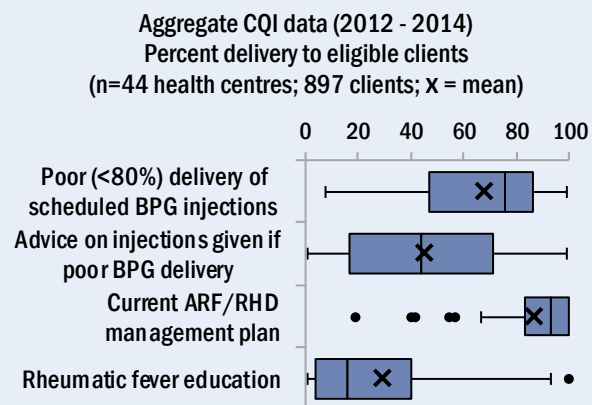


# Rheumatic Heart Disease (based on feedback from 500+ stakeholders)

## 1. Priority Evidence - Practice Gaps



### Delivery & recording of key aspects of care:

- provide at least 80% of planned BPG injections to clients who have been prescribed injections
- recording of current BPG prescriptions, planned frequency of injections in health summaries & clinic master charts
- disease management planning
- recording of ARF diagnoses (included suspected ARF)
- delivery & recording of rheumatic fever education to clients, families & communities

### Follow-up planning & action:

- actively follow-up clients who have missed BPG injections
- improve provision of interventions for clients who have ARF despite adequate BPG injection delivery

### Other specific priorities:

- educate communities & seek their involvement in advocating for secondary prophylaxis compliance

## 2. Barriers & Enablers

### Staff recruitment & retention:

- staff shortages, in particular A&TSIHs, resulting in limited time to focus on holistic care

### Staff capability (training & development):

- insufficient systems to support inter-/ intra- organisational learning
- priority competency areas include patient centred care & to a lesser extent, team work & self-management support
- build capacity of PHC teams to develop partnership links with community

### Finance & resources:

- insufficient financial resources to support best practice ARF/RHD care

### Embedding CQI systems:

- support for staff to interpret CQI data, plan & implement strategies for improvement

### Community capacity/engagement/mobilisation:

- enhance community health literacy & expectation for quality care

## 3. Strategies

### Workforce:

- educate staff on the importance of the injection schedule to manage ARF/RHD and best practice guidelines
- train staff in social determinants of health and patient-centred care
- establish a dedicated staff role with responsibility for RHD care

### Community development:

- provide community, patient and family education on the importance of receiving injections – for example, one on one education, family focus groups, broader community education such as films in local language

### Health systems:

- establish a national data base of ARF/RHD patients to support BPG injection provision & disease management
- strengthen regional programs & partnerships to enable care for patients who move across jurisdictional boundaries
- improve resources & systems for follow-up of patients who require BPG injections, provide flexible options for BPG delivery including outreach & use of interpreters
- use CQI approaches & data to inform planning & service delivery