



YOUTH SEXUAL HEALTH SCREENING TOOLKIT

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INTRODUCTION

HNECC PHN Sexual Health Screening Strategy

Since 2005, NSW communities have experienced significant increases in Sexually Transmissible Infections (STI) notification rates, particularly for gonorrhoea, syphilis and chlamydia promoting the development of the NSW Sexually Transmissible Infections Strategy 2016 – 2020¹. While some of these numbers are attributed to increases in STI testing, STIs disproportionately impact on key populations in NSW, namely young people (aged 14 – 29 years), Aboriginal people, and gay and other homosexually active men. Addressing STIs requires a coordinated, systematic approach that targets the needs of priority population groups². HNECC PHN is committed to achieving early detection, and comprehensive treatment and management of STIs.

Sexually transmissible infections (STIs) remain a significant public health burden in NSW. If left untreated, STIs can be transmitted to sexual partners, facilitate the sexual transmission of HIV, and contribute to the development of severe complications such as infertility, ectopic pregnancy and congenital infection. STIs can be associated with social stigma and cause long-term emotional suffering and stress. STIs can also act as an indicator for sexual and psychosocial risk behaviours. Most STIs, however, can be easily prevented, diagnosed and treated³.

While the bulk of sexual health care in NSW is delivered in general practice, the proportion of STI screening conducted as part of routine care is relatively low. Integrating STI screening as part of routine care within general practice and primary care is a priority of this strategy and provides an important opportunity for timely diagnoses and treatment among priority populations. Nurse-led models and greater involvement of practice nurses in STI screening is important to increase screening in general practice and primary care. Screening for chlamydia should be focused on young women aged 15-29 years as they are at highest risk of long-term complications such as Pelvic Inflammatory Disease and infertility. Screening and treatment in recent sexual partners of young women newly diagnosed with chlamydia will also be important to prevent reinfection and ongoing transmission. Strengthening linkages between public sexual health services and primary care along with targeted focus within general practice are important to improve screening and management of STIs⁴.

¹NSW Sexually Transmissible Infections Strategy 2016 – 2020, https://www.health.nsw.gov.au/pds/ActivePDS/Documents/182016_005.pdf

²Ibid

³Ibid

⁴Ibid



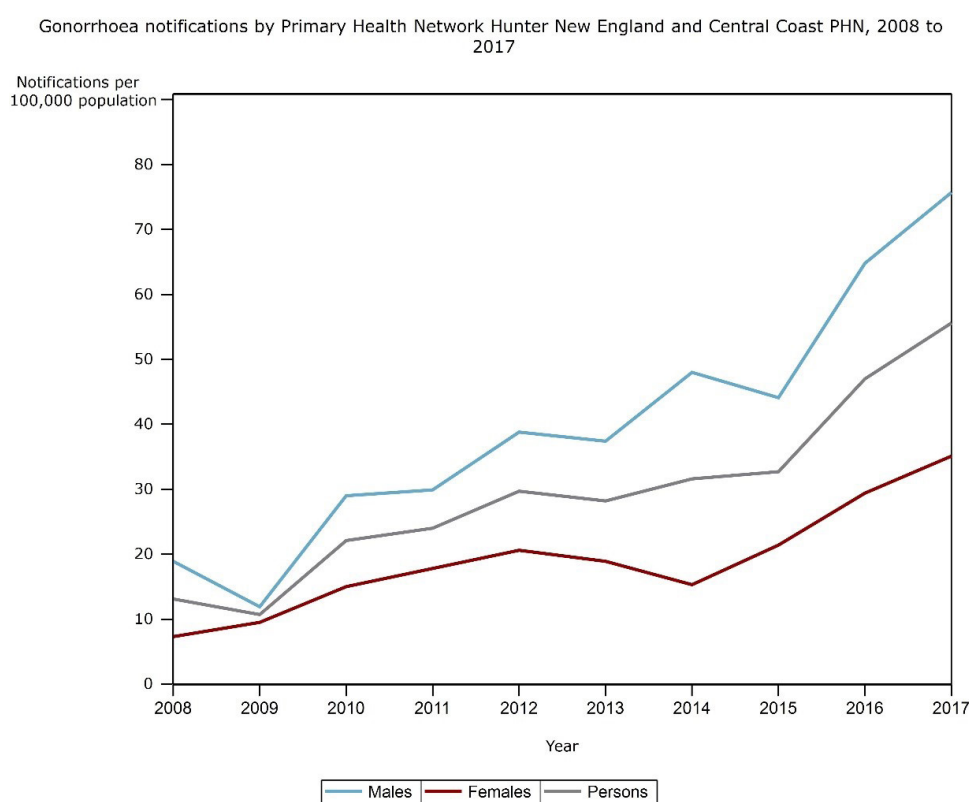
At a glance: Sexual Health statistics

Gonorrhoea remains one of the most commonly diagnosed STIs in NSW. Notifications for gonorrhoea diagnoses have increased substantially in NSW rising from 23 per 100,000 in 2005 to 64 per 100,000 in 2014 to 132 per 100,000 in 2018. 83% of gonorrhoea notifications in 2014 were made in men with the highest rate seen in men in their twenties⁵.

Data from the last five years show the number of gonorrhoea notifications has been increasing each year, with marked rises in 2016 and 2017. There has been an increase in gonorrhoea notifications among females. Approximately half of notifications occur among gay and homosexually active men and one-third occurring among heterosexual contact. Aboriginal people in NSW experience a disproportionate burden of gonorrhoea. The NSW Sexually Transmissible Infections Strategy 2016-2020 January to June 2018 Data Report suggested that;

- the highest gonorrhoea notification rates occurred in the 20-24 years and 25-29 years age groups
- the largest relative increases in the gonorrhoea notification rates were observed in the 60+ years age group
- followed by the 20-24 years, 25-29 years and the 30-39 years age group.

The below graph indicates the notification rates for Gonorrhoea in the HNECC PHN area.



⁵NSW Sexually Transmissible Infections Strategy 2016 - 2020,

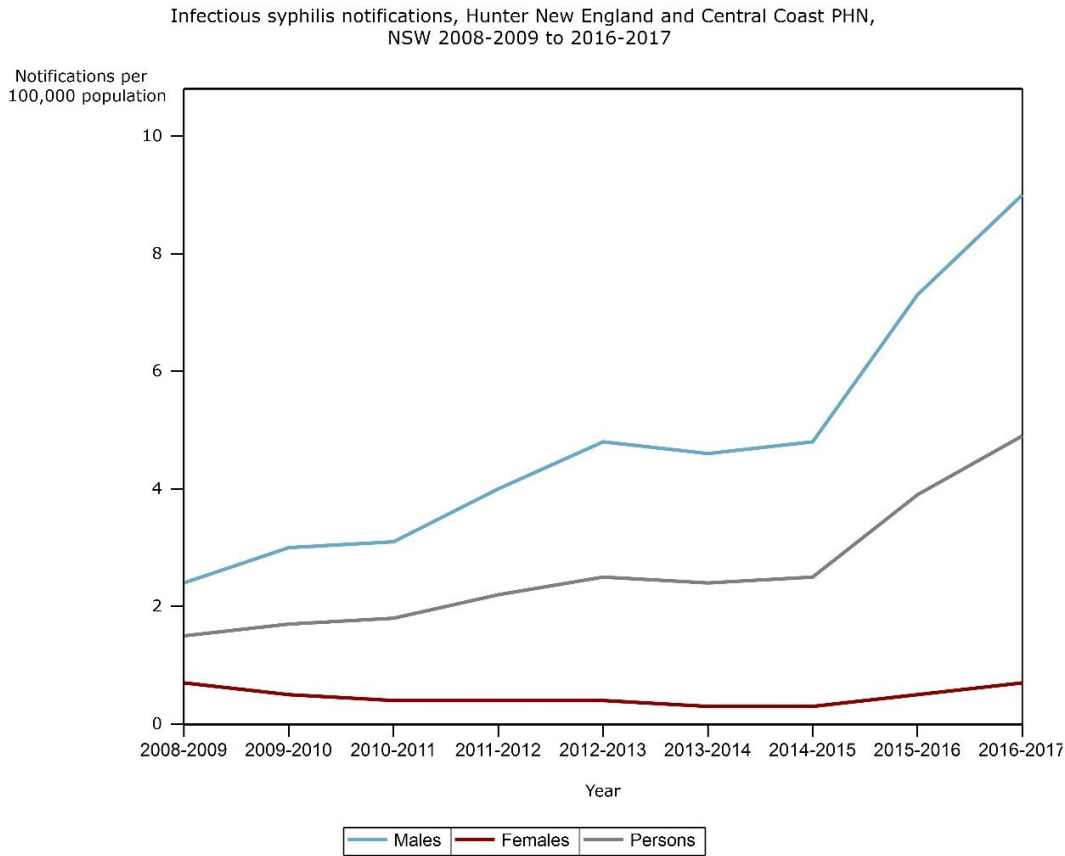
⁶NSW Sexually Transmissible Infections Strategy 2016 - 2020 January to June 2018 Data Report

<https://www.health.nsw.gov.au/Infectious/Reports/Publications/sti/nsw-sti-report-jan-june-2018.pdf>

⁷NSW Sexually Transmissible Infections Strategy 2016 - 2020

⁸NSW Sexually Transmissible Infections Strategy 2016 - 2020 January to June 2018 Data Report

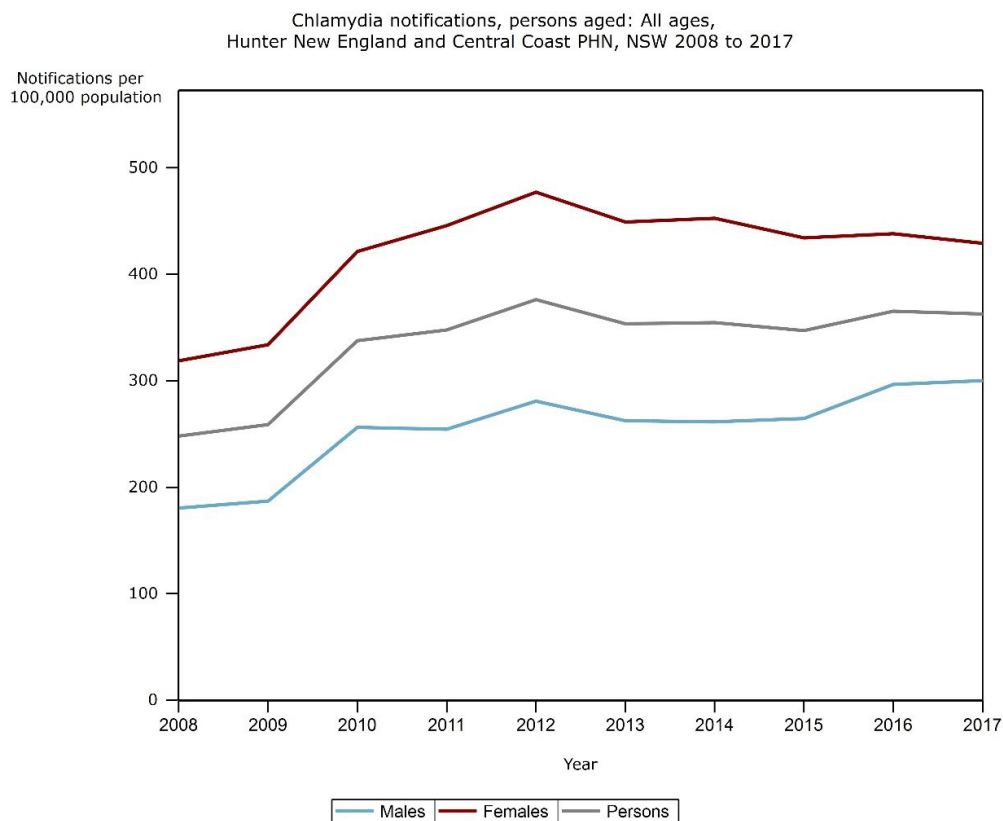
Infectious syphilis remains a significant public health concern in NSW. Over the last decade the rate of infectious syphilis notifications nearly tripled, rising from 3.6 per 100,000 in 2005 to 10.2 per 100,000 in 2014. The vast majority (96%) of infectious syphilis diagnoses are made in men, most of whom are gay and homosexually active men. Most cases occur in men over the age of 25 years⁷. Infectious syphilis in women in NSW has remained stable at less than 1 notification per 100,000 population over the last decade. Data from January to June 2018 indicate that notifications were at 17.3 per 100,000 population. The diagram below outlines the notification rates of aged specific infectious syphilis. Marked increases in notification rates can be seen in the 25-29 year age bracket⁸. The below graph indicates the notification rates for infectious syphilis within the HNECC PHN region from 2008 - 2017.



⁹NSW Sexually Transmissible Infections Strategy 2016 - 2020
¹⁰NSW Sexually Transmissible Infections Strategy 2016 - 2020 January to June 2018 Data Report
¹¹Diagram obtained from NSW Sexually Transmissible Infections Strategy 2016 - 2020 January to June 2018 Data Report

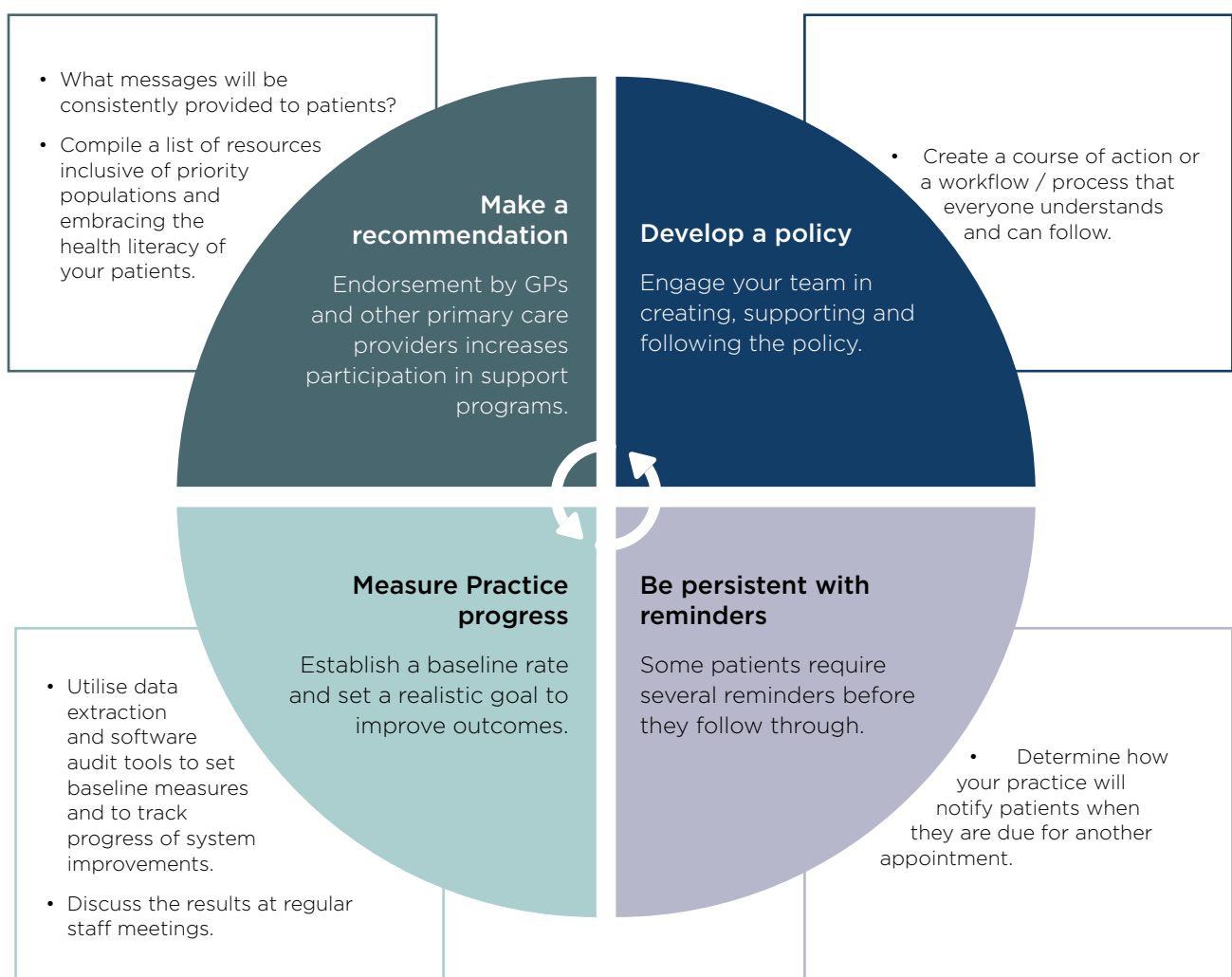


Chlamydia is also one of the most frequently diagnosed notifiable infections in NSW. Over 22,000 infections were notified in NSW in 2014 with the majority (74%) occurring among young people aged 15-29 years⁹. Over the last decade, notifications have almost doubled, rising from 167 per 100,000 people in 2005 to 305 per 100,000 in 2014 to 404 per 100,000 population in 2018. As shown in the below diagram, Chlamydia notifications increased among all age groups (15 years and over) with the age-specific rates for the 15-19 years, 20-24 years, 25-29 years and 30-39 years age groups increased by 5%, 8%, 14% and 15% respectively compared to the rates in 2017. Since 2014, notification rates among those aged 30-39 years, 40-49 years and 50 -59 year have increased by over 60%. Currently, chlamydia is detected in approximately 1 in 20 young Australians who have screening tests in general practice¹⁰. The diagram below shows the Chlamydia notification rates for all ages in the HNECC PHN region.



Four essentials to improving Sexual Health Screening in Primary Care

1. Implement practice changes.
2. Take a person-centred approach.
3. Involve staff and put office systems in place.
4. Follow a continuous improvement model to develop and test the changes.



DEVELOPING A SYSTEMATIC APPROACH

Data cleansing

The information available in clinical software is invaluable when developing streamlined practice systems and providing quality patient care. For practice data to be useful, information within your clinical database must be accurate and up to date.

Ensuring electronic results are received correctly is key to providing effective and efficient patient care.



HELPFUL TIPS

- Regularly mark patients as 'inactive'
- Merge duplicate patient records
- Ensure pathology results are received in the correct format
- Develop and agree on processes to ensure data quality is maintained
- Clean up reminder lists: Ask your Primary Care Improvement Officer for instructions on 'Bulk Reminder Clean Up'
- Document processes clearly in your Policy and Procedure Manual
- Regularly discuss clinical coding in team meetings to develop clear standards and requirements for patient files.

Work flow

Work flow is defined as a series of steps, frequently performed by different staff members that accomplishes a task. Workflows represent how work gets done, not the protocols that have been established to do the work.

Work flow mapping is a way of making the invisible "visible" to a practice to improve processes to increase efficiency, reduce errors, and improve outcomes.

Work flow mapping is the process of documenting the specific steps and actions that take place in completing a task. Creating a work flow map allows the opportunity to see what is currently happening, identify opportunities for improvement or change, and design new, more effective processes. It is helpful to consider workflows associated with the following three processes:

1. Perceived process (what we think is happening)
2. Reality process (what the process actually is)
3. Ideal process (what the process could be).



HELPFUL TIPS

Important rule of mapping: the person who controls the process controls the pen. Meaning whomever carries out the process, maps the steps.

- Be realistic: map what is happening not what is desired
- Identify each step of the activity and person responsible
- Communicate: ensure all team members involved understand how the activity is executed.



HELPFUL LINKS & RESOURCES

Train IT Medical have sample workflows for:

[Correspondence Management](#)

[Inbox Management](#)

[Train IT Medical Practice Management resources](#)



Implementing robust recall and reminder systems

The RACGP Standards for General Practice view a **reminder** as an offer to provide patients with systematic preventative care. A **recall** is when it is paramount for a patient to attend the clinic, usually in the instance of an abnormal result. A recall is further defined as a system to make sure patients receive further medical advice on matters of clinical significance.

Clinical significance is determined by:

- the probability that the patient will be harmed if further medical advice is not obtained
- the likely seriousness of the harm.

It will be up to each practice to design a system which effectively differentiates between their general preventive reminders and their true recalls (RACGP, 2017).



HELPFUL TIPS

- Ensure there is a written policy which is communicated to the practice team which outlines a consistent and validated process for recording results, entering recalls and sending reminders
- Define roles and responsibilities for individual team members
- Review systems for managing overdue patient recall and reminders.



HELPFUL LINKS & RESOURCES

Speak to your Primary Care Improvement Officer to gain access to best practice resources:

[Medical Director: Recall, Reminders Action Fact Sheet](#)

[The Do's and Dont's of Patient SMS](#)

[AMA Recall Systems and Patient Consent](#)

It is recommended that GPs who are coordinating patient-centred care should not assume that clinically significant test results ordered by others have been adequately followed up.

Clear and agreed systems for receiving and following up on test results are needed to ensure safe and effective continuity of patient care. For further information regarding RACGP's position on non-GP initiated testing [click here](#).

How can PEN CS support patient-based outcomes in General Practice?

When leading change in a General Practice, you will require data to help guide your thinking, discussions and planning.

PEN CS's Clinical Audit Tool 4 (CAT4) is a user-friendly software tool that interrogates the data contained within GP clinical and management software. The extracted data can be then filtered to select a specific target group and viewed through a range of clinically relevant patient reports to support quality improvement.

PEN CS and your Practice

A significant number of General Practices across the HNECC PHN already use CAT4 to investigate and report against their patient data. Using CAT4 to extract relevant data provides practices a range of benefits including:

- Improving the quality of patient care by identify patients requiring periodic screening and ensuring the appropriate treatment or referral is delivered proactively
- Identifying patients “at risk” of developing certain diseases or conditions and offering preventative treatment.



HELPFUL TIPS

- Use current data by performing monthly data collection
- Ensure correct coding principles are implemented to ensure data can be extracted
- Upskill; participate in PEN CS and [TopBar webinars](#) and speak with your Primary Care Improvement Officer to assist in understanding your practice data.



HELPFUL LINKS & RESOURCES

Meaningful data can be extracted within CAT4 to identify eligible patients for Sexual Health Screening.



WHAT IS QUALITY IMPROVEMENT?

The RACGP Standards for General Practice describes quality activity undertaken within a general practice where the primary purpose is to monitor, evaluate or improve the quality of health care delivered by the practice. The Standards recommend practices engage in quality improvement activities that review structures, systems and processes to aid the identification of required changes to increase the quality of healthcare delivery and safety of patients.

Quality improvement consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.

Engaging in quality improvement activities is an opportunity for the practices' GPs and other staff members to come together as a team to consider quality improvement. Quality improvement can relate to many areas of a practice and achieving improvements will require the collaborative effort of the practice team.

Standards for General Practice - 5th Edition

The RACGP 5th Edition Standards have been released with a new module specifically identified for quality improvement. Criterion QI 1.1 identifies four indicators that relate to practice based activity around quality improvement and reference a team-based approach. The criterion recommends having at least one team member responsible for leading quality improvement in the practice, which establishes clear lines of accountability. Please refer to the guidelines.

Criterion QI 1.3 relates to improving clinical care, specifically practice use of relevant patient and practice data to improve clinical practice. Establishing and utilising robust reminder and recall systems could be a focus under this criterion.

The quality improvement process is divided into two manageable steps, the "thinking" and "doing" part. This process allows ideas to be broken down into management sections which can be tested and reviewed to determine whether improvement has been achieved prior to implementing on a larger scale.

The 'Thinking' part

The thinking part consists of three fundamental questions that are essential for guiding improvement.

1. What are we trying to accomplish?

By answering this question, you will develop your aim for the activity.

Consider exactly what it is you are seeking to change.

- Define the problem. Success comes through preparation, understanding what the problem is and thinking about why there is a problem helps in developing your aim.
- Set realistic objectives which are specific, have a defined timeframe and are agreed (SMARTA). Use plain language and avoid jargon so that the meaning is clear to everyone.
- Include information that will help keep the team focused.

2. How will we know that change is an improvement?

By answering this question, you will develop measures for tracking your goal.

Without measuring, it is impossible to know whether the change you are testing is an improvement.

- Communicate to the team what you are measuring, how, when and who is responsible (see 'Measuring Success')
- Make the measurement as simple as possible
- Only collect the data that is required.

3. What changes can we make that will result in an improvement?

By answering this question, you will develop ideas for change.

Encourage the whole team to contribute ideas. Be creative. Think outside the box.

- You know your General Practice and your patients best. Keep this in mind and use your knowledge and experiences to guide your ideas.
- Adapt from others.
- Think small and test. Think about testing a change with one GP or a select group of patients. This will assist in determining if the change had the desired effect and suitable for wider implementation.

FOR EXAMPLE - your General Practice may decide to focus on annual chlamydia screening for all sexually active patients aged 18-29 years.

You may have an aim like this:

To increase participation in youth sexual health screening of sexually active patients aged between 18-29 years. This in keeping with the RACGP Guidelines for Preventive Activities in General Practice recommendation that testing be undertaken for chlamydia infection in all sexually active people aged 15-29 years¹².

Your response may be:

We will measure through CAT4:

- The number of eligible patients aged 18-29 in the practice who have not had youth sexual health screening in the past 12 months.

Your outcome may include:

- Use CAT4 to extract the number of patients aged 18- 29 who have not had youth sexual health screening for gonorrhoea, syphilis and chlamydia in the past 12 months
- Provide training to ensure both clinicians and non-clinicians have the necessary skills and confidence to discuss sexual health and sexual health screening
- Send sexual health prevention and management invitation letters to eligible patients
- Ensure that all eligible patients have a reminder set in clinical software.

¹²Guidelines for preventive activities in general practice 9th edition <https://www.racgp.org.au/FSDEDEV/media/documents/Clinical%20Resources/Guidelines/Red%20Book/Guidelines-for-preventive-activities-in-general-practice.pdf>. Sexually transmissible infections: Identifying risks tool p.63.

The 'Doing' part

The doing part is made up of rapid, small Plan, Do, Study Act (PDSA) cycles to test and implement change in real work settings.

Not every change is an improvement, but by making small changes you can test the change on a small scale and learn about the risks and benefits before implementing change more widely. Several PDSA cycles may be required to achieve your improvement goal.

You will find through PDSA cycles some changes lead to improvements. If so, these improvements can be implemented on a wider scale. You may also find that some improvement ideas are not successful. Analyse why they didn't work and learn from this. By carrying out small tests in PDSA cycles, you have avoided implementing unsuccessful change on a wider scale.

Step One: Plan

A well-developed plan includes what, who, when, where and your predictions and what data is to be collected.

Make your plan as clear and as detailed as possible:

- What exactly will you do?
- Who will carry out the plan?
- When will it take place?
- Where will it take place?
- What do you predict will happen?
- What data/information will we collect to know whether there is an improvement?

Step Two: Do

Write down what happens when the plan is implemented (both negative and positive) and other observations.

Collect any data you identified in the plan phase.

Step Three: Study

Reflect on what happened.

Think about and summarise what you have learnt. Analyse the data collected and compare with your initial predictions. If there is a difference in the data and predictions, consider what happened and why.

Step Four: Act

Considering the results from your tests; will you implement the tested change or amend and test or try something else?

Write down the next idea you will test. Be sure to start planning the next cycle early to keep up the momentum of change.



FOR EXAMPLE - your General Practice may decide to focus on completing a youth sexual health screening assessment on eligible female patients between 25-29 years of age due also for cervical screening.

Idea To increase participation in youth sexual health screening of sexually active female patients aged between 25 -29 years.

What: We will measure through CAT4:

- The number of female patients aged 25-29 within our practice
- The number of female patients over 25 who are due for cervical screening
- The number of patients aged 25-29 who have had youth sexual health screening (chlamydia, syphilis and gonorrhoea) in the past 12 months
- To remind patients who are due for cervical screening.

Plan

Who: Practice Manager

When: Wednesday 3 November 2019

Where: General Practice

Data to be collected: Extract the number of female patients between 25-29 due for cervical screening.

Prediction: Expect 1 in 20 eligible patients to have chlamydia (RACGP).

Do

Practice Manager extracted data as planned using CAT4 steps to ensure correct data was extracted. Reminders were sent out to remind patients that cervical screening is due and are invited to participate also in preventative health and well-being assessment.

Study

Percentage of patient's response to reminder for cervical screening who have not have sexual health screening within the past 12 months and participation rate in sexual health screening. 60% response rate for cervical screening. 30% response rate for sexual health screening.

Act

Data presented to practice team to discuss sexual health screening management strategies that could be implemented within the practice.



HELPFUL TIPS

- Practices need to engage in quality improvement activities to improve quality and safety for patients in areas such as practice structures, systems and clinical care
- Decisions on changes should be based on practice data (PEN CS and clinical database audits, near misses and patient and/or staff feedback)
- Achieving improvements requires the collaborative effort of the practice team and all members of the team should feel empowered to contribute
- Utilise the Readiness Tool to assist identify ideas and areas for improvement
- No PDSA cycle is too small; keep it simple
- You may complete a series of PDSA cycles to achieve your goal. Results will be achieved through building on previous cycles
- Set aside protected time to complete the agreed upon tasks
- Document your PSDA cycles and present findings at team meetings
- Improvement is a team effort.

See Criterion C4.1 - [Health Promotion and Preventative Care RACGP 5th Standards](#)

READINESS TOOL

Integrating comprehensive STI screening into routine care within general practice is a key activity within the strategy. It ensures timely diagnoses and treatment of STIs among priority populations. There are many ways to improve patients' participation in sexual health screening.

This readiness tool is designed as a starting point to encourage General Practice to generate ideas and strategies to improve screening rates that may be applied to a quality improvement activity. This may assist with the 'thinking part' of the quality improvement cycle. In working through the readiness tool, start by identifying if the practice or clinicians are undertaking activity in the identified area. In the action column identify any ideas you may like to consider changing.

Youth Sexual Health Screening Quality Improvement Readiness Tool

General Practice Name:	
Completed by:	
Staff involved in change process:	

AREA: Patient Centred Care	Yes/No	Action/Comment (what, when, who)
<p>1. Patient's sexual health is discussed during immunisation and vaccination appointments, cervical screening, health assessments and opportunistically raised particularly with vulnerable groups.</p> <ul style="list-style-type: none"> Aboriginal and Torres strait Islander (715) Health Assessment 45 - 49 year Health Assessment Travel vaccination, medications and prescriptions appointments 		
<p>2. The practice undertakes health promotion activities for STI and screening.</p> <p>eg. focus months, patient health information ie. information brochures, notice board TV, digital signage about;</p> <p>STI's <input type="checkbox"/> Lifestyle risk <input type="checkbox"/> Immunisations <input type="checkbox"/></p>		
<p>3. Patients are provided with quality information on sexual health utilising patient info, including access to resources in other languages and for Aboriginal and Torres Strait Islander communities.</p>		
<p>4. Your practice routinely identifies Aboriginal and Torres Strait Islander patients.</p>		
<p>5. Your practice routinely identifies CALD patients/ language spoken and utilises Telephone Interpreter Services where appropriate.</p>		

6. Each clinician is registered for the National Translator and Interpreter Service.

www.tisnational.gov.au

7. Patient experience of youth sexual health management is measured.

(Identify patient reported outcome and experience measures for prevention in General Practice through patient feedback).

AREA FOR ACTION (Go to PDSA template in your toolkit or see suggested PDSA activities)

1.

2.

YOUTH SEXUAL HEALTH PRACTICE TEAM

Clinical lead (GP):

Administrative lead (PM/PS):

Clinician involvement (GP/PN):

CHLAMYDIA

CHANGE IDEAS TO CONSIDER

These ideas are suggestions only, with the concept adaptable across the Youth Sexual Health Assessment.

Idea: Encourage person centred care by encouraging patients to discuss sexual health management with their GP.

- Display promotional material in the waiting room.
- Have the reception team give eligible patients a flyer asking them when they were last assessed. The patient can then take the flyer into their appointment with them, opening the door for a discussion with their Doctor or Nurse about relevant programs to assist.

Idea: Engaging the General Practice Team - Develop and maintain an effective recall and reminder system: staff education.

There is often a lot of work that needs to be done to improve how practices use software to maintain effective recall and reminder systems. Staff education is the first step towards improvement. Ask your Primary Care Improvement Officer to provide a short information session to staff and provide reminder and recall resource manuals.

Idea: Appoint a staff member who is responsible for creating and maintaining a sexual health screening register, add this role to their job description.

This staff member may become the practice champion for sexual health screening. Providing professional development opportunities to this staff member will assist with rewarding and recognising this person's contribution to the team.

Idea: Have a team meeting to brainstorm how recall and reminder systems could improve income generation and patient care.

(eg. by linking together multiple recalls such as GP management plans, health assessments, cervical screening, 715 assessment with sexual health screening etc.)

Dedicate some time at a staff meeting to discuss how health assessments can include sexual health screening prompts. Review health assessment templates to ensure that sexual health questions are included.

Idea: Draft a written procedure for recall and reminder systems.

If your practice has a policy/procedure for recalls and reminders, check that there is a process for sexual health screening. If there is not a current policy, contact GPA or AGPAL as a starting point to generate conversation and development of a policy.

Idea: Send sexual health screening reminder letter to eligible patients due for assessment.

- Following the establishment of your sexual health screening patient register, identify patients due for assessment.
- The sexual health screening initiative suggests two key times where practice reminders can really add value:
 1. For patients who have never been assessed
 2. On a patient's actual re-screen due date.
- Utilise the suggested template reminder letter available through your Primary Care Improvement Officer.

RESOURCES FOR UNDERTAKING QUALITY IMPROVEMENT

Quality Improvement Goal Setting

1. What are we trying to accomplish?

By answering this question, you will develop your goal for improvement.

2. How will we know that a change is an improvement?

By answering this question, you will develop measures to track the achievement of your goal.

3. What changes can we make that can lead to an improvement?

List your ideas for change. By answering this question, you will develop the ideas you would like to test towards achieving your goal.

IDEA 1.

IDEA 2.

IDEA 3.

IDEA 4.

Quality Improvement Action Worksheet

PLAN, DO, STUDY, ACT

Please complete a new worksheet for each change idea you have documented on the previous page.

Where there are multiple change ideas to test, please number the corresponding worksheet(s).

Describe the idea you are testing.

IDEA

Must include what, who, when, where, predictions & data to be collected.

What:

Who:

PLAN

When:

Where:

Data to collect/record:

What do we think will happen?

Was the plan executed? Document any unexpected events or problems.

DO

Record, analyse and reflect on the results.

Extract same data to measure for improvement:

STUDY

What will you take forward from this cycle (next step or next PDSA cycle)

ACT



Measuring Success

The overall aim of undertaking a sexual health screening quality improvement activity is to increase participation in sexual health screening for early diagnosis and management.

Choosing an activity or idea to explore will have its own measure of success. It is important to identify in each activity what you are wanting to change and how you will know when the change has occurred.

Applying a SMARTA (Specific, Measurable, Attainable, Realistic, Timebound and Agreed) goal setting process will assist you.¹

SMARTA Goal Setting

- **Specific.** Goals that are too vague and general are hard to achieve, for example 'be a better parent'. Goals that work include specifics such as 'who, where, when, why and what'.
- **Measurable.** Ideally goals should include a quantity of 'how much' or 'how many' for example drinking 2 litres of water per day. This makes it easy to know when you have reached the goal.
- **Achievable.** Goals should be challenging, but achievable. Goals work best when they are neither too easy or too difficult. In many cases setting harder goals can lead to better outcomes, but only if the person can achieve it. Setting goals which are too difficult can be discouraging and lead to giving up altogether.
- **Relevant.** The goal should seem important and beneficial to the person who is assigned the goal.
- **Time-related.** 'You don't need more time, you just need a deadline.' Deadlines can motivate

efforts and prioritise the task above other distractions

- **Agreed.**

Reflect on the sexual health screening activity identified on page 13. Here you have undertaken a data analysis utilising CAT4 and this has shown the percentage of active patients who are in a priority population group and have not been screened for STI for the past 12 months. This forms your baseline measure.

The next step is to decide on an activity and set a goal. For this example, you may like to set a goal to increase STI screening for sexually active females between 25 -29 years by 10%. When this has been implemented within a set time frame, you can then repeat the data analysis to see the change in status has increased.

³¹Health Direct November 2016 <https://www.healthdirect.gov.au/smart-goals>

An Example of Measuring Success for Sexual Health screening

Practice X has 400 active patients (3 or more visits in previous 2 years), aged between 15 - 29 years. Of these patients, following the use of CAT4, 50 patients had a sexual health screening in the past 12 months.

Numerator: The number of active patients aged 15-29 years who have been screened for STIs

Denominator: The number of active patients aged 15-29 years who have not been screened for STIs in the past 12 months

$$[\text{Numerator of 50}] \div [\text{Denominator of 400}] = 12.5\%$$

Practice X then decides as a QI activity to undertake a data cleansing and improvement activity for youth sexual health screening management. The measurement of change will be the increase in recording of 10%. This could be a measure after 3 months as this is a measurement of data management and system change

Measurement for Sexual Health screening participation

Youth Sexual Health Screening Measure	
NUMERATOR	The number of active female patients, aged 25-29 years who have had a HPV cervical screening and sexual health screening within the past 12 months.
DENOMINATOR	The number of active female patients, aged 25-29 years, who have not had sexual health screening in the past 12 months.
Youth Sexual Health Screening Measure	
NUMERATOR	The number of active female patients, aged 25-29 years who have had a HPV cervical screening and sexual health screening within the past 12 months.
DENOMINATOR	The number of active male and female patients between 18-29 years
Youth Sexual Health Screening Measure	
NUMERATOR	
DENOMINATOR	
Youth Sexual Health Screening Measure	
NUMERATOR	
DENOMINATOR	

Addendum and References:

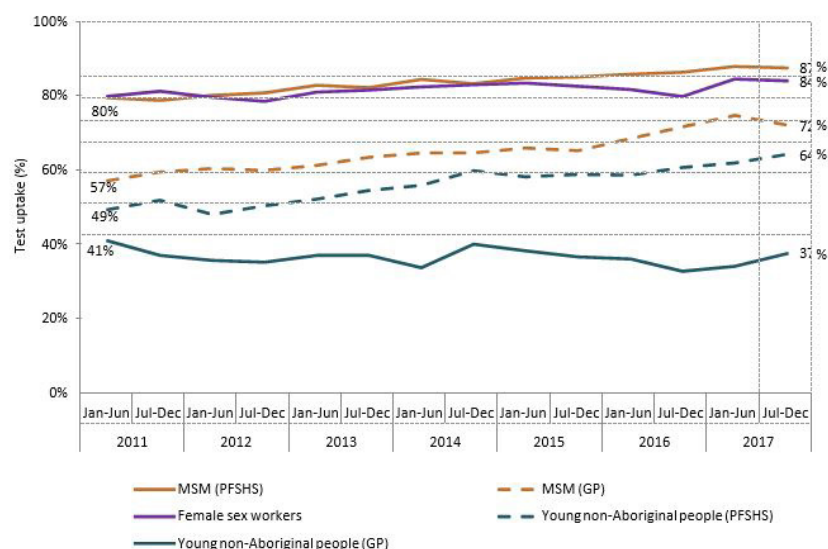
- Australasian Contact Tracing Guidelines, ashm
<http://contacttracing.ashm.org.au/>
- Australian STI Management Guidelines for use in Primary Care, ASHA Australasian Sexual Health Alliance
<http://www.sti.guidelines.org.au/>
- Demographic and geographical risk factors for gonorrhoea and chlamydia in greater Western Sydney, 2003–2013
<http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdi4102b.htm>
- Guidelines for preventive activities in general practice, The Red Book 6.2 Sexually transmissible infections
<https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/red-book/communicable-diseases/sexually-transmissible-infections>
- Guidelines for preventive activities in general practice 9th edition
<https://www.racgp.org.au/download/Documents/Guidelines/Redbook9/17048-Red-Book-9th-Edition.pdf>
- NSW Government NSWsti Programs Unit
<https://stipu.nsw.gov.au/>
- NSW Government NSWsti Programs Unit - Primary Health Care Nurses
<https://stipu.nsw.gov.au/gp/primary-health-care-nurses/>
- NSW Sexually Transmissible Infections Strategy 2016–2020: Data Report - January to June 2018
<https://www.health.nsw.gov.au/Infectious/Reports/Publications/sti/nsw-sti-report-jan-june-2018.pdf>
- NSW Sexually Transmissible Infections Strategy 2016 – 2020
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/IB2016_005.pdf
- NSW Sexually Transmissible Infections Strategy 2016 – 2020 January to June 2018 Data Report
<https://www.health.nsw.gov.au/Infectious/Reports/Publications/sti/nsw-sti-report-jan-june-2018.pdf>
- Sexual Health Info Link
<https://www.shil.nsw.gov.au/>

Latest data showing STI notification rates and changes between 2017 and January - June 2018

Reduce gonorrhoea infections			
		Jan-June 2018	Change since 2017
Gonorrhoea notification rate (per 100,000 population)		132	14% higher (116)
Number of tests		471,350	4.6% higher (450,553)
Reduce infectious syphilis infections			
		Jan-June 2018	Change since 2017
Infectious syphilis notification rate (per 100,000 population)		17.3	24% higher (14)
Reduce pelvic inflammatory disease (PID) associated with chlamydia: Hospitalisations			
		2017	Change since 2016
Hospital admissions for chlamydia associated PID		181	13% lower (209)
Reduce pelvic inflammatory disease (PID) associated with chlamydia: Chlamydia notifications			
		Jan-June 2018	Change since 2017
Chlamydia notification rate (per 100,000 population)		404	10% higher (368)
Number of tests		315,511	4.7% higher (301,330)
Maintain levels of condom use for preventing the transmission of STIs			
		2017	Change since 2016
Proportion reporting condomless intercourse with casual partners	Men who have sex with men ¹	69%	Increased by 12 per cent (57%)
	Young people aged 15-29 years ²	17.6%	Increased by 1 per cent (16.6%)
Maintain high coverage of HPV vaccination for Year 7 school students			
		2016	Change since 2015
Course completion for human papillomavirus (HPV) vaccination	Female year 7 students	82%	Unchanged at 82%
	Male year 7 students	80%	Unchanged at 80%
Increase comprehensive STI testing in priority populations in accordance with risk			
		2017	Change since 2016
Comprehensive STI testing rates	Men who have sex with men	PFSHSs ³	87%
		GP ⁴	Increased 1 per cent (86%)
	Young people	PFSHSs	72%
		GP	Increased 4 per cent (68%)
	Female sex workers	PFSHSs	64%
		GP	Increased by 5 per cent (59%)
			Increased by 1 per cent (36%)
			Increased by 2 per cent (82%)

Integrating comprehensive screening into routine care within general practice and primary care is a key activity within the HNECC PHN Strategy. It ensures timely diagnoses and treatment of STIs among priority populations.

Figure 42: Proportion of individual patients attending PFSHSs and GP clinics tested for chlamydia, gonorrhoea²¹ and syphilis, by priority population²², 1 January 2011 – 31 December 2017



HNECC PHN acknowledges the traditional owners and custodians of the lands that we live and work on as the First People of this Country.

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