

### Pain Minimisation techniques – Using Buzzy Bees



AHP Alison at Gudbinji clinic using the Buzzy Bee

Many RHD SP clients, especially children and teenagers, delay or avoid their regular injection due to fear of needles and pain. Several health centres have been using the “Buzzy Bee” to minimise pain. The Buzzy Bee is a small vibrating device which is held against the injection site prior to and during injecting. It also provides a distraction for the patient. Aboriginal Health Practitioner (AHP) Alison at **Wurli-Wurlinjang/Gudbinji** clinic says it is a very useful device and helps make the injection a much more pleasant experience for her clients.

Other pain minimisation techniques include:

- warming the syringe to body temperature
- applying firm pressure first (10 sec)
- encouraging muscle relaxation during injection
- letting skin dry after alcohol swab
- delivering the injection slowly over 2-3 min
- encouraging movement of limbs after the injection.



### Issue 2 December 2014

**Welcome** to the second newsletter from the Improving Secondary Prophylaxis (SP) for Rheumatic Heart Disease (RHD) research project. In our quarterly newsletter we share stories from participating health centres: 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.

#### What do we do?

We are implementing a package of activities to optimise clinical care and quality improvement in NT health centres to increase adherence to SP.

Our project team visits each participating clinic 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 monthly for 15 months, to support the staff to implement their Action Plan.

#### What is our goal?

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

#### Who do we work with?

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

*The RHD SP study team thank you for your ongoing support and cooperation and wish you a safe, healthy and happy festive season.*



*discovery for a healthy tomorrow*

## Secondary Prophylaxis Action Items

Our project team has been working with health centres across the NT for over a year now. Many action items aimed to improve Secondary Prophylaxis have been discussed, developed and put into practice.

Action items are designed around the six elements of the Chronic Care Model and range from reviewing recall systems, consolidating patient lists and updating care plans, to delivering staff and patient education. Here are some of the highlights so far.

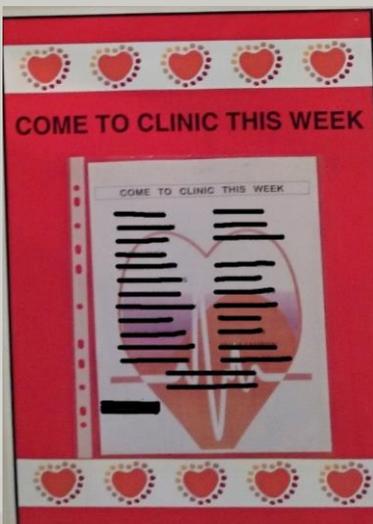
### Continuous Quality Improvement

Participating health centres conduct a RHD continuous quality improvement (CQI) audit when they join the project (if no audit has been done in the previous year). The health centres will conduct two additional annual RHD CQI audits during the time of the project as well as two systems assessment tool (SAT) sessions. By using CQI processes, clinics can monitor their own performance and systems in relation to ARF/RHD care, and can develop strategies to enhance service delivery.

### RHD Reminder Posters

The health centre in **Maningrida** is introducing and evaluating strategies to remind clients when their next LAB injection is due. Clinic staff:

- set phone reminders in clients' phones
- give out laminated fast-track cards for clients to present to reception
- create a weekly poster listing clients due their needle in the upcoming week. With the community's support, this poster is displayed at the front of the clinic, in shops and other locations across the community.



### Trialing Incentives

**Gunbalanya** health centre is trialing the use of incentives to increase uptake of Secondary Prophylaxis. This action item is part of the clinic's Self-Management Support initiatives, and currently funded by clinic staff.

After three consecutive LAB injections clients receive a small "prize", e.g. a frisbee or a football. At the end of twelve months all clients who have achieved more than 90% adherence go into a draw for a large prize.



RHD Coordinator Taryn with some of the incentives

### Education at Hostel in Katherine



Students participating in the education session



The education session began with an interactive activity showing how the blood flows through the heart

With support from the project team, staff at **Wurli-Wurlinjang /Gudbinji** clinic delivered an RHD education session to student residents and their house parents at a local hostel. The education focused on the function of the heart, the role strep A plays in Acute Rheumatic Fever, signs and symptoms of ARF and when to present to the clinic.

Following the education session the young people broke into small focus groups to discuss aspects of RHD care including supporting friends to have their needles, how to remember when needles are due and also to review a RHD SP Social Media App currently being developed by RHD Australia.

The education session took place shortly before the end of the school term.

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