

USING A KNOWLEDGE TRANSLATION APPROACH TO INCREASE TESTING OF PATIENTS AT RISK OF HEPATITIS B IN A PRIMARY HEALTH SETTING

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Background: Chronic Hepatitis B (CHB) is a complex disease requiring lifelong management. Evidence suggests that the National Hepatitis B Testing policy is not followed; 44% of Australians with CHB have not yet been diagnosed. This project sought to address the gap between optimal and current CHB testing in a community health service in Melbourne.

Methods: The project used a knowledge translation approach, including continuous quality improvement (three monthly audit and feedback of adherence to guidelines); educational interventions for GPs and nurses delivered by hepatitis B opinion leaders; and indication for testing recorded in the medical practice software for at risk patients. Over a three month period these quality improvement interventions were implemented and an audit measuring adherence to the testing guidelines was conducted. In addition, a patient-held hepatitis B testing reminder was implemented in May 2016.

Results: After implementation of the quality improvement and staff education, the number of patients tested for hepatitis B doubled from 46 patients between August and November 2014 (control), to 94 patients during the same period in 2015 (intervention). Two new diagnoses were made. Between December and February 2016, no interventions were implemented. The number of at risk patients tested reduced to 42, suggesting the testing behaviour was not sustainable. Pre-educational intervention surveys were available for six participants and post-session surveys were available for four participants. There was a notable improvement in understanding of hepatitis B serology, management and monitoring requirements. Participants' confidence in caring for patients with hepatitis B also improved.

Conclusion: The aim of this project was to test a series of interventions aimed at increasing the number of at-risk patients tested for hepatitis B by GPs at a community health service. The findings to-date suggest that several interventions are needed to improve hepatitis B testing of at-risk patients.

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