Quality Improvement Toolkit for General Practice

Patient Population Groups

- Know your patient demographics
- DVA & Concession cards
- Patients on 5 or more medications
- Aboriginal & Torres Strait Islander patients
- Your practice's cultural profile

Version 2

March 2021

PATIENT POPULATION GROUPS

Introduction

The Quality Improvement (QI) toolkit

This QI toolkit is made up of modules that are **designed to support your practice to make easy, measurable and sustainable improvements to provide best practice care for your patients.** The toolkit will help your practice complete Quality Improvement (QI) activities using the Model For Improvement (MFI).

Throughout the modules you will be guided to explore your data to understand more about your patient population and the pathways of care being provided in your practice. Reflections from the module activities and the related data will inform improvement ideas for you to action using the MFI.

The MFI uses the Plan-Do-Study-Act (PDSA) cycle, a tried and tested approach to achieving successful change. It offers the following benefits:

- A simple approach that anyone can apply
- Reduced risk by starting small
- It can be used to help plan, develop and implement change that is highly effective.

The MFI helps you break down your change implementation into manageable pieces, which are then tested to ensure that the change results in measurable improvements, and that minimal effort is wasted.

There is an example using the MFI on increasing the recoding of ethnicity and a blank template for you to complete at the end of this module.

If you would like additional support in relation to quality improvement in your practice please contact Brisbane South PHN on support@bsphn.org.au.

This icon indicates that the information relates to the ten Practice Incentive Program Quality Improvement (PIP QI) measures.

Due to constant developments in research and health guidelines, the information in this document will need to be updated regularly. Please contact Brisbane South PHN if you have any feedback regarding the content of this document.

Acknowledgements

We would like to acknowledge that some material contained in this toolkit has been extracted from organisations including the Institute for Healthcare Improvement; the Royal Australian College of General Practitioners (RACGP); the Australian Government Department of Health; Best Practice; MedicalDirector, CAT4 and Train IT. These organisations retain copyright over their original work and we have abided by licence terms. Referencing of material is provided throughout.

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Brisbane South PHN would like to acknowledge the contribution of Refugee Health Network Queensland in the production of this QI toolkit.

Brisbane South PHN, 2021

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PATIENT POPULATION GROUPS

Understanding your practice demographics

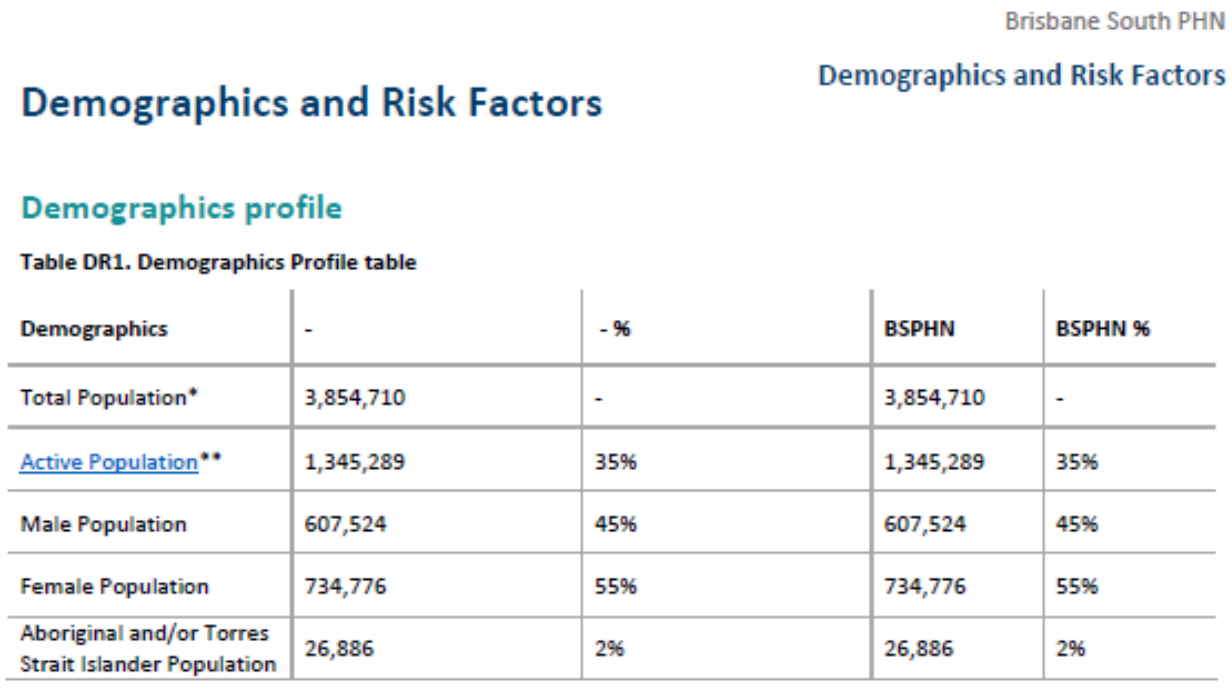
Identifying and understanding your patients is an essential part of the continuity of your practice. This information assists you to:

1. assess the patient population, considering relevant age groups, social and cultural aspects
2. facilitate coordination and continuity of care for your patients
3. ensure adequate health workforce is available to meet the demands of the practice demographic (e.g. if practice has high number of patients with chronic medical conditions, you may need additional nurse support)
4. identify various Medicare Benefit Schedule (MBS) item numbers from which your patient population may benefit
5. assist in identifying quality improvement activities
6. improve flexibility and convenience by matching your range of services to meet patient needs.

Australians access general practice more than any other area of the health system, with over 87.8 per cent of the population visiting their GP at least once each year.[1]

Understanding your demographics from your benchmark report

Data available on your clinical software is a valuable tool in assisting with the delivery of quality care. Brisbane South PHN have produced a benchmark report based on a snapshot of your practice's de-identified data. You can use this report to help identify patient demographics.



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Demographics and Risk Factors

Demographics and Risk Factors

Demographics profile

Table DR1. Demographics Profile table

Demographics	-	- %	BSPHN	BSPHN %
Total Population*	3,854,710	-	3,854,710	-
Active Population**	1,345,289	35%	1,345,289	35%
Male Population	607,524	45%	607,524	45%
Female Population	734,776	55%	734,776	55%
Aboriginal and/or Torres Strait Islander Population	26,886	2%	26,886	2%

[1] https://www.racgp.org.au/download/Documents/Publications/Health-of-the-Nation-2018-Report.pdf

Definition of an active patient

There are a number of terms used to define if a patient is active in your practice. These include:

- Clinical software package definition – an active patient is a patient who has a clinical or financial entry and is not marked as inactive
- RACGP Accreditation Standards definition - an 'active patient' is a patient who has attended the practice/service three or more times in the past 2 years.

Please note: If you are completing a search on CAT4 for patients and you select active (3x visits in 2 years), this search criteria does not capture those patients who may come in for screening every 2 years, or twice in 2 years e.g. flu vaccine. It is suggested that you consider this option when completing each search.

Aim of this QI toolkit

General practice is ideal for primary and secondary prevention of many chronic diseases. It is often the first point of contact for treatment coordination, access to medications, additional tests and referrals to other providers.

Toolkit aim - To identify your patient demographics and ensure patients are provided with the most appropriate health care.

To achieve this, you will need to extract patient data. The following activities will help guide you through the process at your own pace. Once you understand your patients, you will be able to easily identify how your patients are being managed and what needs to happen within the practice to optimise patient care.

How to use this toolkit

There are checklists included below that will guide you and your practice.

- identify a sample group of patients (between 50-100 patients) by reviewing data measures from your practice population
- use this toolkit to guide you along the journey
- set yourselves timelines to achieve your goals
- consider potential internal or external factors that could impact the activity and factor these into your planning e.g. accreditation preparation, staff leave (planned or unplanned), global pandemic, influenza vaccination season
- review your progress regularly
- if you find your process is not working and you are not seeing improvements, then review your process and start again.

For more support

support@bsphn.org.au

1300 467 265

ACTIVITY 1 – UNDERSTANDING YOUR PATIENT POPULATION

Activity 1.1 – Data collection from CAT4

Complete the below table by collecting data from your CAT4 Data Extraction Tool. You may also refer to the Brisbane South PHN monthly benchmark report.

Note - Instructions on how to extract the data is available from the CAT4 website: Demographics OR Ethnicity or from the monthly benchmark report as provided by Brisbane South PHN.

The aim of this activity is to collect data to determine the demographics of your practice's active patient population.

	Description	Total number	Number of active patients (3 x visits in 2 years)
1.1a	Total practice population		
1.1b	Number of active patients (i.e. 3 x visits in 2 years)		
1.1c	Number of female patients		
1.1d	Number of male patients		
1.1e	Number of patients aged 0 to 19 years		
1.1f	Number of patients aged 20 to 39 years		
1.1g	Number of patients aged 40 to 49 years		
1.1h	Number of patients aged 50 to 64 years		
1.1i	Number of patients aged 65 to 74 years		
1.1j	Number of patients aged 75 years and greater		
1.1k	Number of patients who identify as Aboriginal or Torres Strait Islander		
1.1l	Number of patients with ethnicity recorded (other than Australian, Aboriginal or Torres Strait Islander)		

Activity 1.2 – Understanding your practice population

The aim of this activity is to increase your understanding of the active patient population.

Description	Status	Action to be taken
After completing **activity 1.1** are there any unexpected results with your practice's patient demographics?	☐ Yes: **see action to be taken.** ☐ No: continue with activity.	Please explain: (*e.g. higher older population than expected, practice has a low population of people between 40 and 49 years*). How will this information be communicated to the practice team?
Are your practice demographics similar to other practices in the Brisbane south region (compare information from benchmark report)?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Outline the differences – is it active population, age group differences, male/female populations? How will this information be communicated to the practice team?
After reviewing your patient demographics, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	☐ Yes, **see action to be taken to help set you goals**. ☐ No, continue with activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

New patient registration forms

To meet the RACGP Accreditation Standards and obtain comprehensive patient information, practices should have a new patient registration form. Practices also have a responsibility to ensure this information is kept up to date and all information is recorded in the patient's record. Practices must also adhere to the Australian Privacy Principles.

Activity 1.3 – Updating patient information

The aim of this activity is to review your practice process of collecting and recording patient information.

Description	Status	Action to be taken
Does your practice have *an up to date* new patient registration form?	☐ Yes: continue with activity**.** ☐ No: **see action to be taken**.	Develop a new patient registration form. How will you ensure this is implemented in your practice?
Do you have a process of entering ALL information included on the new patient form?	☐ Yes: **see action to be taken**.	Outline your practice process. Who has the responsibility to enter information? Is the process working well? ☐ Yes ☐ Needs reviewing.
	☐ No: **see action to be taken.**	Decide who will be responsible for entering information. This may include receptionist, nurse & GP. Provide training to relevant team members to ensure they understand their roles and responsibilities. Document the process in the practice's policy and procedure manual.
Do you have a system to ensure patient information is kept up-to-date including: address, contact details, Medicare number, emergency contact details, interpreter required language spoken etc?	☐ Yes: continue with activity**.** ☐ No: **see action to be taken**.	Develop a system of maintaining patient records. This may include receptionist checking details on arrival for appointment, or asking patients to complete a patient information update form.

Description	Status	Action to be taken
After reviewing your process for obtaining and maintaining patient information, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	☐ Yes, **see action to be taken to help set you goals**. ☐ No, continue with activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

Identifying missing demographics

A patient's date of birth is an approved patient identifier and vital to ensure patient safety and confidentiality.

It is an RACGP Accreditation Standard that your practice has a patient identification process which can include a patient's date of birth. It is therefore important that this information is recorded accurately.

Using Topbar to identify missing demographics

Pen CS have options to assist with reviewing your practice database.

- Using Topbar to identify missing demographic details - the Demographic tab will display any missing and completed items from the patient's record relating to their demographic information in the GP application.
- Topbar cleansing app - this tab displays any missing and incomplete items from the patient's record relating to their demographic information in the GP application. Items that require actions are displayed on top and completed items at the bottom of the screen.

Billing for general practice services

According to the RACGP, general practices are to determine billing policies and consultation fees that enable them to provide high-quality general practice services.[2] Practices may choose to use the following billing types:

- private fees, including patient fees, WorkCover, medicals, insurance reports etc
- bulk billing to Medicare or Department of Veterans Affairs (DVA).

What is bulk billing?

Bulk billing means the patient does not have to pay for their medical service from a GP or specialist. The GP or specialist bills Medicare instead, and accepts the Medicare benefit as full payment for the service. Not all GPs and specialists bulk bill. **Private billing** means the patient pays the GP or specialist directly for their medical service. The patient may be able to claim some of the money back from Medicare.

Activity 1.4 – Understanding your practice billing types

Complete the below table by collecting data from your practice billing software.

Note - Instructions on how to extract the data are available for Best Practice and Pracsoft.

The aim of this activity is to identify the types and percentage of billing generated by your practice.

	Description	Percentage
1.4a	Percentage of private billing provided in the past 12 months	

[2] https://www.racgp.org.au/advocacy/position-statements/view-all-position-statements/health-systems-and-environmental/billing-for-general-practice-services

	Description	Percentage
1.4b	Percentage of bulk billing provided in the past 12 months	

Activity 1.5 – Understanding your practice billing types

The aim of this activity is to increase your understanding of the types of billing provided at your practice.

Description	Status	Action to be taken
After completing **activity 1.4** are there any unexpected results with your practice's billing types?	☐ Yes: **see action to be taken.** ☐ No: continue with activity.	Please explain: (*e.g. higher bulk billing percentage than expected*). How will this information be communicated to the practice team?
Do relevant staff know how to obtain information from your practice software?	☐ Yes: continue with activity**.** ☐ No: **see action to be taken**.	Refer to instructions from Best Practice or Pracsoft.
After reviewing your practice billing types, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	☐ Yes, **see action to be taken to help set you goals**. ☐ No, you have completed this activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

Type of concession cards

Patients may be entitled to a variety of concession cards. The Department of Human Services provides a list of the different types of cards available and eligible criteria.

The DVA issues health cards to eligible veterans and former members of the Australian Defence Force (ADF), their widow(er)s and dependants. There are different eligibility requirements and benefits for each type of card.

Why do practices need to ensure concession and Medicare details are up to date?

It's important to understand why your practice needs to have concession and Medicare card details up to date. This can be for:

- specific health care needs, especially for the ageing population
- the socio-economic status of your patients
- additional bulk billing incentives available from Medicare
- concession fees on medications for patients from the Pharmaceutical Benefit Scheme (PBS).

More information about claiming bulk bill incentives can be found at the Medicare education guide.

Activity 1.6 – Updating patient's concession details

The aim of this activity is to review the process your practice uses to record patient concession details.

Description	Status	Action to be taken
Do all relevant team members know where to enter patient's Medicare and concession details into the billing software?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	See instructions for Best Practice and Pracsoft. Communicate to relevant practice team members how to enter this information.
Does the practice check at each appointment Medicare card and concession card details?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Consider when the patient is arriving for their appointment, ask to view Medicare and any relevant concession cards.
Do relevant team members understand the GP/practice receives an additional payment if eligible patients are bulk billed?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Provide education to relevant team members. Discuss at practice meetings regularly. Refer to Medicare education guide.

Description	Status	Action to be taken
After reviewing your practice concession detail recording, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	☐ Yes, **see action to be taken to help set you goals**. ☐ No, continue with activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

Practice fees and RACGP Accreditation Standards

According to the 5th edition RACGP Accreditation Standards, practices are required to provide information on the cost of services provided by the practice.

C1.1 A. Our patients can access up-to-date information about the practice.

At a minimum, this information contains:

- our practice's address and telephone numbers
- our consulting hours and details of arrangements for care outside normal opening hours
- our practice's billing principles

You can provide this information in many formats, such as:

- printed information sheets
- on the practice's website.
- practice newsletter

Pictures and simple language versions help patients who would otherwise be unable to read or understand the information. The practice needs to update this information regularly so that it remains accurate. Ideally, the information is updated as soon as it changes.

Activity 1.7 – Notifying patients of practice billing procedures

The aim of this activity is to review how your practice notifies patients of the billing procedures.

Description	Status	Action to be taken
Do all team members know the practice's billing procedures (i.e. is bulk billing available, do patients know the standard consultation fee)?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Communicate to relevant practice team members the practice billing procedures.
Are patients informed of practice billing procedures?	☐ Yes: **see action to be taken to outline methods of communication**.	☐ Waiting room poster ☐ Practice newsletter ☐ Practice website

Description	Status	Action to be taken
	☐ No: **see action to be taken to identify what methods your practice will use.**	☐ Notified when making appointment ☐ Other: _____ _____
After reviewing your practice process for notifying patients of practice billing procedures, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	☐ Yes, **see action to be taken to help set you goals**. ☐ No, you have completed activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

ACTIVITY 2 - DEPARTMENT OF VETERANS' AFFAIRS (DVA) AND THE COORDINATED VETERANS' CARE (CVC) PROGRAM

Veterans' Health

The unique nature of Australian Defence Force (ADF) service can enhance a person's health and wellbeing. Military personnel are generally physically and mentally fit, receive regular medical assessments, and have access to comprehensive medical and dental treatment as a condition of service. However, ADF service increases the likelihood of exposure to trauma (either directly or indirectly) and affects support networks, for example, separation from family during deployment. The unique nature of military service means many veterans experience health and welfare challenges above those of the Australian population.[3]

Activity 2.1 – Data Collection from CAT4

Complete the below table by collecting data from your CAT4 Data Extraction Tool.

Note - Instructions on how to extract the data is available from the CAT4 website: Identify DVA patients

The aim of this activity is to collect data to determine the number of DVA card holder's the practice has

	Description	Total number
2.1a	Total active population	
2.1b	Total active population with a DVA card	

Activity 2.2 – Understanding the number of DVA patients

The aim of this activity is to increase your understanding of the number of DVA patient's your practice has.

Description	Status	Action to be taken
After completing **activity 2.1** are there any unexpected results with your practice's DVA patient numbers?	☐ Yes: **see action to be taken.** ☐ No: continue with activity.	Please explain: (*e.g. higher number of DVA patients than expected*). How will this information be communicated to the practice team?

[3] https://www.aihw.gov.au/reports/veterans/a-profile-of-australias-veterans-2018/contents/summary

Description	Status	Action to be taken
After reviewing your practice's DVA patients, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	☐ Yes, **see action to be taken to help set you goals**. ☐ No, you have completed activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

Veterans and bulk billing

Providers who accept DVA health care cards are registered by the Australian Government and, as a requirement of accepting the cards, agree to accept DVA's scheduled fee as full payment for the services. **No medical health provider should charge a DVA health card holder a gap fee**.

DVA patients and the CVC Program

The DVA's Coordinated Veterans Care (CVC) Program uses a proactive approach to improve the management of participants' chronic conditions and quality of care.

CVC is a team-based program where the participant, a General Practitioner (GP) and a nurse coordinator (NC) work together as a core team to develop a plan to meet the health needs of the participant and manage their ongoing care.

The DVA toolbox assists healthcare providers to understand, enrol and manage patients in the CVC Program.

Activity 2.3 - Identifying patients eligible for the CVC program

Complete the below table by collecting data from your CAT4 Data Extraction Tool.

Note - Instructions on how to extract the data is available from the CAT4 website: Identify DVA patients eligible for CVC program

The aim of this activity is to collect data to determine the number of DVA patients eligible for the CVC program.

	Description	Total number
2.3a	Total number of DVA patients eligible for the CVC program	

Activity 2.4 – Understanding your DVA patients eligible for the CVC program

The aim of this activity is to increase your understanding of the number of DVA patients eligible for the CVC program.

Description	Status	Action to be taken
After completing **activity 2.3** are there any unexpected results with the number of DVA patients eligible for the CVC program?	☐ Yes: **see action to be taken.** ☐ No: continue with activity.	Please explain: (*e.g. our practice report identified no patients are eligible for this program, I'm not sure why this is the case*).

Description	Status	Action to be taken
		How will this information be communicated to the practice team?
Do relevant team members know where to find out more information about the CVC program?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Refer to DVA fact sheet. How will this information be communicated to the practice team?
After reviewing the number of DVA patients eligible for the CVC program, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	☐ Yes, **see action to be taken to help set you goals**. ☐ No, you have completed this activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

ACTIVITY 3 - ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS

Aboriginal and Torres Strait Islander people experience poorer health, much greater mortality and burden from chronic disease than non-Indigenous Australians.[4]

According to the Australian Institute of Health and Welfare, Aboriginal and Torres Strait Islander people are at increased risk of the following chronic diseases:

- mental health conditions
- respiratory diseases
- cardiovascular disease
- diabetes
- chronic kidney disease
- cancer.

Activity 3.1 – Data collection from CAT4

Complete the below table by collecting data from your CAT4 Data Extraction Tool or your Benchmark report provided by Brisbane South PHN.

Note - Instructions on how to extract the data from the CAT4 website: Ethnicity OR Indigenous patients eligible for PBS co-payment measure.

The aim of this activity is to collect data to determine the number of patients who identify as Aboriginal and Torres Strait Islander and who are eligible for the PBS co-payment measure.

	Description	Total Number
3.1a	Number of active patients who identify as Aboriginal and Torres Strait Islander	
3.1b	Number of active patients who identify as Aboriginal and Torres Strait Islander and are eligible for the PBS co-payment measure	

Activity 3.2 – Understanding your practice population

The aim of this activity is to increase your understanding of the number of patients who identify as Aboriginal and Torres Strait Islander.

Description	Status	Action to be taken
After completing **activity 3.1** are there any unexpected results with your patients who identify as Aboriginal and Torres Strait Islander?	☐ Yes: **see action to be taken.** ☐ No: continue with activity.	Please explain: (*e.g. higher number of patients who identify as Aboriginal than expected*).

[4] https://www.health.gov.au/health-topics/aboriginal-and-torres-strait-islander-health

Description	Status	Action to be taken
		How will this information be communicated to the practice team?
Is your Aboriginal and Torres Strait Islander demographic similar to other practices in the Brisbane south region (compare information from benchmark report)?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Outline the differences. How will this information be communicated to the practice team?
Do relevant team members know how to enter Aboriginal and Torres Strait Islander status in patient's records?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	See instructions for Best Practice, Pracsoft or MedicalDirector.
Do relevant team members know who is eligible for the Closing the Gap (CTG) – PBS co-payment?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Refer to the PBS co-payment factsheet. How will this information be communicated to the practice team?
After reviewing your patient who identify as Aboriginal and Torres Strait Islander, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	☐ Yes, **see action to be taken to help set you goals**. ☐ No, you have completed this activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

PIP registration and PBS co-payment

The PIP Indigenous Health Incentive aims to support general practices and Indigenous health services to provide better health care for Aboriginal and Torres Strait Islander patients, including best practice management of chronic disease. For more information, read the Indigenous Health Incentive guidelines. The PIP Indigenous Health Incentive has 3 parts—the practice sign-on payment, patient registration payment and outcomes payment – see Table 1.

Table 1: Payments and requirements of the PIP Indigenous Health Incentive

Component payment		Activity required for payment
(i) sign-on Payment	$1,000 per practice	One-off payment to practices that agree to undertake specified activities to improve the provision of care to their Aboriginal and/or Torres Strait Islander patients with a chronic disease.
(ii) patient registration payment	$250 per eligible patient per calendar year	A payment to practices for each Aboriginal and/or Torres Strait Islander patient aged 15 years and over who is registered with the practice for chronic disease management.
(iii) outcomes payment—up to $250	Tier 1: $100 per eligible patient per calendar year	A payment to practices for each registered patient where a target level of care is provided by the practice in a calendar year.
	Tier 2: $150 per eligible patient per calendar year	A payment to practices for providing the majority of care for a registered patient in a calendar year.

(Updated May 2020, current February 2021)

Activity 3.3 – PIP Indigenous Health Incentive

The aim of this activity is to assist you to meet the requirements of the PIP Indigenous Health Incentive.

Description	Status	Action to be taken
Has the practice registered to participate in the PIP Indigenous Health Incentive?	☐ Yes, continue with activity. ☐ No**/unsure, see action to be taken**.	Contact Practice Incentive Program on 1800 222 032 to check
Do all relevant team members know where to locate the patient PIP Indigenous Health Incentive registration forms?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	PIP Indigenous Health Incentive patient registration & consent form PIP Indigenous Health incentive withdrawal of consent
Do you keep an active list of all patients that are registered at your practice for the PIP Indigenous Health Incentive?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Consider keeping a register of patients registered for the PIP Indigenous Health Incentive.

Description	Status	Action to be taken
Do you mark on the patient's file that they are registered for the CTG PBS Co-payment?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to information on how to update CTG on Best Practice and MedicalDirector.
Are you aware that at the beginning of each year the patient is required to re-register for the PIP Indigenous Health Incentive at your practice?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Add reminder to patient recall and reminder system for January and ensure it's on repeat for an annual basis.
After reviewing your PIP Indigenous Health Incentives, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	☐ Yes, **see action to be taken to help set you goals**. ☐ No, you have completed this activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

Cultural awareness training

To meet the requirements of the PIP Indigenous Health Incentive, at least two staff members from the practice (one must be a GP) must complete appropriate cultural awareness training within 12 months of the practice signing on to the incentive. For the purpose of the PIP Indigenous Health Incentive, appropriate training is any training endorsed by a professional medical college, including those:

- offering Continuing Professional Development (CPD) points, or
- endorsed by the National Aboriginal Community Controlled Health Organisation (NACCHO) or one of its state or territory affiliates.

Practices must provide evidence of training completed.

Activity 3.4 – Cultural awareness training and your practice

The aim of this activity is to identify if your practice has participated in and met the requirements for Aboriginal and Torres Strait Islander cultural awareness training.

Topics to consider	Status	Action to be taken
Have 2 members of your practice team (1 must be a GP), completed cultural awareness training in the past 12 months?	☐ Yes, continue with activity. ☐ No/unsure**, see action to be taken.**	Contact Institute for Urban Indigenous Health to discuss training opportunities.
Do you keep a copy of the cultural awareness training certificate of attendance?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Identify a system that will work for your practice on keeping a record of ongoing training. This may be paper based or

Topics to consider	Status	Action to be taken
		electronic. A suggestion is to create a folder for each employee and keep a copy of all employee related documentation.
After reviewing your practice's cultural awareness training, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	☐ Yes, **see action to be taken to help set you goals**. ☐ No, you have completed this activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

MBS items available for Aboriginal and Torres Strait Islander patients

There are a number of MBS item numbers that you may be able to claim for patients who identify as Aboriginal and/or Torres Strait Islander. These include:

- Aboriginal and Torres Strait Islander health check (MBS item 715).
- GP Management Plan (GPMP) and Team Care Arrangement (TCA) plan (MBS items 721, 723) (if relevant)
- mental health treatment plan (if relevant)
- heart health check (MBS item 699)
- asthma cycle of care (if relevant)
- diabetes cycle of care (if relevant)
- home medication review (if relevant).

It is important that the GP ensures the patient has met the relevant criteria for each MBS item number prior to claiming. Brisbane South PHN have an MBS QI toolkit that covers these item numbers in detail.

Activity 3.5 – Data collection from CAT4

Complete the below table by collecting data from your CAT4 Data Extraction Tool or your benchmark report provided by Brisbane South PHN.

Note - Instructions on how to extract the data from the CAT4 website: MBS item numbers.

The aim of this activity is to collect data to determine the number of patients who identify as Aboriginal and Torres Strait Islander and who are eligible for the Aboriginal and Torres Strait Islander health assessment.

	Description	Total Number
3.5a	Number of active patients who identify as Aboriginal and Torres Strait Islander (from activity 3.1a)	
3.5b	Number of active patients who have had an Aboriginal and Torres Strait Islander health assessment completed in the past 12 months	

Activity 3.6– Understanding your Aboriginal and Torres Strait Islander health assessments

The aim of this activity is to increase your understanding of the number of Aboriginal and Torres Strait Islander patients who have had a health assessment completed.

Description	Status	Action to be taken
After completing **activity 3.5** are there any unexpected results with the number of Aboriginal and Torres Strait Islander patients who have had a health assessment completed?	☐ Yes: **see action to be taken.** ☐ No: continue with activity.	Please explain: (*e.g. lower number of health assessments completed than expected*). How will this information be communicated to the practice team?
Is your number of Aboriginal and Torres Strait Islander health assessments completed similar to other practices in the Brisbane south region (compare information from benchmark report)?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Outline the differences. How will this information be communicated to the practice team?
After reviewing the number of Aboriginal and Torres Strait Islander health assessments completed, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	☐ Yes, **see action to be taken to help set you goals**. ☐ No, you have completed this activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

National Immunisation Program (NIP) and Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people are at increased risk of serious diseases and can get extra vaccines for free through the NIP.

Age	Disease	Vaccine Brand
Indigenous children (also see influenza vaccine)		
Birth	• Hepatitis B (usually offered in hospital)[a]	H-B-Vax® II Paediatric or Engerix B® Paediatric

2 months Can be given from 6 weeks of age	• Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, *Haemophilus influenzae* type b (Hib) • Rotavirus[b] • Pneumococcal • Meningococcal B	Infanrix® hexa Rotarix® Prevenar 13® Bexsero®
4 months	• Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, *Haemophilus influenzae* type b (Hib) • Rotavirus[b] • Pneumococcal • Meningococcal B	Infanrix® hexa Rotarix® Prevenar 13® Bexsero®
6 months	• Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, *Haemophilus influenzae* type b (Hib)	Infanrix® hexa
Additional dose for children in WA, NT, SA, Qld and children with specified medical risk conditions[c]	• Pneumococcal	Prevenar 13®
Additional dose for children with specified medical risk conditions[c]	• Meningococcal B	Bexsero®
12 months	• Meningococcal ACWY • Measles, mumps, rubella • Pneumococcal • Meningococcal B	Nimenrix® M-M-R® II or Priorix® Prevenar 13® Bexsero®
18 months	• *Haemophilus influenzae* type b (Hib) • Measles, mumps, rubella, varicella (chickenpox) • Diphtheria, tetanus, pertussis (whooping cough)	ActHIB® Priorix-Tetra® or ProQuad® Infanrix® or Tripacel®
Additional vaccine for children in WA, NT, SA, Qld[d]	• Hepatitis A	Vaqta® Paediatric
4 years	• Diphtheria, tetanus, pertussis (whooping cough), polio	Infanrix® IPV or Quadracel®
Additional dose for children in WA, NT, SA, Qld and children with specified medical risk conditions[c]	• Pneumococcal[e]	Pneumovax 23®
Additional vaccine for children in WA, NT, SA, Qld[f]	• Hepatitis A	Vaqta® Paediatric

Age	Disease	Vaccine brand
Indigenous adolescents (also see influenza vaccine)		

12–13 years (School programs)[g]	• Human papillomavirus (HPV)[h] • Diphtheria, tetanus, pertussis (whooping cough)	Gardasil®9 Boostrix®
14–16 years (School programs)[g]	• Meningococcal ACWY	Nimenrix®
Indigenous adults (also see influenza vaccine)		
50 years and over[i]	• Pneumococcal	Prevenar 13® and Pneumovax 23®
70–79 years [j]	• Shingles (herpes zoster)	Zostavax®
Pregnant women	• Pertussis (whooping cough)[k] • Influenza[l]	Boostrix® or Adacel®
Funded annual influenza vaccination [l]		

5

Activity 3.7 – Reviewing immunisation schedules for Aboriginal and Torres Strait Islander patients

The aim of this activity is to review the use of immunisations for Aboriginal and Torres Strait Islander patients.

Description	Status	Action to be taken
Are relevant team members aware that there is a dedicated immunisation schedule for patients who identify as Aboriginal and Torres Strait Islander?	☐ Yes: continue with activity. ☐ No: **see action to be taken**.	Refer to the immunisaton schedule from NIP. How will this information be communicated to the practice team?
After reviewing your team's understanding of the immunisation schedule for Aboriginal and Torres Strait Islander patients, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	☐ Yes, **see action to be taken to help set you goals**. ☐ No, you have completed this activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

Recording Indigenous status on the Australian Immunisation Register (AIR)

Improving the health of Aboriginal and Torres Strait Islander peoples is a national priority. The NIP for all Aboriginal and Torres Strait Islander people provides additional vaccines to help improve the health of Indigenous people, and close the gap between Indigenous and non- Indigenous people in health and life expectancy.

[5] https://www.health.gov.au/resources/publications/national-immunisation-program-schedule-for-all-aboriginal-and-torres-strait-islander-people

To identify Indigenous people who may require additional vaccines, vaccination providers can now record Indigenous status directly on the AIR and it will not be over-ridden by their status recorded by Medicare. The AIR Indigenous status will not be recorded on any other government database and it does not need to be the same as Medicare.

Recording an Indigenous status on the AIR helps vaccination providers to identify and give the clinically correct vaccination schedule.

Vaccination providers should seek consent from the person at the time of a vaccination encounter before recording their Indigenous status on the AIR. There is no change to how a person's Indigenous status is recorded on the AIR.

Up-to-date records help determine the impact of the NIP in preventing vaccine-preventable diseases. In turn, vaccination coverage figures and data available for research purposes become more comprehensive and reliable over time.

ACTIVITY 4 - UNDERSTANDING YOUR PRACTICE'S CULTURAL PROFILE

How does your practice obtain information about a patient's cultural background? Are questions about country of birth, ethnicity/cultural background, language spoken and interpreter required on your new patient form?

RACGP 5th edition Accreditation Standards

As outlined in the RACGP Accreditation Standards, patients have a right to understand the information and recommendations they receive from their practitioners. Practitioners have a professional obligation to communicate effectively and to understand their patients' health concerns.

C1.4 A Our practice endeavours to use an interpreter with patients who do not speak the primary language of our practice team.

The RACGP encourages you to identify and record the cultural background of all patients, as this information can be an important indicator of clinical risk factors and therefore help practitioners to provide relevant care. This can be done by asking patients about cultural background in your new patient form or during a consultation. Before asking a patient any questions about their cultural background, explain that knowing such information helps the practice provide appropriate healthcare. [1] More information about identifying patients' cultural backgrounds can be found in the RACGP Accreditation Standards p-80-82.

Considerations in asking about cultural background and ethnicity

There are a number of considerations that should be taken into account when asking about a person's cultural background or ethnicity. As a person's ethnicity is self-identified, a person should be able to disclose any ethnicity regardless of their country of birth. The cultural background or ethnicity that a person identifies with can change over time, and as such, it should be possible to update a person's response to this question and maintain a historical record of changes where IT infrastructure allows.

It should also be noted that there are some sensitivities in asking this question and that people may be hesitant or fearful to disclose their cultural background if they believe it may negatively affect them in some way. It is recommended that each person is given the option to not disclose their cultural background and ethnicity in the form of the 'prefer not to say' response.[6]

C7.1F Our practice routinely records the cultural backgrounds of our patients in their patient health record, where relevant.

[66] https://www.vic.gov.au/victorian-family-violence-data-collection-framework/data-collection-standards-culturally-and

Activity 4.1 Data collection from CAT 4 - Number of patients with country of birth and/or ethnicity recorded

Complete the below table by collecting data from CAT4 recipe: Ethnicity

The aim of this activity is to collect data to determine the number of patients with their country of birth and/or ethnicity recorded.

	Description	Total number
4.1a	Number of active patients who have their ethnicity recorded	
4.1b	Number of active patients who have their country of birth recorded	

Activity 4.2 – Understanding your practice's cultural profile

The aim of this activity is to ensure your practice is accurately documenting patients' cultural backgrounds to maximise the quality of care provided that is culturally appropriate.

Description	Status	Action to be taken
After completing **activity 4.1** are there any unexpected results with your practice's cultural profile?	☐ Yes: **see action to be taken**. ☐ No: continue with activity.	Please explain: (*e.g. only 50% of patients have their ethnicity recorded*). How will this information be communicated to the practice team?
Is your practice's cultural profile similar to other practices in the Brisbane south region (compare information from benchmark report)?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Outline the differences – (e.g.: we have more/less people of culturally diverse backgrounds than other practices). How will this information be communicated to the practice team?

Description	Status	Action to be taken
Does your practice have a number of patients from specific ethnic groups? (e.g.: Aboriginal/Torres Strait Islander, Italian, Maori, Sudanese etc.)	☐ Yes: **see action to be taken.** ☐ No: continue with activity.	Discuss with Brisbane South PHN: -Indigenous Health team for Aboriginal and Torres Strait Islander -Multicultural Health team for other cultures (Phone: 3864 7580) To learn more about different cultures see cultural atlas. Contact one of the teams above for upcoming cross-cultural training opportunities.
Do relevant team members know where to record patient country of birth and ethnicity in your clinical software package?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Refer to instructions for Best Practice and MedicalDirector.
After reviewing your practice's cultural profile, are there any changes with the management of your patients that you would like to implement over the next 12 months?	☐ Yes, **set goals and outline in action to be taken.** ☐ No, you have completed this activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

Activity 4.3 – Interpreter services

The aim of this activity is to review your practices preparedness for utilising interpreter services. Brisbane South PHN has an excellent step by step guide to assist practices called Working with patients when there are language barriers.

Description	Status	Action to be taken
Do you include on a patient's record if they need an interpreter and the language spoken?	☐ Yes, continue with activity. ☐ No/unsure**, see action to be taken**.	Add this information into the new patient form.
Are all your GPs registered with the Translating and Interpreting Service (TIS) National?	☐ Yes, continue with activity. ☐ No/unsure, **see action to be taken.**	Contact TIS National 1300 655 820 to check who is registered. If you need to register a GP – more information available on how to register GPs for the service.

<table>
<tr><th>Description</th><th>Status</th><th>Action to be taken</th></tr>
<tr><td>Do you have the TIS National Client Code of all GPs? (Please note, this code can also be used by practice support staff working with the GP e.g. practice nurse and administration staff).</td><td>☐ Yes, continue with activity.

☐ No, see action to be taken.</td><td>You may wish to have a template stored at reception with the following information:

Interpreting Service
Doctors Priority Line. 1300 131 450
<table><tr><th>Medical Practitioner name</th><th>Client Code</th></tr><tr><td>Dr (Insert name)</td><td>(Insert code)</td></tr><tr><td>Dr (Insert name)</td><td>(Insert code)</td></tr><tr><td>Dr (Insert name)</td><td>(Insert code)</td></tr></table></td></tr>
<tr><td>Do all members of the practice team know the languages fluently spoken by the team (GPs, nurses, admin staff)?</td><td>☐ Yes, continue with activity.

☐ No, see action to be taken.</td><td>You may wish to have a template stored at reception with the following information.

Languages fluently spoken by the team at (insert practice name)
<table><tr><th>Practice team member</th><th>Language fluently spoken</th></tr><tr><td>E.g. Mary Smith</td><td>Italian, Spanish</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>Please note: multilingual staff should not be used to interpret medical and/or other complex discussions. Qualified interpreters should be engaged if a patient does not speak English (and you do not fluently speak their language).</td></tr>
<tr><td>Does the practice policy and procedure manual have up to date instructions on when to engage an interpreter and how to contact TIS National?</td><td>☐ Yes, continue with activity.

☐ No, see action to be taken.</td><td>Update policy and procedure manual to include:
“Qualified interpreters should be engaged if a patient does not speak English (and you do not fluently speak their language). A family member or friend may be used on occasion, for simple day-to-day communication (such as booking an appointment), but a qualified interpreter for all medical</td></tr>
</table>

Description	Status	Action to be taken
		appointments and/ or other complex discussions is strongly advised."
Are interpreting services discussed as part of the orientation process for new GPs and staff?	☐ Yes, continue with activity. ☐ No, **see action to be taken**.	Update orientation process to include interpreting services. *Please note:* all practice staff working with the GP including nursing and admin can access free interpreting services using the GP's TIS National client code.
Does your practice display the National Interpreter Symbol letting patients know they can ask for language assistance?	☐ Yes, continue with activity. ☐ No, **see action to be taken**.	Obtain a copy of the symbol.
Do you have in your practice (reception, waiting room, consultation rooms), language cards so patients can point to their language and you can arrange an interpreter?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	 Obtain copies of the language cards
Are relevant team members aware of the online Appointment Reminder Translation Tool?	☐ Yes, continue with activity. ☐ No, **see action to be taken**.	Notifiy relevant team members of the avaibility of the Appointment Reminder Translation Tool
Do you have patient information brochures available in multiple languages?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to Health Translations Victoria resources or Refugee Health Network Queensland resources.
After reviewing your practice's use of interpreting services, are there any changes with the management of your patients that you would like to implement over the next 12 months?	☐ Yes, **see action to be taken.** ☐ No, you have completed this activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

Cultural competency training

The Brisbane South PHN Multicultural Team have some online learning modules and face to face workshops to assist with cross cultural training.

Please contact 3864 7580 or refugeehealth@bsphn.org.au.

Activity 4.4 - Referrals to other health professionals

The aim of this activity is to identify if all referrals from your practice include the need for language assistance.

When referring your patient to another healthcare provider, it's important to clearly tell that provider if the patient will need language assistance. This ensures the patients receive prompt service and there are no barriers in receiving the appropriate care.

Description	Status	Action to be taken
Do all referrals clearly tell the other provider that the patient will need language assistance and what language they speak?	☐ Yes, continue with activity. ☐ No/unsure, **see action to be taken**.	Discuss at your next team meeting how this can be achieved. Update personal details in patient details for MedicalDirector users to ensure year arrived in Australia, languages spoken, and preferred language are documented and mark the box of interpreter required as appropriate. Update standard referral templates to include interpreter required and language spoken.
After reviewing your practice's referral process, are there any changes with the management of your patients that you would like to implement over the next 12 months?	☐ Yes, **set goals and outline in action to be taken.** ☐ No, you have completed this activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

More information on multicultural health

To arrange a practice visit or discuss multicultural health, please contact 3864 7580 or refugeehealth@bsphn.org.au.

The Multicultural Health team at Brisbane South PHN, in collaboration with Mater Refugee Health Services and Metro South Refugee Health Services, can provide practices with:

- peer-to-peer education from clinical leads – a GP and practice nurse who have extensive experience in multicultural health
- in-house practice support and guidance
- cross cultural training
- clinical education events
- resources for clinical and administration staff.

Multicultural health resources

- Refugee Health Network Queensland – includes a comprehensive range of multicultural health resources (clinical and administration), translated resources for patients, information about refugee health services in Queensland, links to upcoming education, videos of past education and more.
- Australian Refugee Health Practice Guide -a resource to support doctors, nurses and other primary care providers to deliver comprehensive, evidence informed health care for people from refugee backgrounds including people seeking asylum.
- Information about telehealth adapted into 6 languages.
- Use of an Ambulance video translated into 9 languages

Visit the Brisbane South PHN Multicultural Health page for more information and resources.

ACTIVITY 5 – IMMUNISATION STATUS OF PEOPLE OF MULTICULTURAL BACKGROUNDS

Many migrants∞[7] are under-immunised according to the Australian schedule and people from refugee-like∞ backgrounds are particularly at significant risk of being unimmunised or under- immunised on arrival in Australia, due to their refugee∞ and forced migration experience.

The limited Australian prevalence data on refugee∞ immunisation and anecdotal reports show low rates of complete immunisation for adults of refugee∞ background according to the Australian schedule.

Every attempt should be made to provide catch-up immunisation so people from refugee-like∞ backgrounds are immunised equivalent to Australian-born people of the same age.[8]

GPs play a crucial role in the healthcare and wellbeing of migrants∞ and refugees∞. Being able to identify patients in your practice who have a migrant∞ or refugee∞ background will assist with ongoing management of these patients.

Understanding your patients' background

To meet the RACGP Accreditation Standards, and obtain comprehensive patient information, practices should have a new patient registration form. As noted on this registration form, "*Knowing your cultural background can help us provide healthcare that meets your individual needs.*"

When a new person registers with a practice, the responses to the cultural background questions can help identify people who may be at risk of under-vaccination. As many migrants∞ are under-immunised, arranging appropriate vaccinations for all patients born overseas is appropriate.

Please make sure that you have completed activities 4.1 and 4.2 on recording your patient's country of birth prior to proceeding with this activity.

It is important to understand why a person has arrived in Australia. If the person is from a refugee∞ background then they are entitled to a suite of free immunisations through the National Immunisation Program (NIP), even if they are an adult. It is important that all doctors and nurses in primary care are familiar with this and understand what vaccines are funded. It is appropriate to inquire if a patient has arrived as a refugee/humanitarian entrant∞ and when they arrived. Documenting this information in the social history of the patient's record is one way of ensuring the information is available for others as part of the completed patient record. However, some patients prefer not to be 'labelled' as 'refugees'∞ after they have arrived in Australia as they step forward into their new life. It is appropriate to be sensitive to these issues when recording this aspect of their history.

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[7] ∞ **Definitions**: **Person or people from migrant backgrounds** means person or people who are permanent migrants, including first generation (born overseas) and second generation (at least one parent born overseas) Australians, as well as temporary migrants. People from migrant backgrounds include people from culturally, linguistically and religiously diverse backgrounds.

Person or people from refugee backgrounds means person or people with refugee-like experiences, including people who are humanitarian migrants granted permanent or temporary protection, asylum seekers, and permanent or temporary migration program entrants. People from refugee backgrounds include people from culturally, linguistically and religiously diverse backgrounds. https://culturaldiversityhealth.org.au/wp-content/uploads/2019/02/Culturally-responsive-clinical-practice-Working-with-people-from-migrant-and-refugee-backgrounds-Jan2019.pdf

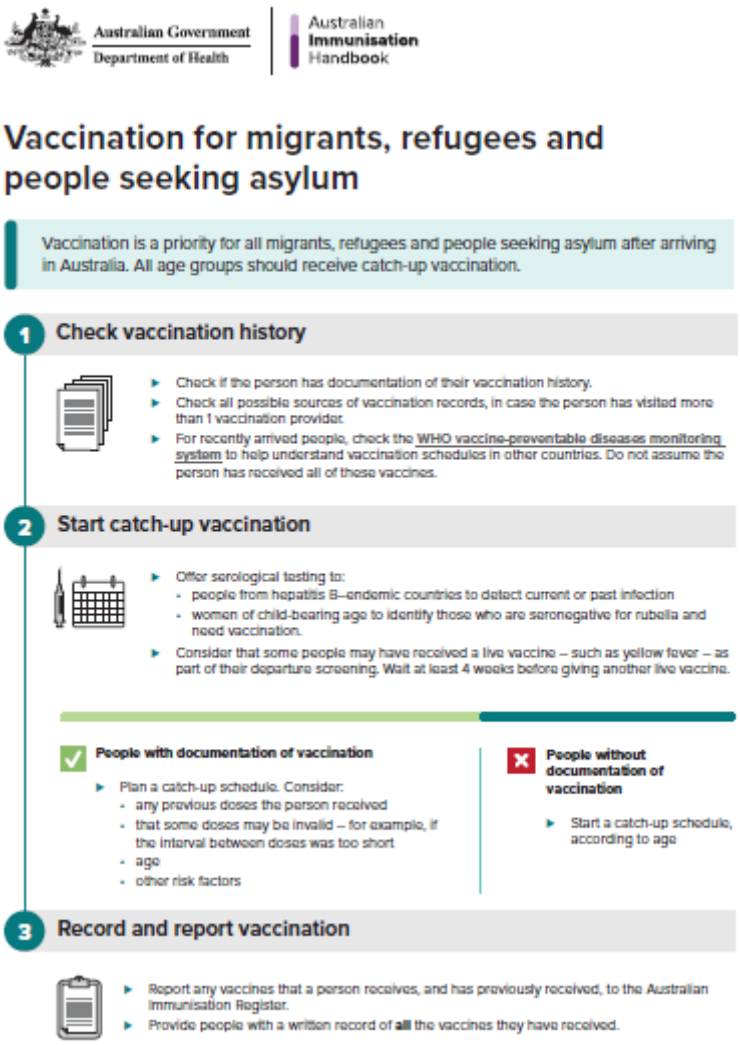
[8] https://refugeehealthguide.org.au/immunisation/

Nine steps to improve immunisation rates

- Identify patients who were born overseas and ensure your consultations are culturally responsive with appropriate linguistic and cultural support for the patient's needs.
- Recognise that all your patients who were born overseas are at risk of being under-vaccinated. Check that you have completed a vaccination history for patients who were born overseas including vaccinations given overseas and since arrival in Australia. This may require you to seek health records from other practices because many adult vaccinations have not been uploaded into AIR.
- Recognise which of your patients who were born overseas are of refugee∞ background (ensure you know how to inquire in an appropriate culturally sensitive manner at an appropriate time in the consultation). Refer to the Refugee Health Practice Guide for guidelines on appropriate ways of identifying patients.
- Be aware of the NIP for people of refugee background – there is no time limit for completing the catch up. Even if your patient has been in Australia for some years, they can still access free vaccines if they are needed.
- Offer vaccination catch-up as per the Australian Immunisation Handbook and document the intended vaccination schedule in the chart. Give a copy to the patient.
- Add a reminder for vaccination into the patient record.
- Record all immunisations into the AIR – vaccination providers should report to the AIR all vaccinations they give to their patients in Australia and vaccinations given overseas where the appropriate documentation is available. Many of these need to be entered manually.
- After completing the vaccinations, provide your patient with a 'what to expect' fact sheet, copy of their vaccination record for the future and ensure your patient is aware of how to access their AIR.
- Recognise that many patients of refugee∞ background have relatives who have not been vaccinated. Provide advice to ensure their family members can also access appropriate vaccinations.

Immunisation schedule for people of refugee background

The Australian Immunisation Handbook has information about assessing the vaccination status of children and adults entering Australia and also arranging catch-up vaccinations.



Australian Government
Department of Health

Australian Immunisation Handbook

Vaccination for migrants, refugees and people seeking asylum

Vaccination is a priority for all migrants, refugees and people seeking asylum after arriving in Australia. All age groups should receive catch-up vaccination.

1 Check vaccination history

- Check if the person has documentation of their vaccination history.
- Check all possible sources of vaccination records, in case the person has visited more than 1 vaccination provider.
- For recently arrived people, check the WHO vaccine-preventable diseases monitoring system to help understand vaccination schedules in other countries. Do not assume the person has received all of these vaccines.

2 Start catch-up vaccination

- Offer serological testing to:
  - people from hepatitis B–endemic countries to detect current or past infection
  - women of child-bearing age to identify those who are seronegative for rubella and need vaccination.
- Consider that some people may have received a live vaccine – such as yellow fever – as part of their departure screening. Wait at least 4 weeks before giving another live vaccine.

People with documentation of vaccination

- Plan a catch-up schedule. Consider:
  - any previous doses the person received
  - that some doses may be invalid – for example, if the interval between doses was too short
  - age
  - other risk factors

People without documentation of vaccination

- Start a catch-up schedule, according to age

3 Record and report vaccination

- Report any vaccines that a person receives, and has previously received, to the Australian Immunisation Register.
- Provide people with a written record of **all** the vaccines they have received.

9

Vaccine documentation

It is essential that immunisation service providers ensure there is appropriate documentation of all vaccinations given to persons of any age.

The Australian Government has mandated that all COVID-19, influenza and NIP vaccinations administered must be reported to the Australian Immunisation Register (AIR) commencing from:

- 19 February 2021 for COVID-19 vaccinations,
- 1 March 2021 for influenza vaccinations, and
- 1 July 2021 for all NIP vaccinations.

[9] https://www.health.gov.au/resources/publications/free-catch-up-vaccines-for-refugees-and-humanitarian-entrants-aged-20-years-and-over-fact-sheet

All vaccines administered to children should be documented in the child's clinical file and the individual child health record that is established for all newborn infants. This record should be kept by the parent/carer and presented every time the child is seen by a health professional.

Vaccines administered to adolescents and adults should be recorded in both the vaccinated person's clinical file and the personal health record, or individual record, of vaccination.

The Australian Immunisation Handbook has more information on vaccination documentation.

AIR – Medical exemption form

If a person has a medical contraindication or natural immunity that excludes them from requiring a vaccination, it is important that you notify the AIR. This can be done by completing the medical exemption form from the AIR. The form can also be completed if you are delaying giving the vaccine.

Uploading immunisations to My Health Record

It is important when completing immunisations that you upload a s**hared health summary** to the patient's My Health Record to ensure up-to-date information on an individual's immunisation status at all times.

Uploading a shared health summary instruction sheet

- MedicalDirector
- Best Practice

Shared health summary calculators

- via CAT 4
- MedicalDirector
- Best Practice

Activity 5.1 – Using AIR & My Health Record in general practice

The aim of this activity is to ensure the relevant staff in your practice know how to use AIR and My Health Record.

Details	Status	Action to be taken
Are all GPs in your practice registered to use PRODA?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	See information on registering for an individual account. See information on registering an organisation.
Do relevant team members know how to login to AIR via PRODA?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	See video How to login to AIR via PRODA.
Do relevant staff know they can search for an immunisation history for individual patients on AIR?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	See information on how to find and interpret immunisation records on AIR.
Do relevant staff know how to record immunisation encounters on AIR?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	See information on how to record immunisation encounters on AIR.

Details	Status	Action to be taken
Do relevant staff know how to lodge a medical exemption on AIR?	☐ Yes, continue with activity. ☐ No**, see action to be taken.**	See information on how to lodge a medical exemption on AIR.
Does your practice follow up patients on the due/overdue report to ensure they are immunised?	☐ Yes, continue with the activity. ☐ No, **see action to be taken.**	Consider adding patients to the practice recall and reminder system. Contact patient to organise appointment time.
Do you know that patients can view their immunisation history statement from AIR?	☐ Yes, continue with the activity. ☐ No, **see action to be taken.**	See information on how to get an immunisation history statement.
Do you know the contact details of AIR?	☐ Yes, continue with the activity. ☐ No, **see action to be taken.**	AIR contact number is 1800 653 809.
Do you ensure after each immunisation, that an up to date shared health summary is uploaded?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Outline the process your practice follows to ensure My Health Records are maintained and up to date. How will this information be communicated to the practice team?
After reviewing your processes for reporting to AIR, are there any changes you would like to implement in the practice to help manage patients over the next 12 months?	☐ Yes, **set goals and outline in action to be taken.** ☐ No, you have completed this activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

Entering immunisation details in MedicalDirector

MedicalDirector online help provides information and instructions on recording and reporting immunisations.

- Recording childhood immunisations.
- Adult immunisations.
- Recording vaccinations not on the schedule.
- Editing vaccinations.

Recall and reminders

To ensure your patients are followed up with an appropriate recall/reminder/prompt, Brisbane South PHN have a toolkit to assist with this. Please access this toolkit from Brisbane South PHN website under the Quality Improvement section.

Brisbane South PHN also have access to a number of quality improvement tools via medical software modules that will assist your practice to merge duplicate recall/reminder lists in your practice's clinical software. These modules are:

- Module 7 – Recalls, Reminders and Screening using MedicalDirector
- Module 8 – Recalls, Reminders and Screening using Best Practice

You can access these modules via DiscoverPHN or by contacting the Digital Health Team at Brisbane South PHN on ehealth@bsphn.org.au.

It is important that practices add immunisation reminders to patient's file at initial visit, even if previous immunisations were administered elsewhere.

Activity 5.2 – Reviewing systems for recording immunisations

The aim of this activity is to increase your understanding of the systems in your practice to record, report and follow-up immunisations given to people of refugee background.

Description	Status	Action to be taken
Do relevant staff know where to locate information on immunisations funded for people of refugee∞ background?	☐ Yes: continue with activity. ☐ No: **see action to be taken**.	Refer to the Australian Immunisation Handbook and NIP.
Do relevant team members know how to enter immunisations in your clinical software package?	☐ Yes: continue with activity. ☐ No: **see action to be taken**.	Refer to instructions on MedicalDirector or Best Practice.
Do relevant team members ensure reminders for immunisations are recorded in the patient's file (*even if the first dose was administered elsewhere*)?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Please explain your practice's system for recording reminders. How will this information be communicated to the practice team?

Description	Status	Action to be taken
After reviewing your practice processes for recording, reporting and following up of immunisations, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	☐ Yes, **see action to be taken** to help set your goals. ☐ No, you have completed this activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

ACTIVITY 6 - PATIENTS ON 5 OR MORE MEDICATIONS

Medication errors are a problem in Australia. Previous estimates indicate between 2 per cent and 3 per cent of all Australian hospital admissions are medication-related. This suggests at least 230,000 admissions annually in this country are caused by patients taking too much or too little of a medicine, or taking the wrong medicine, resulting in an estimated annual cost of at least $1.2 billion.[10]

Medication management reviews

Medication management reviews are available for the patient's usual GP to refer them to the community pharmacist if they have:

- a chronic medical condition or a complex medication regimen; and
- not having their therapeutic goals met.

GPs can claim an MBS item number for completing a home medication review. For more information refer to the MBS toolkit.

Activity 6.1 – Data collection from CAT4

Complete the below table by collecting data from your CAT4 Data Extraction Tool.

Note - Instructions on how to extract the data is available from the CAT4 website: Medication count per patient

The aim of this activity is to collect data to determine the number of patients on 5 or more medications

	Description	Total number
6.1a	Total active population	
6.1b	Total active population with 5 or more medications	

Please note: you can change the search to include any chronic condition and/or medication combination.

[10] Australia joins international push to halve medication errors article from Australian Commission on Safety & Quality in Healthcare

Activity 6.2 – Understanding your practice's patients on 5 or more medications

The aim of this activity is to increase your understanding of the number of patients who are on 5 or more medications.

Description	Status	Action to be taken
After completing **activity 6.1** are there any unexpected results with your patients on 5 or more medications?	☐ Yes: **see action to be taken**. ☐ No: continue with activity.	Please explain: (*e.g. 65% of our patient population are on 5 or more medications*). How will this information be communicated to the practice team?
Do relevant team members know the criteria for claiming a home medication review?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Refer to MBS Online.
After reviewing your patients on 5 or more medications, are there any changes with the management of your patient's that you would like to implement over the next 12 months?	☐ Yes, **set goals and outline in action to be taken.** ☐ No, you have completed this activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

Links to other QI toolkits

Brisbane South PHN have a suite of QI toolkits available for general practice. The toolkits are designed to:

- improve patient care and outcomes
- help practices fulfil their quality improvement requirements under the PIP QI incentive
- be completed at your own pace
- be available so that you choose your own adventure – you choose which topic/toolkit you would like to work on.

After completing this toolkit, you may benefit from choosing one of the following:

- Quality patient records QI toolkit – this toolkit assists you to review your practice data to ensure your patient records are maintained at the highest quality. It also includes activities to ensure your practice is meeting the e-health PIP criteria and another activity on PRODA.
- MBS items – this toolkit assists you to review your practice's use of a number of MBS item numbers. You can also generate reports to identify the number of eligible patient's vs the number of MBS item numbers claimed.
- Older people population - this toolkit is designed to assist you to manage your older patient population. Key topics include health assessments (75+ and Aboriginal and Torres Strait Islander), medication reviews (via a Home Medication Review), management plans (for patients with a chronic medical condition), advance care planning, dementia screening, falls prevention, vaccinations (including influenza, pneumococcal and shingles), smoking, alcohol and physical activity, osteoporosis and cancer screening.

The full suite of toolkits are available on Brisbane South PHN's website.

QI activities using the MFI and PDSA

After completing any of the workbook activities above you may identify areas for improvement in understanding the demographics of your patients. Follow these steps to conduct a QI activity using the MFI and PDSA model. The model consists of two parts that are of equal importance.

Step 1: The **'thinking'** part consists of three fundamental questions that are essential for guiding improvement work:

- What are we trying to accomplish?
- How will we know that the proposed change will be an improvement?
- What changes can we make that will lead to an improvement?

Step 2: The **'doing'** part is made up of Plan, Do, Study, Act (PDSA) cycles that will help to bring about rapid change. This includes:

- helping you test the ideas
- helping you assess whether you are achieving your desired objectives
- enabling you to confirm which changes you want to adopt permanently.

Example PDSA for patient populations

See below for suggested goals related to the patient populations you may wish to achieve within your practice:

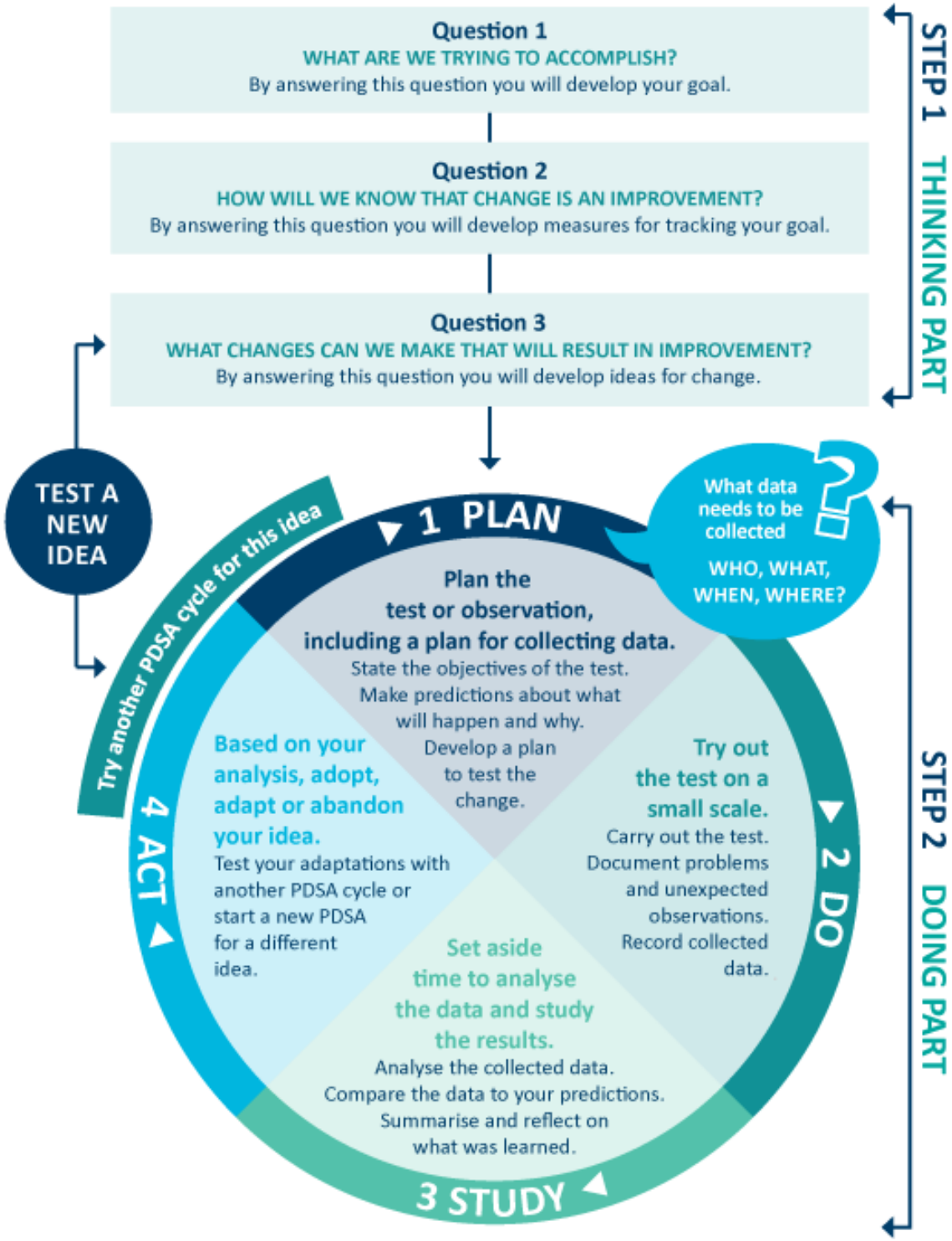
GOAL	HOW YOU MAY ACHIEVE THE GOAL
Ensure 25% of DVA patients are registered for the CVC care program.	Refer to CAT4 recipe: Identify DVA patients eligible for Coordinated Veterans Care.
Ensure 70% of active Aboriginal and Torres Strait Islander patients are registered for PBS Co-payment.	Refer to CAT4 recipe: Identify indigenous patients eligible for PBS Co-payment measure.
Increase the number of home medication reviews completed on eligible patients by 10%.	Refer to CAT4 recipe: Identifying home medication review candidates: heart failure patients who are not on ace inhibitors.

Other ideas for improving patient population details

It is suggested that you meet in your practice team to discuss how at your practice you can improve the patient population details. Some suggestions you may consider include:

- asking the practice nurse to opportunistically see patients prior to their GP appointment to obtain height, weight, waist measurements, BP, smoking and alcohol status
- asking patients to complete a summarised new patient form with their height, weight, waist measurements, BP, smoking and alcohol status, and also check their address, contact details, next of kin (NOK) and emergency contact details
- proactively contacting patients who do not have measures recorded e.g. patients with chronic obstructive pulmonary disease (COPD) who have not yet had their flu injection in the past 15 months
- ensuring that Topbar is installed on every workstation and fully operational.

Model for Improvement diagram



Source: http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx

MFI and PDSA template EXAMPLE

Step 1: The thinking part - The 3 fundamental questions

Practice name:	**Date:**
Team members:	

Q1. What are we trying to accomplish? (Goal)

By answering this question, you will develop your GOAL for improvement.
Record this as a S.M.A.R.T. goal (**S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**ime bound).

Our goal is to:
Increase the recording of ethnicity of active patients at the practice.
This is a good start, but how will you measure whether you have achieved this goal? The team will be more likely to embrace change if the goal is more specific and has a time limit.
So, for this example, a better goal statement would be:

Our S.M.A.R.T. goal is to increase the ethnicity status recorded of all active patients at our practice by 10% by 31st July.

Q2. How will I know that a change is an improvement? (Measure)

By answering this question, you will determine what you need to MEASURE in order to monitor the achievement of your goal. Include how you will collect your data (e.g. CAT4 reports, patient surveys etc.). Record and track your baseline measurement to allow for later comparison.

We will measure the percentage of active patients with ethnicity recorded. To do this we will:

A) Identify the number of active patients.
B) Identify the number of active patients with their ethnicity recorded.

B divided by A x 100 produces the percentage of patients with ethnicity recorded.

BASELINE MEASUREMENT: 37% of active patients have their ethnicity recorded. DATE:

Q3. What changes could we make that will lead to an improvement? (List your IDEAS)

By answering this question, you will generate a list of IDEAS for possible changes you could implement to assist with achieving your S.MA.R.T goal. You will test these ideas using part 2 of this template, the 'Plan, Do, Study, Act (PDSA)' cycle. Your team could use brainstorming or a driver diagram to develop this list of change ideas.

IDEA: Ensure new patient forms ask for patients' ethnicity and identify a team member to update this information on the patient record.

IDEA: Practice clinical team check ethnicity status during every consultation.

IDEA: Practice nurse to opportunistically see patients and check their ethnicity, and other lifestyle risk factors such as height, weight, BMI & BP.

Note: Each new GOAL (1st Fundamental Question) will require a new MFI plan.

Source: Langley, G., Nolan, K., Nolan, T., Norman, C. & Provost, L. 1996, The Improvement Guide, Jossey-Bass, San Francisco, USA.

MFI and PDSA template

Step 2: The doing part - Plan, Do, Study, Act

You will have noted your IDEAS for testing when you answered the 3rd fundamental question in step 1. You will use this template to test an idea. Ensure you communicate the details of the plan to the entire practice team.

IDEA	Record the change idea you are testing
Which idea are you going to test? *(Refer to Q3, step 1 above)*	
Practice nurse to opportunistically see patients and check their ethnicity, and other lifestyle risk factors such as height, weight, BMI and BP.	
PLAN	**Record the details of how you will test your change idea**
Plan the test, including a plan for collecting data	What exactly do you plan to do? Record who will do what; when they will do it (day, time etc) and for how long (1 week, 2 weeks etc); and where (if applicable); the data to be collected; and predictions about the outcome.
WHAT: Mary (receptionist) will conduct a search on CAT4 to identify active patients who are missing their ethnicity status. A Topbar prompt will be created to assist practice staff identify patients who are missing their ethnicity status at their next visit. On arrival at the practice, the receptionist will place a symbol "E" on the appointment book, so the nurse can easily identify which patients to see. The nurse will remove the "E" symbol, once the information has been collected. If the GP sees the "E" still on the appointment book, the GP will update ethnicity status for the patient. WHO/WHEN/WHERE: Who: Receptionist/Nurse When: Begin 3rd March. Where: Reception and treatment room. DATA TO BE COLLECTED: Number of active patients and the number of active patients with their ethnicity status recorded. PREDICTION: 47% of active patients will have their ethnicity status recorded.	
DO	**Run the test, then record your actions, observations and data**
Run the test on a small scale	What did you do? Were there any deviations from the original plan? Record exactly what you did, the data collected and any observations. Include any unexpected consequences (positive or negative).
Done – completed 31st July - Mary (receptionist) conducted a search on CAT4 to identify active patients who were missing their ethnicity status. A Topbar prompt was created to assist practice staff identify patients who were missing their ethnicity status. On arrival at the practice, the receptionist placed a symbol "E" on the appointment book, so the nurse could easily identify which patients to see. The nurse removed the "E" symbol, once the information has been collected. If the GP saw the "E" still on the appointment book, some GPs updated ethnicity status for the patient. After completing ethnicity status, we identified 12 patients who were eligible for additional immunisations, so we arranged for these patients to be vaccinated.	

STUDY	Analyse the data and your observations
Analyse the results and compare them to your predictions	Was the plan executed successfully? Did you encounter any problems or difficulties? What worked/didn't work? What did you learn on the way? Compare the data to your predictions. Summarise and reflect on what was learned.

A total of 52% of patients had their ethnicity status recorded. This exceeded our goal. We identified that the nurse was unable to see patients on a Monday morning when the practice was busy, and also on a Wednesday when we had all our GPs working. We made the decision that we just couldn't update this information at these times.

Results have been shared with the whole practice team.

Communicate the results of your activity with your whole team. Celebrate any achievements, big or small.

ACT	Record what you will do next
Based on what you learned from the test, record what your next actions will be	Will you adopt, adapt or abandon this change idea? Record the details of your option under the relevant heading below. *ADOPT: record what you will do next to support making this change business as usual*; ADAPT: *record your changes and re-test with another PDSA cycle; or ABANDON: record which change idea you will test next and start a new PDSA.*

ADOPT:

ADAPT: The practice identified that this was something we would like to continue, but we decided initially because we had so many patients, that needed their ethnicity status, we would update this information on a Tuesday and Thursday.

ABANDON:

Repeat step 2 to re-test your adapted plan or to test a new change idea

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