nswsti
PROGRAMS UNIT

SEXUAL HEALTH PDSA PROPOSAL

Hunter New England Local Health District

NATIONALLY: Chlamydia is the most common bacterial sexually transmissible infection (STI) in Australia. Notifications have nearly quadrupled in the past decade, with over 82 000 cases diagnosed in 2013.[1] It is most prevalent among men and women aged between 15 and 29 years who accounted for 79% of diagnoses for the whole population in 2013.[1]

SEXUAL HEALTH PDSA PROPOSAL: HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT (HNELHD) In 2013 Hunter New England Local Health District (HNELHD) had the third highest rate of chlamydia in NSW with 372 notifications per 100,000 of the population.[2]

Approximately 75% of men and 50% of women with chlamydia will have no symptoms and if left untreated chlamydia can cause pain, infertility and place people at greater risk of contracting other STI's such as HIV.

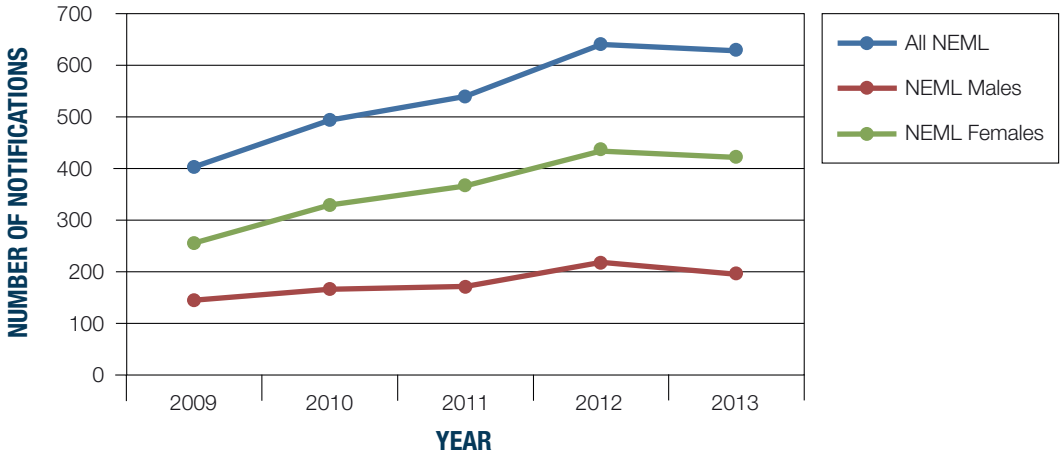
Due to chlamydia's asymptomatic nature it is estimated that 75% of infections are undiagnosed[3] thereby affirming the need for routine screening of priority populations. RACGP guidelines also state that all sexually active young people under 29 years should be screened at least annually for chlamydia. [4]

Chlamydia notifications in the New England Medicare Local

From 2009–2013 annual chlamydia notifications in the New England Medicare Local (NEML) have increased by 52%, with the highest number of notifications coming from people aged 15–19 years. Across this same five year period 67% of NEML chlamydia notifications were for females.

Across all Medicare Locals in NSW for the period of 2012–2013 the NEML ranked third highest for chlamydia notifications with a rate of 377 notifications per 100,000 people.

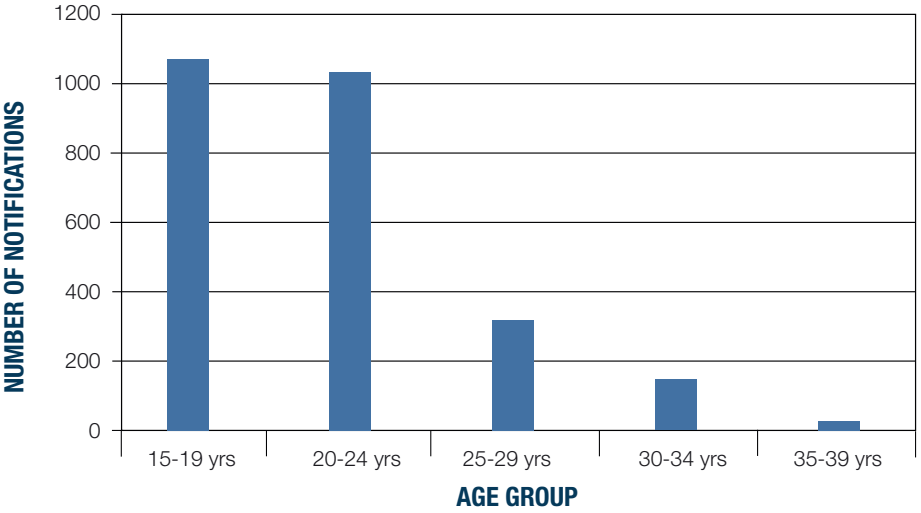
Figure 1: Number of chlamydia notifications for the NEML, 2009–2013



Overall 89% of chlamydia notifications in the NEML occurred in people aged 15–29 years, which reinforces the importance of young people as a priority population for chlamydia testing. Across the NEML from 2009–2012 chlamydia notifications rates (per 100,000 people) were highest in the Armidale Dumaresq, Tamworth Regional, Moree Plains and Guyra local government areas.

It is also important to note that a recent stabilisation in chlamydia notifications since 2012 is likely attributable to a stabilisation in testing, rather than a change in actual chlamydia prevalence.

Figure 2: Number of chlamydia notifications in NEML by age group, 2009–2013*



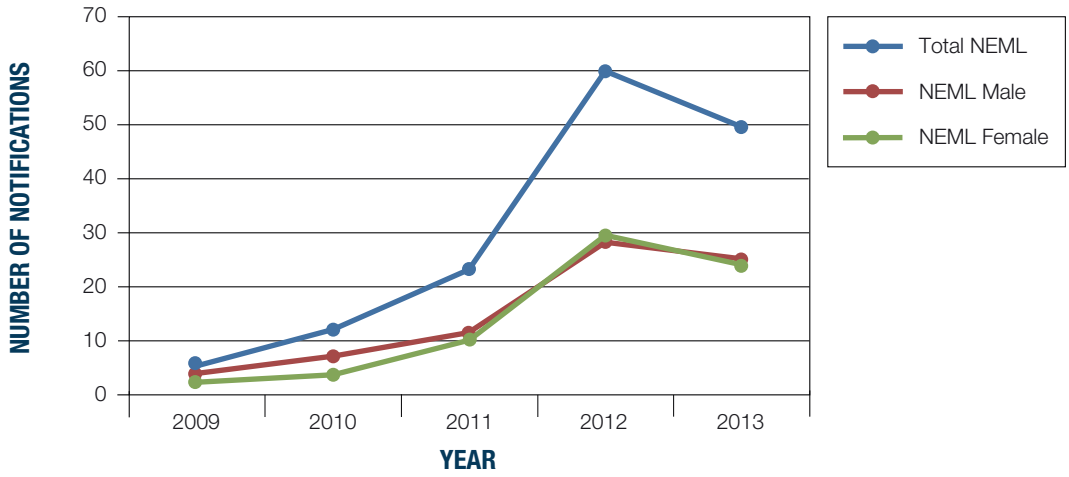
*Population groups with chlamydia notifications below 20 have been omitted from this graph

Gonorrhoea notifications in the New England Medicare Local

From 2009 to 2013 there was a 900% increase in Gonorrhoea notifications in the New England Medicare Local. In the period from 2011–2012 gonorrhoea notification rates within the NEML were 24.7 per 100,000 people.

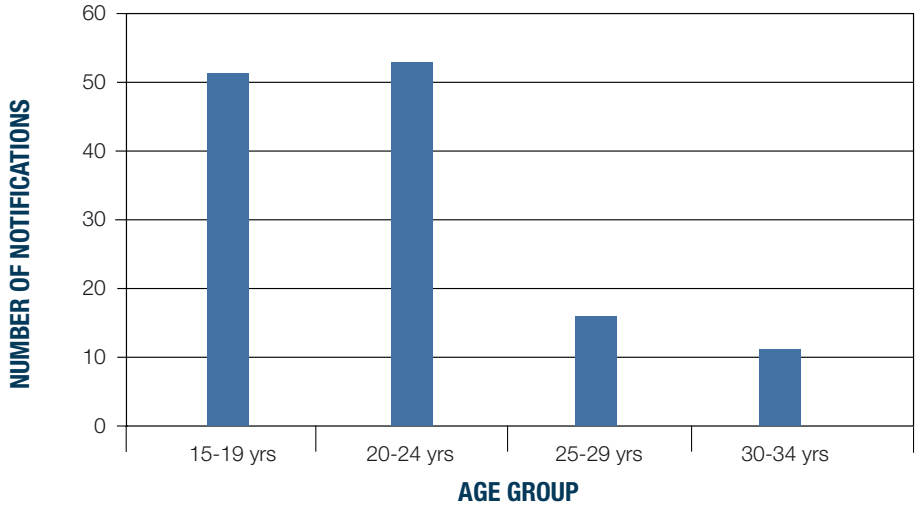
Approximately 52% of Gonorrhoea notifications from 2009–2013 were for males, with the highest number of notifications occurring equally in the age groups 15–19 and 20–24 years. The pattern of Gonorrhoea notifications in the NEML indicates that transmission is predominantly through heterosexual contact.

Figure 3: Number of Gonorrhoea notifications for the NEML, 2009–2013



Overall 79% of Gonorrhoea notifications in the NEML were in people aged 15–29 years. From 2009–2012 Gonorrhoea notification rates (per 100,000 people) in NEML were highest within Moree Plains, Armidale Dumaresq, Uralla and Guyra local government areas.

Figure 4: Number of Gonorrhoea notifications in NEML by age group, 2009–2013^



^Population groups with Gonorrhoea notifications below 10 have been omitted from this graph

Barriers to testing for STIs in General Practice

- GP time
- GP concern for unfounded patient embarrassment
- GP embarrassment
- Lack of financial incentive
- Confusion regarding primary health care nurse role in sexual health care
- Unspoken and unrecognised priority for the practice

For further information on STIs and the role of General Practice, refer to RACGP *Guidelines for Preventive Activities in General Practice 8th Edition* (Red Book)[4]

Suggestions for a PDSA in Sexual Health

- All patients in the age group 15-29 years are offered a chlamydia test
- Establish a system for 3 monthly recalls for those who tested positive for chlamydia
- All patients who attend for travel vaccinations are offered a STI screen prior to travelling and on their return
- All patients who identify as MSM are offered a HIV test annually

Strategies for implementation:

- Investigate sexual health and population data from the Medicare Local to decide your plan of action
- Talk to your local sexual health service & HARP Health Promotion Unit at the HNELHD
- Source references to share with your colleagues
- Seek whole of practice support including GPs, primary health care nurses, practice managers and reception/administration staff
- Present your ideas at a clinical meeting
- Don't give up!

Plan-Do-Study-Act cycle:

RACGP QI&CPD Program identifies the Plan-Do-Study-Act cycle as a program to implement systematic change in general practice. It encourages the practice team to implement a planned improvement by breaking down change into manageable chunks, and testing each small change to make sure improvements are worthwhile and no effort is wasted. The program emphasises starting on a small scale and reflecting and building on learning.

Practice PDSA cycles focus on improving the capacity of the practice to deliver quality patient care, (improving quality, safety and performance of the practice). A minimum of 2 rapid PDSA cycles must be completed within a 3 month period.

A whole of practice approach is encouraged and attracts 40 Category 1 RACGP QI&CPD points.

Steps:

- Select leader/facilitator
- Decide who will be in the group (minimum of 2 and maximum of 12 participants)
- Three main questions underpin the PDSA cycle:
  a. What is the practice trying to accomplish?
  b. How will the practice know that a change is an improvement?
  c. What changes can be made that lead to an improvement?
- Select a topic around a sexual health issue
- Start first rapid PDSA cycle:
  a. Plan-who, what, where, when, how
  b. Do-implement the plan, collect the data, record any unexpected events/problems
  c. Study-review and reflect on results
  d. Act- make any necessary adaptations or improvements
- Develop second cycle
- Develop further cycles as required
- At completion of the cycles undertake a quality improvement reflection and describe:
  a. What changes did you implement in your practice?
  b. How do you monitor these changes?
  c. What evaluation process do you use to measure these changes?
- Complete RACGP QI&CPD Program – PDSA application and submit to RACGP

PDSA Example

Goal:

Within a month, screen all patients aged between 15–29 years attending the practice for chlamydia

Measures:

Number of male patients seen in the age group in the month

Number of female patients seen in the age group in the month

Number of chlamydia tests undertaken

Plan:

What:	Ask all patients between 15-29 years if they are willing to be tested for chlamydia
Who:	GP and/or primary health care nurse
When:	During the patients GP appointment or when seeing the primary heath care nurse
Predictions:	100% of patients will agree to be tested for chlamydia

Do:

All young people between the ages of 15-29 years who attended the practice during the month were offered a test for chlamydia

Study:

X number of female patients were asked and X number of male patients were asked.

For example, 10 out of the 20 patients were tested for chlamydia (8/10 females but only 2/10 males). This is much lower than predicted for males. This may be due to the GP feeling uncomfortable about asking patients when the young person has come in for an unrelated health issues, a time issue or the young person not wishing to be tested

Act:

Ideas for further cycles

- Ensure GP and primary health care nurses have attended current sexual health training
- Consider the primary health care nurses seeing all young people first as routine
- Increase awareness of STIs for young people by having youth friendly STI information (brochures/posters) in the waiting room
- Educate all of the practice team of the STI Screening project and inform team of the aims of the project

References

1. National Notifiable Diseases Surveillance System Number of notifications of Chlamydial infection, Australia in the period of 1991 to 2013 and year-to-date notifications for 2014 accessed 27 March 2014 http://www9.health.gov.au/cda/source/rpt_3.cfm
2. Health Statistics NSW website (http://www.healthstats.nsw.gov.au/Indicator/com_chlamnot/com_chlamnot_lhn_snap)
3. Guy R, Ali H, Liu B, et al. Genital chlamydia infection in young people: a review of the evidence. A report to the NSW Health Department. The Kirby Institute. University of NSW. November 2011 p3
4. RACGP Guidelines for Preventive Activities in General Practice 8th Edition (Red Book) September 2013 http://www.racgp.org.au/download/Documents/Guidelines/Redbook8/redbook8.pdf
5. Date Provided by Public Health Unit, Hunter New England Local Health District 13 October 2014

Key Contacts/Resources

New England Medicare Local
http://www.neml.org.au
(02) 6766 1394

HIV and Related Programs (HARP) Unit
Hunter New England Local Health District (HNELHD)
http://www.hnehealth.nsw.gov.au/hneph
(02) 4924 6655

RACGP
Plan, Do, Study, Act Cycle – Putting Prevention into Practice – Guidelines for the implementation of prevention in the general practice setting (green book) 2006
http://www.racgp.org.au/download/documents/Guidelines/Greenbook/racgpgreenbook2nd.pdf

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