Immunisation Toolkit

PRIMARY HEALTH NETWORK

phn
HUNTER NEW ENGLAND
AND CENTRAL COAST
An Australian Government Initiative

CONTENTS

INTRODUCTION

Overview

Immunisation is a simple, safe, and effective way of protecting people against harmful diseases before they come into contact with them. Immunisation not only protects individuals, but also others in the community, by reducing the spread of preventable diseases. The Primary Health Network for the Hunter New England and Central Coast regions (hereafter 'The Primary Health Network or PHN') provides information and support to immunisation providers in our region who deliver the National Immunisation Program (NIP).

The PHN works with general practice teams to maintain high immunisation rates diseasand improve systems for identifying and recalling patients who overdue for immunisations on the National Immunisation Schedule. As the main point of contact in the health system for children under seven years. General Practitioners and Primary Health Care Nurses (PHCN) play a vital role in improving childhood immunisation rates in Australia. GPs and PHCN's are also essential in addressing the special immunisation needs of vulnerable populations such as those over the age of 65 years and those with chronic medical conditions.

Rates of childhood immunisation and adolescent HPV immunisation across the PHN regions are higher than the national rates, according to data from the Australian Immunisation Register.

At a glance: Immunisation

According to the Hunter New England Central Coast PHN, Childhood immunisation coverage data November 2020:

- 96.06% of 1 year old children are fully immunised (Australia 94.72%)
- 94.39% of 2 year old children are fully immunised (Australia 92.36%)
- 96.51% of 5 year old children are fully immunised (Australia 94.90%)
- 95.50% of 1 year old Indigenous children are fully immunised (Australia 93.46%)
- 93.68% of 2 year old Indigenous children are fully immunised (Australia 91.16%)

- 98.17% of 5 year old Indigenous children are fully immunised (Australia 97.03%)[1]

Note: these statistics are current as at the publishing date of this document. These statistics are updated every 6 months; please go here to access updated data: 2020 PHN Childhood immunisation Coverage Data

Recording Immunisation Encounters

It is essential that every vaccine administered is documented on the Australian Immunisation Register. Errors and delays can lead to:
- Individuals being vaccinated unnecessarily or inappropriately.
- Children being incorrectly assessed as overdue for immunisation and parents missing out on family assistance payments.
- Children not meeting care enrolment requirements.

How to access the Australian Immunisation Register (AIR) and AIR Reports

Providers who have a provider number have automatic access to the AIR site via the Health Professional Online Services (HPOS) portal using Provider Digital Access (PRODA). Nurses and practice managers, who require access to the AIR website can be delegated access via GP delegations in HPOS or by establishing PRODA for organisations. For information and education resources regarding PRODA, HPOS and AIR, including delegations see www.servicesaustralia.gov.au or contact your Primary Care Improvement Officer (PCIO).

Reports available from the AIR site

AIR reports can assist you to identify and recall patients due/overdue for immunisation or identify transmission errors and missing information from AIR. The following reports are available:
- ACIR010A — AIR Due/Overdue Practice Report (accredited practices)
- ACIR011B — Due/overdue report by vaccination provider (nonaccredited practices)

Approaching quality improvement in your practice

1. Create a quality improvement (QI) strategic plan.

2. Using the Model for Improvement (MFI) format, complete Step 1.

E.g. Develop your QI goal, measures and brainstorm some ideas for implementation.

3. Using the Model for Improvement (MFI) format, complete Step 2.

E.g. Choose one idea from Step 1 of your MFI and implement a Plan, Do, Study, Act Cycle.

Please refer to the [Continuous Quality Improvement Fundamentals Guide for General Practice](#) for detailed information as to how to complete these three steps.

To support QI work within your practice, the PHN hosts a Primary Care Quality Improvement Community of Practice (QI CoP). The CoP is a place where primary care providers, practice teams and staff can float ideas, discuss best practice approaches, share resources and learn about successful quality activities that have already been implemented. This Primary Care QI CoP site is available to primary care providers within the Hunter, New England & Central Coast regions. The PHN also hosts monthly quality improvement webinars on clinical areas of interest to provide additional support to QI CoP members. Please contact the PHN or your Primary Care Improvement Officer (PCIO) to learn how to gain access to this resource.

Cultural awareness, responsiveness and safety

Cultural awareness is sensitivity to the similarities and differences that exist between different cultures and the use of this sensitivity in effective communication with members of another cultural group. [2]

Cultural awareness training is a formal information sharing process that fosters an understanding and appreciation of the differences between persons from other cultures, countries or backgrounds. This may include but is not limited to Aboriginal and Torres Strait Islander populations, Culturally and Linguistically Diverse (CALD) populations, refugees, and LGBTQIA populations. Cultural awareness training should be provided to all commencing staff and all existing staff at least every two years.

Cultural responsiveness refers to health services that are respectful of, and relevant to, the health beliefs, health practices, cultures and linguistic needs of Aboriginal and Torres Strait Islander populations. Cultural responsiveness describes the capacity of the health system and invididual providers to respond to the health needs of Aboriginal and Torres Strait Islander communities. It is a cyclical and ongoing process, requiring regular self-reflection and proactive responses to the person, family or community interacted with. It requires knowledge and capacity at different levels of intervention: systemic, organisational, professional and individual.

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is on the possible when individuals and organisations participate in the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practicing behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism. To ensure culturally safe and respectful practice, health practitioners must:
- Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;
- Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;
- Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;
- Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues. [3]

READINESS CHECKLIST

Is your practice ready to make changes?

There are many ways to improve immunisation coverage rates within your practice.

This Readiness Checklist is designed as a starting point to encourage General Practice to generate ideas and strategies that may be applied to a quality improvement activity.

Completing this checklist will assist with the 'thinking part' (Step 1) of the quality improvement cycle (see the template at the end of this toolkit).

In working through the Readiness Checklist, 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.

Immunisation Coverage Quality Improvement Readiness Checklist

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

AREA: Quality Improvement Change Readiness	Yes/No	Action/Comment (what, when, who)
1. The practice has engaged leadership at all levels of the organisation and our staff share an active focus on Quality Improvement.		
2. The practice recognises 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. The practice reserves appointments for all clinicians to allow patients prompt access to care from their regular GP and care team.		
4. The practice obtains consent from 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 their privacy policy.		
5. The practice has an immunisation lead to ensure regular AIR report review and cold-chain management.		

AREA: Information systems and data driven improvement	Yes/No	Action/Comment (what, when, who)
6. The practice accesses the Australian Immunisation Register (AIR) to review the Immunisation History Statement for all patients without a complete immunisation history document in the patient notes.		
7. Practice staff are confident in using clinical software and all other computer programs required to fulfil the duties of their role (e.g. Microsoft suite of tools) and training is provided where required.		
8. Practice staff recognise the importance of clinical coding and use of clinical software functions in recording immunisation encounters and ensuring the encounters are uploaded to the AIR.		
9. The practice regularly completes data cleansing activities to ensure accurate and current registers of patients.		
10. Active data cleansing and monitoring is allocated to one or more staff members in their position description to ensure consistency and accountability.		
11. My Health Record is used for those enrolled, to update immunisation status.		
12. The staff have access to a clinical audit tool (PenCS Cat4 including TopBAR) and are trained in using it effectively.		
13. The practice's clinicians use appropriate immunisation information and/or clinical pathways available via HealthPathways and Patient Info.		

AREA: General practice systems	Yes/No	Action/Comment (what, when, who)
14. The practice records allergies and adverse reactions for all patients and schedules updates regularly.		
15. Prescriptions and current medication lists for all patients are recorded in practice clinical software.		
16. The practice has policies and procedures for immunisation reminders. Staff follow these established protocols to ensure consistency and accuracy in their role.		
17. Protected time is scheduled to ensure staff have capacity and resources to accurately complete their tasks within allocated timeframes.		
18. Clinical staff who are giving immunisations are provided with enough working space to deliver vaccines safely.		

AREA: Person centred care	Yes/No	Action/Comment (what, when, who)
19. Immunisation is discussed in general consults.		
20. The practice requests 10A (for accredited practices) or 11B (for unaccredited practices) AIR reports to follow up on children who are overdue for an immunisation.		
21. The practice has cold-chain protocols in place in accordance with the National Vaccine Storage Guidelines (Strive for 5).		
22. Ethnicity of patients is routinely identified and recorded to ensure culturally appropriate care is provided.		
23. Doctors are aware of Closing the Gap (CTG) Initiatives and all prescriptions for registered Aboriginal and Torres Strait Islander patients are annotated with 'CTG' to increase affordability and compliance.		

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 concepts adaptable across the practice's approach to immunisation.

Idea: Promote person centred care by regularly discussing immunisation during consultations with patients and parents.

- Display promotional material in the waiting room.
- Monitor immunisation due dates and remind parents when an immunisation is next due.
- Enable clinician discussion by ensuring the immunisation records in the clinical software is up to date.

Idea: Develop and maintain an effective reminder system for immunisation, using the General Practice Team (administration, nurses, practice manager, GPs).

- Improve practice use of software to maintain effective immunisation reminder systems.
- Esure practice software is updated regularly to maintain link between software and the AIR.
- Access your Primary Care Improvement Officer for additional support and training if required.

Idea: Appoint a staff member who is responsible for creating and maintaining an immunisation register, add this role to their job description.

This staff member may become the Practice Champion for 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 immunisation reminder systems can be effective for the patient population, also discussing how these strategies could improve income generation for the practice.

- Dedicate some time at a staff meeting to discuss how health assessments can include immunisation prompts. Review health assessment templates to ensure that immunisation questions are included.
- Use your clinical audit tool to identify a cohort of patients who are due for an immunisation and hold an immunisation clinic to support these patients. Discuss this at the team meeting regarding next steps.

Idea: Send a reminder letter to eligible patients due for an immunisation.

- Following the establishment of your patient register, identify patients due for immunisation and send them a reminder letter.
- Follow up letter with an SMS or phone call according to practice policy.

Idea: Develop and maintain high standards of cold-chain management in accordance with the National Guidelines to ensure vaccine efficacy.

- Ensure at least one staff member (ideally all staff) has done the appropriate online training in cold-chain management.
- Keep a record of the completion certificates for the staff who have done the online training module for cold-chain management.

Idea: Ensure delivery of 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.

The PHN's Primary Care Improvement Officers can 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 or 11B due/overdue reports.
- Advice and support in the event of a cold-chain failure.

UNDERTAKING QI
USING THE MODEL FOR IMPROVEMENT

Quality Improvement Goal Setting

STEP 1: Ask the three questions.

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. Use the SMART approach when developing ideas (specific, measurable, attainable, realistic, timebound). E.g. By March 2020, complete 100% of HbA1c tests for all eligible (have not had a test in the past 6 months) active patients.

IDEA 1.

IDEA 2.

IDEA 3.

IDEA 4.

QI Implementation: Plan, Do, Study Act Cycle

STEP 2: Choose <u>one idea</u> from Step 1 and expand into a PSDA Cycle.

Idea being tested: From Step 1: Idea 1, 2, 3 or 4	
	Plan Who? When? Where? Data predictions? Data to be collected.
	Do Was the plan executed? Any unexpected events or problems? Record data.
	Study Analysis of actions and data. Reflection on the results. Compare to predictions
	Act What will we take forward; what is the next step or cycle?

Resources

- Australian Government Department of Health. 2019. National Immunisation Strategy for Australia 2019 to 2024. Retrieved from Australian Government Department of Health: https://beta.health.gov.au/resources/publications/nationalimmunisation-strategy-for-australia-2019-to-2024

- Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook, Australian Government Department of Health, Canberra. 2018. Retrieved from Australian Government Department of Health: https://immunisationhandbook.health.gov.au/

- Australian Immunisation Register for Health Professionals. 2020. Retrieved from Australian Government Services Australia: https://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/australian-immunisation-register-health-professionals

- Enchancing data quality. 2020. Retrieved from National Centre for Immunisation Research and Surveillance: http://ncirs.org.au/sites/default/files/2020-06/Enhancing%20data%20quality%20of%20vaccination%20encounters%20recorded%20in%20practice%20software%20and%20on%20AIR_FINAL_June2020.pdf

- Following vaccination: What to expect and what to do. 2020. Retreived from Australian Government Department of Health: https://www.health.gov.au/sites/default/files/documents/2020/08/following-vaccination-what-to-expect-and-what-to-do.pdf

- Hunter New England and Central Coast Primary Health Network. Hunter New England and Cenral Coast PHN Health Profile 2018. Retrieved from HNECCPHN: https://www.hneccphn.com.au/media/14631/hnecc-population-health-profile-2018.pdf

- National Immunisation Strategy for Australia 2019–2024. Retrieved from Australian Government Department of Health: https://www.health.gov.au/sites/default/files/national-immunisation-strategy-for-australia-2019-2024_0.pdf

- NCIRS – Immunisation Information and Resources. 2020 Retrieved from National Centre for Immunisation Research and Surviellance: http://www.ncirs.org.au/health-professionals/ncirs-fact-sheets-faqs

- NSW Health Immunisation Schedule. 2020. Retrieved from Australian Government Department of Health – https://www.health.nsw.gov.au/immunisation/Publications/nsw-immunisation-schedule.pdf

- Immunisations - CAT Guides - PenCS Help. Retrieved from PenCS: https://help.pencs.com.au/display/CG/Immunisations

- PHN Hunter New England Central Coast – https://www.hneccphn.com.au/

- RACGP Standards 5th Edition 2017. Retrieved from Royal Australian College of General Practitioners: https://www.racgp.org.au/download/Documents/Standards/RACGP-Standards-for-general-practices-5th-edition.pdf

Relevant HealthPathways

- Immunisation
- Immunisaiton in Pregnancy
- Post Stem Cell Transplant Immunisation
- Rabies Immunisation
- Tetanus Prone Wound Management
- Travel Vaccination
- Vaccine Storage and Cold Chain Breaches

References

1   2020 Childhood Immunisation Coverage Data. Retrieved from Australian Government Deprtment of Health: https://www.health.gov.au/resources/publications/2020-phn-childhood-immunisation-coverage-data
2   Cultural Awareness. 2020. Retrieved from Health Education & Training Institute: https://www.heti.nsw.gov.au/education-and-training/courses-and-programs/international-medical-graduate-information/cultural-awareness
3   The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025. Retrieved from AHPRA & National Boards: https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx

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