



On the Radar

Issue 154

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On the Radar

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Reports

Enhancing Access Through Integration: How small, rural and northern hospitals are innovating partnerships and building health hubs

Ontario Hospital Association

Toronto. Ontario Hospital Association, 2013.

Notes	This document contains 19 case studies of hospitals in rural and remote areas of the Canadian province of Ontario that highlight the innovative work being done in small hospitals to improve access and quality of care . Many of these hospitals have implemented 'health hubs' to better serve their communities, integrating acute, primary, and long-term care, along with services for mental health and addiction.
URL	http://www.oha.com/KnowledgeCentre/Library/Documents/Final%20-%20SRN%20Success%20Stories.pdf

International Profiles of Health Care Systems, 2013: Australia, Canada, Denmark, England, France, Germany, Italy, Japan, the Netherlands, New Zealand, Norway, Sweden, Switzerland, and the United States

Thomson S, Osborn R, Squires D, Jun M, editors

New York: The Commonwealth Fund, 2013.

Notes	<p>This latest version of the Commonwealth Fund’s comparison of health systems publication gives an overview of the health care systems of Australia, Canada, Denmark, England, France, Germany, Japan, Italy, the Netherlands, New Zealand, Norway, Sweden, Switzerland, and the United States. Each overview covers health insurance, public and private financing, health system organisation and governance, health care quality and coordination, disparities, efficiency and integration, use of information technology and evidence-based practice, cost containment, and recent reforms and innovations.</p> <p>Summary tables provide data on a number of key health system characteristics and performance indicators, including overall health care spending, hospital spending and utilization, health care access, patient safety, care coordination, chronic care management, disease prevention, capacity for quality improvement, and public views.</p>
URL	http://www.commonwealthfund.org/Publications/Fund-Reports/2013/Nov/International-Profiles-of-Health-Care-Systems.aspx
TRIM	90937

How to ensure the right people, with the right skills, are in the right place at the right time: A guide to nursing, midwifery and care staffing capacity and capability

National Quality Board

London. National Quality Board, 2013.

Notes	<p>The (English) National Quality Board, sponsored by The Chief Nursing Officer in England, has published this guide to support providers in making the right decisions about nursing, midwifery and care staffing capacity and capability. The guide:</p> <ul style="list-style-type: none"> • Outlines a set of expectations relating to staffing, and provides advice on how they can be met; • Signposts existing evidence-based tools and resources, and provides examples of good practice • Outlines individual responsibilities of different parts of the workforce in relation to staffing; • Describes approaches to organisations reporting on staffing levels on a monthly basis; and • Explains what English national organisations will do to underpin the expectations.
URL	http://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf

Journal articles

Antibiotic resistance—the need for global solutions

Laxminarayan R, Duse A, Wattal C, Zaidi AKM, Wertheim HFL, Sumpradit N, et al.
The Lancet Infectious Diseases 2013 [epub].

Notes	<p>To mark the start of a week of global activities around antibiotic resistance, including Antibiotic Awareness Week here, <i>Lancet Infectious Diseases</i> published this substantial piece describing the issues and the challenges ahead.</p> <p>From the piece’s summary:</p> <p>“The causes of antibiotic resistance are complex and include human behaviour at many levels of society; the consequences affect everybody in the world. coordinated action is largely absent, especially at the political level, both nationally and internationally. Antibiotics paved the way for unprecedented medical and societal developments, and are today indispensible in all health systems. Achievements in modern medicine, such as major surgery, organ transplantation, treatment of preterm babies, and cancer chemotherapy, which we today take for granted, would not be possible without access to effective treatment for bacterial infections. Within just a few years, we might be faced with dire setbacks, medically, socially, and economically, unless real and unprecedented global coordinated actions are immediately taken. Here, we describe the global situation of antibiotic resistance, its major causes and consequences, and identify key areas in which action is urgently needed.”</p>
DOI	http://dx.doi.org/10.1016/S1473-3099(13)70318-9

	<p>For further information and resources on antibiotic awareness, see www.safetyandquality.gov.au/aaw2013</p>
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Antimicrobial stewardship in Victorian hospitals: a statewide survey to identify current gaps

James RS, McIntosh KA, Luu SB, Cotta MO, Marshall C, Thursky KA, and Busing KL
Med J Aust 2013; 199 (10): 692-695

Notes	<p>Antimicrobial stewardship (AMS) involves multiple strategies to safeguard the effectiveness of antibiotics against bacterial resistance. The inclusion of AMS strategies in the National Safety and Quality Health Service accreditation standards has provided a “heightened sense of urgency” around implementing AMS in Australian hospitals, say the authors. Their survey of Victorian Health Services provides important baseline information about how public and private hospitals are implementing AMS strategies, and some of the gaps and challenges they report. For example while 97% report that <i>Therapeutic guidelines: Antibiotic</i> are available as recommended, only 48% included them in antimicrobial policy and 44% had a formulary covering antimicrobials. Lack of resources for pharmacy, infectious diseases and clinical microbiology services were the top 3 barriers reported.</p>
DOI	http://dx.doi.org/10.5694/mja13.10422

For information about the Commission’s work on health care associated infection, including antimicrobial stewardship, see <http://www.safetyandquality.gov.au/our-work/healthcare-associated-infection>

Difficult but necessary conversations — the case for advance care planning

Scott IA, Mitchell GK, Reymond EJ, Daly MP

Medical Journal of Australia 2013;199(10):662-666.

Notes	How can clinicians and services improve the use of effective advance care planning (ACP)? Which 3 questions can help clinicians decide when it’s time to start the conversation? Tips for successful conversations with patients and strategies for embedding ACP into routine care are described. Rather than focusing on completion rates of advance care directives (living wills), the authors suggest encouraging ‘ <i>widespread use of ACP as a process for iteratively identifying and facilitating what patients consider important for a “good death”</i> ’. For more information about advance care planning in Australia, see Advance Care Planning Australia http://advancecareplanning.org.au/
DOI	http://dx.doi.org/10.5694/mja13.10158

Pathways to enhancing the quality of stroke care through national data monitoring systems for hospitals

Cadilhac DA, Moss KM, Price CJ, Lannin NA, Lim JYK, Anderson CS

Medical Journal of Australia 2013;199(10):650-651.

Notes	Monitoring quality of stroke care is a major focus for funders, healthcare providers and consumers. This commentary outlines current data monitoring systems for stroke care and the steps taken to implement a national integrated approach to data collection for monitoring quality improvement of stroke care in Australia. In addition to government-collected hospital data, the National Stroke Foundation (NSF) audit program and the Australian Stroke Clinical Registry (AuSCR) are independent but complementary national programmes for monitoring stroke care. Improved efficiency may be achieved through a national system to integrate data collection processes and establish links from different repositories, and to use performance data to drive quality improvement in stroke care. The Commission has recently developed a draft <i>Clinical Care Standard for Stroke</i> , covering key aspects of care, and offers a set of indicators to monitor the care provided. The Commission welcomes feedback for any of its draft <i>Clinical Care Standards</i> (Stroke, Antimicrobial Stewardship, and Acute Coronary Syndrome) and supporting documents during public consultation from 18 December 2013 until 14 March 2014. For additional information, see http://www.safetyandquality.gov.au/our-work/clinical-care-standards-2/
DOI	http://dx.doi.org/10.5694/mja12.11821

What makes maternity teams effective and safe? Lessons from a series of research on teamwork, leadership and team training

Siassakos D, Fox R, Bristowe K, Angouri J, Hambly H, Robson L, et al.

Acta Obstetricia et Gynecologica Scandinavica 2013;92(11):1239-1243.

Notes	This brief paper draws together findings from seven studies/interventions in a single region and describes how teamwork, team training and leadership contribute to safety in obstetric care.
DOI	http://dx.doi.org/10.1111/aogs.12248

Low awareness of adverse drug reaction reporting systems: a consumer survey

Robertson J, Newby DA

Medical Journal of Australia 2013;199(10):684-686.

Notes	Australia has adverse drug reporting systems for both health professionals and consumers. Consumers have identified novel and serious adverse reactions not otherwise reported. Yet while reports made by GPs declined from 28% to 7% of total reports between 2003 and 2011, only 10% of consumers in a recent survey were aware of the consumer Adverse Medicine Events Line . The authors describe how consumer ADR reports differ qualitatively to health professionals' reports as well as the barriers to be overcome for increased consumer reporting.
DOI	http://dx.doi.org/10.5694/mja13.10069

BMJ Quality and Safety

December 2013, Vol 22, Issue 12

Notes	<p>A new issue of <i>BMJ Quality and Safety</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 <i>BMJ Quality and Safety</i> include:</p> <ul style="list-style-type: none"> • Editorial: Interventions to reduce urinary catheter use: it worked for them, but will it work for us? (Jennifer Meddings) • Editorial: Home care: more than just a visiting nurse (Katrina M Romagnoli, Steven M Handler, Harry Hochheiser) • Editorial: Decreasing readmissions: it can be done but one size does not fit all (Finlay A McAlister) • Experience of general hospital care in older patients with cognitive impairment: are we measuring the most vulnerable patients' experience? (Sarah E Goldberg, Rowan H Harwood) • The role of technology in clinician-to-clinician communication (Lisa M McElroy, Daniela P Ladner, Jane L Holl) • Reduction of unnecessary use of indwelling urinary catheters (Jolien Janzen, Bianca M Burman, Lodewijk Spanjaard, Theo M de Reijke, Astrid Goossens, Suzanne E Geerlings) • Assessing adverse events among home care clients in three Canadian provinces using chart review (Régis Blais, Nancy A Sears, Diane Doran, G Ross Baker, Marilyn Macdonald, Lori Mitchell, Stéphane Thalès) • Allocating scarce resources in real-time to reduce heart failure readmissions: a prospective, controlled study (Ruben Amarasingham, Parag C Patel, Kathleen Toto, L L Nelson, T S Swanson, B J Moore, B Xie, S Zhang, K S Alvarez, Y Ma, M H Drazner, U Kollipara, E A Halm) • Resilient actions in the diagnostic process and system performance (Michael W Smith, Traber Davis Giardina, Daniel R Murphy, Archana Laxmisan, Hardeep Singh) • 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) • Reducing cardiac arrests in the acute admissions unit: a quality improvement journey (Daniel J Beckett, Monica Inglis, Sharon Oswald, Elaine Thomson, Wilma Harley, J Wilson, R C Lloyd, K D Rooney) • A structured judgement method to enhance mortality case note review: development and evaluation (Allen Hutchinson, Joanne E Coster, Katy L
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	<p>Cooper, Michael Pearson, Aileen McIntosh, Peter A Bath)</p> <ul style="list-style-type: none"> • Estimating risk when zero events have been observed (John Quigley, Matthew Revie, Jesse Dawson) • Teaching about how doctors think: a longitudinal curriculum in cognitive bias and diagnostic error for residents (James B Reilly, Alexis R Ogdie, Joan M Von Feldt, Jennifer S Myers)
URL	http://qualitysafety.bmj.com/content/22/12

American Journal of Medical Quality
September 2013; Vol. 28, No. 6

Notes	<p>A new issue of the <i>American Journal of Medical Quality</i> has been published. This issue includes the following items:</p> <ul style="list-style-type: none"> • Why Don't We Know Whether Care Is Safe? (Julius Cuong Pham, Kevin D. Frick, and Peter J. Pronovost) • Implementing the Physician Quality Reporting System in an Academic Multispecialty Group Practice: Lessons Learned and Policy Implications (Bettina Berman, Valerie P. Pracilio, Albert Crawford, William R Behm, Richard Jacoby, David B Nash, and Neil I Goldfarb) • The Effect of a Resident-Led Quality Improvement Project on Improving Communication Between Hospital-Based and Outpatient Physicians (Lucy Kalanithi, Charles E Coffey, Michelle Mourad, Arpana R Vidyarthi, Harry Hollander, and Sumant R Ranji) • Addressing Antibiotic Use for Acute Respiratory Tract Infections in an Academic Family Medicine Practice (Michael L Grover, Jon T Nordrum, Martina Mookadam, Richard L Engle, Carolyn C Moats, and Brie N Noble) • Residents Examine Factors Associated With 30-Day, Same-Cause Hospital Readmissions on an Internal Medicine Service (J Moran, C Y Colbert, J Song, J Hull, S Rajan, S Varghees, A C Arroliga, and S P Reddy) • Long-Term Acute Care Hospitals Have Low Impact on Medicare Readmissions to Short-Term Acute Care Hospitals (Antony M Grigonis, Lisa K Snyder, and Amanda M Dawson) • Multiple Determinants of the Abortion Care Experience: From the Patient's Perspective (Diana Taylor, Debbie Postlethwaite, Sheila Desai, E Angel James, Amanda W Calhoun, Katharine Sheehan, and T A Weitz) • The Development of Validated Checklist for Foley Catheterization: Preliminary Results (Katherine Berg, D Berg, L A Riesenberg, K Mealey, A Schaeffer, D Weber, E M Justice, J Davis, K Geffe, and G Tinkoff) • Disparity in Race-Specific Comorbidities Associated With Central Venous Catheter-Related Bloodstream Infection (AHRQ-PSI7) (James Studnicki, Bola F Ekezue, Maka Tsulukidze, Peggy Honoré, Ramal Moonensinghe, and John Fisher) • The Clinician Engagement and Education Session: Modernizing "Academic Detailing" (Richard J Schuster, Colleen O'Brien Cherry, and Matthew Lee Smith) • Postdischarge Focus Groups to Improve the Hospital Experience (Naama Neeman, Katie Quinn, M Shoeb, M Mourad, N L Sehgal, and D Sliwka) • Redesigning Process Flow to Provide Safe, Reliable Care During Critical Transitions: An Interdisciplinary Pilot Project (Steven Assalita, John Metza, Jr., and Ryan Norton)
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	<ul style="list-style-type: none"> • Safety Coaches: Teaching Quality Improvement and Patient Safety in Residency Programs (Lauren A Scott)
URL	http://ajm.sagepub.com/content/vol28/issue6/?etoc

Australian Journal of Primary Health
Vol. 19, No. 4

Notes	<p>A new issue of the <i>Australian Journal of Primary Health</i> has been published. This is a Special Issue with the theme <i>The Rhetoric and Reality of e-Health</i> and offers a variety of perspectives on current developments in e-health in Australia. Articles in this issue include:</p> <ul style="list-style-type: none"> • The rhetoric and reality of e-health: a critical assessment of the benefits of e-health in primary health care (Lareen Newman and Oliver Frank) • Feasibility study of a self-guided cognitive behaviour therapy Internet intervention for cancer carers (Karen Scott and Lisa Beatty) • Talking with the alien: interaction with computers in the GP consultation (Anthony Dowell, M Stubbe, K Scott-Dowell, L Macdonald and K Dew) • Video-based telehealth in Australian primary health care: current use and future potential (Melissa Raven, Caryn Butler and Petra Bywood) • e-Learning competency for practice nurses: an evaluation report (Marie Heartfield, Andrea Morello, Melanie Harris, Sharon Lawn, Vincenza Pols, Carolyn Stapleton and Malcolm Battersby) • Usefulness of a virtual community of practice and Web 2.0 tools for general practice training: experiences and expectations of general practitioner registrars and supervisors (Stephen Barnett, Sandra C Jones, Sue Bennett, Don Iverson and Andrew Bonney) • Learning from the implementation of inter-organisational web-based care planning and coordination (Rae Walker, Vivian Blacker, Linda Pandita, Jacky Close, Wendy Mason and Julie Watson) • A critical discussion of the benefits of e-health in population-level dental research (Raymond Lam, Estie Kruger and Marc Tennant) • Pregnant women's use of information and communications technologies to access pregnancy-related health information in South Australia (D Rodger, A Skuse, M Wilmore, S Humphreys, J Dalton, M Flabouris and V L. Clifton) • Online healthy lifestyle support in the perinatal period: what do women want and do they use it? (Lydia Hearn, Margaret Miller and Anna Fletcher) • Systematic review of the types of methods and approaches used to assess the effectiveness of healthcare information websites (Jennifer Tieman and Sandra L. Bradley) • Evaluation of a website that promotes social connectedness: lessons for equitable e-health promotion (Katy Osborne and Katherine Patel) • e-Mental health in South Australia: impact of age, gender and region of residence (Miriam C Keane, Leigh S Roeger, S Allison and R L Reed) • Improving access to electronic health records for people with intellectual disability: a qualitative study (Kate van Dooren, N Lennox and M Stewart)
URL	http://www.publish.csiro.au/nid/261/CurrentIssueFlag/1.htm

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"> • Suffering in silence: a qualitative study of second victims of adverse events (Susanne Ullström, Magna Andreen Sachs, Johan Hansson, John Øvretveit, Mats Brommels) • Facing up to the reality of missed care (Bonnie J Wakefield) • A multifaceted intervention to improve sepsis management in general hospital wards with evaluation using segmented regression of interrupted time series (Charis A Marwick, Bruce Guthrie, Jan E C Pringle, Josie M M Evans, Dilip Nathwani, Peter T Donnan, Peter G Davey) • Challenges to implementing expanded team models: lessons from a centralised nurse-led cholesterol-lowering programme (Emily K Kadehjian, Louise Schneider, Jeffrey O Greenberg, Jessica Dudley, Allen Kachalia)
URL	http://qualitysafety.bmj.com/content/early/recent

International Journal for Quality in Health Care online first articles

Notes	<p>The <i>International Journal for Quality in Health Care</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Impact of guideline-concordant microbiological testing on outcomes of pneumonia (Hironori Uematsu, Hideki Hashimoto, Tetsuya Iwamoto, Hiromasa Horiguchi, and Hideo Yasunaga) • There is another way: empowering frontline staff caring for acutely unwell adults (Peter Turkington, Maxine Power, Carianne Hunt, Christine Ward, Emma Donaldson, John Bellerby, and Peter Murphy) • The relationship between hospital patients' ratings of quality of care and communication (Anita C Keller, Manfred Max Bergman, Claudia Heinzmann, Atanas Todorov, Heidemarie Weber, and Michael Heberer) • Redesigning mental healthcare delivery: is there an effect on organizational climate? (TCM Joosten, IMB Bongers, and RTJM Janssen)
URL	http://intqhc.oxfordjournals.org/content/early/recent?papetoc

Online resources

WHO Learning from Error

http://www.who.int/patientsafety/education/vincristine_download/en/index.html

As part of the WHO’s suite of Patient Safety resources, the *Learning from Error* training booklet and video are available. These resources are available in a number of languages.

The video was produced for use in a seminar or workshop setting in conjunction with the *Learning from Error* booklet. The booklet explains more about how the resource can be used to facilitate learning for health care professionals.

Chapter 1 provides an introduction to the concept of root cause analysis. Chapter 2 is a dramatized incident of how a series of errors led to the incorrect administration of vincristine. Chapters 3-8 analyse the drama in the light of five factors that can reduce error in health care.

EBHC Conference 2013

<http://www.ebhc.org/pagine/983/it/report>

Presentations and other materials from the Evidence Based Health Care Conference 2013 are now available. The themes of this conference were *Evidence, Governance, Performance* with a wide range of topics covered, including shared decision making. Material from workshops, presentations and plenary sessions are available.

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