





Immunisations – Who needs them?

- Interactive demonstration using MedicalDirector Clinical -

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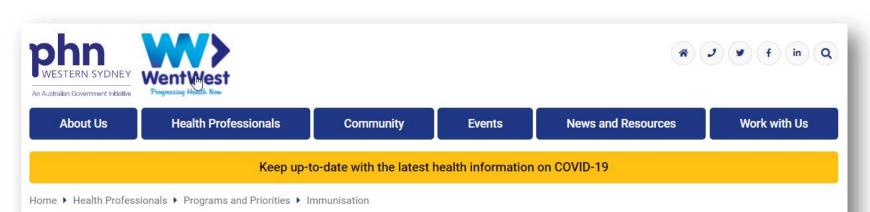




Train IT Medical acknowledge the traditional owners and custodians of land and waterways we meet on today.

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





Immunisation



Immunisation Bike Competition

HealthPathways

Programs and Priorities

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

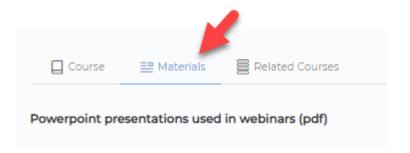
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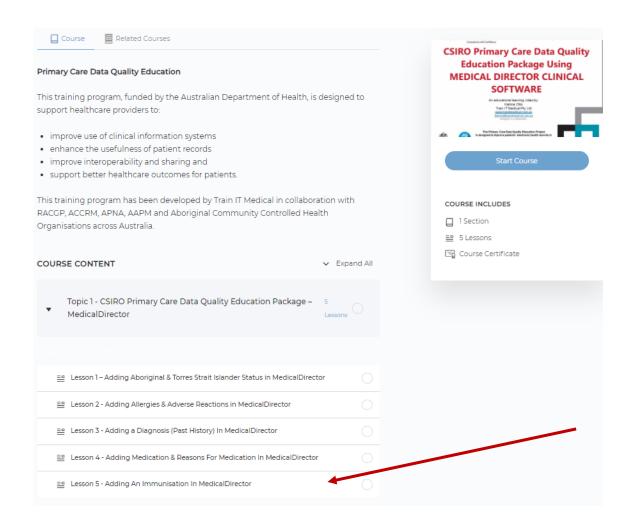






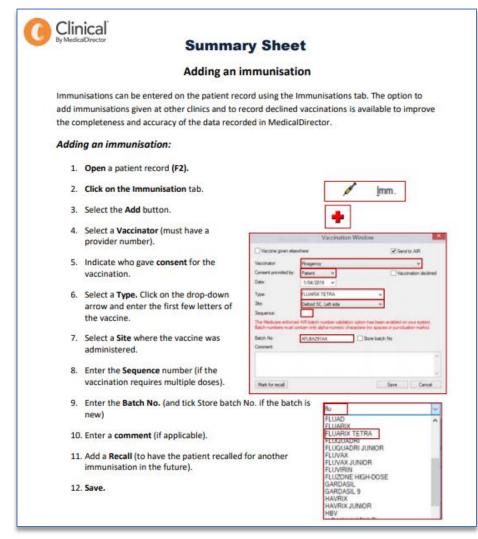
CSIRO Data Standards Training for your staff





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Learning Objectives:

- 1. Enter immunisation data for adults and children using MedicalDirector Clinical software.
- 2. Report immunisation encounters directly to the Australian Immunisation Register (AIR) through MedicalDirector Pracsoft.
- 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 Initiative

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

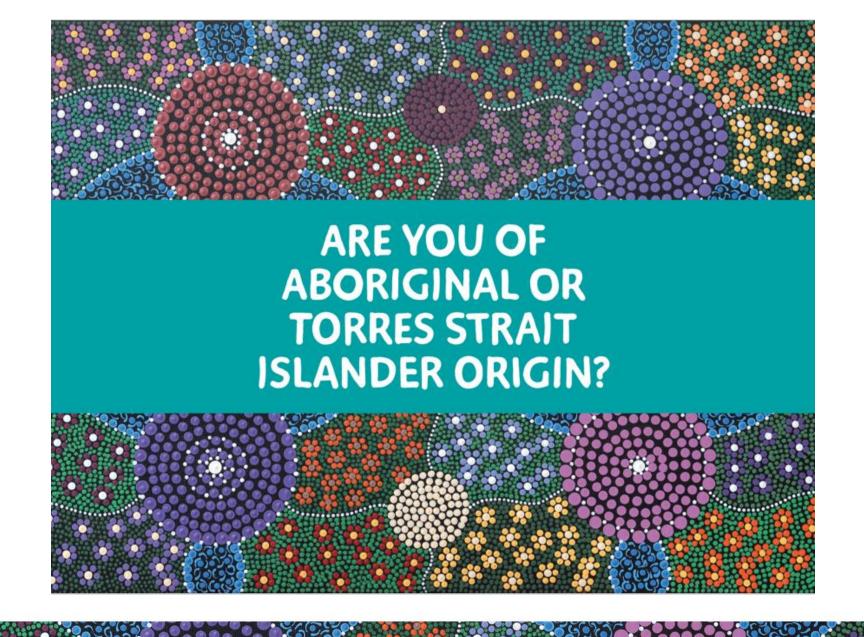


Correctly entering (coding) immunisations is important!

- 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 MedicalDirector Clinical software.



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)	 List ideas here to work on in table below 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



Australian Government Department of Health 🧇

July 1 - 🕢

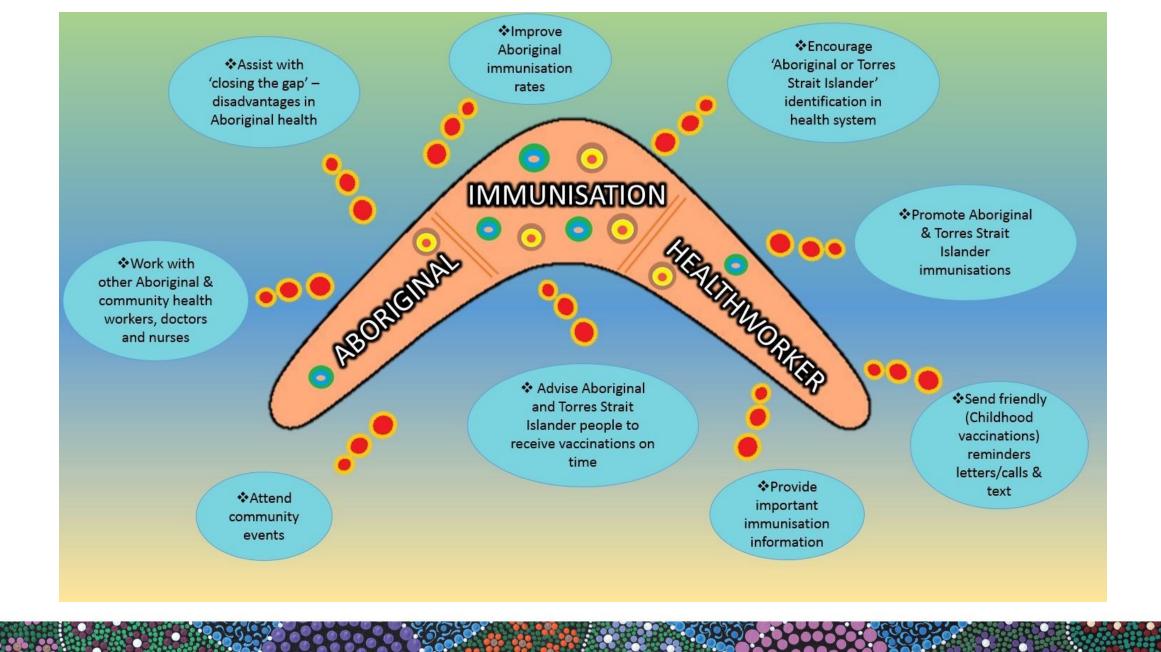
The National Immunisation Program schedule has changed to improve protection against meningococcal and pneumococcal disease. Clinical resources to assist providers are available in our news item: https://www.health.gov.au/.../clinical-update-national-immuni...

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



A joint Australian, State and Territory Government Instativ





Learning Objective 2:

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

Sending Immunisation Batches to AIR from Pracsoft

Processing > Online/Easyclaim Claiming

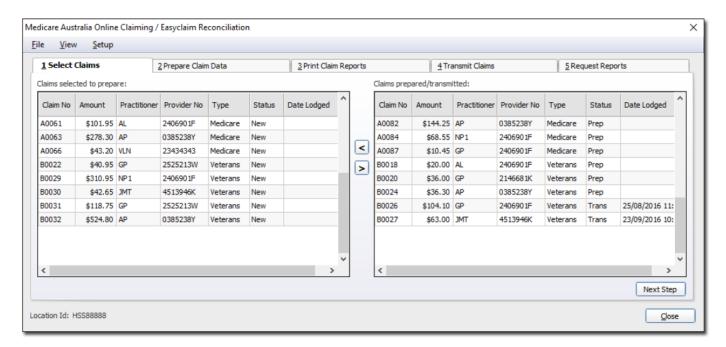
If any of the transmitted records fail preparation, you will receive a message and issues must be resolved before transmitting the claim to AIR.

Vaccinations can be dropped from a claim or deleted if necessary and then edited in the patient's record and resent.

To exclude a record from being sent to AIR, go to **View > Immunisation Claims**. Right click > **Modify claims**.

Select and delete the immunisation item within the claim.







Learning Objective 3:

Implement a systematic approach to immunisation coverage through improvements

to your recall and reminder system.

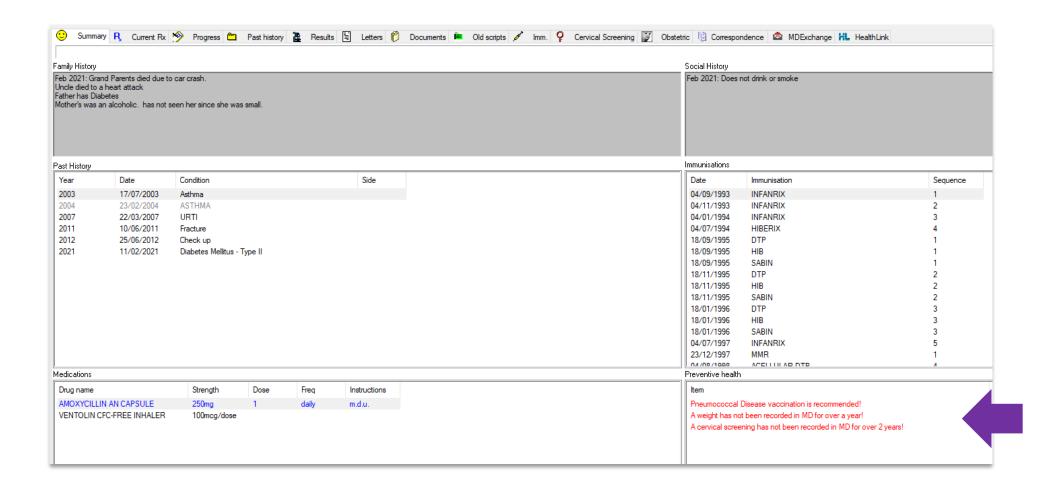


Infection control Thinking outside the box Telehealth More sanitising Flu drive-through clinic Hand Improved communication Carer details Mandated bulk billing Pandemic response plan Electronic forms Innovative methods of service delivery Focus on vulnerable patients Accidental counsellons Health direct Pharmacy relationships GP consult Tokens of appreciation Cane plans MBS changes Social Isolation Team work Patient email addresses Weing Feeling the fear and doing it away Teles Remote access for GPs Meetings ecalls
La Software changes
Daily reminder of how dedicated healthcare workers are
s and Car-park clinic Increased collaboration across healthcare organisations
billing Procedure
COVID testing station out the back
at education
Cost-effective ways to keep people safe Patient education Team communication Video calls Supporting receptionists more Fast-tracking everything Policy changes - again: ePrescriptions Zoom Cubiko Data

Learning Objective 4:

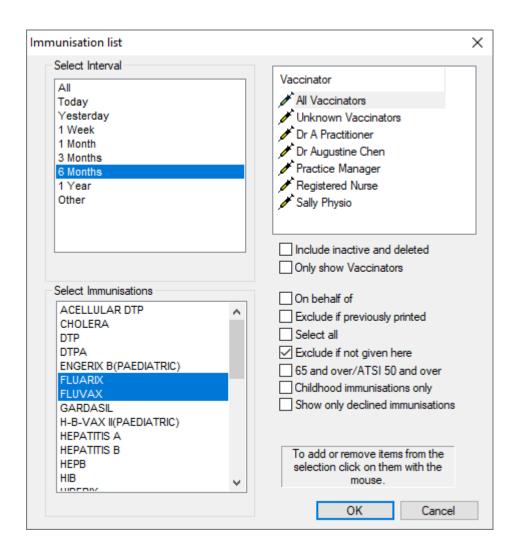
Develop further awareness of proactive searches and quality improvement strategies to assist with improving immunisation rates.

Preventive Health Prompts



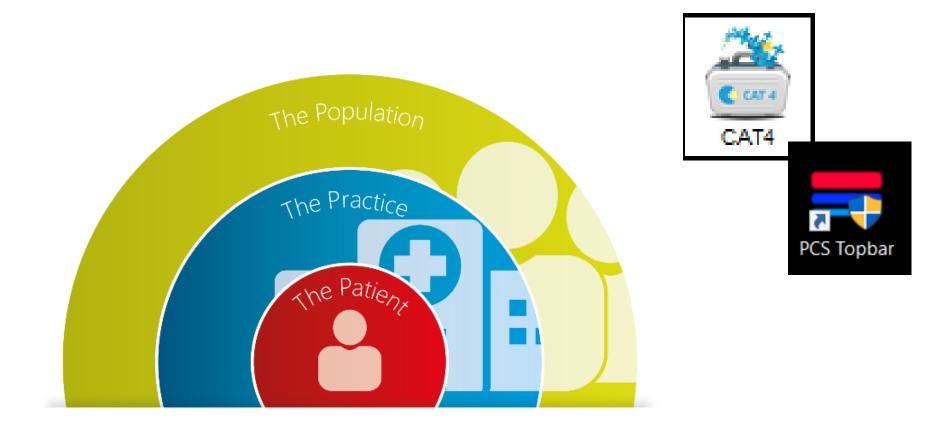
Immunisation searches

Search immunisation



Screening and Prevention

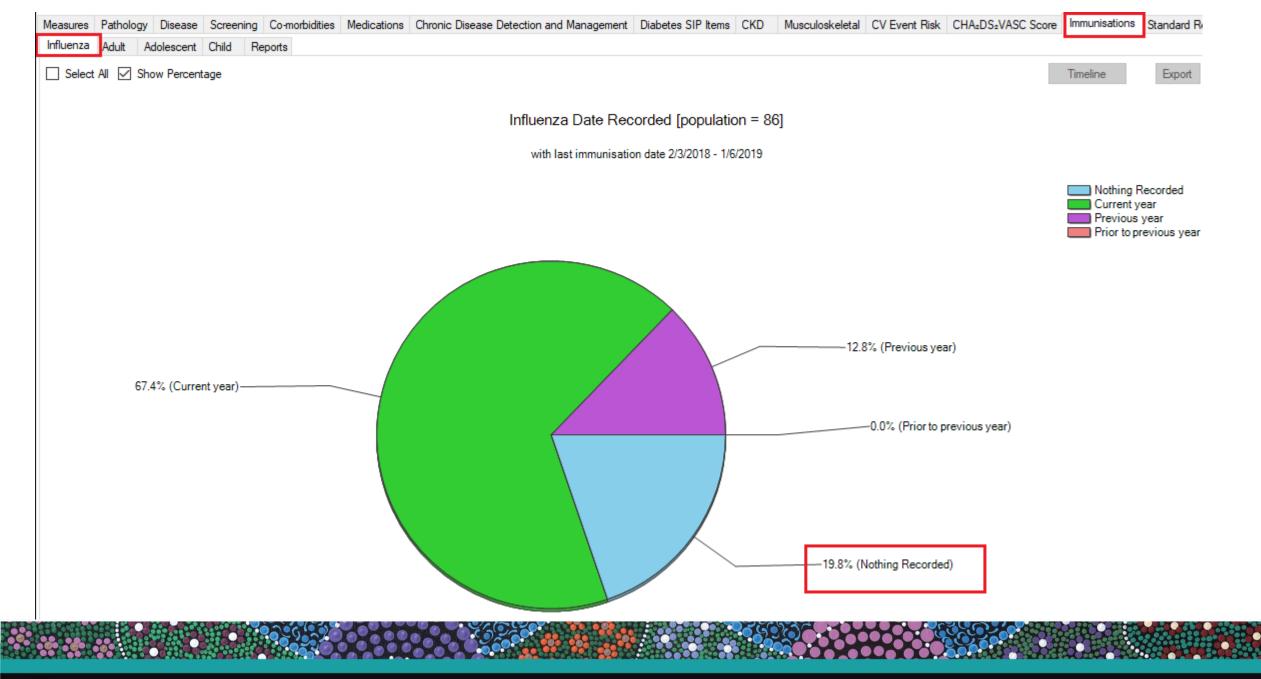
Easily identify all eligible patients who have NOT had Flu vaccinations





Data Quality Dashboard

Data Quality Dashboard Data Completeness Report Data Complete	eness Patient Graph	Duplicate Number	r Patient Report Dupl
	.▼ 100%	•	Find Next
Data Quality Dashboard	Repo	ort Date: 12/	02/2015 9:57 A
	Practice I	Name: Deid	entified Practic
Data is taken from the Data Completeness Report and Dupli	icate Patients Rep	ort.	
Allergies and adverse reactions		72.33 %	View Guidelines
Medicines		24.40 %	View Guidelines
Medical History		87.67 %	View Guidelines
Health Risk Factors		57.54 %	View Guidelines
Immunisations		61.59 %	View Guidelines
Relevant Family History		44.54 %	View Guidelines
Relevant Social History		73.80 %	View Guidelines
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:	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



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 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

the eligible criteria.

10. Patient with Diabetes, and with Blood

the eligible criteria.

Pressure recorded in the last 6 months

This patient does not meet

Influenza in the last 15 months (age 15+yo)

This patient does not meet



Systolic Blood Pressure:



115/65mmHg (17 Aug 2012)



Cholesterol: 6.3mmol/l (17 Aug 2012)



Age:



Gender:









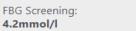




(45-74y0)

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

8. CVD Risk Factors recorded











HDL: Missing



50



Female

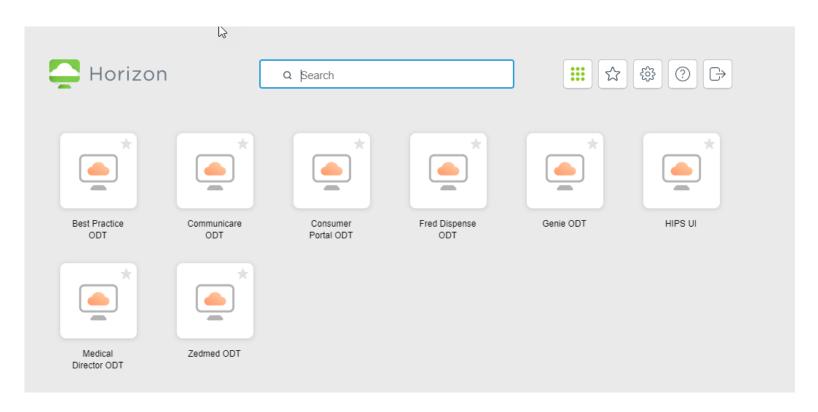




Learning Objective 5:

Quickly access previous immunisation data via My Health Record.

On Demand Training Environment for My Health Record



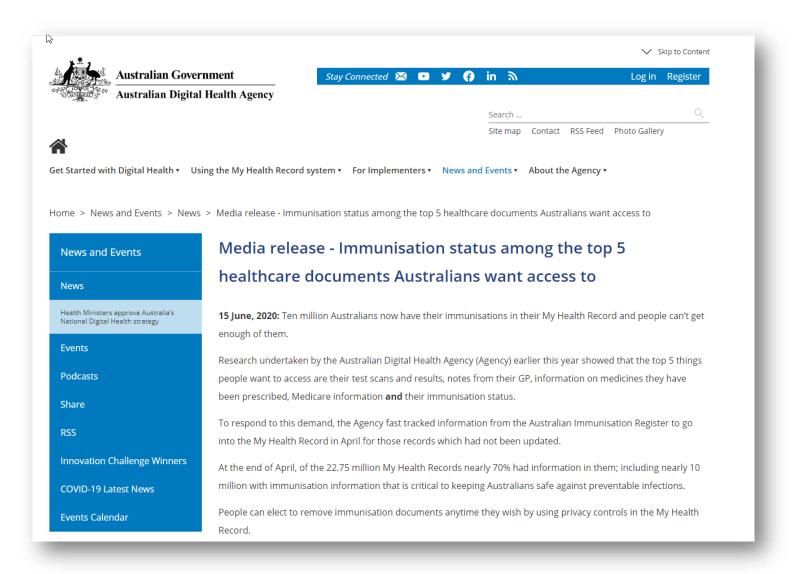
Get Started

- 1. 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



Access webinars and courses

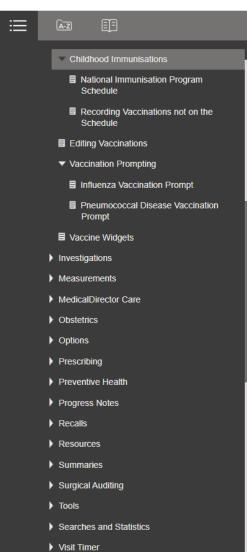
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PHN Enrolment Code: p8GsSTHo















Immunisation Claims



What is AIR?
About Immunisation Claims
Before You Begin
Processing Immunisation Claims
Viewing Claims History
Modifying Claims
Troubleshooting Immunisation Claims





What is AIR?

The Australian Immunisation Register (AIR) is a national register administered by Medicare Australia that records details of vaccinations given to children under seven years of age who live in Australia. It was established in 1996 in response to a decline in childhood immunisation in Australia and an increase in preventable childhood diseases.

Children who are under seven years of age and enrolled in Medicare are automatically included on the AIR. Children who are not eligible to enrol in Medicare can be added to the AIR when details of a vaccination are received from a doctor or immunisation provider.

Health professionals use the AIR to monitor immunisation coverage levels and service delivery, and to identify regions at risk during disease outbreaks. AIR data also:

- o Enables immunisation providers and parents/quardians to check on the immunisation status of an individual child, regardless of where the child was immunised
- o Forms the basis of an optional Immunisation History Statement which informs parents and guardians of their child's recorded immunisation history
- o Provides information about a child's immunisation status to help determine eligibility for the Australian Government's Child Care Benefit and Maternity Immunisation Allowance payments
- o Provides a measure of coverage at a national, State/Territory and local level
- o Provides information for the delivery of incentive payments and feedback reports to eligible immunisation providers.

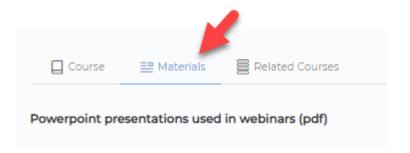
Source: http://www.medicareaustralia.gov.au/provider/patients/acir/

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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:



Booster doses

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 dTpa 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 dTpa 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 previous dose of 23vPV
- For healthy Aboriginal and Torres Strait Islander adults aged ≥50 years, give 1 dose of 13vPCV, 1 dose of 23vPPV 12 months later, and a 2nd dose of 23vPPV at least 5 years later.



nfluenza

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

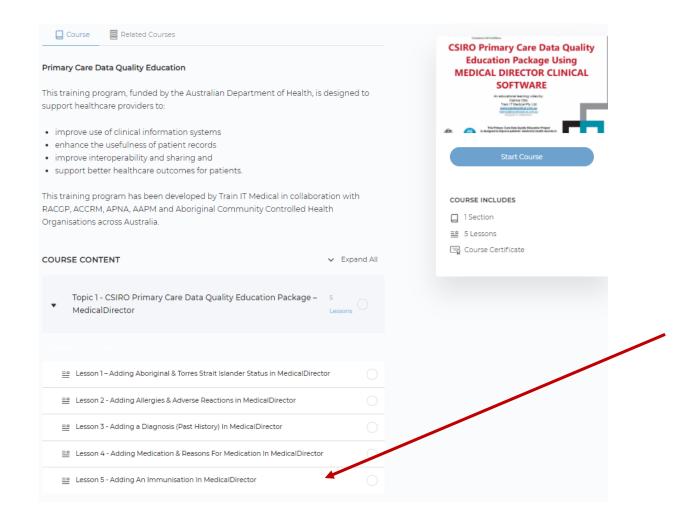
- Each year, give non-Indigenous adults aged ≥65 years a dose of seasonal influenza vaccine
- ► Each year, give Aboriginal and Torres Strait Islander adults of any age a dose of seasonal influenza vaccine. <a>
 ▼

= vaccine 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:

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Communicare

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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
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