

Implementation Issues – Kimberley Clinical Guidelines

Ischaemic Heart Disease (IHD)

1. What improvements were identified while revising the guideline?

1. Original document was repetitive, same management for 3 pathologies.
2. Wording of some sections lacked clarity and was confusing.
3. Lacked details in preparation of patients for stress testing.
4. Lacked details in the non-pharmacological management.
5. Formatting and order of information displayed has been improved.

2. Who needs to use the guideline?

- ✓ Aboriginal Health Worker
- ✓ Aboriginal Health Practitioner
- ✓ Enrolled and Registered Nurses in Aboriginal Community Controlled Health Service (ACCHS)
- ✓ Remote Area Nurse
- ✓ District Medical Officer (whether hospital-based GP/Doctor working in emergency, inpatient care, outpatient GP, remote clinics)
- ✓ GP (FACRRM, FRACGP) in ACCHS or community GP setting
- ✓ GP Registrar
- ✓ Regional and Visiting Specialists not otherwise specified
- ✓ Medical Interns
- ✓ Nurse Practitioners

3. Key messages about the guideline for users:

1. A mainstay of therapy is lifestyle modification and optimising co-morbidities.
2. Aspirin, B-blockers and GTN can be used to treat IHD, stable angina and post MI.
3. Regular follow up and ongoing risk minimisation are essential in management.

4. Implementation strategies:

Strategy	Essential	Optional	Comments
Proactive dissemination e.g., orientation and in-service	Yes	Yes	Available on KAHPF website for all clinicians to refer to
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

Enablers:

- Lots of support from Physicians and Cardiology Teams in Perth for these patients.
- Referring to Stress Testing is very easy with the PCI templates.
- Large portion of management is lifestyle modification which can be done by most staff.
- Monitoring of risks can be done on the spot in clinics (ECG, Weight, BMI, BP, BSL).

Barriers:

- Stress testing can be difficult in remote settings in a timely manner.
- Stress testing also needs to be done in Broome or Derby (at a larger hospital setting).
- Protocol recommends Cardiac Rehab / Allied Health input.
 - Limited capacity in Kimberley, very few spots and only available in Broome.
- CVD risk calculators often under report risk for Aboriginal patients, need to be used with caution.

Endorsed by the Kimberley Aboriginal Health Planning Forum out of session 27/10/2023