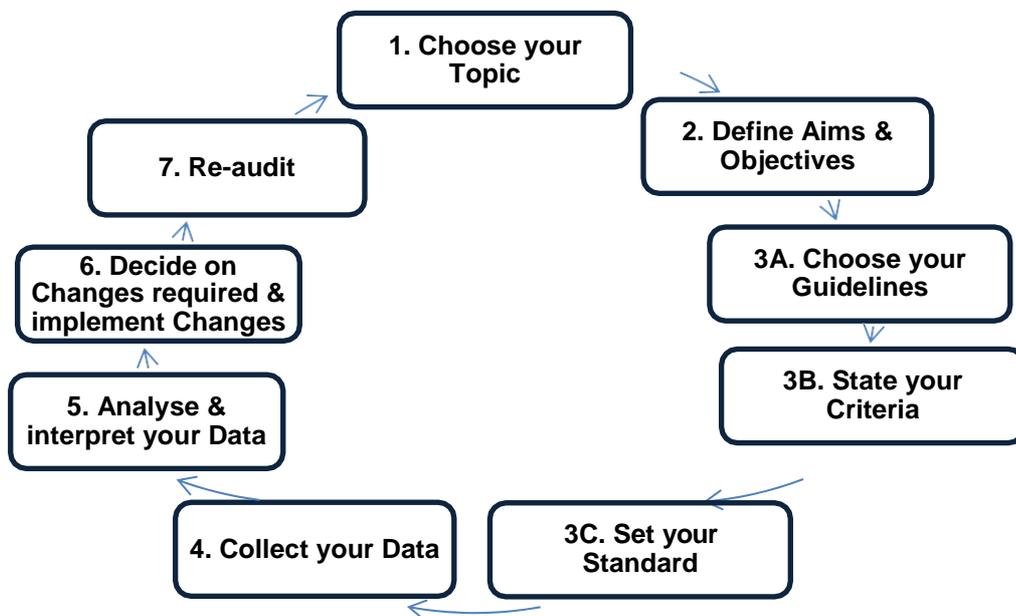




Influenza Vaccination

Sample Audit



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Purpose of ICGP sample audits on specific topics

The purpose of the ICGP sample audit for each topic area is to provide practitioners with audit topic proposals and related tools in order to aid them in carrying out a clinical audit in this topic area. For each topic, a specific guideline is chosen which identifies best practice for the relevant topic. Following this, examples of the elements of care or activity that could be measured are provided – these are referred to as “criteria”. Finally, examples of the type of data that is required in order to audit the sample criteria are provided. A separate document, the ICGP Audit Toolkit, provides detailed generic instructions on how to carry out and report your audit.

Sample Audit Topic: Influenza Vaccination

Professional Competence Domains:

- Clinical Skills
- Management
- Patient Safety and Quality of Care

Disclaimer

In all instances where ‘your patients’ are referred to, this can be taken to mean the patients you see. Where ‘your practice’ is mentioned, this refers to the work you do, not necessarily that you need to be based in one particular practice.

Evidence:

<http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter11.pdf>

Aims & Objectives: To establish the current vaccination rates and to initiate a range of changes to enhance care where necessary in order to improve vaccination rates.

Criteria

Relevant patients have been vaccinated (according to the list in the above guidelines) – these are listed below also.

Patients have been excluded from vaccination if contraindicated.
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Influenza vaccination is recommended for:

1. Those aged 6 months and older who are at increased risk of influenza related complications including the following groups:
 - a) Those aged 50 years or older (this is based on international guidelines; however, the HSE covers vaccination payments for those aged 65 and over. You may wish to take a subgroup for your audit e.g. those aged 65+years).
 - b) Those with chronic illness requiring regular medical follow-up e.g. chronic heart disease (including acute coronary syndrome) chronic liver disease chronic neurological disease (including multiple sclerosis and hereditary and degenerative disorders of the central nervous system) chronic renal failure chronic respiratory disease (including chronic obstructive pulmonary disease, cystic fibrosis, moderate or severe asthma, and bronchopulmonary dysplasia) diabetes mellitus haemoglobinopathies
 - c) Those with immunosuppression due to disease or treatment, including asplenia or hyposplenism, and all cancer patients.
 - d) Those with any condition that can compromise respiratory function (e.g. spinal cord injury, seizure disorder, or other neuromuscular disorder) especially those attending special schools/day centres.
 - e) Children and adults with Down syndrome.
 - f) Children with moderate to severe neurodevelopmental disorders such as cerebral palsy and intellectual disability.
 - g) Children on long-term aspirin therapy (because of the risk of Reye's syndrome).
 - h) Those with morbid obesity i.e. Body mass index ≥ 40 .
 - i) Residents of nursing homes, old people's homes, and other long stay facilities where rapid spread is likely to follow introduction of infection.
2. Those likely to transmit influenza to a person at high risk for influenza complications (see 1 above):
 - a) Health Care Workers, both for their own protection and for the protection of patients who may have a suboptimal response to influenza vaccinations (see Chapter 4).
 - b) Household contacts of at-risk persons.
 - c) Out-of-home care givers to at-risk persons.
3. All pregnant women at any stage of pregnancy (inactivated influenza vaccine only). Pregnancy increases the risk of complications from influenza because of the alterations in heart rate, lung capacity, and immunological function. It is estimated that immunisation could prevent 1-2 hospitalisations per 1,000 pregnant women. Because inactivated influenza virus vaccine is not a live vaccine it is very safe in pregnancy.
4. Those who have close, regular contact with pigs, poultry or water fowl.

Anyone (aged 6 months and older) who wishes to reduce their risk of infection may choose to have the seasonal influenza vaccine.

The next step is to decide what groups from the above you are going to focus on in this audit. You may of course choose to include all these patients or decide to focus on particular group(s) of patients. Thereafter, you should set your standard (sometimes known as your target) for each patient group selected. This is your desired level of performance and is usually stated as a percentage. Beware of setting standards of 100%; standards should be realistic for your practice (perfection may not be possible). For example, we suggest that for patients aged 65 years and older, you should set your target at least at 75%; for healthcare workers, you should set your target at least at 40%.

There is no minimum or maximum number of patients stipulated, however your sample should include current/recent patients.

The aim of a Data Collection tool is to provide examples of the types of data that are required in order to audit the above criteria.

Data Collection Tool

Relevant patients have been vaccinated (according to the list in the above guidelines)

Data Collection Tool:

- Number of patients reviewed for this audit in each patient group considered
- Number of patients excluded from vaccination due to contraindications
- Number of patients who should be vaccinated
- Number of these patients who were vaccinated in this flu season

The next steps are to:

- Compare your data from last year's flu season (and the data so far this year's flu season if relevant)
- Compare your influenza rate with your targeted standard
- Decide what you can do to increase vaccination rates and implement these
- Re-audit your practice by producing data later in the flu season to see if your vaccination rates have increased.

A detailed explanation of all of these steps can be found in the ICGP Audit Toolkit, which is available on the ICGP Website at: www.icgp.ie/audit

You will decide on what activities you can undertake to help improve your vaccination rates. These might include for example holding a dedicated flu vaccination clinic, sending text messages to relevant patients, and/or sending a letter to relevant patients. The latter might include information to help patients to decide whether to attend for vaccination – the following links might be useful for that purpose:

<https://www.hpsc.ie/.../Influenza/SeasonalInfluenza/.../File,12960,en.pdf>

http://www.citizensinformation.ie/en/health/entitlement_to_health_services/medical_card.html

<http://www.hse.ie/eng/health/immunisation/pubinfo/flu vaccine/>