Developing a National Antimicrobial Resistance Strategy for Australia

Australian Primary Health Care Nurses Association (APNA)
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Executive summary

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care including general practice. APNA's vision is for a healthy Australia through best practice primary health care nursing.

Nurses are a substantial component of the primary health care workforce. There are now at least 11,000 nurses working in the general practice sector alone, and the majority of general practices in Australia employ at least one nurse. These nurses play a major role in improving health outcomes through their role in delivering quality chronic disease management, immunisation services, and other preventative care, as well as curative care, care for the ageing, dealing with issues such as medicines safety, and implementing improvements in primary health care systems. Nurses are key players in the maintenance of safe, high quality primary health care.

APNA is pleased to make this response to the request from the Australian Government for feedback on the development of Australia's first national Antimicrobial Resistance (AMR) strategy. APNA would be pleased to be involved in ongoing planning for strategy development, and is able to provide industry experts to consult on policies and procedures. Furthermore, APNA would be keen to participate in AMR related research in the primary health care sector to further inform strategy development.

APNA strongly supports a national AMR strategy. However, APNA recognises that human use of antimicrobials is only a small component of this strategy, and that significant consideration must be given to the use of antimicrobials in animal health (including livestock for consumption and domestic animals) and in agriculture.

APNA believes the key components of an effective AMR strategy are the improvement of current infection control strategies, correct use of antibiotics, and consumer education on quality use of medicines. All components of any new strategy must be nationally consistent and introduced with appropriate support including funding, education, and stakeholder engagement.

Primary health care nurses play a critical role in the maintenance of safety and quality in their areas of practice and will be able to act as effective agents for change when implementing the new national AMR strategy.

General comments

APNA strongly supports a national AMR strategy for Australia, and would be pleased to work with relevant parties in its development and implementation. APNA believes the most important measures in the development of an AMR strategy in health care and health service delivery to be the improvement of infection control measures, correct use of antibiotics, and consumer education. As a long term member and active partner organisation of the NPS MedicineWise program, APNA strongly supports the QUM and National Medicine Policy (2000), but recommends that this document be reviewed and updated.

Primary health care is, by definition, usually the first contact individuals will have with the health care system. The national AMR strategy must priorities the role of the primary health care sector, including general practice, in addressing AMR.

Primary health care nurses are well positioned to be able to provide a consistent interface between policy drivers and health service settings. As clinical leaders in their area of practice, primary health care nurses should be considered as valuable experts able to contribute to education, surveillance and evaluation of AMR strategies.

Nurses currently play a key role in primary health care and general practice in promoting the consistent use of standard precautions to help protect health professionals, practice staff and patients from infection and cross infection. These infection control activities include but are not limited to:

- promotion of hand hygiene within the practice and to patients
- use of personal protective equipment (eg mask, gloves, gown) when indicated
- respiratory hygiene and cough etiquette – teaching to patients and parents
- standard aseptic technique – non direct touch
- safe management of sharps and other clinical waste
- environmental controls (eg cleaning, spills management)
- safe waste disposal, laundry and cleaning services
- effective reprocessing of reusable instruments.

The soon to be introduced Primary Health Networks will be tasked with coordinating primary health care across Australia. It will be important that the PHNs are capable of acting as effective agents for change for new health strategies, including the national AMR strategy.

Perceived omissions in the draft strategy document

APNA supports greater reference in the strategy to disadvantaged population groups and the impact that AMR can have on their circumstances. For instance, Aboriginal and Torres Strait Islander communities and people with disabilities receive limited focus in the document. These are just two examples of disadvantaged groups who may be living in community settings where there may be additional challenges to effective

medication management or infection control. Other settings where at-risk population groups need to be considered include schools, prisons, and other sites of detention.

In addition, low health literacy or communication ability can affect consumers' abilities to effectively participate in their own health care, including medication management. Any communications and education strategies must address the issue of health literacy and be appropriate for a range of audiences including those from culturally and linguistically diverse backgrounds.

APNA also recommends greater emphasis on funding mechanisms for implementation of the AMR strategy. Funding models for general practice and aged care in particular present challenges in implementing a nation wide AMR strategy. Consistent support must be provided to ensure policy directives are implemented in a systematic manner by relevant workforces. Some examples of funding models may include an expanded Practice Incentive Payment (PIP), to encourage active participation.

Infection Prevention and Control

Quality control systems in general practice

In regards to quality control systems in general, it is essential that practices have in place a way of competently dealing with infective episodes. Examples include:

- waste removal
- waiting room management including distancing those who may be infected
- placing infected dressing patients (eg MRSA) at the end of a clinic rather than intermingled with other patients on the dressing clinic list
- post dressing/patient care cleaning.

The lack of effective audit in some settings makes it challenging to measure adherence to best practice infection prevention and control procedures in some primary health care settings.

Across the country there are inconsistencies in infection control guidelines for various health facilities. Clinical equipment can be treated differently – for example, a used vaginal speculum is considered infectious waste in NSW, but not in Victoria. These inconsistences highlight the need for a streamlined and consistent national strategy across all aspects of health care. For example, the "five moments for hand hygiene" is widely used in hospital settings, but could be adapted to be relevant to primary and aged care settings.

APNA's role in quality control systems

In many primary health care clinics and general practices where nurses are employed, the clinical governance for infection control within the practice is delegated to the nurses. General practice nurses will often be responsible for sterilising of equipment but will also monitor compliance with infection control procedures, waiting room management and triage of potentially infectious patients.

APNA has strongly supported quality control in the general practice setting in a number of ways:

- through the promotion of staff vaccinations as part of quality control activity
- active promotion of immunisation against vaccine preventable disease as a primary prevention in adults and children
- representation on the National Immunisation Committee and promotion of education to nurses in an online immunisation course
- face to face education activities
- contributing to activities of the Australian Commission on Quality and Safety in Healthcare (ACQSH) such as the OSSIE tool kit
- participation in the preparation of online learning modules for infection control in Primary Health Care for the ACQSHC.
- participation in the RACGP review of the Infection Control Standards and the Pandemic Flu kit.

Hand Hygiene

Across health care settings, positioning of hand hygiene equipment is inconsistent. This positioning should be considered as part of accreditation procedures in both general practice and aged care. In other areas, such as community housing, disability services, residential care services and out of home child care, the consistent provision of hand hygiene products should be considered.

General practice accreditation

General practice accreditation is currently not compulsory in Australia. APNA supports universal accreditation in general practice and believes this is fundamental to quality assurance in this clinical setting.

Direct observation of infection prevention and control procedures such as hand hygiene and use of personal protective equipment should be given a high priority. In particular, the Hand Hygiene Australia online course should form a part of all staff orientation programs in general practice for key staff including GPs, nurses, cleaning and clerical staff and should become a flagged indicator in the RACGP accreditation standards. In addition, auditing of accreditation could reinforce minimum standards for identification and assessment of immunisation and infectious disease status of all health care workers and health care students.

Consumer focus

APNA supports a consumer focus on infection control and prevention, by empowering the consumer to ask health care workers if they have practiced appropriate infection control prior to their episode of care, and sharing responsibility between health care workers and consumers.

Evidenced based models of infection control

APNA supports the adaptation of evidence-based models of infection prevention and control, to drive the development of innovative approaches.

Surveillance

Pathology testing is a fundamental component of surveillance. The planned introduction of a co-payment system for general practice consultations and tests such as pathology has the potential for a negative impact on the ability of individuals to actively participate in surveillance. Any co-payment could disproportionately affect disadvantaged groups, including those living in care facilities. Aged care facilities would also require greater funding support to be able to implement effective AMR strategies.

APNA supports a national and coordinated approach to systems of data collection and collation. Meaningful incentives for participation in such schemes are essential, evidenced by the limited uptake by general practices participating in influenza surveillance systems. Without data collection and collation, it is impossible to measure AMR or identify or prioritise areas for input. APNA believes this is an important component of a national surveillance system.

Antimicrobial Stewardship (AMS)

APNA supports, and would actively participate in, AMS initiatives in the primary health care sector. APNA would also be able to support any relevant activity in aged care, domiciliary and community nursing sectors. As a peak membership organisation representing primary health care nurses, APNA would be able to provide education and transition support to nurses experienced in their field of primary health care, and to nurses transitioning into primary health care. Consistent supports through mechanisms such as education are essential components of any introduced system.

In regards to funding, consideration needs to be given to the use of the Medicare Benefits Schedule (MBS) as a mechanism to support interaction between specialist infectious diseases consultants, who are able to identify localised patterns in suboptimal practice, and general practice personnel. This interaction is critical to individual and population based care. Other relationships to support include partnerships between hospital based infection control personnel and community based health care workers to ensure continuity and consistency of infection control procedures.

Consideration should be given to funding home medicines reviews (HMRs) for patients with recurrent antibiotic use. This program could be effective in identifying interacting drugs (including non-prescription medications) earlier. Other actions relevant to AMS which should be supported include NPS education specifically delivered by primary health care nurses to consumers on safe and optimal use of antibiotics (and other medications), with further support from pharmacists to provide full and thorough instructions on all prescribed antibiotics.

The soon to be introduced Primary Healthcare Networks will be tasked with coordinating primary health care across Australia. It will be important that the PHNs are capable of acting as effective agents for change for new health strategies, including the national AMR strategy, and the tender process and key performance indicators for these organisations should take this into consideration.

APNA would welcome any opportunities to work with relevant organisations and departments in disease surveillance activities as part of quality improvement or auditing activities.

Communication and Education

There are a number of structural disincentives to communication between GPs and health professionals and their patients in aged care and mainstream general practice. These need to be addressed through MBS funding, especially in aged care facilities. In aged care, interactions with the principal carer must be captured as a part of consultation length when determining appropriate MBS claiming. Communication could be enhanced by the MBS, allowing claiming for assertive GPs by reminding patients about patient-specific AMR issues, such as adherence when antibiotics have been appropriately prescribed.

APNA has welcomed the NPS MedicineWise focus on prescribing needs (including for non health professionals) to be supported by a focus on dispensing and adherence in use and would be keen to support this in the primary health care nursing profession. While most nurses in general practice are not prescribers, they do play a role in monitoring compliance with use of medications.

Nurses in primary healthcare could play a key role in antibiotic use in the following ways:

- advice to patients during health checks including urinalysis as part of kidney health screening
- advising patients about the management of asymptomatic positive urine tests
- education to promote good bladder health practices, including advice on adequate hydration, hygiene and the use non-antimicrobial treatments, oestrogen creams in older women where appropriate, to manage recurrent urinary tract infection
- participating in, and promoting education activities (eg KCAT).

APNA is willing to promote to our members, AMR and IF control and AU education, research and surveillance activities as requested by the CMO and the Department of Health. It should be noted that promotional messages relating to international matters can be distributed in primary healthcare via the GP roundtable.

One additional area of focus for education and antibiotic prescribing is in animals. This is as an area of concern for both consumers and health professionals and APNA urges that this be considered in the strategy.

APNA strongly supports a large scale awareness campaign for consumers on antibiotic use. In particular the areas of ‘coughs and colds’ and management of chronic urinary tract infections using non-antibiotic methods should be considered. APNA would further recommend that such a campaign and the strategy itself should employ social media to maximise its impact.

APNA would welcome the opportunity to play a key role in promoting the AMR strategy with nurses in primary health care, including through education. In addition, APNA would be happy to be involved in the development and promotion of IFC education and activities in general practice.

About APNA

The vision of the Australian Primary Health Care Nurses Association (APNA) is for a healthy Australia through best practice primary health care nursing.

APNA is the peak professional body for nurses working in primary health care including general practice. With nearly 4000 members, APNA provides primary health care nurses with a voice, access to quality continuing professional development, educational resources, support and networking opportunities.

APNA continually strives to increase awareness of the role of the primary health care nurse, and to be a dynamic and vibrant organisation for its members.

Primary health care nursing is wide ranging and covers many specialist areas including general practice, Aboriginal health, aged care, occupational health and safety, telephone triage, palliative care, sexual health, drug and alcohol issues, women's health, men's health, infection control, chronic disease management, cardiovascular care, immunisation, cancer, asthma, COPD, mental health, maternal and child health, health promotion, care plans, population health, diabetes, wound management and much more.

APNA aims to:

1. Support the professional interests of primary health care nurses
2. Promote recognition of primary health care nursing as a specialised area
3. Provide professional development for primary health care nurses
4. Represent and advocate for the profession
5. Collaborate with other stakeholders to advance our mission
6. Ensure a sustainable and growing professional association, by and for primary health care nurses.