

## **New resources to improve management of sexually transmitted infections**

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The development of a pioneering sexual health clinical audit tool is set to improve the quality of sexual health services for Aboriginal and Torres Strait Islander people across the country.

Aboriginal and Torres Strait Islander (ATSI) Australians continue to suffer disproportionately from sexually transmitted infections (STIs) and blood borne viruses (BBVs) compared to non-Indigenous Australians. Chlamydia, gonorrhoea and syphilis are over three times, 20 times and over four times more likely to be notified among ATSI people respectively. Rates of hepatitis B and C are also higher among Indigenous Australians compared to non-Indigenous Australians.

Chief investigator, Associate Professor Barbara Nattabi said that with the majority of STIs and BBVs being diagnosed and managed within the primary health care system, it was essential that the quality of care remain high in order to reduce the rates of transmission and prevent complications secondary to STI/BBV infections.

“This continuous quality improvement (CQI) tool enables primary health care services and specialist clinics to systematically assess the quality and delivery of care provided to their ATSI clients,” Associate Professor Nattabi said.

“The rates of STIs and BBVs among ATSI Australians continue to surpass those of the non-Indigenous population.

“Lack of quality treatment can lead to various complications including long term impacts on reproductive and neonatal health and some STIs facilitate the transmission of HIV infection.”

The development of the sexual health audit tool was led by Associate Professor Nattabi from the Western Australian Centre for Rural Health in partnership with the Lowitja Institute.

Developed over two years, the tool is based on national and state/territory sexual health guidelines, key policy, research papers and on consultation with stakeholders across Australia.

One21seventy manager, Dr Frances Cunningham said the sexual health clinical audit tool was yet another example of One21seventy translating evidence into practice.

“The tool, protocol and report are the latest addition to the suite of quality improvement resources that support best practice primary health care,” she said.

“Earlier this year, One21seventy launched a youth health clinical audit tool targeting Aboriginal and Torres Strait Islander people aged between 12-25 years designed to assess the health care provided to Indigenous youth and provide an indication of whether clients are ‘falling through gaps’.”

The sexual health clinical audit tool is available nationally and is locally applicable, recognising regional variation in best practice care.

The tool covers the basic elements of sexual health clinical care and the purpose of the sexual health audit is to determine the management of an ‘STI/BBV episode’. This encompasses the time a client first presents to the health centre in regard to his/her diagnosis and risk factors, right through to lab investigations, treatment, follow up care and contact tracing.

The sexual health clinical audit tool collects data from health service records which are then analysed against best practice guidelines. Service providers are then provided with web-based reports of their strengths and areas for improvement.

For more information on the sexual health clinical audit tool visit [www.one21seventy.org.au](http://www.one21seventy.org.au)

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**Background**

One21seventy is a not-for-profit organisation set up through the Menzies School of Health Research and the Lowitja Institute to provide ongoing support and training for primary health care services to implement evidence based continuous quality improvement processes. One21seventy is the National Centre for Quality Improvement in Indigenous Primary Health Care. Its aspiration is to increase the life expectancy for Indigenous people – beyond one in infancy, beyond 21 in children and young adults and beyond seventy in the overall lifespan.