AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

Issue 137
29 July 2013

On the Radar is a summary of some of the recent publications in the areas of safety and quality in health care. Inclusion in this document is not an endorsement or recommendation of any publication or provider.

Access to particular documents may depend on whether they are Open Access or not, and/or your individual or institutional access to subscription sites/services. Material that may require subscription is included as it is considered relevant.

On the Radar is available online, via email or as a PDF document from http://www.safetyandquality.gov.au/publications-resources/on-the-radar/

If you would like to receive *On the Radar* via email, you can subscribe on our website http://www.safetyandquality.gov.au/ or by emailing us at mail@safetyandquality.gov.au. You can also send feedback and comments to mail@safetyandquality.gov.au.

For information about the Commission and its programs and publications, please visit ttp://www.safetyandquality.gov.au/ You can also follow us on Twitter @ACSQHC.

On the Radar
Editor: Dr Niall Johnson niall.johnson@safetyandquality.gov.au
Contributors: Niall Johnson

Reports

Integrated care in Northern Ireland, Scotland and Wales: Lessons for England
Ham C, Heenan D, Longley M, Steel DR
London: The King's Fund, 2013.

Notes	This report from the King's Fund examines the context in which health and social care is provided; identifies policy initiatives that promote integrated care and the impact of these initiatives; and considers the barriers and challenges to achieving integrated care in the three countries. The authors reflect on what England can learn, drawing on their own experience of what has and has not been achieved. Among the findings are: • "The structural integration of the health and social care system in England will bring few benefits unless it is accompanied by other changes, including: o a willingness to challenge and overcome professional, cultural and behavioural barriers o action to share information both within the NHS and between health and social care o organisational stability to avoid the distractions and delays that occur when structures are altered frequently

	○ a willingness to provide financial support and flexibilities to enable the introduction of new models of care. • Organisational stability and leadership continuity are important facilitators of integrated care.”
URL	http://www.kingsfund.org.uk/publications/integrated-care-northern-ireland-scotland-and-wales

Journal articles

Use of health information technology to reduce diagnostic errors
El-Kareh R, Hasan O, Schiff GD
BMJ Quality & Safety 2013 [epub].

Educational agenda for diagnostic error reduction
Trowbridge RL, Dhaliwal G, Cosby KS
BMJ Quality & Safety 2013 [epub].

Notes	Diagnosis, and the various forms of error that can occur, has been garnering growing interest, including these two recent papers from *BMJ Quality and Safety*. El-Kareh and colleagues report on a literature search examining the role of health information technology (HIT) in addressing diagnostic errors. The authors reporting finding that they could categorise HIT approaches, tools and algorithms into 10 categories related to those assisting: 1) information gathering 2) information organisation and display 3) differential diagnosis generation 4) weighing of diagnoses 5) generation of diagnostic plan 6) access to diagnostic reference information 7) facilitating follow-up 8) screening for early detection in asymptomatic patients 9) collaborative diagnosis, and 10) facilitating diagnostic feedback to clinicians. However, there were few studies evaluating the interventions in actual clinical settings and even fewer demonstrating clinical impact. Trowbridge and colleagues “propose a tripartite educational agenda for improving diagnostic performance among students, residents and practising physicians”. Their agenda includes “strengthening the meta-cognitive abilities of clinicians, fostering intuitive reasoning and increasing awareness of the role of systems in the diagnostic process”. They recognised that the “barriers to designing and implementing this agenda are substantial and include limited evidence supporting these initiatives and the challenges of changing the practice patterns of practising physicians”.
DOI	El-Kareh et al http://dx.doi.org/10.1136/bmjqs-2013-001884 Trowbridge at al http://dx.doi.org/10.1136/bmjqs-2012-001622

Culture Change in Infection Control: Applying Psychological Principles to Improve Hand Hygiene
Cumbler E, Castillo L, Satorie L, Ford D, Hagman J, Hodge T, et al.
Journal of Nursing Care Quality 2013 [epub].

Notes	Hand hygiene is considered a basic and effective means to reducing healthcare associated infection and alcohol-based hand rub has become all but ubiquitous in the health system. However, achieving high levels of compliance is a challenge, with some groups proving more resistant than others. An ARHQ synopsis of this paper noted that "This study describes how one hospital reframed hand washing as a social issue at the unit level and used a combination of active leadership and psychological approaches (including immediate feedback) to encourage hand hygiene. The program resulted in a **sustained improvement in hand hygiene rates**, an accomplishment that has led to a drop in health care–associated infection rates in other studies. The seminal Keystone ICU study used a similar approach—framing infection control as a social issue rather than a disease problem—to successfully reduce catheter-associated bloodstream infections."
DOI	http://dx.doi.org/10.1097/NCQ.0b013e31829786be

For more information on the Commission's work on healthcare associated infection, see http://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/
Also see Hand Hygiene Australia's website at http://www.hha.org.au/

Behavioral Economics Holds Potential To Deliver Better Results For Patients, Insurers, And Employers
Loewenstein G, Asch DA, Volpp KG
Health Affairs 2013;32(7):1244-1250.

Notes	Another piece on how a more 'irrational' or perhaps realistic approach to economics, behavioural economics, can possibly offer some insights into health behaviour and how it may be altered. For example, "incentive programs that offer patients small and frequent payments for behavior that would benefit the patients, such as medication adherence, can be more effective than programs with incentives that are far less visible because they are folded into a paycheck or used to reduce a monthly premium. Deploying more-nuanced insights from behavioral economics can lead to policies with the potential to increase patient engagement and deliver dividends for patients and favorable cost-effectiveness ratios for insurers, employers, and other relevant commercial entities."
DOI	http://dx.doi.org/10.1377/hlthaff.2012.1163

Building bridges: Future directions for medical error disclosure research
Hannawa AF, Beckman H, Mazor KM, Paul N, Ramsey JV.
Patient Education and Counseling 2013 [epub].

Notes	Transparency after an error has been made is widely agreed to be an appropriate response. However, the actual procedures and protocols may not be so readily agreed upon. This article summarises the discussion of an interdisciplinary error disclosure panel at the 2012 EACH Conference in St. Andrews, Scotland and discusses the various disciplinary perspectives from medicine, ethics, law and communication and identifies gaps and tensions that occur at these interdisciplinary boundaries.
DOI	http://dx.doi.org/10.1016/j.pec.2013.05.017

For more information on the Commission's work on open disclosure, see
http://www.safetyandquality.gov.au/our-work/open-disclosure/

Cost of illness of patient-reported adverse drug events: a population-based cross-sectional survey
Gyllensten H, Rehnberg C, Jönsson AK, Petzold M, Carlsten A, Andersson Sundell K.
BMJ Open 2013;3(6).

Notes	This Swedish study attempts to estimate the "cost of illness (COI) of individuals with self-reported adverse drug events (ADEs) from a societal perspective and to compare these estimates with the COI for individuals without ADE. Furthermore, to estimate the direct costs resulting from two ADE categories, adverse drug reactions (ADRs) and subtherapeutic effects of medication therapy (STE)." From a random sample of 14,000 adult Swedes, 7,099 responded, of whom 1377 reported at least one ADE and 943 reported an ADR or STE. The authors report that "The economic burden for individuals with ADEs were (95% CI) 442.7 to 599.8 international dollars (Int$), of which direct costs were Int$ 279.6 to 420.0 (67.1%) and indirect costs were Int$ 143.0 to 199.8 (32.9%). The average COI was higher among those reporting ADEs compared with other respondents (COI: Int$ 442.7 to 599.8 versus Int$ 185.8 to 231.2). The COI of respondents reporting at least one ADR or STE was Int$ 468.9 to 652.9. Direct costs resulting from ADRs or STEs were Int$ 15.0 to 48.4. The reported resource use occurred both in hospitals and outside in primary care."
DOI	http://dx.doi.org/10.1136/bmjopen-2013-002574

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

BMJ Quality and Safety
August 2013, Vol 22, Issue 8

Notes	A new issue of *BMJ Quality and Safety* 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 *BMJ Quality and Safety* include: • Editorial: **Clinical supervisors**: are they the key to making care safer? (Merrilyn Walton, Bruce Barraclough) • Engaging all doctors in **continuous quality improvement**: a structured, supported programme for first-year doctors across a training deanery in England (Rob Bethune, E Soo, P Woodhead, C Van Hamel, J Watson) • **Building capacity and capability for patient safety education**: a train-the-trainers programme for senior doctors (Maria Ahmed, Sonal Arora, Paul Baker, Jacky Hayden, Charles Vincent, Nick Sevdalis) • The effect of failure mode and effect analysis on reducing percutaneous coronary intervention hospital door-to-balloon time and mortality in ST segment elevation **myocardial infarction** (Feng-Yu Kuo, Wei-Chun Huang, Kuan-Rau Chiou, Guang-Yuan Mar, Chin-Chang Cheng, Chen-Chi Chung, Han-Lin Tsai, Chen-Hung Jiang, Shue-Ren Wann, Shoa-Lin Lin, Chun-Peng Liu) • Is the **Surgical Safety Checklist** successfully conducted? An observational study of social interactions in the operating rooms of a tertiary hospital (Stéphane Cullati, Sophie Le Du, Anne-Claire Raë, Martine Micallef, Ebrahim Khabiri, Aimad Ourahmoune, A Boireaux, M Licker, P Chopard)

	• The **'time-out' procedure**: an institutional ethnography of how it is conducted in actual clinical practice (Sandra Braaf, E Manias, R 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) • Parent perceptions of **children's hospital safety climate** (Elizabeth D Cox, Pascale Carayon, Kristofer W Hansen, Victoria P Rajamanickam, Roger L Brown, Paul J Rathouz, Lori L DuBenske, Michelle M Kelly, L A Buel) • 25-Year summary of US malpractice claims for **diagnostic errors** 1986–2010: an analysis from the National Practitioner Data Bank (Ali S Saber Tehrani, HeeWon Lee, Simon C Mathews, Andrew Shore, Martin A Makary, Peter J Pronovost, David E Newman-Toker) • Restructuring of the Diabetes Day Centre: a **pilot lean project** in a tertiary referral centre in the West of Ireland (A M McDermott, P Kidd, M Gately, R Casey, H Burke, P O'Donnell, F Kirrane, S F Dinneen, T O'Brien) • 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) • PostScript: Additional considerations for 'Harnessing the cloud of **patient experience**' (Courtney R Lyles, Urmimala Sarkar)
URL	http://qualitysafety.bmj.com/content/vol22/issue8/

International Journal for Quality in Health Care
Vol. 25, No. 4
September 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: • Editorial: **Nursing workforce education**, migration and the quality of health care: a global challenge (Patricia Pittman) • **Innovation spread**: lessons from HIV (Kristina Talbert-Slagle, David Berg, and Elizabeth H. Bradley) • Proposed standards for the design and conduct of a **national clinical audit or quality improvement study** (Nancy Dixon) • Editor's choice: Utilization of **non-US educated nurses in US hospitals**: implications for hospital mortality (Donna Felber Neff, Jeannie Cimiotti, Douglas M. Sloane, and Linda H. Aiken) • A quality improvement model for the rapid scale-up of a program to prevent **mother-to-child HIV transmission** in South Africa (Kedar S. Mate, Gugu Ngubane, and Pierre M. Barker) • How to achieve optimal organization of **primary care service delivery** at system level: lessons from Europe (Ferruccio Pelone, Dionne S. Kringos, Peter Spreeuwenberg, Antonio G. De Belvis, and Peter P. Groenewegen) • **Safety climate** and its association with office type and team involvement in **primary care** (Katrin Gehring, David L.B. Schwappach, Markus Battaglia, Roman Buff, Felix Huber, Peter Sauter, and Markus Wieser) • Approaches for improving **continuity of care in medication management**: a systematic review (A Spinewine, C Claeys, V Foulon, and P Chevalier)

	• Quality of **gastric cancer care** in designated cancer care hospitals in Japan (Takahiro Higashi, Fumiaki Nakamura, Yasuhiro Shimada, Tetsu Shinkai, Toru Muranaka, Wataru Kamiike, Eiji Mekata, Ken Kondo, Yuichi Wada, Hironori Sakai, Mikinobu Ohtani, Takashi Yamaguchi, Nobuyuki Sugiura, Shunichi Higashide, Yoshio Haga, Akitoshi Kinoshita, Tetsuo Yamamoto, Takahiro Ezaki, Shuichi Hanada, Fujio Makita, T Sobue, and T Okamura) • 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) • Quality in practice: integrating routine collection of **patient language** data into hospital practice (Patricia Hudelson, Melissa Dominicé Dao, and Sophie Durieux-Paillard) • Validation of **inpatient experience** questionnaire (Eliza L Y Wong, A Coulter, Annie W L Cheung, Carrie H K Yam, E K Yeoh, and S Griffiths) • **Patient experiences** with inpatient care in rural China (Heather Sipsma, Yu Liu, Hong Wang, Yan Zhu, Lei Xue, R Alpern, M Dale, and E Bradley) • Validation of the French version of the **Hospital Survey on Patient Safety Culture** questionnaire (P. Occelli, J-L. Quenon, M. Kret, S. Domecq, F. Delaperche, O. Claverie, B. Castets-Fontaine, R. Amalberti, Y. Auroy, P. Parneix, and P. Michel) • **Hospital Survey on Patient Safety Culture** in Slovenia: a psychometric evaluation (Andrej Robidau)
URL	http://intqhc.oxfordjournals.org/content/25/4?etoc

BMJ Quality and Safety online first articles

Notes	*BMJ Quality and Safety* has published a number of 'online first' articles, including: • **Cognitive debiasing** 1: origins of bias and theory of debiasing (Pat Croskerry, Geeta Singhal, Sílvia Mamede) • Surgical technology and **operating-room safety** failures: a systematic review of quantitative studies (Ruwan A Weerakkody, Nicholas J Cheshire, Celia Riga, Rachael Lear, Mohammed S Hamady, Krishna Moorthy, Ara W Darzi, Charles Vincent, Colin D Bicknell) • The patient is in: patient involvement strategies for **diagnostic error** mitigation (Kathryn M McDonald, Cindy L Bryce, Mark L Graber)
URL	http://qualitysafety.bmj.com/onlinefirst.dtl