

WORLD CONGRESS ON RHEUMATIC HEART DISEASE

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Title: HAPPY HEART CLINIC. FROM ZERO TO HERO

Authors: Erin Ferguson, ben reeves, Daphne DeJersey

Background & Aims: The Happy Heart clinic was established to address poor adherence to LA Bicillin injections in our region. We began to question why adherence rates were so low and how we could improve uptake of treatment.

Qualitative data was gathered from hundreds of paediatric patients (and their families) about their experiences with injections. Common themes included pain, fear, trauma (for patients and families) and challenges to accessing care.

Through engaging with patients and involving them in their care, the Happy Heart Clinic has increased adherence rates for a cohort of patients who had previously disengaged from clinical care.

Methods: Children who have had previous traumatic experiences with their injections are referred to the clinic to support them to receive treatment. In our clinic we prioritise children's agency, respect for children and families, including their culture. We provide effective pain management and distraction therapy during clinical episodes that are not time constrained.

We have developed resources (Bicillin Game Plan cards and a "Patients guide to getting a Bicillin injection" video) in direct collaboration with our patients.

The overarching aim is to both reduce and prevent compounding trauma for First Nations' children and families who require injections in the long term to prevent ARF recurrence.

Results: We have evaluated this novel model in partnership with our patients and families using evidence based co-design methodology. We currently have 10 children attending the clinic who have gone from receiving 0 of their injections to 100 percent adherence to injections. The resources have been rolled out across the state (Queensland) and have been adapted in other regions in Australia.

Evidence from interviewing patients performed by a psychologist and clinical researcher indicate that they feel "safe" and well supported when attending the clinic.

Conclusions: Strong themes from our research include trauma (for patients and families) and lack of First Nations staff in our team.

Other barriers that have been identified include:

- * Issues with transport to clinics
- *Children with pre-existing concerns such as severe autism and post-traumatic stress disorder
- *Clinicians not feeling confident, or competent in giving the injections.