

Submission to the Tasmanian Government Department of Health and Human Services Delivering Safe and Sustainable Clinical Services White Paper- Exposure Draft March 2015

ACN provides the following feedback on *the Delivering Safe and Sustainable Clinical Services White Paper- Exposure Draft March 2015* and highlights the contribution Tasmania's nurse leaders and clinical nurses can make to the One Health System reform process.

Benefits of involving nurse leaders in the One Health System reform process

The planned reform of Tasmania's health care system provides a unique opportunity to ensure Tasmanians reap maximum benefit from the services provided by the future One Health System. Essential to achieving this outcome is close consultation, by the Department of Health and Human Services (DHHS), with nurse leaders from all levels of leadership within its health care organisations: nurse leaders directing health care delivery and nurse leaders working in policy roles in the DHHS bureaucracy. Nurse leaders in both operational and policy roles can provide valuable advice on how to (1) achieve quality clinical outcomes and (2) reconfigure services for the formation of the future One Health System.

Nurses in operational leadership positions, such as nurse unit managers and directors of nursing, can offer vital information on how envisaged reforms may affect the delivery of patient care and patients' experiences. Nurse leaders in operational and policy roles can also advise on the specific contribution the nursing profession can make to improving clinical outcomes. ACN notes the DHHS's commitment to multidisciplinary representation on the Clinical Advisory Groups (CAGs) and encourages the DHHS to ensure nurses are consistently included in the memberships of all CAGs. In particular, ACN would welcome the appointment of nurses as CAG chairs. Ensuring a nursing perspective is included in CAG deliberations, at all levels of membership, will make sure that the Health Council of Tasmania (HCT) receives well balanced advice.

The new HCT would benefit from the inclusion of nurse leaders who work in policy settings. These settings may include health bureaucracies, such as the DHHS, or one of the existing Tasmanian Health Organisations. Nurse leaders, who work in such policy environments can identify possible barriers and assist the HCT to explore how nurses' scope of clinical practice can be fully utilised to achieve efficiencies. They can also advise on advanced and extended scope of practice roles for nurses and how state-wide services can leverage these roles to ensure safe and quality care. In difficult to serve geographical areas, nurse practitioners and advanced clinical nurses are able to contribute to improving care and prevent unnecessary hospitalisations through early intervention and improved access to health care. Nurse practitioners and advanced clinical nurses can contribute to the provision of specialist rural health services via a generalist range of skills or as specialists.

Feedback received from Tasmanian ACN members informs us that it is unclear what level of engagement with nurse leaders has been undertaken so far to inform the One Health System reform project. ACN strongly encourages DHHS to seek the views of its nurse leaders to inform proposed reforms.

ACN notes that the White Paper includes plans for the development of implementation pathways. These pathways should explicitly describe the roles nurse leaders at the various levels of leadership have in implementing the proposed One Health System reform project.

Improving patient care outcomes

ACN would like to advise DHHS of the pivotal role nurses play in assuring quality health outcomes for patients through their clinical practice and through involvement in clinical governance and research.

Clinical practice

National and international empirical studies¹ have shown that registered nurses' clinical practice lowers the incidence of a range of complications² in hospitalised patients in clearly measurable ways. Nurse Sensitive Indicators (NSI) are valid and reliable metrics on the value nursing contributes to patient care. They also provide an evidence-base for policy and management. NSI metrics are able to contribute data at jurisdictional, organisational and clinical unit levels to inform decision-making about the required structure and deployment of the nursing workforce to achieve quality health outcomes.

Clinical governance

ACN notes the planned review of the state-wide Clinical Governance Framework. ACN supports the well accepted view that safety in health care is an issue that needs to be primarily addressed at system level rather than the level of individual health professions or individual services.³ ACN urges the DHHS to ensure that the membership of any group formed for the purpose of reviewing the Clinical Governance Framework should reflect the multidisciplinary nature of health care delivery. This approach would make it more likely that the review includes the input of all health professions affected and takes account of governance issues at an overall systems level. Further, strong multidisciplinary leadership may help to avoid the well documented pitfall of professional groups focussing on improvements to their own care delivery, rather than pulling together to achieve incremental improvements in care outcomes⁴. Such leadership is more likely to innovate the system wide clinical leadership extending to team based models of care the White Paper Exposure Draft aspires to on page 66.

Research

ACN would like to highlight to the DHHS the contribution that nurse researchers can make to improving health outcomes and attracting difficult-to-recruit nurses, such as intensive care or rehabilitation nurses. Multidisciplinary research teams, led by nurse researchers and conducted through nursing research centres, have generated ground-breaking knowledge about effective care practices, for example in stroke care⁵.

A research active nursing environment, the creation of joint clinical-research roles and joint appointments with University of Tasmania would assist in driving nursing research. Supporting talented nurses to participate in research training will contribute to developing a well-balanced capability to undertake health research. ACN notes that small

¹ Harless, DW & Mark, BA 2010, 'Nurse staffing and patient care with direct measurement of inpatient staffing', *Medical Care*, vol.48, no.7, pp.659-63. This study from the US compares findings from the 2010 study with four previous US based studies. Duffield, CD, Diers, D, O'Brien-Pallas, L, Aisbett, C, Roche, M, et al, 2011, 'Nurse staffing, nursing workload, the work environment and patient outcomes', *Applied Nursing Research*, vol.24, no.4, pp.244-55.

² Some examples of Nurse Sensitive Indicators are: urinary tract infections, wound infections, sepsis, confusion and delirium.

³ Leape, L, Berwick, DM & Bates, DW 2002, 'What practices will most improve safety? Evidence-based medicine meets patient safety', *JAMA*, vol.288, no.4, pp.501-507.

⁴ Berwick, DM, 1996, 'A primer on leading the improvement of systems'. *BMJ*, vol 316 pp.619-22.

⁵ Middleton, S, McElduff, P, Ward, J, Grimshaw, JM, Dale, S, D'Este, C et al, 2011, 'Implementation of evidence-based treatment protocols to manage fever, hyperglycaemia, and swallowing dysfunction in acute stroke (QACC): a cluster randomised controlled trial', *Lancet*, vol.378, pp.1699-1706.

jurisdictions, such as the ACT⁶, are able to support nursing research centres which often provide opportunities for clinical nurses to engage with research or to commence a career in research.

Health Literacy

ACN supports Tasmania's new preventative health policy *A Healthy Tasmania's* focus on developing the Tasmanian peoples' health literacy. ACN also supports the concept of 'health promoting healthcare services' which is included in the list of opportunities identified by the Health and Wellbeing Advisory Council in its report *A thriving Tasmania*. ACN believes that health literacy should be an important component of care delivery in all health care settings, not just in the primary health care setting. In most instances, health care is delivered by multidisciplinary teams and thus an inter-professional, team-based approach to health literacy is needed.

Nurses have a presence in hospitals and non-acute settings such as aged care, mental health services and other community and primary health care settings. They work in metropolitan, regional and remote areas. Improving the health literacy of patients is a central part of contemporary nursing practice. It is often nurses who deliver education to patients and who clarify for patients the information other health care professionals provide. Nurses assist patients who experience difficulties interpreting health information such as consent forms, understanding medical procedures and making health-related decisions. Nurses also contribute to health literacy as agents of connectivity who co-ordinate care and help consumers to navigate the health care system. In this way, nurses often act as safety nets for people with poor understanding of the health care system, who have little knowledge of the services available and who may fail to be proactive in relation to their health.

Nurses understand that health literacy is more than spoken and written communication. The development of health literacy also involves enabling consumers to take a driving role in managing their own health and becoming their own advocates. In this sense the concept of health literacy also encompasses activities of primary, secondary and tertiary prevention. ACN considers that the development of health literacy in aged populations and people with chronic conditions, including mental health conditions, should receive particular attention as these people may benefit greatly from improved health literacy. School children are another population group that ACN believes should be targeted with initiatives for the development of health literacy as children have a lifetime ahead of them to benefit from the knowledge gained. School nurses are well placed to deliver health literacy building initiatives.

Primary health care

ACN supports that the One Health System reform process includes consideration of how the primary health care system can be strengthened. Any health care system reform should seek to restructure its care delivery to meet the increasing population demand for primary health care, arising from the ageing population and increasing incidence of chronic diseases.

Primary health care services are best suited to deliver the prevention and early intervention services older people and people with chronic conditions require to keep them well and out of hospital and/or to avoid re-hospitalisation⁷.

⁶ In October 2014 a new partnership between the University of Canberra (UC) and ACT Health was established to jointly support- the University of Canberra/ACT Health Research Centre for Nursing and Midwifery Practice which was first established in 1999.

⁷ Dharmajan, K, Hsieh, AF, Kulkarni, V, Lin, Z, Ross, JS, Horwitz, LI, 2015, 'Trajectories of risk after hospitalization for heart failure, acute myocardial infarction, or pneumonia: retrospective cohort study', *BMJ* vol. 57, no. 411 doi:10.1136/bmj.h411
Dunning, J, 2010, 'Early intervention prevents crisis' *Community Care* 4 February, pp. 26-27
Hoare, KJ, Mills, J, & Francis, K, 2011, 'The role of Government in supporting nurse-led care in general practice in the United Kingdom, New Zealand and Australia: an adapted realist review', *Journal of Advanced Nursing* vol.68, no 5, pp. 963-980.

Empirical evidence shows that primary health care based nursing services make a major contribution to health care generally and the prevention of hospitalisations and re-hospitalisations specifically⁸.

Plans for the proposed reforms should pay considerable attention to maximising the contribution nursing services in the primary health care sector can make. Members have informed ACN that community nurses may be ideally placed to deliver programs designed to prevent unnecessary hospitalisation. Nurse leaders can inform the effort of strengthening primary health care services by identifying the range of nursing services that exist in primary health care. They can also identify the contribution these services make or potentially can make to supporting and monitoring patients at home and preventing hospitalisations.

Workforce planning

ACN applauds that the One Health System reform process includes a health workforce planning component to support a systematic, statewide approach to Tasmania's health workforce needs. Nurses constitute a large part of any hospital workforce. Of the 275,000 full-time equivalent staff employed in Australia's public hospitals, 45 per cent are nurses.⁹ Further, demographic data show that Tasmania's nursing workforce is older relative to those of other jurisdictions. The average age of registered nurses in Tasmania at 46.2 years¹⁰ is 2 years older than the national average of 44.2 years¹¹. Tasmanian employers of nurses in surveys with the Australian Government Department of Employment regularly raise the issue of an ageing nursing workforce and that Tasmania's ageing population increases the demand for nurses¹².

ACN notes that the White Paper proposes the One Health System reform process to include the development of local training pathways for local graduates. ACN proposes that new graduate nurse transition programs could include new, innovative program options. For example, a new graduate transition to primary health care program could be trialed in the primary health care setting¹³. Such programs would develop the nursing workforce's capacity to provide more care in community settings. Other care settings, such as mental health, aged care, community nursing and palliative care may have capacity to contribute to primary health care based transition programs targeting new graduate nurses.

Transition programs may also be used to support the specific nurse workforce development required to meet immediate and future population needs. Such programs would support nurses moving to new clinical environments or changing specialty areas within or across health services. Well-developed transition programs can promote transitioning nurses' personal and professional development. Such programs would ease pressure on existing staff to mentor and supervise less experienced co-workers. Transition programs should include structured mentoring, clinical education, and professional development.¹⁴

⁸ Castro, M, Zimmerman, N, Crocker, S, Bradley, J et.al, 2003, 'Asthma intervention programs prevents readmissions in high healthcare users', *American Journal of Respiratory and Critical Care Medicine*, vol. 168, no. 9, pp.1095-1099.

⁹ Australian Institute of Health and Welfare, 2014, *Australia's hospitals 2012-13 at a glance*, Health Services Series no.55, Cat no. HSE 146. Canberra: AIHW.

¹⁰ Australian Government Department of Employment, 2014, *Labour market for nurses in Tasmania*.

¹¹ Australian Institute of Health and Welfare, 2015, *Who are nurses and midwives?* Canberra

¹² Australian Government Department of Employment, 2014, *Labour market for nurses in Tasmania*.

¹³ Gordon, CJ, Aggar, C, Williams, AM, Walker, L Willcock, SM & Bloomfield, J, 2014, 'A transition program to primary health care for new graduate nurses: a strategy towards building a sustainable primary health care nurse workforce?' *BMC Nursing*, vol.13, no.34.

¹⁴ *ibid*