



## **Royal College of Nursing, Australia Submission to National Health and Hospitals Reform Commission May 2008**

### **Royal College of Nursing, Australia – background**

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Royal College of Nursing, Australia (RCNA) is the peak national professional organisation for Australian nurses. Established in 1949, RCNA was initially a provider of formal ongoing education for nurses who wished to gain higher qualifications. Following the completion of the transfer of nursing to the higher education sector in 1993, RCNA refocused its functions to encompass continuing professional development and policy analysis and development.

In 1997, RCNA became the Australian member of the International Council of Nurses (ICN). The ICN is a federation of 130 national nurses' associations representing millions of nurses worldwide. In addition to the ICN, RCNA is affiliated with several other international organisations and numerous national organisations/associations, and also has a memorandum of collaboration with the Australian Nursing Federation (ANF).

RCNA represents nursing across all areas of practice throughout Australia, with members in all states and territories of Australia, and internationally. RCNA is a not-for-profit organisation, providing a voice for nursing by speaking out on professional health issues that affect nurses and the community. With representation on government committees and health advisory bodies, RCNA is recognised as a key centre of influence in the health policy arena in Australia.

### **Introduction**

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A primary goal of RCNA is to promote and advance the work of nurses to benefit the health of the community. Nurses are the largest group of health and aged care workers in Australia making up over half the total health workforce.<sup>1</sup> Representing over 50% percent of workers, engaging nurses and addressing nursing issues is fundamental to reforming Australia's health care system.

RCNA's NHHRC submission provides recommendations to address major health workforce and service delivery challenges currently affecting Australia's health care system. The submission focuses on nursing workforce issues, organisational reform and systems strengthening as a way of providing better health and health care. A long-term view is taken to addressing key areas of importance to nursing, yet attention is drawn to reform options with short-term implementation potential.

The RCNA submission supports the NHHRC draft key principles to shape Australia's health system. Most of these principles are inherent in the holistic practice of nursing and references to specific draft principles are made within the recommendations. The NHHRC principle of safety and quality, however, underlies all the RCNA recommendations that in general seek to reform and develop organisational systems that promote safety and quality in nursing practice.

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<sup>1</sup> Productivity Commission. (2005). *Australia's health workforce, Productivity Commission report, December 2005*. Canberra: Commonwealth of Australia.

## 1. Expanding scope of practice; greater utilisation of nurses

The following NHHRC draft principles are firmly embedded in the RCNA recommendations relating to nurse practitioners:

- *Comprehensive*
- *Addressing the growing burden of chronic disease*
- *Value for money.*

### 1.1. Nurse practitioners

A nurse practitioner is a registered nurse with extensive clinical experience and a post graduate Masters degree leading to nurse practitioner endorsement by their state or territory nursing regulatory body. They are educationally prepared to work autonomously in advanced and extended clinical roles in collaboration with other members of the health care team. The nurse practitioner role includes assessment and management of clients using nursing knowledge and skills and may include the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations. The nurse practitioner scope of practice is context specific. The aspects of practice that may vary include the medications they may prescribe, admitting rights and referral practices.

In Australia, the nurse practitioner role is being underutilised. With the **growing burden of chronic disease**, increasing demand for reduced waiting times and improved access to health professionals, investing in nurse practitioner positions and expanding their scope of practice represents a major opportunity for long-term health reform. This position is supported by other health professional groups including, Australian General Practice Network<sup>2</sup>, as one solution to the current health workforce crisis. Greater utilisation of the nurse practitioner role that delivers health care based on the nursing fundamentals of holistic, flexible, accessible, effective and equitable health care provision would be a sizable move towards building a **comprehensive** health care system

Nurse practitioners are highly educated, qualified and experienced healthcare professionals. In other western countries, notably the United States and the United Kingdom, nurse practitioners constitute a significant part of the health workforce. International research has shown that nurse practitioners improve the delivery and health outcomes of health and aged care services. Nurse practitioners represent **value for money**; they are able to cross boundaries in the health workforce and, through collaborative practice, can facilitate the capacity of each health care practitioner, including medical staff, to focus on their area of clinical practice expertise. Task transfer has inevitably occurred due to critical workforce shortages. Within a regulated environment, nursing practice has evolved to take on roles previously the domain of other health professionals. In the Australian context, a trial of the nurse practitioner role completed in Queensland in September 2003, found:

- improved access through reduced waiting times and reduced travelling distance to see a health professional
- high degree of patient satisfaction with services provided by nurse practitioners
- high degree of satisfaction with the role as expressed by other health professionals working with the nurse practitioner
- a high level of clinical safety and effectiveness<sup>3</sup>.

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<sup>2</sup> Australian Divisions of General Practice. (2005). *Nurse practitioner in general practice, position statement*. Retrieved May 20, 2008 from [http://www.agpn.com.au/site/index.cfm?page\\_id=8137&module=DOCUMENTS&leca=16](http://www.agpn.com.au/site/index.cfm?page_id=8137&module=DOCUMENTS&leca=16)

<sup>3</sup> Queensland Health. (2003). *Nurse practitioner project report, December 2003*. Retrieved May 20, 2008 from <http://www.health.qld.gov.au/nursing/docs/23210.pdf>

### **1.1.1. Access to Medical Benefits Scheme and Pharmaceutical Benefits Scheme**

The nurse practitioner role is being underutilised in Australia. Part of the ongoing problem is a lack of access to the MBS. At present, registered nurses in Australia can only access the Medicare Benefits Scheme (MBS) 'for and on behalf of' the medical practitioners for whom they work. This lack of independent access to the MBS is hampering the scope of practice of nurse practitioners, who are qualified and authorised to provide nursing care autonomously, and is therefore limiting the potential health system benefits of the nurse practitioner role.

Equally limiting is nurse practitioners' lack of access to the Pharmaceutical Benefits Scheme (PBS). Nurse practitioners are eligible to prescribe under formularies specific to their areas of expertise and have been shown to be safe in doing so<sup>4</sup>. However, without access to the PBS, their clients are required to pay often prohibitive amounts to purchase nurse practitioner prescribed medication. The reality of this is that a nurse practitioner invariably consults with a client and informs them of the required medication, but then recommends they see a medical practitioner for a prescription that qualifies for rebate under the PBS. The lack of MBS provider and PBS prescriber numbers results in duplication and service inefficiency, and the burden of inconvenience for patients.

With increasing demand on the already stretched health workforce, there is a need to consider options to better utilise resources to improve health and health service delivery to ensure it is **comprehensive** and reflective of **value for money**. Enabling nurse practitioners to gain access to the MBS and PBS would facilitate this. In order to support the work and maximise the potential of the nurse practitioner role, legislative issues must be addressed, including:

- removing the relevant legislative barriers restricting nurse practitioners' access to the MBS and PBS
- addressing the lack of financial entitlements for patients of nurse practitioners, as exists for medical practitioners
- undertaking legislative reform to ensure consistency of nurse practitioner prescribing rights across Australia.

**Recommendation 1a:** *That legislative barriers be removed which currently prevent nurse practitioners from accessing the MBS and for their patients to be entitled to financial reimbursements for nurse practitioner services.*

**Recommendation 1b:** *That nurse practitioners who work outside acute facilities be granted access to the MBS for specialist services performed, such as wound management, sexual health consultations and aged care services and assessments.*

**Recommendation 2:** *That legislative barriers be removed which currently prevent nurse practitioners from accessing the PBS and for their patients to be entitled to financial rebates for nurse practitioner prescribed medication.*

**Recommendation 3:** *That funding incentives be provided to establish more nurse practitioner positions across tertiary and primary health care, community and aged care.*

### **1.1.2. Expanding scope of practice: alternative funding arrangements**

In Australia there is untapped potential to expand the role of nurses and nurse driven programs throughout the health care system to provide better services to the community. Examining and redesigning health service delivery models and associated funding arrangements is vital to realise the full potential of nursing as a health resource. A shift away from the fee-for-service Medicare model to a

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<sup>4</sup> *ibid.*

salaried based model would provide many more options for extending the scope of nursing practice.

Medicare funded salaries rather than fee-for-service arrangements for nurse practitioners would provide opportunities to extend their role and provide the community with more **comprehensive** health care options. For example, nurse practitioners on salaries derived from Medicare would be well placed to manage the care needs for an aged care population. A salaried model would not only allow health service delivery flexibility, it would keep costs contained, without an artificial cap, at a time when demand for health care services continues to grow<sup>5</sup>.

**Recommendation 4:** *That the Medicare funding model be reformed to include funding for nurse practitioner salaries to allow the nurse practitioner to manage the health care of community populations.*

### **1.2. Expanding scope of practice: nurse prescribing rights**

In Australia, there is scope to use nursing skills and knowledge in prescribing medication to make better use of scarce health resources and to potentially improve medication and disease management<sup>6</sup>. In many countries including Ireland, Spain and the UK, nurse prescribing rights are being expanded, particularly in the primary health care setting, and nurses are taking on greater responsibilities in areas such as screening, health promotion and chronic disease management<sup>7,8</sup>.

In Australia, registered nurses in many settings can currently prescribe medications under pre-set protocols and/or standing orders. RCNA sees merit in registered nurses who have undertaken advanced pharmacy studies to be enabled to prescribe according to formularies. Expanding the prescribing privileges of nurses working at advanced practice levels and/or in specialty areas would result in service efficiencies as prescriptions could be received in a timely manner allowing for treatment to commence earlier<sup>9</sup>.

Nursing in Australia must keep pace with international developments to ensure the Australian community is receiving **value for money** within a **comprehensive** and world class health care system. In line with international trends, expanding the prescribing rights of registered nurses would expose a host of nurse driven health service delivery options throughout Australia, particularly in the primary health care and rural and remote settings.

**Recommendation 5:** *That funding be provided to investigate the extension of prescribing rights to advanced practice registered nurses in line with the national registration and accreditation reform agenda due for implementation by 2010.*

### **1.3. Expanding scope of practice: practice nurses**

Strategic vision and investment in the role of nurses in primary health care settings is essential to bring about positive changes within the broader context of health care. For example, in recent years dedicated initiatives have led to significant expansion in the role of the nurse in general practice resulting in system wide capacity building. In general practice, nurses are playing key roles in

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<sup>5</sup> Productivity Commission. (2005). *Australia's health workforce, Productivity Commission report, December 2005*. Canberra: Commonwealth of Australia.

<sup>6</sup> ACT Health. (2007). *Setting the scene for non medical prescribing in Australia and the ACT. ACT Health inter professional learning project non medical prescribing briefing notes*. Canberra: February 2007. Unpublished manuscript.

<sup>7</sup> National Council, An Bord Altranais, the Department of Health and Children and the Health Service Executive. *The introduction of nurse and midwife prescribing in Ireland: an overview*. Retrieved May 29, 2008, from [http://www.ncnm.ie/files/prescribing/Intro\\_prescribing\\_oct07.pdf](http://www.ncnm.ie/files/prescribing/Intro_prescribing_oct07.pdf)

<sup>8</sup> Wellar, D & Dunbar J (2004). *General practice in Australia: 2004*. Retrieved May 26, 2008, from

<sup>9</sup> *ibid*

addressing the **growing burden of chronic disease**, delivering health care in diabetes, asthma and lifestyle management to name just a few<sup>10</sup>.

Expanding the scope of the general practice nurse broadens access to primary health care, supports practice based continuity of care and provides quality primary health care<sup>11</sup>. With the Federal Government's commitment to GP super-clinics it is timely to strategically consider policy that will enable the health system to maximise the value of the nursing profession through expanding its role in Australia's health care systems.

**Recommendation 6:** *That there is strategic investment to expanding the role of nurses in primary health care including, but not limited to, aiming for nurse presence in 100% of general practice and GP super-clinics.*

## **2. Transition and educational support**

*The following NHHRC draft principles are firmly embedded in the RCNA recommendations relating to Transition Support and Workforce Retention Strategies:*

- *Providing for future generations*
- *Safety and quality.*

### **2.1. New graduate transition to the workplace**

Providing structured, flexible and dedicated support mechanisms for new graduate nurses allowing for an unproblematic and professionally rewarding transition for registered nurses from university or enrolled nurses from TAFE to the workplace, is an essential and pro-active nurse retention strategy. Preparation for this transition begins with access to adequate clinical experience for nursing students. This could be achieved by providing greater access to real and simulated clinical experience through funding sufficient numbers of supervised clinical placements for students being to become registered enrolled nurses.

Education priorities must be better aligned between the education and health sectors. New graduate nurses must be prepared for workplace challenges and to ensure that on commencement in the workplace, they receive appropriately targeted clinical education and receive support in the development of their information, communication and time management skills. Nursing systems need the resources to establish formalised, effective and robust leadership programs, including access to nurse educators, to better manage graduate nurse transition into workplace environments in order to attract and retain new graduate nurses. This includes programs that receive new graduate nurses across the total health care sector including community nursing and aged care.

**Recommendation 7:** *That a national initiative to address the education to profession continuum be implemented to:*

- *better align education and health sector education priorities*
- *improve clinical experiences for enrolled and registered nursing students by increasing funding for clinical placements*
- *to formalise and foster new graduate nurse programs across the health sector, including primary health care and aged care.*

### **2.2. Supporting nurses within the system**

To reduce nursing attrition rates and increase job satisfaction and improve assurance of clinically appropriate care, clinical development support must be generally available to nurses within the health system. The Australian Government commitment to bring many more nurses back into the healthcare

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<sup>10</sup> Watts, I., Foley, E., Hutchinson R., Pascoe, T., Whitecross, L., and Snowdon, T. (2004). *General Practice Nursing in Australia*. Retrieved 29 May 29, 2008, from <http://www.rcna.org.au/pages/practicproj.php>

<sup>11</sup> *ibid.*

system must be coupled with adequate system preparedness. Systems must be in place to provide professional development support to new nurses and those re-entering, thereby preventing additional workload stresses on existing staff. This support can be provided in the form of clinical nurse educators.

Nurse educators should provide support for the clinical placement component of the enrolled (TAFE sector) and registered (university system) nurse courses as well as be responsible for supporting nurses re-entering and already in the workforce. Nursing skill-mix varies greatly in any health workplace, therefore, access to dedicated clinical nurse educators would provide opportunity to enhance nursing skills and reduce workplace pressure stemming from clinical inexperience. As highlighted in the Productivity Commission's 2005 *Australia's Health Workforce* report, workplace stress has been identified as a significant factor in attrition rates for all nurses<sup>12</sup>. RCNA believes that funding sufficient numbers of clinical nurse educator positions throughout the health system would enable facilities to increase their clinical placement numbers without placing additional strain on the workloads of clinical staff.

**Recommendation 8:** *That funding incentives be made available for clinical nurse educators to be employed throughout the health care system to support student nurse clinical placements and the retention of:*

- *newly graduated undergraduate nurses, enrolled nurses and post-graduate nurses*
- *nurses currently in the workforce*
- *nurses re-entering the workforce.*

### **2.3. Registration and accreditation standardisation and nurse re-entry**

RCNA is encouraged by the 26 March 2008 Council of Australian Governments' (COAG) agreement committing to the introduction of a national registration and accreditation system for health professionals by July 2010. National registration and accreditation for nursing and midwifery is a critical component of national health care reform and RCNA is eager to work in partnership with other stakeholders to ensure the timely and appropriate delivery of the scheme.

National registration and accreditation provides an unprecedented opportunity for health workforce reform in this country. It is an investment in a more collaborative, better coordinated, safer, more streamlined and synchronised approach to health care management. The commitment to national registration and accreditation will have positive implications for the nursing profession and in turn for health and health care across Australia and its implementation must remain a national health reform priority.

With the COAG commitment to national registration and accreditation, it is timely and appropriate to address the problems associated with Australia's nurse re-entry programs in line with the registration and accreditation reform agenda. Currently processes of re-entry, and the educational requirements and associated costs, vary dramatically across the states and territories. These fragmented systems pose an impediment to the recruitment of nurses as they can be confusing and arbitrary, making the transition back into the workforce less attractive and potentially too challenging.

A smooth and supportive transition must be offered to help nurses of varied educational and professional backgrounds re-enter the health workforce. Furthermore, in the interest of public health and safety, a nurse re-entry process must pursue **quality and safety** in their nursing practice. To achieve this, a coordinated inter-governmental response is required to encourage the many

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<sup>12</sup> Productivity Commission. (2005). *Australia's health workforce, Productivity Commission report, December 2005*. Canberra: Commonwealth of Australia.

qualified nurses who are currently not practising to re-enter the nursing workforce.

**Recommendation 9:** *That nurse re-entry programs are nationally standardised in line with the national registration and accreditation reform agenda due for implementation by 2010.*

### **3. Clinical process redesign and systems strengthening**

*The following NHHRC draft principles are firmly embedded in the RCNA recommendations relating to clinical process and systems strengthening:*

- *Safety and quality*
- *Responsible spending on health*
- *A culture of reflective improvement and innovation.*

Effective governance and good management must form part of the framework of health care reform at all levels. Nursing issues, particularly current and future staff shortages, can not be overcome by simply increasing nursing numbers. The tapestry of reform must include organisational reform and clinical process redesign programs to optimise existing resources to reflect **responsible spending on health**, to improve job satisfaction and staff retention, to improve the **safety and quality** of the patient journey and to promote professional development and **a culture of reflective improvement and innovation**. Reform efforts can also focus on fostering nursing practice innovation and identifying excellence to improve nursing practice designs to better manage workflows and, therefore, reduce ever increasing work pressures.

Patients in hospital primarily require 24-hour nursing care. Nurses providing that care need to be involved with reforms that directly and indirectly affect them. There are already established organisational reform and change management programs, with a focus on nursing, that have great potential for application in health systems throughout Australia. To this end, many nurses, including RCNA members, managers and researchers are working with the Australian Commission on Safety and Quality in Healthcare and with their state counterparts on collaborative projects to improve efficiency and effectiveness. Programs such as these have recognised the central role of nursing practice in health systems and aim to effect change broadly by engaging nurses and nursing services in clinical process redesign and systems strengthening.

The Magnet Recognition Program and Flinders Medical Centre Redesigning Care Program provide two Australian examples of organisational reform and change management with a nursing focus.

#### **3.1. Magnet Recognition Program**

The North American model of the Magnet Recognition Program (MRP) has demonstrated a clear outcome of nursing staff retention. The program has application in Australia where the critical shortage of nurses requires strategic intervention at a national level.

“Magnet” institutions are healthcare organisations which are successful in recruiting, retaining and motivating nursing staff. Research on magnet institutions has highlighted positive links between good human resource practice, staffing characteristics, **safety and quality** and outcomes of care.<sup>13</sup> The concept of the Magnet Hospital was developed in the United States in the 1980s. It gained credence and tenability over the successive decades through a series of large scale research studies and through the Magnet Recognition Program, a nursing services accreditation program<sup>14</sup>, established by the American Nurses

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<sup>13</sup> Buchan, J., Ball, J., Rafferty, A.M., (2004) *A lasting attraction? The “magnet” accreditation of Rochdale Infirmary*. Paper presented at RCNA Conference 2004.

<sup>14</sup> *ibid*

Credentialing Centre (ANCC). More information about Magnet principles is available on ANCC website: <http://www.nursecredentialing.org/>

The Princess Alexandra Hospital in Brisbane received Magnet Hospital Recognition status in 2004 and has an extremely high retention rate for nurses. More information about the Princess Alexandra Hospital Magnet Recognition Program is available on their website: [http://www.health.qld.gov.au/pahospital/about\\_pa/magnet.asp](http://www.health.qld.gov.au/pahospital/about_pa/magnet.asp)

The experience from North America is that the Magnet Recognition Program, through targeting nursing, has had a positive flow-on effect in other hospital or health service areas. Implementation of this Program across Australia would improve nursing retention and recruitment rates and, therefore, provide an important solution for addressing Australia's health workforce shortages.

RCNA proposes that a national secretariat be established with a multidisciplinary steering committee to explore the development of Magnet principles Australia. RCNA believes that the terms of reference for such a group would include but not be limited to the following:

- to provide direction for the health system in Australia on the implementation of Magnet principles
- to provide a national approach to the development of Magnet principles in Australia
- to examine the existing Magnet Hospital Recognition Program and develop documentation including a glossary of terms to assist hospitals and health centres in Australia with implementation of Magnet principles
- to educate all categories of health professionals about Magnet principles
- to educate accreditation bodies about Magnet principles and establish links between accreditation programs.

**Recommendation 10:** *That funding be made available to establish a national secretariat with a multidisciplinary steering committee to explore and advance the development of Magnet Institution principles in Australia.*

### **3.2. Redesigning care program, the lean thinking approach**

There are many organisational reform programs based on process redesign that have recognised the central role nursing plays in health care reform such as the Transforming Care at the Bedside program<sup>15</sup> and the Nurse Works Program. This submission draws attention to the Nurse Works Program as an example of successfully applied principles of lean thinking. Significant efficiency and effectiveness improvements in nursing practice have been demonstrated through clinical process re-design and re-engineering. There is compelling evidence that lean thinking-based change management can substantially relieve nurses of non-clinical work, allowing for greater focus on the clinical practices for which they are qualified. A key to these reforms is addressing nursing related problems that deeply impact the overall coordination and delivery of health care, particularly in the hospital setting. At the core of many of these problems is ineffective work patterns characterised by:

- a lack of process standardisation
- pressured work environments
- large patient loads
- little planning

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<sup>15</sup> The *Transforming Care at the Bedside* program was produced by the Institute for Healthcare Improvement at Robert Wood Johnson Foundation in the United States. It has been applied to hospitals in Australia including Ipswich Hospital in Queensland. The program operates with a framework for change built around four categories of improvement: safe and reliable care, vitality and teamwork, patient-centred care and value added care processes. Further information is available at [www.ihl.org/IHI/Programs/StrategicInitiatives/TransformingCareAtTheBedside](http://www.ihl.org/IHI/Programs/StrategicInitiatives/TransformingCareAtTheBedside)

- unnecessary rework, information exchange and duplication.<sup>16</sup>

Problems such as these often lead to a “disconnect” between patients and nurses, with nurses spending less than 40% of their time with their patients. Lean thinking provides a way forward in addressing inefficiencies in hospital processes and promotes **responsible spending on health**<sup>17</sup>.

Lean thinking describes a method of arranging and organising production processes to allow fluidity and waste minimisation. It applies a plan-do-study-act cycle of change that promotes **a culture of reflective improvement and innovation**. The lean thinking approach maps and analyses the current state, reflects on a conceptual ideas and designs a best-fit model in an exercise to align similar process activities to reduce steps, time spent and information required to undertaking processes<sup>18</sup>

In recent years Finders Medical Centre undertook the Redesigning Care Program, an institutional reform program based on the lean thinking approach. In conjunction with this the Nursing Works Program was piloted to better understand the roles and work contribution of nurses to the patient journey. The Program aimed to “identify and eliminate waste in order that nurses can focus on adding value to the patient journey” and “increase the capability of senior nursing staff to support and apply the lean methodology”<sup>19</sup>.

The Nursing Works Program applied lean thinking to develop models for change management and continuous improvement. Program implementation reports showed positive safety, quality, workforce and cost outcomes. These included reductions in pressure ulcers, falls, medication errors, medical omissions and staff leave<sup>20</sup>. Broader patient care and institutional impacts were also identified including:

- increased nurse to patient ratios (without additional staffing)
- improve patient surveillance
- increased day bed capacity
- fewer adverse incidents and medico-legal claims
- reductions in administrative workloads
- improved multi-disciplinary relationships
- increased job satisfaction
- increased staff awareness of and commitment to continuous improvement<sup>21</sup>.

As a demonstration of efficiency dividends, it was reported that nurse staffing across the hospital had stabilised and position vacancies remain comparatively low.<sup>22</sup> The Redesigning Care and Nursing Works programs have applied lean thinking principles to develop new ways of addressing hospital reform in Australia. This method builds consensus around solutions and has been positively received by hospital staff.

**Recommendation 11:** *That there be an the up-scaling of lean thinking change management to improve patient care, reduce health care cost and to ensure Australia’s health care systems are prepared for future growth in demand.*

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<sup>16</sup> O’Neill, S. (2008). *Nurses key to the patient journey, nursing works: a model for continuous improvement*, Flinders Medical Centre. Unpublished manuscript.

<sup>17</sup> *ibid.*

<sup>18</sup> Ben-Tovim, D I., Bassham, J E., Bennett, D M., Dougherty, M L., Martin, M A., O’Neill, S., Sincok, J. L., & Szwarcbord, M. G., (2008). Redesigning care at the Finders Medical Centre: clinical process redesign using “lean thinking”, *The Medical Journal of Australia*, 188, 27-31.

<sup>19</sup>.Flinders Medical Centre. (2007)., Knowing nursing work to make nursing work. *Nursing works: No.4.*

<sup>20</sup> O’Neill S. (2008). *Nurses key to the patient journey, nursing works: a model for continuous improvement*. Unpublished material.

<sup>21</sup> *ibid.*

<sup>22</sup> Ben-Tovim D I. Bassham, J E. Bennett, D M. Dougherty, M L. Martin, M A, O’Neill, S. Sincok, J L & Szwarcbord, M G, (2008). Redesigning care at the Finders Medical Centre: clinical process redesign using “lean thinking”, *The Medical Journal of Australia*, 188, 27-31.

#### 4. Building appropriate and accommodating health care systems

The following NHHRC draft principles are firmly embedded in the RCNA recommendations relating to Patient and Family Centred Care:

- People and family centred
- Equity
- Strengthening prevention and wellness
- Shared responsibility
- Comprehensive.

##### 4.1. Patient and family centred care

The fragmented acute and curative models of health care seen in Australia today must be redesigned to meet current and future health demands<sup>23</sup>. RCNA strongly supports the re-design of Australia's health care system to reflect principles of **people and family centred care**. This paradigm shift would complement the essence of nursing practice which delivers holistic care that is structured around and advocates for the patient and their family and carers.

Patient centred care (PCC) describes a philosophy of integrated health care delivery that is patient not provider driven. There is growing recognition that greater involvement of patients in their care can result in increased adherence to health management, a reduction in morbidity and improved quality of life particularly in areas of chronic disease<sup>24</sup>. PCC promotes **prevention and wellness** through the development of patient self-management skills and shared decision making with the health care provider<sup>25</sup>. The approach seeks **equity** in access to services and encourages continuous partnerships between relevant health professionals with the goal of offering seamless transitions between providers through different phases of care<sup>26</sup>.

PCC involves **shared responsibility**, collaborative partnerships and investment in **strengthening prevention and wellness** to reduce social and economic costs of hospitalisation and poorly managed chronic disease. PCC aims to reduce the silos of hospital-based and community-based care that can result in poor communication between institutions, discontinuity of care and adverse patient outcomes<sup>27</sup>. The concept of patient centred health care formed one of the Australia 2020 Summit ambitions for a long-term national health strategy to 'have a health system structured around the person rather than the provider – in which every Australian has access to their own health data, and there are better and transparent data flows across all health players'<sup>28</sup>.

Nursing education curricula has a strong focus on principles of **people and family centred** care and nurses are skilled in working in partnership with patients and their family and carers<sup>29</sup>. The pursuit of PCC in the Australian health care system would be in line with the fundamentals of nursing practice and nurses would embrace and action the objectives of a health care environment redesigned around the patient.

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<sup>23</sup> Brooks, P.M., Robinson, L., & Ellis, N. (2008). Options for expanding the health workforce. *Australian health review*, 32, 156-160.

<sup>24</sup> Silow-Carroll, C., Alteras, T. & Stepncik, L. (2006). Patient-centered care for underserved populations: definition and best practices. Washington, DC., Economic and Social Research Institute.

<sup>25</sup> *ibid.*

<sup>26</sup> *ibid.*

<sup>27</sup> Mann, L., (2005). From "silos" to seamless healthcare: bringing hospitals and GPs back together again. *The Medical Journal of Australia*, 182, 34-37. Retrieved April 28, 2008, from [http://www.mja.com.au/public/issues/182\\_01\\_030105/man10274\\_fm.html](http://www.mja.com.au/public/issues/182_01_030105/man10274_fm.html)

<sup>28</sup> Australia 2020, (2008). Australia 2020 summit – initial summit report. Retrieved May 29, 2008, from [http://www.australia2020.gov.au/docs/2020\\_Summit\\_initial\\_report.doc](http://www.australia2020.gov.au/docs/2020_Summit_initial_report.doc)

<sup>29</sup> Silow-Carroll, C., Alteras, T. & Stepncik, L. (2006). Patient-centered care for underserved populations: definition and best practices. Washington, DC., Economic and Social Research Institute.

Making up over half the health workforce in Australia, nurses are well placed and appropriately trained to spearhead the implementation of health that seek to redress health care delivery in favour of a **people and family centred** care models. Nurses have a presence in nearly all areas of health care and would be key players in patient centred reform initiatives in areas such as:

- maternal health
- child and family health
- schools
- youth settings
- chronic illness
- mental health
- Indigenous health and
- aged care.

With the Federal Government's focus on homelessness and the growing interest in **people and family centred** health system models, RCNA is interested in the development of St Vincent Hospital's Community Outreach Medical Emergency Team (COMET) program<sup>30 31</sup>. This program provides an example of applied PCC by making health services more accessible to homeless patients, who are largely under-served, through multi-disciplinary and inter-sectoral collaboration. The concept of COMET is to engage with other health care service areas across the hospital campus such as inpatient wards, the emergency department, mental health services, drug and alcohol services and with other community service providers such as crisis accommodation centres and outreach services to take medical and nursing services to the patient.

This service is designed to be proactive and preventative providing therapeutic interventions including wound care, intravenous and intramuscular therapy, follow up and opportunistic diagnostic, triage and other services. COMET is geared towards managing co-morbidities and early interventions to promote health as well as ease pressure associated with the uncontrolled health status of the homeless community, on the hospital's emergency department.

RCNA is interested in the community benefits and institutional efficiencies that may arise from the COMET model that seeks to manage complex cases in the community. Additionally, programs such as COMET represent opportunities to more comprehensively engage nurses to provide holistic nurse driven services and to foster multi-disciplinary team based approaches to health care delivery. Nurses, and nurse practitioners in particular, are well placed to drive patient centred care programs and to work in close collaborative partnership with the broader health care team.

**Recommendation 12:** *That consideration be given to a comprehensive remodelling of Australia's health care system to reflect patient and family centred care. RCNA emphasises the need for more efficient use of health care resources, particularly to maximise the currently underutilised skills of nurses and to build health care programs that foster collaborative partnerships within health care teams.*

#### **4.2. Aged care: responding to emerging issues**

The Australian health care system must acknowledge the significance of aged care services within the Australian community particularly to ensure the readiness of these services to meet the growing demands of an ageing population. **People**

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<sup>30</sup> Esplin, P, Mahony, A. and Wilson, S. (2007). The Community Outreach Medical Emergency Team (COMET) – setting up a new homeless service, an evaluation of the first six months, *2007 Nursing Monograph*, St Vincents & Mater Health, Sydney. Retrieved May 29, 2008, from <http://www.ciap.health.nsw.gov.au/hospolic/stvincents/2077/2007%20monograph.pdf>

<sup>31</sup> Mahony, A and Wilson, S (2007). *Hospital in the home street for homeless people*, presentation. Retrieved May 29, 2008, from <http://www.health.vic.gov.au/aca/hithsem1007/f1000mahoneywilson.pdf>

**and family centred** philosophies of health care are of fundamental importance in aged care where health services often need to go to a patient and must garner the support and involvement of their families and carers.

Nurses, as the primary providers of aged care, are and will be instrumental in the development and delivery of appropriate aged care services. **Strengthening prevention and wellness** underlies the objectives of nursing in aged care. Nurses with special expertise work in the prevention of health breakdown, providing rehabilitation, palliative care, mental health and support for general frailty associated with late age.

**Shared responsibility** is essential to building capacity and guaranteeing the delivery of **comprehensive** health services to an ageing population. Innovative people and family centred models of care are required to establish and maintain **equity** in access and continuity of care that crosses service sectors to provide safe and effective care and services to older Australians. The plan for Australia's health care system must appropriately respond to the emerging issues of an ageing population and provide appropriate and accommodating aged care services.

These services must be well resourced to provide care that is responsive to the needs of people across their lifespan. It must also be delivered in a way that is flexible in terms of appropriateness to both where people live and the focus of their care. Nurses have developed expertise in offering holistic aged care and nurses have the systems and clinical knowledge to lead multi-disciplinary and cross-sectoral teams to provide world class aged care services.

**Recommendation 13:** *That the NHHRC work in close collaborative partnership with nursing bodies that specialise in aged care in developing a plan for reform in aged care.*

**Recommendation 14:** *That funding incentives be provided to establish more nursing and specialised nurse practitioner positions across aged care.*

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#### **Contact Details**

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