Name of Practice: Date:

Name of QIA: Increase the influenza vaccination uptake in pregnant women

|  |  |
| --- | --- |
| **Quality Improvement Team** | |
| **Names** | **Roles/Responsibilities** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **GOAL**  (Simple, Measurable, Achievable, Realistic, Timely) What are we trying to accomplish and when? | To improve the proportion of active pregnant women who have had their influenza vaccination to x% within 6 months |
| **MEASURES**  What data will we use to track our improvement?  Eg Pen CAT/POLAR | Using our data extraction tool, we can compare the % of active pregnant women who have not had their influenza vaccination before activity, rerun the report every fortnight |
| **INITIAL BENCHMARK**  What is our current data saying? | Our current data shows we have x% pregnant women who have not had their influenza vaccination |
| **IDEAS**  What changes will we make that will lead to an improvement?  NB: These ideas are not practice specific and are designed to give you some general ideas.  The QI Team should develop these ideas together.  To assist with clinical decision making, consider using HealthPathways, see: HealthPathways Sydney: https://sydney.communityhealthpathways.org/ Username: connected  P/w: healthcare  HealthPathways South East Sydney: https://sesydney.healthpathwayscommunity.org Username: sesydney  P/w: healthcare | 1. Use data extraction tool to find the % of active pregnant women who have not had their influenza vaccination  2. Create patient list of pregnant women who have not had their influenza vaccination  3. Follow practice policy to send reminders to patients  4. Display posters on influenza vaccination in pregnancy in waiting room and have [brochures](https://www.health.nsw.gov.au/Infectious/Influenza/Documents/influenza-publications-order-form.pdf) available.  5. Discuss at staff meetings  6. Review data fortnightly to track progress |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PLAN**  **How will we do it?** | | | | **DO**  Did we do it?  Unexpected problems? | **STUDY**  Review/reflect on results Lessons learnt  What did/didnt’t work well? | **ACT**  Next steps?  Review or extend activity? |
|  | **What** | **Who** | **When** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |

You are one step closer to becoming a PCMN practice.



**Person Centred Medical Neighbourhood**