Identifying Overdue Immunisations for Patients 0-5 Years

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?
*By answering this question, you will develop your **GOAL** for improvement. It 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.*	
Our practice aims to ensure **95% of patients aged 0-5 years are fully vaccinated** and up to date with their scheduled childhood immunisations by **October 2025**.	

MEASURE(S)	2. How will we know that a change is an improvement?
*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.*	
Number of eligible patients aged 0-5 years who are due/overdue for their scheduled childhood immunisations.	

Baseline:	• 60% (n=120/200) patients aged 0-5 years are fully vaccinated. • 200 patients aged 0-5 years in total and of these 120 are fully vaccinated.	**Baseline date:**	March 2025

CHANGE IDEAS	3. What changes can we make that will result in improvement?
*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.*	
Idea 1	Immunisation recalls for children 0-5yrs
Idea 2	Automate a recall and reminder system via SMS and phone calls, managed by reception staff.
Idea 3	Offer dedicated immunisation appointments during after-school hours and weekends to increase accessibility.
Idea 4	Provide face-to-face and digital educational resources on immunisation benefits during routine GP consultations.
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**
	How will we run this test? Who will do it and when? What will we measure?	*Prediction or hypothesis on what will happen.*	*Was the plan completed? Yes or No. Collect data. Consider what worked well and why? Document any unexpected observations, events or problems.*	*Analyse results, compare them to predictions, and reflect on what you learned.*	*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?*
Change idea 1: Immunisation recalls for 0-5yrs.	**What –** identify eligible patients 0-5 yrs who are due or overdue for NIP immunisations. **How –** Use the Primary Sense *Child Immunisation Report* or the *AIR010A Report* from the Australian Immunisation Register (AIR). Contact identified patients' parent or carer via phone or SMS and invite parent or carer to bring patient into the practice for immunisations. **Who –** Practice nurses (PN) Betty and Emily. **When –** End of May 2025	It is predicted that at least 25% of patients 0-5 yrs will be due or overdue for NIP immunisations. Of these it is predicted that 10% won't be contactable.	Nurse generated an AIR010A report and reviewed patient records. The AIR010A report identified 80 eligible patients 0-5 yrs due/overdue for NIP immunisations. Of the 80 patients identified, 55 were current patients, while 25 patients no longer attend the practice. Of the 55 identified patients, 20 patients were already fully vaccinated, but immunisation records were not updated in the clinical information software.	The prediction was lower than expected with 18% of patients 0-5 yrs due or overdue for NIP immunisations and 10% patients 0-5 yrs not having up to date immunisation records in the clinical information software. 25 patients no longer attend the practice, these patients were inactivated. This change idea has identified the policy for active RACGP patients and non-active patients' needs to be reviewed. Majority of parents/carers of identified eligible patients 0-5	**Adopt –** continue to review the AIR010A report on a monthly basis to ensure the process becomes manageable to review the due/overdue patients 0-5 yrs. To keep patients 0-5 yrs records up to date, add in automated reminders/recalls to their clinical record. Not all parents responded to the method of contact, next change idea will explore effective methods of contact.

			Practice Nurse contacted remaining parent/carer of 35 patients to book appointment to get overdue vaccinations completed. Practice nurse also updated 20 patient records in the clinical information system.	yrs due/overdue NIP had forgotten their child was due or needed to book them in for immunisations. Methods of contact used was predominately SMS due to time restrictions.	
	Keep adding rows and cycles as needed				
Summary of Results	The activity was worthwhile as 18% of patients 0-5 yrs were identified as due or overdue for NIP immunisations and invited into the practice to receive their vaccinations. 10% of identified patients 0-5 yrs have now had their immunisation records in the clinical information system updated and there is now a process in place for patients 0-5 years who are due/overdue NIP immunisations, with the report being to every month to ensure no patients are missed in the future.				