

Health and Hepatitis – A Nurse-Led Model in Primary Care

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Background/Approach:

This abstract describes the nurse-led model of care implemented by The Deen Clinic. In 2016 the Deen Clinic was established with a focus on treating Hepatitis C (HCV) among priority populations. In 2022 the clinic expanded its services to provide primary health care. The availability of walk-in appointments overcame barriers to accessing care for priority populations. Rapport-building and person-centred care enhanced therapeutic relationships and interventions were targeted towards assessment, screening and management of viral hepatitis as well as comprehensive nursing care.

Analysis/Argument:

Upon first presentation, the clinic nurse provided intake assessment, including taking a history of injecting drug use and other risk factors. If at risk, the nurse proceeded to screen patients for Blood Borne Viruses and Sexually Transmitted Infections, including Point of care testing for HCV. Where a patient identified as having viral hepatitis, pre-treatment workup was completed, involving pre-approved laboratory testing, performing phlebotomy onsite and other recommended pre-treatment investigations such as Fibroscan. The patients that were commenced on treatment were provided with treatment check-ins that provided continuity of care and the nurse was available for ongoing support of patients.

Outcome/Results

Timely completion of necessary workups by the nurse corresponded with reduced treatment delays. Being involved in care of patients with or at risk of viral hepatitis from the start of the care cascade allowed for more supportive and immediate care. Strong patient engagement with the clinic nurse was associated with improved patient outcomes and patient feedback valued familiarity with staff.

Conclusions/Applications:

Primary care settings are well positioned to engage with at risk populations of people and treat and manage viral hepatitis in the community. Nurse-led models of care have been successful in identifying and supporting patients through the screening and follow up of BBVs. Nurse initiated screening and walk -in appointments were shown to be effective aspects of this nurse-led model.

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