**Quality Improvement Activity**

**Start date: End date:**

Destigmatising Hepatitis C in the Community

**Practice/team name:**

**Specific**

Provide a clear description of what needs to be achieved.

**Measurable**

Include a metric with a target that indicates success.

**Achievable**

Set a challenging target but keep it realistic.

**Relevant**

Keep your goal consistent with higher-level goals.

**Time-Bound**

Set a date for when your goal needs to be achieved.

**QI Activity Lead:**

Raise community awareness to destigmatise Hepatitis C over a 3 month period.

Increase the rate of treatment with cure over the incidence of new HCV infection. Decrease in people living with HCV; increase in community awareness of (curable) treatment options.

**Goal:**

What are we trying to accomplish?

**Change Ideas:**

What change can we make that will result in an improvement?

Increase in community knowledge issues that stigmatise Hepatitis C patients. Direct measure: digital analytics from web-based information; uptake of promotional leaflets; attendance at relevant events. Indirect measure: increase in diagnosis and uptake of treatment options; increased referrals to specialists.

**QI Activity Team:**

Raise community awareness to destigmatise Hepatitis C through events; information; posters and other educational material.

**Benchmark:**

What is our current data saying?

* Name/Role
* Name/Role
* Name/Role
* Name/Role
* Name/Role

Shift focus of community to understanding Hepatitis C to being an easily treated and cured disease. This will, in turn, encourage people at risk to seek early diagnosis and treatment.

Share xx # of clips/pamphlets in xx months with patients in the practice.

**Measures:**

How will we know that a change is an improvement?

What data will we use to track our improvement?

**ACT**

*Review or extend activity?*

*Implement the plan and record observations*

**DO**

**PLAN**

**STUDY**

*Develop a plan and the steps involved*

Consult with the WVPHN practice facilitator, develop a plan of action and present it at staff meetings.

Form a QI team, discuss workflow and allocate roles & responsibilities. [ideally – practice manager (can include WVPHN practice facilitator) and at least one GP, nurse and admin staff.]

QI lead to extract baseline data from practice software using data extraction tool.

Form a QI team: admin and nursing staff; PHN – practice facilitator.

Internal stakeholders: GPs; other clinic staff.

External stakeholders: PHN; other primary health care staff; patient advocates; GoShare; Hepatitis Victoria; LiverWell;

Develop project brief/communication plan.

Identify opportunities to engage with community

*Analyse and learn from the results*

**ACT**

*Review or extend activity?*

*Implement the plan and record observations*

**DO**

**PLAN**

**STUDY**

*Develop a plan and the steps involved*

Establish timeline or Gantt Chart of events and opportunities.

Collate and develop patient resources for dissemination.

Establish reporting and measurement tool for assessment.

Evaluation and project review.

At completion of QI period, measure change by repeating reports using data extraction tool. Assistance can be provided by PHN. Compare to baseline.

*Analyse and learn from the results*