



Dietitians Association of Australia

Response to Australian Commission on Safety and Quality in Health Care consultation Practice-level indicators for safety and quality for primary health care

October 2011

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 4800 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for better food, better health, and better living for all. The DAA appreciates the opportunity to provide comment on the consultation paper 'Practice-level indicators for safety and quality for primary health care'.

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General remarks

The Dietitians Association of Australia supports the guiding principles for practice-level indicators of primary health care, and the dimensions for categorising candidate indicators. The usefulness for local quality improvement at the service or practice-level may vary according to the service and so it is suggested that care providers and support staff be involved in the selection, implementation and evaluation of candidate indicators.

The DAA offers the following comments in relation to specific chapters in the consultation document.

Chapter 6 Best practice in primary health care page 18

DAA supports the statement that "care provided by the clinical workforce is guided by current best practice, as agreed by the appropriate body". It will be important that health care agencies recognise self-regulated professions with similar standards to the professions registered under the Australian Health Practitioner Regulation Agency as the "appropriate body". These self regulated professions include dietetics, speech pathology, audiology, exercise and sports science, sonography and social work.

Furthermore, the elements of best practice might be expanded to include “that the clinical workforce providing primary health care is composed of appropriately qualified and regulated (either self-regulated or registered) professionals”.

DAA unreservedly supports the statement that “health professionals should use the best evidence available to inform their clinical practice”. This being the case, it follows that health professionals should also have access to sources of evidence, for example library databases, and that primary care agencies facilitate access to such sources of evidence.

Chapter 7 Candidate indicators page 19

Table 5: Candidate practice-level indicators of safety and quality for primary health care includes health summary in the dimension of “Appropriateness”. Undoubtedly health summary is important, as are the examples given e.g. allergies, current/past medical history etc. The list of examples might be expanded, if not in this table then in an accompanying document to include nutritional history, psychosocial history etc.

Table 5: Candidate practice-level indicators of safety and quality for primary health care includes patient assessment in the dimension of “Appropriateness”. DAA agrees with this candidate indicator but suggests that the concept be extended to include screening as a step before assessment. For example, screening for malnutrition in older Australians would be appropriate, but assessment would be undertaken if screening identified a certain risk for malnutrition. Screening tools being used should be validated and relevant to the population service by the primary health care agency.