

Gold Coast Primary Health Network

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GOLD COAST

An Australian Government Initiative



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CQI & Data Training – Immunisation & Vulnerable Patients 1st June 2021



Acknowledgement to country

We 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.



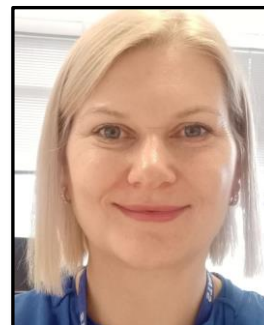
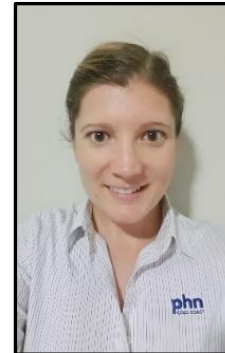
Artist: NARELLE URQUHART, WIRADJURI WOMAN

Introductions

Presenters:

- Dr Carl de Wet
- Caroline Watkins
- Beth Ward-Smith

Primary Healthcare Improvement People- CQI Stream



Web Conference Housekeeping

- Please keep your cameras off and microphones muted unless invited to participate
- Questions via “Chat” to “everyone”
- The event is being recorded and will be available on the GCPHN website in the next few days
- Time for in depth questions at end of presentations
 - please use chat during presentations

Learning outcomes- at the end of this session you will have increased confidence to:

Understand the roles and activities each member of your practice team has to support an immunisation CQI activity

Increased confidence to identify vulnerable patients, using clinical audit tools for immunisation as a CQI activity

Increased confidence to document CQI activities for PIP QI purposes

Agenda

6.00-6.10 PM

Introductions and housekeeping

6.10- 6.30 PM

Overview of CQI process & importance of identifying vulnerable patients

6.30- 7.15 PM

Case Study – CQI process step by step

How to identify vulnerable patients in CAT4

How to identify vulnerable patients in Primary Sense™

Documentation

What next?

7.15- 7.30 PM

Questions, evaluations and close

A vintage 1938 Ford car, likely a Model A, is shown from a front-three-quarter view. The car is dark-colored and features a prominent chrome grille, round headlights, and a spare tire mounted on the side. The license plate is yellow with black text that reads "CALIF 1938" and "FARMER BOY". A small circular emblem on the front bumper also mentions "FARMER BOY 38". The background shows a building with a sign that partially reads "FARMER BOY".

In the business world, the
rearview mirror is always
clearer than the windshield.

Warren Buffett

quote fancy

Appendix 3. The ADD* QI Framework, improvement questions, and CQI steps**

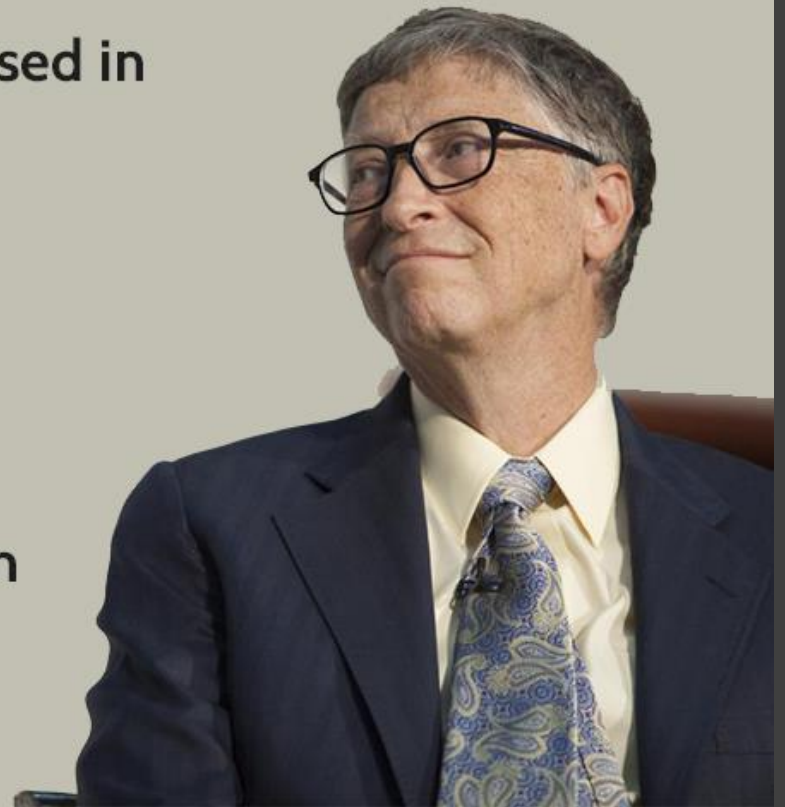
Components	Improvement questions	CQI activity steps
GAP / GOAL Identify a priority area for improvement and set a goal	Why do we want to improve? What do we want to improve? How much do we want to improve?	1. Planning and preparation 2. Use data to set your goals and identify suitable patients
SOLUTION / PLAN Find the best solution and plan	How are we going to improve?	
IMPLEMENT / NORMALIZE Implement, integrate, and embed the solution and plan	Who are involved in the improvement? When are we making the improvement? Where are we making the improvement?	3. Implement improvement actions
EVALUATE / REFINE Consider the outcomes; refine the plan, goal, and solution as required	How much did we improve? So what? What next?	4. Regularly review your CQI activity 5. Sustain and maintain improvements 6. Document your activity

*ADD: Ask (answer); Do (decide); Document (disseminate).

**The Framework components, Improvement Questions, and CQI activity steps are not 'fixed' in relation to each other.

The first rule of any technology used in a business is that automation applied to an efficient operation will magnify the efficiency.

The second is that automation applied to an inefficient operation will magnify the inefficiency.





The Practice Incentive Program Quality Improvement (PIP QI) Incentive

- Payment to general practices that participate in quality improvement to improve patient outcomes and deliver best practice care
- The intent of the PIP QI Incentive is to reward general practice for undertaking continuous quality improvement activities (CQI) in partnership with their local Primary Health Network (PHN)
- PIP QI Incentive commenced on 1 August 2019
- PIP QI Activities that are undertaken should be data informed

Ten Quality Improvement Measures

1. Proportion of patients with diabetes with a current HbA1c result
2. Proportion of patients with a smoking status
3. Proportion of patients with a weight classification
4. Proportion of patients aged 65 and over who were immunised against influenza
5. Proportion of patients with diabetes who were immunised against influenza
6. Proportion of patients with COPD who were immunised against influenza
7. Proportion of patients with an alcohol consumption status
8. Proportion of patients with the necessary risk factors assessed to enable CVD assessment
9. Proportion of female patients with an up-to-date cervical screening
10. Proportion of patients with diabetes with a blood pressure result

Data Quality and Quality Improvement

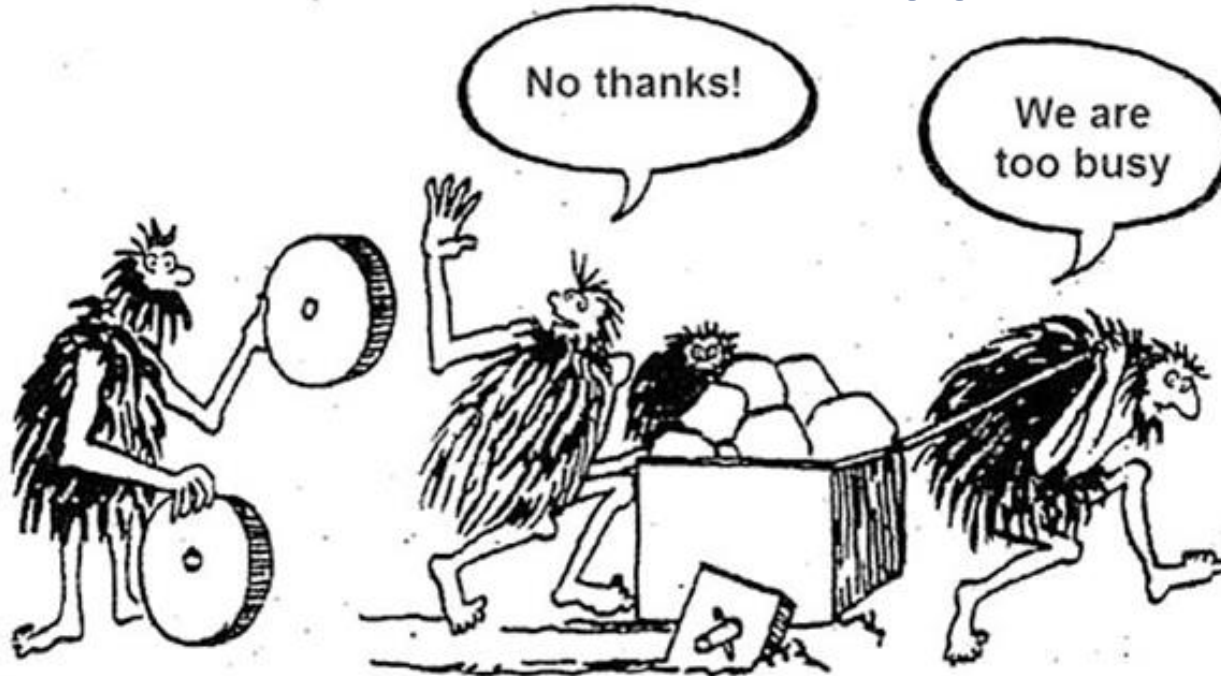
- Practice policy for inactive patients
- Mark deceased patients as deceased
- Delete sample patients
- Delete patient records with no clinical data
- Merge duplicate patient records



Vulnerable patients

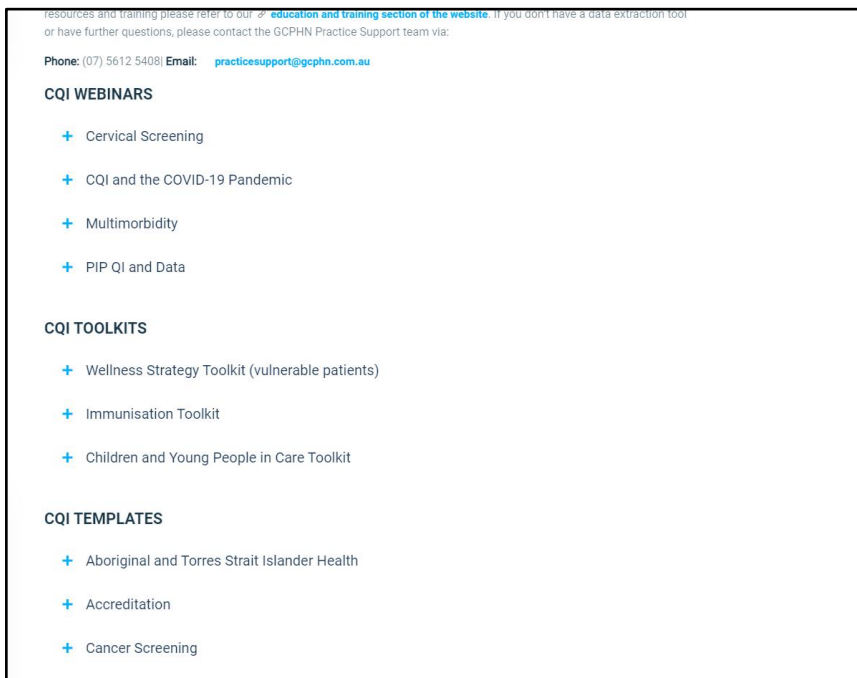


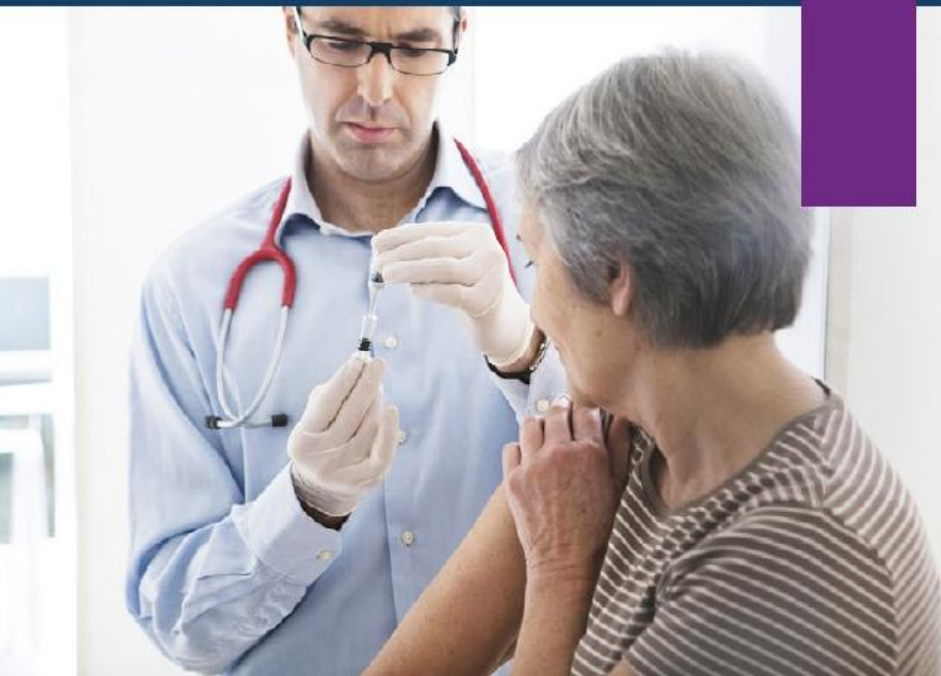
CQI – a whole of team approach



Case Study

- *Sunnydale Sample Medical Practice* is an established practice with 3 GPs, 2 Practice Nurses (1 fulltime, 1 part-time), 2 Reception staff and a Practice Manager.
- The practice is registered for PIP QI incentive and as a requirement must demonstrate participation in CQI activities.
- The PM looks for resources on the [GCPHN PIP QI webpage](#).





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



GENERAL PRACTICE QUALITY IMPROVEMENT TOOLKIT

THE COVID-19 VACCINATION TOOLKIT

This Toolkit provides a practical guide for general practice teams. It describes how to successfully implement a COVID-19 vaccination program in a practice as a CQI activity.

ABOUT THE COVID-19 VACCINATION TOOLKIT

To successfully meet the unprecedented challenges of the COVID-19 pandemic, a co-ordinated vaccination program is required. General practice has an essential role, as the majority of vaccines will be delivered in primary care settings.

The Queensland Government aims to vaccinate every eligible Queenslanders who consents to be vaccinated before the end of 2021 (n=24,000,000 people). The required effort, resources, and clinical capacity are huge; it has been estimated at five times the work of the annual influenza vaccination program.

The COVID-19 vaccination program requires continual quality improvement (CQI) to ensure efficiency, effectiveness, consumer satisfaction and mitigation of patient safety incidents. It is a suitable topic for several potential QI activities that would also fulfill the requirements of CPD and PIP QI.

This Toolkit provides a practical guide for general practice teams. It describes how to successfully implement a COVID-19 vaccination program in a practice as a CQI activity.

AIM OF THE TOOLKIT

To provide a simple and practical guide for general practices to implement the COVID-19 vaccination program as a CQI activity.

The Toolkit supports general practice teams to:

- successfully implement a COVID-19 vaccination program
- make best use of practice data
- document the COVID-19 vaccination program 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 their 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 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 the COVID-19 Vaccination as a CQI activity

- STEP 1 Planning and preparation
- STEP 2 Use data to set goals and identify suitable patient
- 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.

HOW TO USE THE TOOLKIT

There are six steps to implement the COVID-19 Vaccination as a CQI activity

STEP 1 Planning and preparation

STEP 2 Use data to set goals and identify suitable patient

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

- *Sunnydale Sample Medical Practice* has a regular staff meeting in 1 week's time. The PM decides to add CQI as an agenda item to discuss with all staff how to proceed.
- During the team meeting, the team discusses CQI roles and responsibilities. It is decided that Dr Feelgood will be lead GP, Nurse Happy will be lead nurse and the PM will be responsible for overall monitoring and documentation. The reception staff agree to support with tasks aligning to their roles such as contacting patients, appointments and resources.

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:
 - o Consent process
 - o Consumable ordering and stock management to meet needs
 - o Monitor vaccine stock to ensure quantity meets the needs of the immunisation project
 - o 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

Step 1 – Planning and Preparation

- The team also discusses:
 - The vaccination toolkit fits in with seasonal priorities (e.g., flu season)
 - The CQI activity should go for approximately 5 months to allow time for flu vaccination & COVID-19 vaccination (both doses), but will be broken down into sections (COVID-19 first dose, second dose etc)
 - One of the nurses has annual leave in a month. Due to the expected workload in the practice, the PM is going to use networks to look for a nurse to work casually during this period.

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

Continuous Quality Improvement (CQI)
COVID-19 Vaccine Priority Patients (Phase 1b)
using CAT Plus and/or Primary Sense™

CQI steps		Ask-Do-Describe
Data report 1 - baseline	First CQI meeting	Why do we want to change?
		Gap To successfully meet the unprecedented challenges of the COVID-19 pandemic, a co-ordinated vaccination program is required. Currently there is a gap in the practice system to identify COVID-19 vaccine priority patients.
		Benefits Proactively identify patients in COVID-19 vaccine priority groups and invite for vaccination in an efficient and planned manner.
		Evidence The Queensland Government aims to vaccinate every eligible Queenslanders who consents to be vaccinated before the end of 2021. COVID-19 vaccination is recommended for all people of eligible age to protect against COVID-19. The overarching goal of the COVID-19 vaccination program is to protect all people in Australia from the harm caused by COVID-19 through preventing serious illness and death, and as much as possible, disease transmission (Australian Technical Advisory Group on Immunisation, 2021). Australia's COVID-19 vaccines will become available in phases with priority groups identified using health, medical and epidemiological evidence. Phase 1b includes elderly adults >70yrs, other health care workers, Aboriginal and Torres Strait Islander people >55yrs, adults with underlying medical condition including those with a disability and critical/high risk workers. Phase 1b will be primarily delivered by general practices using the AstraZeneca vaccine (Department of Health, 2021).
		What do we want to change?
		Topic COVID-19 vaccine priority patients identified and invited for vaccination
		Scope Priority patients in phase 1b that can be identified using clinical audit tools (CAT4/ Topbar and Primary Sense™). Tip – could choose one population target group at a time to test the process/stagger bookings then implement more broadly.
		How much do we want to change?
		Baseline Not required as COVID-19 vaccination is a new initiative so baseline is zero. However subsequent COVID-19 vaccine CQI activities will have a baseline.
		Sample All vaccine priority patients identifiable through clinical audit tool will be targeted (elderly adults >70yrs, Aboriginal and Torres Strait

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		Islander people >55yrs, adults with underlying medical condition including those with a disability). Other health care workers and critical/high risk workers and patients from other practices are unable to be identified using your clinical audit tools. These groups will be completing bookings online to access the vaccinations at your practice
Target		100% of identified priority patients invited for COVID-19 vaccination
Preparedness		Practice meets requirements for safe and effective delivery of COVID-19 vaccine, including staff completion of all education modules relating to COVID-19 vaccine delivery .
Who are involved in the change?		
Leads		Nominate CQI vaccine program delivery lead
Contributors		Whole of team approach Delegate activities to named team members- consider a buddy system to ensure business continuity. e.g. nominate staff responsible for vaccine administration.
External		PHN/ DoH /QLD Health/Patients
When are we making the change?		
Deadlines		In line with your practice vaccine program commencement date Activity runs until all eligible patients are fully immunised
How are we going to change?		
Potential solutions		Refer to GCPHN COVID-19 Vaccination Program CQI Toolkit for a step by step guide to complete a COVID-19 Vaccination CQI activity Allocate COVID-19 leads and identify specific roles and responsibilities: <ul style="list-style-type: none"> Administration Clinical schedule regular protected time to keep them up to date with the latest information. Review and monitor GCPHN.org.au daily including COVID-19 Health Pathway and monitor email updates – consider regular stand up practice meeting to discuss and prioritise workflow and to communicate relevant updates and resources. Refer to COVID-19/Influenza vaccination preparation checklists Week 1 - Prepare your practice policies and protocols Week 2 - Internal preparation for your team Week 3 - Identify eligible patients and plan the patient vaccination journey Week 4 – Currently in development
Select		Choose potential solutions that will work well in your practice and meet the needs of your patients and team.

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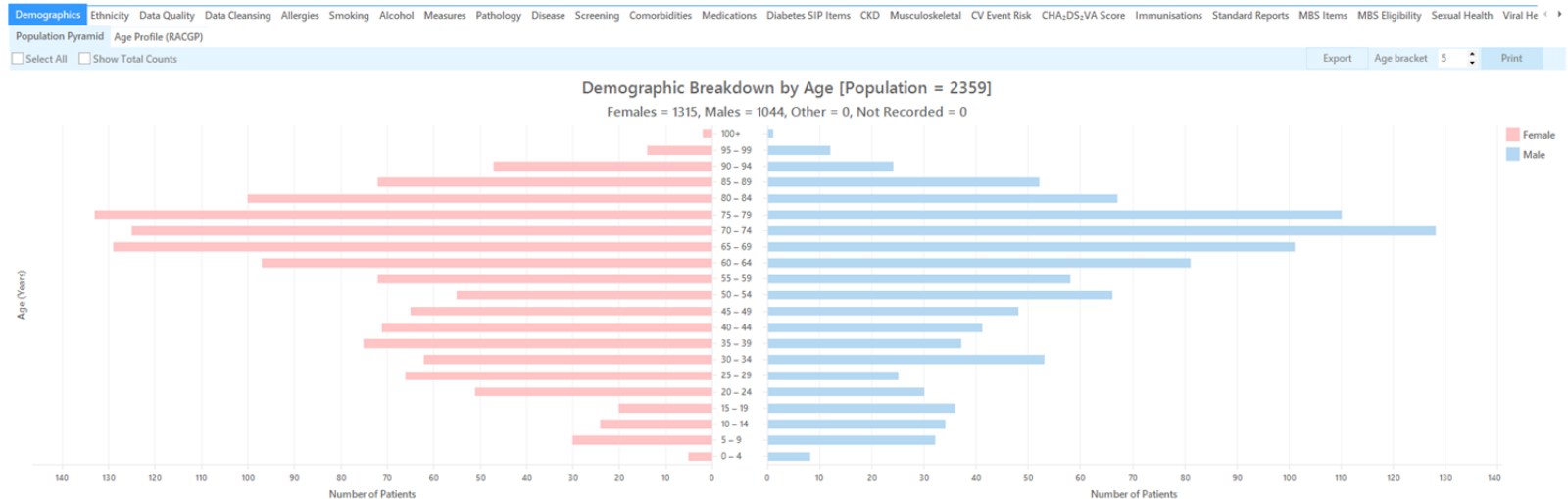
Implementation	Implement	Describe the steps, staff responsible and timeframes <ol style="list-style-type: none"> 1. Generate baseline target patient list of vaccine priority patients from CAT4 - https://help.pencs.com.au/display/CR/COVID-19+Vaccine+Priority+Patients 2. Review Primary Sense™ COVID-19 report 3. Patient list discussed at team meeting 4. Recall priority patients and offer vaccination using SMS reminders/invitations 5. Consider how you can manage two groups of priority patients: <ol style="list-style-type: none"> a. Patients that attend your practice b. Patients from other practices eligible for phase 1b <p>Tip: If large number of patients identified using recipes above, consider identifying the most vulnerable patients within the phase 1b priority group</p> <ol style="list-style-type: none"> 6. Topbar prompts could also be used to opportunistic identification of priority patients and offer/discuss vaccination during consultations. 7. Consider the need to co-ordinate with influenza vaccination, other vaccinations and COVID-19 vaccine 8. Track progress in CAT4 using COVID vaccination reports
	Record, share	Regular whole team meetings to evaluate, review planning and implementation. Optimise team meeting minutes as a record of your activities. CQI practice meeting template
Data Report 2 Comparison	Final CQI meeting	How much did we change?
		Performance Did you achieve your target?
		Worthwhile Did the activity provide the outcome expected? Did this process provide patients with the required information and services?
		Learn What lessons learnt could you use 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
		Monitor Review activity and initiative correct measures as required

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Step 2 – Use data to set goals and identify suitable patient

The practice decides to increase the proportion of COVID-19 first dose vaccination for their vulnerable patients from 0% to 50% over a 3-month period. They estimate they have roughly 1200 patients that may meet this criteria which equates to a minimum of 50 vaccinations a week to meet their 50% target. After reviewing their patient demographics, they decide to start with patients aged 70 years and over, as there are 800 patients in this demographic.

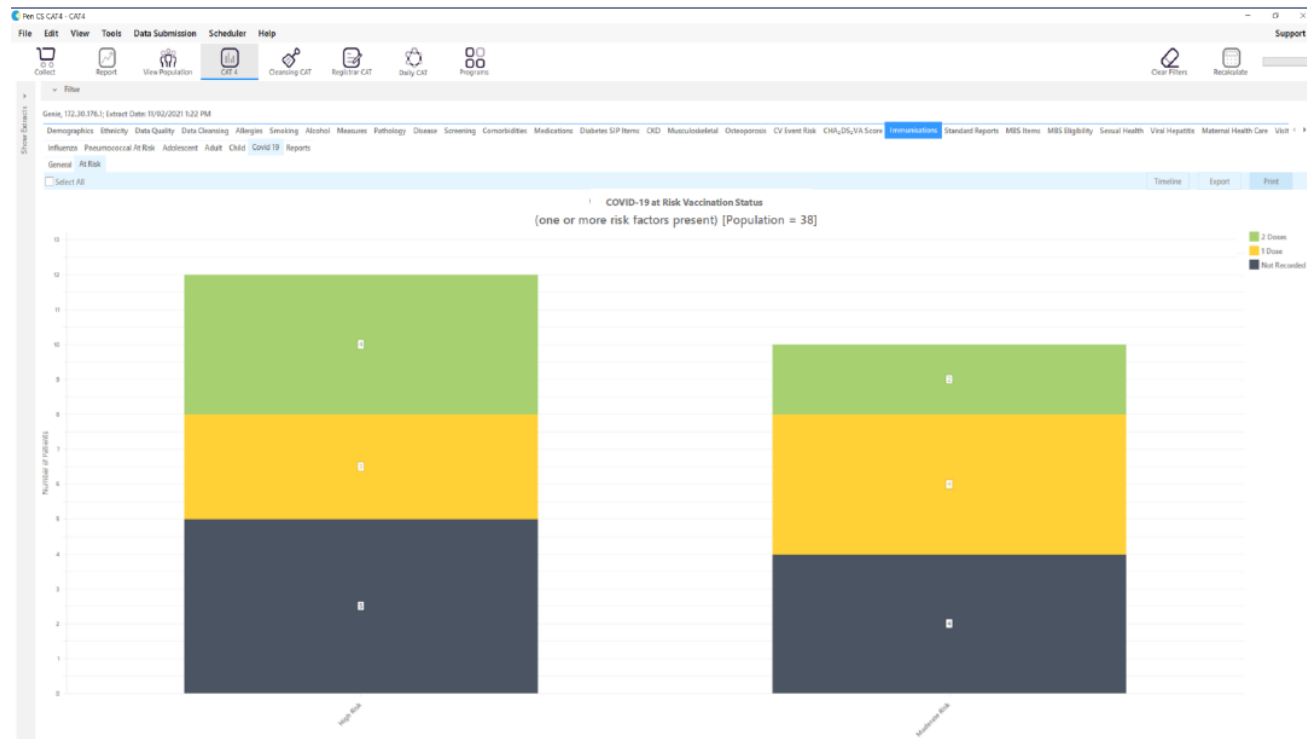
The practice also decides to offer bookings for influenza vaccination during COVID-19 first dose (with a recommended 2-week minimum interval) as well as booking in the second dose COVID-19 vaccination. They decide to review their progress in one month's time.



Recipes – CAT PLUS

CAT4 Recipe – [Identify patients over 70 years of age](#)

CAT4 User Guide - [COVID-19 Vaccinations - CAT GUIDES - PenCS Help](#)



Recipes –Primary Sense™

Primary Sense™ Manuals & Videos



An Australian Government Initiative

COVID-19 Vulnerable Patients

DEMO

11 May 2021 12:10

Which patients are included in this report?

What data is in this report?

How do we use this report?

What are ACG patient complexity levels?

The color coding enables you to quickly see who is eligible for the second dose. If exporting to excel you can filter on the color code column, or search for the color name in the search bar to find patients vaccinated

Red indicates 1st dose given, 2nd dose not due

Yellow indicates 2nd dose can be given but not optimal (including 12 weeks past the 1st dose)

Green indicates optimal time to give 2nd dose

Green tick indicates 1st and 2nd dose given

Remove	ACG Score	Patient Name	Patient Phone	Last Visit	Existing Appt	GP Name	Age	ATSI	Frail	Coded Condition(s)	Indicated By Rx	Last EDS	Last Fluvax Vaccination	Last Pneumovax Vaccination	First COVID Vaccination	Second COVID Vaccination	First Vax Colour Code
Remove	5			2021-05-18	Nil		49	Y		Affective Psychosis, Cardiovascular Disease		Nil	Nil	Nil	✓	2021-05-04	1b done
Remove				2021-01-29	Nil		25			CKD low eGFR		Nil	Nil	Nil	2021-05-10	Nil	Red
Remove				2021-04-21	Nil		48			CKD low eGFR		Nil	2021-03-16	Nil	2021-05-10	Nil	Red
Remove	5			2021-05-17	2021-06-16		45			Diabetes, Severe Obesity		Nil	2021-04-06	Nil	2021-03-06	Nil	Green
Remove				2021-05-18	Nil		35			Severe Obesity		Nil	Nil	2020-03-15		Nil	
Remove				2020-12-13	2021-06-16		36	Y		Severe Obesity		Nil	Nil	Nil		Nil	
Remove				2021-02-25	Nil		35	Y		CKD low eGFR		Nil	Nil	Nil		Nil	
Remove				2018-06-28	2021-06-16		36			CKD low eGFR		Nil	Nil	Nil		Nil	
Remove				2019-08-15	Nil		29			CKD low eGFR		Nil	Nil	Nil		Nil	
Remove				2021-05-17	Nil		10			Cancer, Diabetes		Nil	Nil	2012-02-13		Nil	
Remove				2021-05-12	Nil		41			Affective Psychosis		Nil	Nil	Nil		Nil	

Step 3 – Implement improvement actions

- Vaccination clinic
 - 9am-12pm Mon-Wed
 - 12pm-4pm Thurs/Fri
 - 9am-12pm Saturday
- SMS text with invitation to book appointment
- [Vaccination Preparation Checklists](#)

Consider
Eligibility for [other vaccines](#), health assessment and/or GPMP/GPMP review, particularly for patients aged >75 years. Can the opportunity be used to complete a bundle of care?

COVID-19/Influenza Vaccination Preparation Pack Part four – Preparing and implementing a vaccination clinic checklist

This checklist is to be used as a guide only, to help prepare for pandemic vaccination and can be used as evidence for accreditation and quality improvement activities.

Practice manager and administration team

Task	Details				
Plan the clinic operations	<p>Consider:</p> <ul style="list-style-type: none"><input type="checkbox"/>Deciding how many patients the practice can vaccinate per clinic<input type="checkbox"/>Planning the structure of the appointment book<input type="checkbox"/>Administration, nursing, and GP workloads and allocate rosters appropriately<input type="checkbox"/>Map patient flow within the clinic to meet COVID-19 safety guidelines<ul style="list-style-type: none">o Use well defined entry and exit pointso Consider sourcing further signage if necessaryo Allocate pre- and post-patient vaccination waiting areaso Ensure patient privacyo Ensure location of emergency equipment is taken into consideration <p>TIP: Designate an area to support patient privacy, as required. For example, persons who need to remove clothing, persons who suffer from phobias.</p> <table><tr><td>Person responsible:</td><td>Comments and completion date:</td></tr><tr><td></td><td></td></tr></table>	Person responsible:	Comments and completion date:		
Person responsible:	Comments and completion date:				
MBS	<ul style="list-style-type: none"><input type="checkbox"/>The new COVID-19 vaccination temporary MBS items will be exempted from the prescribed pattern of services ("80/20 rule")<input type="checkbox"/>The vaccine will be free for all Australian citizens, permanent residents, and most visa-holders <p>Resources:</p> <ul style="list-style-type: none">• COVID-19 Vaccine Rollout General Practice FAQ <table><tr><td>Person responsible:</td><td>Comments and completion date:</td></tr><tr><td></td><td></td></tr></table>	Person responsible:	Comments and completion date:		
Person responsible:	Comments and completion date:				
Stock management	<p>Actions:</p> <ul style="list-style-type: none"><input type="checkbox"/>Allocate a team member to review orders and stock control required for vaccination clinics<ul style="list-style-type: none">o Will current ordering protocols meet the demands of your clinic?o Consider extra storage of stock				

Step 4 – Regularly review your CQI activity

- 1 month review – team meeting
- Monitoring progress – CAT4 & Primary Sense™
- Successes
 - Online booking system works well
 - Most patients happy to book in for second dose and influenza at time of first dose
 - Re-ordering of vaccine going smoothly
- Barriers
 - Some consumables not delivered, and stock began to run low
 - Limited response to SMS text invite
 - Slightly behind our target to meet overall goal
- Next steps
 - Contact VOC regarding consumables not delivered – increase future consumable orders slightly to account for delivery delays
 - Consider alternative strategy to SMS invite – direct phone calls, asking during phone calls/attendances for other bookings
 - Expand to other vulnerable groups
 - Book next review meeting in 1 month to monitor progress and identify if potential solutions have solved barriers and become successes

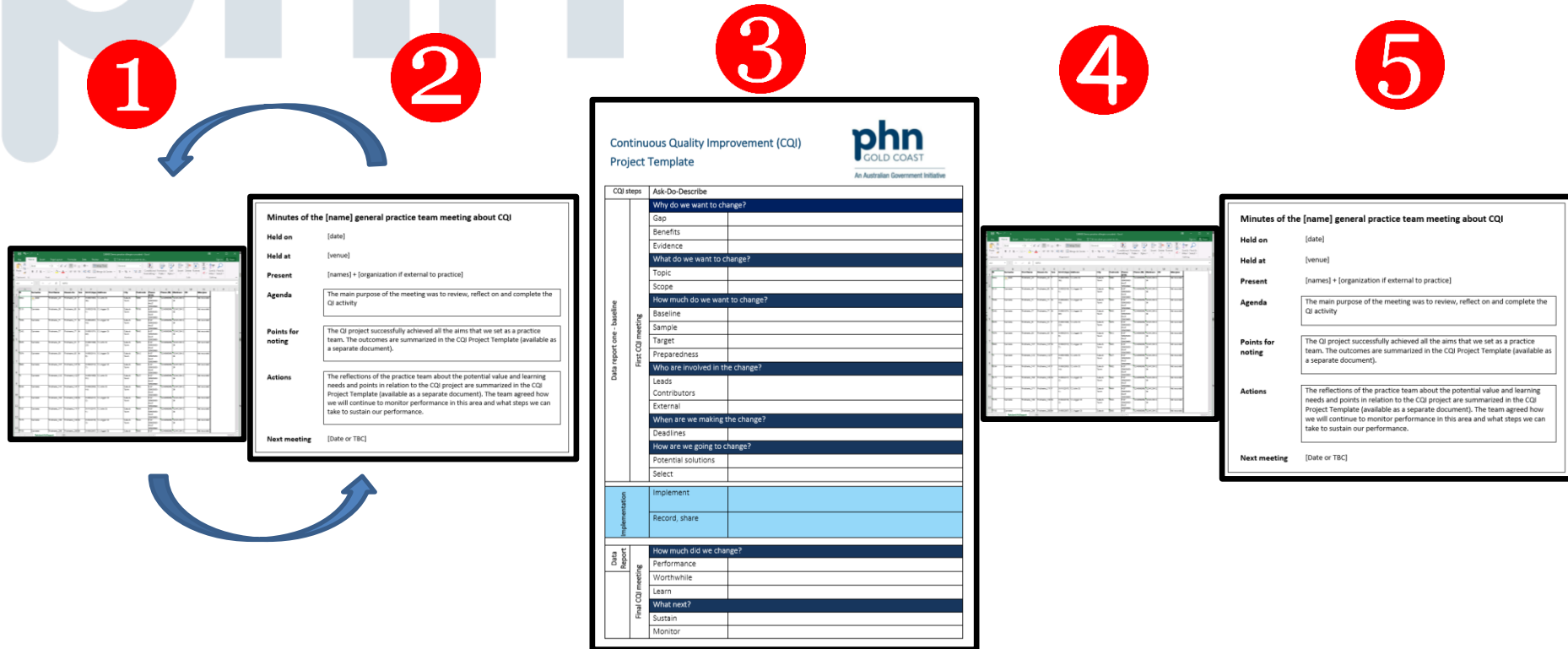
Step 5 – Sustain and maintain improvements

- Regular CQI activity reviews
 - When will next review occur – Monthly to monitor progress – ensure review in 2 months time to coincide with 2nd doses beginning to occur
 - Include influenza data in reviews moving forward
 - Can we increase number of doses administered each week to meet our goal set at beginning of activity?
- Implementing process moving forwards
 - Will this be the same for all groups in future- what will the next target group be?
- Potential topics for new CQI activity
 - Are we ready to move to a new topic at the conclusion of the 5-month period? Do we need to extend this activity further to complete appropriately?

Step 5 – Sustain and maintain improvements

- Important consideration – How to ensure patients complete 2nd dose
 - CAT4
 - Primary Sense™
 - Reminder System
 - [Patient appointment cards](#) given out at first appointment when 2nd dose is booked in
 - Ensure 2nd dose added into patients file for reminders
 - SMS or phone
 - Let patient know at time of first dose importance of 2nd dose to complete vaccine efficacy
 - Check AIR if patient had first or second dose elsewhere and add to file
 - Add information to webpage or social media pages (if applicable)

Step 6 – Document your CQI activity



Process for a CQI project



Continuous Quality Improvement (CQI)
COVID-19 Vaccine Priority Patients (Phase 1b)
using CAT Plus and/or Primary Sense™

CQI steps		Ask-Do-Describe
Data report 1 - baseline	First CQI meeting	Why do we want to change?
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		What do we want to change?
		Topic COVID-19 vaccine priority patients identified and invited for vaccination
		Scope Priority patients in phase 1b that can be identified using clinical audit tools (CAT4/ Topbar and Primary Sense™). Tip – could choose one population target group at a time to test the process/stagger bookings then implement more broadly.
		How much do we want to change?
		Baseline Not required as COVID-19 vaccination is a new initiative so baseline is zero. However subsequent COVID-19 vaccine CQI activities will have a baseline.
		Sample All vaccine priority patients identifiable through clinical audit tool will be targeted (elderly adults >70yrs, Aboriginal and Torres Strait

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	Islander people >55yrs, adults with underlying medical condition including those with a disability).
	Other health care workers and critical/high risk workers and patients from other practices are unable to be identified using your clinical audit tools. These groups will be completing bookings online to access the vaccinations at your practice
Target	100% of identified priority patients invited for COVID-19 vaccination
Preparedness	Practice meets requirements for safe and effective delivery of COVID-19 vaccine, including staff completion of all education modules relating to COVID-19 vaccine delivery .
Who are involved in the change?	
Leads	Nominate CQI vaccine program delivery lead
Contributors	Whole of team approach Delegate activities to named team members- consider a buddy system to ensure business continuity. e.g. nominate staff responsible for vaccine administration.
External	PHN/ DoH /QLD Health/Patients
When are we making the change?	
Deadlines	In line with your practice vaccine program commencement date Activity runs until all eligible patients are fully immunised
How are we going to change?	
Potential solutions	Refer to GCPHN COVID-19 Vaccination Program CQI Toolkit for a step by step guide to complete a COVID-19 Vaccination CQI activity Allocate COVID-19 leads and identify specific roles and responsibilities: <ul style="list-style-type: none"> Administration Clinical schedule regular protected time to keep them up to date with the latest information. Review and monitor GCPHN.org.au daily including COVID-19 Health Pathway and monitor email updates – consider regular stand up practice meeting to discuss and prioritise workflow and to communicate relevant updates and resources. Refer to COVID-19/Influenza vaccination preparation checklists Week 1 - Prepare your practice policies and protocols Week 2 - Internal preparation for your team Week 3 - Identify eligible patients and plan the patient vaccination journey Week 4 – Currently in development
Select	Choose potential solutions that will work well in your practice and meet the needs of your patients and team.

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Implementation	Implement	Describe the steps, staff responsible and timeframes <ol style="list-style-type: none"> 1. Generate baseline target patient list of vaccine priority patients from CAT4 - https://help.pencs.com.au/display/CR/COVID-19+Vaccine+Priority+Patients 2. Review Primary Sense™ COVID-19 report 3. Patient list discussed at team meeting 4. Recall priority patients and offer vaccination using SMS reminders/invitations 5. Consider how you can manage two groups of priority patients: <ol style="list-style-type: none"> a. Patients that attend your practice b. Patients from other practices eligible for phase 1b <p>Tip: If large number of patients identified using recipes above, consider identifying the most vulnerable patients within the phase 1b priority group</p> <ol style="list-style-type: none"> 6. Topbar prompts could also be used to opportunistic identification of priority patients and offer/discuss vaccination during consultations. 7. Consider the need to co-ordinate with influenza vaccination, other vaccinations and COVID-19 vaccine 8. Track progress in CAT4 using COVID vaccination reports
	Record, share	Regular whole team meetings to evaluate, review planning and implementation. Optimise team meeting minutes as a record of your activities. CQI practice meeting template
Data Report 2 Comparison	How much did we change?	
	Performance	Did you achieve your target?
	Worthwhile	Did the activity provide the outcome expected? Did this process provide patients with the required information and services?
	Learn	What lessons learnt could you use 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
	Monitor	Review activity and initiative correct measures as required

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Important

Documentation must be kept for 6 years to meet PIP QI guidelines.

Anyone on the Gold Coast should [get tested for COVID-19](#) if they show any symptoms – no matter how mild

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Content last updated 5/03/2021

Practice Incentives Program (PIP) Quality Improvement (QI) Resources

[PIP Quality Improvement Incentive - Gold Coast Primary Health Network \(gcphn.org.au\)](https://gcphn.org.au/PIP-Quality-Improvement-Incentive)

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Content last updated 9/02/2021

Immunisation

The immunisation resources contained in the below drop-down menu are available to assist **health professionals** with accessing services, current evidence-based information or best practice guidelines to support management of patients with Immunisation needs.

The immunisation resources contained in the below drop-down menu are available to assist **health professionals** with accessing services, current evidence-based information or best practice guidelines to support management of patients with Immunisation needs.

To see or to register for upcoming immunisation workshops please visit the [Gold Coast Health website](#), to view Immunisation Program updates, [click here](#).

IMMUNISATION RESOURCES AND INFORMATION

- + [Australian Immunisation Register](#)
- + [The Immunisation Schedule](#)
- + [Catch-up Immunisations](#)
- + [Clinician Resources](#)
- + [Vaccine Management](#)
- + [Vaccination Reaction and Adverse Events Resources](#)
- + [Travel Vaccinations](#)
- + [Interpreting Overseas Immunisation Encounters](#)

[Immunisation - Gold Coast Primary Health Network \(gcphn.org.au\)](#)

CAT4 and TopBar resources

CQI RECIPES

PenCS have a range of recipes [available here](#).

— Immunisation Recipes

- [CAT4 Recipe – Pregnant patients with missing/overdue influenza and pertussis](#)
- [CAT4 Recipe – Children under 5 years with missing/overdue influenza vaccination](#)
- [CAT4 Recipes – COVID-19 Vaccine Priority Patients](#)

[Data Extraction Tools](#)

[GCPHN](#)

[TopBar Prompts](#)

[Home - Pen CS](#)



GCPHN support

- If you're not already signed up to GCPHN COVID 19 updates and publications, please email communications@gcphn.com.au and request subscription.
- CQI Stream available for all support requirements via phone/Zoom
 - PIP QI
 - CQI activities
 - Data tool training (CAT4, Primary Sense™)
- Dedicated helpdesk for all practice queries
 - 5612 5408
 - practicesupport@gcphn.com.au
- Save the date:
 - 19 June – [Cultural Safety Training](#)

Reflection, Questions, Evaluation and Close

- Thank you for your attendance tonight
- Please complete our evaluation form by using the QR code. This provides us with valuable feedback on how we can improve our service and events.

