

## 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](https://help.pencs.com.au/display/CG/Demographic%2BFiltering)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 GPGPs/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
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| * 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.
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|  | **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.  |