

The Australian Commission on Safety and Quality in Health Care's consultation paper regarding patient safety and quality improvement in primary care

29 January 2018

The Australian Primary Health Care Nurses Association (APNA) welcomes the opportunity to contribute to the consultation regarding patient safety and quality improvement in primary care. We are providing this submission on behalf of our membership, Australian primary health care nurses.

Primary health care nursing refers to nursing that takes place within a range of primary health care settings, each sharing the characteristic that they are part of the first level of contact with the health system. Primary health care nurses are skilled, regulated and trusted health professionals who work in partnership with their local communities to prevent illness and promote health across the lifespan. In Australia, nurse practitioners, registered nurses (RN) and enrolled nurses (EN) practice in primary health care in a range of clinical and non-clinical roles, in urban, rural and remote settings.

APNA Submission

General comments

APNA is pleased that the Australian Commission on Safety and Quality in Health Care is developing a national approach to support improvements in patient safety and quality in primary care. A coordinated approach is essential for minimising risks to patients and improving the quality of care. Overall APNA supports the development of NSQHS Standards for primary care services and a review of the practice-level safety and quality indicators for primary care.

Comments on the consultation paper

The scope of primary care services as the focus for the Commission's program of work:

APNA is pleased that community nurses, general practice nurses and nurse practitioners have been recognised as making a significant contribution in primary care. Primary health care nursing is broad and encompasses enrolled nurses (EN), registered nurses (RN) and nurse practitioners working in a broad range of settings including: general practice; community; educational; occupational; and domiciliary settings.

Therefore APNA suggests that ‘community and practice nurses’ be replaced with ‘primary health care nurses’ to better reflect the primary health care nursing workforce.

Developing a set of NSQHS Standards for primary care services other than general practices:

When developing a set of NSQHS standards for other primary care services peak bodies such as the Australian Primary Health Care Nurses Association (APNA) should be involved. APNA is the peak professional body for nurses working in primary health care and represents nurses working in a range of clinical and non-clinical settings such as community, general practice, domiciliary, education and occupational settings.

Safety and quality improvement in primary care more generally:

APNA has identified the following safety and quality issues experienced by primary health care nurses. Where possible APNA has provided some potential strategies for implementation to address these challenges.

- Cultural change for patient safety and quality improvement
Given the lack of evidence surrounding effective patient safety initiatives for primary care as reported in the consultation paper, strategies that focus on shifting the culture around quality improvement may be a necessary first step for positive change. For instance, altering perceptions that centre on fear and blame to that of learning and systems enhancements may elicit greater support for quality improvement initiatives.
- Understanding the role and scope of all health professionals for effective collaboration
As noted in the consultation paper, primary care is delivered by a diverse range of health professionals. A clear understanding of the role and responsibility of each discipline will be essential to providing effective coordinated care.

It has been reported that perception and attitudes by other health professionals or employers about the role of primary health care nurses may limit a nurse’s ability to work to their full scope of practice.¹ The scope and functions of primary health care nursing have evolved and expanded into some areas of practice that have traditionally or historically been assumed the responsibility of other medical professionals. This has the potential to create professional tensions between primary health care nurses and medical professionals such as general practitioners.² Therefore greater understanding and support for the full breadth of the primary health care nurse role by all members of the healthcare team is essential to enhancing intra-disciplinary collaboration and safe patient care.

- Reporting pathways for adverse events
There is currently no clear guidelines or mandated reporting pathways for adverse events, other than immunisation accidents and reactions to medication and devices in primary health care.

In general practice, the recording of adverse events is an indicator as part of the RACGP Standards for General Practice. The indicator suggests that the practice should ‘monitor, identify and report near misses and adverse events in clinical care’ and implement processes to prevent future incidents. However feedback from our membership indicates that this data is rarely assessed by accrediting bodies or RACGP in practice.

¹ Murray-Parahi P, Edgar V, Descallar J, Comino E, Johnson M. ENSCOPE: Scoping the Practice of Enrolled Nurses in an Australian Community Health Setting. *Int Nurs Rev.* 2017;64(1):59–68.

² Price K. Nurses in general practice settings: Roles and responsibilities. *Contemp Nurse.* 2007;26(1):7–14.

APNA suggests that a clear protocol for reporting of adverse events and near misses be implemented and monitored in primary health care across Australia. This data should help inform quality improvement activity at the local level. Furthermore, data regarding adverse events and near misses should be aggregated and de-identified at a national level and routinely analysed to help inform quality and safety policy and strategies. Implementation of such a system will require safeguards for practitioners against legal action and incentives for participation.

- Documentation and communication

Adequate meaningful documentation for clinical handover remains problematic. For example, timely discharge summaries from the acute setting are not often provided to relevant health professionals in primary health care comprising patient safety and increasing rehospitalisation rates. eHealth solutions such as the Home Medicines Review for medications management and the My Health Record may assist with real-time communication between health professionals and consumers. However given that utilisation is not mandatory, stakeholders may require incentives to effectively engage with these platforms.

- Reporting of safety and quality information to the public and stakeholders

Whilst there are a number of bodies overseeing the accreditation process in general practices and similar clinics, it is not clear how that information is being reported to the public or stakeholders. APNA believes information regarding patient safety and quality should be transparent and readily made available to consumers and other relevant stakeholders. By increasing the availability of relevant information, peak bodies such as APNA can assist with influencing improvements in quality and safety.

- Adequate staffing and ratios

Ensuring primary health care services have adequate and appropriate staffing ratios is an important safety and quality consideration. Within each workplace there are variances in the type of work that is undertaken, the patient demographics, the staffing and the scope of practice of each clinician. Guidance around determining what is appropriate and safe staffing ratios for each primary health care setting may assist with minimising risks to patients.

Developing a set of NSQHS standards for primary care services other than general practices:

- Perception of need

The value and perception of need for standards amongst primary care services is an important consideration for optimal implementation. If services are not aware of the benefits of engaging in quality improvement initiatives or do not believe the standards would add value to their service delivery, widespread effective implementation of the standards is unlikely to occur.

- Incentives

Fiscal advantages may provide an opportunity to facilitate the successful implementation of standards for primary care services. The cost and time required to change systems and procedures to meet the standards in addition to the expenses associated with the accreditation process are potential barriers to uptake. Therefore different funding mechanisms and incentives may need to be in place to entice involvement, particularly if it is not a mandatory requirement to meet the standards.

Training and ongoing support specifically for primary health care staff in quality improvement to meet the standards is likely to facilitate greater implementation. Low cost online training or scholarships to attend training may be possible mechanisms to enhance engagement.

About APNA

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care. APNA champions the role of primary health care nurses; to advance professional recognition, ensure workforce sustainability, nurture leadership in health, and optimise the role of nurses in patient-centred care.

APNA is bold, vibrant and future-focused. We reflect the views of our membership and the broader profession by bringing together nurses from across Australia to represent, advocate, promote and celebrate the achievements of nurses in primary health care.

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