

CLINICAL AUDIT

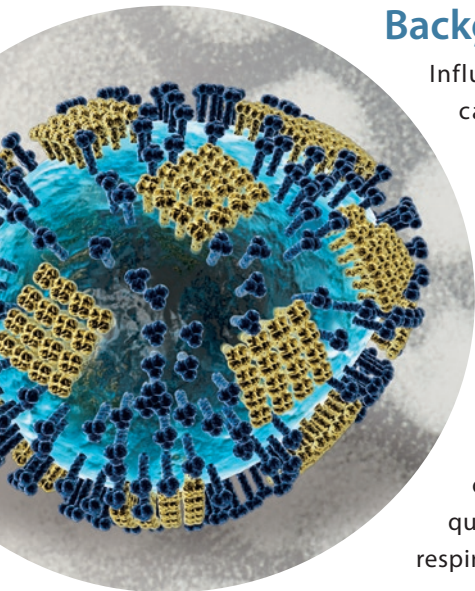
Improving **influenza vaccination rates** in people aged 65 years and over



RNZCGP endorsed
CQI credits
MOPs

Valid to April 2018

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better medicine




Background

Influenza, or “the flu”, is caused by viruses of the orthomyxoviridae family, and is most prevalent in the winter months. Symptoms develop rapidly and can include fever, myalgia, rhinitis, cough and gastrointestinal disturbances. Transmission of influenza occurs quickly, predominantly via respiratory droplets. Influenza can cause serious complications, such as pneumonia, bronchitis, and sinus and ear infections. Older people, particularly those with long-term comorbidities, are at increased risk of developing complications from influenza.

Annual vaccination is the best protection against influenza

The dominant strains of influenza in circulation can change from year to year. The World Health Organisation (WHO) therefore makes annual recommendations on what strains of influenza should be covered by the vaccine based on global surveillance data. Annual vaccination is recommended to ensure individuals have optimal immunity.

Post-vaccination immunity in people aged over 65 years can decline rapidly and in some individuals may not be high enough six months post-vaccination to provide immunity.¹ To ensure older people receive the maximum protection against influenza, annual offers of vaccination should be made by your practice to every person aged 65 years and over either during consultations or by recall letters or phone-calls, during each annually funded period. Patients aged 65 years and over who refuse an offer of vaccination during a consultation should be followed-up by letter or phone call.

 Further information is available from: www.bpac.org.nz (keyword = influenza)

Audit plan

The purpose of this audit is to determine the rate at which patients aged 65 years and over are routinely offered annual influenza vaccinations by your practice. The audit does this by recording both the number of influenza vaccinations received by people aged 65 years and over and the number of people aged 65 years and over who are contacted with offers of vaccination.

The audit assesses this process during the most recently completed influenza season. For the purposes of this audit, this is defined as the most recently completed period when fully-funded influenza vaccinations were offered. In some situations, this will mean the influenza season of the previous calendar year. For example, if the audit is performed in May, the period audited will be the funded period of the previous calendar year.

Audit indications

All patients aged 65 years and over at the beginning of the most recently completed influenza season should have been offered an influenza vaccination during the previous influenza season.

Criteria for a positive outcome

During the most recent influenza season, the patient:

- a. Received an influenza vaccination, or
- b. Was sent a patient recall letter, or was contacted via phone with an offer of a vaccination

Recommended audit standards

At least 90% of eligible patients should either receive an influenza vaccination, or be contacted with an offer of vaccination.

1. Song J, Cheong H, Hwang I, et al. Long-term immunogenicity of influenza vaccine among the elderly: Risk factors for poor immune response and persistence. *Vaccine*. 2010;28:3929–35.

Data

Eligible people

Any person aged 65 years and over at the beginning of the most recently completed influenza season is eligible for this audit.

Identifying patients

Eligible patients can be identified by running a 'query' through the PMS to search for patients aged 65 years and at the start of the funded period.

Sample size

A random sample of 30 patients is sufficient for this audit.

Data analysis

Use the data sheet to record your audit. Calculate the percentage of positive outcomes by adding the total number of people who received an influenza vaccination (column A) to the total number of people who did not receive an influenza vaccination but were made an offer of vaccination (column B), then dividing by the total number of people audited, multiplied by 100.

For example – 25 people were audited, 17 of whom received an influenza vaccination during the influenza season. Of the remaining eight, three were sent a letter with an offer of vaccination. Therefore the percentage of eligible patients who received an influenza vaccination or were followed-up with an offer of vaccination is calculated as: $(17+3)/25 \times 100 = 80\%$.

Identifying opportunities for CQI

Taking action

The first step to improving medical practice is to identify the criteria where gaps exist between expected and actual performance and then to decide how to change practice.

Once a set of priorities for change have been decided on, an action plan should be developed to implement any changes.

The plan should assign responsibility for any actions to the doctor and should include realistic timelines.

The plan should also include steps to identify any patients on citalopram not directly included in the audit but who may still benefit from review.

It may be useful to consider the following points when developing a plan for action:

Problem solving process

- What is the problem or underlying problem(s)?
- Change it to an aim
- What are the solutions or options?
- What are the barriers?
- How can you overcome them?

Overcoming barriers

- Identifying barriers can provide a basis for change
- What is achievable – find out what the external pressures on the practice are and discuss ways of dealing with them in the practice setting
- Identify the barriers
- Develop a priority list
- Choose one or two achievable goals

Effective interventions

- No single strategy or intervention is more effective than another, and sometimes a variety of methods are needed to bring about lasting change
- Interventions should be directed at existing barriers or problems, knowledge, skills and attitudes, as well as performance and behaviour

Review

Monitoring change and progress

It is important to review the action plan against the timeline at regular intervals. It may be helpful to consider the following questions:

- Is the process working?
- Are the goals for improvement being achieved?
- Are the goals still appropriate?
- Do you need to develop new tools to achieve the goals you have set?

Following the completion of the first cycle, it is recommended that the doctor completes the first part of the CQI activity summary sheet.

Undertaking a second cycle

In addition to regular reviews of progress, a second audit cycle should be completed in order to quantify progress on closing the gaps in performance.

It is recommended that the second cycle be completed within 12 months of completing the first cycle. The second cycle should begin at the data collection stage. Following the completion of the second cycle it is recommended that doctors complete the remainder of the CQI activity summary sheet.

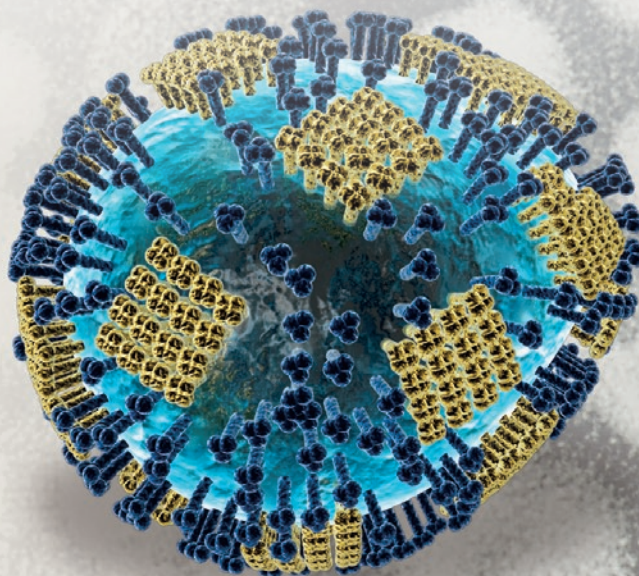
Claiming MOPS credits

This audit has been endorsed by the RNZCGP as a CQI Activity for allocation of MOPS credits. General practitioners taking part in this audit can claim credits in accordance with the current MOPS programme. This status will remain in place until **April 2018**.

To claim points for MOPS or CPD online please enter your credits on your web records. Go to the RNZCGP website www.rnzcgp.org.nz and claim your points on 'MOPS online' for vocationally registered doctors, or 'CPD online' for general registrants. Alternatively MOPS participants can indicate completion of the audit on the annual credit summary sheet which is available from the College on request.

As the RNZCGP frequently audit claims you should retain the following documentation, in order to provide adequate evidence of participation in this audit:

1. A summary of the data collected
2. A Continuous Quality Improvement (CQI) Activity summary sheet



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Data sheet – cycle 1

Audit: Improving influenza vaccination rates in people aged 65 years and over

Patient	A. Influenza vaccination received?	B. Did not receive a vaccination but were made an offer of vaccination?
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30		
Totals		

Total A + B

/

Total No. Patients

× 100 =

%

Please retain this sheet for your records to provide evidence of participation in this audit:

Data sheet – cycle 2

Audit: Improving influenza vaccination rates in people aged 65 years and over

Patient	A. Influenza vaccination received?	B. Did not receive a vaccination but were made an offer of vaccination?
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30		
Totals		

Total A + B

/

Total No. Patients

× 100 =

%

Please retain this sheet for your records to provide evidence of participation in this audit:

RNZCGP Summary Sheet – CQI Activity

DOCTORS NAME

The activity was designed by (please tick appropriate box):

- RNZCGP
- Organisation e.g. IPA/PHO/BPAC (name of organisation)
- Individual (self)

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TOPIC

Improving influenza vaccination rates in people aged 65 years and over

Describe why you chose this topic (relevance, needs assessment etc):

FIRST CYCLE

1. DATA

Information collected

Date of data collection:

Please attach:

- A summary of data collected **or**
- If this is an organisation activity, attach a certificate of participation.

2. CHECK

Describe any areas targeted for improvement as a result of the data collected.

3. ACTION

Describe how these improvements will be implemented.

4. MONITOR

Describe how well the change process is working. When will you undertake a second cycle?

Please retain this sheet for your records to provide evidence of participation in this audit:

SECOND CYCLE

1. DATA

Information collected

Date of data collection:

Please attach:

- A summary of data collected or
- If this is an organisation activity, attach a certificate of participation.

2. CHECK

Describe any areas targeted for improvement as a result of the data collected.

3. ACTION

Describe how these improvements will be implemented.

4. MONITOR

Describe how well the change process is working. Will you undertake another cycle?

COMMENTS