



IMMUNISATION TOOLKIT

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Version dated: AUGUST 2019

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INTRODUCTION

HNECC PHN Immunisation Management Strategy

HNECC PHN is a leader in the delivery of transformative, locally relevant solutions that improve the health outcomes of the people and communities living in our region.

Our strategic plan is based on three strategic areas, with key priorities and objectives for each. Planning included input from the HNECC PHN Board, staff and Clinical and Community Advisory Committees.

HNECC PHN STRATEGIC PLAN 2018-2023

Key Strategic Areas	Key Priorities	Our Key Objectives
 <p>Flagship Services For Communities</p>	<ul style="list-style-type: none"> • Staying Well • Accessing Services • Experiencing Quality Primary Care • Engaging Communities • Engaging Aboriginal Communities 	<ol style="list-style-type: none"> 1. To improve access by commissioning coordinated and effective primary health services 2. To engage with our communities to implement effective prevention and self-management strategies 3. To pioneer new models of care that will consolidate our reputation as a leader in innovative primary care design
 <p>A Healthier System</p>	<ul style="list-style-type: none"> • Engaging Clinicians • Fostering innovation • Connecting care through Digital Health • Facilitating alliances & partnerships to improve care 	<ol style="list-style-type: none"> 4. To develop high quality care pathways that improve access to local primary care services and keep people out of hospitals 5. To demonstrate improved clinical outcomes and experiences in primary care services through primary care improvement and digital health strategies 6. To improve patient journeys of care through alliances and partnerships with the key primary care stakeholders in our region
 <p>A Fit & High Performing Business</p>	<ul style="list-style-type: none"> • Measuring and Demonstrating Success • Embedding Culture & Values • Designing for Rural & Urban Flexibility • Raising Our Voice • Building Aboriginal Cultural Responsiveness • Agile and Efficient Operation • Sustainability 	<ol style="list-style-type: none"> 7. To focus performance on the Quadruple AIM through measurement of clinical, operational and patient experience metrics, and health outcomes for indigenous and non-indigenous populations 8. To implement strategies to develop the financial and operational sustainability of the PHN 9. To collaborate nationally to strengthen primary health care and the PHN program

VISION - Healthy People and Healthy Communities.

PURPOSE - To keep people well in our communities, through innovation, performance, collaboration and local engagement.

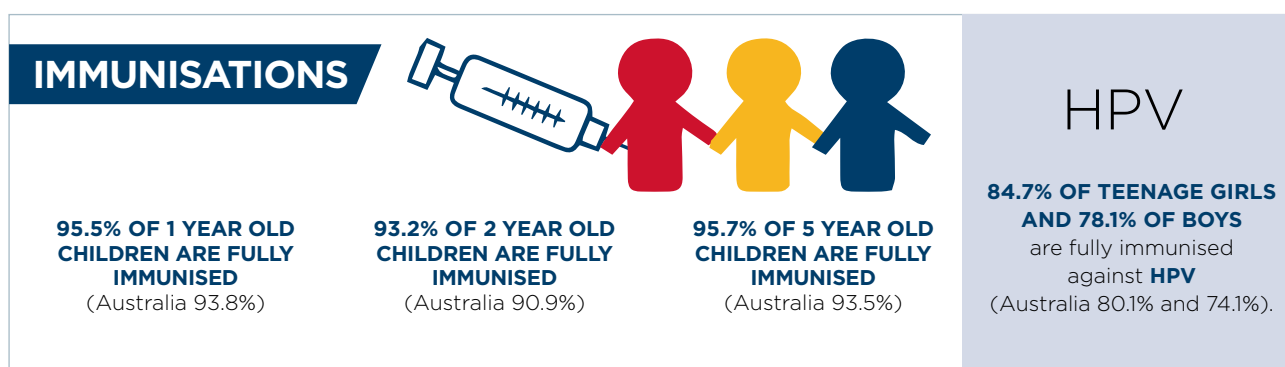
VALUES - Respect, Innovation, Accountability, Integrity, Cooperation, and Recognition.

Our Strategic Plan 2018-2023

The Hunter New England and Central Coast PHN Immunisation Program aims to reduce the incidence of vaccine preventable diseases in the community by providing appropriate and timely information about vaccine preventable diseases and the National Immunisation Schedule to immunisation providers and the community and promote the delivery of the National Immunisation Program (NIP).

HNECC PHN works with general practice to maintain high immunisation rates for their patients and to help reduce vaccine preventable disease. General Practitioners and Primary Health Care Nurses are key in improving Australia's childhood immunisation levels as they are the main point of contact with children under the age of seven. General practices can also consider the special vaccination needs of their vulnerable populations such as those over the age of 65 years and those with chronic medical conditions.

Rates of childhood immunisation across the HNECC region are better than the national rates, as are the proportions of teenage girls and boys immunised against HPV. [Hunter New England Central Coast PHN Health Profile 2018](#)



(Hunter New England and Central Coast Primary Health Network, 2018)

Support for general practice

We support general practices to:

- Maintain high standards of cold-chain management in accordance with the National Guidelines to ensure vaccine efficacy.
- Deliver immunisation services in accordance with the National Immunisation Program and the NSW Immunisation Schedule.
- Adopt a sustainable approach to reporting immunisation encounters to the Australian Immunisation Register (AIR).
- Optimise child immunisation coverage rates through review of overdue children and recall and reminder services.

General practice visits

The Immunisation Program Officer can visit practices to assist with:

- Supporting immunisation providers with information and resources.
- Supporting practices to review lists of children overdue for immunisation.
- Providing training regarding AIR online access and requesting of AIR 10A Due/Overdue reports.
- Advice and support in the event of a cold-chain failure.
- Onsite visits to conduct training on cold chain procedures.
- Assistance with data logging of vaccine fridges for accreditation, cold chain breaches and installation of new refrigerators.

At a glance: National Immunisation Strategy for Australia 2019 to 2024

Strategy for Australia 2019 to 2024

The National Immunisation Strategy builds upon the success of the first National Immunisation Strategy 2013-2018. The Strategy comprises eight strategic priority areas to complement and strengthen the National Immunisation Program (NIP).

These eight strategies are:

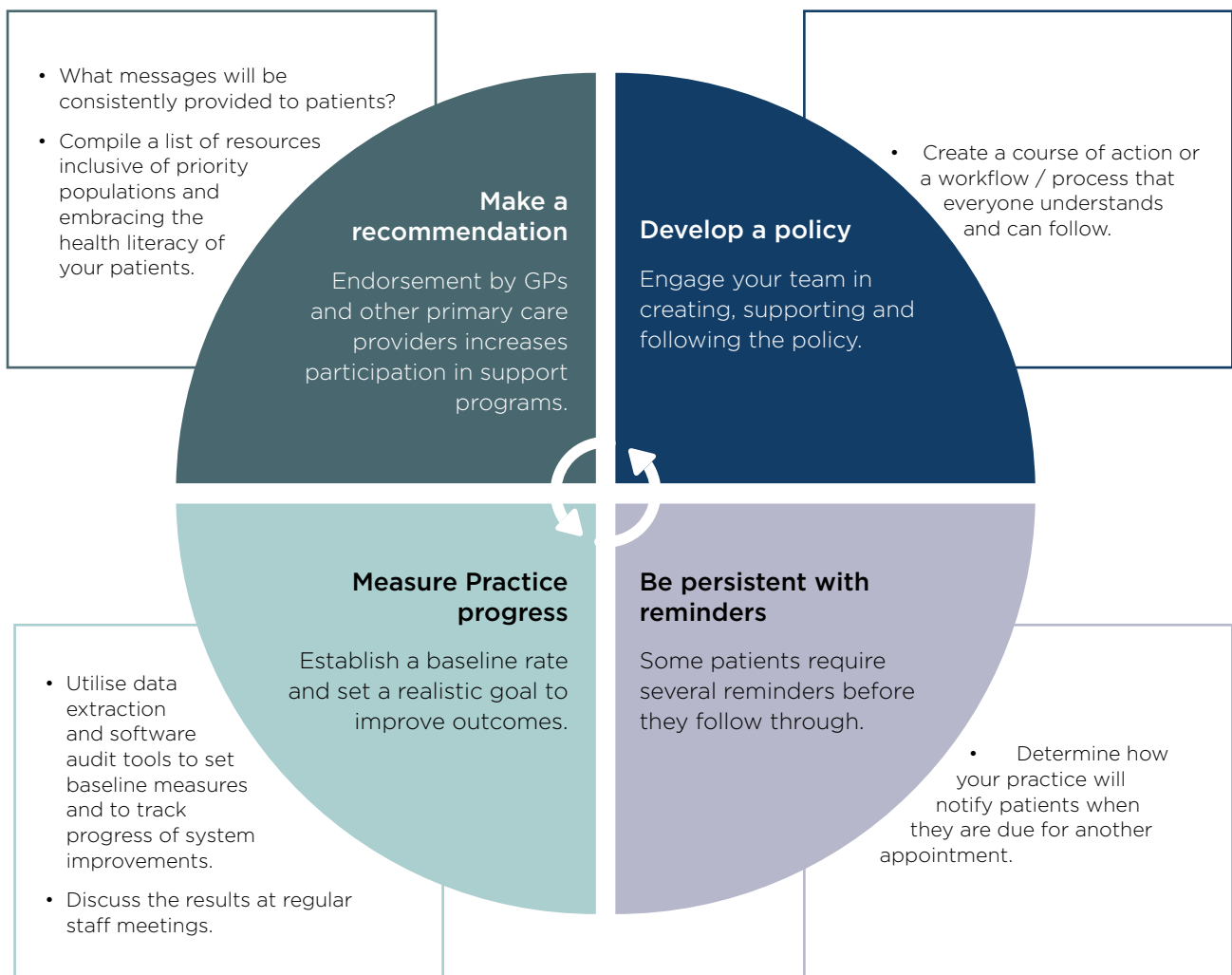
1. Improve immunisation coverage
2. Ensure effective governance of the National Immunisation Program
3. Ensure secure vaccine supply and efficient use of vaccines for the NIP
4. Continue to enhance vaccine safety monitoring systems
5. Maintain and ensure community confidence in the NIP through effective communication strategies
6. Strengthen monitoring and evaluation of the NIP through assessment and analysis of immunisation register data and vaccine-preventable disease surveillance
7. Ensure an adequately skilled immunisation workforce through promoting effective training for immunisation providers
8. Maintain Australia's strong contribution to the region

(Australian Government Department of Health, 2019)



Four essentials to improving Immunisation Management in Primary Care

1. Implement practice changes.
2. Take a person-centred approach.
3. Involve staff and put office systems in place.
4. Follow a continuous improvement model to develop and test the changes.



DEVELOPING A SYSTEMATIC APPROACH

Data cleansing

The information available in clinical software is invaluable when developing streamlined practice systems and providing quality patient care. For practice data to be useful, information within your clinical database must be accurate and up to date.

Ensuring electronic results are received correctly is key to providing effective and efficient patient care.



HELPFUL TIPS

- Regularly mark patients as 'inactive'
- Merge duplicate patient records
- Ensure pathology results are received in the correct format
- Develop and agree on processes to ensure data quality is maintained
- Clean up reminder lists: Ask your Primary Care Improvement Officer for instructions on 'Bulk Reminder Clean Up'
- Document processes clearly in your Policy and Procedure Manual
- Regularly discuss clinical coding in team meetings to develop clear standards and requirements for patient files.

Work flow

Workflow is defined as a series of steps, frequently performed by different staff members that accomplishes a task. Workflows represent how work gets done, not the protocols that have been established to do the work.

Workflow mapping is a way of making the invisible "visible" to a practice to improve processes to increase efficiency, reduce errors, and improve outcomes.

Workflow mapping is the process of documenting the specific steps and actions that take place in completing a task. Creating a workflow map allows the opportunity to see what is currently happening, identify opportunities for improvement or change, and design new, more effective processes. It is helpful to consider workflows associated with the following three processes:

1. Perceived process (what we think is happening)
2. Reality process (what the process actually is)
3. Ideal process (what the process could be).



HELPFUL TIPS

Important rule of mapping: the person who controls the process controls the pen. Meaning whomever carries out the process, maps the steps.

- Be realistic: map what is happening not what is desired
- Identify each step of the activity and person responsible
- Communicate: ensure all involved team members involved understands how the activity is executed.



HELPFUL LINKS & RESOURCES

Train IT Medical have sample workflows for:

[Correspondence Management](#)

[Inbox Management](#)

[Train IT Medical Practice Management resources](#)



Implementing robust recall and reminder systems

The RACGP Standards for General Practice view a **reminder** as an offer to provide patients with systematic preventative care. A **recall** is when it is paramount for a patient to attend the clinic, usually in the instance of an abnormal result. A recall is further defined as a system to make sure patients receive further medical advice on matters of clinical significance.

Clinical significance is determined by:

- the probability that the patient will be harmed if further medical advice is not obtained; and
- the likely seriousness of the harm.

It will be up to each practice to design a system which effectively differentiates between their general preventive reminders and their true recalls (RACGP, 2017).



HELPFUL TIPS

- Ensure there is a written policy which is communicated to the practice team which outlines a consistent and validated process for recording results, entering recalls and sending reminders
- Define roles and responsibilities for individual team members
- Review systems for managing overdue patient recall and reminders.



HELPFUL LINKS & RESOURCES

Speak to your Primary Care Improvement Officer to gain access to best practice resources:

[Medical Director: Recall, Reminders Action Fact Sheet](#)

[The Dos and Dont's of Patient SMS](#)

[AMA Recall Systems and Patient Consent](#)

It is recommended that GPs who are coordinating patient-centred care should not assume that clinically significant test results ordered by others have been adequately followed up.

Clear and agreed systems for receiving and following up on test results are needed to ensure safe and effective continuity of patient care. For further information regarding RACGP's position on non-GP initiated testing [click here](#).



How can PEN CS support patient-based outcomes in General Practice?

When leading change in a General Practice, you will require data to help guide your thinking, discussions and planning.

PEN Clinical Audit Tool (CAT4) is a user-friendly software tool that interrogates the data contained within GP clinical and management software. The extracted data can be then filtered to select a specific target group and viewed through a range of clinically relevant patient reports to support quality improvement.

PEN CS and your Practice

A significant number of General Practices across the HNECC PHN already use CAT4 to investigate and report against their patient data. Using CAT4 to extract relevant data provides practices a range of benefits including:

- Improving the quality of patient care by identify patients requiring periodic screening and ensuring the appropriate treatment or referral is delivered proactively
- Identifying patients “at risk” of developing certain diseases or conditions and offering preventative treatment.



HELPFUL TIPS

- Use current data by performing monthly data collection
- Ensure correct coding principles are implemented to ensure data can be extracted
- Upskill; participate in CAT4 and [TopBar webinars](#) and speak with your Primary Care Improvement Officer to assist in understanding your practice data.



HELPFUL LINKS & RESOURCES

PEN CS has developed ‘recipes’ which are simple step by step guides to extract meaningful data correctly.

Visit www.pencs.com.au to source recipes identifying children aged 0-10 years who are due/overdue for immunisation.

[CAT Childhood Schedule](#)

ACCESSING THE AUSTRALIAN IMMUNISATION REGISTER (AIR)

If you work at a medical practice you may have noticed that the way you access the AIR is changing. Currently, Medical Practitioners, Midwives and Nurse Practitioners can only access the AIR via HPOS.

Medical Practices must apply to become a registered vaccination provider. This will give practice staff access to the AIR site via a practice authentication file. Complete Australian Immunisation Register - Application to register as a vaccination provider form (IM004) and send it directly to AIR E: AIR@humanservices.gov.au.

Once the form is received, AIR will provide the practice with an AIR provider number. This number is to be used when immunisation details are sent to AIR.

If your practice is already registered, staff can continue to use the practice authentication file to access AIR until you are notified about transitioning to PRODA.

unauthorised use of an authentication file breaches the Privacy Act 1988 and the Australian Immunisation Register Act 2015.

Note: If your medical practice becomes a recognised vaccination provider before 9 September 2018, you must complete the online access form to access the AIR site.

In early 2019 a common error relating to dose numbers around some specific vaccines was identified. These predominately related to the new vaccines added to the National Immunisation Program (NIP) Schedule on 1 July 2018. The errors were linked to practices who had not yet updated their clinical practice management software to the latest version containing the updated schedule or an updated version had not yet been released by the practice software manufacturer.

It is important to note that if a child has an error of any sort (including incorrect dose number) in any of their error records in AIR, they remain listed as 'Overdue' until that error is amended by either AIR or the GP responsible for administering the vaccine.

HNECC PHN recommends that practices self-identify children who are due/overdue for immunisation using the AIR 10A report. Through reviewing the AIR 10A report*, a provider can ensure that all vaccines given have been recorded correctly and implement relevant recall and reminder systems.

HOW TO REQUEST AIR DUE/OVERDUE 10A REPORT

The 10A report identifies patients due/overdue for immunisation, for all providers linked to the one PIP practice. The information can be broken down by MBS service date range. Your practice can use this report to identify and recall patients due/overdue for immunisation or identify possible transmission errors and missing information from AIR.

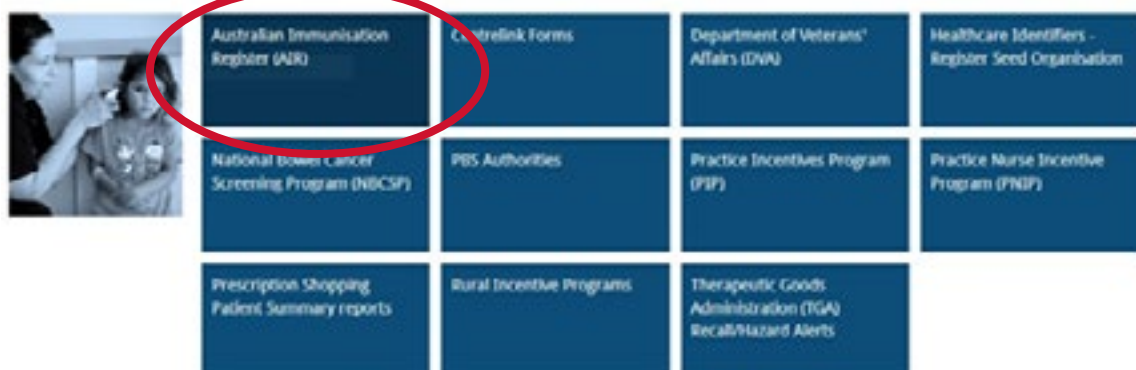
**Only accredited practices can access the 10A report. Non accredited practices can request the 11B report which will list all overdue patients linked to one specific provider.*

- **You will need:** Your practices' PIP (Practice Incentive Payment) Practice ID. Only accredited practices can access the 10A report. All other practices can use the 11B report which will list all overdue patients linked to one specific provider.
- **Note:** You must log in with an individual provider (GP) log-in. You cannot access the 10A report using a Practice Log-in. If you are a Practice Nurse, please contact your Primary Care Improvement Officer for more information around log-ins.
- **Note:** BP is an explanatory document of the report.

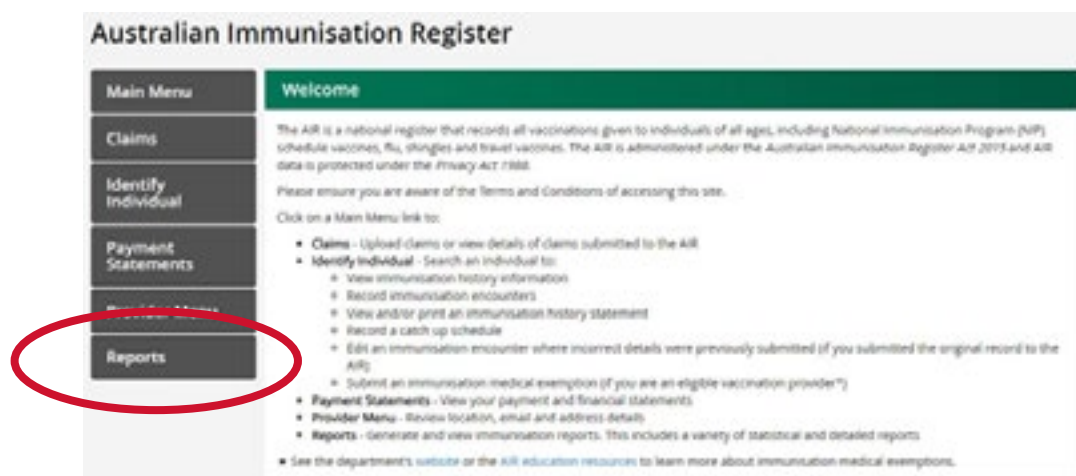
Steps to request 10A report for a practice:

1. Log in to your HPOS account via PRODA (Individual GP). You must log in with an individual GP login. To date you cannot access reports with a practice login.
2. Click on the My Programs tab and select the Australian Immunisation Register (AIR)

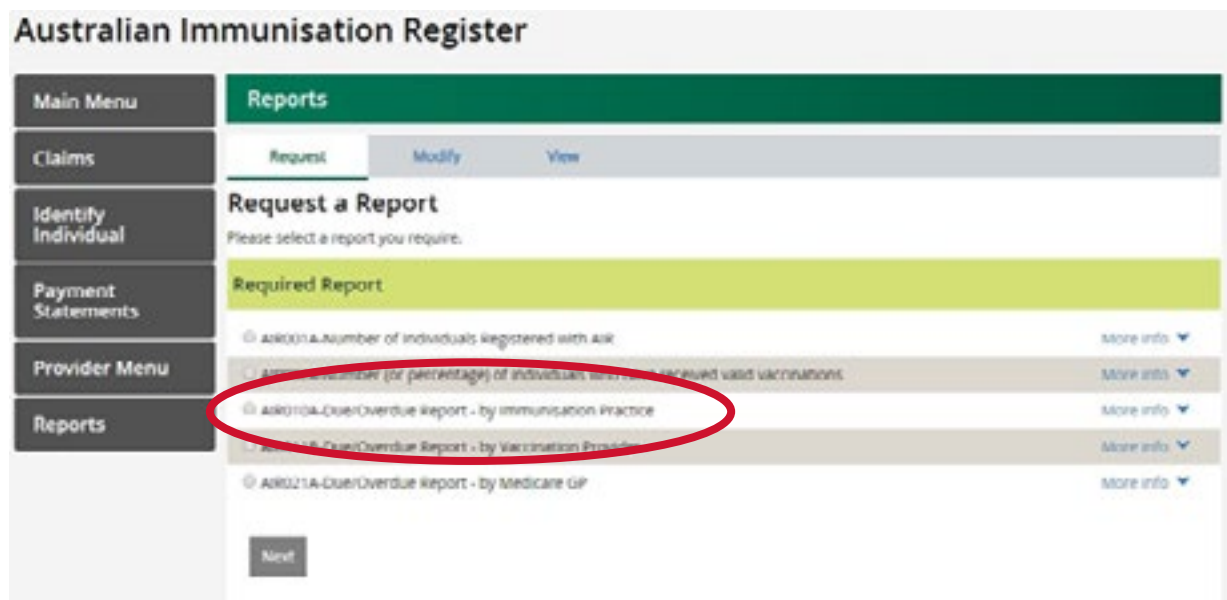
My programs



3. After selecting the AIR tile. Click on the "Reports menu"



4. Under Reports select "Request AIR10A Due/Overdue Report - by Immunisation Practice"



5. Fill in the information required on the page:

- Name of Report - Give a name for the report, e.g. overdue report
- Frequency of Report - How often you would like to receive the report, e.g. monthly
- Report End Date - If you select the report to be produced monthly or quarterly, you need to give an end date, e.g. 12 months from today's date
- Output of Report - Comma Separated (the report will be produced in CSV files that can be opened using excel) or Printable Version (the report will print a page per patient overdue)
- Practice ID - Your Practice Incentive Payment (PIP) Number
- MBS Service Period - Includes patients seen for MBS service at your practice. Recommend selecting '24 months' as these would be considered your 'active patients'
- Immunisation Status - Select "Not Fully Immunised"
- Not Fully Immunised - Select "All Diseases"
- Age Breakdown - Select the patient's age range for the report e.g. birth to 10 years
- Include individuals where - You can select whether to include individuals of the following three conditions (Natural Immunity, Medical Contraindication, only had 1 visit to the practice during the MBS service period) to be included in the report
- Click "Request Report" to complete the request.

The screenshot shows the 'Request New Report' form in the Australian Immunisation Register. The form is titled 'Request New Report' and includes a sub-header 'Additional - Overdue Report - by Immunisation Practice'. It contains several sections for inputting report criteria and output settings.

Report Criteria:

- Name of Report:** A text input field with a placeholder 'Enter a name for this report'.
- Frequency of Report:** A dropdown menu with options: 'Once Only', 'Weekly', 'Monthly', and 'Quarterly'. 'Once Only' is selected.
- Output of Report:** Two buttons: 'Comma Separated (single file)' and 'Comma Separated (multiple files)'. 'Comma Separated (multiple files)' is selected.
- PIP Practice ID:** A text input field with a placeholder 'Enter a PIP Practice ID'.
- MBS Service Period:** A dropdown menu with options: '3 months', '6 months', '12 months', and '24 months'. '24 months' is selected.
- Immunisation Status:** Two buttons: 'All Individuals' and 'Not Fully Immunised Individuals'. 'Not Fully Immunised Individuals' is selected.
- Overdue by (weeks):** A text input field with a placeholder 'Include individuals overdue for:'.
- Age Selection Range:** Two buttons: 'By Birth Date' and 'By Age'. 'By Birth Date' is selected. Below the buttons, it states 'The maximum Birth Date Selection Range permitted is 10 years.' and provides 'From' and 'To' date pickers.
- Include individuals who have:** A list of checkboxes: 'Select all', 'Is Natural Immunity recorded', 'Is Medical Contraindication recorded', 'Made a single visit to the practice during the MBS service period', and 'Returned from'.

Output settings:

A separate file will be produced for each section identified below only when options have been selected from this section. Only one file will be produced with each individual's personal details when no options of each section are not selected.

Details to include:

- Individual details: 0/5 selected
- Overdue details: 0/1 selected
- Vaccine details: 0/1 selected
- Exemptions: 0/2 selected

At the bottom right, there are two buttons: 'Request Report' and 'Back'.

6. Success!

Australian Immunisation Register

Reports

[Request](#) [Modify](#) [View](#)

Receipt page

Success!

AIR010A - Due/Overdue Report - by Immunisation Practice report request has been received successfully.

[request another report](#)

7. To view the report. Login to HPOS (Individual GP).

Click on the reports tab. Click on view and download the report that you wish to view.

Australian Immunisation Register

Reports

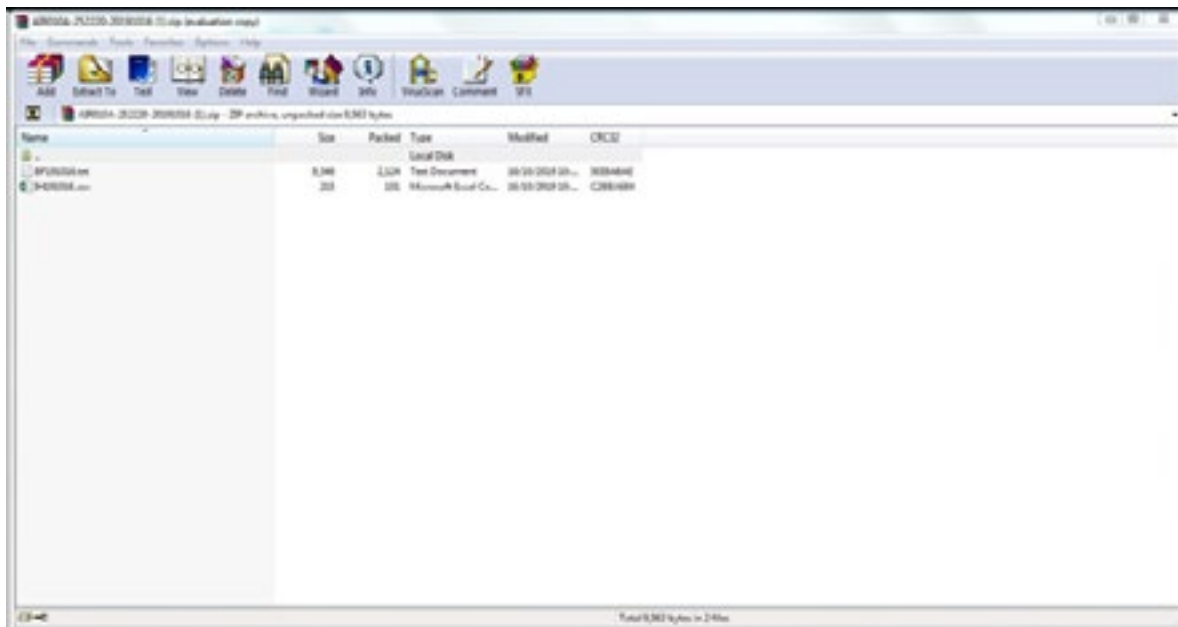
[Request](#) [Modify](#) [View](#)

View Reports

Listed below are the reports you have previously requested. You may download a report by selecting the Download/Recall link from the Options menu. You may delete a report by selecting the Remove link from the Options menu.

Report Number	Title	Frequency	Requested	Produced	Options
All	All	All	dropdown	dropdown	Clear filters
AIR010A	Due/Overdue Report - by Immunisation Practice overdue report	Monthly	16/10/2019	16/10/2019	options
AIR010A	Due/Overdue Report - by Immunisation Practice Overdue Report	Monthly	19/09/2019	0	Download Remove
AIR010A	Due/Overdue Report - by Immunisation Practice Overdue Report	Monthly	19/09/2019	19/09/2019	options

8. After downloading the practice's AIR10A reports will look like this:



If you click on the Excel document you will be able to see a list of children who are indicated as being due overdue on the AIR.

AIR - How to use the AIR to get immunisation history statements and record encounters, catch-up schedules and exemptions.

Submit Immunisation Information

You can record information on the AIR using:

- your Practice Management Software (PMS)
- the AIR site via Health Professional Online Services (HPOS)

When you submit information to the AIR for an individual it'll instantly update their AIR record. This is useful for people who need their immunisation history statement for school, child care or work.

Identify Individual

Use the Identify Individual option in the left hand menu to search for an individual.

If the individual is enrolled in Medicare, the quickest way to locate their AIR record is using their:

- Medicare number and
- Individual Reference Number (IRN).

If they aren't enrolled in Medicare, look up the individual by entering:

- Surname
- first name and
- date of birth.

If the AIR finds a unique match, the Individual details page will display the individual's immunisation details. If the AIR can't find a unique match, you should:

- check you've entered the details correctly
- add a date of birth and/or postcode
- select search again.

If the AIR still can't find a match, you can create a new record.

- Select the Record Encounter button located on the bottom right hand corner.
- Once you identify the individual or create a new record, you can record an encounter or update a previous encounter.
- To do this select the Record Encounter or Update Encounter options in the left hand menu.

Record an encounter on AIR

Use the **Record Encounter** option in the menu to record a vaccination encounter for an individual.

The **Record Encounter** page will display the options listed below:

New Encounter

Who performed this immunisation encounter?

Select the field and choose 1 of the following drop down options:

- If you gave the vaccine/s to the individual, select '**I performed this encounter**'. If you work at 2 or more locations, you must select your relevant provider number from the drop down options. If you only work at 1 location, the AIR will automatically record the encounter against it.
- If someone else gave the vaccine/s to the individual, select '**Another provider performed this encounter in Australia**'.
- Select '**This encounter was performed overseas if the vaccination was given overseas**'.

Encounters given at a school

To record an encounter given at a school, select either '**I performed this encounter**' or '**Another provider performed this encounter in Australia**'.

Select '**This was performed at a school**' and enter the following information:

- school name
- school post code
- school ID (available from the ACARA Australian Schools List).

Schedule

When you record an encounter for someone under 20 years of age, the AIR will display the next vaccine due according to the National Immunisation Program (NIP) schedule and their immunisation history.

To change the schedule, you can select another schedule from the drop down menu.

The **Adolescent** schedule will only appear for individuals aged 10 to 20 years.

To record vaccines that aren't part of the NIP schedule (such as flu vaccines), select '**Other**' from the drop down menu.

To record vaccines that aren't part of the NIP schedule (such as flu vaccines), select '**Other**' from the drop down menu.

Date of Service

Enter the date the individual received the vaccine.

Individuals under 20 years of age

The AIR assumes the vaccines were given on the same date and applies it to all episodes within the encounter.

Individuals aged 20 or older

The '**This Date of Service applies for all episodes**' checkbox is beside the date of service field. The AIR site will automatically check the box to record the same date for all episodes within the encounter.

You can uncheck the box if you need to record a separate date of service for each episode.

Episode Details

Vaccine or brand

Select vaccines from the drop down menu or type the brand name for the AIR to suggest vaccines. Select '**Other**' from the drop down menu if you need to record an encounter performed overseas or a vaccine that isn't part of a schedule.

If you don't know the vaccine brand or it's not listed, choose the 'generic' vaccine.

Once you've selected the vaccine, you'll see a list of antigens in the vaccine.

Batch Number

This field is optional, however it is recommend you enter the **Batch Number**.

Dose

You must enter a **Dose number** for all episodes not part of a schedule.

When you've entered all the required details, select the '**Add**' button to record the vaccine. You'll then see the recorded episode details.

If you need to add another vaccine to the encounter, select the '**Add Another**' button.

If you make an error, use the pencil icon to change the details. Select '**Update**', or select the rubbish bin icon to delete. Select '**Remove**' to complete the action. If the details are correct select '**Submit**'.

The AIR will redirect you to a page to confirm you've sent the encounter and give you a Claim ID.

If the AIR needs to clarify the information you've entered, you'll be redirected to the **Confirmation Required** page which will show a status message.

These status messages may display:

- **Ready, schedule/dose adjusted** shows when AIR automatically adjusts the dose value to continue in a sequential order. You don't need to adjust it again.
- **Action/Confirmation required** shows when the AIR partially processes an episode. Select the reason code for details about the action you need to take. If you don't take action, the episode will remain unconfirmed. We may contact you for more information.
- **Rejected, Amendment/Deletion required** notifies you that the AIR will reject the encounter. You have the option to amend or delete the encounter.

When you've updated the information, select '**Confirm**' to submit, or '**Remove**' to abandon the changes. After you select '**Confirm**' the AIR will redirect you to a page confirming you've successfully sent us the encounter and you'll get a Claim ID.



Update an encounter

You can only select '**Update Encounter**' if you submitted the original encounter and haven't been paid for the encounter.

To update an encounter you've already submitted to the AIR for an individual:

- Select **Update Encounter** from the left hand menu
- Select the vaccines you want to change by selecting the **pencil icon** under the **Action** column. You won't see the pencil for any vaccines given by another provider or if you've received payment for them. If you're unable to update this information on the AIR, contact us by selecting **Secure Email**.
- An **Edit Encounter** pop-up will show. Information you can edit includes the date of service, schedule or dose number and vaccine brand.

When you've made your edits, select **Update** to submit, or **Cancel** to abandon the changes. After making changes, select **Save** to record the update to the individual's record.

Use **Secure Email** to update an encounter you've been paid for, or an encounter submitted by another vaccination provider. Please provide us with:

- the individual's full name, date of birth and/or Medicare number and IRN
- antigen, dose number and date of service submitted to the AIR
- change required (e.g. change from dose 1 to dose 2).

Record a planned catch up for overdue vaccines

You can notify the AIR that an individual under 20 years of age is on a planned catch up for overdue vaccines. If you record a planned catch up, we consider the individual up-to-date for a period of 6 months. This means they remain eligible for certain family assistance payments during this period. However, the individual's AIR immunisation status will remain 'not up-to-date' until all scheduled catch up vaccinations are recorded on the AIR.

An individual doesn't need to start a planned catch up schedule if you vaccinated them and they are no longer overdue.

Use the **Identify Individual** option in the left hand menu to search for and locate someone's AIR record. You can then record a planned catch up for overdue vaccines.

On the **Individual Details** page, you'll see a checkbox and the following message:

Tick this box if you would like to commence a planned catch up for the individual as you:

- were unable to administer all overdue vaccines today
- are waiting on results to support testing of natural immunity, or
- need to order in additional required vaccines.

You should **not** tick this box if:

- you have vaccinated the individual and they are no longer overdue for any vaccines, or
- you feel the parent/guardian does not intend to vaccinate the individual.

If you work at 2 or more locations, you must select your relevant provider number from the drop down options. If you only work at 1 location, the AIR will automatically record the planned catch up against it. If you want to record the planned catch up, select the checkbox and select **Save**. The page will update to show the individual is on a planned catch up and the date it expires.

Print an immunisation history statement

To print an immunisation history statement:

- locate the individual's record and select anywhere in the **Immunisation history** banner to expand the individual's immunisation history
- check the immunisation history is correct
- select **Immunisation history statement** (the green box) to open the statement as a PDF document you can print.

To download an immunisation history statement:

- hover over the **Immunisation history statement** box
- select the message, 'Please click here to download this individual's immunisation history statement.'

To add or update information on the individual's record select **Record Encounter** or Update Encounter.



WHAT IS QUALITY IMPROVEMENT?

The RACGP Standards for General Practice describes quality activity undertaken within a general practice where the primary purpose is to monitor, evaluate or improve the quality of health care delivered by the practice. The Standards recommend practices engage in quality improvement activities that review structures, systems and processes to aid the identification of required changes to increase the quality of healthcare delivery and safety of patients.

Quality improvement consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.

Engaging in quality improvement activities is an opportunity for the practices' GPs and other staff members to come together as a team to consider quality improvement. Quality improvement can relate to many areas of a practice and achieving improvements will require the collaborative effort of the practice team.

Standards for General Practice - 5th Edition

The RACGP 5th Edition Standards have been released with a new module specifically identified for Quality Improvement. Criterion QI 1.1 identifies four indicators that relate to Practice based activity around Quality Improvement and reference a team-based approach. The criterion recommends having at least one team member responsible for leading quality improvement in the practice, which establishes clear lines of accountability. Please refer to the guidelines.

Criterion QI 1.3 relates to improving clinical care, specifically practice use of relevant patient and practice data to improve clinical practice. Establishing and utilising robust reminder and recall systems could be a focus under this criterion.

RACGP – 5th edition standards

The Quality Improvement process is divided into two manageable steps, the “thinking” and “doing” part. This process allows ideas to be broken down into management sections which can be tested and reviewed to determine whether improvement has been achieved prior to implementing on a larger scale.

The ‘Thinking’ part

The thinking part consists of three fundamental questions that are essential for guiding improvement.

1. What are we trying to accomplish?

By answering this question, you will develop your aim for the activity.

Consider exactly what it is you are seeking to change.

- Define the problem. Success comes through preparation Understanding what the problem is and thinking about why there is a problem helps in developing your aim.
- Set realistic objectives which are specific, have a defined timeframe and are agreed (SMARTA). Use plain language and avoid jargon so that the meaning is clear to everyone.
- Include information that will help keep the team focused.



2. How will we know that change is an improvement?

By answering this question, you will develop measures for tracking your goal.

Without measuring, it is impossible to know whether the change you are testing is an improvement.

- Communicate to the team what you are measuring, how, when and who is responsible (see 'Measuring Success').
- Make the measurement as simple as possible.
- Only collect the data that is required.

3. What changes can we make that will result in an improvement?

By answering this question, you will develop ideas for change.

Encourage the whole team to contribute ideas. Be creative. Think outside the box.

- You know your General Practice and your patients best. Keep this in mind and use your knowledge and experiences to guide your ideas.
- Adapt from others.
- Think small and test. Think about testing a change with one GP or a select group of patients. This will assist in determining if the change had the desired effect and suitable for wider implementation.

FOR EXAMPLE - your General Practice may decide to focus on identifying children aged 0-10 years who are due or overdue for childhood immunisation as per the NIP

You may have an aim like this:

To ensure all children aged 0-10 years who are due or overdue for immunisation as per the NIP are identified.

Your response may be:

We will measure through PenCAT:

- To identify Children aged 0-10 years who eligible to receive childhood immunisation.

Your outcome may include:

- Use PenCAT to identify the number of children in the eligible cohort range.
- Request 10A/11B report from AIR to accurately identify children aged 0-10years who are due or overdue for immunisation as per the NIP.
- Provide training to ensure clinicians understand the importance of coding and no 'free texting'.
- Create patient lists for each Provider to update.

The 'Doing' part

The doing part is made up of rapid, small Plan, Do, Study Act (PDSA) cycles to test and implement change in real work settings.

Not every change is an improvement, but by making small changes you can test the change on a small scale and learn about the risks and benefits before implementing change more widely. Several PDSA cycles may be required to achieve your improvement goal.

You will find through PDSA cycles some changes lead to improvements. If so, these improvements can be implemented on a wider scale. You may also find that some improvement ideas are not successful. Analyse why they didn't work and learn from this. By carrying out small tests in PDSA cycles, you have avoided implementing unsuccessful change on a wider scale.

Step One: Plan

A well-developed plan includes what, who, when, where and your predictions and what data is to be collected.

Make your plan as clear and as detailed as possible:

- What exactly will you do?
- Who will carry out the plan?
- When will it take place?
- Where will it take place?
- What do you predict will happen?
- What data/information will we collect to know whether there is an improvement?

Step Two: Do

Write down what happens when the plan is implemented (both negative and positive) and other observations.

Collect any data you identified in the plan phase.

Step Three: Study

Reflect on what happened.

Think about and summarise what you have learnt. Analyse the data collected and compare with your initial predictions. If there is a difference in the data and predictions, consider what happened and why.

Step Four: Act

Considering the results from your tests; will you implement the tested change or amend and test or try something else?

Write down the next idea you will test. Be sure to start planning the next cycle early to keep up the momentum of change.



FOR EXAMPLE - your General Practice may decide to focus on identifying ALL children aged 0-10 years who are marked as overdue for their immunisation due to an error on AIR.

Idea

Request AIR 10A/11B report to identify ALL outstanding children aged 0-10 years who are overdue for immunisation within the practice and identify any potential data errors. This report identifies individuals due or overdue for immunisation based on your Practice Incentives Program practice ID.

Plan

What: Use AIR 10A/11B report to identify children who are overdue for immunisation as per the NIP.

Who: General Practitioner/Primary Health Care Nurse

When: Wednesday 3 November 2019

Where: General Practice

Data to be collected: Identify children who are marked as overdue for their immunisation as per AIR report.

It is important to note that if a child has an error of any sort (including incorrect dose number) in any of their error records in AIR, they remain listed as 'Overdue' until that error is amended by either AIR or the GP responsible for administering the vaccine.

Prediction: 10% of will not have a complete immunisation record.

Do

GP or Primary Health Care Nurse to request 10A/11B report from AIR.

Study

Children who overdue for immunisation and have been found to be overdue or have an error entered in AIR are identified.

Act

AIR data updated to reflect that child is now up to date with NIP.



HELPFUL TIPS

- Practices need to engage in quality improvement activities to improve quality and safety for patients in areas such as practice structures, systems and clinical care
- Decisions on changes should be based on practice data (PEN CS and clinical database audits, near misses and patient and/or staff feedback)
- Achieving improvements requires the collaborative effort of the practice team and all members of the team should feel empowered to contribute
- Utilise the Readiness Tool to assist identify ideas and areas for improvement
- No PDSA cycle is too small; keep it simple
- You may complete a series of PDSA cycles to achieve your goal. Results will be achieved through building on previous cycles
- Set aside protected time to complete the agreed upon tasks
- Document your PSDA cycles and present findings at team meetings
- Improvement is a team effort.

See Criterion C4.1 – Health Promotion and Preventative Care RACGP 5th Standards at [RACGP 5th edition standards](#)

READINESS TOOL

There are many ways to improve patients' participation in Childhood Immunisation Management.

This Readiness Tool is designed as a starting point to encourage General Practice to generate ideas and strategies in Childhood Immunisation Management that may be applied to a quality improvement activity. This may assist with the 'thinking part' of the quality improvement cycle.

In working through the Readiness Tool, start by identifying if the practice or clinicians are undertaking activity in the identified area. In the action column you could document any ideas or processes that may need to be introduced or changed.

Childhood Immunisation Management Quality Improvement Readiness Tool

General Practice Name:	
Completed by:	
Staff involved in change process:	

AREA: Quality Improvement Change Readiness	Yes/No	Action/Comment (what, when, who)
1. Our surgery has engaged leadership at all levels of the organisation and our staff share an active focus on Quality Improvement. Does the practice have an immunisation lead to ensure regular AIR report review and follow up on data cleansing?		
2. We recognise the value of team-based care and empower all staff to take an active role in quality improvement activities within their scope of practice.		
3. We reserve appointments for all our clinicians to allow our patients prompt access to care from their regular GP and care team as much as possible.		
4. We obtain consent from our patients to participate in recall and reminder systems and for sharing relevant information with other providers actively involved in their team care in line with our privacy policy.		
5. Our Doctors are aware of Closing the Gap Initiatives and all prescriptions for registered Aboriginal and Torres Strait Islander patients are annotated with 'CTG' to increase affordability and compliance.		

AREA: Information Systems and Data Driven Improvement	Yes/No	Action/Comment (what, when, who)
1. Our staff are confident in using our clinical software and all other computer programs required to fulfil the duties of their role (e.g Excel, Word) and training provided where required.		
2. Our clinicians have a standard approach agreed upon across the team for the use of templates.		
3. Our staff recognise the importance of clinical coding and use of clinical software functions in facilitating data collection. We actively avoid free text diagnoses as much as possible.		
4. We regularly complete data cleansing activities to ensure accurate and current registers of patients. This role is allocated to one or more staff members in their position description to ensure consistency and accountability.		
5. Our clinical staff upload shared health summaries and view event summaries, medview and discharge summaries in My Health Record to ensure accurate information is available to all providers involved in the team care of our patients.		
6. Our staff have access to clinical audit tools and are trained in using PenCAT filters effectively. Also access to TopBAR and the use of the same.		
7. Our clinicians use appropriate referral pathways eg: SeNT referrals, Secure Messaging (Medical Objects).		
8. Our clinicians use appropriate clinical pathways available eg: Healthpathways and Patient Info.		

AREA: General Practice Systems	Yes/No	Action/Comment (what, when, who)
9. We record Allergies and Adverse Reactions for our patients and update these lists regularly.		
10. All prescriptions and medication lists are recorded in our clinical software.		
11. We have policies and procedures for reminders and recalls. Staff follow these established protocols to ensure consistency and accuracy in their role.		
12. Protected time is scheduled to ensure staff have capacity and resources to accurately complete their tasks within allocated timeframes. Floor space is also considered when appointments are made.		

AREA: Person Centred Care	Yes/No	Action/Comment (what, when, who)
13. Immunisation Management is discussed in general consults.		
14. Clean data CAT <input type="checkbox"/> No CAT <input type="checkbox"/> Is data accurate?		
15. Identify target groups <ul style="list-style-type: none"> • 0-12 months • 12-24 months • 2-4 years 		
16. Map immunisation process <ul style="list-style-type: none"> • Understand who does what in the practice. 		
17. Check AIR reports (10A/11B) <ul style="list-style-type: none"> • Accurate targets/PIP 		
18. Action to catchup – practice to determine.		
19. Does your practice have cold chain protocols in place? <ul style="list-style-type: none"> • Check/validate 		
20. The parents of eligible children are engaged in shared decision making that respects their personal goals to facilitate the person centred-team partnership.		
21. We undertake health promotion (patient information available) and health coaching activities that consider the health literacy of our consumers.		
22. Our staff know how to access resources in languages other than English and ways to provide non-written information for patients who are illiterate or sight impaired.		
23. We routinely identify Indigenous patients to ensure culturally appropriate care is provided.		
24. We routinely identify patients who may require assistance to communicate and we utilise Telephone Interpreter or Relay Services where appropriate. All of our clinicians are registered and familiar with the use of these programs.		

AREA FOR ACTION (Go to PDSA template in your toolkit or see suggested PDSA activities)

1.

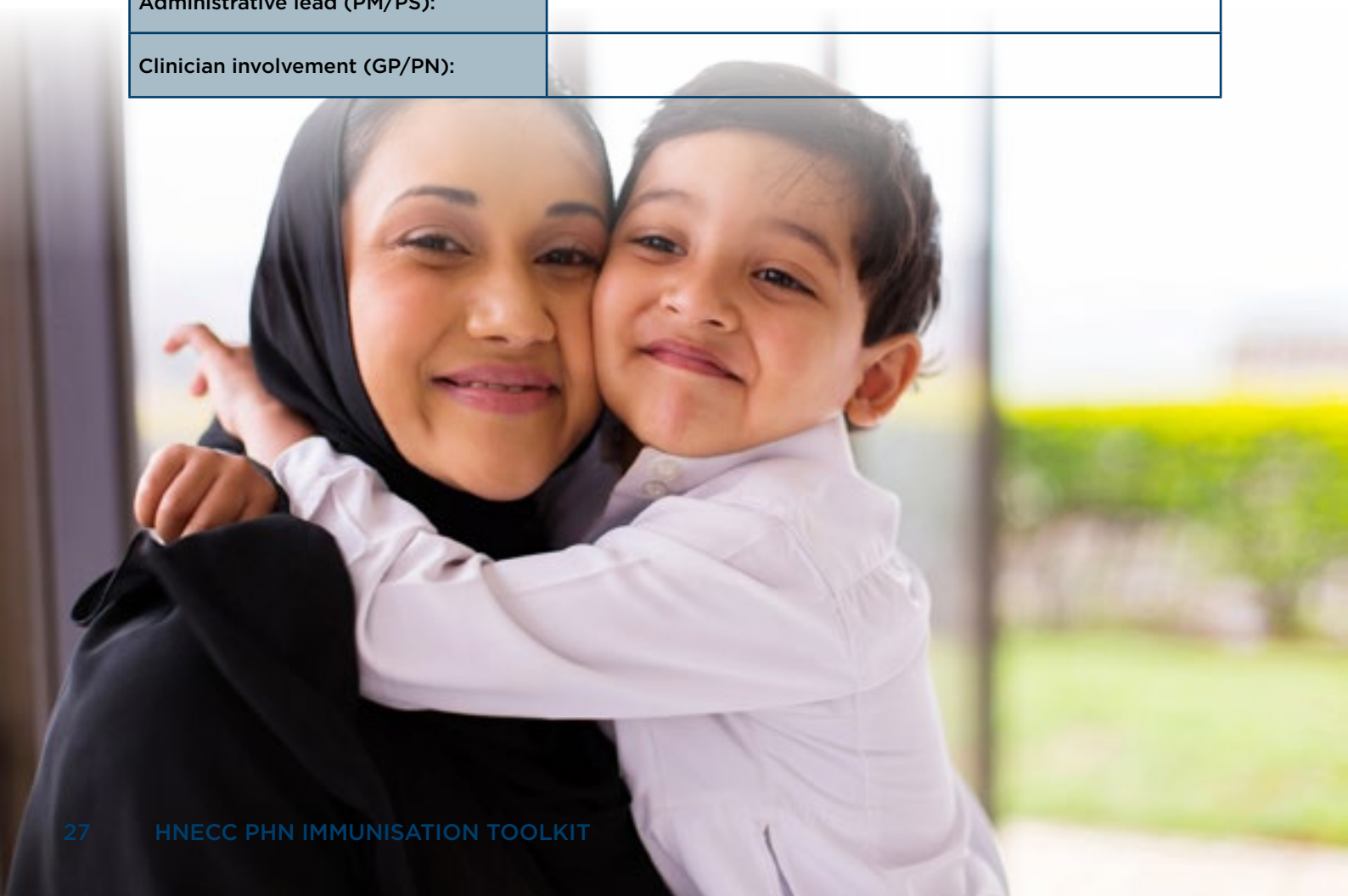
2.

IMMUNISATION PRACTICE TEAM

Clinical lead (GP):

Administrative lead (PM/PS):

Clinician involvement (GP/PN):



CHANGE IDEAS TO CONSIDER

These ideas are suggestions only, with the concept adaptable across the Childhood Immunisation Management.

Idea: Encourage person centred care by encouraging parents to discuss Childhood Immunisation management with their GP.

- Display promotional material in the waiting room.
- Have the reception team give eligible patients a flyer asking them when they were last assessed. The patient can then take the flyer into their appointment with them, opening the door for a discussion with their Doctor or Nurse about relevant programs to assist.

Idea: Engaging the General Practice Team - Develop and maintain an effective recall and reminder system: staff education.

There is often a lot of work that needs to be done to improve how practices use software to maintain effective recall and reminder systems. Staff education is the first step towards improvement. Ask your Primary Care Improvement Officer to provide a short information session to staff and provide reminder and recall resource manuals.

Idea: Appoint a staff member who is responsible for creating and monitoring of Childhood Immunisation and Cold Chain Management, add this role to their job description.

This staff member may become the Practice Champion for Childhood Immunisation. Providing professional development opportunities to this staff member will assist with rewarding and recognising this person's contribution to the team.

Idea: Have a team meeting to brainstorm how recall and reminder systems could improve income generation and patient care.

(e.g. by linking together multiple recalls such as GP Management Plans, Health Assessments, Immunisations etc.)

Dedicate some time at a staff meeting to discuss how health assessments can include Childhood Immunisation prompts. Review health assessment templates to ensure that Immunisation questions are included.

Idea: Draft a written procedure for recall and reminder systems.

If your Practice has a policy/procedure for recalls and reminders, check that there is a process for Immunisation management. If there is not a current policy, contact GPA or AGPAL as a starting point to generate conversation and development of a policy.

Idea: Send Immunisation reminders to eligible children due for scheduled immunisations as per NIP.

- Following the establishment of your immunisation patient register, identify patients due for vaccination.
- The initiative suggests two key times where Practice reminders can really add value:
 1. For patients who have never been assessed
 2. On a patient's actual re-screen due date.
- Utilise the suggested template reminder letter available through your clinical software, utilise SMS reminder systems or phone call to the parents.

RESOURCES FOR UNDERTAKING QUALITY IMPROVEMENT

Quality Improvement Goal Setting

1. What are we trying to accomplish?

By answering this question, you will develop your goal for improvement.

2. How will we know that a change is an improvement?

By answering this question, you will develop measures to track the achievement of your goal.

3. What changes can we make that can lead to an improvement?

List your ideas for change. By answering this question, you will develop the ideas you would like to test towards achieving your goal.

IDEA 1.

IDEA 2.

IDEA 3.

IDEA 4.

Quality Improvement Action Worksheet

PLAN, DO, STUDY, ACT

Please complete a new worksheet for each change idea you have documented on the previous page.

Where there are multiple change ideas to test, please number the corresponding worksheet(s).

Describe the idea you are testing.

IDEA

Must include what, who, when, where, predictions & data to be collected.

What:

Who:

PLAN

When:

Where:

Data to collect/record:

What do we think will happen?

Was the plan executed? Document any unexpected events or problems.

DO

Record, analyse and reflect on the results.

Extract same data to measure for improvement:

STUDY

What will you take forward from this cycle (next step or next PDSA cycle)

ACT



Measuring Success

The overall aim of undertaking an Immunisation Quality Improvement activity is to increase participation in the NIP.

Choosing an activity or idea to explore will have its own measure of success. It is important to identify in each activity what you are wanting to change and how you will know when the change has occurred. This is identified in Question 2.

Applying a SMARTA (Specific, Measurable, Attainable, Realistic, Timebound and Agreed) goal setting process will assist you.¹

SMARTA Goal Setting

- **Specific.** Goals that are too vague and general are hard to achieve, for example 'be a better parent'. Goals that work include specifics such as 'who, where, when, why and what'.
- **Measurable.** Ideally goals should include a quantity of 'how much' or 'how many' for example drinking 2 litres of water per day. This makes it easy to know when you have reached the goal.
- **Achievable.** Goals should be challenging, but achievable. Goals work best when they are neither too easy or too difficult. In many cases setting harder goals can lead to better outcomes, but only if the person can achieve it. Setting goals which are too difficult can be discouraging and lead to giving up altogether.
- **Relevant.** The goal should seem important and beneficial to the person who is assigned the goal.
- **Time-related.** 'You don't need more time, you just need a deadline.' Deadlines can motivate efforts and prioritise the task above other distractions
- **Agreed.**

Reflect on the immunisation activity identified on page 11. Here you have undertaken a data analysis utilising PenCAT or requested a 10A/11B AIR report and this has shown the percentage of active children aged 0-10years who are overdue for immunisation as per the NIP. This forms your baseline measure.

The next step is to decide on an activity and set a goal. For this example, you may like to set a goal to increase immunisation rates by 10%. When this has been implemented within a set time frame, you can then repeat the data analysis to see the change in status has increased.

¹Health Direct November 2016 <https://www.healthdirect.gov.au/smart-goals>

An Example of Measuring Success

Practice X has 200 children aged between 0-10 years. Of these, following the use of PenCAT 50 males and females in this age group have been identified as being overdue for their scheduled immunisations as per the NIP.

Numerator: The number of children aged 0-10 years, with 3 or more visits in the previous 2 years, who have been identified as being overdue.

Denominator: The number of active children aged 0-10 years.

[Numerator of 50] ÷ [Denominator of 200] = 25%

Practice X then decides as a QI activity to undertake a data cleansing and improvement activity for immunisation. The measurement of change will be the increase in recording of 10%. This could be a measure after 3 months as this is a measurement of data management and system change.

Measurement for Childhood Immunisation data

Children aged 0-10 years who have been identified as overdue for scheduled immunisations as per the NIP	
NUMERATOR	No. of children aged 0-10 years who have been identified as “overdue”
DENOMINATOR	Total No. of children aged 0-10 years who are eligible for immunisation
NUMERATOR	
DENOMINATOR	
NUMERATOR	
DENOMINATOR	
NUMERATOR	
DENOMINATOR	

NOTES:

Addendum:

- [Australian Immunisation Handbook](#)
- [PHN Hunter New England Central Coast](#)
- [RACGP Standards 5th Edition](#)
- [Following vaccination: What to expect and what to do](#)
- [NSW Health Immunisation Schedule \(March 2019\)](#)
- [National Immunisation Strategy for Australia 2019–2024](#)
- [NSW Immunisation Schedule with dose numbers \(July 2018\)](#)
- [Australian Immunisation Register for Health Professionals](#)
- [CAT Childhood Immunisation Schedule](#)
- [NCIRS – Immunisation Information and Resources](#)

References:

- Australian Government Department of Health. (2019, February 18). National Immunisation Strategy for Australia 2019 to 2024. Retrieved from Australian Government Department of Health: <https://beta.health.gov.au/resources/publications/national-immunisation-strategy-for-australia-2019-to-2024>
- Hunter New England and Central Coast Primary Health Network. (2018). Hunter New England and Central Coast PHN Health Profile 2018. Retrieved from HNECCPHN: <https://www.hneccphn.com.au/media/14631/hnecc-population-health-profile-2018.pdf>

HNECC PHN acknowledges the traditional owners and custodians of the lands that we live and work on as the First People of this Country.

This toolkit has been made possible through funding provided by the Australian Government under the PHN Program.

Guide published AUGUST 2019