



australian
nursing federation

Submission to consultation by the Australian
Commission on Safety and Quality in Healthcare on
Patient Safety on Patient-centred care: improving
quality and safety by focusing care on patients and
consumers

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1. Introduction

Established in 1924, the Australian Nursing Federation (ANF) is the national union for nurses and midwives, with Branches in each State and Territory of Australia.

The ANF is the largest professional and industrial organisation in Australia, with a membership of over 196,000 nurses, midwives and assistants in nursing. Members are employed in a wide range of settings in urban, regional, rural and remote locations, in both the public and private sectors.

The core business of the ANF is the industrial and professional representation of our members and of the professions of nursing and midwifery.

The ANF participates in the development of policy relating to nurses, midwives and assistants in nursing on issues such as: practice, professionalism, regulation, health and aged care, community services, veterans' affairs, education, training, workforce, safety and quality, socio-economic welfare, occupational health and safety, industrial relations, social justice, human rights, immigration and migration, foreign affairs and law reform.

2. Preface

The ANF welcomes the opportunity to respond to the invitation from the Australian Commission on Safety and Quality in Healthcare (ACSQHC) to provide comment on the discussion paper *Patient-centred care: improving quality and safety by focusing care on patients and consumers*.

Patient-centred care is embedded in the professional practice framework which underpins nursing and midwifery practice. Codes, guidelines, registration standards, professional standards, and decision making frameworks against which all nurses and midwives entering practice are judged, all clearly identify that the patient be at the centre of care regardless of race, gender, cultural background or socioeconomic status.

Given the strong position taken by the nursing and midwifery professions on patient-centred care, the ANF is pleased that the ACSQHC is stimulating discussion to focus health and aged care on this essential element in the delivery of safe, quality care in Australia. Organisational and financial requirements need to be considered within the context of the patient care experience. This means providing adequate resources to support patient-centred care and ensuring that fiscal imperatives do not become the primary drivers of health service decisions. When the focus is taken off the patient onto the service or health professionals, then the consequences can be dissatisfied health care consumers, or, more seriously, detrimental health care outcomes.

3. Definition of patient-centred care

The definition of patient-centred care provided in the discussion paper is:

Patient-centred care is an innovative approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients and families. Patient- and family-centred care applies to patients of all ages, and it may be practiced in any health care setting.

With due respect to the Institute for Patient- and Family-Centred Care who developed this definition, the ANF suggests that some changes are required to more fully express how vital it is that all health professionals and managers of health and aged care services embrace the practice of patient-centred care. The amended wording is shown below:

*Patient-centred care is an **essential** approach to the planning, delivery, and evaluation of health **and aged** care that is grounded in mutually beneficial partnerships among **patients, their families,** and health care providers. Patient- and family-centred care applies to patients of all ages, and it **should** be practiced in **all health and aged** care settings.*

The ANF contends that patient-centred care is not innovative – it is essential practice which should already be embedded in the practice of all health professionals.

4. General comment on Recommendations

Given that patient-centred care is the basis for nursing and midwifery care, the ANF supports all of the recommendations identified in the ACSQHC discussion paper. A commitment from policy makers, regulators, healthcare service executives, managers and health professionals is essential to ensure that all health and aged care services delivery, policies, procedures, practices, operations, infrastructure, and strategic directions are focused on improving the quality of life and well-being of populations they serve.

In order to fulfill this commitment there needs to be an investment in adequate numbers and appropriate skills mix of staff to allow nurses, midwives and assistants in nursing to deliver optimal care with a patient-centred care focus.

5. Nursing and midwifery

5.1 Code of Ethics

The Code of Ethics for Nurses in Australia (the Code) is grounded in the relationship between the health of an individual and human rights and “the powerful contribution that human rights can make in improving health outcomes”.¹ In taking a human rights-based approach the nursing profession

*recognises that accepting the principles and standards of human rights in health care domains involves recognising, respecting, actively promoting and safeguarding the right of all people to the highest attainable standard of health as a fundamental human right, and that ‘violations or lack of attention to human rights can have serious health consequences’.*²

Integral to this approach is the respect for peoples from cultural backgrounds different from that of the nurse, which may encompass Australia’s Aboriginal and Torres Strait Islander peoples, immigrants, asylum seekers, refugees and detainees. Value Statement 3 of the Code says that “valuing the diversity of people involves acknowledging and responding to each person as a unique individual, and to their culture”.¹

The ACSQHC recommendations at the organisational level (as shown on page 5 of the discussion paper) need to include that the principles of cultural respect and diversity are embedded within policies in order to enhance and support the patient care experience.

Each value statement of the Code specifically outlines the nurse’s ethical responsibilities in relation to the individual person that they are caring for, emphasising the involvement of each person in his/her own care and health status decision making.

Likewise midwifery practice mirrors this approach with the person being cared for acknowledged as the central focus of care delivered. Value statement 1 of the Code of Ethics for Midwives in Australia³ says

A midwife’s primary responsibility is to the woman and her infant(s)... midwives recognise the validity of the woman’s knowledge of self during pregnancy, labour, birth and early parenting; and the need for each woman to have freedom to make choices about her care, informed decision making, and a trusting, supportive and protective environment.

The ANF considers that patient-centred care must be embedded in the practice of all health professionals. The suggestion that any sector of the health professional community be given incentive payments to include patient-centred care into their practice (as if it were an optional extra to care delivery) is offensive to nurses and midwives. The discussion paper notes that the findings of a study by Charmel and Frampton concluded that “patient-centred care is not merely philosophical, it is sound business practice”.⁴ The ANF takes a strong position that while patient-centred care might be seen as ‘sound business practice’ it is much more than that: it is a basic human right!

5.2 Professional Standards

Within nursing and midwifery there are minimum competency standards, advanced practice competency standards, and standards developed for a plethora of specialty practice areas. Universities use nationally agreed professional standards when developing nursing and midwifery course/program curricula, and assess students and new graduates of these programs against the competency standards. Core competency standards are used by registered nurses, enrolled nurses and registered midwives to assess their performance in order to retain their license to practice in Australia.

The focus of the professional standards which evaluate competence to practice as a nurse or midwife, is on the individual/s receiving health or aged care.

Examples include (but are not limited to):

the registered nurse

assesses, plans, implements and evaluates nursing care in collaboration with individual/s

provides comprehensive, safe and effective evidence - based nursing care to achieve identified individual/group health outcomes

evaluates progress towards expected individual/group health outcomes in consultation with individuals/groups, significant others and interdisciplinary health care team

determines progress of individuals/groups toward planned outcomes

recognises when individual's/group's progress, and expected progress differs and modifies plans and actions accordingly, discusses progress with the individual/group, evaluates individual/group responses to interventions, assesses the effectiveness of the plan of care in achieving planned outcomes

the enrolled nurse

Provides support and care to individuals and groups within the scope of enrolled nursing practice

Provides for the comfort needs of individuals and groups experiencing illness or dependence.

Consults with individuals/groups to determine comfort needs and preferences for nursing interventions

Consults with the registered nurse and other members of the health care team to provide for the comfort of individuals/groups when the nursing care required is outside of own level of competence

the registered midwife

competency standards are based on woman-centred care

is focused on the woman's individual unique needs, expectations and aspirations, rather than the needs of institutions or professions

recognises the woman's right to self determination in terms of choice, control, and continuity of care

encompasses the needs of the baby, the woman's family, significant others and community, as identified and negotiated by the woman herself^{5,6}

The professional competency standards for registered nurses were first developed in the early 1990s and reviewed in 2004 and 2008; for enrolled nurses in 2002, and those for the midwife were developed in 2004 and revised in 2008. The concept of assessing and planning care in conjunction with the patient/client/resident and positioning the individual as the central focus of care is not new to the practice of nurses and midwives.

5.3 Decision Making Framework (DMF)

The process for making decisions about care and delegation of care, from registered nurses or midwives to other health care workers, was formalised in a *National Framework for the development of decision-making tools for nursing and midwifery practice*, (DMF) in 2007.⁷

The DMF acknowledges that the “primary motivation for any decision about a care activity is to meet clients’ (patients’) health needs or to enhance health outcomes”. Guidance is provided within the DMF to nurses and midwives on effective decision-making to ensure the quality and safety of health and aged care being delivered.

Decisions about activities are made in a planned and careful fashion and:

- whenever possible, in partnership with the client, their families and support network and in collaboration with other members of the multidisciplinary health care team
- based on a comprehensive assessment of the client and the client's needs
- only where there is a justifiable, evidence-based reason to perform the activity
- after identifying the potential risks/hazards associated with the care activity, and strategies to avoid them.⁷

There are further considerations in relation to patient-centred decision-making. Within a framework of human rights nurses and midwives understand that each individual has the right to be listened to, to receive care appropriate to their condition, to participate to the extent they feel comfortable in making decisions about their care – including acceptance/refusal of treatments and medicines, diet, hygiene, health education strategies and commitments, and to accept or reject the care of a health professional(s). Patient-centred care means involving the individual in every aspect of their care and providing information and resources to allow informed decision-making without fear of being judged (or ‘punished’) if the decisions taken run counter to traditional or evidence based care principles.

Patient-centred care means supporting the individual with their decisions and assisting them and their families/other carer(s) with their chosen care pathway. There are inherent risks then in taking a patient-centred approach to care. The reality is that nurses and midwives at times are faced with dilemmas when the requests and decisions of patients/clients/residents are contrary to current evidence based practice. For truly patient-centred care to be achieved it is essential therefore for the nurse or midwife and the individual being cared for to be able to depend on the organisation/facility in which the care is being delivered to support all parties and to accommodate the realisation of care requests, as much as possible.

5.4 National Registration

All codes, guidelines, and registration standards adopted by the Nursing and Midwifery Board of Australia in 2010 form the professional practice framework which governs the practice of nurses and midwives under the *Health Practitioner Regulation National Law Act 2009*⁸ (enacted 1 July 2010).

The foregoing discussion outlines elements of nursing and midwifery practice which have been in existence for some years and which are now included in the national regulation scheme. Patient-centred care is entrenched in the practice and regulation of nurses and midwives. The regulatory process ensures that registered nurses, enrolled nurses and midwives have the educational preparation, ongoing professional development, and competence to enable them to make decisions regarding health and aged care which will be in the interests of those for whom they care. The ANF position is that assistants in nursing should be similarly regulated and this is addressed in Section 6.2.

6. Staff Perspective

6.1 Staffing resources

The ANF supports the view expressed in the beginning section of the discussion paper where it notes that “patient-centred care also has a focus on staff”(pg 13). It goes on to say “to succeed, a patient-centred approach should also address the staff experience, because the staff’s ability and inclination to care effectively for patients is compromised if they do not feel cared for themselves”. These sentiments are taken up later in the document in a section headed “Building staff capacity and a supportive environment” (pg 57). This section concludes with a recommendation which is supported by the ANF, and reads

Recommendation 14

Healthcare service executives and managers should focus on work environment, work culture and satisfaction of staff as an integral strategy for improving patient-centred care. Workforce surveys and review of staff recruitment and retention rates should be undertaken at regular intervals to monitor work environment.

This recommendation is particularly pertinent to the aged care sector where improved wages (in parity with other health sectors), conditions and appropriate skills mix are essential for attracting people to the sector and supporting resident-centred care.

When investment is made in workplaces in terms of workforce planning, building staff capacity and succession planning, then the work environment is more conducive to enabling patient-centred care.

The ANF contends that an important component of providing a supportive work environment is making sure that there are adequate numbers of staff, an appropriate skills mix of staff to meet care needs, and that resources and educational opportunities are available and/or facilitated. The Decision-making Framework⁷ previously referred to supports this view

Organisations in which nurses and midwives work are responsible for ensuring there are sufficient resources to enable safe and competent care for the consumers for whom health care services are provided. This includes policies and practices that support the development of nursing and midwifery practice to meet the needs and expectations of consumers, within a risk management framework.

The International Council of Nurses considered staffing issues were of such a level of importance that the year 2006 was devoted to the theme of "Safe Staffing Saves Lives".⁹ It was noted in a resource tool kit developed by the ICN around this theme (*Information and Action tool kit*) that the discussion on staffing is not just about numbers. Variables that affect staffing and the provision of safe care include: workload, work environment, acuity of patients, qualification, competence and skill level of the nursing staff, and mix of nursing staff, are all important.

Dr Linda Aiken, a well-known US nurse researcher,^{10,11,12,13} has conducted extensive studies on the correlation between nursing staffing numbers and skills mix and patient outcomes over a period of twenty years and across five countries. Her work demonstrates that more nurses equals fewer deaths and better patient outcomes. Aiken's research provides solid evidence of the positive effect of adequate nursing staffing on improvements to patient care with consequent decrease in errors and adverse patient outcomes. That is, nursing staff having the time to be able to focus on individual patients to deliver patient-centred care.

A UK researcher, Anne-Marie Rafferty¹⁴, more recently reported a study which confirms Aiken's work. Their study found that patients and nurses in hospitals with the highest nurse-to-patient ratios had consistently better outcomes than those in hospitals with less favourable staffing numbers. Not surprisingly the nurses in the hospitals with less favourable staffing numbers also had the highest rates of burnout of nursing staff and job dissatisfaction.

In relation to aged care, a 2003 survey in South Australia by Richardson and Martin¹⁵ reported that over two-thirds of direct care employees in residential facilities felt they were not able to spend enough time with each resident and were too rushed to do a good job. The provision of quality care, and care that can focus on the individual, requires adequate staffing numbers with an appropriate skills mix. Over a quarter of aged care nurses responding to a Queensland survey stated that they did not believe the skills mix was adequate to meet client needs.¹⁶

A survey of over a thousand ANF members working in aged care facilities was undertaken by Melbourne University in 2007¹⁷. This study found that “workers are under significant stress stemming from excessive workloads and cost cutting”. Respondents were frustrated that their workloads precluded them from being able to spend the time on residents’ care that they knew was required for attending to individual needs.

The Aged Care Standards and Accreditation Agency in 2008 noted that the reduction in the number of nurses and the subsequent changes to skills mix is leading to a lower level of safety and quality of care and putting vulnerable residents at risk.¹⁸

The aged care accreditation data on failed standards has revealed that a reduction in the numbers of nurses in aged care has led to a decline in quality of care with residents exposed to serious risk from neglect, poor infection control, malnutrition and dehydration, and assault.¹⁹ This is hardly a picture of patient/resident-centred care.

Inadequate staffing numbers have a negative impact on nurses’ capacity to provide quality nursing care and their perceived job satisfaction. Likewise, a reduction in support staff numbers (for example, administration and ancillary workers) means that nursing staff are performing non-nursing work, which has a detrimental impact on the number of hours nurses are able to spend with their patients/clients/residents. High workloads and inadequate skills mixes are key factors in the decisions made by nurses to either stay or leave the nursing profession.²⁰ There is also growing evidence that staffing measures (such as introducing appropriate workload management tools, for example, nurse to patient ratios) that improve nursing workloads and enhance patient care, will attract nurses back into the nursing workforce.²¹

6.2 Regulation

The purpose of regulation of nurses and midwives is to protect the public. As outlined in section 5 of this submission, the framework of codes, guidelines and standards, including those for educational preparation and ongoing professional development, is designed to ensure a level of accountability and competence (knowledge, skills and attitudes) for the recipient of nursing and midwifery care. Also, as has been explained, the practice of nurses and midwives is human rights-based and patient-centric.

There are, however, a growing number of unlicensed/unregulated and/or unqualified workers providing aspects of care across a range of settings – predominantly in community, aged and primary health care settings, but also in acute health care facilities. It seems incongruous in an age of increasing emphasis by governments on accountability and delivery of safe competent care and scrutiny by consumers of health and aged care, that we do not have national standards for educational preparation, codes of professional conduct or regulatory frameworks in place to govern the care provided by this significant cohort of care workers.

The ANF is currently undertaking a major national campaign – *Because We Care* - which has four main aims, namely:

- *The right balance of skills and nursing hours so that nursing and care staff can provide quality care for every resident*
- *Fair pay for aged care nurses and care staff who are paid up to \$300 per week less than nurses in other sectors*
- *Recognition of the professional skills of Assistants in Nursing and care staff through a national licensing system, and*
- *A guarantee that taxpayer funding is used for nursing and personal care for each resident.*²²

The campaign has included extensive lobbying of the Australian Government to invest funding in educational opportunities, and explore the feasibility of developing a licensing/regulatory system, for aged care workers, regardless of the setting of providing care for older people in this country. This culminated in initiatives announced in the Federal Budget 2010/11, some of which addressed the ANF requests of the national campaign.

Improvements in the care performance of this level of worker in community aged care has a flow on effect of reducing preventable hospitalisations and the need for a transfer to an unfamiliar environment for the older person; and of enabling older people to stay living in their own homes longer. In addition, and most particularly, this is an example of how patient-centred care (that is, care that encompasses the emotional and social needs of the individual as well as physical needs) delivered by qualified health care workers, will lead to better health and well being outcomes for the individual and their families.

Gains of a professional practice framework for these workers will also impact on currently unqualified and unlicensed workers in other health care settings, to achieve improved quality, safety, performance and accountability for the Australian community.

7. Conclusion

The ANF absolutely supports an emphasis on patient-centred care as this is the philosophy on which nursing and midwifery practice is based. This approach to care should not be seen as an 'optional extra' but rather it should be embedded in the practice of all health professionals. Further it should be entrenched in the philosophy, policies and operations of each and every health and aged care facility in this country.

In order for health professionals, especially nurses, midwives and assistants in nursing to be able to give full attention to each individual patient/client/resident it is vital that governments commit to investment in adequate numbers and appropriate skills mix of staff in all health and aged care settings and to licensing/regulating of assistants in nursing (however titled).

The ANF looks forward to participating in on-going consultation on patient-centred care and assisting in the ongoing work of the Commission.

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