

## Continuous Quality Improvement (CQI)

## COVID-19 Influenza Immunisation for

## 65 years and over 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 65 years and over 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. This includes people aged 65 years and over. [(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 the over 65 year age group, who have increased 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).  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 65 years and over offered influenza vaccination. |
| * Scope | All patients eligible for influenza vaccination |
| **How much** do we want to change? | |
| * Baseline | To be determined from [CAT4 Recipe – Influenza immunization for patients aged 65 and over](https://help.pencs.com.au/pages/viewpage.action?pageId=47317113) |
| * Sample | **All** eligible patients 65 years and over 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 Leader  GPs/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 messages, posters and pamphlets * Identify patients 65 years and over via [CAT4 Recipe – Influenza immunization for patients aged 65 and over](https://help.pencs.com.au/pages/viewpage.action?pageId=47317113) * 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 * Opportunistic influenza vaccinations with patients with current booked appointments |
| * Select | Options suited to practice chosen |
|  | | | |
| * **Implementation** | | * Implement | 1. *Generate baseline measure via* [*CAT4 Recipe – Influenza immunization for patients aged 65 and over*](https://help.pencs.com.au/pages/viewpage.action?pageId=47317113) 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* |
| * 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* |