



## On the Radar

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### On the Radar

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### Draft Clinical Care Standard for Stroke

In collaboration with consumers, clinicians, researchers and health organisations, the Commission has developed the draft *Clinical Care Standard for Stroke*.

A Clinical Care Standard provides a small number of quality statements that describe the clinical care that a patient should be offered for a specific condition.

The Commission is currently seeking feedback on the draft *Clinical Care Standard for Stroke* from healthcare professionals, peak healthcare and consumer organisations, consumers and any other interested parties. Public consultation on this draft *Clinical Care Standard for Stroke* is open until 23 May 2014. Feedback can be provided in the form of written submissions or via an online survey. Copies of the draft *Clinical Care Standard for Stroke*, along with information about its development and the consultation process are available at <http://www.safetyandquality.gov.au/our-work/clinical-care-standards/consultation/>

## Journal articles

*Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study*

Aiken LH, Sloane DM, Bruyneel L, Van den Heede K, Griffiths P, Busse R, et al

The Lancet 2014 [epub].

Notes	<p>This paper reports on a study that sought to determine whether differences in patient to nurse ratios and nurses' educational qualifications were associated with variation in hospital mortality after common surgical procedures. The study examined discharge data for 422 730 patients aged 50 years or older who underwent common surgeries in 300 hospitals in nine European countries and also surveyed 26 516 nurses practising in the study hospitals to measure nurse staffing and nurse education.</p> <p>The authors report that from their analyses: “An <b>increase in a nurses' workload by one patient increased the likelihood of an inpatient dying within 30 days of admission by 7%</b> (odds ratio 1·068, 95% CI 1·031—1·106), and <b>every 10% increase in bachelor's degree nurses was associated with a decrease in this likelihood by 7%</b> (0·929, 0·886—0·973). These associations imply that patients in hospitals in which 60% of nurses had bachelor's degrees and nurses cared for an average of six patients would have almost 30% lower mortality than patients in hospitals in which only 30% of nurses had bachelor's degrees and nurses cared for an average of eight patients.”</p>
DOI	<p><a href="http://dx.doi.org/10.1016/S0140-6736(13)62631-8">http://dx.doi.org/10.1016/S0140-6736(13)62631-8</a></p>

*Early warnings, weak signals and learning from healthcare disasters*

Macrae C

BMJ Quality & Safety 2014 [epub].

Notes	<p>In this piece Carl Macrae observes that <b>disasters</b> are “<b>essentially organised events</b>”, and that the conditions that allow for a disaster to occur are rarely spontaneous and that usually there have been “a litany of early warnings and weak signals that were missed, misunderstood or discounted” and that consequently among the most urgent challenges are “<b>how to identify, interpret, integrate and act on the early warnings and weak signals of emerging risks</b>—before those risks contribute to a disastrous failure of care.”</p> <p>Macrae suggests healthcare organisations and regulators should:</p> <ul style="list-style-type: none"> <li>• “engage in practices that actively produce and amplify fleeting signs of ignorance”</li> <li>• “work to continually define and update a set of specific fears of failure”</li> <li>• “routinely uncover and publicly circulate knowledge on the sources of systemic risks to patient safety and the improvements required to address them.”</li> </ul>
DOI	<p><a href="http://dx.doi.org/10.1136/bmjqs-2013-002685">http://dx.doi.org/10.1136/bmjqs-2013-002685</a></p>

*Causes and patterns of readmissions in patients with common comorbidities: retrospective cohort study*

Donzé J, Lipsitz S, Bates DW, Schnipper JL.  
BMJ 2013;347.

Notes	This examination of 10,731 discharges at a US teaching hospital found that 2,398 ( <b>22.3%</b> ) were followed by a <b>30-day readmission</b> , of which 858 (35.77% of those readmissions) were considered as potentially avoidable. The study sought to understand the role of patient’s comorbidities in the readmissions. The authors report that “The five most common primary diagnoses of potentially avoidable readmissions were usually possible complications of an underlying comorbidity. <b>Post-discharge care should focus attention not just on the primary index admission diagnosis but also on the comorbidities patients have.</b> ”
DOI	<a href="http://dx.doi.org/10.1136/bmj.f7171">http://dx.doi.org/10.1136/bmj.f7171</a>

*Hospital-based transfusion error tracking from 2005 to 2010: identifying the key errors threatening patient transfusion safety*

Maskens C, Downie H, Wendt A, Lima A, Merkley L, Lin Y, et al.  
Transfusion 2014;54(1):66-73.

Notes	This study examined 15,134 transfusion errors occurring in te period 2005–2010 at a US teaching hospital. 9083 (60%) errors occurred on the transfusion service and 6051 (40%) on the clinical services. 23 errors resulted in patient harm: 21 of these errors occurred on the clinical services and two in the transfusion service. Of the 23 harm events, 21 involved inappropriate use of blood. Errors with no harm were 657 times more common than events that caused harm. The most common high-severity clinical errors were sample labelling (37.5%) and inappropriate ordering of blood (28.8%). The most common high-severity error in the transfusion service was sample accepted despite not meeting acceptance criteria (18.3%). The authors concluded that “ <b>Errors occurred at every point in the transfusion process, with the greatest potential risk of patient harm resulting from inappropriate ordering of blood products and errors in sample labeling.</b> ”
DOI	<a href="http://dx.doi.org/10.1111/trf.12240">http://dx.doi.org/10.1111/trf.12240</a>

*National estimates of insulin-related hypoglycemia and errors leading to emergency department visits and hospitalizations*

Geller AI, Shehab N, Lovegrove MC, Kegler SR, Weidenbach KNR, Gina J, Budnitz DS  
JAMA Internal Medicine 2014 [epub].

Notes	Insulin is a widely used drug and with increasing incidence of diabetes this is going to increase. This study estimated annual numbers and estimated annual rates of emergency department (ED) visits and hospitalizations for insulin-related hypoglycaemia and errors (IHEs) among insulin-treated patients with diabetes mellitus in the USA. The authors suggest nearly <b>100,000 ED visits</b> for IHEs occurred annually; with almost <b>one-third leading to hospitalisation</b> . The <b>highest rates are for those aged over 80</b> . They also note that the most commonly identified precipitants were reduced food intake and administration of the wrong insulin product.
DOI	<a href="http://dx.doi.org/10.1001/jamainternmed.2014.136">http://dx.doi.org/10.1001/jamainternmed.2014.136</a>

*Lessons for the Australian healthcare system from the Berwick report*

Russell L, Dawda P

Australian Health Review 2014;38(1):106-108.

Notes	In this short reflection on the latest on a series of reports from inquiries in hospital quality and safety issues, Russell and Dawda suggest that what is needed is a “a change in culture to drive <b>a system of care that is open to learning, capable of identifying and admitting its problems and acting to correct them, and where the patient’s voice is always heard.</b> ”
DOI	<a href="http://dx.doi.org/10.1071/AH13185">http://dx.doi.org/10.1071/AH13185</a>

*BMJ Quality and Safety* online first articles

Notes	<i>BMJ Quality and Safety</i> has published a number of ‘online first’ articles, including: <ul style="list-style-type: none"><li>• The <b>limits of checklists</b>: handoff and narrative thinking (Brian Hilligoss, Susan D Moffatt-Bruce)</li></ul>
URL	<a href="http://qualitysafety.bmj.com/content/early/recent">http://qualitysafety.bmj.com/content/early/recent</a>

*International Journal for Quality in Health Care* online first articles

Notes	<i>International Journal for Quality in Health Care</i> has published a number of ‘online first’ articles, including: <ul style="list-style-type: none"><li>• <b>Patient safety in the operating theatre</b>: how A3 thinking can help reduce door movement (Frederique Elisabeth Simons, Kjeld Harald Aij, Guy A.M. Widdershoven, and Merel Visse)</li><li>• Is the <b>implementation of quality improvement methods</b> in hospitals subject to the neighbourhood effect? (Tsung-Hsien Yu and Kuo-Piao Chung)</li><li>• Evaluating <b>quality indicators</b> for <b>physical therapy</b> in primary care (Marijn Scholte, Catharina W.M. Neeleman-van der Steen, Erik J.M. Hendriks, Maria W.G. Nijhuis-van der Sanden, and Jozé Braspenning)</li></ul>
DOI	<a href="http://intqhc.oxfordjournals.org/content/early/recent?papetoc">http://intqhc.oxfordjournals.org/content/early/recent?papetoc</a>

## Online resources

*Queensland Stay On Your Feet®*

<http://www.health.qld.gov.au/stayonyourfeet/>

This website offers information and resources for consumers and health workers “to help Queenslanders stay healthy, active, independent and on their feet. This site is for seniors and anyone who works with seniors, including individuals, organisations, health professionals in hospitals and the community, aged care facilities, local councils, government departments, and the fitness industry.”

The site is part of the April No Falls campaign. The campaign is running across various social media, including:

- Youtube <http://www.youtube.com/watch?v=niKRi3jEWEE>
- Twitter – use #falls prevention - [https://twitter.com/qldhealthnews?original\\_referer=http%3A%2F%2Fwww.health.qld.gov.au%2F&profile\\_id=35997368&tw\\_i=450740681469083648&tw\\_p=embeddeditimeline&tw\\_w=384587622825205761](https://twitter.com/qldhealthnews?original_referer=http%3A%2F%2Fwww.health.qld.gov.au%2F&profile_id=35997368&tw_i=450740681469083648&tw_p=embeddeditimeline&tw_w=384587622825205761)
- Facebook - <https://www.facebook.com/QLDHealth>

*[UK] Managing medicines in care homes*

<http://www.nice.org.uk/guidance/sc/SC1.jsp>

The UK National Institute for Health and Care Excellence (NICE) has released this guidance on managing medicines in care homes and recommends that all care home providers have a care home medicines policy. The guidance examines the prescribing, handling and administering medicines to residents living in care homes and the provision of care or services relating to medicines in care homes.

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