

CARPA Standard Treatment Manual Getting best practice into the bush



Christine Connors & Fran Vaughan CARPA editorial group

Development strategies

- Primary health care manual
 - 95 conditions by chapters
- Developed by users, multi disciplinary use
- Four editions since 1991
 - two evaluations
- Based on evidence
 - Systematic reviews
 - National and international guidelines
 - Local data, research and expertise
- High need and high usage due to
 - different conditions, different contexts, different morbidity & mortality patterns
- Wide distribution & uptake
 - used across NT, Central desert (SA/WA)
 - Informed Qld/ NSW Primary Clinical Care Manual
 - “Kiwi CARPA” due for launch Nov 2006

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Actions: making it happen

- Health services policy
 - Written policies for employees
 - Include in job descriptions
 - Included in employment contracts
- Provide personal copies and clinic copies
 - Encourage health staff to write notes
- Poisons & Drug Act legislation: S29
 - Medication supply by nurses and AHW's
- Complementary guidelines
 - CRANA Clinical procedures manual
 - Women's business manual
 - AHW Medicines book
 - CARPA STM reference book

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Actions that support uptake

Professional “norm”

- Local leaders and champions
 - Promoted by professional organisations
 - Peer pressure for using evidence
 - Patient expectation for health staff to use
- Links to education
- orientation: GP's, nurses, AHW's, allied health
 - training: inservices, accredited, Pathways
 - postgraduate courses
- Links to research
- Quality improvement research
 - Design audit tools against recommended best practice
 - Provides opportunity for quick uptake of relevant research findings
- Multiple strategies required to promote use

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THEME: ACTION**Taking action nationally***CARPA standard treatment manual: supporting best practice in the bush*

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Clinical Practice Guideline	Central Australian Remote Practitioners Association (CARPA) Standard Treatment Manual (STM) is a set of over 90 clinical guidelines covering acute and chronic conditions that are common in remote practice. These guidelines have been produced since 1991 and the 5th edition is currently being developed. The guidelines are produced by a multi disciplinary editorial group for use by multi-disciplinary teams across Central Australia and the Top End in the Northern Territory.
Stakeholders	CARPA is used by all Aboriginal health services in the Northern Territory, including community controlled health organisations, government services and some private GPs. It is used by GPs, remote nurses, Aboriginal health workers, pharmacists, specialists, disease control units and allied health professionals working with remote communities.
Evidence-practice gap	The Northern Territory has unique features which include: strong Aboriginal culture, geographic isolation, and high morbidity and mortality. The health workforce must cope with high staff turnover and professional isolation, and has developed a population health and a multi-disciplinary approach to overcome these disadvantages. All health professionals are under prepared for the challenges they face and consider the guidelines essential.
Implementation strategies	Development by primary health care professionals with strong input from local specialists is critical to acceptability and validity. CARPA STM has been integrated into practice through a range of strategies including: formally adopted as policy by all health care organisations; linked to legislation governing medication supply for remote nurses and Aboriginal health workers; personal copies provided to all remote clinicians; integrated into training at both undergraduate and postgraduate level; promoted by professional support organisations e.g. GP divisions, Council of Remote Area Nurses (CRANA); linked to quality improvement processes; linked to standard drug imprest maintained in remote clinics; linked to complementary guidelines: Women's Business Manual, CRANA clinical procedures manual and Aboriginal Health Workers (AHWs) Medicines book; and linked to local research organisations to enable quick uptake of evidence.
Data	Evaluations of 1st and 3rd editions have shown high acceptance and use by practitioners. Specific comments on layout, wording, structure have enabled improvements in each edition. Clinical audits on a range of conditions have identified practice gaps in using the guidelines. Systems approaches have been used to improve practice in both paediatric conditions (e.g.: anaemia) and adult chronic diseases (ABCD project)
Results	Anaemia prevalence rates reduced from 20% to 4% in one large community. This has been sustained for four years. ABCD audits have shown improved outcomes for glycaemic control, BP control and documentation of brief intervention for diabetes care.
Barriers	Ensuring remote clinicians are appropriately orientated to CARPA STM. Locum GPs sometimes miss out on orientation and don't appreciate the importance of multi-disciplinary team work. Experienced remote nurses and AHWs may not read the current edition as they assume their practice is current.
Enablers	High need: high morbidity, different presentations and conditions, staff turnover, all make the use of CARPA STM essential. It's the "Bible" for remote practitioners. Comprehensive links to managers and practitioners ensure it's used in daily practice.
Resources	Funding has been provided by both Northern Territory and Australian governments for evaluation of current edition and for an editor to produce the next edition. Significant time is provided by individual practitioners on the Editorial committee, and as primary authors. Health service organisations are prepared to invest staff time as CARPA STM is accepted as the standard for best practice in remote health.
Key message	Choose common conditions that will benefit from evidence-based practice. Involve users and experts in development and implementation. Involve clinical leaders and health service managers in guideline uptake. Write the guideline using simple language, make it easy to follow, make it practical, include useful tools e.g. antibiotic table. Link it to professional development and quality improvement, and link it locally relevant research.
* Presenter Bio	Dr Christine Connors is a general practitioner and public health physician who has been working in the Northern Territory for 19 years, providing clinical and public health services to remote Aboriginal communities. She is currently the Program Director, NT Preventable Chronic Disease program, NT DHCS. She has been involved with clinical guideline development for 15 years, mainly for remote practitioners, including CARPA STMs and guidelines used in the NT Coordinated Care Trials. Ms Fran Vaughan is a clinical and academic pharmacist with extensive experience in both hospital and community based pharmacy services. She teaches at the Centre for Remote Health in Alice Springs. She is the Chair of CARPA and has been involved in guidelines development for many years. She facilitated the development of the AHW Medicines Book to complement CARPA STM and improve quality use of medicines by Aboriginal health workers.