

# 3,400 trips to the toilet

## The logistics of this pilot



# Bringing the pilot to the clinics



# The PHC everyday pie



# ETHC model of Care – telling it like it is...

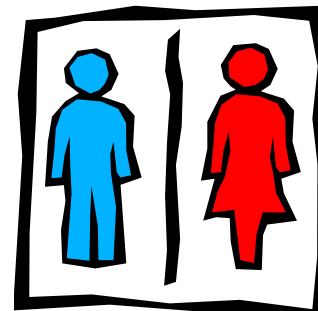
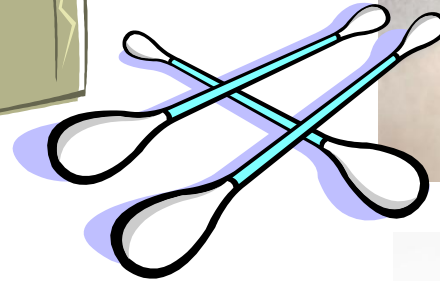


To kick off the pilot for all staff....





# Logistics – turning the theory into practice within the clinics



# I wonder what the patient thought...

- The patient presented to the clinic with a sore throat or sprained ankle... next thing they knew they were in the toilet with a tube in their hand....!!!
- Did we miss anything by focusing on this pilot?
- Or did we enrich the patients journey / healthcare encounter?



# THO Patient Evaluation highlighted patients:

- Need to be emotionally prepared
- Need right information at the right time
- Main issue was that many did not understand what the test was for
- Some hadn't seen the posters or pamphlets
- In general there is anxiety around the testing process
  - They may not know what Chlamydia is
  - They may not understand staff explanations
- Key Issues:
  - Own anxiety
  - Staff explanatory skills

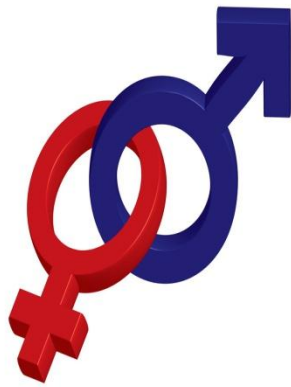
**Our learning from the evaluation – for those  
PHC providers offering this screening..**



Chlamydia is not an exotic country ...  
Talking to patients. Health literacy.



# Asking the right questions – using the right words. Staff culture & comfort levels. Patients health literacy & anxiety.



# MedTech template used

**MedTech-32 East Tamaki Health Centre [Terminal]**

File Edit Patient Module Report Tools Utilities Setup ManageMyHealth CAT Window Help

**TEST Ajith (638653.1)** **A3 - C** **CHF KD ZDD CS** **ETH A-?**  
12 Geraldine Road, Otara 02 Dec 1990 20 yrs Female Other Asian 0.00 NP

**Patient New Screening Entry**

Main Chart Documents Audit

Main  
Provider: Bairds Road (BR)  
Date: 14 Oct 2011  
Code: Sexual Health (SEXUAL)

Assessment:   
Under 25y?:   
Sexually active?:   
m2 partnrs last yr:   
STI in last yr?:   
Partnr STI last yr:   
Condom use last 3m:   
Increased risk?:   
Sx n signs STI:   
Informed consent:   
Swabs taken:   
First catch urine:   
Investigations:   
Rx started b4 rslt:   
Partnr Rx b4 rslts:   
Azithromycin 1g stat:   
Doxycycline 100mg bd 7d:   
Amoxil 500mg tds 7d:   
Cipro 500mg stat:   
Advised no sex 1wk:   
Ceftriaxone 500mg:   
Happy 2B contactd?:   
How

Outcome / Note  
Outcome:   
ASYM Asymp & not tested (ANTI)  
Note: Asymptomatic & tested (ASYM)  
Contact +ve (C+VE)  
Not sexually active (NSA)  
Recall: Symptomatic (SYMP)  
Recall In: Symptomatic not Rx'd (SNT)  
Provider: Not in-use (ARY)  
Note:

Outcome for this measurement HP00237DCA9A58 MGD East Tamaki Database (E)

Start CVs for staff - Micro... MedTech-32 Desktop - Gillian Davies Chlamydia Project - ... 3,400 trips to the toilet Opportunistic Chlam...

# At initial screening – takeaways!!





# Recalling for positive results



# Positive test result



- Patient recalled
- Saw GP – free consult
- Advised of result, medication, partner notification
- Template (SEXFU) completed
- Given free Rx ( MPSO)
- Overseen by RN
- Reinforced Partner notification /contact tracing. Abstinence or protection.
- Given card / s to hand to partner /s.
- Offered recall @ 5 weeks for retest / cure swab.

# Consistency and documentation

MedTech-32 East Tamaki Health Centre [Terminal]

File Edit Patient Module Report Tools Utilities Setup ManageMyHealth CAT Window Help

TEST Ajith (638653.1) A 3 - C CHF KD ZDD C5 ETH A-? NP  
12 Geraldine Road, Otara 02 Dec 1990 20 yrs Female Other Asian 0.00

Patient New Screening Entry

Main Chart Documents Audit

Main

Provider: Bairds Road (BR) Chlamydia +ve:   
Date: 14 Oct 2011 Gonorrhoea +ve:   
Code: Sexual Hlth Followup (SEXFU) No sex 7d postRx: ☐  
Completed Rx:   
Contacts notified?:   
Risk reinfection?:   
Re-test offered?:   
Focus Grp OK:   
Preferred contact:

Outcome / Note

Outcome:   
Note: Not Rx'ed; recall (NTR)  
Positive & Rx'ed (POS)  
Positive & pregnant (PREG)  
Unable to contact (UNAB)

Recall

Recall In:   
Provider: Bairds Road (BR)  
Note:

2 Sep  
21 Jul  
21 Jul  
21 Jul  
21 Jul  
21 Jul  
21 Jul  
21 Jul  
18 Jul  
18 Jul  
13 Jul  
6 Jul 2

OK Cancel Help

HP00237DCA9A58 MGD East Tamaki Database (E)

Start Calendar - Microsoft Out... Microsoft PowerPoint - ... MedTech-32



# What did we learn – so that others can offer this service?



- It is so much easier to do what you have always done...
- Adding a new service to our 14-24yr old patients ensured 'equity of access' for this age group. (Childhood imms/ chronic care)
- Nurses CAN, and did, make a difference
- It can and should fit in the PHC model
- The patient doesn't always hear what you think you said – or retain the message. Use & give out reliable resources.
- Abstinence or using condoms often needs to be negotiated.
- Following up adolescents / young adults is like nailing jelly to a wall... it sounds easy but....!!

