

Increasing RSV and Pertussis Vaccines during Pregnancy

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 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.					
Our practice aims to increase the proportion of eligible pregnant women administered RSV and/or pertussis vaccines from 30% to 70% by September 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 active eligible pregnant patients who are due/overdue for immunisations.					
Baseline:		<ul style="list-style-type: none"> 30% (n=27/90) of active eligible patients are up to date with pregnancy RSV and/or pertussis vaccines. 90 active eligible patients identified with 27 patients up to date with RSV and/or pertussis vaccines. 			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		Reviewing eligible patient's immunisation histories.			
Idea 2		Vaccine education during routine antenatal visits.			
Idea 3		Display patient-friendly RSV pregnancy posters and brochures within the clinic to promoting vaccine benefits and vaccinating for two (mother and baby).			
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: Review and update AIR histories	<p>What – Regularly check the Australian Immunisation Register (AIR) for patient histories and update their patient records in the clinical information system if vaccines have been given elsewhere.</p> <p>How – Practice Nurse (PN) to generate the Primary Sense <i>Pregnant and Vaccinations Report</i> to identify pregnant patients due for vaccines and check patient histories on AIR</p> <p>When – April to May 2025.</p>	It is predicted that 15% of patients identified on the Primary Sense report have already received their vaccines elsewhere.	<p>PN generated Primary Sense report with 65 patients identified.</p> <p>PN spent half an hour every Friday afternoon for 3 weeks checking patients' records in the AIR.</p> <p>20 patients had already received the RSV and pertussis vaccines elsewhere, clinical records were updated.</p>	By updating patient's clinical records with vaccines given elsewhere (data collected from the AIR) the number of eligible patients vaccinated with RSV and pertussis vaccines has increased by 30%.	<p>Adopt – Practice nurses will check the Primary Sense Report regularly once a month for any missed pregnant patients and will check AIR to update the pregnant patient's record on the clinical information system.</p> <p>Additionally, suggest to pregnant patients to bring in any documentation stating given vaccines provided by midwife or other healthcare professional during routine antenatal check-ups for up-to-date record keeping.</p>

<p>Change Idea 2: Vaccine education during antenatal visits</p>	<p>What – GPs and nurses to integrate discussions about vaccines into routine antenatal check-ups.</p> <p>How – Practice nurse to generate the Primary Sense <i>Pregnant and Vaccination</i> report to identify eligible patients and place a note in the patients clinical record as a prompt for the clinician to speak with patient about vaccination during next routine antenatal check-up.</p> <p>Eligible patients will receive education from the PN prior to seeing the GP. Patients will be provided educational materials from SKAI which includes information on vaccination benefits, safety, and the risks of being unvaccinated during pregnancy.</p> <p>Who – PM to prepare educational materials and disseminate to clinic rooms. Practice nurse to generate the <i>Primary Sense pregnant and vaccination</i> report GP to follow up with patient any concerns with vaccination if required.</p> <p>When – May to June 2025.</p>	<p>It is predicted that at least 30% of patients identified on the Primary Sense pregnant and vaccination report will be eligible for pregnancy RSV and/or pertussis vaccine.</p> <p>More pregnant women will feel informed about immunisations during pregnancy and opt for vaccination.</p>	<p>63 patients were identified on the Primary Sense report of which 20 patients have upcoming antenatal check-ups.</p> <p>All 20 patients engaged in further conversations with the GP during their antenatal check-up with 10 patients opting to receive the RSV and pertussis vaccines. 5 patients opted to get the pertussis vaccine only.</p> <p>Practice nurses also documented qualitative responses through measures of patient engagement and acceptance of the educational sessions.</p>	<p>5 patients reported receiving similar education from their midwife and did not find it beneficial to their care.</p> <p>However, 15 patients reported feeling supported to make an informed decision regarding vaccination during pregnancy especially patients seeing specialists as they often had not been informed about pregnancy vaccinations.</p>	<p>Adopt – Practice nurses will continue to incorporate these conversations with pregnant patients during antenatal check-ups and into the postnatal appointment. Eligible pregnant patients will be identified using the Primary Sense <i>Pregnant and Vaccination</i> report.</p>
<p>Summary of Results</p>	<p>This was a worthwhile activity as it helped establish an ongoing therapeutic relationship with patients who are pregnant. Regularly reviewing the Primary Sense <i>Pregnant and Vaccinations Report</i> to identify pregnant patients and review their AIR history keeps from Change Idea 1, keeps the clinical patient records up to date. Additionally, by integrating discussions about vaccinations into routine antenatal check-ups, practice nurses have been able to obtain a trusting relationship with the mother before child is born.</p>				