



## On the Radar

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### On the Radar

Editor: Dr Niall Johnson [niall.johnson@safetyandquality.gov.au](mailto:niall.johnson@safetyandquality.gov.au)

Contributors: Niall Johnson

### Books

*Improving healthcare quality in Europe: Characteristics, effectiveness and implementation of different strategies*

Busse R, Klazinga N, Panteli D, Quentin W, editors.

Copenhagen: European Observatory on Health Systems and Policies; 2019.

URL	<a href="http://www.euro.who.int/en/about-us/partners/observatory/publications/studies/improving-healthcare-quality-in-europe-characteristics,-effectiveness-and-implementation-of-different-strategies-2019">http://www.euro.who.int/en/about-us/partners/observatory/publications/studies/improving-healthcare-quality-in-europe-characteristics,-effectiveness-and-implementation-of-different-strategies-2019</a>
Notes	The WHO's European Observatory on Health Systems and Policies and the OECD have published this substantial piece (400+ pages) that summarises much of the evidence on quality improvement in health care. While focusing on the situation in and across Europe this has much wider relevance. Many of the topics covered will be familiar to those active in safety and quality efforts. The reports seeks to provide an overall conceptual framework for understanding and applying strategies aimed at improving quality of care. It summarises evidence on different quality strategies and provides recommendations for their implementation. This book is intended to help policy-makers to understand concepts of quality and to support them to evaluate single strategies and combinations of strategies.

	<p>This book elucidates the concepts behind multiple elements of quality in healthcare policy (including definitions of quality, its dimensions, related activities, and targets), quality measurement and governance and situates it all in the wider context of health systems research. It is designed to help policy-makers prioritize and align different quality initiatives and to achieve a comprehensive approach to quality improvement. The volume includes the following chapters:</p> <ol style="list-style-type: none"> <li>1. An <b>introduction to healthcare quality</b>: defining and explaining its role in health systems</li> <li>2. Understanding <b>healthcare quality strategies</b>: a five-lens framework</li> <li>3. <b>Measuring healthcare</b></li> <li>4. International and EU <b>governance and guidance</b> for national healthcare quality</li> <li>5. Regulating the input: <b>health professions</b></li> <li>6. Regulating the input – <b>Health Technology</b></li> <li>7. Regulating the input – <b>healthcare facilities</b></li> <li>8. External institutional strategies: <b>accreditation, certification, supervision</b></li> <li>9. <b>Clinical practice guidelines</b> as a quality strategy</li> <li>10. <b>Audit and feedback</b> as a quality strategy</li> <li>11. <b>Patient safety culture</b> as a quality strategy</li> <li>12. <b>Clinical pathways</b> as a quality strategy</li> <li>13. <b>Public reporting</b> as a quality strategy</li> <li>14. Pay for Quality: using <b>financial incentives to improve quality of care</b></li> <li>15. <b>Assuring and improving quality of care</b> in Europe: conclusions and recommendations.</li> </ol>
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## Reports

*An Aboriginal Cultural Safety and Security Framework: Improving Aboriginal health outcomes through culturally safe and secure mainstream healthcare governance and practice*

Lock MJ, Hartz D, Martin R, Ryan A, Curry R, Hart S, editors

Port Macquarie: Mid North Coast Local Health District and Mid North Coast Aboriginal Health Authority; 2019.

URL	<a href="https://committix.com/projects/an-aboriginal-cultural-safety-security-framework/">https://committix.com/projects/an-aboriginal-cultural-safety-security-framework/</a>
Notes	Report describing the research project that investigated <b>how mainstream healthcare organisational contexts may become culturally safe and secure</b> and thereby <b>lead to improved health outcomes of Aboriginal people</b> on the Mid North Coast of New South Wales. It is intended that the Aboriginal cultural safety and security framework provides a governance map for mainstream health organisations on the journey towards Closing the Gap in Aboriginal health outcomes.

*Course Corrections: How Health Care Innovators Learn from Setbacks to Achieve Success*

Klein S, Hostetter M, McCarthy D

New York: The Commonwealth Fund; 2019. p. 11.

URL	<a href="https://www.commonwealthfund.org/publications/fund-reports/2019/sep/course-corrections-how-health-care-innovators-learn-from-setbacks">https://www.commonwealthfund.org/publications/fund-reports/2019/sep/course-corrections-how-health-care-innovators-learn-from-setbacks</a>
Notes	Designing and implement innovations can be difficult. Innovations can fail to take for a wide range of causes. This report from the Commonwealth Fund in the USA may not quite extol the “fail fast, fail often” mantra, but it does observe that setbacks can be important opportunities for learning, reflection and ‘course correction’ that can lead to successful implementation of innovations. In this instance, the authors are looking at the development of <b>new care models</b> .

*What does the next 25 years hold for global health?*

Marzouk S, Choi H, and the 11th European Congress on Tropical Medicine and International Health Communications Committee

London: Royal Society of Tropical Medicine and Hygiene; 2019. p. 30.

URL	<a href="https://rstmh.org/sites/default/files/files/GlobalHealthReport.pdf">https://rstmh.org/sites/default/files/files/GlobalHealthReport.pdf</a>																		
Notes	<p>This report from the Royal Society of Tropical Medicine and Hygiene in the UK documents the results of a survey of medical professionals from 79 countries. The survey respondents identified <b>climate change</b>, <b>antimicrobial resistance</b> and <b>emerging epidemics</b> as the top global health challenges for the next 25 years. Other key findings include:</p> <ul style="list-style-type: none"> <li>• 92% believe governments and health bodies are not doing enough to prepare for the impact of the climate crisis on health and 87% said governments are not investing enough to tackle the big health challenges over the next 25 years</li> <li>• 90% said the focus on healthcare systems should be improving the quality of life, over extending life</li> <li>• 92% agree that misinformation and anti-science pose a dangerous threat to the future of healthcare</li> <li>• Despite these issues and others, more than half (53%) are optimistic about the future of global healthcare</li> <li>• 92% said technology has improved healthcare systems over the last 25 years and two thirds (65%) think it likely that a company, like Amazon, will emerge and disrupt how we deliver healthcare.</li> </ul> <div data-bbox="351 1008 1404 1568"> <p style="text-align: center;"><b>What will be the biggest challenges to global health over the next 25 years?</b></p> <table border="1"> <caption>What will be the biggest challenges to global health over the next 25 years?</caption> <thead> <tr> <th>Challenge</th> <th>Relative Rank (1-8)</th> </tr> </thead> <tbody> <tr> <td>The climate crisis</td> <td>1</td> </tr> <tr> <td>Drug resistance</td> <td>2</td> </tr> <tr> <td>Emerging epidemics</td> <td>3</td> </tr> <tr> <td>Conflict</td> <td>4</td> </tr> <tr> <td>Urbanisation</td> <td>5</td> </tr> <tr> <td>Ageing population</td> <td>6</td> </tr> <tr> <td>Globalisation</td> <td>7</td> </tr> <tr> <td>Appropriate use of data and technology</td> <td>8</td> </tr> </tbody> </table> </div>	Challenge	Relative Rank (1-8)	The climate crisis	1	Drug resistance	2	Emerging epidemics	3	Conflict	4	Urbanisation	5	Ageing population	6	Globalisation	7	Appropriate use of data and technology	8
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## Journal articles

*Short-notice (48 hours) ACCREDITATION trial in Australia: stakeholder perception of assessment thoroughness, resource requirements and workforce engagement*

Uren H, Vidakovic B, Daly M, Sosnowski K, Matus V

BMJ Open Quality. 2019;8(3):e000713.

DOI	<a href="https://doi.org/10.1136/bmjog-2019-000713">https://doi.org/10.1136/bmjog-2019-000713</a>
Notes	<p>Accreditation is sometimes seen a long, trying process. This article reports on the perceptions and experiences of stakeholders on assessment thoroughness, staff resource requirements and workforce engagement changes with only 48 hours' notice given to an organisation prior to an accreditation assessment, compared with the standard-notice accreditation process.</p>

	Two hospitals in Queensland trialled the ‘Short-Notice Survey Accreditation Assessment Process’ (SNAAP) with each organisation given just 48 hours’ notice prior to an accreditation assessment. Staff were surveyed on their views on the standard-notice accreditation process and short-notice process. The results led the authors to suggest that with sufficient cultural and operational preparation to move to the short-notice process, hospitals can potentially use that process as a truer validation of quality and safety standards, require less staffing resources to prepare for accreditation assessments and improve staff engagement in assurance and improvement.
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For information on the Commission’s National Safety and Quality Health Service (NSQHS) Standards, see <https://www.safetyandquality.gov.au/standards/nsqhs-standards>

*Public Health Research & Practice*

September 2019, Volume 29, Issue 3

URL	<a href="http://www.phrp.com.au/issues/september-2019-volume-29-issue-3/">http://www.phrp.com.au/issues/september-2019-volume-29-issue-3/</a>
Notes	<p>A new issue of <i>Public Health Research &amp; Practice</i> has been published, with something of a focus on “commercial determinants of health”. Articles in this issue of <i>Public Health Research &amp; Practice</i> include:</p> <ul style="list-style-type: none"> <li>• Editorial: Countering the <b>commercial determinants of health</b>: strategic challenges for public health (Becky Freeman, Colin Sindall)</li> <li>• Interview with Verity Firth: <b>commercial interests and public health policy</b> (Verity Firth, Becky Freeman)</li> <li>• <b>Public health over private wealth</b>: rebalancing public and private interests in international trade and investment agreements (Ashley Schram, Belinda Townsend, Jeremy Youde, Sharon Friel)</li> <li>• <b>Learning healthcare systems</b>: a perspective from the US (A B Bindman)</li> <li>• The revolving door between <b>government and the alcohol, food and gambling industries</b> in Australia (Narelle M Robertson, G Sacks, P G Miller)</li> <li>• Talking about a nanny nation: investigating the <b>rhetoric framing public health debates</b> in Australian news media (Josephine Y Chau, James Kite, Rimante Ronto, Alexandra Bhatti, Catriona Bonfiglioli)</li> <li>• Innovation in school-level dental risk assessment: an evidence based <b>Index of Dental Risk</b> (Esther Charkey, Estie Kruger, Kate Dyson, Marc Tennant)</li> <li>• Countering commercial interests: building <b>advocacy campaigns to protect children</b> from food marketing (Wendy L Watson, Jane Martin)</li> <li>• Proliferation of <b>‘healthy’ alcohol products</b> in Australia: implications for policy (Danica Keric, Julia Stafford)</li> <li>• Philip Morris International’s use of Facebook to undermine <b>Australian tobacco control laws</b> (Becky Freeman, Marita Hefler, Daniel Hunt)</li> </ul>

*Healthcare Quarterly*

Vol. 22 No. 2, 2019

URL	<a href="https://www.longwoods.com/publications/healthcare-quarterly/25900">https://www.longwoods.com/publications/healthcare-quarterly/25900</a>
Notes	<p>A new issue of <i>Healthcare Quarterly</i> has been published. Articles in this issue of <i>Healthcare Quarterly</i> include:</p> <ul style="list-style-type: none"> <li>• Rural and Urban Differences in the <b>Risk of Inflammatory Bowel Disease</b> and Subsequent Health Services Utilization in Ontario (M. Ellen Kuenzig, Geoffrey C. Nguyen and Eric I. Benchimol)</li> <li>• Types of <b>Opioid Harms in Canadian Hospitals</b>: Comparing Canada and Australia (Jennifer Froid and Geoff Paltser)</li> </ul>

	<ul style="list-style-type: none"> <li>• Cutting Through the Ice ... (P. G. Forest)</li> <li>• Medicare’s Evolution: <b>National Pharmacare and Shared Leadership</b> (Joanna Nemis-White, Emily Torr, John Aylen, Amédé Gogovor, Lesli Martin, Jonathan Mitchell, Nicole MacPherson and Terrence Montague)</li> <li>• <b>Non-Adherence to Prescribed Therapies:</b> Pharmacare’s Existential Challenge (Amédé Gogovor, Joanna Nemis-White, Emily Torr, Nicole MacPherson, Lesli Martin, John Aylen, Lori-Jean Manness and T Montague)</li> <li>• Canada’s Evolving Medicare: <b>Patient-Centred Care</b> (Terrence Montague, Joanna Nemis-White, John Aylen, Emily Torr, Lesli Martin and A Gogovor)</li> <li>• Informing Primary Care Changes in Alberta: <b>Continuity and Potential Impacts on Acute Care</b> (Shelly Vik, Colin Weaver, Ceara Cunningham, Robin Walker, Richard Lewanczuk, Brad Bahler, Rob Skrypnek, Michelle Smekel, Linda Winfield and Judy Seidel)</li> <li>• <b>Keeping Long-Term Care Patients Out of Hospital</b> During Acute Medical Illness: Proposal for Common Elements of an Integrated Healthcare Delivery System for Long-Term Care (Michelle N. Grinman, Tracey Human, Mary Jane Shankel, Aynsley Young, Joe Pedulla, Anita Roopani and Vivian Ewa)</li> <li>• Establishing Effective <b>Resident and Family Councils:</b> A Pilot Project to Increase Family and Resident Engagement in Alberta’s Continuing Care Sites (Jasneet Parmar, J-A Babiuk, K Classen, J Hurst, A Haq and L-A R Sacrey)</li> <li>• Commentary: Identifying the Underpinnings of “<b>Care That Honours Seniors</b>” in Alberta (Jasneet Parmar, K Classen, J-A Babiuk and L-A R Sacrey)</li> <li>• Overall <b>Quality Performance of Long-Term Care Homes</b> in Ontario (Andrea Wilkinson, Vinita Haroun, Tommy Wong, N Cooper and M Chignell)</li> <li>• <b>myHip&amp;Knee: Improving Patient Engagement and Self-Management</b> through Mobile Technology (Jeffery D. Gollish, Lucy Pereira, Anne Marie MacLeod, Amy Wainwright, D Kennedy, S Robarts, P Dickson and S Clark)</li> <li>• Spontaneous, Grassroots Initiative Brings Niagara Health’s new <b>Purpose, Vision and Values</b> to Life (Daniel Rolim, Caroline Bourque Wiley, Sarah Kerrigan, Shelby MacDonald, S Traynor, F Paladino, S Johnston and J Viljoen)</li> </ul>
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*BMJ Quality and Safety* online first articles

URL	<a href="https://qualitysafety.bmj.com/content/early/recent">https://qualitysafety.bmj.com/content/early/recent</a>
Notes	<p><i>BMJ Quality and Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> <li>• Community level socioeconomic status association with <b>surgical outcomes</b> and resource utilisation in a regional cohort: a prospective registry analysis (J Hunter Mehaffey, Robert B Hawkins, Eric J Charles, Florence E Turrentine, Brian Kaplan, Sandy Fogel, Charles Harris, David Reines, Jorge Posadas, Gorav Ailawadi, John B Hanks, Peter T Hallowell, R Scott Jones)</li> <li>• Use and reporting of <b>experience-based codesign</b> studies in the healthcare setting: a systematic review (Theresa Green, Ann Bonner, Laisa Teleni, Natalie Bradford, Louise Purtell, Clint Douglas, Patsy Yates, Margaret MacAndrew, Hai Yen Dao, Raymond Javan Chan)</li> </ul>

## Online resources

[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 NG140 *Abortion care* <https://www.nice.org.uk/guidance/ng140>
- Clinical Guideline CG191 *Pneumonia in adults: diagnosis and management* <https://www.nice.org.uk/guidance/cg191>

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