

WORKBOOK FOR GENERAL PRACTICE

Continuous
Quality
Improvement

Improve hepatitis B screening



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NORTH WESTERN
MELBOURNE

An Australian Government Initiative

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Acknowledgement

We acknowledge the Traditional Owners of Country across the various lands on which we live and work. We recognise Aboriginal and Torres Strait Islander peoples' continuing connection to land, water, and community and we pay our respects to Elders past and present. We acknowledge Sovereignty in this country has never been ceded. It always was, and always will be, Aboriginal land.

We also recognise, respect and affirm the central role played in our work by people with lived experience, their families and/or carers.

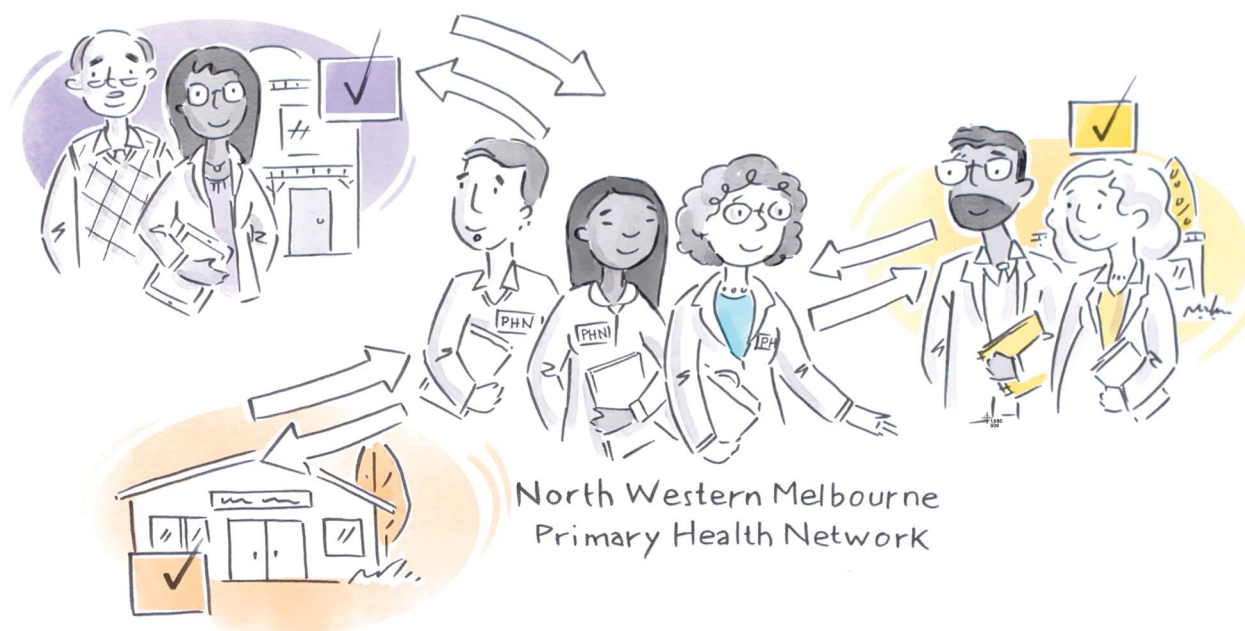


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About this quality improvement toolkit

This toolkit is designed to support general practice teams to boost screening and detection of hepatitis B among their patient cohort, to improve statewide diagnosis rates of hepatitis B and ultimately reduce related liver cancer burden. It contains an easy-to-use template, education and training resources, and improvement ideas. Completing activities included in this workbook can be used as evidence for CPD hours and RACGP accreditation.

Outcomes

- Increased understanding of hepatitis B, including risk factors and testing, among the general practice team.
- Increased screening rates for hepatitis b, with all appropriate tests, and subsequently, increased detection and treatment of hepatitis B among the general practice patient cohort

Relevance to general practice

This activity will also assist general practices with:

- meeting Practice Incentive Program, Quality Improvement (PIP QI) activity requirements.
- continuous professional development (CPD), including measuring outcomes, reviewing performance and education activity points. (More information [here](#).)
- meeting a range of RACGP Accreditation Standards for General Practices 5th edition requirements relating to QI.

Relevance to the broader health sector

Eliminating hepatitis B as a public health concern in Victoria is viewed as a priority goal. Untreated chronic hepatitis B is a major contributor to the burden of liver cancer cases. As such, the Victorian Government commits to:

- "Increasing the proportion of people living with hepatitis B who are diagnosed to 90%" Victorian [Hepatitis B plan 2022-30](#).
- "Reducing the number of newly acquired hepatitis B infections by 90%." [Victorian Cancer plan 2024-28](#).

The Model for Improvement (MFI)

This is an evidence-based approach endorsed by leading health bodies, including the Royal Australian College of General Practitioners (RACGP) and the Institute for Healthcare Improvement (IHI).

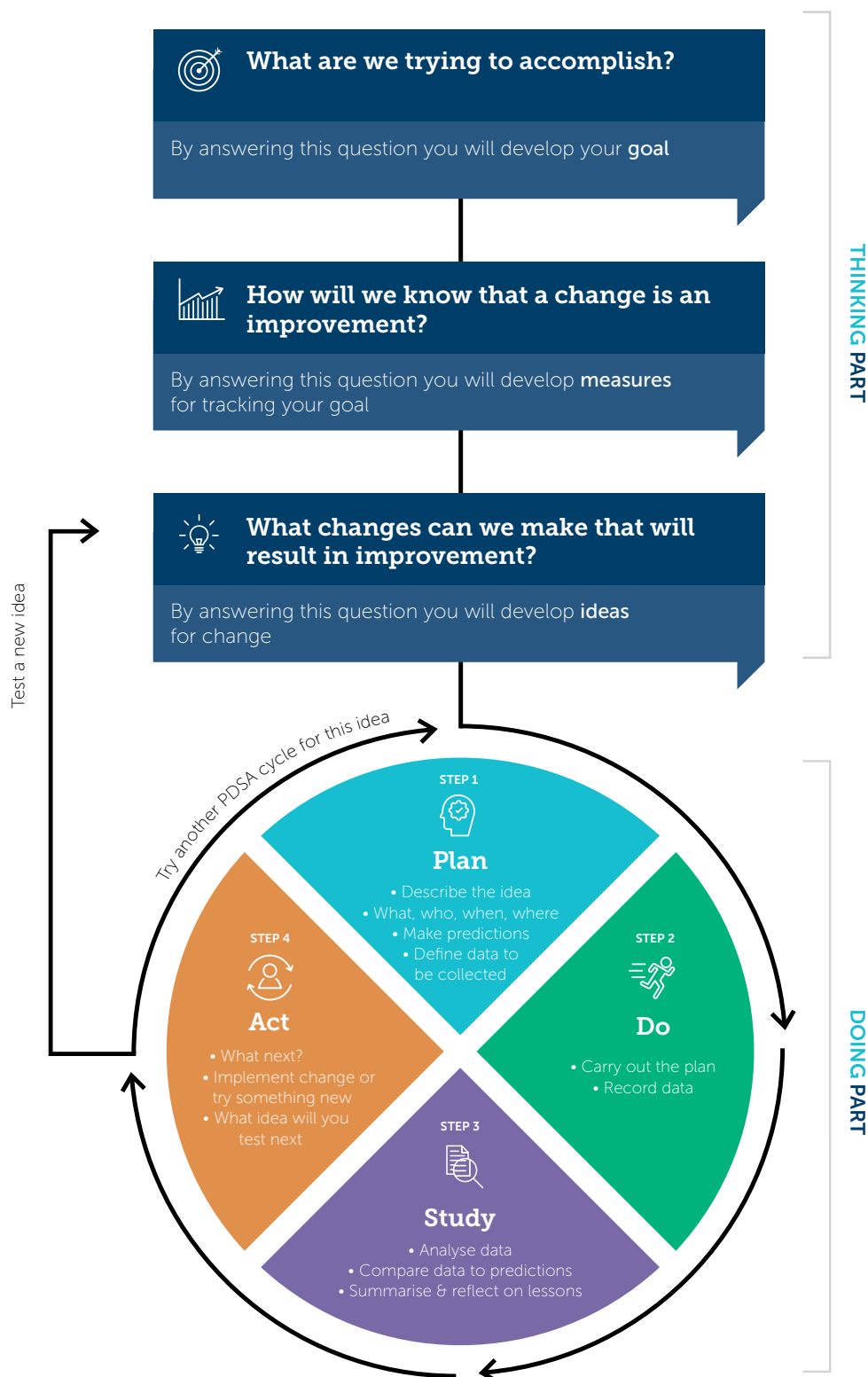
It's easily applied and requires no specialist skills or background. It also has the advantage of encouraging creativity, and collegiality and collaboration.

Starting small is key, with change broken down into manageable pieces. Within your practice, this not only helps to reduce clinical and administrative risks, but also to foster unity within the practice team and avoid resistance to change. Proven changes can then be implemented more widely across the practice, while refined or new ideas can also be run through the mill.

As illustrated in [Figure 1](#), MFI comprises a 'thinking part' and a 'doing part'. In the 'thinking part', you step through 'Goal', 'Measure' and 'Idea' (GMI). The 'doing part' consists of the 'Plan, Do, Study, Act' (PDSA) cycle. It's not a linear process – the idea is to cycle back and forth through both parts as often as required. You'll see these concepts mentioned frequently in this workbook. (See [Videos on the Model for Improvement](#) in this workbook.)



The Model for Improvement and the Plan, Do, Study, Act cycle



Your four steps to improvement

Step

1

Understanding hepatitis B

Step

2

Work as a team to collect data and develop goals

Step

3

Plan, Do, Study, Act – time to get ‘cycling’

Step

4

Evaluate and celebrate

Step

1

Understanding hepatitis B

What is hepatitis B?

Hepatitis B is a potentially life-threatening blood-borne virus that primarily affects the liver, resulting in an increased risk of developing fibrosis and cirrhosis, liver failure and liver cancer. In Australia, up to 56 per cent of primary [liver cancer is caused by hepatitis B](#). Liver cancer is one of the leading and rapidly growing [causes of cancer death in Australia](#).

According to the [Doherty Institute](#), one in 123 Australians (219,800 people) are estimated to have chronic hepatitis B (CHB). The [number of people living with CHB has increased](#) by 9.6 per cent since 2018. Importantly, it is estimated that 31 per cent of Australians with CHB remain undiagnosed.

Early detection, follow-up and treatment of CHB is imperative to slow the progression of the disease towards cirrhosis, and reduce the chances of developing liver failure and liver cancer.

Hepatitis B is often asymptomatic and must be diagnosed with a blood test. This means affected individuals may not be aware of their risk and may unknowingly transmit the virus to others.

31%

of Australians with
chronic hepatitis B are
undiagnosed



Without screening and
treatment, CHB can lead
to advanced liver disease
and liver cancer.



Affected individuals may not
be aware of their risk and
may unknowingly transmit
the virus to others.

Populations at risk

Population groups at risk, which should be considered for screening, include:



- People with clinical presentation of liver disease and/or elevated ALT/AFP of unknown aetiology
- Pregnant people
- Patients undergoing chemotherapy or immunosuppressive therapy (who are at risk of reactivation)
- People born in regions with intermediate or high hepatitis B prevalence (central, north-east and south-east Asia, the Pacific Islands, north and sub-Saharan Africa, southern and eastern Europe)
- Aboriginal and Torres Strait Islander people*
- Men who have sex with men
- Partners and household or sexual contacts of people with acute or CHB
- Infants and children (under 9 months) born to mothers who have hepatitis B
- Patients undergoing dialysis
- People with multiple sex partners who have not been previously tested
- People who inject drugs or have done so in the past
- People who are in custodial settings or have been in the past
- People with HIV or hepatitis C or both
- Sex workers
- People initiating HIV pre-exposure prophylaxis
- Health professionals who perform exposure prone procedures (EPPs)

Source: [What do I need to know about testing for hepatitis B?](#) | ASHM Health



* Being Aboriginal or Torres Strait Islander is not a risk factor for CHB. However, it is a marker for disproportionate exposure to other factors which in turn confer risk.

This acknowledges the fact Aboriginal and Torres Strait Islander people historically have not had the same opportunity to be healthy as non-Indigenous people. This is due to systemic discrimination and racism since colonisation and occurs through the inaccessibility of mainstream services and lower access to health services, including primary health care, and inadequate provision of health infrastructure in some Aboriginal and Torres Strait Islander communities.

Screening and early detection

Screening with all appropriate tests (HBsAg, anti-HBc and anti-HBs) and early detection are imperative to slow the progression of the virus, eliminate related morbidity and transmission to others.



A complete screening event for hepatitis B can be done with a blood test order that enquires for HBsAg, anti-HBc and anti-HBs.

1. HBsAg (hep B surface antigen) = Does the person have hepatitis B?
2. Anti-HBc (hep B core antibody) = Has the person been exposed in the past?
3. Anti-HBs (hep B surface antibody) = Is the person immune?

This helps ensure patients with hepatitis B are detected and patients at risk of hepatitis B are vaccinated.

Given that general practitioners (GPs) are typically the first point of contact for most people within the health care system, they are essential to improve HBV testing rates nationally, and subsequently, to improve health outcomes for those at risk. Additionally, most cases of CHB can be managed and treated within primary care, reducing the burden on already overwhelmed tertiary-based liver clinics.

Source: [RACGP - Knowledge and practices of chronic hepatitis B virus testing by general practitioners in Victoria, Australia, 2014–15](#)

By improving screening and testing rates for hepatitis B in your practice, you can improve rates of diagnosis, increase access to effective treatments, improve patient outcomes and reduce transmission. You can also ensure that patients who are susceptible to hepatitis B are immunised against it.



RESOURCES

The [hepatitis B toolkit](#) produced by the Australasian Society for HIV Medicine, Viral Hepatitis, and Sexual Health Medicine (ASHM) is an interactive online resource, structured around the most common questions asked by clinicians caring for people living with the virus.

Patient readiness and understanding is an important factor in screening and early detection. A resource available for both clinicians and patients is [HepLink Australia](#) (HepLink). Available nationally via 1800 437 222 HepLink connects to a community nurse navigator to offer information, support and linkage to ongoing care including access to peers and lived experience workers across Australia.

Other resources, including training webinars, e-learning and decision-making tools, are linked in our [education and training resources](#) chapter.

HealthPathways

HealthPathways is an online resource that gives primary health care professionals up-to-date, localised clinical and referral information.

The hepatitis and liver cancer pathways detail all key hepatitis B information, including prevalence, presentation of the virus, how to assess and manage chronic hepatitis B. We recommend reading it before you start your quality improvement program.

To access it, click the link that corresponds to the primary health network region in which you are based, then select the "sign in or register" button.

- [HealthPathways Gippsland](#)
- [HealthPathways Melbourne](#) (covering the EMPHN and NWMPHN catchments)
- [HealthPathways Murray](#)
- [HealthPathways Western Victoria](#)

Where to get help?

Contact your primary health network (PHN) to access quality improvement support for your general practice team.

Don't know your PHN? Find it using this [health.gov.au](https://www.health.gov.au/locations) locator.



Before you start, take a moment to reflect

Before you embark on your QI activity, take some time to reflect on your practice's current knowledge and processes. Consider the section on understanding hepatitis B and the resources linked. Did anything surprise you? Were you aware of this information?



Here are some questions to help guide your reflection:

1. Patient identification and screening process:

- How do we identify patients at risk of hepatitis B?
- Are we effectively using patient history and risk factors to guide screening decisions?
- How often do we screen at risk patients for hepatitis B?

2. Testing process:

- When testing for hepatitis B, are we always ordering a complete hepatitis B test event, for HBsAg, anti-HBc and anti-HBs?

3. Patient education:

- How do we educate patients about the importance of hepatitis B screening?

4. Barriers to screening:

- What barriers might our patients face in accessing hepatitis B screening? How can we address these?

5. Follow-up care:

- What follow-up procedures do we have in place for patients who test positive for hepatitis b or are hepatitis b negative but not immune?
- How do we monitor and manage patients with CHB to prevent liver cancer?

6. Collaboration:

- How can we improve collaboration among our team to enhance hepatitis B screening and follow-up care?



Write your reflections below.

Step

2

Work as a team to collect data and develop goals

Now you've done your background research, it's time to establish a brains trust and start examining ideas. By the end of this section, you'll be able to answer these key questions:

**Goal**

What are we trying to accomplish?

**Measure**

How will we know that a change is an improvement?

**Idea**

What changes can we make that will result in an improvement?

Assemble your QI team and prepare your practice

Form a team that includes clinical and non-clinical staff members. Nominate an individual from this team to lead the activity. Work together to develop a plan for how you will implement and communicate the improvement initiative you are about to embark on.



Use the [NWMPHN Team Health Check PDSA](#) and Improvement Foundation's [Team Health Check Score Sheet](#) to help you assess your team culture and identify roles and responsibilities. Along the way, you might also identify team members who might resist change, as well as potential issues or matters to address before your project begins.

Activity 1: Prepare your practice for your hepatitis B activity

Work with your QI team to identify any potential gaps in your practice's current knowledge and processes when it comes to determining who is at risk of hepatitis B, how to test for hepatitis B and how to interpret the results. You may want to refer to your reflections from the previous chapter to guide these discussions.

Consider hosting a whole-of-practice kick-off meeting to let everyone know of your plans to improve hepatitis B screening rates. Ensure all your clinical staff take the time to complete the self-assessment below. The aim of this is to identify where your clinical staff feel confident and where improvement is needed (for example, by doing additional training and education). This task could be distributed and completed at your 'kick-off' meeting.

Self-assessment matrix for clinicians:

How do you feel:	Not confident	Apprehensive	Comfortable	Confident
Identifying a patient who is at an increased risk of having hepatitis B				
Identifying whether an at-risk patient has been screened for hepatitis B				
Engaging in a discussion about hepatitis B with patients who may be at risk				
Asking a patient about ethnicity or country of birth				
Accessing up-to-date hepatitis B resources and information (including patient resources, referral pathways and GP resources)				
Testing a patient for HBsAg, anti-HBc and anti-HBs when assessing hepatitis B				
Interpreting a patient's hepatitis B test results				






Self-assessment for non-clinicians and admin staff:

How do you feel:	Not confident	Apprehensive	Comfortable	Confident	Not applicable
Recording patient ethnicity and other demographic data in your practice's clinical software					
Explaining to a patient why it is important for the GP to know their ethnicity or country of birth					
About your understanding of hepatitis B					
Accessing up-to-date hepatitis B resources and information					
Responding to patient inquiries about hepatitis B					

Strengths, weaknesses and improvements

After each team member completes self-assessment, you may want to engage the group in a broader discussion about hepatitis B and your practice’s current systems and processes to identify and screen at-risk patients. This would be a good opportunity to capture the practice’s strengths and weaknesses, as well as potential improvement strategies that could be implemented during your QI activity.

<p>Discuss your practice’s current systems and processes in place to identify and screen patients at risk of hepatitis B. What’s working? What isn’t? Do you have any improvement ideas?</p>	
<p> Strengths:</p>	
<p> Weaknesses:</p>	
<p> Improvement ideas:</p>	

Post kick-off team meeting

After your kick-off meeting, meet with the QI team to debrief. If there are knowledge gaps in your practice team, engage in some educational activities to ensure everyone is prepared for the upcoming quality improvement activity.

	Check one option
Do all relevant practice team members know how to identify a patient at risk of hepatitis B and who has not been screened?	Yes No Unsure
Do all relevant practice team members feel confident engaging in a conversation about hepatitis B with an at-risk patient?	Yes No Unsure
Do all relevant practice team members know how to test a patient for hepatitis B and how to interpret these results?	Yes No Unsure
Do all relevant practice team members know where to access hepatitis B resources, including information on how to screen/test, patient resources and referral pathways?	Yes No Unsure



Filling in the gaps - education to prepare everyone.

If there are knowledge gaps in your practice team, engage in some educational activities to ensure everyone is prepared for the upcoming quality improvement activity. There are many free resources available to your practice, including interactive and evidence based training from [St Vincents Hospital](#) that can be provided in your workplace or online, [ASHM's hepatitis B toolkit](#) or call [HepLink](#) for questions about viral hepatitis.

See the [education and training resources](#) listed and linked at the end of this booklet.



Prepare your practice for a hepatitis B screening improvement activity. **Done!**

Celebrate and share

Congratulations! This is a significant medium-term quality improvement outcome that should be celebrated.

Everything you and your practice team do to enhance knowledge and processes sets a strong foundation for future successes and contributes to the overall quality of care you provide.

Collect baseline data

This step is crucial for any quality improvement activity. Reviewing your baseline data will reveal a clear picture of your current performance, allowing you to pinpoint the areas that need improvement. It will also give you a baseline by which you can objectively measure the success (or failure) of your implemented strategies.

Measuring against the baseline at regular intervals is the best way to track your progress.



Activity 2: Establishing the baseline: identify patients with an increased risk of hepatitis B who have not been screened

Count the number of patients at your practice with:

1. one or more risk factors ([see page 8](#)), and
2. no current hepatitis B diagnosis, vaccination or immunity recorded.



Start small. Consider picking a group or risk factor that is most relevant to your practice and targeting this cohort first, rather than trying to look at everyone at once.

- Additional approaches you may want to consider:
- Utilising an “active patients” filter to remove those who don’t regularly visit your practice.
- Conducting a “mini audit”. Select 30 random patients with one or more risk factors and identify the proportion that have not been screened for hepatitis B.
- Reviewing cases that have been identified as hepatitis B positive but haven’t come back to the practice.



If you need help, contact your PHN primary care support team.

Here are some tools your practice could consider using to collect this data:

- Outcome Health’s POLAR clinical software’s HepLOGIC liver cancer audit tool
- Pen CS CAT4 clinical software’s viral hepatitis tool

These provide a list of patients potentially at risk of hepatitis B. Several risk factors are considered and you can filter by those that are most relevant to your patient cohort. Once you have selected filters for “active patients” and, optionally, a risk factor of your choice, you will be able to identify the number of patients who have not been screened.

This will provide your baseline data. Record it in the table below. (You may also want to make a copy, or take a screenshot of your report or dashboard, date it and save it in a folder.)

Date baseline data was collected Enter Date 	Enter Number 
Target patient cohort: Number of patients with one or more risk factor for hepatitis B - or with your chosen risk factor(s).	
Number of patients at increased risk of hepatitis B who have not been screened for hepatitis B.	

Activity 3: Reflect on the data with your QI team

As a team, reflect on the data you just collected. Is it what you expected? Does anything surprise you? Use the table below to record key comments from your team discussion.



Now that you have collected your data, consider sharing your findings with the rest of the practice. Perhaps you could display this information, along with your improvement goal, in the staff tearoom.

Set a goal and develop a plan

Now that you have prepared your practice for the quality improvement activity, identified areas for improvement and collected your baseline data, you are ready to develop your plan. This should state your goal, the improvement ideas you wish to test and the methods you will use to measure your progress.

Need help getting started? Go to [Appendix a](#) to view a list of improvement ideas. You can also watch our recent webinar that guides you through the plan-do-study-act (PDSA) process (see [Page 7](#)).

What is the PDSA process?

The [plan-do-study-act \(PDSA\)](#) method is a way to test a change that is implemented. Going through the prescribed four steps guides the thinking process into breaking down the task into steps and then evaluating the outcome, improving on it, and testing again. Most of us go through some or all of these steps when we implement change in our lives, and we don't even think about it. Having them written down often helps people focus and learn more.



Establishing the baseline: identify patients with an increased risk of hepatitis B who have not been screened. **Done!**

Celebrate and share

Congratulations on your completion of this activity! You are now ready to start building your quality improvement plan.

Activity 4: State your goal, measures and strategies you would like to test

Defining the goal of this activity provides your team with a statement of what you are trying to accomplish. Review and adjust according to your practice's starting point and requirements. Use the baseline data you collected in Activity 2 to inform it.



Your goal can be defined according to the acronym, 'SMART'.

Ask yourself: "Is our goal:

- **Specific** – does it say exactly what we want to achieve?
- **Measurable** – have we included a measurable target, such as 'increase by 50 per cent hepatitis B screening rates among our active patients born in countries where hepatitis is common'?
- **Achievable** – is it likely our practice will be able to accomplish the goal?
- **Relevant** – does it accord with our practice's broad vision and aims?
- **Time-based** – do we have a clear challenging but realistic deadline for achieving our goal?"

Here is an example of a goal and the considerations arising from it. Modify this to suit your practice.



Goal

What are we trying to accomplish? By when?



Increase the number (or proportion) of at-risk patients in the target cohort screened for hepatitis B from ____ to ____ by __/__/__ ."



Measure

How will we know if we have made an improvement?



- *"We will use ____ to measure the number of at-risk patients who have been screened for hepatitis B before and after implementing our strategies."*
- *"We will know that we have made an improvement if the number of at-risk patients screened for hepatitis B rises above the recorded baseline."*
- *"[Practice team member] will be responsible for collecting this data."*



Idea or strategy

What changes can we implement that will lead to an improvement?



1. ...
2. ...
3. ...

Utilise this template to state your goals, measures and strategies that you want to test.



Goal

What are we trying to accomplish? By when?



Measure

How will we know if we have made an improvement?



Idea or strategy

What changes can we implement that will lead to an improvement?



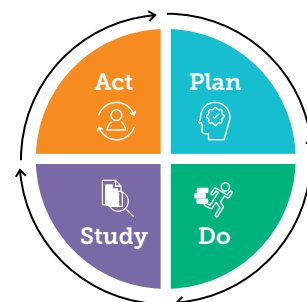
State your goal, measures and strategies you would like to test. **Done!**

Step

3

Plan, Do, Study, Act – time to get ‘cycling’

To get started, take the strategies you’ve listed in Activity 4 and develop a plan for how you implement and test each one. Make sure you assign responsible person/persons for each step, as well as intended due dates, to ensure clarity across the team. Our advice is to work on implementing one strategy at a time, however you can modify this approach to best suit your practice needs.



Plan

Plan the test, including a plan for collecting data

Describe the brainstorm idea or strategy that you are planning to work on.

What exactly will you do? Include what, who, when, where, predictions and data to be collected.



Pick ONE of your strategies

Plan what you will do to implement this strategy, including who is responsible for each step and when you expect to complete it. (See over page for more room to record your steps).




Activity




Person responsible



By when

<div> Activity</div>	<div><div> Person responsible</div><div> By when</div></div>
<div> Activity</div>	<div><div> Person responsible</div><div> By when</div></div>
<div> Activity</div>	<div><div> Person responsible</div><div> By when</div></div>
<div> Detail your expected outcomes of this strategy:</div>	

 Do	Carry it out, and describe how you went (Action)
Run the test on a small scale	Was the plan executed successfully? Did you encounter any problems or difficulties?

Now go ahead and implement your first strategy. Be sure to keep a record of any unexpected outcomes.



Remember to always order all three hepatitis B tests:

1. HBsAg (hep B surface antigen) = Does the person have hepatitis B?
2. Anti-HBc (hep B core antibody) = Has the person been exposed in the past?
3. Anti-HBs (hep B surface antibody) = Is the person immune?

Ensure all three tests are specified in your order, because practice software can often generate a request for 'hepatitis B serology' only, potentially resulting in an incomplete result.

All [three tests are Medicare rebatable simultaneously](#), as long as the requesting doctor writes "? chronic hepatitis B" or similar clinical justification on the request slip.




If there is documentation that a person is fully vaccinated, they do not need to be tested again.


We recommended keeping the [decision making in hepatitis B clinical tool](#) at close hand in your consult rooms and referring to it often, because it provides all the key information required to test, interpret serology and related actions and treatments to deliver, depending on the results.

For more in-depth clinical information, refer to [ASHM's hepatitis B toolkit](#).



These resources, as well as other helpful tools, are listed in our [Education and training](#) resources chapter.


After the completing your trial, meet again as a QI team to debrief. Make sure you do a data collection so that you may compare your results against your baseline and determine if you have made an improvement.

Date post-implementation data was collected	
Number of patients at an increased risk of hepatitis B that have been screened using HBsAg, anti-HBc and anti-HBs	
 Did you achieve your predicted goal?	

 <h2>Study</h2>	<h3>Does the data show a change? (Reflection)</h3>
<p>Analyse the results and compare them to your predictions</p>	<p>What does the data say? Did you meet your predictions, or did you fall short?</p>

As a team, analyse your results and compare them to your predictions.
Take some time to reflect on your strategy and what you have learned.

<p>Did your strategy work well? If yes, why? If no, what needs to be changed?</p>	
	
<p>Did you encounter any unexpected issues or problems? If so, how can these be mitigated or avoided in the future?</p>	
	

 <h2>Act</h2>	<p>Do you need to make changes to your original plan? (What next?) OR did everything go well?</p>
<p>Based on what you learned from the test, plan for your next step</p>	<p>If this idea was successful you may like to implement this change on a larger scale or try something new. If the idea did not meet its overall goal, consider why not and identify what can be done to improve performance.</p>

What's next? Based on what you have learned, plan for your next step.

Will you make changes to your plan? If the strategy was successful, will you continue to use it as is or will you modify it? If not successful, what idea will you test in your next cycle?

What will you take forward from this cycle? Will you continue with the strategy, change or improve it?



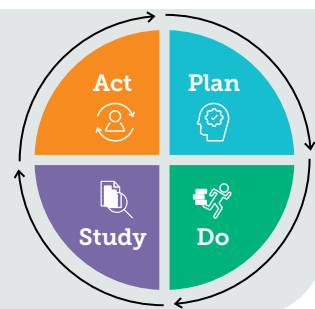
Your first cycle is now complete. **Done!**



What's next? Your next cycle

Now that you have completed these activities for one strategy, it's time to start the cycle again.

Head back to Step 3 to identify the next priority area for your practice and work through the activities again, or use this blank [PDSA template](#) to get cycling!



Ready to stop cycling and reflect?
Go to our next chapter to evaluate and celebrate.

Step

4

Evaluate and celebrate

Evaluation is, of course, a regular and integral part of the PDSA process. But it's also important to conduct broader evaluations of the overall project.

Now that you have completed your [four steps to improvement](#) and your Plan, Do, Study, Act cycle, it's the perfect time to reflect on how the process went. Complete the activity table on the next page with your team members.



Celebrate your work!

Share your achievements

By recognising your 'wins', you'll engage your practice team more deeply with your quality improvement project, enhance morale and foster a culture where striving for improvement is as integral as payroll – or lunch!


You could share results at staff meetings, hold a celebratory lunch, post your achievements in the waiting area, or even engage local media.


Have you got a QI case study that you want to share with other practice?


We would love to share your success with your colleagues in other practices. Are you interested in having your Quality Improvement story published in our newsletter and website?

Please submit your case study, resources and photos to primarycare@nwmphn.org.au or call (03) 9347 1188 to speak to a primary care program officer to get started.

 Did you achieve your goal?


 What are you most proud of?

 What were the things that helped you?

 Were there any barriers?

 How did you overcome these?

 What were the changes for: • Patients • Staff/Clinicians • Population • Business?

 What would you have done differently?

 What are your next steps for the changes that were made?

 Date started

 Date completed

Education and training resources

Clinical resources

- [Hepatitis B toolkit](#) - ASHM
Comprehensive document that provides Victorian healthcare providers with the essential tools to effectively care and manage patients with hepatitis B, supplemented with links and resources for further detail. Includes: '[What do I need to know about testing for hepatitis B.](#)'
- [Hepatitis B referral and clinical support toolkit](#) - ASHM
- [Decision making in hepatitis B clinical tool](#) - ASHM. A two-page summary document that can be displayed in a consulting room and provides all the key information required to test, interpret serology and related actions/treatments to deliver depending on the results.
- [Hepatitis B learning hub](#) - ASHM
Learning resources and tools relevant to hepatitis B prevention and treatment.
- [Clinical foundations of hepatitis B](#) - ASHM
e-Learning course introducing the basics of hepatitis B in Australia.
- [Clinical extensions of hepatitis B](#) - ASHM
second e-Learning that delves into clinical education and training in hepatitis B and

is appropriate for healthcare workers who have foundational knowledge and experience working with individuals living with hepatitis B.

- [Find an s100 prescriber](#)- ASHM
- [HepLink Australia](#) - A national program offering a 1800 437 222 direct line to a community nurse navigator who can answer your questions and support you to directly manage your patients with hepatitis B.
- [Hepatitis B and C training sessions](#) – St Vincent's Hospital Melbourne.
These free interactive and evidence-based sessions can be provided at the workplace or online. They are tailored to suit the learning needs and the audience.
- [Hepatitis B and C education videos](#) – St Vincent's Hospital Melbourne and NWMPHN
- [Understanding liver tests](#) - Gastroenterological Society of Australia
- [HealthPathways Melbourne – chronic hepatitis B](#) - NWMPHN and EMPHN

Stigma reduction resources

- [Stigma reduction toolkit for the Victorian healthcare workforce](#) - La Trobe University. The purpose of the toolkit is to enable Victorian healthcare services to take action to reduce stigma related to BBVs and STIs, and to foster inclusion, equity and cultural safety in their service delivery.
- [B Seen, B Heard: hepatitis B from our perspective](#) – video series – ASHM
 - [Chapter 5: Cultural perspectives](#)
 - [Chapter 7: Stigma and discrimination](#)
- [Stigma and discrimination, no place in healthcare](#) – Lived experience and expert video testimonials – ASHM
- [Asking about ethnicity and country of birth in healthcare settings](#) – video – LiverWELL and Doherty Institute. Supports people working in healthcare settings to navigate asking patients about their ethnicity and country of birth.
- [Asking the question: are you \(or is the person\) of Aboriginal and/or Torres Strait Islander origin?](#) – NWMPHN
- [Lived Experience Framework](#) - Hepatitis Australia. A guide to working with people with a lived experience of viral hepatitis, Connecting your clients with peer or lived experience networks can greatly reduce the impacts of stigma and discrimination experienced in their viral hepatitis journey.

Patient identification resources

[HepLOGIC resources](#) – a comprehensive list of resources to support primary care practices that are utilising the HepLOGIC (POLAR/Walrus) tools to identify patients at risk of hepatitis b and in need of testing.

- [HepLOGIC liver cancer risk audit tool guide](#) on how to identify patients indicated at risk of hepatitis B and at risk of liver cancer.
- [HepLOGIC liver cancer risk audit tool](#) video
- Pen CS Clinical Audit for [viral hepatitis B tool screening and management guide](#).

Resources to support discussion with patients

- [Caring for your health: preventing hepatitis B-related liver cancer](#) – Cancer Council. A flipchart for health care workers to use with patients who have been diagnosed with hepatitis b, to facilitate discussion about what hepatitis b is, how it impacts the liver and how to manage hepatitis b to prevent liver damage.
- [Hepatitis B Information brochure](#) – LiverWELL (available in 7 languages)
- [Liver cancer Information brochure](#) – LiverWELL
- [HepLink Australia website](#) - a resource for patients to find information and support to local care and community services. Available for post counselling services to patients following diagnosis.

- [Hepatitis B liver monitoring video](#)
– Hepatitis Australia. Developed in consultation with people living with hepatitis B and reflects some of their experiences with the disease. Available in 5 languages.
- [Your rights and responsibilities](#)
– Hepatitis Australia

Resources for non-clinical staff

- [Hepatitis B & C: Busting the myths poster](#)
- [Myths and misconceptions: Viral Hepatitis](#)
- [HepLink Australia](#) - for anyone, anywhere in Australia who may have questions about viral hepatitis. Connect by phone or in person with local experts who can provide information and support to care and community services.

GPs can report the time taken to complete quality improvement (QI) activities directly in the RACGP CPD portal.

These activities can be recorded under various CPD hour categories, including Education Activities (such as attending workshops or online learning), Reviewing Performance (peer or patient feedback), and Measuring Outcomes (which involves collecting and analysing data to improve patient care).

Logging individual times in these categories ensures GPs receive appropriate recognition for the full scope of their professional development efforts and helps identify areas for further improvement.

- [CPD at the RACGP](#)
- [Log CPD hours via RACGP Quick Log](#)
- CPD Hours for use of HealthPathways – [HealthPathways Melbourne](#) and [HealthPathways Western Victoria](#) users can now use the platform to record and report continuous professional development (CPD) activities.

How to upload your CPD hours



Appendices

Appendix a) Quality Improvement ideas or strategies for hepatitis B screening

- Improve recording of ethnicity or country of birth to identify priority populations for screening and immunisation.
- Identify patients overdue for STI screening, particularly for men who have sex with men (MSM) who are at higher risk of hepatitis B.
- Identify patients not vaccinated or under-vaccinated against hepatitis B.
- Identify education needs to improve clinical knowledge and skills.
- Identify practice workflow improvements to increase screening. This might include:
 - An improved reception or administrative focus on updating patient information.
 - Utilising nurses to identify patients who are under-screened when they present for other routine care.
- Identifying patients eligible for government-funded hepatitis B vaccinations who have not commenced or completed the full course.

Appendix b) Other hepatitis b-related quality improvement activities

- [Improving the management of hepatitis B in your practice](#) (NWMPHN QI activity).

