



Melbourne Sexual Health Centre

*On Behalf of the Team
Melbourne Sexual Health Centre and
School of Population Health,
University of Melbourne.*





Contents

- About us
- Logic for why we exist
- Some of our achievements
- Why we love what we do and how this translates into success.



Who we are

- 26 doctors
- 37 nurses (1st SH Nurse Practitioner-Vic)
- 15 administrative, clerical or IT support
- 3 medical scientists
- 3 pharmacists
- Registrars: SH, ID, GP





The Melbourne Sexual Health Centre
Team 2009



Why we exist



Our Vision and Mission

The vision of the MSHC is to be a leader in the management and prevention of Sexually Transmissible Infections (STIs)

Our mission is to maximize sexual health through innovation and excellence in public health, education, clinical care and research



Theory of STI control

Transmission probability per sexual partnership

Duration of infection

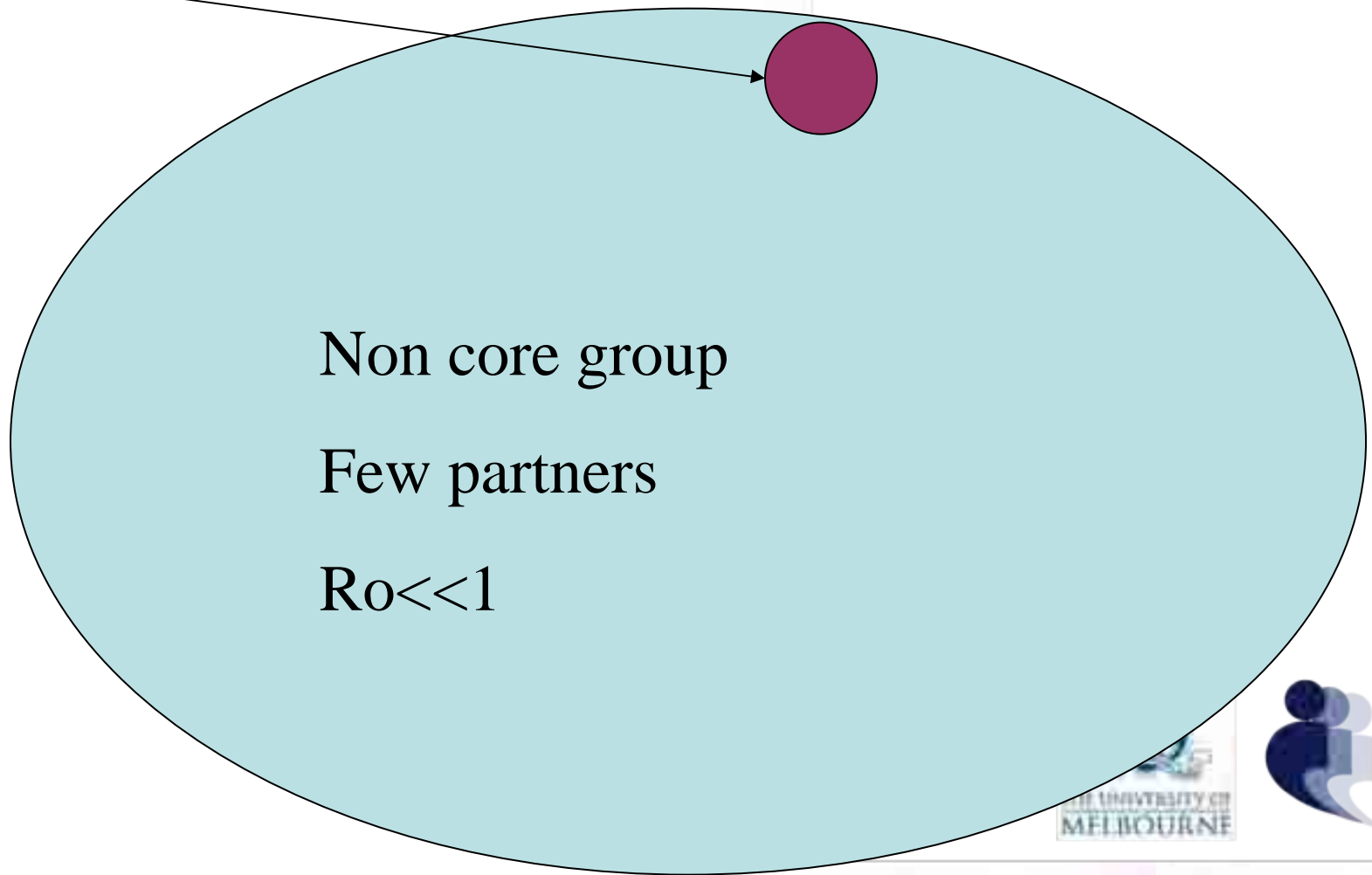
$$R_0 = \beta c D$$

Rate of partner change

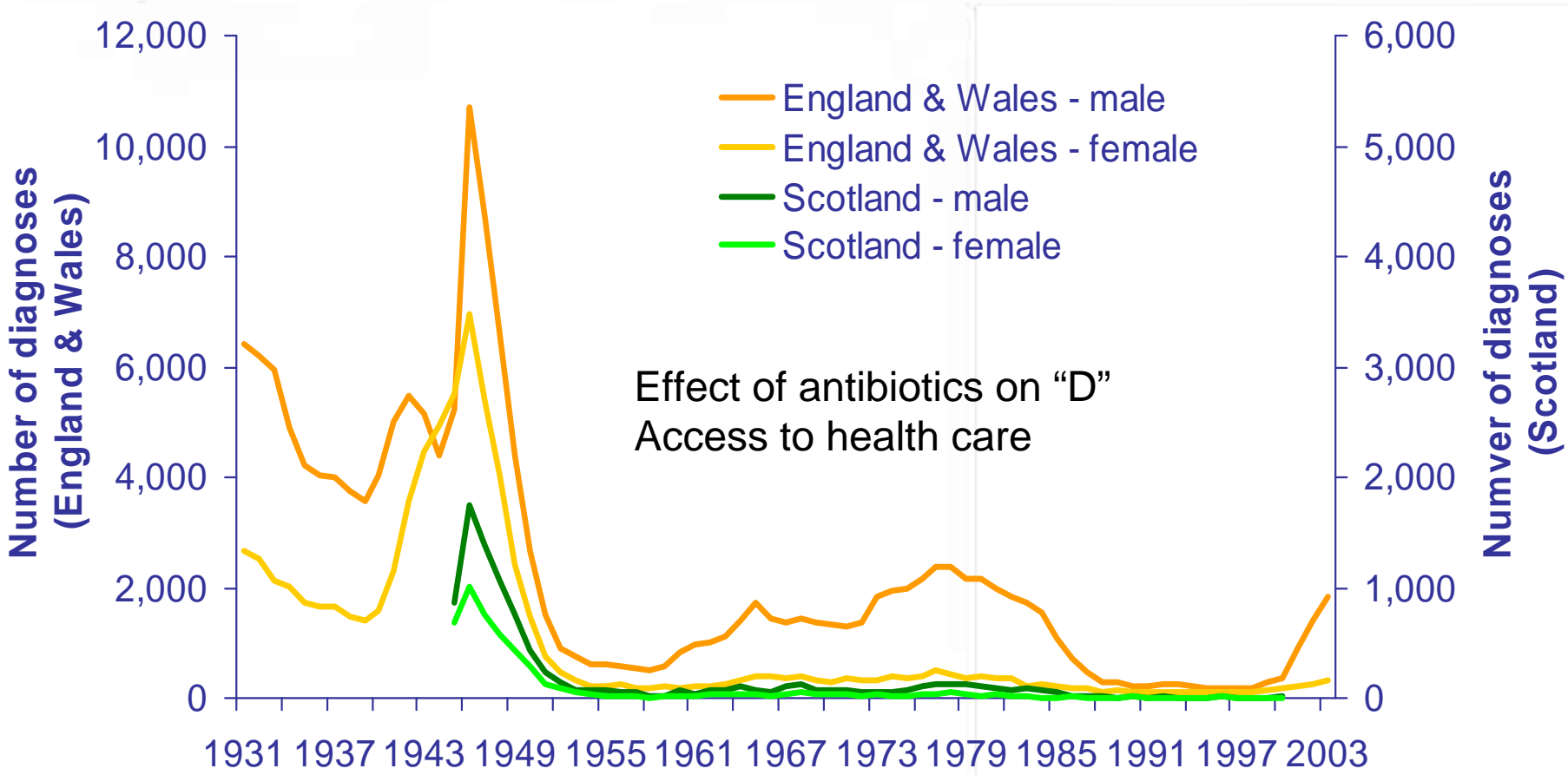


Average Society ($R_0=1.5$)

Core Group, $R_0 \gg 1$, many partners, high rate STI's



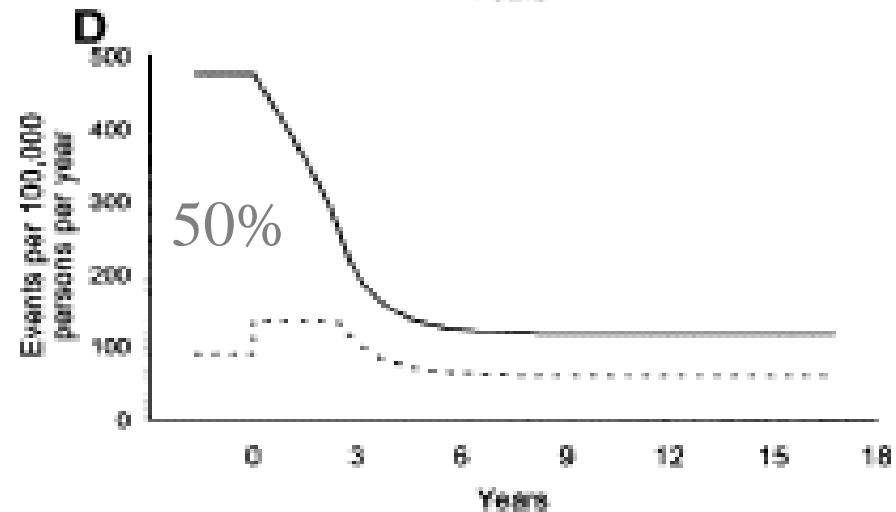
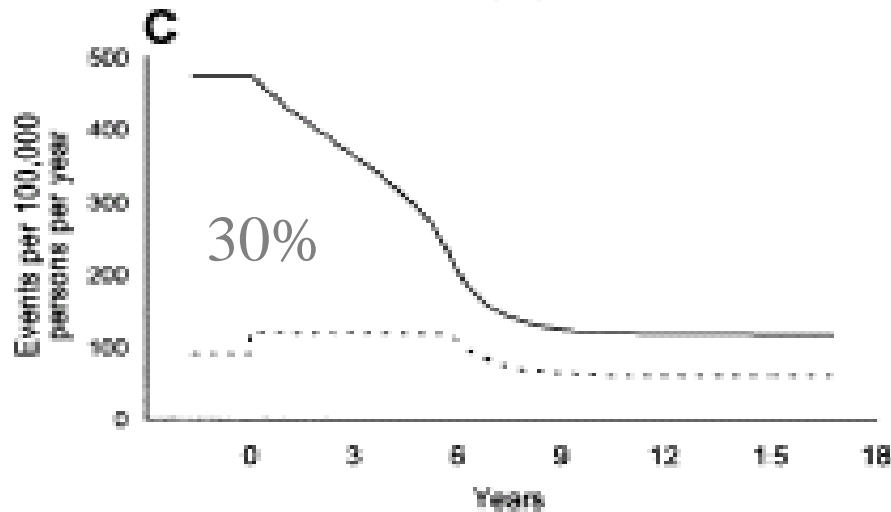
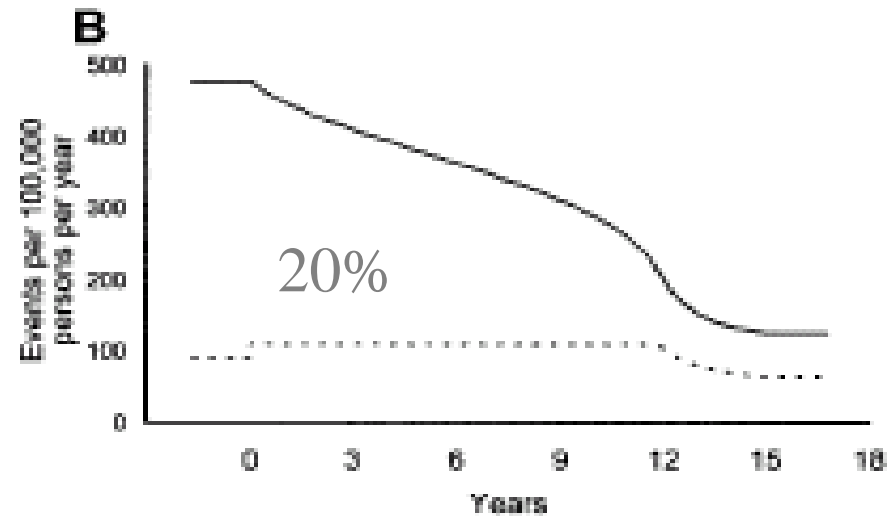
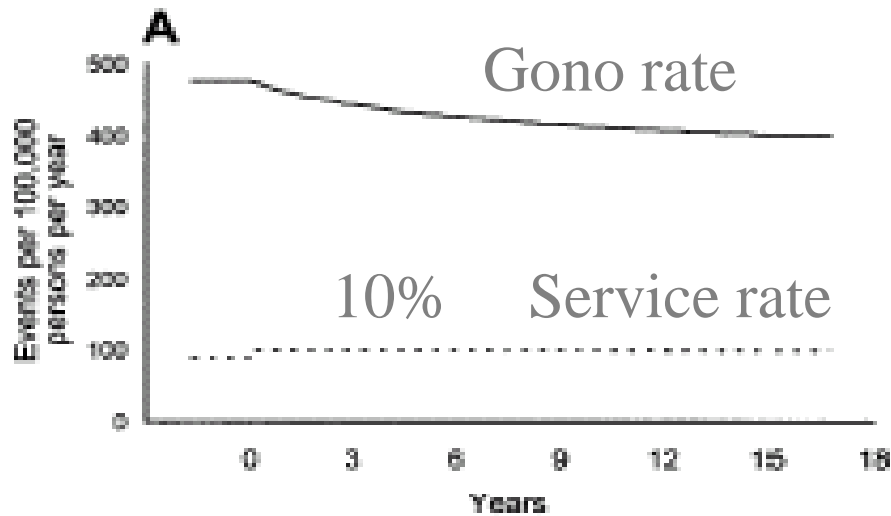
Numbers of diagnoses of syphilis (primary, secondary and early latent) by sex, GUM clinics, England, Wales and Scotland*, 1931 - 2003



* Equivalent Scottish data are not available prior to 1945 and for 2001 & 2002. As N. Ireland data from the time period 1931 to 2000 are incomplete they have been excluded
Data source: KC60 statutory returns and ISD(D)5 data.



But it is not all about quality- Quantity also matters



10 Source JID 2005;192:824-836, figure 2

What do we have to do

- Efficient service- increase quantity
 - See as many people with STI as possible
 - Treat them, their partners, provide counselling.
 - Innovation- Sexual health not prestigious
- Safe – high quality
- Reach out side of MSHC
 - Victoria has 5.5 million people
 - One sexual health service city
 - Thousands of GP's.

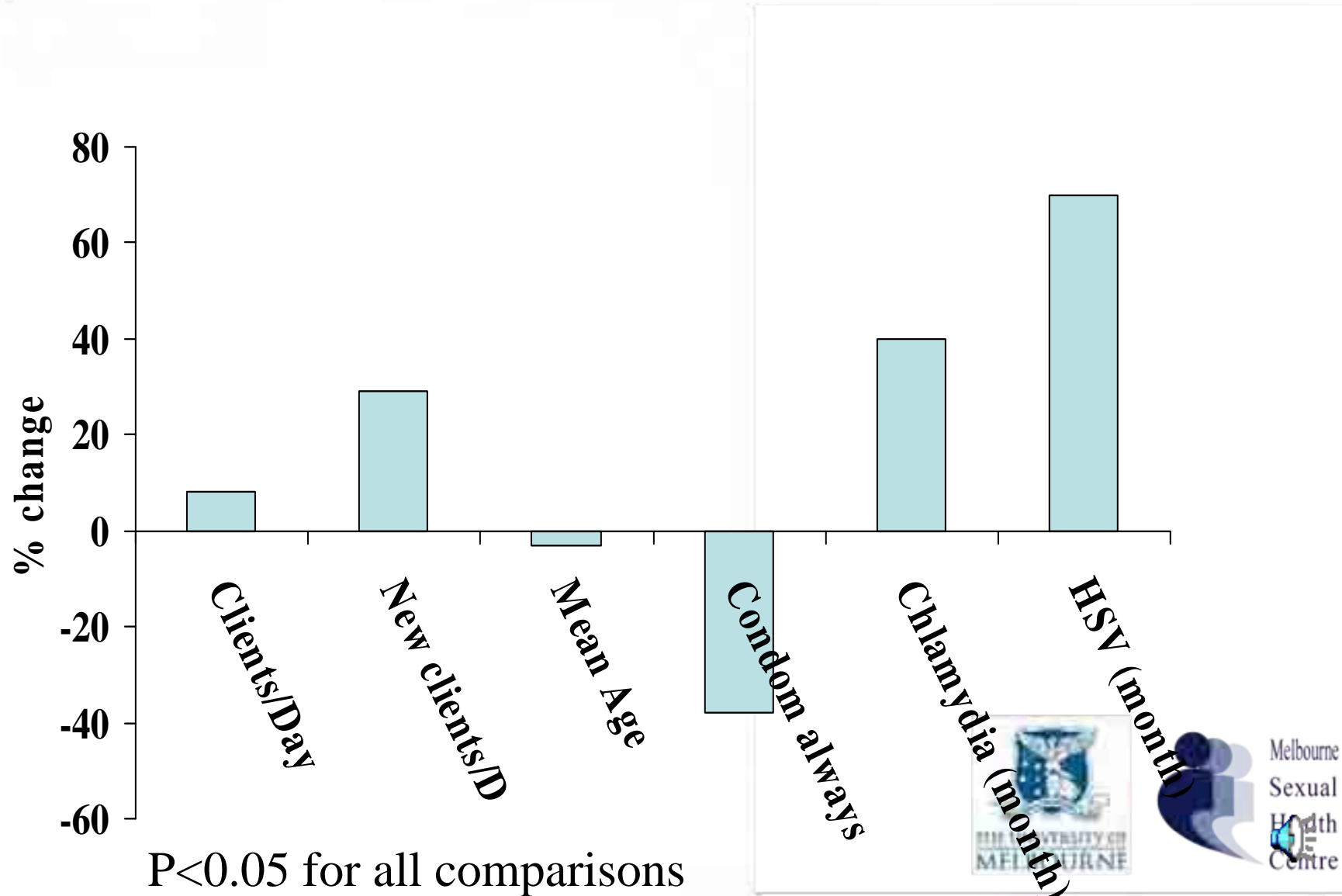


Increase the Quantity



Appointment system to walk in Triage only at MSHC

Change in patient characteristics



Other changes

- Uni sex rooms
- Uni sex clinicians
- Phone HIV results – low risk men and women
- Easily accessible information- intranet
- Quarterly reporting to clinicians
 - Number of clients seen, log on time, etc





MSHC INTRANET

Wednesday, February 20, 2008

[Home](#) | [Clinical Info](#) | [Publication & Journals](#) | [Forms & Letters](#) | [Admin](#) | [Staff Development](#) | [Monitoring](#) | [Contacts](#) | [Corporate](#)

Treatment Guidelines

MSHC Treatment Guidelines

A range of the MSHC Treatment Guidelines are available for download from our website. They have been made available for external practitioners to assist in the management and treatment of STIs. Below is a list of both Internal and External Treatment Guidelines:

Treatment Guidelines

- Bacterial vaginosis
- Chlamydia
- Commercial Sex Workers
- Graw stains and laboratory test results (*INTERNAL ONLY*)
- Genococcal infections
- Hepatitis A vaccination (*INTERNAL ONLY*)
- Hepatitis B (*INTERNAL ONLY*)
- Herpes
- Lymphogranuloma Venereum (LGV) in MSM
- Molluscum contagiosum
- Mycoplasma genitalium (*INTERNAL ONLY*)
- Oral contraceptive pill (*INTERNAL ONLY*)
- Pelvic Inflammatory Disease
- Pubic lice
- Scabies
- STI screening of asymptomatic clients without HIV (*INTERNAL ONLY*)
- STI screening of clients with HIV (*INTERNAL ONLY*)
- Syphilis in HIV negative patients
- Tachyomones
- Urethritis in Men
- Vulvovaginal candidiasis
- Warts

Post-Exposure Prophylaxis for HIV

- MSHC PEP Guidelines (pdf, 41KB, 2p.)
- Alfred PEP Guidelines (pdf, 579KB, 25p.)
- PEP Forms are now under "Forms and Letters"

Links to additional treatment guidelines

[European STD guidelines 2001](#)

Reports Clinicians receive

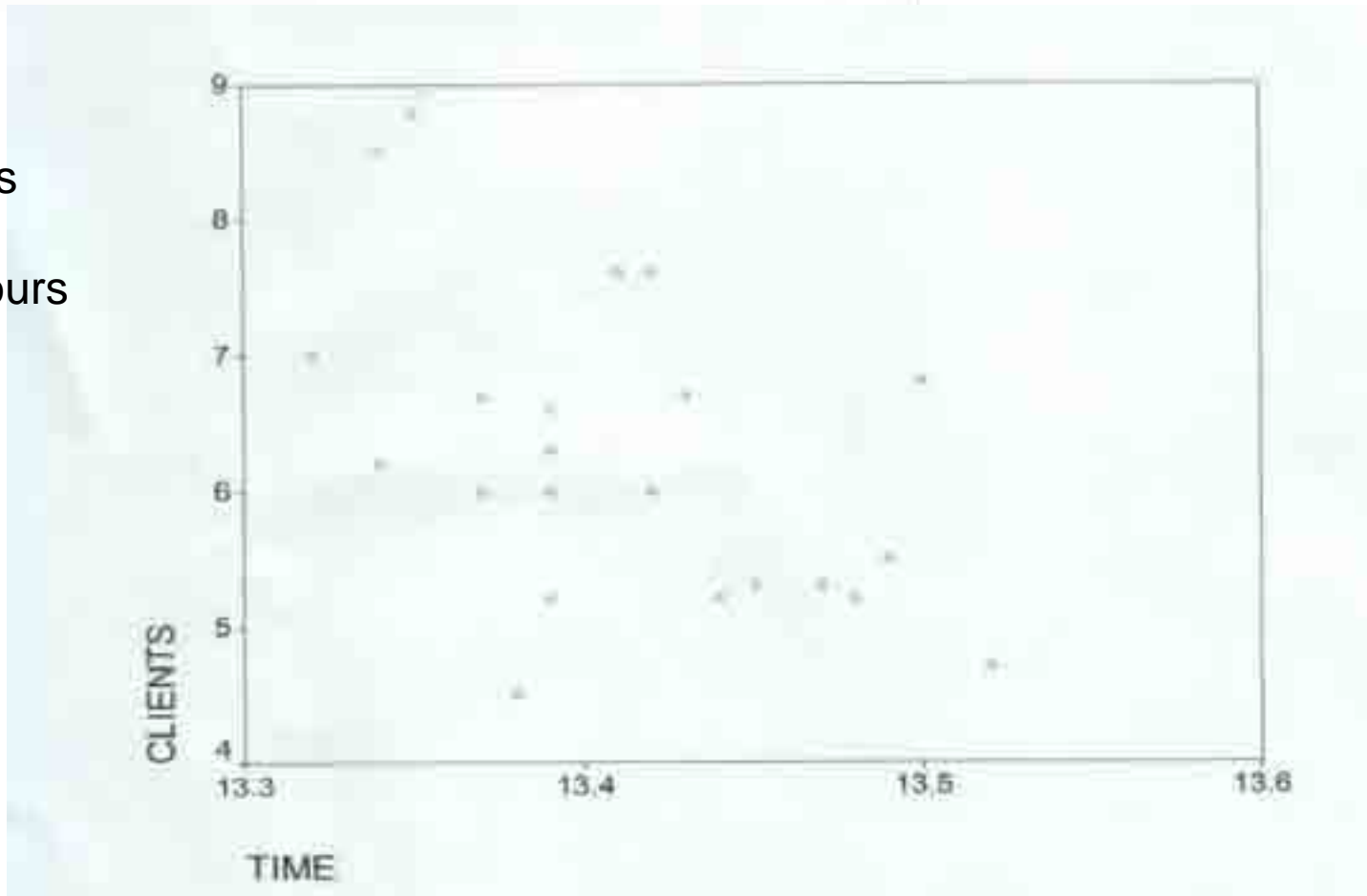
	Kit	Average for Work Group	
Hours*	15.0	22.3	
No. of Patients Seen	35	41.9	
Patients per 3.5 hour Session	8.2	25th Percentile	5.6
Male	22 62.9%	22.3	53.1%
Female	12 34.3%	19.5	46.4%
Triage In			
Doctors	20 57.1%	21.0	50.0%
Nurses	8 22.9%	11.0	26.3%
Results	2 5.7%	1.8	4.2%
Triage - Other	5 14.3%	8.2	19.5%
AM Sessions		4.5	
Avg start time for first patient		9:21	
Avg start time for last patient		11:51	
PM Sessions	5	4.9	
Avg start time for first patient	13:31	13:38	
Avg start time for last patient	16:22	16:12	
Evening Sessions			
Avg start time for first patient			
Avg start time for last patient			

* Includes only general clinic sessions with at least one visit.

^ Rank of 1 indicates least number of patients seen.

Start time by clients per session

Clients
Per
3.5 hours



Time- afternoon session starts at 1.30



Main Menu

(Please select one of the following options)


Sign In
 All clients new and returning visiting MSHC


Update Details
 You have changed your address or contact details


Enter Medical History
 To be completed ONLY AFTER seeing the Clinic Nurse
 Enter your details from which your doctor / nurse will use for your care today

English | 简体中文 | 繁體中文 | 粵語 | ភាសាខ្មែរ

个人信息

姓

名

希望使用的姓名

生日

性别

联系资料

请选择或两种方法的联系方式

地址

电话

家庭电话

工作电话

手机

电子邮件

请选择您希望的联系方式

重要提示: 如果我们无法通过您希望的联系方式与您取得联系, 我们将通过提供的其他资料与您联系。如新客户的所有登记数据均采用保密形式进行。

[请返回到两种方法的联系方式](#)

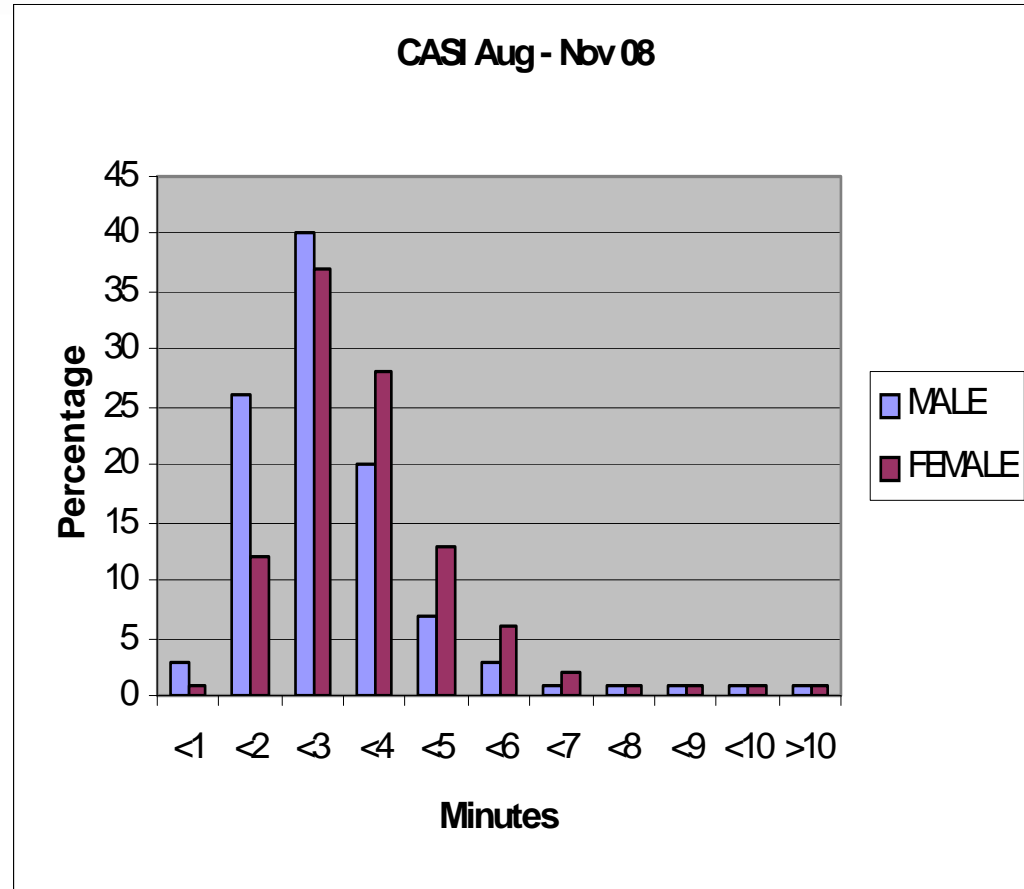


19 year old female sex worker, Miss Marple, 15/2/91

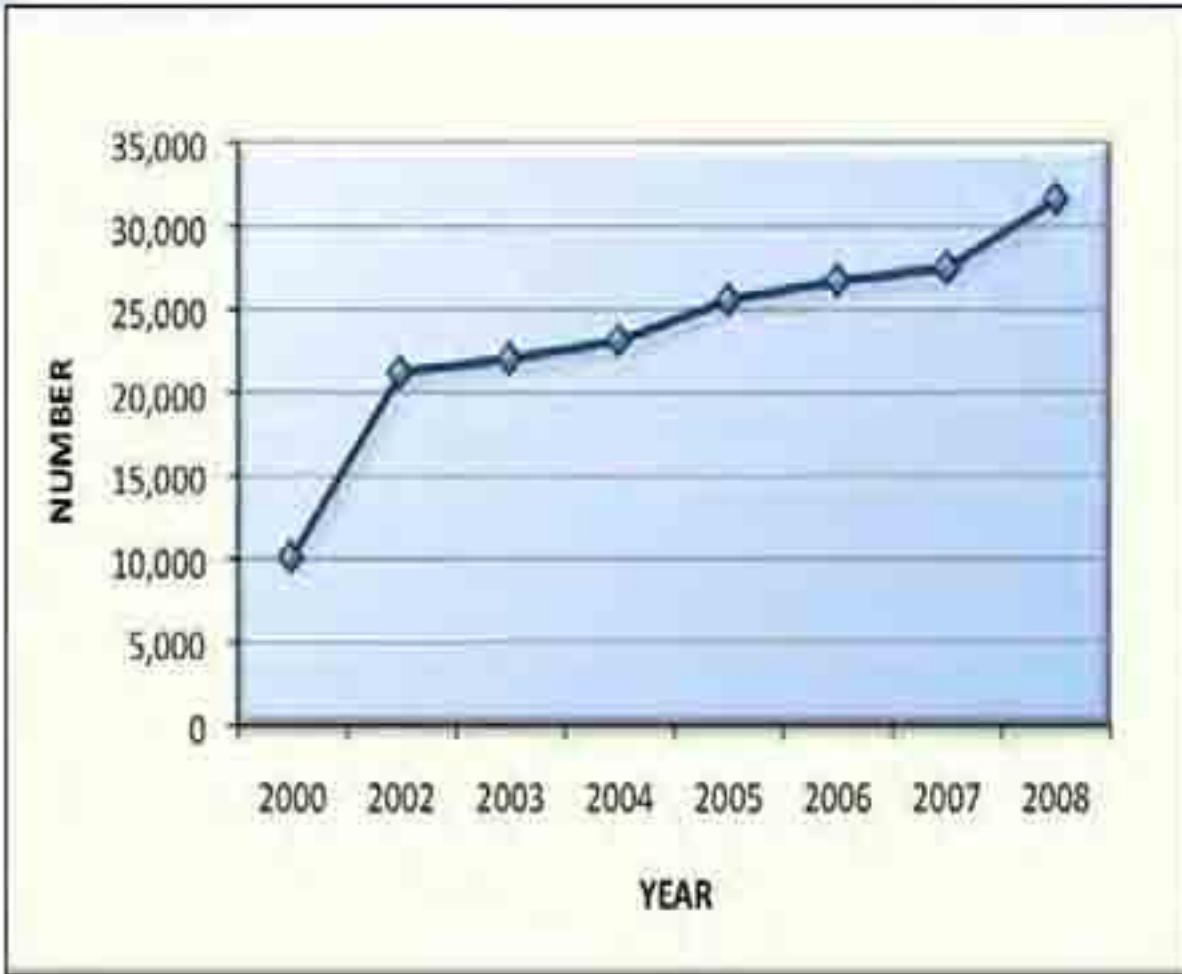
- Female RSP
- 2 male CSP last 3/12, C:S
- 2 male CSP last 12/12, C:S
- 5 female CSP last 3/12
- 5 female CSP last 12/12
- Last HIV test April 2009
- IDU never
- Pap test unsure, normal
- Not pregnant, not trying to conceive
- Contraception condom, implant
- Vaccinated with Gardasil
- Requires certificate today

Time taken to complete

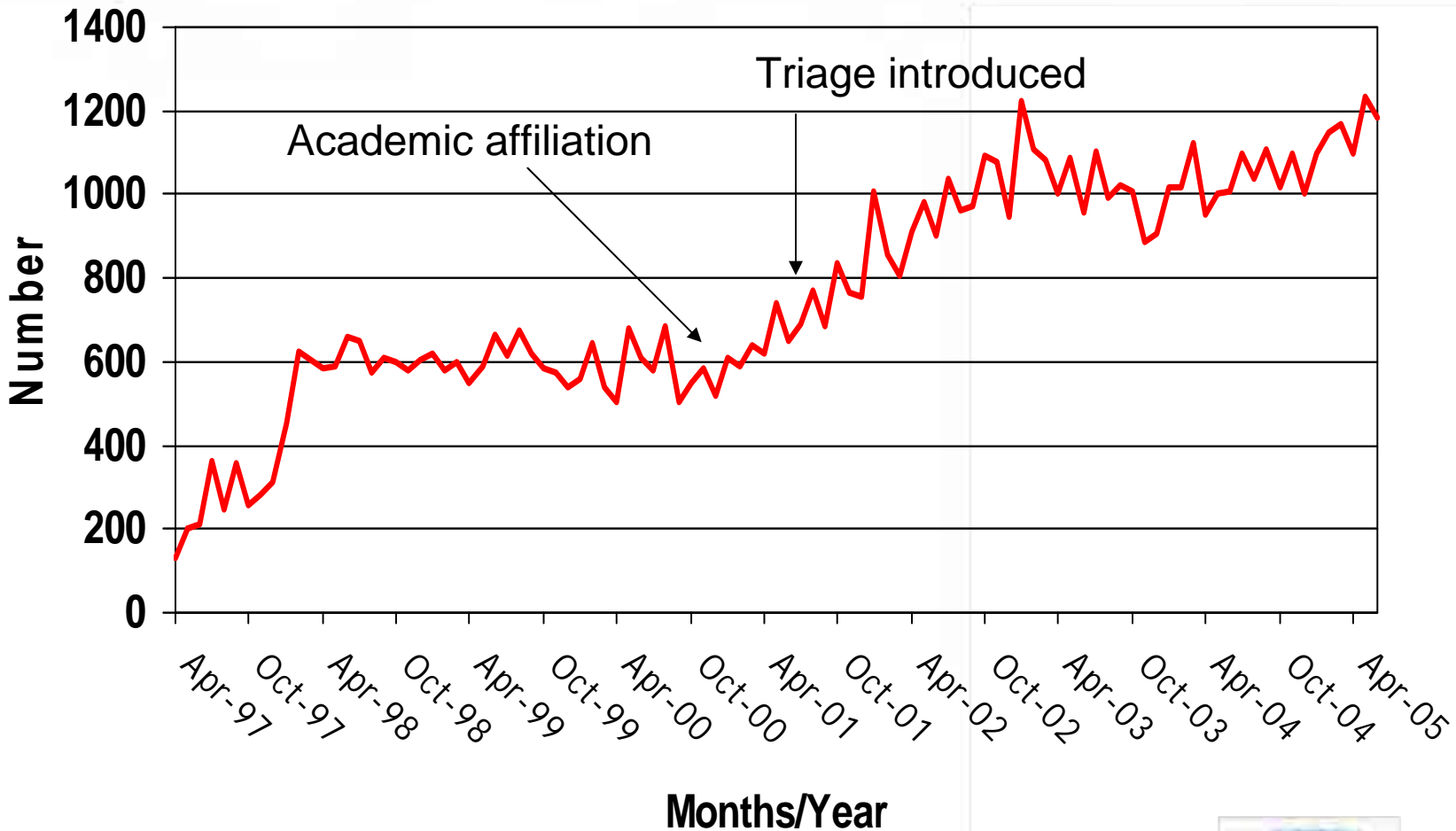
- Average time male clients
 - 3.05 minutes
- Average time female clients
 - 4.02 minutes



Consultations at MSHC

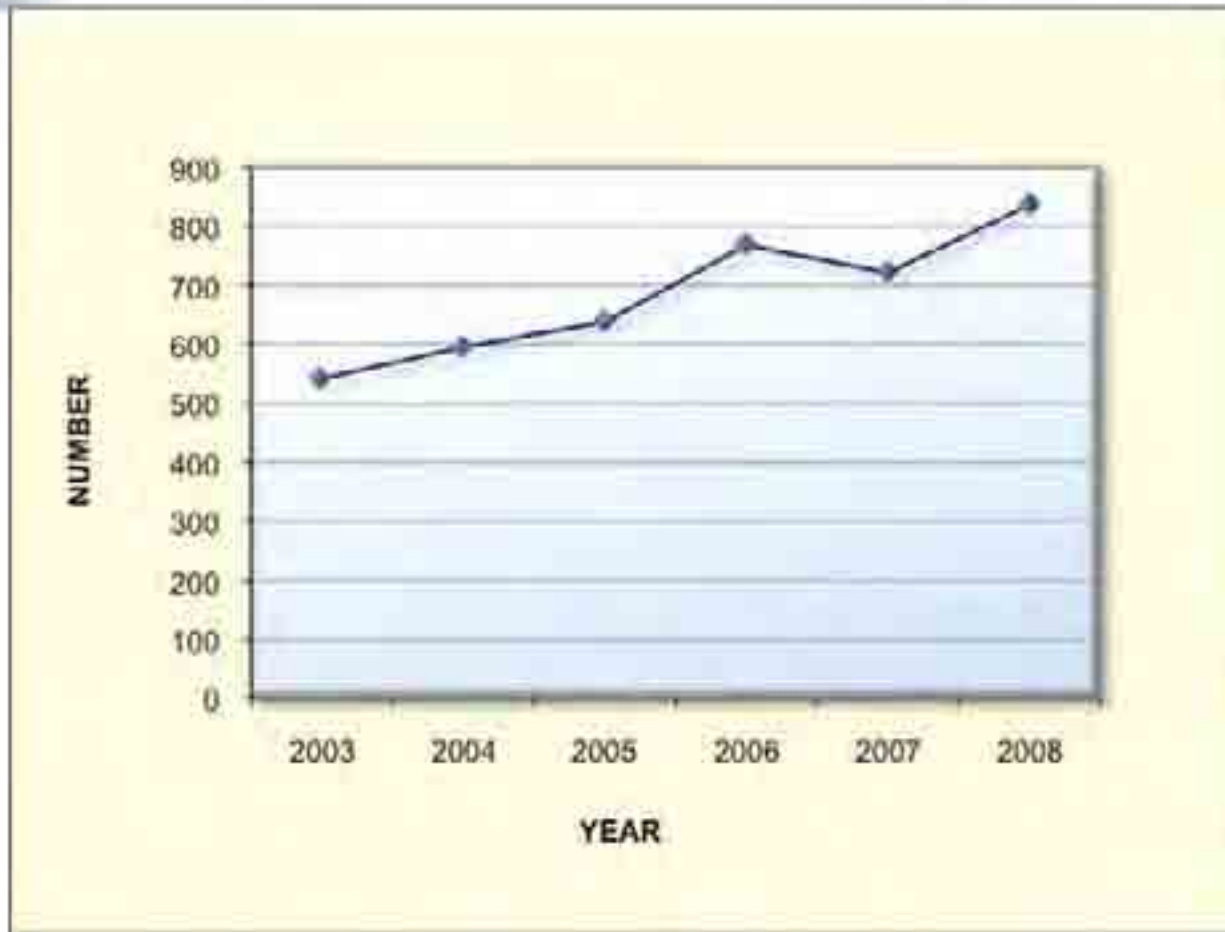


Total Number Chlamydia Tests by Month & Year

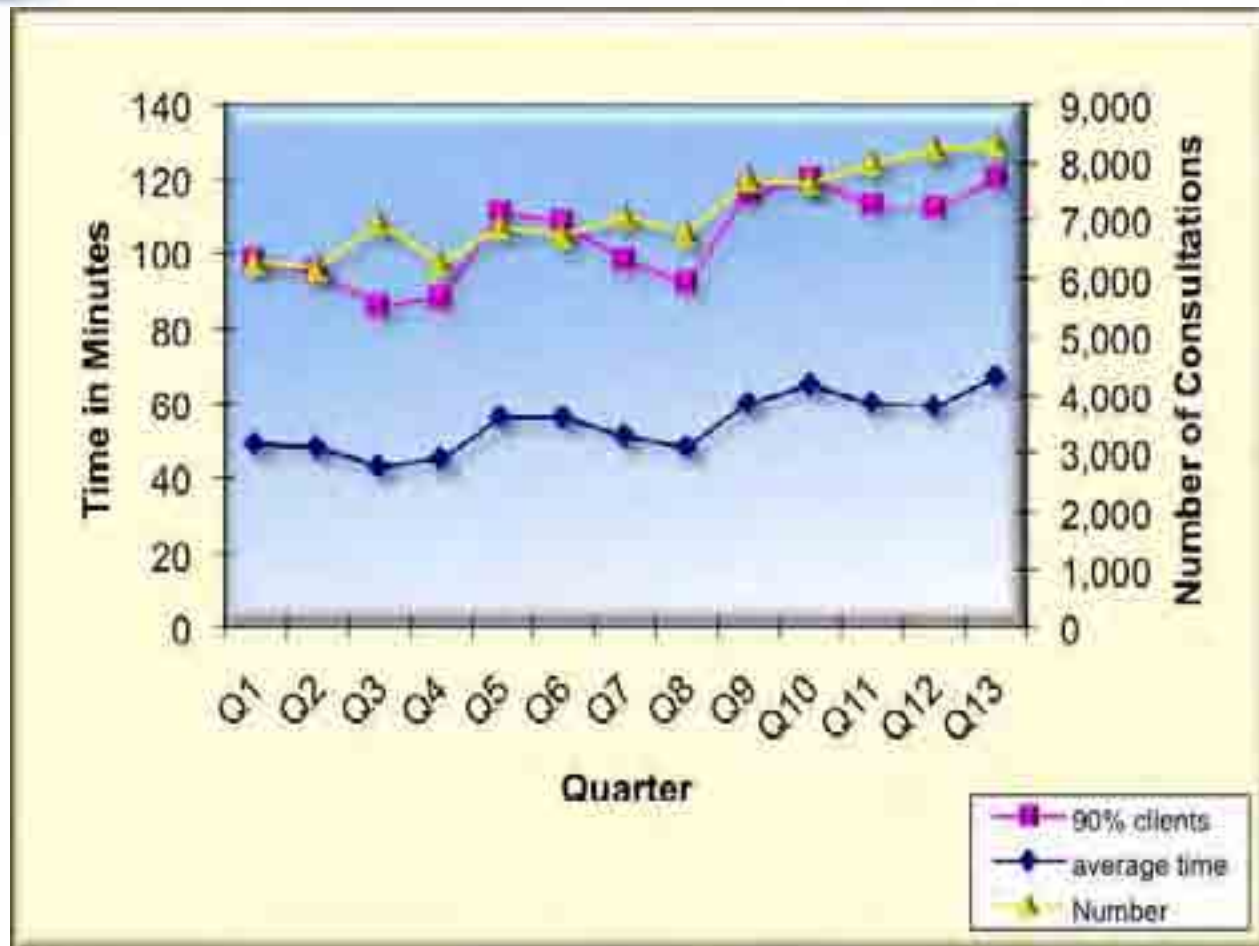


Changes mostly in men
Moderate increase in % positive (20% rise)

Chlamydial infections at MSHC



Waiting Times





Increase Quality

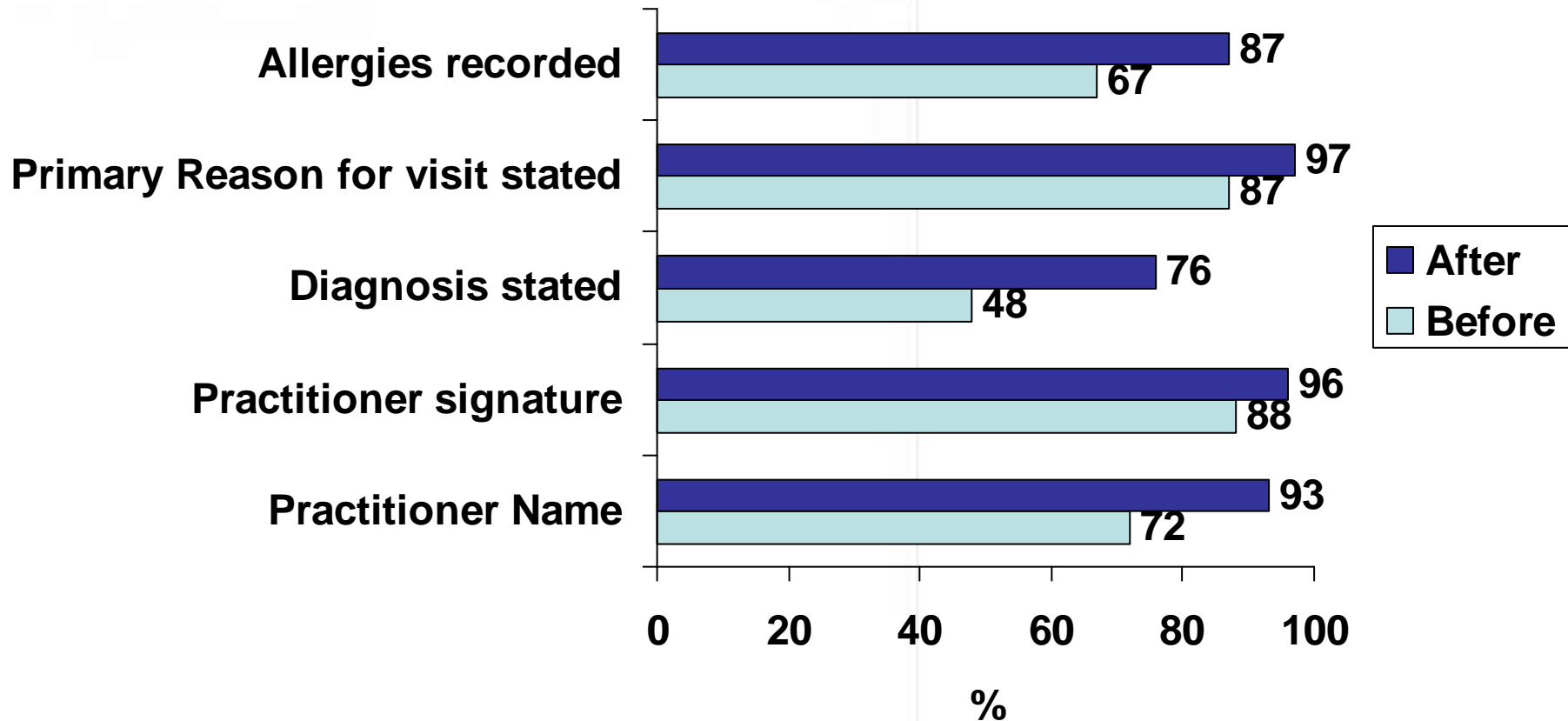
Quality feedback cycles
OHS – committee
Incident reports
Quality audits of clinical staff



System changes medical record form



Before and after formatted History



Schmidt et al. *International Journal of STD & AIDS*, 2005.

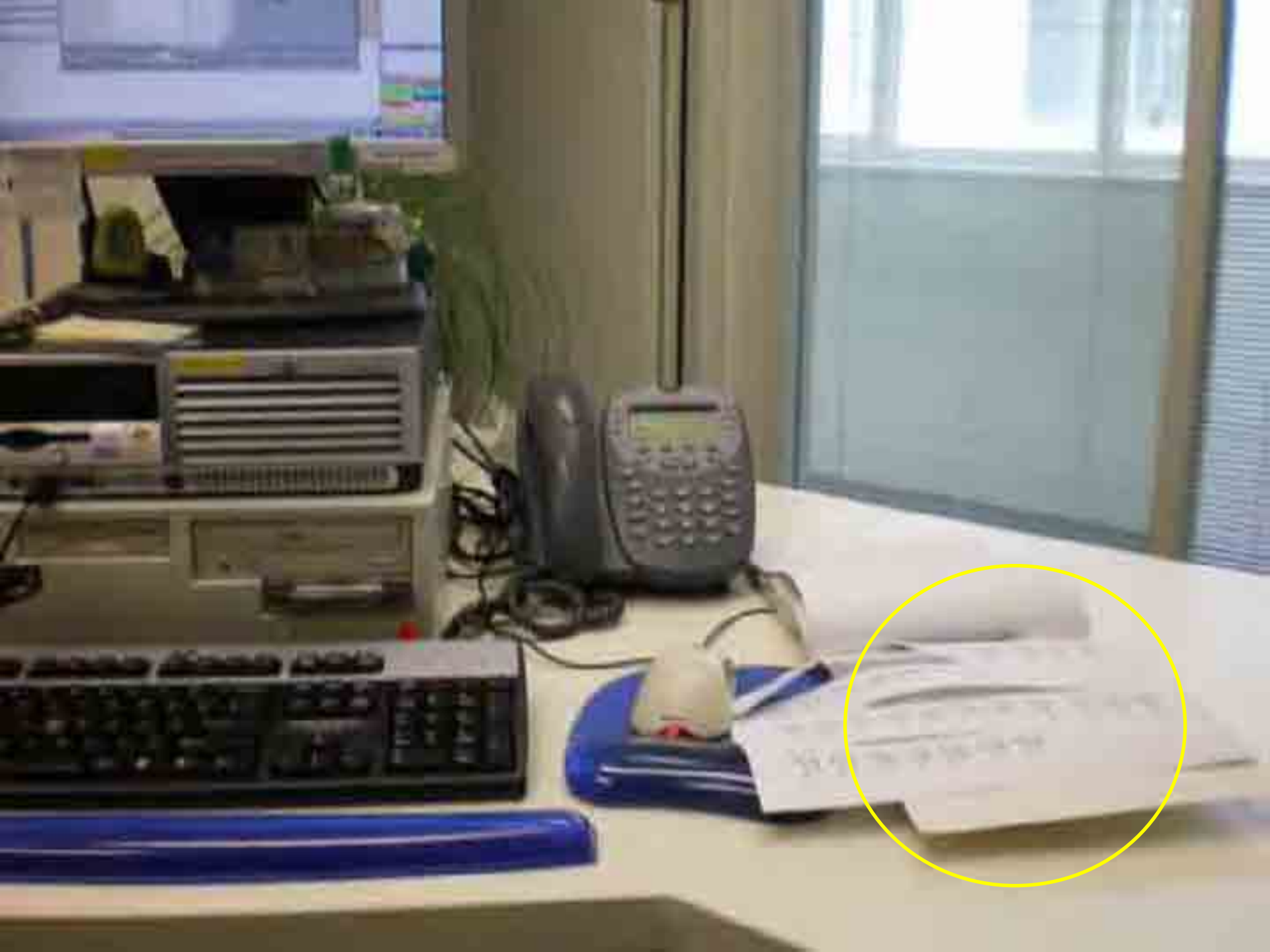
16(12):822-824

<0.05 for all comparisons

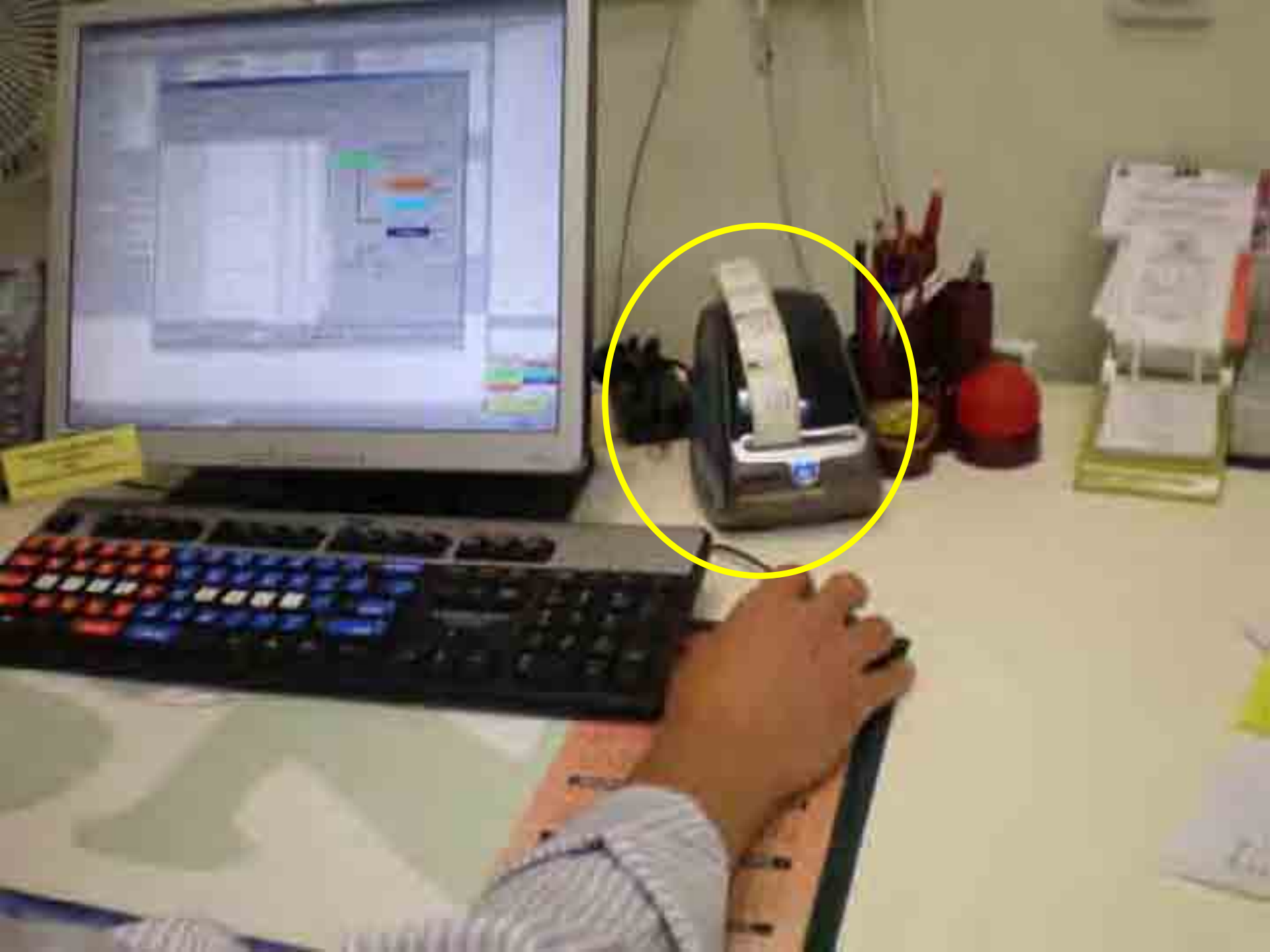
Examples of Labelling errors

- Blood specimen is sent to the laboratory found to be HIV+
- It is a heterosexual women – no risks
 - Clinic has tested 14,000 such women and never found positive result
 - Turns out clinician labelled specimen incorrectly
- Whose fault was it?
 - Doctor?
 - The system?





Handwritten text on a document, circled in yellow. The text is partially obscured and difficult to read, but appears to be a list or set of notes.



C1	C2	F1	F2	F3	F4	C	M	M4	M1	M2	W/M In
C1-Jocelyn V C1-Jocelyn V	C2-Peter H C2-Peter H	Well Female 1-Rosey Well Female 1-Rosey	Vol 2-Karen B Female 2-Katherine	Female 2-Arria M Female 2-Arria M	TRW V-Arria Lz	Dist/Male-Tari D Dist/Male-Tari D	HDV 3-Stephan K	HDV 4-Marcus C	Well Male 1-Rosey Well Male 1-Rosey	Male 2-Helen Male 2-Helen	

08:00 AM
08:15 AM
08:30 AM
08:45 AM
09:00 AM
09:15 AM
09:30 AM
09:45 AM
10:00 AM
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06:00 PM
06:15 PM
06:30 PM
06:45 PM
07:00 PM

Client Details

Client: Well Service

Subcode: Date of Birth: UR No:

First Name: Sex: Code:

Details | **W/M** | Services | MDU | Notes

Date	Code	Location	Type	Duration	Status
Thu 13/03/2009 04:34 PM			Walk in	10 mins	Comp
Thu 13/03/2009 04:29 PM			Walk in	15 mins	Comp
Fri 24/02/2009 08:50 AM			Walk in	15 mins	Comp
Sat 18/07/2009 06:13 PM			Walk in	15 mins	Comp
Sat 18/07/2009 06:11 PM			Walk in	15 mins	Comp
Sat 18/07/2009 06:09 PM			Walk in	15 mins	Comp
Sat 18/07/2009 06:08 PM			Walk in	15 mins	Comp
Fri 17/07/2009 06:07 AM			Walk in	15 mins	Comp
Thu 16/07/2009 02:50 PM			Walk in	15 mins	Comp
Thu 16/07/2009 02:42 PM			Walk in	15 mins	Comp
Mon 30/03/2009 02:05 PM			Walk in	15 mins	Comp
Thu 10/11/2008 04:45 PM	HDV3	Condo F	Walk in	15 mins	Comp
Fri 07/11/2008 11:53 AM			Walk in	15 mins	Comp
Wed 04/06/2008 09:00 AM	Research Service	Research	Phone	15 mins	Comp
Fri 20/05/2008 11:00 AM			Walk in	15 mins	Comp
Fri 16/05/2008 11:19 AM			Walk in	15 mins	Comp
Tue 15/04/2008 03:00 PM	Male 4	Tris 5	Phone	15 mins	Comp
Thu 28/03/2008 09:05 AM			Walk in	15 mins	Comp
Mon 11/03/2008 01:00 PM			Walk in	15 mins	Comp
Mon 04/02/2008 09:13 AM			Walk in	15 mins	Comp
Mon 11/01/2008 09:40 AM			Walk in	15 mins	Comp
Wed 05/12/2007 11:19 AM			Walk in	15 mins	Post
Wed 05/12/2007 09:47 AM			Walk in	15 mins	Comp
Tue 04/12/2007 09:00 AM	Research Service	Research	Walk in	15 mins	Comp
Tue 27/11/2007 03:44 PM			Walk in	15 mins	Comp
Fri 05/11/2007 05:06 PM			Walk in	15 mins	Comp
Tue 11/09/2007 12:23 PM			Walk in	15 mins	Not a
Mon 03/09/2007 12:26 PM			Walk in	15 mins	Comp
Tue 28/08/2007 10:59 AM			Walk in	15 mins	Not a
Thu 16/08/2007 04:56 PM			Walk in	15 mins	Not a
Mon 06/08/2007 09:45 AM	Research Service	Research	Walk in	15 mins	Comp
Tue 13/07/2007 10:46 AM			Walk in	15 mins	Comp

Status | **W/M**

Scheduled:

W/M

Waiting: 0:00

Duration: 0:00

Service

Waiting: 0:00

04:34 PM

Duration: 0:00

Services

Completed: 04:38 PM

Duration: 0:00

Ref Summary | Labels | | | | | |

More than 3 months have elapsed since epidemiology data was last collected

Waiting 0:00
Waiting 0:00
Completed

In Progress
Complete

Wednesday 17/03/2010

Large rise in labelling errors

- System error identified
- Changed the system

Surname: Date of Birth: UR No:
 First Name: Sex: Code:

Details:

Date	Class	Roster Staff	Type	Duration	Status	Assessment	Services
Thu 13/08/2009 04:34 PM			Walk in	15 mins	Complete	<Not assessed>	0
Thu 13/08/2009 04:29 PM			Walk in	15 mins	Complete	<Not assessed>	0
Fri 24/07/2009 08:53 AM			Walk in	15 mins	Complete	<Not assessed>	0
Sat 18/07/2009 06:13 PM			Walk in	15 mins	Complete	<Not assessed>	0
Sat 18/07/2009 06:11 PM			Walk in	15 mins	Complete	<Not assessed>	0
Sat 18/07/2009 06:05 PM			Walk in	15 mins	Complete	<Not assessed>	0
Sat 18/07/2009 06:06 PM			Walk in	15 mins	Complete	<Not assessed>	0
Fri 17/07/2009 03:57 AM			Walk in	15 mins	Complete	<Not assessed>	0
Thu 16/07/2009 02:50 PM			Walk in	15 mins	Complete	<Not assessed>	0
Thu 16/07/2009 02:42 PM			Walk in	15 mins	Complete	<Not assessed>	0
Mon 30/03/2009 02:05 PM			Walk in	15 mins	Complete	<Not assessed>	0
Thu 12/11/2008 04:40 PM	HD5	Candice F	Walk in	18 mins	Complete	3- Doctor/nurse consultation	27
Fri 07/11/2008 11:53 AM			Walk in	15 mins	Complete	3- Doctor consultation	0
Wed 04/04/2008 09:00 AM	Research Service	Research	Phone	15 mins	Complete	3- Doctor/nurse consultation	14
Fri 20/05/2008 11:02 AM			Walk in	12 mins	Complete	3- Doctor/nurse consultation	0
Fri 16/05/2008 11:19 AM			Walk in	15 mins	Complete	3- Vaccination	0
Tue 15/04/2008 03:00 PM	Mat 4	Tha Z	Phone	15 mins	Cancelled	<Not assessed>	1
Thu 28/02/2008 09:35 AM			Walk in	15 mins	Complete	3- Doctor consultation	0
Mon 11/02/2008 01:05 PM			Walk in	15 mins	Complete	3- Doctor consultation	0
Mon 04/02/2008 09:13 AM			Walk in	15 mins	Complete	3- Doctor consultation	0
Fri 11/01/2008 09:42 AM			Walk in	15 mins	Complete	3- Doctor consultation	0
Wed 05/12/2007 11:10 AM			Walk in	15 mins	Complete	3- Doctor consultation	0
Wed 05/12/2007 09:47 AM			Walk in	15 mins	Complete	3- Doctor consultation	0
Tue 04/12/2007 09:00 AM	Research Service	Research	Walk in	15 mins	Complete	3- Doctor consultation	0
Tue 27/11/2007 03:44 PM			Walk in	15 mins	Complete	3- Doctor consultation	0
Fri 16/11/2007 05:06 PM			Walk in	15 mins	Complete	3- Doctor consultation	0
Fri 11/09/2007 12:23 PM			Walk in	15 mins	Complete	3- Doctor consultation	0
Mon 03/05/2007 12:26 PM			Walk in	15 mins	Complete	3- Doctor consultation	0
Tue 02/05/2007 10:50 AM			Walk in	15 mins	Complete	3- Doctor consultation	0
Thu 10/08/2007 09:58 PM			Walk in	15 mins	Complete	3- Doctor consultation	0
Mon 06/08/2007 09:45 AM	Research Service	Research	Walk in	15 mins	Complete	3- Doctor consultation	8
Tue 13/07/2007 10:46 AM			Walk in	15 mins	Complete	3- Doctor/nurse consultation	0
Tue 13/07/2007 10:46 AM			Walk in	15 mins	Complete	3- Doctor consultation	0
Tue 13/07/2007 10:43 AM			Walk in	15 mins	Complete	3- Results only	0
Wed 11/04/2007 02:16 PM			Walk in	12 mins	Complete	3- Doctor consultation	2
Tue 30/02/2007 01:30 PM	Female 4	Richard T	Walk in	15 mins	Complete	3- Doctor consultation	1
Wed 14/02/2007 02:49 PM			Walk in	15 mins	Complete	<Not assessed>	0
Wed 06/11/2006 09:42 AM			Walk in	15 mins	Complete	3- Doctor consultation	0
Tue 24/10/2006 11:45 AM			Walk in	15 mins	Not attended	<Not assessed>	0
Mon 24/07/2006 11:10 AM			Walk in	15 mins	Complete	3- Doctor/nurse consultation	1
Mon 19/06/2006 02:42 PM			Walk in	15 mins	Not attended	3- Doctor consultation	1
Fri 02/06/2006 10:00 AM			Walk in	15 mins	Not attended	<Not assessed>	0
Tue 23/05/2006 09:45 PM	Female 7	Wendy C	Walk in	15 mins	Complete	3- Doctor consultation	13
Mon 05/05/2006 01:45 PM			Walk in	15 mins	Complete	3- Doctor consultation	3
Sat 30/12/1999 03:45 PM			Phone	30 mins	Arrived	<Not assessed>	0
Wed 15/02/2006 03:05 PM			Walk in	30 mins	Complete	3- Doctor consultation	2
Mon 13/02/2006 01:57 PM			Walk in	30 mins	Complete	3- Doctor consultation	1
Mon 06/02/2006 01:55 PM			Walk in	30 mins	Complete	3- Doctor consultation	0
Fri 05/01/2006 10:30 PM	Walk Make 1	Helen E	Phone	30 mins	Cancelled	<Not assessed>	10
Wed 14/03/2005 10:32 AM			Walk in	30 mins	Complete	3- Doctor consultation	0
Thu 08/05/2005 05:30 PM	Male 2	Helen H	Phone	30 mins	Complete	<Not assessed>	0
Fri 26/03/2004 04:57 PM			Walk in	30 mins	Cancelled	<Not assessed>	0
Mon 23/02/2004 01:30 PM	HTV Clinic 1	Ann H	Walk in	30 mins	Complete	3- Doctor consultation	1
Mon 12/01/2004 09:00 AM	Walk Make 1	Bradley W	Phone	30 mins	Cancelled	<Not assessed>	0
Sat 30/12/1999 01:30 PM			Walk in	30 mins	Cancelled	<Not assessed>	0
Tue 15/07/2003 01:30 PM	Walk Make 1	Bradley W	Phone	30 mins	Complete	3- Doctor/nurse consultation	3

Continue Client

Please confirm the first 2 characters of the client's surname

Handled By:

Details | Trage |

Scheduled:

Trage

Waiting: 0:00

Duration: 0:00

Service

Waiting: 0:00

Duration: 0:00

Services: 0

Completed 05:18 PM

Duration: 0:02

- Ku Ti
- Mehc 999999
- Allergies:
- Warnings:
- Summary
- AZITHROM
- CIPROFL
- CONDYLIM
- DAPSONE
- POTASSIL
- RETROVIR
- STOCRIN
- SWISSE T
- VIREAD TA
- KYLOCAIN

Enter drug name (Trade or Generic)


Exclude OTC items from search

Drug name	Strength	Qty	Rpts	FBS	HPBS	B.P.P.	T.G.P.
-----------	----------	-----	------	-----	------	--------	--------

- DIDANOSINE CAPSULE
- DIDANOSINE CAP
- DIDANOSINE CAP
- DIDANOSINE CAP
- DIDROCAL OSTE
- DIDRONEL TABLE

Drug Interaction

DIDANOSINE CAPSULE/VIREAD TABLET

 **Adding DIDANOSINE when the patient is taking TENOFOVIR may increase the plasma concentration of DIDANOSINE. Dosage reduction of DIDANOSINE should be considered if this combination is prescribed. Refer to full Product Information for further details.**



SOMAG 400 mg.
STRENGTH TO HEAL GORD.

Refer to PBS Book for PBS status

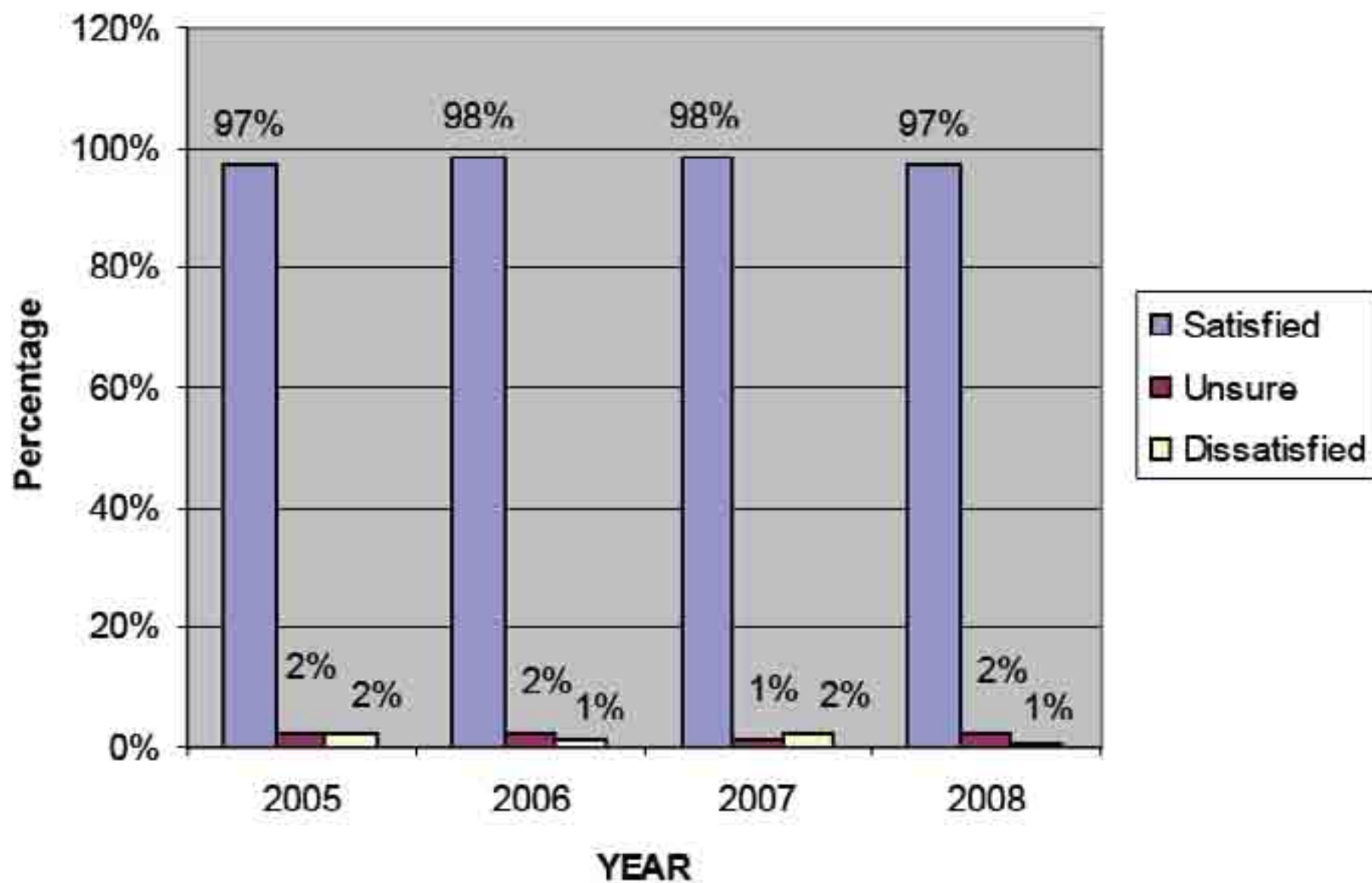
Script date: Before prescribing, please refer to Product Information in this program by clicking on P.I.

Patient Feedback

- Annual Client Satisfaction Survey
- Daily feedback forms available
- New service surveys before and after implementation



Overall satisfaction



Clinical support to General Practitioners



Welcome to Melbourne Sexual Health Centre


Melbourne Sexual Health Centre (MSHC) is Victoria's leading clinic for the testing and treatment of sexually transmissible infections. The doctors and nurses at MSHC are experienced specialists in all aspects of sexual health, so clients visiting MSHC can be assured of high quality professional and non-judgmental care. MSHC also provides support to community based health professionals via online resources and on-site education and training opportunities.

Last Updated: 23/02/2009

Featured Websites



General Public



Find out if you have been exposed to a sexually transmissible infection (STI) or HIV. You will also learn if you are at risk of getting an STI and how to prevent it. This website will provide information on a wide range of sexually transmissible infections. This website will provide information on a wide range of sexually transmissible infections. This website will provide information on a wide range of sexually transmissible infections.

Health Professionals



Learn about the latest research and clinical practice in the management of sexually transmissible infections (STIs) and HIV. This website will provide information on a wide range of sexually transmissible infections. This website will provide information on a wide range of sexually transmissible infections. This website will provide information on a wide range of sexually transmissible infections.

Research & Education



Find out more about the latest research and clinical practice in the management of sexually transmissible infections (STIs) and HIV. This website will provide information on a wide range of sexually transmissible infections. This website will provide information on a wide range of sexually transmissible infections. This website will provide information on a wide range of sexually transmissible infections.

Quick Links



Do You
Live
150km
or more
From
Melbourne?



In the past 12 months, please estimate how many **women** you have had sex with (if you have not had sex with any women, please enter 0)?

In the past 12 months, please estimate how many **men** you have had sex with (if you have not had sex with any men, please enter 0)?

« Back Next »

Same number of clients and identical risk to the actual clinic: 30,000 per year

Personalised recommendation

Lee et al 17th ISSTD July 29-August 1 2007

LET THEM KNOW



57 SMS and 2 emails per week
Of 2,300 SMS only 4 reported hoax



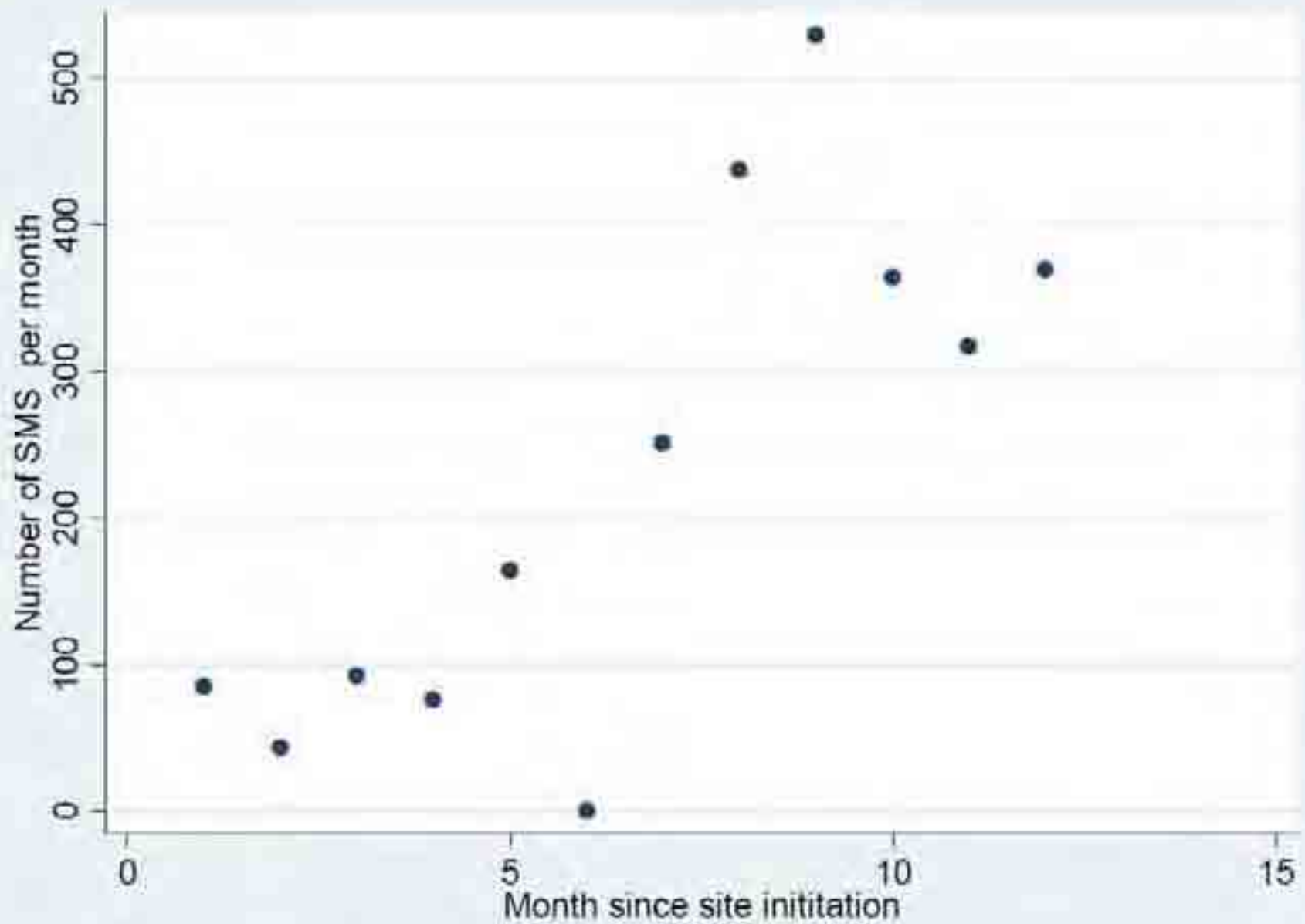


Fig. 2: Number of SMS generated from *Let Them Know* by month since initiation ($p < 0.01$)



You are

- Management of Uncomplicated Chlamydia
- Management of Chlamydia in Pregnancy
- Management of Pelvic Inflammatory Disease (PID)
- Management of Epididymo-orchitis
- Chlamydia - The Facts
- Chlamydia - Partner Letter
- DHS Notification of STI

Stations

GP Assist provides a comprehensive management of the more common STIs and includes simple fact sheets for GPs to use in discussing partner notification. The partner notification letter and fact sheets provide a template for GPs to contact partners and also creates an opportunity to enhance case finding of asymptomatic individuals.

- » *Chlamydia trachomatis*
- » *Neisseria gonorrhoeae*
- » Syphilis
- » Genital Herpes
- » *Trichomonas vaginalis*

Web site appears on most positive chlamydia results to GP



Home • Enrolments • Fast Track • Making a Referral • Self-referral • Sexual Health Services • Services • Online Services • Media Links • Online Education

Health Professional Online Education a Yearly

Monday, February 23, 2010
10:00 AM

Educational Videos

- 1. [Gonorrhoea](#)
- 2. [Syphilis Infection](#)
- 3. [Fast Test Video](#)

(Please be warned: Content may include medical procedures and images of genitalia.)

[View Archived Videos](#)



Research and Teaching

- Published > 138 original scientific articles in peer reviewed medical journals since 2001
- Awarded \$11,280,000 in research grants since 2001
- Greatly strengthening the body of Victoria's clinical research staff, who in turn provide yet further innovation (PhD: 9 completed, 5 in progress; 9 AMS completed, 1 in progress; 4 MPH completed, 5 in progress)
- ISSTDR 2009 1 plenary, 14 presentations (3 oral)
- IUSTI 2012 will be held in Melbourne



Why are we successful

- The people
 - Lowest prestige speciality around
 - People do not do it for the money
 - Genuine desire to help in time real need
- The clients
 - Young, grateful, relieved.
- Academic centre
 - Time to think
 - Resources to evaluate
- Focus on community control and the clients



What are “prestigious” specialities?

1950-2005: only 6 articles ranking medical specialities

- **Highest**

- neurosurgery
- internal medicine
- surgery

Why?

- “nobler” organs (heart and brain)
- patient responsibility
 - “immoral” behaviour
- above belt better than below
- wealth, power, hospital-based, male practitioners

- **Lowest**

- dermatology,
- allergy medicine
- preventive medicine
- occupational medicine
- psychiatry
- administrative medicine

Sexual Health: very low



The Melbourne Sexual Health Centre
Team 2009

