



## On the Radar

Issue 147

Tuesday 8 October 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.

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### On the Radar

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### 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](mailto:ACSQHCevents@safetyandquality.gov.au)

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

## Books

*Create a great quality system in six months: A blueprint for building the foundations of a great consumer experience*

Balding C

Melbourne: Cathy Balding, 2013.

Notes	From one of Australia's prominent health quality advocates, this book is a practical guide for managers and executive teams alike, that aligns quality and strategic planning. While the timeframes proposed in the book may be challenging for some services, they do provide a step-by-step guide that is useful.
URL	<a href="http://www.cathybalding.com/cgqs_book_purchase">http://www.cathybalding.com/cgqs_book_purchase</a>
TRIM	87784

## Journal articles

*Patient-centred access to health care: conceptualising access at the interface of health systems and populations.*

Jean-Frederic Levesque, Mark F Harris and Grant Russell

International Journal for Equity in Health 2013, 12:18

Notes	<p>Access to health care is central to health service delivery and the performance of health care systems. However, the concept of access to health care remains complex, with many different interpretations and definitions of the concept across authors.</p> <p>This paper aims to introduce a broader concept of access that better incorporates patient-care perspectives into population and system level approaches to access to health care. The authors define this as the opportunity to identify health care needs, seek health care services, reach/obtain/use health care services and to actually have the need for services fulfilled. They have conceptualised <b>five dimensions of accessibility</b> of health systems (<b>approachability, acceptability, availability and accommodation, affordability, and appropriateness</b>), and five corresponding abilities of populations that interact with accessibility to generate access (their ability to perceive, seek, reach, pay and engage). The paper discusses the comprehensiveness and dynamic nature of this conceptualisation and identifies relevant determinants that can impact access from a multilevel perspective, where factors related to health systems, organisations and providers are considered with factors at the individual, community and population levels.</p>
DOI	<a href="http://dx.doi.org/10.1186/1475-9276-12-18">dx.doi.org/10.1186/1475-9276-12-18</a>

*Variation in surgery and surgical research*

The Lancet

The Lancet 2013;382(9898):1071.

*90-day mortality after 409 096 total hip replacements for osteoarthritis, from the National Joint Registry for England and Wales: a retrospective analysis*

Hunt LP, Ben-Shlomo Y, Clark EM, Dieppe P, Judge A, MacGregor AJ, et al.

The Lancet 2013;382(9898):1097-1104.

*Subcuticular sutures versus staples for skin closure after open gastrointestinal surgery: a phase 3, multicentre, open-label, randomised controlled trial*

Tsujinaka T, Yamamoto K, Fujita J, Endo S, Kawada J, Nakahira S, et al.

The Lancet 2013;382(9898):1105-1112.

*Understanding of regional variation in the use of surgery*

Birkmeyer JD, Reames BN, McCulloch P, Carr AJ, Campbell WB, Wennberg JE

The Lancet 2013;382(9898):1121-1129.

*Strategies to reduce variation in the use of surgery*

McCulloch P, Nagendran M, Campbell WB, Price A, Jani A, Birkmeyer JD, et al

The Lancet 2013;382(9898):1130-1139.

*UK implements national programme for surgical trials*

McCall B

The Lancet 2013;382(9898):1083-1084.

Notes	<p>The current issue of <i>The Lancet</i> has something of a surgical focus, as the editorial notes. This includes items that address what the editorial refers to as “common surgical questions”.</p> <p>One looks at primary unilateral <b>hip replacement</b> for osteoarthritis, in which death is a fortunately uncommon outcome, and using the National Joint Registry for England and Wales suggest ways by which mortality may be reduced further. The authors of this study suggest that “widespread adoption of <b>four simple clinical management strategies (posterior surgical approach, mechanical and chemical prophylaxis, and spinal anaesthesia)</b> could, if causally related, <b>reduce mortality further.</b>”</p> <p>Next is a piece examining what is the best method of skin closure for patients undergo gastrointestinal surgery, in which the authors compared subcuticular sutures with staples in a large randomised controlled trial. The authors conclude that “efficacy of <b>subcuticular sutures</b> was <b>not</b> validated as <b>an improvement</b> over a standard procedure for skin closure to reduce the incidence of wound complications after open gastrointestinal surgery”.</p> <p>Further, is a pair of items on surgical variation. As the editorial notes, “Surgical rates for a condition that vary independently of disease prevalence imply that an operation might be done without regard to equity or evidence. As discussed in two Series papers by John Birkmeyer, Peter McCulloch, and colleagues, many factors influence the decision to operate, including different rates of screening or referral. Nonetheless, they report that the <b>largest variable</b> appears to be <b>surgeon attitudes</b>, followed by the <b>involvement of patients in decision making</b> (the greatest variability was noted in those procedures most sensitive to a patient's preference). Improved knowledge transfer by providing relevant, readily usable evidence to inform clinicians and decision aids to educate and empower patients can reduce unwanted variation.”</p> <p>The authors of the first paper suggest that “Variation in clinical decision making is, in turn, affected by broad environmental factors, including technology diffusion, supply of specialists, local training frameworks, financial incentives, and regulatory factors, which vary across countries. <b>Better scientific evidence</b> about the <b>comparative effectiveness</b> of surgical and non-surgical interventions <b>could help</b> to mitigate regional variation, but broader dissemination of <b>shared decision aids will be essential to reduce variation</b> in preference-sensitive disorders.”</p>
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	This issue of <i>The Lancet</i> also carries an item reporting that a clinical research programme is being developed by the UK's Royal College of Surgeons that puts <b>new surgical devices and techniques through randomised clinical trials.</b>
DOIs	Editorial <a href="http://dx.doi.org/10.1016/S0140-6736(13)62006-1">http://dx.doi.org/10.1016/S0140-6736(13)62006-1</a> Hunt et al <a href="http://dx.doi.org/10.1016/S0140-6736(13)61749-3">http://dx.doi.org/10.1016/S0140-6736(13)61749-3</a> Tsujinaka et al <a href="http://dx.doi.org/10.1016/S0140-6736(13)61780-8">http://dx.doi.org/10.1016/S0140-6736(13)61780-8</a> Birkmeyer et al <a href="http://dx.doi.org/10.1016/S0140-6736(13)61215-5">http://dx.doi.org/10.1016/S0140-6736(13)61215-5</a> McCulloch et al <a href="http://dx.doi.org/10.1016/S0140-6736(13)61216-7">http://dx.doi.org/10.1016/S0140-6736(13)61216-7</a> McCall <a href="http://dx.doi.org/10.1016/S0140-6736(13)62009-7">http://dx.doi.org/10.1016/S0140-6736(13)62009-7</a>

*International Journal for Quality in Health Care*

Vol. 25, No. 5

October 2013

Notes	<p>A new issue of the <i>International Journal for Quality in Health Care</i> has been published. Many of the papers in this issue have been referred to in previous editions of <i>On the Radar</i> (when they were released online). Articles in this issue of the <i>International Journal for Quality in Health Care</i> include:</p> <ul style="list-style-type: none"> <li>• Editor's choice: Impact evaluation of a quality improvement intervention on <b>maternal and child health</b> outcomes in Northern Ghana: early assessment of a national scale-up project (Kavita Singh, Ilene Speizer, Sudhanshu Handa, R O Boadu, S Atinbire, P M Barker, and N A Y Twum-Danso)</li> <li>• Improving <b>health system quality in low- and middle-income countries</b> that are expanding health coverage: a framework for insurance (Kedar S. Mate, Zoe K. Sifrim, Kalipso Chalkidou, Francoise Cluzeau, Derek Cutler, Meredith Kimball, Tricia Morente, Helen Smits, and Pierre Barker)</li> <li>• Are the Dutch <b>long-term care organizations</b> getting better? A trend study of quality indicators between 2007 and 2009 and the patterns of regional influences on performance (S. Winters-Van Der Meer, R.B. Kool, N.S. Klazinga, and R. Huijsman)</li> <li>• Do older patients and their family caregivers agree about the quality of <b>chronic illness care</b>? (Erin R. Giovannetti, Lisa Reider, Jennifer L. Wolff, Kevin D. Frick, Chad Boulton, Don Steinwachs, and Cynthia M. Boyd)</li> <li>• A systematic review of instruments that assess the <b>implementation of hospital quality management systems</b> (Oliver Groene, Daan Botje, Rosa Suñol, Maria Andrée Lopez, and Cordula Wagner)</li> <li>• What is known about <b>adverse events in older medical hospital inpatients</b>? A systematic review of the literature (Susannah Jane Long, Katrina Fiona Brown, Diane Ames, and Charles Vincent)</li> <li>• Benchmarking French regions according to their <b>prevalence of healthcare-associated infections</b> (Y T Chen, M Rabilloud, J M Thiolet, B Coignard, and M H Metzger)</li> <li>• <b>Missed medication doses in hospitalised patients</b>: a descriptive account of quality improvement measures and time series analysis (Jamie J Coleman, James Hodson, Hannah L Brooks, and David Rosser)</li> <li>• <b>Hospital readmission</b> and parent perceptions of their <b>child's hospital discharge</b> (Jay G Berry, Sonja I Ziniel, Linda Freeman, William Kaplan, Richard Antonelli, James Gay, E A Coleman, S Porter, and D Goldmann)</li> <li>• Is early treatment of acute chest pain provided sooner to patients who speak the <b>national language</b>? (Marco Santos, Annica Ravn-Fischer, Thomas</li> </ul>
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	<ul style="list-style-type: none"> <li>Information technology interventions to improve <b>medication safety in primary care</b>: a systematic review (Miriam Lainer, Eva Mann, and Andreas Sönnichse)</li> <li><b>Health services accreditation</b>: what is the evidence that the benefits justify the costs? (Virginia Mumford, Kevin Forde, David Greenfield, Reece Hinchcliff, and Jeffrey Braithwaite)</li> </ul>
URL	<a href="http://intqhc.oxfordjournals.org/content/25/5?etoc">http://intqhc.oxfordjournals.org/content/25/5?etoc</a>

*Healthcare Infection*  
Volume 18(3) 2013

Notes	<p>A new issue of <i>Healthcare Infection</i> has been published, timed to coincide with the Australian College for Infection Prevention and Control's Annual Conference. Articles in this issue include:</p> <ul style="list-style-type: none"> <li>The provision of <b>infection prevention and control services</b> in the public health sector in <b>New Zealand</b> (Sally Roberts)</li> <li>The relationship between patient characteristics and the development of a <b>multi-resistant healthcare-associated infection</b> in a private South Australian hospital (L S Jarratt and E R Miller)</li> <li>Long-term survival outcome following <i>Staphylococcus aureus</i> <b>bacteraemia</b> (Chong W. Ong, Jan L. Roberts and Peter J. Collignon)</li> <li><b>Healthcare waste disposal</b>: an analysis of the effect of education on improving waste disposal (Karen Hames)</li> <li><b>Vancomycin-resistant enterococci surveillance</b> of intensive care patients: incidence and outcome of colonisation (Elena Iolovska, Heather Bullard, Wendy Beckingham, Peter Collignon, Imogen Mitchell and B Avard)</li> <li><b>Shelf life of sterilized packaged items</b> stored in acute care hospital settings: factors for consideration (Prabha Lakhan, Joan Faoagali, Rosemary Steinhardt and Dolly Olesen)</li> </ul>
URL	<a href="http://www.publish.csiro.au/nid/241/issue/6680.htm">http://www.publish.csiro.au/nid/241/issue/6680.htm</a>

For information about the Commission's work on healthcare associated infection, see <http://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/>

*BMJ Quality and Safety* online first articles

Notes	<p><i>BMJ Quality and Safety</i> has published a number of 'online first' articles, including:</p> <ul style="list-style-type: none"> <li>Editorial: <b>More dialogue, more learning, more action</b> (James Mountford, Martin Marshall)</li> <li><b>Inequalities in avoidable hospitalisation</b> by area income and the role of individual characteristics: a population-based register study in Stockholm County, Sweden (Therese Löfqvist, Bo Burström, A Walander, R Ljung)</li> <li><b>Safety checklist compliance</b> and a false sense of safety: new directions for research (Christofer Rydenfält, Åsa Ek, Per Anders Larsson)</li> <li>Applying <b>ethnography</b> to the <b>study of context in healthcare quality</b> and safety (Myles Leslie, Elise Paradis, Michael A Gropper, Scott Reeves, Simon Kitto)</li> </ul>
URL	<a href="http://qualitysafety.bmj.com/onlinefirst.dtl">http://qualitysafety.bmj.com/onlinefirst.dtl</a>

## Online resources

[USA] Protocol based on REDUCE MRSA trial helps hospitals reduce MRSA and Bloodstream Infections

[http://www.ahrq.gov/professionals/systems/hospital/universal\\_icu\\_decolonization/index.html](http://www.ahrq.gov/professionals/systems/hospital/universal_icu_decolonization/index.html)

The US Agency for Healthcare Research and Quality (AHRQ) has released a protocol providing instructions for implementing universal decolonization in adult intensive care units (ICUs). The “Universal ICU Decolonization Toolkit: An Enhanced Protocol” is based on materials successfully used in the REDUCE MRSA Trial, which found universal decolonization the most effective intervention, reducing MRSA clinical cultures by 37 percent and all-cause bloodstream infections by 44 percent.

The protocol:

- Provides decision-making tools and a rationale to help hospital leaders understand the effectiveness of ICU decolonization with mupirocin and chlorhexidine gluconate (CHG) and decide if this strategy represents the best course of action for their facility.
- Provides instructions on how to garner institutional support from key stakeholders to support the adoption of a universal ICU decolonization strategy within adult units.
- Describes the role of unit-based physician and nursing champions who oversee decolonization intervention and provide training/materials for front-line staff.
- Provides tools to assess adherence to the decolonization protocol and reinforce training.

For information about the Commission’s work on healthcare associated infection, see

<http://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/>

[USA] HBR and NEJM Insight Center: Leading Health Care Innovation

[hbr.org/special-collections/insight/leading-health-care-innovation](http://hbr.org/special-collections/insight/leading-health-care-innovation)

This site is a co-production between the Harvard Business Review (HBR) and the New England Journal of Medicine (NEJM) the offers an eight-week online forum “devoted to helping leaders, managers, and others in health care increase value by improving patient outcomes and reducing costs.”

[Canada] Dr Cochrane Canada Pilot Test

<http://ccnc.cochrane.org/dr-cochrane-canada-pilot-test>

The Canadian Cochrane Centre and The Cochrane Collaboration are expanding their involvement in continuing medical education (CME), in collaboration with Wiley-Blackwell Publishing, through the development of Dr Cochrane – Cochrane vignettes. Dr. Cochrane is a new innovative way of learning with quirky clinical fictional stories based on high quality clinical evidence.

[USA] Empathy: The Human Connection to Patient Care

[http://www.youtube.com/watch?v=cDDWvj\\_q-o8](http://www.youtube.com/watch?v=cDDWvj_q-o8)

This video is apparently a training video from the Cleveland Clinic that emphasises to staff the centrality of the patient and their experience to the Cleveland Clinic’s approach to health care.

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