

IMPLEMENTATION OF A HOSPITAL-LED, COMMUNITY BASED, HEPATOLOGY NURSE PRACTITIONER MODEL OF CARE IN AN INNER-CITY SYDNEY SETTING

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Aim

To evaluate a new hospital-led, community-based Hepatology Nurse Practitioner (HNP) service.

Background:

The A W Morrow Gastroenterology and Liver Centre, Royal Prince Alfred Hospital is committed to improving service access and health outcomes for people with liver disease. Goals include increasing viral hepatitis screening and management, connecting harder to reach patients with care, while supporting local primary care providers to play a larger role in managing and treating their patients.

Design

The HNP role was implemented in July 2017. The position was integrated to the liver service framework, supplementing existing community-based services. Regular clinics were held at three opioid substitution therapy (OST) and two private residential rehabilitation (RR) centres. Clinical support was provided to local primary care providers.

Analysis

A clinical audit of service activity from July-December 2017 was undertaken. Patient and primary care provider surveys are being completed April to June 2018.

Results

There were 287 occasions of service, including 194 new referrals. 59% (n=114) had detectable HCVRNA, with overall hepatitis C (HCV) prevalence 70% in OST clinics, versus 9% in RR clinics. 49% (n=56) of HCV positive patients commenced treatment, with prescriptions initiated by NP (39%), OST prescriber (23%), GP (18%) or other (20%). 25% (n=4) OST prescribers have integrated HCV into usual care. 64% (n=125) patients had HBV screening, with one new case identified and 17 commenced HBV vaccination. 10% (n=19) patients declined venepuncture, reporting difficult venous access (DVA). 22% (n=43) had cirrhosis. 3 decompensated cirrhotic patients had 7 hospital admissions. No adverse events relating to NP care were reported.

Conclusions

Findings indicate that the HNP role is feasible, safe and is making a significant contribution to the service, with a particular focus on HCV case identification and

increasing treatment uptake. Further efforts are needed to catch the 50% HCV positive patients who remain untreated.