

Use of a web based dashboard to identify and engage with people with hepatitis C admitted to hospital.

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Introduction

During Covid, all Hepatitis C outreach stopped due to social distancing measures and a reduction in face to face review of patients in addictions care.

HCV nurse specialists were redeployed to different wards throughout the hospital

Working in other wards reinforced that significant numbers of people were admitted whose Hepatitis C was not acted on for various reasons.

As nurses returned to hepatitis C care they began to manually check records of patients admitted to acute wards, and identified a significant number of patients not engaged in care.

Whilst this approach was successful in identifying and engaging patients, it was time consuming and not always possible as other liver services became re-established.

With this in mind, an approach was made to Business Intelligence, with a view to creating a web-based dashboard to identify patients requiring HCV care.

Methods

People with HCV either untreated or treated with unknown outcome were identified from a HCV database and virus lab data.

Using a patient unique identifier, linkage was performed with a patient management system (trakcare) to identify such patients currently in hospital.

HCV nurse specialists were encouraged to access this information via a web based dashboard on a daily basis.

When a patient was identified they would contact the admitting team to request any required pre-treatment bloods or check SVR bloods as appropriate.

When possible, in-reach pre-treatment assessment was performed, or alternatively outpatient appointments arranged.

The dashboard was not interrogated at weekends, or if nursing time/pressures did not allow.

Results

Of 4081 patients of interest 230 (5.6%) were admitted at least once during a four month period September-December 2021 (total 328 admissions).

Admissions were most commonly under:

- Medicine (221 (57.8%),
- Day case admissions (62, 16.2%)
- Psychiatry (34, 8.9%).

Excluding day case admissions, 180 patients were identified.

Of these:

- 64 (31.6%) had updated virology
- 35 (19.4%) have started treated as of 1st March 2022 (follow up 3-6 months).

Examples of people treated include-

Long stay admissions

Regular hospital attenders

Recent diagnoses not yet referred to HCV services

If appropriate patients commenced on treatment were referred onwards to other care providers to follow up eg Homeless teams, addiction teams.

Aims

To use an an IT solution to identify patients with untreated HCV, or whose HCV treatment outcome was unknown, who were admitted to our hospital.

To bridge a gap in the service and aid overall catchment of population who are either unaware or struggle to attend for treatment, using their hospital admission as a means to engage them in HCV care.

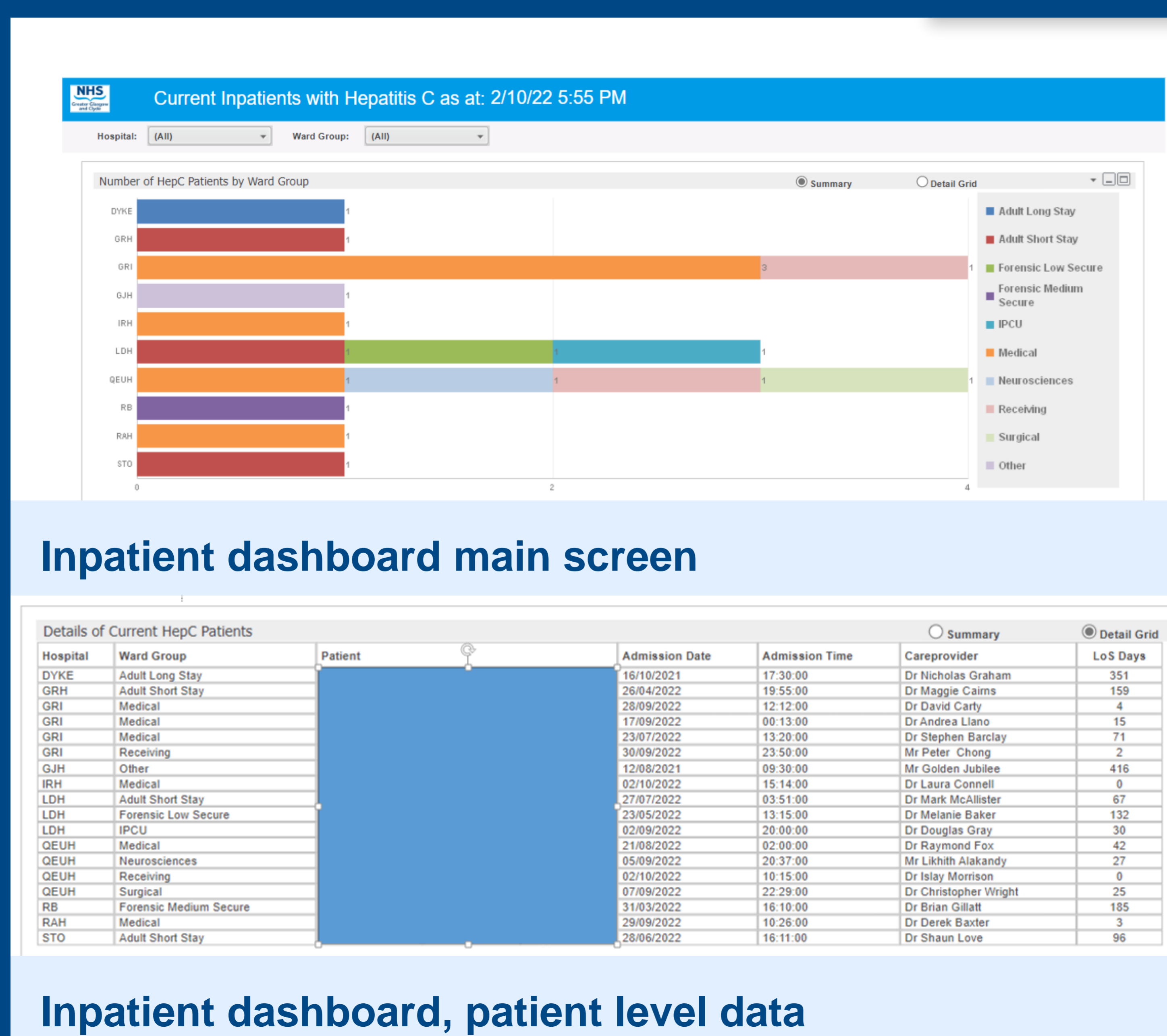
To educate ward staff of all disciplines about the need to review patients Hepatitis C status. Letting staff know that there are treatments readily available for Hepatitis C and what they consist of.as well as Informing how to refer patients for treatment.

Conclusions

The use of a web based dashboard was effective in re-engaging patients with HCV in care during or following a hospitalisation.

Approximately 1:3 patients had updated virology, and 1:5 were commenced on treatment.

Further work is required to identify adequate nursing time to ensure that opportunities to engage patients admitted to hospital are not lost.



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