

## Continuous Quality Improvement (CQI)

**Children under 5 years with no influenza immunisation**

Original resource created in collaboration with Anthea Blower, Practice Manager

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| **CQI steps** | | **Ask-Do-Describe** | |
| **Data report 1 - baseline** | **First CQI meeting** | **Why do we want to change?** | |
| * Gap | Low rates of influenza immunisation in eligible children aged 6 months – 5 years |
| * Benefits | Reduce incidence of influenza in the age group and the risk of influenza transmission to the associated cohorts e.g. elderly and pregnant women |
| * Evidence | Influenza immunisations are recommended for children in this age group in the National Immunisation Program and available free of charge.  Influenza is a serious disease for young children and are much more likely to contract the flu compared to adults. Children under 5 have some of the highest rates of the flu and associated complications causing the most hospital admissions of all other vaccine-preventable diseases in children of this age. [(QLD Government – Vaccination Matters)](https://vaccinate.initiatives.qld.gov.au/children-and-flu/?gclid=CjwKCAiAg9rxBRADEiwAxKDTul-h84HN4Ic3avdq-5T9z0tSxQHzwANXmGv1lMs3NZ7dGLmlIiikJRoC4ykQAvD_BwE#flu-is-dangerous) |
| **What** do we want to change? | |
| * Topic | The proportion of eligible children offered/administered Influenza vaccinations will increase as a result of this activity |
| * Scope | All eligible children (6 months – 5 years) who are ‘active’ in the practice’s patient population |
| **How much** do we want to change? | |
| * Baseline (%) | Total number of eligible children - to be determined from report (e.g. on 6 August 2019, 67 children were aged 6 months to 5 years) To find patients in this age group, you can filter by demographic  <https://help.pencs.com.au/display/CG/Demographic+Filtering>  A recipe with screen shots can be found on the PIP QI webpage – ***Children under 5 with missing/overdue influenza vaccinations recipe***  Proportion of children already vaccinated, e.g. 13/67 (18%) of children had influenza immunisation in the current year |
| * Sample (number) | 54 children |
| * Targets (%) | * 100% of these patients are **administered** appropriate vaccinations * Increased proportion of patients vaccinated |
| * Preparedness | All staff believe this is a priority activity for the practice and their patients |
| **Who** are involved in the change? | |
| * Leads * Contributors | PM, RN, Lead GP  GPs/Practice Nurses - future roll-out |
| * External | PHN Practice Support |
| **When** are we making the change? | |
| * Deadlines | Baseline data report generated (date)  Poster acquisition (date)  Newsletter and webpage update (date)  Implementation between (date range)  Review meeting(date)– Full GP meeting |
| **How** are we going to change? | |
| * Potential solutions | * Promote influenza immunisation via newsletter and posters * Identify eligible patients and recall * Flag eligible patients and book with GP to discuss benefits and identify barriers to vaccination * Influenza immunisation clinics could be considered |
| * Select | All four options were selected as activity |
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| **Implementation** | | * Implement | 1.Generated with **baseline measure** Influenza Immunisation 6 month – 5 years  (e.g 67 patients - all records reviewed.)  RN reviewed all records- reviewed on AIR to update if immunisation occurred elsewhere. All records flagged with appropriate recalls. Patients with exiting appointments flagged for discussion in appointment diary.  Monitor progress using “*Summary Report of Practice Improvements”*  Upload appropriate documentation to AIR and My Health Record |
| * Record, share | * Two practice team meetings were held specifically to discuss this CQI project. * The initial meeting was on (date)and the final meeting on(date). The minutes of the meetings are available as separate documents |
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| **Data Report 2**  **Comparison** | **Final CQI meeting** | **How much** did we change? | |
| * Performance | * The medical records of eligible patients were reviewed and flagged appropriately so that all children would be offered influenza immunisations * All families were contacted by RN by telephone and offered influenza immunisation * X (y%) children were vaccinated. This is a [Z]% improvement compared with the baseline |
| * Worthwhile | The QI project was perceived as worthwhile by GPs and RNs. More specifically, the clinicians felt they had become more confident in offering immunisations |
| * Learn | * This activity was suggested by a GP, which worked well for getting peers on board and participating in the QI project. * Role clarity and task allocation were important success factors: The PM did the data-related work, the RNs worked from the quick action lists and GPs were informed and updated. |
|  | **What next?** | |
| * Sustain | Early immunisation recalls have been incorporated as business as usual.  Eligible patients and records are reviewed regularly and there is a process to recall/invite children for vaccinations. |
| * Monitor | Review influenza immunisation performance annually and initiate corrective measures if rates decrease below the current level. Review of eligible patients should be in line with flu season. |