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# Happy Heart Clinic: Improving children's experiences of regular LA Bicillin injections in rheumatic heart disease

Initiative Type

Model of Care

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Deliver

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## Summary

The Happy Heart Clinic is designed for children who require monthly (every 21- 28 days), painful injections for at least 10 years from diagnosis. This injection regime is to prevent Rheumatic Heart

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Disease, an entirely preventable disease that primarily effects children who identify as Aboriginal and Torres Strait Islander.

Through engaging with the paediatric patients and involving them in their care processes, the clinic is drastically improving medication delivery.

## Key dates

Oct 2019

## Implementation sites

Cairns Hospital

## Partnerships

Queensland Children's Hospital

## Key Contacts

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## **Aim**

The overarching aim is to both reduce and prevent compounding trauma for children and their families. The aim is to increase adherence to injections, and in the long term to prevent recurrence of Acute Rheumatic Fever, ultimately reducing rates of Rheumatic Heart Disease.

## **Benefits**

Children's increased uptake of needles reduces the danger of recurrence and worsening of their heart condition. Additionally, children and families are experiencing improvements in access to health services through increasing their agency to negotiate with service providers and clinicians. This in turn increases their confidence and sense of empowerment to be involved in their health care.

## **Background**

There is a clear need to earn Aboriginal and Torres Strait and Islander kids' trust by engaging them more in their health treatment that will enable them to feel like active consumers in the care process.

## **Solutions Implemented**

Children having trouble or trauma receiving their regular injections are referred from local health services. The Cairns Hospital RHD nurse experienced in initiating therapeutic procedural strategies and Bicillin injections established a child-focused clinic. Children's agency was increased by utilising a child-friendly "game plan". Children can choose the site of injection and preferred pain control measures (Entonox, numbing cream, ice pack, Buzzy Bee). Distraction techniques such as an electronic device, distraction box, talking and deep breathing are also given as options. These measures are implemented during clinical episodes that are not time pressured. We use consistent care providers and a familiar environment for additional reassurance.

A video "Bicillin from the patient perspective" has also been produced.

## **Evaluation and Results**

Our novel clinic is currently being evaluated using experienced-base co-design methods. However,

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we can already calculate that the number of injections that this cohort of patients are receiving has risen. This greatly impacts each child's health journey for their lifespan.

## **Lessons Learnt**

We have learnt that improving children's and families' experiences in health service care has positive impacts on both staff and consumers. Children's acceptance and understanding of their needles as well as the number of needles received has improved.

Clinician's experiences of child- focused care improves their work satisfaction and confidence in delivering optimal care.

We were surprised at children's ability to show their agency and support their peers.

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