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

**COVID-19 Immunisation QI Activity**

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| **Ask-Do-Describe**  |
| **Why do we want to change?**  |
| **Gap** | Prevention of COVID-19 continues to evolve with the emergence of new variants, including those able to partially evade immune responses. Consequently, communities can expect to experience new waves of COVID-19 outbreaks on a regular basis for at least the next two years, leaving those people with chronic conditions or compromised immune systems at greater risk of more serious illness or death if they are infected with SARS-CoV-2 (COVID-19). **Sources:**[National COVID-19 Health Management Plan for 2023](https://www.health.gov.au/resources/publications/national-covid-19-health-management-plan-for-2023)[Department of Health and Aged Care](https://www.health.gov.au/topics/covid-19/about/what-were-doing?language=en) [ATAGI Recommended COVID-19 vaccine doses](https://www.health.gov.au/sites/default/files/2023-09/atagi-recommended-covid-19-vaccine-doses.pdf)  |
| **Benefits** | * Reduce the severity including death of SARS-CoV-2 infections in at risk populations.
* COVID-19 vaccinations are free for everyone and can be co-administered with influenza vaccines (if in season).
* COVID-19 vaccine doses provide good protection against severe illness and death for several months. However, protection wanes over time and booster doses should be encourage to maintain protection ([DoHAC, 2023](https://www.health.gov.au/our-work/covid-19-vaccines/advice-for-providers/clinical-guidance/clinical-recommendations))
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| **Evidence** | COVID-19 vaccines are highly effective in preventing severe illness and death and are needed to:* Maintain protection, particularly for priority and at-risk populations.
* Reduce the prevalence of symptoms associated with ‘long COVID’.
* Protecting people who cannot be vaccinated due to medical conditions.
* Slowing the spread of the virus.
* Keep hospitalisation rates at a level so our health system can cope.

New ATAGI recommendations include encouraging people aged 75 years+ and those with high risk factors aged 18 years+ to receive an additional booster dose of the COVID-19 vaccine if it has been more than 6 months since the last dose.  |
| **What** do we want to change?  |
| **Topic** | Increased proportion of at-risk patients offered/administered COVID-19 vaccines at \*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.:* *Data analytic tools – Primary Sense via the Winter Wellness Report.*
* *External data sources – Australian Immunisation Register (AIR) via the*

[*AIR-042A COVID-19 Vaccination Status Report*](https://www.ncirs.org.au/sites/default/files/2022-03/NCIRS%20Requesting%20and%20viewing%20the%20COVID-19%20Vaccination%20Status%20Report%20%28AIR042A%29_1%20March%202022_Final.pdf)* *Clinical information systems using the “search” function to identify recalls/patient registers.*
 | **Example:*** *\*XX%/ number\* patients 75 years+ are due for a booster COVID-19 vaccine based on the AIR-042A report.****OR***
* *\*XX\* % of patients aged 75 years+ are eligible for COVID-19 vaccine based on Primary Sense report data* ***OR***
* *Current baseline performance is \*XX\*% patients with a booster COVID-19 vaccine not recorded.*
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| **Target***Your target is the planned %* *result of the improvement.*  | **Example:*** *Our practice aims to reduce the number of patients 75 years+ missing or overdue for COVID-19 vaccines from \*insert baseline data\* to \*insert goal number\**
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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 COVID-19 vaccinations in patients 75 years+ changed from \*baseline data\* to \*XX\* in \*XX\* months*
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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 patients 75 years+ missing or overdue for the COVID-19 vaccine.*
* *developed a system and process to ensure patients 75 years+ due for a booster COVID-19 vaccine 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 AIR-042A 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 patients 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:** * *Reviewing the Primary Sense Winter Wellness Report to identify eligible patients and sending reminder SMS/letters* ***AND/OR***
* *Conducting regular downloads of the AIR-042A report and send eligible patients SMS/letter reminders* ***AND/OR***
* *Scheduling appointment for immunisations during current clinical appointment.*
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| **Monitor***Review target measure quarterly and initiate corrective measures as required.* | **Example:** *Conducting monthly downloads of the AIR042A report to identify patients who are due for COVID-19 vaccines* ***OR*** *reviewing the Primary Sense Winter Wellness Report, once a month to track performance over time.*  |
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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:
	+ Set up an [*AIR042A COVID-19 Vaccination Status Report*](https://www.ncirs.org.au/sites/default/files/2022-03/NCIRS%20Requesting%20and%20viewing%20the%20COVID-19%20Vaccination%20Status%20Report%20%28AIR042A%29_1%20March%202022_Final.pdf)and regularly review the automatically generated reports to identify patients who are due for a booster COVID-19 vaccine.
	+ Add vaccination recalls and regularly review in your practice clinical information system.
	+ Identify eligible at-risk patients using other avenues such as Primary Sense - *Winter Wellness* report.
	+ Staff could add a reminder to patient files and follow up with patients - could be by letter, SMS, secure email or phone call. For example, using the new [Primary Sense SMS list functionality.](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgcphn.us9.list-manage.com%2Ftrack%2Fclick%3Fu%3D5fae49507463d100364eaaa4d%26id%3D99298298bb%26e%3D87fa6548bb&data=05%7C01%7CMichelleE%40gcphn.com.au%7C3df89c73c0e5416db31e08dbb9816a7e%7Ceb5a1a3e16dd4e49b6aa8a085762f553%7C0%7C0%7C638307737719414326%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=vmPeMSlWLm6xXKyebwp2irpIw0Sf%2Fh%2BiOhsEqV%2BkDKk%3D&reserved=0)
	+ Identify and flag at-risk patients with existing appointments.
	+ Identify if staff member has capacity to complete on the day, if not flag to be offered at time of visit and rebook.
* Review the GCPHN [Immunisation QI Toolkit](https://gcphn.org.au/wp-content/uploads/2022/11/GCPHN-Imm-QI-Toolkit.pdf) to assist with implementing a step by step QI Activity.
* Promote COVID-19 via webpage, booking system, social media, newsletter, pamphlets and posters, some resources include:
	+ [Department of Health and Aged Care](https://www.health.gov.au/our-work/covid-19-vaccines)
	+ [QLD Health – COVID-19- in Queensland](https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19)
	+ [QLD Health – vaccination matters](https://www.vaccinate.initiatives.qld.gov.au/home)
	+ [COVID-19 campaign material](https://www.health.gov.au/our-work/covid-19-vaccines/campaign)
	+ [NCIRS COVID-19 Resources](https://ncirs.org.au/covid-19/covid-19-vaccination-program-australia)
* Flag eligible at risk or 75years+ patients and book with PN or GP to discuss benefits and identify barriers to vaccination.
* Opportunistic appointment if patient attends the practice for another purpose for example, clinical appointment or influenza vaccination appointment.
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