

## Continuous Quality Improvement (CQI)

## COVID-19: Influenza immunisation for at risk patients 5

## to 64 years using CAT4 and Primary Sense™

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| **CQI steps** | **Ask-Do-Describe** |
| **Data report 1 - baseline** | **First CQI meeting**  | **Why do we want to change?** |
| * Gap
 | The evolving COVID- 19 pandemic will impact the vulnerable and at-risk practice population aged 5 to 64 years who have not yet received an influenza immunisation for 2020. |
| * Benefits
 | Whilst influenza vaccine will not prevent COVID-19 infection, it can reduce the severity and spread of influenza, which may make a person more susceptible to other respiratory illnesses like COVID-19 [(Queensland Health, 2020).](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/service-providers/influenza)Annual vaccination is the most important measure to prevent influenza and its complications and is recommended for all people with medical conditions and from vulnerable groups which increase the risk of influenza disease complications [(Queensland Health, 2019)](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/service-providers/influenza). |
| * Evidence
 | Annual influenza vaccination is the most important measure to prevent influenza and its complications and is recommended for all people aged 6 months and over [(Queensland Health, 2020)](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/service-providers/influenza).For those such as the vulnerable 5 to 64 year age group, who are at risk of influenza disease complications, the influenza vaccination is funded under the National Immunisation Program [(Queensland Health, 2020)](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/service-providers/influenza).Influenza immunisation is recommended and funded specifically every year for:* People aged 6 months or over who have medical conditions that increase the risk of influenza disease complications

(for a full list go to [NCIRS Influenza Vaccines Fact Sheet](http://ncirs.org.au/sites/default/files/2019-03/Influenza-fact-sheet_25%20Mar%202019_Final.pdf)).* All Aboriginal and Torres Strait Islander people aged 6 months and over
* Pregnant women
* All adults aged 65 years and older
* All children from 6 months to less than 5 years of age

[(Queensland Health, 2020)](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/service-providers/influenza)Vaccinations are a safe and effective way to protect from serious disease caused by influenza. Influenza immunisation across our communities also protects other people, especially people who are too sick or too young to be vaccinated. The more people vaccinated in communities, the less likely the disease will spread [(Department of Health, 2020)](https://www.health.gov.au/health-topics/immunisation/immunisation-services/flu-influenza-immunisation-service). |
| **What** do we want to change? |
| * Topic
 | Eligible patients aged 5 to 64 years offered influenza vaccination. |
| * Scope
 | All patients from vulnerable groups and with medical conditions that increase the risk of influenza disease complications identified at the practice and contacted (Tip: could choose one population target group at a time to test process then implement more broadly e.g. COPD patients, diabetes patients etc) |
| **How much** do we want to change? |
| * Baseline
 | To be determined from:Primary Sense™- Patients with high complexity 4 & 5 report (patient list will need to be cross checked to clinical record at this time)OR [CAT4 Recipe – Patients at risk for influenza with predisposing conditions](https://help.pencs.com.au/display/CR/Identify%2BPatients%2Bat%2Brisk%2Bfor%2Binfluenza%2Bwith%2Bpredisposing%2Bconditions) [CAT4 Recipe – Influenza immunization for patients with COPD](https://help.pencs.com.au/pages/viewpage.action?pageId=47317135)(please amend to identify different population groups by changing chronic conditions selected) |
| * Sample
 | **All** patients aged 5 to 64 years with risk factors eligible for influenza immunisation |
| * Target
 | 100% of eligible patients in practice population aged 5 to 64 years with risk factors are offered an influenza vaccination. Increased proportion of patients in practice population receiving influenza vaccine. |
| * Preparedness
 | All staff believe this is a priority activity for their practice and patient population |
| **Who** are involved in the change? |
| * Leads

Contributors | Practice Manager/COVID-19 Team LeaderGPs/Practice Nurses/Receptionists |
| * External
 | PHN/DoH/QLD Health/Patients |
| **When** are we making the change? |
| * Deadlines
 | Baseline data report generated (date)Implementation between (date range)Review meeting (date) |
| **How** are we going to change? |
| * Potential solutions
 | * Promote influenza vaccination via SMS alerts, phone out of hours and on hold messages, posters and pamphlets
* Identify high risk patients and recall
* Use Primary Sense™- Patients with high complexity 4&5 report (please cross reference report to clinical records and recommendations) OR
* [CAT4 Recipe – Patients at risk for influenza with predisposing conditions](https://help.pencs.com.au/display/CR/Identify%2BPatients%2Bat%2Brisk%2Bfor%2Binfluenza%2Bwith%2Bpredisposing%2Bconditions)
* [CAT4 Recipe – Influenza immunization for patients with COPD](https://help.pencs.com.au/pages/viewpage.action?pageId=47317135) (please amend to identify different population groups by changing chronic conditions selected)
* Review current appointment systems
* Possible designated immunization clinics for at risk and vulnerable groups (allocate times when no sick patients will be onsite)
* Suspend routine health assessments and concentrate on preventative health checks and interventions for COVID-19 at risk patients
* Flag eligible patients and book with GP/RN
* Optimise opportunistic influenza vaccinations with patients with current booked appointments
 |
| * Select
 | Options suited to practice chosen |
|  |
| * **Implementation**
 | * Implement
 | 1. *Generate baseline measure via* *Primary Sense™- Patients with high complexity 4&5 report OR* [CAT4 Recipe – Patients at risk for influenza with predisposing conditions](https://help.pencs.com.au/display/CR/Identify%2BPatients%2Bat%2Brisk%2Bfor%2Binfluenza%2Bwith%2Bpredisposing%2Bconditions)
2. *Each day RN is to review next day’s appointment to flag patients with immunisations required*
3. *Offer/provide influenza vaccination to patient in consultation*
4. *Enter influenza vaccination for patient into clinical software*
5. *Monitor participation using CAT4 or Primary Sense™*
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| * Record, share
 | [*CQI Practice initial and final meeting minutes*](https://gcphn.org.au/wp-content/uploads/2020/02/CQI-Practice-Meeting-Template.docx) |
|  |
| **Data Report 2****Comparison** | **Final CQI meeting**  | **How much** did we change? |
| * Performance
 | *Did you achieve your target?**If not, consider new activity to test* |
| * Worthwhile
 | *Was the effort to complete worth the outcome?**Did the team value the activity?**Did another unexpected positive result occur? (e.g. increased**Ethnicity Status recorded when focusing on Allergy status)* |
| * Learn
 |  *What lessons learnt could you used for other activities?**What worked well, what could have been changed or improved?* |
|  | **What next?** |
| * Sustain
 | *Implement new processes and systems into business as usual**This will avoid repeating this activity in the future* |
| * Monitor
 | *Review target measure quarterly and initiate corrective measures as**required* |