

Achieving High Winter Vaccination Rates

Step 1: Thinking Part - Three Fundamental Questions

Complete the Model for Improvement (MFI) as a whole team.

Model for Improvement

AIM		1. What are we trying to accomplish?	
<p>By answering this question, you will develop your GOAL for improvement. It is important to establish a S.M.A.R.T (Specific, Measurable, Achievable, Relevant, Time bound) and people-crafted aim that clearly states what you are trying to achieve.</p>			
<p>Ensure 80% of all vulnerable (active) patients aged 65+ years have an up-to-date influenza vaccination and/or COVID-19 booster by the end of September (winter season).</p>			
MEASURE(S)		2. How will we know that a change is an improvement?	
<p>By answering this question, you will develop the MEASURE(S) you will use to track your overarching goal. Record and track your baseline measurement to allow for later comparison. Tip: Use a Run Chart to plot trends.</p>			
<p>Number of vulnerable active patients aged 65+ years due for influenza and/or COVID-19 booster.</p>			
Baseline:	15% (n=70/450) 450 vulnerable patients aged 65+ years with 380 patients aged 65+ years identified as due for influenza vaccination and/or COVID-19 booster.	Baseline date:	April 2025
CHANGE IDEAS		3. What changes can we make that will result in improvement?	
<p>By answering this question, you will develop IDEAS for change. Tip: Engage the whole team in formulating change ideas using tools such as brainstorming, driver diagrams or process mapping. Include any predictions and measure their effect quickly.</p>			
Idea 1	Provide opportunistic vaccinations during patient consultations.		
Idea 2	Implement a dedicated influenza vaccination clinic.		
Idea 3	Review the influenza immunisation status of people with high complexity and recall for vaccination where appropriate.		
Idea 4	Updating immunisation status in patient records.		
Next steps:	Each idea may involve multiple short and small PDSA cycles.		

PDSA (Plan-Do-Study-Act)

Step 2: Doing Part - Plan-Do-Study-Act

Once you have completed the Model for Improvement (MFI), use the template below to document and track your PDSA cycles (i.e. small rapid tests of change).

Idea	Plan		Do	Study	Act
#	Plan the test	Prediction	Do the test on small scale	Analyse the results	Make a plan for next step
	<i>How will we run this test? Who will do it and when? What will we measure?</i>	<i>Prediction or hypothesis on what will happen.</i>	<i>Was the plan completed? Yes or No. Collect data. Consider what worked well and why? Document any unexpected observations, events or problems.</i>	<i>Analyse results, compare them to predictions, and reflect on what you learned.</i>	<i>Based on your learnings from the test, what will you do next (e.g., adopt, adapt or abandon)? How does this inform the plan for your next PDSA?</i>
Change Idea 1: Provide opportunistic vaccinations during consultations	<p>What – Nurse to check vulnerable patients’ vaccination history before appointment and add reminder in for GP to educate and offer patient influenza or COVID-19 during consultation.</p> <p>How – Vulnerable patients with upcoming appointments will have their immunisation history checked the day before the appointment. Note to be added into appointment booking for the GP as a reminder to offer the vaccination during the consultation.</p> <p>When – Day prior or day of appointment.</p>	It is predicted that by offering influenza vaccinations and/or COVID-19 booster during appointments, the uptake will increase by 30%.	<p>GP’s offered opportunistic influenza vaccines and/or COVID-19 boosters.</p> <p>55% of vulnerable patients seen and offered, received the influenza vaccine. This approach worked well when the nurses’ added reminders to patients records prior to the patient seeing the GP.</p>	<p>The uptake of opportunistic vaccinations during appointments was highly successful with a 55% uptake compared to the predicted 30%.</p> <p>Vulnerable patients have responded positively to education from the GP on the importance of vaccination.</p>	<p>Adopt – Continue offering opportunistic vaccinations during patient appointments.</p> <p>Adapt – To include all patients who attend the practice and expand opportunist vaccinations to include vaccinations such Shingrix and Pertussis for eligible patients.</p> <p>Reminders for annual influenza vaccination will be added in for the following year, after 2025 influenza vaccination is completed.</p>

<p>Change Idea 2 Run a dedicated vaccination clinic</p>	<p>What – Establish a dedicated influenza and/or COVID-19 booster vaccination clinic for vulnerable patients aged 65+ years.</p> <p>How –Use the Primary Sense <i>Winter Wellness Report</i> to identify eligible patients and invite using bulk SMS.</p> <p>Vaccination clinic promotional posters to be placed in the waiting room and be promoted on practice website and social media pages.</p> <p>Administration team to design posters for waiting room and promotional content for website/social media.</p> <p>Who – Nurses and GP to run vaccination clinic.</p> <p>When – Every Tuesday morning from 8am – 11am; April & May.</p>	<p>It is predicted that a dedicated immunisation clinic for vulnerable patients aged 65+ years will increase vaccination uptake of influenza vaccinations and/or COVID-19 boosters by at least 25%.</p>	<p>For the months of April and May, a dedicated weekday Tuesday immunisation clinic occurred for patients aged 65+ years. To determine if the clinic was successful, patient attendance and vaccine administration rates were recorded. Over the two-month period, 74 patients attended the weekday vaccination clinic.</p> <p>Vaccinations given to patients: Influenza:</p> <ul style="list-style-type: none"> • Over 65 years old: 74 <p>COVID-19 booster:</p> <ul style="list-style-type: none"> • Over 65 years old: 35 	<p>The Tuesday weekday vaccination clinic was extremely successful with 85% of vulnerable patients aged 65+ years attending and being vaccinated with influenza vaccine and/or COVID-19 booster.</p>	<p>Adapt – Run a weekend Saturday vaccination clinic, alternating with the Tuesday vaccination clinic during the winter season (4-month period) to accommodate the younger (under 65 years) vulnerable patients such as children.</p> <p>The practice will also trial a dual approach for booked appointments and walk in appointments to provide more flexibility.</p>
	<p><i>Keep adding rows and cycles as needed</i></p>				
<p>Summary of Results</p>	<p>Providing opportunistic vaccinations during consultations was a worthwhile model as it led to an increase in patient vaccination rates (55%). Additionally, the Tuesday weekday vaccination clinic was very popular with vulnerable patients aged 65+ years, seeing an 85% increase in vaccinations for influenza vaccines and/COVID-19 boosters. The practice will continue to implement both change ideas during the winter season as both approaches have increased vaccination rates for the influenza vaccine and COVID-19 booster compared to previous years.</p>				