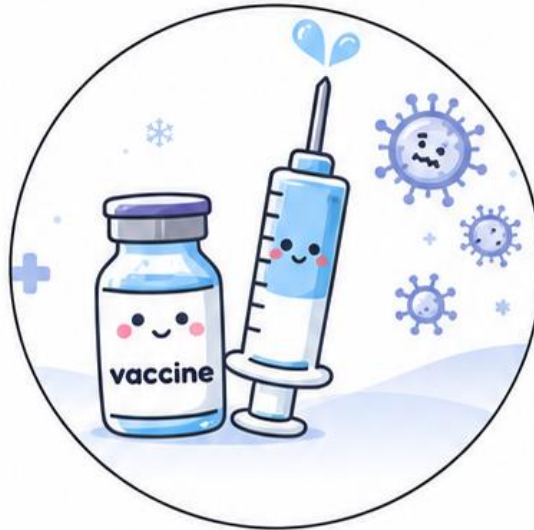




QI TOOLKIT

Winter Strong 2026

phn
DARLING DOWNS
AND WEST MORETON
An Australian Government Initiative



Practical tools and step-by-step guides
to support your practice to plan, implement
and evaluate Quality Improvement activities.

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QI TOOLKIT

Winter Strong 2026

About This QI Toolkit

Winter places increased pressure on patients, general practice, and hospitals due to seasonal surges in influenza, COVID-19, RSV, and other vaccine-preventable respiratory illnesses.

The Winter Strong 2026 campaign is a coordinated regional initiative focused on improving vaccination uptake and protecting patients most at risk of severe illness and hospitalisation.

Priority cohorts include:

- patients aged 65 years and over
- patients with chronic disease
- patients with multimorbidity or high clinical complexity
- Aboriginal and Torres Strait Islander patients
- young children and other clinically vulnerable groups

General practice plays a critical role in identifying eligible patients, supporting timely vaccination, and implementing targeted recall and opportunistic vaccination strategies.

This Quality Improvement (QI) Toolkit provides practical guidance to help practices:

- identify priority patient cohorts using clinical data
- implement targeted vaccination recall activities
- monitor vaccination uptake using CAT4, Primary Sense, and AIR
- support ongoing seasonal vaccination improvement activities

The focus of this toolkit is to:

- increase influenza vaccination uptake
- improve COVID-19 booster coverage
- support delivery of other recommended winter vaccines, including pneumococcal and RSV vaccination where eligible

This toolkit aligns with Winter Strong 2026 campaign priorities and supports practices undertaking continuous quality improvement activities under the PIP QI program.

Why It's Worth Your Time

This is a practical, high-impact QI activity that fits into existing practice workflows and delivers immediate value.










It will help your practice to:

- support vulnerable patients during the highest-risk time of year
- strengthen winter vaccination uptake through targeted recall and opportunistic vaccination
- use existing tools (CAT4, Primary Sense, and AIR) to identify and monitor eligible patients
- support PIP QI and accreditation-related continuous quality improvement activities
- deliver measurable improvements in vaccination uptake and patient outcomes within a short timeframe

Why This Matters

Each winter, the same patients present to hospital, older adults and those with chronic conditions who can deteriorate rapidly when respiratory illness occurs.

Local data shows this pattern is already emerging across parts of our region.

 AREA	 WHAT WE'RE SEEING	 IMPLICATIONS FOR YOUR PATIENTS
 Warwick	High COPD & heart failure hospital admissions + elevated chronic disease burden	More patients likely to deteriorate during winter
 Lockyer Valley East	High volume of COPD & heart failure admissions	Increased pressure from respiratory illness
 Wambo	High COPD hospital admissions	Higher risk of exacerbations during winter
 Kingaroy Surrounds North	Very high chronic disease burden (COPD & heart failure)	Patients at increased baseline risk
 Ipswich East	High heart failure hospital admissions	Greater risk of complications from illness
 Nanango	High combined COPD & heart failure admissions	Ongoing demand from complex patients
 Brassall	Elevated chronic disease burden + heart failure signal	More patients needing proactive management
 Inglewood - Waggamba	Strongly elevated chronic disease burden	High underlying risk in the community

These are patients your practice already knows well and who are at highest risk during winter.

This same group is also at increased risk from RSV. From May 2026, free RSV vaccination is available under the NIP for older adults.

How This QI Toolkit Works

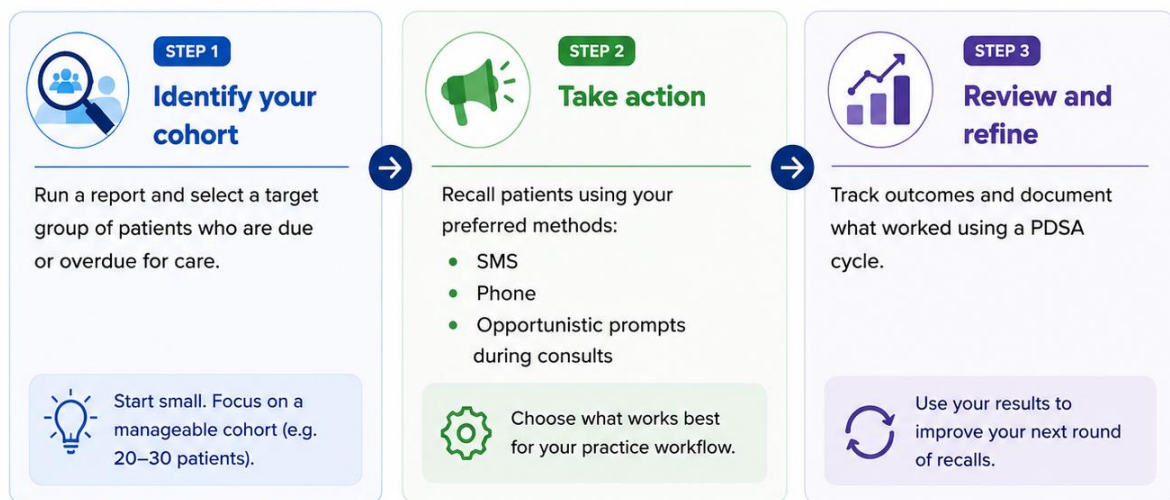
The Winter Strong 2026 QI Toolkit is designed to support simple, practical Quality Improvement (QI) activities that can be implemented within your existing workflow.

This toolkit uses short, focused improvement activities '**QI Sprints**' to help your practice identify at-risk patients, take action, and track results. Each activity is designed to be manageable, repeatable, and aligned to PIP QI requirements.

A QI Sprint focuses on a specific patient cohort (e.g. patients aged 65+, patients with chronic disease, or those due and/or overdue for vaccination).

By working in small, targeted groups, practices can test what works, refine their approach, and scale successful strategies over time.

A simple 3-step approach




QI Sprint Focus Areas

Use these focus areas to identify and recall at-risk patients for vaccination.



All QI activities focus on at-risk patient cohorts, particularly those with chronic conditions or increased risk of complications during winter.




Most QI Sprints can be completed within **1–2 hours**.
Once complete, move on to another Sprint or repeat the cycle to improve your results.




For additional support with QI, please contact your Primary Care Liaison Officer (PCLO) or email practicesupport@ddwmpnh.com.au.

Clinical Audit Tool Navigation

This section provides guidance to access and navigate the clinical audit tools to support your QI activities



PenCS CAT4 users
→ proceed to *Section 1: PenCS CAT4*



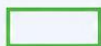
Primary Sense users
→ proceed to *Section 2: Primary Sense*

1. PenCS CAT4: Launch

Key for instructions:



Red boxes indicate that the instructions are to select the item shown.



Green boxes indicate that the instructions are directing you where something is located.

1 LAUNCH CAT4

Click the CAT4 icon on your desktop.



2 LOG IN TO CAT4

Enter your CAT4 login details.

Click **Login**.



Should you have difficulty logging in, please contact your Primary Care Liaison Officer (PCLO) or email practicesupport@ddwmpnh.com.au.

PenCS CAT4: Filter and Report

3 OPEN EXTRACT

- The below 'CAT4 view' will open by default.
- Please note that data has NOT been loaded into the filters or reports at this stage.

Pen CS CAT4 - CAT4

File Edit View Tools Data Submission Prompts Help

Collect Report View Population **CAT 4** Clearing CAT Register CAT Daily CAT Programs

Filter

Please Select Your GP Application from the Preferences

Demographics Ethnicity Data Quality Data Cleaning Allergies Smoking Alcohol Measures

Population Pyramid Age Profile (RACGP)

Select All Show Total Counts

4 SELECT YOUR DATA

- The default start-up view is blank. You will need to select your data extract first before you will be able to run reports.
- Click the 'Show Extracts' button.

Pen CS CAT4 - CAT4

File Edit View Tools Data Submission Prompts Help

Collect Report View Population CAT 4 Clearing CAT Register CAT Daily CAT Programs

Show Extracts > Filter

Please Select Your GP Application from the Preferences

Demographics Ethnicity Data Quality Data Cleaning Allergies Smoking Alcohol Measures

Population Pyramid Age Profile (RACGP)

Select All Show Total Counts

5 VIEW EXTRACTS

- Your data extracts will now appear in the Extracts pane.
- Select your most recent extract.

Pen CS CAT4 - CAT4

File Edit View Tools Data Submission Prompts Help

Collect Report View Population CAT 4 Clearing CAT Register CAT Daily CAT Programs

Hide De-identified Extracts

10/01/2023	10:08 AM	18002	DEIDENTIFIED_DEMO
------------	----------	-------	-------------------

Show Extracts

Filter

Please Select Your GP Application from the Preferences

Demographics Ethnicity Data Quality Data Cleaning Allergies

Smoking Alcohol Measures

Population Pyramid Age Profile (RACGP)

Select All Show Total Counts

6 SELECT YOUR DATA EXTRACT

- Select your most recent data extract and allow a few seconds for the extract to load.

Pen CS CAT4 - CAT4

File Edit View Tools Data Submission Prompts Help

Collect Report View Population CAT 4 Clearing CAT Register CAT Daily CAT Programs

Hide De-identified Extracts

10/01/2023	10:08 AM	18002	DEIDENTIFIED_DEMO
------------	----------	-------	-------------------

Show Extracts

Filter

Please Select Your GP Application from the Preferences

Demographics Ethnicity Data Quality Data Cleaning Allergies

Smoking Alcohol Measures

Population Pyramid Age Profile (RACGP)

Select All Show Total Counts

7 HIDE EXTRACTS

- Click the 'Hide Extracts' button.
- This collapses the Extracts panel and clears your workspace.

Pen CS CAT4 - CAT4

File Edit View Tools Data Submission Prompts Help

Collect Report View Population CAT 4 Cleansing CAT

Hide Extracts

Hide Deidentified Extracts

1/03/2020 3:08 AM 11802 DEIDENTIFIED_DEMO

Filter

Please Select Your GP Application

Demographics Ethnicity

Population Pyramid Age Profile

Select All Show T

8 SELECT FILTER

- Click the 'Filter' button.
- This opens the Filters panel.

Pen CS CAT4 - CAT4

File Edit View Tools Data Submission Prompts Help

Collect Report View Population CAT 4 Cleansing CAT

Show Extracts

Filter

Please Select Your GP Application from the Preferences

Demographics Ethnicity Data Quality Data Cleansing Allergies Smoking Alcohol

Population Pyramid Age Profile (RACGP)

Select All Show Total Counts

9 FILTERS AND REPORTS VISIBLE

- You should now be able to see both your Filters pane and your Reports pane.

Pen CS CAT4 - CAT4

Filter

General Ethnicity Conditions Medications Date Range (Results) Date Range (Visits) Patient Name R

Gender DVA Age

Male DVA < Any Color > Start Age

Female non DVA End Age

Other Yes Mths

Not Stated Medicare No. No No Age

FILTERS

Please Select Your GP Application from the Preferences

Demographics Ethnicity Data Quality Data Cleansing Allergies Smoking Alcohol Measures Patholo

Population Pyramid Age Profile (RACGP)

Select All Show Total Counts

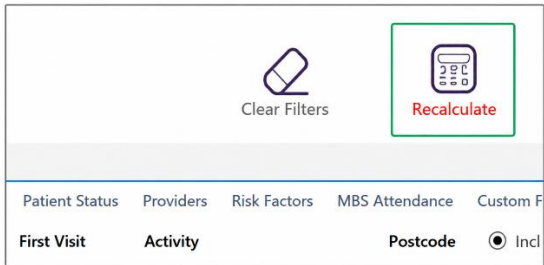
REPORTS



NOTE: Comprehensive Report instructions are provided in the QI Sprints.

PenCS CAT4: Recalculate

Click **Recalculate** after making any changes in the Filter Pane to ensure your selected population appears in the Reports Pane.



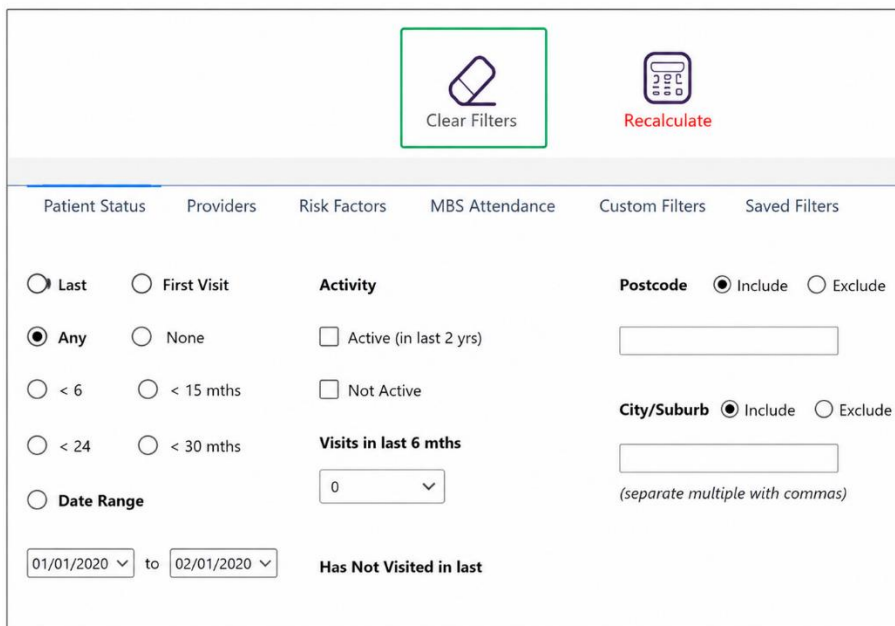
Clear Filters **Recalculate**

Patient Status Providers Risk Factors MBS Attendance Custom F

First Visit Activity Postcode Incl



NOTE: Use **Clear Filters** to reset all selections and start a new search.



Clear Filters **Recalculate**

Patient Status Providers Risk Factors MBS Attendance Custom Filters Saved Filters

Last First Visit **Activity** **Postcode** Include Exclude

Any None Active (in last 2 yrs)

< 6 < 15 mths Not Active **City/Suburb** Include Exclude

< 24 < 30 mths **Visits in last 6 mths**

Date Range (separate multiple with commas)

to **Has Not Visited in last**



TIP: Always recalculate after changes, and clear filters before starting a new search to keep your data accurate.

PenCS CAT4: Recall

Ensure you are in the appropriate report with your eligible patient cohort selected.

Export your patient list

Click Export from the Reports dashboard.



NOTE: Plan how you will document your patient communication (e.g. SMS recalls). Your recall software may support this.

Save or print your recall list

Patient Reidentification

1 of 280

Print

Reidentify Report [Patient Count = 2239]

Filtering By: Active Patient, Selected: Last Influenza Vaccine (Nothing Recorded)

ID	Surname	First Name	Known As	Sex	D.O.B (Age)	Address
8268	Surname	Firstname_8	Firstname_8	F	01/01/2007 (14)	Suburb Town
12063	Surname	Firstname_12	Firstname_12	M	01/01/1977 (44)	Suburb Town
27	Surname	Firstname_19	Firstname_19	M	01/01/1961 (60)	12 Jogger St Suburb Town

- PDF File
- HTML File
- MHT File
- RTF File
- DOCX File
- XLS File
- XLSX File
- CSV File
- Text File
- Image File



TIP: If using HotDoc Broadcast for bulk recalls, save the file as a **CSV**.



You're now ready to complete the **Winter Strong 2026 QI Sprints**

2. Primary Sense: Launch

Open your clinical software

(Best Practice / MedicalDirector)



Launch Primary Sense

via your toolbar or integrated menu.

Should you have difficulty accessing Primary Sense, please contact your Primary Care Liaison Officer (PCLO) or email practicesupport@ddwmpnh.com.au.

Primary Sense: Reports

Click **'Reports'** from the Primary Sense menu – This will open the Reports window.

Browse available report categories. (e.g. Clinical, Preventative Health, PIP QI)

Select the report you want to run. Example: Winter Wellness

Primary Sense™ Reports

GPs - Important clinical information about your patients are in most of these reports.

Select a report

Patient Lists

Benzodiazepine in substance misuse High risk patients	Patients with High Eligible or due care
Winter Wellness High risk patients at risk of seasonal respiratory infecti...	Bowel and Breast Patients eligible
Pregnant and Vaccinations Due influenza and/or pertussis	Chronic Lung Dise Associated modif

Once you have selected your report, the **report will begin to load**. A progress message will appear while the data is retrieved.

Primary Sense™ Report "Winter Wellness"

Analysing and retrieving report data, please wait...

Cancel

Primary Sense: Recall

Once the report has opened, click 'Export to CSV (SMS)'

Winter Wellness
DEMO
23 January 2024 10:33

What are ACG patient complexity levels?

Vulnerable patients over 5 years old who may be eligible for seasonal vaccinations

Vulnerable patients are those who are generally older, with multi-morbidity, frailty, certain diseases or immunosuppressed. Conditions are identified by diagnosis and/or medications used to treat the condition. Please note the fluvox is only shown if it was given in the past 15 months, covid vaccination and pneumovax is the last date given. Count of Covid vaccinations is where it is recorded in your system. The information in this table is for information only. EDS is a discharge summary where received from the hospital.

Information about this table

Show patients per page

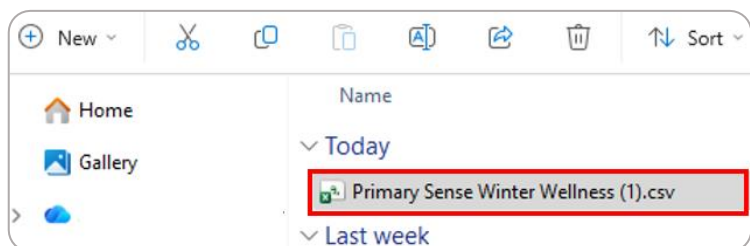
Export To Excel Export To CSV Export To CSV (SMS)

Remove	ACG Score	Patient Name	Patient Phone	Last Visit	Existing Appt	GP Name	Age	ATSI	Frail	Indicated By Dx/Rx
Remove	5	Thomas, F	0401 234 567	2022-07-24	Nil	Dr S Martin	65	Y		metformin, tacrolimus
Remove	5	Jones, H	0401 234 567	2022-09-24	Nil	Dr S Martin	64	Y		Affective Psychosis, Diabetes, insulin degludec and insulin aspart, metoprolol
Remove	5	Lee, X	0401 234 567	2021-09-22	Nil	Dr S Martin	77			methylprednisolone, tacrolimus
Remove	5	Campbell, X	0401 234 567	2022-07-24	Nil	Dr S Martin	51	Y		Affective Psychosis, Cardiovascular Disease, bisoprolol, mycophenolic acid, prednisolone

A pop-up will appear asking you to provide your intention for using this report. Select 'Cancel' if you do not wish to provide feedback.

The exported file will save in your 'Downloads' folder.

Open your file.



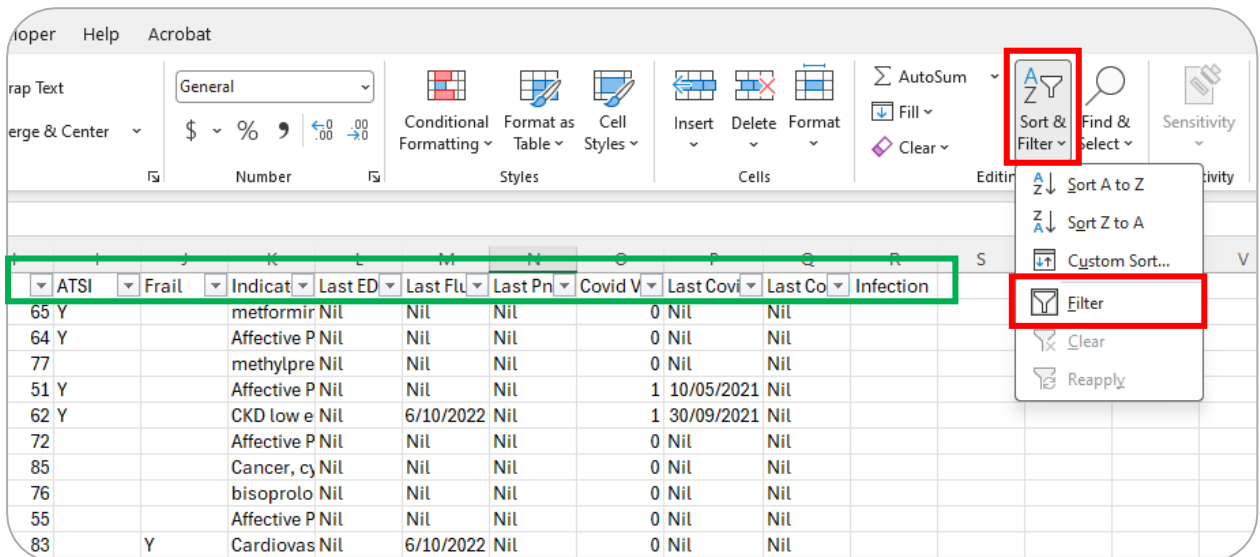
NOTE: You may wish to filter your CSV file to isolate a specific patient cohort suitable for recall.

Primary Sense: Filter CSV File

In Excel, click 'Sort & Filter' in the Home tab ribbon, then select 'Filter'.

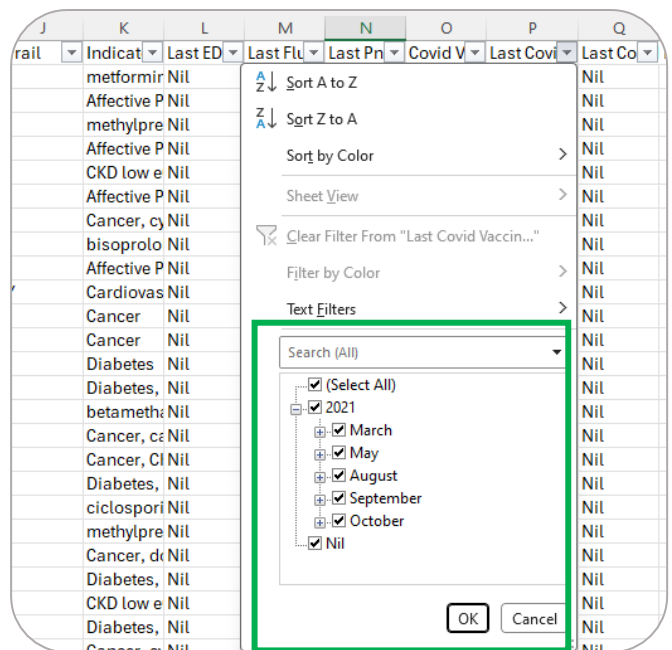
(Shortcut: CTRL + Shift + L)

Arrows will appear at the top of each column. Click on the relevant filter category and a drop-down will appear.



Example: This is the 'Last COVID-19 vaccination' drop-down.

Use one or more of the filter options to identify patients suitable for recall.



You're now ready to complete the **Winter Strong 2026 QI Sprints**



QI SPRINTS



This section contains step-by-step guides and resources to support you in completing each Winter Strong QI Sprint.



1

Influenza



2

Pneumococcal



3

COVID-19



4

Shingles



5

RSV



6

Childhood
Immunisations

Each Sprint follows a simple structure:



Step 1 – Activity 1: Collect your data

Run a report and select one patient cohort.



Step 2 – Activity 2: Take action

Recall patients using your preferred method (e.g. SMS, phone, opportunistic).



Step 3 – Complete your PDSA

Document what worked and what you'll improve next time.

QI SPRINT

🔍 IDENTIFY. | 🔔 RECALL. | ✅ PROTECT.

INFLUENZA IMMUNISATION

Seasonal influenza remains a significant cause of morbidity and hospitalisation, particularly among patients with chronic disease and other high-risk conditions. Annual vaccination is the most effective way to reduce severe illness and complications. Despite funded access, influenza vaccination coverage remains variable across eligible populations. General practice plays a critical role in identifying eligible patients, recalling those overdue, and improving vaccination uptake during the winter period.

ACTIVITY INFLUENZA IMMUNISATION QI

Focus: Identify, recall, and improve influenza vaccination coverage in your patient population.

Tools: CAT4 or Primary Sense

QUALITY IMPROVEMENT ACTIVITIES IN THIS AREA FOCUS ON:

- + Identifying patients who are eligible for influenza immunisation
- + Reviewing and improving the accuracy of immunisation records
- + Implementing recall and reminder strategies (e.g. SMS, phone, opportunistic prompts)
- + Monitoring changes in immunisation uptake over time

This activity is intended as a guide only and should be applied using clinical judgement and practice context.

If you identify any issues or required updates, please contact practicesupport@ddwmpnh.com.au

CAT4 ACTIVITIES



CAT4 – Activity 1: Baseline Data Collection

Identifying Patients for Influenza Immunisation

Select ONE cohort, run the report, and record your baseline.

Only complete the 'Results' column for the cohort you choose to focus on.



TIP: Consider starting with the highest-risk group.

#	Description	Report Instructions	Results
1.1	Patients aged 65+	QIM 4 – Influenza immunisation for patients aged 65 and over	
1.2	Patients with Diabetes	QIM 5 – Influenza immunisation for patients with diabetes	
1.3	Patients with COPD	QIM 6 – Influenza immunisation for patients with COPD	
1.4	Patients at risk with pre-disposing conditions	Identify Patients at risk for influenza with predisposing conditions	
1.5	Patients at risk based on age, ethnicity, or pregnancy	Identify patients at risk for Influenza based on age, ethnicity or pregnancy	

Reminder: 'Export to CSV' for recall via HotDoc Broadcast.





CAT4 – Activity 2: Identifying Your Cohort

Identifying Patients for Influenza Immunisation

Practices are encouraged to begin with a small, manageable cohort (e.g. 20–50 patients) to test recall processes before scaling up.

#	Description	Actions to be taken
2.1	Total eligible patients identified	Enter your total from Activity 1 (selected cohort/s).
2.2	Validate your data	<input type="checkbox"/> Review a sample of patient records <input type="checkbox"/> Confirm immunisation status (e.g. AIR / PRODA etc.) <input type="checkbox"/> Update missing or incorrect records
2.3	Determine recall approach	Would recalling this cohort be appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes → Proceed If No → Select a different cohort <input type="checkbox"/> Recall full cohort <input type="checkbox"/> Start with smaller high-risk subset
2.4	Prepare for QI activity	<input type="checkbox"/> Complete PDSA template

Activity 1 & 2 Reflection comments:

Use this space to document your decisions and outcomes before completing your PDSA.

Practice name:	Date:
Team member:	

NOTE: Remember to review the PDSA Example provided. Then complete your practice's QI Sprint PDSA using a blank PDSA template.

PRIMARY SENSE ACTIVITIES



Primary Sense – Activity 1: Baseline Data Collection

Identifying Patients for Influenza Immunisation

Collect baseline data to determine the number of patients eligible for Influenza immunisation and identify those within priority at-risk patient groups who may require recall.

Complete the table below by collecting data from Primary Sense.

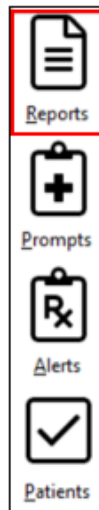


TIP: Consider starting with the highest-risk group.

#	Description	Report Instructions	Results
1.1	Number of active vulnerable patients identified as eligible for Influenza immunisation	Select Winter Wellness report and scroll to Vulnerable patients over 5 years old who may be eligible for seasonal vaccinations report	

FIND YOUR DATA

Navigate to the **Reports** section in Primary Sense and select the **'Winter Wellness'** report.



Primary Sense™ Reports

GPs - Important clinical information about your patients are in most of these reports. Reports will refresh with new data every 2 hours.

Select a report Clinical Audit Queries

Patient Lists

Pregnant and Vaccinations Due: influenza and/or pertussis	Health Assessments Eligible or due
Patients with Moderate Complexity (level 3) Eligible or due care planning items	Benzodiazepine in substance misuse High risk patients
Chronic Lung Disease and Asthma Associated modifiable risk factors	Haemochromatosis Associated risk indicators
Patients with High Complexity (5 and 4) Eligible or due care planning items	Cardiovascular Disease Risk Factors Modifiable risk factors
Diabetes Mellitus Diagnosed and undiagnosed	Frailty Care Management Patients with Frailty risk factors
Winter Wellness High risk patients at risk of seasonal respiratory infect...	Bowel and Breast Cancer Screening Patients eligible
Hypertension Management Hypertension, no active ACR reading in last 12 months	Child Immunisations Report of immunisations that can be given for childre...
Cardiovascular Disease Management CVD, missing interventions and risk factors	Voluntary Patient Registration Report of patients who are likely to meet the criteria L...



Scroll to **Vulnerable patients Over 5 years old who may be eligible for seasonal vaccinations.**

Vulnerable patients over 5 years old who may be eligible for seasonal vaccinations						
Information about this table		Export To Excel	Export To CSV	Export To CSV (SMS)		
Name	Born	ACG Score	Patient Phone	Last Visit	Birthday Age	GP Name
Surname	1	5	0412 345 678	2024-01-14	No	61-70 Years
Surname	3	4	0412 345 678	2023-04-12	No	61-70 Years
Surname	5	5	0412 345 678	2023-08-01	No	61-70 Years

This report identifies patients who may be at higher risk of complications from vaccine-preventable diseases based on:

- + Age
- + Chronic conditions
- + Immunocompromise
- + Medications
- + Frailty and complexity indicators

EXPORT REPORT


Within the report:

Identify patients requiring recall:

Filter by **ACG Score**
(5 → highest priority)

Prioritise:

- + Chronic disease patients
- + Older adults
- + High complexity patients

 Click **Information about this table** for a definition of vulnerable patients.

Winter Wellness DEMO
21 March 2023 08:02

[Information about this table](#)

Vulnerable patients 5-59yrs or Aboriginal and Torres Strait Islander Patients 5-59yrs who may be eligible for seasonal vaccinations

Vulnerable patients are those who are generally older, with multi morbidity, frailty, complex disease or immunosuppressed. Conditions are identified by diagnoses and/or medications used to treat the condition (Rx) - patients with high-complexity icons are also included for your consideration. Please note: This is a complex ACG v1.0; grade to begin (at 5.0 level, a value of medium and progresses to the full data grade. Count of Count variations < where it is marked as your system. The value of the last COVID reflects recorded as provided if documented. Please click on information about this table for an explanation. Rx is a discharge summary where reason for hospital.

Show patients per page

[Export To Excel](#)
[Export To CSV](#)
[Export To CSV \(SMS\)](#)

Name	Born	ACG Score	Patient Phone	Last Visit	Birthday Age	GP Name	Age	GP
Surname	1	5	0412 345 678	2024-01-14	No	61-70 Years	CP	67
Surname	3	4	0412 345 678	2023-04-12	No	61-70 Years	CP	62
Surname	5	5	0412 345 678	2023-08-01	No	61-70 Years	KP	69

Reminder: 'Export to CSV (SMS)' for recall via HotDoc Broadcast



Primary Sense – Activity 2: Identifying Your Cohort

Identifying Patients for Influenza Immunisation

Practices are encouraged to begin with a small, manageable cohort (e.g. 20–50 patients) to test recall processes before scaling up.

#	Description	Actions to be taken
2.1	Total eligible patients identified	Enter your total from Activity 1 (selected cohort/s).
2.2	Validate your data	<input type="checkbox"/> Review a sample of patient records <input type="checkbox"/> Confirm immunisation status (e.g. AIR / PRODA etc.) <input type="checkbox"/> Update missing or incorrect records
2.3	Determine recall approach	Would recalling this cohort be appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes → Proceed If No → Select a different cohort <input type="checkbox"/> Recall full cohort <input type="checkbox"/> Start with smaller high-risk subset
2.4	Prepare for QI activity	<input type="checkbox"/> Complete PDSA template

Activity 1 & 2 Reflection comments:

Use this space to document your decisions and outcomes before actioning your PDSA.

Practice name:	Date:
Team member:	

NOTE: Remember to review the PDSA Example provided. Then complete your practice’s QI Sprint PDSA using a blank PDSA template.



	<p>PLAN</p> <p>Identify your target cohort and define your recall approach.</p>	<p>Our practice identified a small cohort (approximately 50 patients eligible for Influenza vaccinations). Selected report attached.</p> <p>We selected SMS recall using HotDoc Broadcast as our primary method. Success was defined as increased bookings and completed vaccinations.</p>
	<p>DO</p> <p>Run your report and initiate your activity.</p>	<p>We ran a Primary Sense report to identify eligible patients, including opportunistic discussion of Influenza.</p> <p>We initiated recall via HotDoc Broadcast (SMS) using a CSV export. Messaging emphasised the importance of Influenza immunisations for patients with chronic disease.</p>
	<p>STUDY</p> <p>Track recalls, bookings, and uptake.</p>	<p>Number of patients contacted: 50 Number of appointments booked: 30 Number of vaccinations completed: 25</p> <p>Difference: 50% (25/50 patients vaccinated)</p>
	<p>ACT</p> <p>Refine your approach and scale your activity.</p>	<p>The SMS recall approach was effective. Additional staff training will improve efficiency. The cohort size could be expanded in future QI Sprints.</p> <p>Next cycle focus is 'Winter Wellness' report in Primary Sense. We will recall patients with no Pneumococcal immunisation recorded with an ACG Score of 5/4.</p>

<p style="text-align: center;">QI ACTIVITY AUDIT</p>	
Commencement Date:	1/08/2026
Conclusion Date:	30/10/2026
Comments:	<p>We had a team meeting at the beginning of the QI Sprint to ensure all staff were across our QI focus. We had great staff engagement and will look at increasing number of recalls for our next round of Influenza recalls.</p>
Practice name:	ABC Medical
Team member/s:	Ms QI Champion

PDSA TEMPLATE



PLEASE ATTACH DATA
REPORTS/RESULTS TO THIS PDSA



PLAN

Identify your target cohort and define your recall approach.



DO

Run your report and initiate your activity.



STUDY

Track recalls, bookings, and uptake.



ACT

Refine your approach and scale your activity.

QI ACTIVITY AUDIT

Commencement Date:

Conclusion Date:

Comments:

Practice name:

Team member/s:

QI SPRINT

Q IDENTIFY. | B RECALL. | C PROTECT.



PNEUMOCOCCAL IMMUNISATION

Pneumococcal disease can cause serious infections including pneumonia, bacteraemia, and meningitis, particularly in patients with chronic disease and those at increased risk. Vaccination is an effective strategy to reduce severe illness and hospitalisation. Despite clear clinical recommendations and funded access for eligible groups, pneumococcal vaccination coverage remains inconsistent. General practice plays a key role in identifying high-risk patients, ensuring accurate records, and recalling those who are overdue.

ACTIVITY PNEUMOCOCCAL IMMUNISATION QI

Focus: Identify, recall, and improve pneumococcal vaccination coverage in high-risk patient populations.

Tools: CAT4 or Primary Sense

QUALITY IMPROVEMENT ACTIVITIES IN THIS AREA FOCUS ON:

- + Identifying patients who are eligible for pneumococcal immunisation
- + Reviewing and improving the accuracy of immunisation records
- + Implementing recall and reminder strategies (e.g. SMS, phone, opportunistic prompts)
- + Monitoring changes in immunisation uptake over time

This activity is intended as a guide only and should be applied using clinical judgement and practice context.

If you identify any issues or required updates, please contact practicesupport@ddwmpnh.com.au

CAT4 ACTIVITIES



CAT4 – Activity 1: Baseline Data Collection

Identifying Patients for Pneumococcal Immunisation

Select **ONE cohort**, run the report, and record your baseline.

Only complete the 'Results' column for the cohort you choose to focus on.



TIP: Consider starting with the highest-risk group.

#	Description	Report Instructions	Results
1.1	Patients aged < 12 Months	Pneumococcal At Risk	
1.2	Patients aged 12+ Months	Pneumococcal At Risk	
1.3	Indigenous patients aged 50+	Pneumococcal At Risk	
1.4	Non-indigenous patients aged 70+	Pneumococcal At Risk	

Reminder: 'Export to CSV' for recall via HotDoc Broadcast.





CAT4 – Activity 2: Identifying Your Cohort

Identifying Patients for Pneumococcal Immunisation

Practices are encouraged to begin with a small, manageable cohort (e.g. 20–50 patients) to test recall processes before scaling up.

#	Description	Actions to be taken
2.1	Total eligible patients identified	Enter your total from Activity 1 (selected cohort/s).
2.2	Validate your data	<input type="checkbox"/> Review a sample of patient records <input type="checkbox"/> Confirm immunisation status (e.g. AIR / PRODA etc.) <input type="checkbox"/> Update missing or incorrect records
2.3	Determine recall approach	Would recalling this cohort be appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes → Proceed If No → Select a different cohort <input type="checkbox"/> Recall full cohort <input type="checkbox"/> Start with smaller high-risk subset
2.4	Prepare for QI activity	<input type="checkbox"/> Complete PDSA template

Activity 1 & 2 Reflection comments:

Use this space to document your decisions and outcomes before completing your PDSA.

Practice name:	Date:
Team member:	

NOTE: Remember to review the PDSA Example provided. Then complete your practice’s QI Sprint PDSA using a blank PDSA template.

PRIMARY SENSE ACTIVITIES



Primary Sense – Activity 1: Baseline Data Collection

Identifying Patients for Pneumococcal Immunisation

Collect baseline data to determine the number of patients eligible for Pneumococcal immunisation and identify those within priority at-risk patient groups who may require recall.

Complete the table below by collecting data from Primary Sense.



TIP: Consider starting with the highest-risk group.

#	Description	Report Instructions	Results
1.1	Vulnerable patients identified as eligible for Pneumococcal immunisation	Select Winter Wellness report and scroll to Vulnerable patients over 5 years old who may be eligible for seasonal vaccinations report	

FIND YOUR DATA

Navigate to the **Reports** section in Primary Sense and select the **'Winter Wellness'** report.



Primary Sense™ Reports

GPs - Important clinical information about your patients are in most of these reports. Reports will refresh with new data every 2 hours. Select a report

[Clinical Audit Queries](#)

Reports

Patient Lists

- Pregnant and Vaccinations
Due: influenza and/or pertussis
- Patients with Moderate Complexity (level 3)
Eligible or due care planning items
- Chronic Lung Disease and Asthma
Associated modifiable risk factors
- Patients with High Complexity (5 and 4)
Eligible or due care planning items
- Diabetes Mellitus
Diagnosed and undiagnosed
- Winter Wellness**
High risk patients at risk of seasonal respiratory infect.
- Hypertension Management
Hypertension, no active ACR reading in last 12 months
- Cardiovascular Disease Management
CVD, missing interventions and risk factors
- Health Assessments
Eligible or due
- Benzodiazepine in substance misuse
High risk patients
- Haemochromatosis
Associated risk indicators
- Cardiovascular Disease Risk Factors
Modifiable risk factors
- Frailty Care Management
Patients with Frailty risk factors
- Bowel and Breast Cancer Screening
Patients eligible
- Child Immunisations
Report of immunisations that can be given for childre...
- Voluntary Patient Registration
Report of patients who are likely to meet the criteria f...



Scroll to **Vulnerable patients Over 5 years old who may be eligible for seasonal vaccinations.**

Vulnerable patients over 5 years old who may be eligible for seasonal vaccinations						
Information about this table						
Name	Born	ACG Score	Patient Phone	Last Visit	Birthday Age	GP Name
Surname	1	5	0412 345 678	2024-01-14	No	61-70 Years
Surname	3	4	0412 345 678	2023-04-12	No	61-70 Years
Surname	5	5	0412 345 678	2023-08-01	No	61-70 Years

This report identifies patients who may be at higher risk of complications from vaccine-preventable diseases based on:

- + Age
- + Chronic conditions
- + Immunocompromise
- + Medications
- + Frailty and complexity indicators

EXPORT REPORT

Within the report:

Identify patients requiring recall:

Filter by **ACG Score**

(5 → highest priority)

Prioritise:

- + Chronic disease patients
- + Older adults
- + High complexity patients
- + Patients with no pneumococcal vaccination recorded

Winter Wellness DEMO 21 March 2023 08:02									
Information about this table									
Vulnerable patients 5-59yrs or Aboriginal and Torres Strait Islander Patients 5-59yrs who may be eligible for seasonal vaccinations									
<small>Vulnerable patients are those who are generally older, with multi-morbidity, frailty, complex disease or immunosuppressed. Conditions are identified by diagnosis and/or medications used to treat the condition (Rx) - patients with high-complexity scores are also included for your consideration. Please note: This is a complex ACG with grade to begin at 5.0 level, a value of medium and progresses to the full data grade. Court of Court variations - where it is marked as your system. The value of the last COVID reflects recorded as provided if documented. Please click on information about this table for an explanation. Rx is a discharge summary where reason for hospital.</small>									
Name	Born	ACG Score	Patient Phone	Last Visit	Birthday Age	GP Name	Age	GP	
Surname	1	5	0412 345 678	2024-01-14	No	61-70 Years	CP	67	
Surname	3	4	0412 345 678	2023-04-12	No	61-70 Years	CP	62	
Surname	5	5	0412 345 678	2023-08-01	No	61-70 Years	KP	69	

Reminder: 'Export to CSV (SMS)' for recall via HotDoc Broadcast.



Primary Sense – Activity 2: Identifying Your Cohort

Identifying Patients for Pneumococcal Immunisation

Practices are encouraged to begin with a small, manageable cohort (e.g. 20–50 patients) to test recall processes before scaling up.

#	Description	Actions to be taken
2.1	Total eligible patients identified	Enter your total from Activity 1 (selected cohort/s).
2.2	Validate your data	<input type="checkbox"/> Review a sample of patient records <input type="checkbox"/> Confirm immunisation status (e.g. AIR / PRODA etc.) <input type="checkbox"/> Update missing or incorrect records
2.3	Determine recall approach	Would recalling this cohort be appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes → Proceed If No → Select a different cohort <input type="checkbox"/> Recall full cohort <input type="checkbox"/> Start with smaller high-risk subset
2.4	Prepare for QI activity	<input type="checkbox"/> Complete PDSA template

Activity 1 & 2 Reflection comments:

Use this space to document your decisions and outcomes before actioning your PDSA.

Practice name:	Date:
Team member:	

NOTE: Remember to review the PDSA Example provided. Then complete your practice’s QI Sprint PDSA using a blank PDSA template.



	<h2>PLAN</h2> <p>Identify your target cohort and define your recall approach.</p>	<p>Our practice identified a small cohort (approximately 50 patients eligible for Pneumococcal vaccination based on chronic disease). Selected report attached.</p> <p>We selected SMS recall using HotDoc Broadcast as our primary method. Success was defined as increased bookings and completed vaccinations.</p>
	<h2>DO</h2> <p>Run your report and initiate your activity.</p>	<p>We ran a Primary Sense report to identify eligible patients. We initiated recall via HotDoc Broadcast (SMS) using a CSV export. Messaging emphasised risk of pneumococcal complications in high-risk patients.</p> <p>Opportunistic vaccination was also offered during patient presentations.</p>
	<h2>STUDY</h2> <p>Track recalls, bookings, and uptake.</p>	<p>Number of patients contacted: 50 Number of appointments booked: 30 Number of vaccinations completed: 25</p> <p>Difference: 50% (25/50 patients vaccinated)</p>
	<h2>ACT</h2> <p>Refine your approach and scale your activity.</p>	<p>The SMS recall approach was effective. Additional staff training will improve efficiency. The cohort size could be expanded in future QI Sprints.</p> <p>Next cycle focus is 'Winter Wellness' report in Primary Sense. We will recall patients with no Shingles immunisation recorded with an ACG Score of 5/4.</p>

<h3>QI ACTIVITY AUDIT</h3>	
Commencement Date:	1/10/2026
Conclusion Date:	30/12/2026
Comments:	We had a team meeting at the beginning of the QI Sprint to ensure all staff were across our QI focus. We had great staff engagement and will look at increasing number of recalls for our next round of recalls.
Practice name:	ABC Medical
Team member/s:	Ms QI Champion

PDSA TEMPLATE



PLEASE ATTACH DATA
REPORTS/RESULTS TO THIS PDSA



PLAN

Identify your target cohort and define your recall approach.



DO

Run your report and initiate your activity.



STUDY

Track recalls, bookings, and uptake.



ACT

Refine your approach and scale your activity.

QI ACTIVITY AUDIT

Commencement Date:

Conclusion Date:

Comments:

Practice name:

Team member/s:



QI SPRINT

IDENTIFY. | RECALL. | PROTECT.

COVID-19 IMMUNISATION

COVID-19 immunisation remains a key QI priority in the Darling Downs and West Moreton region, particularly during periods of increased respiratory illness. Vaccination reduces severe illness, hospitalisation, and complications, especially for high-risk groups. Despite funded access, booster uptake remains inconsistent, with many eligible patients overdue or not recorded. Improving coverage is essential to reduce preventable harm and system pressure, with general practice central to identifying and vaccinating these patients.

ACTIVITY COVID-19 IMMUNISATION QI

Focus: Identify, recall, and improve COVID-19 vaccination coverage in your patient population.

Tools: CAT4 or Primary Sense

QUALITY IMPROVEMENT ACTIVITIES IN THIS AREA FOCUS ON:

- Identifying patients who are eligible for COVID-19 immunisation
- Reviewing and improving the accuracy of immunisation records
- Implementing recall and reminder strategies (e.g. SMS, phone, opportunistic prompts)
- Monitoring changes in immunisation uptake over time

This activity is intended as a guide only and should be applied using clinical judgement and practice context.

If you identify any issues or required updates, please contact practicesupport@ddwmpnh.com.au

CAT4 ACTIVITIES



CAT4 – Activity 1: Baseline Data Collection

Identifying Patients for COVID-19 Immunisation

Select **ONE cohort**, run the report, and record your baseline.

Only complete the 'Results' column for the cohort you choose to focus on.



TIP: Consider starting with the highest-risk group.

#	Description	Report Instructions	Results
1.1	Aboriginal and Torres Strait Islander patients aged 55+	COVID-19 1b: Indigenous patients over 55 years	
1.2	Patients aged 70+	COVID-19 1b: Patients over 70 years	
1.3	Patients with BMI \geq 40	COVID-19 1b: Patients with a BMI \geq 40	
1.4	Patients with a cancer diagnosis	COVID-19 1b: Patients with a cancer diagnosis	
1.5	Patients with chronic conditions	COVID-19 1b: Patients with specific chronic diseases	
1.6	Aboriginal and Torres Strait Islander patients aged 18–54	COVID-19 2a: Indigenous patients 18-54 years	
1.7	Patients aged 50–69	COVID-19 2a: Patients aged 50-69 years	
1.8	Priority patients due for a COVID-19 booster	COVID-19 Booster: Priority patients due for a booster shot	

Reminder: 'Export to CSV' for recall via HotDoc Broadcast.





CAT4 – Activity 2: Identifying Your Cohort

Identifying Patients for COVID-19 Immunisation

Practices are encouraged to begin with a small, manageable cohort (e.g. 20–50 patients) to test recall processes before scaling up.

#	Description	Actions to be taken
2.1	Total eligible patients identified	Enter your total from Activity 1 (selected cohort/s).
2.2	Validate your data	<input type="checkbox"/> Review a sample of patient records <input type="checkbox"/> Confirm immunisation status (e.g. AIR / PRODA etc.) <input type="checkbox"/> Update missing or incorrect records
2.3	Determine recall approach	Would recalling this cohort be appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes → Proceed If No → Select a different cohort <input type="checkbox"/> Recall full cohort <input type="checkbox"/> Start with smaller high-risk subset
2.4	Prepare for QI activity	<input type="checkbox"/> Complete PDSA template

Activity 1 & 2 Reflection comments:

Use this space to document your decisions and outcomes before completing your PDSA.

Practice name:	Date:
Team member:	

NOTE: Remember to review the PDSA Example provided. Then complete your practice’s QI Sprint PDSA using a blank PDSA template.

PRIMARY SENSE ACTIVITIES



Primary Sense – Activity 1: Baseline Data Collection

Identifying Patients for COVID-19 Immunisation

Collect baseline data to determine the number of patients eligible for COVID-19 immunisation and identify those within priority at-risk patient groups who may require recall.

Complete the table below by collecting data from Primary Sense.



TIP: Consider starting with the highest-risk group.

#	Description	Report Instructions	Results
1.1	Vulnerable patients identified as eligible for COVID-19 immunisation	Select Winter Wellness report and scroll to Vulnerable patients over 5 years old who may be eligible for seasonal vaccinations report	
1.2	Pregnant patients identified as eligible for COVID-19 immunisation	Select Pregnancy and Vaccinations report and scroll to Pregnant women without a record of vaccination for pertussis, RSV, and/or influenza during this pregnancy report	

FIND YOUR DATA

Navigate to the **Reports** section in Primary Sense and select the **'Winter Wellness'** report.



Primary Sense™ Reports

GPs - Important clinical information about your patients are in most of these reports. Reports will refresh with new data every 2 hours.

Select a report Clinical Audit Queries

Patient Lists

Pregnant and Vaccinations Due: influenza and/or pertussis	Health Assessments Eligible or due
Patients with Moderate Complexity (level 3) Eligible or due care planning items	Benzodiazepine in substance misuse High risk patients
Chronic Lung Disease and Asthma Associated modifiable risk factors	Haemochromatosis Associated risk indicators
Patients with High Complexity (5 and 4) Eligible or due care planning items	Cardiovascular Disease Risk Factors Modifiable risk factors
Diabetes Mellitus Diagnosed and undiagnosed	Frailty Care Management Patients with Frailty risk factors
Winter Wellness High risk patients at risk of seasonal respiratory infect...	Bowel and Breast Cancer Screening Patients eligible
Hypertension Management Hypertension, no active ACR reading in last 12 months	Child Immunisations Report of immunisations that can be given for childre...
Cardiovascular Disease Management CVD, missing interventions and risk factors	Voluntary Patient Registration Report of patients who are likely to meet the criteria f...

Scroll to **Vulnerable patients Over 5 years old who may be eligible for seasonal vaccinations.**

Vulnerable patients over 5 years old who may be eligible for seasonal vaccinations						
Information about this table		Export To Excel		Export To CSV		Export To CSV (SMS)
Name	Born	ACG Score	Patient Phone	Last Visit	Birthday Age	GP Name
Surname	1	5	0412 345 678	2024-01-14	No	61-70 Years
Surname	3	4	0412 345 678	2023-04-12	No	61-70 Years
Surname	5	5	0412 345 678	2023-08-01	No	61-70 Years

This report identifies patients who may be at higher risk of complications from vaccine-preventable diseases based on:

- + Age
- + Chronic conditions
- + Immunocompromise
- + Medications
- + Frailty and complexity indicators

EXPORT REPORT

Within the report:

Identify patients requiring recall:

- + Last COVID Vacc. = NIL
- + OR low COVID Vacc. Count
- + OR clinically overdue based on review

Prioritise patients using:

- + ACG Score – filter and recall patients with an ACG 5 rating in the first instance.

Winter Wellness DEMO
21 March 2023 08:02

Information about this table

Vulnerable patients 5-59yrs or Aboriginal and Torres Strait Islander Patients 5-59yrs who may be eligible for seasonal vaccinations

Vulnerable patients are those who are generally older, with multi-morbidity, frailty, complex disease or immunosuppressed. Conditions are identified by diagnosis and/or medications used to treat the condition (Rx) - patients with high-complexity scores are also included for your consideration. Please note: This is a complex ACG risk grade to begin (at 5/5 levels, a value of medium and progresses to the full data grade. Court of Court variations - where it is marked as your system. The value of the last COVID reflects recorded as provided if documented. Please click on information about this table for an explanation. Rx is a discharge summary where reason for hospital.

Show 25 patients per page

Export To Excel Export To CSV **Export To CSV (SMS)**

Name	Born	ACG Score	Patient Phone	Last Visit	Birthday Age	GP Name	Age	GP
Surname	1	5	0412 345 678	2024-01-14	No	61-70 Years	CP	67
Surname	3	4	0412 345 678	2023-04-12	No	61-70 Years	CP	62
Surname	5	5	0412 345 678	2023-08-01	No	61-70 Years	KP	69

Reminder: 'Export to CSV (SMS)' for recall via HotDoc Broadcast.



Primary Sense – Activity 2: Identifying Your Cohort

Identifying Patients for COVID-19 Immunisation

Practices are encouraged to begin with a small, manageable cohort (e.g. 20–50 patients) to test recall processes before scaling up.

#	Description	Actions to be taken
2.1	Total eligible patients identified	Enter your total from Activity 1 (selected cohort/s).
2.2	Validate your data	<input type="checkbox"/> Review a sample of patient records <input type="checkbox"/> Confirm immunisation status (e.g. AIR / <u>PRODA</u> etc.) <input type="checkbox"/> Update missing or incorrect records
2.3	Determine recall approach	Would recalling this cohort be appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes → Proceed If No → Select a different cohort <input type="checkbox"/> Recall full cohort <input type="checkbox"/> Start with smaller high-risk subset
2.4	Prepare for QI activity	<input type="checkbox"/> Complete PDSA template





Activity 1 & 2 Reflection comments:

Use this space to document your decisions and outcomes before actioning your PDSA.

Practice name:	Date:
Team member:	

NOTE: Remember to review the PDSA Example provided. Then complete your practice’s QI Sprint PDSA using a blank PDSA template.



	<p>PLAN</p> <p>Identify your target cohort and define your recall approach.</p>	<p>Our practice identified a small cohort (approximately 50 patients eligible for COVID-19 vaccinations). Selected report attached.</p> <p>We selected SMS recall using HotDoc Broadcast as our primary method. Success was defined as increased bookings and completed vaccinations.</p>
	<p>DO</p> <p>Run your report and initiate your activity.</p>	<p>We ran a Primary Sense report to identify eligible patients, including opportunistic discussion of COVID-19.</p> <p>We initiated recall via HotDoc Broadcast (SMS) using a CSV export. Messaging emphasised the importance of COVID-19 for patients with chronic disease.</p>
	<p>STUDY</p> <p>Track recalls, bookings, and uptake.</p>	<p>Number of patients contacted: 50 Number of appointments booked: 30 Number of vaccinations completed: 25</p> <p>Difference: 50% (25/50 patients vaccinated)</p>
	<p>ACT</p> <p>Refine your approach and scale your activity.</p>	<p>The SMS recall approach was effective. Additional staff training will improve efficiency. The cohort size could be expanded in future QI Sprints.</p> <p>Next cycle focus is 'Winter Wellness' report in Primary Sense. We will recall patients with no influenza recorded with an ACG Score of 5/4.</p>

<h2>QI ACTIVITY AUDIT</h2>	
Commencement Date:	1/05/2026
Conclusion Date:	30/06/2026
Comments:	<p>We had a team meeting at the beginning of the QI Sprint to ensure all staff were across our QI focus. We had great staff engagement and will look at increasing number of recalls for our next round of recalls.</p>
Practice name:	ABC Medical
Team member/s:	Ms QI Champion

PDSA TEMPLATE



PLEASE ATTACH DATA
REPORTS/RESULTS TO THIS PDSA



PLAN

Identify your target cohort and define your recall approach.



DO

Run your report and initiate your activity.



STUDY

Track recalls, bookings, and uptake.



ACT

Refine your approach and scale your activity.

QI ACTIVITY AUDIT

Commencement Date:

Conclusion Date:

Comments:

Practice name:

Team member/s:



QI SPRINT

🔍 IDENTIFY. | 🔔 RECALL. | 🛡️ PROTECT.



SHINGLES IMMUNISATION

Shingles (herpes zoster) is caused by reactivation of the varicella zoster virus and can result in significant pain and complications, including post-herpetic neuralgia. Risk increases with age and in immunocompromised patients.

Vaccination is an effective way to reduce the incidence and severity of shingles. Despite funded access for eligible age groups, uptake remains variable. General practice plays a key role in identifying eligible patients, recalling those due or overdue, and improving vaccination coverage.



ACTIVITY **SHINGLES IMMUNISATION QI**

Focus: Identify, recall, and improve shingles vaccination coverage in eligible patients.

Tools: CAT4, AIR, or Clinical Software Search



QUALITY IMPROVEMENT ACTIVITIES IN THIS AREA FOCUS ON:

- + Identifying patients who may benefit from shingles immunisation based on age and risk factors.
- + Reviewing and improving the accuracy of immunisation records within the practice system.
- + Implementing recall and reminder strategies (e.g. SMS, phone, opportunistic prompts).
- + Monitoring changes in immunisation uptake over time to support ongoing improvement.

This activity is intended as a guide only and should be applied using clinical judgement and practice context.

If you identify any issues or required updates, please contact practicesupport@ddwmpnh.com.au

CAT4 ACTIVITIES



CAT4 – Activity 1: Baseline Data Collection

Identifying Patients for Shingles Immunisation

Select ONE cohort, run the report, and record your baseline.

Only complete the 'Results' column for the cohort you choose to focus on.



TIP: Consider starting with the highest-risk group.

#	Description	Report Instructions	Results
1.1	All Patients 65+	Identify Patients Eligible for Shingles Vaccination	
1.2	Indigenous patients 50+	Identify Patients Eligible for Shingles Vaccination	
1.3	Immunocompromised patients 18+ (where identifiable via clinical coding)	Identify Patients Eligible for Shingles Vaccination	

Reminder: 'Export to CSV' for recall via HotDoc Broadcast.





CAT4 – Activity 2: Identifying Your Cohort

Identifying Patients for Shingles Immunisation

Practices are encouraged to begin with a small, manageable cohort (e.g. 20–50 patients) to test recall processes before scaling up.

#	Description	Actions to be taken
2.1	Total eligible patients identified	Enter your total from Activity 1 (selected cohort/s).
2.2	Validate your data	<input type="checkbox"/> Review a sample of patient records <input type="checkbox"/> Confirm immunisation status (e.g. AIR / <u>PRODA</u> etc.) <input type="checkbox"/> Update missing or incorrect records
2.3	Determine recall approach	Would recalling this cohort be appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes → Proceed If No → Select a different cohort <input type="checkbox"/> Recall full cohort <input type="checkbox"/> Start with smaller high-risk subset
2.4	Prepare for QI activity	<input type="checkbox"/> Complete PDSA template

Activity 1 & 2 Reflection comments:

Use this space to document your decisions and outcomes before completing your PDSA.

Practice name:	Date:
Team member:	

NOTE: Remember to review the PDSA Example provided. Then complete your practice's QI Sprint PDSA using a blank PDSA template.

PRIMARY SENSE ACTIVITIES

Shingles immunisation data is not currently available within Primary Sense reporting.

Practices may use clinical software searches and AIR records to identify patients aged 50 years and older, or immunocompromised patients who may benefit from shingles vaccination.



	<h2>PLAN</h2>	<p>Our practice identified a small cohort (approximately 50 patients) eligible for shingles vaccination based on age and risk factors.</p>
	<h2>DO</h2>	<p>We used CAT4 and clinical software searches to identify eligible patients, including adults aged 65+ years and immunocompromised. Recall was initiated via HotDoc Broadcast (SMS) using a CSV export. Messaging emphasised the importance of shingles vaccination for at-risk patients.</p>
	<h2>STUDY</h2>	<p>Number of patients contacted: 50 Number of appointments booked: 30 Number of vaccinations completed: 25</p>
	<h2>ACT</h2>	<p>The SMS recall approach was effective. Additional staff training will improve identification of eligible patients during routine consultations.</p> <p>The next cycle will continue use of CAT4, AIR records, and clinical software searches to identify additional eligible patients for shingles vaccination.</p>

<h3>QI ACTIVITY AUDIT</h3>	
Commencement Date:	1/05/2026
Conclusion Date:	30/06/2026
Comments:	<p>A team meeting was held at commencement of QI Sprint to review shingles immunisation focus and identify eligible patient cohorts for recall. Staff feedback was positive, and we will continue opportunistic vaccination discussions throughout winter.</p>
Practice name:	ABC Medical
Team member/s:	Ms QI Champion

PDSA TEMPLATE



PLEASE ATTACH DATA
REPORTS/RESULTS TO THIS PDSA



PLAN

Identify your target cohort and define your recall approach.



DO

Run your report and initiate your activity.



STUDY

Track recalls, bookings, and uptake.



ACT

Refine your approach and scale your activity.

QI ACTIVITY AUDIT

Commencement Date:

Conclusion Date:

Comments:

Practice name:

Team member/s:



QI SPRINT

IDENTIFY. | RECALL. | PROTECT.

RSV IMMUNISATION

Respiratory Syncytial Virus (RSV) is a common and highly contagious respiratory virus that can cause severe illness in vulnerable populations, particularly infants, older adults, pregnant women, and people with underlying health conditions. RSV places significant seasonal pressure on hospitals and primary care services each winter, with complications including bronchiolitis, pneumonia, and worsening chronic respiratory disease.

New immunisation and prevention strategies are now available through the National Immunisation Program (NIP), including free RSV vaccination for eligible older adults from May 2026. General practice plays a key role in identifying eligible patients, supporting maternal immunisation during pregnancy, promoting timely vaccination, and reducing the risk of severe RSV-related illness across the community.

ACTIVITY

RSV IMMUNISATION QI

Focus: Support identification and recall of patients eligible for RSV immunisation or maternal RSV vaccination.

Tools: Primary Sense
(CAT4 RSV immunisation data is not available)

More RSV reporting is expected in Primary Sense as the new NIP program rolls out.

QUALITY IMPROVEMENT ACTIVITIES IN THIS AREA FOCUS ON:

- Identifying patients who may be eligible for RSV immunisation or maternal vaccination (e.g. pregnant patients).
- Reviewing and improving the accuracy of immunisation records within the practice system.
- Implementing recall and reminder strategies where appropriate (e.g. SMS, phone, opportunistic prompts).
- Supporting opportunistic RSV vaccination discussions during patient presentations.

This activity is intended as a guide only and should be applied using clinical judgement and practice context.

If you identify any issues or required updates, please contact practicesupport@ddwmpnh.com.au

CAT4 ACTIVITIES

RSV immunisation data is not currently available within PenCS CAT4 reporting.

Practices may use clinical software searches and AIR records to eligible patients who may benefit from shingles vaccination.

PRIMARY SENSE ACTIVITIES

Primary Sense RSV reporting is presently limited and may primarily identify pregnant patients eligible for maternal RSV immunisation.

Practices may still wish to use opportunistic identification methods and clinical judgement to support RSV vaccination discussions with other eligible patient groups.



Primary Sense – Activity 1: Baseline Data Collection

Identifying Patients for RSV Immunisation

Collect baseline data to determine the number of patients eligible for RSV immunisation and identify those within priority at-risk patient groups who may require recall.

Complete the table below by collecting data from Primary Sense.

#	Description	Report Instructions	Results
1.1	Pregnant patients identified as eligible for RSV immunisation	Select Pregnancy and Vaccinations report and scroll to Pregnant women without a record of vaccination for pertussis, RSV, and/or influenza during this pregnancy report	

FIND YOUR DATA

Navigate to the **Reports** section in Primary Sense and select the **'Pregnancy and Vaccinations'** report.

Primary Sense™ Reports
 GPs - Important clinical information about your patients are in most of these reports.
 Reports will refresh with new data every 2 hours.
 Select a report

Pregnant and Vaccinations
 Due influenza and/or pertussis

Other reports visible in the list include: Health Assessments, Benzodiazepine in substance misuse, Haemochromatosis, Cardiovascular Disease Risk Factors, Frailty Care Management, and Bowel and Breast Cancer Screening.

Scroll to **Pregnant women without a record of vaccination for pertussis, RSV, and/or influenza during this pregnancy**

Pregnant women without a record of vaccination for pertussis, RSV and/or influenza during this pregnancy.

Information about this table

Explanation
This report is pregnant women without a record of vaccination for pertussis, RSV and/or influenza during this pregnancy.

Vaccination is recommended every pregnancy. A single dose of pertussis vaccine is strongly recommended for pregnant women in the third trimester of every pregnancy (preferably between 20 and 32 weeks' gestation, usually at diagnosis of pregnancy and at least before the influenza season, but can also occur at any time. The RSV (Abrysvo®) is due between 28 and 36 weeks of pregnancy. Please also refer to the Australian Immunisation Register.

How to interpret
These patients have not yet received fluvax - indicated by N. Patients who are not yet due pertussis and/or RSV are N/A, patients who are due pertussis but have not received it are indicated by N.

Show: 25 patients per page

Export To Excel Export To CSV Export To CSV (SMS)

Mark	Patient Name	Patient Phone	Last Visit	Existing Appt	GP Name	Clinic	Age	Fluvax Date	Pertussis Date
Remove	Horry, Lisa	0423678902	2024-09-16	2025-07-30	Dr Chow		24	N	N
Remove	Davies, Samantha		2025-03-10	Nil	Dr Chow		26	N	N
Remove	Fancy, Nancy	0432678456	2025-03-12	2025-06-30	Dr Chow		25	2025-03-12	N
Remove	Taylor, Samantha		2025-03-10	Nil	Dr Chow		25	N (2024-08-13)	N
Remove	Moss, Tracey	0423678965	2025-03-20	Nil	Dr Chow		45	N	2025-03-20

This report identifies pregnant patients who may be eligible for maternal vaccination during pregnancy, including:

- + Influenza vaccination
- + Pertussis vaccination
- + RSV vaccination

The report may assist practices to:

- + identify pregnant patients requiring follow-up
- + support timely maternal immunisation
- + review vaccination records during pregnancy
- + implement recall and reminder activities where appropriate

EXPORT REPORT

Within the report:

Identify patients requiring recall:

Filter by **RSV Date**.

Export To CSV **Export To CSV (SMS)**

Last Visit	Existing Appt	GP Name	Clinic	Age	Fluvax Date	Pertussis Date	RSV Date
2024-09-16	2025-07-30	Dr Chow		24	N	N	N/A
2025-03-10	Nil	Dr Chow		26	N	N	N/A
2025-03-12	2025-06-30	Dr Chow		25	2025-03-12	N	2025-04-12
2025-03-10	Nil	Dr Chow		25	N (2024-08-13)	N	N
2025-03-20	Nil	Dr Chow		45	N	2025-03-20	N/A
2025-03-27	Nil	Dr Chow		36	N	N/A	N/A
2025-03-14	Nil	Dr Chow		35	N	N/A	N/A

Reminder: 'Export to CSV (SMS)' for recall via HotDoc Broadcast



Primary Sense – Activity 2: Identifying Your Cohort

Identifying Patients for RSV Immunisation

Practices are encouraged to begin with a small, manageable cohort (e.g. 20–50 patients) to test recall processes before scaling up.

#	Description	Actions to be taken
2.1	Total eligible patients identified	Enter your total from Activity 1 (selected cohort/s).
2.2	Validate your data	<input type="checkbox"/> Review a sample of patient records <input type="checkbox"/> Confirm immunisation status (e.g. AIR / PRODA etc.) <input type="checkbox"/> Update missing or incorrect records
2.3	Determine recall approach	Would recalling this cohort be appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes → Proceed If No → Select a different cohort <input type="checkbox"/> Recall full cohort <input type="checkbox"/> Start with smaller high-risk subset
2.4	Prepare for QI activity	<input type="checkbox"/> Complete PDSA template





Activity 1 & 2 Reflection comments:

Use this space to document your decisions and outcomes before actioning your PDSA.

Practice name:	Date:
Team member:	

NOTE: Remember to review the PDSA Example provided. Then complete your practice’s QI Sprint PDSA using a blank PDSA template.



	<p>PLAN</p> <p>Identify your target cohort and define your recall approach.</p>	<p>Our practice identified a small cohort (approximately 20 pregnant patients) without a recorded RSV vaccination during pregnancy.</p> <p>Selected report attached.</p> <p>We selected SMS recall using HotDoc Broadcast as our primary method. Success was defined as increased bookings and completed maternal RSV vaccinations prior to recommended gestation milestones.</p>
	<p>DO</p> <p>Run your report and initiate your activity.</p>	<p>We ran the Primary Sense “Pregnant and Vaccinations” report to identify pregnant patients without a recorded RSV vaccination. Recall was initiated via HotDoc Broadcast (SMS) using a CSV export. Messaging emphasised the importance of maternal RSV vaccination during pregnancy and encouraged patients to contact the practice to discuss eligibility and timing. Opportunistic RSV vaccination discussions were also undertaken during antenatal presentations and routine pregnancy appointments.</p>
	<p>STUDY</p> <p>Track recalls, bookings, and uptake.</p>	<p>Number of patients contacted: 20 Number of appointments booked: 12 Number of vaccinations completed: 10</p> <p>Difference: 50% (10/20 patients vaccinated)</p>
	<p>ACT</p> <p>Refine your approach and scale your activity.</p>	<p>The SMS recall approach improved maternal RSV vaccination engagement during pregnancy. Additional staff education will focus on improving identification of eligible pregnant patients and ensuring vaccination status is reviewed during antenatal consultations.</p> <p>The next cycle will continue use of the “Pregnant and Vaccinations” report in Primary Sense and expand opportunistic maternal vaccination discussions during pregnancy presentations.</p>

<p style="text-align: center;">QI ACTIVITY AUDIT</p>	
Commencement Date:	1/05/2026
Conclusion Date:	30/06/2026
Comments:	A team meeting was held at the commencement of the QI Sprint to review maternal RSV immunisation during pregnancy and discuss recall opportunities for eligible patients. Staff feedback was positive, and the practice will continue reviewing vaccination status during antenatal consultations throughout winter.
Practice name:	ABC Medical
Team member/s:	Ms QI Champion

PDSA TEMPLATE



PLEASE ATTACH DATA
REPORTS/RESULTS TO THIS PDSA

	PLAN Identify your target cohort and define your recall approach.	
	DO Run your report and initiate your activity.	
	STUDY Track recalls, bookings, and uptake.	
	ACT Refine your approach and scale your activity.	

QI ACTIVITY AUDIT	
Commencement Date:	
Conclusion Date:	
Comments:	
Practice name:	
Team member/s:	

QI SPRINT

🔍 IDENTIFY. | 🔔 RECALL. | ✅ PROTECT.

CHILDHOOD IMMUNISATION

Childhood immunisation is critical to preventing serious vaccine-preventable diseases and maintaining community protection. Timely vaccination according to the National Immunisation Program (NIP) schedule reduces the risk of outbreaks and helps protect infants, children, and vulnerable populations.

Despite established schedules and funded access, delayed and overdue childhood vaccinations remain common. General practice plays an important role in identifying children who are overdue, maintaining accurate immunisation records, supporting opportunistic vaccination, and working with families to improve vaccination coverage and timely follow-up.



ACTIVITY CHILDHOOD IMMUNISATION QI

Focus: Identify children who are overdue or due for vaccination and improve timely childhood immunisation coverage.

Tools: CAT4 or Primary Sense



QUALITY IMPROVEMENT ACTIVITIES IN THIS AREA FOCUS ON:

- Identifying children who are overdue or due for childhood immunisations.
- Reviewing and improving the accuracy of immunisation records within the practice system.
- Implementing recall and reminder strategies (e.g. SMS, phone, opportunistic prompts).
- Supporting timely follow-up for missed or delayed vaccinations.
- Monitoring childhood immunisation coverage over time.

This activity is intended as a guide only and should be applied using clinical judgement and practice context.

If you identify any issues or required updates, please contact practicesupport@ddwmpnh.com.au

CAT4 ACTIVITIES



CAT4 – Activity 1: Baseline Data Collection

Identifying Patients for Childhood Immunisation

Select **ONE cohort**, run the report, and record your baseline.

Only complete the 'Results' column for the cohort you choose to focus on.

#	Description	Report Instructions	Results
1.1	Patients aged under 12 months	Use Immunisations > Child > Child Schedule tab. Apply the CAT Age filter to identify children aged under 12 months who are due and/or overdue for immunisation.	
1.2	Patients aged 12–24 months	Use Immunisations > Child > Child Schedule tab. Apply the CAT Age filter to identify children aged 12-24 months who are due and/or overdue for immunisation.	
1.3	Patients aged 2–5 years	Use Immunisations > Child > Child Schedule tab. Apply the CAT Age filter to identify children aged 2-5 years who are due and/or overdue for immunisation.	

Example: Age Filter in CAT4

For childhood immunisations do **NOT** apply the 'Active' filter.

Filter

General | Ethnicity | Conditions | Medications | Date Range (Results) | Visits | Patient Name | Patient Status | Providers | Risk Factors | MBS | Saved Filters | Custom Filters

<p>Gender</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Not Stated</p>	<p>Card</p> <p><input type="checkbox"/> DVA < Any Color > <input type="checkbox"/> No</p> <p><input type="checkbox"/> Pension/HCC <input type="checkbox"/> No</p> <p>Health Cover</p> <p><input type="checkbox"/> Medicare No. <input type="checkbox"/> No</p> <p><input type="checkbox"/> Health Insurance <input type="checkbox"/> No</p>	<p>Age</p> <p>Start Age <input type="text"/></p> <p>End Age <input type="text" value="12"/></p> <p><input type="radio"/> Yrs <input checked="" type="radio"/> Mths</p> <p><input type="checkbox"/> No Age</p>	<p>Patient Status</p> <p><input type="radio"/> Last Visit</p> <p><input checked="" type="radio"/> Any</p> <p><input type="radio"/> < 6 mths</p> <p><input type="radio"/> < 24 mths</p> <p><input type="radio"/> Date Range</p> <p><input type="text" value="01/01/2021"/> to <input type="text" value="01/01/2021"/></p>	<p>Visits</p> <p><input type="radio"/> First Visit</p> <p><input type="radio"/> None</p> <p><input type="radio"/> < 15 mths</p> <p><input type="radio"/> < 30 mths</p>	<p>Activity</p> <p><input checked="" type="radio"/> Any</p> <p><input type="radio"/> Active (3x in 2 yrs)</p> <p><input type="radio"/> Not Active</p> <p>Visits in last 6 mths</p> <p>≥ <input type="text" value="0"/></p>
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Reminder: 'Export to CSV' for recall via HotDoc Broadcast.



CAT4 – Activity 2: Identifying Your Cohort

Identifying Patients for Childhood Immunisation

Practices are encouraged to begin with a small, manageable cohort (e.g. 20–50 patients) to test recall processes before scaling up.

#	Description	Actions to be taken
2.1	Total eligible patients identified	Enter your total from Activity 1 (selected cohort/s).
2.2	Validate your data	<input type="checkbox"/> Review a sample of patient records <input type="checkbox"/> Confirm immunisation status (e.g. AIR / PRODA etc.) <input type="checkbox"/> Update missing or incorrect records
2.3	Determine recall approach	Would recalling this cohort be appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes → Proceed If No → Select a different cohort <input type="checkbox"/> Recall full cohort <input type="checkbox"/> Start with smaller high-risk subset
2.4	Prepare for QI activity	<input type="checkbox"/> Complete PDSA template

Activity 1 & 2 Reflection comments:

Use this space to document your decisions and outcomes before completing your PDSA.

Practice name:	Date:
Team member:	

NOTE: Remember to review the PDSA Example provided. Then complete your practice’s QI Sprint PDSA using a blank PDSA template.

PRIMARY SENSE ACTIVITIES



Primary Sense – Activity 1: Baseline Data Collection

Identifying Patients for Childhood Immunisation


Collect baseline data to determine the number of children due and/or overdue for childhood immunisation and identify cohorts requiring recall or follow-up.

Complete the table below by collecting data from Primary Sense.

#	Description	Report Instructions	Results
1.1	Patients 2–6 months vaccinations	Select Child Immunisations report and scroll to Patients 2–6 months vaccinations report	
1.2	Patients 6 months+ influenza vaccination	Select Child Immunisations report and scroll to Patients 6 months+ influenza vaccination report	
1.3	Patients 12 months vaccinations	Select Child Immunisations report and scroll to Patients 12 months vaccinations report	
1.4	Patients 18 months vaccinations	Select Child Immunisations report and scroll to Patients 18 months vaccinations report	
1.5	Patients 4 years vaccinations	Select Child Immunisations report and scroll to Patients 4 years vaccinations report	

FIND YOUR DATA

Navigate to the **Reports** section in Primary Sense and select the **'Winter Wellness'** report.



















Reports

Primary Sense™ Reports

GPs - Important clinical information about your patients are in most of these reports.
Reports will refresh with new data every 2 hours.

Select a report Clinical Audit Queries

Patient Lists

<ul style="list-style-type: none">  Pregnant and Vaccinations Due influenza and/or pertussis  Patients with Moderate Complexity (level 3) Eligible or due care planning items  Chronic Lung Disease and Asthma Associated modifiable risk factors  Patients with High Complexity (5 and 4) Eligible or due care planning items  Diabetes Mellitus Diagnosed and undiagnosed  Winter Wellness High risk patients at risk of seasonal respiratory infect...  Hypertension Management Hypertension, no active ACR reading in last 12 months  Cardiovascular Disease Management CVD, missing interventions and risk factors 	<ul style="list-style-type: none">  Health Assessments Eligible or due  Benzodiazepine in substance misuse High risk patients  Haemochromatosis Associated risk indicators  Cardiovascular Disease Risk Factors Modifiable risk factors  Frailty Care Management Patients with Frailty risk factors  Bowel and Breast Cancer Screening Patients eligible <li style="border: 2px solid red; padding: 2px;"> Child Immunisations Report of immunisations that can be given for childre...  Voluntary Patient Registration Report of patients who are likely to meet the criteria f...
---	---

Scroll to the relevant reports.

The below example is the '2-6-month vaccination' report.

Patients 2 - 6 months vaccinations															
0412303783															
Show															
25 patients per page															
Export To Excel Export To CSV Export To CSV (SMS)															
Remove	Patient Name	Patient Phone	Last Visit	Existing Appt	GP Name	Clinic	Age (mths)	ATSI	DTP	Polio	Hib	DTP Due Date	DTP/Polio/ DTP Due Date	Rotavirus Last Dose	Rotavirus Due Date
Remove	Piet, Ezra	0452647715	2024-11-08	2025-06-01	Dr Smith	Main Surgery	6.5	N	2024-11-08			2025-04-23	N/A	N/A	
Remove	Kapiti, Ali	045391190	N/A	N/A	Dr Smith	Main Surgery	11.7	N				2025-04-21	N/A	N/A	
Remove	Dunh, Emma	0481646175	2024-05-10	N/A	Dr Smith	Main Surgery	11.7	N				2025-04-21	N/A	N/A	

The report may assist practices to:

- + identify children requiring follow-up or recall
- + review overdue or upcoming vaccinations
- + support timely childhood immunisation
- + improve immunisation record accuracy within the practice system

EXPORT REPORT

Within the report:

Identify patients requiring recall:

Filter by **vaccination type** and if **currently due** and/or **vaccination date upcoming**.

Export To Excel Export To CSV Export To CSV (SMS)													
Patient Phone	Last Visit	Existing Appt	GP Name	Clinic	Age (mths)	ATSI	DTP	Polio	Hib	DTP Due Date	DTP/Polio/ DTP Due Date	Rotavirus Last Dose	Rotavirus Due Date
0452647715	2024-11-08	2025-06-01	Dr Smith	Main Surgery	6.5	N	2024-11-08				2025-04-23	N/A	N/A
045391190	N/A	N/A	Dr Smith	Main Surgery	11.7	N					2025-04-21	N/A	N/A
0481646175	2024-05-10	N/A	Dr Smith	Main Surgery	11.7	N					2025-04-21	N/A	N/A

The report shows due dates in colours representing the timeframe of the vaccination.

N/A = Vaccination is not required or no longer eligible

Green = Vaccination has been given

Blue = Vaccination is currently due now

Grey = Vaccination date is upcoming, but not currently due

Reminder: 'Export to CSV (SMS)' for recall via HotDoc Broadcast.



Primary Sense – Activity 2: Identifying Your Cohort

Identifying Patients for Childhood Immunisation

Practices are encouraged to begin with a small, manageable cohort (e.g. 20–50 patients) to test recall processes before scaling up.

#	Description	Actions to be taken
2.1	Total eligible patients identified	Enter your total from Activity 1 (selected cohort/s).
2.2	Validate your data	<input type="checkbox"/> Review a sample of patient records <input type="checkbox"/> Confirm immunisation status (e.g. AIR / PRODA etc.) <input type="checkbox"/> Update missing or incorrect records
2.3	Determine recall approach	Would recalling this cohort be appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes → Proceed If No → Select a different cohort <input type="checkbox"/> Recall full cohort <input type="checkbox"/> Start with smaller high-risk subset
2.4	Prepare for QI activity	<input type="checkbox"/> Complete PDSA template

Activity 1 & 2 Reflection comments:

Use this space to document your decisions and outcomes before actioning your PDSA.

Practice name:	Date:
Team member:	

NOTE: Remember to review the PDSA Example provided. Then complete your practice’s QI Sprint PDSA using a blank PDSA template.



	<p>PLAN</p> <p>Identify your target cohort and define your recall approach.</p>	<p>Our practice identified a small cohort (approximately 50 patients) eligible for RSV immunisation based on age and risk factors.</p> <p>Selected report attached.</p> <p>We selected SMS recall using HotDoc Broadcast as our primary method. Success was defined as increased bookings and completed RSV vaccinations prior to peak winter activity.</p>
	<p>DO</p> <p>Run your report and initiate your activity.</p>	<p>We ran a Primary Sense report to identify eligible patients, including older adults and patients with chronic respiratory disease. Recall was initiated via HotDoc Broadcast (SMS) using a CSV export. Messaging emphasised the importance of RSV protection ahead of winter.</p> <p>Opportunistic RSV vaccination was also discussed during chronic disease management and routine patient presentations.</p>
	<p>STUDY</p> <p>Track recalls, bookings, and uptake.</p>	<p>Number of patients contacted: 50 Number of appointments booked: 28 Number of vaccinations completed: 22</p> <p>Difference: 44% (22/50 patients vaccinated)</p>
	<p>ACT</p> <p>Refine your approach and scale your activity.</p>	<p>The SMS recall approach improved RSV vaccination engagement prior to winter. Additional staff training will focus on identifying eligible patients during routine consultations.</p> <p>The next cycle will expand recalls to additional high-risk cohorts, including immunocompromised patients and eligible pregnant patients.</p>

<h3>QI ACTIVITY AUDIT</h3>	
Commencement Date:	1/05/2026
Conclusion Date:	30/06/2026
Comments:	A team meeting was held at the commencement of the QI Sprint to review the RSV immunisation focus and identify eligible patient cohorts for recall. Staff feedback was positive, and the practice will consider expanding recalls to additional high-risk patient groups in the next QI cycle.
Practice name:	ABC Medical
Team member/s:	Ms QI Champion

PDSA TEMPLATE



PLEASE ATTACH DATA
REPORTS/RESULTS TO THIS PDSA



PLAN

Identify your target cohort and define your recall approach.



DO

Run your report and initiate your activity.



STUDY

Track recalls, bookings, and uptake.



ACT

Refine your approach and scale your activity.

QI ACTIVITY AUDIT

Commencement Date:

Conclusion Date:

Comments:

Practice name:

Team member/s:



QI TOOLKIT

Winter Strong 2026

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RESOURCES

Quick links, support contacts, and additional immunisation resources to **support your Winter Strong 2026 QI activities**

Pen CS

Pen CS [Vimeo Training Videos](#)

Pen CS Support: **Email:** support@pencs.com.au

Phone: 1800 762 993

Live Support (Available via website) <https://www.pencs.com.au/support/>

Pen CS [CAT Recipes](#)

Primary Sense

Primary Sense [Quick Reference Guides and Manuals](#)

Tech Support: **Email:** primarysense@ddwmpnh.com.au

Phone: 07 4615 0900

QI Support: Please contact your relevant Primary Care Liaison; or

Email: primarysense@ddwmpnh.com.au

Phone: 07 4615 0900

Primary Sense and/or QI Training: practicesupport@ddwmpnh.com.au

PIP

PRODA [Login](#)

PRODA (Direct Contact): **Phone:** 1800 700 199

Services Australia (PIP): **Email:** pip@servicesaustralia.gov.au

Phone: 1800 222 032

Website: <https://www.servicesaustralia.gov.au/practice-incentives-program>

Further Information for Vaccine Providers

Australian Government [immunisation information for health professionals](#)

[Immunisation Schedule Queensland](#) (updated March 2026)

[Visual product selection guides by life stage](#)

Queensland Health [2026 Influenza vaccination advice](#) (updated 5 March 2026)

Reimbursement forms:

- [2026 Queensland Nasal Spray Flu Immunisation Program](#)
- [2026 Free Flu Vaccination Program](#)

FluMist Reminder

FluMist is a needle-free nasal spray influenza vaccine funded for children aged 2–5 years.

Children aged 6–17 years may also receive FluMist using privately purchased stock.

Providers may reduce patient costs by \$25 and claim a \$25 Queensland Health reimbursement for eligible privately purchased FluMist vaccines.

Further FluMist information available via [Queensland Health](#).

RSV Vaccination Updates

From 15 May 2026, RSV vaccination will be funded under the NIP for:

- First Nations patients aged 60 years and over
- Patients aged 75 years and over

Practices are encouraged to:

- Use the Primary Sense Health Assessment report to identify eligible patients aged 75 years and over
- Offer RSV vaccination opportunistically during patient presentations
- Co-administer RSV vaccination with influenza, COVID-19, and pneumococcal vaccines where appropriate

Further information:

- [Minister for Health and Ageing media release](#)
- [RACGP media release](#)



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Acknowledgments

This toolkit has been developed by Darling Downs and West Moreton PHN with contributions from internal teams, Primary Care Liaison Officers, and general practice stakeholders across the region.

We acknowledge that elements of this toolkit have been informed by, or adapted from, resources developed by the Institute for Healthcare Improvement (IHI), the Royal Australian College of General Practitioners (RACGP), the Australian Government Department of Health, PenCS, Train IT, Gold Coast PHN, and HotDoc.

This toolkit is intended as a practical guide to support quality improvement activities in general practice. It does not constitute clinical or medical advice and should be applied in conjunction with professional judgement and local practice context.

Feedback on this toolkit is welcomed and encouraged to support ongoing refinement and relevance. If you identify any errors, gaps, or opportunities for improvement, please contact your Primary Care Liaison Officer or email practicesupport@ddwmpnh.com.au.

Darling Downs and West Moreton PHN, 2026



E: info@ddwmpn.com.au

P: 07 4615 0900

W: www.ddwmpn.com.au

Darling Downs Office

Level 1, 162 Hume Street
(PO Box 81),
Toowoomba QLD 4350

West Moreton Office

Level 5, World Knowledge Centre,
37 Sinnathamby Boulevard,
Springfield Central QLD 4300



**Local Integrated
Primary Health Care**

ABN 51 605 975 602