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On the Radar

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On the Radar
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Journal articles

ExPeKT—Exploring prevention and knowledge of venous thromboembolism: a two-stage, mixed-method study protocol
McFarland L, Ward A, Greenfield S, Murray E, Heneghan C, Harrison S, Fitzmaurice D
BMJ Open 2013;3:e002766

Notes	The authors of this study protocol plan to use a two-stage, mixed-method approach to examine the perceived role of primary care in thromboprophylaxis prevention and management and gain an awareness of the knowledge of thromboprophylaxis among primary healthcare professionals, patients, acute trusts and other relevant organisations.
DOI	http://dx.doi.org/10.1136/bmjopen-2013-002766

For more information on venous thromboembolism, including the Commission's VTE Prevention Resource Centre, see http://www.safetyandquality.gov.au/our-work/medication-safety/vte-prevention-resource-centre/

Why Don't We Know Whether Care Is Safe?
Pham JC, Frick KD, Pronovost PJ
American Journal of Medical Quality 2013 [epub].

Notes	Commentary piece examining barriers to understanding and measuring progress in patient safety improvement and suggests seven priorities to guide development of patient safety measures. The seven priorities identified are: 1. develop valid and reliable measures of the common causes of preventable deaths; 2. evaluate whether a global measure of safety is valid, feasible, and useful 3. explore the incremental value of collecting data for each patient safety measure 4. evaluate if/how patient safety reporting systems can be used to influence outcomes at all levels 5. explore the value—and the unintended consequences—of creating a list of reportable events 6. evaluate the infrastructure required to monitor patient safety; and 7. explore the validity and usefulness of measurements of patient safety climate.
DOI	http://dx.doi.org/10.1177/1062860613479397

How Health Systems Could Avert 'Triple Fail' Events That Are Harmful, Are Costly, And Result In Poor Patient Satisfaction
Lewis G, Kirkham H, Duncan I, Vaithianathan R
Health Affairs 2013;32(4):669-676.

Notes	Taking the 'Triple Aim' concept and inverting it to look at what they term 'triple fail' events – events that are harmful, costly, and lead to poor patient satisfaction– this paper describes a population risk stratification approach that the authors argue help identify patients at greatest risk of a 'triple fail' event. The stratification approach they describe has three phases: Planning – involving opportunity analysis, developing predictive models and impactibility models to identify subgroups who are most likely to engage with and respond to various preventive interventions, and an ethical review Operational – using the predictive impactibility models to identify "high-opportunity patients—those who are both at risk and amenable to an intervention—and offer them preventive interventions" Ongoing feedback – refining "the predictive models and impactibility models—for example, by prioritizing patients with characteristics similar to those of patients who responded well to the intervention."
DOI / URL	http://dx.doi.org/10.1377/hlthaff.2012.1350 http://content.healthaffairs.org/content/32/4/669.abstract?etoc

NICE's end of life decision making scheme: impact on population health
Collins M, Latimer N
BMJ 2013;346:f1363

Notes	A discussion of the impact of 2009 changes to the NHS's cost effectiveness threshold for end of life drugs, looking at funding and budget decisions across the whole NHS and the value of QALYs (quality adjusted life years) obtained at the end of life.
DOI	http://dx.doi.org/10.1136/bmj.f1363

Failure to engage hospitalized elderly patients and their families in advance care planning
Heyland DK, Barwich D, Pichora D, Dodek P, Lamontagne F, You JJ, et al.
JAMA Internal Medicine 2013:1-10.

Notes	It is considered that advance care planning can improve care while possibly avoiding the unwanted intensification of care at the end of life. However, this study of 278 elderly patients who were at high risk of dying in the next 6 months and 225 family members at 12 Canadian acute care hospitals shows communication lapses that may undermine these aims. The study found that before hospitalization, most patients (76.3%) had thought about end-of-life (EOL) care, and only 11.9% preferred life-prolonging care; 47.9% of patients had completed an advance care plan, and 73.3% had formally named a surrogate decision maker for health care. Of patients who had discussed their wishes, only 30.3% had done so with the family physician and 55.3% with any member of the health care team. Agreement between patients' expressed preferences for EOL care and documentation in the medical record was only 30.2%. These contribute to the conclusion that "communication with health care professionals and documentation of these preferences remains inadequate. Efforts to reduce this significant medical error of omission are warranted."
DOI	http://dx.doi.org/10.1001/jamainternmed.2013.180

Explaining the effects of two different strategies for promoting hand hygiene in hospital nurses: a process evaluation alongside a cluster randomised controlled trial
Huis A, Holleman G, van Achterberg T, Grol R, Schoonhoven L, Hulscher M
Implementation Science 2013;8(1):41

Notes	Incorporating social learning theory, social influence theory, theory on team effectiveness, and leadership theory, this Dutch study used a cluster randomised trial to compare the effectiveness of a 'state-of-the-art strategy' with a 'team and leaders-directed strategy' for improving nurses' compliance with hand hygiene guidelines. In total 67 in-patient nursing wards across three hospitals participated. Over the course of the study the researchers obtained data on 10,785 opportunities for HH in 2733 nurses. The state-of-the-art strategy was based on current evidence from literature on HH compliance and included: • education for improving relevant knowledge and skills • reminders for supporting the actual performance of HH • feedback as a means to provide insight into current HH behaviour and to reinforce improved behaviour • screening for adequate HH products and adequate facilities. The team and leaders-directed strategy was aimed to address barriers at team-level by focussing on social influence within teams and strengthening leadership of the ward manager. While both strategies successfully improved hand hygiene compliance, the team and leaders-directed strategy showed better results. The article provides detailed discussion of the various HH improvement strategies.
DOI	http://dx.doi.org/10.1186/1748-5908-8-41

Composite Measures for Rating Hospital Quality with Major Surgery
Dimick JB, Staiger DO, Osborne NH, Birkmeyer JD
Health Services Research 2012;47(5):1861-1879.

Reporting of Quality Indicators and Improvement in Hospital Performance: The P.Re.Val.E. Regional Outcome Evaluation Program
Renzi C, Sorge C, Fusco D, Agabiti N, Davoli M, Perucci CA
Health Services Research 2012;47(5):1880-1901.

Notes	A pair of papers from an issue of *Health Services Research* that look at hospital performance measures. One reports on the use of a 'novel composite measure' of surgery for rating hospitals while the other paper looks at the impact of changing hospital performance indicators in Italy. Dimick et al suggest that their composite measure–a weighted average of all quality indicators and hospital characteristics–may be a way of making meaningful comparisons. They also assert that such measures of surgical quality can be predictive of hospital mortality rates with major procedures. The authors conclude that "Composite measures of surgical quality are very effective at predicting hospital mortality rates with major procedures. Such measures would be more informative than existing quality indicators in helping patients and payers identify high-quality hospitals with specific procedures." Renzi et al describe an evaluation program used in one Italian region and compare it with other regions that had no such programs. The program focused on percutaneous coronary intervention (PCI), hip fractures operated on within 48 hours, and caesarean deliveries. Where the intervention occurred that region showed an increase in the proportion of hip fracture patients operated on within 48 hours whereas the other regions reported no significant change. It was noted that treatment of heart attack patients improved in all regions and no progress was made in reducing unnecessary caesarean births, leading to the conclusion that the "Reporting of performance data may have a positive but limited impact on quality improvement. The evaluation of quality indicators remains paramount for public accountability."
URL	Dimick et al http://www.hsr.org/hsr/abstract.jsp?aid=47365644116 Renzi et al http://www.hsr.org/hsr/abstract.jsp?aid=47701556683

Qualitative analysis of patients' feedback from a PROMs survey of cancer patients in England
Corner J, Wagland R, Glaser A, Richards M
BMJ Open 2013;3(4)

Notes	A small study looking at a single open-ended free-text question placed at the end of a cross-sectional, population-based postal questionnaire sent to a random sample of individuals (n=4992) diagnosed with breast, colorectal, non-Hodgkins lymphoma or prostate cancer at 1, 2, 3 and 5 years earlier. From the abstract: "3300 participants completed the survey (68% response rate). Of these 1056 (32%) completed the free-text comments box, indicating a high level of commitment to provide written feedback on patient experience." The qualitative analysis revealed positive, negative and mediating factors. The authors conclude that "this analysis of free-text comments complements quantitative analysis of PROMs measures by illuminating relationships between factors that impact on quality of life (QoL) and indicate why cancer patients may experience significantly worse QoL than the general population."
DOI	http://dx.doi.org/10.1136/bmjopen-2012-002316

Use of simulation to assess electronic health record safety in the intensive care unit: a pilot study
March CA, Steiger D, Scholl G, Mohan V, Hersh WR, Gold JA
BMJ Open 2013;3(4)

Notes	An interesting report on a very small experiment using simulation to test the safety of electronic health records in the ICU. The investigators set up a 5-day-simulated ICU patient in the electronic health record (EHR) system, including labs, hourly vitals, medication administration, ventilator settings, nursing and notes. Fourteen medical issues requiring recognition and subsequent changes in management were included to test aspects of the EHR user interface. 38 ICU residents participated and were given ten minutes to review the case in the EHR before presenting the case with their management suggestions to an attending physician. From the abstract: "The average error recognition rate was 41% (range 6–73%), which increased slightly with the level of training (35%, 41% and 50% for interns, residents, and fellows, respectively). Over-sedation was the least-recognised error (16%); poor glycemic control was most often recognised (68%). Only 32% of the participants recognised inappropriate antibiotic dosing. Performance correlated with the total number of screens used (p=0.03)." The authors suggest that EHR-specific training may be helpful to improve the safety of these systems.
DOI	http://dx.doi.org/10.1136/bmjopen-2013-002549

BMJ Quality and Safety online first articles

Notes	*BMJ Quality and Safety* has published a number of 'online first' articles, including: • Identification of doctors at risk of recurrent complaints: a national study of **healthcare complaints** in Australia (Marie M Bismark, Matthew J Spittal, Lyle C Gurrin, Michael Ward, David M Studdert) • Editorial: Physicians with multiple **patient complaints**: ending our silence (Thomas H Gallagher, Wendy Levinson) • Editorial: Not so random: **patient complaints** and 'frequent flier' doctors (Ron Paterson) • Toward the modelling of **safety violations** in healthcare systems (Ken Catchpole) • **The 'time-out' procedure**: an institutional ethnography of how it is conducted in actual clinical practice (Sandra Braaf, Elizabeth Manias, Robin Riley) • **Interruptions in emergency department** work: an observational and interview study (Lena M Berg, Ann-Sofie Källberg, Katarina E Göransson, Jan Östergren, Jan Florin, Anna Ehrenberg)
URL	http://qualitysafety.bmj.com/onlinefirst.dtl

International Journal for Quality in Health Care online first articles

Notes	*International Journal for Quality in Health Care* has published a number of 'online first' articles, including: • Meeting the ambition of measuring the quality of hospitals' **stroke care** using routinely collected administrative data: a feasibility study (William L. Palmer, Alex Bottle, Charlie Davie, Charles A. Vincent, and Paul Aylin) • The effect of **performance indicator** category on estimates of intervention effectiveness (Alexander K. Rowe)

	• Assessing **patient safety culture** in hospitals across countries (C. Wagner, M. Smits, J. Sorra, and C.C. Huang) • Quality of **hospital to community care transitions**: the experience of minority patients (Efrat Shadmi)
URL	http://intqhc.oxfordjournals.org/content/early/recent?papetoc

Australian Health Review
Volume 37(2) 2013

Notes	A new issue of Australian Health Review has been published. Articles in this issue include: • **Communicating** in the pre-hospital emergency environment (Kathy Eadie, Marissa J Carlyon, Joanne Stephens and Matthew D Wilson) • **In-hospital cardiac arrests**: effect of amended Australian Resuscitation Council 2006 guidelines (Mary S Boyde, Michelle Padget, Elizabeth Burmeister and Leanne M Aitken) • A preliminary study of the relationship between general practice care and hospitalisation using a **diabetes register**, CARDIAB (Elizabeth J Comino, Duong Thuy Tran, Jane R Taggart, Siaw-Teng Liaw, Warwick Ruscoe, Jill M Snow and Mark F Harris)
URL	http://www.publish.csiro.au/?nid=270

Online resources

[*USA] Integrated Care Pathway for Total Joint Arthroplasty*
http://www.ihi.org/knowledge/Pages/Tools/IntegratedCarePathwayTJA.aspx
The (US) Institute for Healthcare Improvement (IHI) has published the results of a collaborative research initiative to design a Care Pathway for Total Joint Arthroplasty (TJA). The Care Pathway, which includes safe, effective, efficient, and patient-centred care processes, is ready for testing to determine if its adoption is associated with measured improvements in TJA patient outcomes, experiences, and efficiency. The Pathway is designed for use by all members of the orthopaedic community who are responsible for the TJA process, including those at surgical practices, hospitals, and other care settings.