

HEPATITIS C IN SA FROM TERTIARY TO PRIMARY CARE

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ACKNOWLEDGEMENTS

- ◉ Hepatology Team at Flinders Medical Centre
- ◉ Colleagues
- ◉ AHA

OVERVIEW

- ◉ Model of Care
- ◉ Commencement of Services
- ◉ Clinic Structure and framework
- ◉ Service Awareness
- ◉ Community Links
- ◉ Challenges
- ◉ Achievements

BACKGROUND

“In May 2009, SA Health launched the first strategic document for hepatitis C in South Australia, the South Australian Hepatitis C Action Plan 2009-2012. The Action Plan represents a strong commitment by the South Australian Government to minimising the impact of hepatitis C in the South Australian community, and outlines strategic actions for the government and community partnership to achieve in the three year plan. Expansion of access to effective treatments among the main populations affected by hepatitis C in South Australia is one of the major priorities for the Action Plan.”

Nursing Model of Care For Hepatitis Treatment in South Australia

HEPATITIS C ACTION PLAN 2009-2012

- ◉ Establish 8 Nursing positions across metropolitan Adelaide distributed across Specialist Centres 7 incorporating Outreach.
- ◉ Establish 1 rural Nursing position to develop protocols liaise with GP's and support treatment services in rural prisons. Work with the Tertiary Treatment Centres
- ◉ Timelines 2012

MODEL OF CARE

- ◉ Developed in collaboration to underpin nursing services within SA
- ◉ Provided a patient centred approach
- ◉ Allows for flexibility within service delivery
- ◉ Not prescriptive but provides direction
- ◉ AHA Competency Standards for the Hepatology Nurse 2008

SA SERVICES PRE AND POST COMMUNITY HCV NURSING POSITIONS COMMENCED 2010

PRE

- 1.5 FTE at Royal Adelaide Hospital (RAH)
- 0.5 FTE at The Queen Elizabeth Hospital (QEH)
- 1.6 FTE at Flinders Medical Centre (FMC)
- All tertiary based
- limited capacity for increased services
- Unstable funding in some areas

POST

- 1.5 FTE RAH
- 0.5 FTE QEH
- 2 FTE SALHN (FMC)
- Community 2 FTE

HEPATITIS C ACTION PLAN 2009- 2012

- Total of 9 Nursing positions were to be commenced by 2012 including 1 rural
- 1 12 month scoping position for rural SA occurred but not initiated an ongoing position
- Total of 5 Community funded Nursing positions have been established, across the local area health networks

CHALLENGES SALHN

- Lack of planning and implementation time
- 1.6 FTE prior post 2 FTE
- Lack of knowledge about services available (specifically nursing support available) & the best way of disseminating this information
- Delays within the sector especially approval for the Referral pathway
- Delay in 2nd round of new positions and reduced numbers from initial approval
- Lack of backfill provision for annual leave
- Supply of medication for outreach clinics

SERVICE AWARENESS SALHN

- Education evenings for GP's practice Nurses & other relevant Health Professionals including rural visits
- Development of referral Pathway for GP's in consultation with SAHS Clinical Leadership Group
- Patient flyers
- GP flyers mail out of service availability and contact details
- Service advertised on GP Divisions website

COMMUNITY LINKS

- DASSA services
- Clean Needle Program
- Community psychology and psychiatry
- Dieticians
- Social Work
- Practice Nurses
- Aboriginal Health
- Mosaic counselling 51 patients referred
- Drug Arm

ACHIEVEMENTS

- Reduced DNA's secondary to collaboration with administrative officer & assertive follow up
- Development of streamlined referral pathway for GP's
- Increased community awareness of services provided
- Improved access to treatment and management of Hepatitis C for patient's in Drug & alcohol services
- Development of protocols to assist with patient treatment and management
- Nurse coordinated clinics & increased Outreach clinics
- New Patient assessment to reduce waiting times and streamline assessment of patients entering care

MODEL OF CARE REFERENCE GROUP

- Membership
 - CDC BBBV
 - Nursing Tertiary & Community
 - Medical LAHN's
 - NGO Hepatitis SA
 - Consumer Representation
 - RASA
 - Prison Health
 - Country Health
 - GP metropolitan and rural
- Meet quarterly
- State Wide DATA collection & reporting
- Evaluation and planning

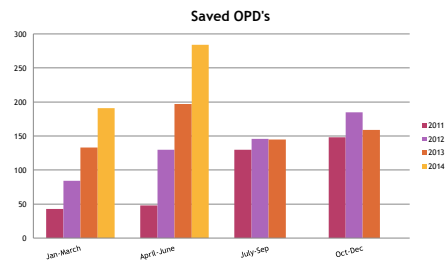
SALHN 2014

- Updated referral Pathway on Medicare Local website for GP's including 'red flags'
- Increased outreach clinics improved access to service
- Practice Nurse education
- The role of the Viral Hepatitis Nurse video
- Contact phone numbers provided with new HBV & HCV notifications provided to GP's

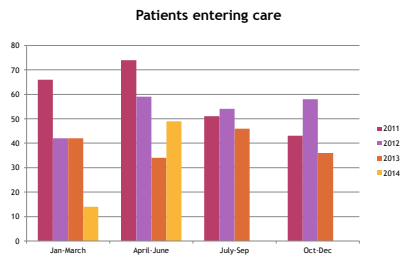
REPORTING KPI'S

- Saved Outpatient
- Occasions of Service (service events)
- Patients entering care
- Discharges
- Saved ED admissions
- Saved admissions
- Saved length of stay
- Outcome data
- ABF KPI's may be reviewed

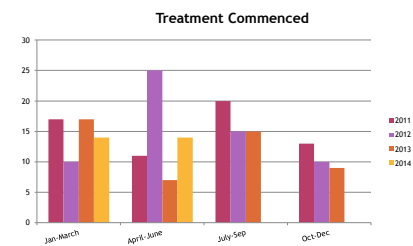
KPI'S



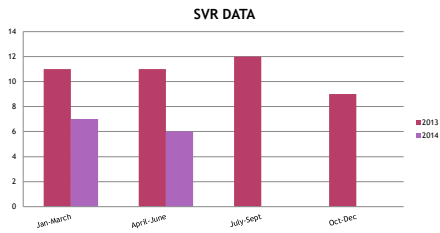
KPI'S



KPI'S



KPI'S



SUMMARY & PLANNING

- ⦿ One model of care underpinning the development of nursing roles within SA
- ⦿ Ongoing reporting requirements including KPI's for models of care reference group which are needed for continued funding of positions
- ⦿ Services are dependant on funding
- ⦿ Evaluation ongoing
- ⦿ Review model of care

QUESTIONS

“.....I will see you at my next confession”

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