

Report-back from the 2019 Viral Hepatitis Nurse-led Models of Care Forum



INNOVATION, AGILITY AND VELOCITY TOWARDS ELIMINATION



2019 Viral Hepatitis Nurse-led Models of Care Forum

- Delivered for the second time yesterday – attended by over 60 nurses
- Goal to provide nurses with an opportunity to build networks, share ideas and exchange knowledge
- Presentations, posters and workshops explored the barriers and enablers to implementing nurse-led models of care to eliminate viral hepatitis
- Acknowledges nursing is more than providing clinical care

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Key Issues raised

- Language – empowering or disempowering
- Nurses have the capacity to play the long game – engage the client, build rapport, keep engaged, advocate
- Collaborative partnerships result increased engagement
- How do we capture this data?
- Systems and workplace innovation is needed to support nurses in working to their full scope of practice
- Funding is a challenge
- Nurses have key role to play in the future hepatitis elimination

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Successful approaches and partnerships

- Hepatitis B and the CALD community: A unique community-based nursing model utilizing bi-lingual community health workers
 - Nurse-led model assessment in collaboration with GP's and community health workers
 - Identification of advanced fibrosis – outreach fibroscan
 - Identification of health knowledge deficits
 - Provision of education, support and healthcare navigation in language
 - Engagement in management of CHB in patients who had not seen a GP in >12months
- HCV care in OPT clinic setting: changing model of care and inclusion of peer worker can increase client engagement and HCV screening rates
 - Existing Nurse Practitioner model for HCV screening introduced elements of
 - Collaboration, removal of perceived barriers and assertive client engagement.
 - Partnered with a peer worker who attributed lived experience as key to engaging clients in discussions and referral for testing
 - Peer was sensitive to service users' priorities and clients responded well to assertive client engagement during OTP visits
 - Client engagements and screening significantly increased during the initial 12 months of the program which is ongoing

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- Increasing treatment accessibility for high-risk prison populations
 - Provision of primary care model in prisons
 - Integration of viral hepatitis care into all nurses clinical care
 - All nurses skilled to provide education, testing, fibrosis assessment (APRI) pathology collection and medication interaction assessment
 - Significantly streamlined pathway to treatment/management
 - Reduction in waitlist for GP consultation to 2-4 weeks (from 3-4 months via liver clinic)
 - Strategies employed to ensure continuation in care post unexpected release

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Thank You

Sally Watkinson
Viral Hepatitis Nurse Practitioner Candidate
Victorian Infectious Diseases Service
Royal Melbourne Hospital
sally.watkinson@mh.org.au

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