AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

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On the Radar
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Free public lecture – The Third Healthcare Revolution

"The Third Healthcare Revolution" Professor Sir Muir Gray
Monday 30 September 2013

"Healthcare's perfect storm - rising need and demand with no more resources. Welcome to the Third Healthcare Revolution!"

The Australian Commission on Safety and Quality in Health Care invites you to a public lecture by Professor Sir Muir Gray – a pioneer in the evidence-based health care movement.
Sir Muir believes we are in the midst of a Third Healthcare Revolution driven by citizens, knowledge and the internet.
Despite the significant clinical advances of the last 50 years, health services are faced with the same persistent problems: patient harm, waste, unwarranted variation, inequity, and failure to prevent the preventable. Health services are also faced with the new challenges of rising demand and resource constraints.

Join us to hear Sir Muir's vision for the Third Healthcare Revolution, and how it can overcome these challenges.

Time: 5:30pm to 6:30pm (refreshments from 5:00pm)
Venue: Rydges World Square, 389 Pitt Street, Sydney
RSVP: By Friday, 20 September 2013 by emailing ACSQHCevents@safetyandquality.gov.au

For further information see http://www.safetyandquality.gov.au/events/free-public-lecture-the-third-healthcare-revolution-sir-muir-gray/

Free public lecture – Shared Decision Making

Shared Decision Making: Building on research to help it happen in practice
Wednesday 16 October 2013-09-12

The Australian Commission on Safety and Quality in Health Care invites you to a public lecture by Professor France Légaré – an international expert in the field of shared decision making in health care.
Shared decision making involves clinicians and patients making decisions together using the best available evidence. In partnership with their clinician, patients are encouraged to consider available screening, treatment, or management options and the likely benefits and harms of each, to communicate their preferences, and help select the course of action that best fits these.

Join us for Professor Légaré's discussion on shared decision making and how public interest in this area is leading to changes in practice.
Time: 5:00pm to 6:30pm
Venue: Mercure Hotel, 818-820 George Street, Haymarket, Sydney
RSVP: By Friday, 4 October 2013 by emailing ACSQHCevents@safetyandquality.gov.au

For further information see http://www.safetyandquality.gov.au/our-work/shared-decision-making/

Journal articles

Impact of continuity on quality of primary care: from the perspective of citizens' preferences and multimorbidity - position paper of the European Forum for Primary Care
Bjorkelund C, Maun A, Murante AM, Hoffman K, De Maeseneer J, Farkas-Pall Z.
Quality in Primary Care 2013;21(3):193-204.

Notes	This paper confirms that one of the more significant elements in the quality of (primary) care is that of continuity. The authors sought to examine the evidence on the significance of continuity in primary care, particularly in terms of consumer preference and for patients with complex care needs. Using survey and literature reviews the authors report that "**patients** and caregivers identify and **value continuity** in the form of regular sources of care, and that provider **continuity is related to lower total healthcare costs** on a macro level. Continuity is a considerable component of quality in primary care." They also noted that there is a lack of methods of measuring and comparing between primary care centres, organisations and countries to stimulate improvements in continuity.
DOI	http://www.ingentaconnect.com/content/rmp/qpc/2013/00000021/00000003/art00010

For information about the Commission's work on patient safety in primary health care, see http://www.safetyandquality.gov.au/our-work/patient-safety-in-primary-health-care/

Surgical Safety Checklist Compliance: A Job Done Poorly!
Sparks EA, Wehbe-Janek H, Johnson RL, Smythe WR, Papaconstantinou HT
Journal of the American College of Surgeons 2013 [epub].

Notes	Checklists have become a widespread form of intervention for safety (and quality) purposes. This paper reviews the introduction/usage of the surgical safety checklist by undertaking a retrospective analysis examining the compliance as measured by accuracy and completion, and factors that can affect compliance. The authors report that in their study of 671 Surgical Safety Checklists: the **participation rate improved** from 33% at week 1 to 94% at 1 year; mean overall **compliance score** was 27.7 (±5.4 SD) of 40 possible points (69.3% ± 13.5% of total possible score; n = 671) and **did not change** over time. Although **completion** scores were **high** (16.9 ± 2.7 out of 20 [84.5% ± 13.6%]), **accuracy** was **poor** (10.8 ± 3.4 out of 20 [54.1% ± 16.9%]). Overall compliance score was significantly associated with case start-time, and operative time and case complexity showed no association. The authors suggest that "Identification of barriers to effective use is needed, as improper checklist use can adversely affect patient safety."
DOI	http://dx.doi.org/10.1016/j.jamcollsurg.2013.07.393

Feasibility and effectiveness of a low cost campaign on antibiotic prescribing in Italy: community level, controlled, non-randomised trial
Formoso G, Paltrinieri B, Marata AM, Gagliotti C, Pan A, Moro ML, Capelli O, Magrini N, for the LOCAAL Study Group
BMJ 2013 [epub].

Notes	A group of Italian researchers has published this study from the region of Emilia-Romagna, which looked at the effects of a multifaceted, local public campaign around antimicrobial resistance and inappropriate antibiotic prescribing on consumer knowledge and prescribing rates. The study involved 1,150,000 residents of Modena and Parma (the intervention group) and 3,250,000 residents of other provinces in the same region (the control group), conducted between November 2011 and March 2012. The campaign used a "social marketing approach", worked with doctors to develop the messages, and prepared GPs and paediatricians to be advocates of the campaign messages with their patients. Campaign messages were disseminated via television, radio, newspapers, posters, brochures, and newsletters. Researchers administered pre- and post-campaign questionnaires on knowledge about the campaigns' messages, related attitudes, and reported behaviour in case of fever and colds. The primary outcome was the average prescribing rate of antibiotics to outpatients. Results showed that **antibiotic prescribing was reduced** in the intervention area compared with control area (−4.3%, 95% confidence interval −7.1% to −1.5%). However, **knowledge and attitudes of the target population about the correct use of antibiotics did not differ between the intervention and control areas**.
DOI	http://dx.doi.org/10.1136/bmj.f5391

What happens to the medication regimens of older adults during and after an acute hospitalization?
Harris CM, Sridharan A, Landis R, Howell E, Wright S
Journal of Patient Safety 2013;9(3):150-153.

Notes	Medication safety is one of the larger components of patient safety, as medications are ubiquitous in the health system (and community). There are many areas in which safety and quality interventions are being devised. One of these is medication reconciliation – reconciling a patient's medication usage on admission and at discharge. This paper reports on an observational study (of 95 patients aged 65 years and older admitted to Johns Hopkins Bayview Medical Center in 2007) that sought to examine how older patients' medications change during and after hospitalizations and what patients ultimately take after discharge. The 95 patients were taking a total of 701 medications (mean, 7 per patient) prior to admission. Upon discharge, 192 new medicines were started (2.0 per patient), 76 discontinued (0.8 per patient), 67 changed in frequency, (0.7 per patient), and 45 changed in dosage (0.5 per patient). Antibiotics and antihypertensives were the most commonly prescribed new medications. Antihypertensives were also most likely to be discontinued. At day 3 after discharge, patients were adherent with 98% (763/778) of medications. However, 25% of antihypertensives and 88% analgesics discontinued by hospitalists on the day of discharge were reinitiated by patients upon their return home. Patients are reverting to prior habits. As the authors noted "**During hospitalizations, medications** of older adults **change** substantially. Despite clear medication reconciliation efforts in the hospital environment, **medication errors occur upon discharge to home**. Because current standards are yielding suboptimal results, alternate methodologies for promoting medication adherence should also be considered, developed, and studied for effectiveness."
DOI	http://dx.doi.org/10.1097/PTS.0b013e318286f87d

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

Australian Health Review
Volume 37(4) 2013

Notes	A new issue of *Australian Health Review* has been published. Articles in this issue include: • Does hospital occupancy impact **discharge** rates? (Gary Harrison, Kathryn Zeitz, Robert Adams and Mark Mackay) • **Best-practice care** for people with advanced **chronic obstructive pulmonary disease**: the potential role of a chronic obstructive pulmonary disease care co-ordinator (Teresa Burgess, Mary Young, Gregory B. Crawford, Mary A. Brooksbank and Margaret Brown) • Self-management activities in **diabetes care**: a systematic review (Meaghan E. Coyle, Karen Francis and Ysanne Chapman) • Evolution of a **health navigator model** of care within a primary care setting: a case study (Fiona Doolan-Noble, Danielle Smith, Robin Gauld, Debra L. Waters, Anthony Cooke and Helen Reriti) • **Infections and antimicrobial use** in Australian residential aged care facilities: a comparison between local and international prevalence and practices (Mary Smith, Sue Atkins, Leon Worth, Michael Richards and Noleen Bennett)

	• A template approach to **quality improvement activity**: a primary care example (Christopher Fawcett, Helen Moriarty and Roshan Perera) • The critical role of nurses to the successful implementation of the **National Safety and Quality Health Service Standards** (Diane E. Twigg, Christine Duffield and Gemma Evans • Development of a **Translation Standard** to support the improvement of health literacy and provide consistent high-quality information (Jaklina Michael, Tracy Aylen and Rajna Ogrin) • Attitudes and beliefs of staff to feedback following the review of **adverse events** in clinical care (Sharyn Kelleher, David Buckley and Jill Reyment)
DOI	http://www.publish.csiro.au/?nid=270

BMJ Quality and Safety online first articles

Notes	*BMJ Quality and Safety* has published a number of 'online first' articles, including: • **Culture and behaviour** in the English National Health Service: overview of lessons from a large multimethod study (Mary Dixon-Woods, Richard Baker, Kathryn Charles, Jeremy Dawson, Gabi Jerzembek, G Martin, I McCarthy, L McKee, J Minion, P Ozieranski, J Willars, P Wilkie, M West) • Systematic review of the application of the **plan–do–study–act method** to improve quality in healthcare (Michael J Taylor, Chris McNicholas, Chris Nicolay, Ara Darzi, Derek Bell, Julie E Reed) • **Governing patient safety**: lessons learned from a mixed methods evaluation of implementing a ward-level medication safety scorecard in two English NHS hospitals (Angus I G Ramsay, Simon Turner, Gillian Cavell, C Alice Oborne, Rebecca E Thomas, Graham Cookson, Naomi J Fulop)
URL	http://qualitysafety.bmj.com/onlinefirst.dtl