Knowledge translation: development of a sexual health clinical audit tool to enhance adherence to evidence-based guidelines

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BACKGROUND

- In Australia, chlamydia, gonorrhoea and syphilis are over three times, fourteen times and over twice more likely to be notified among Indigenous people compared to non-Indigenous Australians (Kirby 2014). Reasons for the high burden of disease include lack of access to quality care particularly in rural and remote Australia.
- In 2010 Indigenous primary care services as part of the ABCD National Research Partnership (Bailie 2013) identified the need for a clinical audit tool to improve delivery of sexual health services.
- This project aimed to develop a sexual health clinical audit tool to be used to enhance adherence to best-practice guidelines and improve the quality of Indigenous primary sexual health services.

AUDIT TOOL DEVELOPMENT METHODOLOGY

Establishment of an Expert Reference Group (ERG) Review of evidence base Health systems/ **Health centre level** Review of all relevant population level STI guidelines Integration with patient Importance of issue for information systems population Effectiveness & Documentation in appropriateness of patient records service Feasibility to complete **Audit items** Auditability Reasonable expectations Priority conditions & risk of service delivery factors **Construction of audit tool and protocol** Steps in development of Piloting of the tool in WA, NT, Qld and SA Process of selection of audit items Refinement of tool and protocol based on feedback Factors determining audit items

Figure 1: Process of development of tool (Adapted from Puszka et al 2015)

RESULTS

- The sexual health clinical audit tool was completed at the end of 2014 and comprises domains and audit items as shown in Table 1.
- The purpose of the audit is to determine the management of an 'STI/ BBV episode' from diagnosis to lab investigations, treatment, and follow up care.
- The tool is accompanied by a protocol that guides the clinical audit process.
- Data analysis and reporting is supported by a web-based information system that enables identification of gaps, goal setting and planning of actions for improvement.

Domains	Audit items
General information	Medicare number, Age, Sex, Indigenous status
Attendance at health centre	Date and reason for presentation, who seen by
Key health information	STI diagnosis
STI/BBV history and Risk factors	Symptoms, risk factor assessment: unprotected sex, injecting drug use, incarceration, MSM, recreational drug use
Clinical examination	Bimanual, genital exam
Laboratory investigations	Tests for Chlamydia, Gonorrhoea, Trich, Hep B, Hep C, HIV, pap smear
Treatment	Medications for STIs
Follow up	Recall, attending follow up and retesting, contact tracing, notification, discussion of safe sex

Table 1: Domains and Audit items in Tool

DISCUSSION AND CONCLUSIONS

- The STI audit tool is complete and is now available through One21seventy, the National Centre for Quality Improvement in Indigenous Primary Health Care http://www.one21seventy.org.au/
- The key strengths of the process were broad end user engagement, multidisciplinary and multijurisdictional representation on the ERG, effective leadership, appropriate selection of and consensus on key elements of sexual health care, and adequate funding for development of the tool.
- Challenges included building consensus on audit items to include, limited funding for dissemination of the tool, and engagement with some health services.
- Used in conjunction with the systems assessment tool (SAT), the STI audit tool will enable an assessment of STI health care delivery, will help identify evidencepractice gaps in sexual health care, determine systems—related facilitators and barriers to quality care and can be used to enhance evidence-based practice in sexual health care.

References

Legend

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Launch of the tool 2015

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