National Prescribing Service Limited

National Safety and Quality Framework

Australian Commission on Safety and Quality in Healthcare

Response to the Discussion Paper on achieving the directions established in the proposed National Safety and Quality Framework

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General comments

The National Prescribing Service Limited (NPS) appreciates the opportunity to provide comment on the National Safety and Quality Framework discussion paper.

Overall we are impressed with the scope of information included in this document. We are particularly pleased with the review of evidence supporting a patient focused approach and the importance of safety in health care.

NPS would like to highlight the following key points:

- The importance of emphasising both quality and safety as the focus. It is important to recognise that different strategies and measures may be required for each element.
- The definitions within the framework need to be clearly articulated. The reference to 'clinicians' is non-descript and may not be interpreted to mean all health professionals involved in provision of healthcare, eg alternative or complementary medicine practitioners.
- Continuity of care is of critical importance to avoiding errors at the point of transfer. We suggest strategy 1.5 may need to make clear the difference between continuity of care provision (ie the provider) and continuity of care in terms of the care continuum.
- Safety and quality standards should be applicable across the range of different health care settings.

About the National Prescribing Service Limited

National Prescribing Service Limited (NPS) is an independent, not-for-profit organisation that identifies and resolves challenges around medicines, bringing to life the goals of Australia's National Medicines Policy in the area of 'Quality Use of Medicines'. We create and deliver evidence-based information, services and systems that enable consumers and health professionals make the best decisions about whether or not to use a medicine to get better health outcomes.

Funded by the Australian Government Department of Health and Ageing, we undertake a range of activities and research to better understand and communicate the best use of medicines and to evaluate the impact of our programs. Further information on our programs and services is available at www.nps.org.au.

Comments on strategies

In general NPS believes the framework is robust. We have reviewed each strategy and provide the following comments for consideration.

Strategy 1.1: Develop service models which improve access to health care for patients

- Continuity of care with medication use is very poor. Technology is the enabler to improve this.
- Standards of practice for healthcare professionals and for the practice system need to be the same for all practitioner groups—both complementary and mainstream.

Strategy 1.2: Increase health literacy

- The ABS also identifies the health literacy of people whose first language is not English is even lower. Around 76% of culturally and linguistically diverse (CALD) Australians have a low level of health literacy.[1]
- We suggest that the Commission considers additional research into using support groups.
- We believe there needs to be a national approach to consumer information to really help consumers be active partners in their health care. NPS works to increase consumer health literacy for medicines use, providing patient tools and consumer materials. Quality consumer material meeting best practice standards needs to be widely available through the diverse range of channels people use to seek information.

Strategy 1.3: Involve patients so that they can make decisions about their care and plan their lives

- This strategy aligns with the NPS 10 year plan to help people make healthier decisions about medicines.
- NPS has been considering compiling our consumer resources in an education kit. This may be a useful contribution for the take-home information proposed by the discussion paper.
- Technology needs to support patients being provided to with up to date medication lists in every setting where they access care and receive new medications.
- Consumer medicine information is widely available but shown to have poor rates of provision by providers. It may be necessary to consider stronger incentives and/or consideration of mandatory inclusion in professional standards to achieve compliance. Some processes will need to be mandated into professional standards to achieve compliance, eg all prescribing doctors, pharmacists and nurses are responsible for providing written information about new prescribed medicines.
- It would be useful if information existed for consumers on what elements of care a service should provide, eg what you would expect from a community pharmacy, a general practice, a nurse practitioner, a complementary medicine practitioner etc.

1 http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/LookupAttach/4102.0Publication30.06.093/$File/41020_Healthliteracy.pdf

Strategy 1.4: Provide care that is culturally safe

- Other recommendations might include:
    - Considering cultural impact assessments when developing a new service/ health program to ensure equity in access at the planning stage
    - Ensuring that national health statistics and data are stratified for culturally and linguistically diverse (CALD) groups so we can better understand their health needs, critical areas of concern regarding health care safety and the impact of different programs.
    - Working with appropriate intermediaries (e.g. ethno-specific peak organisations, clubs, ethnic media) to ensure health promotion campaigns and education reach Australians with low English language proficiency.

Strategy 1.5: Enhance continuity of care

- It needs to be clarified whether this strategy refers to continuity of care provision (ie the provider) of continuity of care in terms of the care continuum. Provider continuity is important but there are lots of other issues that arise as people move through the health system. NPS recently released a literature review[2] designed to obtain a greater understanding of medication safety issues in the community setting. This review identified that poor communication was the most commonly reported contributing factor to medication errors and adverse drug events, especially poor communication between patients and health professionals, general practitioners and pharmacists, and health professionals at the transfer of care. The strategy needs to address all settings and levels of health care.
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Strategy 1.6: Minimise risks at handover

- The NPS literature review into medication safety issues in the community setting highlights that the point of transfer is where mistakes often happen.
- The Australian Pharmaceutical Advisory Council (APAC) guiding principles to achieve continuity of medication management establish a good framework for managing medicines across the continuum of care and may be a useful resource.
- Best practice tools should be validated and tested for specific common conditions and settings to ensure handover is complete. For example, pain management plans after operations communicated on discharge to prevent the common errors.

Strategy 1.7: Provide case management for complex care

- It is also important to recognise the importance of ensuring appropriate case management for vulnerable groups across different settings, for example refugees.
- Case management should be used when it is the most effective proven method. For example, for chronic heart failure, management by a specialised service is the best practice model, yet this is not widely offered in Australia. The National Heart Foundation of Australia is developing guidance for best practice model for multidisciplinary care in heart failure. More of this specific guidance is needed.

[2] Easton K, Morgan T, Williamson M. Medication safety in the community: A review of the literature. National Prescribing Service. Sydney, June 2009

Strategy 1.8: Facilitate patient-centred service models

- A key element in ensuring the sustainability of the health system is that consumers become active partners in managing their health and well-being and more involved in decision making for safe, effective and appropriate medicines use. It is also essential that consumers are health literate, skilled in self-management and able to make informed decisions.

- Medicines use crosses all sectors. The National Strategy for Quality Use of Medicines clearly articulates the patient-centred approach, providing an ideal 'whole of health' example.

Strategy 1.10: Inform and support patients who are harmed during health care

- It is important to recognise that some health care treatments have risk of harm, inherent to the treatment. Some people will suffer iatrogenic harm from medicines which can be serious.

- In addition to establishing mechanisms for health care providers, it would be good to see some guidance for patients about the available reporting mechanisms and what to do in case of an adverse event.

Strategy 2.1: Reduce unjustified variation in standards of care

- The barrier of paid access to some guidelines and formularies needs to be removed. For example, access to resources like Therapeutic Guidelines and Australian Medicines Handbook are freely available to health professionals working in the state hospital system, but primary care practitioners need to pay for access.

- Standards for decision support need to be developed and effectively incorporated into clinical software to enable best clinical practice.

- Some consideration may need to be given to providing incentives for all practitioners to review their practice against measures of quality in a systematic and rigorous way. This requirement currently only exists for GPs under clinical audit as a QA&CPD activity.

- We also believe that guidelines alone are not the answer. There need to be ways of establishing where there are gaps in practice (ie guidelines non-adherence) and being able to understand why gaps occur.

- Quality improvement practices can help assess how well guidelines are being used and identify current practice versus best practice. This should happen at every level (individual practitioners, health services, health systems). NPS works this way by identifying problems, identifying solutions and implementing strategies for the long term.

- Guidelines should cross all healthcare settings.

- It is not necessary to reinvent the wheel. Encouraging consistent use of guidelines rather than the development of new guidelines for different settings will deliver good outcomes.

Strategy 2.2: Collect and use data to support safety and quality

- The background should also refer to the extensive tools provided for GPs to use data for quality in medicines use. For example, the PEN clinical audit tool and Canning Tool both extract data from GP medical record systems to measure quality. NPS has developed an extensive suite of clinical audit tools for GPs and pharmacists to collate data and report on quality, and provided guidance on where improvements are needed. NPS has provided audit tools measuring quality use of medicines for hospitals on community acquired pneumonia, post-operative pain and discharge management of acute coronary syndrome.

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- A lot of work has been done for general practitioners. This needs to be extended to other practitioners, including pharmacists and nurses and medical specialists who practise independently.

- Monitoring tools should also assist practitioners to identify the gaps in practice for improvement and provide direction on where to find guidance and how to improve practice.

- Whether the same systems should exist for safety and quality measures should be explored. Different measures for both safety and quality may be required.

Strategy 2.3: Learn from patient and carer experiences

- This area is going to need a lot of development to make sure that patient experiences can be described and used in a way that addresses where the biggest gains can be made. Poor methods could result in investment in measurements that are unhelpful. We suggest it will require long term planning for all areas of health and agencies able to provide expert advice.

Strategy 2.4: Encourage and apply research that will improve safety and quality

- We agree this area needs more research and evaluation as described. The other current problem is the research exists in silos, learning is not shared across different disciplines and most Australian research and evaluation is only published internally or as Grey literature.

Strategy 2.5: Continually monitor the effects of healthcare interventions

- This is very important for quality use of medicines. There may also need to be new data collected (not just use of existing datasets) and new ability to extract data in usable ways, for example from medical practitioner and pharmacy desktop record systems. The data has to be collectable as the health care system changes. For example, we need to have data on nurse practitioner prescribing, and this should be built into requirements for record keeping as this group develops their professional practice.

- To ensure the pharmaceutical industry also supplies the data required after marketing it may be necessary to include this as a regulatory requirement. This would also need to be consistent with international requirements.

Strategy 3.1: Clinicians recognise their responsibilities for safety

- We feel this strategy needs to recognise that the health system is more than doctors and nurses in hospital settings.

- Safety skills and methods need to be offered in professional development programs for each professional group. Evidence-based approaches to ensure safety need to be embedded in the accreditation of practice standards, into professional standards and competencies.

Strategy 3.2: Managers recognise their responsibilities for safety

- Perhaps this strategy needs to also address the sector of self-employed health care providers and frame these issues on safety in way that is relevant to them.

Strategy 3.3: Governments recognise their responsibilities for safety

- Registration systems for health professionals should include alternative and complementary medicine practitioners.

Strategy 3.4: Restructure funding models to support comprehensive, appropriate care

- Many of the current funding models do not support patient care or are incentivised to the detriment of patient care. Systems should be developed with providing the best possible care for patients as the primary driver.

- All models for service delivery need to be properly tested with users and across the whole system to ensure they are fully utilised when implemented. The Home Medicines Review Program is an example of a model that was trialed and found to be effective for improving surrogate health outcomes, but the model itself has poor acceptance by medical practitioners so is inadequately utilised.

- Models need to be developed that will also be implemented in private practice and private hospital settings. Presently these settings may develop their own models based on business cases and not necessarily good health care delivery.

Strategy 3.5: Support and implement e-health

- We are highly supportive of information technology solutions with Commonwealth leadership (eg coordination, standards setting, incentives to promote uptake) being mindful of requirements for care planning, management, reporting, accreditation etc.

Strategy 3.6: Design facilities, equipment and work processes for safety

- We agree design of systems should consider safety. It may be prudent to consider the system for pharmaceuticals as an example of a good, robust process for assessment of new technologies and procedures.

Strategy 3.7: Take action to prevent or minimise harm from healthcare errors

- This needs to apply to all sectors of healthcare, including hospitals and the community. For consumers, access to information about how to respond to adverse events is important, for example the Adverse Medicines Events phone line service run by NPS.

What do you consider most important for safe, high quality care?

In addition to the framework, which is comprehensive, in our view the key factors are:

a) continuity of care across different providers and public and private systems, and including alternative and complementary medicine practitioners
b) provision of information that is accessible and linked with work flow, for providers and consumers
c) ensuring there is governance to determine what is good quality decision support and accompanying standards, and no clinical guidelines or drug formularies require 'user pay'
d) high standards for professional practice, professional competency and practice accreditation that cross all professionals and sectors.

How do your activities align with strategies?

NPS activities strongly align with many of these strategies. We work with health professionals and the community to enable people to make the best decisions about medicines and use medicines safely and effectively. We achieve this through evidence-based education programs, information resources and tools to support decision making and increase health professional and consumer knowledge about medicines.

How could your future activities align with the strategies described in this discussion paper?

There is significant potential alignment with future NPS activities. Safe use of medicines is at the core of what we do along with supporting health professionals and consumers to make better decisions for better health outcomes.

We also propose to enhance our work in post-marketing surveillance of new drugs to better capture, analyse and utilise data from GP desktop systems to supplement nationally collected Medicare data. This will provide opportunities to better understand how new medicines are being used and what, if any, problems or benefits are arising.

We believe there needs to be national coordination that is not only about consumers and providers, but also groups who develop professionals, provide professional development, and develop clinical practice guidelines, research interventions and outcomes.

We are very keen to support the work of the Australian Commission on Safety and Quality in Healthcare into the future and welcome the opportunity to discuss how we may assist.

What are the main barriers in your work to improve safety and quality in the last five years?

Many barriers could be addressed by national coordination, especially by ensuring a national focus on quality gaps. Also important will be to engage in all areas, sectors and levels of the health system, and ensure consistent high standards.