



KAMS

Kimberley Aboriginal Medical Services Ltd

Kimberley Guidelines;

Developed by and for Regional Health Staff

Kerr Wright

Medical Director





KAMS Vision & Strategy

Improve the health and wellbeing of Aboriginal people in the Kimberley

- Support our member services to be strong, independent and effective ACCHOs
- Ensure KAMS provides quality preventative and primary healthcare services to communities where required
- Provide leadership and advocacy on Kimberley Aboriginal health issues
- Ensure KAMS is an effective, accountable and sustainable organisation
- Build a skilled and sustainable Kimberley Aboriginal health workforce



We all have to be Rural Generalists

We define Rural Generalist Medicine as the provision of a broad scope of medical care by a doctor in the rural context that encompasses the following:

*Comprehensive primary care for individuals, families and communities
Hospital in-patient care and/or related secondary medical care in the institutional, home or ambulatory setting*

Emergency care

Extended and evolving service in one or more areas of focused cognitive and/or procedural practice as required to sustain needed health services locally among a network of colleagues

A population health approach that is relevant to the community

Working as part of a multi-professional and multi-disciplinary team of colleagues, both local and distant, to provide services within a 'system of care' that is aligned and responsive to community needs."

(World Summit on Rural Generalist Medicine, Cairns, 2014).



A pragmatic approach to providing consistency of care in multi-disciplinary teams.

KIMBERLEY ARF Notifications

Year	Total
2013	54
2014	36
2015	38
2016	40
2017 Q1	7



Why Kimberley Specific Guidelines?

- Consistency of care in multi-disciplinary teams with no on-site doctor
- Lack of access to specialist services. Eg nephrologist
- High staff turnover and difficulty orientating staff
- Different disease prevalence and tropical climate



SEE FLOWCHART

1. Initial treatment:

Injection of benzathine penicillin (LA Bicillin) IM, as a single dose OR oral co-trimoxazole.

See table below for dosing.

Check allergies.

If allergic to penicillins, use co-trimoxazole.

If allergic to penicillins and sulphurs, discuss with doctor - consider Roxithromycin for 5 days (4mg/kg to maximum 150mg twice daily)

Weight(KG)	Dose of LA Bicillin(900mg/2.3mL)*
<6	Discuss with doctor
6 to <10	0.75mL
10 to 15	1mL
15 to <20	1.5mL
20 or more	2.3mL
*Give as IM injection - ask for help if not confident to give the injection	

	Dose of co-trimoxazole (trimethoprim + sulfamethoxazole)*
Child (up to 40kg)	200mg/ 40mg per 5mLs suspension 20+4mg/kg/dose =0.5mL/kg/dose twice daily for three days OR 40+8mg/kg/dose =1mL/kg/dose daily for 5 days**
Adult	160+800mg twice daily for five days
Renal impairment	80+400mg twice daily for five days (eGFR <50mL/min)
* Check for sulphur allergies	
** Consider once daily dosing if expected to improve	



Current Guidelines

- 19 Chronic Disease
- 11 Child Health
- 9 Maternal Health
- 6 Sexual Health

- Adult Chronic Lung Disease
- APSGN
- ARF
- Managing Parasites
- Assessment and Early Management of the Unwell Child
- Ear Problems in Children
- Respiratory Disease in Children
- Skin Infections
- Pelvic Inflammatory Disease
- STI Screening
- STI Symptomatic Males
- STI Symptomatic Females



Kimberley Guideline Review Process

- ✎ Protocol identified as needing review/development.
- ✎ Initial working group identified (1-2 people to lead collation with representatives from KAMS & WACHS).
- ✎ Review relevant evidence and guidelines, seek input from relevant clinicians.
- ✎ Prepare document.
- ✎ Document evidence used and rationale, particularly for any controversial areas.
- ✎ Finalise at relevant subcommittee meeting.
- ✎ Submit to KAHPF for approval.







Kimberley Protocols

The Kimberley protocols exist where treatment and referral pathways need to be specific for the region. Health professionals need to be aware of the [Kimberley Standard Drug List \(KSDL\)](#), which ensures consistent drug prescription and provision across the region. It is recommended that clinicians in the Kimberley refer to these protocols when managing these conditions.

1. How the Kimberley protocols will be linked into HealthPathways

- At the start of any new pathways the Clinical Editor will check if there is a Kimberley protocol relevant to this pathway
- A link will be included to the Kimberley protocols in all pathways where there is a relevant protocol
- This link will appear at the beginning of the assessment section of the pathway

For example:

Assessment

A [Kimberley Protocol](#) exists for this condition – see [Ear Problems in Children](#)

- 2. Following on there may be, at the Clinical Editor's discretion, a drop down outlining points of difference between the Kimberley protocols and our pathway, either at the beginning or in the relevant places in the pathway e.g. screening recommendations in assessment section, or medication in management section.**

3. Current protocols

<http://kams.org.au/resources/clinical-protocols-guidelines/>

Kimberley Aboriginal Medical Services
www.kams.org.au



PROCESS FOR IMPLEMENTING KIMBERLEY PROTOCOLS v 3 – for feedback from KAHPF members

Identification of an overdue protocol as per earlier discussions



Writing Group convened by respective Sub-Committee



Upon commencement, Writing Group also receives a copy of the **Implementation Issues template** to keep in mind while finding evidence and drafting the new protocol



Writing Group submits the final draft of the protocol to the respective Sub-Committee PLUS the completed Implementation Issues template.

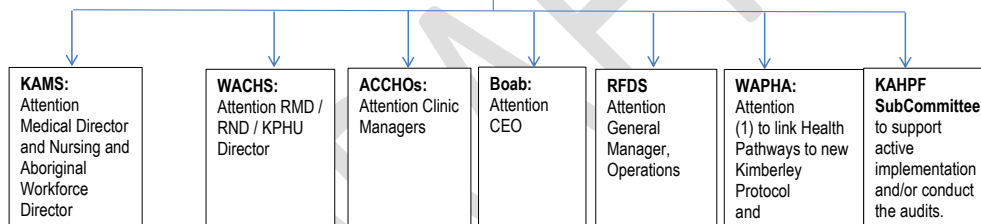
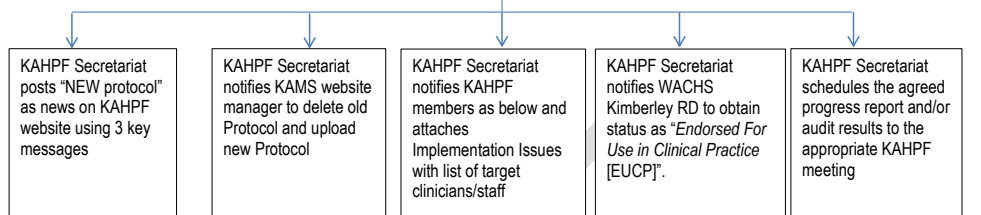


Both draft Protocol and Implementation Issues template are submitted by the Sub-Committee to KAHPF



KAHPF Meeting

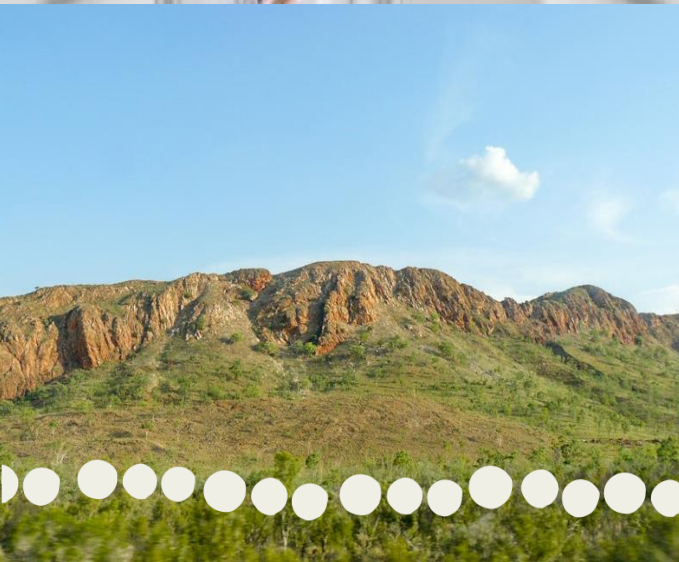
At the KAHPF meeting where the Protocol is endorsed, members also should consider the issues identified in the completed Implementation Issues template. KAHPF agrees to accept or to modify. This becomes the agreed record for Implementation Issues including the agreed progress reports and/or audit results. These decisions are recorded in the minutes. For every endorsed Protocol, the KAHPF Secretariat completes the following tasks after the meeting:



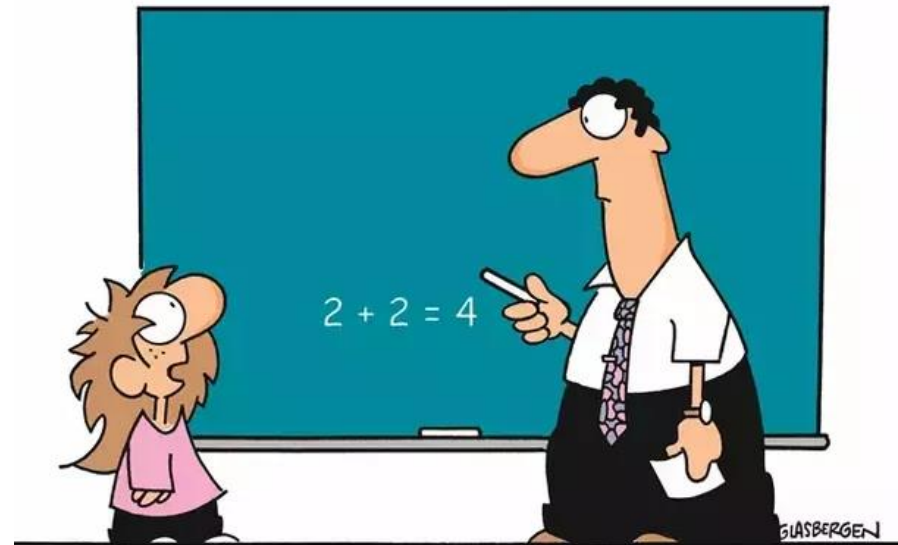
Three responsibilities:
(1) Distribute to appropriate multidisciplinary staff through line management
(2) Plan and co-ordinate active implementation with target clinicians/staff if agreed by KAHPF and support audits or other projects to measure change in clinical practice and
(3) Ensure respective MMEx care plans are updated to reflect Protocol

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(1) Distribute to appropriate multidisciplinary staff through line management
(2) Plan and co-ordinate active implementation with target clinicians/staff if agreed by KAHPF and support audits or other projects to measure change in clinical practice and
(3) Ensure respective Communicare / CHIS care plans are updated to reflect Protocol

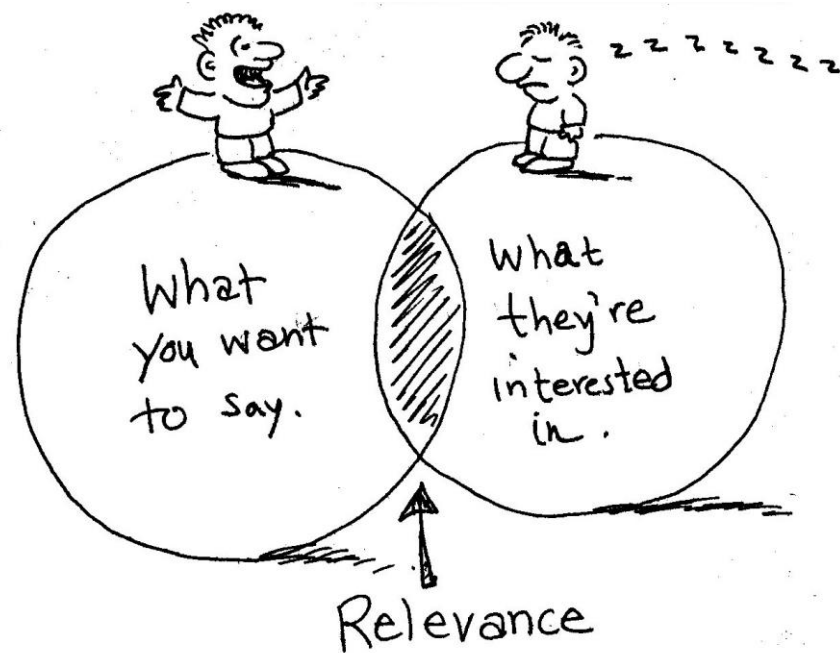




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“How can I trust your information when you’re using such outdated technology?”





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