General Practice
Quality Improvement Toolkit

The Immunisation Toolkit

A practical guide to improve immunisation as a CQI activity and for PIP QI and CPD purposes

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Gold Coast Primary Health Network would like to acknowledge and pay respect to the land and the traditional practices of the families of the Yugambeh Language Region of South East Queensland and their Elders past, present and emerging.

Artwork: Narelle Urquhart. Wiradjuri woman.
Artwork depicts a strong community, with good support for each other, day or night. One mob.

Gold Coast Primary Health Network

THE IMMUNISATION TOOLKIT

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About The Immunisation Toolkit

Since the introduction of routine vaccinations in Australia in 1953 and the first nationally funded immunisation program in 1975, death or disability from once common infectious diseases is now rare. However, the lack of visibility of vaccine preventable diseases in the community has its own challenges and can lead to consumer complacency about the importance of immunisation.

The National Immunisation Strategy for Australia 2019-2024 outlines a vision for the National Immunisation Program (NIP) initiative to reduce the incidence of vaccine preventable diseases in the Australian Community.

General practice plays a vital role in the delivery of vaccination services for children, adolescents, adults and older Australians.

This Toolkit provides a practical guide for general practice teams. It describes how to successfully implement an immunisation CQI activity, that also supports PIP QI and CPD purposes.

Aim of the toolkit

To provide a simple and practical guide for general practices to implement an immunisation CQI activity.

The Toolkit supports general practice teams to:

- Successfully implement an immunisation CQI activity.
- Make best use of practice data.
- Document the Immunisation Toolkit implementation and delivery as a CQI activity.
- Use the CQI activity for PIP QI and CPD purposes.
- Make measurable and sustainable improvements in a feasible manner to patient care.
- Increase knowledge of CQI principles and practical application.

Benefits of using the toolkit

The toolkit provides:

- A structured, easy and quick approach to implement quality improvement activities.
- A step by step guide.
- Suggestions to identify suitable patients using data extraction tools.
- Links to prefilled templates and resources.
- Flexibility: activities can be started at any time of the year, and practice teams decide whether to implement a single improvement intervention, or a bundle of interventions.
- This Toolkit framework is especially relevant to the Gold Coast context, because it was developed by GCPHN staff, in consultation with the Primary Health Care Improvement Committee.

How to use the toolkit

There are six steps to implement immunisation as a CQI activity

STEP ① Planning and preparation

STEP ② Use data to set goals and identify suitable patients

STEP ③ Implement improvement actions

STEP ④ Regularly review your CQI activity

STEP ⑤ Sustain and maintain improvements

STEP ⑥ Document your CQI activity

Step ① Planning and preparation

1.1 Team meetings

- To meet PIP QI requirements, you must demonstrate that you have undertaken your CQI activity as a team.
- It is important at the beginning of the CQI activity to arrange a practice meeting to agree, plan and prepare for its implementation. If it is not possible to have the whole team meet, each staff group should be represented. As a minimum, this would include a GP, the practice manager, a member of the administrative team and a practice nurse. In smaller practices, the same individual may have more than one role.
- You should continue to meet regularly to plan and review your CQI activities. It is especially important to meet at the conclusion of the activity and finalize the documentation.
- Meetings can be virtual or in person and can be scheduled at any time that suits the team, i.e. during or outside normal working hours.
- Practical considerations for your meetings:
    - You could add CQI as a standing agenda item on your usual team meetings; or you could set up specific meetings for this purpose.
    - Schedule meetings with advance notice to ensure key team members can attend
    - Examples of practice meetings and templates are available online.
    - Ensure that you have access to CAT4, Primary Sense™ or other practice data during meetings to inform your discussions and to support your planning and review of your CQI activity.
    - Consider using a CQI activity template during meetings to help guide the discussion and to document your plan, progress and learning. There is also a guide to assist completing this.

> **TIP** - *Regular meetings help to maintain momentum and keeps the team on track to successfully complete the CQI activity.*

1.2 Agree on CQI roles and responsibilities

- It is important to define and delegate specific roles and responsibilities in the team. Potential roles for different team members are included as an Appendix.
- Consider in your team who has the skills and ability to complete each task. You could ask staff to gauge their confidence out of 10 to complete an allocated task- this can help identify learning needs.
- Ensure all team members have access to Primary Sense™ Desktop and/or Cat Plus Top Bar to allow development of prompts for care action items.
- Identify and meet the training and education requirements of team members to fulfil their CQI role.
- Remember to share your CQI plan (template) with the whole practice team to ensure that everyone is aware of the activity and their roles and responsibilities.

*Training resources for **Primary Sense** and **CAT Plus** are available online.*

1.3 Set realistic timelines

- It is important to specify the specific steps of your immunisation CQI activity and estimate how long each one will take to complete. It is also important to agree dates in advance, when progress will be reviewed.
- Allow some flexibility with the timelines and expect and plan for delays. Some of the factors to consider when you set your timelines include:
  - o Where you are in the cycle of accreditation.
  - o Staff leave and capacity.
  - o Seasonal priorities and anticipated workload, i.e. the winter period tends to be particularly busy.

Internal factors you control:
Develop a calendar of known periods of specific activity to align with CQI focus to support proactive planning
External factors and factors outside your control:
Ensure disaster management plans and business continuity plans are up to date and all staff are aware of their roles and responsibilities

STEP ② USE DATA TO SET GOALS AND IDENTIFY SUITABLE PATIENTS

2.1 CURRENT PERFORMANCE AND FUTURE GOALS

- Ask the following questions to assess current and future performance using your practice data:
    - o What is the current level of performance in the practice?
    - o If there is an opportunity to improve performance? If so, by how much? Express your goal or target as a number or percentage.
    - o Is your target realistic? It is seldom possible to achieve 100% performance; most practice teams can achieve a 25 to 50% improvement in performance or reduce the gap between their current and desired performance by 25 to 50% with concerted effort.
    - o How long will it take to achieve this goal?
- A CQI activity is simply a structured, focused and co-ordinated attempt to close the quality gap between your current, baseline performance and a desired outcome or level of performance in the future.
- Practice teams that set SMART goals are more likely to be successful. The acronym SMART describes some of the desired characteristics of a goal: specific, measurable, achievable, relevant and timed.
- Two examples are provided to illustrate the difference between SMART and non-SMART goals.

> *SMART goal example*
> *Practice A decides to increase the proportion of influenza vaccination for their vulnerable patients from 40% (current performance) to 80% (goal) over a 12-week period. They calculate that they will need to vaccinate 50 patients to achieve their goal. They will achieve this goal by vaccinating 5 patients a week. This provides them with a small buffer of time. They also agree to review their progress every three weeks.*

> *Non-SMART goal example*
> *Practice B decides to increase the proportion of influenza vaccination for their vulnerable patients. They agree that their GPs and practice nurse will identify patients during their routine work and see how they go in a few weeks.*

2.2 DATA EXTRACTION AND ANALYSIS TOOLS (CAT PLUS/PRIMARY SENSE™)

- The two data tools that are available in the Gold Coast are CAT Plus and Primary Sense™. GCPHN subsidises the licences for Gold Coast general practices to access CAT Plus and /or Primary Sense™ data tools at no cost to the practice.
- Practice clinical software can support CQI activities through use of the 'search' function and optimising use of the reminder system for subsequent and missing vaccine doses at the point of care.

- Using a data extraction and analysis tool helps you to use your practice data in a meaningful manner. The main applications of data tools in CQI activities are to:
  o Establish your performance baseline.
  o Compare your performance with the performance of your peers (optional).
  o Identify specific groups of patients – also referred to as samples of patients – who may benefit from being included in a CQI. The best data tools have the capability to generate lists with the names and information of all the patients in your sample.
  o Track your progress towards your goal over the course of the CQI activity.

*TIP - collecting, analysing and sharing aggregated practice data are **PIP QI requirements***

2.3 SELECT A SAMPLE OF PATIENTS

- Primary Sense™ and CAT Plus data tools can provide you with an overview of your practice performance and the characteristics of your practice population. It also enables you to select and focus on a specific group or sample of patients.
- Review your patient population on the landing page of CAT Plus or using the Primary Sense™ Characteristics of the Practice Patient Population report. The information contained in these reports will allow you to identify if your practice demographic has a larger population of children, adolescents or older patients and may provide some insights on where to focus your initial CQI activity and optimise care.
- It is important to direct your improvement efforts at those patients who are most likely to benefit from them. The next step is therefore to identify a suitable group (sample) of patients for an immunisation CQI activity.
- Potential patient groups could include:
  o children
  o adolescents
  o adults
  o older people
- Population groups at higher risk of vaccine preventable disease include:
  o Aboriginal and Torres Strait Islander Patients
  o patients with medical risk factors
  o pregnant women
  o patients in particular age cohorts
- Feasible samples are typically between 50 and 100 patients. Larger and more ambitious practice teams may opt to increase the size of their sample further. Smaller sample sizes are acceptable if the practice is implementing bundles of interventions, and interventions are particularly intensive. e.g.:
  o Practice A decides to implement an influenza immunisation activity with the goal to offer vaccination to 75% of the practice population. Practice A will record both immunisations provided and also immunisation declined or provided elsewhere.
  o Practice B plans to look at vaccination completeness for patients aged 65 years and over and will identify a sample of 50-100 patient's aged 65 years and over with medical risk factors. The CQI team will review the patient record and offer any missing or overdue vaccinations in conjunction with a care plan or care plan review. This practice will offer a person-centred approach to care and will use the Wellness Cycle of Care model.

- Selecting a suitable sample and picking the right sample size can be challenging decisions for many practice teams. Contact your PHN Primary Healthcare Improvement Team if you would like to discuss this further.
- GCPHN have some immunisation CQI activity prefilled templates, practical examples and resources that explain how to use Primary Sense™ and CAT Plus data tools to select sample of patients for immunisation CQI activities and provide examples of which patients may be particularly suitable for inclusion.

For Cat Plus users the following activities may be relevant
- How to identify COVID-19 vulnerable patients- CAT Recipes - PenCS Help
- COVID 19 Vaccination Status
- Patients at risk of influenza based on age, ethnicity or pregnancy
- WWS - care of patients with multimorbidity
- Care of patients 70-74 with 3 or more chronic conditions
- Identify patients at risk of influenza with predisposing medical conditions
- Influenza immunisation for patients 65 years and older

For Primary Sense™ users the following resources may be relevant
- Primary Sense™ users can access CQI templates via the desktop application under the CQI tab. Instructions can be found here
- Videos on how to use Primary Sense™ and reports can be found here
- Some useful reports in Primary Sense™ for identifying patients for immunisation include the pregnancy, lung disease and COVID 19 report.

> *TIP - **sample** and **sample size** are the number of patients you select for a CQI activity.*
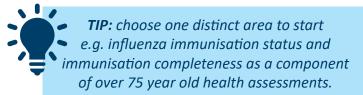> ***Sampling** is the process of selecting suitable patients.*
> ***Sampling strategy** is how you choose patients; this is your decision*

STEP ③ IMPLEMENT IMPROVEMENT ACTIONS

3.1. AGREE SPECIFIC IMPROVEMENT ACTIONS
- It is important to set a SMART goal and identify a sample of patients. It is equally important to decide what improvement actions or interventions will be required to reach your goal. In other words, what is it that needs to be done for every patient in your sample?
- Decide whether your CQI activity requires a single intervention or multiple interventions.
- Consider creating Top Bar prompts to automatically flag patients in the sample. You may also wish to consider Primary Sense™ prompts to support opportunistic identification of eligible patients.
- Consider patient engagement/experience and activation (communication and feedback). A practical example of this is to add questions to your accreditation survey and offer survey participation to the patients in the CQI sample.

> *TIP - A care bundle is a set or number of interventions that, when used together, synergistically improve patient outcomes.*

> *TIP: choose one distinct area to start e.g. influenza immunisation status and immunisation completeness as a component of over 75 year old health assessments.*

3.2 Examples of potential improvement actions in an immunisation CQI activity

- Consider the Wellness Cycle of Care approach for patients with chronic conditions to implement an immunisation CQI activity as part of a bundle of care.
- Use data to identify patients with missing immunisations e.g. for older patients
  - Influenza
  - Pneumococcal
  - Zostavax
  - COVID-19
- Use data to identify pregnant patients with missing/overdue influenza/pertussis immunisation
- Optimise appointments with practice nurses to review, discuss and plan vaccine delivery. eg during wound care, health assessments, post-natal care.
- Use your practice reminder system to 'flag' patients with missing or outstanding immunisation. Whenever possible, reminders should also be added during patient appointments and discussed.
- Some clinical software's can include a vaccination declined data entry. This means that at a point in time a report can be developed for practice staff to review declined vaccinations and follow up as a CQI activity.
- Consider utilising online booking systems to send out SMS to eligible patients for your CQI activity- eg- Influenza immunisation for patients with multimorbidity.
  - QI activity examples for CAT 4 users

MBS items to support implementation
- General and pregnancy MBS item numbers
- Team care arrangements
- GPMP/TCA review x 3 times per year
- Nurse chronic disease item number
- Health assessments for over 75-year olds
- Aboriginal and Torres Strait Islander people's health assessment
- MBS online - MBS COVID-19 Vaccine Suitability Assessment Service (MBS item numbers)

> **TIP -** *GPs are required to make sure each patient meets the MBS criteria prior to claiming each item number.*

STEP ④ REGULARLY REVIEW YOUR CQI ACTIVITY

- It is important to monitor your progress regularly.
- During the planning and preparation step you would have identified the timelines and activity review points which should now be implemented.

Practical considerations:

- Set the frequency of CQI progress reviews according to the timeline of your activity. For example, it would be reasonable to check the progress of a 12-week activity every fortnight.
- Use your practice data at each checkpoint (review) to determine your progress towards your goal. Remember to check that the data corresponds with the period being review. Some data extraction tools have a lag between current and past performance.
- Identify the barriers or challenges (if any) to your progress during the reviews. Consider whether and what corrective actions to take.
- The following questions may be helpful to work through during your CQI activity reviews:
  - o Successes- what has worked well so far?
  - o What were the challenges and barriers?
  - o Were you able to overcome the challenges and barriers?
    If not, what do you need to do next?
  - o If you were able to overcome challenges or barriers, what did you learn, and how can you use that in future?
- During the final review meeting, when you conclude your CQI activity, it is important to consider and document:
  - o What worked well?
  - o What could have worked better?
  - o What were your learning points, learning needs and were learning needs met?
  - o What changes did you make to your practice policies and procedures or systems because of this CQI activity (if any)?

STEP ⑤ SUSTAIN AND MAINTAIN IMPROVEMENTS

- Once performance has been improved, it usually requires regular reviews to maintain the gains.
- It is therefore important to establish a reliable procedure to ensure your improved performance is sustained.
- New processes that are developed need to be documented and communicated to the wider team to ensure ongoing implementation is achieved.
- Policy and procedure manuals should be updated to reflect system change and improvement and shared with the practice team.
- Agree the intervals at which you will review your performance relating to this activity, decide who will be responsible for the review, and the actions that will be taken if performance falls short of your new standard.
- Consider potential topics for a new CQI activity, and how your experience with this activity can help you to be more efficient and effective.
- Share your CQI activity, its successful outcomes and learning points with everyone in the practice team.

TIP - Speak with GCPHN if you would like support to showcase your work and share with your Gold Coast peers.

STEP ⑥ DOCUMENT YOUR CQI ACTIVITY

- Ensure you document your CQI activity to meet the PIP QI guidelines. Documentation is also a requirement for CPD purposes.
- Documentation must be kept for 6 years for evidence of PIP QI.
- It is especially important to document your baseline and improved performance, and list improvement actions and learning points.
- If your CQI activity has resulted in changes to your policies and procedures, they can be included in the documentation as attachments and evidence for accreditation purposes.
- There is no single 'right way' to document a CQI activity. The types of documents and templates we provide in this Toolkit are intended as examples. Practice teams can modify them to suit their own needs.
- There are three main types of documents that are required for a CQI activity. The fourth type of document is desirable but not essential. All documents are 'living' in the sense that they can be updated throughout the CQI process. The four types are:

① Documents about meetings. A CQI activity requires at least two team meetings – one at the beginning and one at its conclusion. It is strongly recommended to also record your review meetings or 'check points'.

② Documents about data. This type of documents could include reports from Pen CS or Primary Sense with aggregated performance data. It can also include lists of patient names that were sampled. These documents are not routinely shared and should be managed according to data privacy and governance procedures.

③ Documents about the CQI activity. GCPHN developed a CQI activity template that enables practice teams to document any CQI activity from beginning through to its conclusion. The template is suitable for PIP QI and CPD purposes. The template can be found here under "resources")

④ Documents about practice policies and procedures. Practice policies and procedures- changes can be saved as evidence for PIP QI

- There is no single 'right way' to document a CQI activity. The types of documents and templates we provide in this Toolkit are intended as examples. Practice teams can modify them to suit their own needs.

> *Tip: Primary Sense™ users:*
> *Templates can also be located in Primary Sense™ Desktop. The Guide for these can be found* here

Additional support and information

PIP QI

- For your immunisation CQI activity to be suitable for PIP QI purposes, you must ensure that all the requirements have been met.
  - See details of the PIP QI requirements on GCPHN webpage
- GCPHN Primary Healthcare Improvement CQI tream can provide virtual/face to face meetings or access to recorded webinars that will provide:
  - Resources or training on the use of data extraction tools to assist with identification of a patient sample.
  - Worked examples of CQI action plans to support implementation and meet PIP QI requirements.
  - Tips to support CQI implementation.

CPD

- If general practitioners would like to be eligible for CPD points for participating in the immunisation CQI activity, further information can be found on RACGP and ACRRM webpages.

Email practicesupport@gcphn.com.au   or phone (07) 5612 5475

Immunisation resources

- GCPHN immunisation webpage
- AIR application to register as a vaccination provider form IM004
- GCPHN education and training webpage contains immunisation training information and resources
- National Centre for Immunisation Research and Surveillance | NCIRS
- The Australian Immunisation Handbook (health.gov.au)
- AIR reporting 010A- immunisations due/overdue
- Immunisation Schedule Queensland | Queensland Health
- Sharing Knowledge About Immunisation | NCIRS
- Online courses for immunisation service providers | Queensland Health

Other GCPHN CQI Toolkits

GCPHN has developed a range of toolkits which are available on the GCPHN website.

Appendix

Potential CQI roles and responsibilities of practice team members

General Practitioners
- Provide clinical oversight and governance of the activity

Practice Nurses
- Support the implementation of the activity, including:
  - Consent process
  - Consumable ordering and stock management to meet needs
  - Monitor vaccine stock to ensure quantity meets the needs of the immunisation project
  - Recalls, bookings, reminders added to clinical software
- Provide support to generate data reports to identify priority patient groups
- Identify patients to provide opportunistic interventions conversations and vaccinations

Practice Manager
- Maintain up to date patient registers
- Analyse practice data
- Identify and support implementation of training for the CQI and practice team
- Establish and oversee recall/reminder systems
- Monitor progress against CQI activity
- Review and update new systems to ensure sustainable change
- Document policy and procedures and support implementation across the team

Reception Staff
- Order and maintain supplies of resources (eg patient information)
- Add flags or clinician reminders for patients in the activity
- Support the practice team to identify patients eligible for relevant reminders and contact patients either via letter, text message, phone call etc

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