LASA
LEADING AGE SERVICES AUSTRALIA
The voice of aged care

LASA'S SUBMISSION – NATIONAL SAFETY AND QUALITY PRIMARY HEALTHCARE STANDARDS

29 January 2021

A strong voice and a helping hand for all providers of age services

Leading Age Services Australia

Leading Age Services Australia (LASA) is a national association for all providers of age services across residential care, home care and retirement living/seniors housing. Our purpose is to enable high performing, respected and sustainable age services that support older Australians to age well by providing care, support and accommodation with quality, safety and compassion – always.

LASA's membership base is made up of organisations providing care, support and services to older Australians. Our Members include private, not-for-profit, faith-based and government operated organisations providing age services across residential aged care, home care and retirement living. 56% of our Members are not-for-profit, 36% are for-profit providers and 8% of our Members are government providers. Our diverse membership base provides LASA with the ability to speak with credibility and authority on issues of importance to older Australians and the age services industry.

Thank you for giving LASA the opportunity to comment on the draft *National Safety and Quality Primary Healthcare Standards* (NSQPH Standards).

While LASA supports the development and implementation of the proposed voluntary Standards to ensure safety and quality of primary healthcare for older Australians, we are concerned that there is very little or no discussion on the interaction (such as standard for communication) between healthcare workers and aged care providers/workers. The consultation paper notes (on page 4) that primary healthcare services are delivered across a wide range of settings including residential aged care facilities and a person's home, but this does not appear to be reflected in the proposed actions.

In addition, and noting that care delivered as 'Hospital in the Home' is growing rapidly in Australia, we believe there should be a separate section in the document to outline or reference the Standards required for the delivery of care in the context of 'Hospital in the home'. This will ensure safety and quality of care delivered to older Australians (especially those receiving home care package) in their homes.

It is also not clear how the proposed NSQPH Standards will interface with the *Aged Care Standards* and the proposed *RACGP Standards for Aged Care* being developed by the college. It would be useful for the document to outline where the gaps in service provisions are for older Australians and how the proposed Standards will fill the gaps and improve safety and quality of primary healthcare in the context of aged care.

LASA notes that the NSQPH Standards are comprised of three individual standards namely *Clinical Governance Standard*, *Partnering with Consumer Standard*, and *Clinical Safety Standard*. The followings are LASA's comments on the specific actions:

1. Clinical Governance Standard

Governance, leadership and culture

- Action 1.01- An additional dot point is needed to highlight education and training needs for both health professional and staff.

Patient safety and quality system

- Action 1.02a – The statement should amended to read "Establish, promote and maintain policies, procedures and protocols".
- Action 1.03d – The statement should be expanded to read "Provide timely information on safety and quality performance to its workforce, patients, families and carers".
- Action 1.04 – An additional dot point is needed to communicate risk to staff, patients, families and carers.
- Action 1.05 – An additional dot point is needed on having a system in place for complaint resolution (though we note Action 1.08 will cover this).
- Action 1.06 – It is not clear how this will align/complement the Serious Incident Response Scheme (SIRS) being established for Australian Government-subsidised residential aged care.
- Action 1.09 – An additional dot point is needed to highlight diversity training needs for health professional and staff.

Clinical performance and effectiveness

- Action 1.15 – The statement should be expanded to include people from non-English speaking/culturally diverse backgrounds, not just ATSI patients.
- Action 1.17 – An additional dot point is needed on providing feedback or communicating safety and quality issues to its workforce.
- Action 1.2. – An additional dot point is needed regarding making use of case conferencing to deliver best practice in the context of multidisciplinary care.
- Action 1.24 – The statement should be expanded to include religious belief and practise of other religious groups/and of people from non-English speaking backgrounds.

2. Partnering with Consumers Standard

Clinical governance and quality improvement systems to support partnering with consumers

- Action 2.02 – An additional dot point may be needed with regard to evaluating processes for partnering with consumers.

Partnering with patients in their own care

- Action 2.06 – The statement should be expanded '…to form partnerships with patients, families and/or carers so that patients can be actively involved in their own care."

Health literacy

- Action 2.07 – An additional dot point is needed to highlight health care in a way that is culturally and religiously appropriate.
- Action 2.08 – An additional dot point is needed regarding access to interpreter services.

Partnering with consumers in service design

- Action 2.09 – The statement should be expanded "…works in partnership with consumers, families, and carers to incorporate their views and experiences into the planning, design, monitoring and evaluation of services.

3. Clinical Safety Standard

Preventing and controlling healthcare-associated infections

- Action 3.01 – Amend the statement to read "…has processes in place to apply and monitor the standard and transmission-based precautions that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare, and jurisdictional requirements."
- Action 3.02 – An additional dot point is needed with regard to promoting hand hygiene to workforce and consumers.
- Action 3.03 – An additional dot point is needed with regard to promoting respiratory hygiene, cough etiquette and physical distancing.
- Action 3.04b – Amend the statement to read "Assess the competence of the workforce and education and training needs to perform aseptic technique."
- Action 3.06c – Amend the statement to read "Include training in and appropriate use and disposal of specialised personal protective equipment for the workforce."

- Action 3.11e – Amend the statement to read 'Has a mechanism to educate patients, families and carers about the risks, benefits and alternatives to antimicrobials for their conditions'.

Medication safety

- Action 3.12c – Amend the statement to read "Support patients, families and/or carers to maintain a current and accurate medicines list'.
- Action 3.13 – An additional dot point is needed with regard to referring older patients to a clinical pharmacist for medication review where appropriate and regarding deprescribing.
- Additionally, whilst accredited clinical pharmacists are registered pharmacists with AHPRA and accredited with either SHPA or the AACP, we are not aware of any such criteria for medication management service providers (medication management service providers are primary health care services providing medication reviews and quality use of medicines activities funded by the Government and administered by the Pharmacy Programs Administrator). To this end we would suggest adding 'Medication Management service providers' into Table 1.

Comprehensive care

- Action 3.16 – Amend the statement to read "Make better use case conferencing to maximise opportunities for primary care providers to collaborate with other health service providers".
- Action 3.16a – The statement should be amended to read "Maximises opportunities and the use of case conferencing for primary healthcare providers to collaborate with other service providers".
- Action 3.17 – The statement should be amended to read "The primary healthcare service has processes to support health education and promotion, illness prevention and early intervention for its patients, considering the diversity of its patient population and high-risk groups". Another action item is needed regarding making multilingual resources available for people from non-English speaking backgrounds.
- Action 3.18 – An additional dot point is needed regarding delivering care according to the wishes of older Australian with Advance Care Directive.
- Action 3.19 – An additional dot point is needed regarding processes to routinely ask if an older patient has a current Advance Care Directive.
- Action 3.19 - A new dot point is needed regarding to routinely ask patients from CALD who speak little or no English if an interpreter service is needed.
- Action 3.22 – An additional dot point is needed regarding having a referral process in place for patients requiring specialist medical and allied health support.

Communicating for safety

- An action item is needed regarding maximising use of the My Health Record to record and communicate critical information to other health care providers.

As noted in the consultation paper, Accreditation is burdensome. It can also be an expensive process. For this to be successful and gain acceptance by the healthcare professionals, it is paramount that mechanisms to reduce the costs and administrative burden associated with accreditation to multiple sets of Standards be developed. In this

context, LASA would be happy to participate in future discussion/consultation to identify key issues and possible solutions.