



## On the Radar

Issue 102

22 October 2012

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### On the Radar

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### This week's content

#### Reports

*How-to Guide: Prevent Obstetrical Adverse Events*

Institute for Healthcare Improvement

Cambridge, MA. Institute for Healthcare Improvement, 2012.

Notes	From the IHI website: “This How-to Guide describes the essentials elements of preventing obstetrical adverse events, including the safe use of oxytocin and key evidence-based care components in the IHI Perinatal Bundles: IHI Elective Induction Bundle (Oxytocin), IHI Augmentation Bundle (Oxytocin), and the IHI Vacuum Bundle. The guide describes how to implement these interventions and recommends measures to gauge improvement.”
URL	<a href="http://www.ihi.org">http://www.ihi.org</a> <a href="http://www.ihi.org/knowledge/Pages/Tools/HowtoGuidePreventObstetricalAdverseEvents.aspx">http://www.ihi.org/knowledge/Pages/Tools/HowtoGuidePreventObstetricalAdverseEvents.aspx</a>

*Australian Commission on Safety and Quality in Health Care Annual Report 2011/12*  
 Australian Commission on Safety and Quality in Health Care (2012),  
 ACSQHC, Sydney.

Notes	The Commission has published its first annual report. The report includes material on the Commission’s activities and functions, as well as material on the safety and quality of health care.
URL	<a href="http://www.safetyandquality.gov.au/publications-resources/annual-reports/">http://www.safetyandquality.gov.au/publications-resources/annual-reports/</a>

*High-Intensity Primary Care: Lessons for Physician and Patient Engagement*. Research Brief Number 9.

Yee T, Lechner A, Carrier E

Washington D.C. National Institute for Health Care Reform, 2012.

Notes	This Research Brief from the [US] National Institute for Health Care Reform looks at what has been termed ‘high-intensity primary care’. This tends to be a high degree of care coordination, particularly for patients with complex and/or multiple chronic conditions. The Brief notes that “early assessments of high-intensity primary care programs show promise, but these programs’ <b>success</b> in improving quality of care and lowering costs <b>rests on the engagement of both physicians and patients</b> . ... For physicians, key factors include financial commitment and administrative support from health plans and well-designed financial incentives for quality and outcome improvements. In addition, allowing physicians to help identify patients who would benefit from intensive primary care may improve physician comfort and buy in. To encourage patient engagement, a personal invitation from physicians to join a high-intensity primary care program, as well as rapid access to physicians and care coordinators, appear to be highly successful approaches.”
URL	<a href="http://www.nihcr.org/High-Intensity-Primary-Care">http://www.nihcr.org/High-Intensity-Primary-Care</a> <a href="http://www.nihcr.org/index.php?download=1tlcfl188">http://www.nihcr.org/index.php?download=1tlcfl188</a>

## Journal articles

*Effect of Nonpayment for Preventable Infections in U.S. Hospitals*

Lee GM, Kleinman K, Soumerai SB, Tse A, Cole D, Fridkin SK, et al

New England Journal of Medicine 2012;367(15):1428-1437.

Notes	In late 2008 the [US] Centers for Medicare & Medicaid Services instituted a new policy aimed at lowering the rates of healthcare associated infections (HAIs). The policy imposed financial penalties, in the form of non-payment, for what were deemed preventable infections in US hospitals. This paper examines the effects of non-payment on the rates of HAIs. The study examined rates of catheter-associated bloodstream infections, catheter-associated urinary tract infections, and ventilator-associated pneumonias at 398 hospitals and health systems. The authors report that there were declining rates of HAIs prior to the non-payment ‘incentive’ was enacted and did not detect any specific impact on further decline.
DOI	<a href="http://dx.doi.org/10.1056/NEJMsa1202419">http://dx.doi.org/10.1056/NEJMsa1202419</a>

*Adapting clinical guidelines to take account of multimorbidity*  
 Guthrie B, Payne K, Alderson P, McMurdo MET, Mercer SW  
 BMJ 2012;345:e6341.

Notes	The use of guidelines is often encouraged as a mechanism for ensuring patients receive recommended care. This paper suggests that in some circumstances, particularly where patients have multiple conditions, a degree of adaptation or flexibility may be appropriate. They suggest that technology can be used to bring together guidelines on individual conditions and tailor advice to each patient's circumstances. The aim would be to provide more patient-centred and appropriate care.
DOI	<a href="http://dx.doi.org/10.1136/bmj.e6341">http://dx.doi.org/10.1136/bmj.e6341</a>

*A Systematic Review of the Effectiveness, Compliance, and Critical Factors for Implementation of Safety Checklists in Surgery*  
 Borchard A, Schwappach DL, Barbir A, Bezzola P  
 Annals of Surgery 2012 [epub].

Notes	The use of checklists has been a prominent element in a lot of patient safety initiatives. This paper reports on a systematic review that sought to evaluate the effectiveness and critical factors for successful implementation of surgical checklists. From the initial 4,977 citations found, 84 studies were examined with 22 included in the final review. The authors report strong evidence that using checklists improves perioperative clinical outcomes. However, they also report that checklist usage varied widely across studies. They also state that “ <b>Checklists are effective and economic tools that decrease mortality and morbidity.</b> Compliance of surgical staff with checklists was good overall.”
DOI	<a href="http://dx.doi.org/10.1097/SLA.0b013e3182682f27">http://dx.doi.org/10.1097/SLA.0b013e3182682f27</a>

*Journal of Health Communication*  
 Volume 17, Supplementary issue 3

Notes	The <i>Journal of Health Communication</i> has published a special issue titled <i>Advancing research on health literacy</i> , which includes: <ul style="list-style-type: none"> <li>• Health literacy: What is it? (Nancy Berkman, Terry Davis, Lauren McCormack)</li> <li>• Interventions for individuals with low health literacy: A systematic review (Stacey Sheridan, David Halpern, Anthony Viera, Nancy Berkman, Katrina Donahue, Karen Crotty)</li> <li>• Advancing organizational health literacy in health care organizations serving high needs populations: A case study (Nancy Weaver, Ricardo Wray, Stacie Zellin, Kanak Gautam, Keri Jupka)</li> <li>• Health literacy INDEX: Development, reliability, and validity of a new tool for evaluating the health literacy demands of health information materials (Kimberly Kaphingst, Matthew Kreuter, Chris Casey, Luisa Leme, Tess Thompson, Meng-Ru Cheng, Heather Jacobsen, Ryan Sterling, Joy Oguntimein, Carl Filler, Arthur Culbert, Megan Rooney, Christy Lapka)</li> </ul>
URL	<a href="http://www.tandfonline.com/toc/uhcm20/17/sup3">http://www.tandfonline.com/toc/uhcm20/17/sup3</a>

For information on the Commission's work on health literacy see the patient and consumer centred care program <http://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/>

*BMJ Quality and Safety* online first articles

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>• Managing the after effects of serious patient safety incidents in the NHS: an online survey study (Anna Pinto, Omar Faiz, Charles Vincent)</li> <li>• Case-mix adjusted hospital mortality is a poor proxy for preventable mortality: a modelling study (Alan J Girling, Timothy P Hofer, Jianhua Wu, P J Chilton, J P Nicholl, M A Mohammed, R J Lilford)</li> <li>• Mapping and assessing clinical handover training interventions (Slavi Stoyanov, Henny Boshuizen, Oliver Groene, Marcel van der Klink, Wendy Kicken, Hendrik Drachsler, Paul Barach)</li> <li>• Editorial: The European HANDOVER project: the role of nursing (Shirley M Moore)</li> </ul>
URL	<a href="http://qualitysafety.bmj.com/onlinefirst.dtl">http://qualitysafety.bmj.com/onlinefirst.dtl</a>

*International Journal for Quality in Health Care* online first 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"> <li>• Strengthening the quality agenda in health care in low- and middle-income countries: questions to consider (Enrique Ruelas, Octavio Gomez-Dantes, Sheila Leatherman, Triona Fortune, and Juan Gabriel Gay-Molina) <a href="http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs061v1?papetoc">http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs061v1?papetoc</a></li> <li>• Improving outcomes and reducing costs by modular training in infection control in a resource-limited setting (Sanjeev Singh, Raman Krishna Kumar, Karimassery R. Sundaram, Barun Kanjilal, and Prem Nair) <a href="http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs059v1?papetoc">http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs059v1?papetoc</a></li> <li>• Charting the way forward to better quality health care: how do we get there and what are the next steps? Recommendations from the Salzburg Global Seminar on making health care better in low- and middle-income economies (M. Rashad Massoud, Nana Mensah-Abrampah, Sylvia Sax, S Leatherman, B Agins, P Barker, E Kelley, J R Heiby, and J Lotherington) <a href="http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs062v1?papetoc">http://intqhc.oxfordjournals.org/cgi/content/abstract/mzs062v1?papetoc</a></li> </ul>
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**Online resources**

[WHO] *Patient Safety Research: A guide for developing training programmes*

<http://www.who.int/patientsafety/en>

WHO Patient Safety has launched a new document entitled *Patient Safety Research: A guide for developing training programmes*. Based on extensive consultation with key international experts in education and training, this comprehensive tool provides practical guidance for educators to develop training programmes in the field of patient safety research.

The guide brings current concepts on curriculum building, as well as training and education to the field of patient safety research. It is designed to offer practical guidance to local educators developing their own training programmes – in accordance with their context-specific learning objectives.

[UK] *Ward Rounds in Medicine: Principles for Best Practice*

<http://www.rcplondon.ac.uk/resources/ward-rounds-medicine-principles-best-practice>

Ward rounds are an essential part of reviewing and planning care for hospitalised patients. They also offer opportunities for involving and informing patients and for multidisciplinary teaching and learning. A new guideline produced jointly by the [UK] Royal College of Physicians and the [UK]

Royal College of Nursing sets out best practice principles for conducting medical ward rounds. It calls for doctors, nurses, pharmacists, therapists and allied health professionals to be given dedicated time to participate, with clear understanding of their roles and responsibilities during and after ward rounds. There is detailed guidance provided for structuring ward rounds, ensuring patient participation, protecting vulnerable patients, ensuring nursing involvement, using safety checklists and planning for patient discharge.

*[USA] Improving Patient Safety Systems for Patients With Limited English Proficiency: A Guide For Hospitals.*

Rockville, MD: Agency for Healthcare Research and Quality; September 2012.

AHRQ Publication No. 12-0041.

<http://www.ahrq.gov/populations/lepguide/>

The [US] Agency for Healthcare Research and Quality has produced this guide and corresponding TeamSteps module address how to improve care for patients with limited English proficiency.

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