Primary Health Care

# Winter Vaccination

## Quality Improvement Toolkit

Australian Government

A practical guide to increase the uptake of recommended vaccinations in general practice in preparation for the winter season.

**phn**
NATIONAL IMPROVEMENT
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An Australian Government Initiative

*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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### Where to get help?
Gold Coast Primary Health Network
07 5612 5408 | practicesupport@gcphn.com.au

# About the Winter Vaccination Program

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 raise awareness about influenza vaccines, COVID-19 boosters, and other recommended vaccinations (e.g. pneumococcal) among vulnerable populations. This can help increase vaccine uptake and reduce the spread of preventable diseases.

Increasing vaccination coverage rates will contribute to improved health outcomes for people while also reducing unnecessary use of health services or hospitalisation, 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.

In the Gold Coast region, vaccine potentially preventable hospitalisations (PPH) have increased in line with national trends. Pneumonia and influenza make up the largest component of PPH, with Broadbeach-Burleigh and Surfers Paradise having the highest percentage of people being admitted to hospital for influenza due to the high proportion of vulnerable populations residing in these suburbs including young children aged 0 to 5 and older people aged 65-75 (Gold Coast PHN Health Needs Assessment (GCPHN HNA, 2023).

### 62%
Gold Coast patients aged 65 and over were immunised against influenza in 2023

Gold Coast PHN Health Needs Assessment (GCPHN, HNA), 2023

### 8.6%
Gold Coast residents received a COVID-19 booster between December 2023-2024

Gold Coast Local Government Area COVID-19 Vaccination Rates, 2024

## About this toolkit

This toolkit has been developed to support primary health care services with quality improvement activities including tips, examples and templates to support and increase the uptake in winter vaccinations.

## Outcomes of this toolkit

- Increase primary health care nurse knowledge, skills and confidence to promote vaccine awareness amongst vulnerable populations who are due for vaccination.
- Identify eligible patients due for annual influenza and/or COVID-19 boosters according to the Australian Immunisation Handbook and COVID-19 vaccine advice and recommendations.
- Equip primary health care nurses with the skills to identify, monitor and evaluate quality improvement activities that aim to drive the uptake of vaccination for influenza and/or COVID-19 boosters.
- Strengthen and highlight the role of primary health care nurses in general practice to manage and lead a dedicated vaccination clinic.
- Measure sustainable improvements and track progress through Primary Sense.

## Relevance to primary health care

This activity will assist primary health care with:

- Meeting Practice Incentive Program (PIP) Quality Improvement (QI) incentive requirements for:
  - QIM 4: patients aged 65 and over who were immunised against influenza,
  - QIM 5: Patients with diabetes who were immunised against influenza, and
  - QIM 6: Patients with COPD who were immunised against influenza.
- RACGP Standards for general practices 5th edition include a range of requirements relating to QI such as:
  - Criterion QI 1.1 – Quality improvement activities,
  - Criterion QI 1.3B – Improving clinical care, and
  - Criterion QI 2.1 – Health summaries.
- Meeting the National Immunisation Program (NIP) requirements for influenza and the National COVID-19 Vaccine Program.

# Quality Improvement Activity Summary

This toolkit utilises the Model for Improvement (MFI) framework to plan the activity goal, activity measurement, and improvement ideas.

For more information on MFI:

Weblink: How to Improve: Model for Improvement | Institute for Healthcare Improvement

The improvement ideas in this toolkit are examples only of practical steps to assist with the Winter Vaccination Program. It is recommended to review each activity and select what may be appropriate for your primary health care service to consider undertaking and test using Plan Do Study Act (PDSA) cycles to make sustainable changes and record key learnings for your team.

Example: PDSA Example Achieving Winter Vaccination Rates on page 19
Template: How NINCo Plan, Do Study, Act (PDSA) template

# Goal of Quality Improvement Activity

Defining the goal of this activity provides your primary health care team with a statement of what you are trying to accomplish. Review the goal below and adjust according to your practice starting point and requirements.

> Example QI Activity Goal:
> Our clinic will aim for 80% of vulnerable patients to have an up-to-influenza vaccine and/or COVID-19 booster within the next 6 months.

## Measure – How will you measure the change for this activity?

Regular review of activity measurement enables your primary health care team to assess progress and track whether the change(s) you are testing is leading to an improvement. It is best to measure at the beginning of the activity (baseline) and then at regular intervals throughout.

> Example QI Activity Measure:
> Use the following measurement to track your improvement activity for this focus area at your primary health care service: (internal measures vs practice facing measures):

| QI Measure | Measure description | Detail |
|---|---|---|
| Outcome measure: Influenza vaccinations | % of active vulnerable patients due for influenza vaccination for the year | Numerator – # vulnerable patients who:<br>• received an influenza vaccination in the last 12 months<br>• are RACGP active patients*<br><br>Denominator – # vulnerable patients who:<br>• are due for influenza vaccination in the last 12 months<br>• are RACGP active patients* |
| Outcome measure: COVID-19 boosters | % of eligible active vulnerable patients due for COVID-19 booster for the year | Numerator – # vulnerable patients who:<br>• received a COVID-19 booster in the last 12 months<br>• are RACGP active patients*<br><br>Denominator – # vulnerable patients who:<br>• are due for a COVID-19 booster in the last 12 months<br>• are RACGP active patients* |

*RACGP defines an active patient as a patient who has attended the practice three or more times in the past two years.
Note: Refer to the next section on how to collect data for this measurement

# Quality Improvement Building Blocks

## Step 1: Identify your QI team and establish QI activity communication processes

| | |
|---|---|
| **Identify your change team** | • Identify the lead and practice team members to drive quality improvement work (e.g. one nurse, GP, admin, PM). Consider allied health, visiting clinicians and others that may form part of the team.<br>• Allocate protected time for the QI team to perform required tasks e.g. 1hr per week.<br>• Ensure that you have identified the "why" as some team members may not see QI as important or necessary.<br>• Plan frequency of planning meetings for QI team.<br>• Provide access to project files and related policy and procedures.<br>• Schedule a whole team practice meeting to:<br>  o Identify QI team members<br>  o Agree on the QI plan and prepare for implementation<br>  o Demonstrate a team-based approach to meet PIP QI requirements |
| **Consider the roles of the team members** | • Ask yourself the question, what motivates a team member to want to be part of sustaining change and making improvements? This is an important step as team members have different skill sets, interests, scope of practice and levels of authority.<br>• Assign roles and responsibilities according to staff skill, interest and position.<br>• Required QI team members should include:<br>  o Practice Manager<br>  o Administrative team representative<br>  o Practice Nurse<br>*(Note) * For smaller practices, staff may fulfill multiple roles*<br>• See Appendix 1 for potential roles and responsibilities practice staff can carry out. |
| **Communication with the practice team** | • Identify who will need to be kept informed.<br>• Identify the method(s) that will be used to inform and update all staff of any changes as a result of the QI activity e.g. staff/Clinical/Admin/Nurse meetings, email, noticeboard, group chat.<br>• Ensure all staff are advised of the chosen communication(s) method.<br>• Provide monthly updates to all staff of ongoing changes e.g. add QI to staff/ Clinical/Admin/Nurse meetings.<br>• Allow staff to contribute ideas and provide opportunities for staff feedback. |
| **Practical considerations for team Meetings** | • If full team attendance isn't achieveable:<br>  o Ensure that each role has representation.<br>  o Establish a clean communication plan to share information with absent members<br>  o Distribute minutes/action points following any meetings held and ensure staff are aware of any follow-up needed.<br>• Schedule regular meetings to review progress toward your QI goals, especially during and at the conclusion of the activity, to reflect on progress, identify what is working well, and track goal achievement.<br>• Practical suggestions:<br>  o Add QI as a standing agenda item in usual team meetings or set up specific meetings for this purpose. Schedule meetings with advance notice to ensure key team members can attend. |

| Practical considerations for team Meetings | o Use practice data (e.g., Primary Sense) to inform planning and review during meetings.<br>o Use practice data (e.g., Primary Sense) to inform planning and review during meetings.<br>o Consider using a PDSA (Plan, Do, Study Act) cycle to guide discussions and document plans, progress, and learning.<br>o Share and reflect on and celebrate your progress with the whole team. |
|---|---|

# Step 2: Establish your improvement activity baseline data

## 2.1 Track your improvement over time

Decide how often you will monitor your completed screening rates (e.g. monthly) and how you will share this data with your team (team newsletters, lunchroom display, team meetings).

| What data report to use? | Primary Sense *Winter Wellness Report* |
|---|---|
| Steps tocollect baseline data | How to download the Primary Sense Winter Wellness Report |

 Record your baseline, monthly and completion measurement of your improvement activity here:

| Baseline measurement | Monthly measurement | Completion measurement |
|---|---|---|
| Baseline percentage: | Month 1: | Activity completion percentage: |
| | Month 2: | |
| Baseline date: | Month 3: | Activity completion date: |

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Get ready to use your data

o Ensure you are on the latest version of clinical software.
o Ensure Primary Sense is installed on all staff desktop computers and functioning correctly.
o Check that team members can log in and are familiar with using Primary Sense and the AIR042A COVID-19 Vaccination Report.

Help: Contact Gold Coast PHN for support - practicesupport@gcphn.com.au

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# Improvement Idea #1:
# Getting your data and systems ready

*The aim of improvement idea #1 is to prepare your patient database to enable you to understand your current active patient population who are due for influenza vaccination and/or a COVID-19 booster.*

## 1.1    Data Cleansing

Regularly review and update your policy and procedure for deactivating past patients (non-attending or deceased) to ensure it is appropriate and consistently applied.

- Establish a routine for deactivating patients, commonly every 3-6 months, based on a clinically determined timeframe (e.g., 2-3 years without attendance). Assign this task to the Practice Manager or Practice Nurse, include it in their job descriptions, and schedule it in their calendar to maintain continuity during staff transitions.
- Remind reception staff to always search "all patients" when looking up records.
- Consider archiving or inactivating patients individually if they no longer meet the practice's active patient criteria, such as:
    - o Deceased patients.
    - o Duplicate records.
    - o Patients with irrelevant postcodes or out-of-state addresses.
    - o Patients who registered but never attended (e.g., from online bookings).
    - o Patients who have moved away or no longer attend the clinic.

Resource:  Data Quality and Cleansing QI Toolkit

## 1.2    Australian Immunisation Register Integration

To ensure each patient has an up to date and accurate record of their immunisation history, integrating your clinical software with the Australian Immunisation Register (AIR) simplifies reviewing and recording vaccination details of patients who may have received a vaccination elsewhere.

Before administering influenza vaccination and/or COVID-19 boosters, connect your clinical software to AIR to check each patient record prior to or during the appointment. When viewing the Primary Sense Winter Wellness report, check each patient's record in AIR to ensure patients have not already received vaccination from an alternative provider.

Consider creating an annual and seasonal winter vaccination process to ensure vulnerable patients receive influenza vaccination and/or COVID-19 boosters when needed.

Access AIR via Clinical Software Integration:

For assistance setting up access to AIR:

Resource:
- Services Australia: Access the Australian Immunisation Register

For assistance to integrate AIR into Clinical Software:

Resources:
- AIR integration in Best Practice
- AIR integration in MedicalDirector

For assistance to use AIR:

Resource:
- AIR view and print reports

## 1.3    Accurate recording of diagnosis & recording results

Understanding your population and creating a register is crucial for effective, tailored care. It supports early intervention, optimises resources, enhances coordination, and empowers patients. This will help you identify fundamental areas for improvement prior to undertaking QI cycles in your patient population groups, such as vulnerable patients including but not limited to: Aboriginal and/or Torres Strait Islander peoples, LGBTQI+ individuals, Culturally and Linguistically Diverse (CALD) communities and people with disabilities.

Ask all eligible patients at every appointment over the Autum/Winter season if they have received their influenza or COVID-19 booster.

> Record influenza vaccines and/or COVID-19 boosters given
> to the patient by another provider in your clinical software
> and check AIR to ensure your practice data is current
> and up to date during the winter season.

### Clinical Coding

Avoid using free text for vaccination updates in your patient records. Instead, using coded diagnosis will enable efficient and reliable reminders of patients and ensure your reporting is more reliable.

Resources:
- AIR vaccine code formats
- Best Practice: Record and send immunisations to the AIR
- Medical Director: Recording Vaccinations
- AIR: Manage immunisation records

## 1.4    Review practice policies and procedures

To ensure policy and procedures are up to date, consider reviewing the following:

- What response kits are available and easily accessible to address anaphylaxis? Where are the kits stored? What is the process in the event a kit is used?
- What policies and procedures need to be updated in preparation for the vaccination clinic? Consider:
  - pre-vaccination checklist
  - vaccine management protocol and the management steps involved in the event of a cold chain breach waste management
  - stock management
  - staff immunisations
  - infection control, hand hygiene, cough etiquette and social distancing and need stick injury procedure.

Resources:
- Pre-vaccination screening checklist
- Australian Immunisation Handbook – preparing for vaccination
- National vaccine storage guidelines: Vaccine management protocol
- Queensland Health Vaccine management Protocol – Example

# Improvement Idea #2:
# Identifying patients eligible for influenza vaccination and/or COVID-19 boosters

*The aim of improvement idea #2 is to identify patients eligible for influenza vaccination and/or COVID-19 boosters.*

## 2.1 Identify and understand your influenza and/or COVID-19 booster patient register

Baseline data is your current performance. Baseline data for QI activities can be obtained from population health management and data analytics tools, such as Primary Sense – *Winter Wellness Report.*

Primary Sense has a *Winter Wellness Report* which identifies vulnerable patients aged 5 and over who may be vulnerable to seasonal respiratory illnesses based on specific health conditions and risk factors. The criteria include chronic diseases (CKD, diabetes, cancer, heart disease, respiratory disease, liver disease), severe disabilities, high ACG complexity, and Aboriginal and Torres Strait Islander status.

- For your influenza baseline data: percentage of eligible active vulnerable patients due for influenza vaccination for the year and you can access the *Primary Sense Winter Wellness Report.*
- For your COVID-19 booster baseline data: percentage of eligible active vulnerable patients due for COVID-19 booster for the year, you can access the *Primary Sense Winter Wellness Report.*
- Check the patient's vaccination history from:
  - The patient's clinical record (see 1.3 for information on integrating clinical software with AIR).
  - AIR042A COVID-19 Vaccination Report via AIR. If installation instructions are required refer to the Australian Immunisation Register (AIR) - AIR Reports - Health Professional Education Resources.

> Your practice may also wish to identify active eligible patients who are pregnant.
> To identify these patients, use the
> ***Primary Sense Pregnant and Vaccinations Report***

To understand your patient population, complete the table below:

| Item | Description | Current Total | Post QI Activity |
|------|-------------|---------------|------------------|
| 2.1a | Number of eligible active vulnerable patients due for seasonal vaccination including influenza and/or COVID-19 booster. | | |
| 2.1b | Number of eligible active vulnerable patients over 65 years eligible for seasonal vaccination including influenza and/or COVID-19 booster. *This is a PIPQI measure* | | |

## 2.2 Review your practice influenza and/or COVID-19 booster patient register

Based on the data identified in 2.1, consider the following questions below and what action would need to be taken:

- Are there any unexpected results with the identified patients eligible for seasonal vaccination in your practice?
- Are all influenza and/or COVID-19 booster details being recorded in the correct fields in your practice software?
- Are there any patients over 65 years due for influenza and/or COVID-19 booster from activity 2.1b? If so, does the practice have plan to invite patients to book an appointment?
- Are there any patients due for influenza and/or COVID-19 booster that have received vaccination elsewhere?
- Are there any patients who have received COVID-19 booster but not influenza vaccination?
- Are there any patients due for influenza and/or COVID-19 booster that do not have smoking status recording in your practice software?
- Are there any other patients within your practice you will target to offer seasonal vaccinations?
- After reviewing your practices influenza and/or COVID-19 booster patients register, are there any changes you would like to implement in your practice to help manage patients due for vaccination over the seasonal period?

# Improvement Idea #3:
# Increase access/awareness to influenza and/or COVID-19  boosters

*The aim of improvement idea #3 is to increase winter vaccination uptake by providing opportunistic vaccination during existing appointments with eligible and vulnerable patients.*

## 3.1 Opportunistic vaccination for patients with an existing appointment

- Identify patients eligible for an influenza vaccination and/or COVID-19 booster and  have an existing appointment through the *Primary Sense Winter Wellness Report* and place a flag in their clinical record to indicate they are due. This will provide the GP or Nurse a reminder to discuss the benefits and identify barriers to vaccination with the patient  during  their appointment.
- Collect vaccination history on new patient forms, record this in their clinical record and/or check the AIR for previously given vaccinations elsewhere.
- Routine antenatal and postnatal care should include a review of influenza vaccination status, ensuring vaccination is offered if due or recommended. Consider scheduling a vaccination appointment or adding a reminder to the patient file.
- If the AIR is not integrated with your practice software, update the AIR when an influenza vaccine and/or COVID-19 booster is administered.

## 3.2 Patient awareness and education

Identify opportunities for health promotion and prevention within your general practice to raise awareness of the benefits of seasonal vaccination.

- Implement ways to promote seasonal vaccination at your practice and consider how your practice may engage with patients to reduce vaccine hesitancy.

- Promotion could be through:
  - o Posters or information pamphlets
  - o Practice webpage and/or social media pages
  - o Phone message during out of hours and/or and on hold
  - o SMS alerts/online booking system messaging
- Stay up to date with educational resources and support materials that can help reduce vaccine hesitancy:

📁 Resources:
- [Sharing Knowledge About Immunisation (SKAI)](#)
- [Getting vaccinated against influenza – resource collection](#)

## 3.3    Patient reminders

Once vaccinated, add a 12-month reminder to patients who received an influenza vaccination and/or COVID-19 booster while continuing to offer opportunistic vaccinations during appointments to eligible patients.

📁 Resources:
- [Medical Director Recalls, Reminders, Actions and Outstanding Requests Factsheet](#)
- [Best Practice Configure Appointment Book](#)

# Improvement Idea #4:
# Run a dedicated Vaccination Clinic

✏️ *The aim of improvement idea #4 is to assist you and your practice to identify the best way of ensuring the maximum number of eligible and vulnerable patients receive their annual influenza vaccination and/or COVID-19 booster.*

The easiest and most efficient way to run a vaccination clinic is to allocate a specific day, or time of day, for vaccinations. This way all your staff are prepared to manage the additional influx of patients. The following recommendations and guidelines have been developed to assist with planning large-scale influenza vaccination clinics and facilitate efficient and safe delivery of available vaccine.

> Please note:
> Multiple roles can be done by one person –
> we recommend that you use this toolkit as a guide,
> but scale to suit your practice.

## 4.1    Decide on the type of vaccination clinic

It is suggested practices consider how to provide influenza and COVID-19 booster. This could be done during a dedicated clinic with all patients offered a 5-minute appointment, after-hours and/or on a Saturday morning with the opportunity for walk in's or conducted as an outreach clinic to the residential aged care facility.

Once the practice has identified the process for administering, communicate this to the whole team and consider how you will advertise / promote this to your patients.

Leadership roles
- Designate clinic leaders for overall vaccination campaign operations, and leaders for communications systems.
- Designate a clinic manager and a team leader each for supplies, logistics, medical personnel, support functions and their respective backups.
- Designate a leader to oversee infection control at the clinic, which includes ensuring that healthcare personnel who are preparing and administering the vaccinations are appropriately trained on safe injection practices.

Human resource needs
To ensure everything runs smoothly, the team will need to:
- Define roles and responsibilities for staff working in the clinic/s and consider training staff in multiple different roles to assist with changing demand throughout the clinic.
- Ensure practice staff are trained and have demonstrated knowledge in the proper storage, handling and administration of vaccines.
- Ensure staff well-being. A suggestion would be to schedule times for rest and snacking in a designated area.

## 4.2 Review practice policies and procedures
To assist in the preparedness for the vaccination clinic, the following may be of benefit:

- What response kits are available and easily accessible to address anaphylaxis? Where are the kits stored? What is the process in the event a kit is used?
- What policies and procedures need to be updated in preparation for the vaccination clinic? Consider:
    - o pre-vaccination checklist.
    - o vaccine management protocol and the management steps involved in the event of a cold \ chain breach waste management.
    - o stock management.
    - o staff immunisations.
    - o infection control, hand hygiene, cough etiquette and social distancing and need stick injury procedures.

Resources:
- [Pre-vaccination screening checklist](#)
- [Australian Immunisation Handbook – preparing for vaccination](#)
- [National vaccine storage guidelines: Vaccine management protocol](#)
- [Queensland Health Vaccine management Protocol - Example](#)

## 4.3 Get ready to run your dedicated flu vaccination clinic

| | |
|---|---|
| Patient booking systems | • Consider if your clinic will accommodate walk-ins only or a combination of walk-in appointments and pre-booked appointments. |
| Set-up your vaccination clinic lay out | • Consider the patient flow during their time at the vaccination clinic by establishing an eligibility screening area, facility waiting area(s), registration/ question and answer/form completion area (multiple stations), medical screening/treatment area (as needed) o Medicare and other payment area (multiple stations), vaccination area (multiple stations).<br>• Consider hand washing facilitating and trolleys with adequately stocked:<br>  o disposable gloves<br>  o sharps container<br>  o syringes<br>  o distraction items for children – toys<br>  o cotton ball and tape<br>  o vaccines<br>  o temperature controlled environment for vaccine storage (or dedicated vaccine fridge)<br>  o anaphylaxis kit.<br>• Consider where patients who experience acute adverse events after vaccination can be evaluated and treated in a private space.<br>• Consider internet access to each computer at the registration station and vaccination stations to determine immunisation history from the AIR of patients presenting for vaccination.<br><br>📁 Resource:<br>  • [RACGP Infection Prevention and Control Guidelines](#) |
| Vaccination station set up | • Consider a well-lit, well-ventilated room with a separate entry and exits if applicable.<br>• Consider how staff will access to patient records and communication with the GP or other health professionals where needed.<br>• Consider checklists to remind staff to check AIR for a patient's immunisation history and recording vaccinations given and post vaccination procedures.<br>• Consider seating for patients and the person administering the vaccine at each vaccination station.<br>• Consider translation services or tools for non-English-speaking patients. |
| Promote the vaccination clinic | • Consider promoting the vaccination clinic via SMS, posters, email and/or the practice website or social media page.<br>• Consider targeting vulnerable patient demographics in bursts: patients under 5 years old, patients between 19-64, patients 65+, patients with COPD<br><br>📁 Resources:<br>  • [Guide for the use of social media in general practice](#)<br>  • [Avant recommendations when using SMS messaging](#) |

## 4.4    Evaluate your dedicated flu vaccination clinic

Compare the number of vaccinations provided during the clinic compared to your baseline measures (the table on page 8 and page 11)

You may wish to consider the following:
- How many patients attended the vaccination clinic? How many were walk-in's vs bookings?
- What age groups attending the practice?
- What blocks of time were the busiest/slowest and are they any changes to the bookings available needed for next year?
- What was the overall attitude towards vaccination? What support or education may staff require upskilling in the event of vaccine hesitant patients?

# Finishing points

Sustainability check list – maintaining the change

| | |
|---|---|
| **Cyclical nature of PDSAs- Adopt, adapt, abandon** | • Adopt: excellent work, embed that change.<br>• Adapt: determine if a change is needed to the plan and start a new PDSA.<br>• Abandon: Rethink the next PDSA<br>• Lessons can be learned from PDSAs that are abandoned. Keep a record of learnings. |
| **Set a clear review process for QI activities** | • Frequency of Reviews: Schedule reviews based on the activity timeline (e.g., every fortnight for a 12-week activity).<br>• Data-Driven Reviews: Use practice data at each checkpoint to assess progress toward goals.<br>• Identify Barriers: During reviews, identify challenges or barriers to progress and plan corrective actions if needed. |
| **Document your improvement activity** | • Document QI activities to meet PIP QI and CPD guidelines. Use tools like GCPHN's PDSA Template.<br>• Documentation must be kept for 6 years for evidence of PIP QI if your practice is audited by the Department of Health, Disability and Ageing. |
| **Sustaining project outcomes** | • Updates to Policy and Procedure manual.<br>• Specific task procedures.<br>  o Assign responsibility for monitoring outcomes and taking corrective action if performance falls short of the new standard.<br>• Establish intervals for regular reviews of performance related to the QI activity. • Local signs or instructions.<br>• Staff work practices.<br>• Position descriptions.<br>• Staff induction.<br>• Staff skills development or education.<br>• Annually review the outcomes of the PDSA cycles to ensure adherence and identify new improvement opportunities.<br>• Regularly audit data to identify gaps, refine targets, and plan future activities.<br>• Use insights and learnings from this activity to inform new QI activities. |
| **Communication is key to finishing a successful project** | Consider:<br>• QI project outcome feedback to staff.<br>• Discuss project strengths and challenges.<br>• Feedback to patients, where appropriate.<br>• Consider incorporating this as part of your practice preventative health care promotion activities. |
| **Celebrate success** | • Celebrate your outcomes and achievements by sharing a morning tea with your team.<br>• Consider sharing your practice improvement activity efforts with your patients through practice newsletters, website or waiting room. E.g. displaying data reports to demonstrate change over time |
| **Review and reflect** | • Discuss project strengths and challenges.<br>• Annually review the PDSA outcomes to ensure activities are still being adhered to and completed.<br>• Annually review and audit your data related to this activity. Identify gaps, areas for improvement and set new targets if needed.<br>• Where to next on your continuous QI journey?<br>• Consider potential topics for a new QI activity, and how your experience with this activity can help you to be more efficient and effective. |

# Appendix 1

## Potential improvement roles and responsibilities of practice team members

| | |
|---|---|
| General Practitioners | • Provide clinical oversight and governance of the activity.<br>• Discuss the benefits of vaccination with patients.<br>• Monitor disease progression and comorbidities, ensuring regular follow-ups.<br>• Review immunisations records during consultations and opportunistically discuss due/overdue vaccinations with patients. |
| Practice Nurses | • Lead and/or support the implementation of the activity, including:<br>  o Consent process.<br>  o Consumable ordering and stock management to meet needs.<br>  o Monitor vaccine stock to ensure quantity meet.<br>  o Recalls, bookings, reminders added to clinical software.<br>• Identify vulnerable patients eligible for influenza and COVID-19 booster vaccination.<br>• Administer influenza and COVID-19 booster vaccinations to reduce the risk of infection.<br>• Collaborate with the practice QI team to complete the PDSA.<br>• Monitor progress against the QI activity and share results, challenges and wins with the QI team and Practice Manager. |
| Practice Manager | • Ensure the practice QI team have access to Primary Sense desktop to review relevant reports.<br>• Analyse practice data including the number of patients due for vaccination and progress towards the activity's goals.<br>• Identify the best way to share and monitor the QI PDSA's with the whole practice team.<br>• Identify and support implementation of training for the QI activity and for the practice team.<br>• Establish and oversee recall/reminder systems.<br>• Monitor progress with the QI activity, adjust approach if progress towards goal is not being achieved.<br>• Review and update new systems to ensure sustainable change.<br>• Document policy and procedures and support implementation across the team. |
| Reception Staff | • Order and maintain supplies of resources (e.g. patient information).<br>• Display brochures and posters in high visibility areas within the practice.<br>• Support the implementation of the activity.<br>• Provide support to generate data reports.<br>• Support the practice team to identify patients eligible for relevant reminders and contact patients either via letter, text message, phone call, etc. |

# Appendix 2: Health Professional Education

## Immunisation Health Professional Resources

- Australian Immunisation Handbook
- Australian Immunisation Handbook – preparing for vaccination
- Immunisation Schedule Queensland
- ATAGI statement on the administration of seasonal influenza vaccines in 2025
- Getting vaccinated against influenza – advice for health professionals
- DoHAC National COVID-19 Program
- COVID-19 Clinical Guidelines
- ATAGI clinical guidance for COVID-19 vaccine providers
- National vaccine storage guidelines - Strive for 5, 3rd edition
- National Centre for Immunisation Research and Surveillance
- QHIP Online Immunisation Courses
- National Centre for Immunisation Research and Surveillance (NCIRS)
- Health Pathways Immunisation
- Sharing Knowledge About Immunisation (SKAI): For healthcare professionals
- RACGP A positive approach to parents with concerns about vaccination for the family physician

## Immunisation Patient Resources

- Getting vaccinated against influenza – resources for health care setting
- Sharing Knowledge About Immunisation (SKAI)

## Australian Immunisation Register (AIR) eLearning

- Services Australia AIR -eLearning
- Register as a vaccination provider
- Log into the AIR using HPOS
- Submitting information to the AIR
- AIR042A COVID-19 and Influenza Vaccination Report
- AIR010A Due/Overdue report – by Immunisation Practice

## Clinical Audit

A complementary GP clinical audit is available to general practitioners through Arterial Education interested in improving vaccination rates at the practice. The GP clinical audit (5 CPD hours with RACGP & ACRRM accreditation) would largely aid in achieving increase vaccination rates with vaccine hesitant patients and encourage a more team-based approach to QI.

- Getting ahead of influenza immunisation: clinical audit - Arterial Education

## PDSA Exemplars

- PDSA Example: Achieving Higher Vaccination Rates
- PDSA Template: NINCo PDSA-Template

**phn**
NATIONAL IMPROVEMENT
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