1 November 2011

Ms Elizabeth Hanley
Senior Project Officer
Australian Commission on Safety and Quality in Health Care
GPO Box 5480
SYDNEY NSW 2001

Email: mail@safetyandquality.gov.au

Dear Ms Hanley

*Practice-level indicators of safety and quality for primary health care*

Royal College of Nursing, *Australia* (RCNA) is pleased to provide the attached submission to the Australian Commission on Safety and Quality in Health Care (the Commission) in response to the *Practice-level indicators of safety and quality for primary health care: Consultation Paper.*

RCNA is the peak professional organisation for nurses in Australia. RCNA represents nurses across all areas of practice throughout Australia. RCNA has members in all states and territories of Australia, and internationally. A not-for-profit organisation, RCNA provides a voice for nursing by speaking out on health issues that affect nurses and the community. With representation on government committees and health advisory bodies, RCNA is recognised as a key centre of influence in the health policy arena in Australia. When health policy decisions are made, RCNA presents a professional nursing perspective, independent of political allegiance.

I look forward to the outcomes of this consultation and to the final set of practice-level indicators of safety and quality for primary health care. Please do not hesitate to contact me for further information or discussion on this matter.

Yours sincerely

[Signature]

Debra Y Cerasa FRCNA FCN
Chief Executive Officer

Attachment
Practice-level indicators of safety and quality for primary health care: Consultation Paper

Section 1 - Introduction

Royal College of Nursing, Australia (RCNA) welcomes the development of practice-level indicators for safety and quality throughout primary health care by the Australian Commission on Safety and Quality in Health Care (the Commission). To inform this submission, RCNA gathered evidence and advice from members with expertise in safety and quality in primary health care.

RCNA is particularly pleased by this specific examination of primary health care practice. RCNA believes that a set of established practice-level indicators developed by a national authority on which to base standards and guidelines for primary health care practice will be of great benefit to the broad range of community and primary health care nursing services. For example, the school nurse is often the sole health practitioner in an educational environment. The practice-level indicators will be valuable in the continued development of standards and guidelines for school nursing and will be of great benefit to students and school communities receiving these services.

1.2 Project purpose and scope

RCNA welcomes the purpose of this project and would like to identify the School nursing professional practice standards as practice-level indicators of safety and quality currently in use, as per the first point. These standards are relevant to school nursing, which involves health promotion, health education, environmental health and safety, emergency/crisis management, service delivery and resource management. School nursing also may include first aid, sports health and health counselling and the school nurse role varies with the sector, age group, setting, program objectives and stakeholder expectations. These standards are utilised by Victorian School Nurses and are currently under revision for national application. Please see:


The reference definition of 'practice level' as described within this section is welcomed in the sense that individual practitioners are recognised as providers of primary health care services. It is crucial to acknowledge and include the 'individual practitioners providing primary health care services' beyond general practice settings and the large recognised primary health care services. RCNA agrees that the final set of practice-level indicators will be useful to individual practitioners across primary health care.

However, the exclusion of general practice from the scope of this project is of concern to RCNA. While RCNA recognises that the Royal Australian College of General Practitioners (RACGP) is conducting a separate dedicated project to develop indicators for general practice, RCNA believes that a broad consultation of the services involved in general practice other than those provided by general practitioners themselves must be undertaken. There are many nurses who work in general practice and given the need for integration in health care, RCNA believes that this would be more effectively done through an encompassing consultation rather than two fragmented consultations.

RCNA notes that the Australian health system has moved away from a system driven by national targets to one in which standards or practice-level indicators are the main drivers for improvements in quality. It is important that the description of indicators themselves as 'measures or markers of the quality of care delivered by primary healthcare providers at the service unit, practice or local level' should not conflict with professional competencies and standards required by regulation authorities and professional bodies for health professionals, but complement them.
Finally, RCNA notes that the term 'patient' does not progress the values of health promotion and prevention that are intrinsic in primary health care. While it is noted in the consultation paper that 'patient' has been used for ease of presentation, RCNA highlights that the terms 'consumer' or 'client' would better align with the purpose of the project itself.

1.4 Purpose of the consultation paper

RCNA is enthused by the acknowledgement within the consultation paper of such a broad array of health practitioners and community and primary health care settings. The inclusion of many different practitioners and community services within the definition of primary health care will serve to ensure that the set of practice-level indicators are better designed for the range of providers and services that actually exist within community and primary health care. However, RCNA flags that the definition listed for primary health care itself, that it "is commonly viewed as the first level of health care or the entry point to the healthcare system for consumers" reflects more a primary care approach. This is also noticeable in other sections of the Consultation Paper, for example, the reference to practice managers in Section 5.1. RCNA strongly recommends that a broader definition that reflects an illness prevention and health promotion approach be utilised throughout the entire consultation, especially within the primary health care definition box on page 7 of the Consultation Paper.

Section 5 - Themes from the research

5.4 Clinical Governance

RCNA welcomes the practice-level indicators proposed and believes that these will support sole practitioners and small primary health care services, including in the implementation of accreditation and governance arrangements.

5.5 Quality Improvement

RCNA believes that the Commission should consider quality as a system property including characteristics of individuals rather than "as a system property and not as a characteristic of individuals who work in a system". Quality must be a system within a system and the individual practitioners are a part of the quality system, rather than an either/or situation.

Section 7 - Candidate indicators

RCNA is of the view that the candidate practice-level indicators listed in the Consultation Paper are appropriate. Each dimension and indicator may be applicable to or addressed by primary health care practitioners. However, RCNA is concerned that the tone and language of the indicators prolong the out-dated problem or illness-based health care approach that measures whether an individual seeking care for a specific problem was assisted appropriately. To support primary health care in the non-traditional health care settings acknowledged within the Consultation Paper, and to align with the health promotion and preventive vision for health care as endorsed by the National Primary Health Care Strategy, RCNA believes that practice-level indicators in primary health care must also measure:

- if the catchment population is aware that the service exists
- if the catchment population is aware of what the service provides
- if there is outreach
- if there is advocacy
- if the services are accessible to children and young people and families/groups
- if there is collaborative care across multi-sectoral areas versus referral and coordination
- if the services are accessible to groups/communities, families not just individuals.
RCNA recommends that the practice-level indicators in primary health care include health promotion, health education, public health measures and epidemiology. These topics are essential to primary health care but are not easily recognisable in the current candidate indicators.

**Conclusion**

In conclusion, RCNA welcomes this review of practice-level indicators for primary health care and believes that the candidate indicators are relevant and useful for on-going quality improvement in primary health care. RCNA recommends:

1. A greater population focus including health promotion and illness prevention with multidisciplinary collaboration across sectors rather than a focus on individuals seeking assistance from an individual practitioner or service for a specific issue or problem.

2. Increased attention to practice-level indicators for health promotion, health education, health literacy, groups or communities and children, young people and others who may not be able to give informed consent for themselves.

**Contact details**

Debra Y Ceresa FRCNA FCN  
Chief Executive Officer  
Royal College of Nursing, Australia  
P 02 6283 3400  
debra.ceresa@rcna.org.au

Kathleen McLaughlin FRCNA  
Deputy CEO  
Director, Operations  
Royal College of Nursing, Australia  
P 02 6283 3427  
kathleen.mclaughlin@rcna.org.au