MELBOURNE SEXUAL HEALTH CENTRE

ANNUAL REPORT 2010

Melbourne Sexual Health Centre
A part of Alfred Health

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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, School of Population Health of the University of Melbourne is situated at MSHC which conducts research aimed at improving the services offered at MSHC and the control of sexually transmitted infections. The Unit also provides substantial input into post graduate sexual health education 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 first Director was appointed with a dual role at both 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.
- Nursing service for Access Health (Salvation Army) in St Kilda that provides services for marginalised people in the community. Funding by the Drug and Alcohol section of the Department of Health has been provided for 5 hours of sexual health nursing services/ week.
- 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 27 doctors, 38 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 part of a realignment of units within Alfred Health this year, the pharmacy services at MSHC are now being co-ordinated by Alfred Health pharmacy services. Pharmacy services within Alfred Health will now cover four campuses: The Alfred Hospital, Caulfield and Sandringham Hospitals, and MSHC.

As the population of Victoria grows, so too does the 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 in most need. 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 are provided for men who have sex with men (MSM), who currently constitute a major risk group for STIs in Victoria, and a new Express Testing Service (NETS) for low risk for HIV heterosexual clients has been implemented.

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 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 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:

- www.checkyourrisk.org.au (Check Your Risk) to check risk of exposure to an STI
- 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
- www.letthemknow.org.au (Let Them Know) for assisting individuals diagnosed with sexually transmitted 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
- www.TESTme.org.au (TESTme) provides STI testing through webcam or phone consultation for rural Victorians who reside 150km or more from Melbourne

For general practitioners:

- www.mshc.org.au/GPassist (GP Assist) provides a mechanism to improve partner notification by providing the 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 in 2010 expressed satisfaction with the service.

Director's report

Welcome to our 2010 Annual Report. The Centre is extremely grateful to its wonderful staff whose dedication, enthusiasm and expertise have again provided the Victorian public with a first rate clinical service. This year we provided more than 35,000 consultations to over 22,000 individuals; a 6% increase on the previous year and almost double of what we managed a decade ago. Extraordinarily we did this while maintaining a 97% satisfaction level recorded among clients during the annual client survey (see Client Survey 2010).

This increase in clients seen over the last decade has occurred with minimal increases to staffing; and rather has been achieved by each year incrementally improving the efficiency of our services and 2010 was no exception. This year we created more consulting rooms by renovating larger clinical rooms into smaller ones, saved time by giving heterosexual men at low risk of HIV their results by phone, and created a new express service so heterosexuals at low risk of HIV complete their clinical history on a computer, collect their own genital specimens and have a very brief consultation with a clinician. We received extra funding for an additional GP registrar and 2 sexual health nurses in the later half of 2010 from Alfred Health, for which we were extremely grateful.

Our role however is more than just providing on site clinical services. As the only large state wide STI clinical service we have always focused on assisting other providers with their sexual health service delivery. To this end, this year has seen a substantial increase in educational material on our website which now receives more than 60,000 visits a year. Ten high quality online videos deal with common sexual health issues such as treating genital warts and diagnosing PID, and are a great credit to our 2 clinicians Ian Denham, the producer and Stella Heley, the presenter, and also to Mark Chung our Multimedia Content Coordinator for camera operation and editing.

We also expanded the types of clinical services we have provided to reach those who are at high risk of STI but find it hard to reach Melbourne. The new TESTme service was launched this year and allows young people under 25, men who have sex with men and Indigenous people living more than 150km from Melbourne to receive a phone consultation augmented by self collected specimens and postal treatment. Those accessing the service to date have been at very high risk with 20% of the samples testing positive for chlamydia. Congratulations to Candice, Rosey and Mark for the meticulous planning that made this possible.

The Centre is extremely lucky to have a team of highly talented IT staff who have been working closely with Glenda, Rosey, Marcus and other clinical staff to finalise our completely paperless medical record system. This has been custom designed to allow the flexibility to include decision support software so the quality of our health services are maximised. The aim is to launch this service in 2011 and utilise the significant savings in materials towards further improvements in clinical services.

Finally I want to commend the wonderful interaction between the research and clinical staff at the Centre that has provided many mutual benefits. Perhaps one of the most important achievements has been to provide the evidence for changing the Victorian Legislation for the frequency of sex worker screening. In February this year, a bill was passed to change the testing frequency for sex workers which is currently monthly. The new interval will be decided by the Health Minister but if lengthened will substantially increase access for the Victorian public to our services by reducing unnecessarily frequent and costly sex worker screening. This work was only possible because of the mutually productive interaction between the clinical and research staff at the Centre.

Thank you to the Management Team, Rosey, Marcus, Suzanne and Christine for their outstanding help and congratulations to all the MSHC staff for a wonderful year.

Services and consultations

The numbers of consultations by type of service provided onsite are shown in Table 1 below. In 2010, 35,630 consultations were provided for 22,392 individuals. A further 431 outreach consultations were carried out offsite at various venues for men-who-have-sex-with-men (MSM) and street sex workers (SSW). There has been a 6% rise in consultations (Figure 1) and increases in diagnoses including chlamydia and gonorrhoea. (Table 2) (Figure 2-7).

Table 1

Clinic Type	Total	Male	Female	Transgender
General Clinic	31,445	18,126	13,193	126
HIV Clinic	2,157	1,938	211	8
Counselling	1,441	1,147	292	2
Vaccination	587	431	156	0
Total	35,630	21,642	13,852	136
Individuals	*15,545*	*9,723*	*5,779*	*43*

Table 2

Diagnoses	Total
Chlamydia trachomatis	1,222
Neisseria gonorrhoeae	401
Mycoplasma genitalium	300
Nongonococcal urethritis	1,090
Herpes simplex virus	784
Syphilis	84
Bacterial vaginosis	682
Warts	1,582
Human immunodeficiency virus (new cases)	42
HIV post exposure prophylaxis	112
Post coital intervention	65
Trichomoniasis in women	18

Figure 1 showing increasing numbers of clients each year

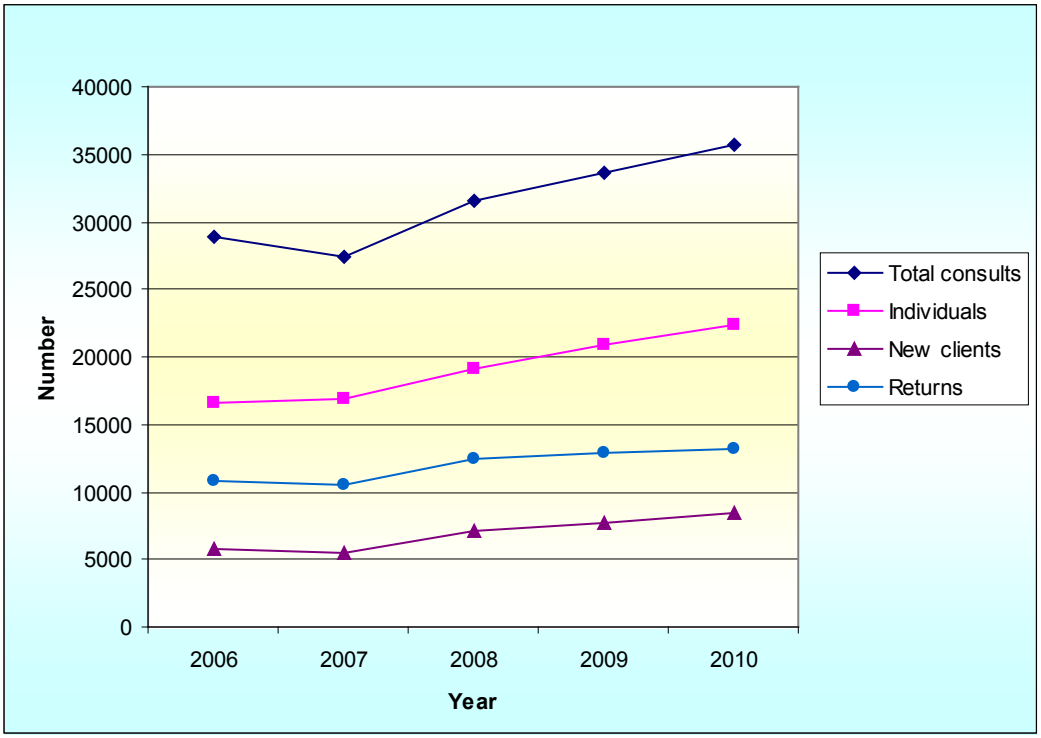


Figure 2 Number of positive chlamydia tests

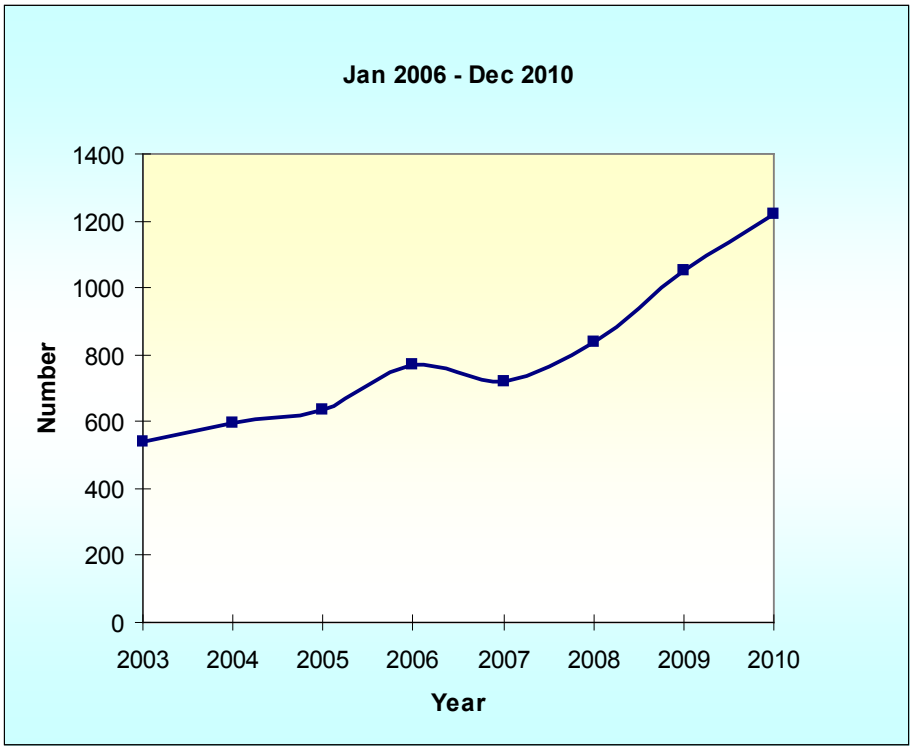
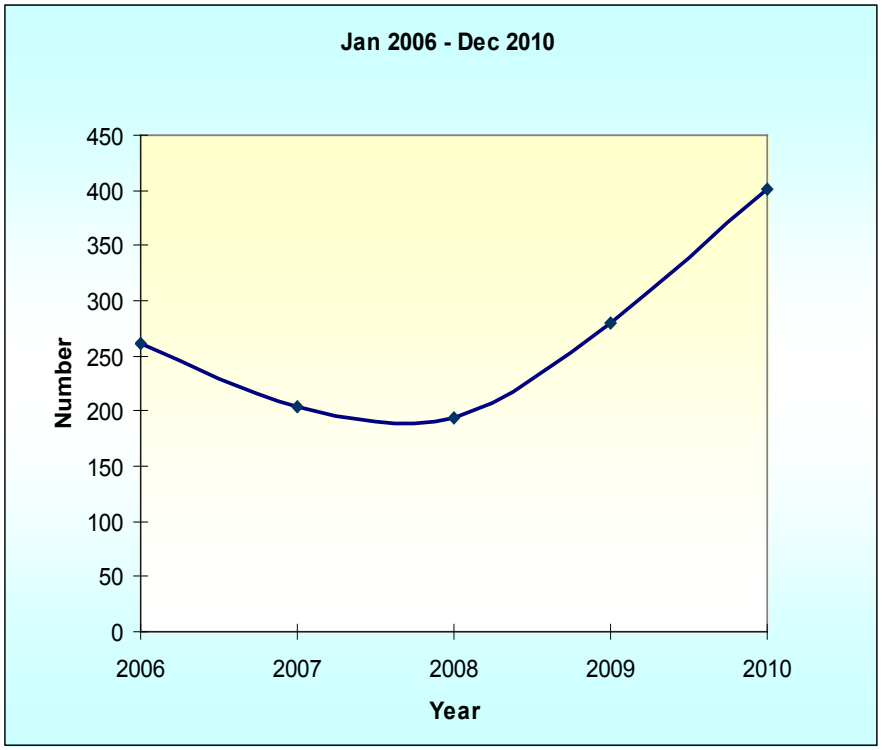
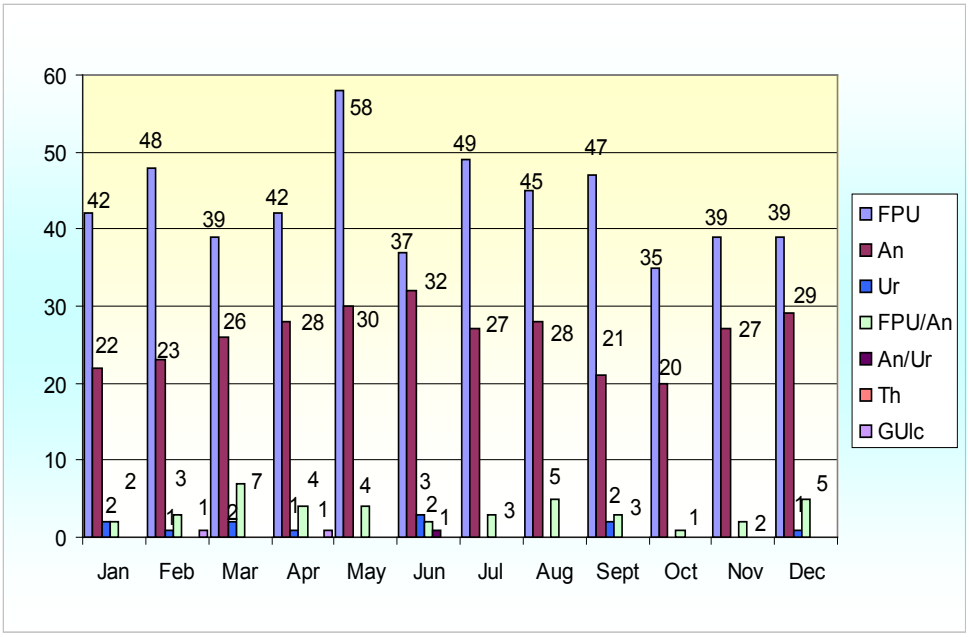


Figure 3 Number of positive gonorrhoea tests



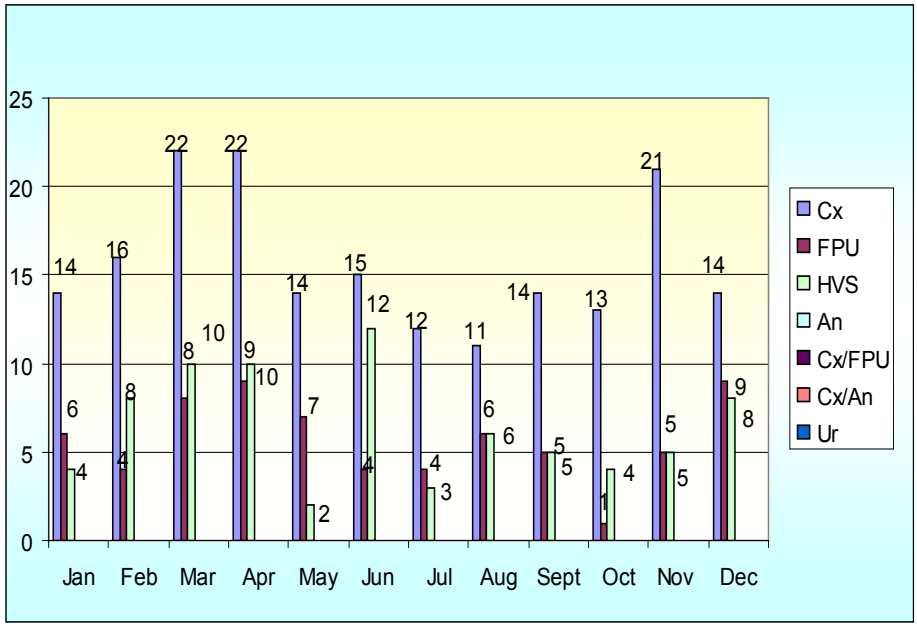
Chlamydia trachomatis remains the most common bacterial STI diagnosed at MSHC. The number of chlamydia infections by sex and site are shown below (Figure 3 and 4).

Figure 4 Sites of chlamydia infections among 889 males in 2010



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

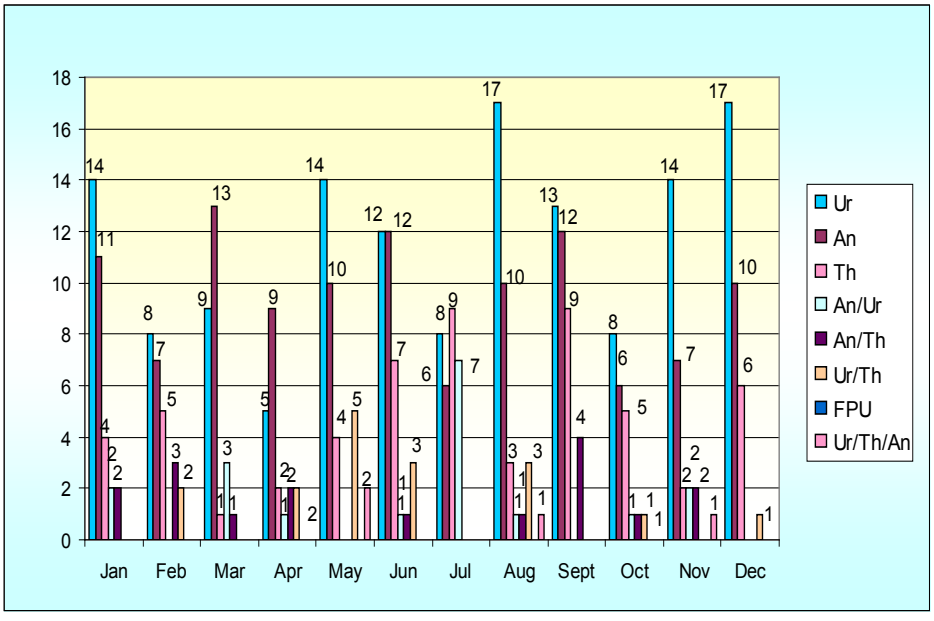
Figure 5 Sites of chlamydial infections among 333 females in 2010



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

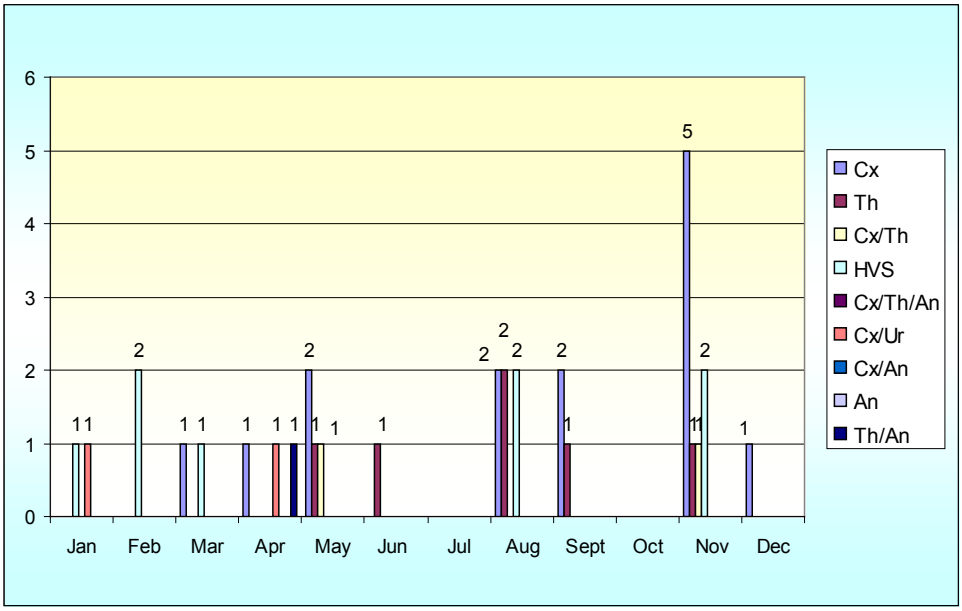
The majority of gonococcal infections occur in MSM

Figure 6 Sites of gonococcal infections among 368 males in 2010



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

Figure 7 Sites of gonococcal infections among 33 females in 2010



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

Indigenous young person's sexual and reproductive health project

MSHC has proudly supported the development of the Wulumperi Aboriginal and Torres Strait Islander Sexual Health Unit within its services. The Woi - Wurrung people have kindly given MSHC permission to use Wulumperi (meaning good health) to name the unit and for this we acknowledge their people and thank them. It is envisaged that MSHC will increase its profile to Indigenous Victorians as an alternative point of care for people to access sexual and reproductive health services. We have undertaken cultural awareness training and have culturally assessed the clinical environment to make it welcoming for Victorian Aboriginal and Torres Strait Islander communities.

The Victorian "Indigenous Young Person's Sexual and Reproductive Health Project" is funded by the Victorian Department of Health. The project sits within the Wulumperi Unit at MSHC and is staffed by a Sexual Health Nurse Coordinator and 2 Aboriginal Community Development Workers.

The young person's project is a collaboration with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) Sexual Health Unit and aims to assist in delivering the sexual and reproductive health strategy (2009 – 2014). The strategy incorporates programs for Indigenous communities and their young people where the emphasis is on health, community, family and social connectedness.

Work for the young person's project is currently focused on the Indigenous Communities in the Hume region of Victoria and a partnership is also in place with the Centre for Excellence in Rural Sexual Health (CERSH), University of Melbourne, in Shepparton.

The primary aims of the project is to target all of Victoria's Indigenous people within its health regions across the state over the next 4 years with a focus on encouraging young Indigenous people to access local services for sexual and reproductive health care. Training opportunities for the staff of the regional services is being developed and delivered to increase their knowledge and confidence in dealing with sexual and reproductive health issues.

Partnership with Centre for Excellence in Rural Sexual Health (CERSH), Shepparton

MSHC has a key role at CERSH with the Director holding Chair of the CERSH Advisory Group and has offered time, expertise and leadership to the Director of CERSH and the advisory group as a whole. Our nursing team manager and members of the nursing team have also visited CERSH during 2010 to provide support and clinical expertise in negotiating strategies aimed at building critical mass in sexual health nursing in Northeast Victoria.

In partnership with MSHC, CERSH has provided professional development seminars to a total of 330 nurses and allied health professionals, and 60 GPs in Northeast Victoria in 2010. A 2 day Adolescent Sexual Health Forum with input from staff of MSHC was held in August in Shepparton for approximately 100 delegates. The feedback from each of the professional development seminars and GP learning groups has been overwhelmingly positive.

A further two presentations, showcasing MSHC research, were undertaken by MSHC staff at the 'Take Care Outback There' conference in Beechworth which was sponsored by CERSH in partnership with CAN, Also and Wayout.

During 2010, CERSH also supported a number of doctors and nurses from Northeast Victoria to travel to Melbourne to spend time at MSHC to enhance their clinical skills.

The 'TESTme' project is gaining awareness with school and community nurses and feedback from professionals to CERSH has been very positive.

Most recently, CERSH have been working with the Wulumperi Project Team at MSHC to build a co-ordinated, collaborative Indigenous sexual health task group in the Hume region.

Prison Initiative

MSHC has continued to play a significant role in the Victorian Department of Health's funded Public Health Prisoner Initiative during 2010. The project which was launched in December 2005 aims to strengthen policies and practices in relation to the management of blood borne viruses (BBVs) and STIs in the thirteen Victorian correctional facilities. Funding for this project continues until the end of June 2011.

During 2010 two nurses (1.2 EFT) have worked within the prisons providing encouragement and support for the clinical staff who work for the contracted primary health care providers; St Vincent's Correctional Health and Pacific Shores Healthcare. Their support and expertise have achieved an ongoing improvement in the uptake, documentation and follow up of BBV/STI screening and hepatitis B vaccinations. They have also played a mentoring role in the development and support of Nurse led BBV/STI clinics. Education and professional development for all prison nurses and other clinical staff has been ongoing.

The Clinical Management Guidelines for BBVs and STIs, distributed to all prisons by January 2010 have proven to be a valuable resource and guide for prison medical staff with regard to BBV/STI testing and vaccination.

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 now occurs at Port Phillip Prison and Marngoneet Correctional Centre. There are plans for hepatitis C treatment to commence at Dame Phyllis Frost Centre during 2011.

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

The ESTIHM Project was completed in June 2010. The primary aim of the project was to increase HIV/STI testing among men-who-have-sex-with-men (MSM) who attend inner metropolitan general practices with high case loads of these clients. To increase testing, the project employed a sexual health practice nurse to work in the high case load general practice. The second aim of the project was to increase GP sexual health education throughout Victoria. Evaluation of the project revealed HIV/STI testing significantly increased among, both HIV positive and HIV negative men who attended the participating general practice. Importantly, the role of the sexual health practice nurse was found to be acceptable to the GPs in the clinic. The role of the sexual health practice nurse has continued beyond the life of the project with the general practice now employing their own nurse.

MSHC sexual health physicians delivered a total of 56 sexual health education sessions to approximately 2,056 GPs throughout Victoria, between August 2008 and June 2010. Ten sexual health videos have been developed for health professional education covering common sexual health issues such as treating genital warts and diagnosing PID and are located on the MSHC website at http://mshc.org.au/healthpro/OnlineEducation/Videos/tabid/510/Default.aspx and on YouTube at http://www.youtube.com/results?search_query=supermshc&aq=f

ESTIHM

Enhancing
Sexually
Transmitted
Infection control among
Homosexually Active
Men in Primary Care

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:

Screening and control of chlamydia, Jade Bilardi, PhD, University of Melbourne
Comprehensive models of HIV/STI prevention among sex workers and their clients in Papua New Guinea, Eunice Bruce, PhD, University of Melbourne
To investigate the delay in returning for HIV test results at MSHC, Daniel Sankar, MPH, University of Melbourne
Use of computerised medical records data to determine the feasibility of testing for chlamydia without patients seeing a practitioner, Anna Yeung, MPH, University of Melbourne
Outcomes of cultural literacy training workshop around sexual minorities for primary healthcare workers in rural and regional Victoria, Kimberley Ivory, MPH, University of Melbourne
Frequent screening for syphilis as part of HIV monitoring increases the detection of early, asymptomatic syphilis among HIV positive homosexual men, Melanie Bissessor, MPH, University of Melbourne
The role of the secondary school nurse in the sexual and reproductive health of young Victorians, Gillian Robinson, MPH, University of Melbourne
The cost effectiveness of chlamydia screening of pregnant women attending antenatal care, Sokkab An, MPH, University of Melbourne

In progress: 6 PhD; 5 MPH

Chlamydia incidence and re-infection rates (CIRIS): a longitudinal study of young Australian women, Jennifer Walker, PhD, University of Melbourne
The epidemiology of bacterial vaginosis in Australian women, *Kath* Fethers, PhD, University of Melbourne
Virtual visits: Investigating the acceptability of webcam consultations for young adults' sexual health, Cameryn Garrett, PhD, University of Melbourne
Use of oral garlic (Allium sativum) in recurrent thrush (vulvovaginal candidiasis), Cathy Watson, PhD, University of Melbourne
Sexually-transmitted viruses in men having sex with men, Tim Read, PhD, University of Melbourne
Human papilloma virus in men who have sex with men, *Huachun Zou, PhD,* University of Melbourne
Evaluation of enhancing STI control of homosexually active men in primary care (ESTIHM), Anthony Snow, MPH, University of Melbourne
"Choices Women Make" – Contraception and sexual health practices in women of reproductive age in the primary care setting in Victoria, Australia, Jason Ong, MPH, University of Melbourne
Sexual health of Australian adolescents who do not attend mainstream schools: a pilot

study, Sue Barker, MPH, University of Melbourne
Knowledge of oral health practitioners around oral squamous cell carcinoma and oropharyngeal squamous cell carcinomas in the context of Human papilloma virus (HPV). Roisin McGrath, MPH, University of Melbourne
Knowledge of HPV amongst university of Melbourne students. Kathryn Saxby, MPH, University of Melbourne

Advanced Medical Students

Completed:

HIV testing of men who have sex with men attending a sexual health service, Teedzani Petlo (AMS)
The efficacy of azithromycin, 1g as current first line therapy for Mycoplasma genitalium infection, Yii Li Min (AMS)

International Post Doctoral Research Fellows

Dr Deepa Gamage, Postgraduate Institute of Medicine, University of Colombo, Sri Lanka

Key achievements

- MSHC staff members had 35 abstracts accepted (15 oral and 20 posters) for presentation at the Sexual Health Conference, Sydney, 2010
- The Australasian Chapter of Sexual Health Medicine annual update in sexual health was held in Melbourne in May 2010 and was by all measures a success with around 200 registrants attending the day. The number of registrations was encouraging, exceeding expectations, and is indicative of the level of interest there is in sexual health and the demand that exists for educational events such as these. Of the 12 speakers, 7 were from MSHC
- SMS and email reminder service started for repeat testing for chlamydia in people diagnosed with chlamydia at MSHC by offering enrolment for a reminder to attend MSHC for their repeat post treatment check.
- TESTme service for asymptomatic clients was incorporated into the MSHC phone room service in October 2010. TESTme provides STI testing through telephone or webcam consultations for rural Victorians living at least 150kms from Melbourne. The consultations are conducted by a sexual health nurse. Eligible clients are offered an appointment and the consultation takes place either by telephone or webcam. The clients register electronically through the TESTme website www.TESTme.org.au. A self collected testing kit is sent by post with instructions on how to collect samples with a prepaid MSHC addressed envelope for the client to post back to MSHC or the RWH lab.
- Ten sexual health videos have been developed for health professional education and are located on the MSHC website at http://mshc.org.au/healthpro/OnlineEducation/Videos/tabid/510/Default.aspx and on YouTube at http://www.youtube.com/results?search_query=supermshc&aq=f covering common sexual health issues such as treating genital warts and diagnosing PID
- Melanie Bissessor obtained the Fellowship of Australian Chapter of Sexual Health Medicine (FAChSHM)
- Jade Bilardi was awarded an NHMRC postdoctoral training fellowship
- Huachun Zhou was awarded a PHIRST (Population Health Investing in Research Students' Training) scholarship in 2010 to fund registration of Australasian Hepatitis Conference, 2010 and obtained Knowledge Transfer Project funding in 2010 to develop sexual health information packages for female sex workers in Victoria in

English, Thai, simplified Chinese and traditional Chinese and Korean

- New Express Service (NETS) was implemented in June for asymptomatic heterosexual clients requiring STI screening for chlamydia and who may also request HIV and syphilis screening although their stated risk factors indicate they are at low risk for these infections
- This is the 6th year that MSHC has hosted 'Sex Talk'. Sex-Talk is a free one day forum that provides interested health care professionals with an annual update of epidemiological trends in STIs / HIV and other emerging information. A diverse range of 65 health professionals ranging from nurses, GPs, to aboriginal health workers, and hailing from as close as Parkville to as far away as Sydney

Community outreach

Wonderwomen at MIDSUMMA

The team from MSHC spoke to a large number of women who expressed interest in participating in the Women On Women Health study and who were pleased that lesbian health issues are on the agenda. The WOW study aims to see how commonly bacterial vaginosis (BV) occurs in women with female sexual partners and how it may be related to sexual behaviour.

Multicultural Health and Support Service working group

MSHC is represented on this committee by one of the nursing team, assisting with the organisation of a national conference this year and also providing expert STI and BBV advice for the committee.

Publication highlights

Researchers: Bilardi JE, De Guingand DL, Temple-Smith MJ, Garland SM, Fairley CK, Grover S, Wallace E, Hocking JS, Tabrizi S, Pirotta M, Chen MY.

Publication: *BMC Infectious Diseases*, 2010; 10:505

Summary: Untreated chlamydial infection among pregnant women has been associated with adverse outcomes for both mother and infant. Like most women, pregnant women infected with chlamydia do not report genital symptoms, and are therefore unlikely to be aware of their infection. A cross-sectional study of 100 pregnant women aged 16-25 years attending antenatal services across Melbourne, Australia, were invited to participate in a face-to-face, semi structured interview on the acceptability of screening for chlamydia during pregnancy (31 women were infected with chlamydia). Women had low levels of awareness of chlamydia before the test, retained relatively little knowledge after the test and commonly had misconceptions around chlamydia transmission, testing and sequelae. There was a strong preference for urine testing over other methods of specimen collection. Women who tested positive for chlamydia had mixed reactions, however, most felt relief and gratitude at having had chlamydia detected and reported high levels of partner support. Chlamydia screening as part of routine antenatal care was considered highly acceptable among young pregnant women who recognized the benefits of screening and strongly supported its implementation as part of routine antenatal care. The acceptability of screening is important to the uptake of chlamydia screening in future antenatal screening strategies.

Study: Men who have sex with men prefer rapid testing for syphilis and may test more frequently using it

Researchers: Lee DM, Chen MY, Fairley CK, Cummings R, Bush M and Read T

Publication: *Sexually Transmitted Diseases,* 2010; 37 (9): 557-558

Summary: Syphilis has re-emerged among men who have sex with men (MSM) in Australia and internationally, with over representation among HIV-positive MSM. Syphilis is believed to increase the risk of HIV transmission. Despite public health measures aimed at reducing syphilis, reported rates remain high among MSM. Studies suggest that more frequent screening of MSM and HIV-positive MSM results in increasing early detection of early, asymptomatic syphilis and are likely to reduce transmission of infection. We undertook rapid syphilis testing of MSM using the Determine Syphilis TP immunoassay to ascertain their views on rapid testing and whether these would increase screening for syphilis. Most indicated a preference for rapid testing over conventional serology. Most also indicated that they would test for syphilis more frequently if rapid syphilis testing was available in a clinic setting. Rapid, or point of care, testing for syphilis, which can be undertaken in clinical and nonclinical settings, has the potential to increase the uptake and frequency of syphilis screening and reduce the number of syphilis infected individuals who do not return for their results.

Study: Australian men who have sex with men prefer rapid oral HIV testing over conventional blood testing for HIV

Researchers: Chen MY, Bilardi JE, Lee D, Cummings R, Bush M and Fairley CK

Publication: *Int J STD AIDS,* 2010; 21 (6): 428-430

Summary: This study examined the views of 172 community-based Australian men who have sex with men (MSM) on the acceptability and potential uptake of rapid oral testing for HIV in clinic and home-based settings. Men were asked to complete a questionnaire that sought their views on rapid testing for HIV. When asked about which HIV test they would prefer in a clinic setting, 64% indicated a preference for rapid oral HIV testing and 74% indicated that if rapid oral HIV testing was available at a clinic they would test for HIV more frequently. If rapid oral HIV testing was available for home testing, 63% of men indicated it would be likely they would test themselves for HIV and 61% indicated they would test more frequently. Overall, MSM expressed a preference for rapid oral HIV testing and would test more frequently if testing was available for clinic or home use in Australia.

Study: Telling partners about chlamydia: how acceptable are the new technologies?

Researchers: Hopkins CA, Temple-Smith MJ, Fairley CK, Pavlin NL, Tomnay JE, Parker RM, Bowden FJ, Russell DB, Hocking JS, Chen MY

Publication: *BMC Infectious Diseases*, 2010; 10:58

Summary: The newer technologies of email and SMS have been used as a means of improving partner notification rates. This study explored the use and acceptability of different partner notification methods to help inform the development of strategies and resources to increase the number of partners notified. Semi-structured telephone interviews were conducted with 40 people who were recently diagnosed with chlamydia from three sexual health centres and two general practices across three Australian jurisdictions.

Most participants chose to contact their partners either in person (56%) or by phone (44%). Only 17% chose email or SMS. Participants viewed face-to-face as the "gold standard" in partner notification because it demonstrated caring, respect and courage. Telephone contact, while considered insensitive by some, was often valued because it was quick, convenient and less confronting. Email was often seen as less personal while SMS was generally considered the least acceptable method for telling partners. There was also concern that emails and SMS could be misunderstood, not taken seriously or shown to others. Despite these, email and SMS were seen to be appropriate and useful in some circumstances. Letters, both from the patients or from their doctor, were viewed more favourably but were seldom used. These findings suggest that many people diagnosed with chlamydia are reluctant to use the new technologies for partner notification, except in specific circumstances, and our efforts in developing partner notification resources may best be focused on giving patients the skills and confidence for personal interaction.

Publications

1. Chen MY, Donovan B, Harcourt C, Morton A, Moss L, Wallis S, Cook K, Batras D, Groves J, Tabrizi SN, Garland S, Fairley CK. Estimating the number of unlicensed brothels operating in Melbourne. *Australian and New Zealand Journal of Public Health* 2010; 34(1): 67-71

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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 97-99%% for the last 5 years (see Annual Client Survey).

Staff Members

Administration and Computer Services

Afrizal	IT Systems and Support Officer
Angus Ayres	Patient Services Officer
Suzanne Amisano	Operations Manager
Bruce Barclay	Patient Services Officer
Mark Chung	Multimedia Content Co-ordinator
Deanne de Silva	Purchasing and Resources Officer
Glenda Fehler	Project Officer
Christine Harrison	Operations Manager
Chelsie Jennings	Patient Services Officer
David Johnston	Patient Services Officer
Jun Kit Sze	IT Systems, Support & Development Officer
Karen Kon	Administration Team Leader
Cecily Sheppard	Patient Services Officer
Doris Sciberras	Patient Services Officer
James Unger	Personal Assistant
Wendy Zeng	Patient Services Officer

Clinical Services - Medical

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
Hennie Williams	Doctor, Senior Lecturer
Tina Schmidt	Doctor
Richard Teague	Doctor
Robin Tideman	Doctor
Seenivasagam Yoganathan	Doctor

Clinical Services - Nursing

Surbhi Bird	Sexual Health Clinic Support Nurse
Andrew Buggie	Sexual Health Nurse
Matiu Bush	Sexual Health Nurse Practitioner
Nyree Chung	Public Health BBV/STI Nurse
Mandy Crema	Sexual Health Nurse
Rosey Cummings	Nursing Services Manager
Freya Dench	Sexual Health Nurse
Sheranne Dobinson	Sexual Health Nurse
Jo Eccles	Sexual Health Nurse
Ria Fortune	Sexual Health Nurse
Candice Fuller	Sexual Health Nurse/Test me Project Coordinator
Janine Garrier	Sexual Health Nurse
Peter Hayes	Counsellor
Vanessa Hamilton	Sexual Health Nurse/Educator
Jayne Howard	Public Health BBV/STI Nurse
Lisa Kennedy	Sexual Health Nurse
David Lee	Sexual Health Nurse Practitioner
Fiona MacFarlane	Sexual Health Nurse/ Public Health BBV/STI Nurse
Aileen McConell	Sexual Health Nurse
Lorna Moss	Sexual Health Nurse; Clinical Nursing Co-ordinator
Jeannie Nicholson	Sexual Health Nurse
Ian O'Meara	Sexual Health Nurse
Cliodhna O'Sullivan	Sexual Health Nurse
Susan Peterson	Sexual Health Nurse
Kate Potappel	Sexual Health Nurse
Simon Powell	Sexual Health Nurse/ ESTIHM project
Lyn Pierce	Public Health BBV/STI Nurse
Anne Reid	Sexual Health Nurse
Daniel Sankar	Sexual Health Nurse
Carly Schreiber	Sexual Health Nurse
Roxana Sherry	Sexual Health Nurse
Anthony Snow	Sexual Health Nurse/ESTIHM project Coordinator
Mee Tan	Sexual Health Nurse
Haiping Tang	Sexual Health Nurse
Jocelyn Verry	Counsellor
Suzanne Wallis	Sexual Health Nurse
Patricia Wakefield	Sexual Health Nurse
Bradley Whitton	Clinical Nursing Co-ordinator
Karen Worthington	Sexual Health Nurse

HIV Clinic

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

Evaluation Unit

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

Indigenous Sexual and Reproductive Health Project

Fiona Hassall	Aboriginal Community Development Health Worker
Rhys Kingsey	Aboriginal Community Development Health Worker
Bradley Whitton	Project Co-ordinator

Support Services

Leonie Horvarth	Laboratory Scientist
Irene Kuzevski	Laboratory Scientist
Tori Haeusler	Laboratory Scientist
Philippa Mercieca	Laboratory Administration
Alison Duncan	Pharmacist

MELBOURNE SEXUAL HEALTH CENTRE

CLIENT SATISFACTION SURVEY 2010

MELBOURNE SEXUAL HEALTH CENTRE CLIENT SATISFACTION SURVEY 2010

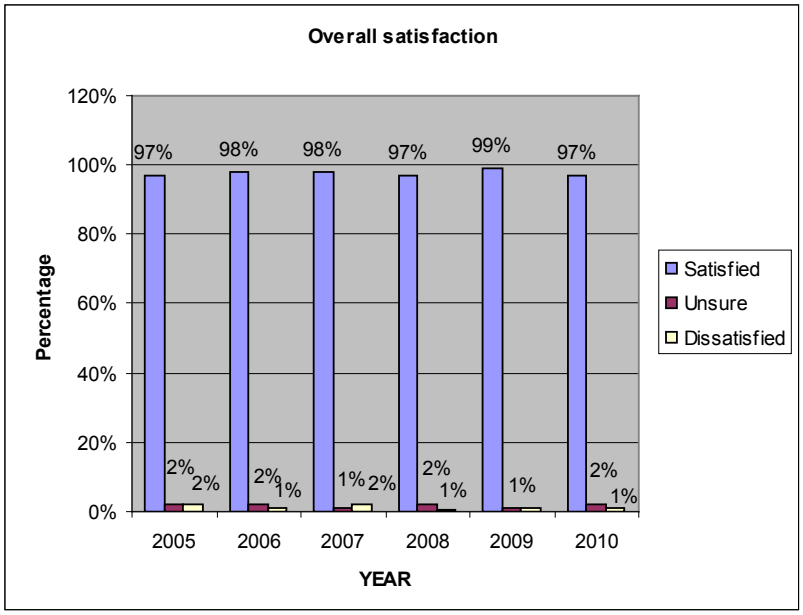
SUMMARY

The Melbourne Sexual Health Centre (MSHC) Client Satisfaction Survey 2010 was conducted from 08 – 12 November 2010 (inclusive). All practitioners in the main clinic were asked to offer the questionnaire to clients at the end of their service. Of the 624 clients who received a service during that week, 273 elected to complete the questionnaire. This represented a response rate of 44%, compared to 43% in 2008, 36% in 2007, 37% in 2006 and 2009, 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 three respondents were dissatisfied with the service, but would use the Centre again if the need arose. It is rewarding 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 2010 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 (2010)	Clinic Population (survey week)	Sample Population
Male	13,660 (61%)	364 (58%)	171 (63%)
Female	8,653 (39%)	258 (41%)	101 (37%)
Transgender	79 (0.4%)	2 (0.3%)	1 (0.4%)
TOTAL	22,392	624	273

AGE	Clinic Population (2010)	Clinic Population (survey week)	Sample Population
Under 20	537 (2%)	10 (2%)	7 (3%)
20 – 29	10,320 (46%)	293 (47%)	142 (52%)
30 – 39	6,331 (28%)	189 (30%)	71 (26%)
40 – 49	3,242 (15%)	78 (13%)	3 (11%)
50 – 59	1,358 (6%)	41 (7%)	18 (7%)
Over 60	604 (3%)	13 (2%)	5 (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.

Clients were asked the gender of their partners. Of these 24% of male clients indicated that they only had male partners, 27% had female partners and 7% had both male and female partners, while 6% had no partners. Among the female clients, 27% said they had male partners only, 2% had female partners only, 3% had both and 5% had no partners.

PARTNER GENDER	Male partners	Female partners	Male & female partners	No partners
Male	65 (24%)	73 (27%)	18 (7%)	15 (6%)
Female	73 (27%)	4 (2%)	9 (3%)	13 (5%)
Transgender	0	0	1 (0.4%)	-
TOTAL	138 (51%)	77 (28%)	28 (10%)	28 (10%)
Missing	*2*			

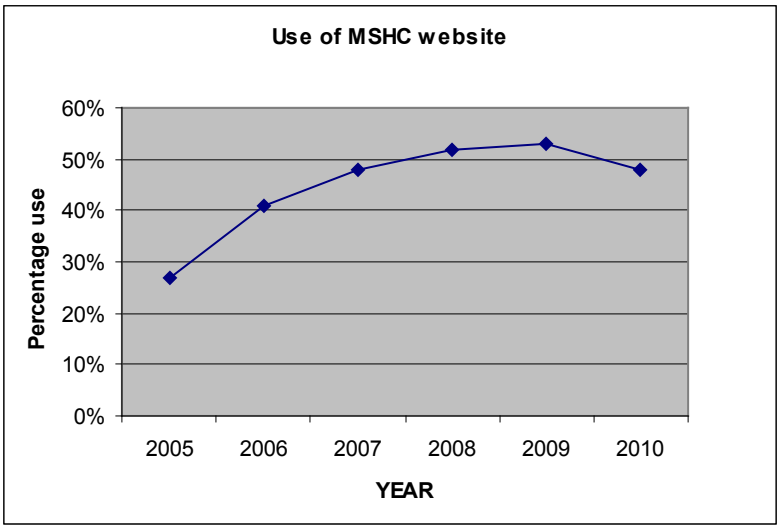
USE OF MELBOURNE SEXUAL HEALTH CENTRE

Clients were asked general questions about the use of MSHC website and services. The MSHC website was used by 48% of respondents in 2010, compared to 53% in 2009, 52% in 2008, 48% in 2007, 41% in 2006 and 27% in 2005 (Figure 2). The MSHC website was redeveloped and launched in November 2007 and usage had steadily increased. This year usage appears to have reached a plateau.

Overall, in 2010, the majority of visits were more than once in the last year (35%) compared to 31% of first visits. Visits from 2005 to 2009 were similar, except that in 2005 and 2006, the majority of visits were from first time visitors (35%) followed by more than once in the past year (31% and 29%).

VARIABLE	2010 No. (%)	2005 -2009 Range %
Have you used the MSHC website?		
Yes	131 (48%)	27 - 53%
No	108 (40%)	36 - 56%
Did not know about the website	34 (13%)	11 - 17%
How often have you visited MSHC?		
First visit	84 (31%)	28 - 35%
More than once in the last year	94 (35%)	29 - 43%
More than once in the last five years	34 (13%)	12 - 17%
Monthly	46 (17%)	10 - 16%
Other	11 (4%)	2 - 4%
Missing	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 (62%) followed by concerns about symptoms (33%). The numbers associated with the reasons for attendance have remained consistent for the last few years.

The 'Other' category covered the following:

- Colposcopy
- Emergency contraception

The majority of clients (77%) 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	2010 No. (%)	Range % 2005 - 2009
Reason for attending MSHC		
Check-up/ tests	170 (62%)	53 - 69%
Concerned about symptoms	89 (33%)	34 - 36%
Test results	50 (18%)	12 - 24%
Treatment	50 (18%)	16 - 20%
Vaccinations	18 (6%)	6 - 9%
*SH information/advice	25 (9%)	6 - 13%
Contact with partner with STI	11 (4%)	4 - 7%
Other	7 (3%)	1 - 5%
Counseling	6 (2%)	1 - 5%
Allowed multiple reasons		
Agreement level of walk-in access rather than provide appointments		
Strongly agree	92 (35%)	39 - 46%
Agree	110 (42%)	41 - 47%
Not sure	45 (17%)	9 - 13%
Disagree	9 (3%)	2 - 4%
Strongly disagree	9 (3%)	3 - 4%
Missing	*8*	

** SH = sexual health*

TELEPHONE CONTACT

Clients were asked to rate their experience of telephone contact with MSHC. The majority of responders who had used the service (90%) found the person on the telephone helpful and 93% 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 2009.

VARIABLE	2010 No. (%)	2005 – 2009 Range %
Reason for telephone inquiry		
Service information	68 (27%)	29 - 41%
SH information	35 (14%)	13 - 32%
Results	42 (17%)	20 - 43%
No telephone contact	117 (43%)	33 - 40%
Missing	*11*	

The person on the telephone was helpful		
Strongly agree	60 (44%)	35 - 47%
Agree	64 (46%)	47 - 54%
Not sure	11 (8%)	1 - 7%
Disagree	3 (2%)	3 - 4%
Strongly disagree	0	0 - 3%
Missing/not applicable	*135*	
I was able to find out the information I wanted		
Strongly agree	57 (41%)	37 - 47%
Agree	72 (52%)	50 - 55%
Not sure	4 (3%)	1 - 6%
Disagree	5 (4%)	1 - 3%
Strongly disagree	1 (1%)	0 - 2%
Missing/not applicable	*134*	
"Not applicable" indicates no telephone contact with MSHC		
"Missing" indicates declined to answer the question		

OPTIONS FOR TELEPHONE RESULTS AND USE OF GENERAL PRACTITIONER

Clients were asked to indicate their preference for receiving results from the Centre. The majority (65%) indicated that MSHC call them in 7 days; 18% preferred to call us; 11% preferred to collect results in person and 10% were unsure. A few comments were received including options of having all results sent by email or SMS, or a secure web account log in while others said their preference was to have all results available by phone including HIV and negative results. In contrast, some preferred 'in person' because of fear of receiving bad news over the pho ne.

Clients were asked to indicate the reason they came to MSHC for care rather than to their general practitioner (GP). The majority were not comfortable with discussing 'these issues' with their GP; 30% were for other reasons; 14% were not covered by Medicare; 10% could not afford their GP and 2% were not comfortable or could not afford their GP. Reasons provided for other included: prefer MSHC because of specialist sexual health care; free service; no appointments necessary; GP referral; confidentiality or they do not have a GP.

VARIABLE	2010 No. (%)	2005–2009 Range %
How would you prefer receiving your results from us?		
We call you in 7 days	166 (65%)	-
You call us	49 (19%)	-
In person	31 (12%)	-
Not sure	10 (4%)	-
Missing/not applicable	*17*	
Could you indicate why you have come to MSHC for your care rather than to your GP?		
I am not comfortable with my GP	113 (45%)	-
Other	75 (30%)	-
I am not covered by Medicare	36 (14%)	-
I can't afford my GP	24 (10%)	-
Can't afford GP and not comfortable	5 (2%)	-
Missing	*20*	

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%); 7% indicated that they did not feel welcomed by the reception staff, and 8% were not sure.

The majority of respondents (91%) used their real name for registration and 66% preferred to be called from the waiting room by their first name and date of birth followed by 24% preferring to be called by their first name only.

VARIABLE	2010 No. (%)	2005 – 2009 Range %
The reception staff made me feel welcome		
Strongly Agree	80 (30%)	33 - 44%
Agree	142 (54%)	47 - 58%
Not sure	22 (8%)	4 - 12%
Disagree	15 (6%)	4 - 5%
Strongly Disagree	3 (1%)	1 - 4%
Missing	*11*	
Did you use your real name when you registered?		
Yes	244 (91%)	90 - 93%
No	19 (7%)	6 - 8%
Prefer not to say	4 (2%)	2%
Missing	*6*	
In which way would you prefer to be called from the waiting room? By your:		**2008 - 2009**
First name and date of birth	176 (66%)	49 - 57%
First name only	64 (24%)	30 - 37%
Clinic number	20 (8%)	8 - 14%
Full name	3 (1%)	2 - 3%
Surname only	2 (1%)	1%
Missing	*8*	
"Missing" indicates that the person declined to answer the question		

The majority of respondents (64%) 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
- Chlamydia
- Genital herpes
- HIV Antibody tests
- Genital warts
- Bacterial vaginosis
- Syphilis
- Hepatitis B

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VARIABLE	2010 No. (%)	2005 – 2009 Range %
I read the information pamphlets provided by reception staff or in reception		
Yes	107 (41%)	41 - 64%
No	97 (37%)	16 - 32%
I had a brief look	60 (23%)	18 - 31%
Missing	*9*	
Type of information read (*Allowed multiple responses)*		
Chlamydia	36 (15%)	15 - 27%
During your visit	42 (18%)	16 - 42%
HIV Antibody Test	39 (17%)	7 - 21%
Genital herpes	26 (11%)	12 - 20%
Bacterial vaginosis	17 (7%)	7 - 17%
Syphilis	36 (15%)	15 - 17%
Genital warts	29 (12%)	10 - 17%
Hepatitis A	21 (9%)	8 - 18%
Hepatitis B	24 (10%)	9 - 18%
Hepatitis C	20 (9%)	9 - 19%
MSHC Services	28 (12%)	6 - 23%
Pap smear	22 (9%)	4 - 13%
Counselling Services	9 (4%)	2 - 9%
Health Records Act 2001	3 (1%)	1 - 5%
Don't remember	32 (13%)	7 - 17%
I found the information pamphlets useful		
Strongly Agree	44 (28%)	20 - 32%
Agree	100 (63%)	38 - 71%
Not sure	13 (8%)	5 - 11%
Disagree	2 (1%)	0 - 1%
Strongly Disagree	0	0 - 1%
Missing	*114*	
"Missing" indicates that the person declined to answer the question		

Of those respondents who read the information pamphlets, 91% agreed that they found them useful, compared to 93% in 2008 and 2009, 88% in 2007 and 2006 and 92% in 2005.

VIDEOS AND MULTIMEDIA SCREENS

The Centre introduced short videos with STI prevention messages targeted to patients in the waiting room in 2010. The waiting room is designed into 4 sections and currently the videos are only shown in one area. Of 115 clients who watched the videos or briefly watched the videos, 72% found the videos useful and 83% thought the videos should continue to be shown. A few comments were received, being mostly positive. The negative comments received were about having better sound and more TV screens and speakers in other cubicles, and requests for more variety.

Of the respondents who viewed the multimedia screens, 61% found them useful, 33% were not sure and the remaining 7% found them not useful.

VARIABLE	2010 No. (%)	2009 %
Did you watch any of the videos?		
Yes	69 (26%)	25%
No	147 (56%)	54%
I had a brief look	46 (18%)	21%
Missing	*11*	
The information provided in the videos is useful		
Strongly Agree	21 (19%)	25%
Agree	60 (53%)	52%
Not sure	24 (23%)	15%
Disagree	5 (4%)	8%
Strongly Disagree	2 (2%)	0%
Missing/not applicable	*3*	
Do you think the Centre should continue showing such videos in the waiting room?		
Yes	94 (83%)	72%
No	7 (6%)	5%
Not sure	12 (11%)	23%
Missing	*2*	
I found the multimedia screens useful 2005 -2009		
Strongly Agree	28 (14%)	8 - 21%
Agree	93 (47%)	35 - 46%
Not sure	66 (33%)	38 - 46%
Disagree	10 (5%)	7 - 9%
Strongly Disagree	3 (2%)	1 - 2%
Missing	*73*	

A few comments were received about the lack of non-STI related reading material with suggestions of daily newspapers and more magazines in the waiting room. Other suggestions were for information on coming out issues, support groups, info on sexual assault and where to get help. Comments received that related to feeling embarrassed were requests for private waiting cubicles and with collecting brochures to have them placed closer to the seats. Other suggestions included a tea and coffee machine and TV in the waiting area.

SERVICES RECEIVED AT THE CENTRE

On the whole positive results were received in regard to waiting times to see the triage nurse and a practitioner for the main consultation. In 2010, 88% of respondents agreed to some degree that waiting time to see a triage nurse was reasonable compared to 90% in 2009, 83% in 2008 and 92% in 2007. In addition, 78% agreed that the waiting time to see a practitioner was reasonable compared to 84% in 2009; 75% in 2008; and 83% to 86% in earlier surveys.

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	2010 No. (%)	2005 – 2009 Range %
The time I waited to see the triage nurse was reasonable		
Strongly Agree	57 (23%)	29 - 36%
Agree	160 (65%)	56 - 63%
Not sure	16 (7%)	3 - 5%
Disagree	12 (5%)	2 - 8%
Strongly Disagree	0	0 - 1%
Did not see the triage nurse	*11*	
Missing	*17*	
The time I waited to see a practitioner was reasonable		
Strongly Agree	50 (20%)	26 - 34%
Agree	146 (58%)	50 - 58%
Not sure	23 (9%)	6 - 11%
Disagree	27 (11%)	6 - 12%
Strongly Disagree	4 (2%)	0 - 2%
Missing	*23*	
"Missing" indicates that the person declined to answer the question		
For my main consultation I saw a:		
Doctor	164 (62%)	63 - 67%
Nurse	63 (25%)	23 - 33%
Counsellor	1 (5%)	1 - 5%
Doctor and nurse	8 (3%)	1 - 3%
Not sure	19 (8%)	3 - 11%
Missing	*18*	

VARIABLE	2010 No. (%)	2005 – 2010 Range %
What services did you receive at MSHC today? *Allowed multiple responses*		
Urine Tests	174 (68%)	55 - 67%
Blood tests	162 (64%)	61 - 65%
Genital examination	158 (62%)	64 - 69%
Specimen collection	92 (36%)	29 - 43%
Information/ advice	84 (33%)	34 - 42%

Treatment	82 (32%)	27 - 31%
Test results	67 (26%)	21 - 28%
Vaccination	34 (13%)	13 - 17%
Counseling	17 (7%)	4 - 2%
Other	4 (2%)	1 - 4%
Missing	*18*	
"Missing" indicates that the person declined to answer th e 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: 99%; Range 2005 – 2009: 97 - 99%
- understanding procedures which were carried out: 98%; Range 2005 - 2009: 98 - 100%
- feeling more informed about sexual health post-visit: 92%; Range 2005 - 2009: 91 - 95%
- confidentiality of information: 93%; Range 2005 - 2009: 91 - 98% believed that medical information collected at MSHC will be kept confidential
- opportunity to ask questions: 97%; Range 2005 - 2009: 95 - 99%
- a personal sense of control over what happens during the visit: 94%; Range 2005 – 2009: 88 - 96%
- experience of using the pharmacy: positive feedback was recorded from 95%; Range 2005 – 2010: 96 - 100%

VARIABLE	2010 No. (%)	2005 – 2009 Range %
The practitioner made me feel comfortable to discuss sexual health matters		
Strongly Agree	168 (65%)	55 - 72%
Agree	87 (34%)	27 - 43%
Not sure	2 (1%)	1 - 2%
Disagree	0	0 - 1%
Strongly disagree	0	0 - 1%
Missing	*16*	
I understood the procedures that were carried out today		
Strongly Agree	146 (57%)	50 - 67%
Agree	105 (41%)	32 - 48%
Not sure	6 (2%)	0 - 2%
Disagree	0	0
Strongly disagree	0	0 - 1%
Missing	*16*	
I did have the opportunity to ask questions		
Strongly Agree	157 (61%)	57 - 67%
Agree	93 (36%)	29 - 42%
Not sure	3 (1%)	0 - 2%
Disagree	2 (1%)	0 - 3%
Strongly Disagree	3 (1%)	0 - 1%
Missing	*15*	
I believe that medical information collected by MSHC will be kept confidential		
Strongly Agree	151 (58%)	53 - 65%
Agree	91 (35%)	33 - 38%
Not sure	15 (6%)	2 - 8%
Disagree	2 (1%)	0 - 1%

Strongly Disagree	0	0 - 1%
Missing	*14*	
I felt in control over what happened to me today		
Strongly Agree	137 (53%)	45 - 59%
Agree	107 (41%)	37 - 43%
Not sure	14 (5%)	3 - 5%
Disagree	1 (1%)	1 - 3%
Strongly Disagree	0	0 - 1%
Missing	*14*	

VARIABLE	2010 No. (%)	2005 – 2009 Range %
I feel more informed about my sexual health after visiting MSHC today		
Strongly Agree	130 (50%)	44 - 55%
Agree	109 (42%)	39 - 47%
Not sure	17 (7%)	4 - 7%
Disagree	2 (1%)	0 - 3%
Strongly disagree	0	0 - 1%
Missing	*15*	
Describe your experience of using the Pharmacy		
Very good	65 (55%)	61 - 67%
Good	60 (40%)	32 - 35%
Not sure	5 (3%)	0 - 4%
Poor	3 (2%)	0 - 1%
Very poor	0	0 - 1%
I did not use the Pharmacy	102 (40%)	41 - 52%
Missing	*15*	

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). In 2009, there was a slight increase where 92%, 91% and 89% respectively were in agreement with many of the initial technical issues resolved and in 2010, 89%, 90%, and 86% respectively were in agreement.

Clients were also asked if the cubicles provided were secure and private enough and 81% agreed; 92% indicated that they answered the lifestyle and sexual history questions truthfully; while only 22% preferred the questions to be asked by a clinician during the consultation and 21% remained unsure.

MSHC is planning to introduce electronic records in 2011 and clients were asked if a doctor or nurse was using a computer to document their history rather than write down on paper, would they feel that the consultation was less personal. The majority of clients disagreed (48%) and 30% were unsure, while 21% agreed. The clients were asked if using a computer to document their medical history would make them less inclined to reveal personal details of their medical history. The majority disagreed (66%), 21% were unsure and 14% agreed.

VARIABLE	2010 No. (%)	2007 – 2009 Range %
I am satisfied with self registering my details using a computer		
Strongly Agree	112 (44%)	24 - 45%
Agree	115 (45%)	45 - 50%
Not sure	12 5%)	3 - 19%
Disagree	9 (4%)	3 - 4%
Strongly disagree	5 (2%)	1 - 4%
Did not use	3 (1%)	
Missing	*17*	
It is acceptable to use a computer to provide general details of my health		
Strongly Agree	98 (39%)	18 - 40%
Agree	128 (51%)	51 - 52%
Not sure	11 (4%)	5 - 20%
Disagree	8 (3%)	2 - 7%
Strongly disagree	1 (1%)	1 - 4%
Did not use	7 (3%)	
Missing	*20*	
I am comfortable with using a computer to provide details of my lifestyle and sexual behaviour in a private and secure manner before my consultation		
Strongly Agree	99 (41%)	17 - 41%
Agree	113 (45%)	44 - 49%
Not sure	16 (6%)	8 - 23%
Disagree	9 (4%)	3 - 12%
Strongly disagree	3 (1%)	1 - 4%
Did not use	14 (6%)	
Missing	*19*	
The cubicles where I answered the questions about my lifestyle and sexual history were secure and private enough 2009		
Strongly Agree	76 (32%)	35%
Agree	118 (49%)	53%
Not sure	19 (8%)	7%
Disagree	20 (8%)	8%
Strongly disagree	6 (3%)	1%
Missing	*34*	

A few comments were received with clients expressing that the computers are easy to use and a few clients listed electronic registration as one of the 3 best things they like about MSHC. A few negative comments were about having to repeat answering all the questions every 3 months.

VARIABLE	2010 No. (%)	2009 %
I answered the questions on my lifestyle and sexual history truthfully		
Strongly Agree	134 (57%)	67%
Agree	82 (35%)	31%
Not sure	12 (5%)	2%
Disagree	5 (2%)	1%
Strongly disagree	1 (1%)	0
Missing	*39*	
I would have preferred not to have answered the questions on a computer and had the clinician ask me them directly		
Strongly Agree	22 (9%)	11%
Agree	31 (13%)	13%
Not sure	50 (21%)	23%
Disagree	96 (41%)	42%
Strongly disagree	37 (16%)	11%
Missing	*37*	
If a doctor or nurse entered my history into a computer rather than write it down on a paper record I would feel that the consultation was less personal		
Strongly Agree	16 (6%)	7 - 11%
Agree	38 (15%)	12 - 22%
Not sure	76 (30%)	16 - 31%
Disagree	83 (33%)	38 - 41%
Strongly disagree	37 (15%)	14 - 16%
Missing	*23*	
If a doctor or nurse was using a computer to record information during my consultation I would feel less inclined to reveal personal details about my medical history 2007 - 2009		
Strongly Agree	5 (2%)	4 - 6%
Agree	29 (12%)	7 - 13%
Not sure	51 (21%)	19 - 25%
Disagree	110 (45%)	39 - 45%
Strongly disagree	52 (21%)	19 - 23%
Missing	*20*	

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. TESTme was introduced in 2009 to provide STI testing through a phone consultation for rural Victorians who reside 150km or more from Melbourne.

Clients were asked for their views about using phone consultations or secure webcam consultations with a doctor if they lived 150 km or more in 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 (42%), 37% were not sure

and 22% were unlikely to use one. Few comments were provided about using a phone consult, and these varied with some clients preferring face to face consultations, and some thought it would be convenient.

The majority of clients were not sure (40%) if they were likely to make use of a secure webcam consultation with a doctor; 31% would not make use of a webcam consultation and 29% would make use of webcam consultation. The comments provided were related to security and confidentiality, not owning a webcam and again preferring face to face consultations.

VARIABLE	2010 No. (%)	2008 - 2009 Range %
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?		
Very likely	24 (12%)	12 - 17%
Likely	62 (30%)	26 – 29%
Not sure	77 (37%)	24 - 34%
Unlikely	28 (13%)	14 - 24%
Very unlikely	18 (9%)	9 - 12%
Missing	*64*	
If available, would you make use of a consultation with a doctor via a secure webcam?		
Very likely	19 (9%)	8 - 11%
Likely	41 (20%)	16 - 20%
Not sure	84 (40%)	21 - 35%
Unlikely	37 (18%)	21 - 28%
Very unlikely	28 (13%)	20 - 20%
Missing	*64*	

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%).

Two clients were very dissatisfied and one dissatisfied with the service but all said they would attend again. Their dissatisfaction could be associated with waiting time to see a practitioner and no appointments. Two were unsure about their comfort in answering questions by computer about their lifestyle and sexual history, but were complimentary about the staff being nonjudgmental. Four clients were unsure of their satisfaction with the service and this could be associated with waiting time. If the need arose, 2 indicated they would attend MSHC again, 1 was unsure and 1 indicated that they would not attend the service again.

Four clients indicated they would not attend the service again, 2 were satisfied with the service, but gave no indication why they would not attend MSHC again. One liked least that there were no after hour service options, and one could be associated with waiting. Of the 3 clients who were unsure of whether they would attend the service again, one thought that the staff were awesome, another could be associated with waiting time and the third was unhappy that he was going to be triaged out.

VARIABLE	2010 No. (%)	2005 – 2009 Range %
Overall, I am satisfied with the services at MSHC		
Very satisfied	151 (63%)	65 - 76%
Satisfied	80 (34%)	22 - 33%
Unsure	4 (2%)	1 - 2%
Dissatisfied	1 (1%)	0 - 1%
Very dissatisfied	2 (1%)	0 - 2%
Missing	*35*	
If the need arose, I would attend MSHC again		
Yes	229 (97%)	97 - 99%
No	4 (2%)	0 - 1%
Not sure	3 (1%)	1 - 2%
Missing	*37*	

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 to 2009. Overall, the majority of respondents rated staff and feeling comfortable best, followed by efficiency and the service provided and then accessibility.

VARIABLE	2010	2005 - 2009 2005
A summary of what clients like ***BEST* about the Centre (based on top 3)**		
Staff and comfort	128	112 - 195
Efficiency and service	99	62 - 77
Easy access/free	56	34 - 73
Facilities and information	29	38 - 60
Confidentiality	27	21 - 36
Location	10	10 - 19

Waiting times was what clients liked least about the Centre followed by the facilities.

VARIABLE	2010	2005 - 2009 2005
A summary of what clients like ***LEAST* about the Centre (based on top 3)**		
Waiting times/no appointments	64	35 - 78
Facilities	31	13 - 33
Embarrassment/stigma of attending	13	5 - 19
Opening hours	9	5 - 10
Staff	4	6 - 13
Location	10	3 - 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

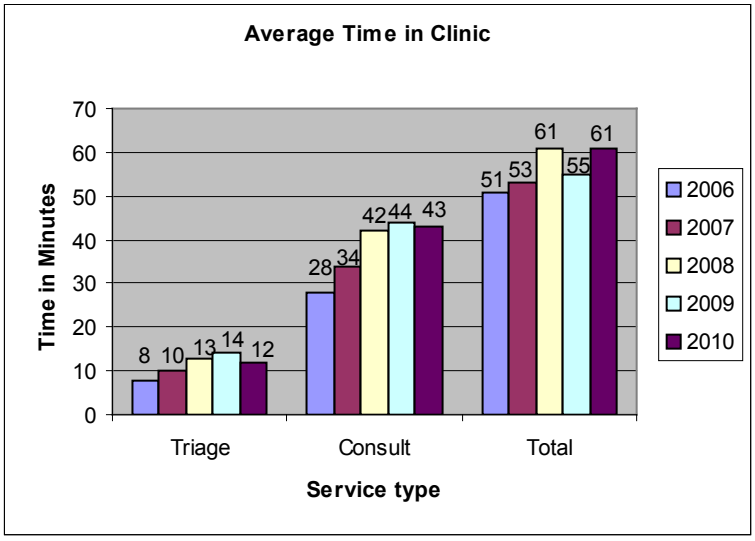
Waiting times

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 64 respondents who listed waiting times as what they liked least about MSHC, only 5 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 64 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 12 minutes and 90% of clients were seen in 14 minutes in 2010 (Figure 3). During the week of the survey, 90% of clients were seen by the triage nurse within 16 minutes of arrival. On average in 2010, clients were seen by a practitioner within 43 minutes of arrival and 90% of clients were seen within 67 minutes. During the survey week, on average clients were seen by a clinician within 47 minutes, and 90% were seen within 76 minutes.

The average time spent in the clinic was 65 minutes and 90% of clients completed their visit within 118 minutes. 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, 33,696 in 2009 and 35,630 in 2010. The Staff have continued to do their best to ensure that clients are not kept waiting longer than is reasonable.

Figure 3



Waiting room facilities

Comments received about the waiting area included the seating arrangements and décor that the size needs to be larger, and suggestions of TV, tea and coffee were singular comments. Few clients commented on the lack of music and the sound of the video.

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.

Some of the Comments:

Positive comments:

"so glad there is MSHC in Melbourne"

"amazing care, will return anytime and recommend to people"

"professional and nonjudgemental staff, made me feel comfortable and more inclined to use this service. Thanks"

"it is a fantastic service, felt comfortable, safe and felt I could be very honest"

"the nurse was an extremely helpful and caring individual. Her general manner put me completely at ease and brightened my day. Thank you all"

"fantastic service, recurrent symptoms treated better than my GP/Gynae. You guys should be commended for your service, and there should be more resources to deal with huge amount of people"

"I feel very grateful for this service to be available so easily, nurses are amazing, have done everything to help and fit with my ideas and comfort"

Negative comments:

"unable to get results and told if no news then was good news. Would be good to be contacted even if results negative"

"returning for results after one week"

"long waiting times dissuade working people from attending. Sat clinic would be good"

"previously had treatment for chlamydia and wanted to be retested. Would have been sent away so had to act like I had concerns"

"videos a bit American, but relevant and informative"

"videos talking about sex is unnerving"

"stigma of coming here"

"stigma, my condition is not necessarily an STI"

"waiting room too small, intimidating to have someone so close"

"not open on weekends or late hours"

"lack of after hours options"

Electronic services comments:

EReg and CASI comments

"need a prompt to tell you are in the queue and to go sit and wait"

"keyboard is too small, had to log on multiple times, reception said multiple errors, overall high frustration"

"fantastically simple and easy to use"

"easy to use unless you forget your number"

"not made for people with visual problems"

"returning patient every 3 months, don't wish to complete history past 12 months everytime"

"no queue number printed on registration to confirm arrival"

"great if you could search for clinic no. by name and DOB"

"after registration required to answer tedious questions on computer"