

Identifying Overdue Immunisations for First Nations Patients 0-5 Years

Practice name:	Oasis Springs Health Hub	Date:	3 May
QI team:	Pearl (PM), Emily (RN), Betty (RN) & Dr Brindle Bay (GP)		
Problem:	<p><i>Describe why this work is strategically important. What problem is the team addressing? What does our data indicate about it, and what are the causes?</i></p> <p>Childhood immunisation is a vital public health strategy to prevent the spread of vaccine-preventable diseases. Australia's National Immunisation Program (NIP) sets a target of 95 % coverage to achieve herd immunity. However, since the onset of the COVID-19 pandemic, childhood vaccination rates have shown a concerning and ongoing decline. Missing or delaying vaccinations puts children at an increased risk of contracting serious diseases. Vaccination is particularly important for First Nations children, who may experience higher susceptibility to vaccine-preventable diseases due to existing health inequities and barriers. Improving immunisation coverage in this population supports individual protection, reduces community transmission, and contributes to closing the gap in health outcomes.</p> <p>As of March, Gold Coast's childhood immunisation coverage rates for First Nations children were:</p> <ul style="list-style-type: none"> • 1-year-olds: 83.67% • 2-year-olds: 82.51 % • 5-year-olds: 91.94 % 		
Problem Statement:	<p><i>Document your succinct problem statement here</i></p> <p>Childhood immunisation uptake has declined in the practice, with a significant number of First Nations patients overdue for their National Immunisation Program (NIP) vaccinations. This gap indicates a need to review and improve our processes and systems of care to ensure timely vaccination and provide high-quality, culturally safe care for First Nations children.</p>		

This document guides practice staff through the **Model for Improvement** (the Thinking Part) and the **Plan-Do-Study-Act** (PDSA) cycle (the Doing Part), a framework for planning, testing, and reviewing changes.

For guidance and support on conducting quality improvement in your primary healthcare services, please contact your local Primary Health Network (PHN).

Model for Improvement

Step 1: Thinking Part - Three Fundamental Questions

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

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>Our practice aims to ensure 96% (48 patients) of our identified First Nations patients aged 0-5 years are fully vaccinated and up to date with their scheduled childhood immunisations by October.</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. <i>Tip: Use a Run Chart to plot trends.</i></p> <p>We will measure the number of First Nations patients aged 0-5 years who are due/overdue for their scheduled childhood immunisations until the end of October. To do this we will initially run the Primary Sense <i>Child Immunisation Report</i> to establish our baseline (no. First Nations patients aged 0-5 years who are due/overdue). We will then run the Primary Sense report at the end of each month and record our increases to track improvements.</p>			
Baseline:	<ul style="list-style-type: none"> 36% (n=18/50) patients aged 0-5 years are fully vaccinated. 50 current First Nations patients aged 0-5 years have been identified who attend our clinic, with 18 First Nations patients fully immunised. 	Baseline date:	March 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. <i>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.</i></p>			
Idea 1	Immunisation recalls for overdue identified First Nations children 0-5yrs		
Idea 2	All identified First Nations children to have immunisation reminders via SMS on their patient records in the clinical information system.		
Idea 3	Offer dedicated childhood immunisation appointments during after-school hours and weekends to increase accessibility for First Nation families.		
Idea 4	Provide face-to-face and digital educational resources on immunisation benefits during routine consultations with Dr Brindle Bay.		
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: Immunisation recalls for overdue First Nations patients 0-5yrs.	<p>What – identify eligible First Nations patients 0-5 yrs who are due or overdue for NIP immunisations.</p> <p>How – Use the Primary Sense <i>Child Immunisation Report</i>. Contact identified patients’ parent or carer via phone or SMS and invite parent or carer to bring patient into the practice for immunisations.</p> <p>Who – Practice nurses (RN) Betty and Emily.</p> <p>When – By end of October</p>	It is predicted that at least 40% of First Nations patients 0-5 yrs will be due or overdue for NIP immunisations. Of these identified patients, it is predicted that 5% will not be contactable/left the practice.	<p>Betty and Emily (RN) generated a Primary Sense <i>Child Immunisation Report</i> and reviewed patient records.</p> <p>The Primary Sense <i>Child Immunisation Report</i> identified 32 eligible First Nations patients 0-5 yrs due/overdue for NIP immunisations.</p> <p>Of the 32 identified First Nations patients, 10 First Nation patients were fully immunised as checked against their AIR record, however the patients’ records were not updated in the clinical information</p>	<p>The prediction was lower than expected with 44% of First Nations patients 0-5 yrs due or overdue for NIP immunisations and 20% First Nation patients 0-5 yrs not having up to date immunisation records in the clinical information software.</p> <p>2 identified First Nation patients no longer attend the practice therefore these patients were inactivated.</p> <p>Majority of the parents/carers of identified eligible First Nations patients 0-5 yrs due/overdue NIP had forgotten their child was due</p>	<p>Adopt –continue to review the Primary Sense <i>Child Immunisation Report</i> on a monthly basis to ensure First Nations children are up to date with their NIP immunisation.</p> <p>Betty and Emily have added automated immunisation reminders to all First Nation patient’s clinical record once the patient has attended their catch-up immunisation appointment.</p>

			<p>software.</p> <p>Betty called the remaining parent/carers of the 22 identified First Nations patients to schedule a catch-up immunisation appointment.</p> <p>Emily updated the records of the 10 First Nation patients who are fully immunised in the clinical information system.</p>	<p>or were planning to book an appointment for their child soon but had to find the right time with family schedules.</p> <p>Methods of contact used was phone call with SMS follow up once a parent had booked their child in for the catch-up immunisation appointment.</p>	
<p>Summary of Results</p>	<p>The activity was worthwhile as 44% of First Nations patients 0-5 yrs were identified as due or overdue for their NIP immunisations and invited into the practice to receive their vaccinations. 20% 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 First Nations patients 0-5 years who are due/overdue NIP immunisations, with the Primary Sense <i>Child Immunisation Report</i> being generated and reviewed every month to ensure no First Nation patients are missed in the future.</p>				