## User Guide OCHART Section 9 & OCHART Hepatitis C **Tracking Tool**

## Introduction

This document contains step-by-step instructions for entering data into OCHART Section 9 (Hepatitis C Services) as well as the corresponding Hepatitis C Team Activities Tracking Tool. The guide is organized by topic area. For each topic area, step-by-step instructions are provided first for Section 9 and then for the corresponding guestions found in the tracking tool. At the end of the document, there is a glossary containing definitions for all key terms. If you have any questions about the step-by-step instructions or would like to request OCHART training, please contact the OCHART Team at ochart@ohtn.on.cg or 416-642-6486 ext. 2303. If you have any programmatic questions, please contact Hepatitis C Program Reports at HepC.Reports@ontario.ca.

## Reporting Service User Information in OCHART, Q1a.-Q1c.

Note: Numbers will total after you click Next.

Total # of patients Male Female Trans man Trans woman Not listed by patient group Patient group New Existing New Existing New Existing New Existing New Existing Patients living with 48 10 8 8 0 0 0 75 HCV The numbers in this table are Patients receiving 10 8 10 7 0 0 1 an aggregate of the data 36 Post-Cure Care entered into the Tracking Tool. People at-risk of 0 0 5 1 2 acquiring HCV Click "Next" once you have verified that the data in the Total # of new and 20 table is correct. 0 59 0 0 116 existing patients by gender Previous Nex

1a. Report the number of unique service users served during the reporting period by sex/gender and patient group.

- Question 1a. is showing the total number of unique service users. Each service user should only be counted once regardless of the amount of services they received. For example, if a team provides service to two different individuals during the reporting period, their client count is 2 even if each individual accessed multiple services.
- You'll see the total number of service uses reported by sex/gender (male, female, trans man, trans woman or not listed).
- "Not listed" is defined as an individual that identifies with a gender that is not captured in the list provided. This should not capture those individuals that were not asked what gender they identify with or where gender is unknown. Please ensure that the gender for each client remains consistent throughout all OCHART questions.
- Question 1a. also provides information about a number of service users who are new to the team or are existing clients. If a service user has accessed service(s) from the team in a previous reporting period, they are an existing service user. If a service user is accessing the team's services for the first time, they are new service user regardless of how many services they receive.
- Question 1a displays information about service users by population group. There are three patient groups: patients living with HCV, patient receiving post-cure care, and people at risk of acquiring HCV.
- Question 1 a is pre-populated by the Tracking Tool. Please review the answers displayed in the table.
- Totals will be generated automatically.



Once you have verified that the data in the table is correct, click the "Next" button found on the bottom left hand corner of the page. This will save your answer and take you to the next question.

	N	lale	Fe	male	Trar	ıs man	Trans	woman	Not	listed	Total # of patients by patient group
Patient group	New	Existing	New	Existing	New	Existing	New	Existing	New	Existing	
Patients living with HCV	0	0	0	0	0	0	0	n I	٥	n	0
Patients receiving Post-Cure Care	0	0	0	0	0	0	0 5	Click the "S ave your w	Save" bu ork and	tton to exit the	0
People at-risk of acquiring HCV	0	0	0	0	0	0	0	Se	ection.		0
Total # of new and existing patients by gender	0	0	0	0	0	0	0	0	0	0	0

1a. Report the number of unique service users served during the reporting period by sex/gender and patient group.

■ If the data is incorrect, click the "Save" button.

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Containo Community HW/ALDS Reporting Tool online	fi -		Postie	Report Taka	ant desire the prime and the
	Duta Entry Selection				615cHeck, Sumper
	E. Agency profile	2 Program and project	3-Presention attraction for		Coordinator dis AAD AABA ent 2002 active photos estus
					@NOOUND1
					server, Hearing
	d - Education for service provides and commonly development	3 Sept	a dia mangana na menan		

Click "Track" to return to the Hepatitis C Tracking Tool. Add new Tracking Tool entries to ensure that the data displayed in question 1a. accurately reflects the number of clients your team served during the reporting period.

<sup>1</sup> 1b. Report the number of new and existing service users served during the reporting period by sex/gender and age.

The total number of **NEW** service users you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 not listed.

The total number of **EXISTING** service users you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 not listed.

1	M	lale	Fe	male	Tran	s man	Trans	woman	Not	listed
Age group	New	Existing	New	Existing	New	Existing	New	Existing	New	Existing
Less than 18										
18 - 25										
26 - 35				17 H			N.			
36 - 45			The	numbers ent	ered in thi	s table are		Í		1
46 - 55				opopulated b	fulle filder	ang root.				
56 - 65										1
66 - 75										
Over 75										1
in en restational				1						

- Question 1b is pre-populated by the Tracking Tool. Please review the answers displayed in the table.
- Like 1a., question 1b. also stratifies service users by sex/gender and according to whether they are new to the program or are an existing service user.
- As stated in the two lines below the question, the numbers in this table must be consistent with the numbers entered for 1a. If the numbers in this table do not equal the red numbers shown below the question, you will not be permitted to move to the next question.
- Once you have reviewed the answers in the table, click "Next" to move to the next question or click "Previous" to go back to question 1a. At any time you can click "Save" to save your work and exit the section.

1c. Report the number of new and existing service users served during the reporting period by sex/gender and ethnicity.

The total number of NEW service users you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 not listed.

The total number of **EXISTING** service users you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 not listed.

	N	ale	Fe	male	Tran	is man	Trans	woman	Not	listed
Ethnicity	New	Existing	New	Existing	New	Existing	New	Existing	New	Existing
White										
Black		I. I								
Latin American		][][								
Southeast		1		1 1		1				1
notari		<u>A</u>		J				0		0
Arab/West Asian				The numbe	ers entere ated by th	ed in this tab	le are Tool			
Arab/West Asian South Asian				The numbe prepopul	ers entere ated by th	ed in this tab te Tracking	le are Tool.			]
Arab/West Asian South Asian First Nations		, , , , , , , , , , , , , , , , , , ,		The numbe prepopul	ers entere ated by th	ed in this tab ne Tracking T	le are Tool.			,   
Arab/West Asian South Asian First Nations Metis				The number prepopul	ers entero ated by th	ed in this tab ne Tracking	ole are Tool.			
Arab/West Asian South Asian First Nations Metis Inuit				The number prepopul	ers entero ated by th	ed in this tab ne Tracking '	lle are Tool.			
Arab/West Asian South Asian First Nations Metis Inuit Not listed				The numbe prepopul	ers enter ated by th	ed in this tab ne Tracking   	le are Tool.			

- Question 1c. stratifies service users by sex/gender, new or existing, and ethnicity.
- Each service user should be counted once.
- Like 1a. and 1b., the table is pre-populated by the Tracking Tool and the numbers must be consistent with the previously entered data.
- If the numbers in this table are not consistent with 1a. or 1b., you will not be able to proceed to the next question.
- Once you have reviewed the answers in the table, click the "Next" button to move on to the next question or click "Previous" to go back to question 1b. At any time, you can click "Save" to save your work and exit the section.

## **Recording Service User Information in the Tracking Tool**

his is not a PHIPA-se 1. Activity Title	cure tracking tool. Please ensure t	that any information entered in this tool is unlinked and anonymized.
Activity date (mm/dd/yyyy) 2. I want to recor	d:	
Activities with	service users	Education or community development activities

OCHART Activity Tracking Tool for Henstitis C Teams

Begin by opening a new Tracking Tool entry (the first page of a new Tracking Tool entry is displayed above).
 Record an activity title that does not contain any service user-specific information. Enter the date the service user received service for the first time during the reporting period. Select "Activities with Service Users". Click the "Next" button.

#### I want to record:

Service user demographics (to be recorded once after the first time a service user receives service at your site during the reporting

- period)
   Service sessions
- Treatment information (initiation, exclusion, withdrawal and outcomes)
- Select "Service user demographics".
- Please ensure that the information about a specific individual you are about to enter has not already been recorded. Demographic information about service users should only be recorded once after the service user is received any type of service at your site for the first time during each reporting period.
- Service user demographic information can only be entered for one person at a time.

Only record demographic information for O again.	NE service user at a time. 7	fo record demographic infori	mation for another service user open the tracking tool
a. The status of the service user is: New service user (you have NEVER p Existing service user (individual who here)	rovided any services to this IAS previously received services	individual) vices at your agency/program	n)
b. The service user is:			
Living with HCV      Receiving post-ca	ire care O At-risk of acqui	ring HCV	
c. The service user's sex/gender is:			
Male      Trans woman     Female      Not listed (other gender e     Trans man	xpressions not included in li	st)	
d. The service user's age group is:			
● Less than 18 ● 36-45 ● 66-75 ● 18-25 ● 46-55 ● Over 75 ● 26-35 ● 56-65			
e. The service user's ethnic backgrour	ıd is:		
White     Arab/West Asian     Black     South Asian     Latin American     Southeast Asiar     Click=Provious= to	Metis     Inuit     Not listed		When you are done your entry, click "Submit". Once you submit your entry it cannot be changed or edited.
the previous page	ie. ie make sure that the	an't be edited after it has be he information you enternal	er submitted, 5 correct
Previous		Submit	

- Record the service user's status, patient group, sex/gender, age range, and ethnicity.
- Ensure that you are only entering this information for one service user at a time. To record another service user's demographic information, open a new Tracking Tool entry after you have completed your current entry.
- Click "Previous" to review your entry. When complete, click "Submit".
- Please note that an entry cannot be editing once it has been submitted.

## Reporting Service Sessions in OCHART, Q1d(1). -Q1d(3).

1d (1). Report the number of service sessions provided to patients living with HCV for this reporting period by sex/gender.

Services	Male	Female	Trans man	Trans woman	Not listed
Intake and assessment					
Application completion					()
Appointment					
Practical assistance	5	1	1-1		
Vaccinations		The num	bers entere	ed in this table	e are
Clinical counselling		prepop	ulated by th	e Tracking To	iol.
General support		-			
Adherence counselling					
Weilness check					
Opaging clinical monitoring					

- In question 1d (1)., report the number of service sessions provided to patients living with HCV by sex/gender. If the same service was provided to one service user multiple times, each instance of service should be entered. For example, if five sessions of practical assistance were provided to a male living with HCV, then the number 5 should be recorded under the male column.
- The table is pre-populated by the Tracking Tool.
- Once you have reviewed the answers in the table, click "Next" to go the next page/question, click "Previous" to go to the previous page or click "Save" to save and exit.
- If the numbers are incorrect, click "Save" to save and exit and then click "Track" to go to the Tracking Tool. Create additional tracking tool entries as needed.

ervices	Male	Female	Trans man	Trans woman	Not listed	
Intake and assessment						
Application completion						
Appointment						
Practical assistance						
Vaccinations		prepop	ulated by the	in this table a Tracking Tool	e	
Cilnical counselling		_				
General support		1				
Degoing clinical monitoring						
Walkers check		1	1	1 1		

- For question 1d (2), please report the number of service sessions provided to patients receiving post-cure care by sex/gender.
- The table is pre-populated by the Tracking Tool.
- Once you have verified that the answers in the table are correct, click "Next" to go the next page/question, click "Previous" to go to the previous page or click "Save" to save and exit.
- If the answers are incorrect, click "Save" to save and exit and then click "Track" to go to the Tracking Tool. Create additional tracking tool entries as needed.

Services	Male	Female	Trans man	Trans woman	Not listed	
Intake and assessment						
Application completion						
Appointment						
Practical assistance		The numbe	rs entered i	n this table are		
Vaccinations		prepopula	ated by the T	racking Tool.		
Clinical counselling						
General support						
General support					+10	

1d (3). Report the number of service sessions provided to people at-risk of acquiring HCV during this reporting period by

- For question 1d (3), please report of the number of service sessions provided to people at risk of acquiring HCV by sex/gender.
- The table is pre-populated by the Tracking Tool.
- Once you have verified that the answers in the table are correct, click "Next" to go the next page/question, click "Previous" to go to the previous page or click "Save" to save and exit.
- If the answers are incorrect, click "Save" to save and exit and then click "Track" to go to the Tracking Tool. Create additional tracking tool entries as needed.

## **Recording Service Sessions in the Tracking Tool**

## **OCHART Activity Tracking Tool for Hepatitis C Teams**

This is not a PHIPA-secure tracking tool. Please ensure that any information entered in this tool is unlinked and anonymized.

1. Activity Title	
Test	
Activity date (mm/dd/yyyy) 2017-02-07 2. I want to record:	
<ul> <li>Activities with service users</li> <li>Outreach activities (including outreach testing)</li> </ul>	<ul> <li>Education or community development activities</li> <li>On-site testing</li> </ul>
Previous     Next	

Begin by opening a new Tracking Tool entry (the first page of a new Tracking Tool entry is displayed above).
 Record an activity title that does not contain any service user-specific information. Enter the date of the last service you are recording. Please ensure that the date you choose is within the reporting period when you preformed the work. Select "Activities with Service Users". Click the "Next" button.

	0	Service sessions Treatment information (initiation	exclusion, withdrawal and outcomes)
--	---	---	-------------------------------------

Select "Service sessions". Click the "Next" button. You can enter

I want to record s Check all that apply	ervice sessions provided to:
<ul> <li>Patients living v</li> <li>Patients receivi</li> <li>People at-risk of</li> </ul>	vith HCV ng post-cure care f acquiring HCV
Previous	Next 🔸

Select the patients groups for whom services were provided. You can select one, two or all three patient groups. Separate tables will display for each group, one table per page.

Services	Male	Female	Trans man	Trans woman	Not listed
Intake and assessment					
Application completion					
Appointment					
Practical assistance					
Vaccinations					
Clinical counselling					
General support					
Adherence counselling					
Wellness check					
Ongoing clinical monitoring					

Record the number of service sessions delivered to patients living with HCV by service type.

- Record the number of service session delivered to patients living with HCV by gender and service type.
- Not listed is only for those who do not identify with the genders listed.
- Click the "Next" button.

Record the number of service sessions delivered to patients receiving post cure care by service type.

Services	Male	Female	Trans man	Trans woman	Not listed
Intake and assessment					
Application completion					
Appointment					
Practical assistance					
Vaccinations					[]
Clinical counselling					
General support					
Ongoing clinical monitoring					
Wellness check					

Record the number of service session delivered to patients receiving post cure care by gender and service type. Click the "Next" button.

ervices	Mole	Female	Trate man	Trans woman	Not listed	
intake and assessment		1				
Application completion						
Appointment						
Practical assistance						
Vaccinations						
Clinical counselling				Logo L.	1	
General support				Whe	n you are don	e your
Welness chark	1			submi	your entry it o	annot be
Click "Previous	" to go to	Commences		-	ranged or edi	eu.
the previous	page.	hake spre i	that the inform	Hatop vo ente	red is correct	

Record the number of service session delivered to people at-risk of acquiring HCV by gender and service type.

Click "Previous" to review your entry. When complete click "Submit".
Please note that an entry cannot be edited once it has been submitted.

## Reporting Testing in OCHART, Q2a. – Q2b.



- If your agency is not funded to provide testing, click the check box found below the red text.
- If your agency is funded to provide testing, leave the check box unclicked.
- Click "Next" to move to the next question or click "Previous" to go back to the previous page. Click "Save" to save your work and exit the section.

Type of test	Male	Female	Trans man	Trans woman	Not listed	
Total number of HCV antibody [	-	The num	ara ant	arad in thi		
Total number of HCV RNA tests		table are p	prepopu	lated by th	ie l	
Total number of HIV antibody tests		Tr	acking T	ool.		
Total number of HBV						

- Testing in this subsection refers to at-risk testing only and should not be used for repeat RNA testing in treatment monitoring (blood testing only. This excludes fibroscan/fibrotests, as they would be completed on people who are known to be HCV RNA positive).
- Testing numbers for 2a should include all clients who are tested for HCV on-site.
- If another organization (i.e. Public Health) is providing the testing service (or you refer a client to another provider), that does not count towards testing in this section.
- A person may be counted in more than one category (e.g. HIV, HCV) but only once in each category (person cannot be counted twice in HCV antibody test). If the client tested for the first time with the team and had a repeat test done within this reporting period, count the new test for this report.
- If these questions are left blank, it will be assumed that no testing took place during this reporting period.
- The table is pre-populated by the Tracking Tool.
- Once you have verified that the numbers in the table are correct, click "Next" to go the next page/question, click "Previous" to go to the previous page or click "Save" to save and exit.
- If the numbers are incorrect, click "Save" to save and exit and then click "Track" to go to the Tracking Tool. Create additional tracking tool entries as needed.



- If your agency is not funded to provide outreach testing, click the check box found below the red text.
- If your agency is funded to provide outreach testing, leave the check box unclicked.
- Click "Next" to move to the next question or click "Previous" to go back to the previous page. Click "Save" to save your work and exit the section.

2b. Report the number of times each test type was offered and administered by outreach location.

	# of times testing offered	# of HCV antibody tests administered	# of HIV antibody tests administered	# of HBV (antibody/ antigen) tests administered
Addiction program (residential and day programs)				
ASO				
Clinic/health centre				
Correctional facility				
Drop-in centre		1	r i l	
Food bank/soup kitchen	1	The numbe	rs entered in this	
Hotel/motel		table are pre Trac	epopulated by the king Tool.	
Mobile service				
Methadone maintenance				
Mental health service				
Pharmacy				
Shelter				
Street outreach, incl. park, alley, etc				
Social gathering				T T

- Question 2b asks for a report of the number of times each test type was offered and administered at each outreach location.
- The table is pre-populated by the Tracking Tool.
- Once you have verified that the numbers in the table are correct, click "Next" to go the next page/question, click "Previous" to go to the previous page or click "Save" to save and exit.
- If the numbers are incorrect, click "Save" to save and exit and then click "Track" to go to the Tracking Tool. Create additional tracking tool entries as needed.

## **Recording On-site Testing in the Tracking Tool**

## **OCHART Activity Tracking Tool for Hepatitis C Teams**

This is not a PHIPA-secure tracking tool. Please ensure that any information entered in this tool is unlinked and anonymized. 1. Activity Title

tivity date m/dd/yyyy) 02/07/2017	
I want to record:	
I want to record:	
I want to record:	
Activities with service users O E	ducation or community development activities
Outreach activities (including outreach testing)    O	n-site testing

- Begin by opening a new Tracking Tool entry (the first page of a new Tracking Tool entry is displayed above).
- Record an activity title that does not contain any service user-specific information. Enter the date when the testing was performed. Select "On-site testing". You can record multiple tests in one tracking tool entry.
- Click the "Next" button.

1. Record the number of tests by sex/gender and type of test administered at your main or satellite site.

Type of test	Male	Female	Trans man	Trans woman	Not listed
Total number of HCV antibody tests		1			
Total number of HCV RNA tests		1			
Total number of HIV antibody tests		1			
Total number of HBV (antibody/antigen) tests		1			

Record the number of people who received a fibroscan/fibrotest at your main or satellite location.

Fibrosis score - #F0	
Fibrosis score - #F1	
Fibrosis score - #F2	
Fibrosis score - #F3	When you are done your
Fibrosis Click "Previous" to go to the previous page.	entry, click "Submit". Once you submit your entry it cannot be changed or edited.
Piedod	make sure that the information you entered is correct

- Record the number of tests delivered at your site. Do not record any outreach tests in this area. There is a separate area of the Tracking Tool for outreach testing. Only record testing here if it was conducted on-site.
- Click "Previous" to review your entry. When complete click "Submit".
- Please note that an entry cannot be editing once it has been submitted.

## **Recording Outreach Testing in the Tracking Tool**

#### **OCHART Activity Tracking Tool for Hepatitis C Teams**

This is not a PHIPA-secure tracking tool. Please ensure that any information entered in this tool is unlinked and anonymized.

est	
ctivity date	
mm/dd/yyyy) 2017-02-07	
. I want to record:	
Activities with service users	Education or community development activities
<ul> <li>Outroach activities (including autroach testing)</li> </ul>	On-site testing

- Begin by opening a new Tracking Tool entry (the first page of a new Tracking Tool entry is displayed above).
   Record an activity title that does not contain any service user-specific information. Enter the date when the outreach testing was offered/administered. Select "Outreach testing". You can record multiple tests in one tracking tool entry.
- Click the "Next" button.

#### I want to record:

Check all that apply. You can record services provided to MORE THAN ONE service user during several sessions in one tracking tool entry.

- Brief and significant outreach contacts
- Outreach testing (including ALL HCV and HIV tests that you OFFERED or ADMINISTERED)
- Outreach fibroscans/fibrotests

entry by type of text.	10 11 18 3 C 3 C 11	eried.	or administered that	f you would like to re	port in this tracking tool
Report the number of times ea	ch test type w	ai of	fered or administered	by tocation.	
	F of time tending offe	t.	# of HCV antibody tests administered	# of HEV antibuody texts. administered	# of HEV (antibody/ antigen) texts administered
Addiction program (residential and day programs)		ī			
A50					
Circineath centre	E				()
Conectional facility			T F		
Drop-in centre	1	1			
Pond tanknesp kitchen					
Hotelmotel	1	1			
Mobile service	10		1. 1		
Methadone maintenance clinic	E	)	1		
Mental health service					
Fhamaca	1				
Sheber					
Street outreach, wid. park. alley, etc.	1	1			(IIII)
Social pathering	1.1		1. 2.		1

- Record the number of outreach testing offered and/or administered. Do not record any on-site tests in this area. There is a separate area of the Tracking Tool for on-site testing. Only record testing here if it was conducted at an outreach location.
- Click "Next".

Severity of liver damage	# of people
Fibrosis score - #F0	
Fibrosis score - #F1	
Fibrosis score - #F2	
Fibrosis score - #F3	
Fibrosis score - #F4	

- Click "Previous" to review your entry. When complete click "Next" and then click the "Submit" button found on the following page.
- Please note that an entry cannot be editing once it has been submitted.

## Reporting Hepatitis C Treatment and Clinical Monitoring in OCHART, Q3a. – Q3h.



- If your agency is not funded to provide treatment, click the check box found below the red text.
- If your agency is funded to provide treatment, leave the check box unclicked.
- Click "Next" to move to the next question or click "Previous" to go back to the previous page. Click "Save" to save your work and exit the section.

Severity of Liver Damage	# of people		
Fibresis score - #F0			Constant of the local division of the local
Fibrosis score - #F1			are prepopulated by the Tracking
Fibrosis score - #P2		_	Tool.
Fibrosis score - #F3			
Fibrosis score - #F4	1	1	

- Indicate the results of all fibroscans/fibrotests that took place during the reporting period for patients your team is or will be treating.
- The table is pre-populated by the Tracking Tool. The Tracking Tool will automatically aggregate the tests recorded on site and off site.
- Once you have verified that the numbers in the table are correct, click "Next" to go the next page/question, click "Previous" to go to the previous page or click "Save" to save and exit.
- If the numbers are incorrect, click "Save" to save and exit and then click "Track" to go to the Tracking Tool. Create additional tracking tool entries as needed.

pe of clinical monitoring	Total
Patients were identified as "spontaneously cleared"	The numbers entered in this table are prepopulated by
atients who received ongoing clinical monitoring	the Tracking Tool.

- Indicate how many patients were identified as spontaneously cleared and how many patients are beginning to receive ongoing clinical monitoring.
- The table is pre-populated by the Tracking Tool.
- Once you have verified that the numbers in the table are correct, you can either click "Next" to go the next page/question, click "Previous" to go to the previous page or click "Save" to save and exit.
- If the numbers are incorrect, click "Save" to save and exit and then click "Track" to go to the Tracking Tool. Create additional tracking tool entries as needed.

NOTE: Questions 3c. – 3f. relate to patier	nts who initiated treatment during this	reporting period.
3c. Report the number of patients initiate	ed treatment during this reporting perio	od.
3d. Report the number of patients who in with one or more of the priority populati	The numbers entered in 3c and 3d are prepopulated by the Tracking Tool.	period who identify
Previous     Next		Save

- The following questions are only in relation to individuals who began treatment at some point during the reporting period.
- Indicate how many people began treatment during the six month reporting period. Indicate how many patients that began treatment who identify with one or more of the priority populations.
- The answer to 3d must be less than or equal to 3c.
- 3c. and 3d. are pre-populated by the Tracking Tool.
- Once you have verified that the numbers in the questions are correct, click "Next" to go the next page/question, click "Previous" to go to the previous page or click "Save" to save and exit.
- If the numbers are incorrect, click "Save" to save and exit and then click "Track" to go to the Tracking Tool. Create additional tracking tool entries as needed.

Genotype	Total # of patients	
Senotype 1		
Senotype 2		The numbers entered in
Genotype 3		this table are prepopulated
Genotype 4		by the Hacking root.
Genotype 5		
Genotype 6		

- For each patient who began treatment, indicate their virus genotype.
- The table is pre-populated by the Tracking Tool.
- Once you have verified that the numbers in the table are correct, click "Next" to go the next page/question, click "Previous" to go to the previous page or click "Save" to save and exit.
- If the numbers are incorrect, click "Save" to save and exit and then click "Track" to go to the Tracking Tool. Create additional tracking tool entries as needed.

3g. Report the following information for patients who completes	d treatment during the reporting period.	
The sumper of patients who approved 25/H, who did not aphrese 20/H pending must repair the time number of patients who comprehent train	, and who have not completed \$1/# blood work ment	DVW block work results
Ovitione		Total # of patients
Patients who achieved BVIII	The numbers entered in this	
Patents etci del nut achieve 31/8	Tracking Tool.	-
Patents who have not completed SVII blood work/ results pending		- (- )
Patents who completed prescribed change of toopheat		

- Question 3g. ask for a report on several treatment outcomes.
- Please note that the number of patients who achieved SVR, the number of patients who did not achieve SVR and the number of patients whose SVR blood work results are pending/blood work not yet completed must equal the number of patients who completed the prescribed course of treatment during the reporting period.
- The table is pre-populated by the Tracking Tool.
- Once you have verified that the numbers in the table are correct, answer the next question.
- If the numbers are incorrect, click "Save" to save and exit and then click "Track" to go to the Tracking Tool. Create additional tracking tool entries as needed.

Have there been any exclusions/withdrawats in the reporting period?	
(AL Provide 1) ( DECEMBER ( A)	Net

If there were exclusions or withdrawals from treatment during the reporting period, click "yes". If there were no exclusions or withdrawals, click "no".

Primary Reason	total # of parties
informed defaitual	
Did not quality for drug coverage	
Pregnancy	
Social Instability	
Medical instability	
Lost in follow-op	
Lack of CHIP coverage	
Death	
Douth For patients who were withdrawn from trea nhdrawal. Yinary Reavon	etment during the reporting period, re total # of patie
Beath For patients who were withdrawn from trea thdrawal. Inary Remon Islde effects	atment during the reporting period, re total # of paties
Death For patients who were withdrawn from trea thdrawal. Side effects Lost to follow-up	etment during the reporting period, re total # of patient
Death For patients who were withdrawn from trea thdrawal. Side effects Lost to follow-up Medical instability	etment during the reporting period, re
Death For patients who were withdrawn from the thdrawal. Side effects Lost to fieldor-up Miniscal estability Death	etment during the reporting period, re
Death For patients who were withdrawn from the thdrawal. Side effects .ast to follow-up Vestical estability Death Psychiatric manifestation	etment during the reporting period, re

- If you clicked "no" in the previous question, you will not see this table.
- If you clicked yes, verify that the numbers in the table are correct. The table is pre-populated by the Tracking Tool.
- Once you have verified that the numbers in the table are correct, answer the next question.
- If the numbers are incorrect, click "Save" to save and exit and then click "Track" to go to the Tracking Tool. Create additional tracking tool entries as needed.

## **Recording Treatment Initiation in the Tracking Tool**

#### OCHART Activity Tracking Tool for Hepatitis C Teams

Test	
Activity date (mm/dd/yyyy) 2017-02-07 2. I want to record:	
* Activities with service users	<ul> <li>Education or community development activities</li> <li>On-site testion</li> </ul>

- Begin by opening a new Tracking Tool entry (the first page of a new Tracking Tool entry is displayed above).
- Record an activity title that does not contain any service user-specific information. Enter the date the service user initiated treatment. Select "Activities with service users". You can only record treatment initiation information about one service user at a time. Open a separate Tracking Tool entry each time you record a service user's treatment initiation information.
- Click the "Next" button.

reporting period)     Service sessions     Treatment information (initiation, exclusion, withdrawal and outcomes)	
---	--

- Select "Treatment initiation".
- Click "Next".

۲	Treatment initia	tion
0	Exclusions, with	drawals, or treatment outcomes

Select "Treatment initiation" and click "Next".



- Ensure that treatment initiation for that service user has not yet been entered into the Tracking Tool. This may involve checking service user's chart or another record.
- Click the check box to confirm that the service user's treatment initiation has not been recorded in the Tracking Tool previously.
- If the service user identifies with one or more of the priority populations, click the second check box (Question 2).
- Indicate the primary type of financial coverage for the patient and indicate whether they have more than one type of financial coverage by clicking the check box (Question 4).
- Select the patient's virus genotype.

## Recording Exclusions, Withdrawals or Treatment Outcomes in the Tracking Tool

**OCHART Activity Tracking Tool for Hepatitis C Teams** 

1. Activity Title	at any mornation entered in this toor is uninked and anonymized.
Test	
Activity date (mm/dd/yyyy) 2017-02-07	
2. I want to record:	
<ul> <li>Activities with service users</li> <li>Outreach activities (including outreach testing)</li> </ul>	<ul> <li>Education or community development activities</li> <li>On-site testing</li> </ul>

- Begin by opening a new Tracking Tool entry (the first page of a new Tracking Tool entry is displayed above).
- Record an activity title that does not contain any service user-specific information. Enter the date of the withdrawal, exclusion or treatment completion. Select "Activities with service users". You can only record treatment information about one service user at a time. Open a separate Tracking Tool entry each time you record a service user's treatment information.
- Click the "Next" button.

nt to record:
service user demographics (to be recorded once after the first time a service user receives service at your site during the eporting period) iservice sessions Freatment information (initiation, exclusion, withdrawal and outcomes)

- Select "Treatment information".
- Click "Next".

	Treatment initia	tion	
۲	Exclusions, with	drawals, or treatmen	t outcomes

- Select "Exclusions, withdrawals, or treatment outcomes".
- Click "Next".



- Select "has been excluded from treatment".
- Click "Next".

The primary reason the patient was excluded from treatment was:

 • Informed deferral
 • Social instability
 • Lack of OHIP coverage

 • Did not quality for drug coverage
 • Medical instability
 • Death

 • Pregnancy
 • Lock to follow-up
 • Death

 • NOTE: Tracking tool record can't be edited after it has been submitted. Please make sure that the information you entered is correct

 • Previout
 Submit

- Indicate the primary reason for exclusion.
- Click "Previous" to review your entry. When your review is complete, click "Submit".
- Please note that you cannot edit an entry once it has been submitted.

<ul> <li>Has been exclusive</li> <li>Has been withdrawith</li></ul>	ded from treatment rawn from treatmen	<ul> <li>Has 'spontaneously cleared'</li> <li>Is receiving ongoing clinical monitor</li> <li>Has completed treatment</li> </ul>

To record a withdrawal from treatment, select "Has been withdrawn from treatment".



- Indicate the primary reason the patient was withdrawn from treatment.
- Click "Previous" to review your entry. When your review is complete, click "Submit".
- Please note that you cannot edit an entry once it has been submitted.

0 H	as been excluded t as been withdrawn	from treatment from treatment	0	Has 'spontaneously cleared' Has completed treatment	0	Is receiving ongoing clinical monitoring

- To record a treatment outcome, click "Has completed treatment".
- To record a patient who has spontaneously clear or is receiving ongoing clinical monitoring select one of these options from above, click "Next" and then click "Submit".



- Select the treatment outcome.
- Click "Previous" to review your entry. When your review is complete, click "Submit".
- Please note that you cannot edit an entry once it has been submitted.

## Recording Spontaneously Cleared and Ongoing Clinical Monitoring in the Tracking Tool

## **OCHART Activity Tracking Tool for Hepatitis C Teams**

This is not a PHIPA-secure tracking tool. Please ensure that any information entered in this tool is unlinked and anonymized. 1. Activity Title

Test					
cctivity date mm/dd/yyyy) 2017-02-07					
2. I want to record:					
<ul> <li>Activities with s</li> <li>Outreach activ</li> </ul>	ervice users <ul> <li>Education or community development activities</li> <li>On-site testing</li> </ul>				
Previous	Next >				

- Begin by opening a new Tracking Tool entry (the first page of a new Tracking Tool entry is displayed above).
   Record an activity title that does not contain any service user-specific information. Enter the date when the the service user spontaneously cleared or began receiving ongoing clinical monitoring. Select "Activities with service users". You can only record treatment information about one service user at a time. Open a separate Tracking Tool entry each time you record a service user's treatment information.
- Click the "Next" button.

0 0 0	Service user de reporting period Service session Treatment infor	mographics ) s mation <i>(initia</i>	(to be red ation, excl	orded once after the first time a service user receives service at your site during the usion, withdrawal and outcomes)
	Previous	Next		

- Select "Treatment information".
- Click "Next".

Treatment in	itiation
Exclusions.	vithdrawals, or treatment outcomes
Contraction and a second s	

- Select "Exclusions, withdrawals, or treatment outcomes".
- Click "Next".

Thas been windrawn from treatment . This completed treatment	noring
--	--------

- To record a patient who has spontaneously cleared or is receiving ongoing clinical monitoring select one of these options from above and click "Next".
- Click "Previous" to review your entry. When your review is complete, click "Submit".
- Please note that you cannot edit an entry once it has been submitted.

# Reporting Education, Outreach and Community Development Activities in OCHART, Q4. – Q4c(3).

Outreach location	Brief contacts	Significant contacts
Addiction program (residential and day programs)		
ASO		
Clinic/health centre		
Correctional facility		
Drop in centre		
Food bank/soup kitchen	The nur thi	nbers entered in is table are
Motel/Hotel	prepo Tra	pulated by the acking Tool
Mobile service		
Methadone maintenance clinic		
Mental health service		
Pharmacy		
Shelter		
Street outreach, incl. park, alley, etc.		

4. Report the total number of brief and significant outreach contacts made during the reporting period by location.

- Outreach contacts are divided into two categories: brief contacts and significant contacts.
- Question 4 presents the number of outreach contacts made in the past six months at each of the outreach locations listed. This question is pre-populated by the Tracking Tool. Please review the answers displayed in the table.
- Once you have verified that the data in the table is correct, click the "Next" button found on the bottom left hand corner of the page. This will save your answer and take you to the next question.

	Priority	Population	Health ca	re providers	Service	Providers
Primary Presentation Focus	# of participants	# of presentations	# of participants	# of presentations	# of participants	# of presentation
Hepatitis C treatment						
Testing						
Co-Infection						
Harm reduction/safer drug use		this	table are pre	entered in epopulated		
Stigma and discrimination			by the Tracki	ng 1001.		
Living with HCV						
STIs/Safer Sex						
Naloxone and overdose prevention						
						Water

4b (1). Report the following information for all education presentations that occurred during the reporting period.

- Question 4b(1). summarizes the number of education presentations delivered in the past six months. It also asks you to report the number of participants at all presentations. This information is stratified by presentation focus and primary audience.
- 4b(1). is pre-populated by the Tracking Tool. Please review the answers displayed in the table.
- Once you have verified that the data in the table is correct, click the "Next" button found on the bottom left hand corner of the page. This will save your answer and take you to the next question.

# of presentations delivered by a peer	# of presentations delivered by a nurse	# of presentations delivered by an outreach worker	# of presentations delivered by a mental health counsellor	# of presentation delivered by a coordinator
		The numbers enter table are prepopu	red in this lated by	
		the Tracking	F00I.	
	mesentations delivered by a peer	ron presentations delivered by a peer	# of presentations delivered by a nurse         a peer	# 01       # 01         presentations delivered by a peer       # of presentations delivered by an outreach worker       # of presentations delivered by an outreach worker         Image:

4b (2). Report the number of education presentations that occurred during the reporting period by presentation lead and presentation focus.

- Question 4b(2). provides information about the number of education presentations delivered in the past six months by presentation lead and presentation focus.
- 4b(2). is pre-populated by the Tracking Tool. Please review the answers displayed in the table.
- Once you have verified that the data in the table is correct, click the "Next" button found on the bottom left hand corner of the page. This will save your answer and take you to the next question.

4c (1).Report the number of community development sessions led by worker type and number of partners in attendance that occurred during the reporting period.



- Question 4c(1). displays the number of community development sessions delivered in the past six months by number of sessions and number of partners.
- 4c(1). is pre-populated by the Tracking Tool. Please review the answers displayed in the table.
- Once you have verified that the data in the table is correct, click the "Next" button found on the bottom left hand corner of the page. This will save your answer and take you to the next question.



- Question 4c(2). Is showing the number of consultations sessions delivered in the past six months by number of sessions and number of partners.
- 4c(2). is pre-populated by the Tracking Tool. Please review the answers displayed in the table.

Once you have verified that the data in the table is correct, click the "Next" button found on the bottom left hand corner of the page. This will save your answer and take you to the next question.

Coordinator				
Mental health counsellor				
Outreach worker				
Nurse		-	table are prepopulated by the Tracking Tool.	
Peer			The numbers entered in this	
Vorker Type	# of sessions			

- Question 4c(3). presents the number of one-on-one sessions delivered in the past six months by number of sessions and number of partners.
- 4c(3). is pre-populated by the Tracking Tool. Please review the answers displayed in the table.
- Once you have verified that the data in the table is correct, click the "Next" button found on the bottom left hand corner of the page. This will save your answer and take you to the next question.

## Recording Education and Community Development Activities in the Tracking Tool

**OCHART Activity Tracking Tool for Hepatitis C Teams** 



- Begin by opening a new Tracking Tool entry (the first page of a new Tracking Tool entry is displayed above).
   Record an activity title that does not contain any service user-specific information. Enter date when the education or community development activity took place. Select "Education or community development activity at a time. Open a separate Tracking Tool entry each time you would like to record an education or community development activity.
- Click the "Next" button.



- Select education presentations/workshops.
- Click "Next".

© Peer	
<ul> <li>Nurse</li> </ul>	
<ul> <li>Outreach worker</li> </ul>	
<ul> <li>Mental health counselor</li> </ul>	
<ul> <li>Coordinator</li> </ul>	
b. Record the main intended	audience for this presentation
<ul> <li>Priority population</li> </ul>	
<ul> <li>Health care providers</li> </ul>	
<ul> <li>Dervice fromders</li> </ul>	
c. Record the primary preser	tation focus
<ul> <li>Hepatitie C treatment</li> </ul>	
Testing	
<ul> <li>Co-infection</li> <li>Manual advection in the down in</li> </ul>	
<ul> <li>Stema &amp; discrimination</li> </ul>	be -
Elving with HCV	
<ul> <li>STIsisafer sex</li> </ul>	
<ul> <li>Nakixone and overdose pre</li> </ul>	vettion
d. Record the number of peo	pleiparticipants attended this presentation/session
Participant type:	
Patient/clients/service users	
Service providers	
1	
NOT	<ol> <li>Tracking lost record con't be edited after it has been submitted</li> </ol>
	Prease make sure that the information you entered is correct

- Select the presentation lead, primary intended audience and primary presentation focus.
- Record the participants who attended the session.
- Review your entry. When your review is complete, click "Submit".

	Education present     One-on-one education	ce users ations/workshops
	Activities with servic © Community develo	ppment with service providers
	Previous	Next 🕨
Select consultation. Click "Next".		
	a. Record a lead who delivered this p	resentation/session
	Peer     Furse     Cutrach worker     Userlar heath counselior     Coordinator	
	d. Record the number of people/parti	cipants attended this presentation/session
	Participant type:	
	Patientickents/service upers	3
	Service providers	1
	NOTE: Train Pieose	ing loor record can't be edded after it has been autoritied, make sure that the information you entered is correct
	ter frening	Gebook Sale

- Select the presentation lead and record the participants who attended the session.
- Review your entry. When your review is complete, click "Submit".
- Please note that you cannot edit an entry once it has been submitted.



- Select the presentation lead.
- Review your entry. When your review is complete, click "Submit".
- Please note that you cannot edit an entry once it has been submitted.

Activities with ser Education pres One-on-one ed	vice users entations/wor ucation	kshops 🍥	Consultation
Activities with ser ● Community dev	vice provide elopment with	ers h service p	roviders
Previous	Next	•	

- Select community development with service providers.
- Click "Next".

a. Record a lead who delivere	d this presentation/session
Peer	
Nurse	
Outreach worker	
Mental health counsellor	
Coordinator	
d. Record the number of peo	ple/participants attended this presentation/session
Participant type:	
Patient/clients/service users	
Service providers	
NOT	E: Tracking tool record can't be edited after it has been submitted Please make sure that the information you entered is correct
Previous	Submit

- Select the session lead and record the participants who attended the session.
- Review your entry. When your review is complete, click "Submit".
- Please note that you cannot edit an entry once it has been submitted.

## **Recording Outreach Contacts in the Tracking Tool**

## **OCHART Activity Tracking Tool for Hepatitis C Teams**

This is not a PHIPA-secure tracking tool. Please ensure that any information entered in this tool is unlinked and anonymized.

Education or community development activities
2

- Begin by opening a new Tracking Tool entry (the first page of a new Tracking Tool entry is displayed above).
- Record an activity title that does not contain any service user-specific information. Enter the date that the outreach took place. Select "Outreach activities". You can only record treatment information about one service user at a time. Open a separate Tracking Tool entry each time you record a service user's treatment information.
- Click the "Next" button.

l wa Che sev	want to record: Check all that apply. You can record services provided to MORE THAN ONE service user during several sessions in one tracking tool entry.					
8	Brief and signifi Outreach testin Outreach fibros	cant outreach contacts g (including ALL HCV and HIV tests that cans/fibrotests	you OFFERED or ADMINISTERED)			
•	Previous	Next +				

- Select brief and significant outreach contacts.
- Click "Next".

Record the number of brief and significant nutreach contacts by outreach location.

Significant outreach contact is a 2-way, in-person interaction between agency staff-volunteers and a member of the target population.

Brief outwach contact refers to contacts at large public events, such as PRIOE, where contacts lend to be lended to handling out pamphiels, condums, etc.

	# of brief estmach contacts	R of significant outwork contact
Addiction program (residential and day programs)		
A50		
Chicheath centre		()
Correctional facility		
Drop-in centre		
Food banksoup kitchen		
Hotel/motel		
Usble service		
Wethadone maintenance clinic		
Mental health service		
Pharmacy		
Sheller		
Street outreach, Incl. park, alley, etc.		
Bocial gathering		

- Record the number of brief and significant contacts made by location.
- Review your entry. When your review is complete, click "Submit".
- Please note that you cannot edit an entry once it has been submitted.

Reporting Human Resources, Evaluation Methods and Shifts/Changes in Program Streams Q5. – Q7b.

# 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 works, point how preferred; use a "to start each new point/line. Do not use a hyphen.) Examinant 250 works, point how preferred; use a "to start each new point/line. Do not use a hyphen.) Evaluation Survey(s) B Focus group(s) B Maximum (s) Pocus group(s) B Maximum (s) B Address (startistical data (e.g., OCHART, OCASE).) Co. Check all respondents from whom evaluations were received during the reporting period. B start Valuations B start Valuations were received during the reporting period. B start Valuations were received during the reporting period. B start Ports Service provider A Trivial Not Service provider

- In the space provided, describe any human resource issue your team is either experiencing or anticipates experiencing in the coming six months. Explain how you plan to address any issues mentioned, in an attempt to cause the least disruption to the team and/or service delivery.
- Please use 250 words or less. Point form is the preferred format for this question.
- Check all evaluation methods your team used during the past six months. Check all that apply.
- Choose all the types of respondents that your team has solicited feedback from during this reporting period.

Check all sources of evaluation feedback from the past six months.

Click "Next".

Program stream	Shift or trend	Agency planned response	
Client services			Insert
Case management			Interes
Testing			Innette
Outreach			a hitert a

To report any shifts or trends and your agency's planned response, click "Insert" beside the related program stream.

Nacement 288 wwrdt, paort ferm preferent, oler a "lik stort eann were permitter. Dis reit oan a teprimero	
b. How are you responding to these emerging mends and/or shifts?	
laacmunt 200 wordt, ploet ferst gesterreg, ook a 'ne start aans wee perioties. De intruse a regenerij	

- Answer each question in 250 words or less. Point format is the preferred format.
- Click "Add'. Your answer is not complete until you click "Add".
- Repeat these steps until you have completed the question.
- Any program stream can be left blank.
- Click "Next".

Reporting Partially Completed or Incomplete Program Plan Activities in OCHART, Q8.

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	Edit	Delete
Intert					

■ To report any activities from your Program Plan are partially complete or incomplete, click "Insert".

Objective	
Funded activities not analyce partially completed (Maximum 200 words, point from preferred, use a 1 to start each new point/file. Do not use a hyptrem)	
Explanation (Maximum 250 words, point from preferred, use a " to storf each new pointfine. Do not use a hyptem)	
(Marmine 200 words, port from preferred, use a " to dart each new positione. Do not use a hypoten.)	
Canad and the Add	See .

- Select an objective from the drop down menu. Answer the questions regarding one activity that was partially completed or incomplete. Click "Add".
- Repeat this process until you have reported all partial/incomplete activities.

# GLOSSARY

#### Service Users/Clients

- For the purposes of this activity tracking report tool, **Service Users** and **Clients** are used interchangeably to identify people engaged with the HCV team. **Patients** are people who are accessing medical care from the HCV team.
- Report on service users who accessed service within the reporting period. A service user is someone who is registered with the team (they don't have to be 'rostered' to your organization, just 'registered' with the team). This could be an outreach client that is engaged with the team, a patient engaged in treatment, etc. A brief or significant encounter with an individual that is not subsequently registered as a result of that encounter can be captured in question 4.
- Please note that only service users who are captured in questions 1a 1c (demographic questions) can be captured in 1d (Service sessions provided).

#### **Population Groups**

- **Patients** are people who are accessing medical care from the HCV Team.
- Please indicate whether the individual is a **patient is living with HCV**, is a **patient receiving post-cure** care or is a **person at risk of acquiring HCV**.
- **Patients living with HCV** are patients who tested positive for either antibody (and requires RNA testing to confirm their diagnosis) and/or RNA, identifies with the priority populations and falls into one of the following three categories: treatment has failed them, has not initiated treatment or treatment is not currently an option.
- **Patients receiving post-cure care** are patients who identify with the priority populations, have been cured of HCV and they continue to engage with the HCV Team for ongoing clinical monitoring/support.
- A person is considered **at-risk of acquiring HCV** if they are HCV-negative, identify with the priority populations and are engaging in activities that can lead to acquisition of HCV.

#### **New/Existing**

- A **new** service user is someone who is new to the program within the reporting period. They may have received multiple services throughout the six months; however, if they are new to the program within the six months, they should be counted as new for the current report.
- If a service user has been registered prior to the current report and continues to access services, they should be counted as **existing**. All existing service users will need to have their demographic information (1a-d) entered into OCHART once during each reporting period. It is important to ensure service users are not double counted.

#### Sex/Gender

- Trans men are persons assigned "female" at birth who identify as men
- Trans women are persons assigned "male" at birth who identify as women
- **Not listed** is defined as an individual that identifies with a gender that is not captured in the list provided. This should not capture those individuals that were not asked what gender they identify with or where

gender is unknown. Please ensure that the gender for each client remains consistent throughout all OCHART questions.

#### **Reporting Period**

The fiscal year is broken up into two **reporting periods**. H1 - April 1<sup>st</sup> to September 30<sup>th</sup>. H2 - October 1<sup>st</sup> – March 31<sup>st</sup>. The H1 report is due on October 30<sup>th</sup> and the H2 report is due on April 30<sup>th</sup>.

#### Age Ranges

Age ranges have been provided as people's exact ages are not always known, depending on the type and amount of engagement the service user has with the program. It is expected that teams should provide accurate ages as much as possible, but if the age range is not known, there is an 'unknown' box that can be chosen. Note, no more than 10% of your service users should have an unknown age range.

#### Ethnicity

- Ethnic categories align with current standardized epidemiological metrics. Only the **ethnicity** that the service user identifies with as their primary ethnicity should be indicated.
- **Not listed** means the service user identifies with an ethnicity that is not listed in these ethnic categories. **Unknown** is for individuals who do not know their ethnic background. Note, no more than 10% of your service users should have an unknown ethnicity.

#### **Service Sessions**

Question 1d – Service Sessions has been broken down into three sections (1d 1-3)- service sessions provided to **patients living with HCV**, **patients receiving post-cure care and people at-risk of acquiring HCV**. Each population group has a distinct list of service sessions to choose from.

Intake and assessment - Gathering demographic/medical/social/other information about the service user to help identify their needs. Intake and assessment procedures are specific to each HCV Team and may depend on program offerings and requirements.

Application completion - Includes the actual completion/submission of forms such as Trillium, Exceptional Access Program, health card, Ontario Disability Support Program, Ontario Works, etc.

Appointment accompaniment - Programs may offer clients the option of having an accompaniment to appointments to increase the client's comfort level with attending the appointment, which aims to also increase the likelihood that the client will follow through with the appointment.

*Practical assistance* – Includes financial assistance, food vouchers, food access, bus tickets, help with transportation (i.e. driving client), over-the-counter samples. This does not include the form/application process, as this activity is covered in 'Application Completion'.

Vaccinations - Hepatitis A, hepatitis B and annual influenza vaccines are recommended for HCV positive individuals. All vaccines are available free of charge through the local health unit. If your team provides the vaccination, please include it in OCHART as a service session. If your team refers patients to the health unit or another provider, please do not include as a service session.

Clinical counselling – counselling that pertains to HCV treatment, mental health, addictions and/or general overall health provided by a regulated health care provider (e.g. registered nurse, nurse practitioner, registered social worker, physician).

General support - A general support session does not involve treatment for a mental health issue (i.e. thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgment, insight, behaviour, communication or social functioning). Examples include financial/money management counselling or emotional support. Usually nonclinical counselling is practical and short-term.

Adherence counselling – specific counselling as it relates to the importance of strict adherence to HCV treatment and/or HIV treatment (in situations of co-infection).

*Wellness check* – This is a quick check-in over the telephone or an in-person visit (by a peer or staff person) to the client's home to reduce isolation and identify if further schedule support sessions are needed.

Ongoing clinical monitoring – clinical monitoring that will be carried out over time, at varying intervals. Continued monitoring to assess liver health, assess for hepatocellular carcinoma, management of extrahepatic manifestations, etc.

#### Agency not Funded to Provide Onsite/Outreach Testing

All HCV Teams are funded to provide onsite and outreach testing. There are additional funded programs; that do not host an HCV Team, that report into OCHART. This question pertains to these agencies.

#### **Onsite Testing**

Onsite testing refers to testing that is conducted by the HCV within your agency's central or satellite locations.

#### **Outreach Testing**

For the purposes of this report, outreach is defined as work provided in locations where community members congregate or socialize. Outreach testing refers to testing that is conducted at partner agencies, during street-outreach, and community events.

#### **Total Number of HCV Antibody Tests**

This testing pertains to the screening test for HCV. Include all HCV antibody tests that are conducted by the HCV Team.

#### **Total Number of HCV RNA Tests**

This testing pertains to the diagnostic test for HCV. Only include HCV RNA tests for diagnosis (to confirm positive HCV antibody test) that are conducted by the HCV Team.

#### Total Number of HBV (Antibody/Antigen) Tests

This testing is all-encompassing as it relates to HBV. The panel of possible tests (e.g. anti-HBc, anti-HBs, HBsAg, IgG, IgM, HBV DNA) should be counted as one test per person tested per testing occurrence. Each individual marker should not be counted individually (regardless of the number of tests the panel includes).

#### **Outreach Locations**

For the purposes of this report, outreach is defined as work provided in locations where community members congregate or socialize.

Addiction program - Addiction Program includes providing outreach testing at residential addiction programs, day addiction treatment programs and/or withdrawal management centres. This option does not include methadone maintenance programs, as this is a separate option.

AIDS service organizations (ASO) - AIDS service organizations are community-based organizations that provide community support for people living with HIV/AIDS and at risk of acquiring HIV. While their primary function is to provide needed services to individuals with HIV, they also provide support services for service user's families and friends as well as conduct prevention efforts. These services may include family or individual counseling as well as HIV testing and referral resources. If your agency is an ASO, you cannot choose this as an outreach location. This testing should be reported as onsite testing.

*Clinic/health centre* - Clinic/Health Centre includes any community partners that are clinics (excluding methadone clinics and your agency's satellite clinics)/health centres that your agency is not affiliated with. Please only select this option if the outreach setting is another health service provider that is a clinic/health centre. If the clinic/health centre is one of your organization's satellite clinics, please capture this testing as 'onsite' testing.

Correctional facility - For the purposes of this report, "in-reach" refers to providing outreach-type of services within correctional facilities such as (but not limited to) offering support, testing, information and individual advocacy.

*Drop in centre* - Some examples of drop in centres/programs may include community programs, church programs and John Howard Society breakfasts.

#### Food bank/soup kitchen -

Food programs, food banks, soup kitchens are all examples of this outreach location.

Hotel/motel – For the purpose of this report, hotel/motel is defined as where service users live or are staying for an extended period of time (long enough to be able to obtain the results of blood work) or where work is being conducted (e.g. people involved in sex work).

Mobile service - Testing conducted on the agency's mobile outreach van or a partner agency's mobile unit.

Methadone maintenance Clinics - Methadone clinics may be privately funded (i.e. Ontario Addiction Treatment Centres), through hospital-based/outpatient clinics and/or community based programs. Methadone maintenance clinics are also known as opioid substitution therapy clinics/programs.

Mental health service - Organizations such as the Canadian Mental Health Association (CMHA) and community mental health programs (e.g. residential, out-patient and drop in programs) are all examples of mental health services.

*Pharmacy* - This outreach location specifically speaks to community pharmacies. In-hospital pharmacies may not be conducive to offering outreach activities.

*Shelters* - Homeless shelters may include emergency, day, youth and family shelters which may be regionally or privately operated or operated by charities such as the Salvation Army.

*Street outreach* - This type of 'on-foot' outreach testing differs from 'mobile services' as it brings team members into more remote locations such as parks and alleys as well as walking the streets to meet and engage with atrisk clients.

Social gatherings - Examples of offering outreach at 'social gatherings' might be community picnics, parties, World Hepatitis Day events, etc.

#### Agency Not Funded to Provide Treatment to Clients

All HCV Teams are funded to provide HCV treatment. There are additional funded programs; that do not host an HCV Team, that report into OCHART. This question pertains to these agencies.

#### Fibroscan/Fibrotest

Please include all fibroscan/fibrotest scores, for patients your team is/will be treating, that have either been obtained by your clinical team or via a partner provider/organization – onsite at your clinic, a satellite clinic or offsite.

#### Patients who were Identified as Spontaneously Cleared

Spontaneously cleared is defined as people who have cleared the virus without treatment. These patients were worked up by the team and have been found to be HCV antibody positive, but RNA negative.

#### Patients who Received Ongoing Clinical Monitoring

See 'Ongoing clinical monitoring'

#### **Priority Populations**

Rooted in treatment, the teams were set up utilizing a multidisciplinary approach, to provide access to specialized care for people who have barriers to accessing traditional forms of healthcare including:

- People who use drugs
- People involved with the correctional system
- People who are homeless or under-housed
- Indigenous Peoples
- Street-involved Youth<sup>1</sup>
- People with tattoos and/or piercings acquired in unregulated premises

#### Mixed Genotypes

In the event of mixed genotypes, enter the genotype that will guide treatment.

#### Patients who Achieved a Sustained Virologic Response (SVR)

A patient who achieves an SVR upon completion of treatment is considered cured of their HCV. SVR blood work is conducted at the three-month-post-treatment mark.

#### Patients who Did Not Achieve an SVR

A result that indicates that course of the treatment failed, and the patient continues to have HCV.

#### Patients who Have Not Completed SVR Blood Work/Results Pending

Patients who have yet to complete their SVR blood work due to the inability/unwillingness to come back to the clinic for the SVR blood work or the SVR blood work has been completed and the results are pending at the time of report submission.

#### Patients who Completed the Prescribed Course of Treatment

Patients who have completed the prescribed course of treatment and are within the end of treatment to SVR blood work timeframe.

#### **Exclusion**

A patient is considered excluded from treatment when there are factors that prevent them from initiating treatment as follows:

Informed deferral - The patient, in consultation with the multidisciplinary team, has made the decision to defer treatment until newer treatment options are available.

Did not qualify for drug coverage - Client does not meet the criteria for Ontario Drug Benefit coverage or Exceptional Access Program (re-treatment) therefore cannot access this mechanism for drug coverage. Client

<sup>&</sup>lt;sup>1</sup> Defined as youth aged 15 to 24 who have no permanent home and spend significant time on the street.

is also unable to access compassionate drug coverage through the pharmaceutical company's program, and/or does not have access to private drug coverage.

Pregnancy - Female client is pregnant or anticipates getting pregnant or male client's female partner anticipates getting pregnant – where pregnancy is contraindicated in treatment of women; and men who may impregnate a woman - during treatment and up to six months after treatment.

Social instability - Client's social situation is too unstable to initiate treatment at this time (i.e. client is currently homeless and living on the streets without access to shelter; unwilling to engage with team supports, etc.)

Medical instability - Client's medical status is too unstable to initiate treatment at this time (i.e. multiple acute co-morbidities).

Lost to follow up - Client engaged with the program for a period of time, but has recently fallen out of touch with the Team. Team members unable to locate or contact client despite numerous attempts through various means (i.e. At one time, client engaged Team in groups, attended appointments and was accessible via cell phone. Client has not attended a group in some time, has missed numerous scheduled appointments, is not accessible through word-of-mouth with peers and does not answer phone/return messages).

Lack of Ontario Health Insurance Plan (OHIP) Coverage - The patient does not have a valid Ontario health care due to loss of identification, new to the province, provincial correctional inmate, etc.

Death - Client died while in the 'pre-treatment' phase, either as a direct result of complications attributable or unrelated to hepatitis C.

#### Withdrawn

A patient is considered withdrawn from treatment if they initiated treatment and have been deemed too unstable to continue treatment to completion or treatment has failed them (according to the recommended treatment milestones).

Side effects – Adverse physical manifestations resulting from HCV treatment that are too severe to continue prescribed course of treatment.

Lost to follow up - Patient engaged in treatment for a period of time, but has fallen out of touch with the Team. Team members are unable to locate or contact client despite numerous attempts through various means.

Medical Instability – Patient's medical status became compromised over the course of treatment and was too unstable to safely continue treatment to completion.

Death - Patient died while on treatment, either as a direct result of complications attributable to treatment/hepatitis C or unrelated to treatment/hepatitis C.

Psychiatric manifestation - Patient experienced major psychiatric side effects from treatment (or not attributable to treatment) during receiving the course of therapy and these psychiatric manifestations were too severe to safely continue treatment.

Psycho-social instability – Patient initiated treatment but psycho-social factor(s) have created barriers to completing treatment. Examples may include loss of housing, instability of mental health and/or addictions issues, etc.

Did not achieve treatment milestones – Discontinuation of treatment due to of lack of efficacy (as it relates to the recommended treatment milestones).

#### **Brief Outreach Contact**

Refers to contacts at large public events, such as World Hepatitis Day, where contacts tend to be limited to handing out pamphlets, harm reduction materials, etc.

#### Significant Outreach Contact

Refers to two-way, in-person interactions between HCV Team staff/peers and a member of the priority population.

#### **Outreach Location**

See 'Outreach Location' on page 4

#### **Education Presentations**

Education presentations consist of education that is being provided to service users. Continuing medical education, professional development opportunities, HepCNET sessions, etc. should not be included in this section.

Primary presentation focus - Please include the presentation focus that best aligns with the content presented.

Priority population - Please see "Priority Populations"

Health care providers - refers to an audience type that provides health care services such as physicians, nurses, nurse practitioners, social workers.

Service providers - refers to an audience type that provides non-health care services such as ASO, shelter, Ontario Works, Ontario Disability Support Program, John Howard Society staff.

Number of participants - List the number of participants to the best of your ability. We do not require exact numbers if the presentation is at a conference, grand rounds or other large event where the actual amount of participants is difficult to ascertain or unknown.

Number of presentations - Add the number of presentations with the same audience type, presentation focus. If any of the data differs, you need to add them as separate presentations). This is a free-text box that will be added as a table below once the 'insert' button is clicked.

Presentation focus – List only the presentations that were provided for general education. Do not include any training sessions within this section (i.e. naloxone training sessions should not be included in this section. The Ontario Naloxone Program has its own reporting requirements, separate from the HCV Teams OCHART report where this information should be captured).

Presentation lead – List the number of presentations each team member provided. Not all team members must provide educational presentations.

Community development session – is a complex process (tailored to local context) that seeks to improve the lives of community members by building opportunities to enhance the capacity of service providers, community stakeholder agencies, businesses and government. Community development works with organizations (e.g. service providers, professionals, practitioners)rather than with individuals (e.g. service users, patients) and is separate from direct service delivery. The focus is to improve the responsiveness, accessibility and ultimately the impact of community services.

Consultation – is when a worker spends time with staff from one or more agencies for the purpose of assisting them to change practices, policies or approaches to better serve priority populations.

One-to-one education session – refers to responses to individual requests for information when people phone, text, email or drop into your agency.

#### **Shifts and Trends**

- Report any shifts or changes in demand; specific to each program stream including services that are being requested that are currently not offered.
- Responding to Emerging Trends by program streams Discuss how the team will adapt/respond to these trends within each program stream and what enhancements might be made or impacts to programming as a result of your response to these emerging trends.

#### Activities that are Partially and/or Incomplete

• Provide an explanation and action plan for each activity that is identified as partially and/or incomplete.

#### Objective

- Choose from the drop down choices the objective in which the partially/incomplete activity falls under in your approved Program Plan.
- The choice must correspond with the Program Plan.

#### Funding Activities and Corresponding Targets Partially and/or Incomplete

- Free text box to include the actual wording from the appropriate activity and target from your approved Program Plan that is partially and/or incomplete.
- This text cannot differ from what is listed within your approved Program Plan.

#### Explanation

• Free text box to include a brief explanation as to why the activity/target is partially and/or incomplete, as projected in the approved Program Plan.

#### Agency's Planned Response

- Free text box to include the agency's planned response to ensure the activity is completed/target is met within the next six months or why the activity will not be able to be completed/target achieved, as anticipated.
- Entries are not required under each objective, only those that are indicated.