

'Go for 90!'

two years on

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Introduction and history

- In 2007-2008 CSGPN introduced an immunisation pilot project in the Canterbury LGA to try and address the low coverage rates as we were constantly in the bottom three divisions nationally
114/119

The intervention

- We partnered with the University of NSW to recruit a Master of Public Health student to work intensely with the practices to data clean their immunisation records using the GPII 20A report. This was carried out for 10 months and improved the rates of many practices involved

Aims of the intervention

1. Improve childhood immunisation coverage rates
2. Flag whole practice issues
3. Partnerships within general practice to change behaviour and increase coverage rates
4. Identify what works

Our targets in Canterbury

- TARGET: 85% - 90%
- 90% and just above
- 48 targeted practices
- 24 full intervention
 - 1. GP11 20A report
 - 2. No GP11 20A report
- 7 minimal intervention

Results and Recommendations

“Go for 90!”

- Results: 33% increase in participating practices
- Key recommendations were:
 - Supporting GP and practice staff with contact
 - Target practices and to continue follow-up visits after cleaning
 - Connect to ACIR on-line
 - Employ support staff
 - Orientation to new practice staff

What did CSGPN do next

- 2008: employed an international MPH student for 6 months

Outcome – steady improvement to the GPII rank

- 2009: employed a project officer for 6 months 2 days per week

- Outcome – moderate success, more maintenance of results

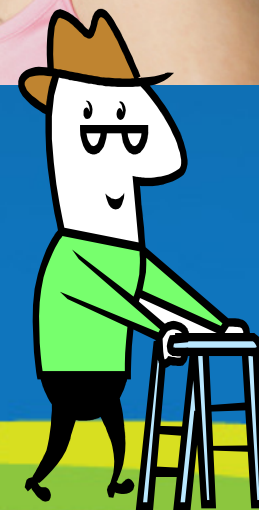
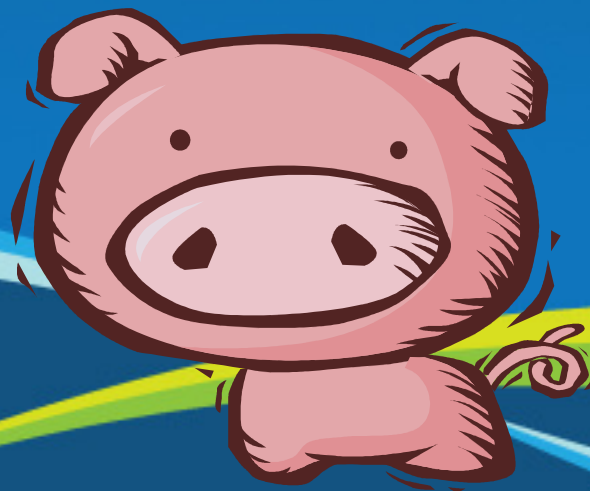
- 2010: employed an international health manager for 6/12

- Outcome - very intensive support has seen good results ensure all practices are in a position to data clean

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Other immunisation distractions



The clean up was still the problem



Implementing the Immunisation Collaborative pilot

- 2009 CSGPN and ESDGP received GPNSW funding to implement an immunisation collaborative pilot
- recruited 2 practices below 90%
- East Balmain 87% and Lakemba 77%
- Two in Eastern Sydney 1 solo 1 corporate

Practice 1:

Bondi Area

GPs: 2

Practice Nurse: 1

May 09 GP11: 75%

May 10 GP11: 84.9%

Increase of 9.9%

Practice 2:

Bondi Area

GPs: 4

Practice Nurse: No

May 09 GP11: 79.6%

May 10 GP11: 83%

Increase: 3.4%

- Implemented PDSA
- Evaluated measures

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What Eastern Sydney found

- Conscientious objectors at 4 years of age
- Many children had already had chicken pox
- ACIR transaction note reconciled - too old, can't be bothered to do it manually
- Changes in staff – loss of focus
- Corporate practices - GPs not on board
- While both haven't so far been able to reach 90%, there has been a significant increase in both their GP11 rates.

ESDGP recommendations

- DATA - clean IT keep on it and at it
- Look through old records and take the trouble to update ACIR on the phone
 - Fixed 20 children in one practice

What did Central Sydney find?

- Different practices have different priorities when it comes to immunisation and they need to be addressed in different ways

United Medical Lakemba

- The good points
 - Fatima identified their needs
 - Cold chain
 - HPV
 - Fixing problems
 - Electronic transfers
 - PDSA
- The problems
 - Practices divided into two
 - Can't separate data
 - Principal reluctant to archive data
 - Transient population
 - Lack of understanding about immunisation

PRACTICE NAME United Medical

	1	2	3	4	5	6	7	8	9	10	11	12
	Practice Coverage %	total # patients	total # patient aged 4-5yrs	# patient aged 4-5yrs received 709 or 711	% patient flu vaccine	# patient >=65yrs	% patient >=65yrs Pneumo vaccine	# ATSI patients identified	# fridge temp. deviations outside 2°C to 8°C	Method ACIR reporting	# individual records on 020A reports	# actions 020A report
AY 109 (use)	77	14048	688	5?	40	538	15	nil	nil	<input type="checkbox"/> Manual	141	141
UG 109	77	14206	702	10%	45%	562	15	nil	nil	<input type="checkbox"/> Manual	98	
OV 109	80.5	14784	722	12%	46%	586	17%	nil	nil	<input type="checkbox"/> Secure site	51	
EB 110										<input type="checkbox"/> Secure site		
AY 110	80	1606	736	11%	49%	656	18%	nil	nil	Software secure site	33	2 Belong to United

Where to now for the 'Go for 90!' at CSGPN

- Priority is to find funding to employ staff
- Funding to develop cultural specific resources
- Focus on and develop other immunisation projects within practices
- Keep the focus on immunisation

Marlen Glueck

February to June focused on:

- Reigniting the interest
 - GP11 20A report
 - 46E agreement
 - Bluebook
 - ACIR online
 - Designed a model for immunisation clinics in GP
 - ...As Julie has assured us it won't happen over night but it will happen

Immunisation Clinics

- Developed a package to set up clinics
- Encourage the practice to identify who their targets groups are
- How they can deliver a clinic
- What is their financial modeling
- We use the collaborative template to help practices identify their own immunisation targets

Lessons learnt and where to

Immunisation needs intensive support every quarter we can not improve without it

- Strategies
 - Seek additional funding to employ a student to help us every quarter
 - Allocate more immunisation core funding
 - What are our funding options
 - GSK and others ???
 - GP NSW ???
 - Members funds
 - Council grants to develop resources

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- Jo Wild
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- East Balmain General Practice