



Nurses at the Frontline: Scaling Up STI Screening Through Walk-in Urgent Care Clinics







Elizabeth Bates

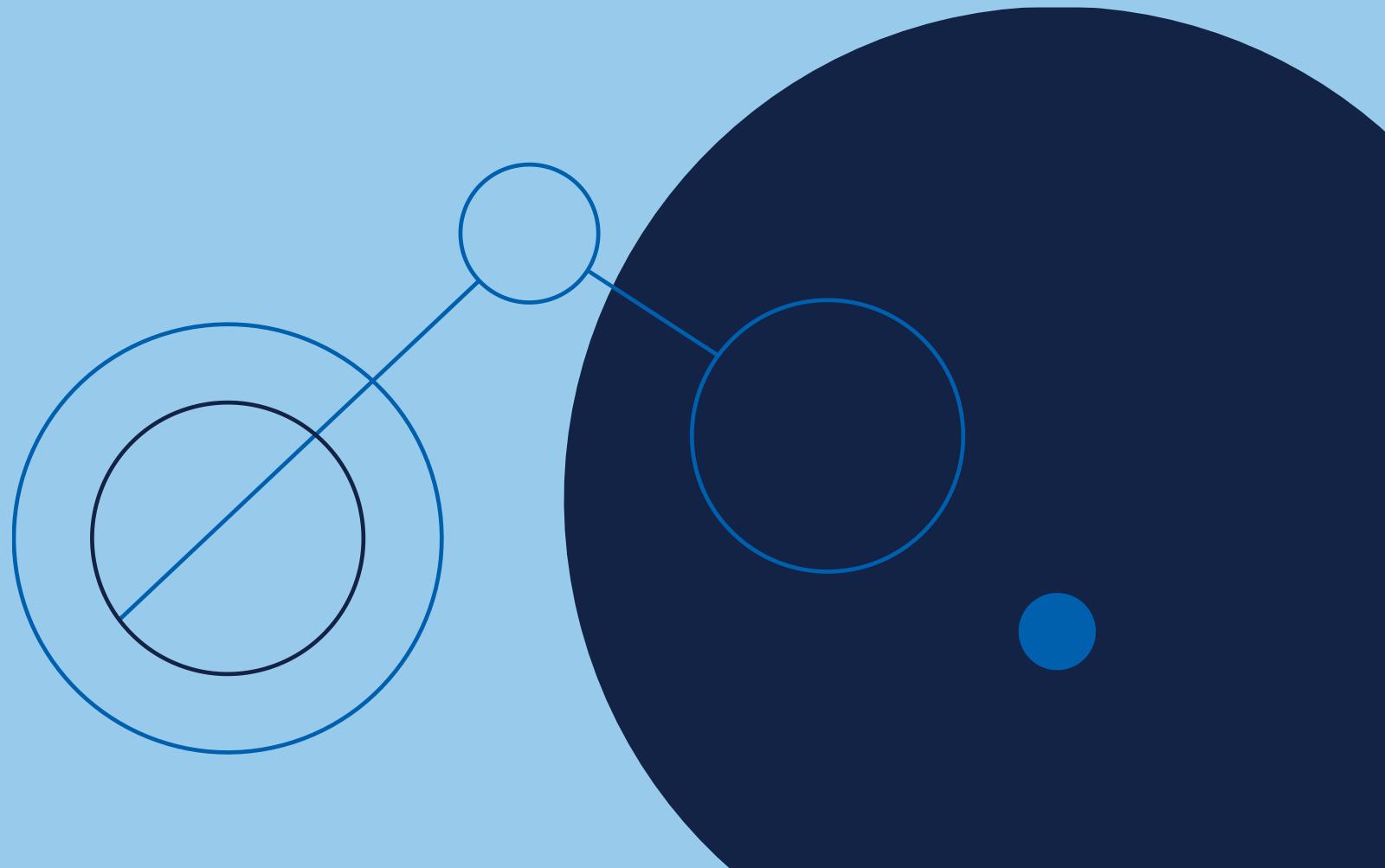
Clinical Nurse Educator and
Advanced Practice Nurse
ACT Walk-in Centres



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Setting the Scene



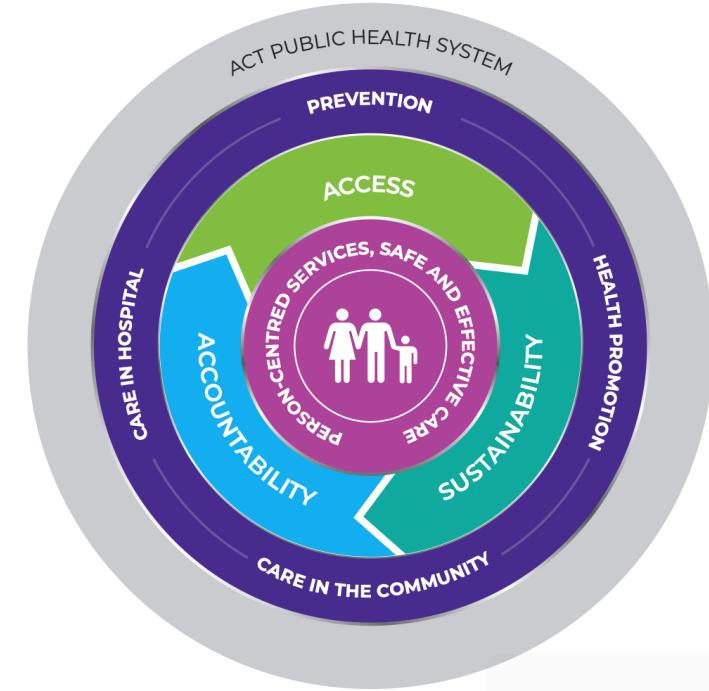
The current state of primary healthcare

The ongoing challenges Australians face in accessing primary healthcare. In 2023-24, 18.1 million Australians aged 15+ needed to see a GP. Of these:

- 29% delayed or avoided visits due to wait times or other factors.
- 8.8% cited cost as a barrier, up from 4.0% in 2017-18.
- 28% felt they waited too long for an appointment.

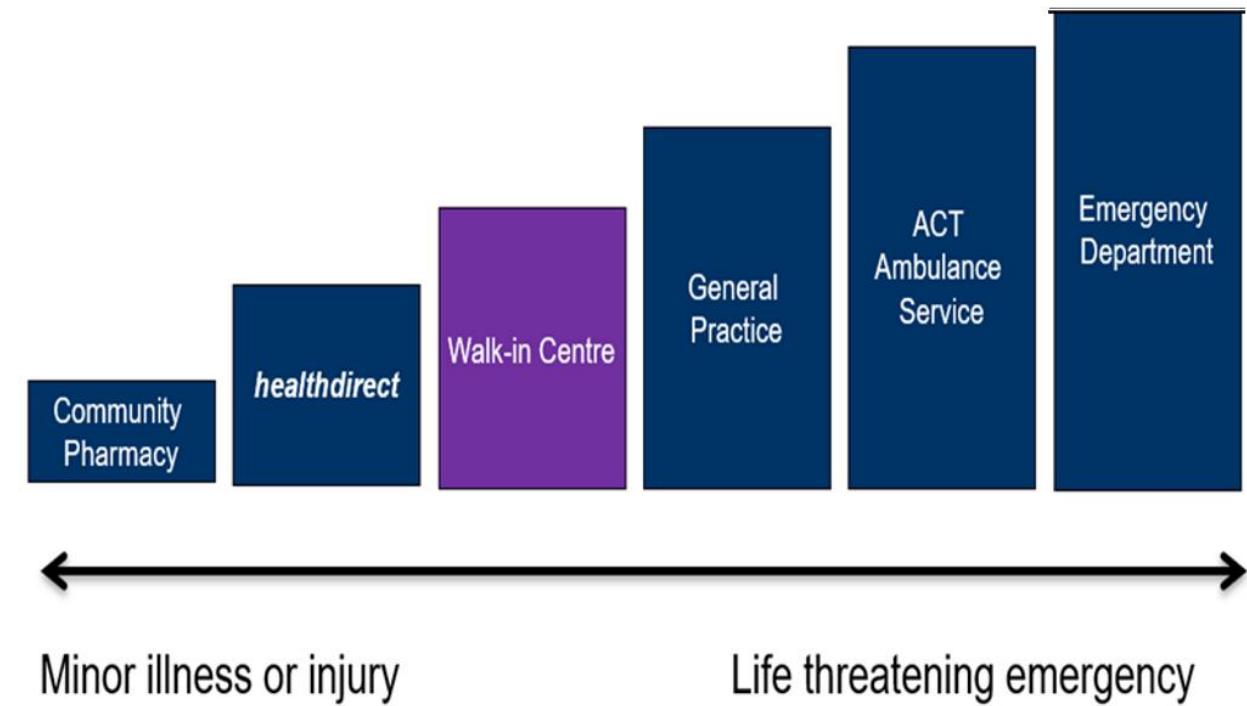
Alternative models in primary healthcare

- Walk-in Centres (WiCs) in the Australian Capital Territory (ACT) are a critical part of the primary healthcare system.
- ACT's "Accessible, Accountable, Sustainable" framework (2020-2030)



What are the Walk in Centres (WiCs)?

- ACT government funded as part of Canberra Health Services
- Nurse led clinics, staffed with Advanced Practice Nurses and Nurse Practitioners.
- 5 Walk in Centres across the ACT.



What WiCs aim to do cont.

Ease pressure
on Emergency
Departments

Provide safe,
high-quality
care for
everyone

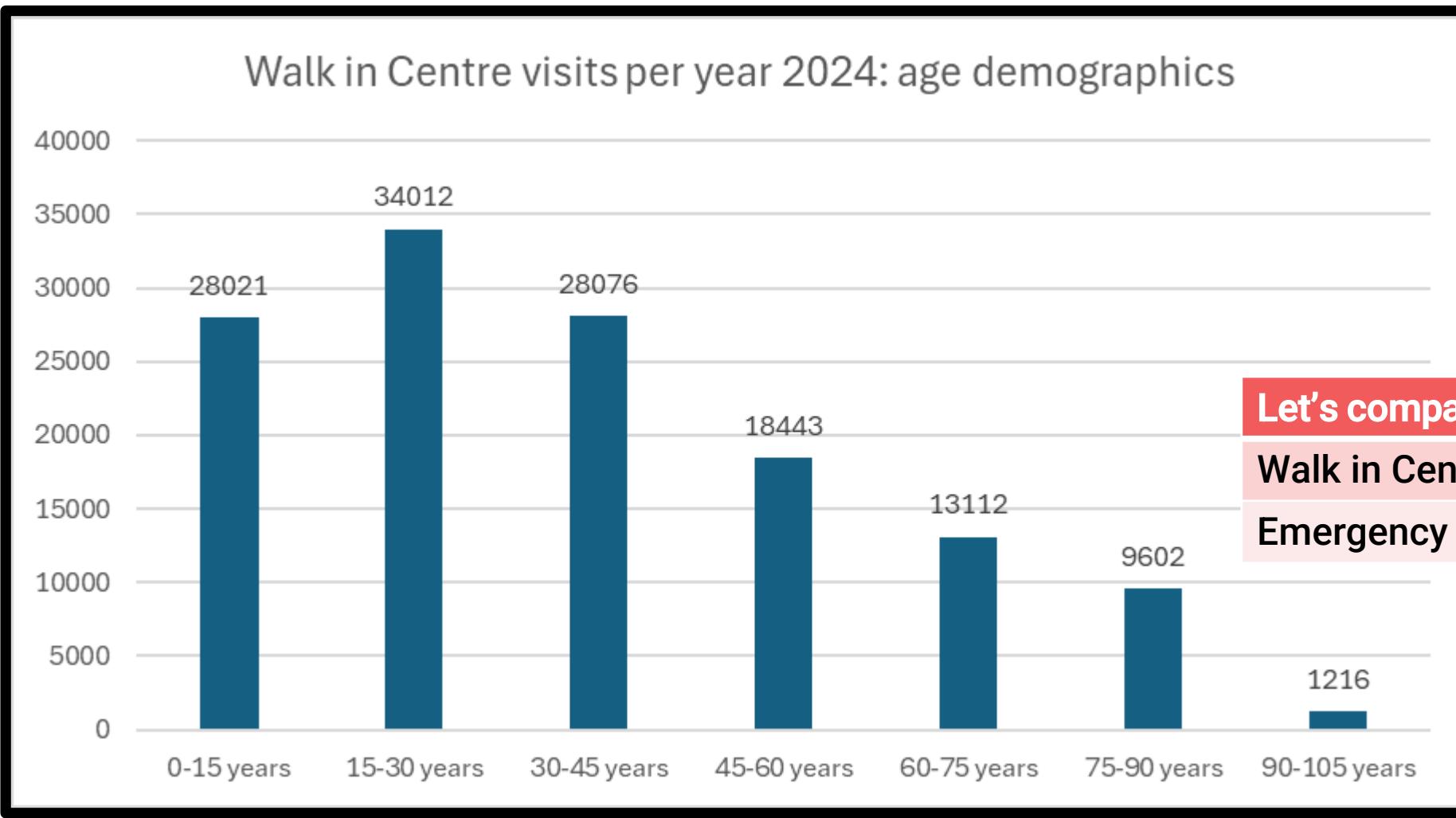
Help people
understand
their care
options

Connect with
the wider
health system

Low acuity and include collaborative care pathways with nursing, and allied health teams. These include but are not limited to:

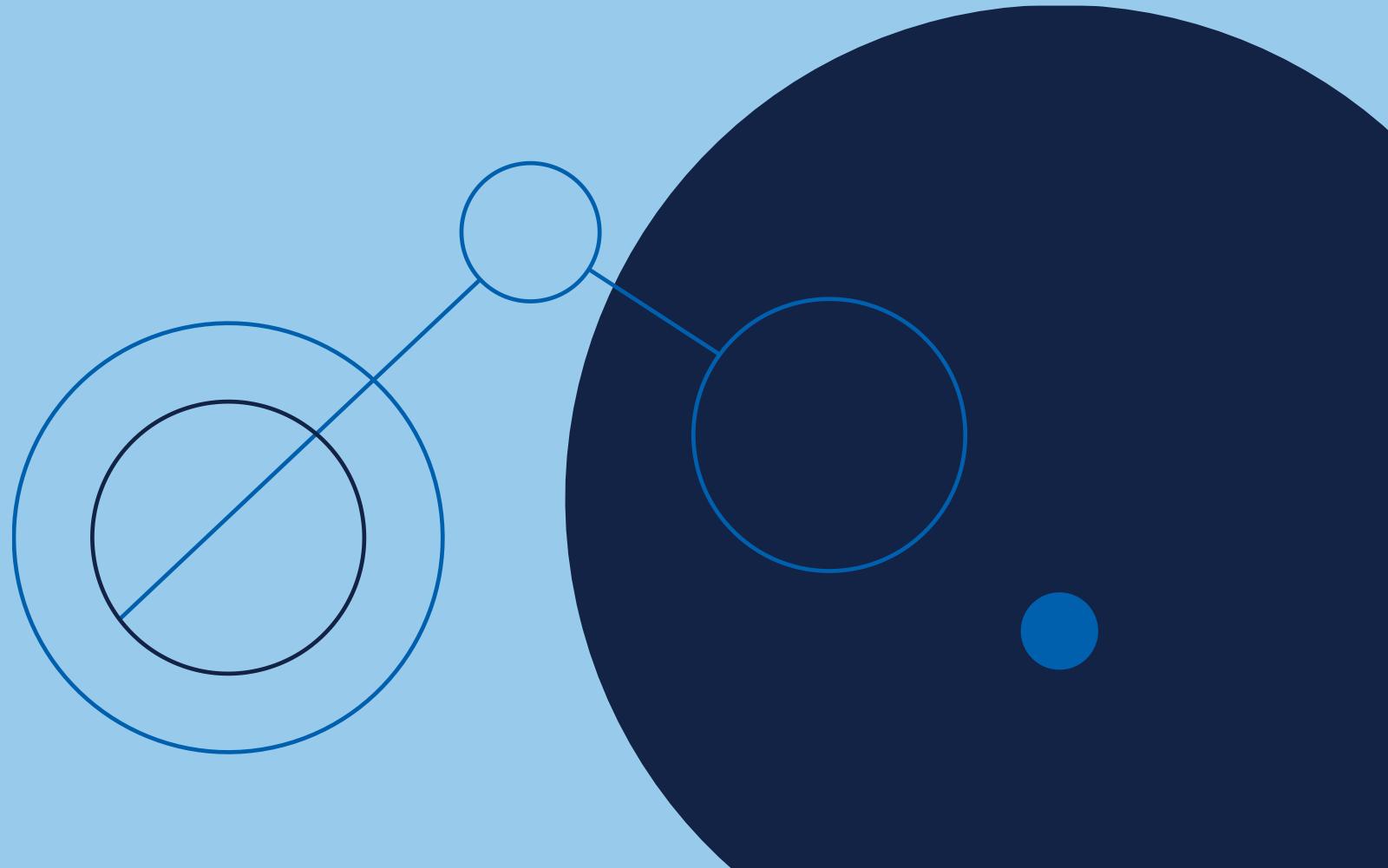
- Sprains, strains, and simple fractures
- Cuts, lacerations, abrasions, burns, bruises
- Eye problems
- Skin conditions
- Sexual Health
- Minor respiratory complaints
- Simple limb injuries
- Gastroenteritis
- Urinary tract infections
- Emergency contraception

Who and how many are attending WiCs



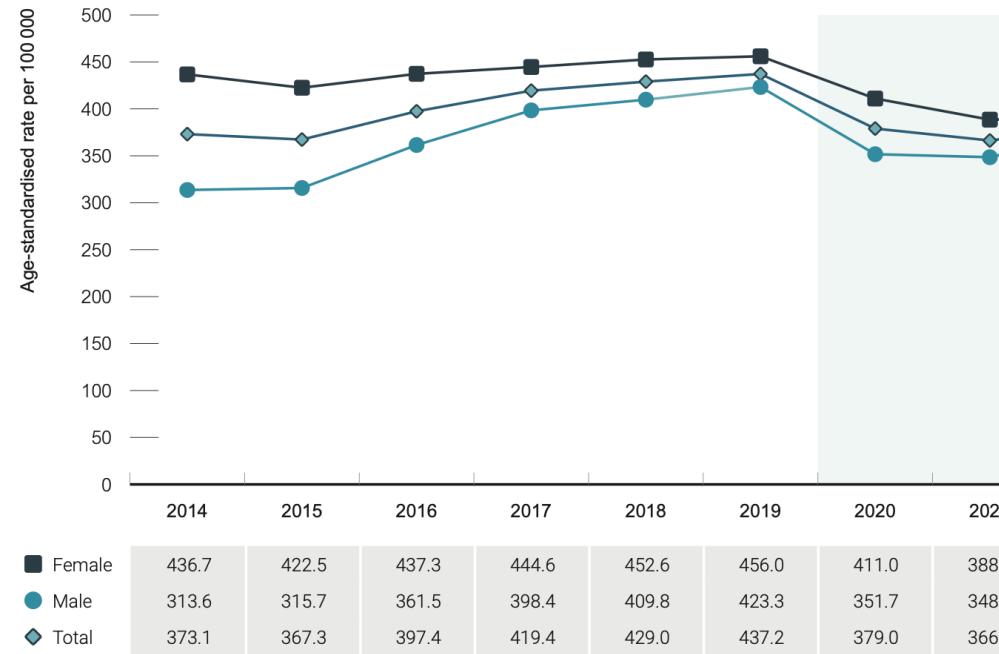
The 15-30-year age demographic were the largest age group to attend the Walk in Centres in 2024.

The Problem



Chlamydia notification rates

Figure 12 Chlamydia notification rate per 100 000 population by sex, 2014 – 2023



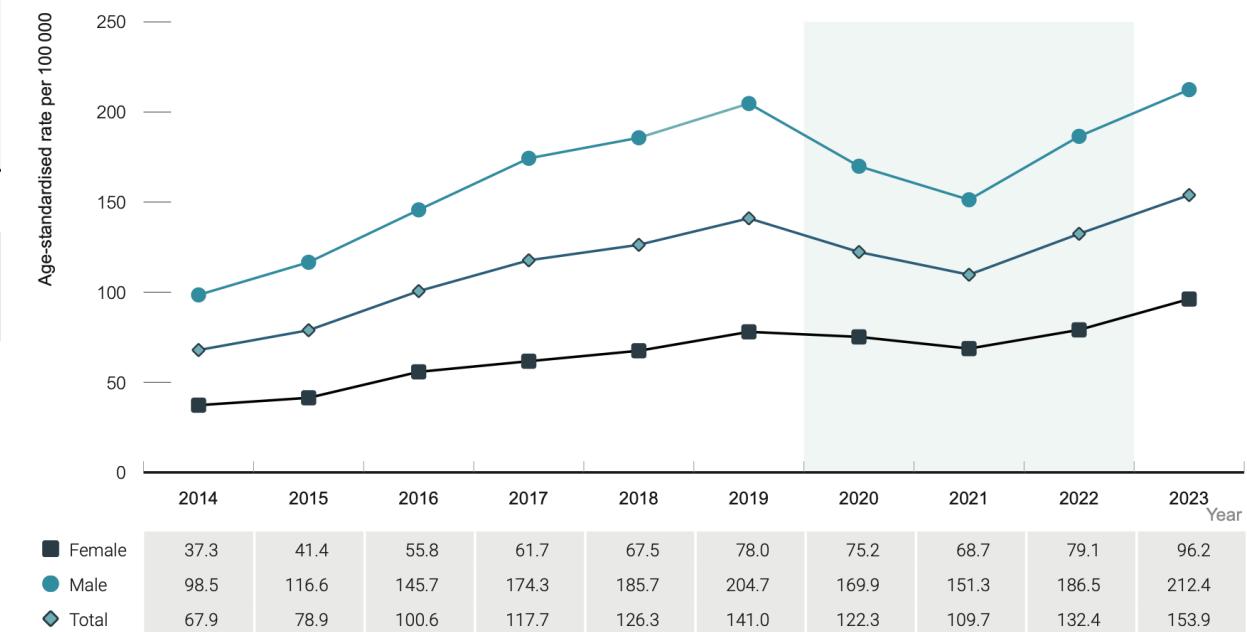
Note: The shaded section of the chart indicates the years most affected by the COVID-19 pandemic, 2020 – 2022.

Source: Australian National Notifiable Diseases Surveillance System.

In 2023, chlamydia was the most frequently notified sexually transmissible infection (STI) in Australia, with 109,451 notifications approximately **half of which were** among individuals aged 20-29 years (King et al., 2024).

Gonorrhoea notification rates

Figure 20 Gonorrhoea notification rate per 100 000 population by sex, 2014 – 2023



Note: The shaded section of the chart indicates the years most affected by the COVID-19 pandemic, 2020 – 2022.

Source: Australian National Notifiable Diseases Surveillance System.

Australian STI Management Guidelines for use in primary care



The screenshot shows the homepage of the Australian STI Management Guidelines. The title 'australian STI MANAGEMENT GUIDELINES FOR USE IN PRIMARY CARE' is at the top. Below it are navigation links: 'Standard asymptomatic check-up', 'STIs', 'Syndromes', 'Populations & situations', and 'Resources'. A green box contains the text: 'How to use these Guidelines? All STIs can cause disease without producing symptoms. Please refer to Populations & Situations for asymptomatic screening recommendations, Syndromes for guidance about managing specific clinical scenarios and to STIs for specific management of a diagnosed infection.' An orange box contains the text: 'Latest Update 2017/18: Annual Critical Review Complete - what's changed?' The ASHA logo is in the top right corner.



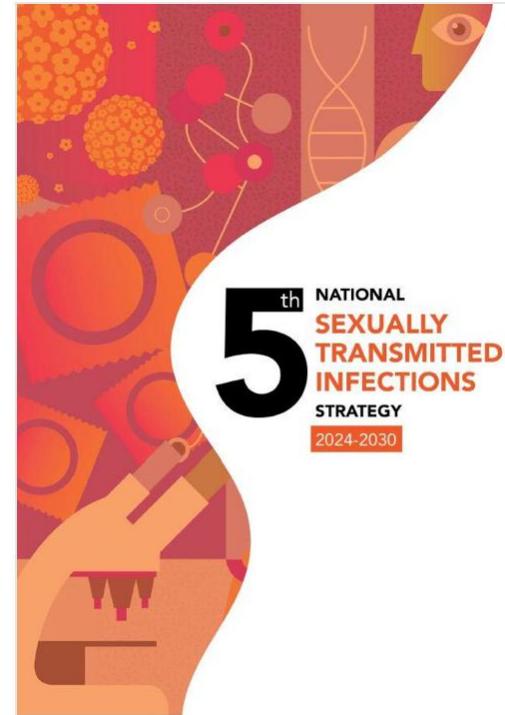
Standard Asymptomatic Check-up

| Test | Consideration |
|--|--|
| HIV (antigen/antibody test) | Repeat if recent exposure (6-week window period if Ag/Ab test). |
| Syphilis serology | If recent exposure, repeat at 12 weeks and presumptively treat. |
| Hepatitis B: HBsAg – Hepatitis B surface antigen Anti-HBs – Hepatitis B surface antibody Anti-HBc – Hepatitis B core antibody | Establish hepatitis B virus (HBV) status and immunise if not previously documented*. |

| site/Specimen | Test | Consideration |
|---------------------------------|--|---|
| Urethral first pass urine (FPU) | Nucleic Acid Amplification Test (NAAT) | Vaginal swab is more sensitive than FPU and is the specimen of choice. |
| Self-collected vaginal swab | | If speculum examination is indicated then an endocervical swab can be collected in place of a vaginal swab. |

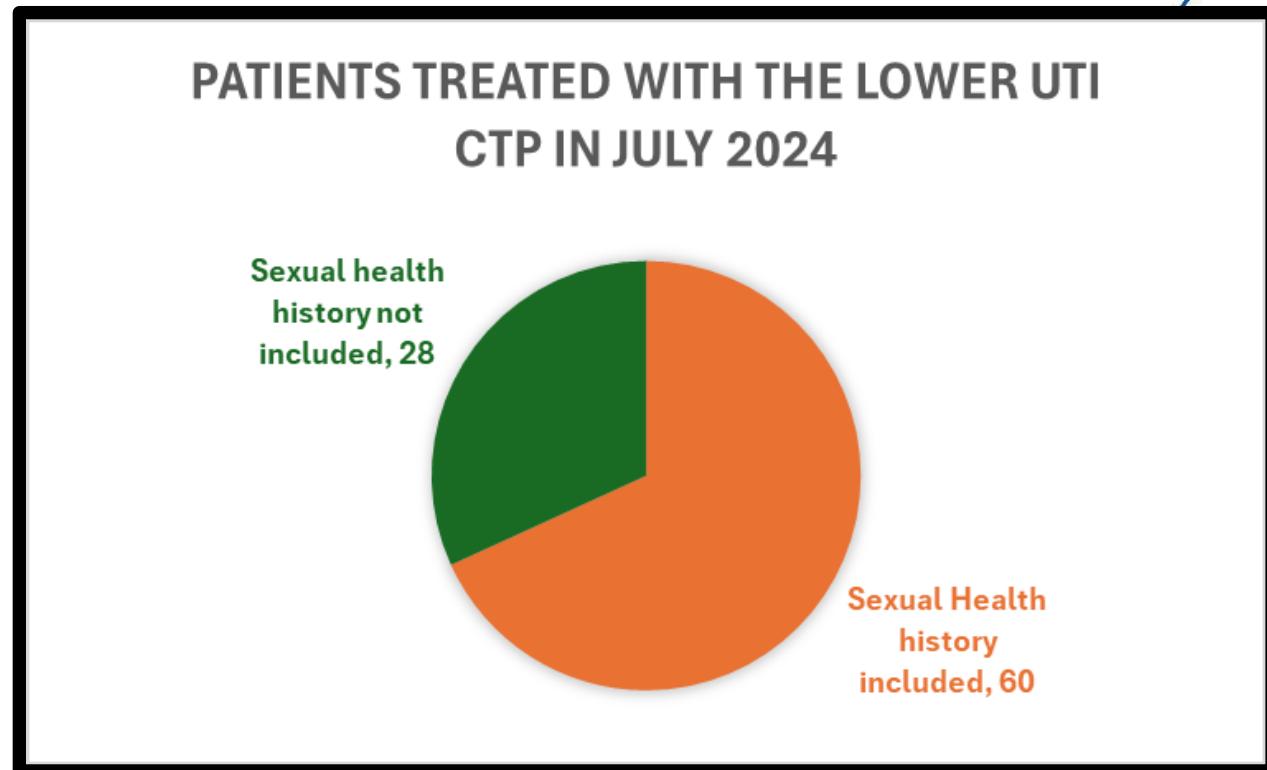
REMINDER

All STI testing should include both **HIV** and **syphilis** testing.

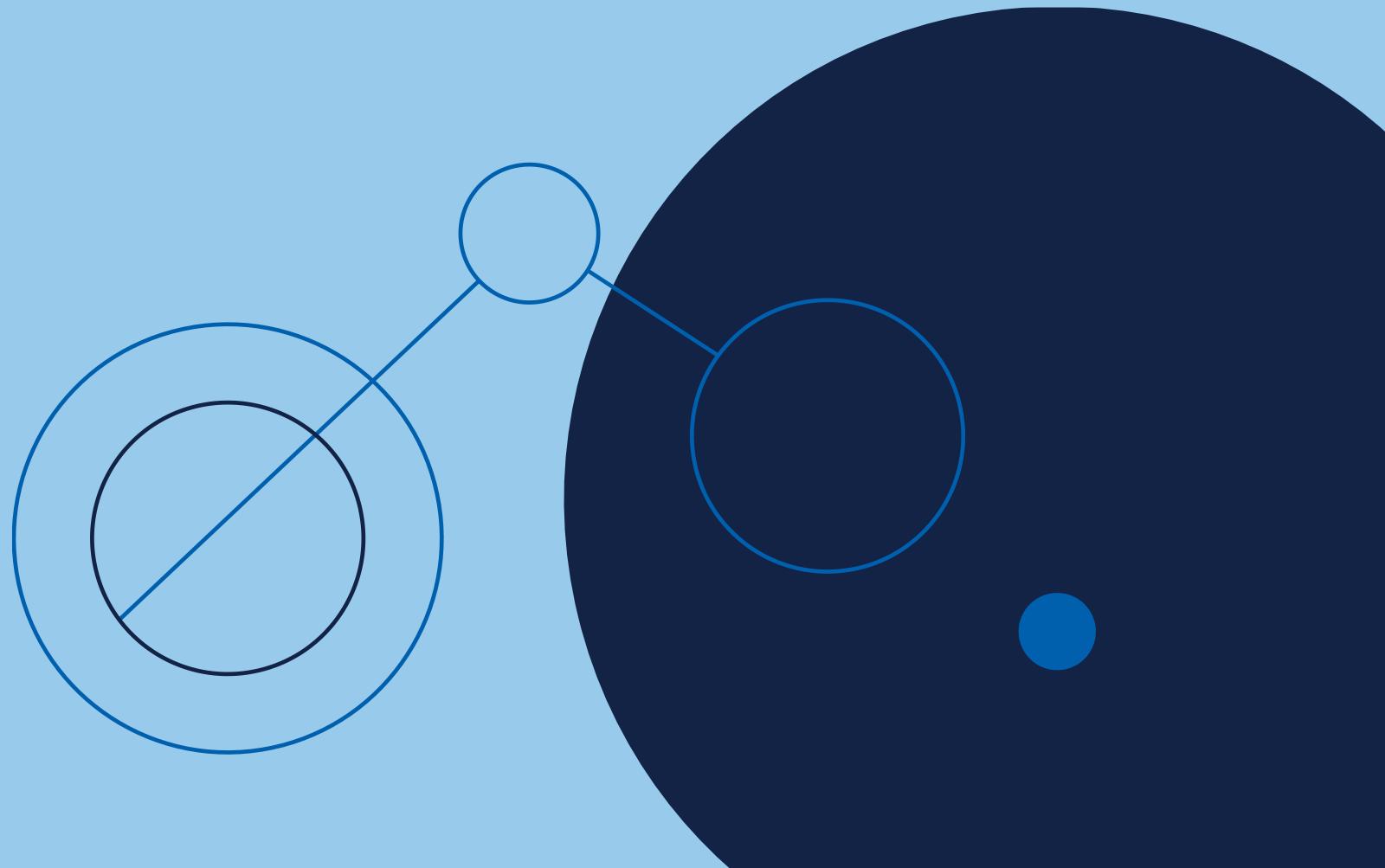


A data driven approach via quality improvement

1. A mini audit: in June 2024 found that of 555 WiC clients aged 15-29, only 2.5% received opportunistic chlamydia and gonorrhoea testing, demonstrating gaps in service integration.
2. Case reports from local GPs
3. A two-centre retrospective audit of documentation was attended to examine what was missing.



What did we do?



Co-design at the core

- ASHM in collaboration with WiC Clinical Nurse Educators co-designed a tailored one-day training program
- A focus on the integrations of opportunistic STI screening into urgent care workflows



The outcomes of co-design cont.

Co-Delivered

- Discuss the clinical spectrum of STIs.
- Identify the appropriate method of diagnosis.
- Describe at a basic level, the management of a person with an uncomplicated STI.
- Suggest resources available to help with the interpretation of test results and contact tracing.



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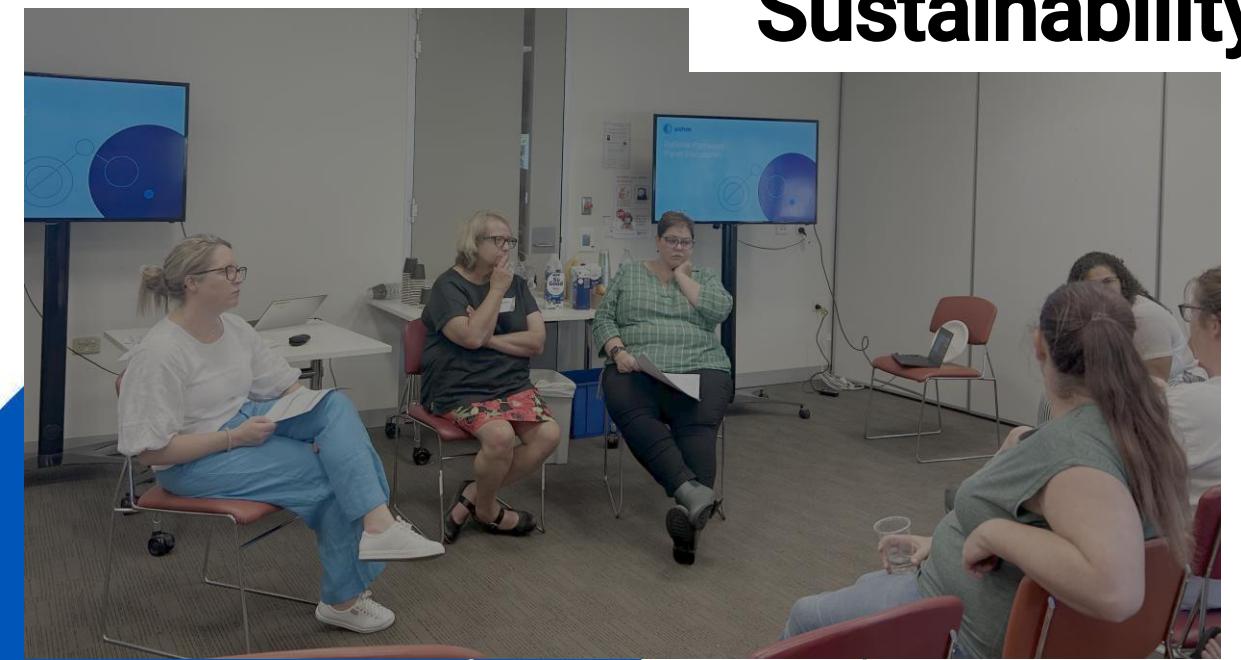


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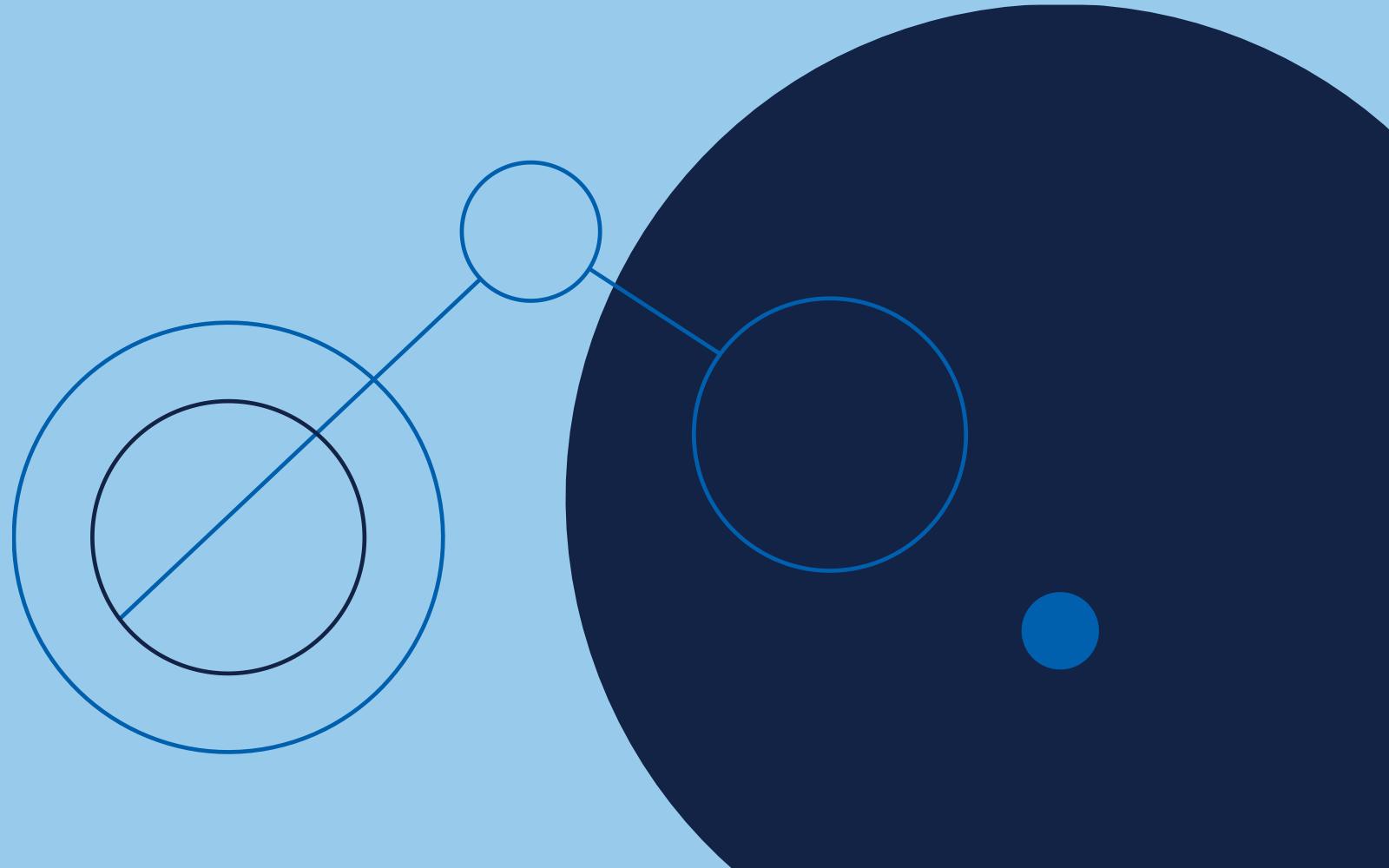
Advanced Practice Nurse and Clinical Nurse Educator
Walk in Centres



Sustainability at the core



Results



Overall results – Course feedback

The program trained 34 primary healthcare nurses across five WiCs. Post-training evaluation showed:

- 100% of attendees reported their learning needs were met.
- 100% of the attendees responded that the activity was either “Mostly relevant” or “Entirely relevant” to their clinical practice.
- 59 % had an increase in confidence to “Recognise common STIs and BBVs based on clinical presentation”

Overall results – Changes in clinical practice

The program trained 34 primary healthcare nurses across five WiCs. Post-training evaluation showed:

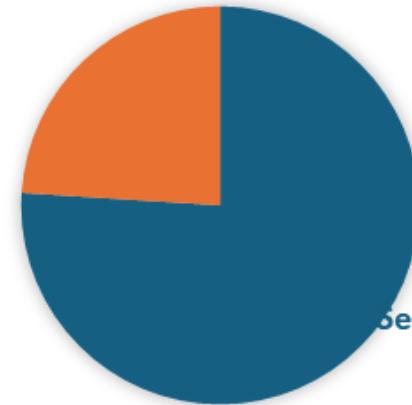
- Opportunistic chlamydia testing increased by 165% during the subsequent month.
- Overall, since July/August 2024, there has also been a 300% increase in the offer of opportunistic chlamydia and gonorrhoea testing in eligible patients.
- Significant improvements in nurses' knowledge and confidence in STI screening and referrals

Continually improving numbers in 3 monthly audits

PATIENTS WHO MEET THE LOWER UTI INCLUSION CRITERIA FEBRUARY/MARCH

2024

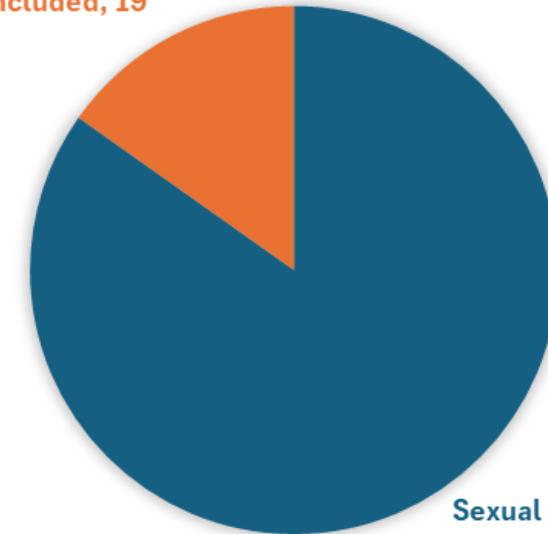
Sexual health history not included 24%



Sexual Health history included 76%

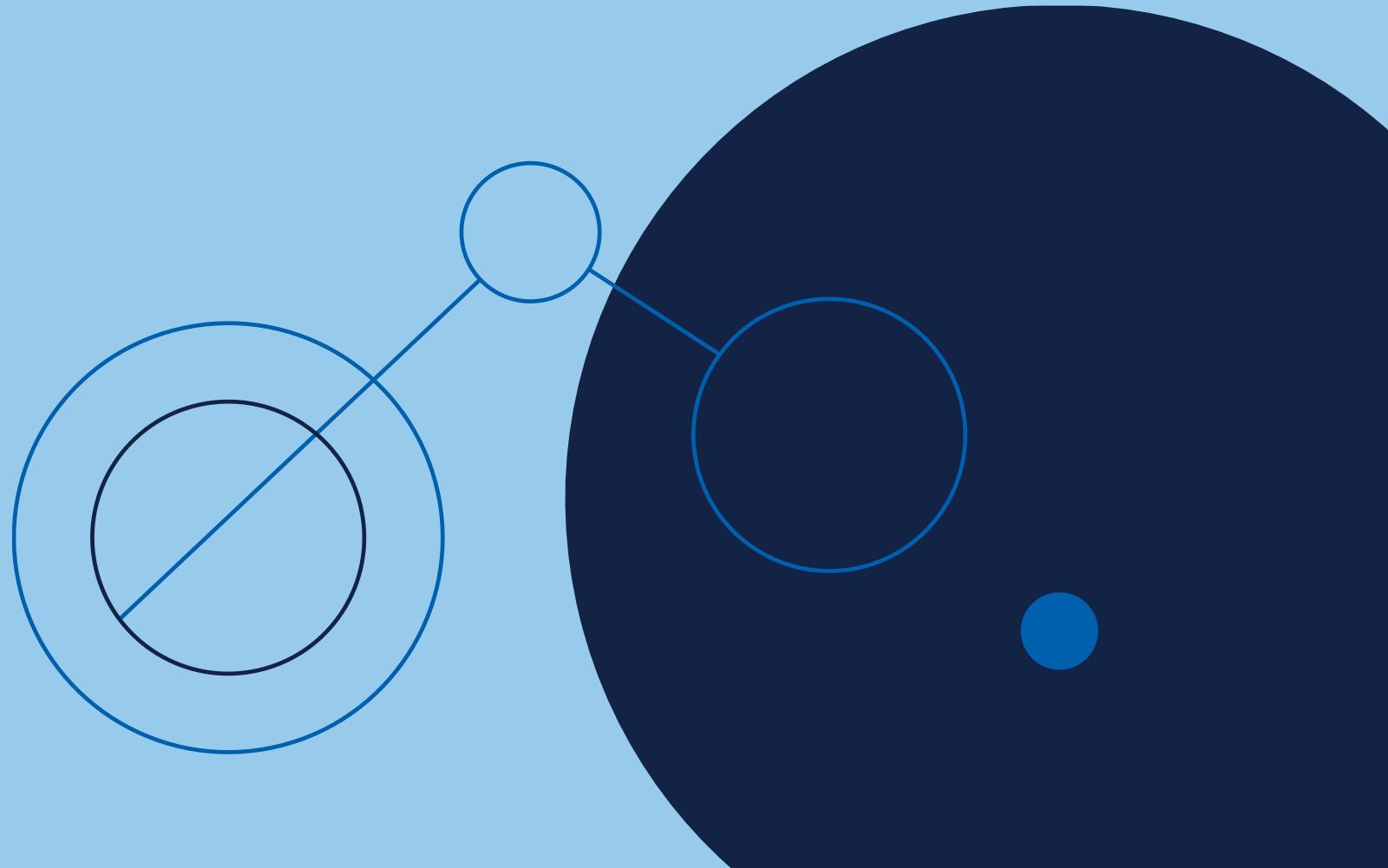
PATIENTS WHO MEET THE LOWER UTI CTP INCLUSION CRITERIA MAY/JUNE 2025

Sexual health history not included, 19



Sexual Health history included, 106

Lessons



The outcomes of collaboration – System changes

From this collaboration between ASHM and the ACT WiCs:

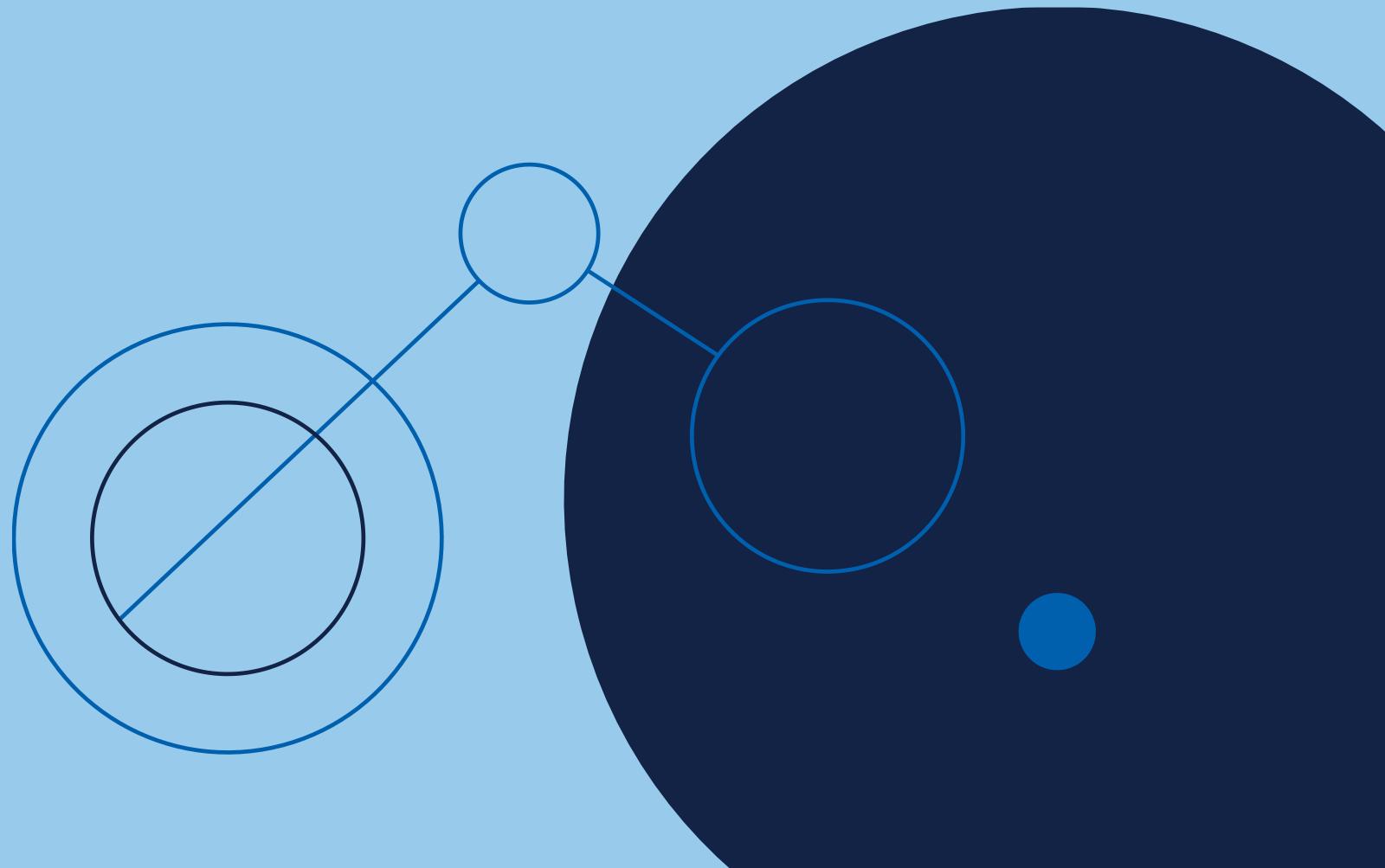
- Improved sexual health history taking (numbers)
- Development and use of the 'sexual health smartphrase' in DHR EPIC
- Improved Chlamydia and Gonorrhoea CTP
- Improved relationship with Canberra Sexual Health Course
- "Swabtember", a now yearly public health initiative

A clear demonstration of nursing scope of practice

- This initiative demonstrated the critical and growing role of nurses in addressing sexual and reproductive health needs within primary healthcare settings.
- Nurses and midwives make up over 50% of all registered health professionals in Australia.
- Nearly one-third of primary healthcare nurses report feeling under-utilised most of the time.

(Australian Institute of Health and Welfare, 2022 & Australian Primary Nurses Association, 2023)

Where to from here



Further scoping

- We were funded by ACT Government to run this again in August 2025.
- The Australian Government announced a \$644 million investment to open an additional 50 Medicare Urgent Care Clinics.
- More than 1.2 million Australians have accessed care at these clinics
- Hence, scoping has commenced for further rollout which includes scoping:
 - Funding for delivery
 - Partnerships with key stakeholders
 - Co-design with local teams

Nurses and midwives play a critical role in:

IDENTIFYING patients for screening and testing

EDUCATING patients if they need screening or testing

ADVOCATING for patients that screening or testing is required

Don't underestimate the power of **DATA** and as nurses we contribute to key **DATA**

Using **DATA** to advocate for your role and scope



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