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On the Radar

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On the Radar
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Reports

Literature Review on Integrating Quality and Safety into Hospital Pricing Systems

Notes	The Australian Commission on Safety and Quality in Health Care (Commission) and the Independent Hospital Pricing Authority (IHPA) are investigating possible options for incorporating safety and quality consideration in the pricing and funding of hospital services. The first phase of this work was a comprehensive review of the literature, conducted by the University of Wollongong's Centre for Health Service Development. The review found that linking safety and quality with hospital funding is being considered and implemented by many countries using a variety of approaches. At this stage, evidence for the material impact of such schemes on patient outcomes remains weak. Their impact depends on a range of factors including implementation and change management, engagement of key stakeholders, and, of course, how they are measured and evaluated. However, the review identified the provision of relevant and timely data and information to clinicians as an effective driver of safety and quality improvement in hospital services. The Commission and IHPA conducted additional research on this matter exploring the characteristics of several healthcare systems which have implemented large scale quality improvement mechanisms, and discussing the key success factors of various incentive schemes. The two agencies are continuing further research and exploratory work as part of the joint initiative.

URL	http://www.safetyandquality.gov.au/wp-content/uploads/2012/12/Literature-Review-on-Integrating-Quality-and-Safety-into-Hospital-Pricing-Systems1.pdf http://www.safetyandquality.gov.au/our-work/national-perspectives/jwp-acsqhc-ihpa/supplementary-briefing-and-literature-update-on-pricing-for-safety-and-quality-3/

The drive for quality: How to achieve safe, sustainable care in our Emergency Departments?
Hassan T, McMillan P, Walsh C, Higginson I, On behalf of the QED Group
London. The College of Emergency Medicine, 2013:48.

Notes	This 48-page report calls for fundamental change in the way (UK) emergency care systems are designed, funded and run. Ten recommendations are made across four domains, based on the results of a survey of 131 emergency departments in the UK between 2011 and 2012. These domains cover: system redesign; expansion and sustainable working practices; radical funding change; and a better system to measure success.
URL	http://secure.collemergencymed.ac.uk/code/document.asp?ID=7030
TRIM	79894

Journal articles

Hand hygiene compliance: the elephant in the room
Stevens S, Hemmings L, White C, Lawler A
Healthcare Infection 2013;18(2):86-89.

Why is it so hard for doctors to speak up when they see an error occurring?
Dendle C, Paul A, Scott C, Gillespie E, Kotsanas D, Stuart RL
Healthcare Infection 2013;18(2):72-75.

Notes	A pair of papers looking at hand hygiene and how and why medical staff show lower compliance rates with hand hygiene (HH) than nursing staff. Both papers are constructed around surveys of medical staff in Australia, one a group of 163 doctors at Melbourne health service, the other a group 30 junior doctors at a Tasmanian tertiary hospital. In their own ways they both examine the importance hierarchies and influences over behaviour. For the junior doctors in Tasmania it's reported that the "consultants, rather than infection control nurses, were seen to have the most influence over medical hand hygiene practices." From the Melbourne study, the authors conclude that "Willingness to prompt a doctor to perform HH decreased as the questioned doctor's seniority increased, with 88.5% willing to ask an intern but only 40.4% willing to ask a consultant. The main reason for not asking a senior doctor was not wanting to speak up to a superior." A few observations could be made. These might include the importance of clinical leadership, the existence/persistence of hierarchies, and the fact that these will have impacts beyond that of hand hygiene. The authors of the Melbourne study suggest that "if acquired, the skills needed to respectfully prompt HH are transferrable to many other patient safety initiatives."
DOI	Stevens et al http://dx.doi.org/10.1071/HI12056 Dendle et al http://dx.doi.org/10.1071/HI12044

For more information on the Commission's work on hand hygiene, see
http://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/hand-hygiene/

Standardized Clinical Assessment and Management Plans (SCAMPs) provide a better alternative to clinical practice guidelines
Farias M, Jenkins K, Lock J, Rathod R, Newburger J, Bates DW, et al
Health Affairs 2013;32(5):911-920

Notes	First created by physicians and nurses in the cardiovascular program at Boston Children's Hospital in 2009, standardized clinical assessment and management plans (SCAMPs) were conceived as a way to promote care standardisation while still taking in to account patients' individual differences. There are now forty-nine SCAMPs operating in nine states and Washington, DC. The goals of SCAMPs are: reduce practice variation, optimise resource use, and improve patient care. Clinical practice guidelines are perceived to have several drawbacks, particularly by clinicians who feel that they are less responsive to the individual patient, and promote 'textbook' medicine which disregards the clinician's skill and acumen. SCAMPs, on the hand, provide flexibility in treatment plans and, most importantly, allow clinicians to deviate from the SCAMP when they provide a reason for that deviation. The SCAMP then records the reason for the deviation and this information is used to continually improve the pathway. The authors describe SCAMPs as "flexible and continuously improving care guidelines created by clinicians to examine and repeatedly modify existing practice methods."
DOI	http://dx.doi.org/10.1377/hlthaff.2012.0667

Role of public and private funding in the rising caesarean section rate: a cohort study
Einarsdóttir K, Haggar F, Pereira G, Leonard H, de Klerk N, Stanley FJ, Stock S
BMJ Open 2013;3(5)

Notes	It is well known that caesarean delivery rates in the developed world have been rising. The results of this population-based, retrospective cohort study looking at data from public and private hospitals in Western Australia in the period 1996-2008 show that **rates of caesarean sections rose more rapidly among private patients in private settings than public patients in public settings** (an increase of 6.5% versus an increase of 4.3%, $p<0.0001$). The authors write that the increased rates among private patients in private settings "could mostly be attributed to an **increase in prelabour caesarean deliveries** for this group of women and **could not be explained by an increase in breech deliveries, placenta praevia or multiple pregnancies**". The article concludes that "an increase in the prelabour caesarean delivery rate for private patients in private hospitals has been driving the increase in the caesarean section rate for nulliparous women since 1996". In light of the recent movement to examine clinical variation and campaigns such as *Too Much Medicine* run by the BMJ, looking at overdiagnosis and overtreatment, and *Choosing Wisely* in the US, which promotes shared decision making with the aim of reducing unnecessary care, the issue of medical practice variation, its causes, and its monitoring, have gained greater attention. This paper is an important addition to the Australian literature in this area.
DOI	http://dx.doi.org/10.1136/bmjopen-2013-002789

The future of medicine lies in truly shared decision making
Moynihan R
BMJ 2013;346:f2789

Notes	An opinion piece which extends the idea of shared decision making in medicine beyond the doctor/patent exchange and into questions about the direction of medical research and definitions of disease and diagnosis. Moynihan proposes opportunities for citizens to play, and be equipped to play, "a more active role in some of the big and pressing debates about the future health of medicine".
DOI	http://dx.doi.org/10.1136/bmj.f2789

For more information on the Commission's work on patient and consumer centred care, see http://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/

The science of human factors: separating fact from fiction
Russ AL, Fairbanks RJ, Karsh B-T, Militello LG, Saleem JJ, Wears RL
BMJ Quality & Safety 2013 [epub].

Notes	Human factors has been seen as something of a panacea for a range of efficiency, safety and quality ills, but progress has been rather patchy. This article is an attempt to describe the "scientific discipline of human factors and provide common ground for partnerships between healthcare and human factors communities". The authors note that the "**primary goal of human factors science is to promote efficiency, safety and effectiveness** by improving the design of technologies, processes and work systems… human factors also provides insight on when training is likely (or unlikely) to be effective for improving patient safety."
DOI	http://dx.doi.org/10.1136/bmjqs-2012-001450

Finding and fixing mistakes: do checklists work for clinicians with different levels of experience?
Sibbald M, Bruin AH, Merrienboer JG
Advances in Health Sciences Education 2013:1-9.

Notes	The value and use of checklists has become widely recognised. The piece covers a study in which 44 medical students, residents, and cardiology fellows were instructed to use a checklist while interpreting electrocardiograms (ECGs). Use of the checklist increased the accuracy of ECG interpretation for all groups and was most effective with the least experienced clinicians. The authors report that "Clinicians were asked to interpret 10 ECGs, self-report their predominant reasoning strategy and then check their interpretation with a checklist. We found that clinicians of all levels of expertise were able to use the checklist to find and fix mistakes. However, novice clinicians disproportionately benefited. Interestingly, while clinicians varied in their self-reported reasoning strategy, there was no relationship between reasoning strategy and checklist benefit." However, errors can be made by anyone and ideally checklists should be there to assist all by assisting in preventing or catching potential errors.
DOI	http://dx.doi.org/10.1007/s10459-013-9459-3

Healthcare Infection
Volume 18(2) 2013

Notes	A new issue of *Healthcare Infection* has been published. Articles in this issue include: • **Infection control in the post-antibiotic era** (Stephanie J. Dancer) • A review of bacterial biofilms and their role in **device-associated infection** (Karen Vickery, Honghua Hu, Anita Simone Jacombs, David Alan Bradshaw and Anand Kumar Deva) • Gentamicin and norfloxacin prophylaxis for transrectal ultrasound-guided **prostate biopsy** (Cameron J Jeremiah, Denis W Spelman, Peter L Royce and Allen C Cheng) • **Why is it so hard for doctors to speak up when they see an error occurring?** (Claire Dendle, Andrea Paul, Carmel Scott, Elizabeth Gillespie, Despina Kotsanas and Rhonda L Stuart) • The combined use of proton pump inhibitors and antibiotics as risk factors for ***Clostridium difficile*** infection (Daniel S Kassavin, David Pham, Linda Pascarella, Kuo Yen-Hong and Michael A Goldfarb) • A study of three methods for assessment of **hospital environmental cleaning** (Philip W Smith, Harlan Sayles, Angela Hewlett, R Jennifer Cavalieri, Shawn G Gibbs and Mark E Rupp) • **Hand hygiene compliance**: the elephant in the room (Stella Stevens, Lynn Hemmings, Craig White and Anthony Lawler)
URL	http://www.publish.csiro.au/nid/241/issue/6679.htm

BMJ Quality and Safety
June 2013, Vol 22, Issue 6

Notes	A new issue of *BMJ Quality and Safety* has been published and is a special issue on **simulation**. Many of the papers in this issue have been referred to in previous editions of *On the Radar* (when they were released online). Articles in this issue of *BMJ Quality and Safety* include: • Creating new realities in healthcare: the status of **simulation-based training as a patient safety improvement strategy** (Eduardo Salas, John T Paige, Michael A Rosen) • Unannounced in situ simulations: **integrating training and clinical practice** (Susanna T Walker, Nick Sevdalis, Anthony McKay, Simon Lambden, Sanjay Gautama, Rajesh Aggarwal, Charles Vincent) • Leaders' and followers' individual experiences during the early phase of **simulation-based team training**: an exploratory study (Lisbet Meurling, Leif Hedman, Li Felländer-Tsai, Carl-Johan Wallin) • In situ simulation: detection of safety threats and **teamwork training in a high risk emergency department** (Mary D Patterson, Gary Lee Geis, Richard A Falcone, Thomas LeMaster, Robert L Wears) • Contextual information influences **diagnosis accuracy and decision making in simulated emergency medicine emergencies** (Allistair Paul McRobert, J Causer, J Vassiliadis, L Watterson, J Kwan, M A Williams) • Systematic **simulation-based team training** in a Swedish **intensive care** unit: a diverse response among critical care professions (Lisbet Meurling, Leif Hedman, Christer Sandahl, Li Felländer-Tsai, Carl-Johan Wallin)

	• **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, Libby Thomas, Kellie Thompson, B Thomas, S Key, H Jensen, R Schiff, P Jaye) • High-reliability emergency response teams in the hospital: **improving quality and safety using in situ simulation training** (Derek S Wheeler, Gary Geis, Elizabeth H Mack, Tom LeMaster, Mary D Patterson) • **Errors as allies**: error management training in health professions education (Aimee King, Michael G Holder, Jr, Rami A Ahmed)
URL	http://qualitysafety.bmj.com/content/vol22/issue6/

BMJ Quality and Safety online first articles

Notes	*BMJ Quality and Safety* has published a number of 'online first' articles, including: • Assessment of the validity of the English National Health Service **Adult In-Patient Survey** for use within individual specialties (P J Sullivan, M L Harris, C Doyle, D Bell) • The Housestaff Incentive Program: improving the timeliness and quality of **discharge summaries** by engaging residents in quality improvement (Kara Bischoff, Aparna Goel, Harry Hollander, Sumant R Ranji, M Mourad) • A managed multidisciplinary programme on **multi-resistant *Klebsiella pneumoniae*** in a Danish university hospital (Stig Ejdrup Andersen, Jenny Dahl Knudsen, for the Bispebjerg Intervention Group) • The pursuit of **better diagnostic performance**: a human factors perspective (Kerm Henriksen, Jeff Brady) • Effective prevention of **thromboembolic complications in emergency surgery** patients using a quality improvement approach (Simon Kreckler, Robert D Morgan, K Catchpole, S New, A Handa, G Collins, P McCulloch) • **e-Prescribing**: characterisation of patient safety hazards in community pharmacies using a sociotechnical systems approach (Olufunmilola K Odukoya, Michelle A Chui) • Practices to prevent **venous thromboembolism**: a brief review (Brandyn D Lau, Elliott R Haut) • Editorial: **Clinical supervisors**: are they the key to making care safer? (Merrilyn Walton, Bruce Barraclough)
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: • Validation of **inpatient experience questionnaire** (Eliza LY Wong, Angela Coulter, Annie W L Cheung, Carrie H K Yam, E K Yeoh, and S Griffiths)
URL	http://intqhc.oxfordjournals.org/content/early/recent?papetoc

Online resources

HEART Online
http://www.heartonline.org.au
The Heart Foundation has produced the Heart Education Assessment and Rehabilitation Toolkit (HEART) Online. This site offers up-to-date best-practice information on cardiac prevention, rehabilitation and heart failure management. The site has been developed by clinicians for clinicians.
HEART Online provides practical tools like patient education resources; calculators, administration templates; medication guidelines and options; resource bank and checklists for setting up, running and evaluating cardiac prevention and management programs, as well as heart failure management programs

[UK] Quality imaging services for primary care: a good practice guide
http://www.rcgp.org.uk/news/~/media/Files/CfC/RCGP-Quality-imaging-services-for-Primary-Care.ashx
The (UK) Royal College of General Practitioners (RCGP), along with the Royal College of Radiologists and the Society and College of Radiographers, has published this guide setting out what needs to change to make a difference to the care of patients requiring a scan. It hopes to significantly improve patient care, increase efficiency and shorten waiting times, as well as cut costs. Underpinning the recommendations is the need to improve the clinical relationship and dialogue between primary care and radiology clinician.
