

# Breaking New Ground; Using Continuous Quality Improvement (CQI) Audit to Improve the Management of Rheumatic Heart Disease.

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## Background:

Over 5000 Aboriginal and Torres Strait Islander people in Australia have RHD<sup>1</sup>. Through addressing social determinants of health, benzylpenicillin prophylaxis and regular review, RHD is a largely preventable condition<sup>2</sup>. Audits assisted Derbarl staff to identify more than 340 patients with RHD, many of whom were not known to the RHD registry and not receiving optimal management. Derbarl staff have been able to identify, recall, and better manage patients with RHD through CQI. This presentation will focus on the development of clinical items in Communicare, improved recall and reminder procedures, establishment of an on-site echocardiography service and strong liaison with the RHD register to improve health outcomes of Aboriginal people living with RHD.

## Results:

100% of Derbarl clients have an RHD Audit Clinical Item completed and 100% have been notified to the RHD register. 53.47% of regular clients have had an echocardiogram, of which 57.64% are up to date. 79.17% of regular clients have a recall for echocardiography. 33.33% of regular clients have seen a cardiologist, of which 51.39% are up to date. 59.02% of regular clients have a recall for cardiology. Of the 59 regular clients who remain on benzathine benzylpenicillin prophylaxis 14.58% are up to date and 84.75% have a recall in place. 86.85% of regular clients who are overdue for benzathine benzylpenicillin have a recall in place.

## Conclusions:

Through creating the RHD Audit Clinical Item Derbarl has been able to implement and monitor a recall system for all RHD/ARF patients. The RHD Audit Clinical Item has enabled Derbarl to more accurately record data, ensure recalls and reminders are active, and ensure strong communication with the RHD registry particularly for transient patients. Derbarl is committed to continue to use CQI to improve management and outcomes of Aboriginal people living with RHD.

## References:

1. Wyber R, Noonan K, Halkon C, Enkel S, Ralph A, Bowen A, Cannon J, Haynes E, Mitchell A, Harford K, Bessarab D, Katzenellenbogen J, Seth R, Bond-Smith D, Currie B, Maguire G, McAullay D, D'Antoine H, Steer A, de Klerk N, Krause V, Snelling T, Trust S, Slade R, Colquhoun S, Reid C, Brown A, Carapetis J. The RHD Endgame Strategy: A Snapshot. The blueprint to eliminate rheumatic heart disease in Australia by 2031. Perth (AU): The END RHD Centre of Research Excellence, Telethon Kids Institute; 2020
2. Wyber R, Noonan K, Halkon C, Enkel S, Cannon J, Haynes E, Mitchell A, Bessarab D, Katzenellenbogen J, Bond-Smith D, Seth R, D'Antoine H, Ralph A, Bowen A, Brown A, Carapetis J. Ending rheumatic heart disease in Australia: the evidence for a new approach. Perth (AU): The Medical Journal of Australia; 2020