Patient safety and quality improvement in primary care

APS response to the Australian Commission on Safety and Quality in Health Care

Consultation paper

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Sophie Robinson
Senior Adviser (Policy and Legal)
Professional Practice
s.robinson@psychology.org.au

Jacinta Connor
Research & Policy Officer
Professional Practice
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Introduction

The Australian Psychological Society (APS) welcomes the opportunity to respond to the Australian Commission on Safety and Quality in Health Care’s (the Commission) consultation paper regarding ‘Patient safety and quality improvement in primary care’ (October, 2017).

The APS is the largest professional organisation for psychologists in Australia representing approximately 23,000 members of whom a significant portion deliver evidence-based psychological services in primary care. In making this submission, the APS sought feedback from members who work in the primary care sector.

1. The scope of primary care services as the focus for the Commissions’ program of work.

The definition is appropriate for the purposes of the Commission.

2. Safety and quality issues in Australian primary care services.

What are the safety and quality issues experienced by you, your primary care service or the primary care services you support?

The safety and quality issues for psychologists in primary care have some overlap with those experienced by other health professionals but there are a range of unique issues specific to the nature of psychological practice. For example, unlike most health practitioners, psychologists do not conduct any invasive assessments or treatments. However, psychology practices do have unique quality and safety issues particularly pertaining to confidentiality and risk of harm to self or other.

The following are some general safety and quality issues for psychology practices:

- High quality customer service
- Safe and appropriate environment
- Use of evidence-based assessment and intervention
- Client-centred care including monitoring of outcomes
- Continuous quality improvement
- Appropriate data collection & storage & use of psychology records, and appropriate disposal of psychology records /test data in compliance with health and privacy laws
- Strong clinical governance
- Compliance with financial, legal and contractual requirements
- Compliance with mandatory reporting laws and other information sharing schemes authorising disclosure of client information
- Policies in relation to child safe standards
- Up-to-date policies and procedures that are implemented and monitored
- Appropriately supported staff.

Risk of harm

Due to the nature of psychological practice, there are high safety issues in terms of the need to manage the potential risk of self-harm by clients, and of risk of harm to others by clients (to practice staff or others).

For psychology practices, staff safety is a major consideration as there is the potential for
a range of risks to staff; for example, client aggression, client stalking, and romantic/sexual attraction towards clinical and reception staff. Aggressive clients can also pose a risk to other clients present in the practice. There are also safety issues for staff associated with lack of sufficiently informative handover to private practitioners from referring bodies, especially the acute sector and the NDIS. That is, practices are often not told by referrers of potentially high risk clients.

Another major safety issue for psychologists occurs in acute situations when a client’s mental state is unstable, including where they may be at risk of harm to themselves or others. Psychologists in private practice have limited capacity to contain these clients, and rely on referral to an emergency department of a public hospital or an area mental health triage service, or the police. However, the psychologist’s assessment of the degree of risk and need to obtain containment for the client does not always align with hospital policy. In other words, psychologists are left with managing very unwell clients because they have been refused admission or prematurely discharged from a hospital. Psychologists can be left with limited options to keep their clients and others safe.

Confidentiality

A unique safety issue for the clients of psychologists is breach of client confidentiality. Psychologists have more rigorous ethical standards for confidentiality than any other health profession. Client confidentiality is the pillar underpinning psychological practice. Under the APS Code of Ethics to which all psychologists must comply, psychologists are not able to breach client confidentiality (even with carers, family or other health professionals) unless they have specific client permission or one of the exemptions (limits to confidentiality) are met, such as risk of harm to self or others.

What strategies have been implemented to address these?

Strategies implemented by the APS:

- The APS has (and is currently updating to align with the Australian Safety and Quality Framework for Health Care) Private Practice Management Standards for Psychology against which psychologists self-audit their business. The revised Standards will provide benchmarking capacity and include a more rigorous assessment process. The process for developing the first iteration of the Standards has been published.¹
- The APS also has a private practice manual that can be used to provide a template for practices to develop appropriate policies and procedures
- The APS has developed Guidelines to support the implementation of the Code of Ethics and numerous resources to support members to adhere to the confidentiality (and other ethical) requirements of the profession.

Examples of strategies implemented by individual practices:

- Policies and procedures to support safety and quality with regular review and monitoring
- Focus on updating and reviewing a policy and procedure at each staff meeting and in peer consultation

- Having procedures in place to transfer clients away from a clinician if the clinician is not feeling safe, in a way that does not leave the client feeling that the clinician is rejecting them or accusing them of something
- Collection of practice performance data and feedback to each clinician, with procedures for addressing any issues of concern that are identified
- Design of practice environment to support staff safety.

Have you noticed any changes in the quality of the service you receive or provide?

One practice commented that their processes for data collection and quality improvement has meant that under-performing staff are now more likely to leave rather than stay and be a drain on the company (in terms of both quality and quantity of service). Also, staff who remain have responded well to the feedback, and are supported in their efforts to make improvements such that they eventually achieve the targets. Overall, they report an improvement in the quality of their clinical team.

What additional strategies, tools or resources should be developed and/or made available to make these strategies more effective?

As indicated above, many strategies/tools/resources are available to practitioners through the APS. The major barrier to extensive implementation of strategies is the predominance of sole trader and small business private practices. Based on APS membership data, as many as 50 per cent of psychologists may be in small business with limited administrative support, no practice manager, and an income that cannot support extensive system development.

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

What are the barriers and enablers for implementation of these standards in primary care?

As indicated, many psychologists operate as sole traders or small businesses with limited income. They cannot sustain the cost of accreditation by an external provider. The APS is aware of the existing costs for external accreditation against various standards and the average psychology practice in Australia could not afford these fees.

As indicated, many psychologists are in small businesses with limited administrative support, no practice manager, and an income that cannot support extensive system development. They would need to stop their client work (forego income) to be able to free them up to prepare for accreditation.

Given the high number of small business psychology practices, the APS is concerned about an unintended negative impact of accreditation (even though not mandatory) on the psychology workforce. It is essential that accreditation balance the need for safety and quality against the capacity of the sector to undertake the process of accreditation. Failure to do so may reduce client accessibility to services in the primary mental health care sector.

The APS also notes, as evidenced in the Consultation paper, the likelihood that the proposed standards will heavily reflect a medical model approach to health care. The APS is concerned that the standards for primary care will be based on the National Safety and Quality Health Service Standards that reflect a medical model and hospital-based paradigm. Psychologists in primary care operate from a biopsychosocial model and unlike other health professions, psychological treatment is non-invasive. The profession is concerned that the proposed standards will not reflect the key safety and quality issues for...
the psychology profession. This will be a major barrier to implementation and not achieve the aim of driving improvements in the safety and quality of care.

There remains considerable confusion amongst psychologists about the role of the regulating body, the Psychology Board of Australia, in relation to the proposed standards. For example, clients of psychologists are already able to make notifications to the Psychology Board for issues that could be considered a practice-based issue (e.g., failure to use an evidence-based treatment, failure to implement appropriate management of psychology records, client-risk issues). Greater clarity around this issue is required to engage the sector.

*How could the Commission address these?*

The Commission needs to acknowledge and address the variability in the type of psychology businesses in the primary care sector and their capacity to undergo accreditation against fixed standards. It is not feasible to expect a sole trader to meet the same standards as a multi-site corporatised practice, nor to pay similar fees to undergo accreditation. There will thus need to be differential cost structures, and standards that address the major safety and quality issues but do so at various levels for different types of practices. It will also be critical to develop resources to support the standards that provide examples of how standards could be met by, for example, by a small and large practice.

The development of supportive resources is best undertaken by individual professions who can translate the generic language of the standards (that is extremely alien to practitioners in the primary care sector) into language that is easily understood by individual professions. For example, issues of safety for physical professions such as physiotherapy or podiatry are very different to the safety risks for psychologists. Similarly, as noted, psychologists have much more rigorous ethical standards for confidentiality than any other health profession. It would therefore be appropriate to have resource material tailored specifically to the psychology profession.

The APS is currently doing an extensive upgrade of our Private Practice Standards. To assist uptake of the national standards by psychologists, the Commission could consider that accreditation against the APS Standards would contribute towards accreditation against the national primary care standards.

*What support could other organisations provide for implementation?*

The critical role of the APS in developing targeted resources to support the implementation of the standards by psychologists is described above. The APS is a membership-based body. Therefore, the APS would require additional resources and/or be supported by a user pay system to enable us to develop and provide access to materials for both members and non-members.

Member feedback suggests the process would be assisted by the implementation of telephone support (a hotline), and an independent complaints process for business owners in regard to accreditation.

4. **Reviewing the Commission’s practice-level safety and quality indicators for primary care.**

*What are the barriers and enablers for the review process, development and implementation of indicators in primary care?*
The psychology profession will not engage with the standards unless the indicators are relevant to the safety and quality issues associated with psychological practice and are workable options depending on the scale and nature of the practice. As indicated, the psychology profession does not undertake invasive treatments like other health professions but has a set of unique risks. The profession must be engaged in the review process, development and implementation of indicators in primary care.

*Which organisations should be involved and what is their role?*

The APS is the largest peak body for psychologists and must be consulted during the development and implementation of standards and indicators.

Given the apparent overlap between some potential standards/indicators and the scope of work undertaken by the Psychology Board of Australia, there is value in including them in the development and implementation process.

**5. Safety and quality improvement in primary care more generally.**

*What safety and quality strategies, tools and resources can be led by the Commission in a national approach?*

The APS reiterates that a national approach led by the Commission to the development of strategies/tools/resources is unlikely to meet the needs of psychologists because of the non-invasive nature of our work and the unique safety and quality issues facing the profession.

*How could the Commission support implementation of these?*

As indicated, as the largest professional association for psychologists, the APS is best placed to develop profession-specific resources and for them to be seen as acceptable to the profession. The APS recommends that as a first step, the revised APS standards and self-audit process that will align with the Australian Safety and Quality Framework for Health Care, be used towards accreditation against the national primary care standards.