



On the Radar

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On the Radar

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Reports

A Guide to Measuring the Triple Aim: Population Health, Experience of Care, and Per Capita Cost. IHI Innovation Series white paper.

Stiefel M, Nolan K

Cambridge, MA. Institute for Healthcare Improvement, 2012.

Notes	The Triple Aim concept – of simultaneously improving population health, improving the patient experience of care, and reducing per capita cost – was espoused a few years ago. The IHI has released this paper that “provides a menu of suggested measures for the three dimensions of the Triple Aim”. This ‘menu’ is based on a combination of the analytic frameworks and the practical experience of organisations involved in piloting the Triple Aim.
URL	http://www.ihl.org/knowledge/pages/ihwhitepapers/aguidetomeasuringtripleaim.aspx

Journal articles

Overarching goals: a strategy for improving healthcare quality and safety?

Nanji KC, Ferris TG, Torchiana DF, Meyer GS

BMJ Quality & Safety 2012.

Notes	<p>Discuss and speculation on the possible benefits – and pitfalls – of setting goals to catalyse quality improvement, particular what are termed ‘Big Hairy Audacious Goals’ (BHAG). The authors conclude that such overarching goals are a potential viable strategy in improving the quality of healthcare. However, they suggest that there a lack of such large goals in the health quality arena but that such goals are likely to emerge and be adopted.</p> <p>In August 2011, the Australian Health Ministers’ Advisory Council asked the Commission to identify a small number of national safety and quality goals—areas that would benefit from a coordinated national approach to improvement. The Australian Safety and Quality Goals for Health Care are:</p> <ol style="list-style-type: none"> 1. Safety of care: That people receive health care without experiencing preventable harm. Initial priorities are in the areas of: <ul style="list-style-type: none"> – 1.1 Medication safety – 1.2 Healthcare associated infection – 1.3 Recognising and responding to clinical deterioration 2. Appropriateness of care: That people receive appropriate, evidence-based care Initial priorities are: <ul style="list-style-type: none"> – 2.1 Acute coronary syndrome – 2.2 Transient ischaemic attack and stroke 3. Partnering with consumers: That there are effective partnerships between consumers and healthcare providers and organisations at levels of health
DOI	http://dx.doi.org/10.1136/bmjqs-2012-001082



For information about the Australian Safety and Quality Goals for Health Care, see

<http://www.safetyandquality.gov.au/our-work/national-perspectives/goals/>

Hospital Pay-For-Performance Programs In Maryland Produced Strong Results, Including Reduced Hospital-Acquired Conditions

Calikoglu S, Murray R, Feeney D

Health Affairs 2012;31(12):2649-2658.

Notes	<p>Paper reporting on two hospital pay-for-performance programs in the US state of Maryland. One program was a “Quality-Based Reimbursement Program” and the other program compared hospitals’ risk-adjusted relative performance on a broad array of hospital-acquired conditions.</p> <p>In the first, all clinical process-of-care measures used improved from 2007 to 2010, and variations among hospitals decreased.</p> <p>The second program apparently contributed to the reduction in hospital-acquired conditions by 15.26 percent over two years, with estimated cost savings of \$US110.9 million over that period.</p> <p>The authors argue that “The state programs used strong and consistent financial incentives to motivate hospitals’ efforts to improve quality.”</p>
DOI	http://dx.doi.org/10.1377/hlthaff.2012.0357

National and Local Medication Error Reporting Systems-A Survey of Practices in 16 Countries
 Holmström AR, Airaksinen M, Weiss M, Wuliji T, Chan XH, Laaksonen R
 Journal of Patient Safety 2012;8(4):165-176.

Improving Care Transitions: Current Practice and Future Opportunities for Pharmacists American College of Clinical P, Hume AL, Kirwin J, Bieber HL, Couchenour RL, Hall DL, et al
 Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy 2012;32(11):e326-e337.

Notes	<p>A pair of medication safety papers, one reporting on a multi-national survey of error reporting practices and one looking at current and possible future practices around transitions/handovers.</p> <p>Holmström et al. report on a survey of 16 medication safety experts that sought to garner their views on what makes a good and effective medication error reporting system and barriers to reporting. In 11 of the 16 countries there is either a national or local reporting system. The report says that “Most experts perceived that a good and effective ...system was characterized by the opportunity to learn from errors by those involved in reporting, having a non-punitive approach to reporting, and ease of use. They also perceived that a blame culture, lack of time, training, and coordination of reporting were the main barriers to reporting.”</p> <p>The second paper comes from the American College of Clinical Pharmacy’s Public and Professional Relations Committee and aims to describe “the roles and responsibilities of pharmacists in ensuring optimal outcomes from drug therapy during care transitions.”</p> <p>Among the areas covered, are:</p> <ul style="list-style-type: none"> • Barriers to effective care transitions, including inadequate communication, poor care coordination, and the lack of one clinician ultimately responsible for these transitions; • Specific patient populations at high risk of ADEs during care transitions; • A number of (US) national initiatives and newer care transition models, including multi- and interdisciplinary programs with pharmacists as key members; • Potential roles for pharmacists, including participation on medical rounds where available, performing medication reconciliation and admission drug histories, applying their knowledge of drug therapy in anticipating and resolving problems during transitions, communicating changes in drug regimens between providers and care settings, assessing the appropriateness and patient understanding of drug regimens, promoting adherence, and assessing health literacy; • Professional degree programs and residency training programs and how they could increase their emphasis on pharmacists' roles, especially as part of interdisciplinary teams, in improving patient safety during care transitions in diverse practice settings; and • The importance of health literacy issues to promote patient empowerment during and after care transitions.
DOI	Hume et al http://dx.doi.org/10.1002/phar.1215 Holmström et al http://dx.doi.org/10.1097/PTS.0b013e3182676cf3

For information about the Commission’s work on medication safety, see <http://www.safetyandquality.gov.au/our-work/medication-safety/>

For information about the Commission’s work on clinical communications, including clinical handover, see <http://www.safetyandquality.gov.au/our-work/clinical-communications/>

Why do clinicians not refer patients to online decision support tools? Interviews with front line clinics in the NHS

Elwyn G, Rix A, Holt T, Jones D

BMJ Open 2012;2:e001530

Notes	<p>A small study using retrospective semi-structured interviews and web server log analysis to assess whether clinical teams would direct patients to use web-based patient decision support interventions (DESI), and whether patients would use them. The researchers found that fewer than expected patients were directed to use the DESIs, and fewer still accessed and used the online tools. The low rates of referral were largely due to the scepticism of clinicians that these tools add value, together with the difficulties of incorporating the tools into existing workflows and competing organisational pressures.</p> <p>From the 57 qualitative interviews conducted with the participating clinicians, the authors have identified four main themes which are barriers to use of the DESIs, summarised as:</p> <ol style="list-style-type: none"> 1. Limited motivation to use tools designed to support patients participate in decisions – uncertain of how the tools fit into clinical pathways 2. ‘We already do shared decision-making’ – no need to change or do more 3. Perceived patients’ barriers to involvement in decision-making – technical access problems and a belief among clinicians that patients do not want to be more involved in the decision-making 4. Organisational factors that reduce professionals’ motivation to involve patients in decision-making – no incentives to do so, need to meet external efficiency targets.
DOI	http://dx.doi.org/10.1136/bmjopen-2012-001530

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"> • Building a culture of safety through team training and engagement (Lily Thomas, Catherine Galla) • Unannounced in situ simulations: integrating training and clinical practice (Susanna T Walker, Nick Sevdalis, Anthony McKay, Simon Lambden, Sanjay Gautama, Rajesh Aggarwal, Charles Vincent) • Editorial: Improving performance through human-centred reconfiguration of existing designs (Ken Catchpole) • Real-time situation awareness assessment in critical illness management: adapting the situation present assessment method to clinical simulation (Clifford Leigh Shelton, Ruth Kinston, Adrian J Molyneux, L J Ambrose) • Simulation training for improving the quality of care for older people: an independent evaluation of an innovative programme for inter-professional education (Alastair J Ross, Janet E Anderson, Naonori Kodate, L Thomas, K Thompson, B Thomas, S Key, H Jensen, R Schiff, P Jaye)
URL	http://qualitysafety.bmj.com/onlinefirst.dtl

Notes	<p>A new issue of <i>Healthcare Infection</i> has been published, and includes the following articles:</p> <ul style="list-style-type: none"> • Development of a standardised approach to observing hand hygiene compliance in Australia (Kathleen Ryan, Philip L. Russo, Kelvin Heard, Sally Havers, Kaye Bellis and M. Lindsay Grayson) • An increase in community onset <i>Clostridium difficile</i> infection: a population-based study, Tasmania, Australia (Brett G. Mitchell, Fiona Wilson and Alistair McGregor) • Key priorities for Australian infection control: summary of findings from the launch of the Centre for Research Excellence in Reducing Healthcare Associated Infections (Katie Page, Nicholas Graves, Kate Halton, Emily J. Bailey, Glenn R. Fulford and Mike Whitby) • Centrelink: an innovative urban intervention for improving adult Aboriginal and Torres Strait Islander access to vaccination (Rosie Thomsen, Wendy Smyth, Anne Gardner and Jennifer Ketchell) • Caution advised when interpreting MyHospitals data (Philip L. Russo) • Aseptic non-touch technique (ANTT) – competency training and assessment (Fiona M. De Sousa and Jayne O'Connor) • Superbugs: the ever growing threat in our food supply (Peter Collignon)
URL	<p>http://www.publish.csiro.au/nid/241/issue/6248.htm</p>

Online resources

[UK] Harm Free Care

http://www.institute.nhs.uk/safer_care/harm_free_care/harm_free_care_homepage.html

<https://www.institute.nhs.uk/images/Harm-Free/Patient-Information-leaflet-HFC.pdf>

The NHS Institute for Innovation and Improvement has released new guidance on its Harm Free Care site for patients. The new resources provides information for patients on the steps they can take to help minimise the risk of developing one of the four most common avoidable harms: falls, pressure ulcers, blood clots and infection from urinary tract infections (UTI).

Clinical Practice Guidelines: Depression in Adolescents and Young Adults

http://www.beyondblue.org.au/index.aspx?link_id=6.1247

In addition the NHRMC-approved *Clinical Practice Guidelines for Depression in Adolescents and Young Adults*, beyondblue has produced several ‘quick and easy’ reference guides for health professionals.

The four new resources include:

Depression in young people – an interactive ‘e-guide’ for primary care health professionals which summarises the Guidelines and can be saved on a computer desktop for quick and easy reference

Depression in young people – A 16-page booklet summarising the Guidelines

An eight-page pamphlet to assist with assessing and managing depression in young people

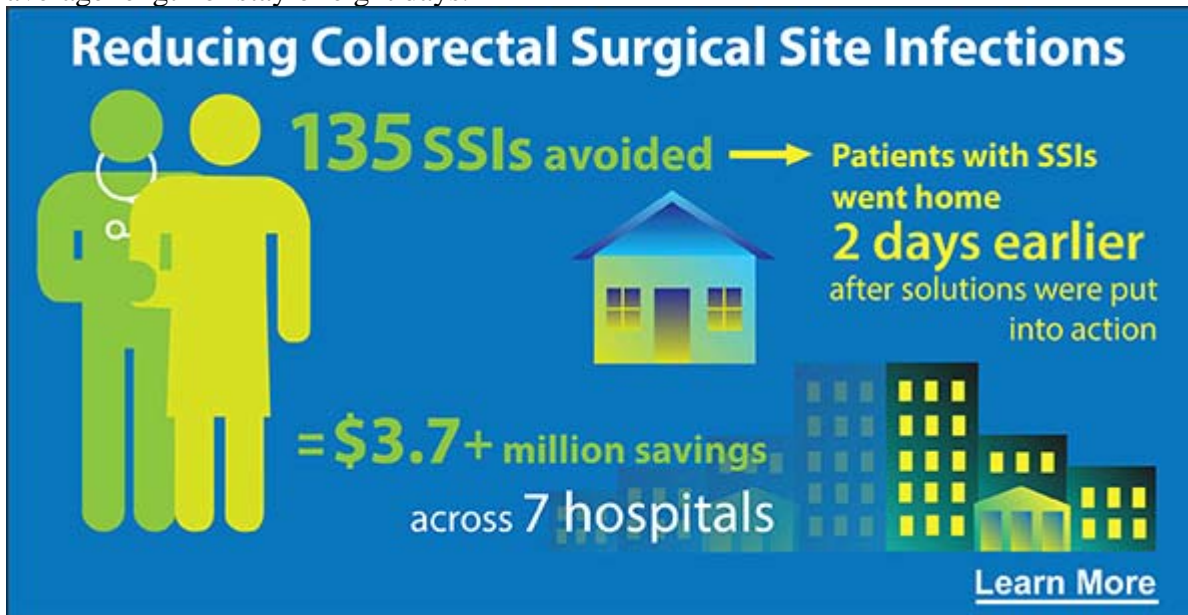
A fact sheet – *Engaging young people in health care: A guide for primary care health professionals* offers guidance on providing youth-friendly services and tips on collaborating with young people and their families – including people from specific sociocultural groups.

[US] Joint Commission Center for Transforming Care

<http://www.centerfortransforminghealthcare.org/>

http://www.centerfortransforminghealthcare.org/assets/4/6/CTH_SSI_Fact_Sheet.pdf

The (US) Joint Commission Center for Transforming Care has released information about a project that has been working on reducing surgical site infections in colorectal surgery. Seven hospitals participated in the collaboration and over the course of the project **reduced** superficial incisional colorectal SSIs by 45 percent and all types of **colorectal SSIs by 32 percent**. They attained an estimated **cost savings of more than \$3.7 million for the 135 estimated colorectal SSIs that were avoided**. They also **decreased the average length of stay** for hospital patients with any type of colorectal SSI from 15 days to 13 days. In comparison, patients with no colorectal SSI had an average length of stay of eight days.



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