

RESPIRATORY HEALTH



Chronic respiratory conditions affect the airways, including the lungs and the passages that transfer air from the mouth and nose into the lungs. These conditions are characterised by symptoms such as wheezing, shortness of breath, chest tightness and cough.

Risk factors associated with chronic respiratory conditions can be behavioural, environmental or genetic. Risk factors that cannot be changed include age and genetic predisposition. Risk factors that can be changed include smoking; exposure to environmental fumes, carbon-based cooking and heating fuels; occupational hazards; poor nutrition; overweight/obesity and sedentary lifestyle. - AIHW 2023.

Chronic respiratory disease rates in the Murray PHN region are not very different to the Victorian or Australian rates, but avoidable deaths from respiratory disease are concerning with 15 of 22 local government areas (LGAs) having rates at least 25 per cent higher, and in Buloke LGA, almost three times the state average of 8.5 people per 100,000.

Adult asthma diagnosed by GPs is reported as being 20 per cent but is between 25 and 30 per cent in eight of 22 LGAs. The only LGA where it is a less common diagnosis is Mount Alexander LGA.

- [Murray Health Report: health in our region \(October 2021\)](#).

<p>Change Idea templates</p>	<p>Change Idea templates help to identify focus areas for quality improvement activities using practice data. Your Quality Improvement Consultant can assist in identifying change ideas for your practice.</p>	<ul style="list-style-type: none"> • Asthma • Smoking Cessation
<p>PDSAs - Quality Improvement</p>	<p>Plan-Do-Study-Act (PDSA) cycles provide a framework to help develop, manage, and test quality improvement activities identified in change idea templates. Your Quality Improvement Consultant can assist in developing your PDSA templates.</p>	<ul style="list-style-type: none"> • Smoking
<p>Murray HealthPathways</p>	<p>Murray HealthPathways aims to guide best-practice assessment and management of common medical conditions, including when and where to refer patients, with guidance on what information is needed.</p>	<ul style="list-style-type: none"> • Respiratory
<p>Respiratory Health eLearning</p>	<ul style="list-style-type: none"> • Lung Learning Hub • Lung Foundation Webinars 	
<p>Additional resources</p>	<ul style="list-style-type: none"> • Lung Foundation Resources • Asthma Australia • Mould and your health • After a flood mould fact sheet • Lung Health • Leaders in Lung Health • National Asthma Council Australia 	

<p>Aboriginal and Torres Strait Islander resources</p>	<ul style="list-style-type: none"> • CRE Lung Health 	
<p>PHN Exchange Reports</p>	<p>PHN Exchange provides a visual analysis for general practice specific data analytics. These are benchmarked against all Murray PHN data sharing practices. See how your practice is tracking:</p> <p>PIP QI</p> <ul style="list-style-type: none"> • QIM02a Smoking • QIM02b-1 Smoking – Current Smoker • QIM02b-2 Smoking – Ex Smoker • QIM02b-3 Smoking – Never • QIM06 Influenza – COPD <p><i>Respiratory Trend -</i></p> <ul style="list-style-type: none"> • Active Asthma & COPD patients with smoking status • Active Asthma & COPD patients with GP Management Plans • Active Asthma & COPD patients with Team Care Arrangements • Active Asthma patients with an Asthma Cycle of Care recorded • Active Asthma & COPD Patients with spirometry FEV1/FVC recorded • Active Asthma & COPD Patients with spirometry MBS recorded (11506) <p><i>Disease Prevalence</i></p>	<ul style="list-style-type: none"> • PHN Exchange
<p>Pen CS – CAT4 Recipes</p>	<p>CAT4 recipes are designed to give new and experienced users a simple step-by-step guide to a particular problem or question.</p>	<ul style="list-style-type: none"> • CAT Recipes - PenCS Help

For further information or support please contact your local [Quality Improvement Consultant](#), email: gpsupport@murrayphn.org.au or visit the general practice support page on our [website](#)