

Speech Pathology Australia's submission to the

Australian Commission on Safety and Quality in Health Care's consultation: Patient safety and quality improvement in primary care

21 December 2017

Patient Safety and Quality Improvement in Primary Care
Australian Commission on Safety and Quality in Health Care
GPO Box 5480
SYDNEY NSW 2001

Dear Commission

Speech Pathology Australia welcomes the opportunity to provide comment to the Australian Commission on Safety and Quality in Health Care (the Commission) consultation on Patient Safety and Quality Improvement in Primary Care. Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing more than 8400 members. Speech pathologists are university trained allied health professionals with expertise in the assessment, diagnosis and treatment of communication and swallowing disabilities.

Speech Pathologists work in primary care contexts providing care across the lifespan to Australians with communication and swallowing difficulties. Speech Pathology Australia supports a set of standards for primary care that encompass the complex yet individual needs of Australians accessing primary care. Primary care by definition incorporates a multidisciplinary team of health professionals, centered around the individual's participation level and care needs. Thus, any set of standards must further support the individual's capacity to navigate care options in order to exercise choice and control.

Speech Pathologists are well positioned to support individuals with communication and swallowing difficulties within the primary care sector to access the services they require to maintain function and participation as safely as possible.

We have structured our feedback in response to relevant questions in the consultation paper. We hope the Commission finds our responses helpful.

Yours faithfully

A handwritten signature in black ink, appearing to read 'G L Dixon', written in a cursive style.

Gaenor Dixon

National President

Speech Pathology Australia's Submission to the Australian Commission on Safety and Quality in Health Care's consultation: patient safety and quality improvement in primary care

Speech Pathology Australia welcomes the opportunity to provide comment to the Australian Commission on Safety and Quality in Health Care (the Commission) consultation on Patient Safety and Quality Improvement in Primary Care.

About Speech Pathology Australia

Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing more than 8400 members. Speech pathology is a self-regulated health profession through Certified Practising Speech Pathologist (CPSP) membership of Speech Pathology Australia. Speech pathologists are not required to also be registered through the National Registration and Accreditation Scheme.

To be eligible for CPSP membership of Speech Pathology Australia, a speech pathologist is required to demonstrate they have completed an approved university course, that they have recency of practice and have undertaken a minimum level of professional development in the previous 12 months. New graduate speech pathologists who agree to meet specified requirements are afforded provisional CPSP status.

The CPSP credential is recognised as a requirement for approved provider status under a range of government funding programs including Medicare, all private health insurance providers, some Commonwealth aged care funding, Department of Veteran Affairs funding, Betterstart for Children with Disability and Helping Children with Autism programs. At present, the CPSP credential is a requirement for NDIS provider registration.

As the national body regulating the quality and safety of speech pathology practice in Australia, Speech Pathology Australia accredits the 25 university entry-level training courses for speech pathologists in Australia, evaluates requests for recognition of overseas qualifications, administers the continuing professional development program for the profession, and provides mentoring and support programs to the significant cohort of new graduate/early career speech pathologists currently within the speech pathology workforce.

Speech Pathology Australia manages complaints about quality, safety and conduct of speech pathologists who are members of the Association. Members are required to demonstrate the values, principles and standards within the Code of Ethics for the profession, as published by Speech Pathology Australia. The Code of Ethics describes the values of professionalism and respect and care, amongst others, which mandate an obligation for speech pathologists to act in a professional and objective manner at all times within their professional role. This obligation extends to provision of intervention that is in the best interests of the client while respecting the rights and dignity of clients and the context in which they live. The Safety and Welfare Standard of Practice in the Association's Code of Ethics obliges Speech Pathology Australia members to ensure client safety and comply with all relevant legislation.

The Speech Pathology Australia Ethics Board is responsible for receiving and investigating formal complaints against speech pathologists. Following any investigation, where a breach of the Code of Ethics has been found, the investigation panel of the Ethics Board makes recommendations on penalties, actions or required undertakings, which are then considered and ratified by the Speech Pathology Australia Board of Directors. The complainant, respondent and Ethics Board are supported in this process by the Senior Advisor Ethics and Professional Issues.

The Association also receives informal queries from speech pathologists and members of the public regarding ethical practice and ethical issues in speech pathology service provision. The Association has a role in education of members regarding ethical practice, and development of knowledge and skills in this area.

As is evidenced by the decision not to require the speech pathology profession be regulated under the National Registration and Accreditation Scheme, speech pathologists are already considered to be a low risk provider, however, Speech Pathologists are obliged to comply with the National Code of Conduct as managed by the state in which they practice.

About speech pathologists and primary care

Speech pathologists are the university trained allied health professionals who specialise in the diagnosis and treatment of speech, language, communication and swallowing problems. Speech pathologists work with infants, children, adolescents, adults and the elderly with communication and swallowing difficulties across the life span.

Speech pathologists provide services across the continuum of care, including in acute care, sub-acute care, rehabilitation and primary care sectors. Primary care settings in which speech pathologists work in include, but are not limited to, health promotion, community health, private practice clinics, and community mental health services. Speech pathologists also work in other sectors, such as disability, residential and community based aged care, education, and juvenile justice.

Speech pathologists work in both publicly and privately funded services. In recent years, there has been a significant shift in the location of service delivery from a previous majority government-employed to the private sector including private practice, not-for-profit and non-government organisations.

About communication and swallowing disability

Communication involves speaking, hearing, listening, understanding, social skills, reading, writing, and using voice. Like breathing, swallowing is essential to everyday life. People swallow food, liquids, medicine and saliva. People who have trouble swallowing or who have mealtime support needs are at risk of poor nutrition, dehydration, pneumonia and choking. In addition, babies and children with swallowing challenges may not take in enough nutrients to support growth and brain development. Communication and swallowing difficulties can be temporary or lifelong conditions that require tailored management across the lifespan. Breakdown of these fundamental processes can impact an individual's basic functioning in everyday life and, if not appropriately managed, can have long term consequences for an individual's psychosocial wellbeing.

Difficulties in speech, language, fluency, voice, social communication and swallowing can occur in isolation or the person may have difficulties in more than one area. Communication and swallowing difficulties can arise from a range of conditions that may be present from birth (e.g. Down Syndrome or Autism Spectrum Disorder), emerge during early childhood (e.g., stuttering, severe speech sound disorder), or during adult years (e.g., traumatic brain injury, stroke and head and neck cancers, neurodegenerative disorders such as motor neuron disease or Parkinson's disease) or be more prevalent in the elderly (e.g., dementia, hearing and vision changes).

Individuals with communication and / or swallowing difficulties frequently require interventions and supports from multiple areas of public service. This includes health, the disability and education sectors and mental health services. Communication and swallowing difficulties can result in significant social disadvantage, impact negatively on relationships, result in reduced independence, reduced participation in community activities, including education and employment, and need for social support services, acute medical care or residential care. Swallowing difficulties in particular can present a significant health risk, and can result in adverse medical complications and even death.¹ Early intervention, supported by robust quality and safety standards will assist in reducing these risks.

¹ Ibrahim, J.E., Murphy, B., Bugeja, L., Ranson, D.L., 2015, Nature and extent of external-cause deaths of nursing home residents in Victoria, Australia, Journal of the American Geriatrics Society [P], vol 63, issue 5, pp. 954-962.

The clinical protocols for speech pathology treatment are evidence based and often supported by multidisciplinary scientific evidence for efficacy. Clinical protocols for treatment in terms of session duration, frequency of care, and intensity differ depending on the clinical presentation and diagnosis

There is often a poor understanding by the general community of the experiences of people with communication and swallowing disability in Australia. This is exacerbated by the fact that some individuals with communication and swallowing disorders have no obvious outward physical signs of their disability. This can significantly affect individuals' access and participation in the wider society, and have negative impacts on their social and emotional wellbeing, and quality of life outcomes.

The ABS's 2015 Survey of Disability, Ageing and Carers (SDAC), estimated that 1.2 million Australians had some level of communication disability, ranging from those who function without difficulty in communicating every day but who use a communication aid, to those who cannot understand or be understood at all.²

There is an overlap of incidence between the different types of communication disorders and swallowing disorders, with some Australians experiencing both due to developmental, disease or injury processes (for example, individuals with Down Syndrome, cerebral palsy or Parkinson's disease). It is also clear that these prevalence figures will likely increase exponentially as the population ages.

In recognition of the prevalence of communication and swallowing problems and in accessing speech pathology services in Australia, in 2014 the federal Senate Community Affairs References Committee held an inquiry into the prevalence of speech, language and communication disorders and speech pathology services in Australia.

² Australian Bureau of Statistics (2017) Thematic Publication: Australians living with communication disability, <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4430.0Main%20Features872015?opendocument&tabname=Summary&prodno=4430.0&issue=2015&num=&view=>

Speech Pathology Australia's response to relevant consultation paper questions

1. The scope of primary care services as the focus for the Commission's program of work.

The consultation paper defines primary care services as:

'services provided by general practitioners, practice and community nurses, nurse practitioners, allied health professionals, midwives, pharmacists, dentists and Aboriginal and Torres Strait Islander health practitioners either, in the home, general or other private practice, community health services and local or non-government services'.

Do you consider this to be an appropriate definition of primary care? Should this definition be amended? If so, what should be addressed in an alternative definition of primary care?

The definition should include provision of services within any community based context, not limited to the locations listed.

In addition the definition should also cover services controlled or governed by higher education providers and/or clinical services developed for the purposes of training health professional students. For example, many Australian universities have or are developing outpatient clinics for the purposes of training health professional students. This trend is increasing with the increased number of university programs offering health professional courses and the demand for clinical placements exceeding supply. The clinics may be provided on university campuses or offsite in other facilities such as primary or secondary schools or in the community. The university controlled clinics vary with their funding structure including government funds, client fees and university funds. The clinical services may be of short duration (i.e. one academic semester) or ongoing and unfortunately not all universities are aware of the requirements to address client safety and quality issues.

Furthermore, speech pathologists work with patients or consumers within the context that is appropriate to maximise their function and participation in their local community. Speech pathologists may provide assessment and/or intervention in community contexts that are directly linked to participation goals for the client. For example, assisting a young person with an Acquired Brain Injury (ABI) to re-train in a workplace or understand text on a train timetable. The speech pathologist in this context would be providing care in an array of community based environments.

Thus an alternative definition for primary care may read:

'services provided by general practitioners, practice and community nurses, nurse practitioners, allied health professionals, midwives, pharmacists, dentists and Aboriginal and Torres Strait Islander health practitioners within any community based context including, but not limited to the home, general or other private practice, community health services and local or non-government services'

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?

Speech pathologists work in a range of primary health care settings, providing care to individuals across the lifespan with communication and swallowing difficulties. In primary care, general practitioners or other health professionals may refer to a speech pathologist for assessment and intervention in these care domains. Individuals may also self-refer to a speech pathologist.

Speech pathology is an evidence based profession. The Association's Code of Ethics obliges members to maintain the quality and safety of the care they provide to patients through maintenance of current professional knowledge, demonstration of the highest standards of professional competence, participation

in professional development and provision of accurate and timely information to patients. The risk of not practising within a national safety and quality strategy or framework is that there is no requirement for development and maintenance of appropriate governance structures within any individual practice outside of the professional obligations re clinical knowledge and skills. The delivery of safe and quality clinical care rests on underlying structures to support delivery of that care, and a single, consistent national standards are necessary to reduce variation in the delivery of care and improve health outcomes for all clients.

Speech pathologists have an ethical and professional obligation to educate clients, carers, and third party stakeholders about the full range of service options and interventions that may benefit individuals and thus assist clients to make an informed decision about their treatment. This includes discussing the cost of such services and realistic treatment outcomes. All treatment options presented should have a sound evidence-base relevant to the individual. Furthermore, the health care system should be flexible and robust enough to allow individuals across Australia to access speech pathology services in a manner that is congruent with the frequency and intensity that current evidence dictates.

Primary care represents a “first line” opportunity for identification and early intervention for individuals with communication, swallowing and mealtime difficulties as well an opportunity to involve the entire multidisciplinary team in primary care interventions. Some of our members have reported referrals for individuals with swallowing difficulties and/or at risk of choking being delayed or mismanaged resulting in adverse outcomes for individuals trying to access primary care services. This may be due to limited knowledge and confidence in identifying swallowing difficulties by healthcare professionals/GPs and indicates that alongside robust quality and safety standards, expert training and education around the role of speech pathology is required in order to help reduce potential harm. Speech Pathology Australia supports standards around healthcare team communication and training.

Early intervention is the key to preventing or reducing the lifelong implications for many Australians living with communication impairment. For example, within the specific area of stuttering if the window of opportunity is missed, then therapy will not be effective and the stutter could persist into adulthood. Children who do not receive timely therapy intervention are also more likely to have negative attitudes about their stuttering, be teased or have social difficulties as they get older. These can continue into adulthood. Adults who stutter are more likely to avoid speaking situations and may not always express their opinions. They may also experience anxiety about speaking. Stuttering may also limit a person's educational or occupational opportunities.

Inconsistency in access to services can be significant within the populations who require and benefit from speech pathology services. Sufficient and equitable access to services to assist all Australians with communication, swallowing and mealtime support needs requires the development of frameworks that support timely identification of when referral to a speech pathologist is required, the structures and mechanisms to support access to speech pathology services and provision of comprehensive assessment and management of these needs, both periodic and ongoing.

For example, Australians living in the community may have limited access to speech pathology services through the Medicare Chronic Disease Management Program. The CDM program provides a small number of rebates for allied health sessions per year, as part of a multi-disciplinary team working to support the person to live safely in the community. However, reports from our members highlight that in some situations, clients may only be able to access one or two sessions of speech pathology services through this program. The safety and quality of care for individuals requiring speech pathology (or other allied health) interventions may be compromised due to the restrictions on the rebates available, as well as lack of consistent use of the mechanisms and frameworks to drive high quality multidisciplinary care. When clinical care is delivered within a framework that restricts access (such as the current CDM program limitations on access to funded Allied Health interventions) it is imperative that there are mechanisms to support delivery of interventions in a manner that ensures optimal health outcomes for these clients living with complex health needs.

In addition, the importance of “communication accessibility” is vital for a patient to understand the health information presented to them. It is important that people with cognitive and/or communication difficulties have access to tailored communication supports and tools to assist the individual and their carers, guardians or advocates to support decision making and expression of preferences, values and concerns. This includes provision of health care information that is clear, appropriately targeted, and accessible in order for a person and their family to understand the choices available to them and to make informed decisions relating to medical treatment and care.

Without appropriate safety and quality standards in primary care settings, retention of skilled speech pathologists and provision of adequate and timely intervention and supports such as communication accessibility are at risk of being de-prioritised or absent.

Other issues faced by Speech Pathologist's in primary care include registration for the National Disability Insurance scheme (NDIS) and navigation of My Aged Care (MAC). Members have reported that the registration process is onerous and the ongoing credentialing requirements impact on resources. The time, opportunity cost and administrative burden of having to comply with both national and state based standards can be significant. Furthermore, speech pathologists working in disability and aged care sectors report that they consider leaving these sectors due to the inconsistencies in access to appropriate levels of speech pathology services. A recent survey of our members registered for the NDIS indicated that 42 per cent have considered withdrawing from the scheme at some point in the last 6 months. One national process for identifying that a practice has met appropriate standards would be more appropriate.

What strategies have been implemented to address these? Have these been evaluated?

Speech Pathology Australia maintains robust self-regulation of its members mirroring that required by National Registration and Accreditation Scheme in relation to monitoring and systematic self-regulation mechanisms for quality and safety in the delivery of health care by practitioners. This includes responsibilities for developing and maintaining the clinical, educational and ethical standards that promote high quality and safe speech pathology care.

The Association prescribes, guides and governs the clinical and ethical standards of members in their practice of speech pathology. To achieve this, the Association performs a number of activities:

- Publication of information to support members to maintain the currency of their clinical knowledge and standards of care, such as Clinical Guidelines and Position Statements.
- Credentialing of 25 university entry-level training courses for speech pathologists in Australia
- Evaluation of requests for recognition of overseas qualifications.
- Administration of the continuing professional development program for the profession.
- Provision of mentoring and support programs to speech pathologists in private practice, those who have queries of an ethical nature and the significant cohort of new graduate/early career speech pathologists currently within the speech pathology workforce.
- Management of complaints regarding a member's professional conduct.
- Support for members working with patients receiving funding through a wide variety of funding programs, such as NDIS, MAC, DVA and Medicare.
- Provision of research grants to encourage growth and evolution of the evidence base within specific practice areas and therefore improve client outcomes.
- Provides access to Journals and professional magazines to support lifelong learning and access to current evidence based research and practice.

These activities are routinely evaluated via member survey and consultation.

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

Speech Pathology Australia would support the development of a single quality and safety framework for primary health care, to satisfy the credentialing requirements of a variety of programs. This would assist to ease the burden - time and monetary - of having multiple standards which currently act as disincentives for speech pathologists to be registered providers in multiple programs, as well as affording maintenance of appropriate standards of safety and quality in the provision of services. It may also help to address the underlying inconsistency in access to services.

There must be the ability for a safety and quality standards and subsequent accreditation process to determine if speech pathology care in the primary care sector is sufficient, adequate, appropriate and timely.

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

Speech Pathology Australia supports the development of a set of standards for primary care services, as this would provide a framework to define safety and quality in speech pathology practice within the sector. To ensure the standards are practical and applicable the Association would recommend the standards are developed using a co-design approach and consultation with all relevant stakeholders. Development of a single credentialing framework would significantly reduce the burden on small practices to adhere to and demonstrate compliance with multiple standards and significantly improve ability to monitor performance against the standards and provide benchmarking for quality activities. Speech Pathology Australia would support the development of a consistent message across primary care services regarding quality and safety around social media and advertising, including third party review websites.

The existing Australian Safety and Quality Framework for Health Care (2009) provides a structure for ensuring the delivery of high quality health services which would underpin the development of standards across primary care services. The three core principles for safe and high quality care would apply across all primary care services: Consumer Centered, Driven by Information and Organised for Safety. The development of an accreditation program similar to that used to accredit general practices, would assist in reducing variation in the access to and delivery of services in this sector. The Standards will also assist in streamlining of reporting standards but must replace current processes not be an additional Standard.

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

Enablers for implementation include:

- The endorsement/support of Professional Associations.
- Use of the three core principles from the existing Australian Safety and Quality Framework for Health Care (2009) which are applicable and are already understood in the sector.
- Confirmation that demonstration of compliance with this single safety and quality framework would provide accreditation for multiple programs.
- Development of resources, such as clear guidelines and standards with evidence guides, to support all practices including small businesses to demonstrate compliance with the framework.
- The development of forums to show case and share resources, processes and systems will help to reduce time and effort researching and evaluating. Smaller organisations and private practices may not have the capacity to employ staff with expertise in quality and safety and accreditation principles so such forums provide staff with access to expertise and to be able to ask questions.
- Provision of consistent education and information regarding implementation and application of any credentialing framework, i.e. appropriate resourcing of the development and rollout of a framework.

Barriers for implementation include:

- Nature of health as 'Small business' ventures can restrict capacity to undertake credentialing activities
- Financial cost to participate in a credentialing program may be a disincentive for some practices.
- Primary Care Standards must replace current processes not be another additional standard.
- Engagement of individual practitioners who may not comprehend the benefit of participation, particularly if the standards are not mandatory, creating inequity in quality and safety of service provision in the community
- If the

How could the Commission address these?

Identify the benefits of participation in a voluntary safety and quality framework for the practitioner as well as the clients served in primary care. Develop the standards as a mark of quality that practitioners would aspire to, through demonstration of compliance.

Ensure affordability of actions required to achieve compliance with the standards, including any credentialing scheme.

Provide adequate support and resources for primary care service providers to achieve and maintain compliance with safety and quality standards.

What support could other organisations provide for implementation?

Identify current standards that allied health professionals need to comply with and where there are any gaps or doubling up of requirements. Provide support /feedback to the Commission to assist in development of National Standards for Safety and Quality.

Which organisations need to be involved in this process?

Identification of key stakeholders would be a key piece of work for the commission. It would be imperative to include Professional Associations and Speech Pathology Australia would welcome the opportunity to work with the Commission.

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?

A major barrier to the review process, development and implementation of indicators in primary care is the lack of available research across all sectors of primary care, as separate from general practice.

How could the Commission address these?

- Lead, support and coordinate the development of primary care standards across the primary care sector, by ensuring collaborative development including all stakeholders in the process and ongoing governance.
- Promote a coordinated approach to research into safety and quality accreditation across all primary care services.

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

What strategies, tools or resources to support improvements in safety and quality should be considered? What safety and quality strategies, tools and resources can be led by the Commission in a national approach?

- Using a single framework/set of standards
- Clinical governance framework to enable consistent access to services, management of complex care needs and the delivery of clinical care. A framework should support communication and collaboration between health professionals including the provision of screening and preventative care
- Consistencies with and integration of existing standards and regulations
- Education and training for professionals working in primary care
- Patient facing information in an accessible format so as not to exclude people with communication or cognitive impairment or those in other marginalised groups
- Pilot innovative assessment mechanisms, such as patient journey methodologies
- Consultations with National Associations to provide input, support and recommendations
- Put in place the necessary safeguards to ensure confidentiality of patient records and information sharing. With the roll out of the My Health Record it is essential to ensure the secure transmission of patient data between different service providers.

What safety and quality strategies, tools and resources can be led by professional support organisations?

Professional organisations have the capacity to inform and educate their members regarding the importance of quality and safety and direct members to relevant requirements and legislation. Professional organisations may also have the capacity to support members to engage with a process of accreditation, with financial support.

Speech Pathology Australia currently supports members through accreditation of university training programs, assessment of overseas qualifications, access to resources such as profession specific clinical guidelines, position statements, access to the evidence base for interventions, tools and resources to support professional problem solving and ethical decision making. A quality and safety framework would reference appropriate professional standards.

Speech Pathology Australia also provides support and resources for members to identify and manage clinical governance needs in clinical practice, including for those working in the primary care sector.

The Association's Code of Ethics describes the values of professionalism and respect and care.

What are the barriers and enablers for implementation of these?

The Speech Pathology Australia profession specific resources, such as clinical guidelines, position statements, access to the evidence base for interventions, tools and resources to support professional problem solving and ethical decision making, are available to members only.

How could the Commission support implementation of these?

Development of a single quality and safety framework that is applicable across all primary care providers would allow for:

- consistent education regarding appropriate standards
- development of generic resources applicable across the sector
- development of a single accreditation program to support safety and quality of services across the sector

- discussion and dissemination among professional groups and consumer groups to create an expectation of consistency in the safety and quality of provision of services across many service types

Summary and conclusion

Speech Pathology Australia supports a set of standards for primary care that encompass the complex yet individual needs of Australians accessing primary care. Primary care by definition incorporates a multidisciplinary team of health professionals, centered on the individual's participation level and care needs. Thus, any set of standards must further support the individual's capacity to navigate care options in order to exercise choice and control. Speech Pathology Australia welcomes the opportunity to be involved in the development of standards.

If Speech Pathology Australia can assist the Commission in any other way or provide additional information please contact Trish Johnson on 03 9642 4899 or by emailing tjohnson@speechpathologyaustralia.org.au