Lunch and Learn: Aotearoa Patient Safety day 17 November 2026

Better Care

Breathing Easy



What is Aotearoa Patient Safety Day?

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Aotearoa Patient Safety Day is a commitment to consumers and healthcare workers that our health services strive to provide the best and safest care possible, every time

Tuesday 17th November 2026

- Guided by the World Health Organisation annual safety campaign
- This year it is ‘Safe care for noncommunicable diseases’, ‘Safe care for life!’
- This year, we are focusing on asthma and airway conditions.

Health Quality & Safety Commission
Te Tāhū Hauora

Asthma is still an issue in Aotearoa

- Asthma is still approached primarily as a condition of bronchoconstriction, but it also involves underlying airway inflammation and can lead to structural airway changes (airway remodeling)
- People are still dying
- Ongoing poor statistics, inequities and outcomes (Māori + Pasifika)
- High hospitalisation (and re-hospitalisation) rates
- Children have highest rates of hospitalisation -> 8,700/year = 24/day
- Salbutamol & systemic steroid overuse
- Inhaled corticosteroid underuse (access, hesitance, forgetfulness, feeling ‘well’)
- Poor inhaler device technique
- Action plans not in place or not done well
- Post code lottery health system
- Unclear referral pathway/criteria to specialist care

EHINZ

Educational-Series-Asthma-and-Respiratory-Foundation-NZ-Adolescent-and-Adult-Asthma-Guidelines.pdf.aspx

Asthma in Aotearoa

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590,000

New Zealanders prescribed medication for asthma — around 1 in 9 people

466,000

Estimated school days lost each year due to asthma (up 30% since 2023)

$1.4 billion

Estimated annual direct and indirect economic cost

2 per week

Almost two asthma deaths each week

Asthma deaths are preventable

Inhaler technique

Only around 15% of HCP and 20% of patients know correct technique

3rd leading cause of death

Respiratory Disease is the 3rd leading cause of death

2.5 minutes

An asthma attack occurs every 2.5 minutes.

Every attack leads to airway remodeling & higher risk of future exacerbation

1 in 12

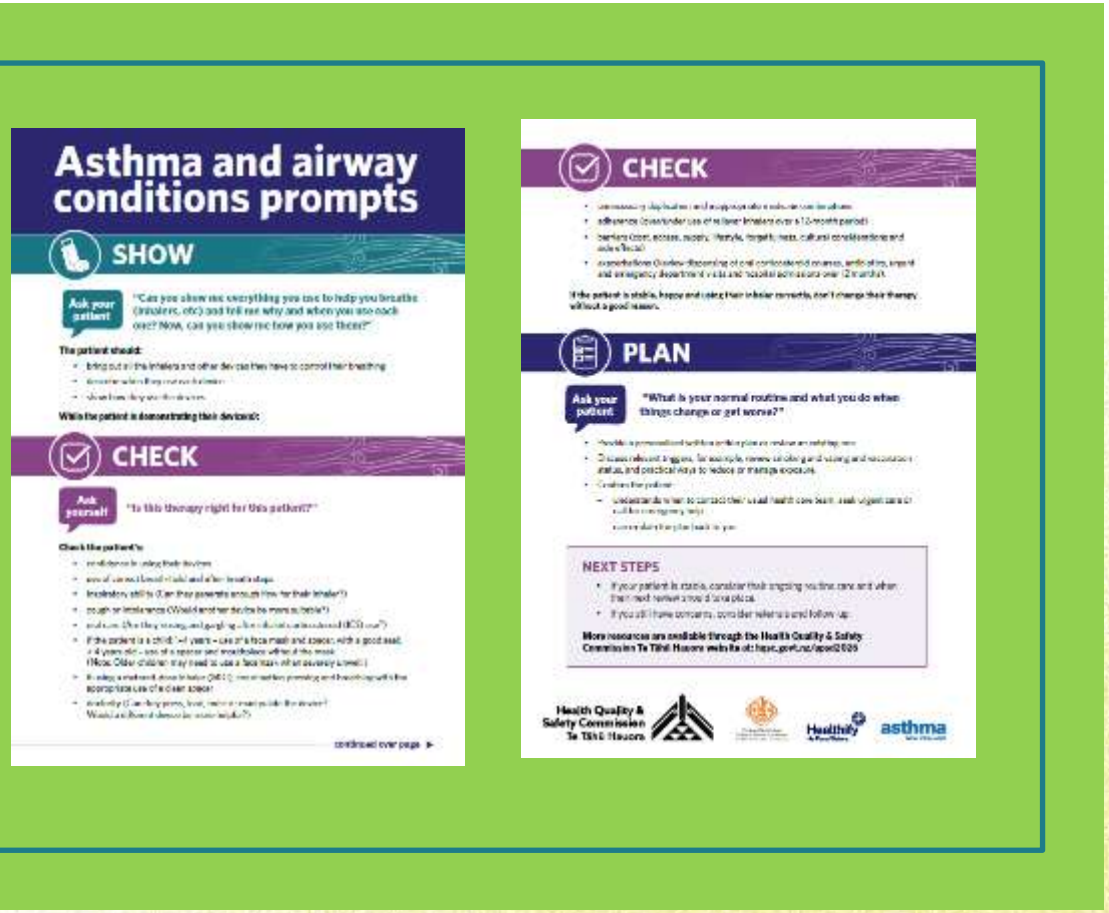
Respiratory disease make up ~1:12 hospital stays

13% of these patients will re-present within 90 days

Sources: Ministry of Health (2021/22); Cardiac & Respiratory Foundation (2025); Newsroom

FINAL_CRFNZ_Impact_of_Respiratory_Disease_in_NZ_report_-_2025_update_released_Oct_2026.pdf

Show, Check, Plan – a resource to support your practice



Prompts for treating and supporting patients with asthma and airways conditions

https://www.hqsc.govt.nz/our-work/system-safety/aotearoa-patient-safety-day/aotearoa-patient-safety-day-2026/

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SHOW

Ask your patient

"Can you show me everything you use to help you breathe (inhalers, etc) and tell me why and when you use each one? Now, can you show me how you use them?"

The patient should:

- bring out all the inhalers and other devices they have to control their breathing
- describe when they use each device
- show how they use the devices.

While the patient is demonstrating their device(s):

CHECK

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Ask yourself

"Is this therapy right for this patient?"

Check the patient's:

- confidence in using their devices
- use of correct breath-hold and after-breath steps
- inspiratory ability (Can they generate enough flow for their inhaler?)
- cough or intolerance (Would another device be more suitable?)
- oral care (Are they rinsing and gargling after inhaled corticosteroid (ICS) use?)
- if the patient is a child: 1–4 years – use of a face mask and spacer, with a good seal;
  > 4 years old – use of a spacer and mouthpiece without the mask.
  (Note: Older children may need to use a facemask when severely unwell.)
- if using a metered-dose inhaler (MDI), coordination pressing and breathing with the appropriate use of a clean spacer
- dexterity (Can they press, load, twist or manipulate the device?
  Would a different device be more helpful?)

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CHECK

- unnecessary duplication and inappropriate medicine combinations
- appropriate use of preventer and over/under use of reliever over a 12-month period
- barriers (cost, access, supply, lifestyle, forgetfulness, cultural considerations and side effects)
- exacerbations (Review dispensing of oral corticosteroid courses, antibiotics, urgent and emergency department visits and hospital admissions over 12 months).

If the patient is stable, happy and using their inhaler correctly, don't change their therapy without a good reason.

PLAN

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Ask your patient

"What is your normal routine and what do you do when things change or get worse?"

- Provide a personalised written action plan or review an existing one.
- Discuss relevant triggers (for example, review smoking/vaping and vaccination status) and practical ways to reduce or manage exposure.
- Confirm the patient:
  - understands when to contact their usual health care team, seek urgent care or call for emergency help
  - can explain the plan back to you.

NEXT STEPS

- If your patient is stable, consider their ongoing routine care and when their next review should take place.
- If you still have concerns, consider referrals and follow-up.

More resources are available through the Health Quality & Safety Commission Te Tāhū Hauora website at: hqsc.govt.nz/apsd2026

How to use an inhaler with a spacer



Spacers

- Easier coordination for use with MDI
- Delivers more medication to the lungs
- Helps prevent ICS side effects
- Recommended for both adults and children
- Mask use should cease at 2-4 years



La Petite



E-chamber Turbo



La Grande

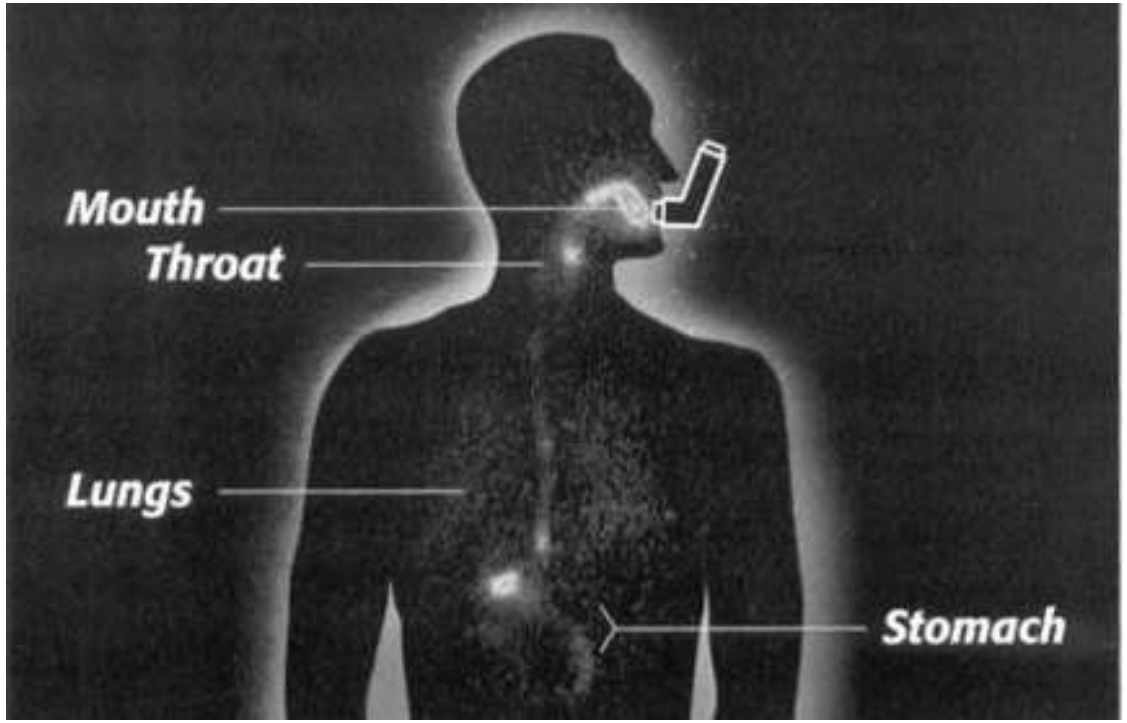


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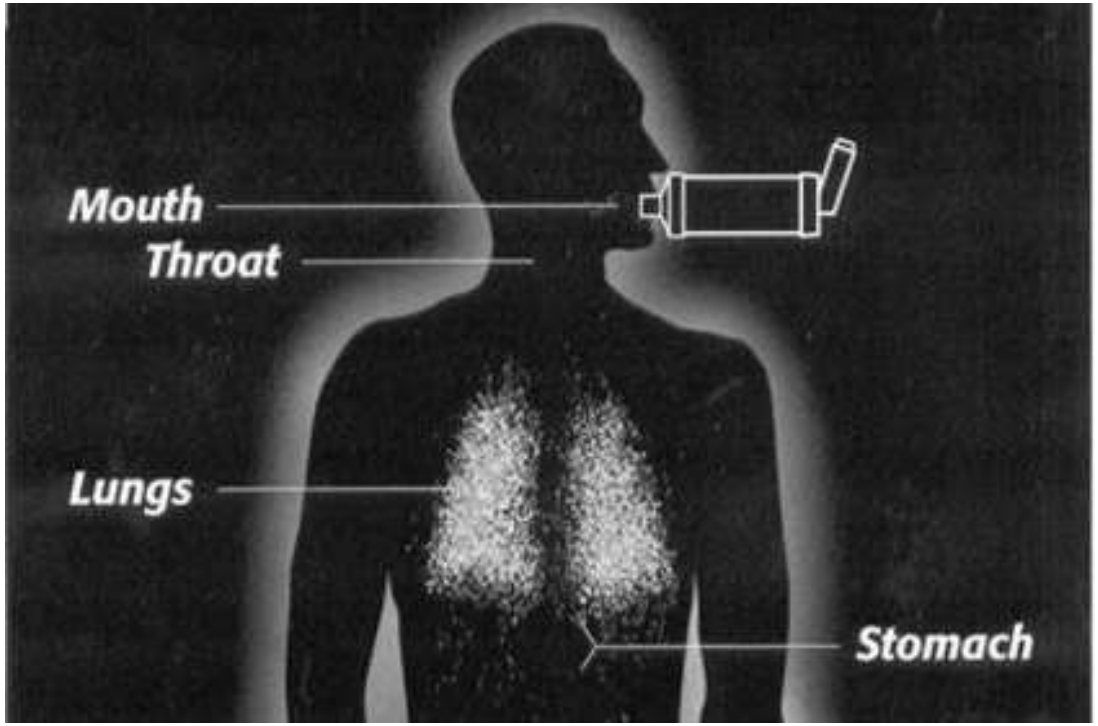


Space Chamber Plus

Without a spacer



With a spacer



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Cardiac + Respiratory FOUNDATION NZ

Your Asthma Action Plan

Name | Date prepared | Doctor/ Nurse signature

Plan to be reviewed when treatment changed

WELL



When I'm well:

- I have no cough
- I play just like other children
- I use my reliever puffer less than 2 times a week

My puffers are:

Preventer: I take this every day even when I'm well

The name of my preventer is

The colour is

I take puffs in the morning

and puffs at night through a spacer

Reliever: I take this only when I need it

The name of my reliever is

The colour is

I take puffs through a spacer when I wheeze, cough or when it's hard to breathe

If I find it hard to breathe when I exercise I should:

take puffs of my reliever

WORSE



When my asthma is getting worse:

- I cough or wheeze and it's hard to breathe, or
- I'm waking at night because of my asthma, or
- I cough or wheeze when I play, or
- I need my reliever inhaler to control my asthma more than 2 times per week

If my asthma gets worse I should:

Keep taking my preventer every day as normal

and take puffs of my reliever every 4 hours

If I'm not getting better doing this I should see my doctor today

Contact:

WORRIED



My asthma is a worry when:

- My reliever isn't helping, or
- I'm finding it hard to breathe, or
- I'm breathing hard and fast, or
- I'm sucking in around my ribs/ throat, try looking under my shirt
- I'm looking pale or blue

- Sit me down and try to stay calm
- Give me 6 puffs of reliever through a spacer, taking 6 breaths for each puff
- **If I don't start to improve I need help now**

EMERGENCY

DIAL 111 and ask for an ambulance

WHILE YOU'RE WAITING:

- Try to stay calm and keep me sitting upright
- Give 6 puffs of reliever through a spacer every 6 minutes with 6 breaths for each puff until help arrives

Cardiac + Respiratory FOUNDATION NZ

Your Asthma Action Plan

Name

Date of plan

Healthcare practitioner

Healthcare practice phone

Know your asthma symptoms...

Know when and how to take your medicine...

FEELING GOOD

Your asthma is under control when

- You don't have asthma symptoms most days (wheeze, tight chest, a cough or feeling breathless)
- You have no cough or wheeze at night
- You can do all your usual activities and exercise freely
- Most days you don't need a reliever

Your peak flow reading is above:

Preventer

(name)

inhalation(s) every morning

inhalation(s) every night

Reliever

(name)

inhalation(s) when you need it to relieve your asthma symptoms

Carry your reliever at all times.

Other medication

SEVERE

Caution: Your asthma is getting severe when

- Your asthma symptoms are getting severe (wheeze, tight chest, a cough or feeling breathless)
- **OR** your reliever is only helping for 2-3 hours
- **OR** you are using more than 12 inhalations a day
- **OR** you feel you need to see your healthcare practitioner

Your peak flow reading is below:

Let's take action...

- **You need to see your healthcare practitioner today**
- Continue your regular preventer AND use your reliever as often as needed to relieve symptoms
- Start prednisone if you have it

Prednisone

mg for days and then *mg for days*

Other instructions

EMERGENCY

It is an emergency when

- Your symptoms are getting more severe quickly
- **OR** you are finding it hard to speak or breathe
- **OR** your reliever is not helping much
- **OR** you are using your reliever every 1-2 hours

Your peak flow reading is below:

Let's keep calm...

- **Dial 111 for ambulance**
- Keep using your reliever as often as needed – through a spacer, if one can be used with your reliever inhaler
- Even if you seem to get better, seek medical help right away
- If you haven't started taking your prednisone, start now

Best peak flow

Plan prepared by

Next review date

Signature

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Your AIR* Asthma Action Plan

*Anti-Inflammatory Reliever Therapy

Name

Date of plan

Healthcare practitioner

Healthcare practice phone

Know your asthma symptoms...

Know when and how to take your medicine...

FEELING GOOD

Your asthma is under control when

- You don't have asthma symptoms most days (wheeze, tight chest, a cough or feeling breathless)
- You have no cough or wheeze at night
- You can do all your usual activities and exercise freely
- Most days you do not need extra budesonide/formoterol inhalations

Your peak flow reading is above:

Regularly scheduled budesonide/formoterol:

inhalation(s) every morning

inhalation(s) every night

As needed budesonide/formoterol:

1 inhalation when you need it to relieve your asthma symptoms

Budesonide/formoterol is a 2-in-1 treatment used for both prevention and relief of symptoms. Carry this at all times. You do not need an extra inhaler as a reliever.

Other medication

SEVERE

Your asthma is getting severe when

- Your asthma symptoms are getting severe (wheeze, tight chest, a cough or feeling breathless)
- **OR** your budesonide/formoterol is only helping for 2-3 hours
- **OR** you are using more than 8 inhalations a day in total (regular + reliever use)
- **OR** you feel you need to see your healthcare practitioner

Your peak flow reading is below:

Let's take action...

- **You need to see your healthcare practitioner today**
- Continue any regular budesonide/formoterol PLUS 1 inhalation of your budesonide/formoterol when needed to relieve symptoms
- Start prednisone if you have it

Prednisone

mg for *days* and then *mg for* *days*

Other instructions

EMERGENCY

It is an emergency when

- Your symptoms are getting more severe quickly
- **OR** you are finding it hard to speak or breathe
- **OR** your budesonide/formoterol is not helping much
- **OR** you are using your budesonide/formoterol every 1-2 hours

Your peak flow reading is below:

Let's keep calm...

- **Dial 111 for ambulance**
- Keep using your budesonide/formoterol as often as needed
- Even if you seem to get better, seek medical help right away
- If you haven't started taking your prednisone, start now

Best peak flow

Plan prepared by

Next review date

Signature

Take home actions

Refer to Asthma NZ
(or other local society) for support/education

Show

- Ask them to explain/demonstrate
- Correct and demonstrate

Check

- Out of 7 days, how many days do they forget?
- What is stopping them from using consistently? Consider barriers
- If >12 years – consider AIR

Plan

- Do they have an action plan?
- Is it up to date?
- Does everyone know how to use it?

An extension of your practice



Patient-facing

- Free specialist nurse-led asthma and COPD education, support and advocacy
- National telehealth service
- Spirometry (Auckland)
- Free specialist nurse-led clinics within general practice
- Free asthma and COPD resources
- Referral guidance and signposting

Referral Pathway

Anyone can refer — patients and whānau can also self-refer

1

IDENTIFY

- Recent diagnosis
- Poor control
- Recent exacerbation
- Hospital or urgent-care history
- Oral steroid history
- Education or support requested

2

OBTAIN CONSENT & REFER

- HealthLink EDI: brea22he
- Specialist Referrals | BPAC | ERMS | Health Pathways
- asthma.org.nz
- referrals@asthma.org.nz

3

ASTHMA NZ CLOSES THE LOOP

- Contacts the patient or whānau
- Provides nurse-led education and support
- Updates the referrer and MDT, with consent

Referral is the start of support — Asthma NZ follows up and closes the loop

Resources for your practice

Asthma guidelines
https://cardiacandrespiratory.org.nz/resource-hub/nz-adolescent-and-adult-asthma-guidelines/

General Asthma resources
1. https://asthma.org.nz/asthma-information/
2. https://cardiacandrespiratory.org.nz/resource-hub/
3. https://healthify.nz/health-a-z/a/asthma-topics

Referral link to Asthma NZ
1. https://asthma.org.nz/refer-a-patient/
2. E-referral (brea22he)

Inhaler Device Videos
1. https://asthma.org.nz/asthma-treatment/
2. https://www.youtube.com/@HealthifyNZ/videos

Asthma action plans
https://cardiacandrespiratory.org.nz/resource-hub/air-asthma-action-plan/

Scan the QR code to access these resource links

Health Pathways
www.healthpathways.info

Inhaler device recognition chart
ARFNZ-He-Ako-Hiringa-Inhaler-ID-A3-poster-2025.pdf

GINA
1. Global Initiative for Asthma - Global Initiative for Asthma – GINA
2. GINA-Severe-Asthma-Guide-2026-WEB-WMS.pdf

Asthma Control Test
https://www.asthmacontroltest.com/en-au/welcome/

Health Professional Courses
1. Asthma - Register for an Asthma C.A.R.E Course - Asthma New Zealand
2. COPD - Register for a COPD C.A.R.E Course - Asthma New Zealand