

Winter preparedness and asthma services in Victoria

ICAM CoP Session 5

22 May 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

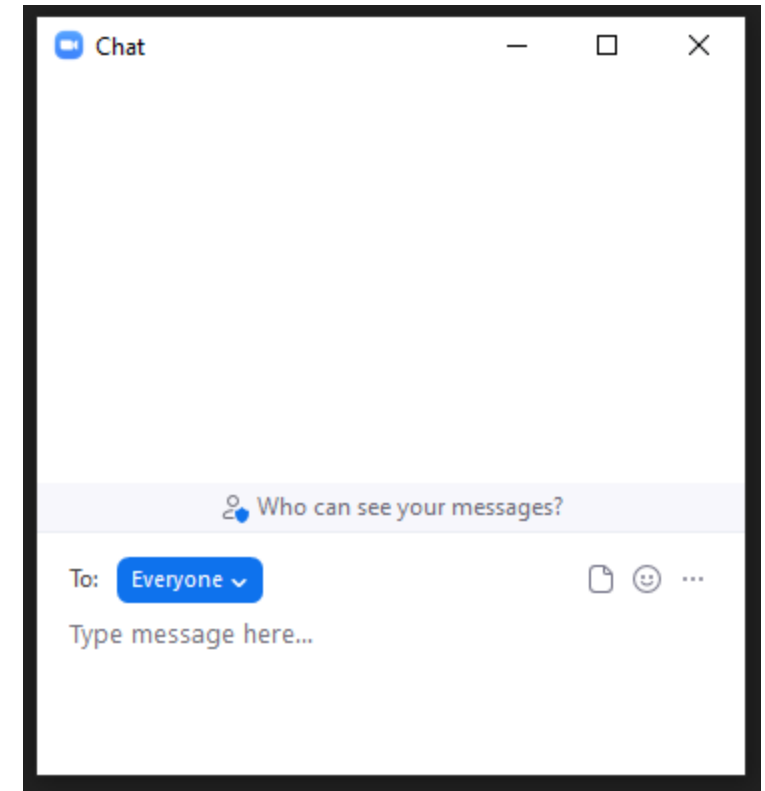
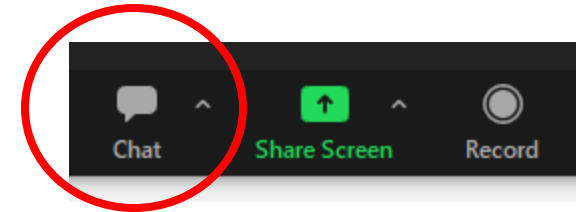
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Please ask questions via the Chat box

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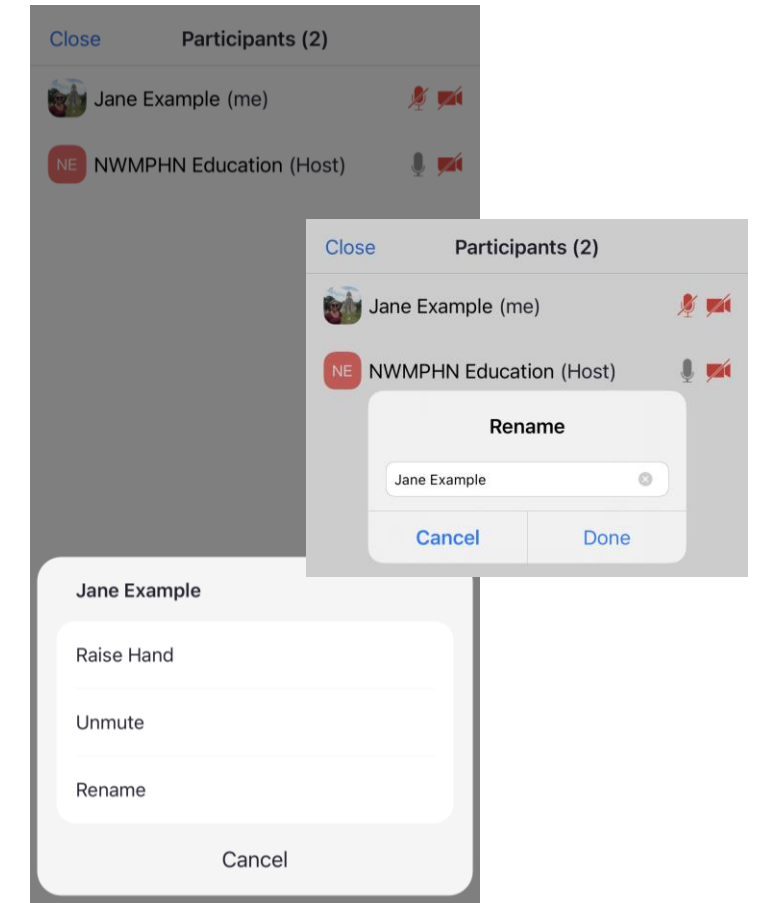
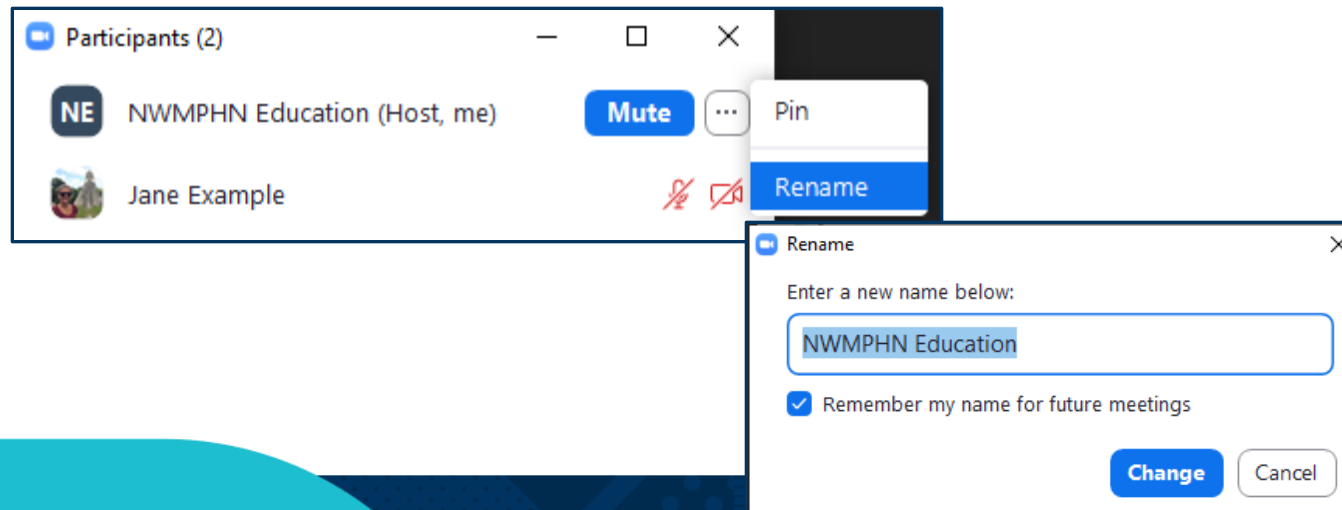
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2. **App:** click on your name
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Mac: hover over your name and click *More*
3. Click on **Rename**
4. Enter the name you registered with and click
Done / Change / Rename



Agenda

Topic	Speaker
Welcome and Introductions	Kirsty Tamis
Water Well Project	Zoe Beddoes
Victorian Virtual Services for Asthma (VVED)	Dr Joanna Lawrence
Case studies	Kirsty Tamis & Shivanthan Shanthikumar
HealthPathways	Kirsty Tamis
Wrap Up: Feedback & Questions	Kirsty Tamis

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

Next Speaker

Zoë Beddoes – Water Well Project

Zoë is a nurse and midwife with a diverse background including emergency, juvenile justice, community nursing and maternity care. Currently, Zoë divides her time between providing comprehensive maternity care in a public hospital setting and serving as a part-time Health Educator for The Water Well Project. She is dedicated to working closely with culturally and linguistically diverse (CALD) communities, both locally and internationally, aiming to enhance health literacy and promote equity within migrant, refugee, and asylum-seeker communities."



1

Water Well Project

Zoë Beddoes



The Water Well Project

Partnering with
multicultural
communities to
enhance health
literacy



2023 at a glance...



310

free health education sessions



5,050

multicultural community
participants



63

community organisations



28

languages other
than English



44

different health
topics



35

Local government
areas



118

volunteer healthcare
professionals

Some partner organisations



My role

- Projects
- Health education sessions
- Resource development
- Volunteer support
- Community partners



What do our sessions look like?



Challenge: Educating the whole family...

“My mother doesn’t know what to do.”

“I know it’s about trouble breathing but I didn’t know what was happening.”

“The appointment was very fast. The GP just told me to go to the pharmacist for medicine. I didn’t know about what was happening in asthma before.”



St Albans Primary School Multicultural Parents Group (December 2023):

- Vietnamese and Indian backgrounds.
- Session built on the participant’s understanding of basic asthma pathophysiology, triggers, symptoms, treatment and emergency management.
- Role play, exploring props including lungs, MDI devices, spacers, masks.
- Photos taken by participants of in-language resources.

Enablers: Educating the whole family

- Ask curious questions
- Use simple words, avoid jargon
- Use accredited interpreters, avoid family members
- Check for understanding – Teach Back method
- Use pictures or other resources to support your words
- Print additional AAP copies, offer an in-language option



Challenge: Connecting with clinicians and appropriate resources

Common themes across multiple asthma sessions:

- Lack of confidence in emergency management of asthma
- Reduced awareness of other options for advice
- More likely to watch video link than call phone line
- Interested to learn about role of pharmacist
- Lack of time and confidence to discuss with GP



“Can I do treatment in asthma emergency?”
Community participant, AMES, April 2024, Asthma session

Enabler: Curiosity, respect and working towards and positive experiences of healthcare

- Previous experiences may have been poor
- Active listening
- Respectful engagement
- Collaborative communication
- Create a safe environment
- Skills, attitudes and knowledge



Summary

- Ask curious and collaborative questions to ascertain and build on knowledge.
- Use accredited interpreters when possible.
- Use teach back method to verify understanding.
- Engage broad resources to enhance circle of care e.g. pharmacist.
- Create a safe environment for questions and ongoing positive relationship with healthcare providers.



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Next Speaker

Dr Joanna Lawrence - VVED

Dr Joanna Lawrence is the Director of Victorian Virtual Specialist Consults, Director of Paediatrics, Victorian Virtual Emergency Department (VVED) and the Deputy Director of the VVED. She works clinically at the Royal Children's Hospital and the VVED, and until recently was one of the lead clinicians in the Complex Asthma program at RCH. She is passionate about providing children and families better access to care, reducing waste in the healthcare system and leveraging technology to re-design healthcare delivery in a sustainable manner.



2

Victorian Virtual Services for Asthma

Dr Joanna Lawrence

Director, Victorian Virtual Specialist Consults

Deputy Director, Victorian Virtual Emergency Department

Sharing today.....



**Kids Extended
Care Ward**





Welcome to the Victorian Virtual Emergency Department (VVED), a public health service to treat non-life-threatening emergencies.

Please enter the VVED according to the category which best represents you.

Are you a
patient?



[Click here](#)

Are you from
Ambulance Victoria?



[Click here](#)

Are you a
General Practitioner?



[Click here](#)

Are you a
Healthcare Professional?

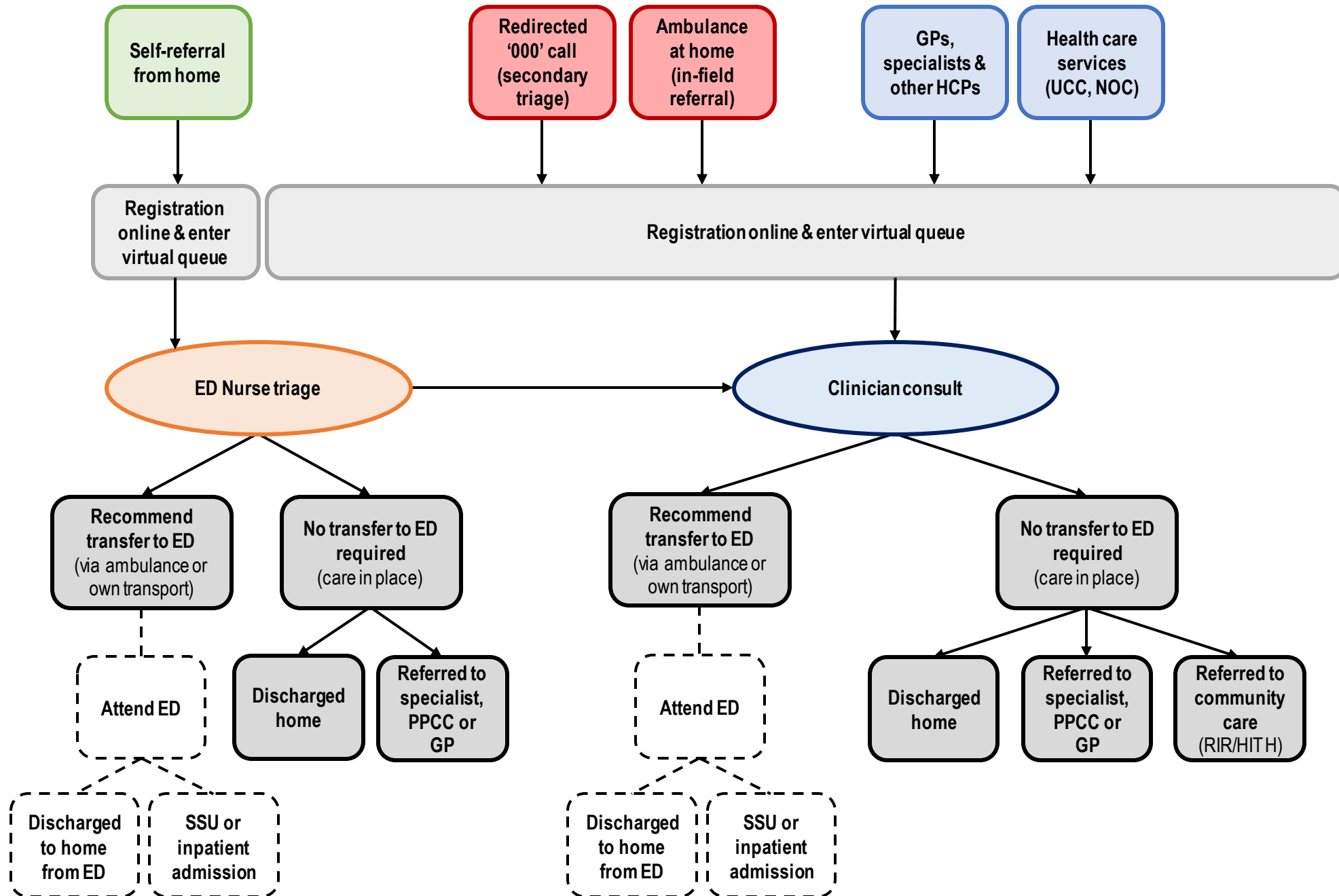


[Click here](#)

Self-referral pathway

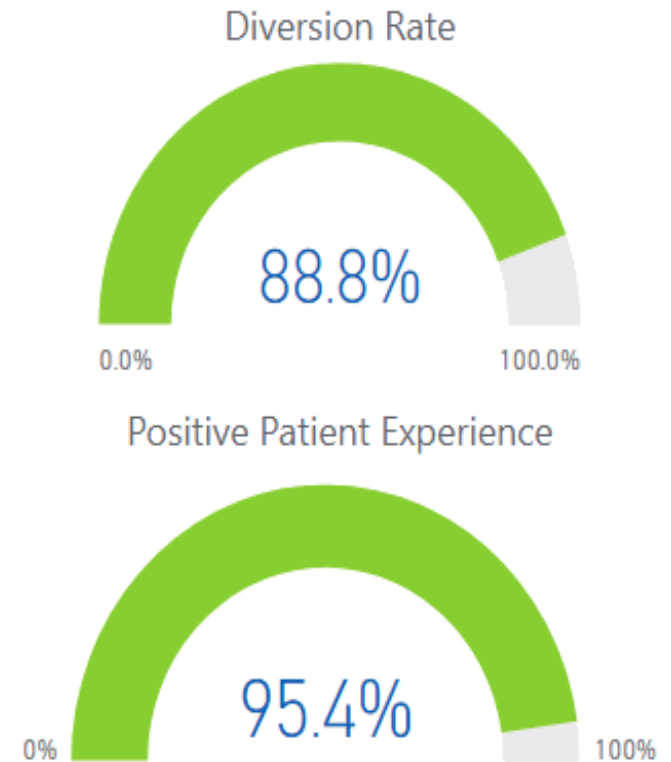
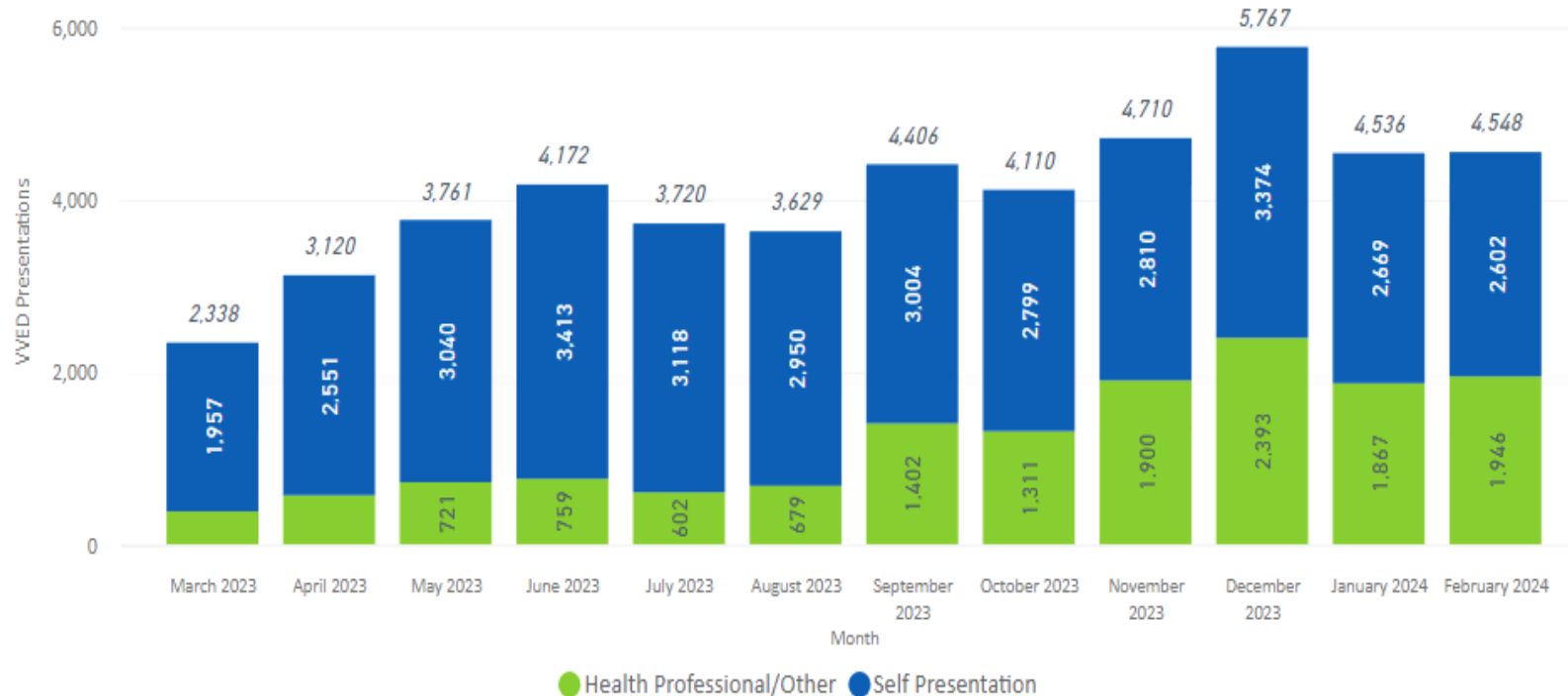
Ambulance Victoria pathways

Other HCP & health service pathways



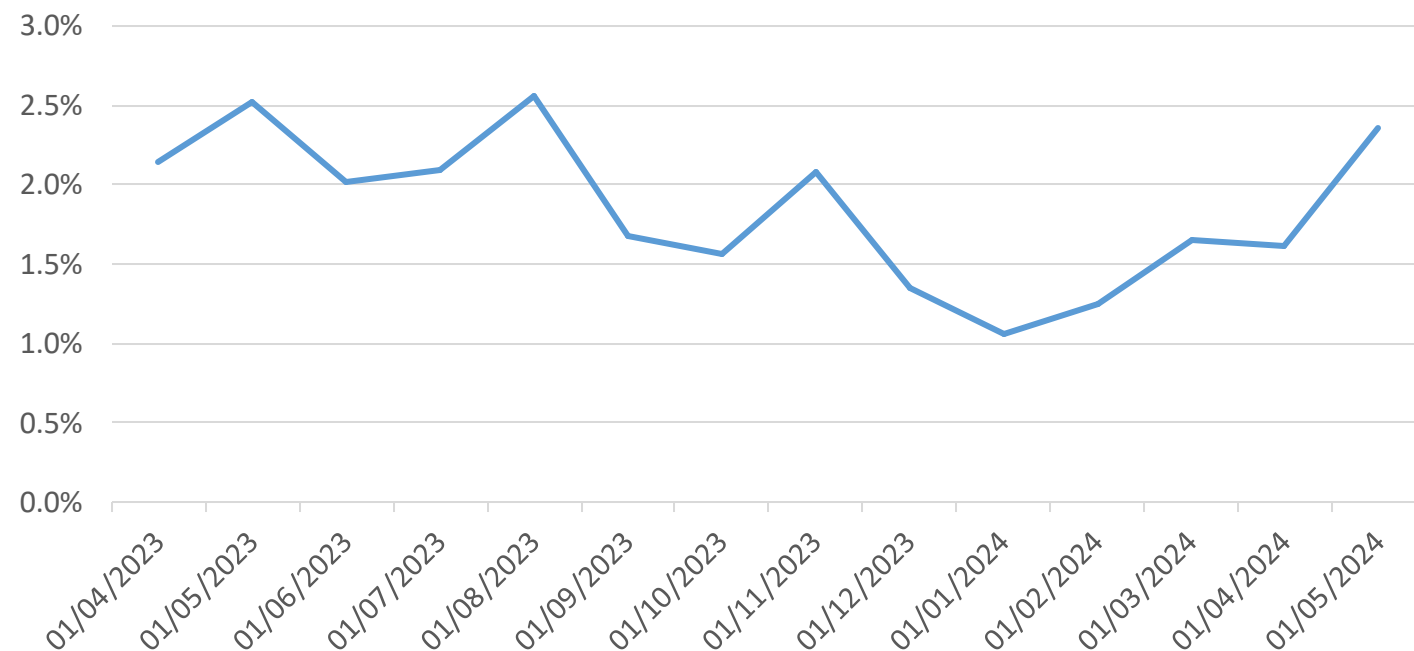
VVED PAEDIATRICS: VOLUME AND DIVERSION

Paediatric Volume by Referral Source





% of presentations diagnosed as 'asthma'



VVED Paediatric Clinical Practice Guidelines

Acute Asthma

This guideline has been adapted from the Royal Children's Hospital and Paediatric Improvement Collaborative for use in the Victorian Virtual Emergency Department (VVED). For further information, see [Acute Asthma \(RCH\)](#).

See also

[Anaphylaxis \(RCH\)](#).

[Bronchiolitis \(VVED\)](#).

Non-acute asthma management:

[Preschool asthma \(1-5 years\)](#).

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

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

VVED Management for Moderate Asthma

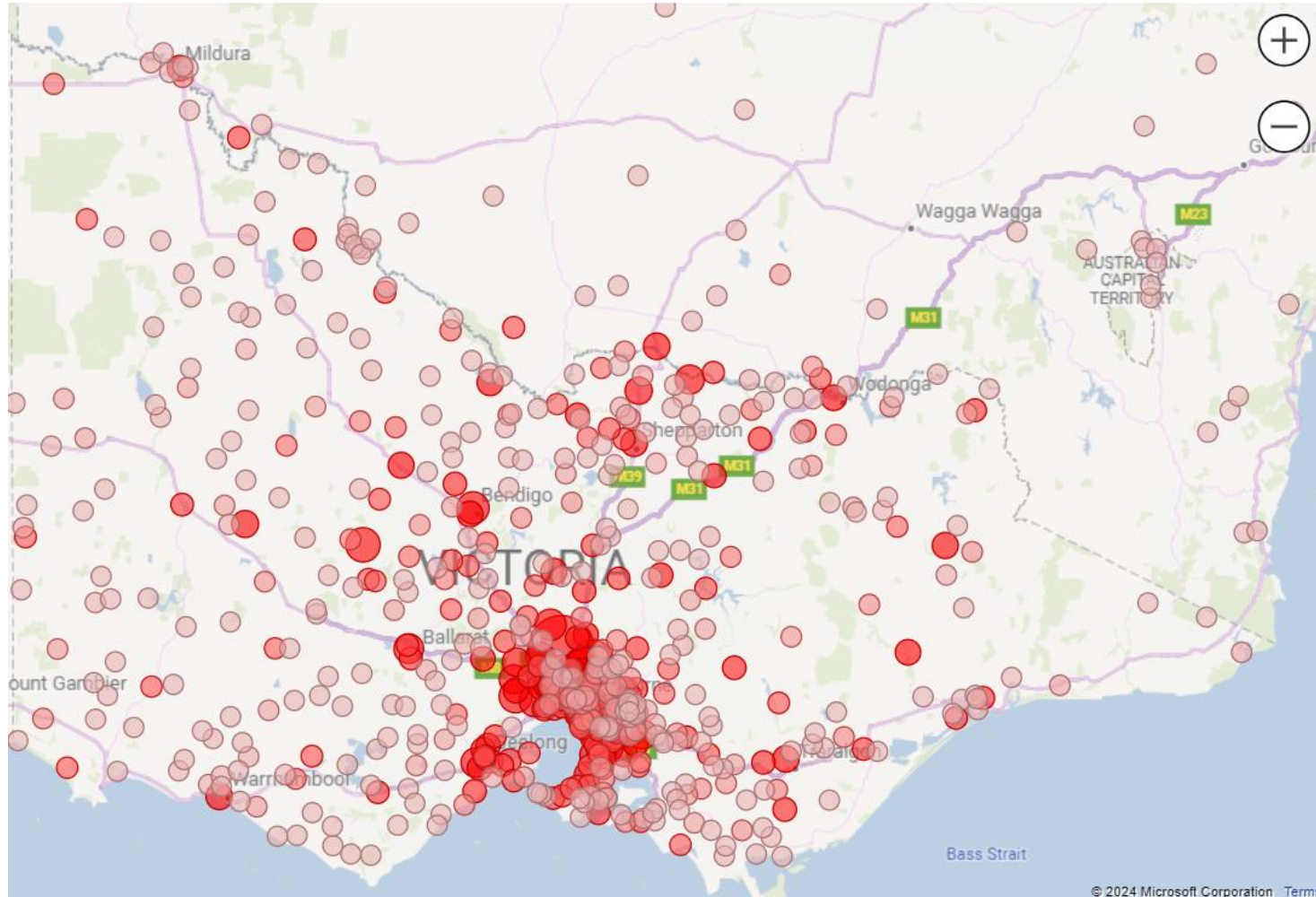
- Refer to Emergency if any of the following are present
 - First presentation
 - No access to salbutamol
 - Any previous PICU admission for asthma
 - Asthma exacerbation requiring iv therapy in last 12 months
- Otherwise, consider factors for home management vs referral above
- The decision for home management of asthma should be discussed with the PEMIC in all cases.
- INITIAL TREATMENT:
 - 1-5 years: 6 puffs salbutamol via spacer and mask, every 20 minutes, for 3 doses
 - ≥ 6 years: 12 puffs salbutamol via spacer, every 20 minutes for 3 doses
 - Observe the first dose administration, including effectiveness of technique.
 - Explain that this intensive treatment is only to be done under VVED supervision, and not in future without supervision.
 - Where available, give oral steroids (prednisolone 1mg/kg, max 50mg OR dexamethasone 0.3mg/kg, max 16mg if paramedics present).

Kids Extended Care Ward

- Virtual ward
 - 24 hour access to paediatric care
 - Planned and unplanned reviews
-
- 25 asthma admissions
 - 68% single night only
 - 32% two nights



Paediatric care across the state



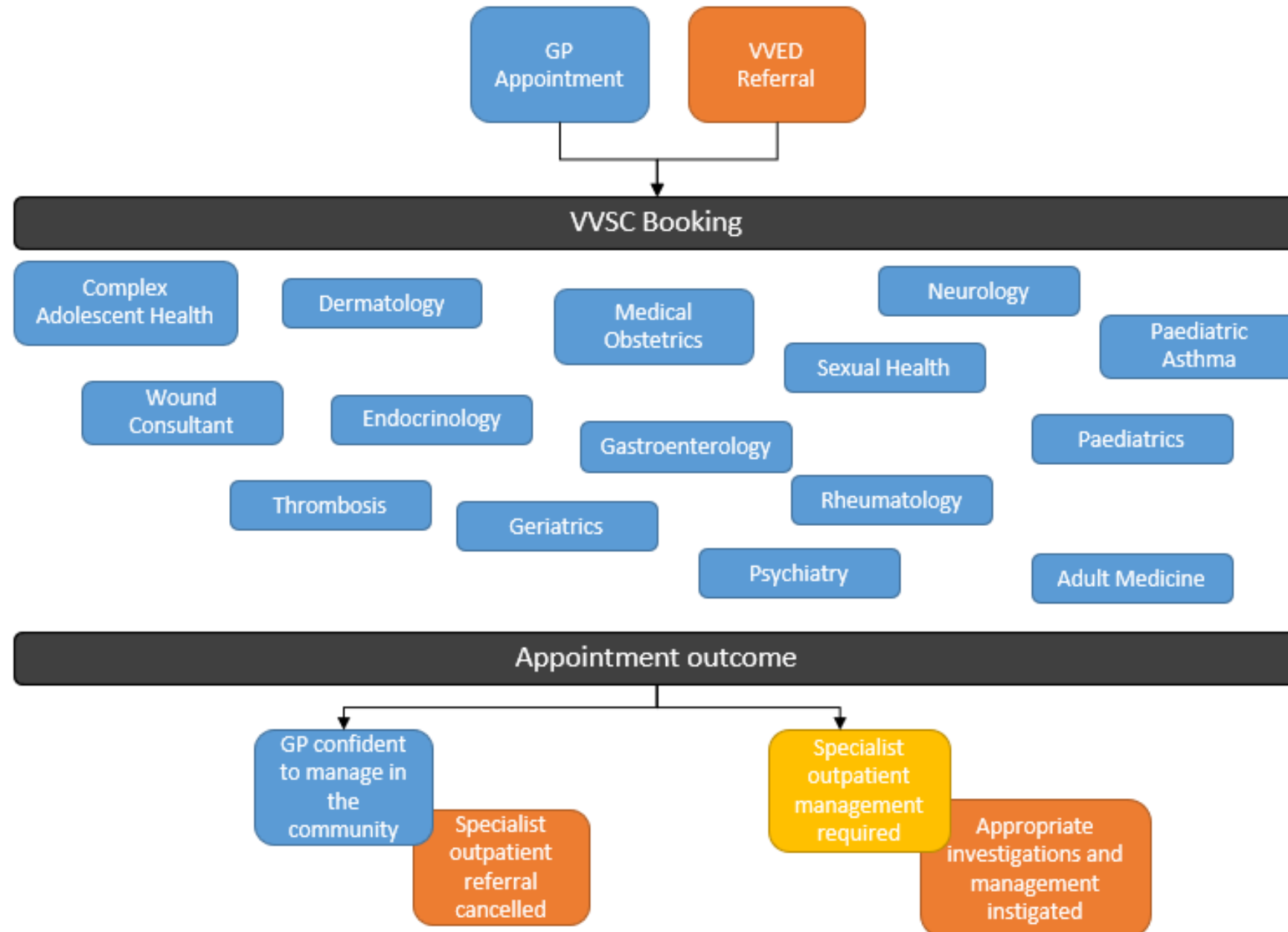


AVAILABLE SPECIALITIES:

- Adult Medicine
- Dermatology
- Endocrinology
- Gastroenterology
- Geriatrics
- Medical Obstetrics
- Neurology
- Paediatrics (incl. Asthma and ENT)
- Psychiatry
- Rheumatology
- Sexual Health
- Thrombosis
- Wound Care



BOOK AN APPOINTMENT



Asthma in VVSC

20 patients to date

- Average satisfaction 4.5/5

Modified MAGIC

- Medication prescription filled and understood
- Asthma action plan updated
- GP review discussed and planned
- Inhaler technique checked
- Community Asthma Program booked





3

Case studies

Kirsty Tamis & Shivanthan Shanthikumar

Case Study 1

- 7 year old new patient with ASD level 2, asthma, peanut allergy
- Placed in Gran's care at birth, known as "Mum"
- Recent move to Melbourne for more family support
- No asthma plan, allergy plan - attends for plans requested by school
- Asthma "well controlled"

Asthma and Allergy

- Asthma diagnosed preschool: wheezy in viral infection predominantly
- On Flixotide 50mcg 1 puff BD and Ventolin PRN
- Nil Ventolin since last infection 3months ago
- No hospital admissions since preschool, no oral steroids, occasional antibiotics
- Gran reports takes inhaler well, no spacer use
- Peanut allergy diagnosed age 1, EpiPen Jnr, not seen allergy service since preschool, avoidance
- No hayfever symptoms, unsure about rhinitis
- Gran smokes outside the home
- No other known environmental triggers

Development and Behaviours

- Restricted palate for texture and taste
- Still drinking formula from bottles – Gran perceives will supplement nutrition
- No dental checks
- Nappies during day for school – can be incontinent of faeces so Gran prefers to keep him in these
- Previously non verbal but has recently improved significantly with dedicated input from Gran
- Follows commands easily with minimal combative behaviour
- Excellent bond with Gran and happy and easy to consult with

Social and Safeguarding

- NDIS funding in place but no services as yet
- Gran works 6 days a week on minimum wage, concerned about job security
- Finds it hard to access services due to work hours
- No safeguarding concerns from Gran, Father imprisoned, Mother IVDU have never seen son
- No ongoing court orders or forensic issues
- Gran's family (cousins, nieces) now support with pick up/drops offs and respite
- Reports clean, safe damp free housing
- No pets

Management

Asthma plan

- remain on current medication until can assess when unwell/stability/allergy/trigger
- spacer advised and asked to buy and bring in to go through use
- Referral to CAP for home assessment due to social circumstance
- Asthma plan for school
- Support Gran with smoking cessation

Allergy

- New EpiPen script as weight >20kg
- Allergy plan for school
- Referral to Sunshine Allergy services for review, skin prick, possible peanut challenge
- RAST with nutritional bloods

Management

Other

- Referred to local NDIS provider for SALT, OT, Dietitian
- Dental Check
- Vision and Hearing
- Copies of court order/custody to file
- Treatment chronic constipation

Follow up

- Did not attend
- 6months later received letter from Paediatrician from school in reach project
- Recall request to Gran
- Gran attends - living hand to mouth and fearful will lose job if has to attend the huge burden of appointments
- Significant improvement in language acquisition for child
- Carer certificate offered for every attendance, bulk billed
- Begins to get through all appointments and engage in services

General Points

- Pro-active history taking: ask everything especially if child non verbal or limited communication (GPMP/TCA, Health Check item codes)
- Oral examination and dentition as part of routine examination
- Introduce spacer/inhaler as play
- Engage CAP
- Engage SALT/OT if oral aversion/sensory processing disorder
- Don't be afraid to ditch the mask
- Ask care giver's immediate priorities/concerns
- Ask about barriers to care
- Ask about carer's own support/GP/mental health
- Seek to understand the child and carers POV

Case Study 2

- 5yo F attend with Mum and Dad
- Preschool asthma diagnosed age 3
- Viral trigger, no co-existing atopy or environmental trigger, Dad asthma, non smokers/vapers, no pets
- Two hospital admission requiring burst therapy and oral steroids at diagnosis, commenced flixotide jnr 2puffs BD
- Referred CAP and discharged after 2-3months
- Very well through spring and summer no Ventolin use 6months, preventer stopped

Case Study 2

- One episode late summer responded well to PRN Ventolin, settled 2 days, cough predominant, parents not sure if wheeze, didn't attend during illness
- Attended with few repeated asthma episodes autumn/winter with viral infections
- 3 episodes requiring regular Ventolin 2-4 puffs given PRN for up to 5 days over a 2 month period
- Mild wheeze on auscultation and asthmatic cough, no inc WOB or SOB, responded well to 2-4 puffs Ventolin, max required 4hourly
- Started Flixotide 1 puff BD on third episode - high burden of asthma symptoms, "always at GP" time off school, never severe symptoms
- Responded well, further one episode later in winter – Flixotide increased to 2puffs for 4 weeks then reduced back to 1 puff and maintained symptom control
- Referred CAP – education and improved understanding of inhaler use and symptoms
- No further symptoms and preventer stopped after 6months

Case Study 2

- IT'S WINTER AGAIN
- Perhaps mild flare in summer whilst abroad in hot humid city which parents describe as “very polluted” given Ventolin during trip PRN
- Otherwise well until this attendance with Viral trigger wheeze and cough again, mild responding to PRN Ventolin
- What would you do?

Poll Question





4

HealthPathways Melbourne

Dr Kirsty Tamis

What is HealthPathways?





Melbourne

Immunology - Child

Infant Health

Mental Health and Behaviour - Child and Youth

Neurology - Child

Ophthalmology - Child

Orthopaedics - Child

Surgery - Child

Respiratory - Child

Assessing Respiratory Presentations in General Practice

Acute Asthma in Children

Acute Respiratory Illness in Children

Asthma in Children and Adolescents

Bronchiolitis in Infants

Croup

Chronic Cough in Children

Influenza

Pertussis (Whooping Cough)

Pneumonia in Children

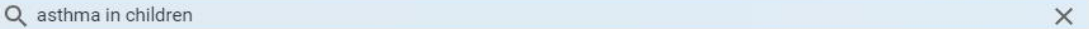
Wheeze in Children Aged 1 to 5 Years

Paediatric Respiratory Referrals

Rheumatology - Child

Youth Health

Investigations





Melbourne

HEALTHPATHWAYS

Latest News

20 September

 [health.vic](#)

[Health alerts and advisories](#)

19 September

Listeriosis – advice for people at risk

There are currently a number of multi-state clusters of listeriosis under investigation nationally. People at increased risk of listeriosis should avoid consuming high-risk foods. [Read more...](#)

13 September

60-day dispensing – PBS medicines and current item codes

From 1 September 2023, GPs are able to write scripts for 60 days with 5 repeats for certain PBS medications. For further information, see [60-day prescriptions of PBS medicines](#), [searchable table PBS for 60-day dispensing](#), and [information kit](#).

1 September

Pathway Updates

Updated – 25 September

[Managing Type 2 Diabetes](#)

Updated – 21 September

[Motor Neurone Disease](#)

Updated – 21 September

[COVID-19 Vaccination](#)

Updated – 20 September

[Behavioural Disturbance in Older Adults](#)

Updated – 20 September

[Asymmetrical Sensorineural Hearing Loss](#)

[VIEW MORE UPDATES...](#)

 ABOUT HEALTHPATHWAYS

 BETTER HEALTH CHANNEL

 RACGP RED BOOK

 USEFUL WEBSITES & RES


 MBS ONLINE

 NPS MEDICINEWISE

 PBS

 NHSD

Click 'Send Feedback' to add comments and questions about this pathway.



A decorative graphic in the top-left corner consists of two overlapping circles. The top circle is divided into four quadrants: top-left is green with diagonal lines, top-right is orange with diagonal lines, bottom-left is teal with diagonal lines, and bottom-right is light blue with diagonal lines. The bottom circle is solid purple. The background is a dark blue field with various geometric patterns, including diagonal lines, dots, and chevrons.

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.

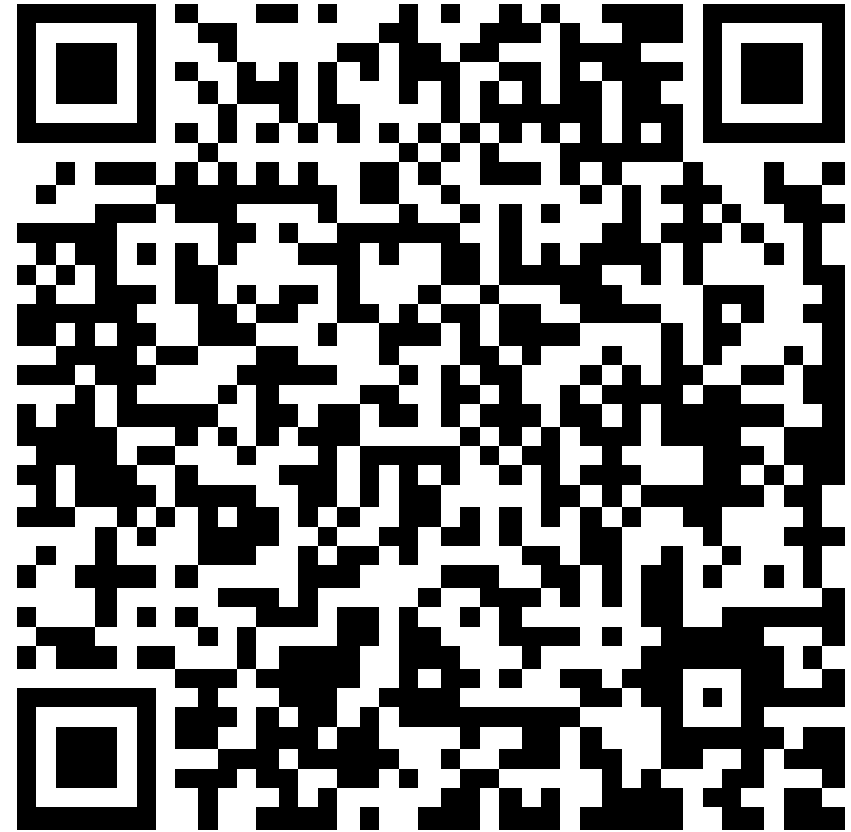
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Thank you