Melbourne Sexual Health Centre

A part of Alfred Health

Melbourne Sexual Health Centre

ANNUAL REPORT 2008

Melbourne Sexual Health Centre (MSHC) is a service within Alfred Health. The vision of the MSHC is to be a leader in the management and prevention of Sexually Transmitted Infections (STIs) and its mission is to maximize sexual health through innovation and excellence in public health, education, clinical care and research.

The Sexual Health Unit of the University of Melbourne is situated at MSHC which conducts research projects aimed at improving the services offered at MSHC. The Unit also provides substantial input into the growing evidence based body of sexual health knowledge by conducting post graduate sexual health studies for health professionals.

CONTENT

OVERVIEW

The MSHC has been in operation since 1917 as a specialised unit for the diagnosis and treatment of sexually transmissible infections (STIs). It is the only centre that provides full-time, free sexual health services to the people of Victoria. The Centre's funding is assured under an agreement between the Commonwealth and State Government. The services provided by MSHC include general clinics for the management of STIs and a variety of specialist clinics. In 2001 the Director was given a dual appointment between the School of Population Health and the centre. In 2003 the centre became part of Alfred Health.

Special services provided by MSHC include:

- Medical care and community welfare support for people living with HIV
- Colposcopy clinic for women with abnormal Pap tests
- Vulval clinic for medical assessment and management of women with vulval disorders
- Dermatology clinic for specialist dermatological management of genital skin disorders and dermatological conditions in HIV positive and negative clients
- Counselling services with qualified counsellors that are available for individuals or couples with concerns about sexual health and STIs, including HIV
- Outreach services for street based sex workers and men who attend sex on premises venues
- On-site pharmacy
- On-site laboratory service provided by the Public Health Laboratory - Microbiology Diagnostic Unit (PHL-MDU), University of Melbourne which provides assistance to clinicians to make same day diagnoses and treatment

The team of health care providers at MSHC includes 26 doctors, 34 sexual health nurses, 2 counsellors, and a dietitian. The clinicians play an instrumental role in screening and testing for STIs, STI prevention, education and counselling. The health care team is supported by 18 other staff members in administrative or clerical roles, IT support, 3 pharmacists and 3 medical scientists.

As rates of STIs have increased in Victoria, so too has demand for the Centre's services. MSHC has continued to place importance on the provision of services that maximise access for members of the public. This has been achieved through the continued provision of services that are free of charge, have greater flexibility through the use of walk-in triage and additional gains from clinical efficiency. Extra clinical services were introduced for men who have sex with men (MSM), who currently constitute a major risk group for STIs in Victoria.

One of MSHC's key roles is to promote public health and education. It aims to provide material that is freely available to both the general public and health care providers, particularly general practitioners (GPs). MSHC provides support to GPs as well as the public through its web based services http://www.mshc.org.au and free-call telephone service whereby GPs can receive specialist clinical advice directly from a sexual health physician.

The MSHC website http://www.mshc.org.au comprises of information divided into three major sections:

- General Public
- Health Professionals
- Research and Education

There are also interactive online services provided:

For the general public:

- http://www.checkyourrisk.org.au (Check your Risk) to check risk of exposure to an STI
- http://www.healthmap.org.au (Health Map) for HIV positive people to find out what tests are needed and also what issues should be on the agenda at the next visit to the doctor or clinic. Health Map asks questions about health and provides a personal report, based on expert advice. This report directs users to chosen websites for particular needs, and provides some facts and a "to do" list for medical care
- http://www.letthemknow.org.au (Let Them Know) for assisting heterosexuals diagnosed with chlamydial infections about informing their partners about their possible risk of infection. The site has numerous tools including examples of conversations, emails, SMS and letters to communicate the information as well as fact sheets and a phone number (03 9341 6242) to listen to a short recorded message about chlamydia.

For general practitioners:

- http://www.mshc.org.au/GPassist (GP Assist) provides a mechanism to improve partner notification by providing the http://www.mshc.org.au/GPassist web address on laboratory reports of positive results of common STIs. Accessible information about treatment of the more common STIs and simple tools such as partner letters and fact sheets for GPs to use in discussing partner notification are also available at this site.

The Centre also fulfils an important role as a principal centre for the training of health professionals in Victoria. The Sexual Health Unit of the University of Melbourne is situated at MSHC and conducts epidemiological, public health and clinical research aimed at improving the services offered at MSHC and public health more broadly. In collaboration with the School of Population Health the Centre offers a number of postgraduate courses, postgraduate subjects and short courses in sexual health.

MSHC places a premium on the provision of high quality services that are responsive to client needs. To this end, the Centre is active in quality assurance activities, which include an annual client satisfaction survey, where 97% of clients have consistently expressed satisifaction with the service.

DIRECTOR'S REPORT

Welcome to our 2008 Annual Report. Once again it has been an outstanding year for the Centre. The dedication, enthusiasm, professionalism and innovative character of our staff are our strength. Our staff continue to provide the Victorian Community with an exceptional service, not only by providing more services than in any previous year, but they have also delivered a high quality service. More cases of STI were diagnosed among more individuals and despite the heavy clinical load; clients continue to provide our staff with glowingly positive feedback in the annual client satisfaction survey.

The pace of change and innovation continues to be rapid. We now have one of the most extensive STI websites; providing clients with interactive and intelligent recommendations based on their own risks and the ability to contact their at risk partner(s) anonymously through email or SMS. There is an extensive program of resources for health practitioners including videos for common procedures. In addition, we have the State's first sexual health nurse practitioner, and have streamlined access through dedicated high risk clinics, as well as programs supporting other health practitioners. Other programs include gay saunas, prisons and street sex workers. We have also introduced computerised registration with automated SMS reminders for high risk clients' next screening visits and computerised medical history taking. Work continues on the introduction of an electronic medical record that will allow the expansion of our decision support software and further improve the quality of the care we provide.

Every clinical or programmatic change we make is necessarily supported by the outcomes of carefully conducted research that informs its design. We also thoroughly evaluate programs on an ongoing basis to ensure the resources entrusted to us are efficiently and effectively used. We now have Australia's largest clinically based STI research program with a growing and prominent international reputation. The strategic link to the University of Melbourne has allowed us to ensure this work provides Victoria with an increasingly number of clinical research staff, who in turn provide yet further innovation.

Christopher Fairley
Professor of Sexual Health
University of Melbourne
Director Melbourne Sexual Health Centre

SERVICES AND CONSULTATIONS

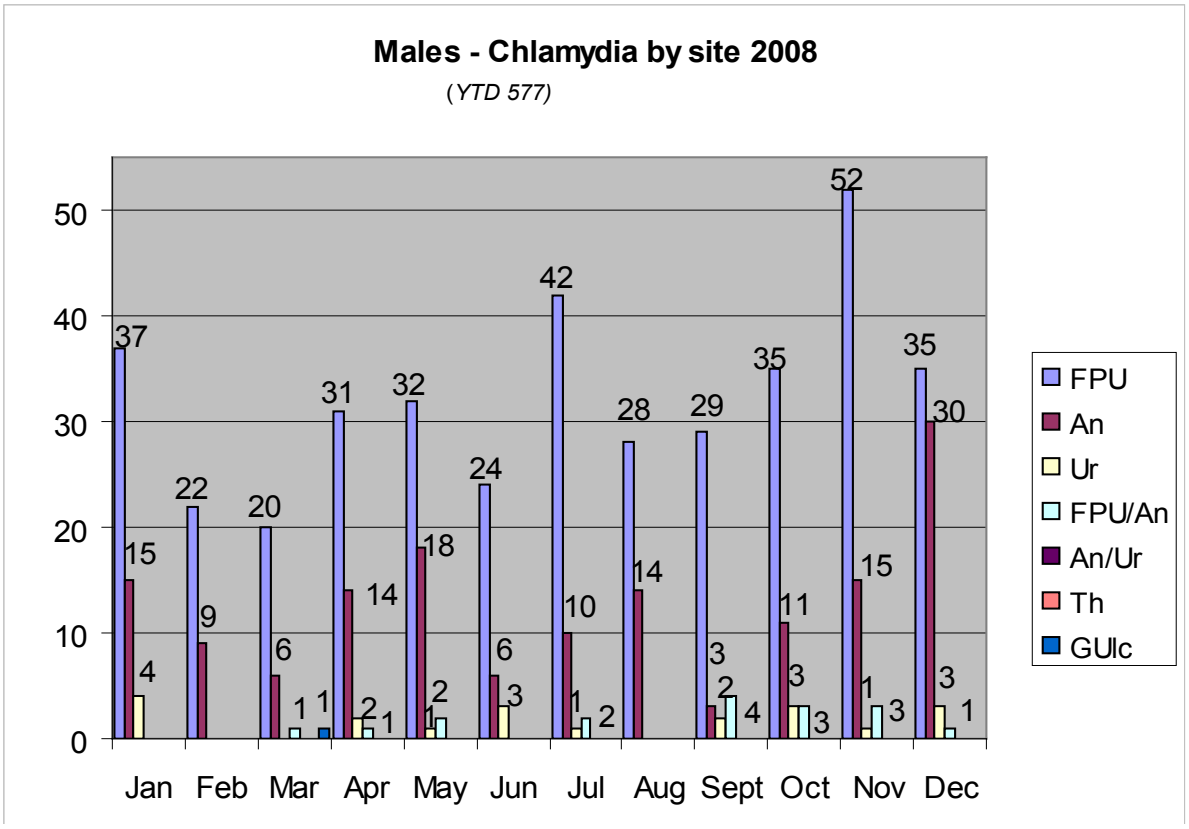
The numbers of consultations by type of service provided onsite are shown in the table below. In 2008, 31,571 consultations were provided for 19,097 individuals. A further 389 outreach consultations were carried out offsite at various venues for men-who-have-sex-with-men (MSM) and street sex workers (SSW). Since 2003 there has been a 34% increase in consultations at the Centre and 54% more cases of chlamydia have been diagnosed.

Clinic Type	Total	Male	Female	Transgender
General Clinic	27,254	15,839	11,341	74
HIV Clinic	2,148	1,920	224	5
Counselling	1,177	934	243	0
Vaccination	992	662	328	2
Total	**31,571**	**19,355**	**12,136**	**81**
Individuals	*13,363*	*8,232*	*5,101*	*30*

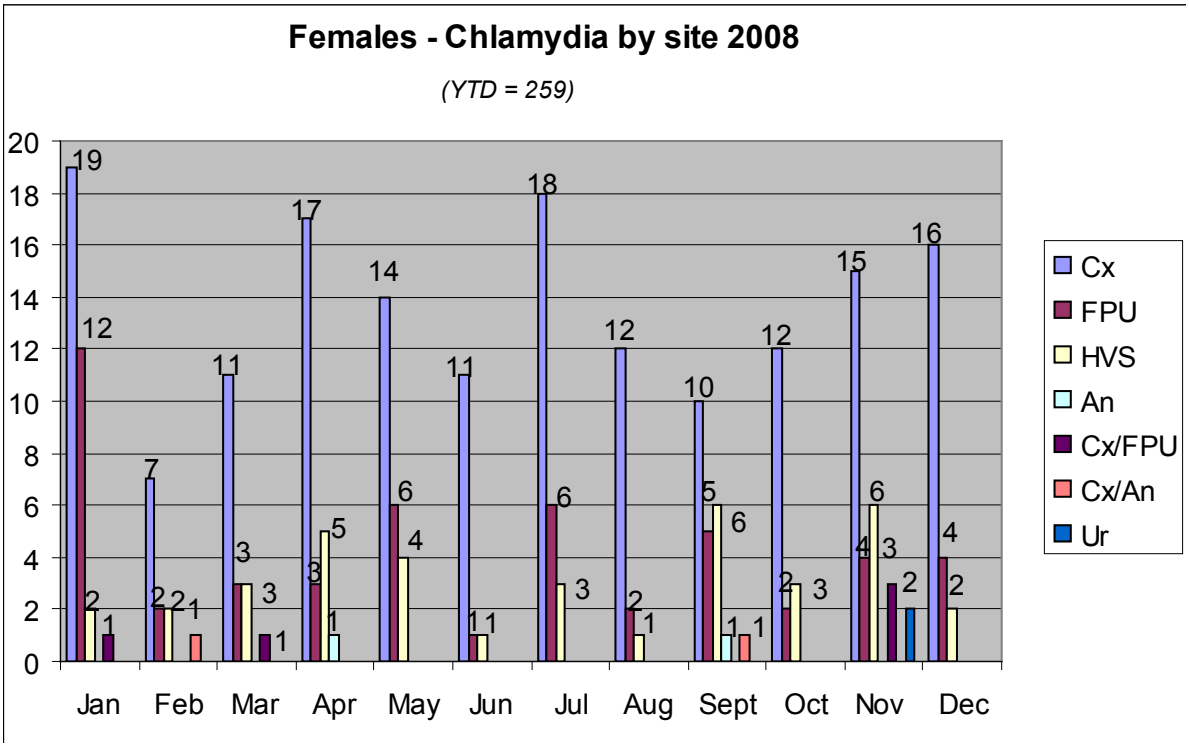
DIAGNOSES

Diagnoses	Total
Chlamydia trachomatis	836
Neisseria gonorrhoeae	193
Mycoplasma genitalium	125
Nongonococcal urethritis	782
Herpes simplex virus	805
Syphilis	99
Bacterial vaginosis	521
Warts	1,522
Human immunodeficiency virus (new cases)	42
HIV post exposure prophylaxis	269
Post coital intervention	74
Trichomoniasis in women	12

Chlamydia trachomatis remains the most common bacterial STI diagnosed at MSHC. The number of chlamydia infections by sex and site are shown below.

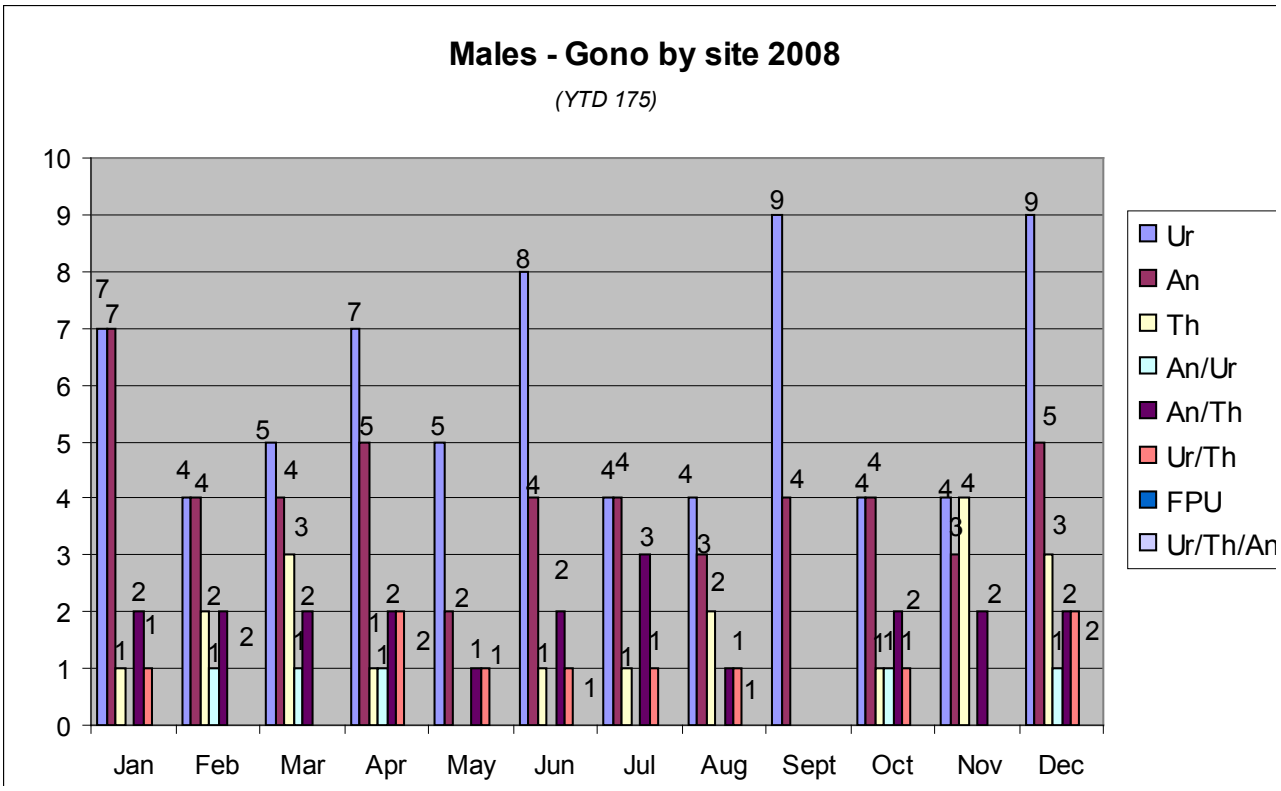


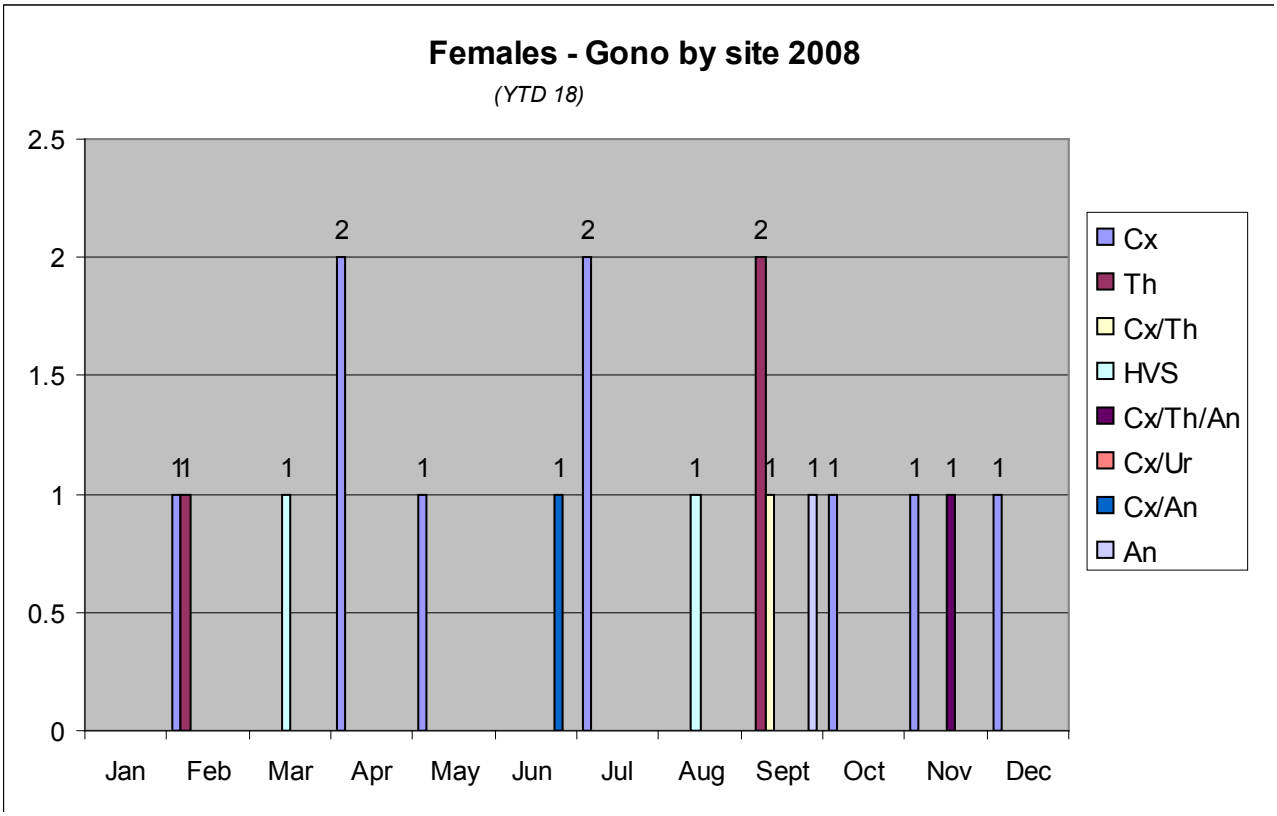
List of abbreviations: FPU – first pass urine; An – anal; Ur – urethral, Th - throat



List of abbreviations: Cx – cervical; HVS – high vaginal

The majority of gonococcal infections occur in MSM





OUTREACH SERVICES

In 2008, 9 nurses were engaged in outreach work, providing STI/BBV screening for higher risk communities such as men who access Sex-on-Premises Venues (SOPVs) and street based sex workers.

Sex on Premises Venues

Our outreach team continued weekly or second weekly visits to six SOPVs in Melbourne where confidential STI testing was provided for MSM.

One venue ceased trading in mid October, ending a relationship with MSHC outreach staff which had endured over 23 years. The closure of this venue impacted somewhat on our overall consultations in the latter part of the year.

During 2008 MSHC in conjunction with Victorian Department of Health, introduced dedicated clinic sessions accessed by appointment for MSM. Direct referral from the SOPV outreach staff to these appointments at MSHC also impacted on return visits to the SOPVs. Nevertheless some clients prefer this option which allows more comprehensive examination and testing to be performed

There were 320 consultations performed for 240 individual clients with 118 new clients registered for this service during 2008. The service has been well received by clients and supported by venue proprietors.

Street Sex Worker Program

Clinics for the SSW continue to operate weekly in collaboration with the Inner South Community Health Service's Resourcing Health and Education (RhED) program in St Kilda. In 2008, there were 59 consultations with 37 SSW, which included 10 new clients. Of these clients, 45 were female, 13 were male and one transgender.

MSM Clinics

A pilot study funded by DHS was implemented to provide additional outreach clinics geared towards the MSM community given the significant rise in sexually transmissible infections (STIs) since 2004 with particular reference to syphilis infection and asymptomatic gonococcal and chlamydial infections. To encourage client participation, free screening was offered to asymptomatic MSM seeking an STI screen at more locations with more flexible times. The offsite venues included Monday evening clinics at Centre Clinic, St Kilda and Tuesday afternoons at the Positive Living Centre, Prahran, and extra clinics provided onsite at MSHC on Wednesdays and Thursday evenings. An evaluation of this service is currently underway.

Enhancing STI Control among Homosexually Active Men in Primary Health Care (ESTIHM)

The ESTIHM project is a 2 year DHS funded project that has two distinct aims. The first is to augment HIV and STI testing among both HIV positive and HIV negative MSM, who attend general practices in inner metropolitan Melbourne with high case loads of these clients. Commencing in June 2008, a project coordinator, on secondment from MSHC was appointed. Following an initial round of consultations and negotiations with high case load clinics, two of four possible clinics agreed to participate in the project. In August 2008 a sexual health nurse was appointed

to provide services at The Centre Clinic in St Kilda and the Middle Park Clinic, 4 days per week and one day per week respectively. While there are examples of specialist diabetes and asthma nurses working in general practice, to the best of our knowledge, this is the first time a specialist HIV/Sexual Health Nurse has been intergraded into the general practice setting in Australia.

The second arm of the project aims to increase sexual health education for general practitioners (GPs) throughout Victoria. The project has provision for an additional GP registrar placement at MSHC. This doubles the number of GP registrars who gain dedicated clinical experience in sexual health medicine, from 4 to 8 per year. Consequently this enables the MSHC doctors to dedicate time to developing and delivering education to GPs both face to face and online. A key component of this is collaboration between MSHC and the Royal Australian College of General Practitioners (RACGP). A series of online active learning modules to be hosted by the RACGP education portal http//: www.gplearning.com.au are currently being developed at MSHC. GPs log into this website and undertake the modules and gain continuing medical education points. In addition the modules will also be made available to other health professional via the MSHC website.

Melbourne Sexual Health Centre's Aboriginal and Torres Strait Islander Sexual Health Program

2008 continued to be an exciting year for MSHC's commitment to the improvement of Aboriginal and Torres Strait Islander sexual health. We have consolidated our previous working partnerships with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and completed the secondment of a sexual health nurse to work as part of the VACCHO team for 12 months. She was instrumental in assisting VACCHO to develop STI and BBV needs assessment and strategic plan to provide sexual health clinical knowledge to the VACCHO members. Late 2008 MSHC staff attended a partnership forum to have further input into the plan and its implementation. This strategic plan will be launched in 2009. The next phase of our continued involvement will be providing ongoing support for the implementation of the strategic plan.

Prison Initiative

MSHC has continued to be involved in the Department of Human Services funded Victorian Public Health Prisoner Initiative during 2008. The project was launched in December 2005 and aims to strengthen policies and practices in relation to the management of blood borne viruses (BBV) and STIs in the thirteen Victorian adult correctional facilities.

MSHC provided three nurses to work on this prison project. Two nurses worked within the prisons with the existing primary health care providers and the third nurse developed the clinical management guidelines for BBVs and STIs which are due for publication and distribution to all Victorian prisons in early 2009.

There has been ongoing improvement in the uptake, documentation and follow up of hepatitis B vaccinations and BBV/STI clinics have been established with the support of the BBV/STI nurses. Education and professional development for all prison nurses has been ongoing, and during 2008 education and support to other allied health professionals such as nurses from the Forensicare Thomas Embling Hospital has been delivered.

One of the original aims of the Public Health Prisoner Initiative was to increase the numbers of prisoners receiving treatment for hepatitis C. Hepatitis C treatment began at the Marngoneet Correctional Centre and there are plans for further treatment to commence at other prisons during 2009.

RESEARCH

The Centre has continued to maintain strong research and education activities through the Sexual Health Unit of the School of Population Health, University of Melbourne.

Postgraduate Research

Completed:

A look at two opposing STI trends in Australia: Increasing HIV and decreasing Trichomonas vaginalis. John Marrone, DPH
An investigation of interventions aimed at enhancing sexual satisfaction in women. Richard Hayes, PhD
The use of routine HIV testing data as a basis for planning and evaluating public health interventions, Rebecca Guy, PhD (Primary supervisor M Hellard at Burnet Institute)
Quality assurance project of the diagnostic accuracy of pelvic inflammatory disease. Asiye Doxanakis, MPH
Medication Adherence – to determine the proportion of HIV positive treatment naïve patients attending a specialist centre at MSHC who reach a VL,400 in six months, over the period 1999-2007, Graeme Campbell, MPH
An analysis of incidence trends for human papillomavirus-related and -unrelated head and neck cancers in Victoria, 1982-2005, Alaina Vaisey, MPH

In progress:

Chlamydia incidence and re-infection rates: a longitudinal study of young Australian women. Jennifer Walker, PhD
The screening and control of chlamydia. Jade Bilardi, PhD
The epidemiology of bacterial vaginosis in Australian women, Kath Fethers, PhD
Comprehensive models of HIV/STI prevention among sex workers and their clients in Papua New Guinea, Eunice Bruce, PhD
Evaluation of enhancing STI control of homosexually active men in primary care (ESTIHM), Anthony Snow, MPH
The role of the secondary school nurse in the sexual and reproductive health of young Victorians, Gillian Robinson, MPH
The risk factors (or protective factors) associated with having sex with a sex worker in Australia vs other countries where sex work is not legal, Mary Burns, MPH
The risk profile of HIV positive heterosexual men attending MSHC, Matiu Bush, MPH
To investigate the delay in returning for HIV test results at MSHC, Daniel Sankar, MPH

Advanced Medical Students

Completed:

The clinical features of HIV patients at Melbourne Sexual Health Centre who experienced renal impairment events: case series and case-control study, Jeremia Siregar (AMS)
Survey of female patients on the use of chaperones with male practitioners. Charley Simanjuntak (AMS)
The perception of MSM about HPV and the GARDASIL vaccine. Devamalar Simatherai (AMS)
Investigation of pelvic examinations on asymptomatic women with chlamydial infection among doctors at MSHC. Yi Man Lee (AMS)

In progress:

Optimal detection of Neisseria gonorrhoeae, Mohamed Razali (AMS)

International Post Doctoral Research Fellows

Determining the rates of STIs among MSHC attendees
Dr Anil Samaranayake, Postgraduate Institute of Medicine, University of Colombo, Sri Lanka

International Student Visitors

- Carrie Kaufman, a medical student from the University of Massachusetts Medical School spent one day per week at MSHC for 3 months doing her medical elective

- Silvia Jongeling, a health sciences student from Haarlem, The Netherlands conducted a research project for 5 months towards her MSc

Key Achievements

DHS funding for enhancing STI control among MSM in Primary Care for a number of components including employing an additional GP registrar at MSHC, supporting the “High Case Load Clinics” in the provision of STI screening, employing additional nurses to work in these clinics and also providing GP education

A new initiative was introduced at MSHC in October to address the rising rates of infectious syphilis among MSM in Victoria. Letters were sent to all medical practitioners in Victoria to inform them of recommendations and resources aimed at reducing the infectious period for syphilis by:

- increasing screening blood tests for syphilis to three monthly where possible, and in particular for MSM with >10 partners per year
- treating MSM who are contacts of syphilis cases immediately
- attempting to contact all the sexual partners of syphilis cases
- and also provided information that could be easily accessed about partner notification resources, treatment advice and testing for other sexually transmitted infections

The “Let Them Know” website was launched in November. This site was developed by MSHC to assist heterosexual clients diagnosed with chlamydial infection about informing their partners that they could also be at risk. As well as general advice, the site includes examples of conversations, emails, text messages and letters that users could apply to notify their partners. Users are able to send emails or SMSs directly from the site, either personally or anonymously. In the future, other STIs will be added to this site, making “Let Them Know” a comprehensive partner notification resource for heterosexuals

- Electronic registration and medical history collection using a computerised questionnaire was developed and instituted at MSHC to increase efficiency and quality of services. Favourable responses to using this service were reported from 88% of clients in the Annual Client Satisfaction Survey
- David Lee, the first nurse in Victoria to achieve Sexual Health Nurse Practitioner status
- Eunice Bruce was awarded best poster in the category of Social Research for her poster in the category of Social Research for her poster on “HIV risk prevention and safer sex discourse” at the Australasian Sexual Health Conference, Perth, September
- Fiona McFarlane was awarded the inaugural Australasian Sexual Health Nurse Award for Best Oral Presentation by a Nurse at the conference
- Matiu Bush received the best poster award in the Clinical category for the poster “What men who have sex with men think about the human papilloma virus vaccine”
- Fiona McFarlane, Suzanne Wallis and Lorna Moss completed the Graduate Certificate of Forensic Nursing, Monash University
- Matiu Bush was awarded a Department of Human Services Nurse Practitioner Scholarship
- Jade Bilardi was awarded a Melbourne University Research Scholarship to undertake her PhD
- Jun Kit Sze successfully completed a Graduate Diploma in Business Systems

Community Outreach

MIDSUMMA Carnival day
This event provides an excellent opportunity to connect with the gay community. An enthusiastic group of MSHC staff were in attendance of the MSHC stand and handed out brochures, provided information and generally engaged with the community

LUNAR Festival
This multicultural festival was supported by members of staff to provide information about MSHC to Vietnamese/South East Asian communities

PUBLICATION HIGHLIGHTS

Study: Screening pregnant women for chlamydia: what are the predictors of infection? Marcus Y Chen, Christopher K Fairley, Deborah De Guingand, Jane Hocking, Sepehr Tabrizi, Euan M Wallace, Sonia Grover, Lyle Gurrin, Rob Carter, Marie Pirotta, Suzanne Garland. *Sexually Transmitted Diseases* 2008; 2009. 52(1): 31-35

A cross-sectional study of pregnant women aged 16-25 years attending four antenatal services in Melbourne between October 2006 and July 2007 to determine what the associated risk factors were with chlamydial infection and whether the risk factors identified could be used for selective screening. The women were asked to complete a questionnaire and to provide a urine sample for chlamydia testing. Of 987 pregnant women included 3% had chlamydia infection and infection was associated with younger pregnant women of < 20 years and those reporting more than one sex partner in the past year. Screening based on the selective criteria would have detected 72% of infections in the study, and 27% of women would have been screened. However, the authors caution that the harm caused by infections missed using selective criteria would need to be considered. In addition, local data on prevalence and risk factors, together with cost-effectiveness of different approaches should also be taken into account when decisions are being made about whether selective screening should be conducted.

Study: Sex workers working within a legalized industry: their side of the story. J Groves, DC Newton, MY Chen, J Hocking, CS Bradshaw, CK Fairley. Sexually Transmitted Infections 2008; 84: 3993-394

In Victoria, the *Prostitution Control Act 1994* allows licensed brothels, escort agencies and sex workers working privately to engage in sex work legally. This study was a cross sectional study of 97 women working in the legal sex industry in 38 of the 92 licensed brothels in Victoria during 2006 to investigate characteristics and work attitudes of female sex workers. The findings of the study indicate that the women are from diverse backgrounds and circumstances, and hold varying attitudes to working in the sex industry. Many women have actively chosen sex work as an occupation based on the financial rewards and flexibility. Like many other women, these women are pursuing further education or training, supporting families or striving to attain financial goals. Many of these women do not express a desire to leave the sex industry.

Study: How men with non-chlamydial, non-gonococcal urethritis are managed in Australasia R Teague, CK Fairley, D Newton, C Bradshaw, B Donavan, F Bowden, R Cummings and MY Chen. International Journal of STD & AIDS 2008; 19: 581-585

The aim of this study was to ascertain how sexual health physicians in Australia and New Zealand manage men with chlamydia-negative non-gonococcal urethritis (NGU). A cross-section survey was sent out to all members of the Australasian Chapter of Sexual Health Medicine in July, 2006. Of 111 surveys that were completed, 73% of sexual health physicians believed that female partners of men who present with chlamydia-negative NGU were at risk of adverse reproductive health outcomes. At least 62% usually initiated some form of partner notification of female partners, but only 19% routinely tested and 65% sometimes tested for pathogens other than *Chlamydia trachomatis* or *Neisseria gonorrhoeae*. These included *Mycoplasma genitalium*, herpes simplex virus, ureaplasma species, *Trichomonas vaginalis* and adenoviruses. The authors caution that the risk of damage to relationships by inferring that an STI is present may outweigh the benefits of partner notification in cases where no pathogen is recovered from the male partner, since the risk of upper genital tract infection in women in these circumstances is unknown.

Study: Take the sex out of STI screening! Views of young women on implementing chlamydia screening in General Practice. Natasha L Pavlin, Rhian Parker, Christopher K Fairley, Jane M Gunn and Jane Hocking. *BMC Infectious Diseases* 2008; 8:62

The study aimed to find out what the attitudes of young women were to the introduction of chlamydial screening in General Practice (GP) in Australia. In depth face-to-face interviews were conducted with 24 young women from across Victoria, attending a randomly selected sample of general practices. Young women reported that they would accept age-based screening in general practice, during both sexual health and non-sexual health related consultations. Trust in their GP was a major factor for their acceptance of chlamydia screening. The women felt chlamydia screening should be offered to all young women rather than targeted at "high risk women" based on sexual history and particularly emphasised the importance of normalising and destigimatising chlamydia screening. Women reported that they did not want to be asked to provide a sexual history as part of being asked to have a chlamydia test.

Study: Clinical significance of questionnaire – elicited or clinically reported anorectal symptoms for rectal *Neisseria gonorrhoeae* and *Chlamydia trachomatis* amongst men who have sex with men (MSM). Nichole A Lister, Nadia J Chaves, Chee W Pang, Anthony Smith and Christopher K Fairley. *Sexual Health*, 2008; 5: 77 - 82

The study investigated the clinical value of whether using a questionnaire or clinically reported anorectal symptoms are reliable indicators of infection with *N gonorrhoeae* and *C trachomatis* in MSM. During 2002 and 2003, 366 MSM were enrolled into the study. Of these, 20 were diagnosed with rectal gonorrhoea (5%) and 25 with chlamydia (7%). Overall 'any' anorectal symptoms reported in the questionnaire were the same in MSM with and without gonorrhoea (75% v 74%), but anal discharge and anal pain were more common in those with gonorrhoea. There was also no difference in reported symptoms in the questionnaire for those with and without chlamydia detected. Any anal symptoms were reported more often via the questionnaire than during a clinical consultation (75% v 16%; $p < 0.01$), and symptoms reported in a clinical consultation were not associated with gonorrhoea or chlamydial detection. The absence of an association between symptoms and the presence of gonorrhoea or chlamydia infection highlights the importance of annual screening of MSM for sexually transmitted infections independent of symptoms.

Publications

1. Sidat MM, Mijch AM, Lewin SR, Hoy JF, Hocking J, Fairley CK. Incidence of putative HIV superinfection and sexual practices among HIV-infected men who have sex with men. *Sexual Health*, 2008; 5(1):61-67

2. Hocking JS, Walker J, Regan D, Chen MY, Fairley CK. Chlamydia screening – Australia should strive to achieve what others have not. *Medical Journal of Australia*, 2008; 188(2):106-108

3. Lister NA, Chaves NJ, Phang CW, Smith A, Fairley CK. Clinical significance of questionnaire-elicited or clinically reported Anorectal symptoms for rectal *Neisseria gonorrhoeae* and *Chlamydia trachomatis* amongst men who have sex with men. *Sexual Health*, 2008; 5(1):77-82. (*Corrigendum Sexual Health 2008; 5(2)*

4. Fairley CK, Newton DC, Cummings R, Chen MY. Chaperons: getting the balance right. *International Journal of STD & AIDS*, 2008; 19(2): 143-144

5. Stevens MP, Tan SE, Horvath L, Fairley CK, Garland SM, Tabrizi SN. Absence of a *Chlamydia trachomatis* variant, harbouring a deletion in the cryptic plasmid, in clients of a sexually transmissible infection clinic and antenatal patients in Melbourne. *CDI*, 2008; 32(1):77-81

6. Hayes RD, Dennerstein L, Bennett CM, Fairley CK. What is the 'true' prevalence of female sexual dysfunctions and does the way we assess these conditions have an impact? *Journal of Sexual Medicine*, 2008; 5(4):777-787

7. Teague R, Mijch A, Fairley CK, Sidat M, Watson K, Boyd K, Chen MY. Testing rates for sexually transmitted infections among HIV-infected men who have sex with men attending two different HIV services. *International Journal of STD & AIDS*, 2008; 19(3):200-202

8. Pavlin NL, Parker R, Fairley CK, Gunn JM, Hocking J. Take the sex out of STI screening! Views of young women on implementing chlamydia screening in general practice. *BMC Infectious Diseases*, 2008; 8:62 http://www.biomedcentral.com/1471-2334/8/62

9. Phang CW, Hocking J, Fairley CK, Bradshaw C, Hayes P, Chen MY. More than just anal sex: the potential for STI transmission among men visiting sex on premises venues. *Sexually Transmitted Infections*, 2008; 8(3):217-219

10. Fairley CK, Grulich AE, Imrie JC, Pitts M. Introductory Editorial: the analysis of a natural experiment in HIV control. *Sexual Health*, 2008; 5(2):89

11. Fairley CK, Grulich AE, Imrie JC, Pitts M. Investment in HIV prevention works: a natural experiment. *Sexual Health,* 2008; 5(2):207-210

12. Fairley CK, Fehler G, Lewin SR, Pitts M, Chen MY, Bradshaw C, Hocking JS. STI and HIV management among men-who-have-sex-with-men with and without HIV: Survey of medical practitioners who are members of Australian Society for HIV Medicine (ASHM). *Sexual Health*, 2008; 5(2): 155-159

13. Leslie DE, Higgins N, Fairley CK. Dangerous Liaisons – Syphilis and HIV in Victoria. Letter to the editors. *Medical Journal of Australia*, 2008; 188(11):676-677

14. Marrone J, Hocking J, Fairley CK. Temporal associations with declining *Trichomonas vaginalis* diagnosis rates among women in the State of Victoria, Australia, 1947 – 2005. *Sexually Transmitted Diseases*, 2008; 35(6):572-576

15. Hayes RD, Dennerstein L, Bennett CM, Sidat M, Gurrin L, Fairley CK. Risk factors for female sexual dysfunction in the general population: exploring factors associated with low sexual function and sexual distress. *Journal of Sexual Medicine*, 2008; 5(7):1681-1693

16. Teague R, Fairley CK, Newton D, Bradshaw C, Donovan B, Bowden F, Cummings RN, Chen MY. How men with non-chlamydia, non-gonococcal urethritis are managed in Australasia. *International Journal of STD & AIDS*, 2008; 19(9):581-585

17. Groves J, Newton DC, Chen MY, Hocking J, Bradshaw CS, Fairley CK. Sex workers working within a legalized industry: their side of the story. *Sexually Transmitted Infections*, 2008; 84(5):393-394

18. Powell SD, Cummings R, Lee DM, Fairley CK. HIV prevention during a sexual health consultation; a suggested quality audit. *Sexual Health*, 2008; 5(3):309

19. Doxanakis A, Hayes Rd, Chen MY, Gurrin LC, Hocking J, Bradshaw CS, Williams H, Fairley CK. Missing PID? Substantial differences in the rate at which doctors diagnose pelvic inflammatory disease. *Sexually Transmitted Infections*, 2008; 84(7):518-523

20. McNamee KM, Fairley CK, Hocking JS. Chlamydia testing and notification in Australia: more money, more tests. *Sexually Transmitted Infections*, 2008; 84(7): 565-569

21. Fethers KA, Fairley CK, Hocking JS, Gurrin LC, Bradshaw CS. Sexual risk factors and bacterial vaginosis: a systematic review and meta-analysis. *Clinical Infectious Diseases*, 2008; 47(11):1426-1435

22. Jensen JS, Bradshaw CS, Tabrizi SN, Fairley CK, Hamasuna R. Azithromycin treatment failure in *Mycoplasma genitalium*-positive patients with nongonococcal urethritis is associated with induced macrolide resistance. *Clinical Infectious Diseases,* 2008; 47(12):1546-1553

23. Hocking J, Parker RM, Pavlin N, Fairley CK, Gunn JM. What needs to change to increase chlamydia screening in general practice in, Australia? The views of general practitioners. *BioMed Central Public Health,* 2008; 8-425 http://www.biomedcentral.com/content/pdf/1471-2458-8-425.pdf

24. Bradshaw CS, Fairley CK, Tabrizi SN. Commentary on the application of self collected samples for STI screening compared to clinician collected samples. *Sexually Transmitted Infections,* 2008; 84(4):278-279

STAFF

The continuing successes enjoyed by MSHC hinge on the ongoing enthusiasm and dedication shown by its multidisciplinary team. The professionalism and commitment of all staff of MSHC is reflected in the Annual Client Surveys which have recorded overall satisfaction rates of approximately 97% for the last 4 years (see Annual Client Survey).

A number of MSHC staff have accumulated impressive lengths of service (10, 15, 20 and 25 years) and made substantial contributions to the centre over a long period of time. The anniversaries of working at the centre were celebrated for the following members of staff: Ian Denham, Stella Heley, Tina Schmidt, Seenivasagam Yoganathan, Tim Read, Deanne de Silva, Alex Marceglia, Trish Wakefiled, Richard Skinner, Joe Sasadeusz, Helen Henzell

There is probably no greater praise one can receive, than that from those with whom you work and was expressed by those staff members who nominated Rosey Cummings for the Alfred Recognition awards. It is no small feat to submit such an application given the thought, time and appreciation that goes into the submission, and reiterates how Rosey's extraordinary dedication and wisdom is appreciated by all her colleagues at MSHC.

Staff Members

Administration and Computer Services

Afrizal	IT Systems and Support Officer
Suzanne Amisano	Operations Manager
Bruce Barclay	Patient Services Officer
Mark Chung	Multimedia Content Co-ordinator
Marc C-Scott	Multimedia Content Co-ordinator
Vikki Colless	Patient Services Officer
Deanne de Silva	Purchasing and Resources Officer
Glenda Fehler	Project Officer
David Johnston	Patient Services Officer
Jun Kit Sze	IT Systems, Support & Development Officer
Justine Keon	Patient Services Officer
Karen Kon	Administration Team Leader
Brad Morgan	Operations Manager
Rachel Potter	Patient Services Officer
Cecily Sheppard	Patient Services Officer
Doris Sciberras	Patient Services Officer
Elias Track	IT Systems and Support Officer
James Unger	Personal Assistant
Wendy Zeng	Patient Services Officer

Clinical Services

Karen Berzins	Doctor
Siobhan Bourke	Doctor
Melanie Bissessor	Doctor, SH Registrar
Catriona Bradshaw	Doctor, Postdoctoral Research Fellow
Andrew Buchanan	Doctor
Marcus Chen	Doctor, Medical Unit Manager
Kathy Cook	Doctor
Ian Denham	Doctor

Christopher Fairley	Professor/Director
Kath Fethers	Doctor, PhD Candidate,
Stella Heley	Doctor
Helen Henzell	Doctor
Kirsty McNab	Doctor
Alex Marceglia	Doctor
Anna Morton	Doctor
Tim Read	Doctor
Stephen Rowles	Doctor
Joe Sasadeusz	Doctor
Richard Skinner	Doctor
Hennie Williams	Doctor, Senior Lecturer
Tina Schmidt	Doctor
Richard Teague	Doctor
Robin Tideman	Doctor
Seenivasagam Yoganathan	Doctor

HIV Clinic

Kerri Boyd	Clinical HIV Co-ordinator
Candice Fuller	Sexual Health Nurse
Stephen Kent	Doctor
Jenny McDonald	Dietitian
Richard Moore	Doctor
Simon Powell	Advanced Practice Nurse HIV
Joe Sasadeusz	Doctor
Jeanette Venkataya	Patient Services Officer

Nursing Services

Surbhi Bird	Sexual Health Nurse
Matiu Bush	Sexual Health Nurse Practitioner Candidate
Nyree Chung	Public Health BBV/STI Nurse
Darryl Coonan	Sexual Health Nurse
Rosey Cummings	Nursing Services Manager
Freya Dench	Sexual Health Nurse
Sheranne Dobinson	Sexual Health Nurse
Jo Eccles	Sexual Health Nurse
Vanessa Hamilton	Sexual Health Nurse
Ria Fortune	Sexual Health Nurse
Peter Hayes	Counsellor
Carol Hopkins	Sexual Health Nurse
Lisa Kennedy	Sexual Health Nurse
David Lee	Sexual Health Nurse Practitioner, PhD
Fiona MacFarlane	Sexual Health Nurse
Kim Messieh	Public Health BBV/STI Nurse/Sexual Health Nurse
Lorna Moss	Sexual Health Nurse
Jeannie Nicholson	Sexual Health Nurse
Ian O'Meara	Sexual Health Nurse
Mandy Pate	Sexual Health Nurse
Phillip Patterson	Sexual Health Nurse/ Educator
Susan Peterson	Sexual Health Nurse

Lyn Pierce	Public Health BBV/STI Nurse/Sexual Health Nurse
Anna Reid	Sexual Health Nurse
Daniel Sankar	Sexual Health Nurse
Carly Schreiber	Sexual Health Nurse
Anthony Snow	Sexual Health Nurse
Mee Tan	Sexual Health Nurse
Kate Tagney	Sexual Health Nurse
Jocelyn Verry	Counsellor
Suzanne Wallis	Sexual Health Nurse
Patricia Wakefield	Sexual Health Nurse
Bradley Whitton	Clinical Nursing Co-ordinator

Evaluation Unit

Andrea Morrow	Research Assistant
Jade Bilardi	Research Assistant, PhD Candidate
Eunice Bruce	Research Assistant, PhD Candidate
Deborah De Guingand	Research Assistant
Jane Hocking	Postdoctoral Research Fellow
Helen Kent	Research Nurse
Danielle Newton	Research Assistant
Julie Silvers	Research Nurse
Eve Urban	Research Assistant
Jennifer Walker	Research Assistant, PhD Candidate
Sandra Walker	Research Assistant

Support Services

Leonie Horvarth	Laboratory Scientist
Irene Kuzevski	Laboratory Scientist
Tori Haeusler	Laboratory Scientist
Artemisia Green	Laboratory Administration
Chris Thomas	Pharmacist
Bernard Folley	Pharmacist
Owen Bentley	Pharmacist

MELBOURNE SEXUAL HEALTH CENTRE CLIENT SATISFACTION SURVEY 2008

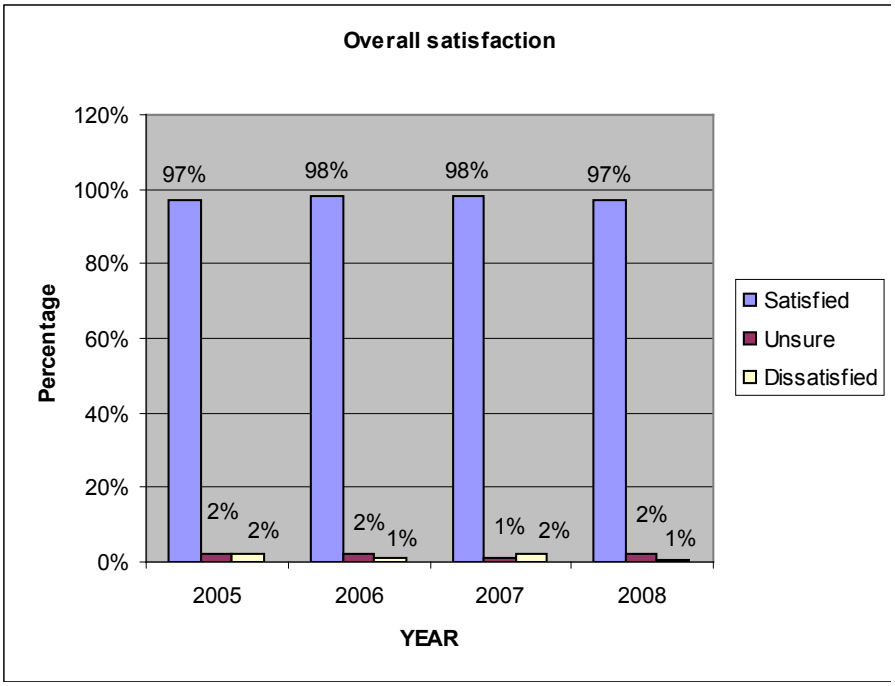
SUMMARY

The Melbourne Sexual Health Centre (MSHC) Client Satisfaction Survey 2008 was conducted from 05 – 11 November 2008 (inclusive). All practitioners in the main clinic were asked to offer the questionnaire to clients at the end of their service. Of the 628 individuals who received a service during that week, 269 elected to complete the questionnaire. This represented a response rate of 43%, compared to 36% in 2007, 37% in 2006 and 45% in 2005.

Clients were asked to rate their level of agreement with various statements about their visit to MSHC. Clients rated the professionalism and approachability of staff extremely high. This result is reflected in the comments provided by clients that what clients liked best about the centre was the staff.

Melbourne Sexual Health Centre scored a 97% overall satisfaction rating, and only one respondent was very dissatisfied with the service, but would use the Centre again if the need arose. Six were not sure of their level of satisfaction and five of the six indicated that they would attend the Centre again if required. It is most encouraging to note that the satisfaction level has remained consistent for a number of years (Figure 1).

Figure 1



SURVEY POPULATION

Respondents recorded their gender and age on the survey form and these two variables were used to confirm that the sample was representative of the General Clinic client population for 2008 and for the client population during the week of the survey. Comparing the sample population and general clinic populations for the year and week of the survey showed that the populations were all similar.

GENDER	Clinic Population (2008)	Clinic Population (survey week)	Sample Population
Male	11,50 (60%)	360 (57%)	155 (58%)
Female	7,540 (40%)	265 (42%)	112 (42%)
Transgender	52 (0.3%)	3 (0.5%)	2 (1%)
TOTAL	**19,097**	**628**	**269**

AGE	Clinic Population (2008)	Clinic Population (survey week)	Sample Population
Under 20	417 (2%)	13 (2%)	8 (3%)
20 – 29	8,590 (45%)	273 (44%)	121 (45%)
30 – 39	5,460 (29%)	186 (30%)	77 (29%)
40 – 49	2,866 (15%)	111 (18%)	44 (16%)
50 – 59	1,207 (6%)	33 (5%)	13 (5%)
Over 60	**557 (3%)**	**12 (2%)**	**6 (2%)**

Note: General Clinic Population Definition: One visit can include consultations with several services provided by MSHC. Individuals who have accessed the service more than once are only counted once. For the survey individuals are defined as the General Clinic Population.

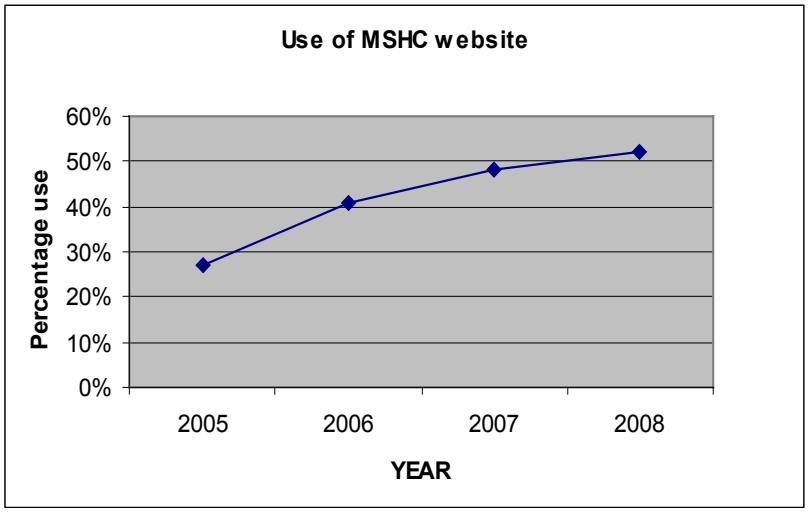
USE OF MELBOURNE SEXUAL HEALTH CENTRE

Clients were asked some general questions about the use of MSHC website and services. The MSHC website was used by 52% of respondents in 2008, compared to 48% in 2007, 41% in 2006 and 27% in 2005 (Figure 2). The MSHC website was redeveloped and launched in November 2007 and usage has been steadily increasing.

Overall, in 2008, the majority of visits were more than once in the last year (41%) compared to 33% of first visits. In 2007, 2006 and 2005 visits were similar, except that in 2006 and 2005, the majority of visits were from first time visitors (35%) followed by more than once in the past year (31% and 29%).

VARIABLE	2008 No. (%)	2005 -2007 Range %
Have you used the MSHC website?		
Yes	138 (52%)	27 - 48%
No	100 (38%)	36 - 56%
Did not know about the website	29 (11%)	12 - 17%
How often have you visited MSHC?		
First visit	88 (33%)	28 - 35%
More than once in the last year	109 (41%)	29 - 43%
More than once in the last five years	32 (12%)	14 - 17%
Monthly	34 (13%)	10 - 16%
Other	6 (2%)	4%

Figure 2:



Clients were asked for their reasons for attending MSHC and if they agreed to the importance of providing access to those with acute symptoms who need to be seen urgently rather than provide appointments.

Most clients attended for a check-up or tests (64%) followed by concerns about symptoms (33%). The numbers associated with the reasons for attendance have remained consistent for the last few years, except for a slight increase in the numbers returning for test results.

The 'Other' category covered the following:

- STD Certificate
- Condom breakage

The majority of clients (84%) remain in agreement that it is important for the Centre to maximize access to clients with acute symptoms or urgent needs by providing a system of 'walk-in' rather than providing appointments.

VARIABLE	2008 No. (%)	Range % 2005 - 2007
Reason for attending MSHC		
Check-up/ tests	171 (64%)	53 - 69%
Concerned about symptoms	89 (33%)	34 - 36%
Test results	64 (24%)	12 - 18%
Treatment	42 (16%)	18 - 20%
Vaccinations	24 (9%)	6 - 7%
*SH information/advice	21 (8%)	6 - 13%
Other	3 (1%)	3 - 5%
Contact with partner with STI	12 (5%)	4 - 7%
Counselling	6 (2%)	1 - 5%
Allowed multiple reasons		
Agreement level of walk-in access rather than provide appointments		
Strongly agree	98 (37%)	39 – 42%
Agree	126 (47%)	41 – 43%
Not sure	25 (9%)	11%
Disagree	10 (4%)	2 – 3%
Strongly disagree	8 (3%)	3 – 4%
Missing	2	

** SH = sexual health*

TELEPHONE CONTACT

Clients were asked to rate their experience of telephone contact with MSHC. The majority of responders who used the service (90%) found the person on the telephone helpful and 92% were able to find out the information they requested. Overall, positive responses were recorded relating to the helpfulness of the person they spoke to and being able to find out the information they wanted. Similar observations were recorded in previous years from 2005 to 2007.

Of 95 respondents who called in for results, 91% were satisfied with the process of accessing their results.

VARIABLE	2008 No. (%)	2005 – 2007 Range %
Reason for telephone inquiry		
Service information	74 (41%)	33 – 40%
SH information	28 (16%)	21 - 32%
Results	76 (43%)	20 – 40%
No telephone contact	92 (34%)	33 – 35%
Missing	*90*	
The person on the telephone was helpful		
Strongly agree	56 (39%)	35 – 47%
Agree	74 (51%)	47 - 54%
Not sure	9 (6%)	2 - 7%
Disagree	2 (1%)	3 – 4%
Strongly disagree	4 (3%)	0 – 1%
Missing/not applicable	*124*	
I was able to find out the information I wanted		
Strongly agree	60 (41%)	37 - 47%
Agree	74 (51%)	50 – 55%
Not sure	6 (4%)	1 - 6%
Disagree	2 (1%)	1 - 3%
Strongly disagree	3 (2%)	0%
Missing/not applicable	*124*	
"Not applicable" indicates no telephone contact with MSHC		
"Missing" indicates declined to answer the question		

TELEPHONE RESULTS LINE

Clients were asked to rate the telephone results line service and 65% of respondents had not accessed results via telephone or did not answer the question compared to 66% in 2007, 71% in 2006 and 74% in 2005 (it may be assumed that those who did not answer these questions have not used the telephone results line).

Of those who indicated they had not received results via telephone, 35% were first time clients of MSHC compared to 33% in 2007, 42% in 2006 and 45% in 2005.The remaining 65% had visit patterns ranging from monthly (17%) to more than once in the past year (35%) and more than once in past 5 years (5%). Of those who had used the telephone results line, 90% had positive comments and responses.

A large number of people (67) did not answer the question about the preferred method of receiving test results. Of those who did answer it, the preferred method was the telephone (42%), followed closely by 39% who preferred to receive results in person. In 2006 receiving results by either telephone or in person was equally recorded whereas in 2007 and 2005, significantly more clients preferred to receive results by telephone.

When asked about receiving results by email and SMS, 49% had concerns about confidentiality. Of these, 32% were concerned about the possibility of others accessing their email or SMS messages. Other concerns raised were anxiety associated with receiving results by SMS or human error (sending to an incorrect number). Others prefer the option of being able to ask questions about their results using the telephone or in person. The levels of concern have remained similar since 2005.

VARIABLE	2008 No. (%)	2005 – 2007 Range %
I was satisfied with the process of accessing my results from MSHC via the telephone results line		
Strongly Agree	44 (46%)	36 – 55%
Agree	42 (44%)	38 – 54%
Not sure	5 (5%)	4 - 5%
Disagree	2 (2%)	0 – 2%
Strongly Disagree	4 (2%)	0 – 3%
Missing/not applicable	*174*	
If available, which method would you rather receive your test results?		
In person at the clinic	79 (39%)	32 – 42%
By telephone	85 (42%)	41 – 54%
By email	31 (15%)	11 – 14%
By SMS	7 (4%)	3 – 8%
Missing	*67*	

I would have concerns about my confidentiality if an email or SMS system for accessing test results was introduced		
Yes	101 (49%)	46 - 53%
No	75 (37%)	35 – 40%
Not sure	29 (14%)	6 – 15%
Missing/not applicable	64	
"Not applicable" indicates no telephone contact with MSHC		

ARRIVING AT THE CENTRE

Clients were asked a series of questions relating to arriving at MSHC and the front-line services they received. Generally encouraging results were received for the welcome at reception (84%); 5% indicated that they did not feel welcomed by the reception staff, and 12% were not sure.

The majority of respondents (93%) used their real name for registration and 49% preferred to be called from the waiting room by their first name and date of birth followed by 37% preferring to be called by their first name only. One client suggested using a numbering system linked to arrival instead of calling out names.

VARIABLE	2008 No. (%)	2005 – 2007 Range %
The reception staff made me feel welcome		
Strongly Agree	78 (30%)	33 – 39%
Agree	140 (54%)	47 - 58%
Not sure	31 (12%)	4 - 7%
Disagree	8 (3%)	4 – 5%
Strongly Disagree	4 (2%)	1 - 4%
Missing	*8*	
Did you use your real name when you registered?		
Yes	242 (93%)	90 - 92%
No	13 (5%)	6 - 7%
Prefer not to say	5 (2%)	2%
Missing	*9*	
In which way would you prefer to be called from the waiting room? By your:		
First name and date of birth	101 (49%)	N/A
First name only	75 (37%)	N/A
Clinic number	29 (14%)	N/A
Full name	6 (2%)	N/A
Surname only	1 (1%)	N/A
Missing	*10*	
"Missing" indicates that the person declined to answer the question		

The majority of respondents (76%) either read the information provided to them by staff or in the reception area or had a brief look at it. The most popular/read pamphlets are:

- General information about the visit
- Genital herpes
- HIV Antibody tests
- Genital warts
- Hepatitis A
- Hepatitis B
- Hepatitis C

VARIABLE	2008 No. (%)	2005 – 2007 Range %
I read the information pamphlets provided by reception staff or in reception		
Yes	128 (50%)	47 – 64%
No	62 (24%)	16 - 28%
I had a brief look	66 (26%)	18 - 31%
Missing	*13*	
Type of information read (*Allowed multiple responses)*		
During your visit	71 (26%)	16 - 42%
Genital herpes	45 (17%)	12 - 20%
HIV Antibody Test	37 (14%)	7 - 21%
Hepatitis A	21 (8%)	8 - 18%
Hepatitis B	28 (10%)	9 - 17%
Hepatitis C	29 (11%)	9 - 19%
Genital warts	32 (12%)	10 - 15%
MSHC Services	26 (10%)	6 - 23%
HPV	18 (7%)	4 - 13%
K.I.S.S. Guide to Safe Sex	8 (3%)	4 - 8%
Pap smear	22 (8%)	4 - 10%
Urethritis	11 (4%)	3 - 7%
Counselling Services	23 (9%)	2 - 8%
Health Records Act 2001	8 (3%)	1 - 5%
Don't remember	46 (17%)	7 - 16%
"Missing" indicates that the person declined to answer the question		

Of those respondents who read the information pamphlets, 93% agreed that they found them useful, compared to 88% in 2007 and 2006 and 92% in 2005. Of the respondents who viewed the multimedia screens, 61% found them useful, 31% were not sure and the remaining 7% found them not useful.

Compared to past years, very few comments were received about the lack of non-STI related reading material with one client suggesting reading material to include information about pro-choice issues and counselling, and another requesting more information on types of vaccinations

available. Another two clients suggested having tea, coffee and TV in the waiting area because of the long wait.

On the whole positive results were received in regard to waiting times to see the triage nurse and a practitioner for the main consultation, although lower than previous years. In 2008, 83% of respondents agreed to some degree that waiting time to see a triage nurse was reasonable compared to 92% in 2007. In addition, 75% agreed that the waiting time to see a practitioner was reasonable compared to 83% to 86% in earlier surveys.

VARIABLE	2008 No. (%)	2005 – 2007 Range %
I found the information pamphlets useful		
Strongly Agree	42 (22%)	20 - 32%
Agree	137 (71%)	60 - 68%
Not sure	14 (7%)	8 - 11%
Disagree	0	0%
Strongly Disagree	1 (1%)	1%
Missing	*75*	
I found the multimedia screens useful		
Strongly Agree	34 (15%)	8%
Agree	104 (46%)	35 - 40%
Not sure	70 (31%)	43 - 46%
Disagree	11 (5%)	7 - 9%
Strongly Disagree	5 (2%)	1 - 2%
Missing	*45*	
The time I waited to see the triage nurse was reasonable		
Strongly Agree	55 (21%)	29 - 36%
Agree	161 (62%)	59 - 63%
Not sure	14 (5%)	3 - 4%
Disagree	17 (7%)	2 - 4%
Strongly Disagree	1 (1%)	0 - 1%
Did not see the triage nurse	*12*	
Missing	*8*	
The time I waited to see a practitioner was reasonable		
Strongly Agree	54 (21%)	26 - 31%
Agree	141 (54%)	55 - 58%
Not sure	29 (11%)	7 - 8%
Disagree	31 (12%)	6 - 7%
Strongly Disagree	5 (2%)	0 - 2%
Missing	*9*	
"Missing" indicates that the person declined to answer the question		

SERVICES RECEIVED AT THE CENTRE

Clients were asked a series of questions relating to the services they received at Melbourne Sexual Health Centre. The majority saw a doctor for the main consultation and most respondents received a genital examination, blood tests or urine tests.

VARIABLE	2008 No. (%)	2005 – 2007 Range %
For my main consultation I saw a:		
Doctor	165 (64%)	63 - 67%
Nurse	65 (25%)	23 - 30%
Counsellor	1 (1%)	1%
Not sure	27 (11%)	3 - 10%
Missing	11	
What services did you receive at MSHC today? *Allowed multiple responses*		
Genital examination	150 (58%)	64 - 69%
Blood tests	152 (59%)	61 - 65%
Urine Tests	163 (63%)	55 - 67%
Information/ advice	101 (39%)	34 - 42%
Treatment	81 (31%)	27 - 30%
Specimen collection	92 (36%)	29 - 43%
Test results	71 (28%)	21 - 26%
Vaccination	38 (15%)	13 - 16%
Counseling	13 (5%)	4 - 12%
Other	4 (2%)	1 - 4%
Missing	*11*	
"Missing" indicates that the person declined to answer the question		

The following results have also remained consistent since 2005. Respondents agreed or strongly agreed to questions relating to:

- comfort level in discussing personal matters: 97%; 98% in 2007, 2006 and 2005
- understanding procedures which were carried out: 99%; 98% in 2007, 99% in 2006, and 100% in 2005
- the professionalism of the practitioners: 98% in 2008 and 2007 to almost 100% in both 2006 and 2005
- feeling more informed about sexual health post-visit: 95%; 91% in 2007 to 94% in both 2006 and 2005
- confidentiality of information: 94%; in 2007, 91% of respondents believed that medical information collected at MSHC will be kept confidential compared to 94% in 2006 and 98% in 2005
- opportunity to ask questions: 97%; 99% in 2007 and 2005, and 98% in 2006
- a personal sense of control over what happens during the visit: 96%; 88% in 2007 compared to 96% in both 2006 and 2005
- experience of using the pharmacy: positive feedback was recorded from 96%; 100% in both 2007 and 2005, compared to 96% of the users in 2006

VARIABLE	2008 No. (%)	2005 – 2007 Range %
The practitioner made me feel comfortable to discuss sexual health matters		
Strongly Agree	169 (65%)	55 - 69%
Agree	83 (32%)	29 - 43%
Not sure	4 (2%)	1%
Disagree	3 (1%)	0 - 1%
Strongly disagree	1 (1%)	0 - 1%
Missing	8	
I understood the procedures that were carried out today		
Strongly Agree	147 (57%)	50 - 65%
Agree	108 (42%)	35 - 48%
Not sure	5 (2%)	1 - 2%
Disagree	0	0
Strongly disagree	0	0
Missing	9	
I did have the opportunity to ask questions		
Strongly Agree	159 (61%)	57 - 67%
Agree	95 (36%)	32 - 42%
Not sure	2 (1%)	0 - 1%
Disagree	3 (1%)	0 - 1%
Strongly Disagree	2 (1%)	0 - 1%
Missing	8	
The practitioner treated me in a professional manner		
Strongly Agree	183 (71%)	62 - 76%
Agree	71 (27%)	24 - 36%
Not sure	3 (1%)	0 – 1%
Disagree	2 (1%)	0 – 1%
Strongly Disagree	0	0 – 1%
Missing	10	
I believe that medical information collected by MSHC will be kept confidential		
Strongly Agree	153 (58%)	53 - 65%
Agree	94 (36%)	33 - 38%
Not sure	14 (5%)	2 - 8%
Disagree	0	0 – 1%
Strongly Disagree	1 (1%)	0 – 1%
Missing	7	

VARIABLE	2007 No. (%)	2005 – 2007 Range %
I felt in control over what happened to me today		
Strongly Agree	144 (55%)	45 - 58%
Agree	107 (41%)	38 - 43%
Not sure	8 (3%)	3 - 5%
Disagree	3 (1%)	1 - 31%
Strongly Disagree	0	1%
Missing	*7*	
I feel more informed about my sexual health after visiting MSHC today		
Strongly Agree	125 (48%)	44 - 55%
Agree	124 (47%)	39 - 47%
Not sure	10 (4%)	4 - 7%
Disagree	3 (1%)	2 - 3%
Strongly disagree	0	0 - 1%
Missing	*7*	
Describe your experience of using the Pharmacy		
Very good	98 (65%)	64 - 67%
Good	47 (31%)	32 - 34%
Not sure	5 (3%)	0 - 2%
Poor	1 (1%)	0 - 1%
Very poor	1 (1%)	0
I did not use the Pharmacy	107 (41%)	41 - 52%
Missing	*10*	

INTRODUCING ELECTRONIC REGISTRATION AND CLIENT RECORDS

MSHC introduced computerized registration and questionnaires in 2008 to obtain part of clients' medical histories that includes names and contact details, general health, lifestyle and sexual behaviour. This information is obtained in a private and secure manner. Clients were asked how they felt about providing these details electronically before (2007) and after implementation (2008).

Prior to implementation, the majority of clients were in agreement about providing registration, general health, and sexual behaviour details (74%, 70%, and 61% respectively). Significantly more clients in 2008 were in agreement following usage of the system (90%, 88% and 84% respectively). Clients were asked to provide comments and these were largely around privacy and security concerns and apprehension with using computers. Some felt that it would make processes quicker and easier. In relation to providing sexual health behaviour details, some clients said that they preferred to discuss these details face-to-face while others suggested it would be easier especially for shy people. In 2008, a few clients commented that it was one of the best things that they liked about MSHC

VARIABLE	2008 No. (%)	2007 No. (%)
I am prepared to use a computer to provide my registration details		
Strongly Agree	117 (45%)	44 (24%)
Agree	117 (45%)	92 (50%)
Not sure	8 (3%)	35 (19%)
Disagree	8 (3%)	7 (4%)
Strongly disagree	2 (1%)	8 (4%)
Did not use	7 (3%)	
Missing	7	16
I would be prepared to use a computer to provide general details of my health		
Strongly Agree	93 (37%)	34 (18%)
Agree	128 (51%)	100 (52%)
Not sure	15 (6%)	39 (20%)
Disagree	5 (2%)	13 (7%)
Strongly disagree	3 (1%)	7 (4%)
Did not use	5 (2%)	
Missing	*20*	*9*
I would be prepared to use a computer to provide details of my lifestyle and sexual behaviour in a private and secure manner before my consultation		
Strongly Agree	87 (35%)	33 (17%)
Agree	121 (49%)	84 (44%)
Not sure	19 (8%)	45 (23%)
Disagree	7 (3%)	24 (12%)
Strongly disagree	6 (2%)	7 (4%)
Did not use	9 (4%)	
Missing	20	9

The clients were also asked for their views in 2008 and 2007 on the use of electronic medical records to record their histories by doctors and nurses during their consultation. Although the majority of clients (55% and 56%) indicated that using electronic records was not less personal than using a paper record, a fair proportion were unsure (18% and 16%), and 29% reported that it would be less personal. The comments received were mixed, where some clients felt clinicians would be distracted and there would be less eye contact, whereas others thought it would improve consultations and is part of the natural progression to computerization.

Similarly, the majority of clients would reveal their personal details about their medical history (64%), while a fair proportion were unsure (19%) and 17% recorded that they would be less inclined to reveal their personal details. The comments received were mainly concerns for confidentiality and security, whereas some felt the process would become more efficient and environmentally friendlier.

VARIABLE	2008 No. (%)	2007 No. (%)
If a doctor or nurse was using an electronic record during my consultation I would feel that the consultation was less personal than if a paper record was used		
Strongly Agree	17 (7%)	21 (11%)
Agree	55 (22%)	34 (18%)
Not sure	40 (16%)	35 (18%)
Disagree	101 (41%)	72 (38%)
Strongly disagree	34 (14%)	30 (16%)
Missing	*22*	*10*
If a doctor or nurse was using an electronic record during my consultation I would be less inclined to reveal personal details about my medical history		
Strongly Agree	10 (4%)	11 (6%)
Agree	33 (13%)	23 (12%)
Not sure	46 (19%)	37 (19%)
Disagree	111 (45%)	83 (44%)
Strongly disagree	46 (19%)	37 (19%)
Missing	*23*	*11*

SEXUAL HEALTH CONSULTATIONS

Melbourne Sexual Health Centre is constantly investigating innovative ways to improve the services provided including finding alternatives to distributing the service to the broader community of Victoria. Clients were asked for their views about using phone consultations or secure webcam consultations with a doctor if they lived a far distance from the Centre explaining that their samples for testing and treatment could be sent by post.

While the majority of clients said they were likely to use a phone consult (41%), 24% were not sure and 36% were unlikely to use one. The comments provided about using a phone consult varied with some clients preferring face to face consultations, others having concerns about getting things wrong without an examination and were worried about how blood tests would be performed and some thought it would be convenient.

Conversely, the majority of clients were not likely to make use of a secure webcam consultation with a doctor (48%), while 21% were not sure and 31% would make use of webcam consultation. The comments provided were related to security and being recorded with their face being visible, not owning a webcam and again preferring face to face consultations.

VARIABLE	2008 No. (%)
If available, would you make use of a phone consultation service with a doctor for the health issue you have attended the centre for today?	
Strongly Agree	28 (12%)
Agree	67 (29%)
Not sure	55 (24%)
Disagree	55 (24%)
Strongly disagree	27 (12%)
Missing	37
If available, would you make use of a consultation with a doctor via a secure webcam?	
Strongly Agree	26 (11%)
Agree	46 (20%)
Not sure	49 (21%)
Disagree	66 (28%)
Strongly disagree	46 (20%)
Missing	*36*

OVERALL SATISFACTION

Clients were asked to rate their overall satisfaction with the service provided at MSHC. A consistently high positive rating of 97% satisfaction was recorded and has been recorded since 2004 (97 – 99%).

Six respondents said they were unsure of their satisfaction with the service. Of these, five said they would attend the service again, and one was not sure. This female client was unsure of her comfort level; was not sure of being given an opportunity to ask questions and of being more informed about her sexual health after her visit. The other five clients' who were unsure of their level of satisfaction could be associated with waiting and opening times; would prefer to have an appointment system or it was too far to travel. One female client reported that her nurse and doctor were judgmental, made her feel unwelcome and were rough during the examination. Her previous visit had been satisfactory.

One male client was very dissatisfied with the service and strongly disagreed with: "urgent access;" the phone service being helpful and informative; reception being welcoming; was not sure if the waiting time for triage nurse and clinician was reasonable; but said he would attend again.

There was only one male client who said he would not use the service again. He indicated that he was satisfied with the service, but found the telephone service unhelpful; was unsure about reception staff making him feel being welcome and what he liked least about the clinic was that it was not limited to homosexuals.

VARIABLE	2007 No. (%)	2005 – 2006 Range %
Overall, I am satisfied with the services at MSHC		
Very satisfied	179 (71%)	65 - 76%
Satisfied	63 (26%)	22 - 33%
Unsure	6 (2%)	1 - 2%
Dissatisfied	0	0 - 1%
Very dissatisfied	1 (1%)	1 - 2%
Missing	*10*	
If the need arose, I would attend MSHC again		
Yes	249 (99%)	97 - 98%
No	1 (1%)	0 - 1%
Not sure	1 (1%)	1 - 2%
Missing	17	

Clients were asked what they like best and least about MSHC. The results are summarized from

clients who offered between one and three comments in categories below and compared with 2005 and 2007. Overall, the majority of respondents rated staff and feeling comfortable best, followed by efficiency and the service provided and then accessibility.

VARIABLE	2008	2005 - 2007 2005
A summary of what clients like *BEST* about the Centre (based on top 3)		
Staff and comfort	162	119 - 195
Efficiency and service	87	62 - 72
Easy access/free	73	35 - 51
Facilities and information	60	38 - 50
Confidentiality	36	21 - 29
Location	15	10 - 19

In 2007, once again waiting times was what clients liked least about the Centre followed by the opening hours and the facilities.

VARIABLE	2008	2005 - 2007 2005
A summary of what clients like *LEAST* about the Centre (based on top 3)		
Waiting times/no appointments	78	35 - 46
Facilities	33	13 - 28
Embarrassment/stigma of attending	13	6 - 19
Opening hours	8	8 - 10
Staff	7	9 - 13
Location	3	7 - 15

COMMENTS AND SUGGESTIONS

The aim of the client satisfaction survey is to measure their satisfaction with the services provided at MSHC and to identify areas for improvement. The results indicate overwhelmingly that clients remain satisfied with the staff and the way that the centre operates. Areas of dissatisfaction where staff at MSHC have the ability to affect are:

- waiting times
- waiting room facilities
- approach to clients

Waiting times

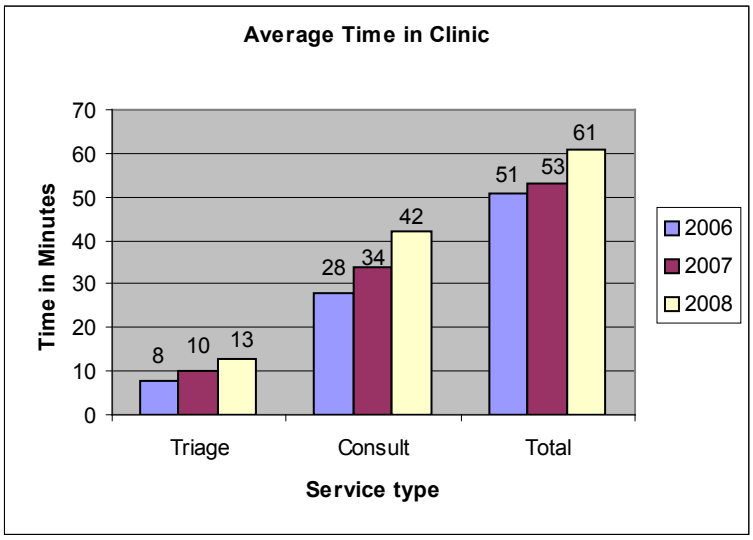
While the Centre recognises that some clients may experience lengthy waiting times, providing a Centre that operates to maximise access to clients with acute symptoms or urgent needs has greater benefits to public health, and in particular to transmission rates of sexually transmitted infections (STIs).

While waiting times continue to be an issue of dissatisfaction among clients, cross-tabulation of results showed that of 77 respondents who listed waiting times as what they liked least about MSHC, only 20 disagreed/ strongly disagreed that they waited a “reasonable time” to see a practitioner. Many who indicated that waiting was a problem also expressed some understanding and acceptance towards this issue. Additionally, 18 of these 77 respondents reported that one of the things they liked best about MSHC was that the service was either “fast” or efficient and the no appointment policy.

The average waiting time to see a triage nurse was 13 minutes and 90% of clients were seen in 14 minutes in 2008 (Figure 3). During the week of the survey, 90% of clients were seen by the triage nurse within seven minutes of arrival. On average in 2008, clients were seen by a practitioner within 42 minutes of arrival and 90% of clients were seen within 61 minutes. During the survey week, on average clients were seen by a clinician within 50 minutes, and 90% were seen within 41 minutes.

The average time spent in the clinic was 61 minutes and 90% of clients completed their visit within two hours. The Staff have continued to do their best to ensure that clients are not kept waiting longer than is reasonable. The waiting time statistics have been slowly increasing since 2006 and this is not surprising given that the total number of services provided in 2006 was 28,826 compared to 31,571 in 2008.

Figure 3



Waiting room facilities

Comments received about the waiting area included the décor, that the size needs to be larger, men and women together and seats facing other people were a source of embarrassment and suggestions of TV, tea and coffee were singular comments.

Staff and clients

All staff are once again to be highly commended for their continued professionalism, compassion and understanding towards clients. The general results of the survey continue to show that the majority of clients feel that the approach of staff is welcoming and positive, and directly relates to their comfort levels in using the service.

As expected, the survey did contain some negative comments about staff. While these comments are in the minority they serve as a reminder that clients do observe and are affected by our approach and provide us with an opportunity to reflect on ourselves.

MELBOURNE SEXUAL HEALTH CENTRE

ANNUAL REPORT & CLIENT SATISFACTION SURVEY

2008

Melbourne Sexual Health Centre
A part of Alfred Health