**Quality Improvement Activity**

**Start date: End date:**

Uptake of Hepatitis C Therapy & Treatment

**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:**

Increase the rate of treatment with cure over the incidence of new HCV infection, including vulnerable population. 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?

Raise community awareness (refer to separate PDSA)

Engage vulnerable population to identify prevalence of Hepatitis C and increase uptake of treatment and cure regime.

Identify specific vulnerable demographic to focus on in cycle 1 of QI activity eg: ethnicity/age/gender/ socioeconomically disadvantage.

**QI Activity Team:**

Identify % specific vulnerable demographic: ethnicity/age/gender/ socioeconomically disadvantage, with current diagnosis, via data extraction of clinic software

**Benchmark:**

What is our current data saying?

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

Increase in % diagnosis (from vulnerable populations); referrals to specialist and uptake of treatment; Decrease in prevalence of Hepatitis C in vulnerable populations.

**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.

Develop project brief/plan.

Identify patient population from LGA and practice data.

Interrogate and analyse data to identify specified vulnerable group.

Develop appropriate recall process.

*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*

Engage external stakeholders to disseminate information and encourage engagement with practice for nurse led diagnostic clinic.

GP appointments: for known Hep C and newly diagnosed patients for referrals Resource: HealthPathways

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*