

Troubleshooting the challenges in following guidelines

ICAM CoP Session 4

27 Mar 2024

The content in this session is valid at date of presentation

Acknowledgement of Country

In the spirit of reconciliation we acknowledge the Traditional Custodians of the lands on which we meet, the Wurundjeri people of the Kulin Nation.

We pay our respects to the Elders past and present, and extend that respect to all Aboriginal and Torres Strait Islander peoples today, for they are the safekeepers of memories, traditions and culture.

We recognise their connection to Country, land, sea and community, and the role in caring for and maintaining Country over thousands of years. May their strength and wisdom be with us today.



Photo credit: Koori Curriculum

Housekeeping – Zoom Meeting

All attendees are muted

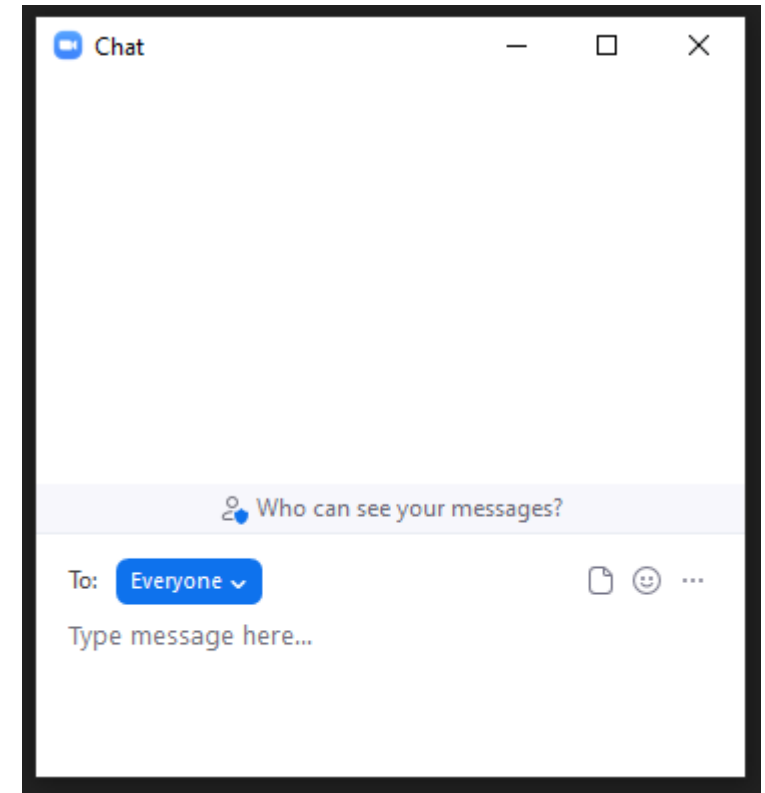
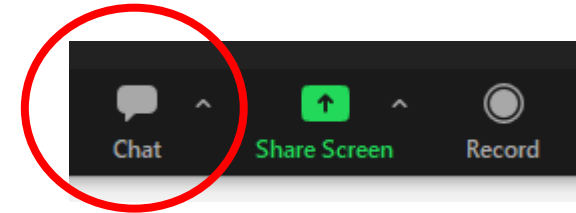
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Please ask questions via the Chat box

This session is being recorded

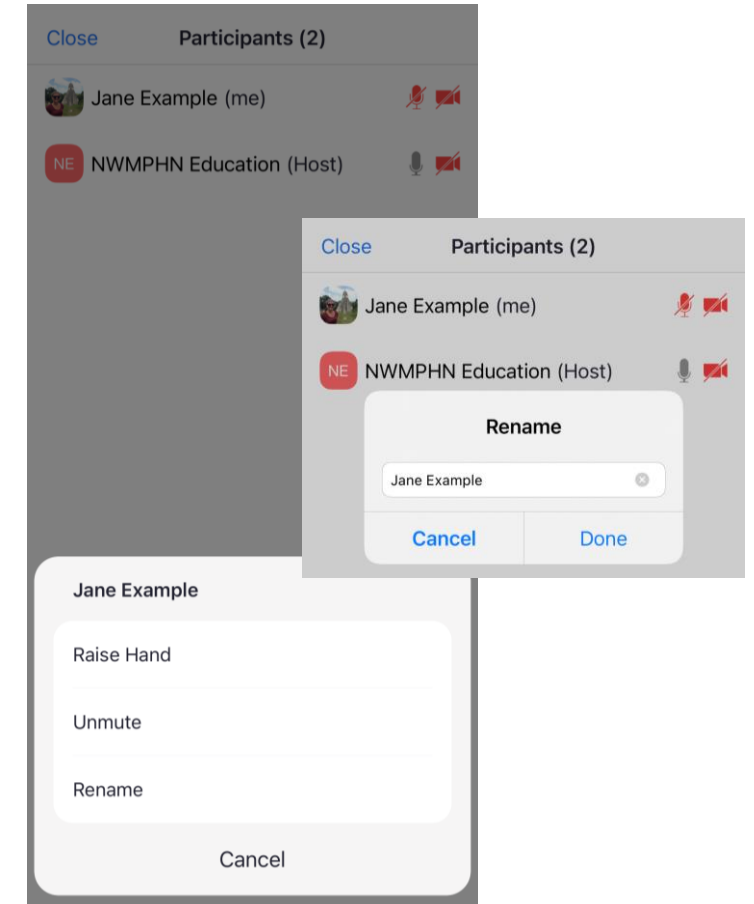
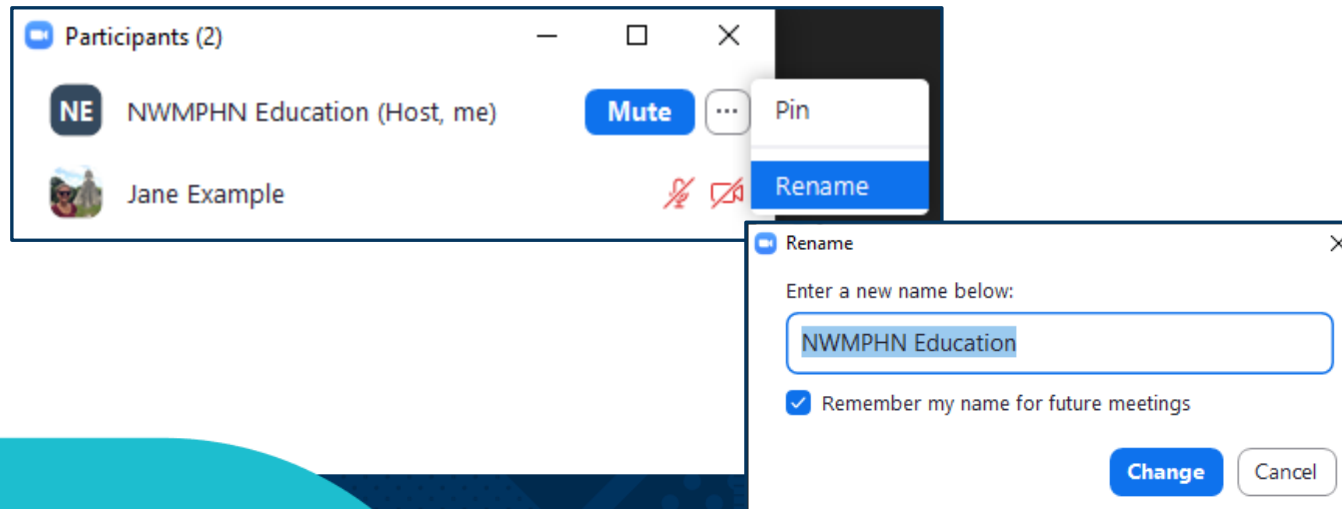
Please ensure you join the session using the name you registered with so we can mark your attendance

Certificates and CPD will not be issued if we cannot confirm your attendance



How to change your name in Zoom Meeting

1. Click on **Participants**
2. **App:** click on your name
Desktop: hover over your name and click the 3 dots
Mac: hover over your name and click *More*
3. Click on **Rename**
4. Enter the name you registered with and click
Done / Change / Rename



Agenda

Topic	Speaker
Welcome and Introductions	Katherine Chen
Gaps/opportunities in following guidelines	Katherine Chen
Case studies <ul style="list-style-type: none">- Hospital registrar- Community Participants- GP	Esther Yap Laura Santoro & Anna-Marie Restall Kirsty Tamis
Nurse Practitioner CAP service	Joanne Pleban
HealthPathways	Kirsty Tamis
Wrap Up: Feedback and Next Community of Practice	Katherine Chen

Learning Outcomes

By the end of this session, you will be able to:

- Implement best practice management for asthma in children
- Describe resources and local services available for children living with asthma
- Identify collaborative, multidisciplinary opportunities to improve care for children living with asthma
- Interpret local data and identify potential solutions to improve asthma care locally

Introduce yourself in the chat



Introducing your Facilitators



Dr Katherine Chen

General Paediatrician
Royal Children's Hospital



Dr Kirsty Tamis

General Practitioner
Forsyth Park Medical Centre

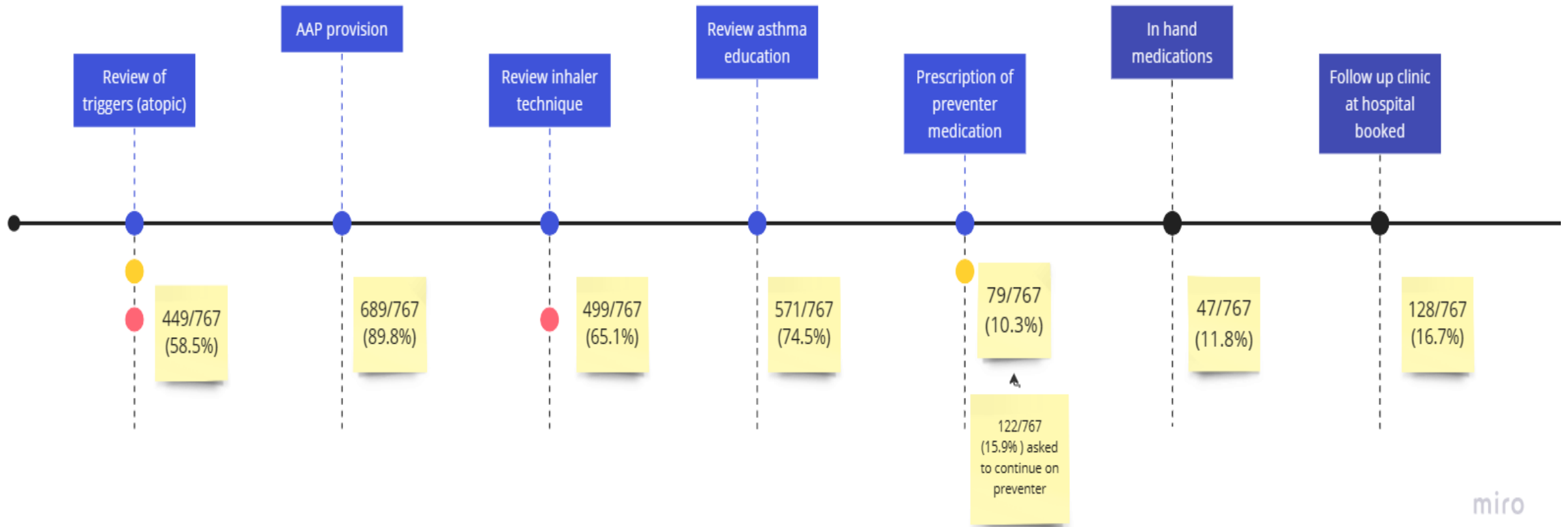


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*Gaps/opportunities in
following guidelines*

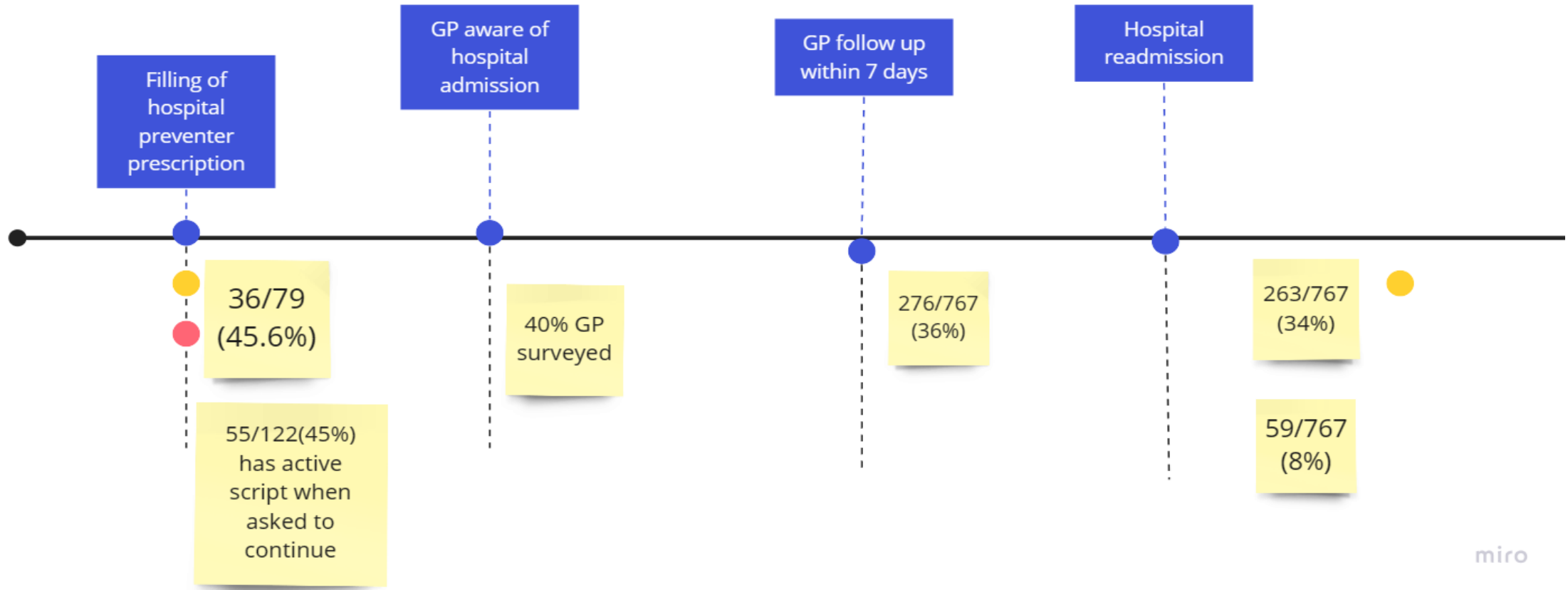
Dr Katherine Chen

Hospital Management



miro

Post Discharge



miro

Next Speakers

Esther Yap

Dr. Esther Yap is currently working as a paediatric fellow at the Royal Children's Hospital, completing her general paediatric advanced training program. She was previously a pharmacist, and has worked across paediatric services in RCH, MCH and Eastern Health in the past few years. She is completing a project (with Katherine Chen) as part of ICAM looking at implementing some simple practices to improve paediatric asthma management in a short stay unit.

Laura Santoro

Laura is currently a year 12 student at Taylors Lakes Secondary College. She was diagnosed with asthma at the age of 2 and has participated in various asthma workshops and other related activities over the past couple of years.

Anna-Marie Restall

Anna-Marie Restall is a parent to an 8-year-old who suffers from asthma and carer to her parents. She is a librarian in the Brimbank area, with a background in teaching, aviation and business. Anna-Marie is part of the ICAM workgroup as a consumer representative.



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Case Studies

Esther Yap

Laura Santoro

Anna-Marie Restall

Kirsty Tamis

Barriers/Challenges to Optimal Paediatric Hospital Asthma Care



Presented by: Dr. Esther Yap (Royal Children's Hospital)

Hospital Factors	Patient Factors	Clinician Factors
<ul style="list-style-type: none">• Frequent change of staff with variable experience with asthma management (differences between hospitals)• High patient load / acuity means that often the longer term or preventative treatment may get overlooked• Lack of personalization due to templated and guideline focused asthma management• Variations in asthma action plans	<ul style="list-style-type: none">• Access to follow up care and what services are available• Language barrier• Health literacy• Perception of power imbalance	<ul style="list-style-type: none">• Differences in management strategies between clinicians (especially surrounding commencement of preventers) and variation in knowledge base (junior staff)• Timely completion of a discharge summary and liaison with GP

Barriers/Challenges to Optimal Paediatric Hospital Asthma Care – Solutions?



HOSPITAL: Mandatory asthma education for staff eg. “Asthma Champion”, Added criteria for discharge inclusive of discussion of preventative care, Centralized personalized asthma action plan template with wide clinician access



PATIENT: Translated asthma action plans (need in both English for school and preferred language), asthma apps



CLINICIAN: Clinician support tools – asthma admission (formulated at RCH) and discharge template with a specific question / task to the GP and follow up goal. RCH Guidelines (June 2023)

National Asthma Council Australia Asthma Action Plan

Developed by the National Asthma Council Australia in consultation with leading respiratory clinicians. Translation to the following languages was supported by GlaxoSmithKline Australia.

Arabic

Chinese

Greek

Italian

Korean

Serbian

Spanish

Turkish

Vietnamese

Swedish*

* Swedish translation was developed independently in conjunction with Region Gävleborg, Sweden.



Health Professionals

Patients and Families

Departments and Services

Research



Clinical Practice Guidelines

RCH > Health Professionals > Clinical Practice Guidelines > Preschool asthma (1-5 years)

In this section

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Guidelines

CPG index

Nursing Guidelines

Paediatric Improvement
Collaborative

Parent resources

Retrieval services

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CPG information

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CPG feedback

Preschool asthma (1-5 years)

This guideline has been
endorsed by the Paediatric
Improvement Collaborative



See also

[Acute asthma](#)

[Asthma in adolescents \(12 years and over\)](#)

[Asthma in primary school-aged children \(6-11 years\)](#)

[Bronchiolitis](#)

Key points

1. This guideline provides advice for diagnosing and managing preschool aged children with asthma. See [Acute asthma](#) for acute management
2. Most preschool aged children have infrequent mild episodes of wheeze that are triggered by respiratory viruses and do not require a preventer
3. A therapeutic trial of short-acting beta agonist (SABA) or inhaled corticosteroid (ICS) may be needed to help diagnose asthma in a preschool aged child
4. First-line preventer treatment for preschool aged children with asthma is low dose ICS with spacer, titrated according to response. Many children will grow out of asthma prior to primary school
5. Additional management includes regular asthma education, reviewing inhaler technique and annual influenza vaccine

Background

This guideline defines **preschool asthma** as children between 1-5 years old who present with recurrent episodes of wheeze, cough or difficulty breathing/activity limitation, all of which respond to SABA

- The diagnosis of asthma in preschool aged children can be difficult as there is overlap with other common conditions and a lack of objective tests
- Wheeze in children <1 year is most likely caused by [bronchiolitis](#)
- Currently there are no valid ways of sub-typing children with preschool wheeze/asthma. Previously used classification systems, such as viral induced asthmatores and multi-asthmatores have been shown to have poor clinical performance and should not be used



ASTHMA ACTION PLAN

Take this ASTHMA ACTION PLAN with you when you visit your doctor

ACTION PLAN FOR:	DOCTOR'S CONTACT DETAILS	EMERGENCY CONTACT DETAILS
Name _____	Name _____	Name _____
Date _____	Phone _____	Phone _____
Next asthma check-up due _____	Relationship _____	

😊 WHEN WELL	Asthma under control (almost no symptoms) ALWAYS CARRY YOUR RELIEVER WITH YOU
Your preventer is: _____ (NAME & STRENGTH) Take _____ puffs/tablets _____ times every day <input type="checkbox"/> Use a spacer with your inhaler Your reliever is: _____ (NAME) Take _____ puffs When: You have symptoms like wheezing, coughing or shortness of breath <input type="checkbox"/> Use a spacer with your inhaler	OTHER INSTRUCTIONS (e.g. other medicines, trigger avoidance, what to do before exercise) Peak flow* (if used) above: _____ _____

😞 WHEN NOT WELL	Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)
Keep taking preventer: _____ (NAME & STRENGTH) Take _____ puffs/tablets _____ times every day <input type="checkbox"/> Use a spacer with your inhaler Your reliever is: _____ (NAME) Take _____ puffs <input type="checkbox"/> Use a spacer with your inhaler	OTHER INSTRUCTIONS (e.g. other medicines, when to stop taking extra medicines) <input type="checkbox"/> Contact your doctor Peak flow* (if used) between _____ and _____ Prednisolone/prednisone: _____ Take _____ each morning for _____ days

😡 IF SYMPTOMS WORSEN	Severe asthma flare-up/attack (needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms)
Keep taking preventer: _____ (NAME & STRENGTH) Take _____ puffs/tablets _____ times every day <input type="checkbox"/> Use a spacer with your inhaler Your reliever is: _____ (NAME) Take _____ puffs <input type="checkbox"/> Use a spacer with your inhaler	OTHER INSTRUCTIONS (e.g. other medicines, when to stop taking extra medicines) <input type="checkbox"/> Contact your doctor today Prednisolone/prednisone: _____ Take _____ each morning for _____ days

😡 DANGER SIGNS	Asthma emergency (severe breathing problems, symptoms get worse very quickly, reliever has little or no effect)
DIAL 000 FOR AMBULANCE	Peak flow (if used) below: Call an ambulance immediately Say that this is an asthma emergency Keep taking reliever as often as needed <input type="checkbox"/> Use your adrenaline autoinjector (EpiPen or Anapen)



Asthma Action Plan

Name: Homer Simpson Test
Date of Birth: 20/10/1985



DAILY	Exercise Plan
Preventer (take every day) <ul style="list-style-type: none">• Flixotide (Fluticasone) 50 puffer - use your spacer when taking this 1 puff twice a day Clean your teeth or rinse your mouth after taking the preventer.	<ul style="list-style-type: none">• Take 2 puffs of reliever 5-10 minutes before exercise. If symptoms of asthma during exercise, stop and take more reliever medication See your GP if your child has: <ul style="list-style-type: none">• night coughing• breathlessness with activity OR• requires reliever more than twice a week when well

SYMPTOMS STARTING (MILD ASTHMA)	Reliever (e.g. Ventolin or Asmol)
<ul style="list-style-type: none">• Difficulty breathing (hard or fast)• Cough, wheeze and/or chest tightness• Cannot do usual activities	<ul style="list-style-type: none">• Take 4 puffs of reliever using a spacer +/-mask Preventer <ul style="list-style-type: none">• Keep taking preventer medication every day

SYMPTOMS GETTING WORSE (MODERATE-SEVERE)	Reliever
<ul style="list-style-type: none">• Worsening cough, wheeze, chest tightness• Increased difficulty breathing• Sucking in around throat, ribs or tummy when breathing• Ongoing need for reliever medication more than every 3 hours	<ul style="list-style-type: none">• Take 12 puffs of reliever using a spacer +/-mask• If needing reliever more than every 3 hours, see a doctor or go to your closest hospital Prednisolone <ul style="list-style-type: none">• Give Prednisolone 2 x 25mg tablet (50mg) for UP TO 3 days - only give if symptoms persist and still needing your reliever• see a doctor

DANGER SIGNS	CALL AMBULANCE 000
<ul style="list-style-type: none">• Not responding to reliever OR needing reliever more often than every 30 minutes• Exhausted or floppy• Blue around the lips• Gasping for air, hard to talk	START ASTHMA FIRST AID (4X4X4). <ul style="list-style-type: none">• Sit upright• Give 4 puffs of your reliever using your spacer• Wait 4 minutes and give a further 4 puffs• Keep giving 4 puffs every 4 minutes until the ambulance arrives or your child improves

If your child has anaphylaxis and you are unsure if it is anaphylaxis or asthma <ul style="list-style-type: none">• Give the adrenaline autoinjector FIRST, then reliever medication

Doctor/Nurse Practitioner: Esther Yap, Fellow Signature: _____ Date: 22/3/2024	INFORMATION
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Asthma Action Plan for:

Homer Simpson

UR:

DOB:

Well Plan

This plan should be followed if:

- No wheeze, cough or chest tightness
- Can play and exercise without wheeze, cough or chest tightness
- Need reliever medication < 3 times per week (not including before exercise)
- Not waking at night due to asthma symptoms

Reliever

If occasional symptoms of Asthma, take up to 4 puffs of reliever

Unwell plan

This plan should be followed if:

- Increased cough, wheeze or chest tightness
- Difficulty breathing (sucking in around neck, ribs or tummy with breathing)
- Waking at night due to symptoms
- Increased use of reliever

Management

Take up to 12 puffs of reliever (with a spacer) and repeat the dose as often as required. Don't stop taking preventer if using one. If symptoms are not improving or worsening (needing reliever more frequently than 3 hourly), seek urgent medical attention. If persistently using the Unwell Plan, please see a doctor.

Danger signs + critical asthma first aid:

This applies if:

- Using reliever more than every 30 minutes
- Blue lips
- Difficulty feeding or speaking due to shortness of breath
- Exhausted

Management

Sit upright + Call an ambulance 000
Give reliever 4 puffs (via spacer if possible, with 4 breaths between each puff) every 4 minutes

If history of anaphylaxis, please follow the anaphylaxis action plan and give Adrenaline first

Author: Esther Yap

Provider Number:

Date: 22/03/2024

Signature:

Challenges in managing asthma in and outside of school:

- There are a lot of kids that don't consider the needs of asthmatics. As an example when I did P.E in the first few years of highschool, people wouldn't care for spraying their perfume or spray-on deodorant in enclosed spaces/the locker bay. That then causes me to have an asthma attack and others to have coughing fits. That could easily be fixed with people using roll-on deodorant and/or putting perfume/cologne on in more open spaces
- **Asthma Action Plan in Primary School:** When I was in primary school, the school required that we go back to our GP at the start of each year and provide an updated action plan. The only problem with this, is that the action plan stayed the same for most of my primary school years. So, in hindsight, there was no point in such a thing.
- Additionally, we had to provide a Ventolin to the school and ensure it was in date or else we'd be asked to bring in a current Ventolin.
- **Asthma Action Plan in High School:** My highschool has never once asked for my asthma action plan, apart from school camps and certain excursions.
- During P.E, it was on you to bring your own Ventolin and medicate yourself. The P.E teachers had no idea what students were asthmatic and which ones weren't. I went out of my way to tell each of my P.E teachers over the years I was asthmatic, however I have other asthmatic friends who never did tell the teacher that they themselves had asthma.
- A problem that was brought up in a past workshop, was the inconvenience of having to bring your Ventolin and spacer around the school with you or during P.E. Especially when a teacher would lock the door that your locker was in and therefore you didn't have access to your Ventolin. It's a lot harder to have access to your asthma medication in high school than primary school.
- I'd say when kids enter highschool they are less inclined to visit the GP and get an updated action plan. Moreover, follow through with their most recent action plan.

- I've noticed that teens with asthma don't know as much as they should about asthma. The topic was touched on a lot more in primary school than high school. I'd want to see some initiative, that mentions asthma in highschool as it seems the awareness for it dwindles in the later years of childhood.
- In particular, Spacers. I don't think I've seen a single kid except for myself that has actually used one in highschool.
- I once had an asthmatic friend mention that she didn't want any asthma medication as she was concerned her family wouldn't be able to afford it. She wasn't aware of any free initiatives or the resources available for such circumstances.

CHALLENGES IN FOLLOWING GUIDELINES CONSUMER PERSPECTIVE

ICAM Consumer Representative
Anna-Marie Restall



Holding onto Mum

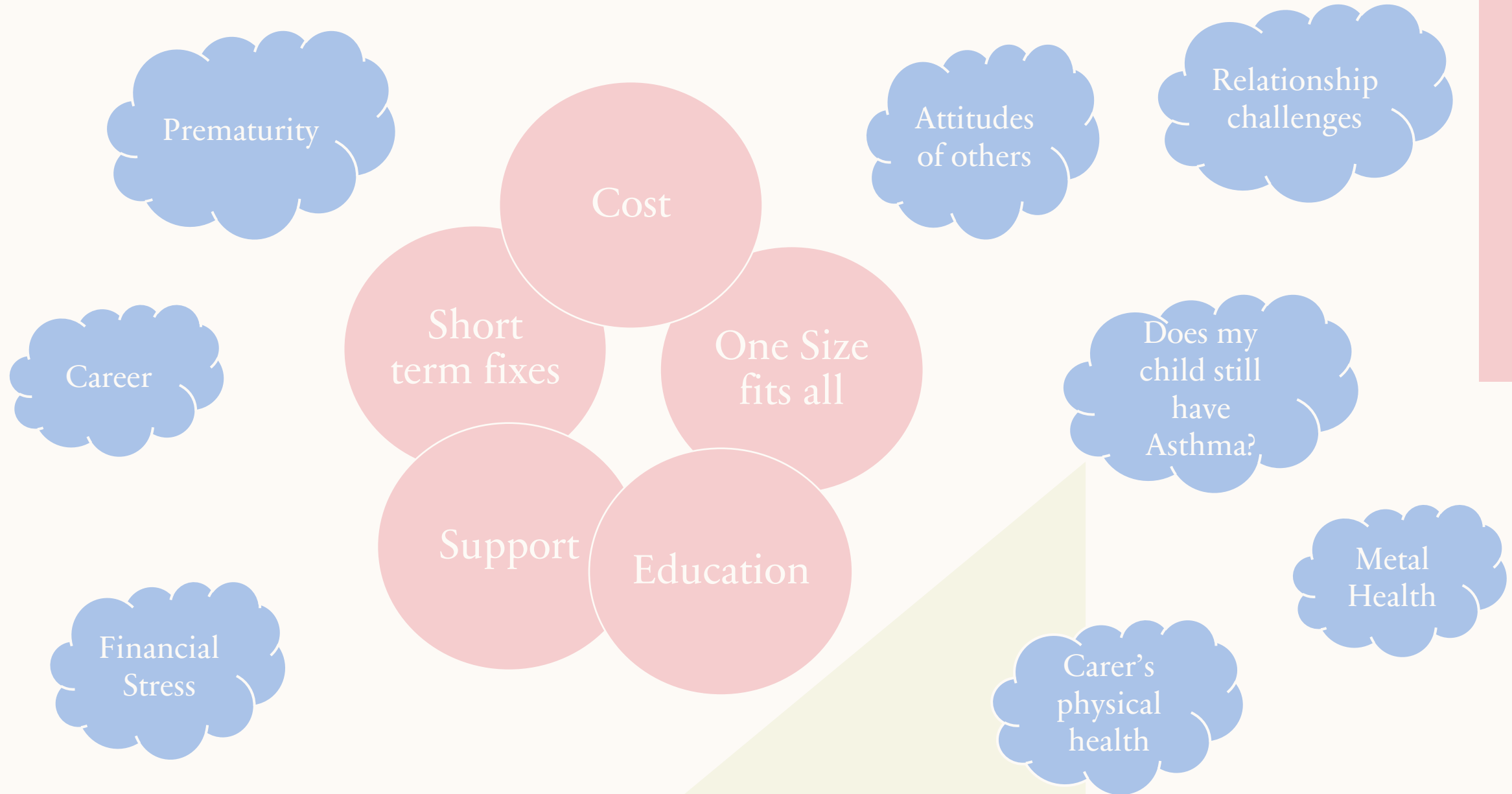


GP Visit



Emergency

CHALLENGES



WHAT WORKED?

Understanding
that I'm the
advocate

Preventor
medication

Taking notes

Understanding
my child's
triggers

Having a GP
I trust

POSSIBLE SOLUTIONS

Empower
Patients

Language

Bias

Teach *back*

- a simple yet effective
educational
tool used to check
understanding

Unconscious bias toolkit

Australian and New Zealand
College of Anaesthetists
& Faculty of Pain Medicine

PATIENT CENTRED

COMMUNICATION

- LANGUAGE BARRIER, GP CARE IN ENSURING UNDERSTANDING, TRANSITION FROM CARE GIVER CENTRED TO PATIENT CENTRED

EDUCATION

- RESOURCE PROVISION, BASELINE HEALTH EDUCATION/EXPECTATIONS

TRUST

- DOCTOR PATIENT RELATIONSHIP
- PRESSURE TO HELP





DOCTOR CENTRED

TIME

- CONSULT LENGTH, FUNDING, WORKLOAD, APPOINTMENT STRUCTURE, ACUITY

EDUCATION

- BACKGROUND, KEEPING UP TO DATE, SUPPORT, COHESION

AUTONOMY

WHEN ITS NOT TEXTBOOK, BURN OUT

Next Speaker

Joanne Pleban

Jo is a highly experienced and dedicated paediatric nurse with a career spanning over 18 years in the emergency department of the Royal Children's Hospital. Her various roles have included education and research positions, with several published papers to her name. In 2018, Jo achieved endorsement as a Nurse Practitioner and worked as an NP in the ED until last year when she transitioned to community nursing, joining the Community Asthma Program at Cohealth in April.

She currently holds a teaching position at the University of Melbourne for the Masters of Advanced Nursing Practice - nurse practitioner course.

In November, Jo and the CAP team embarked on the CAP Nurse Practitioner pilot, she is here to share how the pilot is going so far.



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Nurse Practitioner Service
Community Asthma Program

Joanne Pleban, Paediatric nurse practitioner

Community Asthma Program



- Brimbank
- Banyule
- Hobsons Bay
- Maribyrnong
- Melbourne
- Melton
- Moonee Valley
- Wyndham
- Yarra



- Hume
- Whittlesea
- Nillumbik
- Merri-Bek
- Darebin
- Mitchell Shire
- Loddon Mallee

get help with your child's asthma

Families who live in the north or western regions of Melbourne can access free education and support for their children aged 1-17yrs with the cohealth Community Asthma Program.



Support can be provided as a home visit, at one of our local clinics, or by telehealth. Asthma Nurse Educators can support you to understand your family's individual goals and provide support to:

- identify triggers
- manage medication
- learn how to use asthma devices
- understand and follow your child's asthma action plan and when to go to a GP, hospital or call 000
- talk to your child's school, childcare or GP

To book an appointment

Call
03 9448 6410

Email
CAP@cohealth.org.au



For more information
scan the QR code

Or visit us online at
www.cohealth.org.au/cap

Nurse Practitioner Service

Outline of Service

Aim

Referral pathway

Timeline of care

Collaboration with Primary care providers

Engagement with Primary care providers

Referral to specialty teams

How it differs from our traditional CAP service-
enhancement not alternate care

Case presentation

Current demographic

Program Evaluation

Questions



Nurse Practitioner Service

A flyer for the Community Asthma Program Nurse Practitioner Service. It features a teal background with a pink circle in the top left. The title 'COMMUNITY ASTHMA PROGRAM' is in white, and 'Nurse Practitioner Service' is in dark blue. Below this, it says 'For children between 1-17yrs' and 'We provide:'. A list of services is shown with green circular bullet points. An illustration of a woman and a child using an inhaler is on the right. At the bottom, it lists current availability, contact information, and a definition of a Nurse Practitioner. The cohealth logo is in the bottom right corner.

COMMUNITY ASTHMA PROGRAM
Nurse Practitioner Service

For children between 1-17yrs

We provide:

- Asthma management for your child
 - If they do not have a regular GP
 - Or you are unable to access your regular GP
- Asthma Action Plans (updates, development, additional languages)
- Prescriptions when indicated
- Supportive shared care with your GP
- Referrals to additional services when indicated
- Bulk billing service

Current Availability 9am-4:30pm
Tuesday (Collingwood)
Wednesday (Braybrook)

For more information contact Emma on 94486410 or 0439 923 960

A Nurse Practitioner is a Registered Nurse with the experience, expertise and authority to diagnose and treat people of all ages with a variety of acute or chronic health conditions

For more information about Nurse Practitioners please see the links below

<https://www.acnp.org.au/aboutnursepractitioners>

cohealth
care for all

- Initial appointment: 45 min -1 hr
- Reviews: 30 min
- CAP asthma educator support and collaboration
- **Resources**- Spacer, Mask, Eczema Creams
- Braybrook & North Melbourne sites (not currently at Collingwood)

Aim of Nurse Practitioner Service

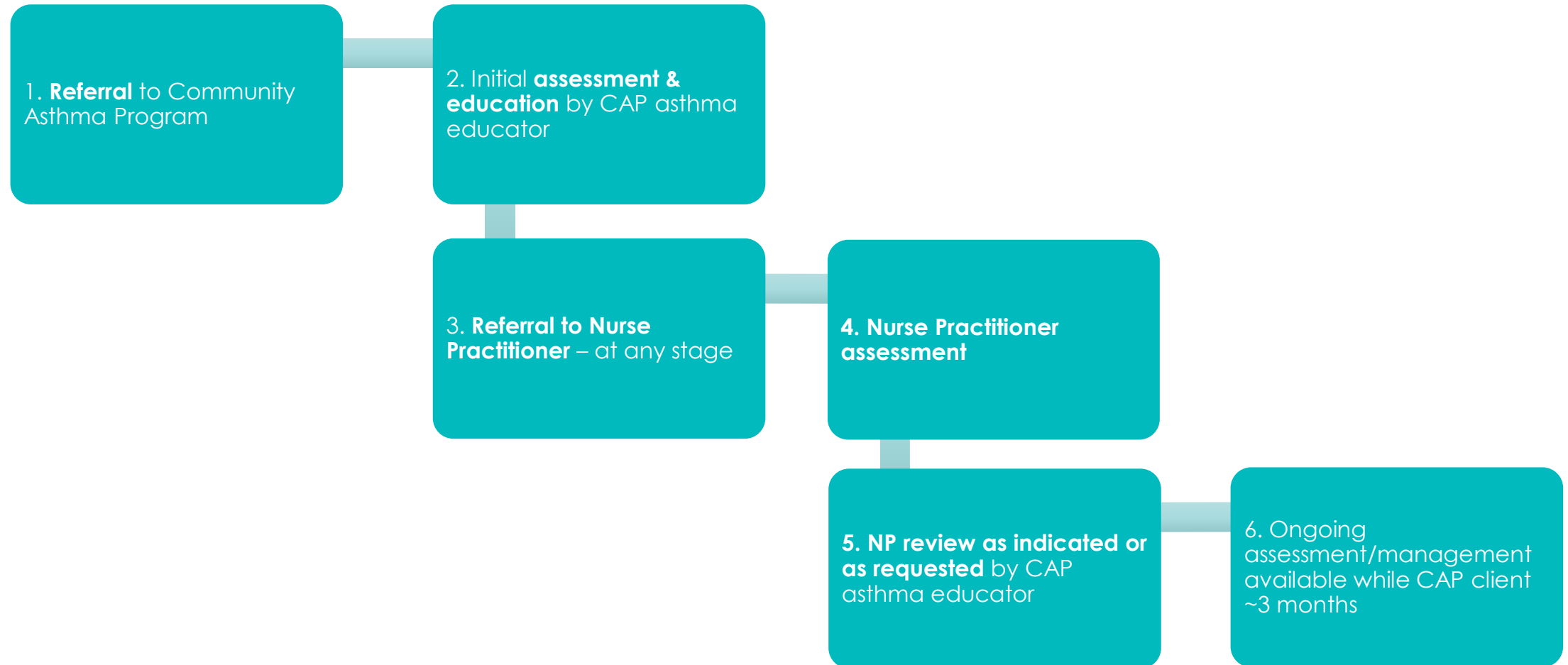
Aim: improve access for families of children with asthma - post hospital reviews, asthma assessment and management

Ensure all children engaged with CAP have:

- **Written Asthma Action Plan** - current and up to date
- **Current prescription for preventer medication** - if indicated
- **Asthma management plan** that aligns with current best practice (RCH guidelines, NAC)
- **GP connection & liaison:** link families with a GP if they do not have one, collaborate with current GP

Additional management of Allergic rhinitis, Eczema, Allergies, general health and nutrition

Timeline of care - enhancement not alternate care



Case 1: *I want it all*

- Patient previously on Flixotide Jnr with poor compliance, commenced on Alvesco, great response. One of 9 children
- Led to 6 more children in the Family receiving care
- Mother main care provider of 9 children
- Compliance challenges, early symptom recognition challenges
- All with Asthma and AR, some with eczema
- Some on preventers but poor compliance
- Some requiring preventer and AR treatment
- One teenager- switched to SMART therapy
- All needed Written Asthma Action Plans

Case 2: *Team detective – mystery trigger*

- Self referral - out of catchment
- No regular GP due to location
- Telehealth x2
- In person x1
- Interventions: change of medication, technique corrected
- Flare ups on a Sunday
- Identified trigger
- GP engagement

Case 3 Worried wombat

- Complex social Hx
- Indigenous background
- Health anxiety
- Home visit
- Assessment
- Engagement
- Mental health support

Current patient demographic

- Age range
- GP +/-
- Allergic Rhinitis
- Eczema
- Allergy and Anaphylaxis
- Referral to specialist



Addressing compliance

Patient and family:

- Improving access (free, available, Telehealth)
- Utilizing best practice guidelines
- Addressing medication compliance
- Providing resources (spacers, WAAP, education and support)

Healthcare professionals:

- Offering support and collaboration
- Promoting benefits of strong GP relationship
- Promoting best practice guidelines



This Photo by Unknown Author is licensed under [CC BY-SA-NC](#)



Evaluation of NP service pilot

- Survey QR code
- REDcap data collection
- Interviews



<https://www.acnp.org.au/aboutnursepractitioners>

Referrals & contact



Send referral form to:

Email: CAP@cohealth.org.au

Fax: 7000 1829

Contact:

Phone: 9448 6410

Email: CAP@cohealth.org.au

Web: cohealth.org.au/cap

Referral form on website & Best Practice



Send referral form to:

Email: intake@dpvhealth.org.au

Fax: 8339 9898

Contact:

Phone: 1300 234 263 (option 4)

Email: cap@dpvhealth.org.au

Web: DPVHealth.org.au

thank you

Jo Pleban, Paediatric Nurse Practitioner

joanne.pleban@cohealth.org.au

CAP@cohealth.org.au



*CAP Poll
Question*





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HealthPathways Melbourne

Dr Kirsty Tamis



5

Wrap up

Feedback

Your feedback is important to us, and helps us to get the most out of the Community of Practice

- Please answer the survey questions
- Share with us what you would you like to discuss at future Community of Practice Meetings?

Stay up to date with ICAM news!

Sign up to the ICAM CoP Basecamp to keep up to date with resources and recordings, and chat to the community.

To sign up, please email the NWMPHN education inbox.



education@nwmphn.org.au

Scan QR Code or Click Link Below

<https://www.surveymonkey.com/r/DPX2LLL>



Next Community of Practice

Date and time:

Wednesday May 22nd

6:30-8pm





Thank you