job to run every Monday morning.

## HIGHLIGHTS:



The Critical Task List is a weekly automated email that highlights STI records with missing key data.



With the Critical Task List, Florida was able to track a decline in percentage of female syphilis cases missing pregnancy status from 15.1% in 2016 to 1.1% in 2018.



The Critical Task list may work best for states that have an integrated program and centralized health department.



If a jurisdiction has a small number of cases, a manually developed spreadsheet could work with similar results.

Once set up, the Florida surveillance system began to automatically send the Critical Task List in a spreadsheet format every Monday to state and regional STI program managers.

## Sustaining Progress

In addition to the weekly reports, Florida conducts monthly meetings with regional STI program managers to discuss challenges or outstanding action items. They regularly analyze and share the effectiveness of the Critical Task List to help track progress in increasing timely reporting of pregnancy status and the overarching goal of reducing congenital syphilis. To improve the follow-up of priority cases, Florida provides training and technical assistance at the local level where needed. Including the number of cases on the Critical Task List as a measure on their program’s quarterly performance report has also proved to be a positive incentive. Program leadership provide consistent engagement and positive feedback to keep up high performance.

## Considerations for your Jurisdiction

The Critical Task List may work best if the state has an integrated (e.g., HIV and STI) program and centralized health department. The development process may be more complex if a health department is not integrated or if the jurisdiction collects the data but does not conduct follow-up. One of the benefits of the Critical Task List is that it can be automated to pull the most vital cases for follow-up. If your jurisdiction has a small number of cases, a manually-developed spreadsheet could work as an alternative with similar results.

In Florida, localities that were able to quickly identify and contact individuals with missing pregnancy information had identified one of the more experienced DIS as a CS coordinator. While building partnerships and relationships with the staff, look to identify knowledge gaps and where assistance or training would be beneficial. Relationships with maternal child health peers at the local level, Ob-Gyns, and birthing facilities proved to be vital to the process as well. These partners can help to quickly locate medical record information and can provide an important local perspective on congenital syphilis.

*Sample Critical Task List*

Area	Priority Reason	Profile ID	Field Record ID	Disease	Pregnant	EDD	Congenital
2	700/900, Over 30 days	-	-	HIV			
3	Pregnant, 700/900, Over 14 days	-	-	Syphilis	Y	11/12/2018	
3	Pregnant, 200/300, Over 14 days, CHD	-	-	Chlamydia	Y	1/2/2019	
3	700/900, Over 30 days	-	-	HIV			
3	High Titer, Over 14 days	-	-	Syphilis			
4	Pregnant, 700/900, Over 14 days	-	-	Syphilis	Y		
4	700/900, Female with No Pregnancy Status	-	-	Syphilis	U		
4	700/900, Female with No Pregnancy Status	-	-	HIV			
4	700/900, Female with No Pregnancy Status	-	-	Syphilis			
4	700/900, Over 30 days	-	-	Syphilis	N		

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