

Increasing Shingrix 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?			
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 patients administered Shingrix from 40% to 85% by December 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 patients who are due/overdue for Shingrix.			
Baseline:	<ul style="list-style-type: none"> 40% (n=180/450) of active eligible patients are up to date with Shingrix. 450 active eligible patients identified and of those, 180 are identified as due for Shingrix. 	Baseline date:	April 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	Review clinical information system reminders for eligible identified patients.		
Idea 2	GPs and nurses to discuss Shingrix during consultations for opportunistic immunisations.		
Idea 3	Incorporate Shingrix vaccination checks into health assessments for over 75+ years or care plans.		
Idea 4	Send out letters to identified eligible patients instead of SMS due to patient demographic.		
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: Proactive patient reminder system	<p>What – Implement SMS and phone call reminders for eligible patients where missing.</p> <p>How – Use the AIR010A report to identify eligible patients. Disease listed in the report will be <u>Zoster</u>.</p> <p>Who – Practice nurses to generate the AIR010A report and identify eligible patients. Practice administration to place reminders on identified patients records.</p> <p>When – April to June 2025.</p>	<p>It is predicted that at least 50% of patients will have a reminder already on their patient record for the Shingrix vaccine dose 2.</p> <p>Patients who are eligible for Shingrix vaccine dose 1 may not have a reminder on their patient record unless identified during another consultation.</p>	AIR010A report identified 180 patients due for Shingrix. Of these 180 patients, 95 patients already had reminders in place.	<p>The prediction was correct, as 53% of eligible patients already had a reminder in place on their patient record for Shingrix.</p> <p>Practice admin placed reminders on 85 patient records. This was a time-consuming process to do and took longer than expected.</p>	Adapt – This approach will be adapted and the AIR010A report will be checked once a month for any newly identified eligible patients.

<p>Change idea 2:</p> <p>GP and nurse opportunistic discussions regarding immunisations</p>	<p>What – GPs and nurses to discuss Shingrix with eligible patients during already booked appointments.</p> <p>How – Nurse to check patients immunisation record prior to appointment or GP to check during appointment.</p> <p>Who – All GPs to speak with identified patients when reminder note appears during consultations and practice nurses to review immunisation records.</p> <p>When – Two-week period in May 2025</p>	<p>By discussing the importance of the Shingrix vaccine with patients during appointments, 20% of patients will get the Shingrix vaccine.</p>	<p>Practice nurses reviewed the immunisation histories of 50 eligible patient's who had upcoming appointments and placed a note on their clinical information record as a prompt for the GP to speak with patients about getting Shingrix vaccine after their appointment.</p> <p>GP's spoke with identified patients during appointments due to the prompting</p> <p>25% (45 patients) had a conversation with the GP which resulted in 22% (39 patients) being vaccinated after this conversation with the GP.</p>	<p>Patients were more responsive when speaking with their GP and getting the Shingrix vaccine after their appointment compared to re-booking another appointment.</p> <p>Trial period extended for two weeks saw an increase in opportunistic Shingrix immunisations.</p>	<p>Adopt – This approach will be adopted as opportunistic immunisation has worked extremely well in the practice.</p>
	<p><i>Keep adding rows and cycles as needed</i></p>				
<p>Summary of Results</p>	<p>Reviewing patients' records for reminders highlighted the importance of placing a prompt in their clinical record. There is now a process in place to extract the AIR010A report once a month and check those patients identified in the report to ensure patients have a reminder in their clinical record. Additionally, opportunistic immunisation was worthwhile and is now the best option for getting the chance to educate patients about the importance of these vaccines later in life and getting patients vaccinated.</p>				