



**100,000
LIVES**

IMPROVING CHILDHOOD ASTHMA MANAGEMENT (ICAM)

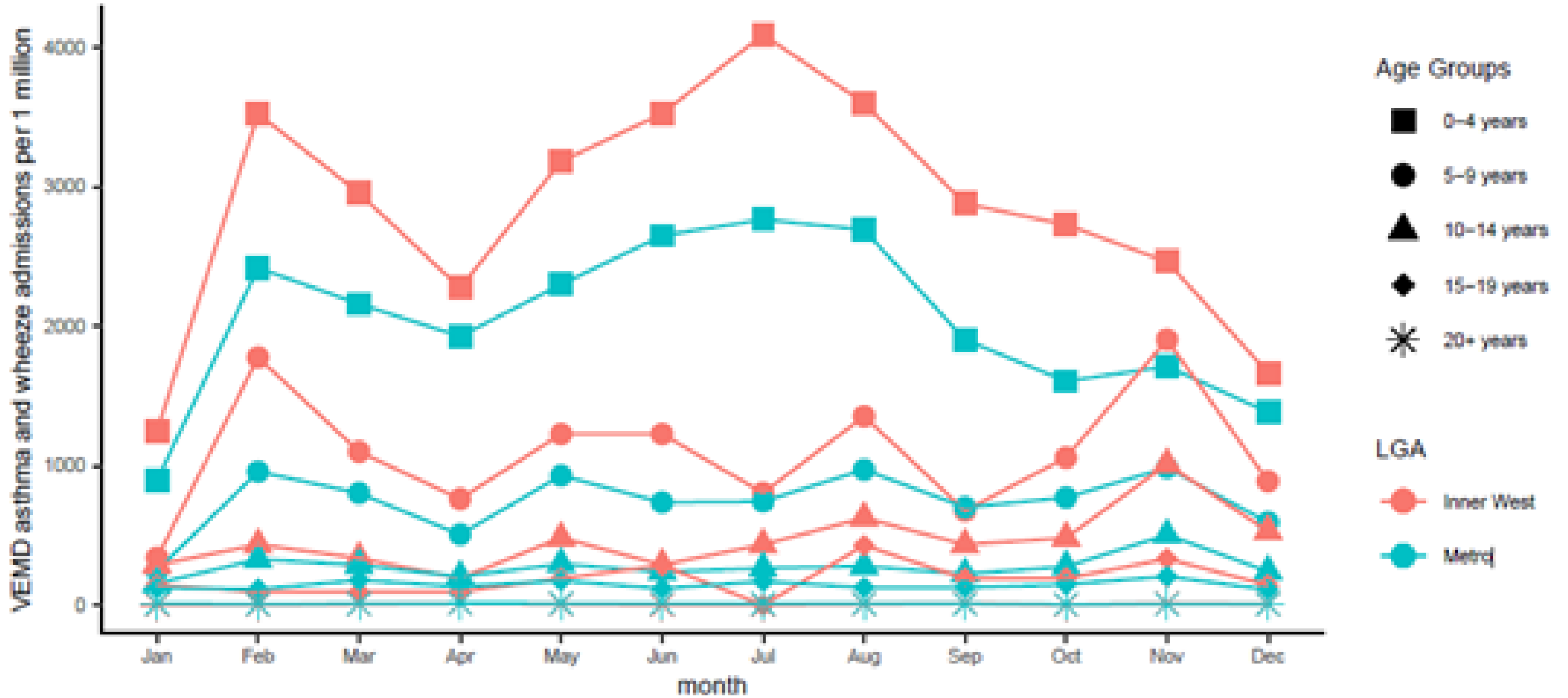
Rachel Vorlander
Safer Care Victoria



OFFICIAL

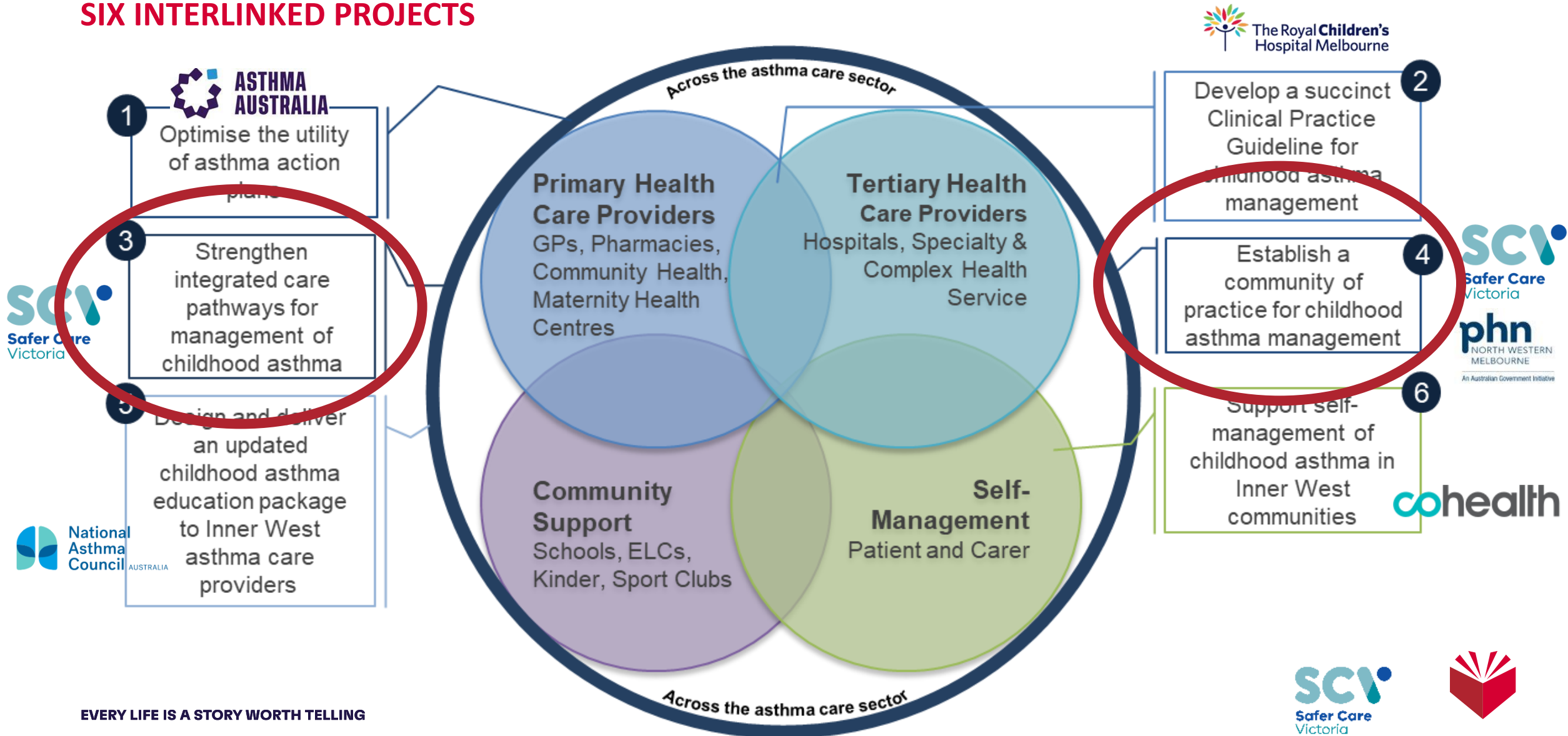
BACKGROUND

Figure 1: Asthma and wheeze presentations per 1 million people by age group and local government area (VEMD, 2019)



OVERVIEW

SIX INTERLINKED PROJECTS



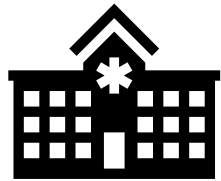
EVERY LIFE IS A STORY WORTH TELLING

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SCI
Safer Care
Victoria



WHAT DID WE DO?



2 hospitals



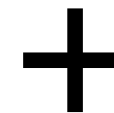
3 community pharmacy



2 GP clinics

cohealth

Community Asthma Program (CAP)



40 consumers over 3 workshops



IDEAS IMPLEMENTED



Fig 1. Asthma shelf-talkers



Fig 2. Use of asthma control tests



REFERRAL PATHWAY TO COMMUNITY ASTHMA PROGRAMS (CAP)

Pharmacist completes
asthma control test.

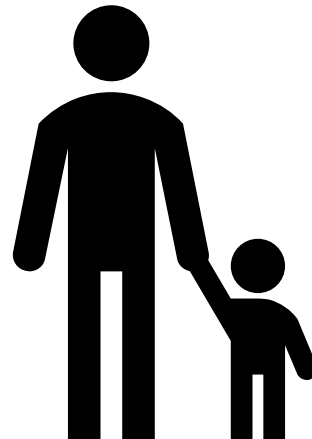
Child with poorly
controlled asthma
identified and referred to
CAP



**ASTHMA
AUSTRALIA**

cohealth

Asthma educator provides free
consultation and education over the
phone or via home visit



Family presents with prednisolone Rx
or requests OTC salbutamol



NEXT STEPS ICAM SUSTAIN

Supporting cohealth in promoting
the community asthma program

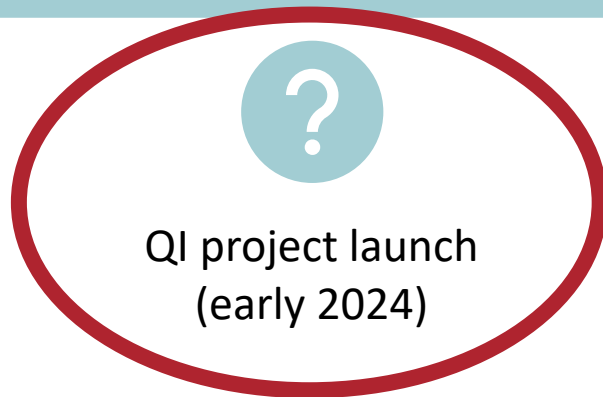
Supporting NWMPHN in
continuing the CoP

June 2023

June 2024

June 2025

June 2026



QI project launch
(early 2024)



A CHALLENGE TO ADDRESS

< 50% of children discharged with new ICS Rx had this filled

Emergency doctor's perception on providing Rx for preventers

- Is this the GP's role?

IDEA TO TEST: *All children presenting to hospital are provided with an ICS on hand prior to discharge*

- CHALLENGES: Financial cost of having ICS as part of imprest?
- BENEFIT: Potential to reduce chance of re-admission

