Hepatology Nurse

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SLHN
Introduction

Hepatology nurses are advanced clinical specialists who have detailed knowledge of liver disease and the treatments used to manage liver disease (AHA 2008).
Different Nursing Models in Ambulatory Care (OPD) for Different Diseases

• HCV
  – Hospital
  – Outreach to Drug Health Clinics
  – Outreach to Community Aboriginal Health Service
• HBV
  – Hospital based treatment focused
  – Community
• Liver Transplant/Advanced Liver Disease
• Liver Cancer
• Clinical Trial Nurses
• Fibroscan Nurse
• Hepatitis Coordinator
Hepatitis C
Members of the HCV Treatment Multidisciplinary Team

Patients have access to specialist services and allied health staff.

Nurses coordinate care.

- Hepatologists
- Specialist HCV nurses
- Psychiatrists
- Clinical Psychologist
- Hepatitis C Social worker
- Dieticians
- Referrals
  - Dermatology
  - Endocrinology
  - Ophthalmology
Hepatitis C Nursing Team

• Clinical Nurse Consultants
  – RPAH has had a dedicated anti-viral treatment position since 1994
  – First clinic to have dedicated position
  – Very experienced
  – Clinical leadership – responsible for “training” a lot of nurses throughout NSW

• Registered Nurses
• Enrolled Nurse
• Aboriginal Nurse
• Clinical Trial Nurses
HCV Nurse Role in Liver Clinics

- **Preparation for treatment**
  - Treatment education
  - Screening for treatment programs
  - Patient review re eligibility for trials, treatment protocols
- **Case management treatment patients**
  - Own case load – once initiated patients only see specialists if problems arise or clinical trial
  - Work closely with treating specialists
  - Experienced in share care arrangements and care plans
  - Liaise with multidisciplinary team
  - Arrange referrals as required
- **Treatment management**
  - Treatment initiation
  - Scheduled monitoring
  - Side effect management
  - Support, advocacy and referral
- **Post treatment management**
  - Response testing
  - Moving on after treatment

*This model has continued for more than 15 years, excellent compliance and is well supported by clinical staff and patients.*
Outreach HCV Nurse

• Model commenced in 2005
• HCV Clinics held in other services such as public and private drug health services; and Aboriginal Community Health Services
• Capacity building and engagement with these services
• Brings service to people who are reluctant to engage with mainstream services
• Same case management model as hospital based HCV CNC – RPAH specialists responsible for patient, scripts etc
Hepatitis B
Hospital Based HBV nurse

• 1 nurse part time
• Initially very involved in clinical trials
• Increasingly involved in:
  – HBV antenatal care and follow up of mothers
  – IFN therapy – numbers are small

Most hospital based HBV care is undertaken by the medical team. This could possibly change in the future and nurse could develop a triage role
Outreach HBV Nurse

• New HBV CNC position to be rolled out – different focus to HCV CNC
• Community based clinic in site with high CALD population and easy to access
• Focus on screening and triage
• Also Community education, GP and other HCW education
• Enhanced surveillance for chronic HBV from PHU notifications
• Partner with numerous services to increase HBV awareness and management
Advanced Liver Disease/Liver Transplant/Liver Cancer Nurses
Advanced Liver Disease/Liver Transplant/Liver Cancer Nurses Nursing team

• 2 liver transplant Clinical Nurse Consultants
  – RPAH has had a dedicated liver transplant CNC since 1986
  – Very experienced
  – Very large number of patients to manage

• 1 liver cancer CNC
• Registered Nurses
• Clinical Trial Nurses
Role of the Advanced Liver Disease/Liver Transplant/Liver Cancer Nurses

• Case Management led by specialists
• Nurses major role is in f/u and ensuring all care needs are met e.g. liver transplant assessment, booking TACE procedure, patient education, annual reviews etc etc
Clinical Trial Nurses

- Integrated into clinic team and case management
- Work closing with CNCs
- With large number of trials nurses have become specialised in particular areas
Good Work Environment for Nurses

• Consensus on Key Accountabilities
  – Excellent Patient Care
  – Importance of communication within multidisciplinary team
  – Complete tasks

• Challenges are Shared
  – Lack of Space
  – Workload

• Decision Making
  – Nurses are involved
  – Management structure tends to be more horizontal than vertical

We have an excellent rate of retention and very few issues with recruitment
Hepatitis Coordinator

- Position is held by a nurse
- Commenced in 1997
- Liver Clinic “manager” and clinical manager to Health Promotion
- Develop partnerships
- Service development
- Workforce development
- Capacity Building
- Strategic Development
- Health Promotion and Prevention
Strategies
to address the health burden of
Chronic Viral hepatitis
in the communities of
Inner West and South West
Sydney

Report for Sydney & South Western
Sydney
Local Health Networks and
Clinical Support Cluster