



On the Radar

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On the Radar

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Ear, Nose and Throat Surgery

GIRFT Programme National Speciality Report

Marshall A

London: NHS Improvement; 2019. p. 110.

URL	https://gettingitrightfirsttime.co.uk/wp-content/uploads/2019/10/ENT-Report-Nov19-L-FINAL.pdf
Notes	The latest report from the UK's Getting It Right First Time (GIRFT) programme examined ear, nose and throat (ENT) surgery. The review team visited 126 units across the UK and report that thousands more patients could be treated on a day-case basis rather than having an overnight stay in hospital. The report includes a number of recommendations that seek to see more patients are treated as day surgery while making ENT departments more resilient to pressures on beds and freeing up beds for use by other specialties. These reports include an explicit examination of variation and a wish to identify high performing units whose approaches can inform others. This report, while looking at all ENT activity, recognises that tonsillectomy accounts for 17% of the total elective workload and around £68m, almost 8%, of the total ENT budget, and thus treats tonsillectomy as a distinct theme as it is considered that the opportunities to improve patient care by reducing variation in this area are significant.

	While this report obviously is looking at the UK setting, it may be useful to reflect upon for other settings, perhaps particularly in regard to variation, value and appropriateness (notably from the patient perspective) in areas of variation (for example tonsillectomy and myringotomy) and those where guidance may be lacking (for example, in the UK with regard to septoplasty)
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Journal articles

Potential Unintended Consequences Of Recent Shared Decision Making Policy Initiatives

Blumenthal-Barby J, Opel DJ, Dickert NW, Kramer DB, Tucker Edmonds B, Ladin K, et al
Health Affairs. 2019;38(11):1876-1881.

DOI	https://doi.org/10.1377/hlthaff.2019.00243
Notes	<p>This piece in <i>Health Affairs</i>, while appearing to problematise shared decision making (SDM) is not arguing against SDM and its aim. Rather the authors are seeking to raise concerns about how SDM may be implemented. Among the possible unintended consequences they identify are</p> <ul style="list-style-type: none"> • Incentivising SDM as an artificially discrete event rather than as a continual characteristic of the clinician-patient relationship • Incentivising hyperindividualistic decision making • Incentivising over-emphasis on information exchange • Implying the patients cannot delegate decisions • Assuming physician neutrality • Ignoring social and public health interests. <p>It is important that SDM is not a checkbox exercise that pays lip service to the concept and is a genuine discussion and decision that gives the individual agency in reaching decisions appropriate to them and their needs and values.</p>

For information on the Commission’s work on shared decision making, see

<https://www.safetyandquality.gov.au/our-work/partnering-consumers/shared-decision-making>

Nationally linked data to improve health services and policy

Briffa TG, Jorm L, Jackson RT, Reid C, Chew DP
Medical Journal of Australia. 2019;211(9):397-398.e391.

DOI	https://doi.org/10.5694/mja2.50368
Notes	<p>This Perspectives piece in the <i>Medical Journal of Australia</i> adds to the chorus advocating for national data collection/collation/linkage. This piece rehearses the arguments that being able to link health information more effectively can pave the way ‘for improving health services and policy’. Linking health data, including clinical quality registries and other sources, has been argued to improve health care and the authors call for the development of the National Integrated Health Services Information (NIHSI) Analysis Asset with ‘the highest level of governance, management and stewardship of the data’ with ‘the coverage of both public and private health sectors, processes for data linkage to additional datasets such as clinical quality registries and clinical trials, a streamlined and cost-effective mechanism for access to and use of the data, and the development of “trusted user” status based on the “five safes” principles supported by training and accreditation.’</p>

DOI	https://doi.org/10.1111/jgs.15662
Notes	<p>Paper reporting on an effort to develop and validate a new multi-component measure of hospital-associated complications of older people (HACOP). The study was undertaken involving more than 400 older (≥ 65) patients in acute medical and surgical wards in 4 Queensland hospitals. The multi-component measure included ‘5 well-recognized hospital-associated complications of older people: hospital-associated delirium, functional decline, incontinence, falls, and pressure injuries’ and the study found that 44% of participants had 1 or more HAC-OP during their admission. The authors found there was ‘a strong and graded association between HAC-OP and length of stay (9.1 ± 7.4 days for any HAC-OP vs 6.8 ± 4.1 days with none, $p < .001$), facility discharge (59/192 (31%) vs 27/242 (11%), $p < .001$) and 6-month mortality (26/192 (14%) vs 17/242 (7%), $p = .02$).’</p>

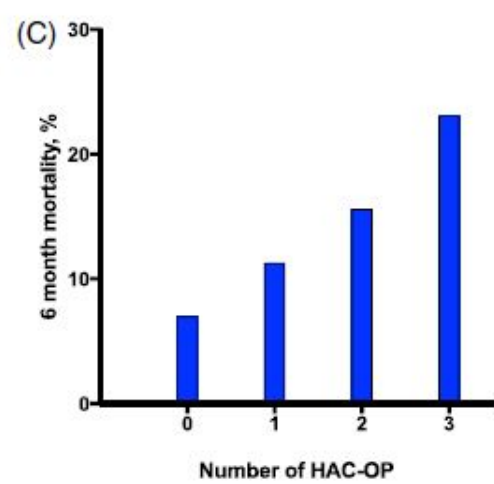
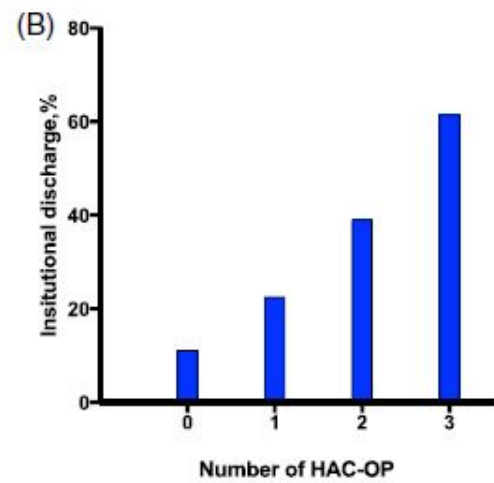
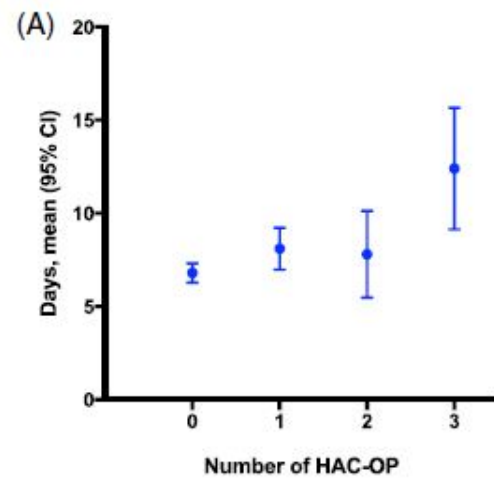


Figure 1. Clinical outcomes according to number of hospital-associated complications of older people (HAC-OP). (A) Mean length of stay in days (error bars show 95% confidence intervals). (B) Percentage of participants discharged to facility (continuing, rehabilitation, postacute or new nursing home care). (C) Percentage of participants who died within 6 months of admission.

For information on the Commission’s work on hospital-acquired complications (HACs), see <https://www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications>

The WHO resolution on sepsis: what action is needed in Australia?

Schlapbach LJ, Thompson K, Finfer SR

Medical Journal of Australia. 2019;211(9):395-397.e391.

DOI	https://doi.org/10.5694/mja2.50279
Notes	<p>Perspectives piece in the <i>Medical Journal of Australia</i> calling for ‘coordinated action to improve the prevention, diagnosis and management of sepsis in Australia’. The authors argue that while ‘In Australia, the true burden of sepsis is unknown’, it is estimated ‘that there are 18 000 episodes of intensive care unit-treated sepsis in Australia each year and at least 5000 deaths which disproportionately affect the very young, the very old, and Aboriginal and Torres Strait Islander people.’ The authors also note that a report from the George Institute for Global Health and the Australian Sepsis Network made four broad recommendations to improve sepsis outcomes in Australia, including:</p> <ul style="list-style-type: none"> • Establish a nationally coordinated sepsis body to develop and promulgate a national action plan for sepsis. • Invest in prevention and awareness campaigns targeting both the general community and the health care workforce. • Establish and implement nationally recognised clinical standards for the detection and treatment of sepsis in both adults and children. • Invest in community and peer support services for sepsis survivors and their families.

Do Choosing Wisely recommendations about low-value care target income-generating treatments provided by members? A content analysis of 1293 recommendations

Zadro JR, Farey J, Harris IA, Maher CG

BMC Health Services Research. 2019;19(1):707.

DOI	https://doi.org/10.1186/s12913-019-4576-1
Notes	<p>The Choosing Wisely movement has apparently been motivated by desires to reduce low value care and ensure care is appropriate and effective. However, it has been observed that some of the Choosing Wisely recommendations made by some of the participating groups tend to address issues that are somewhat removed from that particular group. That is, they seem to reflect more on the practices of other areas of care, and not necessarily of their members. This paper reports on a more detailed analysis of 1293 recommendations across national Choosing Wisely programs. The analysis seems to suggest that self-criticism is somewhat limited as ‘Many societies provide Choosing Wisely recommendations that minimise impact on their own members. Only 20% of treatment recommendations target income-generating treatments, and of these recommendations mostly target non-members. Many recommendations are also qualified. Increasing the number of recommendations from societies that are unqualified and target member clinicians responsible for de-implementation of low-value and costly treatments should be a priority.’</p>

URL	https://journals.lww.com/jhqonline/toc/2019/12000
Notes	<p>A new issue of the <i>Journal for Healthcare Quality</i> has been published. Articles in this issue of the <i>Journal for Healthcare Quality</i> include:</p> <ul style="list-style-type: none"> • Quality of Care and Preventive Screening Use in the CareFirst Patient-Centered Medical Home Program (Kicinger, Iwona M; Cuellar, Alison; Helmchen, Lorens A; Gimm, Gilbert; Want, Jay; Kells, B J; Nichols, L M) • Using Lean Performance Improvement for Patient-Centered Medical Home Transformation at an Academic Public Hospital (Wu, Shirley; Brown, Christopher; Black, Susan; Garcia, Michael; Harrington, Darrell W.) • Text Message Quality Improvement Project for Influenza Vaccine in a Low-Resource Largely Latino Pediatric Population (Sloand, Elizabeth; VanGraafeiland, Brigit; Holm, Annie; MacQueen, Augusta; Polk, Sarah) • A Quality Improvement Project to Improve Sepsis-Related Outcomes at an Integrated Healthcare System (Hughes, M Courtney; Roedocker, Andrea; Ehli, Jessica; Walz, Danaka; Froehlich, Kim; White, Landon; Binder, Bill) • Preoperative Blood Management Strategy for Elective Hip and Knee Arthroplasty (Kurian, Dinesh J; Guinn, Nicole R; Hunting, John; Gamble, John F; Hopkins, Thomas J; Grimsley, Aime; Guercio, Jason R; Bolognesi, Michael P; Schroeder, Rebecca; Aronson, Solomon) • Thromboprophylaxis After Hospitalization for Joint Replacement Surgery (Giuliano, Karen K; Pozzar, Rachel; Hatch, Courtney) • Diabetic Ketoacidosis Management in the Emergency Department: Implementation of a Protocol to Reduce Variability and Improve Safety (Griffey, Richard T; Schneider, Ryan M; Malone, Nora; Peterson, Charlie; McCammon, Craig) • Meaningful Use: Does Physician Participation Move the Needle on Quality Metrics? (Brooks, Kevin; Sarzynski, Erin; Houdeshell-Putt, Laura; Polverento, Molly; Given, Charles; Oberst, Kathleen) • Effectiveness of Implementing a Predischarge Order to Discharge Patients Before 11 a.m. (Mallipudi, Rajiv M; Khan, Qamar; Mbolu, George U Jr; Alquran, Lance; Mehta, Bijal; Allusson, Valerie) • An Antimicrobial Stewardship Intervention Improves Adherence to Standard of Care for Staphylococcus aureus Bloodstream Infection (Brock, James B; Cretella, David A; Parham, Jason J) • Outcomes After Rectal Cancer Surgery: A Population-Based Study Using Quality Indicators (Youl, Philippa; Philpot, Shoni; Theile, David E; for Cancer Alliance Queensland)

URL	https://www.longwoods.com/publications/nursing-leadership/25970/1/vol-32-no-3-2019
Notes	<p>A new issue of <i>Nursing Leadership</i> has been published with the theme “Nursing Leadership and Palliative Care”. Articles in this issue of <i>Nursing Leadership</i> include:</p> <ul style="list-style-type: none"> • Editorial: Live Until You Die (Lynn M Nagle) • Palliative Care Models in Long-Term Care: A Scoping Review (Sharon Kaasalainen, Tamara Sussman, Lynn McCleary, Genevieve Thompson, Paulette V. Hunter, Abigail Wickson-Griffiths, Rose Cook, Vanina Dal Bello-Haas, Lorraine Venturato, Alexandra Papaioannou, John You and D Parker)

	<ul style="list-style-type: none"> • A Stakeholder Analysis of the Strengthening a Palliative Approach in Long-Term Care Model (Sharon Kaasalainen, Tamara Sussman, Lynn McCleary, Genevieve Thompson, Paulette V. Hunter, Abigail Wickson-Griffiths, Rose Cook, V D Bello-Haas, L Venturato, A Papaioannou, J You and D Parker) • Toward Resilient Nurse Leaders: The Leadership-In-Action Program in Nursing (LEAP-IN) (Christina Clausen, Jessica Emed, Valerie Frunchak, Margaret Purden and Frances Sol Bruno) • Nurse-Led Models of Care for Patients with Complex Chronic Conditions: A Scoping Review (Kayleigh Gordon, Carolyn Steele Gray, Katie N. Dainty, Jane deLacy and Emily Seto)
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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: In the room where it happens: do physicians need feedback on their real-world communication skills? (Sondra Zabar, Kathleen Hanley, Jeffrey A Wilhite, Lisa Altshuler, Adina Kalet, Colleen Gillespie) • Communicating with patients about breakdowns in care: a national randomised vignette-based survey (Kimberly A Fisher, Thomas H Gallagher, Kelly M Smith, Yanhua Zhou, Sybil Crawford, Azraa Amroze, K M Mazor) • Work systems analysis of sterile processing: decontamination (Myrte de Alfred, Ken Catchpole, Emily Huffer, Larry Fredendall, Kevin M Taaffe) • Later emergency provider shift hour is associated with increased risk of admission: a retrospective cohort study (Patrick D Tyler, Alan Fossa, Joshua W Joseph, Leon D Sanchez) • Large-scale empirical optimisation of statistical control charts to detect clinically relevant increases in surgical site infection rates (Iulian Ilies, Deverick J Anderson, Joseph Salem, Arthur W Baker, Margo Jacobsen, James C Benneyan) • When evidence says no: gynaecologists’ reasons for (not) recommending ineffective ovarian cancer screening (Odette Wegwarth, Nora Pashayan) • ‘Whatever you cut, I can fix it’: clinical supervisors’ interview accounts of allowing trainee failure while guarding patient safety (Jennifer M Klasen, Erik Driessen, Pim W Teunissen, Lorelei A Lingard)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-articles
Notes	<p><i>International Journal for Quality in Health Care</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Quality control circle: a tool for enhancing perceptions of patient safety culture among hospital staff in Chinese hospitals (Dan Zhang, Meixia Liao, Yiping Zhou, Tingfang Liu) • The clinician safety culture and leadership questionnaire: refinement and validation in Australian public hospitals (Robyn Clay-Williams, Natalie Taylor, Hsuen P Ting, Teresa Winata, Gaston Arnolda, Jeffrey Braithwaite) • Impact of a national guideline on use of knee arthroscopy: An interrupted time-series analysis (Ali Kiadaliri, Dan Bergkvist, Leif E Dahlberg, M Englund) • Patient-reported outcome measurements (PROMs) and provider assessment in mental health: a systematic review of the context of implementation (David Roe, Yael Mazor, Marc Gelkopf)

	<ul style="list-style-type: none"> • Do performance indicators predict regulator ratings of healthcare providers? Cross-sectional study of acute hospitals in England (Thomas Allen, Kieran Walshe, Nathan Proudlove, Matt Sutton) • Deepening our Understanding of Quality in Australia (DUQuA): An overview of a nation-wide, multi-level analysis of relationships between quality management systems and patient factors in 32 hospitals (Jeffrey Braithwaite, Robyn Clay-Williams, Natalie Taylor, Hsuen P Ting, Teresa Winata, Emily Hogden, Zhicheng Li, Amanda Selwood, M Warwick, P Hibbert, G Arnolda) • Validation of the patient measure of safety (PMOS) questionnaire in Australian public hospitals (Natalie Taylor, Robyn Clay-Williams, Hsuen P Ting, Teresa Winata, Gaston Arnolda, Emily Hogden, Rebecca Lawton, Jeffrey Braithwaite)
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Online resources

[UK] *Children and young people's mental health: prevention evidence*

<https://www.gov.uk/government/publications/children-and-young-peoples-mental-health-prevention-evidence>

Public Health England has provided a series of documents following a review of evidence for universal approaches to improving children and young people's mental health and wellbeing. The documents include:

- Short descriptions of interventions identified from the synthesis of systematic reviews
- Findings from the synthesis of systematic reviews
- Lay summary report of the synthesis of systematic reviews and grey literature review
- Methodology report of the synthesis of systematic reviews and grey literature review
- Narrative report of the synthesis of systematic reviews and grey literature review
- Report of the findings of a Special Interest Group.

[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:

- Clinical Guideline CG186 **Multiple sclerosis in adults: management**
<https://www.nice.org.uk/guidance/cg186>
- NICE Guideline NG144 **Cannabis-based medicinal products**
<https://www.nice.org.uk/guidance/ng144>

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