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Title: A PARTNERSHIP OF CLINICAL EXCELLENCE AND CULTURAL SAFETY

Authors: Sara Noonan, Vicki Wade

Background & Aims: The Australian guidelines for prevention, diagnosis, and management of acute rheumatic fever (ARF) and rheumatic heart disease (RHD) are well-written and internationally renowned. The Guidelines are freely available online, and periodically updated by experts to incorporate new and emerging evidence. In Australia, Aboriginal and Torres Strait Islander people account for more than 90% of new ARF diagnoses and almost 80% of new RHD diagnoses, yet most of Australia's health workforce is not of Aboriginal descent and has limited experience with Aboriginal cultures. For the first time, these clinical Guidelines have been developed with a cultural safety framework.

Methods: The 2020 Guidelines includes a socio-ecological framework in which the individual is central to care. This has a direct influence on how quality evidence-based care is received and adopted. A cultural advisory group including people with the lived experience of RHD oversees the expert writing group to ensure that the needs of the Aboriginal or Torres Strait Islander person remain central. The evidence-practice gaps in ARF and RHD from a cultural and workforce perspective underpin the clinical discussion and have been highlighted throughout the Guidelines. A series of clinical workshops is being conducted for members of the health workforce to promote national best practice (Guidelines), with culture being central to the clinical messages. Anonymous feedback is sought from participants about the key messages they have received around culturally safe care with the question: List 2-3 messages from this workshop that will help support you to provide culturally safe care.

Results: Ninety members of the Indigenous and non-Indigenous health workforce have attended training to date, with more workshops planned over the next 12 months. Responses to the culturally safe care question overwhelmingly recognise that families and Indigenous health staff need to be involved in care, and that successful primordial prevention of ARF includes treating whole families, not just individuals. Being 'mindful of a patient's home life, ' particularly reasons for living in crowded environments (which can be a strength in some cultures) and recognising the need to provide care that extends beyond the health facility, including in environments that are suitable for patients are commonly noted. Other comments include communicating effectively and respectively, noting that some people speak a language other than English, and building partnerships with individuals and families in care.

Conclusions: Maintaining and promoting the Australian ARF/RHD Guidelines presents a unique opportunity in which to frame clinical care around culture to help support Australia's Aboriginal and Torres Strait Islander population. Directly associating cultural awareness during clinical training can make an impact on members of the health workforce who care for people with ARF and RHD. Successful health service delivery directly contributes to two Close the Gap targets; 1. Everyone enjoys long and healthy lives, and 2. People have access to information and services enabling participation in informed decision-making regarding their own lives.