

In adults commencing treatment for Hepatitis C, does a nurse-led care plan that incorporates peer workers to address broader psychosocial needs improve treatment completion rates compared with standard care?

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Background: As of 2024, approximately 63,000 Australians continue to live with Hepatitis C (Burnet, 2025), despite direct acting antiviral treatment being available for almost a decade. Those struggling with Hepatitis C experience concurrent psychosocial barriers such as homelessness, stigma, mental health issues, substance use, food insecurity and financial instability. These factors can prevent clients from achieving sustained virologic response (SVR) after a positive RNA test.

Analysis: This mixed methods/quality improvement project is supporting those diagnosed with hepatitis C through a nurse-led model of care with a peer worker's shared lived experience. With McCormack and McCance's Person-Centred Nursing Framework (2025) guiding the care model and assisting with identifying the client's needs through shared decision-making with care providers. Each interaction integrates a checklist of potential barriers to treatment completion for each client that encompasses a multidisciplinary approach to address broader psychosocial factors.

Outcomes: Since January 2025, 29 clients tested positive for hepatitis C, 18 (65%) initiated treatment, 9 achieved SVR, 5 are awaiting confirmation while engaged in care, and 4 have not achieved SVR, representing approximately 80% success among engaged clients and an improvement from pre-implementation in 2024 (<50%). These findings identify factors that support treatment completion and barriers to achieving SVR.

Conclusion: By acknowledging the barriers and engaging with clients before undergoing hepatitis C treatment. This nurse-led model aims to provide a sustainable, multidisciplinary approach that enhances hepatitis C care in community settings. An evaluation of a nurse-led test and treat care model for hepatitis C concurred that "roles for nurses in community-based settings is critical, as is recruiting nursing staff who are qualified to deliver hepatitis C care across the cascade of care, and are capable of liaising between community and tertiary settings to facilitate the management of patients with complex social and medical needs" (Dawe et al., 2023).

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