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BRISBANE SOUTH
An Australian Government Initiative

Quality Improvement Toolkit for General Practice

Prevention
Influenza Vaccination

Version 7 - 2025

Contents

Introduction

Purpose

This QI toolkit is designed to support your practice complete quality improvement activities that will assist with making measurable and sustainable improvements to better care for your patients. Our Introduction toolkit provides more detailed information on the quality improvement process.

The Model for Improvement

This toolkit will help your practice complete QI activities using the Model For Improvement (MFI) framework.

The MFI uses the Plan-Do-Study-Act (PDSA) cycle, which is an evidence-based approach to achieving successful change.

It offers the following benefits:
- A simple approach that anyone can apply.
- Allows for highly effective planning, developing, and implementing change.
- Reduces risk, cost, and time by testing small changes.
- Easier to measure change results.

QI team approach

QI is a team process as diverse perspectives, knowledge, and skills of different staff members can provide effective ideas for change.

A team effort will allow for gaps and inefficiencies in the practice to be easily identified. It also helps to maintain motivation, promote lasting changes, and encourages continuous quality improvement (CQI) efforts.

Quintuple aim

The goal of the quintuple aim is to enhance patient experience, improve population health, reduce costs, improve work life balance of health care providers including clinicians and staff.

Awareness of the quintuple aim with CQI will assist with enhancing patient care to improve health equity at your practice.
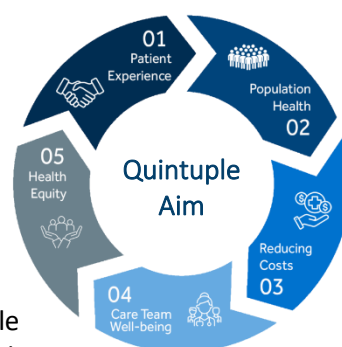
Goal

The toolkit activities will guide you to explore your data to understand your patient population and the care pathways that are being provided in your practice. This will assist with the development of S.M.A.R.T goals to improve your practice's data management processes to ensure your policies and procedures at up to date.

S.M.A.R.T Goals

S	M	A	R	T
SPECIFIC	MEASURABLE	ACHIEVABLE	RELEVANT	TIMELY
Make goals clear and specific	Make sure your goal and progress are measureable	Set realistic goals that can be achievable	Set a goal that is relevant to your purpose	Specify a deadline for achieving the goal

Aim of this toolkit

To support continuous quality improvement by helping identify patients who are at risk of influenza and who are eligible under State or National Immunisation Programs to receive the vaccination.

Key questions for you to consider

Who will you select in your team to be responsible for contacting patients about their influenza vaccinations?
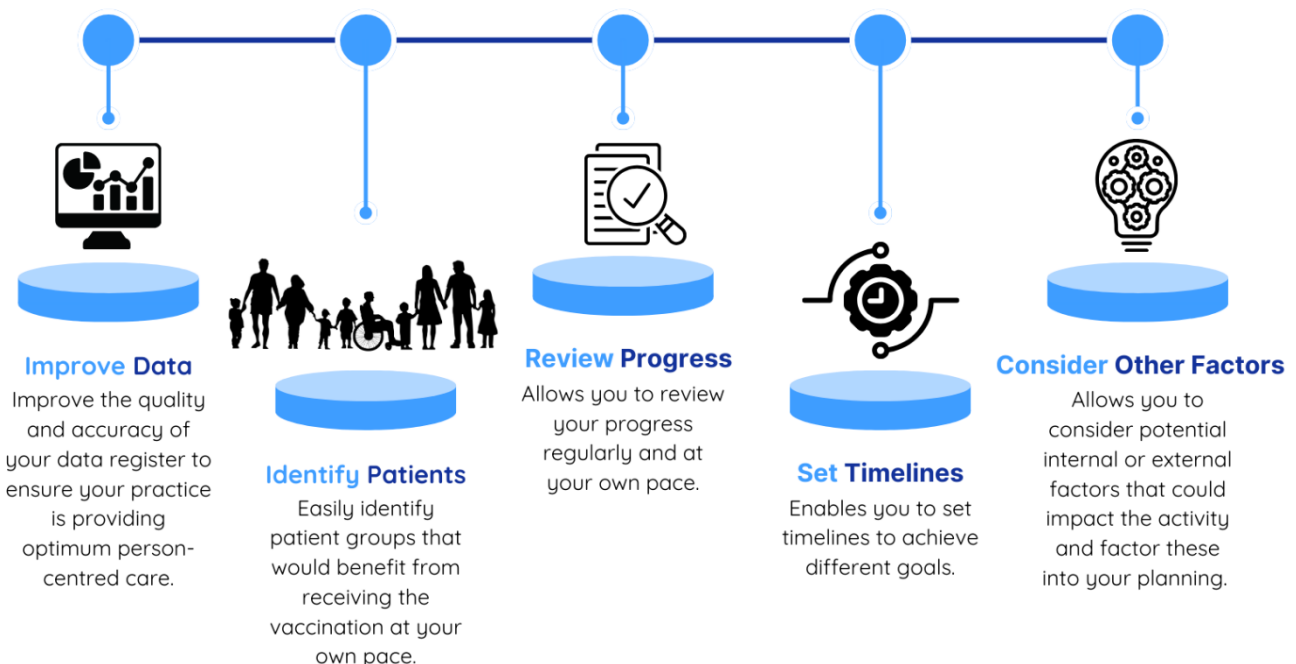
Who will you assign in your team to make sure the patient population is well cared for?

Who will you select in your team to complete data cleansing activities?

To achieve the aim, you will need to extract patient data and establish a valid patient list or register. The toolkit activities will assist and guide you to:

Improve Data
Improve the quality and accuracy of your data register to ensure your practice is providing optimum person-centred care.

Identify Patients
Easily identify patient groups that would benefit from receiving the vaccination at your own pace.

Review Progress
Allows you to review your progress regularly and at your own pace.

Set Timelines
Enables you to set timelines to achieve different goals.

Consider Other Factors
Allows you to consider potential internal or external factors that could impact the activity and factor these into your planning.

Background

What is influenza (flu)?

Influenza, also known as the flu, is a highly contagious viral respiratory illness that spreads through tiny droplets from an infected person who is coughing, sneezing and talking. A person is most infectious in the first 24 hours before experiencing symptoms and a person can be infectious for up to 5-7 days. Influenza symptoms vary in severity and can include a fever (usually 38°C or greater), body aches and sore throat. Diarrhoea and/or vomiting can also occur and most commonly affects children. [1]

1 Week   **2 Weeks +**

Severe complications can lead to pneumonia or bronchitis, which can sometimes result in hospitalisation and death, but most people find that symptoms typically subside within a week without requiring medical attention. There are many strains of the influenza virus that can change every year. The flu virus can survive in the environment, in the air, or on hard surfaces, for up to 8 hours or more. Influenza infection can co-exist with other respiratory viral or bacterial infections. Everyone is at risk of catching the flu and it does not matter how healthy a person is or their age.[2]

The National Immunisation Program (NIP)

The National Immunisation Program (NIP) provides free influenza vaccines to people most at risk of complications from influenza. Influenza vaccines can be administered on the same day as a COVID-19 and the Respiratory Syncytial Virus (RSV) vaccine.

In 2025, eligible pregnant women at 28 to 36 weeks of pregnancy will be able to receive the RSV vaccine for free under the NIP. The vaccine protects newborns from severe infection of the nose, throat, and lungs, and reduces the risk of RSV serious disease by 70% among infants less than 6 months of age.[3]

Vaccination can commence from mid-April to provide protection for the peak of the flu season. This is generally from June to September in most parts of Australia. However, there is no need to wait. You can vaccinate as soon as stock is available. Viruses can circulate well after the peak, so continue to offer vaccination as long as valid vaccines are available.

[1] Influenza (flu) | Australian Government Department of Health and Aged Care
[2] Immunisation Coalition - Influenza
[3] National Immunisation Program update - RSV vaccine | Australian Government Department of Health and Aged Care

Population groups at higher risk of influenza eligible under the NIP[4]

Children aged 6 months and under 5 years old.	Older adults ≥ 65 years and over.
Pregnant women at any stage of pregnancy	People aged 6 months or over with existing medical conditions.
First Nations aged 6 months and over	

2025 Quadrivalent vaccines

The list shows the following quadrivalent influenza vaccines available in Australia.

The 2025 Quadrivalent seasonal influenza vaccines for the southern hemisphere include both egg and cell-based strains:

Egg-based influenza vaccines	Cell-based influenza vaccines
A/Victoria/4897/2022 (H1N1) pdm09-like virus	A/Wisconsin/67/2022 (H1N1) pdm09-like virus
A/Croatia/10136RV/2023 (H3N2)-like virus	A/District of Columbia/27/2023 (H3N2)-like virus
B/Austria/1359417/2021 (B/Victoria lineage)-like virus	B/Austria/1359417/2021 (B/Victoria lineage)-like virus
B/Phuket/3073/2013 (B/Yamagata lineage)-like virus	B/Phuket/3073/2013 (B/Yamagata lineage)-like virus

In 2025, all NIP-funded influenza vaccines available are quadrivalent vaccines (QIV) including the adjuvanted (enhanced) influenza vaccine for adults aged 65 years and older.

Please check in the diagram for the vaccines funded through the NIP for specific age groups.

Providers should make every effort to ensure people who are eligible for a NIP-funded influenza vaccine, receive a NIP influenza vaccine. Queensland Health may not reimburse claims for privately purchased influenza vaccines administered to NIP eligible people.[5]

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[4] NIP Consumer Fact Sheet
[5] 2025 Free Flu Vaccination Program

For more information, please see Influenza vaccination advice page from Queensland Health or read the program advice for health professionals.

NIP funded influenza vaccines by age group

Age group	Quadrivalent influenza vaccines (QIVs)		
	Fluad® Quad 0.50 mL (CSL Seqirus)	Flucelvax® Quad 0.50 mL (CSL Seqirus)	Vaxigrip Tetra® 0.50 mL (Sanofi)
6 months to <5 years	DO NOT USE	NOT FUNDED	✓
≥5 to <60 years	DO NOT USE	✓*	✓*
≥60 to <65 years	DO NOT USE	✓*	✓*
≥65 years	✓	NOT FUNDED	NOT FUNDED

Note: Ticks indicate vaccines that are NIP funded. Asterisks (*) indicate funding only for Aboriginal and Torres Strait Islander people, pregnant women and people who have certain medical conditions. Other influenza vaccines that are not NIP-funded are available in 2025. For further information, refer to the ATAGI clinical statement on the administration of influenza vaccines in 2025 available at health.gov.au/influenza-resources and the Australian Immunisation Handbook chapter – Influenza (Flu). [6]

2025 Free Flu Vaccination Program

All Queensland residents over the age of 6 months can be immunised against influenza for free.

The 2025 Free Influenza Vaccination Program is funded by the Queensland Government and commences from 1 March 2025 until 30 September 2025.

Influenza vaccinations will continue to be funded under the National Immunisation Program (NIP) and free for eligible people. For all other Queenslanders not eligible under the NIP, influenza vaccinations will also be free under the Queensland Flu Vaccination Program to help improve immunisation coverage and reduce the risk of hospitalisations.

The free State vaccination program is available to Queensland residents only, including people without a Medicare card. The program covers individuals who are not eligible under the NIP and the Queensland government will reimburse Vaccination Service Providers (VSPs) for privately purchased vaccines. For more information, please visit the Queensland Health page or the Queensland Health Free Influenza Vaccination Program Stakeholder Toolkit 2025.[7]

Influenza dosage and administration information

- Annual vaccination is an important measure to prevent influenza and its complications.
- For pregnant women, the flu vaccine can be safely given with the pertussis vaccine.

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[6] NCIRS 2025 Influenza national immunisation program
[7] Queensland Health | 2025 Free flu vaccination program

- Influenza vaccination is recommended for all people aged 6 months and over.

- All children aged 6 months – 5 years receive free annual influenza vaccines under the National Immunisation Program (NIP) and the Queensland funded program covers all patients over 5 years of age.

- Children aged 6 months to 9 years receiving the influenza vaccine for the first time require two doses that are given at least 4 weeks apart. This maximises the immune response to the vaccine strains.

- Children who received 1 or more doses of influenza vaccine in a previous season only need 1 dose in the current and future seasons.[8]

- Residential aged care homes, childcare centres, schools, and health care facilities are at higher risk of influenza outbreaks due to large numbers of people being in confined spaces for long periods of time.[9]

Please check the Australian Immunisation Handbook for the medical conditions associated with increased risk of influenza and whether it is funded through the NIP or please refer to the NIP program advice for health professionals. Clinical staff can search on influenza immunisation at Brisbane South Health Pathways for current clinical advice.

Incidence of influenza

In 2024, **361,625 cases** of flu detected, **4,286 hospitalisations,** and **500 deaths** in Australia were due to influenza.[10] Queensland has one of the highest notification rates compared to other states and 78,375 were reported from 1 January to 1 December 2024.[11] When herd immunity increases in the community, disease transmission can be reduced. Targeted immunisation strategies from general practices are required to protect vulnerable population groups by increasing immunisation rates.[12]

Immunisation rates

National Centre for Immunisation Research and Surveillance data reveals that all Queensland age groups are at very low vaccination rates (see table below).[13]

General practices have a significant role in improving participation uptake using flu clinics and opportunistic vaccination during consultations. Clear and consistent messaging about the ongoing benefits of being vaccinated is important to increase patient engagement, maintain motivation and ongoing trust.[14]

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[8] Australian Influenza Surveillance Reports - 2023
[9] Influenza in education and care services
[10] Australian Respiratory Surveillance Report 2024
[11] Queensland Acute Respiratory Infection Surveillance Report 2024
[12] About immunisation | Australian Government Department of Health and Aged Care
[13] How many Australians have had a flu vaccine? | NCIRS
[14] RACGP - Influenza vaccinations for adult populations

Snapshot of the latest 2024 influenza vaccination coverage* data in Australia

All people

	ACT	NSW	VIC	QLD	SA	WA	TAS	NT	AUS
6 mo - < 5 yrs	47.7	24.5	29.8	22.1	26.9	22.0	29.4	32.6	**25.8**
5 - < 15 yrs	21.8	13.1	15.0	13.9	14.5	13.1	14.0	13.3	**14.0**
15 - < 50 yrs	30.5	19.1	23.0	18.7	23.3	17.1	22.7	21.0	**20.4**
50 - < 65 yrs	42.6	30.8	34.6	32.6	37.1	29.2	39.6	25.2	**32.7**
≥ 65 yrs	65.2	58.4	61.8	60.8	66.5	58.5	67.7	33.9	**60.5**

Source: NCIRS – Influenza vaccination coverage data 2024

The following age groups: 6 months - < 5 years, 5 - < 15 years and 15 - <50 years shows that Queensland was among the *second lowest state recorded for influenza coverage in 2024* compared all other states.

Aboriginal and Torres Strait Islander people

	ACT	NSW	VIC	QLD	SA	WA	TAS	NT	AUS
6 mo - < 5 yrs	34.2	17.5	21.2	15.4	17.0	16.5	23.0	33.4	**18.3**
5 - < 15 yrs	16.1	11.7	11.6	11.7	12.5	10.3	12.4	21.7	**12.3**
15 - < 50 yrs	24.4	16.7	18.6	15.9	18.6	13.7	18.9	29.2	**17.6**
50 - < 65 yrs	45.3	37.5	38.5	36.2	38.5	31.0	46.5	42.3	**37.3**
≥ 65 yrs	65.2	62.2	63.0	60.2	60.3	51.3	70.3	42.8	**59.4**

Source: NCIRS – Influenza vaccination coverage data 2024

The table above shows that all age categories for Aboriginal and Torres Strait Islander peoples in Queensland are among the lowest compared to all other states in Australia.

> It is important that all children receive a yearly influenza vaccination. Tailoring your flu campaigns and quality improvement activities to focus on increasing influenza vaccination coverage among children can help reduce the risk of complications and prevent hospitalisations. It can also protect other vulnerable population groups and the rest of the community from the spread of influenza.

Timing of vaccination

Some important information about the timing of the vaccination includes:

- Infection rates increase around May to October in Australia with the peak circulation occurring in August.
- Annual vaccination should occur before the onset of flu season
- Optimal protection against the flu occurs within the first 3 to 4 months after vaccination.
- It is important to remind patients that the vaccination is not immediately effective, as it can take 10 to 14 days to be protected.
- Some individuals may require re-vaccination due to personal circumstances, such as travel or pregnancy.
- Only one government-funded flu vaccine is available for eligible people each year. There are exceptions for eligible children aged 6 months to 9 years of age receiving the vaccine for the first time as 2 doses are required 4 weeks apart.[15]
- People can receive influenza vaccines at the same time as most other vaccines, such as RSV, pneumococcal, and COVID-19 vaccines.[16]
- Parents and carers should be informed that there would be increased likelihood of fever when a child receives both the influenza and the pneumococcal vaccine at the same time.[17]

To prepare for the season

1. **Discard expired vaccines** in accordance with your local protocols.
2. **Work through the activities** in this toolkit to identify your patient population groups.
3. **Use the roles and responsibilities template and annual checklist** to plan and prepare your flu clinic.
4. **Order your 2025 vaccine stock,** make sure it is enough to cover the number of patients you have identified.
5. **Promote the free vaccine** to eligible people and priority groups, emphasising the recommendation from a trusted health professional.
6. **Consider opportunities to co-administer vaccines** with COVID-19 and other vaccines where appropriate.
7. **Ensure vaccine safety** by verifying your patient's age and using the correct influenza vaccine.
8. **Report to the Australian Immunisation Register (AIR)**. All influenza vaccinations administered must be recorded on the AIR for both the NIP and the government-funded vaccines.[18]
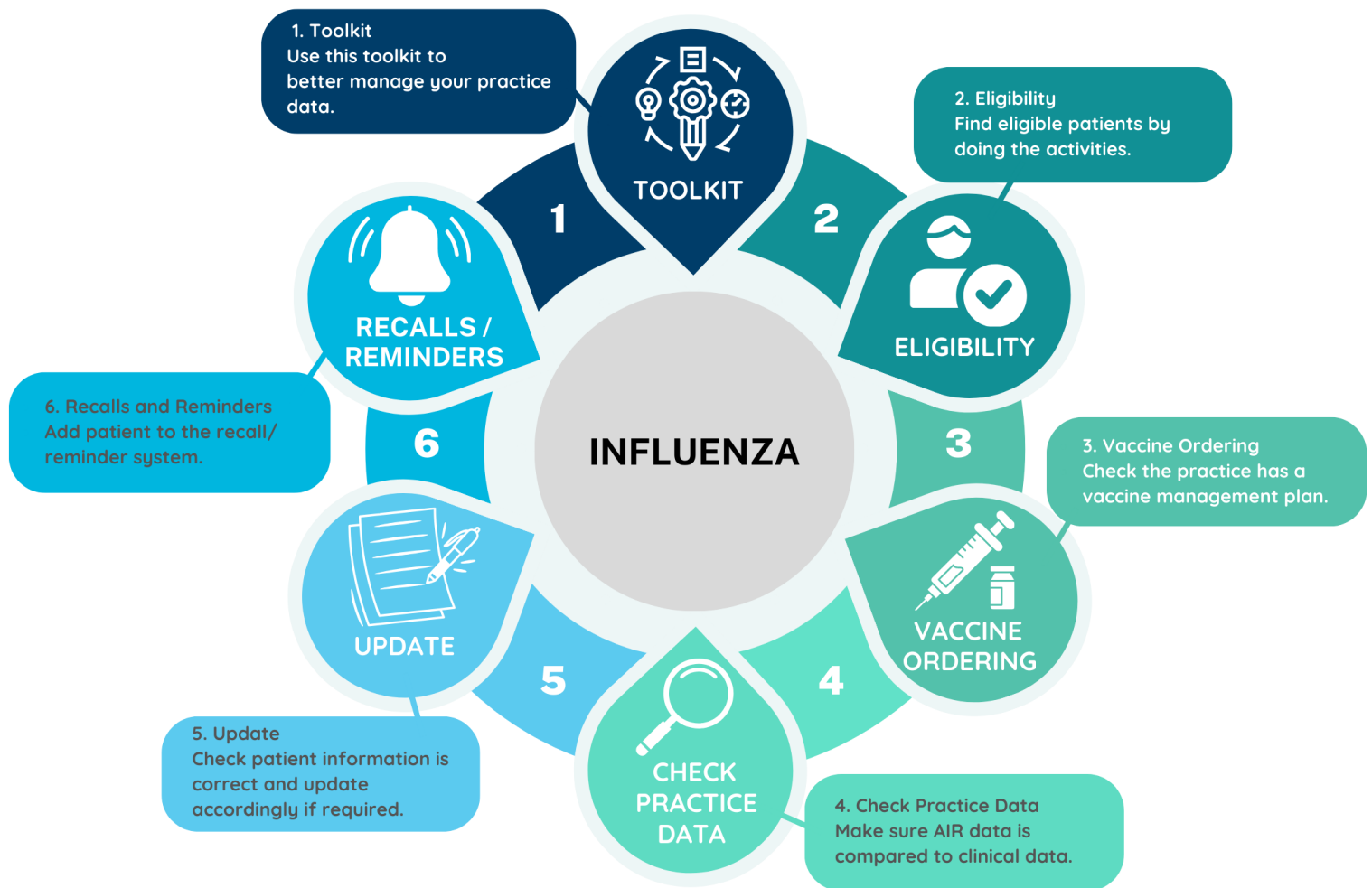
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[15] Influenza (flu) | The Australian Immunisation Handbook (health.gov.au)
[16] Queensland Health 2024 Influenza vaccination advice
[17] 2024 Influenza vaccination – Program advice for health professionals
[18] NIP - Information for health professionals

Patient data management cycle

1. Toolkit
Use this toolkit to better manage your practice data.

2. Eligibility
Find eligible patients by doing the activities.

3. Vaccine Ordering
Check the practice has a vaccine management plan.

4. Check Practice Data
Make sure AIR data is compared to clinical data.

5. Update
Check patient information is correct and update accordingly if required.

6. Recalls and Reminders
Add patient to the recall/reminder system.

Cycle stages:
- **1** TOOLKIT
- **2** ELIGIBILITY
- **3** VACCINE ORDERING
- **4** CHECK PRACTICE DATA
- **5** UPDATE
- **6** RECALLS / REMINDERS

Center: **INFLUENZA**

Engaging in quality improvement is more effective with your team!
List who is in your team and who will be responsible for making sure the toolkit activities are completed.

YOUR TEAM

ACTIVITY 1
Linking the Australian Immunisation Register

The Australian Immunisation Register (AIR) is a national register that keeps a record of all vaccinations given to people in Australia. Best Practice and MedicalDirector now have a function available to directly link each patient to AIR.

The aim of this activity is to link AIR to your clinical software and to ensure relevant team members know how to register, access, use AIR, which will help optimise your practice's vaccination processes. Also, the Australian Government requires all vaccinations to be appropriately reported in AIR.

Please note that completion of this activity can be added as evidence of your practice's CQI, which is a requirement for the Practice Incentives Program (PIP) Quality Improvement (QI) and accreditation. Performing CQI encourages a culture of learning, innovation, and proactive identification of issues. This leads to better patient health care outcomes, system processes, and overall practice development.[19]

Access the AIR with your clinical software

Linking AIR to PRODA

Link AIR to PRODA if your practice needs to register as a vaccination provider. Access to the AIR ensures that all vaccinations for people are recorded in a national register. It is important for all general practices to register to the AIR, as data are used to assess entitlements for government family assistance payments.[20]

Find out how to link AIR to PRODA for your practice.

- **Step 1**: Apply to become a vaccination provider.
- **Step 2**: Register an organisation PRODA account.
- **Step 3**: Link your organisation PRODA account to the AIR.
- **Step 4**: Add members to your organisation PRODA account.

PRODA/HPOS AIR account number

Already have a location AIR provider number

1800 653 809

If you already have a location AIR provider number, but you are unsure of what the number is, contact the AIR.

PRODA

Alternatively, log into **PRODA** > Select *Services* from the links in the top-right of the screen > Select *Medicare* > Select your organisation. The location AIR provider number will be listed in the identifier table under HPOS - AIR Provider Number.

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[19] A scoping review of continuous quality improvement in healthcare system
[20] About the Australian Immunisation Register - Health professionals - Services Australia

Linking the AIR to Best Practice or MedicalDirector

For MedicalDirector and for Best Practice these links will show how to access AIR information, the Immunisations tab, and update patient profiles, relevant to your clinical software.

The benefits of linking AIR:

- ✓ Ability to download immunisation history.
- ✓ Helps with identifying people who are overdue for a vaccination
- ✓ Have accurate/up to date immunisation lists.
- ✓ Improves recall/reminder opportunities.
- ✓ Ability to record and update First Nations ethnicity status.
- ✓ Catch-up schedules that can be viewed by any provider.

Important functions to know

For MedicalDirector and for Best Practice these links will show how to access AIR information, the Immunisations tab, and update patient profiles, relevant to your clinical software.

- ▪ Ability to download and save immunisation records from AIR to clinical software.
- ▪ View alerts and update patient information.
- ▪ View patient's Immunisation History from AIR.
- ▪ Record medical exemptions.
- ▪ Examine childhood and outstanding immunisations.

For Best Practice, please visit record and send immunisations to the AIR.

For MedicalDirector, please see how to update encounters with AIR.

If your practice does not have access to the AIR, please follow the information below or alternatively reach out to your GPQI coordinator for assistance on:

📞 07 3864 7540   ✉ support@bsphn.org.au

AIR Reports

- ▪ AIR has several reports that can help your practice identify due/overdue patients and provides other additional information that assists with patient data management.

- ▪ AIR eLearning modules are also available to help with requesting reports:
  - ▪ AIR Reports.
  - ▪ How to request an AIR010A Due/Overdue report – by Immunisation Practice.
  - ▪ AIR042A COVID-19 and Influenza Vaccination Report

1.1

QUESTION 1

Has the practice set up access to AIR?

YES ☐ → Move on to Question 2

NO ☐ → Please see instructions on how to link AIR to your clinical software.

1.2

QUESTION 2

Do relevant staff members know how to check which AIR services the practice has access to using a patient's record?

YES ☐ → Move on to Question 3

NO ☐ → Please see the instructions to do this: Best Practice MedicalDirector

1.3

QUESTION 3

Do relevant staff members know how to access, view, and update an immunisation history on AIR using the clinical software?

YES ☐ → Move on to Question 4

NO ☐ → Refer to the links: Best Practice MedicalDirector

1.4

QUESTION 4

Do relevant staff know how to update patient immunisation records and lodge a medical exemption using the clinical software?

YES ☐ → Move on to the reflection question

NO ☐ → Refer to the instructions: Best Practice MedicalDirector

REFLECTION: Are there any changes your practice would like to implement with how it uses AIR?

Need further assistance with linking AIR?

?

Please contact your dedicated QI Coordinator at Brisbane South PHN on 07 3864 7540 or at support@bsphn.org.au

Use the MFI template to assist you with implementing any changes in the practice.

Influenza MFI Example

MFI Template

Congratulations! You have now finished this activity.
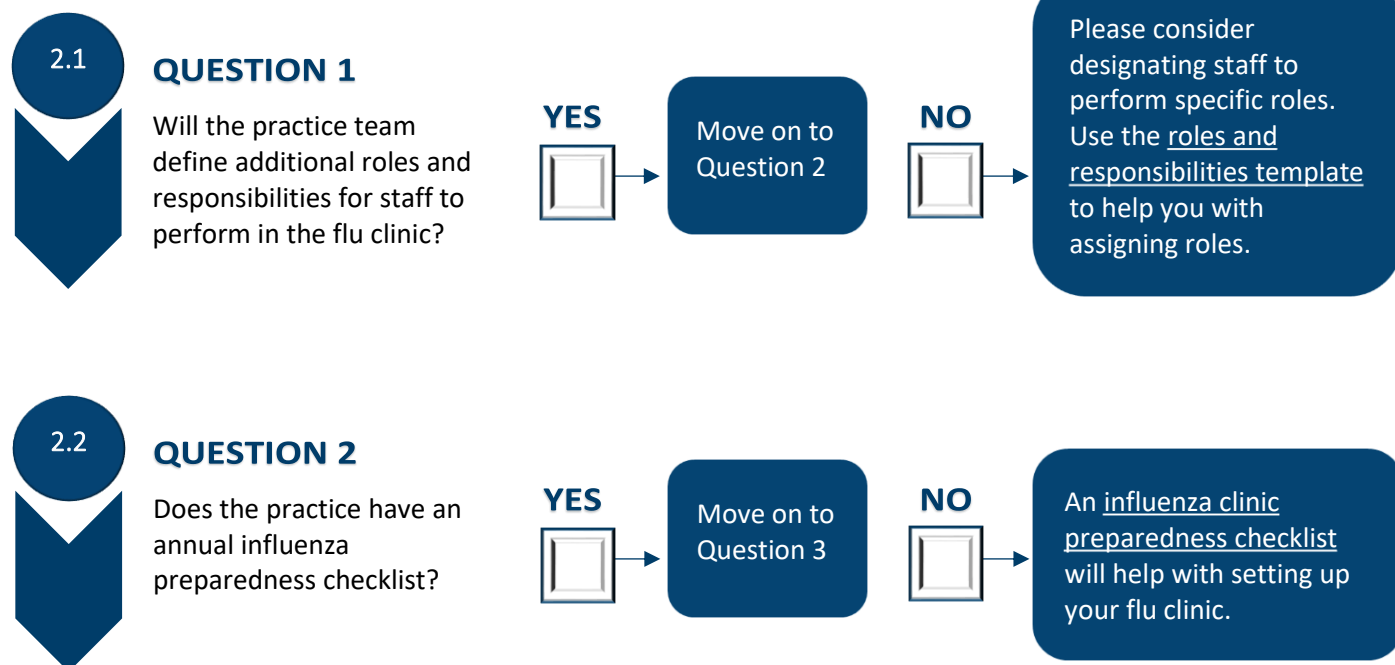*Next, let's define roles and responsibilities.*

ACTIVITY 2
Roles and responsibilities

The aim of this activity is to define the roles and responsibilities of staff working in the clinic. This will assist with creating a smoother flow of patients that need to be immunised and ensures the practice can manage the additional influx of patients. Also, please note that completion of this activity can be added as evidence of your practice's CQI, which is a requirement for the Practice Incentives Program (PIP) Quality Improvement (QI) and accreditation.[21] Performing CQI encourages a culture of learning, innovation, and proactive identification of issues. This leads to better patient health care outcomes, system processes, and overall practice development.[22]

The following recommendations and guidelines have been developed to assist with planning efficient and safe delivery of vaccinations. Assigning leadership roles and facilitating good governance to manage specific duties, such as overseeing infection control measures, ordering supplies, and flu campaign operations. Multiple roles can be performed by one person to assist with practice logistics. The best course of action would be to plan a meeting to discuss and assign roles to team members. Here are some questions that can help you define roles and responsibilities.

- Who will coordinate the vaccinations?
- Who will coordinate the messages to communicate to patients?
- Who will order the vaccines and consumables?
- Who will ensure the practice meets infection control standards?

Please also consider having a support person if a staff member becomes unwell or unavailable to fulfill their role.

2.1 QUESTION 1

Will the practice team define additional roles and responsibilities for staff to perform in the flu clinic?

YES → Move on to Question 2

NO → Please consider designating staff to perform specific roles. Use the roles and responsibilities template to help you with assigning roles.

2.2 QUESTION 2

Does the practice have an annual influenza preparedness checklist?

YES → Move on to Question 3

NO → An influenza clinic preparedness checklist will help with setting up your flu clinic.

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[21] Consumers and accreditation | Australian Commission on Safety and Quality in Health Care
[22] A scoping review of continuous quality improvement in healthcare system

2.3

QUESTION 3

Does the practice have an infection control policy and a dedicated person in charge of updating the contents?

YES → Move on to Question 4

NO → Please see the RACGP infection prevention and control guidelines.

2.4

QUESTION 4

Will the practice assign a dedicated person to manage flu bookings and reminders? E.g. sending customised SMS reminders and performing follow up calls.

YES → You are done.

NO → There are a number of online booking systems and patient reminder methods available. Please research what would work best for your practice. Primary Sense Prompts can help with online reminders.

Need further assistance with assigning roles and responsibilities?

?

Please contact your dedicated QI Coordinator at Brisbane South PHN on 07 3864 7540 or at support@bsphn.org.au

Roles and responsibilities template

Practice Staff		
GP	**Name**	
	Responsibilities	
Practice Nurse	**Name**	
	Responsibilities	
Practice Manager	**Name**	
	Responsibilities	
Receptionist	**Name**	
	Responsibilities	

Annual influenza preparedness checklist

Action	Due
Develop this year's influenza communication plan and decide on the mode of delivery e.g. newsletter (please see Qld Health resources for more ideas).	By mid-March
Start targeted promotion of influenza vaccine campaign to community members at greater risk.	
Discard flu vaccine stock from the previous year.	
Use the BSPHN Influenza toolkit to identify patients to vaccinate, prioritising those who are at higher risk: e.g. children 6 months to < 5 years, 65 years and older and people with a chronic disease. Please refer to NIP eligibility guidelines.	
Check the percentage of patients across the 3 PIP QI 10 measures for influenza on Primary Sense (PIP QI report – 10 measures) to find your practice's baseline measures: QIM 4 – Patients 65 years and older who have been immunised against influenza. QIM 5 – Patients with diabetes who have been immunised against influenza. QIM 6 – Patients with COPD who have been immunised against influenza.	
Determine how many vaccines are required and check your fridge has capacity to store the vaccines.	
Place your vaccine order (order enough stock for a maximum 4-week period).	
Ensure the practice has enough PPE supply in stock – including P2/N95 masks, surgical masks, disposable gloves, protective eyewear, sanitiser and cleaning products.	
Consider opportunities for CQI activities with the team and reach out to the GPQI team at Brisbane South PHN for assistance on 07 3864 7540 or at support@bsphn.org.au.	
Send communications to all patients reminding them of the importance of flu vaccination and promote the 2025 free flu vaccination program.	1 April
Display influenza campaign posters and brochures to increase participation rates.	
Check software to confirm the correct batch numbers correspond with batch numbers for the vaccines received.	Mid-April
Check all staff are trained in vaccine cold chain management (including receipt of vaccine deliveries).	
Undertake annual vaccination for staff.	
Check AIR records before sending patient reminders to ensure vaccination was not administered elsewhere.	
Send reminder messages to patients booked in for their influenza vaccination.	
Decide on practice lay-out specifications and room set up.	
Begin flu vaccinations and consider opportunities to co-administer other vaccines eg. RSV and COVID-19	Late April onwards
Report all vaccinations to the AIR including both NIP and State funded immunisations.	
Report all adverse events following immunisation to Queensland Health.	
Send reminders to people who have not attended for vaccination and reorder vaccine stock.	Mid-May
Continue to run the flu clinics.	
Arrange a time with the team to discuss what went well and what can be improved next year.	Mid-August
Check on Primary Sense the percentage of patients vaccinated across the 3 PIP QI 10 measures for influenza on Primary Sense: 65 years and over, diabetes, and COPD. Figure out the percentage change to measure improvement. Please refer to PIP QI ten measures toolkit to record your data.	

Use the MFI template to assist you with implementing any changes in the practice.

| Influenza MFI Example | MFI Template |

Congratulations! You have now finished this activity.
Next, let's create dedicated flu clinics.

ACTIVITY 3
Creating dedicated flu clinics in your practice

The aim of this activity is to assist your practice on finding the best way to ensure the maximum number of eligible/at risk patients receive their annual flu vaccination. The following recommendations will assist with facilitating efficient and safe delivery of immunisations.

Creating a dedicated flu clinic can help your practice provide 5-minute flu immunisation appointments and enable your staff to easily manage if an influx of patients were to happen. Also, planning lay-out specifications and creating a room set-up checklist, for example providing seating for every patient and a trolley that is adequately stocked, will ensure efficient flow of immunisations.

Please note that completion of this activity can be added as evidence of your practice's CQI, which is a requirement for accreditation. Performing CQI encourages a culture of learning, innovation, and proactive identification of issues. This leads to better patient health care outcomes, system processes and overall practice development.[23]

3.1

QUESTION 1

Does the practice have a dedicated day or time for flu vaccinations?

YES ☐ → Move on to Question 2

NO ☐ → Consider allocating a specific day or time to perform vaccinations for better patient flow.

3.2

QUESTION 2

Does the practice have dedicated room set up for the flu clinic?

YES ☐ → Move on to Question 3

NO ☐ → Please check out this page to give you some ideas on How to run a successful vaccination clinic.

3.3

QUESTION 3

Is your practice actively promoting flu vaccinations to patients?

YES ☐ → You are done.

NO ☐ → Consider using promotional materials and signage. See Queensland Health flu prevention resources.

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[23] A scoping review of continuous quality improvement in healthcare system

REVIEW

Complete the questions below to review how the practice can effectively create a dedicated flu clinic.

> Does the practice have a procedure on how to create a smooth vaccination flow of patients and how many staff members will be involved in the flu clinic?

What plan does the practice have or what will the practice intend to do when creating a dedicated flu clinic?

> What different types of communication materials will the practice use to raise patient awareness of flu vaccinations? Please refer to Queensland Health's flu prevention resources for some ideas.

- ⭘ Posters
- ⭘ Newsletter
- ⭘ Flyers/Brochures
- ⭘ Website content
- ⭘ Banner/s
- ⭘ Social media tiles

Need further assistance with creating flu clinics?

?

Please contact your dedicated QI Coordinator at Brisbane South PHN on 07 3864 7540 or at support@bsphn.org.au

Use the MFI template to assist you with implementing any changes in the practice.

| Influenza MFI Example | MFI Template |

Congratulations! You have now finished this activity. Next, let's find patients eligible for vaccination.

ACTIVITY 4
Eligibility - Your patient population

The aim of this activity is to collect data from Primary Sense to determine the number of at-risk patients eligible for a funded influenza vaccine. This activity will effectively help you understand your patient vaccination records and assist with keeping your clinical data up to date.

Also, please note that completion of this activity can be added as evidence of your practice's CQI, which is a requirement for the Practice Incentives Program (PIP) Quality Improvement (QI) and accreditation. Performing CQI encourages a culture of learning, innovation, and proactive identification of issues. This leads to better patient health care outcomes, system processes, and overall practice development.[24]

The PIP QI provides practices an incentive payment for participating in continuous quality improvement activities in partnership with their Primary Health Network (PHN). The PIP QI icon indicates that the information relates to the ten Practice Incentive Program Quality Improvement (PIP QI) measures.

Please remember to check AIR records first to ensure patients have not received their influenza vaccination at another provider.

To find your eligible patients please follow these simple steps:
1. Open **Primary Sense**
2. Click on **Reports** and select from the list of reports
3. These are the reports that can filter for flu vaccinations.
   o Winter Wellness
   o Pregnant and Vaccinations
   o Chronic Lung Disease and Asthma
   o Child Immunisations
   o Cardiovascular Disease Management
   o Patients missing PIP QI or accreditation measures

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24 [A scoping review of continuous quality improvement in healthcare system: conceptualization, models and tools, barriers and facilitators, and impact](#)

4. Filter the report using the arrows next to the headings – **Influenza Due Date** or in other reports its **Last Fluvax vaccination** or **History of Fluvax**.

5. Optional: **Export to Excel** to save a copy of your patient list to your computer and use it to prioritise which patients to contact.

6. Cross check your Primary Sense patient list report with the AIR due/overdue report.

7. For more training and information, see Brisbane South PHN Primary Sense

Need further assistance with completing a patient search?

Please contact your dedicated QI Coordinator at Brisbane South PHN on 07 3864 7540 or at support@bsphn.org.au

NOTE: Please ensure the correct vaccine is provided to the correct age group.

4.1

QUESTION 1

List the number of pregnant patients who are due/overdue for a flu vaccination.

(Primary Sense report: Pregnant and Vaccinations)

Number due/overdue

4.2

QUESTION 2 PIP QI

List the number of patients with chronic obstructive pulmonary disorder (COPD) who are due/overdue for a flu vaccination.

(Primary Sense report: Patients missing PIP QI or accreditation measures)

Number due/overdue

4.3 QUESTION 3 *PIP QI*

List the number of patients with diabetes who are due/overdue for a flu vaccination.

(Primary Sense report: Patients missing PIP QI or accreditation measures)

Number due/overdue

4.4 QUESTION 4

List the number of Aboriginal and Torres Strait Islander patients who are due/overdue for a flu vaccination.

(Primary Sense report: Winter Wellness)

Number due/overdue

4.5 QUESTION 5

List the number of child patients aged 6 months to 5 years old who are due/overdue for a flu vaccination.

(Primary Sense report: Child Immunisations)

Number due/overdue

4.6 QUESTION 6 *PIP QI*

List the number of patients aged 65 years and over and those who are due/overdue for a flu vaccination.

(Primary Sense report: Winter Wellness)

Number due/overdue

REVIEW

Complete the questions below to provide a better understanding of your patient list data to improve immunisation rates

Are there any unexpected results with the number of eligible patients?

> *Yes or No*
> _____

If yes - what action will you take to address the unexpected results?

How many patients will the practice aim to immunise on any given week?

> *Number of patients*
> _____

Will the practice put a plan in place to check and update the due/overdue records? If so, how often will this be done?

> *Frequency*
> _____

Who in the practice will perform this task and how will the number of due/overdue patients be communicated to the team?

Use the MFI template to assist you with implementing any changes in the practice.

[Influenza MFI Example]   [MFI Template]

Congratulations! You have now finished this activity.
Next, let's look at improving your immunisation register.

ACTIVITY 5
Managing your immunisation register

When managing your immunisation register, it is important to use the correct fields to input immunisation records. Please refrain from using free text because it is not easily searchable in any database by the clinical software or third-party software (e.g. extraction tools). Therefore, this is not the preferred process.

Also, it is advisable to use the correct vaccine codes when inputting immunisations into your clinical software for the information sent to the AIR to be accurate. This will ensure patient records are correct and ensures that the right information is also available in a patient's My Health Record.[25]

The aim of this activity is to assist the practice to have a vaccination register that is up to date and accurate. Completion of this activity can be added as evidence of your practice's CQI, which is a requirement for the Practice Incentives Program (PIP) Quality Improvement (QI) and accreditation.[26]

Recommendation: Use the immunisation section in the clinical software for a clinical entry to be recognised as a coded immunisation.

Benefits of this process:

- ✓ Searching for patient immunisation information becomes simpler.

- ✓ Immunisation registers will be accurate as this process updates information directly to AIR if the practice software is linked.

- ✓ Makes it easier to generate recall and reminder lists.

- ✓ Allows for the identification of uncoded vaccinations in your clinical software to be updated to coded immunisations, which improves overall patient data quality.

- ✓ Enables your practice to perform CQI, which encourages a culture of learning, innovation, and proactive identification of issues. This leads to better patient health care outcomes, system processes and overall practice development.[27]

5.1

QUESTION 1

Are relevant practice team members aware of the importance of quality immunisation data (avoiding free text)?

YES ▢ → Move on to Question 2

NO ▢ → Modules are available on Discover PHN to assist you. Click below to access.

Quality Improvement Using Clinical Software

Quality Improvement Activity Navigator

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[25] Digital Health | My Health Record
[26] Consumers and accreditation | Australian Commission on Safety and Quality in Health Care
[27] A scoping review of continuous quality improvement in healthcare system

5.2

QUESTION 2

Do relevant team members know the importance of checking to see if a patient already has an existing immunisation record in the clinical software to avoid creating duplicate records?

YES ☐ → Move on to Question 3

NO ☐ → Find out how to easily identify duplicate records: Best Practice MedicalDirector

5.3

QUESTION 3

Do the relevant staff know how to merge duplicate immunisation records for patient data to reflect greater accuracy of immunisation status?

YES ☐ → Move on to Question 4

NO ☐ → Duplicate records can lead to vaccination errors. Find out how to merge files to increase patient safety: Best Practice Medical Director

5.4

QUESTION 4

Do relevant team members know to record specific immunisation codes and batch numbers correctly into the clinical software to prevent uncoded immunisation data?

YES ☐ → Move on to Question 5

NO ☐ → Please refer to AIR vaccine code formats that should be used to send immunisations to AIR. For entering batch numbers, please see: Best Practice MedicalDirector

5.5

QUESTION 5

How many uncoded immunisations do you currently have in your clinical software? To find out how many are uncoded, please see the following links:
Best Practice
MedicalDirector

None ☐ → Go to Q7

1-10 ☐ **11-30** ☐ **31-50** ☐ **51+** ☐ → Move on to Question 6

5.6

QUESTION 6

Is there someone in the practice responsible for checking the uncoded immunisations and cleaning up the records? *Please note, coding vaccine events is important for patient records to be properly matched in the AIR.*

YES ☐ → Fill in the info below and go to Question 7

NO ☐ → Please refer to the links on how to fix uncoded entries: Best Practice MedicalDirector See action to be taken below.

Who is responsible:

_____

How often is this checked:

_____

Delegate responsibility to a team member and include in their position description.

Name:

_____

Position:

_____

Agree on frequency of checking for un-coded immunisations e.g. weekly, monthly.

Frequency:

_____

5.7

QUESTION 7

Are relevant staff members aware that preventative health notifications for patients can be used for influenza vaccinations?

YES ☐ → Move on to Question 8

NO ☐ → Please refer to Best Practice: Enabling preventative health notifications.

MedicalDirector: Influenza Vaccination Prompt.

5.8

QUESTION 8

Does the practice conduct a comprehensive vaccination pre-screening and ensure that the correct equipment and procedures are in place before vaccination.

YES ☐ → You are done

NO ☐ → Please see Preparing for vaccination.

Need further assistance with managing your immunisation register?

?

Please contact your dedicated QI Coordinator at Brisbane South PHN on 07 3864 7540 or at support@bsphn.org.au

Use the MFI template to assist you with implementing any changes in the practice.

| Influenza MFI Example | MFI Template |

Congratulations! You have now finished this activity. Next, let's look at recalling patients into the practice.

ACTIVITY 6
Recalls and reminders

As part of the RACGP accreditation standards, it is a requirement that practices provide health promotion, preventive care and a reminder system based on patient need and best available evidence.

Please see fact sheets and FAQS for your clinical software: Best Practice or MedicalDirector.

Brisbane South PHN have a Recall and Reminder toolkit to assist practices by ensuring your patients are followed up with an appropriate recall/reminder/prompt. Having an effective recall and reminder process will help improve immunisation rates for your practice and protect patient health.

Please remember to check AIR records first to ensure patients have not received their influenza vaccination at another provider. If so, update practice records accordingly.

6.1

QUESTION 1

Do relevant staff know how to add recently eligible vaccination patients into the reminder system? (*e.g. patient turning 65).*

YES → Move on to Question 2

NO →

Please see **Best Practice:** Add a clinical reminder OR Recall appointments

MedicalDirector: Adding recalls OR Creating effective recall and reminder reasons

6.2

QUESTION 2

Does the practice have a system in place to follow up sent reminders?

YES → Move on to Question 3

NO →

Consider creating a plan on how often sent reminders are followed up.

Best Practice: Follow up sent reminders

MedicalDirector: Following-up

6.3

QUESTION 3

Does the practice have a process in place if a patient DOES NOT wish to be sent reminder appointments or removing outstanding reminders, e.g. patients fail to attend.

YES

You are done.

NO

Great opportunity to improve processes.

*GP education on removing reminders.

*Develop practice process on removing reminders.

Refer to **Best Practice**: Edit a patient reminder OR **MedicalDirector**: Deleting recalls.

Need further assistance with managing your recall and reminder register?

?

Please contact your dedicated QI Coordinator at Brisbane South PHN on 07 3864 7540 or at support@bsphn.org.au

Use the MFI template to assist you with implementing any changes in the practice.

Influenza MFI Example

MFI Template

Congratulations! You have now finished this activity.
Next, let's look at the influenza online resources.

Online resources

Online resources that will assist with your influenza vaccination rates and patient management register.

Websites	Links
Australian Immunisation Handbook	Influenza Catch-up Calculator
NCIRS: National Centre for Immunisation Research and Surveillance	Influenza Fact Sheets & FAQs
NIP: National Immunisation Program	National Immunisation Schedule
Department of Health and Aged Care	Influenza (flu) vaccine Information, resources, advice and campaign materials for health professionals Following Vaccination – What to Expect and What to Do Resources for health care settings First Nations campaign materials
Queensland Health	Immunisation Schedule Queensland Influenza vaccination guidelines and resources Notification Guidelines and Resources for Public Health Units Immunisation Resources Vaccine Order Form Reporting a Cold Chain Breach Children's Health Queensland - Influenza (flu)
Immunisation Coalition	About Influenza Influenza Statistics
SKAI: Sharing Knowledge about Immunisation	Influenza eLearning Module - Conversations to parents about vaccination Pregnancy and newborn vaccinations
AIR: Australian Immunisation Register	Accessing the AIR, Submitting to the AIR and AIR Reports AIR Reports information slides
HPOS: Health Professional Online Services	Access reports, patient information and more

Brisbane South PHN Toolkits

After completing this toolkit, other Brisbane South PHN toolkits can help with identifying the additional healthcare needs your influenza patients may require, such as other vaccinations or screening tests. Completing the following toolkits can assist your practice with delivering a better holistic approach to patient care and these are:

Older People: Key topics, such as health assessments (75+ and Aboriginal and Torres Strait Islander), chronic condition management plans, vaccinations including pneumococcal and shingles.

Cancer Screening: Review patients eligible for cancer screening (breast, bowel, cervical, and lung) and ensure you have systems in place to manage these patients.

Pneumococcal and **Shingles** toolkits are available to help you review patients at your practice eligible for vaccinations.

All of Brisbane South PHN's toolkits are available on our website, why not complete more to improve processes and patient health outcomes for your practice.

Model for Improvement and Plan-Do-Study-Act (PDSA) example

Please visit Brisbane South PHN QI Tools and Resources page to view the MFI diagram and the PDSA data recording template.

Quality Improvement Record

Model for Improvement and Plan-Do-Study-Act (PDSA) template.
For more information on the Model for Improvement and PDSA method, visit the Brisbane South PHN *Quality Improvement website*.

Our General Practice Quality Improvement (GPQI) Team can work with you to provide practical advice and resources to help implement your QI activities.
For support call 3864 7540 or email support@bsphn.org.au.

Practice name:

Date:

Team members:

Goal: What are you trying to accomplish?

Create a S.M.A.R.T. goal (Specific, Measurable, Achievable, Relevant, Time-bound)

Example: We aim to increase the BMI recording rates from 35% to 40% between 1st July and 31st December.

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.

Measure: How will you measure and track your improvement?

Outline how you will collect the data, including how often and where from.

We will measure the percentage of active patients aged 65 years and older who have an influenza vaccination recorded.
To do this we will:
  A) Identify the number of active patients who are 65 years old and older.
  B) Identify the number of active patients over 65 years old who have an influenza vaccination recorded.
B divided by A x 100 produces the percentage of patients over 65 years who have influenza vaccination recorded.

BASELINE MEASUREMENT: 38% of active patients over 65 years old have had an influenza vaccination.

Ideas: What changes could you make that will lead to an improvement?

Brainstorm with your team ideas to help reach your goal. Test the ideas using the Plan-Do-Study-Act (PDSA) method.

Four blank PDSA templates are provided on the following pages to record the testing of different ideas.

Ideas		Date completed
Idea 1:	Identify active patients aged 65 years and older who do not have an influenza vaccination recorded.	
Idea 2:	Ensure all relevant staff know how to record influenza vaccines in the practice's clinical software.	
Idea 3:	Prioritise high risk groups to vaccinate.	
Idea 4:	Ensure there is always adequate vaccination stock to meet patient demand.	

Plan-Do-Study-Act (PDSA) Cycle

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

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PLAN — Plan the test including *how to collect data.*

Include what, who, when, where, predicted outcome and data to be collected.

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. 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 team.   When: 12 April.   Where: Practice manager office.

DATA TO BE COLLECTED: Number of active child patients and patients aged 65 years and over and the status of their influenza vaccination.

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

DO — Run the test on a small scale.

Was the plan carried out? What was done? Document any unexpected events or problems. Record any observations and data collected.

Completed 12 May. The data searches were conducted in Best Practice 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 practice increased the nursing hours over a 3-week period to cope with the demand from patients and we needed to alter our immunisation ordering process to ensure adequate stock was available.

STUDY — Analyse and study the *outcome.*

Review and reflect on the results. Compare what happened to your predictions.

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 the next steps.

Does your idea work? Does it need any changes? Will you test a new idea?

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 and will also work on prioritising vulnerable patients first.

Now that you have finished all the activities...

- **Log** your CPD hours.
- **Celebrate** your achievements.
- **Keep** this as evidence of improvements for accreditation.
- **Complete** more toolkits and become a high performing practice!

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