

*Achieving National Immunisation Targets  
within a Mullingar General Practice*

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# Introduction

- Aim of immunisation is to prevent disease in individuals or groups
- It is the most important, successful and cost effective public health intervention since the introduction of clean water

# Our Practice

- Practice population 7,000
- 100-120 new babies registered yearly
- Adherence to National Schedule/  
Guidelines
- Regional protocols & guidelines
- Target goal = 95% - achieved in practice  
for five years

# Immunisation Process in our practice

- Approach is multidisciplinary & integrated

all practice staff,  
regional co-ordinator – *annual visit*,  
public health nurse,  
primary care - *12 & 24 month uptake*  
*medical contact*

- Identification of monthly target group – Primary Care Unit

- From this information a plan is developed within the practice

# Process contd.

- 6wk check – immunisations discussed-  
*clients decision to immunise is based on:*
  - Knowledge of disease*
  - Personal experience, attitudes & beliefs*
  - Health care professionals*
  - Family & friends*
  - Media – newspapers, magazines, television*
- Deemed medically fit on day of vaccination consent gained & recorded. New consent for MMR & Hib & PCV catch up.

# Consent in immunisations

- What vaccines will be administered and against which disease they provide protection
- What are the benefits and risks of immunisation and the risk of diseases
- What are the possible side effects of immunisation – when might they occur and how should they be treated
- Alternatives to vaccination
- Consent must be freely given

# Vaccine Administration

- Adherence to five rights of medication administration – ABA 2007
  - The right medication
  - The right patient/service – user
  - The right dosage
  - The right form
  - The right time

Allow time post vaccination within surgery

Advise parent to return if any concerns

# Next appointment & recording vaccines

- Parents encouraged to make next appointment on way out or ring nearer time
- Enter vaccine details in patient record on computer
  - Administration date
  - Name of vaccine
  - Batch no.
  - Expiry date
  - Site of injection

Returns printed monthly → PC, cross checked with target list

Defaulters – sent letter – by secretary

Phoned after two weeks by PN (discussion & appointment)

Regional Co-ordinator informed PHN contacted

Refusal form signed → PC

NB to inform PC re client mobility, if patient dies or refusal

# Clinical audit

- *‘clinical audit is a quality improvement process that seeks to improve the patient care & outcomes through a systematic review of care against explicit criteria & implementation of change’ (NICE et al 2002)*
- *Benefits of audit incl.*
  - *Highlight gaps promptly → opportunity to rectify*
  - *Improve working relationships, communication & liaison between team members*
  - *Lead to improvements in service delivery & patient outcomes*

# Role of the Practice Nurse

- Vaccine requirements – stock levels, cold chain etc
- Ensure target population registered on computer – schedule established
- Educate & inform parents
- Administer & record vaccines
- Highlight defaulters on computer & discuss with GP
- Written reminder to parents – follow up in 2wks - phone call
- Monthly returns to PC plus defaulter list
  - To effectively manage this process I must ensure my knowledge is up to date, adherence to guidelines, accurate record keeping, patient advocate & record & follow up payments

# Factors that will influence implementation of new immunisation schedule in practice

- Retain current practice but be aware of the risks in running two schedules
- Identifying target population & follow through until immunised – regular auditing of process
- Health professional commitment to vaccination programme
- Ensuring health professionals have up to date knowledge (training organised for nursing staff via NMPDU)
- Educating & informing parents (national & local) & involving them in the decision making process
- Respecting decisions, acknowledging & recognising factors influencing decisions
- Time to listen & address parents concerns/questions

# Practice Nurse Role

- Practice Nurses (PN's) are in a prime position to influence the uptake of immunisations – are often the drivers in practice.
- Parents find PN's easy to relate to & can offer more time to address parents needs.
- A trusting/caring relationship between practice and parent is paramount in achieving and maintaining immunisation target goals into the future.

# Final thought

- Herd immunity is vital for our nations wellbeing
- The risks from having these diseases are far greater than the risk of any minor side effects from immunisation.

Thank you for listening

