

WELCOME to the first newsletter from the Improving Secondary Prophylaxis (SP) for Rheumatic Heart Disease (RHD) research project. Our quarterly newsletter will share stories from our participating health centers: What works in their community, how they are improving their processes for RHD care, and how the project is supporting their work.

What is the project about?

Our study is titled 'Improving delivery of Secondary Prophylaxis for Rheumatic Heart Disease.' The aim of our study is to assist health centres to **maximise efforts to deliver Secondary Prophylaxis**.

Who do we work with?

We are working with ten health centres across the Northern Territory, in collaboration with the NT RHD Control Program, RHD Australia and other stakeholders.

What do we do?

We are implementing a package of activities aimed at optimising clinical care and quality improvement in NT health centres to increase adherence to SP. Our project team visits each health centre 2-3 times during the beginning of the project to learn about SP processes. Together with clinic staff we develop a tailored Action Plan which includes a variety of activities, all designed to improve SP delivery. We then visit each clinic once a month, for 15 months, to support the health centre staff to implement the Action Plan.

What is our goal?

If successful, the activity package we are testing could be used by health centres across the Top End of Australia - which would hopefully see significant reductions in Acute Rheumatic Fever recurrence rates and severity and prevalence of RHD.

Health Centres participating in the study are located across the NT – from extremely remote Central Australia to Regional Centres and urban Top End

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An update from Anyinginyi Health Centre

Dinesh K Jose is a Registered Nurse and the RHD Coordinator at Anyinginyi Health Centre in Tennant Creek. He shares his view of how the study is supporting his work.

'RHD care in Tennant Creek has improved over the past months thanks to the Action Plan that we developed with support of the RHD SP Project.

Improvements can especially be seen in adherence rates to 4-weekly prophylaxis and the number of clients that are seen by specialists.

Our team has been able to establish a functioning recall system for Secondary Prophylaxis, which is supported by a client pick-up service and the use of reminder cards.

Education is a very important factor in RHD care. In the coming months we will be focusing especially on client and community education.

At Anyinginyi Health Centre we are now aiming to reach an adherence rate of 100%.'



Dinesh J Jose and Karen Davidson

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Liz Ritter and Marija Bindley

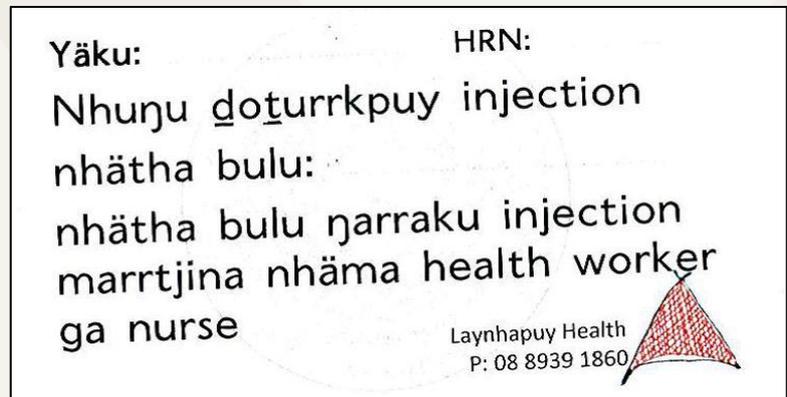
Secondary Prophylaxis at Laynhapuy

By Liz Ritter

I work at the Laynhapuy Homelands Aboriginal Corporation in East Arnhem Land as the chronic disease program coordinator. Working with Menzies as part of the RHD SP study, I have been able to discuss what works well and what could need improvement – which has been a vital step in improving the proportion of clients who receive their long acting bicillin (LAB) on time. Our

involvement in the project is made possible by Laynhapuy Health's team culture of promoting

continuous quality improvement. I believe one of the most effective strategies to improve our rates of timely LA Bicillin injections has been to enable our clients to self-manage their condition. One of the ways we have been doing this at Laynhapuy is to give each client a visual aid in the form of a small personalised card. This reminder card shows the client's name and clearly indicates the date their next injection is due. This has proven to be popular with our clients. We believe this information empowers clients to better manage their disease.



The English Translation reads: "Your next heart injection is due: ". When your injection is due, go see a health worker or nurse.

"One of the most effective strategies to improve our rates of timely LA Bicillin injections has been to enable the clients to self-manage their condition."

Liz Ritter, RHD Coordinator

The Laynhapuy team has also started tracking the number of days at risk for each RHD SP client. We think this gives us a better indication of a client's risk of recurrence and lets us measure our performance more accurately. In addition, this tool can be used to allow our clients to see how they are doing at managing their own condition. This involves collating 3-monthly reports for clients, presenting it visually in the form of a graph and comparing it to the previous 3 months. Again this is a part of empowering the self-management process.

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Patient Education

We often hear from clinic staff in our participating health centres that it can be difficult to explain to RHD clients, why Secondary Prophylaxis is so important. This story came to us from Gunbalanya.

A young boy was refusing to receive his long acting bicillin (LAB) injection. His mother could not tell him why it was important to have the needle, as she herself did not understand why. The doctor explained to the mother that a germ enters the body through the throat or skin sores. The germ then attacks ('bites') the heart. The doctor then asked the mother why her son needed the needle. She said it was to strengthen his heart. "No" the doctor said "it doesn't strengthen the heart, it kills the germ. The needle only lasts for four weeks, so you need to keep having the needle to keep killing the germ."

The mother said she had never been told that the needle kills the germ. Now she understands the importance of killing the germ and the boy has started to receive his LAB.

Thank you Melitta

Melitta O'Donohoe has worked for the RHD SP study as Project Officer since mid-2013. She has been the face of our project at many health centres, working closely with RHD coordinators and other clinic staff to improve systems and processes in the delivery of Secondary Prophylaxis.

Melitta is leaving Menzies and the NT at the end of August to return to her native Queensland. We thank her for all her wonderful contributions to the project and wish Melitta all the best for the future.



"The needle only lasts for four weeks, so you need to keep having the needle, to keep killing the germ."

Gunbalanya

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