NSW GOVERNMENT Health
Justice Health & Forensic Mental Health Network

A Specialty Network Governed Statutory Health Corporation constituted under the 2011 amendment of the Health Services Act 1997

JH&FMHN VISION
EXCELLENCE & EXPERTICE
Achieving the best health outcomes for people in contact with the forensic mental health and criminal justice systems across community, inpatient and custodial settings

Custodial Health Service:

Custodial Health service delivery model is focussed on screening, triaging, providing and monitoring care. Key Custodial Health services are provided to 30,000 patients annually in 30 health centres in NSW. Services include:

- Population Health
- Dental & Oral Health
- Drug & Alcohol
- Adolescent Health
- Mental Health,
- Primary & Women's Health
- Aboriginal Health

Population Health stream has responsibility for the delivery of specialised clinical services across the State including:

- Screening for and management of blood borne viruses and sexually transmissible infections
- Provision of harm minimisation education and information
- Care, management and treatment for hepatitis B and C and HIV
- Focussed health improvement initiatives include health protection, disease prevention including surveillance, infection prevention, immunisation, communicable diseases outbreak management and environmental health

Women's and Primary Health stream in collaboration with Operations and Nursing provides:

- Clinical pathways for disease management
- Interventions to identify and manage acute and chronic conditions
- Referrals to specialist services, gender specific services to women in custody, and
- Assists both staff and patients to navigate the complex health system in a correctional environment

Challenges to service delivery:

- Length of stay is usually short (less than 6 months)
- Frequent movements around the state often without notice
- Limited access by patients to health centres
- Limited access by health centre staff to patients

Population:

- Prisoner health is generally poor and there is a high demand for health services.
- There are high numbers of individuals reporting multiple health conditions.
- Prisoners have a lower socio-economic status than in other communities.
- Many report a history of juvenile institutional care and family incarceration.
- There are higher levels of mental health problems than other communities.
- There are higher levels of illicit drug use and harmful alcohol use than other communities.

BBVs in the Custodial Setting:

- Current custodial population in NSW is approximately 10,500 - 11,000 individuals.
- 32% are Hepatitis C (HCV) antibody positive* (est n:3,360 -3,520).
- An estimated 75% will have chronic HCV with the potential to develop Advanced Liver Disease (ALD) or Hepatocellular Carcinoma (HCC) (est n:2,520-2,640)
- 1.8% have chronic hepatitis B* also with the potential to develop ALD or HCC (est n:189-198)
- These figures indicate that there is the potential for high numbers of patients to develop ALD or HCC.

*2009 Inmate Health Survey (n:996)

Model of Care Advanced Liver Disease Management in the in the Custodial Setting

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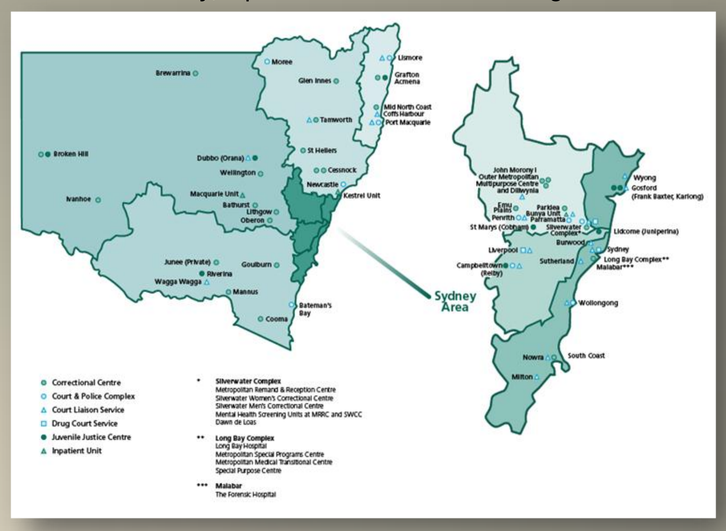
Current situation:

- There are 722 full time equivalent (FTE) nursing staff. Of these, 1.6% (11.3 FTE) are Public Sexual Health Nurses (PSHN). Only three of the 30 health centres have a full time PSHN.
- PSHN provide specialist services including implementing the JH&FMHN Early Detection Program for Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI), provision of harm minimisation education and counselling, hepatitis C and HIV management and treatment and follow up of sexual assault reports.
- Primary Health nurses are the first point of contact for patients presenting to a health centre with a health condition.
- Presently, any patients presenting with chronic hepatitis or ALD, regardless of aetiology, are referred to the PSHN for ongoing clinical care and management.
- Liver disease is not listed as a chronic disease and is not included in chronic disease management programs. (Chronic diseases include Diabetes, Congestive Heart Failure, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease and Hypertension)
- It is evident that there is a lack of a appropriately skilled nursing workforce to provide ongoing clinical care to patients with or at risk of ALD.



Identified issues:

- Within the organisation it is recognised that there are insufficient PSHN positions to provide an adequate and comprehensive clinical service to these patients with complex health care needs.
- PSHNs do not have the capacity to provide timely care and monitoring for the large numbers of patients with chronic hepatitis and with the potential to develop ALD.
- There is resistance and reluctance from Primary Health Nurses to incorporate liver disease in their area of responsibility due largely to lack of knowledge or expertise, and their own existing workload.
- Given the unique patient population and custodial environment all clinical staff require an improved level of understanding and awareness about recognising the deteriorating patient specifically those with chronic hepatitis and ALD.

Plan for improvement:

- Develop a model of care which will enable all clinical staff to acquire the skills and knowledge to provide clinical care and support for patients with chronic hepatitis and/or ALD.
- It is envisaged that this model of care will bring about a change in clinical practice to facilitate and support the Primary Health Nurses' role in the care and management of patients with ALD.

Proposed Model of Care for ALD:

Stage 1:

Seek approval from the Executive to undertake a change in clinical practice

Stage 2:

Identify and engage stakeholders from all Network streams and disciplines

Stage 3:

Develop the model of care, training package, protocols and monitoring tools

Stage 4:

Implement the model of care – conduct training and provide support to Primary Health Care Nurses

Stage 5:

Evaluate the clinical outcomes for patients with or at risk of developing ALD

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