AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

Issue 135
15 July 2013

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On the Radar
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Reports

Non-technical skills and the future of teamwork in healthcare settings
Sevdalis N
London. The Health Foundation, 2013:10.

Notes	Short paper offering an overview of team working, team skills and team training within healthcare; the barriers to effective team training within healthcare organisations; and some directions for the future.
URL	http://patientsafety.health.org.uk/resources/non-technical-skills-and-future-of-teamwork-healthcare-settings

Does quality affect patients' choice of doctor? Evidence from the UK
Santos R, Gravelle H, Propper C
CHE Research Paper 88. York. Centre for Health Economics, University of York, 2013:49.

Notes	The question of whether public reporting of safety and/or quality measures has much impact on patient choices has been debated at some length. This British paper sought to investigate the effect of the practice quality on patients' choices amongst practices, allowing for other factors such as distance to the practice, the gender and age of practice GPs, their country of qualification, and the type of practice contract and whether the practice is permitted to dispense as well as prescribe.

	The study was based on April 2009 data on the choice amongst 994 practices by 3.4million patients in the East Midlands Strategic Health Authority. The study used various measures of quality, including include summary measures derived from the English Quality and Outcomes Framework (QOF), the rate of emergency admissions for Ambulatory Care Sensitive Conditions (ACSCs), and average patient satisfaction with practices. The authors report that patients were more likely to choose practices which are nearer to their home, which have a higher proportion of GPs qualified in Europe, a higher proportion of female GPs, and a lower average GP age. Dispensing status has no effect on patient choice. The authors also note that "Given other practice characteristics, patients are more likely to choose practices which earned more quality points under the QOF pay for performance scheme. This measure of quality predicts practice choice better than the other measures of quality, such as patient satisfaction or ACSC admissions. They also argue that the results "suggest strongly that **patients care about quality when choosing their practice**".
URL	http://www.york.ac.uk/che/news/che-research-paper-88/

Journal articles

Public reporting of surgeon outcomes: low numbers of procedures lead to false complacency
Walker K, Neuburger J, Groene O, Cromwell DA, van der Meulen J
The Lancet 2013 [epub].

Notes	The issue of public reporting and its connection with safety and quality of care often engenders opposing views. This piece in *The Lancet* examining the English NHS experience presents an argument that in some specialities the numbers (per surgeon) may be too small to give a clear indication. The study examined outcome information for individual surgeons for ten specialties that the English National Health Service published in June 2013. The authors suggest that, for some specialties, the number of procedures that a surgeon does each year is low and thus the chance of identifying a surgeon with increased mortality rates is low. They argue that consequent public reporting of individual surgeons' outcomes may lead to false complacency and go on to **recommend use of outcomes that are fairly frequent, using the hospital as the unit of reporting when numbers are low** (rather than the surgeon), **and avoiding interpretation of no evidence of poor performance as evidence of acceptable performance**.
DOI	http://dx.doi.org/10.1016/S0140-6736(13)61491-9

When Seeing The Same Physician, Highly Activated Patients Have Better Care Experiences Than Less Activated Patients
Greene J, Hibbard JH, Sacks R, Overton V
Health Affairs 2013;32(7):1299-1305.

Encouraging patients to ask questions: How to overcome "white-coat silence"
Judson TJ, Detsky AS, Press MJ
Journal of the American Medical Association 2013;309(22):2325-2326.

Notes	It may seem self-evident that engaged, motivated or 'activated' patients could contribute to better experiences and/or outcomes in their health care. But, as has been seen in some recent papers on cancer care, more 'positive' patients do not necessarily enjoy better outcomes than their more sanguine counterparts.

	This paper, published in *Health Affairs*, examined 'activated' and 'less activated patients' who had the same treating clinicians in order to examine their experiences of care. From this paper it is suggested that **patients who have the knowledge, skills, and confidence to manage their health care** ('activated' patients) **report better health care experiences** than less 'activated' patients. The more engaged patients seem to be proactive in getting/requesting the care they need while less activated patients are likely to be more passive with their clinicians, who in turn then may be less inclined to adopt a collaborative approach to their treatment. Consequently, better experiences may require both patients and clinicians being more engaged in shared care and efforts need to be applied to encourage patients and clinicians to actively participate and collaborate. In a related vein is the commentary piece in *JAMA* that examines the issues of patient and clinician communication barriers and some ways of overcoming the barriers that hinder patients in speaking up, asking questions or challenging their clinicians.
DOI	Greene et al http://dx.doi.org/10.1377/hlthaff.2012.1409 Judson et al http://dx.doi.org/10.1001/jama.2013.5797

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

Developing and Implementing a Standardized Process for Global Trigger Tool Application Across a Large Health System
Garrett Jr PR, Sammer C, Nelson A, Paisley KA, Jones C, Shapiro E, et al
Joint Commission Journal on Quality and Patient Safety 2013;39(7):292-297.

Notes	The use of trigger tools and other systems for detecting adverse events and the like has become quite widespread. Discussion of the utility, sensitivity and specificity of such tools is also common. This paper describes how one US health system (Adventist Health System) implemented that IHI to identify causes of preventable harm, track adverse event rates over time, and guide improvement efforts. The authors describe how the system **achieved reductions in preventable adverse events across 25 hospitals** over a 2-year period. The Global Trigger Tool review 17,295 patient records indicated that adverse events in this system "clustered as **medication-related glycemic events**; **medication-related delirium, confusion, or oversedation** related to analgesics, sedatives, and muscle relaxants; **pressure ulcers**; **medication-related bleeding**; and **medication-related skin/mucosal reaction/itching**. This type of information would allow a facility or service to direct their improvement efforts.
URL	http://www.ingentaconnect.com/content/jcaho/jcjqs/2013/00000039/00000007/art00002

Return on Investment for Vendor Computerized Physician Order Entry in Four Community Hospitals: The Importance of Decision Support
Zimlichman E, Keohane C, Franz C, Everett WL, Seger DL, Yoon C, et al.
Joint Commission Journal on Quality and Patient Safety 2013;39(7):312-318.

Notes	The value and utility of various e-health systems is not always clear. This study describes an economic approach looking at ROI (return on investment) for a computerised physician order entry (CPOE) system.

	The study ought to examine the ROI while accounting for the costs saved by preventing ADEs in relation to the cost of buying and implementing the system. The study suggests that the ROI for hospitals has been modest and even negative at some hospitals. The authors note that the CPOE system in question had minimal decision support capabilities and even a small increase in adverse drug event prevention via decision support would have improved the ROI.
URL	http://www.ingentaconnect.com/content/jcaho/jcjqs/2013/00000039/00000007/art00005

For more information on the Commission's work on medication safety, including safety in e-health see http://www.safetyandquality.gov.au/our-work/medication-safety/

Perioperative medication management: expanding the role of the preadmission clinic pharmacist in a single centre, randomised controlled trial of collaborative prescribing
Hale AR, Coombes ID, Stokes J, McDougall D, Whitfield K, Maycock E, Nissen L
BMJ Open 2013;3(7)

Notes	A study of 400 adults in a single elective surgery preadmission clinic in a Brisbane tertiary hospital. The study compared inpatient medication prescribing by a pharmacist, which included generation of a medication chart to reflect the patient's regular medication, planning for medication perioperatively and prescribing of venous thromboembolism (VTE) prophylaxis, with usual care (a medication chart generated by the Resident Medical Officers). The researchers found that the intervention group experienced **significantly fewer prescribing errors and medication omissions**. However, there was no difference in appropriateness of VTE prophylaxis on admission between the two groups.
DOI	http://dx.doi.org/10.1136/bmjopen-2013-003027

BMJ Quality and Safety online first articles

Notes	*BMJ Quality and Safety* has published a number of 'online first' articles, including: • A prospective, observational study of the effects of **implementation strategy** on compliance with a **surgical safety checklist** (J A Hannam, L Glass, J Kwon, J Windsor, F Stapelberg, K Callaghan, A F Merry, S J Mitchell) • **Developing future clinical leaders for quality improvement**: experience from a London children's hospital (Jane Runnacles, B Moult, P Lachman) • **Defining quality outcomes** for complex-care patients transitioning across the continuum using a structured panel process (Lianne Jeffs, Madelyn P Law, Sharon Straus, Roberta Cardoso, Renee F Lyons, Chaim Bell)
URL	http://qualitysafety.bmj.com/onlinefirst.dtl

Online resources

Lead Clinicians Group (LCG) Initiative evaluation
http://www.hoi.com.au/projects
The Lead Clinicians Group (LCG) Initiative is being evaluated for the Department of Health and Ageing. The evaluation seeks the input of clinicians and others in the health sector. A survey is now available for you to complete to provide your input. The survey is available until to 30 August 2013.

[USA] Guide to Patient and Family Engagement in Hospital Quality and Safety
http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/patfamilyengageguide/
The US Agency for Healthcare Research and Quality (AHRQ) has released the *Guide to Patient and Family Engagement in Hospital Quality and Safety.* This guide is intended to help hospitals make care better and safer by bridging the communication gaps among patients and families and their health care providers. The guide provides four evidence-based strategies on how patients and family members can
(1) advise and train clinicians and hospital staff to work effectively with them,
(2) promote better bedside communication to improve quality,
(3) participate in bedside shift reports, and
(4) manage tasks in preparing to leave the hospital.
Each strategy includes educational tools and resources for patients and families, training materials for health care professionals, and real-world examples that show how strategies are being implemented in hospital settings.

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