



On the Radar

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On the Radar

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Reports

Hospital Quality Improvement Plans 2013–2014: An Analysis for Improvement
Health Quality Ontario
Toronto: Health Quality Ontario, 2014.

Notes	Under the Ontario Excellent Care for All Act (ECFAA), 2010 hospitals in the Canadian province are required to submit their Quality Improvement Plans (QIPs). Health Quality Ontario (HQO) has published this report describing the progress made on quality improvement overall, and on particular indicators by the hospitals. Health Quality Ontario is required to monitor and report on the quality of the province's health care system, support continuous quality improvement, and promote health care that is supported by the best available scientific evidence. In this report on the Hospital QIPs the HQO focuses on: <ol style="list-style-type: none">1. the state and progress of quality improvement in Ontario2. providing an overview of current QIPs3. reporting on quality improvement as measured by a number of indicators.
URL	http://www.hqontario.ca/portals/0/documents/qi/qip-analysis-hospitals-2013-en.pdf
TRIM	D14-4259

Journal articles

Reducing the Burden of Surgical Harm: A Systematic Review of the Interventions Used to Reduce Adverse Events in Surgery

Howell AM, Panesar SS, Burns EM, Donaldson LJ, Darzi A
Annals of Surgery 2013 [epub].

Notes	<p>This systematic review sought to determine what interventions have successfully reduced surgical adverse events. Among the results reported were structural interventions including improving nurse to patient ratios and Intensive Care Unit physician involvement in post-operative care. The authors also noted that:</p> <ul style="list-style-type: none"> • Sub-specialisation in surgery reduced technical complications • Effective process interventions were submission of outcome data to national audit, use of safety checklists, and adherence to a care pathway. • Certain safety technology significantly reduced harm • Team training had a positive effect on patient outcome.
DOI	http://dx.doi.org/10.1097/SLA.0000000000000371

Delivering the truth: challenges and opportunities for error disclosure in obstetrics

Carranza L, Lyerly AD, Lipira L, Prouty CD, Loren D, Gallagher TH
Obstetrics and Gynecology 2014;123(3):656-659.

Notes	<p>Recent years have seen much interest in disclosure. This paper looks at the issues in the specific realm of obstetrics.</p> <p>The authors suggest that greater openness can deliver better patient-centred care and communication and can also ameliorate liability issues. Specific actions suggested include training in disclosure and the cultivation of a 'just culture'.</p>
DOI	http://dx.doi.org/10.1097/AOG.0000000000000130

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

Patient safety climate (PSC) perceptions of frontline staff in acute care hospitals: Examining the role of ease of reporting, unit norms of openness, and participative leadership

Zaheer S, Ginsburg L, Chuang YT, Grace SL
Health Care Management Review 2013 [epub].

Notes	<p>This paper reports on an empirical study that found ease of reporting, unit norms of openness, and participative leadership all positively influence frontline staff perceptions of patient safety climate within health care organisations.</p> <p>The authors argue that:</p> <ul style="list-style-type: none"> • frontline staff need to be involved “during the development and implementation stages of an error reporting system to ensure staff perceive error reporting to be easy and efficient.” • “Senior and supervisory leaders at health care organizations must be provided with learning opportunities to improve their participative leadership skills so they can better integrate frontline staff ideas and concerns while making safety-related decisions.” • ...frontline staff must be able “to freely communicate safety concerns without fear of being punished or ridiculed by others.”
DOI	http://dx.doi.org/10.1097/HMR.0000000000000005

Notes	<p>A new issue of <i>Healthcare Infection</i> has been published, with the theme of urinary tract infection. Articles in this issue include:</p> <ul style="list-style-type: none"> • Preventing catheter-associated urinary tract infection: a happy marriage between implementation and healthier patients (Sarah L Krein and S Saint) • Urinary tract infection in long-term care facilities (Lindsay E Nicolle) • A single centre point prevalence survey to determine prevalence of indwelling urinary catheter use and nurse-sensitive indicators for the prevention of infection (Rochelle Wynne, Mithun Patel, Nicole Pascual, M Mendoza, P Ho, D Qian, D Thangavel, L Law, M Richards and L Hobbs) • Healthcare associated urinary tract infections: a protocol for a national point prevalence study (Brett Mitchell, Anne Gardner, W Beckingham and O Fasugba) • Renal patients with asymptomatic bacteriuria do not need to be treated: results of a pilot observational audit (Leyland Chuang, Norshima Nashi, Anantharaman Vathsala and Paul Ananth Tambyah) • The economics of UTI surveillance (Nicholas Graves)
URL	http://www.publish.csiro.au/nid/241/issue/7111.htm

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"> • Editorial: Medication errors: do they occur in isolation? (B D Franklin)
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"> • Evidence-based organization and patient safety strategies in European Hospitals (Rosa Sunol, Cordula Wagner, Onyebuchi A. Arah, Charles D. Shaw, Solvejg Kristensen, Caroline A. Thompson, Maral Dersarkissian, Paul D. Bartels, Holger Pfaff, Mariona Secanell, Nuria Mora, Frantisek Vlcek, Halina Kutaj-Wasikowska, Basia Kutryba, Philippe Michel, Oliver Groene, and on behalf of the DUQuE Project Consortium) • The Warwick Patient Experiences Framework: patient-based evidence in clinical guidelines (Sophie Staniszewska, Felicity Boardman, Lee Gunn, Julie Roberts, Diane Clay, Kate Seers, Jo Brett, Liz Avital, Ian Bullock, and Norma O' Flynn)
URL	http://intqhc.oxfordjournals.org/content/early/recent?papetoc

Online resources

Health Knowledge Network

<http://www.latrobe.edu.au/aipca/about/chcp/health-knowledge-network/bulletins>

The Health Knowledge Network has recently published four new evidence bulletins. These bulletins summarise recent systematic reviews published by the Cochrane Consumers and Communication Review Group and consider the relevance of review findings to the local (Victorian) health care context.

The new bulletins are:

- **Patient decision** aids for people facing health treatment or screening decisions
- Personalised **risk communication** for informed decision making about taking screening tests
- Using alternative statistical formats for **presenting risks** and risk reductions
- Framing of **health information messages**

[USA] Maine Shifts Health Focus To Community

http://www.rwjf.org/en/research-publications/find-rwjf-research/2014/02/maine-shifts-health-focus-to-community.html?cid=xem_a8047

Web page post by the Robert Wood Johnson Foundation describing a US '**medical home**' program and how it benefits patients and their families, while also reducing hospital readmission rates. In this example, the Eastern Maine Medical Center has seen its readmission rate for Medicare patients fall to 12 percent last year, from nearly 20 percent just three years earlier in 2009. Much of this is attributed to the aggressive attention to chronic heart failure patients from the registered nurse care coordinators.

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