

## Continuous Quality Improvement (CQI)

## COVID-19 Influenza immunisation for

## healthy 5 to 64 years population using CAT4

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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 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) |
| * 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).Influenza immunisation is recommended specifically every year for all people. In the **5 to 64 years population**, the influenza immunisation is funded under the National Immunisation Program for:* All Aboriginal and Torres Strait Islander people (aged 6 months and over)
* Pregnant women
* individuals aged 6 months and older with medical conditions which 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)).

[(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 eligible for influenza vaccination (Tip: consider breaking down this large population group by age to refine systems and processes in a smaller target group before wider roll out)  |
| **How much** do we want to change? |
| * Baseline
 | * To be determined from [CAT 4 recipe- identifying healthy populations 5-64 years for influenza immunisation](https://gcphn.org.au/wp-content/uploads/2020/03/CAT4-Recipe-influenza-immunisation-5-64-healthy-population-_-APPROVED.docx)’
 |
| * Sample
 | **All** eligible patients 5 to 64 years for recommended influenza vaccination |
| * Target
 | 100% of eligible patients in practice population are offered 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 on hold and out of hours messages, posters and pamphlets.
* Identify 5 to 64 years patient group- [CAT 4 recipe- identifying healthy populations 5-64 years for influenza immunisation](https://gcphn.org.au/wp-content/uploads/2020/03/CAT4-Recipe-influenza-immunisation-5-64-healthy-population-_-APPROVED.docx) and recall.
* Review current appointment systems
* Possible designated immunisation clinics (allocate times when no sick patients will be onsite)
* Flag eligible patients and book with GP/RN
* Optimise opportunistic influenza vaccinations with patients with current booked appointments
 |
| * Select
 | Options suited to practice chosen |
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| * **Implementation**
 | * Implement
 | 1. *Generate baseline measure via* [CAT 4 recipe- identifying healthy populations 5-64 years for influenza immunisation](https://gcphn.org.au/wp-content/uploads/2020/03/CAT4-Recipe-influenza-immunisation-5-64-healthy-population-_-APPROVED.docx)
2. *Each day RN is to review next day’s appointment to flag patients with immunisation required*
3. *Offer/provide influenza vaccination to patient in consultation*
4. *Enter influenza vaccination for patient into clinical software*
5. *Monitor participation using CAT4*
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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) |
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| **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* |