



On the Radar

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On the Radar

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Implementation Guide: Surveillance of Central Line-Associated Bloodstream Infection

Australian Commission on Safety and Quality in Health Care

Sydney: ACSQHC; 2019. p. 22.

<https://safetyandquality.govcms.gov.au/our-work/healthcareassociated-infections/hai-surveillance/surveillance-central-line-associated-bloodstream-infection>

In 2010, the Commission funded the Australian and New Zealand Intensive Care Society (ANZICS) to develop the first version of the *Implementation Guide for Surveillance of Central Line Associated Bloodstream Infection*. This Guide supports consistent and accurate reporting of Central Line-Associated Bloodstream Infection (CLABSI) in Australian public and private hospitals; and enables the collection of nationally consistent CLABSI data, including data on CLABSI from Intensive Care Units that contribute to the ANZICS CORE Registry.

The Commission has recently reviewed and updated the Guide to ensure consistency with the 2019 US Centers for Disease Control and Prevention *National Healthcare Safety Network Patient Safety Manual* and the Australian Institute of Health and Welfare (AIHW) Metadata Online Registry Quality Statement for National *Staphylococcus aureus* Bacteraemia Data Collection. Health service organisations should note that **no substantive changes have been made to the CLABSI case definition**. The update primarily relates to order of content and refinement of content to improve clarity. The updated guide is available on the Commission's website.

Achieving Integrated Care: 15 best practice actions

Local Government Association and Social Care Institute for Excellence

London: Local Government Association; 2019. p. 36.

URL	https://www.local.gov.uk/achieving-integrated-care-15-best-practice-actions
Notes	<p>Report from the UK's Local Government Association and the Social Care Institute for Excellence have produced this resource to support local systems in producing integrated care. The 15 actions identified in this resource draw on evidence about what works from international research, emerging best practices and engagement with our own stakeholders and partners. The actions are aligned with UK national policy, legal frameworks and regulatory guidance, but also allow for local variety in system design and service delivery. These actions should assist in</p> <ul style="list-style-type: none">• the delivery of person-centred coordinated care – i.e., the core objective of integrated care• the building of local “place-based” care and support systems• system leadership for integration.

Strengthening health systems through nursing: Evidence from 14 European countries

Health Policy Series No. 52

Rafferty AM, Busse R, Zander-Jentsch B, Sermeus W, Bruyneel L

European Observatory on Health Systems and Policies 2019. p. xv + 163 pages.

URL	http://www.euro.who.int/en/about-us/partners/observatory/publications/studies/strengthening-health-systems-through-nursing-evidence-from-14-european-countries-2019
Notes	<p>From the European Observatory on Health Systems and Policies webpage: ‘Who is a nurse?’ and ‘What is nursing?’ seem to be simple questions yet the answers are strangely elusive. This book explores the variations in structure and organization of the nursing workforce across the different countries of Europe. This diversity, and the reasons for it, are of more than academic interest. The work of nurses has always had a critical impact on patient outcomes. As health systems shift radically in response to rising demand, the role of nurses becomes even more important.</p> <p>This book is part of a two-volume study on the contributions that nurses make to strengthening health systems. ...The aim is to raise the profile of nursing within health policy and draw the attention of decision-makers.</p> <p>Part 1 is a series of national case studies drawn from Belgium, England, Finland, Germany, Greece, Ireland, the Netherlands, Norway, Poland, Spain, Sweden, and Switzerland. ...Lithuania and Slovenia were added to provide broader geographical and policy reach. Part 2, to be published later this year, will provide thematic analysis of important policy issues such as quality of care, workforce planning, education and training, regulation and migration.</p> <p>The lessons learned from comparative case-study analysis demonstrate wide variation in every dimension of the workforce. It examines what a nurse is; nurse-to-doctor and nurse-to-population ratios; the education, regulation and issuing of credentials to nurses; and the planning of the workforce. While comparative analysis across countries brings these differences into sharp relief, it also reveals how the EU functions as an important ‘binding agent’, drawing these diverse elements together into a more coherent whole.</p>

Generation genome and the opportunities for screening programmes
 Public Health England
 London: Public Health England; 2019. p. 29.

URL	https://www.gov.uk/government/publications/generation-genome-and-the-opportunities-for-screening-programmes
Notes	<p>Genomics and precision medicine are held out as having the potentially to dramatically change the nature of modern health care. This report from Public Health England follows up on the 2016 annual report of the Chief Medical Officer (CMO) for England and Wales that noted the potential for improving care to patients and considered how genomics are used in the health and care system. The CMO challenged the UK National Screening Committee (UK SNC) to look at the opportunities offered by genomics for present and potential screening practices. This report provides a summary of these opportunities.</p> <p>The report briefly defines genome sequencing and how, by improving our understanding of genetic activity, we can determine how best to use genetics in screening.</p> <p>As evidence accumulates on the use of genomics in population screening, the UK NSC will incorporate this new knowledge into the process of considering proposals for new population screening programmes or to modify existing ones. The UK NSC reviews evidence against specified criteria and engages with stakeholders and experts in order to undertake comprehensive reviews of evidence and associated proposals for programme modifications.</p> <p>This report explores how genomic technologies can help improve screening programmes, and opportunities for individuals, for:</p> <ul style="list-style-type: none"> • whole population screening • cascade screening

Journal articles

Recognising and responding to deteriorating patients: What difference do national standards make?
 Anstey MH, Bhasale A, Dunbar NJ, Buchan H
 BMC Health Services Research. 2019;19(1):639.

DOI	https://doi.org/10.1186/s12913-019-4339-z
Notes	<p>Among the first version of the National Safety and Quality Health Service (NSQHS) Standards, Standard 9 focused on the identification and treatment of deteriorating patients. The objective of the study reported in this paper was to identify changes in the characteristics and perceptions of rapid response systems (RRS) since the implementation of Standard 9. The was a cross-sectional study of Australian hospitals that found that found that ‘Since 2010, the proportion of hospitals with formal RRS had increased from 66 to 85. Only 7% of sites had dedicated funding to operate the RRS. 83% of respondents reported that Standard 9 had improved the recognition of, and response to, deteriorating patients in their health service, with 51% believing it had improved awareness at the executive level and 50% believing it had changed hospital culture.’ These figures led the authors to conclude that ‘Implementing a national safety and quality standard for deteriorating patients can change processes to deliver safer care, while raising the profile of safety issues. Despite limited dedicated funding and staffing, respondents reported that Standard 9 had a positive impact on the care for deteriorating patients in their hospitals.’</p>

For information on the Commission’s work on recognising and responding to deterioration, see <https://www.safetyandquality.gov.au/our-work/recognising-and-responding-deterioration>

For information on the Commission’s National Safety and Quality Health Service (NSQHS) Standards, see <https://www.safetyandquality.gov.au/standards/nsqhs-standards>

Realizing Shared Decision-making in Practice

Beach MC, Sugarman J.

JAMA. 2019;322(9):811-2.

DOI	https://doi.org/10.1001/jama.2019.9797
Notes	It could be argued that shared decision making is characteristic of genuinely patient-centred health care delivery. This US perceptive piece offers some views on how shared decision making may be achieved. The ‘practical suggestions’ offered include specificity for particular decisions in professional guidelines, using decision aids for consequential choices, prioritizing decisions that require SDM, creating interpersonal environments that facilitate engagement, and giving clinical recommendations with prudence .

For information on the Commission’s work on shared decision making, see <https://www.safetyandquality.gov.au/our-work/partnering-consumers/shared-decision-making>

Excellence in elective hip and knee surgery: what does it look like? A positive deviance approach

Hughes L, Sheard L, Pinkney L, Lawton RL

Journal of Health Services Research & Policy. 2019;1355819619867350.

DOI	https://doi.org/10.1177/1355819619867350
Notes	<p>In previous issues I have included items on outliers and on positive deviance in which examining how some facilities or services exhibit better care and outcomes than their peers can be informative. This British study applied such an approach to orthopaedic surgery, specifically hip and knee joint surgery. Using 28-day emergency readmissions and patient-reported outcomes to identify two hospitals providing enhanced elective hip and knee replacement surgery the study then used ethnographic observations, in-depth interviews, focus groups and documentary analysis, conducted over eight months. The study involved 54 health care professionals from multiple professional backgrounds. This work allowed for key themes – ‘which may underpin the high performance in the site identified as a positive deviant’ – to be identified. The themes were:</p> <ol style="list-style-type: none"> 1. leadership and engagement that adopts a distributed approach to sustain progress and engage team members 2. autonomy, in particular the ability for all clinical staff to make decisions about patient care 3. relationships and communication, which promote clear lines of communication and a climate of shared decision making within and across teams 4. patient empowerment, which supports patients in managing their behaviour before and after surgery; 5. resilience, which enables the workforce to respond to threats to maintain high performance such as those that could reduce capacity and flow, or interfere with provision and coordination.

Correlation between hospital finances and quality and safety of patient care
 Akinleye DD, McNutt L-A, Lazariu V, McLaughlin CC
 PLOS ONE. 2019;14(8):e0219124.

DOI	http://doi.org/10.1371/journal.pone.0219124
Notes	What's the cost of safety and quality? What's the business case for safety and quality? These, and similar, questions are posed at times. This US study examined the relationship between financial performance and the safety and quality of care at 108 hospitals in New York state. The authors report finding stronger financial performance correlated with improved patient reported experience of care, lower readmission rates, and higher performance on measures of safety and quality.

The Journal for Healthcare Quality
 Vol. 41, No. 5, September/October 2019

URL	https://journals.lww.com/jhqonline/pages/currenttoc.aspx
Notes	<p>A new issue of <i>The Journal for Healthcare Quality</i> has been published. Articles in this issue of <i>The Journal for Healthcare Quality</i> include:</p> <ul style="list-style-type: none"> • Proactive Psychiatry Intervention Using a Nurse-Led Behavioral Response Model for Hospitalized Patients With Behavioral Disturbances (Mavis Afriyie-Boateng, Carla Loftus, Lesley Wiesenfeld, Meghan Hunter, A Lawson) • Automation of the I-PASS Tool to Improve Transitions of Care (Michael M Skaret, Travis D Weaver, Ross J Humes, T V Carbone, I A Grasso, H Kumar) • Shared Care During Breast and Colorectal Cancer Treatment: Is It Associated With Patient-Reported Care Quality? (Michelle Doose, Jennifer McGee-Avila, A M Stroup, J Ferrante, B Xu, N L Herman, K Demissie, J Tsui) • Regional Adoption of Primary Care—Mental Health Integration in Veterans Health Administration Patient-Centered Medical Homes (Lucinda B Leung, Danielle Rose, Susan Stockdale, Michael McGowan, Elizabeth M Yano, A Laurie Graaff, Timothy R Dresselhaus, L V Rubenstein) • Factors Associated With Hospitalization Before the Start of Long-Term Care Among Elderly Disabled People (Anđelija Arandelovic, Anna Acampora, Bruno Federico, Francesco Profili, Paolo Francesconi, Gianfranco Damiani) • Contextual Factors Associated With Quality Improvement Success in a Multisite Ambulatory Setting (Lindsey C Douglas, Moonseong Heo, Namita Azad, Andrew D Racine, Michael L Rinke) • Shared Medical Appointments in Preoperative Joint Replacement: Assessing Patient and Healthcare Member Satisfaction (Robert L Powell, Pamela J Biernacki) • Narcotic Pain Control for Ureterolithiasis Is Associated With Unnecessary Repeat Imaging in the Emergency Department (Kyle Garcia, Hannah Pham, Pranav Sharma) • A Student-Led, Multifaceted Intervention to Decrease Unnecessary Folate Ordering in the Inpatient Setting (Celine Goetz, John Di Capua, Irene Lee, Rena Mei, Sukrit Narula, Sarah Zarrin, Jashvant Poeran, Hyung J Cho)

URL	https://journals.sagepub.com/toc/jpxa/6/3
Notes	<p>A new issue of the <i>Journal of Patient Experience</i> has been published. Articles in this issue of the <i>Journal of Patient Experience</i> include:</p> <ul style="list-style-type: none"> • Editorial: Demonstrating Outcomes, Applying Knowledge, and Promoting the Value of Patient Experience • A Conceptual Model for Emergency Department Patient Experience (Jonathan D Sonis, Emily L Aaronson, Allison Castagna, and Benjamin White) • Patient’s Perspective on Management of Chronic Pain Associated With Frequent Emergency Attendances and Psychiatric Diagnoses (Kelvin Leung, Richard Arthur, and Ito Udo) • Compassionate Coverage: A Patient Access Linen System (Jill Maura Rabin, Katherine C Farner, Alice H Brody, Alexandra Peyser, and Myriam Kline) • Perception of Caring Among Patients and Nurses (Diane Thomas, Patricia Newcomb, and Phylann Fusco) • The Association Between Patient Satisfaction and Patient-Reported Health Outcomes (Qinyu Chen, Eliza W Beal, Victor Okunrintemi, Emily Cerier, Anghela Paredes, Steven Sun, Griffin Olsen, and Timothy M Pawlik) • Progression of Emergency Medicine Resident Patient Experience Scores by Level of Training (Laura E Walker, James E Colletti, M Fernanda Bellolio, and David M Nestler) • Patient and Provider’s Experience and Perspective in Addressing Barriers to Medication Adherence Among Noncommunicable Disease Patients in Rural Puducherry, South India—A Qualitative Study (Yuvaraj Krishnamoorthy, Dinesh Kumar Giriappa, Salin K Elias, Shanthosh Priyan, Ganesh Kumar Saya, and Subitha Lakshminarayanan) • Patient Experience in the Transition of Home Parenteral Nutrition Services Between Centers: Evaluation of a Transition Model (Jane Fletcher, Saqib Mumtaz, Merceline Dera, and Sheldon C Cooper) • Patient Involvement in Decision-Making: An Important Parameter for Better Patient Experience—An Observational Study (STROBE Compliant) (Namrata Makkar, Kanika Jain, Vijaydeep Siddharth, and Siddharth Sarkar) • Patients’ Satisfaction With Inpatient Orthopedic Physiotherapy Services at a Tertiary Hospital in Ghana (Paapa Kwesi Ampiah, Josephine Ahenkorah, and Margaret Karikari) • Perception of Factors Influencing Primary Health-Care Facility Choice Among National Health Insurance Enrollees of a Northwest Nigerian Hospital (Godpower Chinedu Michael, Ibrahim Aliyu, Bukar Alhaji Grema, and Abdullahi Kabiru Suleiman)

URL	https://journals.sagepub.com/toc/hsrb/24/4
Notes	<p>A new issue of the <i>Journal of Health Services Research & Policy</i> has been published. Articles in this issue of the <i>Journal of Health Services Research & Policy</i> include:</p> <ul style="list-style-type: none"> • Editorial: The rise and fall of the weekend effect (Gavin Rudge) • Coastal flooding and frontline health care services: challenges for flood risk resilience in the English health care system (Owen Landeg, Geoff Whitman, Kate Walker-Springett, Catherine Butler, Angie Bone, and Sari Kovats) • A study of community mortality at the weekend versus during the week. Is there a correlation with in-hospital mortality? (Oliver Beaumont, Matthew Willett, Susan Dutton, and Karen Vadher) • Online patient feedback: a cross-sectional survey of the attitudes and experiences of United Kingdom health care professionals (Helen Atherton, Joanna Fleming, Veronika Williams, and John Powell) • Development of the ACTIVE framework to describe stakeholder involvement in systematic reviews (Alex Pollock, Pauline Campbell, Caroline Struthers, Anneliese Synnot, Jack Nunn, Sophie Hill, Heather Goodare, Jacqui Morris, Chris Watts, and Richard Morley) • Confirmatory analysis of a health state classification system for people living with dementia: a qualitative approach (Alyssa Welch, Nguyen Kim-Huong, John Quinn, Caroline Gregory, W Moyle, J Ratcliffe, and T Comans) • The hidden health care costs of power of attorney legislation in Scotland: what needs to be done? (Kate Levin and Jill Carson) • How can the spatial equity of health services be defined and measured? A systematic review of spatial equity definitions and methods (Jesse Whitehead, Amber L. Pearson, Ross Lawrenson, and Polly Atatoa-Carr) • Implementation of provider payment system reforms in the age of universal health coverage: a realist review of evidence from Asian developing countries (Si Ying Tan, GJ Melendez-Torres, and Tikki Pang)

BMJ Quality and Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p><i>BMJ Quality and Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Editorial: Nurses matter: more evidence (Linda H Aiken, Douglas M Sloane) • Hospital-level evaluation of the effect of a national quality improvement programme: time-series analysis of registry data (Timothy J Stephens, Carol J Peden, Ryan Haines, Mike P W Grocott, Dave Murray, David Cromwell, Carolyn Johnston, Sarah Hare, Jose Lourtie, Sharon Drake, Graham P Martin, Rupert M Pearse On behalf of Enhanced Perioperative Care for High-risk patients (EPOCH) trial group)

Online resources

World Patient Safety Day

17 September 2019

World Patient Safety Day

<https://www.who.int/campaigns/world-patient-safety-day/2019>

As was noted in a previous issue of *On the Radar*, World Patient Safety Day is Tuesday 17 September 2019. The World Health Organization's theme for World Patient Safety Day is "**Patient Safety: A Global Health Priority**" with the slogan "**Speak Up for Patient Safety**"

To mark World Patient Safety Day the Canadian Patient Safety Institute's is holding an online screening of the documentary *To Err is Human*. Registration for this free event is at

<https://www.patientsafetyinstitute.ca/en/events/pages/world-patient-safety-day-september-17-2019.aspx>

The Canadian Patient Safety Institute is the WHO Collaborating Centre for Patient Engagement and is the Secretariat for the WHO Patients for Patient Safety program.

<https://www.patientsafetyinstitute.ca/en/About/Programs/WHO-Collaborating-Centre/Pages/default.aspx>

[UK] NICE Guidelines and Quality Standards

<https://www.nice.org.uk/guidance>

The UK's National Institute for Health and Care Excellence (NICE) has published new (or updated) guidelines and quality standards. The latest reviews or updates are:

- NICE Guideline NG33 **Tuberculosis** <https://www.nice.org.uk/guidance/ng33>
- Quality Standard QS189 **Suicide prevention** <https://www.nice.org.uk/guidance/qs189>

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