

## Implementation Issues – Kimberley Clinical Guidelines

### Acute Rheumatic Fever (ARF)

#### 1. Challenges relating to this guideline:

1. Broad target audience.
2. Challenges in applying broadly to paediatric and adult population.
3. Challenges related to providing care to patients in remote locations, regarding timely investigations and patient management.

#### 2. Who needs to use the guideline?

- |   |   |
|---|---|
| ✓ Aboriginal Health Worker  | ✓ Medical – Regional Paediatrician  |
| ✓ Aboriginal Health Practitioner  | ✓ Medical – Regional Physician  |
| ✓ Medical – District Medical Officer (Hospital-based GP/Doctor working in emergency, inpatient care, outpatient general practice, and remote clinics) | ✓ Medical – Prevocational RMO   |
| ✓ Medical – GP (FACRRM, FRACGP in Aboriginal Community Controlled Health Service (ACCHS) or other community setting, GP Registrar)                    | ✓ Midwife/community midwife   |
| ✓ Medical – Intern  | ✓ Nurse in a community setting (includes ACCHS, community health, remote clinic, school health) |
| ✓ Medical – Prevocational Resident Medical Officer (RMO)  | ✓ Nurse – public health   |
|   | ✓ Nurse in a hospital setting   |
|   | ✓ Nurse Practitioner  |
|   | ✓ Regional and visiting specialists (not otherwise specified)                                   |

#### 3. Key messages about the guideline for users:

1. Updated to include information from [National Guideline](#) (Edition 3.2, March 2022)
2. Updated diagnosis of ARF
3. New section describing differential diagnoses and investigations
4. Consider environmental health referral

#### 4. Implementation strategies:

Strategy	Essential	Optional	Comments
Proactive dissemination e.g., orientation and in-service	Yes	Yes	Chronic Disease Sub-committee workshops KAHPF website
Clinic audit and feedback	No	Yes	
Service-wide audit	No	Yes	

#### 5. Major barriers and enablers as identified in the literature or during discussions as the Writing Group

- Enabler: importance of early diagnosis / recognition of ARF syndrome to allow early treatment and prevention of Rheumatic Heart Disease
- Barriers: significant difficulty in finding clinicians with capacity to focus on these guidelines of the past couple of years.