General Practice
Quality Improvement Toolkit

The Childhood Vaccination Toolkit

A practical guide to improve childhood vaccination coverage 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 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.

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THE CHILDHOOD VACCINATION TOOLKIT

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About The Childhood Vaccination Toolkit

Childhood vaccination is a safe and effective way to protect children from serious diseases. Vaccination not only protects individual children, it also protects the wider community through minimising the spread of preventable disease. The National Immunisation Strategy for Australia 2019-2024 outlines a vision for the National Immunisation Program (NIP) to support childhood immunisation through a series of free vaccinations to reduce the incidence of vaccine preventable diseases. The Immunisation Schedule Queensland 2020 details eligibility for NIP and state funded vaccinations, including for Indigenous children and those with medical risk conditions[1].

In late 2022 Gold Coast childhood annualised immunisation data indicated that coverage rates of fully vaccinated one year old's were 90.5%[2] (Australia 93.75%[3]), two year old's 89.0%[2] (Australia 91.98%[3]) and five year old's 91.7%[2] (Australia 94.27%[3]) these are significantly below the 95% national target required to achieve herd immunity and minimise the impact of vaccine preventable disease in our region.

The toolkit provides resources, guides, and templates to support increased patient participation in a childhood vaccination continuous quality improvement (CQI) activity. Implementing the steps of this toolkit will assist with development of an accurate register of patients to work with, maintain the accuracy of the register and sustainability of your system for future use.

Aim of the toolkit

To provide a simple and practical guide to implement a childhood vaccination CQI activity to identify your childhood population who are at risk and eligible to receive a NIP vaccination.

Benefits of using the toolkit

The toolkit provides a step-by-step approach to:
- Successfully implement a childhood vaccination CQI activity.
- Make best use of available practice data to identify children five years and under with missing and overdue vaccinations.
- Document the implementation of a childhood vaccination 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 their practical application.

[1]Immunisation providers should check the online Australian Immunisation Handbook for changes.
[2]Gold Coast PHN coverage by age group - All children
[3]Current coverage data tables for all children (state and national)
Please note these statistics are current at the publication date of this document and are updated every three months.

HOW TO USE THE TOOLKIT

There are six steps to implement a childhood vaccination 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 activity**

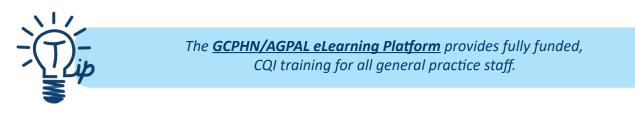# STEP **1** PLANNING AND PREPARATION

1.1 TEAM MEETINGS

- It is important at the beginning of any CQI activity to arrange a practice meeting to identify members of your QI team and agree, plan, and prepare for its implementation. This will also demonstrate that a team-based approach was used to meet your PIP QI requirements.
- As a minimum, your meeting 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. If it is not possible to have the whole team meet, each staff group should be represented and the best way to share information on your CQI activity with the wider practice team identified.
- Planned meetings on a regular basis to review progress towards your CQI goal/s is recommended, especially during and at the conclusion of the activity to reflect and review what's working well, how you are tracking towards your goal and to include this information in your QI Action Plan document. Practical considerations for your meetings:
  - o Add CQI as a standing agenda item on your usual team meetings; or you could set up specific meetings for this purpose.
  - o Examples of practice meetings and templates are available online.
  - o Ensure that you have access to vaccination report data during meetings to inform your approach to planning and review of your CQI activity.
  - o Consider using a QI Activity template during meetings to help guide you through the six simple steps of the CQI process. There is also a guide to assist completing the QI Action Plan.

*Regular meetings help to maintain momentum and keep the team on track to successfully complete the CQI activity. CQI activity templates can be used as evidence for PIP QI, and accreditation purposes. **A childhood vaccination QI Action Plan can be found here.***

1.2 Agree on CQI roles and responsibilities

- It is important to define and delegate specific roles and responsibilities in the CQI team, to ensure every team member has a clear understanding of their role and responsibility to achieve a shared CQI goal. Potential roles for different team members are included in appendix.
- Consider in your team who has the skills, ability and capacity 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 and training that may be required for each team member to fulfill their CQI role.
- Ensure all team members are aware who has responsibility for creating data reports and how data will inform QI Actions.
- Remember to share your drafted CQI Action Plan with the whole practice team to ensure that everyone is aware of the activity, including their roles and responsibilities.

*The **GCPHN/AGPAL eLearning Platform** provides fully funded, CQI training for all general practice staff.*

*The **GCPHN QI Team** have identified that practices with a team-based approach to QI make greater improvements than those without a team-based approach.*

1.3 Set realistic timelines

- It is important to specify the key steps of your childhood vaccination CQI activity and to estimate how long each step will take to complete. It is also important to agree on dates in advance when progress will be reviewed to ensure the team is on track to meet the final goal within the agreed time frame.
- 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 Do we have a current process in place to identify children with due/overdue vaccinations and for reminders to parents/carers?
  - o Is there an opportunity to improve performance? If so, by how much? Your goal can be expressed as the number of children with due/overdue vaccinations that you will reduce.
  - o How you will improve your current system or develop new systems to regularly review children with missing and overdue vaccinations?
  - o How long will it take to achieve this goal?
- A CQI activity is simply a structured, focused, and coordinated approach to reduce or close the quality gap between your current performance and your future goal. 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 focus on reducing the number of children with due/ overdue vaccinations over a 12-week period. There are currently 50 patients - the practice team calculate that they will achieve this goal by reviewing 5 patient records per week and identifying regular patients of the practice with due/overdue vaccinations. This provides the practice with a small buffer of time to achieve their goal. They agree to review their progress every two weeks.

Non-SMART goal example
Practice B decides to focus on reducing the number of children with due/overdue vaccination. They agree that their GPs and practice nurses will identify patients during their routine work and see how they go in a few weeks.

Data quality improvement:
Consider implementing or reviewing current database management processes to ensure your clinical software has an accurate "active" database (RACGP recommend 3 visits in 2 years). This ensures you can identify your regular patients to focus CQI activities on.
*A database cleansing **QI Action Plan** is available on the GCPHN QI webpage.*

2.2 DATA SOURCES TO SUPPORT CHILDHOOD VACCINATION CQI ACTIVITIES

- Practice clinical information systems (CIS) provide opportunities to develop and maintain accurate patient registers to allow identification of regular patients that you have opportunities to provide preventative healthcare for.
- Vaccination recalls can be added to your CIS and a system developed to regularly review and ensure vaccinations are provided.
- Recording immunisations given elsewhere into your CIS and uploading to Australian Immunisation Register (AIR) will allow you to clearly identify children with missing and overdue vaccinations.
- AIR is a national register that records all vaccines given to all people in Australia including:
  - o Under the National Immunisation Program (NIP)
  - o Through school programs, and
  - o Privately, such as for flu or travel.

- Childhood vaccination CQI activities can be well supported using the AIR 010A Due/Overdue Report by Immunisation Practice.
- This report is extracted from the AIR by medical practitioners and/or their delegates and is used to:
  - o Identify individuals seen for a Medicare service at a practice who, according to the AIR, are either due or overdue for a vaccination as per the National Immunisation Program (NIP) Schedule.
  - o Identify vaccination details that are missing (or not yet recorded) on the AIR.

> *The Australian Immunisation Register 010A Due/Overdue Report by Immunisation Practice User Guide proves step-by-step instructions on how to request, download, save, customise and modify an AIR-010A Report.*

2.3 SELECT A SAMPLE (OR GROUP) OF PATIENTS

- The next step is to identify a suitable group (sample) of patients who have been identified as due/overdue for vaccination. Some suggestions include:
  - o all children 5 years and under (if this is a manageable number to achieve your goal)
  - o Indigenous children
  - o children with risk conditions
  - o children 2 years and under
  - o children 12 months and under
  - o children from the same family (where applicable)
- 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.

> *Selecting a suitable sample and picking the right sample size can be challenging decisions for many practice teams. Contact your **GCPHN QI Team** if you would like to discuss this further.*

Step ③ Implement improvement actions

3.1 Agree specific improvement actions

- Now that you have identified your sample of patients, it's time to decide what improvement actions or interventions will be required to reach your SMART goal. In other words, what is it that needs to be done for every patient in your sample?
- Consider patient engagement/experience and activation, how will you include patient communication and feedback in your CQI activity? A practical example of this is to add questions to your accreditation survey and offer survey participation to the patients in the CQI sample.

> *Ideas for change can come from a variety of sources: critical thinking about the current system, creative thinking, observing the process, a hunch, an idea from the scientific literature, or an insight gained from a completely different situation.*

3.2 Examples of improvement actions in a childhood vaccination CQI activity

- The following list of potential improvement actions/potential solutions are provided as examples, this is not a complete list and suggestions are not mandatory. Each practice team should select their own improvement actions and decide which they would like to include:
  - Optimise existing trusted relationships to promote childhood vaccination by regularly and opportunistically discussing and promoting vaccination with patients and parents.
  - Opportunistic immunisation - check immunisation status during all children's appointments and if due, give the immunisation on the same day if the child is well. If not appropriate on the day, book a future appointment.
- Develop and maintain an effective vaccination reminder system supported by the whole practice team. Ensure that timely, personalised reminders are sent.
- 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 vaccination 'not given here' option and entering the date the parent/carer provides this information is it prevents unnecessary reminders being sent out.

> *Always remember to add a reminder for the child's next immunisation.*

> *Provide opportunistic education and/or vaccination during maternal pertussis vaccination appointments.*

Potential ways to promote childhood vaccination for patients with their usual GP may include:
- identify childhood vaccination resources for promotion through:
    - o practice webpage, newsletter and social media pages
    - o posters and pamphlets
- during pregnancy/antenatal appointments
- during new patient appointments-vaccinations reviewed
- add to phone out of hours and on hold messages
- include in SMS alerts
- include in online booking system messaging

Develop a process to regularly create the AIR 010A Due/Overdue Report by Immunisation Practice, consider:
- Who will develop the report?
- How often will the report be developed? E.g., first Monday of every month
- 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
- Who will record your work?

MBS ITEMS TO SUPPORT IMPLEMENTATION
- [Medicare billing for immunisations](#)
- [Vaccination provider information payments](#)

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

During the planning and preparation step you would have identified the timelines and activity review points which should now be implemented as it's important to monitor your progress regularly.

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.
- Identify any barriers or challenges to your progress during the review. Are solutions required, for example, if your vaccination clinic doesn't have good uptake, would further marketing of existing clinic details benefit or does the day/time need to be changed.
- The following questions may be helpful to work through during your CQI activity reviews:
  - o Successes - what has worked well so far?
  - o What are 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 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.
- 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.

> *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 PIP QI guidelines. Documentation is also a requirement for CPD purposes.
- GCPHN have a Childhood Vaccination QI Action Plan to support this CQI activity and record your progress.
- Documentation must be kept for 6 years as evidence of PIP QI should your practice be audited by the Department of Health and Aged Care.
- It is 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 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 **Meeting documents** - 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 minutes for your review meetings or 'check points'.

② **Data documents** - For a childhood vaccination QI activity these could include:
  - AIR 010A Due/Overdue Reports
  - CIS reports

The AIR 010A Due/Overdue Report include lists of patient names that were sampled. These documents are not routinely shared and should be managed according to your practice data privacy and governance procedures.

③ **CQI documents** - Document this entire CQI activity using the QI Childhood Vaccination Action Plan Template. The template is suitable for PIP QI and CPD purposes.

④ **Practice policies and procedure documents** - reminder that 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.

ADDITIONAL SUPPORT AND INFORMATION

PIP QI

- The GCPHN AGPAL eLearning Platform is a fully funded CQI training opportunity for Gold Coast general practice staff to support their practical CQI skills.
- For your childhood vaccination CQI activity to be suitable for PIP QI purposes, you must ensure that all the requirements have been met.
  - PIP QI requirement information can be found on the GCPHN website.
- The GCPHN QI team can provide virtual/face to face meetings or access to recorded webinars that will assist with your childhood vaccination CQI activity.

CPD

- If general practitioners would like to be eligible for CPD points for participating in the childhood vaccination CQI activity, further information can be found on RACGP and ACRRM webpages.
- GPs can also assess if a clinical audit can be included as a component of the QI activity.
- Certificates of completion are available for modules on the GCPHN AGPAL eLearning Platform.

Email practice support@gcphn.com.au   or phone (07) 5612 5408

HEALTH PROFESSIONAL RESOURCES

- GCPHN Immunisation webpage

RELEVANT HEALTHPATHWAYS

- Immunisation - Community HealthPathways Gold Coast

CONSUMER RESOURCES

- GCPHN Immunisation webpage for consumers

OTHER GCPHN CQI TOOLKITS

GCPHN has developed a range of toolkits which are available on our Quality Improvement webpage.

YOUR FEEDBACK

We would like to hear what you think to help inform the next edition of this QI Toolkit. We value your input so please share your ideas and suggestions via the link or QR Code. Thank you.
QI Resource Feedback

Appendix

Potential Childhood Vaccination CQI activity roles and responsibilities of practice team members

General Practitioners
- Provide clinical oversight and governance of the activity.
- Review immunisation records during consultations and opportunistically discuss due/overdue vaccinations with patients.

Practice Nurses
- Support the implementation of the activity.
- Provide support to generate AIR 010A Due/Overdue Report.
- Identify patients to provide opportunistic interventions, e.g.
  - During pregnancy/antenatal visits.
  - Review family records for all children during single child episodes of care.

Practice Manager
- Maintain up-to-date patient registers.
- Analyse practice data.
- Identify the best way to share and monitor the CQI Action Plan with the whole practice team.
- Ensure the CQI Team have access to Primary Sense desktop to review relevant reports.
- Identify and support implementation of training for the CQI and practice team.
- Establish and oversee recall/reminder systems.
- Monitor progress against CQI activity, adjust approach if progress towards goal is not being achieved.
- 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 (e.g. 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.

Medical and Nursing students (if relevant)
- Consider tasks that medical or nursing students could implement during clinical placements to support your CQI activities.

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12122023/30112024