Meeting the needs of end users: the process of development of a sexual health clinical audit tool for Indigenous primary health care services

Nattabi B1, Taylor-Thomson D2, Rumbold A2-3, Ward J4, Marshall L5, Howard M6, Knox J7, Belton S2,8, Connor S9, Garton L9, Leamy J10, Puszka S2, Croft C2

Background
- Sexually transmitted infections (STIs) and blood borne viruses (BBVs) remain a significant public health issue for Indigenous Australians.
- Chlamydia, gonorrhoea and syphilis are 4 times, 21 times and 4.5 times more likely to be notified among Indigenous people compared to non-Indigenous people (The Kirby Institute 2013).
- Marked variation in delivery of sexual health care services exists at primary health care level indicates poor adherence to best practice (Figure 1).
- Systems-oriented continuous quality improvement (CQI) implemented at primary health care level has been shown to improve organisational systems for delivery of primary health care to Indigenous people (Bailie et al., 2007).
- **Aim:** This project aimed to develop a sexual health clinical audit tool to be implemented within a CQI approach to improve the quality of sexual health care services delivered to Indigenous Australians.

**RESULTS**

**STI and BBV Clinical Audit Tool indicators, domains and audit items**
- Indicators include Documentation of diagnosis, Documentation of symptoms, Risk assessment, Clinical examination, Time to diagnosis, Time to treatment, Contact tracing, Notification of infection.

**DOMAINS**

<table>
<thead>
<tr>
<th>General information</th>
<th>Audit Items</th>
</tr>
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<tbody>
<tr>
<td><strong>Medicare number</strong></td>
<td>Age, Sex, Indigenous status</td>
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<tr>
<th>Key health information</th>
<th><strong>STI</strong> diagnosis</th>
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<tr>
<td><strong>Symptoms, risk factor assessment:</strong> unprotected sex, injecting drug use, incarceration, MSM, recreational drug use</td>
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<tr>
<th>Clinical examination</th>
<th><strong>Bimanual, genital exam</strong></th>
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<tbody>
<tr>
<td>Laboratory investigations</td>
<td><strong>Tests for Chlamydia, Gonorrhoea, Trich, Hep B, Hep C</strong></td>
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<tr>
<td>Treatment</td>
<td><strong>HIV, pap smear, Medications for STIs</strong></td>
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<tr>
<td>Follow up</td>
<td><strong>Recall, attending follow up and retesting, contact tracing, notification, discussion of safe sex</strong></td>
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**Figure 1:** Variation in service delivery at primary health care: percentage delivery of pap smear, sexual health discussion, STI screens gonorrhoea, chlamydia and syphilis.

**Acknowledgements**

For more information Email barbara.nattabi@uwa.edu.au; Phone: +61 8 9956 0221 or One21seventy one21seventy@menzies.edu.au

**CONCLUSIONS**

- The first ever nationwide STI audit tool is available through One21seventy.
- The key elements of tool development are end user engagement, multidisciplinary and multijurisdictional representation, leadership, selection of and consensus on key elements of sexual health care, and adequate long term funding for development and dissemination of the tool.
- Used in conjunction with the systems assessment tool (SAT), the youth health and preventive tools, the STI tool will enable effective allocation of resources to improve the quality of sexual health services for Indigenous Australians.

**FUTURE RESEARCH**

- Monitor uptake and assess barriers and facilitators to uptake of STI tool and determine impact of STI tool on sexual health care delivery
- Analysis of association of service delivery outcomes with predictor variables (type of service, location, population size etc.) and identify successful strategies and enhance knowledge translation.

**REFERENCES**


**AFFILIATIONS**

1 WA Centre for Rural Health, UWA 2 Menzies School of Health Research, 3 University of Adelaide, 4 Baker IDI, 5 Fremantle Hospital, 6 One21seventy, 7 STRIVE, 8 Royal Darwin Hospital, 9 Northern Territory Government, 10 Cairns Sexual Health Service.