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On the Radar

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On the Radar
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Journal articles

The contribution of prescription chart design and familiarity to prescribing error: a prospective, randomised, cross-over study
Tallentire VR, Hale RL, Dewhurst NG, Maxwell SRJ
BMJ Quality & Safety 2013 [epub].

Notes	The aim of this prospective, randomised, cross-over study conducted with 72 junior doctors working in five Scottish National Health Service was to investigate the extent to which prescribing error rates are influenced by prescription chart design and familiarity. The authors report that **differences in prescription chart design** were **associated with significant variations in the rates of prescribing error** and that **those who took longer to complete their prescriptions made significantly fewer errors**, but familiarity with a chart did not predict error rate. The authors conclude that the "inverse relationship between the time taken to complete a prescribing task and the rate of error emphasises the importance of attention to detail and workload as factors in error causation."
DOI	http://dx.doi.org/10.1136/bmjqs-2013-001837

Association of patient preferences for participation in decision making with length of stay and costs among hospitalized patients
Tak H, Ruhnke GW, Meltzer DO
JAMA Internal Medicine 2013 [epub]

How patient centered are medical decisions?: Results of a national survey
Fowler FJ, Gerstein BS, J. BM
JAMA Internal Medicine 2013 [epub].

Relationship between the prognostic expectations of seriously ill patients undergoing hemodialysis and their nephrologists
Wachterman MW, Marcantonio ER, Davis RB, Cohen RA, Waikar SS, Phillips RS, et al
JAMA Internal Medicine 2013 [epub].

Decision-making preferences among patients with an acute myocardial infarction
Krumholz HM, Barreto-Filho JA, Jones PG, Li Y, Spertus JA
JAMA Internal Medicine 2013 [epub].

Patient participation in decision making may raise cost of care, study shows
McCarthy M, BMJ 2013;346.

Notes	Patient-centred care, shared decision making, empowering patients are all often seen as ways of improving the care that patients receive. A recent issue of *JAMA Internal Medicine* carries a number of papers that appear to problematise this in various ways. The shared themes were also noted in a *BMJ* item on these papers Tak et al studied 21 754 patients admitted to the University of Chicago Medical Center, of whom **71%** indicated that they **preferred to leave medical decisions to their clinicians**. Furthermore, those patients who wished to be **involved** in healthcare decision making had **longer hospital stays** and **higher treatment costs**. Fowler et al report that of 2 718 patients who had been involved in healthcare decision making for one of ten common interventions it was **usual for** the **decision making to be driven by the clinicians**. These discussions also tended to focus on the advantages rather than risks or disadvantages of an intervention. In a similar vein, Wachterman et al found that discussions between 62 seriously ill patients undergoing haemodialysis and their nephrologists tended to leave patients with optimistic views of their likely survival. None of the interviewed patients recalled discussing their life expectancy and only two (3%) of the nephrologists reported doing so. Thus, while discussions may be taking place they tend to not address the more serious or unwelcome aspects. The study by Krumholz et al reported that **majority** (4 536) of 6 636 patients with acute myocardial infarction **wished to be involved** in their healthcare decisions. Of these, the authors note, that “2735 (60.3%) indicated that the physician and patient should participate equally, 696 (15.3%) indicated that the patient should predominantly determine the decision, and 1105 (24.4%) said that the patient alone should determine it.”
DOI	Tak et al http://dx.doi.org/10.1001/jamainternmed.2013.6048 Fowler et al http://dx.doi.org/10.1001/jamainternmed.2013.6172 Wachterman et al http://dx.doi.org/10.1001/jamainternmed.2013.6036 Krumholz et al http://dx.doi.org/10.1001/jamainternmed.2013.6057 McCarthy http://dx.doi.org/10.1136/bmj.f3597

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/

Patient bedside observations: what could be simpler?
Buist M, Stevens S
BMJ Quality & Safety 2013 [epub].

Notes	In this editorial Michael Buist and Stella Stevens reflect on the significance and interpretation of a paper they think may not attract the attention it warrants: *Patterns in the recording of vital signs and early warning scores: compliance with a clinical escalation protocol.* Buist and Stevens discuss the fundamental role of observation and appropriate response to observation in the clinical purpose. As they argue "If our core business consists of watching over that patient in the bed attended by the most junior of medical and nursing staff, then it follows that **the most important tool in the delivery of our core business is patient observations**." They note that the study they discuss "convincingly demonstrates that even in a hospital with a well-functioning electronic system for recording bedside observations and a mature, internally developed EWS for acting on these data, non-adherence to basic protocols for concern/observation of patients with worrying vital signs remains common." That is, in the best contemporary setting basic things are not happening, particularly overnight.
DOI	http://dx.doi.org/10.1136/bmjqs-2013-002143

Limits Of Readmission Rates In Measuring Hospital Quality Suggest The Need For Added Metrics
Press MJ, Scanlon DP, Ryan AM, Zhu J, Navathe AS, Mittler JN, et al.
Health Affairs 2013;32(6):1083-1091.

Notes	Readmission rates are a widely used way of gauging the quality of hospital care, but they are not without their critics. This article reports on an assessment of readmission rates as a hospital quality measure. The authors compared quartile rankings of hospitals based on readmission rates in 2009 and 2011 to see whether hospitals maintained their relative performance or whether shifts occurred that suggested either changes in quality or random variation. This was followed with examination of the link between readmission rates and various hospital quality indicators (mortality rates, volume, teaching status, and process-measure performance) Quartile rankings fluctuated and readmission rates for lower-performing hospitals in 2009 tended to improve by 2011, while readmission rates for higher-performing hospitals tended to worsen. Regression to the mean accounted for a portion of the changes in hospital performance. Readmission rates were higher in teaching hospitals and were weakly correlated with the other indicators of hospital quality. The authors suggest that it is useful to "consider augmenting the use of readmission rates with other measures of hospital performance during care transitions and should build on current efforts that take a communitywide approach to the readmissions issue." In other words, **readmission rates alone are of limited value**.
DOI	http://dx.doi.org/10.1377/hlthaff.2012.0518

The Aligning Forces For Quality Experience: Lessons On Getting Consumers Involved In Health Care Improvements
Mende S, Roseman D
Health Affairs 2013;32(6):1092-1100.

Notes	In this article the authors reflect on how the US Aligning Force for Quality program –the Robert Wood Johnson Foundation's major effort for improving the overall quality of health care in targeted communities – has engaged with consumers, including how that engagement has changed over time. All the Aligning Forces for Quality alliance communities integrate local consumers into governance and decision making, program design and implementation, and information dissemination efforts.
DOI	http://dx.doi.org/10.1377/hlthaff.2012.1079

Breaking the mould without breaking the system: the development and pilot of a clinical dashboard at The Prince Charles Hospital
Clark KW, Whiting E, Rowland J, Thompson LE, Missenden I, Schellein G
Australian Health Review 2013;37(3):304-308.

Notes	The timely (even real-time) collection, collation and display of relevant information is seen as a way of supporting clinicians in delivering safe and high quality care. This paper reports on the development of a clinical dashboard in a Brisbane hospital. The dashboard "displays locally relevant information alongside relevant hospital and statewide metrics that inform daily clinical decision making. The data reported on the clinical dashboard is driven from data sourced from the electronic patient journey board in real time as well as other Queensland Health data sources. This provides clinicians with easy access to a wealth of local unit data presented in a simple graphical format that is being captured locally and arranged on a single screen so the information can be monitored at a glance. **Local unit data informs daily decisions that identify and confirm patient flow problems, assist to identify root causes and enable evaluation of patient flow solutions**."
DOI	http://dx.doi.org/10.1071/AH12018

Multi-morbidity: a system design challenge in delivering patient-centred care
Ceramidas DM, Glasgow NJ
Australian Health Review 2013;37(3):309-311.

Notes	Managing multiple chronic conditions is a way of life for many of us. This short piece critiques chronic disease models that are limited to a single disease focus and argues that for "**successful self-management of multimorbidity lies in patient centredness**… The patient has intimate ownership of the understanding of their needs and goals, and these within their own unique multi-morbid, cultural and social milieu. These unique factors of an individual patient need to find their way into the self-management plans for that individual patient. It is not enough to complete a standard template of a care plan for a patient with diabetes and another standard template for the same patient's COPD. The interaction between the clinician and the patient must elucidate those aspects of evidence-based care for both conditions that can be incorporated into a single self-management plan tailored for that patient."
DOI	http://dx.doi.org/10.1071/AH13003

The effectiveness of cultural competence programs in ethnic minority patient-centered health care—a systematic review of the literature
Renzaho AMN, Romios P, Crock C, Sønderlund AL
International Journal for Quality in Health Care 2013;25(3):261-269.

Quality of hospital to community care transitions: the experience of minority patients
Shadmi E
International Journal for Quality in Health Care 2013;25(3):255-260.

Notes	Safety and quality of care issues can affect any patient. However, some patients or groups of patients may be more vulnerable, either to lapses in safety and/or quality or more likely to suffer more in the event of such a lapse. Renzaho and colleagues report on a systematic review of the literature on the effectiveness of patient-centred care (PCC) models, which incorporate a cultural competence (CC) perspective, in improving health outcomes among culturally and linguistically diverse patients. Their initial selection of literature was winnowed down to just 13 studies and from these the authors report that "PCC models that incorporate a CC component are increased practitioners' knowledge about and awareness of dealing with culturally diverse patients" but there is a "**lack of research** looking into **whether this** increase in practitioner knowledge **translates into better practice**, and in turn improved patient-related outcomes." In the same issue of the *International Journal for Quality in Health Care*, Efrat Shadmi reports on the experiences of care transitions at an Israeli hospital for the general population and a Russian-speaking minority with a total sample of 385 patients. Using one-month phone follow-up to asses the quality of patients' transitional care the study found that the Russian speakers rated their transitional care on average 10% lower than Hebrew speakers (54.4 versus 64.2).
DOI	Renzaho et al http://dx.doi.org/10.1093/intqhc/mzt006 Shadmi http://dx.doi.org/10.1093/intqhc/mzt031

A Randomized Trial of Nighttime Physician Staffing in an Intensive Care Unit
Kerlin MP, Small DS, Cooney E, Fuchs BD, Bellini LM, Mikkelsen ME, et al.
New England Journal of Medicine 2013;368(23):2201-2209.

Notes	This addition to the literature and debate about nighttime staffing of hospitals focuses on the intensive care unit (ICU). A total of 1598 patients participated in this 1-year randomised trial in a US academic medical ICU. The trail examined the effects of nighttime staffing with in-hospital intensivists (intervention) compared with nighttime coverage by daytime intensivists who were available for consultation by telephone (control). The outcomes included were patients' length of stay in the ICU along with patients' length of stay in the hospital, ICU and in-hospital mortality, discharge disposition, and rates of readmission to the ICU. However, the intervention (**nighttime in-hospital intensivist staffing**) "**did not improve patient outcomes**". Whether this result is transferable/replicable in units other than ICUs is unclear.
DOI	http://dx.doi.org/10.1056/NEJMoa1302854

Australian Health Review
Volume 37(3) 2013

<table>
<tr><td>Notes</td><td>A new issue of Australian Health Review has been published. Articles in this issue include:

Making activity-based funding work for mental health (Sebastian P Rosenberg and Ian B Hickie)
Do patents impede the provision of genetic tests in Australia? (Dianne Nicol and John Liddicoat)
Using a public hospital funding model to strengthen a case for improved nutritional care in a cancer setting (Anna G Boltong, Jenelle M Loeliger and Belinda L Steer)
The time has come for an Australian Centre for Disease Control (Bradley J McCall, Megan K Young, Scott Cameron, Rod Givney, Robert Hall, John Kaldor, Ann Koehler, Vicki Krause and Christine Selvey)
Breaking the mould without breaking the system: the development and pilot of a clinical dashboard at The Prince Charles Hospital (Kevin W Clark, Elizabeth Whiting, Jeffrey Rowland, Leah E Thompson, Ian Missenden and Gerhard Schellein)
Multi-morbidity: a system design challenge in delivering patient-centred care (Dagmar M Ceramidas and Nicholas J Glasgow)
Innovations in primary mental healthcare (Lennart Reifels, Bridget Bassilios, Kylie E King, Justine R Fletcher, G Blashki and J E Pirkis)
Preferences, barriers and facilitators for establishing comprehensive stroke units: a multidisciplinary survey (Fintan O'Rourke, Daniel K.Y. Chan, Daniel L. Chan and Xiao Man Ding)
Clinician and patient perspectives of a new model of triage in a community rehabilitation program that reduced waiting time: a qualitative analysis (Katherine E Harding, N F Taylor, B Bowers, M Stafford and S G Leggat
Performance-based criteria are used in participant selection for pulmonary rehabilitation programs (James R Walsh, Zoe J McKeough, Norman R Morris and Jenny D Paratz
The Mental Health Nurse Incentive Program: reactions of general practitioners and their patients (Thomas Meehan and Samantha Robertson)
Estimating the risk of functional decline in the elderly after discharge from an Australian public tertiary hospital emergency department (K Grimmer, K Beaton, S Kumar, K Hendry, J Moss, S Hillier, J Forward and L Gordge)
Fall-related sub-acute and non-acute care and hospitalised rehabilitation episodes of care: what is the injury burden? (Rebecca J Mitchell, Jacqui Close, Ian D Cameron and Stephen Lord)
Hospital readmission among older adults with congestive heart failure (Tasneem Islam, Beverly O'Connell and Prabha Lakhan)
How mental health clinicians want to evaluate the care they give: a Western Australian study (Sophie Davison, Yvonne Hauck, Philippa Martyr and Daniel Rock)
Do people with existing chronic conditions benefit from telephone coaching? A rapid review (Sarah M. Dennis, Mark Harris, Jane Lloyd, Gawaine Powell Davies, Nighat Faruqi and Nicholas Zwar)
</td></tr>
<tr><td>URL</td><td>http://www.publish.csiro.au/?nid=270</td></tr>
</table>

International Journal for Quality in Health Care
Vol. 25, No. 3
July 2013

Notes	A new issue of the *International Journal for Quality in Health Care* has been published. 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 the *International Journal for Quality in Health Care* include: • Editor's choice: Assessing **patient safety culture** in hospitals across countries (C. Wagner, M. Smits, J. Sorra, and C.C. Huang) • Profiling **health-care accreditation organizations**: an international survey (Charles D. Shaw, Jeffrey Braithwaite, Max Moldovan, Wendy Nicklin, Ileana Grgic, Triona Fortune, and Stuart Whittaker) • **Ethnic disparities** in the quality of hospital care in New Zealand, as measured by 30-day rate of unplanned readmission/death (Juliet Rumball-Smith, Diana Sarfati, Phil Hider, and Tony Blakely) • Quality of hospital to community care transitions: the experience of **minority patients** (Efrat Shadmi) • The effectiveness of **cultural competence programs** in ethnic minority patient-centered health care—a systematic review of the literature (A M N Renzaho, P Romios, C Crock, and A L Sønderlund) • Using clinical indicators to facilitate quality improvement via the **accreditation process**: an adaptive study into the control relationship (Sheuwen Chuang, Peter P. Howley, and Stephen Hancock) • A comprehensive analysis of patients' perceptions of **continuity of care** and their associated factors (Marta-Beatriz Aller, I Vargas, S Waibel, J Coderch, I Sánchez-Pérez, L Colomés, J R Llopart, M Ferran, and M L Vázquez) • **Ventilator-associated pneumonia** prevention by education and two combined bedside strategies (William Nascimento Viana, Cristiane Bragazzi, José Eduardo Couto de Castro, M B Alves, and J R Rocco) • Classroom and simulation **team training**: a randomized controlled trial (Robyn Clay-Williams, C A Mcintosh, R Kerridge, and J Braithwaite) • Assessment of **competency in clinical measurement**: comparison of two formsof sequential test and sensitivity of test error rates to parameter choice (Andrew J Sims, Kim Keltie, Julie Burn, and Stephen C Robson) • The effect of performance indicator category on estimates of **intervention effectiveness** (Alexander K Rowe)
URL	http://intqhc.oxfordjournals.org/content/25/3?etoc

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: • Proposed standards for the design and conduct of a **national clinical audit or quality improvement** study (Nancy Dixon)
URL	http://intqhc.oxfordjournals.org/content/early/recent?papetoc

BMJ Quality and Safety online first articles

Notes	*BMJ Quality and Safety* has published a number of 'online first' articles, including: • Editorial: **'Bad apples'**: time to redefine as a type of systems problem? (Kaveh G Shojania, Mary Dixon-Woods) • **Huddling** for high reliability and situation awareness (Linda M Goldenhar, Patrick W Brady, Kathleen M Sutcliffe, Stephen E Muething) • Reduction of unnecessary use of indwelling **urinary catheters** (Jolien Janzen, Bianca M Buurman, Lodewijk Spanjaard, Theo M de Reijke, Astrid Goossens, Suzanne E Geerlings) • How can **clinical practice guidelines** be adapted to facilitate shared decision making? A qualitative key-informant study (Trudy van der Weijden, Arwen H Pieterse, Marije S Koelewijn-van Loon, Loes Knaapen, F Légaré, A Boivin, J S Burgers, A M Stiggelbout, M Faber, G Elwyn) • **Individual performance review** in hospital practice: the development of a framework and evaluation of doctors' attitudes to its value and implementation (T M Trebble, L Cruickshank, P M Hockey, N Heyworth, T Powell, N Clarke) • Hospital workers' perceptions of **waste**: a qualitative study involving photo-elicitation (Sarah L Goff, Reva Kleppel, P K Lindenauer, M B Rothberg)
URL	http://qualitysafety.bmj.com/onlinefirst.dtl

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