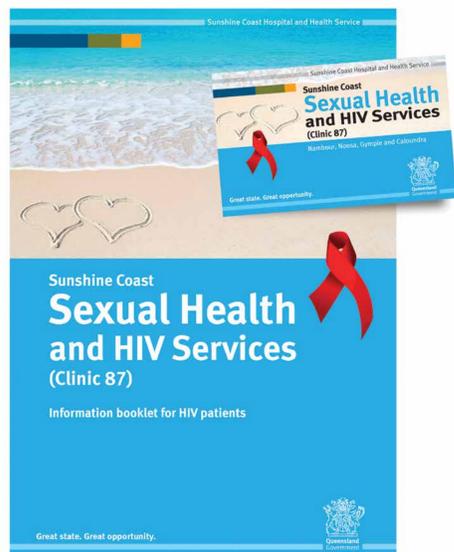


Auditing Chlamydia and Gonorrhoea notifications. Challenges and Successes

Author: Penny Marshall - Clinical Nurse Consultant and Contact Tracing Support Officer, Sunshine Coast Hospital and Health Service and Metro North Hospital and Health Service



Background

The Queensland Contact Tracing Support Program was established in 2009 in response to rising notifications of chlamydia and gonorrhoea in Queensland. Contact Tracing Support Officers (CTSO) were recruited to monitor and assist clinicians in Sexually Transmitted Infection (STI) management. Officers observed no standardised approach for managing STIs once treatment had been given. An audit tool was developed and chart audits initiated.

The Sexual Health and HIV Service Sunshine Coast Queensland (Clinic 87) were keen to evaluate their STI management, embracing the chart audits, and quality interventions for improvement.

Method

The first audit was initiated in 2010, retrieving data from 2008-2009. The variables were based on and developed in accordance with the Australasian Contact Tracing Manual 4th edition 2010 program evaluation suggestions (page 48).

Audit results were reported to the clinical team, issues were identified, and the team responded pro actively, initiating interventions with regular updates and discussion. The second and third audits reviewed data from 2010 - 2012. Regular team meetings reviewed work practices and documentation with ongoing quality improvement.



Expected outcomes

- Effective simple and consistent documentation
- Improved outcomes for clients and team members.

Results

Audit 1: 2008-2009

- Documentation varied - depending on clinician, was not standardised, too brief or too detailed
- Attendance reason at times was not consistent with reason for testing, appeared dependant on the interpretation by individual clinicians
- 5.6% presented for retesting (more luck than effective management).

These results were similar to all initial audits state-wide

Auditor observations

- Data in hard copy record more accurate than electronic data
- Contact tracing method not well documented
- Retesting not encouraged
- No standardised approach to capture relevant data and ensure effective management of STIs.

2010 Quality interventions

- Contact tracing record developed and utilised
- Discussion commenced to develop standardised approach of contact tracing management
- SMS recall system for retesting initiated.

Brainstorming outcomes

Team discussions highlighted conflicting ideas regarding the most effective method and content of documentation. However clinicians were keen to standardise their approach to ensure best practice was delivered. It was impressive to observe the team dynamics, and to note differences of opinion were acknowledged. The team worked effectively to progress the quality interventions.



Audit 2: 2010-2011

Documentation and accuracy much Improved!

- 97% of charts audited documented contact tracing although in varied content - improving.

Auditor observations

- The team embraced the quality interventions with 'gusto'
- However 'overzealous' clinicians were recording unnecessary data and record writing, creating inefficient time managed consultations
- Rather than simplify, it created extra workload.

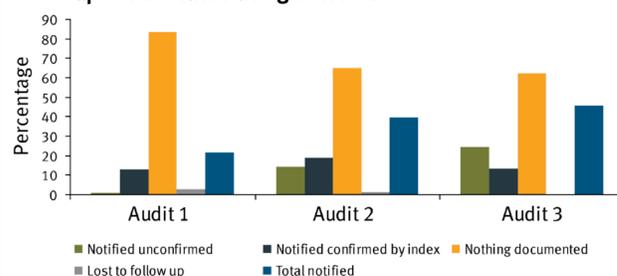
Quality Interventions 2011 - 2012

- Contact tracing record reviewed and format changed
- Standing agenda item included in the morbidity and mortality meetings
- SMS reminders were initiated at time of consultation, and appointment scheduled for retesting on day of treatment.

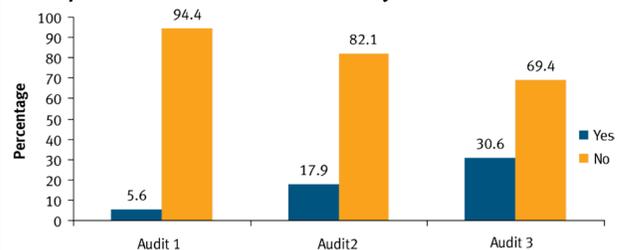
Audit 3: 2012

- Almost all records (>99%) indicated contact tracing had been discussed
- 27% identified utilisation of an electronic tool to perform contact tracing
- 30.6% presented for retesting.

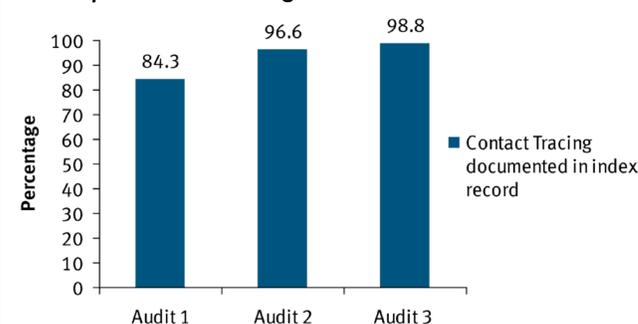
Graph 1: Contact tracing outcome



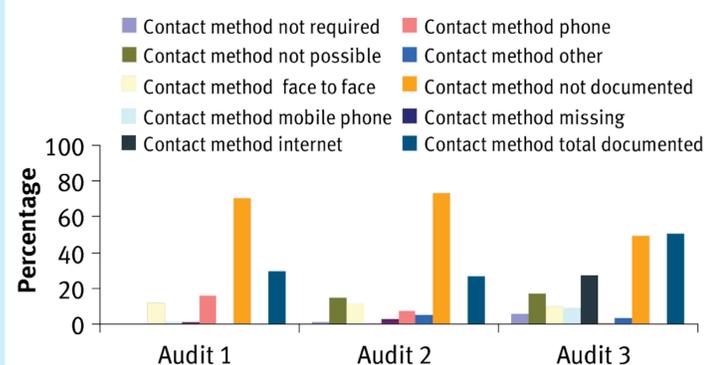
Graph 2: Retested within 30-120 days of treatment



Graph 3: Contact tracing documented in index record



Graph 4: Contact method



Goals and outcomes were met:

- Documentation observed to be consistent, effective and simple
- A standardised approach to STI management has been developed improving outcomes for clients and clinical team.

Conclusion

The initial chart audit process was time consuming and challenging. Interpretation of the individual clinicians' responses necessitated multiple checks between electronic and hard copy data. Each audit reflected a vast improvement in standardised documentation and approach. The contact tracing record evolved, the final draft was approved in 2013, and continues to be utilised.

Clients appear to have a greater understanding of their responsibility in notifying their contacts, and managing their sexual health. This was reflected in a 20% improvement in notifying partners, a 22% increase in utilising the internet and a 26% increase in clients presenting for retesting, within the 4 year time period.

The sexual health team embraced the audits and quality activities, reviewing practice for improved outcomes, not only for patient care but to streamline documentation, reducing workload. All team members took ownership of this project and were willing to change practice to ensure enhanced service delivery. Open and honest communication and proactive quality interventions have been reflected in improved sexual health of Clinic 87 clients. It is hoped this will have a positive flow-on effect to the greater Sunshine Coast community.