A NEW NATIONAL HEALTH SERVICE SURVEILLANCE SYSTEM IN ABORIGINAL STIs AND BBVs

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Background: Rates of STIs and BBVs in Aboriginal communities are disproportionate to non-Indigenous rates. With over 140 member services, Aboriginal Community-Controlled Health Services (ACCHSs) are an important aspect of Aboriginal peoples' engagement with the health system. Little is known of the quality of STI and BBV care in this setting. To address this issue, we have established a national network of ACCHS to contribute to a sentinel surveillance system known as ATLAS.

Methods: ATLAS involves the extraction of STI and BBV testing and management data from electronic medical record (EMR) systems, and the analysis and reporting back of these data. Four different EMRs exist within the network and the GRHANITE data extraction tool is the main source of extraction.

Results: The ATLAS network currently includes over 30 ACCHS in five clinical hubs located in four jurisdictions (including urban, regional and remote areas). More than two years have been spent building relationships and trust between researchers and ACCHSs, gaining approval from a large number of research ethics committees and governance bodies, and establishing our data collection processes. Regular reports addressing 12 performance measures are being provided to individual ACCHS for CQI, including measures of STI and BBV testing, positivity, treatment and follow-up Analyses at the hub, jurisdictional and national level are also being undertaken. An automated system for health services to generate their own reports is close to finalisation.

Conclusion: An integrated national network of STI and BBV testing and management data has been successfully established amongst Aboriginal primary care services nationally. The system can be readily expanded to include other ACCHSs and has potential to link to the ACCESS network and other data collections using the GRHANITE tool. ATLAS will continue to strengthen relationships between ACCHSs and researchers and increase in value as the information exchange process matures.

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The authors have no conflicts of interest to disclose.