

USING LOCAL POLICY TO DRIVE CHANGE – Increasing Blood Borne Virus Testing

Prioritising Blood Borne Virus Testing in our District

South Eastern Sydney Local Health District (SESLHD) has developed a blood borne viruses (BBV) Testing Policy that consolidates national testing guidelines for hepatitis B virus (HBV), hepatitis C virus (HCV), and HIV into a single document.

The policy includes a focus on priority populations and SESLHD-specific recommendations for priority settings including:

- Mental health
- Drug and alcohol
- Sexual health
- Maternity
- Settings where people commence immunosuppressive or immunomodulatory therapy.

It aims to increase BBV testing and linkage to care for patients attending SESLHD facilities.

Having a mandatory policy makes testing and treating people with BBV a priority for the district’s clinicians and services.

Introducing a new policy can be an important driver for change.

A Public Health Priority

Identification, and treatment of people living with viral hepatitis and HIV is a key public health priority, endorsed by National and State-wide Strategies.

The NSW Ministry of Health has issued all local health districts with annual HCV treatment initiation KPI targets and annual service measures attached to HIV testing rates.

Upscaling testing is a key strategy in identifying the hidden populations of people living with BBV who are unaware of their status.

This increased testing and linkage to care are essential to meeting elimination and treatment targets for HBV, HCV and HIV.

It is estimated that up to 11% of people living with HIV, 36% of people living with HCV, and 20% of people living with HBV remain undiagnosed.

Many people eventually diagnosed with a BBV have attended health services recently but have not been offered a BBV test.

People living with BBV can be relatively asymptomatic, so if risk factors for BBV are unrecognised, testing may not be offered.

The policy simplifies recommendations on who, when and how to offer testing and provides pathways to link people to care.

The goal is to embed testing for HBV, HCV, and HIV into routine practice and reduce missed opportunities for diagnosis.

Creating Policy and Getting It Noticed and Used

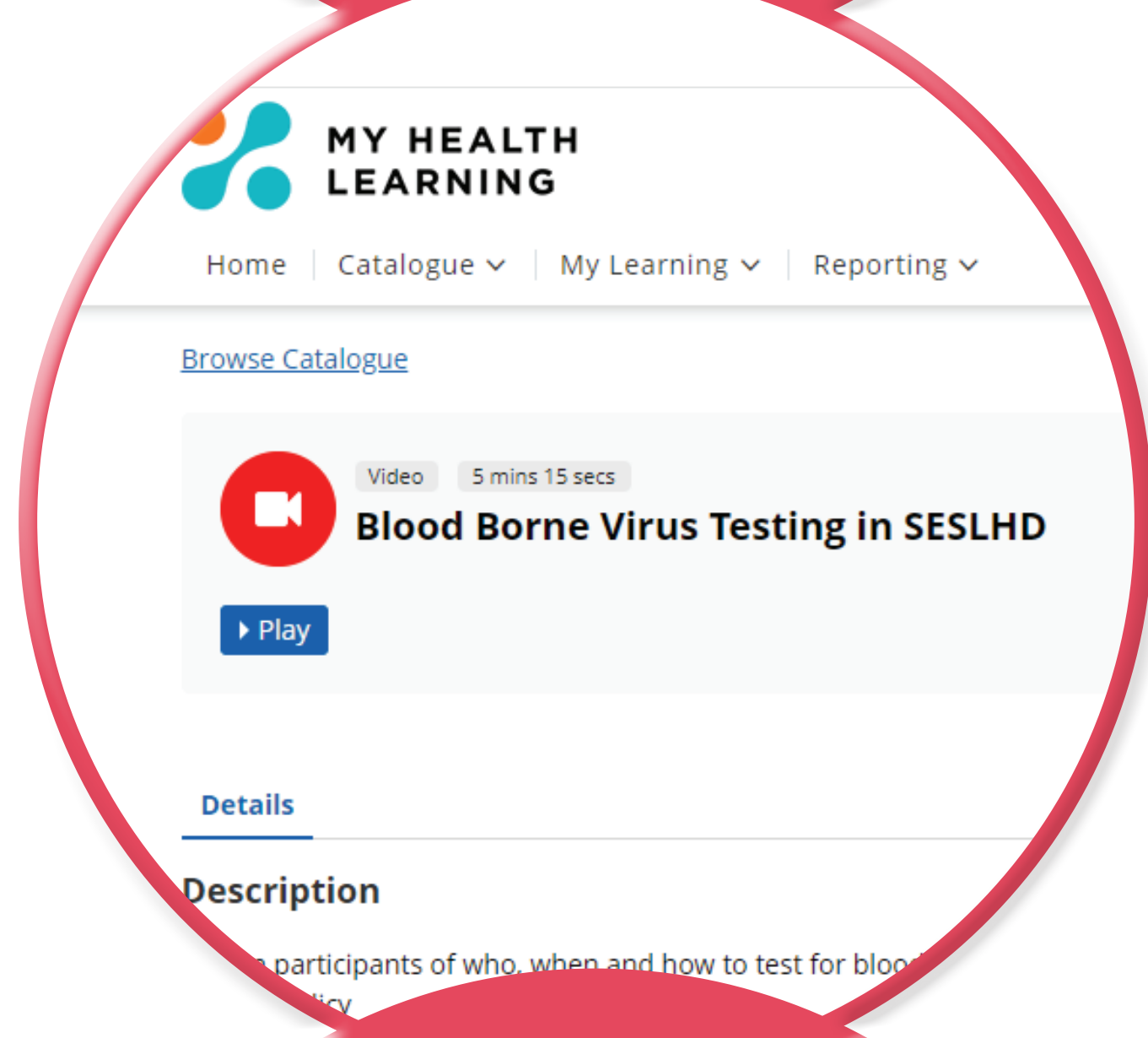
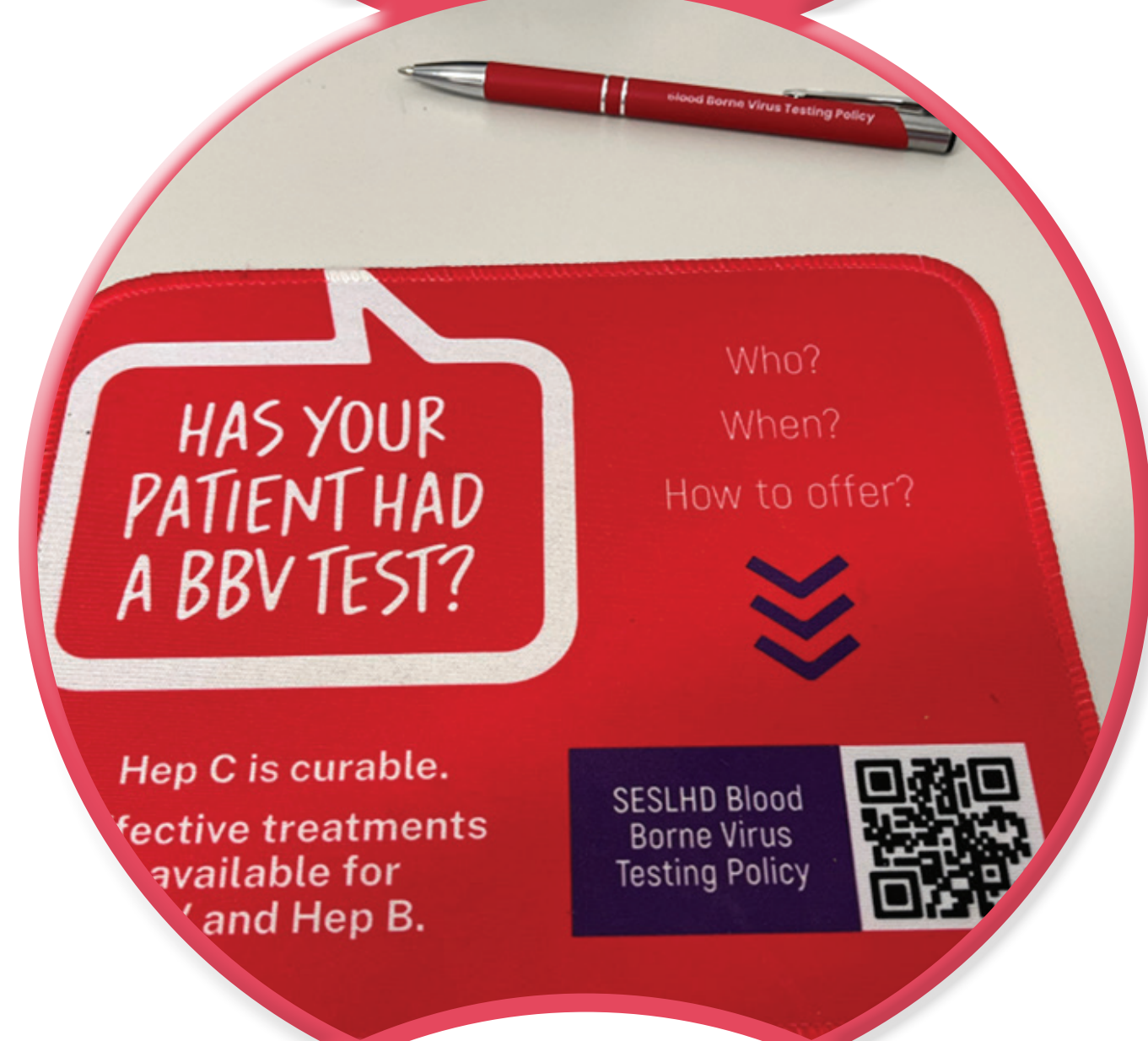
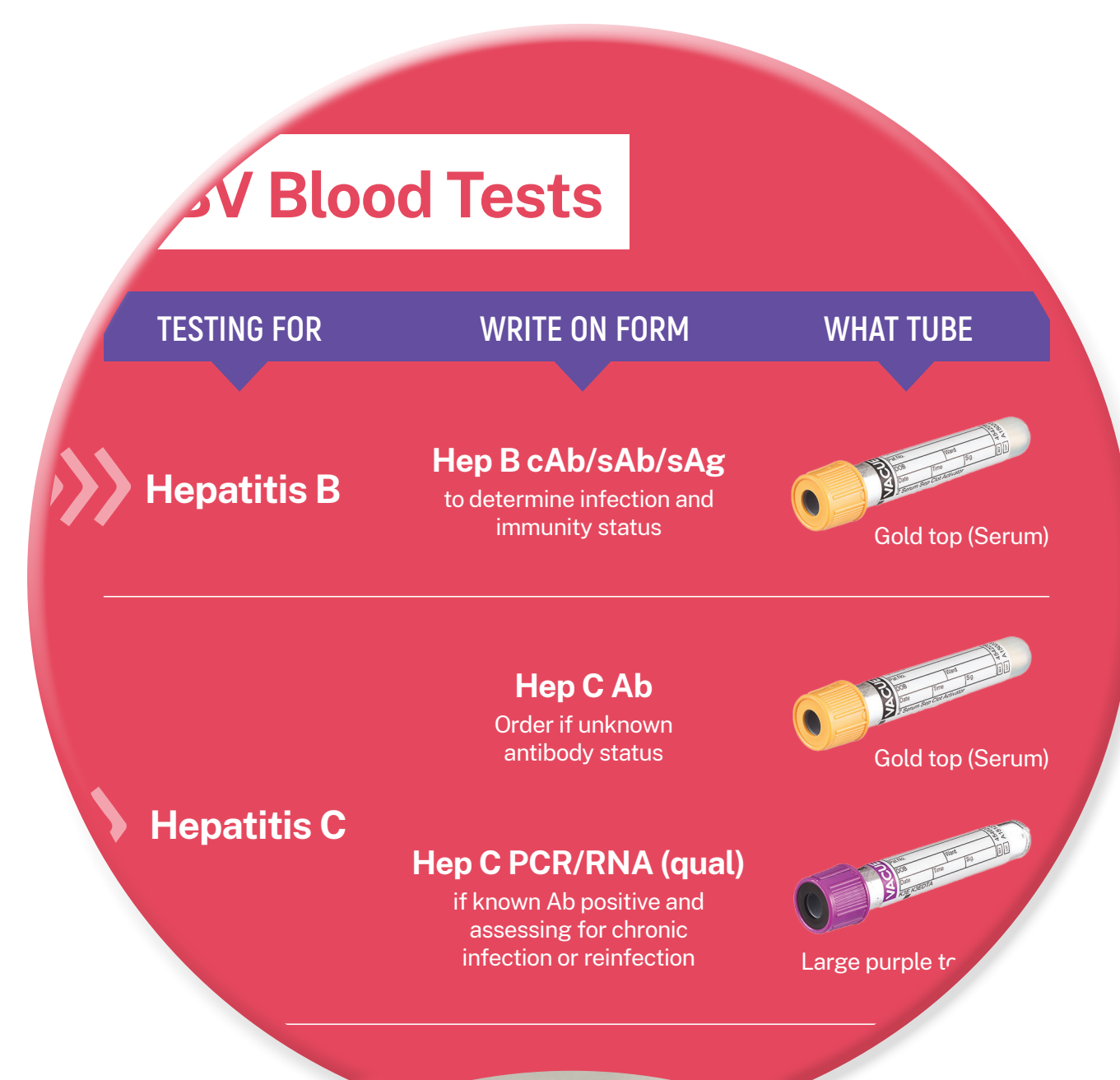
Engaging early with our partners and champions has been central to our approach and created a range of opportunities.

Clinicians from key settings including drug and alcohol, mental health and sexual health as well as clinicians with expertise in viral hepatitis and HIV in tertiary settings, were involved in the policy’s development.

Following the policy publication, a working group of SESLHD clinicians was established to support its roll out across the district.

This group used a range of strategies to direct people towards the policy. Including:

- “Hands on” resources developed to support staff to understand and access the policy (mousepads, pens)
- A desktop screensaver appearing on all staff computers
- Placement of the policy within MedApp
- Tabling the policy at governance meetings in key settings
- Seeking endorsement from Consumer Advisory Groups at SESLHD’s tertiary hospitals
- Direct education to health care workers
- Promotion during awareness campaigns
- Providing local, practical actions staff can take after learning about BBV and the policy
- Promotion by the health district’s CE during a regular live broadcast
- QR codes used on resources with direct link to the policy.



Embedding Testing into Practice

To support embedding testing and linkage to care within clinical practice we have:

- Developed a *BBV Testing and Results Form* in the electronic medical record (eMR)
- Included the policy in local documents such as:
 - Inpatient Admissions Business Rule in mental health
 - Orientation packages in drug and alcohol and mental health services
- Published a SESLHD BBV Testing education module on HETI (online health training platform) to be included in Medical Officer orientation and training, and orientation packages for staff in priority settings
- A poster for ward staff provides direction on blood collection for BBV.

Monitoring Implementation and Impact

A range of strategies will be used to monitor and evaluate the policy’s effect over time. These include:

- Monitoring testing data via:
 - Pathology tests for HCV, HBV and HIV in SESLHD tertiary facilities and priority settings
 - Dried Blood Spot testing data for HCV and HIV
 - National Point of Care Testing Program data.
- We are optimistic there will be a trend of increased testing over time as the strategies roll out and take effect
- Monitoring HCV treatment data collected from SESLHD services and Pharmaceutical Benefits Scheme HCV treatment data reported by the Ministry of Health
- Auditing eMR usage of the BBV Testing and Results Form will show testing and linkage to care within priority settings
- Monitoring the BBV Testing online training reports from HETI showing numbers of staff completing it and where they work
- QR codes with analytics provide data on the numbers of people clicking through to the policy from ongoing promotional campaigns.

Conclusion

- **The development and implementation of a BBV Testing Policy has raised awareness and provided guidance to clinicians on the need for testing and linkage to care.**
- **It is driving the inclusion of testing in routine care across a range of key settings.**
- **The policy supports SESLHD’s goal of normalising and increasing BBV testing in health care settings.**

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