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**PDSA Worksheet**

**Influenza Immunisations (April 2025)**

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# Influenza Immunisations

# [QIM 4 – Influenza immunisation for patients aged 65 and over](https://help.pencs.com.au/pages/viewpage.action?pageId=47317113)

Adults aged 65 and over are at a significantly higher risk of complications from influenza due to age-related decline in immunity and the higher likelihood of comorbid conditions. Influenza in this population can lead to severe outcomes, including pneumonia, hospitalisation, and mortality. Vaccination remains the most effective intervention to reduce these risks, with evidence supporting its role in lowering influenza-related hospital admissions and all-cause mortality.

General practices play a vital role in safeguarding the health of their older patients. Promoting influenza vaccination enhances patient care quality, aligns with preventive health strategies, and supports better health outcomes for a vulnerable population. Furthermore, the 15-month interval acknowledges real-world variances in vaccine administration, offering flexibility to ensure that as many patients as possible are protected. Prioritising reflects a commitment to proactive, patient-centred care and contributes to the broader public health goal of reducing the burden of vaccine-preventable illnesses in the community.



# QI Activity

## Outline Your QI Activity

|  |  |
| --- | --- |
| **QI Activity Name:** | QIM 4 – Increase proportion of active patients aged 65 and over who have been immunised for influenza in the previous 15 months.  |
| **Rationale:** | The administration of influenza vaccine to persons at risk of complications of infection is the single most important measure in preventing or attenuating influenza infection and preventing mortality. There is evidence that influenza vaccine reduces hospitalisations from influenza and pneumonia and all-cause mortality in adults aged ≥65 years of age. While best practice guidelines recommend annual immunisation, a 15-month interval allows for cases when a client decides to receive a vaccine earlier than recommended (e.g. from a pharmacy), or delay and wait for the release of an ‘enhanced’ vaccine. |
| **Target:** | Proportion of regular (active) patients aged 65 years and over and who are immunised against influenza. A person is immunised against influenza if they have received an influenza vaccine within the previous 15 months. |

# Pen CS

## CAT4 Recipe

**FILTER STEPS**

On the ‘General’ tab enter age criteria (start age 65) and active status:



Then select the 15 month date range result filter, to only show results that were entered in the last 15 months:



Now all filter criteria have been set, please click on 'Recalculate' to apply the filter:



To see the full report, first minimise the filter panel by clicking on the   in the top left corner.

**REPORT STEPS**

Select the ‘Immunisations/Influenza’ tab

This report will show you the Immunisation status of your selected patient group and will allow you to measure improvement over time by comparing your reports. The percentage of patients with 'Nothing Recorded' are those patients without an immunisation in the last 15 months.



The immunisation report is designed to show patients who have received the current vaccine for the calendar year, so the 15-month criteria for this measure will show patients who have received last year’s vaccine if it was within 15 months of the extract date. Patients appearing in the ‘previous year’ category might still benefit from a vaccine this year!

Please be mindful of your ‘Patient Count’. Make sure the numbers are manageable based on staff capacity. It is better to drill-down and have a more selective approach that staff can complete without it significantly impacting business as usual. If you require assistance reducing numbers, please contact your PHNs Primary Care Liaison Officer or email practicesupport@ddwmphn.com.au

Click on the drop-down arrow next to the Floppy Disc ‘Save’ Icon. This is where you will select how you would like to save the file. Alternatively, you can select the ‘Print’ icon to print a hardcopy.



**Note:** Please ensure your PDSA reflects the filters and reports you select so that it accurately identifies your patient cohort. It is also worth noting, if your cohort is MBS claim related, that CAT4 will only consider MBS items claimed/not claimed at your practice. You may find that some patients have had the item billed at another clinic. However, as we have filtered for ‘active’ regular patients, these sorts of assessments should, ideally, be completed at your clinic.

# PHN Exchange

PHN Exchange is an innovative, web-based quality improvement tool that benchmarks your practice data against the PHN catchment average, offering valuable insights to identify areas for improvement. By supporting your practice in influencing and enhancing health outcomes, PHN Exchange aids in data-driven decision-making. Practices sharing data with us can access PHN Exchange via [PHN Exchange Portal](https://phnexchange.com.au/home.html?phn=304). Use benchmarking reports to track progress, align with PIP QI activities, and strategically plan for proactive practice management.

## GP (General Practice) Data Reports

Your practice can view trends over a 12-month period via your ‘GP Hub’.



**How to use this information**

|  |  |
| --- | --- |
| **Step** | **Action** |
| **1. Benchmarking Performance** | Compare your practice’s percentage to the PHN average to see how well you are doing. Identify months where your practice is above or below the PHN average. |
| **2. Identifying Trends** | Look for patterns or trends, such as whether your practice’s percentage is increasing or decreasing over time. Use this data to inform your quality improvement activities. |
| **3. Setting Goals** | Set realistic goals for your practice based on the PHN average. Aim to meet or exceed the PHN average to improve patient care. |
| **4. Planning Interventions** | Use the data to identify when interventions might be needed to make an improvement. Monitor the effectiveness of any changes by observing subsequent data points. |

If you require assistance logging into your practice’s PHN Exchange, please email practicesupport@ddwmphn.com.au

**NEXT STEP…**

# A black and white logo  Description automatically generated.

Identify patients 65+ who have no influenza immunisation recorded at the practice in the previous 15 months

**NOTE:** This is an example of how you may wish to complete your PDSA template. Please update to align with your goals, findings, and reflections.



|  |  |
| --- | --- |
| **Practice name:**  | **Date:**  |
| **Team member:**  |
| **Q1. What are we trying to accomplish? (Goal)** |
| *By answering this question, you will develop your GOAL for improvement* |
| **Our goal is to:*** Our goal is to increase the proportion of active patients aged 65 and over who have received an influenza vaccination in the previous 15 months, as recorded in the practice database.

**This is a good start, but how will you measure whether you have achieved this goal? The team will be more likely to embrace change if the goal is more specific and has a time limit.***Example -Our S.M.A.R.T. goal is to:** By the end of the PIP QI quarter, achieve a [insert percentage] % increase in the proportion of active patients aged 65 and over who are recorded as immunised for influenza within the past 15 months.
 |
| **Q2. How will you know that a change is an improvement? (Measure)**  |
| *By answering this question, you will develop MEASURES to track the achievement of your goal.**E.g., Track baseline measurement and compare results at the end of the improvement.* |
| We will track baseline and post-intervention immunisation rates using Pen CS CAT4 reports.1. **Baseline Measurement:** Record the baseline number and percentage of active patients aged 65+ with no influenza immunisation in the previous 15 months.
	* Date: [Insert Baseline Date]
2. **Results Measurement:** Compare immunisation rates at the end of the improvement period.
	* Date: [Insert Results Date]
3. **Progress Monitoring:** Track trends in immunisation rates using CAT4 reports throughout the improvement period.

**Data to Collect:*** Number of active patients aged 65+.
* Number and percentage of patients immunised for influenza in the past 15 months.
* Improvement difference: Baseline vs. Results (%).

**Was there an improvement?** Yes/No |
| **Q3. What changes could we make that will lead to an improvement? (List your IDEAS)** |
| *By answering this question, you will develop the IDEAS that you can test to achieve your CHANGE goal.**You may wish to BRAINSTORM ideas with members of our Practice Team.* |
| **Our ideas for change:***Examples of what you might wish to include listed below.* 1. **Team Engagement:** *Conduct a meeting to ensure all practice staff are aware of the importance of increasing influenza immunisation rates in patients aged 65+.*
2. **CAT4 Searches:** *Use Pen CS CAT4 to identify active patients aged 65+ who have not received the influenza vaccine in the past 15 months.*
3. **Patient Outreach:** *Contact patients via SMS, letters, and phone calls to remind them of the importance of vaccination and encourage booking appointments.*
4. **In-Practice Prompts:** *Enable alerts in CAT4 or Topbar to remind clinicians to discuss overdue vaccinations during consultations.*
5. **Educational Campaigns:** *Display materials in the clinic that highlight the benefits of influenza vaccination for older adults.*
 |



You will have noted your IDEAS for testing when you answered the third Fundamental Question in Step 1.

You will use this sheet to test an idea.

|  |  |
| --- | --- |
| PLAN | Describe the brainstorm idea you are planning to work on. (Idea)  |
| *Plan the test, including plan for collecting data* | *What exactly will you do? include what, who, when, where, predictions, and data to be collected* |
| Idea: Increase influenza immunisation rates in patients aged 65+ who have not received a vaccine in the past 15 months by [insert percentage] % by the end of the PIP QI quarter.A diagram of a plan  Description automatically generatedWhat: QI staff will run CAT4 searches to identify active patients aged 65+ without influenza immunisation in the past 15 months. *Example of what you might wish to include* *- Patient outreach will be conducted using SMS and phone call campaigns. Clinicians will discuss the importance of vaccination with eligible patients during consultations.*Who: QI Staff: [Insert Names]When:* Start: [Insert Start Date]
* End: [Insert End Date of PIP QI quarter]

Where: Within the practice.Prediction: Baseline influenza immunisation rates are expected to be [low], but proactive outreach combined with clinician involvement will significantly increase immunisation rates. |
| DO | **Who is going to do what? (Action)**  |
| *Run the test on a small scale* | *How will you measure the outcome of your change?* |
| Actions: QI staff run baseline CAT4 searches to identify eligible patients. *Example of what you might wish to include* *- Patient outreach conducted via SMS and phone campaigns. Clinicians incorporate vaccination discussions during consultations.* Data Collection: Record baseline and end-of-period data on immunisation rates for patients aged 65+. |
| STUDY | **Does the data show a change? (Reflection)**  |
| *Analyse the results and compare them to your predictions* | *Was the plan executed successfully?* *Did you encounter any problems or difficulty?* |
| Date Completed: [Insert Completion Date]* Results:
	+ Baseline: [Insert Baseline Data]
	+ Final Results: [Insert Final Data]
	+ Improvement: [Insert % Change]

Challenges: *Example - Issues contacting some patients were mitigated by multiple reminders and clinician discussions.* |
| ACT | **Do you need to make changes to your original plan? (What next)****OR did everything go well?**  |
| Based on what you learned from the test, plan for your next step | *If this idea was successful, you may like to implement this change on a larger scale or try something new. If the idea did not meet its overall goal, consider why not and identify what can be done to improve performance* |
| If successful: *Examples of what you might wish to include listed below.** *Scale up the change to include additional patient groups.*
* *Enhance patient recall systems to maintain improvements.*

If unsuccessful:* *Reassess outreach methods to improve patient engagement.*
* *Refine CAT4 searches for greater data accuracy.*
 |

# Digital Health

**Digital Health Tools to Assist with QI**

**HealthPathways**

A local online portal for GPs and health professionals, providing clinical assessment, management information, and referral pathways to local services. Developed by experienced local GPs, HealthPathways is intended as the primary tool for consultations and decision-making. DDWMPHN supports two portals: Darling Downs and West Moreton.

* Access: [DDWM HealthPathways](https://www.ddwmhealthpathways.com.au/)

**Smart Referrals**

Smart Referrals streamlines the creation and management of referrals to Queensland specialist outpatient services, enhancing patient journey management, safety, and reducing wait times. GPs can submit electronic referrals via practice software.

* Learn more: [Queensland Health](https://www.health.qld.gov.au/clinical-practice/innovation/smart-referrals)
* Installation and additional resources: [Smart Referrals](file:///C%3A%5CUsers%5CAshleigh.Nelson%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CF2137QJX%5CSmart%20Referrals)

**The Viewer (Queensland Health)**

The Health Provider Portal (HPP) offers read-only access to Queensland Health’s “The Viewer” system, allowing GPs to see public hospital records such as appointments, radiology results, and discharge summaries.

* Access: [The Viewer](https://www.health.qld.gov.au/clinical-practice/database-tools/health-provider-portal/gps-resources/support)
* Support: connectingqld@health.qld.gov.au

**My Health Record**

Uploading a Shared Health Summary (SHS) for chronic/complex patients ensures continuity of care and meets ePIP requirements.

* Learn More: [Digital Health Agency](https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/my-health-record)
* How to upload SHS videos: [Best Practice](https://www.youtube.com/watch?v=CO0TW3P9DRU) | [Medical Director](https://www.youtube.com/watch?v=RlcjR9EBD1w)
* RACGP info: [My Health Record Resources](file:///C%3A%5CUsers%5CAshleigh.Nelson%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CF2137QJX%5CMy%20Health%20Record%20Resources)
* Register for My Health Record: [Registration Overview](http://www.myhealthrecord.gov.au/for-healthcare-professionals/howtos/registration-overview)

**Electronic Prescriptions**

Electronic prescriptions enhance medicine safety and provide patients with convenient, digital alternatives to paper PBS prescriptions. They allow for the prescribing, dispensing, and claiming of medicines electronically, while maintaining the option for paper prescriptions. Patients can choose their pharmacy and decide between paper or electronic prescriptions, with no change to existing processes.

* Learn more: [Digital Health Agency](https://www.digitalhealth.gov.au/get-started-with-digital-health/electronic-prescriptions/for-prescribers)



# Resources

## Resources for Clinicans

**Pen CS and PHN Exchange**

Pen CS [Vimeo Training Videos](https://vimeo.com/pencs)

Pen CS Support: Email: support@pencs.com.au

 Phone: 1800 762 993

 Live Support (Available via website) <https://www.pencs.com.au/support/>

Pen CS [GP Resources Portal](https://www.pencs.com.au/gp-resources-portal/)

Pen CS [CAT4 Recipes](https://help.pencs.com.au/display/CR)

Pen CS [Topbar User Guide](https://help.pencs.com.au/display/TUG/TOPBAR%2BGENERAL%2BUSER%2BGUIDE)

Pen CS [CAT Plus User Guide](file:///C%3A%5CUsers%5CAshleigh.Nelson%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CF2137QJX%5CCAT%20Plus%20User%20Guide)

Pen CS [Webinars](https://www.pencs.com.au/support/webinars/)

PHN Exchange [Login Portal](file:///C%3A%5CUsers%5CAshleigh.Nelson%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CF2137QJX%5CLogin%20Portal)

Requesting PenCS and PHN Exchange Training: practicesupport@ddwmphn.com.au

**PIP**

QI PDSAs: practicesupport@ddwmphn.com.au

PRODA (Direct Contact): Phone: 1800 700 199

Services Australia (PIP): Email: pip@servicesaustralia.gov.au

 Phone: 1800 222 032

 Website: <https://www.servicesaustralia.gov.au/practice-incentives-program>

**General**

* [Department of Health and Aged Care](https://www.health.gov.au/topics/immunisation/vaccines/influenza-flu-vaccine)
* [CDC](https://www.cdc.gov/flu/highrisk/65over.htm)

## Resources for Patients

**General**

* [HealthDirect](https://www.healthdirect.gov.au/flu-vaccine-faqs)

# Acknowledgements

We would like to acknowledge that some material contained in this PDSA Worksheet has been extracted from organisations including, but not limited to, the Institute of Healthcare Improvement, the Australian Government Department of Health, and Pen CS.

The information in this PDSA Worksheet does not constitute medical advice and Darling Downs and West Moreton PHN accept no responsibility for how information in this PDSA Worksheet is interpreted or used.

Should the document require updating or if any errors are identified please contact your PHN Primary Care Liaison Officer or email practicesupport@ddwmphn.com.au



