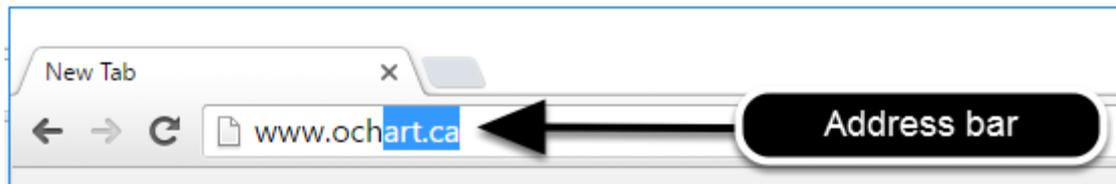


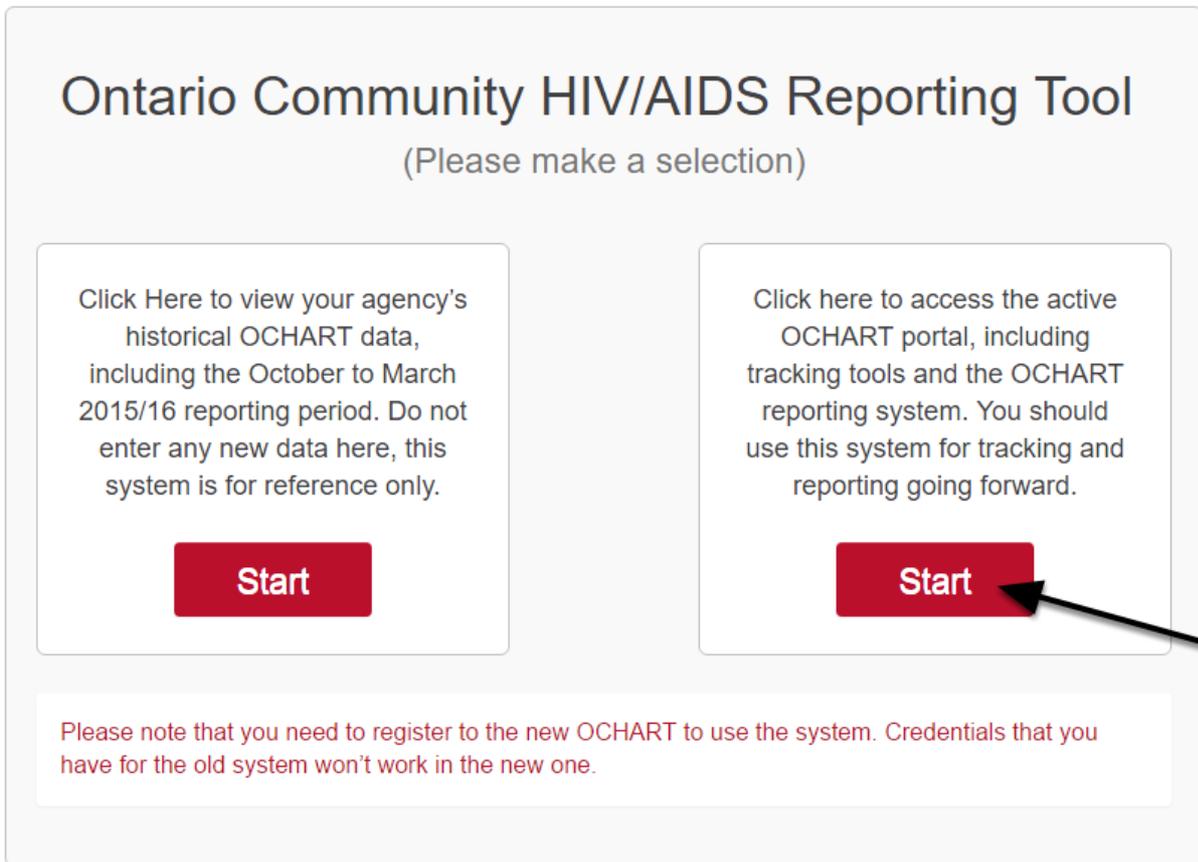
Section 9: Hepatitis C services

This section will show you how to complete section 9 of OCHART 2.0, Hepatitis C Programs. Remember, you can fill in any OCHART section on your computer, tablet or smart phone.

Type "www.ochart.ca" into the address bar. Press "ENTER".



You will see the screen below. Click the "START" button on the right side.



Ontario Community HIV/AIDS Reporting Tool
(Please make a selection)

Click Here to view your agency's historical OCHART data, including the October to March 2015/16 reporting period. Do not enter any new data here, this system is for reference only.

Start

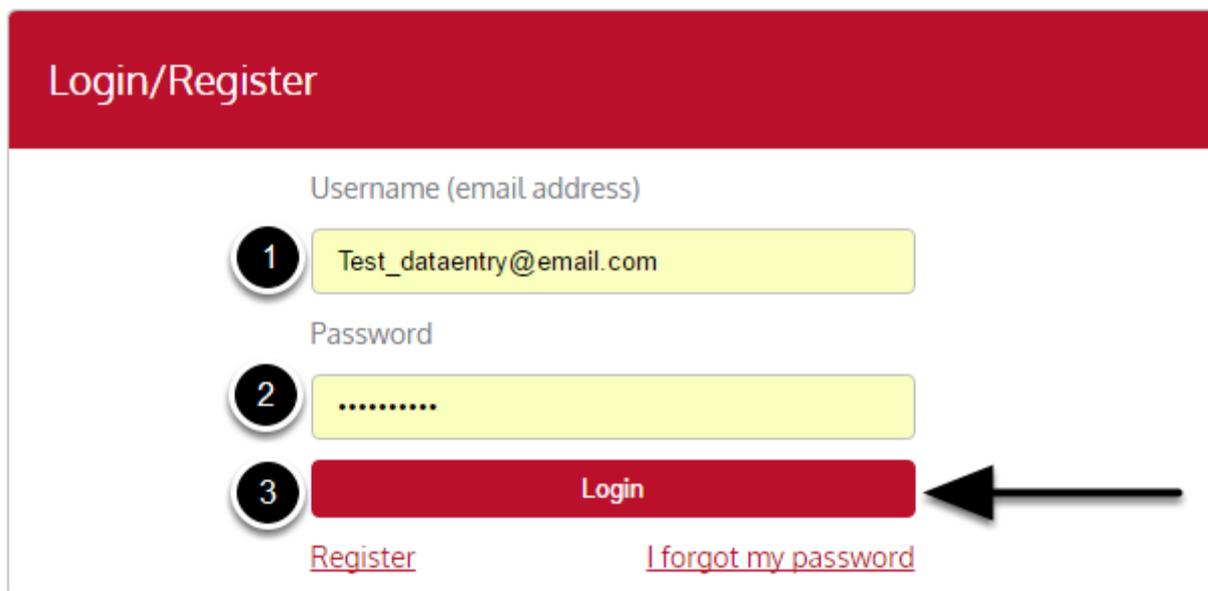
Click here to access the active OCHART portal, including tracking tools and the OCHART reporting system. You should use this system for tracking and reporting going forward.

Start

Please note that you need to register to the new OCHART to use the system. Credentials that you have for the old system won't work in the new one.

Clicking the start button on the left side will take you to the old OCHART system. If you click this accidentally, please click the back button on your internet browser. Next, click the start button on the right.

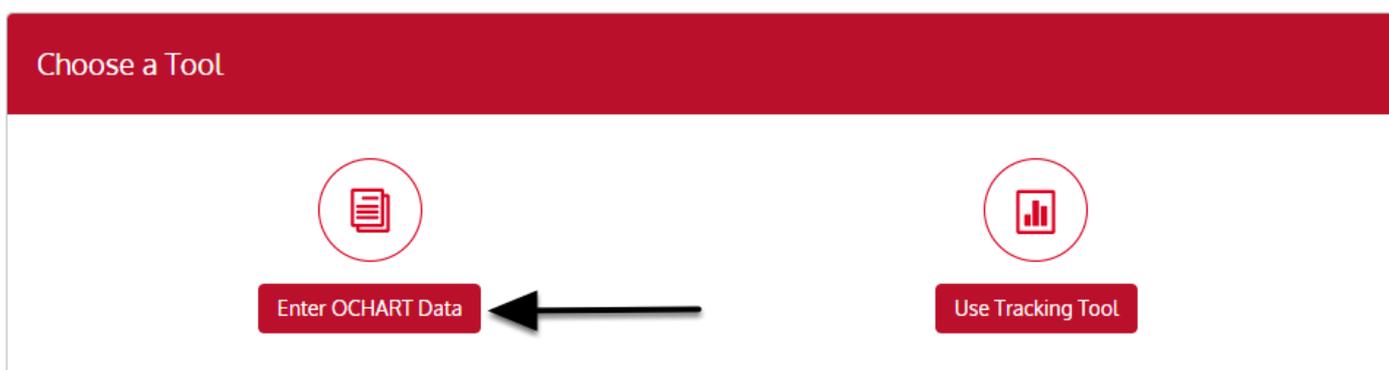
Type in your "Username" (your work email address) and your "Password". Click "Login".



The screenshot shows a login/register form with a red header. The form contains three numbered steps: 1. Username (email address) field with the text 'Test_dataentry@email.com'. 2. Password field with masked characters '.....'. 3. A red 'Login' button with a black arrow pointing to it from the right. Below the 'Login' button are two links: 'Register' and 'I forgot my password'.

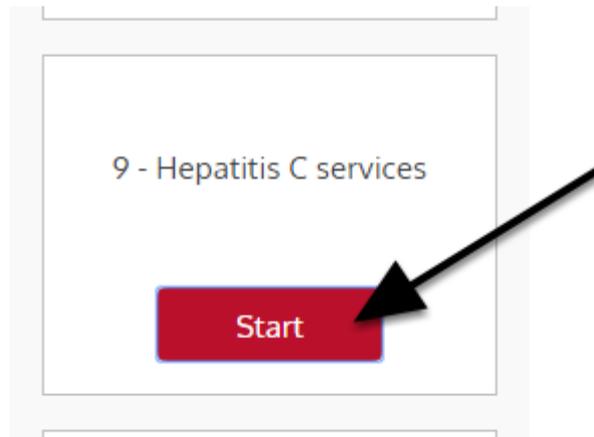
You must have an existing OCHART account in order to login. If you are a first time OCHART user and do not have an account, go to the section titled, "How to Register" for step-by-step registration instructions.

Click "Enter OCHART Data" (left side).



The screenshot shows a page titled 'Choose a Tool' with a red header. There are two buttons: 'Enter OCHART Data' on the left and 'Use Tracking Tool' on the right. The 'Enter OCHART Data' button is highlighted with a red circle and a black arrow pointing to it from the right.

Click the "Start" button under "9 - Hepatitis C services".



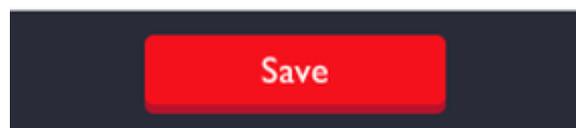
Hepatitis C Programs

This section of OCHART is intended for those agencies who receive funding from the Hepatitis C Secretariat. Please complete all sections as they relate to your hepatitis C program.

For those agencies who are also funded by the AIDS Bureau, some of the data will be pre-populated based on what you have entered for your HIV/AIDS funded programs.

If you have any questions regarding the completion of OCHART for HCV, please contact Samantha MacNeill, Senior Policy Analyst - Hep C Secretariat, AIDS & Hepatitis C Programs at Samantha.MacNeill@ontario.ca or 416-212-5473.

At any time you can click the "Save" button to save all data entered in the section and exit the section.



Q1a. Record the number of unique clients who received Hep C case management and treatment services by sex/gender and client group. Click "Next".

1a. Number of **unique clients** served by sex/gender and client group

Record the number of service users by sex/gender in the following groups who received services during the reporting period.

Note: Columns will total after you click Next.

Sex/gender	People living with HCV		People affected by HCV		People at-risk of acquiring HCV	
	New	Existing	New	Existing	New	Existing
Male	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trans man	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trans woman	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	0	0	0	0	0	0

◀ Previous

Next ▶

You do not have total each column as this will happen automatically when you click "Next".

Record the total number of distinct service users who accessed services, NOT the number of times services were accessed.

Double check your entries as they will be used to validate your answers to later questions.

Q1b. Record the number of unique clients served by sex/gender in the following age ranges who received services in the past six months. Ensure that the total number of new clients and existing clients equals the numbers in red below the question. Click "Next".

1b. Number of unique clients served by sex/gender and age

Record the number of service users by sex/gender in the following age ranges who received services during the reporting period.

The total number of **NEW** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

The total number of **EXISTING** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

The total number of new clients must equal the numbers in red below the question.

	Female				Trans			
	Existing	New	Existing	New	Existing	New	Existing	New
Less than 18	<input type="text"/>							
18 - 25	<input type="text"/>							
26 - 35	<input type="text"/>							
36 - 45	<input type="text"/>							
46 - 55	<input type="text"/>							
56 - 65	<input type="text"/>							
66 - 75	<input type="text"/>							
Over 75	<input type="text"/>							
Unknown	<input type="text"/>							

◀ Previous
Next ▶

The total number of existing clients must equal the numbers in red below the question.

Click "Previous" to go back to a previous question.

Q1c. Record the number of unique clients receiving services by sex/ gender and ethnicity. Ensure that the total number of new clients and existing clients equals the numbers in red below the question. Click "Next".

1c. Number of unique clients receiving services by sex/gender and ethnicity

Record the number of service users by sex/gender and ethnicity who received services during the reporting period.

The total number of **NEW** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

The total number of **EXISTING** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

The total number of new clients must equal the numbers in red below the question.

The total number of existing clients must equal the numbers in red below the question.

	Male		Female		Trans	Total	g
	Existing	New	Existing	New			
White	<input type="text"/>						
Black	<input type="text"/>						
Latin American	<input type="text"/>						
South East Asian	<input type="text"/>						
Arab/West Asian	<input type="text"/>						
South Asian	<input type="text"/>						
First Nations	<input type="text"/>						
Metis	<input type="text"/>						
Inuit	<input type="text"/>						
Not listed	<input type="text"/>						
Unknown	<input type="text"/>						

Click "Previous" to go back to a previous question.

Q1d. Record the number of unique new and existing clients served by sex/gender and language spoken at home. Start by clicking on the triangle and clicking the appropriate option from the drop-down menu.

1d. Report the number of **unique new and existing clients** served by sex/gender and language spoken at home.

The total number of **NEW** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

The total number of **EXISTING** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

Language	Male New	Male Existing	Female New	Female Existing	Trans man New	Trans man Existing	Trans woman New	Trans woman Existing
1 <input type="text"/>	<input type="text"/>							

+Add English

French

Amharic

Arabic

ASL

Bengali

Cantonese

Cree

Creole

Gujarati

Haousa

Hindi

Italian

Kikongo

Korean

Lingala

Mandarin

Oji-Cree

Ojibway

Next

Q1d. Fill in the number of new and existing clients by sex/gender and language. For additional language categories, click "+Add Row" and repeat these steps. When complete, click "Next".

1d. Report the number of **unique new and existing clients** served by sex/gender and language spoken at home.

The total number of **NEW** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

The total number of **EXISTING** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

Ensure that the total number of new clients equals the numbers in red below the question.

Language	Male New	Male Existing	Female New	Female Existing	Trans man New	Trans man Existing	Trans woman New	Trans woman Existing
1 <input type="text"/>	<input type="text"/>							

+Add Row

Previous Next

The total number of existing clients must equal the numbers in red below the question.

Clicking "Remove Row" will delete the above row's information.

Ensure that the total number of new clients and existing clients equals the numbers in red below the question.

Click "Previous" to go back to a previous question.

Q1e. Record the number of unique new and existing clients served by sex/gender and place of origin. Start by clicking on the triangle and then clicking on the appropriate selection from the drop-down menu.

1e. Report the number of **unique new and existing clients** served by sex/gender and place of origin.

The total number of **NEW** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

The total number of **EXISTING** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

Place of origin	Male New	Male Existing	Female New	Female Existing	Trans man New	Trans man Existing	Trans woman New	Trans woman Existing
1 <input type="text" value=""/>	<input type="text" value=""/>							

+Add

- Canada
- USA
- Mexico**
- Central America
- Caribbean and Bermuda
- South America
- Western Europe
- Eastern Europe
- Northern Europe
- Southern Europe
- Western Africa
- Eastern Africa
- Northern Africa
- Central Africa
- Southern Africa
- West Central Asia and the Middle East
- Eastern Asia
- Southeast Asia
- Southern Asia

Q1e. Fill in the number of new and existing clients by sex/gender and place of origin. For additional places of origin, click "+Add Row" and repeat these steps. When complete, click "Next".

1e. Report the number of **unique new and existing clients** served by sex/gender and place of origin.

Ensure that the total number of new clients equals the numbers in red below the question.

There should equal 0 male, 0 female, 0 trans man, 0 trans woman.

There should equal 0 male, 0 female, 0 trans man, 0 trans woman.

Place of origin	Male New	Male Existing	Female New	Female Existing	Trans man New	Trans man Existing	Trans woman New	Trans woman Existing
1 <input type="text"/>	<input type="text"/>							

The total number of existing clients must equal the numbers in red below the question.

+Add Row Remove Row

Previous Next

Clicking "Remove Row" will delete the above row's information.

Double check that the total number of new and existing clients equals the numbers in red below the question.

Click "Previous" to go back to a previous question.

Q1f. Record services provided by client category and sex/gender. Click the triangle buttons and click on the appropriate option from the drop-down menu. Click "+Add Row" to add client categories. When complete, click "Next".

The total number of clients you enter in each row cannot be greater than 0 male, 0 female, 0 trans man, 0 trans woman.

Client category	Services	Male	Female	Trans man	Trans woman
1 <input type="text"/>	<input type="text"/>				

+Add Row Remove Row

Previous Next

Make sure that the total number of clients in each row does not exceed the numbers in red found below the question.

Record how many of the above service users accessed the service, not the number of times the service was accessed.

A service user may be counted in more than one category, but only once in each category.

Double check that the total number of clients you entered in each row does not exceed the numbers in red below the question.

Clicking "Remove Row" will delete the above row's information.

Click "Previous" to go back to a previous question.

Q1f(a). Report the number of affected clients who received case management services. Check to make sure that the total number of clients you enter in each row does not exceed the numbers in red found below the question. Click "Next".

1f.(a) Record the number of **AFFECTED** clients who received **case management** services during the reporting period. The total number of clients you enter in each row cannot be greater than **0** male, **0** female, **0** trans man, **0** trans woman.

Case management services	Male	Female	Trans man	Trans woman
Application completion	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Referrals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Counselling/support	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Practical assistance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Individual advocacy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Make sure that the total number of clients in each row does not exceed the numbers in red found below the question.

Click "Previous" to go back to a previous question.

Q2. Click the check box and then click "Next" if your agency is not funded to provide testing. If your agency is funded to provide testing, leave the check box blank and click "Next".

Agency not funded to provide testing.

Only click this box if you are not funded to provide testing.

Testing numbers should capture all of the people who have been tested by the HCV team (within your organization and during outreach activities outside of your organization) during this reporting period.

Click "Previous" to go back to a previous question.

Q2a. Record the number of people tested by sex/gender and type of testing during the reporting period. Click "Next".

2a. Number and type of test by sex/gender

Record the number of people tested by sex/gender and type of test during this reporting period. A person may be counted in more than one category, **but only once in each category.**

Type of test	Male		Female		Trans man		Trans woman	
	New	Existing	New	Existing	New	Existing	New	Existing
Total number of HCV antibody tests	<input type="text"/>							
Total number of HCV RNA tests	<input type="text"/>							
Total number of HIV antibody tests	<input type="text"/>							
Total number of HBV (antibody/antigen) tests	<input type="text"/>							
Total number of fibroscans	<input type="text"/>							
Total number of fibrotests	<input type="text"/>							

A client can be counted in more than one category but only once per category.

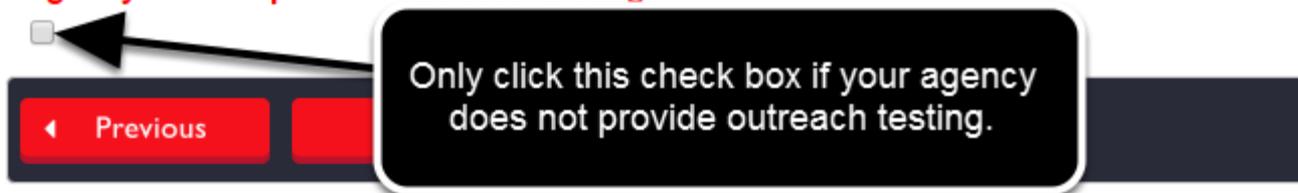
If you clicked the check box indicating that your agency is not funded to do testing, you will not be asked to answer this question.

Click "Previous" to go back to a previous question.

Q2b. Click the check box if your agency doesn't provide outreach testing and then click "Next". If your agency does provide outreach testing, leave the check box blank and click "Next".

2b. Outreach testing

Agency doesn't provide outreach testing.



Click "Previous" to go back to a previous question.

Q2b. Click on the boxes beside every location where testing was offered or conducted during the reporting period. Click "Next".

2b. Which locations did the HCV team provide outreach testing during the reporting period?

Record the places where testing was either offered or conducted by the HCV team during this reporting period.

Addiction program (residential and day programs)	<input type="checkbox"/>
Clinic/health centre	<input type="checkbox"/>
Correctional facility	<input type="checkbox"/>
Drop-in centre	<input type="checkbox"/>
Food bank/soup kitchen	<input type="checkbox"/>
Methadone maintenance clinic	<input type="checkbox"/>
Mobile service	<input type="checkbox"/>
Mental health service	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>
Shelter	<input type="checkbox"/>
ASO	<input type="checkbox"/>
Street outreach, incl. park, alley, etc.	<input type="checkbox"/>
Social gathering	<input type="checkbox"/>
Other	<input type="checkbox"/>

◀ Previous

Next ▶

If you clicked the check box stating that your agency doesn't provide outreach testing, you will not see this question.

Click "Previous" to go back to a previous question.

Q3. Click the check if your agency is not funded to provide treatment to clients and then click "Next". If your agency is funded to provide treatment to clients, leave the check box blank and click "Next".

3. Hepatitis C treatment

Please complete the following treatment breakdown. Please ensure that your total current case load equals your total pre treatment + total on treatment + total post treatment (EOT to SVR) for this reporting period. Numbers should reflect current reporting period only.

Agency not funded to provide outreach testing

Only click this check box if your agency does not provide outreach testing.

← Previous

Next →

OCHART 2.1

Click "Previous" to go back to a previous question.

Q3a. Record the total number of clients within the treatment continuum during this reporting period. Click "Next".

3a. Total treatment case load

Record the total number of clients within the treatment continuum, including pre, during and post treatment during this reporting period.

Case load

Total pre treatment	<input type="text"/>
Total on treatment	<input type="text"/>
Total post treatment	<input type="text"/>
Total treatment case load	<input type="text"/>

Stage transfer

Number of clients on pre treatment in last reporting period that transferred to on treatment	<input type="text"/>
Number of clients on treatment in last reporting period that transferred to post treatment	<input type="text"/>

← Previous

Next →

Please complete the following treatment breakdown. Please ensure that your total current case load equals your total pre treatment + total on treatment + total post treatment (EOT to SVR) for this reporting period. Numbers should reflect current reporting period only.

If you clicked the check box indicating that your agency is not funded to provide treatment to clients, you will not see this question.

Click "Previous" to go back to a previous question.

Q3b. Record specific treatment information for this reporting period. Click "Next".

3b. Treatment breakdown

Record specific treatment information for this reporting period. Numbers captured below must align with total treatment case load numbers recorded in 3a.

Current reporting period	Total number of clients
Clients on current case load (including pre/on treatment/within 6 months post treatment)	<input type="text"/>
New clients in pre treatment	<input type="text"/>
New clients currently on treatment	<input type="text"/>
Clients on treatment who identify with the target population	<input type="text"/>
New clients on treatment covered by EAP	<input type="text"/>
Clients were identified as "spontaneous cleared" during this reporting period	<input type="text"/>
Clients who have successfully completed the prescribed course of treatment (EOT) during this reporting period	<input type="text"/>
Clients who have achieved a sustained virologic response (SVR) during this reporting period	<input type="text"/>
Clients who are receiving continued monitoring during this reporting period	<input type="text"/>
Clients currently on treatment by genotype	
Genotype 1	<input type="text"/>
Genotype 2	<input type="text"/>
Genotype 3	<input type="text"/>
Genotype 4	<input type="text"/>
Genotype 5	<input type="text"/>
Genotype 6	<input type="text"/>
Clients who remain in the program from last reporting period	
Clients who remain in pre treatment from last report	<input type="text"/>
Clients who remain on treatment from last report	<input type="text"/>
Clients who remain within the six months post-treatment period (EOT to SVR) from last report	<input type="text"/>
Number of co-infected clients that you are co-treating during this reporting period	
HIV	<input type="text"/>
Hepatitis B	<input type="text"/>

If you clicked the check box indicating that your agency is not funded to provide treatment to clients, you will not see this question.

Double check that the numbers you entered align with the total treatment case load numbers you enter in question 3a.

Click "Previous" to go back to a previous question.

Q3c. Outline how many people were not included in the last reporting period and complete all three phases (pre, on and post) and provide a breakdown by genotype of those individuals.

Due to the faster treatment of new drugs, some people may complete all three phases in one reporting period. We will fix this in the next revision of this section. Please outline in the comment section below how many people were not included in the last reporting period and completed all three phases (pre, on and post). These people should still be captured in "post-treatment" because they are within the six month post treatment phase. Please provide a breakdown by genotype of those individuals.

If you clicked the check box indicating that your agency is not funded to provide treatment to clients, you will not see this question.

Q3c. Indicate whether there have been any exclusions/withdrawals in the reporting period by clicking on the circle button beside "No" or "Yes". Click "Next".

Have there been any exclusions/withdrawals in the reporting period?

No Yes

◀ PreviousNext ▶

If you clicked the check box indicating that your agency is not funded to provide treatment to clients, you will not see this question.

Click "Previous" to go back to a previous question.

Q3c. Complete the following table relating to exclusions and withdrawals. Click on the triangle buttons and click on the appropriate option from the drop-down menu. Record the number of clients. When complete, click "Next".

3c. Exclusions and withdrawals

Please complete the following table relating to clients who have either been excluded from your pre treatment caseload or withdrawn from treatment during this reporting period.

	Primary reason for exclusion	Number of clients	Primary reason for withdrawal	Number of clients
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Informed deferral	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Did not qualify for EAP/drug coverage Pregnancy	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Medical instability	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Social instability Lost to follow up Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you clicked the check box indicating that your agency is not funded to provide treatment to clients, you will not see this question.

If you indicated that there were no exclusions/withdrawals in the reporting period, you will not see this question.

Click "Previous" to go back to a previous question.

Q4a. Indicate the total number of new individuals contacted at each outreach location during the reporting period. Click "Next".

4. Education and outreach

4a. Record the total number of new individuals contacted in each location during the reporting period, indicating locations where you are engaging outreach (or in-reach) clients. For the purposes of this report, outreach is defined as work provided in locations where community members congregate or socialize. A service user may be counted in more than one location.

Location	Male	Female	Trans man	Trans woman
ASO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Addiction program (residential and day programs)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinic/health centre	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Correctional facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Drop in centre	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Food bank/soup kitchen	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Methadone maintenance clinic	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mental health service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shelter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street outreach, incl. park, alley, etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social gathering	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other 1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other 2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

◀ Previous
Next ▶

Outreach is work provided where community members congregate or socialize.

You can count a service user in more than one location.

Click "Previous" to go back to a previous question.

Q4b. Indicate whether your clients use the substance listed by clicking "Yes" or "No" from the drop-down menu. Rank the three most commonly used substances by selecting 1, 2, or 3 from the drop-down menu. Click "Next".

4b. Drugs of choice

The purpose of this question is to track trends and patterns of current drug use.

Please indicate whether any of your clients use the following substances, and rank the 3 most commonly used substances by placing the number 1, 2 or 3 beside them in the "ranking" column.

Drugs	Use Identified/reported	Ranking
Alcohol	Yes ▾	1
Amphetamines (speed, uppers, bennies)	▾	0
Anti-depressants (Wellbutrin, etc.)	▾	1
Benzodiazepines (Xanax, valium, nerve pills, tranquilizers, Ativan)	▾	2
Cocaine	▾	3
Crack	▾	▾
Party drugs (Ecstasy, MDMA, K and GHB)	▾	▾
Heroin	▾	▾
Inhalants (solvents such as petrol, glue; aerosols such as spray paint; gases)	▾	▾
Marijuana (recreational use)	▾	▾
Methadone (non-prescribed)	▾	▾
Methamphetamine (crystal, meth, ice)	▾	▾
Mushrooms	▾	▾
Opiates (Oxyne, Oxycodone, Fentanyl, Percocet, Dilaudid, Morphine, etc.)	▾	▾
Steroids	▾	▾
Non-beverage alcohol (e.g., Listerine and other mouthwash, cooking wine, hand sanitizer, etc.)	▾	▾
Other, please specify <input type="text"/>	▾	▾

Click "Previous" to go back to a previous question.

Q4c. Record the details of the education presentations provided by HCV team during this reporting period. Start by clicking "Insert".

4c. Education presentations

Please provide details of the education presentations provided by the HCV team during this reporting period.

Lead delivering presentation	Intended audience	Presentation focus	Number of presentations	Number of participants
<input type="button" value="Insert"/>				

Q4c. Click the triangle button and click on the primary lead who delivered the presentation. Indicate the intended audience by clicking on the box(es) beside the appropriate option(s) (you can only pick up

to two options). Indicate the presentation focus by clicking on the check box(es) (you can only pick up to two options). Click "+ Add".

1. Primary lead delivering presentation

1

Nurse

Outreach worker **2**

Mental health counsellor

Coordinator

Policy makers

Select no more than two options)

People involved with the correctional system

People who use drugs

Service providers, professionals

General public

People who have tattoos and/or piercings

Students

3. Presentation focus (select no more than two options)

Hepatitis C treatment

Harm reduction/safer drug use

Safer tattooing/piercing

STIs/safer sex

Testing

Stigma & discrimination

Living with HCV

Co-infection

HCV in the workplace

Other, please specify

4. Number of presentations

5. Number of participants

If you select the "other" option as your presentation focus, please write what the focus was in the space provided.

Clicking "Cancel" will erase the information you entered.

Q4c. You can edit the information you entered by clicking on "Edit". To erase the entry, click "x Delete". To add an entry, click on "Insert". When you are finished entering all presentations that occurred during the reporting period, click "Next".

4c. Education presentations

Please provide details of the education presentations provided by the HCV team during this reporting period.

Lead delivering presentation	Intended audience	Presentation focus	Number of presentations	Number of participants	
Nurse	Indigenous people	Harm reduction/safer drug use	4	4	Edit x Delete

[Insert](#)

[Previous](#)
[Next](#)

Click "Previous" to go back to a previous question.

Q4d. Report the number of unique peers involved in your education and outreach activities during the reporting period. Indicate how often the peers were involved in the work by clicking on the triangle and clicking the appropriate option from the drop-down menu. Click "Next".

4d. Peer involvement

Record how many unique peers were involved in your education and outreach activities in this reporting period. What is the level of engagement in each activity? For each activity enter the total number of unique peers involved and how often peers are involved in this activity. Peers can be counted in more than one activity.

Agency activity	Number of peers involved	Extent of peer involvement (how often are peers involved in this work?)
Participation with group facilitation	<input type="text" value="5"/>	Involvement between 25-50% of the time
Awareness campaign delivery	<input type="text" value="6"/>	
Awareness campaign planning	<input type="text"/>	Involvement less than 25% of the time
Community development meetings	<input type="text"/>	Involvement between 25-50% of the time
Patient advisory board member	<input type="text"/>	Involvement 50% of the time
Conference presentations	<input type="text"/>	Involvement 50-75% of the time
Face to face outreach	<input type="text"/>	Involvement more than 75% of the time
Longer workshops/workshop series	<input type="text"/>	Always involved in this work
One-on-one in-service education	<input type="text"/>	
Resource development	<input type="text"/>	
Resource distribution	<input type="text"/>	
Short/One-time education presentations	<input type="text"/>	

 1
 2

← Previous
Next →

You can count peers in more than one activity.

Click "Previous" to go back to a previous question.

Q5. Describe any human resource issues that you are experiencing or anticipate. Explain how you plan to address these issues. You can use point form. You cannot exceed 250 words.

5. Human Resources

Describe any human resource issues that your organization is currently experiencing or you anticipate in the coming reporting period. How do you plan to address these issues?
(Maximum 250 words, point form acceptable)

Indicate the evaluation methods used in the past reporting period by clicking on the check boxes. You can click as many evaluation methods as applies. Indicate the respondents who were included in the evaluation (check all that apply).

6. Evaluation

6a. Methods of evaluation used

- Survey(s)
- Advisory committee(s)
- Statistical data (e.g., OCHART, OCASE)
- Interview(s)
- Verbal feedback from consumers
- Other, please specify
- Focus group(s)

6b. Respondents included

- Staff
- Volunteers
- Peers
- People with lived experience
- Other, please specify

If you click "Other", please write the method in the space provided.

Q6c. - Q6d. Answer the narrative questions about evaluation feedback. You can use point form. You cannot exceed 250 words. Click "Next".

6c. Based on evaluations, outline any successful practices or initiatives that you will build upon and/or continue.
(Maximum 250 words, point form acceptable)

6d. Based on evaluations, outline any identified areas for change or improvement and how this will be addressed.
(Maximum 250 words, point form acceptable)

◀ PreviousNext ▶

Click "Previous" to go back to a previous question.

Q7. Report shifts, trends and agency planned response for each of the four program streams listed. Start by clicking "Insert".

7. Shifts, trends and responses during this reporting period

Report shifts, trends and agency planned response for each of the four program streams listed below.

To enter the information press **Insert**.

Program stream	Shift or trend	Agency planned response
Client services		 Insert
Case management		Insert
Testing		Insert
Outreach		Insert

Previous **Next**

Q7a. - Q7b. Answer the narrative questions about client services. You can use point form. You cannot exceed 250 words. Click "+ Add".

7a. During this reporting period, have you identified any shifts or changes in demand for HCV services for this program stream?

(Maximum 250 words, point form acceptable)

7b. How are you responding to these emerging trends for this program stream?

(Maximum 250 words, point form acceptable)

Cancel **+ Add**

Clicking "Cancel" will erase the information you entered.

Q7. You can make changes to the entry by clicking "Edit" or you can erase it by clicking "x Delete". Next, repeat the above steps for the remaining categories. When you have finished answering all the questions, click "Next".

7. Shifts, trends and responses during this reporting period

Report shifts, trends and agency planned response for each of the four program streams. To enter the information press **Insert**.

The screenshot shows a table with four rows representing program streams: Client services, Case management, Testing, and Outreach. Each row has a 'Shift or trend' column and an 'Agency planned response' column. Callout boxes point to the 'Edit', 'Delete', and 'Insert' buttons in the 'Agency planned response' column. At the bottom, there are 'Previous' and 'Next' navigation buttons.

Program stream	Shift or trend	Agency planned response
Client services		Edit, Delete
Case management		Insert
Testing		Insert
Outreach		Insert

Navigation: Previous, Next

Click "Previous" to go back to a previous question.

Q8. Identify any activities from your current Program Plan that are not completed or are only partially completed. Start by clicking "Insert".

8. Please identify any activities from your current Program Plan that are not and/or partially completed. Please provide an explanation and action plan for each partial and/or not completed activity.

The screenshot shows a table with five columns: Objective, Funded activities not and/or partially completed, Explanation, Agency planned response, and Edit/Delete. An 'Insert' button is located below the 'Objective' column, with an arrow pointing to it.

Objective	Funded activities not and/or partially completed	Explanation	Agency planned response	Edit	Delete

Insert

Q8. Click the triangle and then click on the objective you would like to select. Complete the narrative questions about the activities. Click "+Add".

Objective

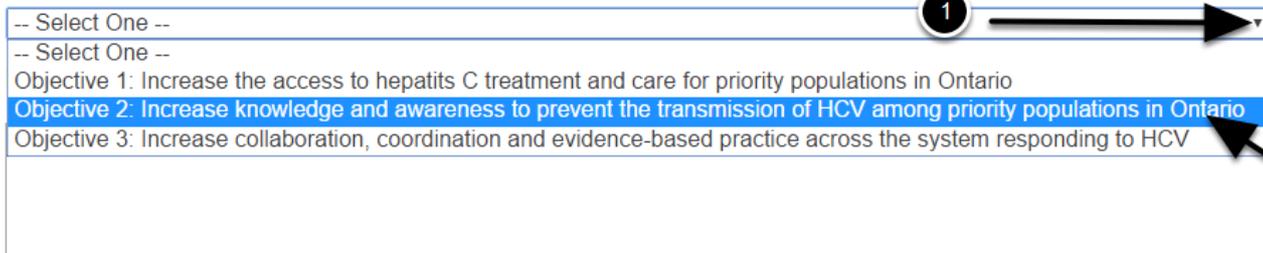
-- Select One --

-- Select One --

Objective 1: Increase the access to hepatitis C treatment and care for priority populations in Ontario

Objective 2: Increase knowledge and awareness to prevent the transmission of HCV among priority populations in Ontario

Objective 3: Increase collaboration, coordination and evidence-based practice across the system responding to HCV



Explanation

(Maximum 250 words, point form acceptable)

Agency planned response

(Maximum 250 words, point form acceptable)

Cancel + Add

You can use point form. You cannot exceed 250 words.

Clicking "Cancel" will erase the information you entered.

Q8. You can change the information you entered by clicking on "Edit" or you can erase it by clicking "x Delete". Click "Insert" to add another activity. Repeat the previous steps. After completing the question, click "Previous" to review previous questions. When you are finished reviewing and answering the questions in this section, click "Save" to save your work and exit the section.

8. Please identify any activities from your current Program Plan that are not and/or partially completed. Please provide an explanation and action plan for each partial and/or not completed activity.

Objective	Funded activities not and/or partially completed	Explanation	Agency planned response
Objective 1: Increase the access to hepatitis C treatment and care for priority populations in Ontario			Narrative

Click "Previous" to go back to previous questions.