QuIK Cycle Year

Cycle No. Number

Practice Name
Practice Contact

QI Officer

PDSA Quality Improvement Activity Details

Activity Title	Improving the uptake of pneumococcal vaccines for patients with COPD/emphysema
Cycle Dates	
Cycle Length	3 months
QI Lead	
GP Lead	
Team	

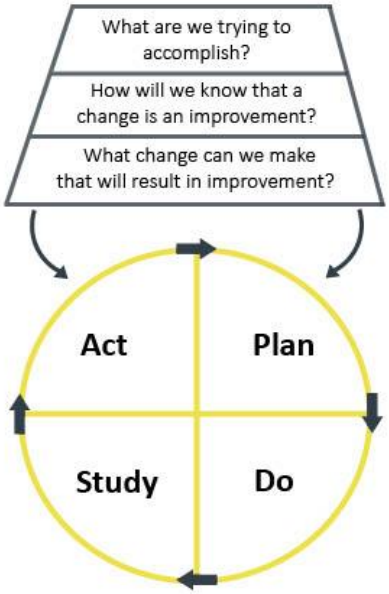
Data Trends	Baseline	Follow-up 1	Follow-up 2	Final
Dates				
Patients with emphysema/ COPD who have had Pneumococcal vaccine in the last 12 months.				

Quality Improvement and the QuIK Cycle

Capital Health Network uses the **Model for Improvement** and Plan-Do-Study-Act (**PDSA**) to guide the QuIK Cycle process.

Asking these questions helps develop relevant goals, tracking measures and ideas for change prior to commencing the QuIK Cycle:

Model for Improvement and PDSA (Image adapted)



Goal What are we trying to accomplish?	Improve the number of patients with COPD/ emphysema who have had a pneumococcal vaccine in the last 12 months by 30%.
Measures How will we know that a change is an improvement?	Compare the number of patients with COPD/ emphysema who have had a pneumococcal vaccine recorded in the last 12 months at the start date of the QI project, to the end of the reporting period.
Ideas What change can we make that will	- Use POLAR's report to find the patients who have not had their pneumococcal vaccine recorded in the last 12 months (refer to the POLAR walkthrough) - Check with AIR to verify if these patients have been vaccinated elsewhere.

result in improvement?	- Set up recalls and reminders through clinical system via SMS/Phone/Mail - GP and nurses to flag and discuss during consultations with eligible patients - Discuss the implementation at all staff meetings - Monitor results in monthly all staff meetings

1. PLAN

Capital Health Network's (CHN) Quality Improvement Team is excited to be working with you and your practice to develop Plan, Do, Study, Act (PDSA) activities. Our goal is to assist you in developing comprehensive PDSA Activity Reports that can be used towards the practice's RACGP accreditation for quality improvement. Your health professionals' involvement in QuIK Cycles will also contribute to their personal CPD goals and requirements. If your practice shares data with us, we will also utilise the data available on POLAR to inform, measure, and evaluate the performance of each cycle.

Context	Use POLAR to identify eligible patients (with emphysema/COPD) with who have not had their pneumococcal vaccination in the last 12 months and implement a recall system for them.
What is the topic or change idea? What do you predict will happen?	

Action Step 1	Identify and export baseline data.
What exactly will be done?	Run POLAR to search for active patients with emphysema/COPD. Of these patients how many have not had their pneumococcal vaccine recorded in the past 12 months.
Data measure to indicate change?	Eligible patients have been identified and recorded.

Tasks	Responsibility	Due date	Location	How?
Use POLAR to identify patients who have an active diagnosis of emphysema/ COPD.	Practice Nurse		Name of the Practice	Use POLAR data
Export patient lists	Practice Nurse			Export list of patients who have not had a pneumococcal vaccine in the last 12 months.

Action Step 2	
What exactly will be done?	Inform all staff about the QI project during clinical meetings.

Data measure to indicate change?	Staff are allocated and aware of their responsibilities.

Tasks	Responsibility	Due date	Location	How?
	Practice Nurse/ Manager		Practice Name	In the all staff meeting, discuss and delegate responsibilities.

Action Step 3	Verify, flag and recall patients
What exactly will be done?	Verify with AIR list to confirm if the patients had their vaccination elsewhere (e.g., pharmacies) Recall patients diagnosed with emphysema/COPD who have not had their pneumococcal vaccine in the last 12 months. Flag patients who have an upcoming appointment.
Data measure to indicate change?	Increase in the number of recall messages sent. Increase in the number of appointments booked. Improved staff awareness that patients may receive vaccinations outside the practice.

Tasks	Responsibility	Due date	Location	How?
Send SMS through recall system (e.g HotDoc, Health Engine, etc.)	Reception staff		Practice Name	Use HotDoc/similar to recall patients who have not had their pneumococcal vaccine recorded in the last 12 months.

Action Step 4	
What exactly will be done?	Look at upcoming appointments in clinical software and flag patients who do not have their pneumococcal vaccine recorded.
Data measure to indicate change?	Increase in the number of patients who have had their pneumococcal vaccines recorded.

Tasks	Responsibility	Due date	Location	How?

Flag eligible patients who have an upcoming appointment.	Practice Nurse/ Manager	Use CIS (BestPractice, Medical Director, etc) to see upcoming appointments in the next 2 weeks and make a note for the clinician to discuss the pneumococcal vaccination with the patients.

2. DO

Your QI Project Officer will assist in monitoring the progress and performance of your PDSA activity. They will be in contact with you, or the delegate for this activity, every month at a mutually agreed time. This meeting can be done through an in-person or phone appointment. Your QI Project Officer will record the observations you've made since the last meeting and collect another set of data measures from the actions to measure any changes in data. The updated copy of your PDSA Activity will be available from any of our QI Project Officers.

Progress Monitoring	
Record any observations around the activity so far. Record any changes to the data specified in the actions.	Eg. 01/10/2026 (start of first month) Staff responded well in the all staff meeting and are aware of their responsibilities. The reception team are requested to track patients who have called or made an appointment as a result of the SMS reminder. In addition, the nurses are going through the doctors list for the day to flag COPD/emphysema patients and getting them to discuss the vaccinations with patients. All eligible patients have been contacted via SMS using the HotDoc/similar recall system. Patients who are younger have been more responsive to the SMS than elderly patients. Because of this, we have decided to call all patients aged 65+for their one-month reminder if they have not booked in. We will follow up after the end of October.

3. STUDY

Your QI Project Officer will assist you in analysing the data trends spanning across the length of this Quality Improvement Activity. This analysis includes recording explanatory and context notes for why the data resulted in a certain way, your reflections when comparing the results with the activity aim, and the lessons learned from undertaking the Quality Improvement Activity. The updated copy of your PDSA Activity will be available from any of our QI Project Officers.

Analysis	
Analyse data results.	E.g, after three months, the staff responsible are aware of the QI activity and identifying eligible patients has become a standard practice.
Compare results with the activity aim.	The number of patients with emphysema/COPD who have a pneumococcal vaccine in < 3 months did not change significantly throughout the cycle. We believe if this was increased to < 6 months, that we would see more of a difference.
Summary and reflection on what was learned.	

4. ACT

Your QI Project Officer will record the actions which resulted from the Quality Improvement Activity. This will include details on what your practice will be adopting, rejecting, or modifying from the original plan to position your practice in the best possible way for a follow-up Quality Improvement Activity cycle. If the practice would like to immediately start a follow-up Quality Improvement Activity, your QI Project Officer will work with you to redefine the Context and start a new cycle which includes the results from the previous cycle.

Results	
Act on the results.	E,g. We will start a new QUIK Cycle and continue to invite patients with emphysema/COPD to have their pneumococcal vaccination.
Adopt, reject, or modify original plan as required.	Based on the admin work required to manually verify the patient list with AIR, we will delegate the workload between the staff.
Plan the next cycle (where applicable).	We will now work to set up a similar system to review and recall patients diagnosed with emphysema/COPD who have no recorded spirometry in the last 12 months.