





Immunisations – Who needs them?

- Interactive demonstration using Bp Premier -

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Train IT Medical acknowledge the traditional owners and custodians of land and waterways we meet on today.

We wish to pay our respects to Aboriginal and Torres Strait Islander elders past, present and future.







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Immunisation



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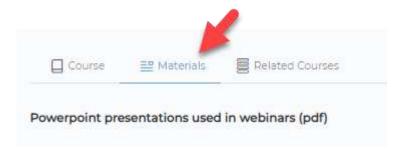
We aim to reduce the incidence of vaccine preventable diseases in the community by providing appropriate and timely information about vaccine preventable diseases.

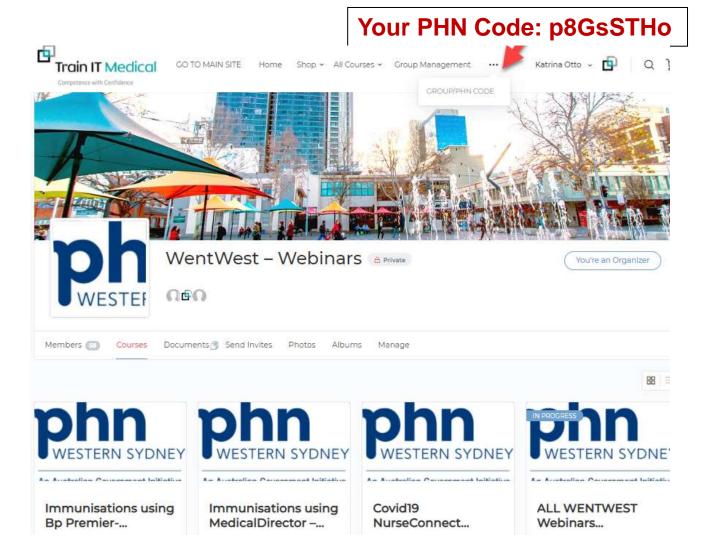
PHN Western Sydney



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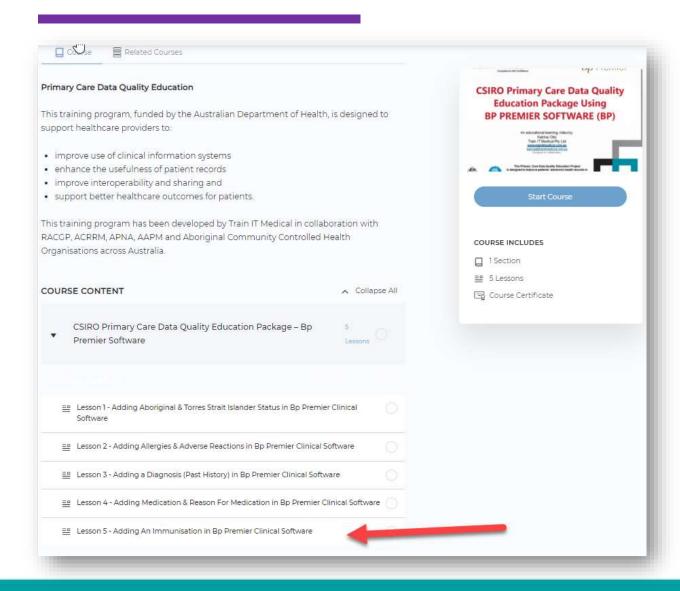
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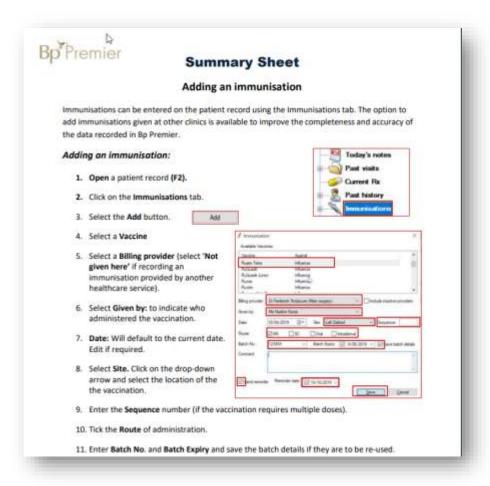
CSIRO Data Standards Training for your staff





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Resources:



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Learning Objectives:

- 1. Enter immunisation data for adults and children using Best Practice Clinical software.
- 2. Report immunisation encounters directly to the Australian Immunisation Register (AIR) through Bp Premier.
- 3. Implement a systematic approach to immunisation coverage through improvements to your recall and reminder system.
- 4. Develop further awareness of proactive searches and quality improvement strategies to assist with improving immunisation rates.
- 5. Quickly access previous immunisation data via My Health Record.

Changes to the National Immunisation Program schedule

from 1 July 2020.



A joint Australian, State and Territory Government Instative

From 1 July 2020 there will be changes to the immunisation schedule designed to improve protection against meningococcal and pneumococcal disease.

The changes are being implemented following recommendations from the Australian Technical Advisory Group on Immunisation (ATAGI) and other clinical experts.

Changes to the NIP meningococcal vaccination schedule

The meningococcal B vaccine (Bexsero®) will be added to the NIP for Aboriginal and Torres.

Strait Islander infants at 2, 4, and 12 months of age. An additional dose at 6 month of age is required for Aboriginal and Torres Strait Islander infants with specified medical risk conditions.

Introduction of the vaccine will be supported by a catch-up program for all Aboriginal and Torres Strait Islander children aged under 2 years until 30 June 2023.

Dept Health Changes to National Immunisation Program 1 July 2020

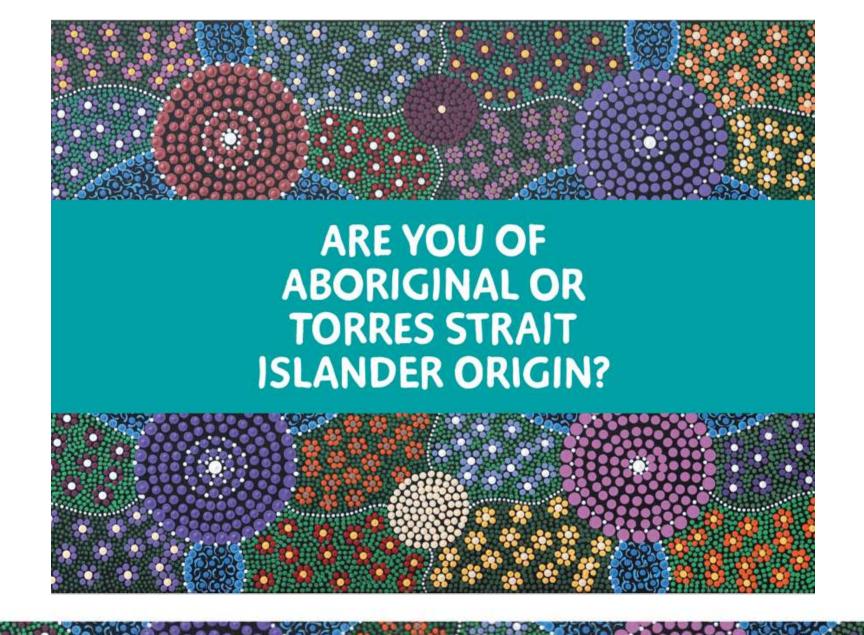


Correctly entering (coding) immunisations is important!

- 1. Ensures all providers can easily identify Immunisations given or due and can work with clients to ensure that they are up to date with relevant immunisation schedules.
- 2. Helps to improve the accuracy of internal reporting, quality and recall management systems within your health service.
- 3. Ensures external systems that depend on your data are accurate this includes the Australian Immunisation Register.

Learning Objective 1:

Enter immunisation data for adults and children using Best Practice Clinical software.



Are you of Aboriginal or Torres Strait Islander Origin?

Identification is important



Werin Aboriginal Corporation

The PDSA

SAMPLE Quality Improvement (QI) Activity

- Improve recording of Aboriginal and/or Torres Strait Islander status

What is our GOAL? (what are we trying to accomplish)	Improve identification and focused health improvement initiatives for patients who identify as Aboriginal and/or Torres Strait Islander. Record Aboriginal and/or Torres Strait Islander status.		
What measures will we use? (i.e. data)	% of patients with Aboriginal or Torres Strait Island status recorded in the coded section of their medical record.		
What ideas can we use? (how are we going to achieve our goal)	Pen CAT / Polar Data Quality Audit of records to measure baseline. Assess current waiting room and process. Learn correct place to enter information in software. Attend education e.g. webinars / face to face sessions Post-education follow-up team discussion Team meeting to discuss the issue, benefits & any current barrier.		



Possible ideas from brainstorming at team meeting: Prioritise on patient registration form.

Double-check details are being transposed from patient registration form.

Attend cultural competency training.

Put up self-identification posters in waiting room.

Have focus groups and include existing patients so staff can learn how best to ask.

Design culturally appropriate 'dialogue' for front desk staff for how to ask based on recommended guidelines.

Model how to ask with all front desk staff.

Increase aboriginal artwork on walls.

Put up Aboriginal and Torres Strait Islander flags.

Hire an Aboriginal Health Worker

Start an Aboriginal Health Clinic

Add information relating to relevant services offered on our website.



Educate and engage

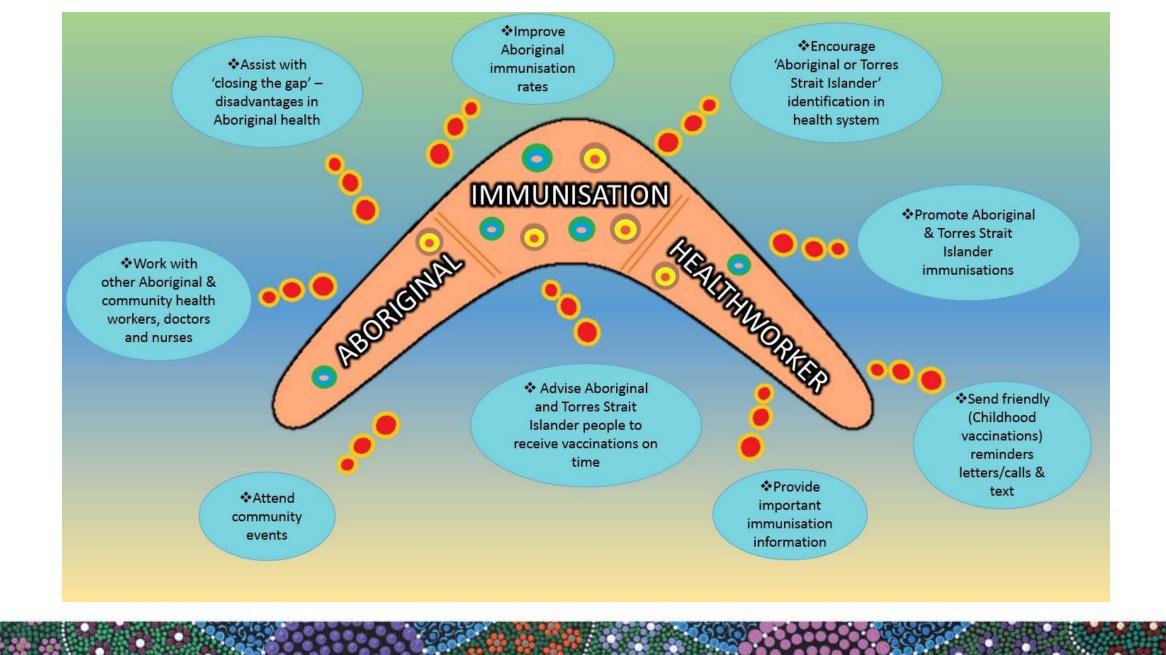


Changes to the National Immunisation Program schedule from 1 July 2020.



A joint Australian, State and Territory Government Instative



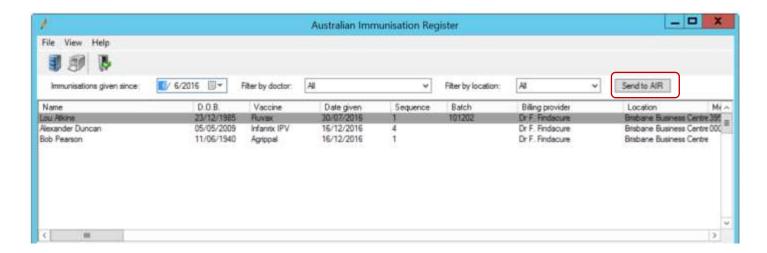


Learning Objective 2:

Report immunisation encounters directly to the Australian Immunisation Register (AIR) through Bp Premier.

Sending Immunisation Batches to AIR from Bp Premier

- 1. Select Utilities > Australian Immunisation Register. The list of unsent immunisations is displayed.
- 2. Send to AIR. Best Practice transmits the list of immunisations to AIR.



If any of the transmitted records are rejected, a window will be displayed with the reasons for rejection.

Vaccinations can be edited in the patient's record and resent.

To exclude a record from being sent, select the record in the **Australian Immunisation Register** screen and select **File > Exclude current record**.

Learning Objective 3:

Implement a systematic approach to immunisation coverage through improvements

to your recall and reminder system.

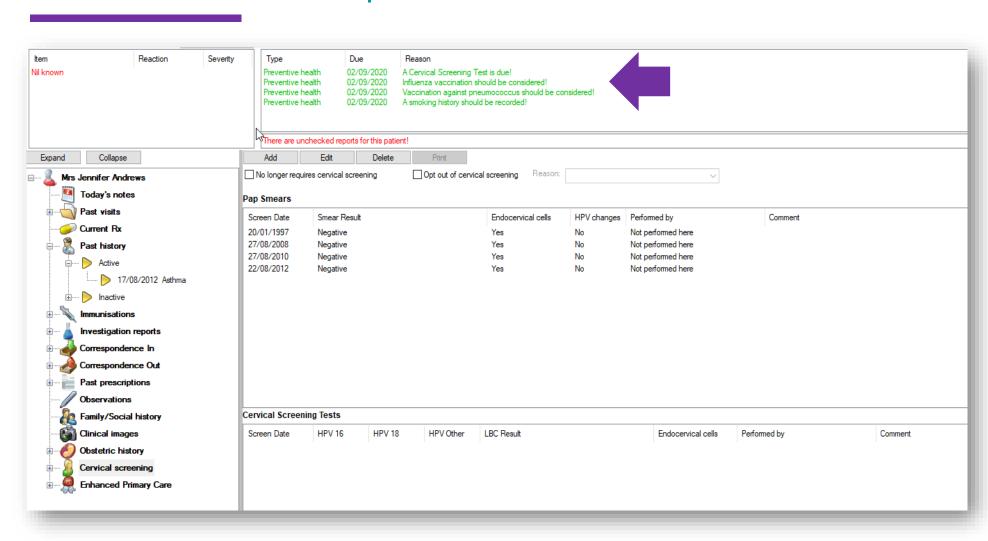


Infection control Thinking outside the box Telehealth More sanitising Flu drive-through clinic Hand Improved communication Carer details Mandated bulk billing Pandemic response plan Appreciating the power of positivity Electronic forms Innovative methods of service delivery Focus on vulnerable patients Accidental counsellors Health direct Pharmacy relationships GP consult Tokens of appreciation Care plans Social Isolation Telef Remote access for GPs Meetings m work eing Feeling the fear and doing it away Software changes Daily reminder of how dedicated healthcare workers and and are constant of the second seco Software changes Patient education Team communication **Video calls** Supporting receptionists more Fast-tracking everything Policy changes - again! ePrescriptions Zoom Cubiko Data

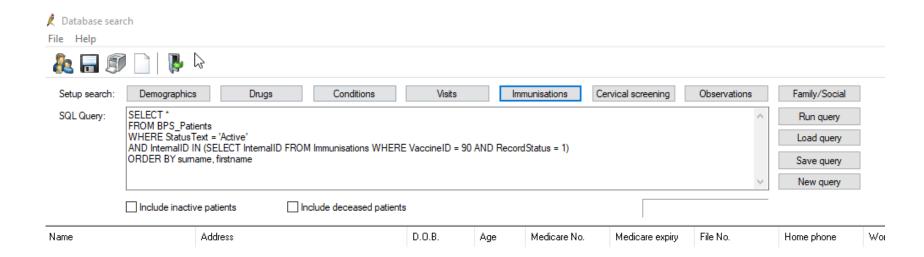
Learning Objective 4:

Develop further awareness of proactive searches and quality improvement strategies to assist with improving immunisation rates.

Preventive Health Prompts



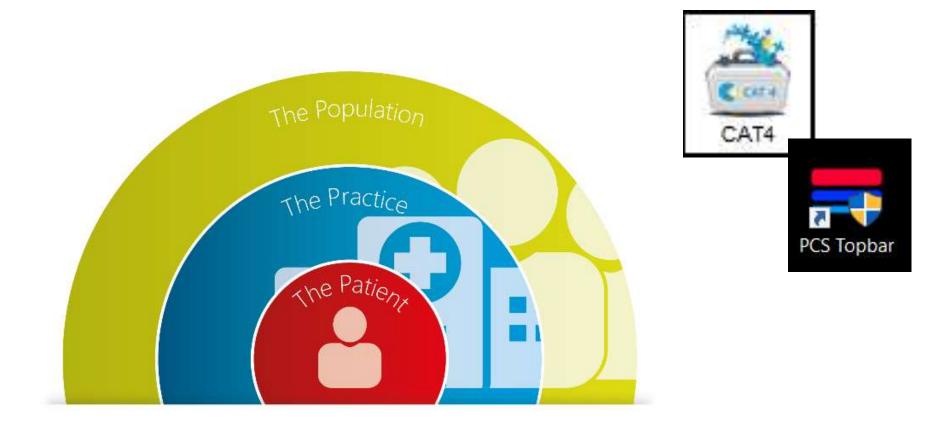
Immunisation searches



Utilities
Search
Immunisations
Add
OK
Run query

Screening and Prevention

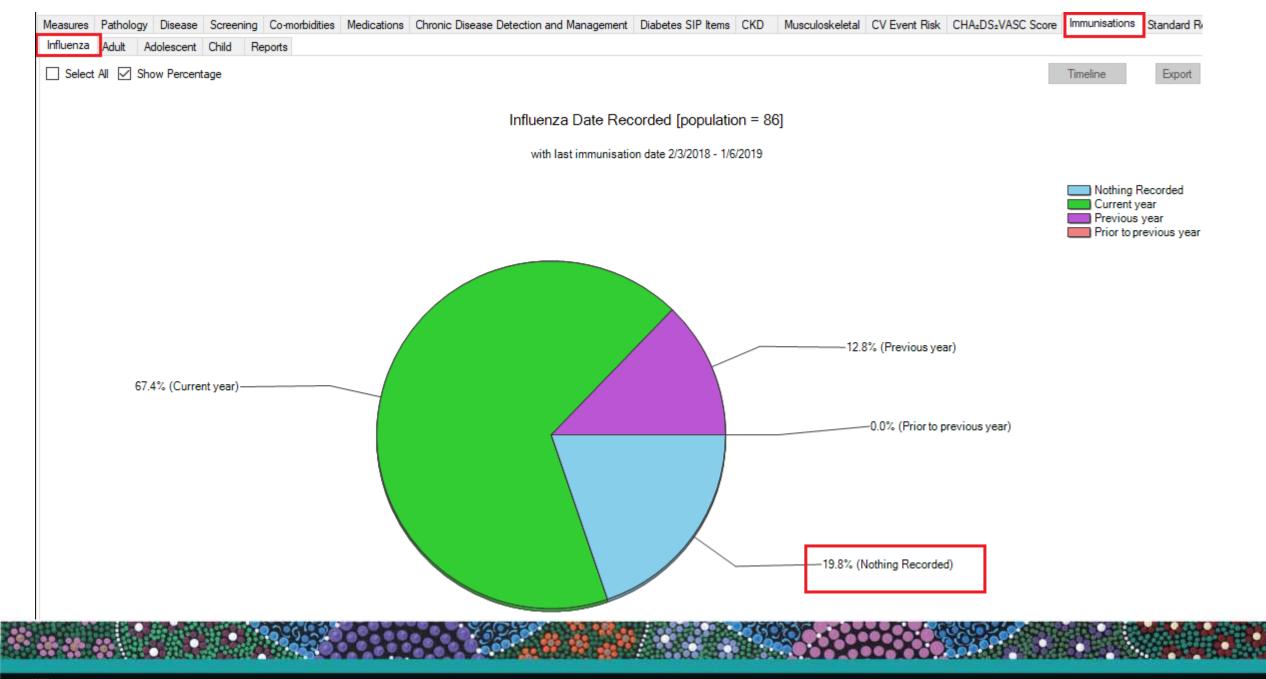
Easily identify all eligible patients who have NOT had Flu vaccinations





Data Quality Dashboard

Data Quality Dashboard	Data Completeness Report	Data Completeness	Patient Graph	Duplicate Numbe	r Patient Report	Duplicate
	▶ ← ⊗ 🕸 ∉	h 🗐 🛈 🖳 -	100%	-	Find	Next
Data Quality Da	shboard		Repo	ort Date: 12/0	02/2015 9:5	7 AM
			Practice I	Name: Deide	entified Pra	ctice
Data is taken from the	e Data Completeness Rep	port and Duplicate	Patients Rep	ort.		
Allergies and adverse reactions				72.33 %	View Guideli	nes
.				24,40 %	View Cuideli	
Medicines				24.40 %	View Guideli	nes
Medical History				87.67 %	View Guideli	nes
Health Risk Factors				57.54 %	View Guideli	nes
Immunisations				61.59 %	View Guideli	nes
minumsations	•					
Relevant Fam			44.54 %	View Guideli	nes	
Relevant Social History				73.80 %	View Guideli	nes
Non-Dunlicate	Patients			0.00 %		
Tion Duplicate	, i dicino					
Non-Duplicate Patients				0.00 %		



PIP QI – Eligible data set - Improvement measures

- 1. Proportion of patients with smoking status recorded
- 2. Proportion of patients with alcohol status recorded
- 3. Proportion of patients with weight classification.
- 4. Proportion of patients with up-to-date cervical screening.
- 5. Proportion of patients with diabetes with blood pressure recorded
- 6. Proportion of patients with diabetes with current HbA1c result
- 7. Patients with diabetes immunised against influenza
- 8. Proportion of patients COPD & immunised against influenza
- 9. Proportion of patients over 65 immunised against influenza
- 10. Proportion of patients with necessary risk factors to enable CVD assessment

PIP QI – Measures 4, 5 and 6 all relate to immunisations

Recipe Name:	QIM 4 – Influenza immunisation for patients aged 65 and over			
Rationale:	e: 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 clients 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.			
CAT Starting Point:	1. CAT Open - CAT4 view (all reports) loaded 2. Population Extract Loaded and Extract Pane "Hidden" a. Filter Pane open and under the 'General' tab 'Active Patients' (3x <2 years) selected			

Access Pen CS Recipe



70%

Jennifer Andrews, 50 yrs, F

PIP QI 10 Measures



1. Patient with Type 1 or Type 2 Diabetes, and a HbA1c result recorded within the last 12 months



This patient does not meet the eligible criteria.

4. Patient aged 65 and over, and Immunized for Influenza in the last 15 months



This patient does not meet the eligible criteria.

7. Alcohol consumption recorded (age 15+yo)



Moderate



2. Smoking status recorded in the last 12 months (age 15+yo)



Never Smoked (22 Aug 2020)



5. Patient with Diabetes, and Immunized for Influenza in the last 15 months



This patient does not meet the eligible criteria.

9. Female patient, with a Cervical Screening recorded in the last 5 years (age 25-74yo)



Missing



3. BMI recorded in the last 12 months (age 15+yo)



Missing

Previous: 20.9 (17 Aug 2012)



6. Patient with COPD, and Immunized for Influenza in the last 15 months (age 15+yo)



This patient does not meet the eligible criteria.

10. Patient with Diabetes, and with Blood Pressure recorded in the last 6 months



This patient does not meet the eligible criteria.





Smoking Status: **Never Smoked** (22 Aug 2020)





FBG Screening: 4.2mmol/l (17 Aug 2012)



Systolic Blood Pressure: 115/65mmHg





Cholesterol: 6.3mmol/l (17 Aug 2012)



HDL: Missing



Age: 50



Gender: Female

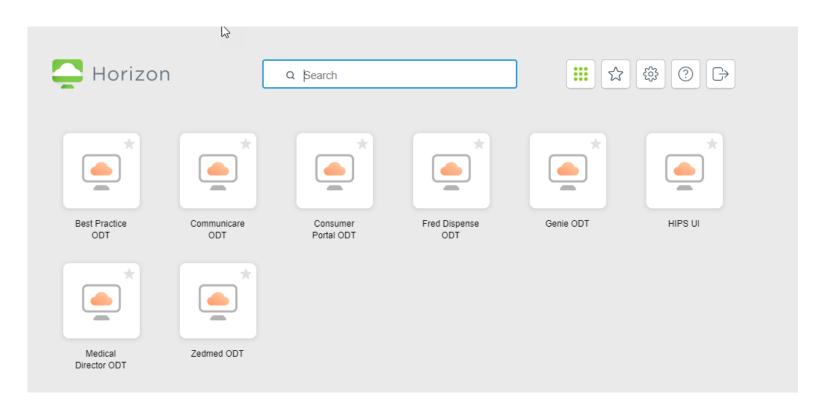




Learning Objective 5:

Quickly access previous immunisation data via My Health Record.

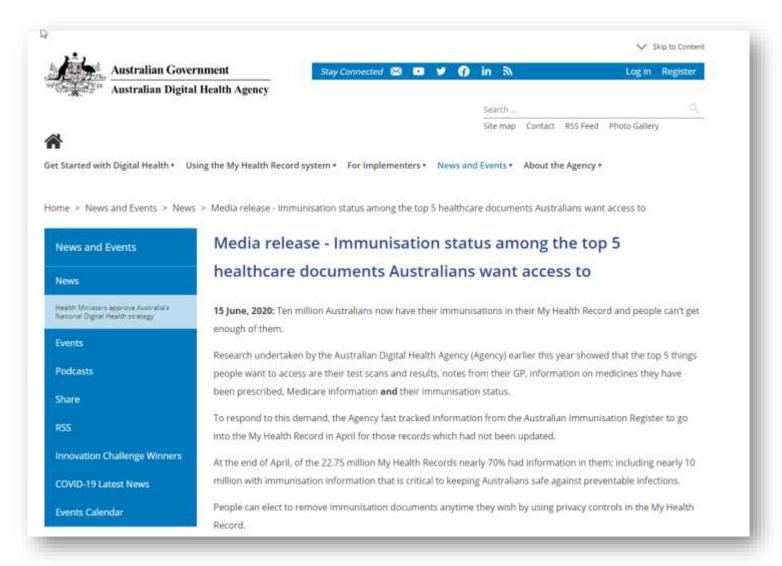
On Demand Training Environment for My Health Record



Get Started

- Log on to a test environment and see what My Health Record looks like. See consumer and practitioner views and explore privacy settings:
 On Demand Training Environment aka 'The Sandpit'.
 - 1st password is TrainMe, 2nd password is P@ssw0rd (that's a zero not an O)

Digital Health Cheatsheets



Read more

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PHN Enrolment Code: p8GsSTHo











Set up





Patient Comms





Management

Tools & Utilities

"immunisation" returned 38 results.

Record immunisations

Immunisations and vaccinations for patients are recorded from the patient record, such as HPV, Influenza, Hep B, and the Australian childhood vaccination schedule.

Send immunisation records to AIR

All **immunisation** data records for whole of life must be submitted electronically or in paper format to the Australian **Immunisation** Register (AIR). This article describes how to do both, and review submitted records.

Search for immunisations

This example shows how to search for patients who received a vaccination during a set time period, or have not received a vaccination by a specific age or for a length of time.

Export immunisation records to billing software

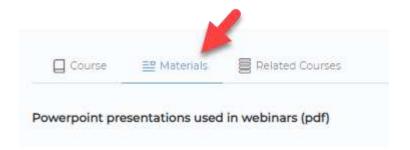
Describes how to export patient **immunisation** records from Bp Premier to a third-party software package, and set up a permanent link if **immunisation** records are regularly exported.

Record immunisation batch numbers

Bp Premier can record registered batch numbers for vaccination programs for selection when administering a vaccine. You can set a default batch number for the influenza vaccination used by your practice.

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Further Learning

Access Pen CS Recipes





Vaccination for healthy ageing

Adults >50 years old are at increased risk of some vaccine-preventable diseases and of serious complications from these diseases, even if they are otherwise healthy.



Was the person born during or since 1966?

- Check to see if they have received any MMR vaccines.
- Offer 2 doses of MMR vaccine, 1 month apart, if they have not already received them.

Is the person 50 years old or more?

Check to see if they need any of the following:



Sposter dose

immunity to some diseases can start to wane in older people; and they may need booster

- Offer adults aged 50 years a booster dose of dTps vaccine to protect against diphtheria, tetanus and pertussis, if their last dose was more than 10 years ago.
- Offer adults aged >65 years a booster dose of pTpa vaccine if their last dose was more than 10 years ago.



Herpes zoster (shingles)

The incidence of herpes zoster increases with age, as does the incidence of serious complications such as post-herpetic neuralgia.

 Give adults aged 70–79 years a dose of zoster vaccine if they have not already received one. Do not give zoster vaccine to adults who are immunocompromised.



Pneumococcal disease

Pneumococcal disease is more prevalent in older adults.

- For healthy non-indigenous adults aged ≥70 years, give 1 dose of 13vPCV if they have not already received a dose.
 ✓ Give 13vPCV at least 12 months after any provious dose ad 33x3PV
- For healthy Aboriginal and Torses Stratt Islandor adults agod ≥50 years, give 1 close of 13vPCV, 1 dose of 23vPPV 12 months later, and a 2nd dose of 23vPPV at least 5 years later.



Influenz

Influenza-associated mortality rates are highest among older adults and Aboriginal and Torres Strait Islander people.

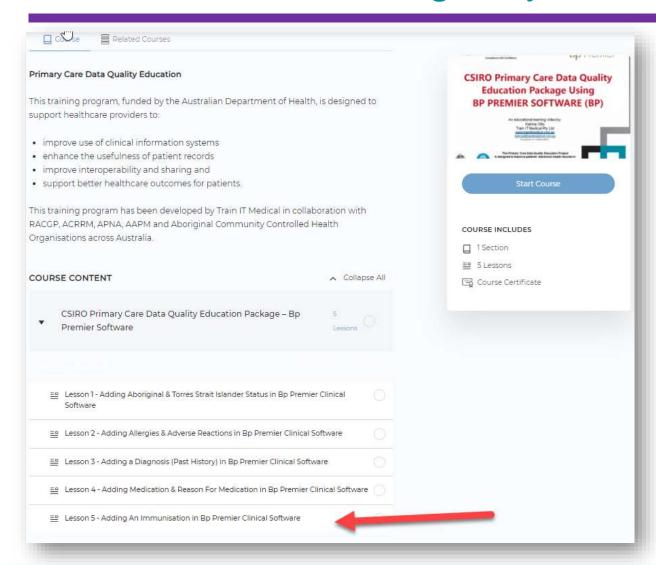
- Each year, give non-indigenous adults aged 265 years a dose of seasonal influence vaccine.
- Each year, give Aboriginal and Torres Strait Islander adults of any age a dose of seasonal influence vaccine.

Secure funded under the National Immunisation Program

See the Australian Immunisation Handbook for more details.

Free induction training for your staff – 5 minutes!





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Acknowledgement of Contribution:

We acknowledge and are thankful for the contributions provided to this project by:
Royal Australian College of General Practitioners (RACGP)
Australian Council of Rural and Remote Medicine (ACCRM)
Australian Primary Health Care Nurses Association (APNA)
Australian Association of Practice Managers (AAPM)

MedicalDirector
Best Practice Software
Communicare

National Aboriginal Community Controlled Health Organisation (NACCHO)
Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
Aboriginal Health & Medical Research Council (AH&MRC)
Redfern Aboriginal Medical Service
Condobolin Aboriginal Medical Service

Australian Institute of Health & Welfare
Australian Digital Health Agency
Pen Clinical Systems
Outcome Health: POLAR
NPS Medicinewise
Project Committee members



We're here to help you!

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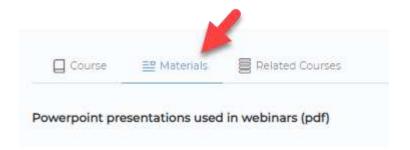
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