

## 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 Queenslander 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).](https://www.health.gov.au/sites/default/files/documents/2021/02/covid-19-vaccination-atagi-clinical-guidance-on-covid-19-vaccine-in-australia-in-2021_0.pdf) 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).](https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/getting-vaccinated-for-covid-19/when-will-i-get-a-covid-19-vaccine) |
| **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/Topbarand 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 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

Contributors | Nominate CQI vaccine program delivery lead Whole of team approachDelegate 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](https://gcphn.org.au/practice-support/practice-incentives-program-resources/#immunisation-toolkits) for a step by step guide to complete a COVID-19 Vaccination CQI activityAllocate COVID-19 leads and identify specific roles and responsibilities:* Administration
* Clinical

schedule regular protected time to keep them up to date with the latest information. Review and monitor [GCPHN.org.au](https://gcphn.org.au/practice-support/practice-incentives-program-resources/) daily including [COVID-19 Health Pathway](https://gcphn.org.au/practice-support/covid-19/coronavirus-information/#health-pathways-for-covid-19) 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](https://gcphn.org.au/wp-content/uploads/2021/03/20210305-COVID-Vaccination-Preparation-Part1V1final-GCPHN.docx) - [Preparing your practice policies and protocols](https://gcphn.org.au/wp-content/uploads/2021/03/20210305-COVID-Vaccination-Preparation-Part1V1final-GCPHN.docx)[Week 2](https://gcphn.org.au/wp-content/uploads/2021/03/20210305_COVID_Vaccination_Preparation_Part2_final-GCPHN.docx) - [Internal preparation for your team](https://gcphn.org.au/wp-content/uploads/2021/03/20210305_COVID_Vaccination_Preparation_Part2_final-GCPHN.docx)[Week 3](https://gcphn.org.au/wp-content/uploads/2021/03/20210305-COVID-Vaccination-Preparation-Part-3_Final-GCPHN.docx) - [Identify eligible patients and plan the patient vaccination journey](https://gcphn.org.au/wp-content/uploads/2021/03/20210305-COVID-Vaccination-Preparation-Part-3_Final-GCPHN.docx) [Week 4 – Preparing and implanting a vaccination clinic](https://gcphn.org.au/wp-content/uploads/2021/06/COVID-Checklist-part-4.docx) |
| * Select
 | *Choose potential solutions that will work well in your practice and meet the needs of your patients and team.* |
|  |
| **Implementation** | * Implement
 | Describe the steps, staff responsible and timeframes1. Generate baseline target patient list of vaccine priority patients from CAT4 - [https://help.pencs.com.au/display/CR/COVID-19+Vaccine+Priority+Patients](https://help.pencs.com.au/display/CR/COVID-19%2BVaccine%2BPriority%2BPatients)
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:
	1. Patients that attend your practice
	2. Patients from other practices eligible for phase 1b

Tip: If large number of patients identified using recipes above, consider identifying the most vulnerable patients within the phase 1b priority group1. Topbar prompts could also be used to opportunistic identification of priority patients and offer/discuss vaccination during consultations.
2. Consider the need to co-ordinate with influenza vaccination, other vaccinations and COVID-19 vaccine
3. 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*](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?* |
| * 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 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* |
| * Monitor
 | *Review activity and initiative correct measures as required* |