



On the Radar

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On the Radar

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Reports

Hospital discharge: the patient, carer and doctor perspective
British Medical Association Patient Liaison Group
London. British Medical Association, 2014:34.

Notes	The British Medical Association and its BMA Patient Liaison Group have produced this resource to help support patients with the hospital discharge process. It includes a checklist, including a list of questions that are suitable for the majority of patients to ask about their care discharge. It also includes stories from patients about their experiences and the perspectives of doctors on their care journey.
URL	http://www.bma.org.uk http://bma.org.uk/-/media/files/pdfs/about%20the%20bma/how%20we%20work/professional%20committees/patient%20liaison%20group/plg%20patient%20discharge.pdf

Delivering integrated care and support. Insights - Evidences summaries to support social services in Scotland No. 24

Petch A

Glasgow. Institute for Research and Innovation in Social Services, 2014:16.

Notes	This latest evidence summary report from the Scottish Institute for Research and Innovation in Social Services argues that the achievement of personal outcomes for individuals should be the focus of integrated care and support. It highlights six key dimensions to successfully delivering integrated care: vision; leadership; culture; local context; integrated teams; and time.
URL	http://www.iriss.org.uk/resources/delivering-integrated-care-and-support-insight

Regulating quality and safety of health and social care: International experiences

RAND Corporation

Notes	This new report from the RAND Corporation examines the regulatory mechanisms that have been implemented in six countries (Australia, England, Finland, Germany, the Netherlands and the USA) to ensure that essential standards of care are applied and are being adhered to, and considers the range of policy instruments used to encourage and ensure continuous quality improvement.
URL	http://www.rand.org/pubs/research_reports/RR561.html

Journal articles

BMJ Quality and Safety

March 2014, Vol 23, Issue 3

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: No man is an island: disentangling multilevel effects in health services research (Michelle Ko, Andrew B Bindman) • Editorial: It's not you, it's me: time to narrow the gap in weekend care (Lauren Lapointe-Shaw, Chaim M Bell) • Safety checklist compliance and a false sense of safety: new directions for research (Christofer Rydenfält, Åsa Ek, Per Anders Larsson) • Practices to prevent venous thromboembolism: a brief review (Brandyn D Lau, Elliott R Haut) • Human factors and ergonomics as a patient safety practice (Pascale Carayon, Anping Xie, Sarah Kianfar) • Inequalities in avoidable hospitalisation 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) • Do variations in hospital mortality patterns after weekend admission reflect reduced quality of care or different patient cohorts? A population-based study (Oscar Perez Concha, Blanca Gallego, Ken Hillman, Geoff P Delaney, Enrico Coiera) • From physician intent to the pharmacy label: prevalence and description of discrepancies from a cross-sectional evaluation of electronic prescriptions (G L Cochran, D G Klepser, M Morien, D Lomelin, R Schainost, L Lander)
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	<ul style="list-style-type: none"> • Managing competing demands through task-switching and multitasking: a multi-setting observational study of 200 clinicians over 1000 hours (Scott R Walter, Ling Li, William T M Dunsmuir, Johanna I Westbrook) • Staffing and resource adequacy strongly related to RNs' assessment of patient safety: a national study of RNs working in acute-care hospitals in Sweden (Lisa Smeds Alenius, C Tishelman, S Runesdotter, R Lindqvist) • Increases in HIV screening in primary care clinics through an electronic reminder: an interrupted time series (Ann K Avery, M Del Toro, A Caron) • Integrating patient safety into health professionals' curricula: a qualitative study of medical, nursing and pharmacy faculty perspectives (Deborah Tregunno, Liane Ginsburg, Beth Clarke, Peter Norton)
URL	http://qualitysafety.bmj.com/content/23/3

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"> • More than a score: a qualitative study of ancillary benefits of performance measurement (Adam A Powell, Katie M White, Melissa R Partin, Krysten Halek, Sylvia J Hysong, Edwin Zarling, Susan R Kirsh, Hanna E Bloomfield)
URL	http://qualitysafety.bmj.com/content/early/recent

International Journal for Quality in Health Care online first articles

Notes	<p><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"> • Is it worth engaging in multi-stakeholder health services research collaborations? Reflections on key benefits, challenges and enabling mechanisms (Reece Hinchcliff, David Greenfield, and Jeffrey Braithwaite) • Factors associated with healthcare professionals' intent to stay in hospital: a comparison across five occupational categories (Ingrid Gilles, Bernard Burnand, and Isabelle Peytremann-Bridevaux) • Physician communication behaviors from the perspective of adult HIV patients in Kenya (Juddy Wachira, Susan Middlestadt, Michael Reece, Chao-Ying Joanne Peng, and Paula Braitstein)
URL	http://intqhc.oxfordjournals.org/content/early/recent?papetoc

Online resources

Australasian College for Emergency Medicine – Indigenous Health & Cultural Competency (IH&CC) project

[https://www.acem.org.au/Education-Training/Educational-resources/Indigenous-Health-Cultural-Competency-\(IH-CC\).aspx](https://www.acem.org.au/Education-Training/Educational-resources/Indigenous-Health-Cultural-Competency-(IH-CC).aspx)

From the Lowitja Institute eBulletin:

The Australasian College for Emergency Medicine (ACEM) has developed an e-learning series “covering a range of topics in Indigenous health and cultural competency. The modules have an ED context but the principles, knowledge and skills explored will be relevant for many other health practitioners as well. The first four new modules in the series are publically available and can be accessed via their website. They include case studies, videos of interviews with doctors, aboriginal liaison officers and cultural educators, and are grounded in the evidence of how culturally competent care can improve patient outcomes.

The first four modules are:

1. Introduction to culturally competent care
2. Culturally competent communication
3. Understanding health literacy and diversity of health beliefs
4. Understanding language diversity and working with interpreters”

Cancer Australia – Multidisciplinary care

<http://canceraustralia.gov.au/clinical-best-practice/multidisciplinary-care>

Cancer Australia—with the support of the National Cancer Expert Reference Group—has developed a new online Multidisciplinary care information hub to support the uptake of multidisciplinary cancer care in regional and metropolitan cancer centres.

The resource provides a single point of access to tailored, evidence-based information; including tools, pro formas and case studies to assist health professionals and health service managers implement multidisciplinary care. Specific information is also provided to support the uptake of multidisciplinary care in the treatment of advanced disease and for regional cancer centres.

[USA] AHRQ WebM&M

<http://webmm.ahrq.gov>

In this month’s WebM&M (morbidity and mortality rounds on the web), the Perspectives on Safety section covers interruptions and distractions in health care. It includes an interview with Professor Enrico Coiera (University of New South Wales) on how interruptions and distractions in the clinical environment influence patient safety.

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