

QUALITY IMPROVEMENT TOOLKIT FOR GENERAL PRACTICE

Prevention

Influenza vaccination 2022
MODULE

Date: April 2022

Version: 1



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 Enhanced Quality in Practice (EQiP).

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 EQiP.

The EQiP 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.

Goal of this QI toolkit

This toolkit is to be used in general practice to:

- identify the number of flu vaccinations given at your practice in previous years
- identify the number of patients eligible for flu vaccinations in the upcoming season
- review systems to establish and/or maintain flu vaccination clinics
- ensure practice team members are provided with appropriate training
- identify opportunities for conducting flu vaccination clinics.

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.

For more support



practicesupport@brisbanenorthphn.org.au



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The EQiP 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 EQiP at the end of this module.

If you would like additional support in relation to QI in your practice please contact Brisbane North PHN on practicesupport@brisbanenorthphn.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 North PHN if you have any feedback regarding the content of this document.

This icon indicates that the information relates to the 10 Practice Incentive Program Quality Improvement (PIP QI) measures.



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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

2022 seasonal flu vaccine overview

Important: Please read this statement in conjunction with the Australian Immunisation Handbook available [here](#).

- 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 2022 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 2022 seasonal influenza vaccines for the southern hemisphere include the following strains:

Egg-based quadrivalent influenza vaccines	Cell-based quadrivalent influenza vaccines
<ul style="list-style-type: none"> • an A/Victoria/2570/2019 (H1N1)pdm09-like virus 	<ul style="list-style-type: none"> • an A/Wisconsin/588/2019 (H1N1)pdm09-like virus
<ul style="list-style-type: none"> • an A/Darwin/9/2021 (H3N2) – like virus 	<ul style="list-style-type: none"> • an A/Darwin/6/2021 (H3N2)-like virus
<ul style="list-style-type: none"> • a B/Austria/1359417/2021-like (B/Victoria lineage) virus 	<ul style="list-style-type: none"> • a B/Austria/1359417/2021 (B/Victoria lineage)
<ul style="list-style-type: none"> • a B/Phuket/3073/2013-like (B/Yamagata lineage) virus 	<ul style="list-style-type: none"> • a B/Phuket/3073/2013-like (B/Yamagata lineage) like -virus

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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 2022, by age
View a summary of the Queensland government's [2022 influenza immunisation program advice](#).

Queensland Health

Influenza Immunisation Program

Program Advice January 2022

(eligibility and vaccines)

Report all influenza vaccinations to the Australian Immunisation Register (AIR)

<p>6 months to less than 5 years</p> <p>Vaxigrip Tetra® OR Fluarix Tetra®*</p> <ul style="list-style-type: none"> • ALL children aged 6 months to <5 years • Give two doses one month apart if this is the first year of receiving influenza vaccine 	
<p>* Funded only for Aboriginal and Torres Strait Islander people and people who have certain medical conditions.</p>	
<p>5 to 64 years</p> <p>Vaxigrip Tetra® OR Fluarix Tetra® OR Afluria Quad®</p> <ul style="list-style-type: none"> • ALL Aboriginal and Torres Strait Islander people aged 5 to <65 years • Individuals with medical conditions predisposing them to severe influenza • ALL pregnant women at any stage of pregnancy • Give two doses one month apart for children aged <9 years if this is the first year of receiving influenza vaccine 	
<p>65 years and over</p> <p>Fluad Quad®</p> <ul style="list-style-type: none"> • ALL individuals aged 65 years and over <p>DO NOT USE THIS VACCINE FOR ANY OTHER AGE GROUP</p>	

For further information please refer to the online Australian Immunisation Handbook and the Australian Technical Advisory Group on Immunisation (ATAGI) <https://www.health.gov.au/resources/publications/atagi-advice-on-influenza-and-covid-19-vaccines> for further information about the recommendations for the National Immunisation Program at <https://immunisationhandbook.health.gov.au/>

Correct at time of printing January 2022. May be subject to change.



³ https://www.health.qld.gov.au/_data/assets/pdf_file/0022/1029721/flu-immunisation-advice.pdf

Timing of vaccination

- Annual vaccination should occur before the onset of each flu season. Peak flu circulation is typically around June to September, with the peak usually August 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
- People can receive influenza vaccines at any time before or after, or with most other vaccines, including COVID-19 vaccine.

Eligibility for flu vaccines for 2022

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 2021](#)).

All other individuals not included in the categories above can purchase the vaccine from their doctor.

Aboriginal and Torres Strait Islander people

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

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.

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.

⁴ <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/service-providers/influenza#restrictions>

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

Vaccinations are strongly recommended for individuals who have certain medical conditions which place them at greater risk of acquiring influenza. A list of these conditions can 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 CAT4



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

Note - Instructions on how to extract the data are available from CAT4 website: [Identifying patients at risk for Influenza](#) **OR** from your clinical software package. Instructions are available for [Best Practice](#) and [MedicalDirector](#).

The aim of this activity is to collect data to determine the number of influenza vaccines that were administered at your practice in the previous year/s. This activity will assist in planning for the upcoming flu season. It will provide an estimate of the number of vaccines to order, number of patients to expect and assist with GP and staff coverage.


	Description	Number completed two years ago	Number completed last year	Number completed this year
1.1a	Identify total number of flu vaccines given			
1.1b	Identify the number of patients diagnosed with coronary heart disease (CHD) who received a flu vaccine			
1.1c	Identify the number of patients diagnosed with heart failure who received a flu vaccine			
1.1d	Identify the number of patients diagnosed with chronic obstructive pulmonary disease (COPD) who received a flu vaccine			
1.1e	Identify the number of patients diagnosed with asthma who received a flu vaccine			
1.1f	Identify the number of patients diagnosed with diabetes who received a flu vaccine			
1.1g	Identify the number of patients diagnosed with renal failure who received a flu vaccine			
1.1h	Active eligible Aboriginal and Torres Strait Islander patients 6 months and over			
1.1i	Active eligible patients 6 months to less than 5 years			
1.1j	Active eligible patients aged 65 years and over			

Please note: when completing the above searches, you may have the same patient appear in multiple searches. For e.g. if you have a 67-year-old Aboriginal and Torres Strait Islander patient with diabetes, they will appear in 1.1f, 1.1h and 1.1j. The searches are set like this to ensure that you capture all of your eligible patients, a 35-year-old patient with diabetes will only appear in 1.1f. Also note, if the patient has had their vaccination done elsewhere (i.e. chemist) and it has been recorded as not given at your clinic, that patient will appear in your search results.

Activity 1.2 – Identifying the number of flu vaccines given in previous year/s



The aim of this activity is to review the number of flu vaccines given in previous year/s.

Description	Status	Action to be taken
<p>After completing Activity 1.1 note how many patients were provided with a flu vaccine at your practice previously?</p>	<p>Number of flu vaccines administered last year: _____</p> <p>Number of flu vaccines administered previous years: _____</p>	
<p>After completing Activity 1.1 are there any unexpected findings with your practice’s flu vaccination rates?</p>	<p><input type="checkbox"/> Yes: see action to be taken.</p> <p><input type="checkbox"/> No: continue with activity.</p>	<p>Please explain: <i>(e.g. lower number of vaccines administered last year than previous years).</i></p> <p>How will this information be communicated to the practice team?</p>
<p>Was there a significant difference of flu vaccines administered between last year and previous years?</p>	<p><input type="checkbox"/> Yes: see action to be taken.</p> <p><input type="checkbox"/> No: continue with activity.</p>	<p>Is there an explanation as to the difference? <i>(E.g. change in practice size, changes in flu vaccine promotion).</i></p> <p>How will this information be communicated to the practice team?</p>
<p> After reviewing your flu vaccination rates, are there any changes you would like to implement in the practice to help manage patients over the next 12 months?</p>	<p><input type="checkbox"/> Yes, see action to be taken to help set your goals.</p> <p><input type="checkbox"/> No, you have completed this activity.</p>	<p>Complete the EQiP template for your practice.</p> <p>Complete the example EQiP at the end of this document.</p>

Activity 1.3 – Data collection from CAT4



Complete the below table by collecting data from your CAT4 Data Extraction Tool to gather information on your **current** patient population who are eligible for the funded flu vaccine.

Note - Instructions on how to extract the data are available on CAT4 website at: [Identify patient at risk for influenza with predisposing condition](#) and [Identify patient at risk for Influenza based on age, ethnicity or pregnancy](#)

For eligibility criteria the [eligibility for influenza vaccines](#).

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	Count - pre-flu clinic (prior to 21 st March)	Count -post flu clinic (after 30 th June)
1.3a	Active eligible patients who are pregnant		
1.3b	Active eligible patients diagnosed with CHD		
1.3c	Active eligible patients diagnosed with heart failure		
1.3d	Active eligible patients diagnosed with COPD		
1.3e	Active eligible patients diagnosed with asthma (N.B only patients with severe asthma are eligible for the government funded vaccine).		
1.3f	Active eligible patients diagnosed with diabetes		
1.3g	Active eligible patients diagnosed with renal failure		
1.3h	Active eligible Aboriginal and Torres Strait Islander patients - 6 months and over		
1.3i	Active eligible patients 6 months to less than 5 years		
1.3j	Active eligible patients 65 years of age and over		

Please note: when completing the above searches, you may have the same patient appear in multiple searches. E.g. if you have a 67-year-old Aboriginal and Torres Strait Islander patient with diabetes, they will appear in 1.1f, 1.1h and 1.1j. The searches are set like this to ensure that you capture all of your eligible patients, a 35-year-old patient with diabetes will only appear in 1.1f. You may wish to change the search criteria from active (3 visits in 2 years), if you have patients that may not fit these criteria but are eligible for a flu vaccine. You may also wish to conduct searches by [individual providers](#).


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 1.4 – Review previous flu vaccine administration and current eligibility



Based on the review of the number of patients administered with a flu vaccine in previous years and 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 flu vaccines administered over the past couple of years, are there unexpected results?	<input type="checkbox"/> Yes, see action to be taken. <input type="checkbox"/> No, continue with activity.	Please explain: What action will you take? How will you use this information to inform your activities this flu season?
After reviewing the number of eligible patients for flu vaccine for the upcoming flu season, are there any unexpected results?	<input type="checkbox"/> Yes, see action to be taken. <input type="checkbox"/> 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?	<input type="checkbox"/> Yes, see action to be taken. <input type="checkbox"/> 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 reviewing the number of influenza vaccines given and eligible/at risk patients, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	<input type="checkbox"/> Yes, see action to be taken to help set you goals. <input type="checkbox"/> No, you have completed the activity.	Complete the EQiP template for your practice. Refer to the example EQiP 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 – use this document for ideas, but scale to suit your practice.⁵

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

- Vaccine clinic vs individual appointments
- Leadership roles
- Human resource needs
- Practice lay-out and specifications
- Room set up
- Vaccine policy and procedures
- 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

⁵ https://www.cdc.gov/flu/professionals/vaccination/vax_clinic.htm

- 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 by scheduling times for rests and snacks 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. In conjunction with the [RACGP Infection prevention and control standards](#), a [checklist](#) is available to support practices in maintaining a healthy work environment during this time.

- 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 such as toys
 - cotton ball and tape
 - vaccines
 - temperature controlled environment for vaccine storage (or dedicated vaccine fridge)
 - anaphylaxis kit.

Vaccine policy and procedures

It is important that the practice reviews their policy and procedure manual, to ensure relevant documentation is in place and up-to-date. At a minimum the following policies and procedures need to be available:

- keeping a COVID safe practice
- preparing an anaphylaxis response kit
- infection control
- needle stick injury
- waste management
- cold chain management
- stock management
- staff immunisations
- hand hygiene
- cough etiquette and social distancing.

Non-English-speaking patients

If you have patients who require a translator, use the [Appointment Reminder Translation Tool](#).

Booking systems

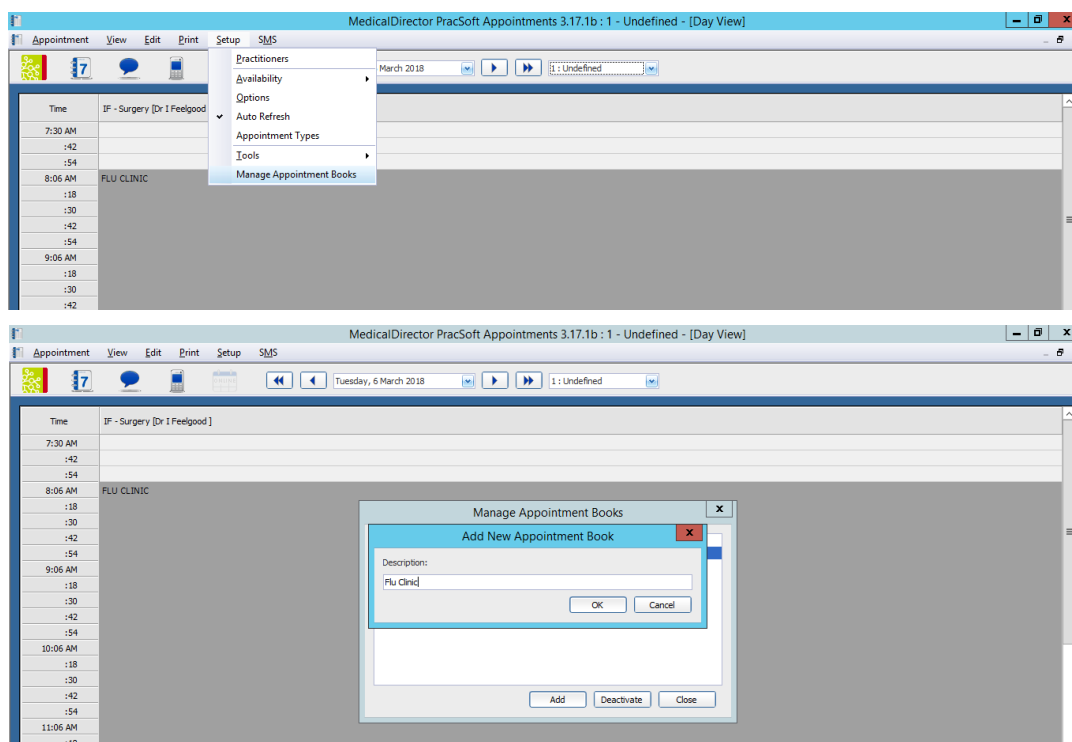
To ensure the clinics run smoothly, it is helpful to have an appointment system to manage the times patients arrive at the clinic and waiting times for the patients. Appointments can be booked either by the patient contacting the receptionist or the patient booking online (if this option is available 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, instructions are available for [Pracsoft](#) and [Best Practice](#). For other systems contact your software support team for assistance.

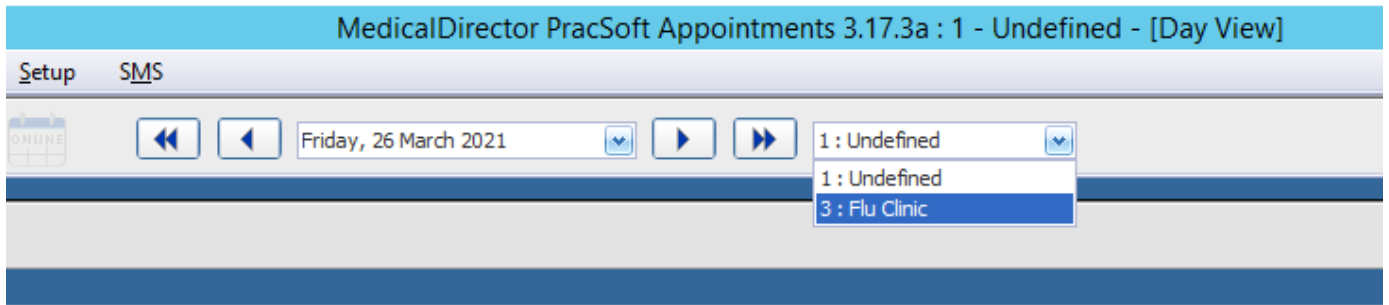
Instructions - setting up flu clinic appointment book in Pracsoft

1. In the appointment book, click on **Set up and Manage Appointment Books**.

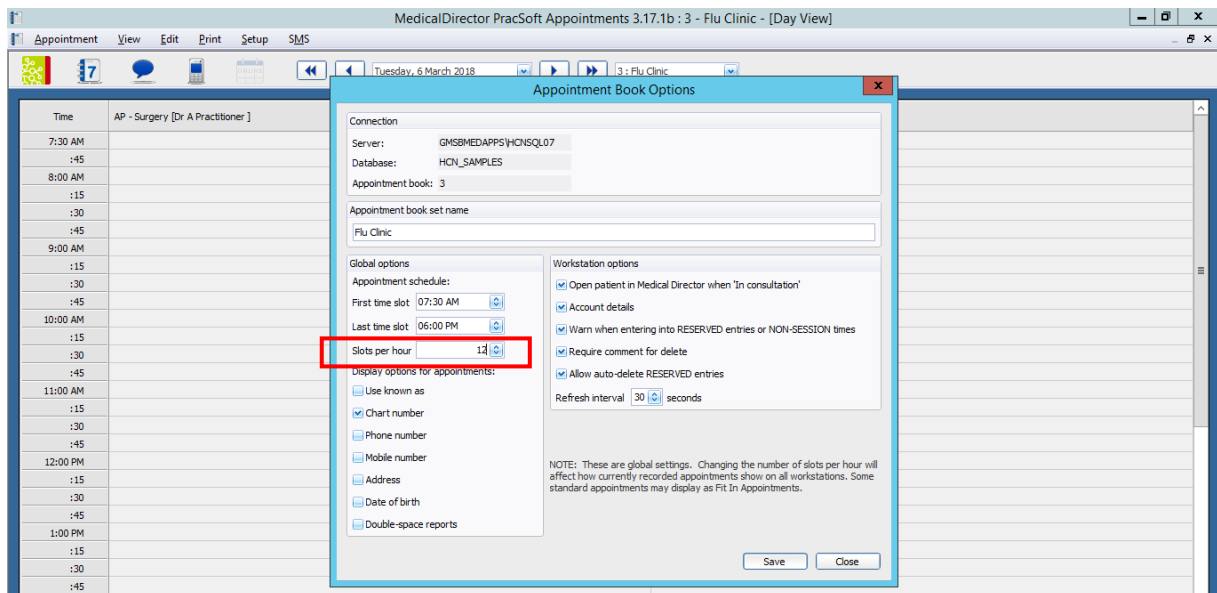


2. Click on **Add** and then in **Description** type **Flu Clinic** and click **OK**.

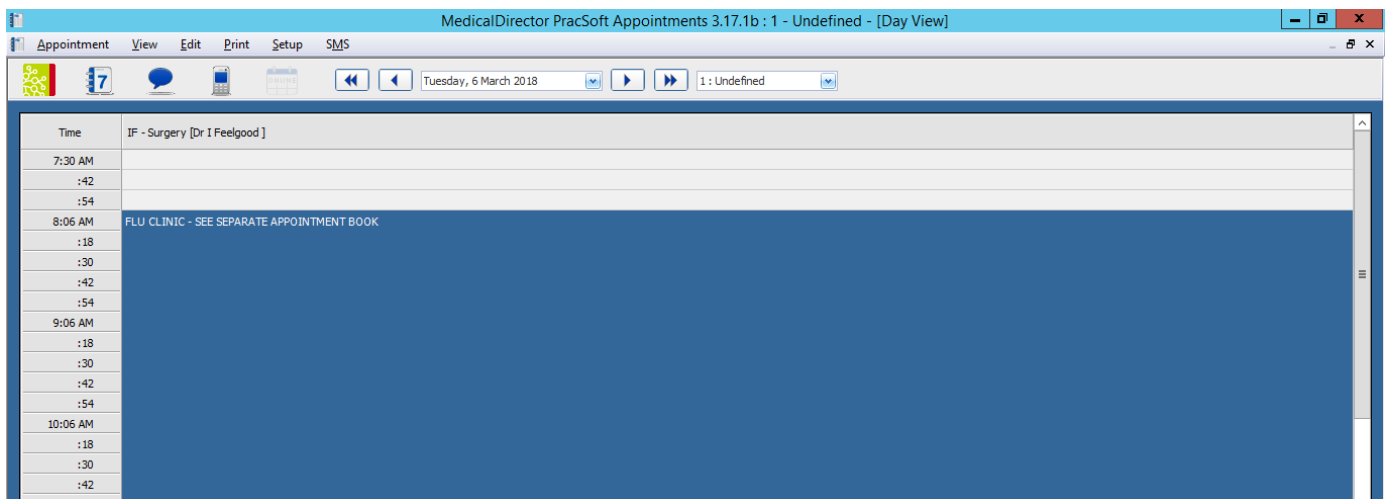
- To switch between the ordinary appointment book and **Flu Clinic appointment book**, select from drop down menu.



- To change the appointment times to five minutes, go into **Set up** and **Options** and change the slots per hour to 12.
- Whilst you are in the screen adjust the first time slot and last time slot to suit. Click **Save**.



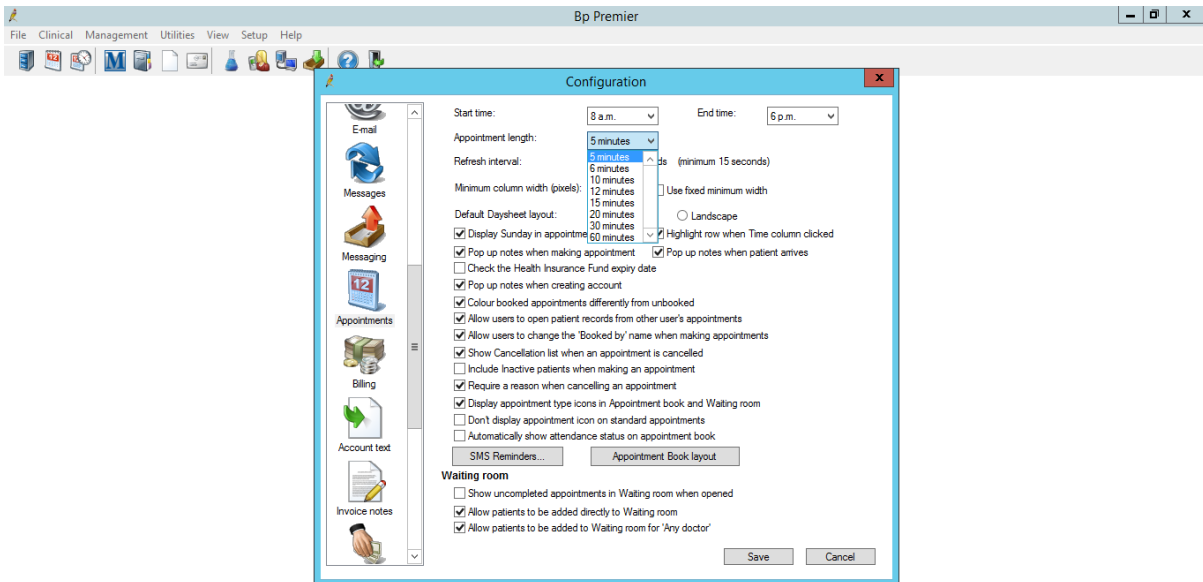
- You will then need to setup your standard sessions. To do this select **Set up, Availability and Standard Sessions**.
- In your ordinary appointment book, block out your GP time with a note saying see **flu clinic appointment book**. This way it saves double up in two appointment books.



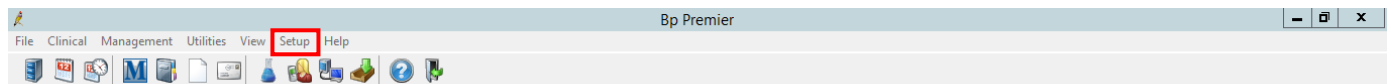
Instructions – setting up flu clinic appointment book in Best Practice

Please follow the steps below. Go to:

1. Main screen > **Set up > Configuration > Appointments.**
2. From the **Appointment length** drop-down menu select five minutes.
3. Click **Save.**
4. It will prompt you if you want to set up this length for each user session. Click **No.**

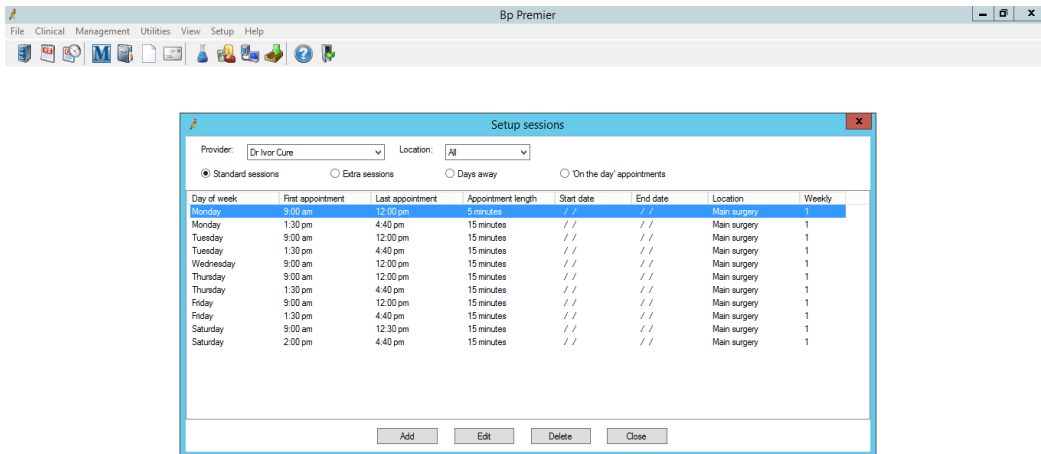


5. Now go to: Main screen > **Set up > Sessions.**
6. Select the provider you want allocate five minutes appointments to.

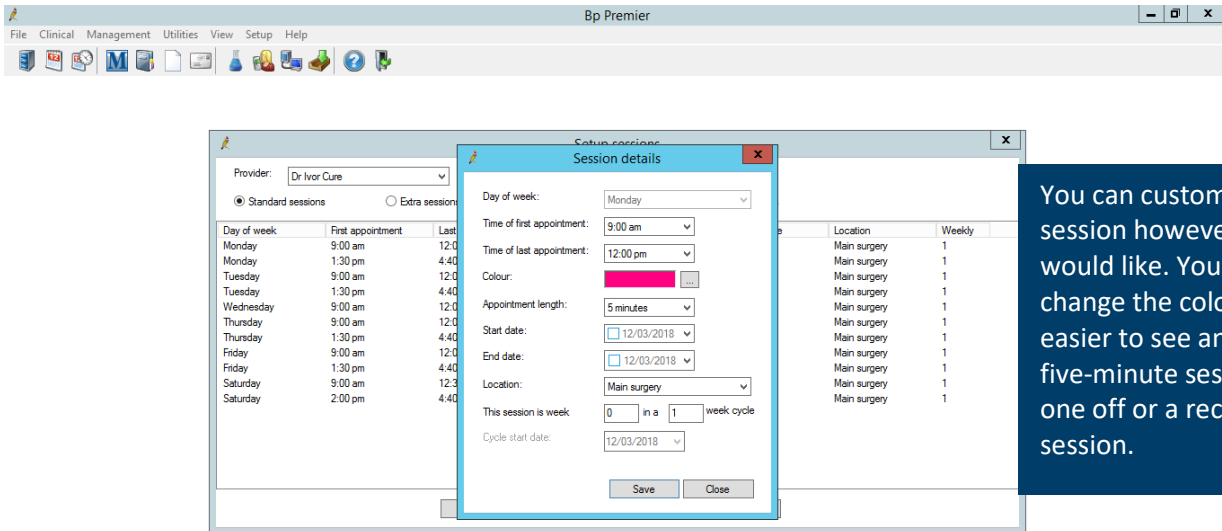


Day of week	Start appointment	End appointment	Appointment length	Start date	End date	Location	Weekly
Monday	8:30 am	12:10 pm	15 minutes	//	//	Main surgery	1
Monday	2:00 pm	5:30 pm	15 minutes	//	//	Main surgery	1
Tuesday	8:30 am	12:10 pm	15 minutes	//	//	Main surgery	1
Tuesday	2:00 pm	5:30 pm	15 minutes	//	//	Main surgery	1
Wednesday	8:30 am	12:10 pm	15 minutes	//	//	Main surgery	1
Wednesday	2:00 pm	5:30 pm	15 minutes	//	//	Main surgery	1
Thursday	8:30 am	12:10 pm	15 minutes	//	//	Main surgery	1
Thursday	2:00 pm	5:30 pm	15 minutes	//	//	Main surgery	1
Friday	8:30 am	12:10 pm	15 minutes	//	//	Main surgery	1
Friday	2:00 pm	5:30 pm	15 minutes	//	//	Main surgery	1

7. Double-click on the session you want to edit.



8. From the **Appointment length** drop-down menu select **five minutes**.



9. Click **Save**. Open up the appointment book. This is how the appointment book can look in Best Practice.




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
<p>After completing Activities 1.1 and 1.3, do you know how many patients are expected at your flu vaccination clinic?</p>	<p><input type="checkbox"/> Yes, provide details and continue with activity.</p> <p><input type="checkbox"/> No, refer to Activity 1 instructions.</p>	<p>Number of eligible patients for the year:</p> <p>Number of patients the practice is aiming to immunise?</p>
<p>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?</p>	<p><input type="checkbox"/> Yes, provide details and continue with activity.</p> <p><input type="checkbox"/> No, review human resource needs.</p>	<p>How and when will the clinics be held: <i>(i.e. In the spare GP room during the month of April).</i></p> <p>How many doctors and nurses will be involved?</p>
<p>Have leadership roles been appointed and communicated to the practice team in relation to flu vaccination clinics?</p>	<p><input type="checkbox"/> Yes, provide details and continue with activity.</p> <p><input type="checkbox"/> No, review leadership roles.</p>	<p>Clinical leader:</p> <p>Infection control leader:</p> <p>Administration leader:</p> <p>Clinic manager:</p>
<p>Do all the leaders understand their appointed roles? Has this information been shared amongst the team?</p>	<p><input type="checkbox"/> Yes, continue with activity.</p> <p><input type="checkbox"/> No, see action to be taken.</p>	<p>Create a list of roles and responsibilities for each person involved.</p> <p>Review and update practice staff position descriptions if required.</p> <p>Communicate this information to the whole team via a team meeting.</p>

Description	Status	Details
Do you know how to set up appointment sessions for your flu vaccination clinics in your practice’s software package	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes, continue with the activity. <input type="checkbox"/> 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.
 <p>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?</p>	<input type="checkbox"/> Yes, see action to be taken to help set you goals. <input type="checkbox"/> No, you have completed the activity.	<p>Complete the EQiP template for your practice.</p> <p>Refer to the example EQiP at the end of this document.</p>

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	<input type="checkbox"/> Policy is up to date	<input type="checkbox"/> Policy needs updating		
Preparing an anaphylaxis response kit	<input type="checkbox"/> Policy is up to date	<input type="checkbox"/> Policy needs updating		
Infection control	<input type="checkbox"/> Policy is up to date	<input type="checkbox"/> Policy needs updating		
Needle stick injury	<input type="checkbox"/> Policy is up to date	<input type="checkbox"/> Policy needs updating		
Waste management	<input type="checkbox"/> Policy is up to date	<input type="checkbox"/> Policy needs updating		
Cold chain management	<input type="checkbox"/> Policy is up to date	<input type="checkbox"/> Policy needs updating		
Stock management	<input type="checkbox"/> Policy is up to date	<input type="checkbox"/> Policy needs updating		

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
Staff immunisations	<input type="checkbox"/> Policy is up to date	<input type="checkbox"/> Policy needs updating		
Hand hygiene	<input type="checkbox"/> Policy is up to date	<input type="checkbox"/> Policy needs updating		
Cough etiquette and social distancing	<input type="checkbox"/> Policy is up to date	<input type="checkbox"/> Policy needs updating		
Engaging an interpreter	<input type="checkbox"/> Policy is up to date	<input type="checkbox"/> 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 (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.

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?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> 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?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Refer to FAQ fact sheet .
Are all practice team members able to educate patients about the myth relating to getting the flu following a flu vaccine?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Refer to FAQ fact sheet .
Can all staff explain the costs associated with having a flu vaccination at your practice?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Outline practice fees associated with the flu vaccine. 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).
Can all staff explain the availability of vaccines to patients?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> 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?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Refer to eligibility for flu vaccines .

Description	Status	Action to be taken
 <p>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?</p>	<input type="checkbox"/> Yes, see action to be taken to help set you goals. <input type="checkbox"/> No, you have completed the activity.	<p>Complete the EQiP template for your practice.</p> <p>Refer to the example EQiP at the end of this document.</p>

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.⁶

⁶ <https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/influenza-flu>

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.

The immunisation details need to be reported in the specified field of the clinical software and must include:

- the person's full name and date of birth
- the details of the vaccine given, including brand name, batch number and dose number
- the date and time of vaccination
- the site of administration
- the name of the billing provider/GP
- the name of the person administering the vaccination
- the date the next vaccination is due.

Refer to instructions on creating a shortcut in progress notes from [Best Practice](#) or [MedicalDirector](#).

Reporting vaccines to the AIR

It is mandatory for practices to submit information on vaccinations administered to the [AIR](#) via the practice's clinical software or the usual portal for reporting immunisations.


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

You could use [My Health Record](#) to check a person's immunisation history and take this opportunity to upload a **shared health summary (SHS)** for your regular patients.

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 GPs aware they can check immunisation records via My Health Record (MyHR)?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Refer to information on how to access immunisation records via MyHR.
Are all GPs in your practice registered to use AIR?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Refer to information on how to set up access to AIR.
Do other team members have access to AIR as a delegate of a medical practitioner?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Refer to information on how to request access as a delegate.
Do relevant practice team members know how to search for an immunisation history for individual patients on AIR?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Refer to information on how to check patient’s immunisation history.
Do relevant practice team members know how to record immunisation encounters on AIR?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> 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 MedicalDirector and Best Practice .
Do relevant practice team members know how to lodge a medical exemption on AIR?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Refer to information on how to record an immunisation exemption.
Do you know that patients can view their immunisation history statement from AIR?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Refer to information on how to get an immunisation history statement
Do you know the contact details of AIR?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	AIR contact number is 1800 653 809.
 After reviewing your processes for 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?	<input type="checkbox"/> Yes, see action to be taken. <input type="checkbox"/> No, you have completed this activity.	Complete the EQiP template for your practice. Refer to the example EQiP 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
<p>Have you held a practice meeting to?</p> <ul style="list-style-type: none"> <input type="checkbox"/> appoint team leaders <input type="checkbox"/> discuss the numbers of eligible and at-risk patients <input type="checkbox"/> decide if dedicated vaccination clinics will be a: <ul style="list-style-type: none"> • nurse only clinic • GP and nurse clinic • GP only clinic <input type="checkbox"/> examine staffing capacity – may need extra nursing staff <input type="checkbox"/> plan and schedule the clinics (e.g. am/pm/Sat am clinics) <input type="checkbox"/> discuss how to promote clinics to patients <input type="checkbox"/> discuss vaccine ordering for funded patients <input type="checkbox"/> discuss any out-of-pocket expenses for patients and how this message will be communicated to relevant staff and patients <input type="checkbox"/> decide the best way to deal with private patients and the cold chain management of their vaccines <input type="checkbox"/> plan vaccination of staff <input type="checkbox"/> make staff aware of your infection control policy, including hand hygiene, cough etiquette and social distancing. 	

Description	Details. Describe any outcomes or outstanding actions
<p>Have you considered staffing and space?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consider increasing nursing hours over the flu season for efficient running of nurse led flu clinics. <input type="checkbox"/> Based on staffing arrangements, space may be an issue, revise roster and room allocation. 	
<p>Have you:</p> <ul style="list-style-type: none"> <input type="checkbox"/> checked if anaphylaxis response kit contents, including adrenaline, are in date. Additional ampoules of adrenaline 1:1000 should be available <input type="checkbox"/> revised emergency procedures with all staff. 	<ul style="list-style-type: none"> <input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, order/update before proceeding.
<p>Have you:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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. 	<ul style="list-style-type: none"> <input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, refer to refer to activities for Best Practice or Pracsoft.
<p>Have you:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ordered vaccines regularly to ensure supply vs demand is met <input type="checkbox"/> ensured staff are familiar with cold chain management procedures and necessary checks are completed. 	<ul style="list-style-type: none"> <input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, outline actions to be taken.
<p>Have you organised your important resources including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> websites, fact sheets for staff training <input type="checkbox"/> consent procedures (use the Consent Resource Folder from the Immunisation Section, Department of Health SA to streamline the consent process) <input type="checkbox"/> obtaining an Immunisation commonly observed reactions sheet from Immunisation Australia to give to patients post vaccination <input type="checkbox"/> having adequate supplies of tissues, anti-bacterial hand lotion, masks and gloves. 	<ul style="list-style-type: none"> <input type="checkbox"/> Yes, you have completed the activity. <input type="checkbox"/> No, outline actions to be taken.

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 letters

It is very easy to generate a reminder letter 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

Recall CAT is Pen CS' answer to efficient and effective patient recalls. Delivered through CAT4, practices can send either an SMS or voicemail message in bulk to their patients.

By using CAT4's extensive search capabilities, practices can engage with their patients for a multitude of reasons such as preventive health initiatives, chronic disease management, due or overdue health checks, immunisations and general practice financial opportunities. (See [Recall CAT video \(9 minutes\)](#)).

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](#).

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).

RACGP publication - Guide for the use of social media in general practice

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 information on social media advantages and disadvantages, risks and benefits, online conduct, security, privacy requirements, advertising and testimonials, and the use of disclaimers. More specifically, the 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.

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 the flu
- competitions
- and any other ideas you may have.

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		Yes, will do	No not doing
Does the practice have a system of notifying patients of the availability of flu vaccine?	<input type="checkbox"/> Yes, outline advertising you will be doing.	Patient reminder letters		
		Online reminders		
		Online booking software		
		Practice website		
		Social media		
		Patient brochures		
	<input type="checkbox"/> No, review the suggested list and identify advertising options.	Display table		
		Practice newsletter		
		Signage outside practice		
		Newspaper article		
		Phone patients		
		Other		
Are there any other strategies that the practice will use to notify patients about flu prevention?	<input type="checkbox"/> Yes, provide details. <input type="checkbox"/> No, continue with activity.	1. _____ 2. _____ 3. _____ 4. _____		

Question to consider	Status		Yes, will do	No not doing
 <p>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?</p>	<p><input type="checkbox"/> Yes, see action to be taken to help set your goals.</p> <p><input type="checkbox"/> No, you have completed the activity.</p>	<p>Complete the EQiP template for your practice.</p> <p>Refer to the example EQiP at the end of this document.</p>		

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 (such as Topbar) 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.

Using Topbar to provide prompts for vaccinations

Pen CS have developed [Topbar](#) as an adjunct to the GP Clinical Desktop System to deliver useful tools and decision support information for the primary care sector at the point of care.


Topbar is designed to provide prompts and relevant information to all clinic staff based on the patients being seen and also those who are on the waiting list for the day. The user interface is minimalistic and allows the users to focus on the patient details and clinical information but provides important additional tools and information. Complete and accurate patient records are a key component of primary health care and Topbar assists all staff with this important aim.

Activity 5.1 – Using Topbar to improve your practice data



The aim of this activity is to ensure relevant team members have access to and use Topbar.

Description	Status	Action to be taken
Is Topbar installed on all workstations at your practice?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Follow the Running Topbar resource, or follow the Topbar Installation Guide .
Have relevant team members been set up as a Topbar user?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Follow the Managing Topbar Users resource.
Have relevant Topbar users been set up with appropriate access rights?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Follow the Topbar Access Rights resource.

Description	Status	Action to be taken
Do relevant team members understand all the Topbar apps?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Refer to Topbar Flip Guide .
 After reviewing your practice's Topbar use, are there any changes with the management of your patient's you would like to implement over the next 12 months?	<input type="checkbox"/> Yes, set goals and outline in action to be taken. <input type="checkbox"/> No, you have completed this activity.	Complete the EQiP template for your practice. Refer to the example EQiP at the end of this document.

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 5.2 – Practice team roles in flu vaccination activities



Based on the example above, 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 (insert QI Activity)		
	Name	Responsibilities
GP 		
Practice Nurse 		


<p>Practice Manager</p> 		
<p>Receptionist</p> 		

Activity 5.3 – Review task allocation



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

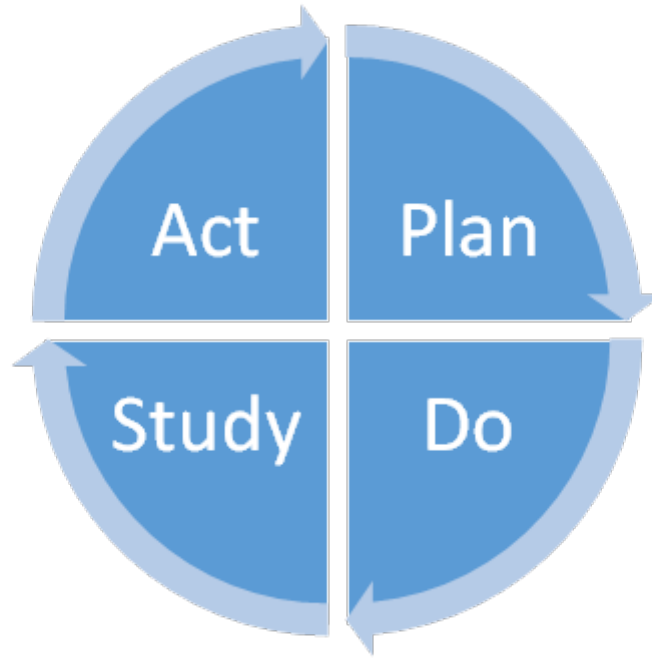
Description	Status	Action to be taken
<p>After completing activity 5.2 have you considered how the patient bookings will be made?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No: see action to be taken.</p>	<p>Please explain: (e.g. receptionist will phone 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).</p> <p>How will this information be communicated to the practice team?</p>
<p>Have you considered how long to allocate for each appointment (for GP and nurse time)?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No: see action to be taken.</p>	<p>Consider holding a team meeting to decide on the length of time for each clinician.</p>

Description	Status	Action to be taken
		How will this information be communicated to the practice team?
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?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No: see action to be taken.	<p>Please explain: (<i>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</i>).</p> <p>How will this information be communicated to the practice team?</p>
Have you included who will update the patient reminder system to ensure continuity of care for the patient?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No: see action to be taken.	<p>Outline who has the responsibility to update reminder system – is it GP, Practice nurse, manager or receptionist.</p> <p>How will this information be communicated to the practice team?</p>
Do all team members understand their roles and responsibilities?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No: see action to be taken.	Provide training to individuals or groups within your practice.
 <p>After reviewing your 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?</p>	<input type="checkbox"/> Yes, see actions to be taken to help set you goals. <input type="checkbox"/> No, you have completed this activity.	<p>Complete the EQiP template for your practice.</p> <p>Refer to the example EQiP at the end of this document.</p>

Example PDSA for increasing flu vaccination rates

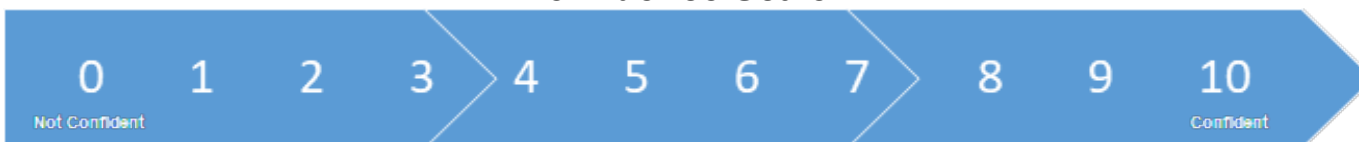
See below for suggested goals related to the flu vaccinations you may wish to achieve within your practice:

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 CAT4 recipe: Identify patients at risk for influenza based on age, ethnicity or pregnancy.
Increase the number of influenza vaccinations given to diabetes patients seen over the past 15 months by 10%.	Refer to CAT4 recipe: Identify patients at risk of influenza with predisposing conditions.
Increase the number of influenza vaccinations given to patients with COPD seen over the past 15 months by 5%.	Refer to CAT4 recipe: Identify patients at risk of influenza with predisposing conditions.



Plan	Plan your team goal and ensure it is achievable Provide a clear description of the plan Organise frequency of data collection and team meetings
Do	Begin the plan Document progress, include any errors or barriers Analyse data as per agreed frequency
Study	Arrange team meeting Provide participants with an overview of data Summarise learnings
Act	Adjust process Continue improvement Plan next cycle

Confidence Scale



*Please contact practicesupport@brisbanenorthphn.org.au if you score below 4

EQiP template EXAMPLE

Plan Do Study Act Worksheet



An Australian Government Initiative



Tip: Use this PDSA after completing your Quality Improvement worksheet to create a detailed plan.

Ensure confidence scale (see over) has been reviewed for topic of focus.

Practice Name		Date	
Area of focus (IDEA)	Identify active patients over 65 years who do not have an influenza vaccination recorded		
Duration of focus	4 th April – 30 th May		
Why improve this focus area?	Acknowledge previous years we may have not vaccinated all of our 65 years plus nor our most vulnerable.		
How will you measure change?	By running searches in CAT4 and by our vaccination records.		
How will you make sustainable change?	By identifying which process is most successful and implementing them into our practice protocol for going forward.		

Activity No.	
<p>Plan:</p> <p>What exactly do you plan to do? Record who will do it; when they will do it and for how long i.e. 1 week, 1 month. The data to be collected; and predictions of outcome</p>	<p>WHAT: PM/Nurse will set aside an hour on a Thursday afternoon to do a search on CAT4 of all patients over 65 years who do not have an influenza vaccine recorded. A list will be generated for each GP. * Recall or SMS patients to make appointment for vaccine *A TOPBAR prompt will be created for these patients for their vaccination status to be checked at their next appointment Practice Nurse will check vaccination stock to ensure enough vaccines are available to focus on improving vaccination rates.</p> <p>WHO/WHEN/WHERE: Who: PM/Practice Nurse When: Begin 4th April Where: Practice</p> <p>DATA TO BE COLLECTED: Number of active patients aged over 65 years without an influenza vaccination recorded.</p> <p>PREDICTION: 80% of active patients will be requiring an influenza vaccination for this flu season.</p>

<p>Do What did you do? Record what you did</p>	<p>Completed 30th May – the data searches were conducted in CAT4 by PM/PN. Individual lists were provided to each GP to prioritise vulnerable patient population. Recall/SMS sent out to patients. TOPBAR prompt was created to notify relevant team members when the patient attended the practice, if they were due for their vaccine The PM/PN monitored the number of flu vaccines completed each week by generating a list on CAT4. The practice increased nursing hours over a 3-week period to cope with the demand from patients and practice needed to alter immunisation ordering to ensure adequate stock was available.</p>
<p>Study Analyse the data and compare them to your predictions. Did you encounter any problems? What worked/ Didn't work? What did you learn? Reflect on what was learned.</p>	<p>A total of 80% of patients 65 years and older have had their influenza vaccination recorded. No problems as such but acknowledge we had to extend Nurses hours to support immunising patients in this nominated period. We also had to increase our vaccine order to meet demand. Found that SMS recall worked well but acknowledge appointments to have influenza vaccine was also patient driven. Results have been shared with the whole practice team.</p>
<p>Act Will you adopt, adapt or abandon this change idea?</p>	<p>ADOPT: ADAPT: The practice will continue to focus on trying to increase the vaccine rates of the remaining 20% of patients over 65 without an influenza vaccine, however, will prioritise vulnerable patients. ABANDON:</p>

Acknowledgements

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