Overseeing an RHD Program in Primary Health

Tips and Tricks

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RHD Control Program – CDC

October 2018



Data

Sex	NT Patients	%
female	1,927	62%
male	1,197	38%
Total	3,124	

Ethnicity	NT Patients	%
Aboriginal	2,999	96%
Other	125	4%
Total	3,124	

Age group	NT patients	%
0-4	15	0%
5-9	151	5%
10-14	281	9%
15-19	407	13%
20-24	327	10%
25-29	366	12%
30-34	326	10%
35-39	290	9%
40-44	244	8%
45+	717	23%
Tot	al 3,124	

Region	Patients	%
Alice Springs Rural	373	12%
Alice Springs Urban	299	10%
Barkly	201	6%
Darwin Rural	766	25%
Darwin Urban	345	11%
East Arnhem	640	20%
Katherine	498	16%
Unknown	2	0%
Total	3,124	

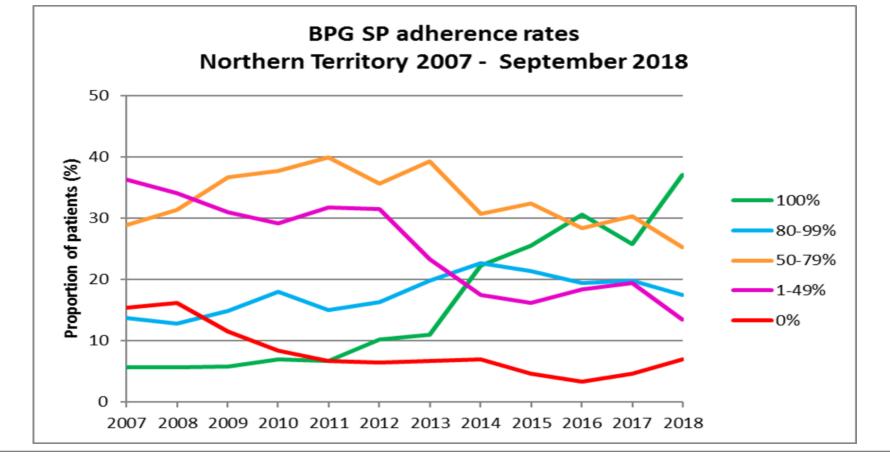


Age group	Current Priority	NT Patients
Children	1 - Severe	44
Children	2 - Moderate	69
Children	3 - Mild *	527
Adult	1 - Severe	536
Adult	2 - Moderate	381
Adult	3 - Mild *	1,113
	Total	2,670

^{*} Includes people with mild RHD and people with ARF who are prescribed SP

Secondary prophylaxis	NT patients
3 weekly BPG	86
4 weekly BPG	1,774
Oral penicillin	38
Oral erythro	8
Total people	1,906







Number of doses of BPG given 2014 - September 2018 in the NT

Year	Doses of BPG delivered
2014	11 537
2015	12 870
2016	14 230
2017	15 202
Q1-3 2018	13047

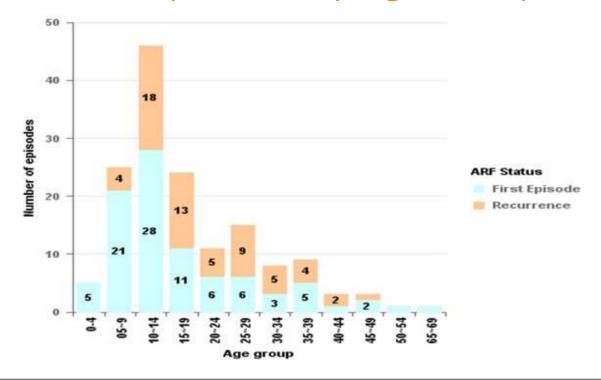


Children 16 years and under who are currently prescribed SP

Antibiotic regimen	Number of children
3 weekly BPG	28
4 weekly BPG	502
Oral SP	10
Total	540

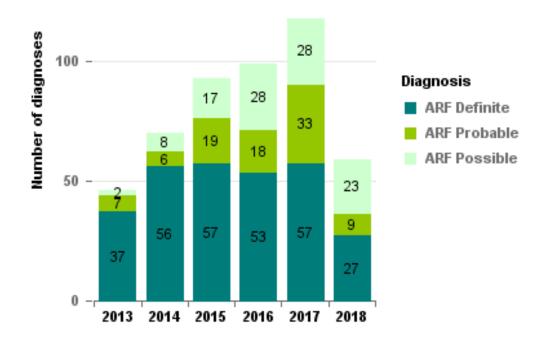


NT Definite ARF Episodes by Age Group: 2017





Diagnoses of first episodes of ARF in children 16 years and younger in the NT





RHD Portfolio Holder

Where possible appoint an RHD portfolio holder & allot time to conduct program

Access to the RHD Register

Work with local staff – AHPs, CBWs, Admin & drivers

RHD is everyone's business!





Elements of an RHD Program

- Care plans & recall system
- Regular LABs
- Education
- Cardiology Reviews & ECHO's
- Dental care
- Immunisation
- Environmental circumstances
- Family meetings





Orientation – New Staff

- Use RHD Register staff to orientate new clinic staff – include GPs
- RHD RNs can visit and provide education or by telephone
- Provide an RHD Resource folder –
 Register & RHDA can assist
- Ensure that staff know the correct service items to use when giving RHD prophylaxis





Learning about ARF/RHD

Completion of RHD Australia modules:

https://www.rhdaustralia.org.au/e-learning-discussion-forum

Apps

Include all clinic staff in education

Take opportunities to engage with the community to provide education:

- Teachers & FaFT
- Resource centres
- Arts centres etc.

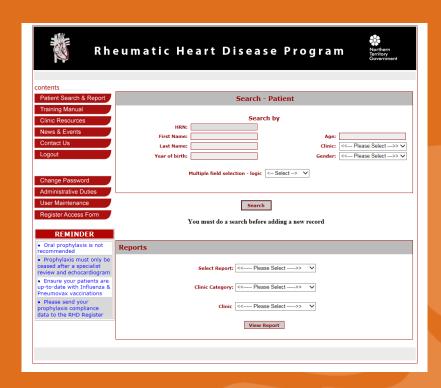






RHD Register

- We are your friends!
- Check that information from the register aligns with PCIS/Communicare
- Prioritise recalls for ECHO's and Cardiology reviews
- Check for latest LAB doses
- Quarterly feedback reports
- Notify when clients move





CQI Facilitators

Involve CQI facilitators –suggest strategies for the program

Can pass on learnings from others - where programs are working well

May need adaption – not one size fits all!

Review progress against quarterly feedback reports



Administering LABS

An important skill - painful

Education of staff — supervise new learners

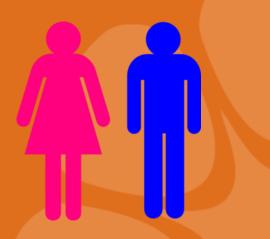
The most appropriate person to give the LAB Build trusting relationships — gender preference

Mention those for recall at morning meetings



- Home
- School
- Clinic
- Workplace







Fast Tracking and Opportunistic Provision of LAB Injections

- Fast tracking patients when they present for an LAB only
- Opportunistic delivery of LAB check records!
- Ensure that everyone in the clinic is on the "same page" re: the management of the RHD program





Self Management

Encouragement and support for selfmanagement

- Education for all
- Take Heart video in language & other videos and resources – RHDA
- Appointment cards
- RHD Treatment Tracker App
- Peer support groups













LETS END RHD

THANK YOU

