QUALITY IMPROVEMENT TOOLKIT FOR GENERAL PRACTICE

Prevention

Influenza vaccination 2023
MODULE

Date: May 2023

Version: 6

VACCINATION – INFLUENZA

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 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 of how to increase the number of patients over 65 receiving an influenza vaccine using the MFI at the end of this module.

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

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.

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

Goal of this QI toolkit

This toolkit is to be used in general practice to:

- identify the number of patients eligible for flu vaccinations in the upcoming season
- review systems to establish and/or maintain safe and efficient delivery of flu vaccination clinics
- use the Australian Immunisation Register (AIR) to identify patients eligible for immunisation/s
- assist with the identification of resource or training needs in the practice.
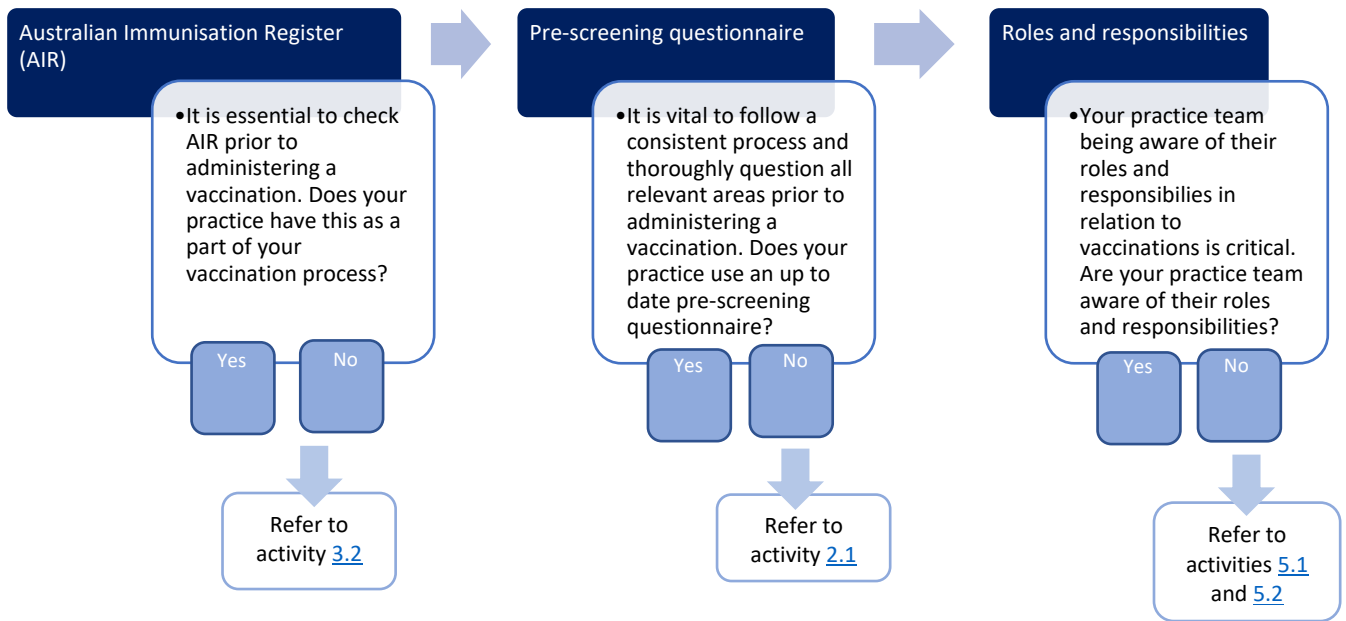
How to use this toolkit

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

- 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.

Pre-activity checklist

Prior to commencing this toolkit, we recommend you go through the following pre-activity checklist which identifies 3 key components of vaccination administration. Once you complete the pre-activity checklist, if there are any areas that you ticked 'no', we suggest that you complete the corresponding toolkit modules as a matter of priority due to regulatory and safety requirements.

Australian Immunisation Register (AIR)	Pre-screening questionnaire	Roles and responsibilities
•It is essential to check AIR prior to administering a vaccination. Does your practice have this as a part of your vaccination process?	•It is vital to follow a consistent process and thoroughly question all relevant areas prior to administering a vaccination. Does your practice use an up to date pre-screening questionnaire?	•Your practice team being aware of their roles and responsibilities in relation to vaccinations is critical. Are your practice team aware of their roles and responsibilities?
Yes No	Yes No	Yes No
Refer to activity 3.2	Refer to activity 2.1	Refer to activities 5.1 and 5.2

For more support

✉ support@bsphn.org.au　　　　　📞 1300 467 265

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VACCINATIONS – INFLUENZA (FLU)

Influenza (flu) is a highly contagious viral infection that spreads easily from person to person through coughing, sneezing and close contact.

Unlike a cold, symptoms such as fever, sore throat and muscle aches develop suddenly with flu and last about a week. In some cases, severe illness and complications such as pneumonia and bronchitis can develop, which can result in hospitalisation and even death. The flu can also make some existing medical conditions worse.

The flu virus can be especially dangerous for elderly people, pregnant women, Aboriginal and Torres Strait Islander people and very young children, as well as for people with underlying medical conditions and some chronic diseases.[1]

2023 seasonal flu vaccine overview

Important: Please read this statement in conjunction with the Australian Immunisation Handbook.
- annual vaccination is the most important measure to prevent influenza and its complications
- annual influenza vaccination is recommended for all people 6 months of age and over
- all vaccines available in 2023 are quadrivalent influenza vaccines (QIVs)
- all children aged 6 months to less than 5 years are eligible to receive free annual influenza vaccines under the National Immunisation Program (NIP)
- the dose of influenza vaccines for all ages is 0.5mL
- free vaccines will be available to eligible Queenslanders from mid-April.

The 2023 seasonal influenza vaccines for the southern hemisphere include the following strains:

Egg-based quadrivalent influenza vaccines	Cell-based quadrivalent influenza vaccines
• A/Sydney/5/2021 (H1N1) pdm09-like virus	• A/Sydney/5/2021 (H1N1) pdm09-like virus
• A/Darwin/9/2021 (H3N2)-like virus	• A/Darwin/6/2021 (H3N2)-like virus
• B/Austria/1359417/2021-like (B/Victoria lineage) virus	• B/Austria/1359417/2021-like (B/Victoria lineage)-like virus
• B/Phuket/3073/2013-like (B/Yamagata lineage) virus	• B/Phuket/3073/2013-like (B/Yamagata lineage)-like virus

[2]

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[1] https://beta.health.gov.au/services/flu-influenza-immunisation-service
[2] https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/service-providers/influenza

Flu immunisation program vaccines registered and available use in Australia in 2023, by age

View a summary of the Queensland government's Influenza vaccination – Program advice for vaccination providers 2023 (health.gov.au).

Suggestion: print this image and place near your vaccine fridge.

National Immunisation Program influenza vaccines by age group

CHECK you have the correct vaccine for the person's age. Age range is identified on the syringe.

2023 NIP-funded influenza vaccines				
Age group	**Vaxigrip Tetra®** 0.50 mL (Sanofi)	**Fluarix® Tetra** 0.50 mL (GSK)	**Afluria® Quad** 0.50 mL (Seqirus)	**Fluad® Quad** 0.50 mL (Seqirus)
6 months to <5 years	✔	✔	DO NOT USE	DO NOT USE
5 to <65 years	✔	✔	✔	DO NOT USE
65 years and over	NOT FUNDED	NOT FUNDED	NOT FUNDED	✔

Note: Other influenza vaccines (not NIP-funded) are available in the Australian market in 2023. For further information, refer to the ATAGI clinical statement on the administration of seasonal influenza vaccines in 2023 **(available at health.gov.au/influenza-resources).**

REPORT all influenza vaccinations to the Australian Immunisation Register.

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Timing of vaccination

- annual vaccination should occur before the onset of each flu season. Peak flu circulation is typically around June to September in most parts of Australia
- while protection is generally expected to last for the whole season, optimal protection against flu occurs within the first 3 to 4 months following vaccination
- it is important to remind people that the vaccine is not immediately effective and it generally takes 10 to 14 days to be fully protected
- vaccination should continue to be offered as long as the flu viruses are circulating and a valid vaccine (before expiration date) is available
- revaccination later in the same year is not routinely recommended, but may benefit some individuals due to personal circumstances, such as travel or pregnancy
- only one government-funded flu vaccine is available for eligible people each year, with the exception of eligible children up to 9 years of age receiving a flu vaccine for the first time. These children require and are funded for 2 doses, 4 weeks apart[4]

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3 Influenza vaccination – Program advice for vaccination providers 2023 (health.gov.au)
4 https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/service-providers/influenza#restrictions

- People can receive influenza vaccines at any time before or after, or with most other vaccines, including COVID-19 vaccine
- If a person had a 2022 influenza vaccine in late 2022 or early 2023, they are still recommended to receive a 2023 vaccine when available.[4]

Aboriginal and Torres Strait Islander people

Flu vaccination is strongly recommended in all Aboriginal and Torres Strait Islander people aged 6 months and older.

The National Centre for Immunisation Research and Surveillance (NCIRS) offer a suite of information tools and communication resources designed for Aboriginal and Torres Strait Islander communities, or for vaccination providers working with them.

Flu vaccination for pregnant women

- the flu vaccine is recommended in every pregnancy and at any stage of pregnancy
- the flu vaccine can safely be given at the same time as the pertussis vaccine
- for women who receive a flu vaccine before becoming pregnant, revaccinate during pregnancy to protect the unborn infant
- a COVID-19 vaccine and an influenza vaccine can be given on the same day and produce a good immune response
- MumBubVax offer great resources to assist with answering questions and giving evidence-based information surrounding vaccinations during pregnancy.

COVID-19 vaccination timing

The Australian Technical Advisory Group on Immunisation (ATAGI) has advised influenza vaccines can be co-administered (i.e. on the same day) with the COVID-19 vaccine.

Medical conditions which are eligible for free vaccination under the NIP 2023*

Flu vaccines are funded under the National Immunisation Program (NIP) for the following groups due to their increased risk of complications if they contract the flu:

- all children from 6 months to less than 5 years of age
- all adults aged 65 years and older
- pregnant women
- all Aboriginal and Torres Strait Islander people aged 6 months and over
- individuals aged 6 months and older with medical conditions which increase the risk of flu disease complications (for a full list go to ATAGI advice on seasonal influenza vaccines in 2023 (health.gov.au)).

All other individuals not included in the categories above can purchase the vaccine privately.
Please refer to the NIP influenza vaccines by age group on page 9 for funding options in each age group

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[4] Influenza vaccination – Program advice for vaccination providers 2023 (health.gov.au)

Below is a list of these conditions which can also be found in the Australian Immunisation Handbook.

Category	Vaccination strongly recommended for individuals with the following conditions
Cardiac disease	Cyanotic congenital heart disease, congestive heart failure, coronary artery disease
Chronic respiratory conditions	Severe asthma (requiring frequent medical consultations or the use of multiple medicines), cystic fibrosis, bronchiectasis, suppurative lung disease, chronic obstructive pulmonary disease, chronic emphysema
Chronic neurological conditions	Hereditary and degenerative CNS diseases, seizure disorders, spinal cord injuries, neuromuscular disorders
Functional or anatomical asplenia	Sickle cell disease or other haemoglobinopathies, congenital or acquired asplenia (e.g. splenectomy) or hyposplenia
Immunocompromising conditions	HIV infection, malignancy, chronic steroid use, solid organ transplant, haematopoietic stem cell transplant
Diabetes and other metabolic disorders	Type 1 or 2 diabetes, chronic metabolic disorders
Renal disease	Chronic renal failure
Haematological disorders	Haemoglobinopathies
Long-term aspirin therapy in children aged 6 months to 10 years	These children are at increased risk of Reye syndrome following influenza infection

* Please refer to the Australian Immunisation Handbook for advice on persons who are strongly recommended to receive annual influenza vaccination but not eligible for NIP funded influenza vaccines.

ACTIVITY 1 – UNDERSTANDING YOUR PATIENT POPULATION

Activity 1.1– Data collection from Primary Sense

Complete the below table by collecting data from Primary Sense to gather information on your **current** patient population who are eligible for the funded flu vaccine.

Note – Primary Sense has easy to access reports in their 'Reports' function. Currently available reports include 'Winter Wellness' which identifies Vulnerable patients 5-59yrs or Aboriginal and Torres Strait Islander Patients 5-59yrs who may be eligible for seasonal vaccinations and, 'Pregnant and Vaccinations'.

To access, please follow these 4 simple steps:

1. *open Primary Sense*

2. *click on 'Reports'*
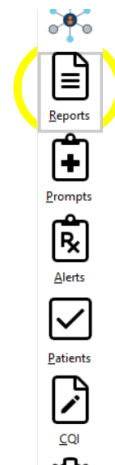
3. *scroll down and click on 'Fluvax'*
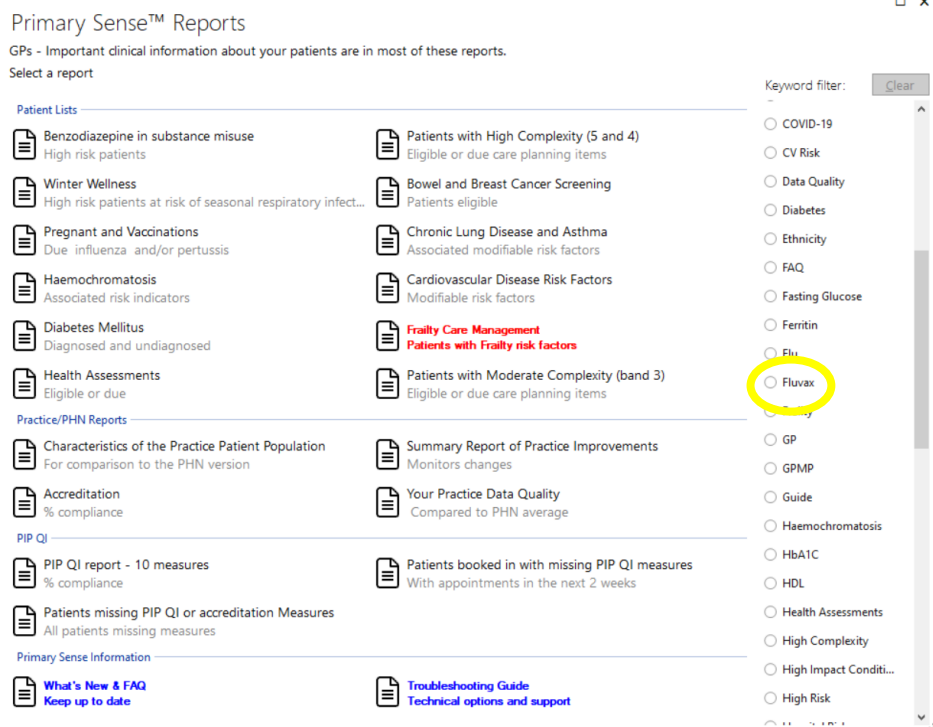
4. *select each report separately to extract your data (the below table guides which report to select).*

To analyse individual conditions, bring up your desired report as per the above steps and use the search function in the top right of the report to search for the specific condition you are trying to filter. You can also use the arrow up and down feature beside indicated Dx/Rx to filter all conditions into groups.
For eligibility criteria the eligibility for influenza vaccines.

The PIP QI Incentive rewards practices for participating in continuous quality improvement activities in partnership with the Primary Health Network (PHN). Practices may focus their quality improvement activities on specified Improvement Measures. This icon indicates that the information relates to the ten Practice Incentive Program Quality Improvement (PIP QI) measures.

*The aim of this activity is to collect data to determine the number of at-risk patients eligible for a funded flu vaccine and to create various lists of patients to target for flu clinic promotion.*

	Description	Primary Sense report	Count - pre-flu clinic	Count - post flu clinic
1.1a	Active eligible patients who are pregnant	Pregnant and Vaccinations		
1.1b	Active eligible patients diagnosed with CVD (cardiovascular disease)	Winter Wellness		
1.1c	Active eligible patients diagnosed with COPD (chronic obstructive pulmonary disease)	Winter Wellness		
1.1d	Active eligible patients diagnosed with asthma (N.B only patients with severe asthma are eligible for the government funded vaccine).	Winter Wellness		
1.1e	Active eligible patients diagnosed with diabetes	Winter Wellness		
1.1f	Active eligible patients diagnosed with CKD (chronic kidney disease)	Winter Wellness		
1.1g	Active eligible Aboriginal and Torres Strait Islander patients – 5 years and over	Winter Wellness		
1.1h	Active eligible patients 65 years of age and over	Winter Wellness		

Practice decision point

*It is recommended that you meet either in your established micro-team or at a practice meeting to create a process for **identifying eligible patients** for the coming year. This will ensure the maximum number of patients receive the flu vaccine. Please use the below table to guide you through this process.*

Activity 1.2 – Review current eligibility for flu vaccine administration

Based on the review of the number of eligible patients for the upcoming year, complete the following table.

Questions to consider	Status	Action to be taken
After reviewing the **number of eligible patients** for flu vaccine for the upcoming flu season, are there any unexpected results?	☐ Yes, **see action to be taken.** ☐ No, continue with activity.	Please explain: What action will you take? How will you use this information to inform your activities this flu season?
Are there any other patients within your practice you will target to offer flu vaccine to?	☐ Yes**, see action to be taken.** ☐ No, continue with activity.	(*E.g. workers, specific occupational groups (e.g. health workers, RACF staff) patients with other health conditions, other ethnicities)* **Please note they may need to purchase the vaccine privately.* Please explain:
After identifying your eligible 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 the activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

ACTIVITY 2 - SETTING UP DEDICATED FLU CLINICS IN YOUR PRACTICE

The aim of this activity is to assist you and your practice to identify the best way of ensuring the maximum number of eligible/at risk patients receive their annual flu vaccination. The easiest and most efficient way to run a flu clinic is to allocate a specific day, or time of day, for vaccinations. This way all of your staff are prepared to manage the additional influx of patients.

The following recommendations and guidelines have been developed to assist with planning large-scale influenza vaccination clinics and facilitate efficient and safe delivery of available vaccine via those large community clinics. Practices who have conducted COVID-19 vaccination clinics will understand how vaccination clinics could be conducted in your practice.

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

This activity provides general guidance in areas relating to practice logistics to help ensure smooth operations at large-scale vaccination clinics under eight major headings:

- vaccine clinic vs individual appointments
- leadership roles
- human resource needs
- practice lay-out and specifications
- vaccine policy and procedures
- room set up
- non-English-speaking patients
- booking systems.

Vaccine clinic vs individual appointments

It is suggested practices consider how to provide influenza vaccinations. This could be done during a dedicated clinic with all patients offered a 5-minute appointment, it could be done after hours to assist workers or conducted as an outreach clinic to the residential aged care facility. As the flu vaccine is a single dose syringe, it can be given ad-hoc during the day. Once the practice has identified the process for administering, communicate this to the whole team and to patients.

Leadership roles

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

Human resource needs

To ensure everything runs smoothly, the team will need to:
- define roles and responsibilities for staff working in the clinic/s
- secure staff to fill the positions of greeters/educators, registration personnel, medical screeners, form/payment collectors, clinic flow controllers, vaccination assistants, vaccination administrators, and emergency medical personnel (please note that for smaller practices one person may be responsible for multiple roles)
- prepare staff members to know and execute their responsibilities, and be able to correctly answer questions from patients

- staff member/s as per the roster to supervise patients in the recovery area on the day. Patients need to remain seated in the recovery area for 15 minutes after their vaccination. Supervising staff members will need to know the procedure to alert clinicians if the patient is unwell
- put up signage providing patients and staff with directions (multi-lingual may be necessary)
- ensure practice staff are trained and have demonstrated knowledge in the proper storage, handling and administration of vaccines
- cross-train staff members, if possible, to enable flexibility in meeting patient needs at various stations as demands fluctuate
- ensure staff well-being. A suggestion would be to schedule times for rest and snacking in a designated area.

All immunisation service providers need to be familiar with and adhere to the national vaccine storage guidelines - Strive for 5 and Australian Immunisation Handbook.

Practice lay-out and specifications

Since the onset of the COVID-19 pandemic, practices have implemented a range of infection prevention and control measures in order to maintain the safety of staff and patients.
The RACGP_Infection_Prevention_and_Control_Guidelines provide general practices with up to date guidance on planning and implementation of high standards of infection prevention and control.
- Set up for patient flow from an external gathering area:
  - eligibility screening area
  - facility waiting area(s)
  - registration/question and answer/form completion area (multiple stations)
  - medical screening/treatment area (as needed)
  - Medicare and other payment area (multiple stations)
  - vaccination area (multiple stations).
- Provide seating for patients and the person administering the vaccine at each vaccination station. Have one or more vaccination stations with surrounding screens available where over-clothed patients can discreetly bare their arms for vaccination. Each station must also have adequate administration supplies.
- Section off private area(s) where patients who experience acute adverse events after vaccination or who have medical problems can be evaluated and treated.
- Adequate number of computers and internet access to determine immunisation history from the Australian Immunisation Register (AIR) of patients presenting for vaccination.
- Ensure the presence of an onsite emergency medical kit and a designated trained clinician who can administer treatment for allergic reactions and address urgent medical problems.

Room set up

Room set up checklist:
- a well-lit, well-ventilated room with a separate entry and exits if applicable
- the room should be quiet, spacious and free of clutter with adequate cooling and heating
- access to patient records
- telephone for internal communications with GP's and external communication with patients, other health professionals and support organisations
- hand washing facilities
- ensure the trolley is adequately stocked with:
  - disposable gloves
  - sharps container
  - syringes
  - distraction items for children - toys
  - cotton ball and tape
  - vaccines
  - temperature controlled environment for vaccine storage (or dedicated vaccine fridge)
  - anaphylaxis kit.

Non-English-speaking patients

If you have patients who require a translator, use the Appointment Reminder Translation Tool.

Booking systems

To ensure the clinics run smoothly, it is helpful to have an appointment system to manage the times patients arrive at the clinic and waiting times for the patients. Appointments can be booked either by the patient contacting the receptionist or the patient booking online (if this option is available at your practice).

Admin entered appointments

Most practice management software have some limitations with consistent appointment setup for all the GPs. If you would like to set up an appointment book with five-minute appointments, please refer to instructions for Pracsoft and BestPractice. For other systems contact your software support team for assistance.

Activity 2.1 – Identifying process for setting up flu vaccine clinic

The aim of this activity is to identify the process for setting up your practice's flu vaccination clinic.

Description	Status	Details
After completing **Activities 1.1 and 1.**, do you know how many patients are expected at your flu vaccination clinic?	☐ Yes, **provide details and continue with activity.** ☐ No, refer to activity 1 instructions and continue with activity.	Number of eligible patients for the year: Number of patients the practice is aiming to immunise?
To achieve the targeted number of patients to be immunised, have you thought about how and when the clinics will be held, and the number of staff required?	☐ Yes, **provide details and continue with activity.** ☐ No, review human resource needs and continue with activity.	How and when will the clinics be held: (*I.e. In the spare GP room during the month of April*). How many doctors and nurses will be involved?
Have leadership roles been appointed and communicated to the practice team in relation to flu vaccination clinics?	☐ Yes, **provide details and continue with activity.** ☐ No, review leadership roles **and continue with activity.**	Clinical leader: Infection control leader: Administration leader: Clinic manager:

Description	Status	Details
Do all the leaders understand their appointed roles? Has this information been shared amongst the team?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Create a list of roles and responsibilities for each person involved. Refer to activity 5.1 to assist with this. Review and update practice staff position descriptions if required. Communicate this information to the whole team via a team meeting.
Do you know how to set up appointment sessions for your flu vaccination clinics in your practice's software package	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to instructions from Pracsoft and Best_Practice.
Are all your GPs registered with the Translating and Interpreting Service (TIS)?	☐ Yes, continue with the activity. ☐ No/unsure, **see action to be taken.**	Contact TIS 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.
Does your practice use a pre-screening questionnaire prior to administering a vaccination?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to the Immunisation_handbook for the current guidelines surrounding vaccination pre-screening checklists.
After identifying your practices process for conducting flu vaccination clinics, 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 the activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Activity 2.2 – Review practice policies and procedures

*Complete the below table to gather information on your **current** policies and procedures relating to immunisations and vaccine management.*

Does the practice have a policy and procedure for the following?	Policy up to date *	Policy needs reviewing	Who will review or update?	Date completed
Keeping a COVID safe practice	☐ Policy is up to date	☐ Policy needs updating		
Preparing an anaphylaxis response kit	☐ Policy is up to date	☐ Policy needs updating		
Infection control	☐ Policy is up to date	☐ Policy needs updating		
Needle stick injury	☐ Policy is up to date	☐ Policy needs updating		
Waste management	☐ Policy is up to date	☐ Policy needs updating		
Cold chain management	☐ Policy is up to date	☐ Policy needs updating		
Stock management	☐ Policy is up to date	☐ Policy needs updating		
Staff immunisations	☐ Policy is up to date	☐ Policy needs updating		
Hand hygiene	☐ Policy is up to date	☐ Policy needs updating		
Cough etiquette and social distancing	☐ Policy is up to date	☐ Policy needs updating		
Engaging an interpreter	☐ Policy is up to date	☐ Policy needs updating		

* Ensure that the practice policy is up to date with the current guidelines and that relevant practice staff are following the practice policy.

ACTIVITY 3 - RUNNING THE VACCINATION SESSIONS

The aim of this activity is to assist your practice to ensure you are prepared for the flu vaccination clinics. This activity will cover the following:

1. Patient management (meet and greet, injection areas, observation area)
2. cold chain management
3. vaccine administration
4. post vaccination
5. vaccination documentation
6. managing an adverse event.

Patient management (meet and greet, injection areas, observation area)

It is important to ensure your patient population is provided with the right preventative health care, at the right time, by the right person to support a person-centred approach. It is a way of putting people at the centre of their care to provide tailored and coordinated primary health services that are respectful and responsive to their needs, preferences and values.

Person-centred care involves the entire health care system, providing seamless and streamlined health services that are well-supported by technology and systems to achieve better patient outcomes.

Having a suitable space for meeting and greeting patients when they arrive at the clinic is an important component of running your vaccination clinic. It is essential that your patients are greeted with a welcoming presence to support patients who may be anxious or feel apprehensive. Advising patients of any safety measures they need to be aware of and/or provide information may also be considered in your meet and greet process.

Activity 3.1 – Preparing the practice team

The aim of this activity is to identify if your practice team is prepared for the flu vaccination season.

Description	Status	Action to be taken
Do all practice team members know what a flu (influenza) vaccination is?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to the following fact sheets: Influenza vaccines for Australians or Flu (influenza) immunisation service.
Do all practice team members know when the best time is to have the flu vaccine to ensure immunity?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to Healthdirect.gov.au.
Are all practice team members able to educate patients about the myth relating to getting the flu following a flu vaccine?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to RACGP video on Vaccine_hesitancy_and_refusal.
Can all staff explain the costs associated with having a flu vaccination at your practice?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Outline and clearly communicate practice fees associated with the flu vaccine. Considerations to include: • is there a cost for the vaccine? • is there a cost for GP/nurse time? (Ensure the practice communicates to patients about any out-of-pocket expenses).

Description	Status	Action to be taken
Can all staff explain the availability of vaccines to patients?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Discuss with relevant staff the possibility of vaccine unavailability including: • supply issues • restrictions on numbers available to order etc.
Do all staff know which patients are eligible for the Government funded flu vaccination?	☐ Yes, continue with activity. ☐ No, **see action to be taken**.	Refer to eligibility for flu vaccines.
After reviewing your staff preparedness, 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 the activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Cold chain management

The **National Vaccine Storage Guidelines**, Strive for 5, provides information and advice for vaccine storage management. It has been written to assist all Australian immunisation service providers, from medical practices to large hospitals, clinics and outreach providers.

The publication's title refers to **Strive for 5 degrees Celsius (°C)** – that is, the point midway between +2°C and +8°C which is the temperature range recommended for vaccine storage. Many vaccines are damaged or destroyed at temperatures outside this range.

These guidelines:
• describe the best approach to ensure that patients receive effective and potent vaccines
• describe the 'cold chain' and provide advice on what should be done in the event of a cold chain breach
• include resources such as checklists, charts, posters and stickers
• apply to both purpose-built vaccine refrigerators and domestic refrigerators.

Vaccine administration

• adequate supplies should be available, including as per the room setup checklist
• hand hygiene should be performed before vaccine preparation, between patients, and any time hands become soiled
• vaccine recipients should always be seated during vaccine administration
• an appropriately gauged needle should be used for each patient. Refer to recommended needle size in immunisation handbook.

Post vaccination

Immediately after vaccine administration:
• dispose of clinical waste, including sharps and vaccine vials, at the point of use (see RACGP Infection prevention and control standards)
• cover the injection site quickly with a dry cotton ball and tape as needed
• gently apply pressure for one or two minutes – do not rub the site as this will encourage the vaccine to leak back up the needle track, which can cause pain and may lead to local irritation

- remove the cotton wool after a few minutes and leave the injection site exposed to the air
- record the relevant details of the vaccines given.

The vaccinated person and/or parent/carer should be advised to remain in the vicinity for a minimum of 15 minutes after the vaccination. The area should be close enough to the immunisation service provider so that the vaccinated person can be observed and medical treatment provided rapidly if needed.[5]

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).

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. Refer to information on how to enter details in MedicalDirector and Best Practice.

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. Refer to information on how to enter details in MedicalDirector and Best Practice.

Creating progress notes shortcuts in clinical software

To make it easier on the day to record your clinical notes, you may wish to create a shortcut in your clinical software. The shortcut could include things such as:

- discussing the pre-vaccination screening checklist
- explaining the risks/benefits of vaccination to the patient
- obtaining and recording patient consent

- checking the patient was well enough to have an injection
- asking the patient to wait for 15 minutes post-vaccination.

Refer to instructions on creating a shortcut in progress notes from Best_Practice and MedicalDirector.

Reporting vaccines to the Australian Immunisation Register (AIR)

For assistance with setting up access to AIR, please refer to the following link AIR Access.

For further assistance with AIR, please refer to the following links:

- AIR_view_from_patient_file
- AIR-Record_and_update_immunisations
- AIR-View_and_print_reports

Please note: Some patients may have had their flu vaccine performed elsewhere. Always check AIR prior to providing the vaccine.

It is important when doing immunisations that you upload a shared health summary (SHS) to the patients My Health Record to ensure up-to-date information on individuals' immunisation status at all times. To identify the number of SHS's uploaded refer to the Structured Query Launguage (SQL) Search at the end of this document.

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[5] https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/influenza-flu

Activity 3.2 – Using AIR in general practice

The aim of this activity is to ensure the relevant team members in your practice know how to use AIR.

Description	Status	Action to be taken
Are all GP's in your practice aware that both MedicalDirector and Best Practice have the function to directly link each patient to AIR?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	AIR usage directions for Best_Practice and MedicalDirector.
Are all GPs aware they can view and download immunisation history and view catch-up schedules using the AIR feature through MedicalDirector and Best Practice?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to following links for directions on accessing the catch up schedule for Best_Practice and MedicalDirector.
Do relevant practice team members know how to search an immunisation history for individual patients using the AIR feature through MedicalDirector and Best Practice?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to information on how to search immunisation history in Best_Practice and MedicalDirector.
Do relevant practice team members know how to record immunisation encounters on AIR?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to information on recording vaccines given to your patients. Refer to information on how to enter details in Best_Practice and MedicalDirector
Do relevant practice team members know how to save immunisations recorded on AIR directly into the patient file?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	This step ensures you have accurate immunisation lists on your patient file. Refer to information on how to save an immunisation record recorded on AIR in Best_Practice and MedicalDirector
Do relevant practice team members know how to lodge a medical exemption on AIR?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to information on how to record medical exemption MedicalDirector and Best_Practice
Do you know that patients can view their immunisation history statement from AIR?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to information on how to get an immunisation history statement

Description	Status	Action to be taken
Do you know the contact details of AIR?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	AIR contact number is 1800 653 809.
After reviewing your processes for accessing, downloading and reporting to AIR, are there any changes you would like to implement in the practice to help manage patient records over the next 12 months?	☐ Yes, **see action to be taken.** ☐ No, you have completed this activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Managing an adverse event

An Adverse Event Following Immunisation (AEFI) is a serious, uncommon or unexpected event following immunisation. These events may be caused by the vaccine or may occur by chance after immunisation (i.e. it would have occurred regardless of vaccination).

Mild events, such as fever, pain or redness at the site of injection, commonly occur after vaccination with some vaccines and should be anticipated. Refer to having a vaccination what to expect brochure to provide to patients.

Refer to the Australian Immunisation Handbook for more information about managing adverse events.

Reporting an AEFI

Notify Queensland Health by completing an Adverse Events Following Immunisation Reporting Form.

Be sure to communicate this shortcut to the relevant practice team members.

Activity 3.3 – Complete vaccine clinic checklist

Complete the checklist below to support your practice to prepare for the upcoming flu vaccination sessions.

Description	Details. Describe any outcomes or outstanding actions

Have you held a practice meeting to?
 	
☐ appoint team leaders
☐ discuss the numbers of eligible and **at-risk** patients
☐ decide if dedicated vaccination clinics will be a:
  • nurse only clinic
  • GP and nurse clinic
  • GP only clinic
☐ examine staffing capacity – may need extra nursing staff	

Description	Details. Describe any outcomes or outstanding actions
☐ plan and schedule the clinics (e.g. am/pm/Sat am clinics) ☐ discuss how to promote clinics to patients ☐ discuss vaccine ordering for funded patients ☐ discuss any out-of-pocket expenses for patients and how this message will be communicated to relevant staff and patients ☐ decide the best way to deal with private patients and the cold chain management of their vaccines ☐ plan vaccination of staff ☐ make staff aware of your infection control policy, including hand hygiene, cough etiquette and social distancing.	
Have you considered staffing and space? ☐ Consider increasing nursing hours over the flu season for efficient running of nurse led flu clinics. ☐ Based on staffing arrangements, space may be an issue, revise roster and room allocation.	
Have you: ☐ checked if anaphylaxis response kit contents, including adrenaline, are in date. Additional ampoules of adrenaline 1:1000 should be available ☐ revised emergency procedures with all staff.	☐ Yes, continue with activity. ☐ No, order/update before proceeding.
Have you: ☐ set up five-minute appointments in medical software and ensured signage and all promotional material advises patients that their clinic appointment is for vaccination only.	☐ Yes, continue with activity. ☐ No, Refer to instructions from Pracsoft and Best_Practice
Have you: ☐ ordered vaccines regularly to ensure supply vs demand is met ☐ ensured staff are familiar with cold chain management procedures and necessary checks are completed.	☐ Yes, continue with activity. ☐ No, outline actions to be taken.

Description	Details. Describe any outcomes or outstanding actions
Have you organised your important resources including: ☐ websites, fact sheets for staff training ☐ consent procedures (use the Consent Resource Folder from the Immunisation Section, Department of Health SA to streamline the consent process) ☐ obtaining an Immunisation commonly observed reactions sheet from Immunisation Australia to give to patients post vaccination ☐ having adequate supplies of tissues, anti-bacterial hand lotion, masks and gloves.	☐ Yes, continue with activity. ☐ No, outline actions to be taken.
Have you set up your connection in your clinical software?	☐ Yes, continue with activity. ☐ No, refer to the following links for directions on setting up connection to AIR in your clinical software Best_Practice and MedicalDirector
Do all practice team members know how to download vaccination records from AIR and save to a patients file?	☐ Yes, you have completed the activity. ☐ No, refer to the following links for directions on downloading and saving vaccination records to a patients file in your clinical software Best_Practice and MedicalDirector

ACTIVITY 4 – INFORMING PATIENTS ABOUT VACCINE AVAILABILITY

The aim of this activity is to assist your practice to identify the best way of informing patients about the availability of the flu vaccine clinics. It is important to ensure all practice team members have clear, consistent messaging on the availability and process for providing vaccines to patients.

Patient reminder

It is very easy to generate a reminder from the practice's clinical software. Reminders are used as preventive activities for patients and do not have to be followed up if the patient does not attend the practice. It is important to ensure for all reminders, that patients have given consent to be contacted. The reminder should be noted in the clinical record. This option can be costly by the time you calculate stationery and postage. However, it is ideal for elderly patients. Prior to sending out reminder letters, ensure adequate vaccine supply and as a practice discuss your priority population.

Online reminders

Primary Sense Prompts focus on the most at risk patients, and provide on screen prompts to highlight potential gaps in care including use of the Johns Hopkins complexity and hospital risk scores. Prompts will only generate when the patient file in the clinical software has been opened. Please refer to the following link for a Step_by_step_guide_-_Using_prompts_in_Primary_Sense.

Using online booking software

If your practice has the option of an online appointment system, you can use an online reminder system. Reminders are a fully automated system, allowing practices to easily send customised SMS reminders to patients about upcoming appointments. Patients can instantly confirm, cancel or reschedule their appointments and all changes are transferred to your appointment book in real time.
Please note: there are a number of online booking systems available. Please research which online system would work best for your practice.

Information on practice website and other social media

Create and maintain an up-to-date website that contains all the required information about the practice in clear, simple language. It is suggested you provide alternative ways to make the information available to patients who have low literacy levels (e.g. provide versions in languages other than English, and versions including pictures).

Supported resources

To support safe and professional social media usage by GPs and general practice staff, the RACGP has developed a Guide for the use of social media in general practice. It provides a guide includes tips for using social media platforms such as Facebook, Twitter, LinkedIn and blogs within a general practice context. The Guide contains a social media policy template which can be adapted to your practice.
Practices need to ensure that consent is obtained and complies with the RACGP Information Security in General Practice. Avant have also supplied a resource for assisting practices to use SMS messaging.

Display table in the practice

You may wish to include a display table in your practice outlining the importance of flu prevention. This could include items such as:

- hand washing techniques
- patient brochures
- facts about the flu
- how to get a flu injection

- who should have a flu injection
- common Q&A poster
- management of your health if you have flu
- competitions

Inclusion in your practice newsletter

You may wish to include a section about the upcoming flu season in your practice newsletter/information sheet. This is usually readily available for patients either at reception or in the waiting room.

Signage outside the practice

Your practice may wish to include a sign in the front window or outside your practice notifying patients and the community that flu vaccinations are now available.

Activity 4.1 - Review strategies for informing patients about vaccine availability

Complete the following table to identify ways of notifying patients about the availability of the vaccine that will suit your practice.

Question to consider	Status	Item	Yes, will do	No, not doing
Does the practice have a system of notifying patients of the availability of flu vaccine?	☐ Yes, outline strategies you will be using. ☐ No, review the suggested list and identify options.	Patient reminder letters / online reminders		
		Online booking software		
		Practice website		
		Social media		
		Patient brochures		
		Display table		
		Practice newsletter		
		Signage outside practice		
		Newspaper article		
		Phone patients		
Are there any other strategies that the practice will use to notify patients about flu prevention?	☐ Yes, provide details. ☐ No, continue with activity.			

Question to consider	Status	Action to be taken	
After reviewing your strategies to communicate with 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 achieve tasks and set your goals.** ☐ No, you have completed the activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.	
		Use the below table to collate your tasks regarding your strategies identified above	
		Task	**Assigned to**

ACTIVITY 5 – STRATEGIES FOR IMPROVING RATES OF FLU VACCINATIONS

The following primary care activities may lead to higher vaccination rates:

- having a GP endorse an invitation to have an influenza vaccine
- use of recall and reminder systems
- incorporating vaccinations as part of MBS health assessments (e.g. 45-49 year old health assessment, 75+ health assessment and/or Aboriginal and Torres Strait Islander assessment)
- using programs and decision supporting tools to provide prompts if patient has not had vaccination completed
- participation in quality improvement programs incorporating audit and feedback on vaccinations.

MBS health assessments

There are time-based MBS health assessment items: 701 (brief), 703 (standard), 705 (long) and 707 (prolonged). These are available for people between the age of 45 and 49 (inclusive) who are at risk of developing a chronic disease and also for people aged 75 years and older.

There is also an Aboriginal and Torres Strait Islander health assessment (item number 715).

Ensure the template that is used to complete these assessments at your practice includes vaccination history.

> **Please note:** It is important to check AIR to see if your patient has had the vaccine elsewhere. Refer to activity 3.2 for more information.

Successful teams

Engaged and effective practice teams are the foundations for achieving sustainable improvements.

To achieve sustainable improvement, consider how your team currently operates. Is your team working together effectively and efficiently? Effective flu vaccination management requires a whole of team approach.

There are a range of responsibilities for the effective management of flu vaccinations within a general practice. Documented role clarity is important to ensure efficiency and accountability. Below is a template for you to complete in relation to roles and how this will work best for your team.

Activity 5.1 – Practice team roles in flu vaccination activities

Identify the person responsible for each part of the process required to complete flu vaccinations in general practice. Document each person's responsibilities in the table below.

Tasks for completing influenza vaccinations		
	Name	**Responsibilities**
GP		
Practice Nurse		
Practice Manager		
Receptionist		

Activity 5.2 – Review task allocation

The aim of this activity is to review task allocations for team members in your practice.

Description	Status	Action to be taken
After completing **activity 4.1 and 5.1** have you considered how the patient bookings will be made?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Please explain: (*e.g. receptionist will phone each patient to make the appointment or patient will be sent a reminder letter and they will need to contact the practice to make an appointment).* How will this information be communicated to the practice team?
Do relevant team members know how to use the pre-vaccination checklist?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Refer to the pre-vaccination_checklist. How will this information be communicated to the practice team?
Have you considered how long to allocate for each appointment (for GP and nurse time)?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Consider holding a team meeting to decide on the length of time for each clinician. How will this information be communicated to the practice team?

Description	Status	Action to be taken
Have you included how all the practice team (admin, nurse and GP) will be able to identify the nature of the appointment in the appointment book?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Please explain: (*e.g. our practice will use appointment icons to identify patients attending for a vaccination or we will type in the appointment comments what the appointment is for*). How will this information be communicated to the practice team?
Have you included who will update the patient reminder system to ensure continuity of care for the patient?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Outline who has the responsibility to update reminder system – is it GP, Practice nurse, manager or receptionist. How will this information be communicated to the practice team?
Do all team members understand their roles and responsibilities outlined in activity 5.1?	☐ Yes: continue with activity. ☐ No: **see action to be taken.**	Provide training to individuals or groups within your practice.
After reviewing your tasks and practice roles and responsibilities for managing flu vaccinations at your practice, are there any changes you would like to implement over the next 12 months?	☐ Yes, **see actions to be taken to help set you goals**. ☐ No, you have completed this activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Suggested goals for increasing flu vaccination rates

See below for suggested goals related to the flu vaccinations you may wish to achieve within your practice. The following Structured Query Language (SQL) section outlines how to use the SQL search function in your clinical software.

Goal	How you may achieve the goal
Increase the number of influenza vaccinations given to active patients aged 65 years and over seen during the past 15 months by 10%.	Refer to SQL search OR Primary Sense report: Winter Wellness Report
Increase the number of influenza vaccinations given to diabetes patients seen over the past 15 months by 10%.	Refer to SQL search OR Primary Sense report: Wellness Report
Increase the number of influenza vaccinations given to patients with COPD seen over the past 15 months by 5%.	Refer to SQL search OR Primary Sense report: Wellness Report

ACTIVITY 6 – STRUCTURED QUERY LANGUAGE (SQL) SEARCHES

Using a SQL in your clinical software will assist you with searching your practice data to identify specific areas of interest or to identify your patient population. For example, if you are wanting to search for patients who are Aboriginal and Torres Strait Islanders and are eligible for a flu vaccination, you would use the below listed query entitled 'Aboriginal and Torres Strait Islander and eligible for flu vax'.

The following 4 steps will assist you with running a SQL in either Best Practice or MedicalDirector.

To use an SQL in Best Practice, please follow these 4 steps:
1. select **utilities** > **search** (from main screen)
2. select **load query**
3. select a query from the list (copy and paste from the query column below or create your own query) and select **run query**
4. print, export, mail merge or add reminder.

Search topic	Query	Considerations
Shared Health Summaries Best Practice	SELECT * FROM BPS_Patients WHERE StatusText = 'Active' AND InternalID IN (SELECT InternalID FROM PastHistory WHERE ItemCode = 10632 AND RecordStatus = 1) AND InternalID IN (SELECT InternalID FROM VisitReason WHERE Reason LIKE '%Shared Health Summary%' AND RecordStatus = 1) AND InternalID IN (SELECT InternalID FROM Visits WHERE VisitDate >= '20220103' AND RecordStatus = 1) ORDER BY surname, firstname	You will need to adjust the date range for this search to be appropriate for your search range
Pregnant and eligible for flu vax Best Practice	SELECT * FROM BPS_Patients WHERE StatusText = 'Active' AND InternalID IN (SELECT InternalID FROM PastHistory WHERE ItemCode = 2971 AND RecordStatus = 1) AND InternalID IN (SELECT InternalID FROM VisitReason WHERE Reason LIKE '%Pregnancy%' AND RecordStatus = 1) AND InternalID IN (SELECT InternalID FROM Immunisations WHERE VaccineID = 149 AND RecordStatus = 1) AND InternalID IN (SELECT InternalID FROM Immunisations WHERE VaccineID = 136 AND RecordStatus = 1) AND InternalID IN (SELECT InternalID FROM Immunisations WHERE VaccineID = 167 AND RecordStatus = 1) AND InternalID IN (SELECT InternalID FROM Immunisations WHERE VaccineID = 168 AND RecordStatus = 1) ORDER BY surname, firstname	
Chronic conditions and eligible for flu vax Best Practice	SELECT * FROM BPS_Patients WHERE StatusText = 'Active'	

Search topic	Query	Considerations
	AND InternalID IN (SELECT InternalID FROM PastHistory WHERE ItemCode IN (3, 775, 776, 778, 774, 7840, 11998) AND RecordStatus = 1) OR InternalID IN (SELECT InternalID FROM PastHistory WHERE ItemCode = 11744 OR RecordStatus = 1) OR InternalID IN (SELECT InternalID FROM PastHistory WHERE ItemCode = 4479 OR RecordStatus = 1) OR InternalID IN (SELECT InternalID FROM PastHistory WHERE ItemCode = 11762 OR RecordStatus = 1) OR InternalID IN (SELECT InternalID FROM PastHistory WHERE ItemCode = 598 OR RecordStatus = 1) OR InternalID IN (SELECT InternalID FROM PastHistory WHERE ItemCode IN (281, 285, 283, 284, 282) OR RecordStatus = 1) OR InternalID IN (SELECT InternalID FROM PastHistory WHERE ItemCode = 702 OR RecordStatus = 1) OR InternalID IN (SELECT InternalID FROM PastHistory WHERE ItemCode = 414 OR RecordStatus = 1) OR InternalID IN (SELECT InternalID FROM PastHistory WHERE ItemCode = 662 OR RecordStatus = 1) ORDER BY surname, firstname	
Aboriginal and Torres Strait Islander and eligible for flu vax Best Practice	SELECT * FROM BPS_Patients WHERE StatusText = 'Active' AND Ethnicity = 'Aboriginal' AND Ethnicity = 'Torres Strait Islander' AND Ethnicity = 'Aboriginal/Torres Strait Islander' AND NOT InternalID IN (SELECT InternalID FROM Immunisations WHERE VaccineID = 149 AND Givendate <= '20220101' AND RecordStatus = 1) AND NOT InternalID IN (SELECT InternalID FROM Immunisations WHERE VaccineID = 167 AND Givendate <= '20220101' AND RecordStatus = 1) AND NOT InternalID IN (SELECT InternalID FROM Immunisations WHERE VaccineID = 136 AND Givendate <= '20220101' AND RecordStatus = 1) AND NOT InternalID IN (SELECT InternalID FROM Immunisations WHERE VaccineID = 168 AND Givendate <= '20220101' AND RecordStatus = 1) ORDER BY surname, firstname	
6 months of age and less than 5 years of age and eligible for flu vax Best Practice	SELECT * FROM BPS_Patients WHERE StatusText = 'Active' AND DOB > DateAdd(Year, -5, GetDate()) AND DOB < DateAdd(Year, -1.5, GetDate()) AND DOB > '12/01/2022'	

Search topic	Query	Considerations
	AND NOT InternalID IN (SELECT InternalID FROM Immunisations WHERE VaccineID = 136 AND RecordStatus = 1) AND NOT InternalID IN (SELECT InternalID FROM Immunisations WHERE VaccineID = 168 AND RecordStatus = 1) ORDER BY surname, firstname	
65 years of age or older and eligible for flu vax Best Practice	SELECT * FROM BPS_Patients WHERE StatusText = 'Active' AND DOB < DateAdd(Year, -66, GetDate()) AND NOT InternalID IN (SELECT InternalID FROM Immunisations WHERE VaccineID = 167 AND Givendate <= '20220101' AND RecordStatus = 1) ORDER BY surname, firstname	

To use an SQL in MedicalDirector, please follow these 4 steps:
1. select **search** > **patient** (from main screen)
2. select **advanced search**
3. load your query (copy and paste from the query column below or create your own query)
4. select **search** to run.
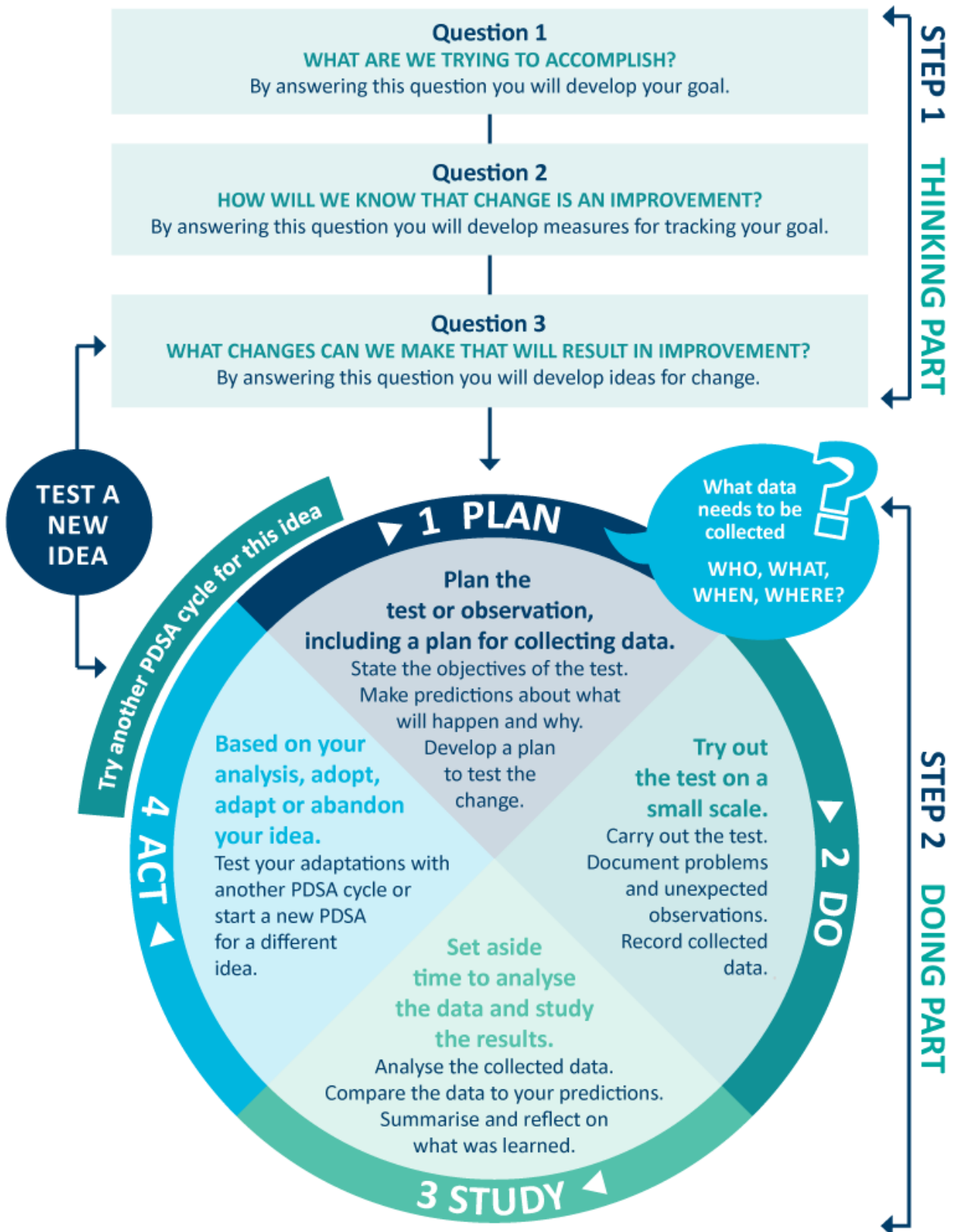
TIP: save query to run the same report regularly

Search topic	Query	Considerations
Shared Health Summaries MedicalDirector	left join MD_PATIENT_CLINICAL as clinical (nolock) on clinical.PATIENT_ID = patient.PATIENT_ID left join CM_OCCUPATION as occ (nolock) on occ.OCCUPATION_ID = patient.OCCUPATION_ID left join MD_USER_DEFINED_FIELD as udf (nolock) on udf.PATIENT_ID = patient.PATIENT_ID left join MD_PROGRESS as progress (nolock) on progress.PATIENT_ID = patient.PATIENT_ID Where 1=1 AND progress.VISIT_DATE >= '2023-1-2 00:00:00' AND patient.PATIENT_ID IN (SELECT DISTINCT MD_HISTORY.PATIENT_ID FROM MD_HISTORY WHERE (MD_HISTORY.HISTORY_CODE LIKE 'ppoc@ehr@summ@internet' OR MD_HISTORY.CONDITION LIKE 'ppoc@ehr@summ@internet') AND MD_HISTORY.STAMP_ACTION_CODE != 'D') and patient.STAMP_ACTION_CODE != 'D' and patient.STATUS_CODE = 'A'	You will need to adjust the date range for this search to be appropriate for your search range

Search topic	Query	Considerations
Pregnant and eligible for flu vax MedicalDirector	No query available	Alternative function is to do the following: 1. select search 2. select immunisation list with the following settings: - select 1 year in the interval section - deselect exclude if not given here 3. run a pregnancy search 4. cross reference the immunisation list against the pregnancy list to find eligble patients.
Chronic conditions and eligible for flu vax MedicalDirector	left join MD_PATIENT_CLINICAL as clinical (nolock) on clinical.PATIENT_ID = patient.PATIENT_ID left join CM_OCCUPATION as occ (nolock) on occ.OCCUPATION_ID = patient.OCCUPATION_ID left join MD_USER_DEFINED_FIELD as udf (nolock) on udf.PATIENT_ID = patient.PATIENT_ID left join MD_PROGRESS as progress (nolock) on progress.PATIENT_ID = patient.PATIENT_ID Where 1=1 AND patient.PATIENT_ID IN (SELECT DISTINCT MD_HISTORY.PATIENT_ID FROM MD_HISTORY WHERE (MD_HISTORY.HISTORY_CODE LIKE 'diabm' OR MD_HISTORY.CONDITION LIKE 'diabm') AND MD_HISTORY.STAMP_ACTION_CODE != 'D') AND ((patient.PATIENT_ID in (select distinct MD_HISTORY.PATIENT_ID from MD_HISTORY where (MD_HISTORY.HISTORY_CODE like 'ihd' OR MD_HISTORY.CONDITION like 'ihd%'))) OR (patient.PATIENT_ID in (select distinct MD_HISTORY.PATIENT_ID from MD_HISTORY where (MD_HISTORY.HISTORY_CODE like 'coad' OR MD_HISTORY.CONDITION like 'coad%'))) OR (patient.PATIENT_ID in (select distinct MD_HISTORY.PATIENT_ID from MD_HISTORY where (MD_HISTORY.HISTORY_CODE like 'cva' OR MD_HISTORY.CONDITION like 'cva%'))) OR (patient.PATIENT_ID in (select distinct MD_HISTORY.PATIENT_ID from MD_HISTORY where (MD_HISTORY.HISTORY_CODE like 'asth:eval,ctx:chro' OR MD_HISTORY.CONDITION like 'asth:eval,ctx:chro%'))) OR (patient.PATIENT_ID in (select distinct MD_HISTORY.PATIENT_ID	Once you have run your query, you can then complete the following steps: 1. select search 2. select immunisation list with the following settings: - select 1 year in the interval section - deselect exclude if not given here 3. cross reference the immunisation list against the chronic conditions query report to find eligble patients.

Search topic	Query	Considerations
	from MD_HISTORY where (MD_HISTORY.HISTORY_CODE like 'cystf' OR MD_HISTORY.CONDITION like 'cystf%'))) OR (patient.PATIENT_ID in (select distinct MD_HISTORY.PATIENT_ID from MD_HISTORY where (MD_HISTORY.HISTORY_CODE like 'emph' OR MD_HISTORY.CONDITION like 'emph%'))) OR (patient.PATIENT_ID in (select distinct MD_HISTORY.PATIENT_ID from MD_HISTORY where (MD_HISTORY.HISTORY_CODE like 'ckd' OR MD_HISTORY.CONDITION like 'ckd%'))) OR (patient.PATIENT_ID in (select distinct MD_HISTORY.PATIENT_ID from MD_HISTORY where (MD_HISTORY.HISTORY_CODE like 'lrti@chro@lung@dise@exacerba' OR MD_HISTORY.CONDITION like 'lrti@chro@lung@dise@exacerba%'))) OR (patient.PATIENT_ID in (select distinct MD_HISTORY.PATIENT_ID from MD_HISTORY where (MD_HISTORY.HISTORY_CODE like 'ckd' OR MD_HISTORY.CONDITION like 'ckd%'))) OR (patient.PATIENT_ID in (select distinct MD_HISTORY.PATIENT_ID from MD_HISTORY where (MD_HISTORY.HISTORY_CODE like 'crf' OR MD_HISTORY.CONDITION like 'crf%')))) and patient.STAMP_ACTION_CODE != 'D' and patient.STATUS_CODE = 'A'	
Aboriginal and Torres Strait Islander and eligible for flu vax MedicalDirector	left join MD_PATIENT_CLINICAL as clinical (nolock) on clinical.PATIENT_ID = patient.PATIENT_ID left join CM_OCCUPATION as occ (nolock) on occ.OCCUPATION_ID = patient.OCCUPATION_ID left join MD_USER_DEFINED_FIELD as udf (nolock) on udf.PATIENT_ID = patient.PATIENT_ID left join MD_PROGRESS as progress (nolock) on progress.PATIENT_ID = patient.PATIENT_ID Where 1=1 AND (ATSI = 1 OR ATSI = 2 OR ATSI = 3 OR ATSI = 9 OR ATSI = 0) and patient.STAMP_ACTION_CODE != 'D' and patient.STATUS_CODE = 'A'	Once you have run your query, you can then complete the following steps: 1. select search 2. select immunisation list with the following settings: - select 1 year in the interval section - deselect exclude if not given here 3. cross reference the immunisation list against the Aboriginal and Torres Strait Islander query report to find eligble patients.
6 months of age and less than 5 years of age and eligible for flu vax MedicalDirector	No query available	Alternative function is to do the following: 1. select search 2. select immunisation list with the following settings:

Search topic	Query	Considerations
		- select 1 year in the interval section - deselect exclude if not given here - select childhood immunisations only in the tick box section - select all vaccinators in the vaccinator section - select Vaxigrip tetra and Fluarix Tetra in the immunisation section
65 years of age or older and eligible for flu vax MedicalDirector	No query available	Alternative function is to do the following: 1. select search 2. select immunisation list with the following settings: - select 1 year in the interval section - deselect exclude if not given here - select 65 and over in the tick box section - select all vaccinators in the vaccinator section - select Fluad Quad in the immunisation section

Model for Improvement diagram

Question 1
WHAT ARE WE TRYING TO ACCOMPLISH?
By answering this question you will develop your goal.

Question 2
HOW WILL WE KNOW THAT CHANGE IS AN IMPROVEMENT?
By answering this question you will develop measures for tracking your goal.

Question 3
WHAT CHANGES CAN WE MAKE THAT WILL RESULT IN IMPROVEMENT?
By answering this question you will develop ideas for change.

STEP 1 THINKING PART

TEST A NEW IDEA

What data needs to be collected
WHO, WHAT, WHEN, WHERE?

Try another PDSA cycle for this idea

1 PLAN
Plan the test or observation, including a plan for collecting data.
State the objectives of the test.
Make predictions about what will happen and why.
Develop a plan to test the change.

2 DO
Try out the test on a small scale.
Carry out the test.
Document problems and unexpected observations.
Record collected data.

3 STUDY
Set aside time to analyse the data and study the results.
Analyse the collected data.
Compare the data to your predictions.
Summarise and reflect on what was learned.

4 ACT
Based on your analysis, adopt, adapt or abandon your idea.
Test your adaptations with another PDSA cycle or start a new PDSA for a different idea.

STEP 2 DOING PART

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:
Provide all eligible active patients with an influenza vaccine.
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 number of our eligible patients over 65 years who receive an influenza vaccination by 40% by 30th May.

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. Clinical data reports, patient surveys etc.). Record and track your baseline measurement to allow for later comparison.

We will measure the percentage of active patients 65 years and over with their influenza vaccine recorded. To do this we will:

A) Identify the number of active patients aged over 65 years old.

B) Identify the number of active patients aged over 65 years who have an influenza vaccination recorded.

B divided by A x 100 produces the percentage of patients aged over 65 years who have an influenza vaccination recorded.

BASELINE MEASUREMENT: 38% of active patients 65 years and older will have an influenza vaccination recorded.

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.M.A.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: Identify active patients aged 65 years and older who have not had an influenza vaccine recorded.

IDEA: Ensure all relevant staff know how to record influenza vaccines in the practice's clinical software.

IDEA: Ensure adequate vaccination stock to meet patient demand.

IDEA: Prioritise higher risk groups (diabetes, COPD, CVD or with any other chronic disease).

IDEA: Source and provide endorsed patient education resources on influenza (in waiting rooms, etc).

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)*	
Identify active patients aged 65 years and older who do not have an influenza vaccination recorded.	

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:
Tom will set aside an hour on a Thursday afternoon to conduct a search in Best Practice (adjust if using MedicalDirector) of all patients aged over 65 years who do not have an influenza vaccine recorded. Refer to SQL section for suggested query search. A list will be generated for each GP. The practice nurse will check vaccination stock and ensure enough vaccines are available to focus on improving vaccination rates.
WHO/WHEN/WHERE:
Who: Practice manager   When: Begin 4th April.   Where: Practice manager office.

DATA TO BE COLLECTED: Number of active patients aged over 65 years and the number of active patients aged over 65 years without an influenza vaccination recorded.

PREDICTION: 78% of active patients aged over 65 years will have an influenza vaccination 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).

Completed 30 May – The data searches were conducted in Best Practice (adjust if using MedicalDirector) by the Practice Manager, with the receptionist being upskilled to conduct further relevant searches. Individual lists were provided to each GP to prioritise vulnerable patient population. The PM monitored the number of flu vaccines completed each week, by generating a list on Best Practice. The practice increased the nursing hours over a 3-week period to be able to cope with the demand from patients and we needed to alter our immunisation ordering process to ensure adequate stock was available.

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.

The plan was executed successfully, and the outcome was as desired.

The 3 hours per week increase for nursing staff fluctuated one week and we have learned that next time, we will need to anticipate this and plan around this accordingly.

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 will continue to focus on trying to increase the vaccine rates of the remaining 18% of patients over 65 without an influenza vaccine, however, we will prioritise vulnerable patients.

ABANDON:

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

Acknowledgements

Brisbane South PHN, 2023