

Submission in response to the ACSQH Discussion Paper on Patient
Safety in Primary Health Care (August 2010)

Submitted by the Council of Deans of Nursing and Midwifery (Australia &
New Zealand)

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Thank you for the opportunity to provide comment on the ACSQH discussion paper on Patient Safety in Primary Health Care. This is an area of great concern and interest to the Council of Deans of Nursing and Midwifery and to our curricula into the future. We are committed to inter-professional learning and collaborative practice and we believe that health care targets will not be reached without the effective use of nurses, nurse practitioners and midwives in the community in primary health care settings in both autonomous and interdependent roles. In addition, the following comments have been prepared by academic staff at Deakin University and the Council supports these comments.

'Patient safety in primary health care' (Discussion Paper) presents an overview of the research literature and practice in safety and quality in primary care. The Discussion Paper notes the paucity of research to inform quality and safety in this growing health care setting and raises important issues and questions for consideration.

Although the paper notes that primary care/primary health care includes a fragmented and diverse group of services it focuses almost exclusively on general practice. It is unclear if the Discussion Paper pertains to community health which includes but is not limited to general practice. The community setting and diverse range of services, practitioners, and clients forming the 'target' of discussion requires clarification to improve the definition of the context for quality and safety in Australian community health care/primary care.

There are specific client cohorts who are at substantial risk of adverse health and social care outcomes in community settings. In particular, older people, older people living alone with dementia, people living with chronic illness and people living with mental health disabilities are very vulnerable members of Australian communities who frequent primary health care/community care services. Research is required to identify the nature of risks and risk issues for these people.

Community health is reliant on effective partnerships between clients, families, services and practitioners. However, the role of the multidisciplinary teams and networks of health and social care professionals in managing risk for clients in community settings is another under researched area.

In 2010, a research team at Deakin University (Allen et al., 2010) undertook a qualitative pilot study with 16 health and social care professionals (district nurses, practice nurses and aged care case managers) in the Melbourne metropolitan area to identify their role in communication, collaboration and risk management in community aged care and areas for further research. According to these care professionals, collaboration and risk management are central to their roles. However, community providers work within silos of care that are challenging to traverse due to unclear role boundaries, lack of effective communication pathways and traditional power structures between nursing and medicine, social work and health professions, and between the acute inpatient and community settings. Phone calls and case meetings enabled communication and exchange of client information thereby reducing risks for clients associated with health care, such as due to medication misadventure. Barriers to communication included poor quality information from acute inpatient providers and difficulty communicating effectively with general practitioners. In another recent study, Annells et al. (in press) found that community nurses and general practitioners

reported considerable difficulty in communicating important clinical information about their older veteran clients with complex health needs. Communication and collaboration are challenging for health professionals in community settings.

The recent National Health and Hospitals Reform Commission report (Commonwealth of Australia, 2009) strongly suggested that general practice should take on greater care coordination and risk management for clients in transition from hospital to home. The pilot data and study with veteran clients summarised above (Allen et al., 2010; Annells et al., in press) suggests that considerable work is required in the community setting and in general practice, for example in developing communication pathways, autonomous practice nurse roles, and multidisciplinary models in primary care, if risks associated with health care practice are to be properly identified and managed.

References

Allen, J., Ottmann, G., Roberts, G., Brown, R., & Rassmussen, B. (2010). Final Report 'The tricks of the trade': Enablers and barriers to multidisciplinary communication in transition to care for older people. Unpublished manuscript.

Annells, M., Allen, J., Nunn, R., Lang, L., Petrie, E., Clark, E., et al. (In press). An evaluation of a mental health screening and referral pathway for community nursing care: Nurses' and general practitioners' perspectives. *Journal of Clinical Nursing*.

Commonwealth of Australia. (2009). *A healthier future for all Australians - Final report of the National Health and Hospitals Reform Commission - June 2009*.