
Nurse-led model to improve Hepatitis C treatment uptake in Correctional Facilities

Initiative Type

Service Improvement

Status

Deliver

Added

05 February 2020

Last updated

04 July 2022

URL

<https://clinicalexcellence.qld.gov.au/improvement-exchange/nurse-led-model-improve-hepatitis-c-treatment-uptake-correctional-facilities>

Summary

Expediting access to Hepatitis C treatments for prisoners in South East QLD prisons, through utilisation of a Nurse Practitioner/Nurse Navigator led model of care. The role includes direct patient

consultations, with referrals coming from nursing staff, medical officers, mental health clinicians and tertiary specialists. Nurse Navigator/led model of care expediting access to Hep C treatment for prisoners in SE QLD prisons. Partnerships with PAH, injectors health network. Purchase of Fibroscan device. All aimed to improve screening rates, diagnoses and treatment for Hepatitis C Virus (HCV) infected individuals. Improves linkages for follow-up care.

Key dates

Feb 2018

Sep 2019

Implementation sites

Brisbane Correctional Centre, Wolston Correcitonal Centre, Brisbane Women's Correctional Centre, Borallon Training and Correctional Centre

Partnerships

Princess Alexandra Hospital Gastroenterology/Hepatology Clinic Queensland Injectors Health Network (QUIHN) The Park Pharmacy - The Park The Centre for Mental Health

Key Contacts

Christopher Wallis

3220

william.vanheerden.ced

Nurse Practitioner

West Moreton HHS

0732719542

Christopher.Wallis@health.qld.gov.au

Aim

To improve screening rates, diagnoses and treatment for Hepatitis C Virus (HCV) infected individuals within South East Queensland prisons, and improve access to specialist care for those patients with advanced liver disease. The role also aims to improve linkage to follow-up care for patients that are released from the correctional system during or after treatment.

Benefits

Expediting HCV treatments in the prison setting will improve the physical and mental wellbeing of those treated. Rapid identification of potential advanced liver disease or liver cancer, leading to earlier intervention in the cases. Improvements in the identification of patients with advanced liver disease and the subsequent linkage to specialist care. Public health benefits due to reductions in viraemia among the correctional and community settings. Professional development and upskilling for nursing staff involved directly with patient care and ongoing education of colleagues.

Background

Early diagnosis and treatment for Hepatitis C Virus infected people within Queensland Correctional Facilities is very low.

Solutions Implemented

- Full-time Nurse Practitioner/Nurse Navigator as lead clinician for all nursing staff within West Moreton HHS correctional facilities.
- Partnership with Princess Alexandra Hospital Gastroenterology/Hepatology Secure Outpatients Clinic to facilitate specialist referrals and ongoing management of patients with identified advanced liver disease.
- Partnership with Queensland Injectors Health Network (QUIHN) Prisons Transition Worker to improve linkage to follow-up care on release from prison.
- Purchase of a mobile Fibroscan device for West Moreton HHS Prison Health Services. As of 30th November 2019, 226 Fibroscans were performed across the 4 correctional centres, which equates to 226 fewer hospital security escorts for QLD Corrective Services and the ability to have results at the point of care.

Evaluation and Results

An official project evaluation has not been completed at this stage. Since implementation in April 2019, approximately 450 people have been treated and linkage to specialist care and/or community follow-up has been greatly improved. Due to the lack of electronic medical records in Queensland prisons, the HCV treatment databases established by the program have proven to be an integral part of treatment follow-up, particularly upon release into the community or return to prison.

Lessons Learnt

- Remaining challenges include legislative changes needed to allow NP's to authorise S100 prescriptions (HCV medications require an S100 prescription in the hospital and prison system).
- Prison Health Services still relying on a paper medical record, with this often causing delays in the communication of previous medical records being available, thus delaying HCV treatment in some cases.
- Limited infrastructure in prison medical centres, very few consult room spaces. This requires flexibility from the clinician and often means attending another correctional centre on any given day.
- High prisoner recidivism rate leads to frequent treatment interruptions and/or missed follow-up upon release.

References

Similar nurse-led service in New South Wales prison system.

PDF saved 22/12/2024