General Practice
Quality Improvement Toolkit

Winter Vaccinations Toolkit

A practical guide to improve COVID-19 and influenza vaccination coverage as a CQI activity.

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Gold Coast Primary Health Network would like to 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.

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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About the Winter Vaccination Toolkit

The Winter Vaccination Program aims to improve the uptake of recommended vaccinations in general practice in preparation for the winter season. The purpose is to promote vaccine awareness of the COVID-19 vaccine booster program in vulnerable populations, as well as other recommended vaccinations (e.g. Influenza), which in turn can increase vaccine uptake to decrease the transmission of vaccine preventable illnesses.

Increasing vaccination coverage rates will contribute to improved health outcomes for people while also reducing unnecessary utilisation of health services or hospitalisations, due to the likelihood of less people seeking treatment for vaccine preventable diseases (VPDs). General practices play a vital role in the delivery of vaccination services for children, adolescents, adults and older Australians, especially during the winter season.

This toolkit provides educational and CQI resources, guides, and templates to support increased patient participation in immunisations.

Aim of the toolkit

To provide a simple and practical guide for general practices to improve the uptake of COVID-19 and influenza vaccinations as a CQI activity.

Benefits of using the toolkit

The toolkit provides a step-by-step approach to:

- Make best use of practice data to identify patients who are due or overdue for a COVID-19 booster and/or influenza vaccine.
- Successfully implement a winter vaccination CQI activity utilising Primary Sense Winter Wellness report.
- Document the implementation of a winter vaccination activity using a QI template.
- Assist you in making measureable and sustainable improvements in a feasible manner to patient care.
- Increase knowledge of CQI principles and practical application.

How to use the toolkit

There are six steps to implement winter vaccinations 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

- 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 should 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 should be 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 is 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 Schedule meetings with advance notice to ensure key team members can attend.
  - o Examples of practice meetings and templates are available online.
  - o Ensure that you have access to Primary Sense or other practice data during meetings to inform your approach to planning and review of your CQI activity.
  - o Consider using a QI action plan during meetings to help guide the discussion and to document your plan, progress, and learning. There is also a guide to assist completing this.

*Regular meetings help to maintain momentum and keeps the team on track to successfully complete the CQI activity. A Winter 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 the Appendix.
- Consider in your team who has the skills and ability 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 fulfil 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 QI action plan with the whole practice team to ensure that everyone is aware of the activity and their roles and responsibilities.

1.3 Set realistic timelines

- It is important to specify the key steps of your winter vaccination CQI activities and estimate how long each one will take to complete. It is also important to agree on timeline dates in advance when progress will be reviewed to ensure the team is on track to meeting 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.
    - o   The interval between the first and second dose of the influenza vaccine (4 weeks) for children aged 6 months to <9 years if receiving the influenza vaccine for the first time.

> ***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 What is the current level of performance in the practice?
  - o Is there an opportunity to improve performance? If so, by how much? Express your goal or target as a number or percentage.
  - o Is your target realistic? It is seldom possible to achieve 100% performance; most practice teams can achieve a 25 to 50% improvement in performance or reduce the gap between their current and desired performance by 25 to 50% with concerted effort.
  - o How many COVID-19 and/or influenza vaccinations are you able to provide per day or week?
  - o How long will it take to achieve this goal?
  - o How does your practice currently identify people who are eligible for a COVID-19 booster and/or influenza vaccination?
- A CQI activity is simply a structured, focused and coordinated attempt 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
80% of our eligible patients (vulnerable population) will be contacted and offered a COVID and/or influenza vaccination by July.

Non-SMART goal example
Practice B decides to increase the proportion of influenza vaccination for their vulnerable patients.

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 ativities on.

2.2 DATA SOURCES TO SUPPORT WINTER VACCINATION CQI ACTIVITIES

Primary Sense is currently the data tool that is provided free of charge by GCPHN for Gold Coast practices. Primary Sense can support winter vaccination CQI activities in the practice.

- Ensure the Primary Sense desktop application is installed on each workstation to allow all team members to access reports such as the Winter Wellness report.
- Recording immunisations given elsewhere into your practice clinical information systems (CIS) via the Australian Immunisation Register (AIR) integration will allow you to clearly identify patients who are due for a COVID-19 booster or influenza vaccination.
- Primary Sense will provide you with an overview of your practice performance and the characteristics of your practice population. It also enables you to select and focus on a specific group or sample of patients.
- Baseline data is your current performance, baseline data for QI activities can be obtained from multiple sources e.g.:
    - o External data sources such as AIR using the AIR042A COVID-19 Vaccination Report.
    - o Data analytic tools e.g. Primary Sense.
    - o Critical information systems using the "search" function/patient registers.

For Primary Sense users the following resources may be relevant:

- Videos on how to use Primary Sense and reports can be found here.
- The following reports may be useful in identifying your target population:
    - o Winter Wellness
    - o PIP QI Report 10 Measures (% compliance)
    - o Patients with missing PIP QI measures
    - o Pregnant and Vaccinations
    - o Chronic Lung Disease and Asthma

The AIR042A COVID-19 Vaccination Report eLearning and simulations provides step-by-step instructions on how to request, download, save, customise, and modify an AIR042 Report.

2.3 SELECT A SAMPLE (OR GROUP) OF PATIENTS

The next step is to identify a suitable group (sample) of patients eligible for the winter vaccination activity.

- Potential population groups at higher risk of vaccine preventable disease to focus on for a COVID-19 booster and influenza vaccine could include:
    - o All adults aged 65 years and older.
    - o Adults aged 18 to 64 years who have medical co-morbodities that increase their risk of severe COVID-19, or disibility with significant or complex health needs.

- Potential patient groups to focus on for an influenza vaccine could include:
    - o Aboriginal and Torres Strait Islander people aged 6 months and over.
    - o Children aged 6 months to less than 5 years of age.
    - o Individuals aged 5 years and over with medicial risk conditions.
    - o Pregnant women.
    - o People aged 65 years and over.

- 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. Smaller sample sizes are acceptable if the practice is implementing bundles of interventions, and interventions are particularly invasive.

- GCPHN has some winter vaccination CQI action plan template examples, practice examples, and resources that explain how to use Primary Sense to select samples of patients for immunisation CQI activities and provide examples of which patients may be particularly suitable for inclusion.

> *Sample and sample size are the number of patients you select for a CQI activity. Sampling is the process of selecting suitable patients. Sampling strategy is how you choose patients; this is your decision.*

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. In other words, what is it that needs to be done for every patient in your sample?
- Decide whether your CQI activity requires a single intervention or multiple interventions. Your CQI activity focus:
  - o Primary focus on influenza vaccinations.
  - o Providing eligible patients with a COVID-19 booster and highlighting the need for other vaccinations such as shingles and/or pneumococcal.
- Consider patient engagement/experience and activation (communication and feedback). A practical example of this is to add questions to your accreditation survey and offer survey participation to the patients in the CQI sample.

> *A care bundle is a set or number of interventions that, when used together, synergistically improve patient outcomes.*

3.2 EXAMPLES OF POTENTIAL IMPROVEMENT ACTIONS IN A WINTER VACCINATION CQI ACTIVITY
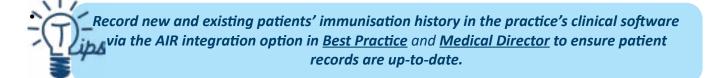
The following list of potential improvement actions is not exhaustive or mandatory and is provided as examples. As a practice team you should select and decide on your own improvement actions:

- Find a list of patients without up-to-date COVID-19 boosters or current influenza vaccinations recorded (or are due for these immunisations) using the Primary Sense *Winter Wellness Report* and/or the *AIR042A* Report.
  - o The Primary Sense Winter Wellness Report identifies vulnerable patients over 5 years old who may be eligible for seasonal vaccinations.

> *The AIR042A COVID-19 Vaccination Report can be set up to automatically generate weekly, fortnightly, or monthly.*

- Check the patients' immunisation history prior to every vaccination encounter from:
    o The patient's file (practices using Best Practice and Medical Director can integrate their clinical software with AIR).
    o AIR via PRODA.
    o Ask all eligible patients at every appointment over the Autumn/Winter season if they have received their influenza or COVID-19 booster.
- Add a reminder and/or vaccination recalls in patients' record and flag eligible patients to maximise opportunistic immunisation appointments.

Record new and existing patients' immunisation history in the practice's clinical software via the AIR integration option in Best Practice and Medical Director to ensure patient records are up-to-date.

- Identify and flag at-risk patients with existing appointments and ask the practice nurse or GP to discuss the benefits and identify if there are any barriers to vaccination with the patient during their appointment.
    o Check if staff members have capacity to complete on the day, if not, record on patient records for follow up vaccination appointment.
    o At risk patients can be identified via the Primary Sense patients booked in with *Missing PIP QI Measures report.*

Decide how staff will invite patients in to offer a COVID-19 booster and/or influenza vaccine. For example:
- SMS (via the Primary Sense SMS list functionality), phone, letter, secure email, and,
- opportunistically in booked appointments e.g., health assessment, care plan, and review appointments.

Implement ways to promote COVID-19 boosters and the free influenza vaccine for your patients, and consider how your practice may engage with hesitant and overdue patients:
- Practice webpage and/or social media pages.
- SMS alerts/online booking system messaging.

Consider how to provide COVID-19 and/or influenza vaccinations based on your practice demographic and plan accordingly. This could be done via:
    o Designated COVID-19 and/or influenza clinic.
    o Offering after hours including early mornings, late afternoons, after school or weekends specifically for COVID-19 and/or influenza vaccinations only.

MBS Items to Support Implementation

- Medicare billing for immunisations
- COVID-19 Vaccine Support Services
- Health assessments for over 75-year-olds

> *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 Step 1: planning and preparation, you would have identified the timelines and activity review points which should now be implemented as it is 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 the barriers or challenges (if any) to your progress during the reviews. Consider whether and what corrective actions to take.
- The following questions may be helpful to work through during your CQI activity reviews:
  - o Successes - what has worked well so far?
  - o What were 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 QI 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 therefore 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, e.g. Breast Screening, Bowel Screening.
- Share your CQI activity, its successful outcomes, and learning points with everyone in the practice team.

Ensure to continue to review progress throughout the activity. Setting timepoints to review progress is important to see that you are on track to reach your target.

STEP ⑥ DOCUMENT YOUR CQI ACTIVITY

- Ensure you document your CQI activity to meet the PIP QI guidelines. Documentation is also a requirement for CPD purposes.
- GCPHN developed a Winter Immunisation Action Plan Template to support this CQI activity and record your progress.
  - o 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 also 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.

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.

❶ Documents about meetings – A CQI activity requires at least two team meetins; one at the beginning and one at its conclusion. It is strongly recommended to also record your review meetings or 'check points'.

❷ Documents about data – This type of document could include reports from Primary Sense with aggregated performance data. It can also include lists of patient names that were sampled. These documents are not routinely shared and should be managed according to data privacy and governance procedures.

❸ Documents about the CQI activity – GCPHN developed a QI action plan example that enables practice teams to document any CQI activity from beginning through to its conclusion. The template is suitable for PIP QI and CPD purposes.

❹ Documents about practice policies and procedures – Practice policies and procedure changes can be saved as evidence for PIP QI.

Additional support and information

PIP QI

- For your winter vaccination CQI activity to be suitable for PIP QI purposes, you must ensure that all requirements have been met.
  - o   PIP QI requirements can be found on the GCPHN webpage
- The GCPHN QI team can provide virtual/face-to-face meetings or access to recorded webinars that will assist with your winter vaccination CQI activity.

CPD

- If general practitioners would like to be eligible for CPD points in participating in the winter vaccination CQI activity, further information can be found on the RACGP and ACRRM webpages.
- Conducting and recording QI activities assists to meet reviewing performance and measuring outcomes requirements as part of CPD.

💬 Email practicesupport@gcphn.com.au   💬   or phone (07) 5612 5408

Immunisation resources

- GCPHN Immunisation webpage – immunisation resources and information for health care professionals.
- The Australian Immunisation Handbook – provides clinical advice for health professionals on the safest and most effective use of vaccines in their practice.
- Department of Health and Aged Care | COVID-19 – latest updates and recommendations on COVID-19 vaccine.
- National Centre for Immunisation Research and Surveillance | NCIRS – expert evidence and advice on vaccine preventable diseases and all aspects of immunisation to inform policy and planning in Australia.
- Sharing Knowledge About Immunisation (SKAI) | NCIRS – support conversations that community members have with healthcare professionals about vaccination through evidence-based resources.
- AIR Identified Reports – Summary table of the identifiable reports that can be generated on the AIR site via PRODA.
- Immunisation Schedule Queensland | Queensland Health
- AIR application to register as a vaccination provider form IM004 – form to register as a vaccination provider with the Australian Immunisation Register (AIR) before sending immunisation data.
- The Australian Government Department of Home Affairs | TIS (Translating and Interpreting Service).

Education

- AIR042A COVID-19 Vaccination Report eLearning
- COVID-19 Education and Training
- Online courses for immunisation service providers | Queensland Health

Other GCPHN CQI Toolkits

GCPHN has developed a range of toolkits which are available on the GCPHN website.

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
QI Resource Feedback or QR code.

Appendix

Potential CQI roles and responsibilities of practice team members

- Your practice team being aware of their roles and responsibilities in relation to vaccinations is critical.
- Create a list of roles and responsibilities for each person involved.
- Communicate this information to the whole team in a team meeting.

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, including:
  - Consent process.
  - Consumable ordering and stock management to meet needs.
  - Monitor vaccine stock to ensure quantity meets the needs of the winter vaccination project.
  - Recalls, bookings, reminders added to clinical software.
- Provide support to generate data reports via Primary Sense reports or AIR to identify priority patient groups.
- Identify patients to provide opportunistic conversations and vaccinations.

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 (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.

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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