



Hot North Teaching Workshop, Katherine, February 2018

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**ONE
DISEASE**
BELIEVE. CONNECT. INSPIRE

One Disease



One Disease is a non-government, not-for-profit, philanthropically funded organisation, that aims to eliminate Crusted Scabies from the Northern Territory by the end of 2019 and from the rest of Australia by 2022...

Darwin based team



The rest of the team



Acknowledgements

We are only one small part of the Healthy Skin Story...



.... Many organisations and individuals work along side us.

Crusted Scabies



- People suffering from Crusted Scabies are core transmitters of scabies, spreading it to others in their household and community.
- Elimination of Crusted Scabies is the crucial first step to addressing scabies which is endemic in most remote Indigenous communities.



Early Days; Lessons learned

The East Arnhem Scabies Control Program was established in early 2011 and was a joint initiative of One Disease, Miwatj Health Aboriginal Corporation and the NT Government Department of Health.

- Partnership, participation, integration.
- Health literacy two ways(patient, household, family, clinic) community).
- Community based champions
- Chronic Case Management approach.
- Adding value to the systems that support self management of CS.

Med J Aust 2014; 200 (11): 644-648. "Crusted scabies in remote Australia, a new way forward: lessons and outcomes from the East Arnhem Scabies Control Program"

Crusted Scabies: A Notifiable Disease

- 2016: Crusted Scabies was made a Notifiable Disease in the Northern Territory (NT) under the Notifiable Diseases Act NT.
- Crusted Scabies now notifiable via laboratory following detection of scabies mites from skin scrapings and confirmation by an Infectious Disease physician or Dermatologist

Elimination of Crusted Scabies

- Improve detection and diagnosis of Crusted Scabies
- To prevent reoccurrence of Crusted Scabies in clients who have been successfully treated by embedding local systems and ensuring treated clients live in a "Scabies Free Zone"



Crusted Scabies Prevalence Audit

- One Disease staff undertook an audit of files within Clinical Information Systems (CIS).
- The purpose of the clinical audit was to determine the number of clients with a definite diagnosis of Crusted Scabies (CS) according to CARPA 6TH Edition and the CDC case definition.
- The process of the audit was also a means to determine if Crusted Scabies clients currently recorded within the CIS have a care plan with reminders in place for long term follow up and care.

Gaps identified

The findings of the audit revealed that there was

- Misdiagnosis of Crusted Scabies (more education was/is needed around detection & diagnosis)
- Electronic prompts within Clinical Information Systems were not commonplace and long term care of Crusted Scabies clients was rarely documented (a recall /reminder system would assist with long term follow up)
- Timeliness to diagnosis was impacting on correct diagnosis and/or treatment of skin conditions and client care

Outcomes of Audit

- One Disease Education sessions (tailored to focus on gaps in knowledge)
- Communicare recall/reminder implemented in 2017
- PCIS recall /reminder is under currently being tested before going “live” in ? March 2018
- Video Microscopy Pilot commenced by One Disease/CDC/ DOH clinicians

Partnerships

Collaborative working partnerships with:

- People that have CS and their family/households
- Their Primary Health Care Provider
- Hospitals
- Environmental Health
- Other agencies and organisations that are/ could potentially be working in this space eg. FAFT, Youth Groups, Mens Groups, Councils, Schools



Partnerships



Partnerships



Other Gaps...

- Cohesive Care Provision
- Empowerment of people with Crusted Scabies to self manage their health
- Training packages suitable for ESL/ indigenous workforce

How we can help ...

- D/C Planning support.
- Pt self-management support.
- Electronic care planning support.
- Coordination and communication throughout the patient journey.
- Improved health literacy at all levels.
- Systems thinking.

Do we really help... we want to know!

NT Evaluation 2014-2017

- To determine if the program approach has been effective in improving detection, diagnosis and management of crusted scabies, including the prevention of recurrence in patients and the creation of scabies free household environments.
- To identify the model components that will need to be in place for roll-out to other states.

What will be Evaluated

How and to what extent has the program been implemented and what are the barriers and enablers to implementation in different settings and for different client groups?

- What are the impacts on patient and service outcomes including the numbers of new cases and the number of recurrences?
- What are the impacts on patient-reported QoL outcomes?
- What is the cost of the CS program in the NT and what is the cost saving to the system of implementing the CS model?

Team: Karen Gardner, Helen Dickinson (UNSW); Kees van Gool, Naomi van der Linden, Rosalie Viney (UTS); Jason Agostino, Carolyn Renehan (ANU)

Aspirations

De - normalisation of Scabies

Local workforce management and ownership
after initial notification (with self esteem intact)

Client Empowerment/self management

Awareness



Aspirations...

Presented to ED with scabies, having been diagnosed one week ago. He had his first application of permethrin, but came requesting his second dose. He is aware of the need to treat his whole family, as well as wash his sheets, clothes and mattress and place in the sun. O/E: Scabies to hands, arms, legs. Does not appear crusted, pt left as soon as permethrin given.

Otherwise well.

[illegible]

Thank you

Questions/Discussion?