

About the Toolkit

Practical Strategies to Improve Adult Respiratory Vaccination Uptake in Ontario

Adult respiratory vaccination rates remain below recommended targets across Ontario. Primary care is uniquely positioned to improve uptake through structured workflows, consistent provider recommendation, and systematic recall processes.

Background & Purpose

- This toolkit was developed by the AFHTO through a provincial Quality Improvement (QI) initiative focused on optimizing adult respiratory vaccination (Influenza, COVID-19, RSV, and Pneumococcal) in primary care.
- Participating primary care teams identified common challenges—including workflow inefficiencies, inconsistent documentation, patient hesitancy, and limited recall systems—and tested practical, team-based solutions to address them.
- **This resource translates those real-world learnings into actionable strategies** that can be applied across primary care settings to improve vaccination uptake.

How to Use This Toolkit

This toolkit is designed as a **practical, quick-reference guide** for primary care teams. It can be used to:

- Identify opportunities to strengthen vaccination workflows
- Support consistent, evidence-based provider communication
- Enhance patient education and engagement
- Improve EMR use, recall systems, and data tracking
- Inform seasonal planning and clinic operations
- Teams can implement changes incrementally, focusing on **small, high-impact improvements** that fit their local context.

What's Included

The toolkit is organized into key domains that reflect where primary care teams can most effectively improve vaccination delivery:

- ✓ **Patient Education & Decision Support** – Tools to support informed patient decisions
- ✓ **Addressing Vaccine Hesitancy** – Strategies to build confidence and trust
- ✓ **Proactive Identification** – Reducing missed opportunities during visits
- ✓ **Workflow & EMR Optimization** – Making vaccination visible and actionable
- ✓ **Team Communication & Care Coordination** – Strengthening team-based delivery
- ✓ **Clinic Operations & Planning** – Optimizing clinic flow and vaccine readiness
- ✓ **Data & Continuous Improvement** – Using simple metrics to drive change

Each section includes:

- ☐ Key considerations and what works in practice
- ☐ Patient and provider resources (evidence-based)
- ☐ Quick wins and sustainability tips
- ☐ Real-world examples from Ontario and beyond

📄 A **quick 2-pager reference document** is available within the toolkit.

Key Takeaway

Improving adult vaccination rates does not require large-scale redesign. **Consistent workflows, strong provider recommendation, and simple systems (applied reliably) can drive meaningful population health impact.**

Patient Education & Decision Support

Enable patients to make informed vaccination decisions at the point of care.



Considerations

- Patients often lack **clear, consistent, and comparable information** across vaccines (e.g., differences between influenza, COVID-19, RSV, pneumococcal)
- Decision-making is **time-limited and occurs during clinical encounters** – materials must support quick understanding
- Passive education (e.g., posters in waiting rooms alone) is often insufficient – education should be **actively incorporated into care conversations**
- Consider embedding education into multiple care points:
 - Exam rooms (high impact – during decision-making)
 - After-visit summaries (reinforcement)
 - QR codes linking to trusted sources for follow-up
- Use **plain language, visuals, and consistent formatting** to reduce cognitive burden
- Ensure materials reflect **current eligibility and publicly funded programs**



Patient Resources

- 📌 [Public Health Agency of Canada – Vaccines for adults](#)
- 📌 [Ontario.ca – Vaccines for adults](#)
- 📌 [Immunize Canada](#)



Provider Resources

- 📌 [Centre for Effective Practice – Immunization tools](#)
- 📌 [Ontario Health – Health literacy guidance](#)



What Works

- ✓ Simple, side-by-side **comparison posters** that help patients quickly understand differences between vaccines
- ✓ **One-page handouts** that summarize benefits, risks, and eligibility
- ✓ Providers using materials **during conversations**, not just displaying them
- ✓ **Repetition** of messaging across multiple touchpoints (provider + nurse + visual aids)
- ✓ **Consistent** materials across the team to avoid mixed messaging



Real-World Examples

- 🔑 Teams developed and used vaccine comparison posters and handouts at point of care
- 🔑 Decision aids improve patient knowledge and support informed decision-making (1)



Quick Wins & Sustainability Tips

- ☐ Add QR codes to posters linking to trusted sources
- ☐ Standardize patient education materials across providers and sites
- ☐ Refresh materials annually before respiratory season (Aug–Sept)

(1) Stacey et al., Cochrane Review, 2017

Addressing Vaccine Hesitancy & Safety Concerns

Increase vaccine confidence through consistent, evidence-based communication.



Considerations

- Hesitancy is often driven by **safety concerns, misinformation, and lack of trust**
- Patients may not raise concerns unless prompted—create space for discussion
- Use structured approaches:
 - Motivational interviewing (MI) techniques
 - “Myth vs fact” framing to correct misinformation
 - Directing patients to credible, consistent sources
- Normalize vaccination as **routine, expected care**, not optional or exceptional
- Ensure **all team members (clinical and non-clinical) reinforce consistent messaging**
- **Tailor messaging** based on patient context (age, comorbidities, risk level)



Patient Resources

- 📌 [Immunize Canada – Vaccine safety](#)
- 📌 [Public Health Agency of Canada – Vaccine safety](#)



Provider Resources

- 📌 [Motivational Interviewing Network of Trainers](#)
- 📌 [Centre for Effective Practice – Vaccine hesitancy tools](#)



What Works

- ✓ **Presumptive, confident language** increases uptake
- ✓ A **strong provider recommendation** is the most influential factor in decision-making
- ✓ Listening first (understanding concerns) before providing information
- ✓ Keeping explanations **clear, concise, and non-technical** unless more detail is requested
- ✓ Reinforcing benefits in terms of **personal protection and protection of loved ones**



Real-World Examples

- 🔑 Teams aligned team messaging and used visual supports to address hesitancy
- 🔑 Provider recommendation is the strongest predictor of vaccine uptake (1)
- 🔑 Motivational interviewing improves vaccine acceptance (2)



Quick Wins & Sustainability Tips

- ☐ Develop and share standardized scripts across providers
- ☐ Include short (5-minute) vaccine refreshers in team huddles during peak season
- ☐ Identify and maintain a vaccine champion to support staff

(1) Brewer et al., 2017
 (2) Gagneur et al., 2018

Proactive Identification & Reducing Missed Opportunities

Ensure every patient interaction includes vaccination assessment.

Adult respiratory vaccination rates remain below recommended targets across Ontario.

Primary care is uniquely positioned to improve uptake through structured workflows, consistent provider recommendation, and systematic recall processes.



Considerations

- Vaccination should be treated as a **routine preventive care activity**, not an optional add-on
- **Embed vaccination review** into:
 - Annual physicals
 - Chronic disease visits
 - Medication renewals and follow-ups
- Incorporate **prompts** such as:
 - “Vaccine Review Completed?” checkbox in EMR templates
- Integrate into **rooming workflows** so eligibility is identified before provider interaction
- Develop a **seasonal respiratory checklist** (Influenza, COVID-19, RSV, Pneumococcal)
- Clarify roles across team members (who checks, who recommends, who administers/books)



Patient Resources

- 📌 [CANImmunize app](#)



Provider Resources

- 📌 [OntarioMD](#)
- 📌 [Public Health Ontario](#)



What Works

- ✓ Routine vaccination status checks at **every appropriate visit**
- ✓ Standing orders to enable non-physician team members to vaccinate
- ✓ **Pre-visit planning** (identifying eligible patients before appointments)
- ✓ **Embedding prompts early in workflow** (intake/rooming) rather than relying on provider



Real-World Examples

- 🔑 Teams embedded vaccination checks into routine workflows
- 🔑 Standing orders increase vaccination rates (1)
- 🔑 Reminder systems improve uptake (2)



Quick Wins & Sustainability Tips

- ☐ Add vaccine review to one high-volume visit template first
- ☐ Train intake/rooming staff to identify vaccine gaps
- ☐ Align vaccination with existing chronic disease workflows

(1) Community Preventive Services Task Force
(2) Jacobson Vann et al., Cochrane, 2018

Workflow & EMR Optimization

Make vaccination eligibility visible, actionable, and efficient.



Considerations

- **Manual eligibility checks during visits are time-consuming and prone to error**
- **Use EMR capabilities** to proactively identify patients:
 - Patients ≥65 without pneumococcal vaccine
 - Eligible RSV populations
 - Patients overdue for influenza/COVID vaccines
- **Standardize:**
 - Where vaccines are documented (single consistent field)
 - Vaccine naming/classification (avoid free text)
- Develop **simple eligibility reference tools** for providers
- Use **batch reporting and outreach lists** instead of relying on opportunistic identification alone



Patient Resources

- 📌 Indirect benefit via improved recall systems and proactive outreach



Provider Resources

- 📌 [OntarioMD – EMR optimization](#)
- 📌 [Canada Health Infoway](#)



What Works

- ✓ **EMR alerts** and prevention tabs that flag due vaccines at point of care
- ✓ **Standardized templates and macros** that reduce documentation variability
- ✓ Starting **with small cohorts (50–100 patients)** for outreach and testing changes
- ✓ Monthly mini-audits to assess progress and refine workflows
- ✓ Aligning EMR workflows with actual clinic flow to improve adoption



Real-World Examples

- 🔑 Teams implemented EMR alerts, templates, and classification fields
- 🔑 Clinical decision support improves preventive care delivery (1)



Quick Wins & Sustainability Tips

- ☐ Standardize one documentation field/location for vaccines
- ☐ Conduct monthly mini-audits (simple tracking)
- ☐ Build and share a 1-page eligibility cheat sheet

(1) Bright et al., 2012

Team Communication & Care Coordination

Ensure seamless communication across the care team.

Adult respiratory vaccination rates remain below recommended targets across Ontario.

Primary care is uniquely positioned to improve uptake through structured workflows, consistent provider recommendation, and systematic recall processes.



Considerations

- Vaccination delivery is a **team-based activity** requiring coordination
- Clearly define roles:
 - Who identifies eligibility
 - Who provides education
 - Who administers or books vaccines
- Use EMR tasking to ensure **follow-up when vaccines are not given same day**
- Ensure front desk/admin staff understand **types of vaccine appointments required**
- Build in **regular communication points** (huddles, debriefs, seasonal planning)



Patient Resources

- 📌 [Ontario Health – Patient partnering](#)



Provider Resources

- 📌 [AFHTO Supports](#)
- 📌 [Public Health Ontario collaboration resources](#)



What Works

- ✓ **Clear role definition** reduces duplication and missed steps
- ✓ **EMR-based tasking** ensures continuity between providers and admin staff
- ✓ Having a **designated vaccine lead** improves accountability
- ✓ Regular workflow review allows teams to refine processes over time



Real-World Examples

- 🔑 Teams implemented post-visit tasking and clearer team roles
- 🔑 Team-based care improves preventive care outcomes (1)



Quick Wins & Sustainability Tips

- ☐ Assign a vaccine lead
- ☐ Use EMR tasks for follow-ups and booking
- ☐ Review workflows annually before respiratory season

(1) Bodenheimer & Sinsky, 2014

Clinic Operations, Planning & Vaccine Supply

Optimize clinic setup, flow, and inventory management.



Considerations

- Poor planning can lead to **bottlenecks, missed opportunities, or vaccine wastage**
- Conduct **pre-season planning meetings** (late summer) with all roles
- Assign a **vaccine inventory lead** responsible for stock management
- Plan for:
 - Dedicated respiratory vaccine periods (Sept–Nov)
 - Centralized clinic spaces (if feasible)
 - Post-vaccination observation areas
- Ensure **clear communication of vaccine availability** to providers



Patient Resources

- 📌 [Ontario.ca – Vaccines](https://www.ontario.ca/vaccines)



Provider Resources

- 📌 [Public Health Ontario](https://www.health.gov.on.ca/publichealth)
- 📌 [NACI recommendations](https://www.naci.ca/recommendations)



What Works

- ✓ **Centralized or dedicated clinic models** improve efficiency and throughput
- ✓ Reserving vaccine stock for clinic days prevents shortages
- ✓ **Clear patient flow** (check-in → vaccinate → observe → exit) reduces congestion
- ✓ Using experienced staff in planning improves implementation



Real-World Examples

- 💡 Teams implemented centralized clinic flow and pre-planning processes
- 💡 Centralized vaccination models improve efficiency (1)



Quick Wins & Sustainability Tips

- ☑ Reserve vaccine supply ahead of clinic days
- ☑ Use dedicated clinic blocks or times
- ☑ Conduct brief post-clinic debriefs to improve next sessions

(1) Ontario COVID-19 Vaccine Task Force Reports

Data Quality, Monitoring & Continuous Improvement

Use data to drive improvement without overburdening teams.



Considerations

Start simple and build over time:

- **Outcome Measures**
 - % adults vaccinated (by vaccine type)
 - % eligible patients vaccinated (by vaccine type)
- **Process Measures**
 - % visits with vaccine review documented
 - % patients with active EMR reminders
- **Balancing Measures**
 - Staff workload
 - Vaccine wastage
- Focus on **data that is easy to extract and actionable**
- Assign responsibility for **data review and follow-up**



Patient Resources

- 📌 Indirect benefit through improved care quality and access



Provider Resources

- 📌 [Ontario Health](#)
- 📌 [HQO QI resources](#)



What Works

- ✓ **Monthly tracking**
(simple, consistent, not complex dashboards)
- ✓ Small tests of change (PDSA cycles)
- ✓ **Clear accountability**
(e.g., vaccine lead reviewing data)
- ✓ **Using data to guide targeted improvements**, not just reporting



Real-World Examples

- 🔑 Teams improved documentation and tracking processes
- 🔑 Audit and feedback improves clinical performance (1)



Quick Wins & Sustainability Tips

- ☐ Run one EMR report per month
- ☐ Start with a small, defined patient cohort
- ☐ Assign a vaccine lead to monitor progress

(1) Ivers et al., Cochrane, 2012

Disclaimer

Practical Strategies to Improve Adult Respiratory Vaccination Uptake in Ontario

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Primary Care Team Toolkit: *Vaccination Optimization*

QUICK REFERENCE DOCUMENT (TWO PAGES)

*Practical strategies to optimize vaccination
(Influenza, COVID-19, Pneumococcal, RSV) delivery within routine care.*

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About the Toolkit

Evidence-Informed Strategies to Improve Adult Respiratory Vaccination Uptake in Ontario

Background & Purpose

Developed through an AFHTO-led QI initiative with Primary Care Teams, this toolkit translates real-world strategies to improve adult respiratory vaccination into practical, evidence-informed actions.

What's Included

Key domains across vaccination delivery (education, hesitancy, workflows, EMR, team-based care, operations, and data), with considerations, proven strategies, resources, quick wins, and real-world examples.

How to Use This Toolkit

Use as a quick reference to identify gaps, implement small changes, and strengthen vaccination practices within your team's existing workflows.

Key Takeaway

Small, consistent improvements in workflows, communication, and systems can significantly increase vaccination uptake.

Patient Education & Decision Support

Enable patients to make informed vaccination decisions at the point of care.

Considerations

- Use plain-language, visual, comparable materials (Influenza, COVID-19, RSV, Pneumococcal)
- Embed education in **exam rooms, visits, and after-visit summaries**
- Add **QR codes** linking to trusted sources

What Works

- ✓ One-page handouts + comparison visuals
- ✓ Education during the visit (not passive only)
- ✓ Repetition and consistency

Resources

Patient

- 📌 [Public Health Agency of Canada – Vaccines for adults](#)
- 📌 [Ontario.ca – Vaccines for adults](#)
- 📌 [Immunize Canada](#)

Provider

- 📌 [Centre for Effective Practice – Immunization tools](#)
- 📌 [Ontario Health – Health literacy guidance](#)

Quick Wins & Tips

- ☐ Add QR codes to materials
- ☐ Standardize education across providers
- ☐ Refresh annually before respiratory season

Addressing Vaccine Hesitancy & Safety Concerns

Increase vaccine confidence through consistent, evidence-based communication.

Considerations

- Use motivational interviewing and “myth vs fact” visuals
- Normalize vaccination as routine care
- Prepare responses to common concerns

What Works

- ✓ Presumptive language (“You’re due today...”)
- ✓ Strong provider recommendation
- ✓ Listening first, then responding

Resources

Patient

- 📌 [Immunize Canada – Vaccine safety](#)
- 📌 [Public Health Agency of Canada – Vaccine safety](#)

Provider

- 📌 [Motivational Interviewing Network of Trainers](#)
- 📌 [Centre for Effective Practice – Vaccine hesitancy tools](#)

Quick Wins & Tips

- ☐ Use consistent scripts
- ☐ 5-min vaccine refreshers at huddles
- ☐ Identify a vaccine champion

Proactive Identification & Reducing Missed Opportunities

Ensure every patient interaction includes vaccination assessment.

Considerations

- Embed into annual, chronic care, and intake workflows
- Add “Vaccine Review Completed?” prompts
- Use fall checklist (Flu, COVID, RSV, Pneumococcal)

What Works

- ✓ Routine vaccine checks
- ✓ Standing orders
- ✓ Pre-visit planning

Resources

Patient

- 📌 [CANImmunize app](#)

Provider

- 📌 [OntarioMD](#)
- 📌 [Public Health Ontario](#)

Quick Wins & Tips

- ☐ Add vaccine review to templates
- ☐ Train intake staff to flag gaps
- ☐ Align with chronic disease visits

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Adult respiratory vaccination rates remain below recommended targets across Ontario.
 Primary care is uniquely positioned to improve uptake through structured workflows, consistent provider recommendation, and systematic recall processes.

Workflow & EMR Optimization

Make vaccination eligibility visible, actionable, and efficient.


Considerations

- Run EMR reports (65+, RSV, overdue flu)
- Standardize documentation + fields
- Create eligibility cheat sheets


What Works

- ✓ EMR alerts/prev ention tabs
- ✓ Standard templates/macros
- ✓ Start small (50–100 patients)


Resources

Patient

- Indirect benefit via improved recall systems and proactive outreach

Provider

- [OntarioMD – EMR optimization](#)
- [Canada Health Infoway](#)

Quick Wins & Tips

- ☐ Standardize documentation location
- ☐ Monthly mini-audits
- ☐ Simple eligibility guides

Team Communication & Care Coordination

Ensure seamless communication across the care team.


Considerations

- Define roles (physician, nurse, admin)
- Use EMR tasking for follow-up
- Book vaccines if not given same-day


What Works

- ✓ Clear team roles
- ✓ Vaccine lead accountability
- ✓ Routine workflow reviews


Resources

Patient

- [Ontario Health – Patient partnering](#)

Provider

- [AFHTO Supports Public Health Ontario collaboration resources](#)

Quick Wins & Tips

- ☐ Assign vaccine lead
- ☐ Use EMR follow-up tasks
- ☐ Annual workflow review

Clinic Operations, Planning & Vaccine Supply

Optimize clinic setup, flow, and inventory management.


Considerations

- Pre-season planning (Sept–Nov focus)
- Assign inventory lead
- Use centralized clinic models


What Works

- ✓ Dedicated clinic times
- ✓ Reserved vaccine stock
- ✓ Streamlined flow


Resources

Patient

- [Ontario.ca – Vaccines](#)

Provider

- [Public Health Ontario NACI recommendations](#)

Quick Wins & Tips

- ☐ Pre-order supply
- ☐ Use clinic blocks
- ☐ Annual planning cycle

Data Quality, Monitoring & Continuous Improvement

Use data to drive improvement without overburdening teams.


Considerations

- Outcome: % vaccinated (by vaccine type)
- Process: % visits with vaccine review
- Balancing: workload, wastage


What Works

- ✓ Monthly tracking
- ✓ Small PDSA tests
- ✓ Clear accountability


Resources

Patient

- Indirect benefit through improved care quality and access

Provider

- [Ontario Health HQO QI resources](#)

Quick Wins & Tips

- ☐ Run 1 EMR report/month
- ☐ Start small cohorts
- ☐ Assign vaccine lead

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