**QI Action Plan- \*add practice name\***

**Childhood Immunisation QI Activity**

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| **Ask-Do-Describe**  |
| **Why do we want to change?**  |
| **Gap** | In late 2022 Gold Coast annualised immunisation data indicated that coverage rates for fully vaccinated children are below the [national target of 95%](https://www.health.gov.au/topics/immunisation/immunisation-data/childhood-immunisation-coverage) required to achieve “herd immunity”:* one year old’s 90.5%
* two-year old’s 89.0%
* five-year old’s 91.7%

Source- [PHN Childhood immunisation coverage data, DoHAC, 2022](https://www.health.gov.au/resources/publications/2022-phn-childhood-immunisation-coverage-data?language=en) |
| **Benefits** | Up to date childhood vaccinations aligning with the [National Immunisation Program Schedule](https://www.health.gov.au/health-topics/immunisation/when-to-get-vaccinated/national-immunisation-program-schedule) are the most important measure to reduce the morbidity and mortality associated with vaccine preventable diseases.  |
| **Evidence** | Vaccinations are a safe and effective way to protect babies and children from serious, preventable diseases. When enough people are vaccinated against a disease to prevent it from spreading, “herd immunity” occurs and offers indirect protection to:* Unvaccinated people including children too young to be vaccinated.
* People unable to be vaccinated for valid medical reasons.
* People for whom vaccination has not been fully effective.

The more people vaccinated in communities, the less likely that vaccine preventable diseases will spread ([DoHAC](https://www.health.gov.au/topics/immunisation/immunisation-data/childhood-immunisation-coverage#:~:text=vaccine%2Dpreventable%20diseases.-,What%20is%20our%20target%3F,too%20young%20to%20be%20vaccinated), 2023) |
| **What** do we want to change?  |
| **Topic** | Increased childhood vaccination rates/reduced missing and overdue vaccinations for regular patients of \*practice name\*   |
| **How much** do we want to change?  |
| **Baseline***Baseline data is the % of* *your current performance.*Baseline data for vaccination QI activities can be obtained from multiple sources e.g.:* *Clinical information systems using the “search” function to identify recalls/patient registers.*
* *External data sources – Australian Immunisation Register (AIR) via the* [*AIR010A Due/Overdue report- by immunisation practice*](https://www.servicesaustralia.gov.au/how-to-view-identified-reports-using-air-site-through-hpos?context=23401)*.*
 | **Example:***\*XX%/ number\* patients 5 years and under have missing or overdue vaccines obtained from AIR010A report.* |
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| **Target***Your target is the planned % result of the improvement.*  | **Example:*** *Our practice aims to reduce the number of children 5 years and under with missing vaccines or overdue vaccinations from \*insert baseline data\* to \*insert goal number\** ***OR***
* *Target is 100% (\*insert baseline data\*) of children 5 years and under with missing or overdue vaccinations will have their clinical record reviewed and be invited to the practice for administration of confirmed missing and overdue vaccinations.*
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| **Who** is involved in the change?  |
| **Contributors***Add names of the practice team involved* | **Practice Manager:** **GPs:** **Practice Nurses:** **Receptionists:** **GCPHN QI Project Officer:**  |
| **When** are we making the change?  |
| **Deadlines***Add key dates here for this project.*  | **Baseline data report generated:****Implementation between (from/to):****Review meeting:** **Final evaluation meeting:**  |
| **How** are we going to change?  |
| **Implement***List some improvement strategies in order of implementation****(see Appendix 1 for suggestions)*** | **1.****2.****3.** |
| **STOP: The next section is to be completed after implementation has already commenced.** |
| **Monitor***A minimum of one QI* *activity review /touchpoint is required. You can include multiple reviews/touchpoints – list by date.*  | **Review 1 - Date:***What is working/not working?**Has there been a change in your performance? If not, why not?* |
| **STOP: The next section is to be completed at the end/closure of activity.**  |
| **How much** did we change?  |
| **Performance***Question: Did you* *achieve your target?* *If not, reflect on why not* | **Example:** * *Missing or overdue childhood immunisation rates for patients 5 years and under changed from \*baseline data\* to \*XX\* in \*XX\* months* ***OR***
* *\*XX\* patients (\*XX%) 5 years and under with missing and overdue vaccinations identified have had their clinical records reviewed and all eligible patients have been invited to attend the practice for vaccine administration.*
* *This was an \*increase/decrease\* from our baseline data.*
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| **Worthwhile***Was the effort to complete the improvement activity worth the outcome?**Did the team value the improvement activity?* | **Example:** *We believe the effort to complete the activity* ***was worthwhile*** *as we:** *reduced the number of children 5 years and under with missing/overdue vaccinations.*
* *developed a system and process to ensure children with missing/overdue vaccinations are followed up in a timely way,* ***OR***

*We believe this activity* ***was not worth*** *the effort required, as we did not significantly reduce missing/overdue vaccinations identified in the AIR010A report.* |
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| **Learn***What lessons learnt* *could you use for other improvement activities?**What worked well, what could have been changed or improved?* | **Example:** *Sending SMS or letter reminders to parents resulted in higher bookings compared to phone calls.* |
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| **What next?**  |
| **Sustain***Implement new processes and systems into business as usual - which parts of this activity, if any, will you incorporate into business as usual at your practice?* | **Example:** *Conducting regular downloads of the AIR10A report and sending parents SMS/letter reminders* ***AND/OR*** *scheduling next due immunisations date during current immunisation appointment.*  |
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| **Monitor***Review target measure quarterly and initiate corrective measures as required.* | **Example:** *Conducting monthly downloads of the AIR10A report to monitor missing or overdue vaccinations for patients 5 years and under.*  |
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| **Appendix 1 – Potential solutions** |
| ***Review suggested implementation strategies listed below. You do not have to implement all options that are brainstormed/listed.**** Develop a process to:
	+ Add vaccination recalls and regularly review in your practice clinical information system.
	+ Set up an [AIR010A (Due/Overdue by immunisation practice) report request](https://gcphn.org.au/wp-content/uploads/2023/01/AIR-010A-Report-User-Guide-Nov-2020-V1.0-3.pdf) and regularly review the automatically generated report, consider:
		- Who will review the report and clinical records to identify if this is a data entry issue or a missing vaccination?
		- Who will manage vaccination data entry issues?
		- Who will follow up children with missing and overdue vaccinations?
		- How will you record your work? - e.g., spreadsheet, word doc
		- Who will record your work?
* Review the GCPHN [Childhood Vaccination QI Toolkit](https://gcphn.org.au/wp-content/uploads/2023/02/Childhood-Vaccination-QI-Toolkit.pdf) to assist with implementing a step by step QI Activity.
* Consider ways to raise childhood vaccination awareness for children that have not been vaccinated at your practice and develop a plan of action and share the plan with all members of the practice team. Promote childhood vaccination for usual patients through:
* practice webpage, newsletter and social media pages
* posters and pamphlets
* during pregnancy/ante natal appointments e.g., opportunist education and/or vaccination during maternal pertussis vaccination appointments.
* new patient appointments- vaccinations reviewed as business as usual
* phone messages (out of hours and on hold)
* SMS alerts
* online booking system messaging.
* Identify childhood [vaccination resources](https://www.qld.gov.au/health/conditions/immunisation/translated-fact-sheets) for promotion and [resources](https://skai.org.au/childhood) that will assist with vaccination hesitancy.
* Consider offering designated vaccination clinics for patients, consider your practice demographic and plan clinics accordingly (e.g., before/after school/ lunchtime/after work/weekends/designated clinics for vulnerable patients).
* Ensure consistent recording of vaccinations ‘not given here’ option and entering the date the patient provides in the patient file if immunisation given elsewhere and upload this information to AIR via the integrated option in Best Practice or Medical Director.
* Ensure follow up of patients who do not provide a Medicare number during the 6 week immunisation visit to limit ‘missed vaccination or overdue record being recorded in the AIR10A report.
* Ensure future opportunistic appointments are booked when a child attends practice for another medical related reason if appropriate, this may include reception or practice nurse checking patient vaccination records on/before arrival, following consultation (if due/overdue) and then offer an appointment booking to parent/carer.
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