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On the Radar

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On the Radar
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Consultation on training and competencies for recognising and responding to clinical deterioration in acute care
Consultation now open

The Commission is seeking advice about what should be the minimum requirements for training and competencies for recognising and responding to physiological deterioration in acute care. The Commission is interested in the application of these minimum requirements for doctors, nurses and allied health professionals.

This consultation process is being conducted in the context of the National Safety and Quality Health Service (NSQHS) Standards which require the clinical workforce to be trained and proficient in basic life support. The Commission has received feedback which questions whether such training ensures adequate competency in the skills required to recognise, escalate and respond to clinical deterioration. Currently there are varied approaches to providing education and training about recognising and responding to clinical deterioration, and a lack of clear guidance about what knowledge should be required as a minimum for all clinicians.

To provide clarity to the requirements of the NSQHS Standards and ensure patients are protected from harm, the Commission is now seeking further advice on this issue.

A consultation paper, *National Safety and Quality Health Service Standards: Training and Competencies for Recognising and Responding to Clinical Deterioration in Acute Care* is available at http://www.safetyandquality.gov.au/our-work/recognition-and-response-to-clinical-deterioration/training-and-competencies/

Information about the process of making a submission is included in the paper and the Commission will accept submissions until Friday 27 June 2014.

The contact person for this consultation is Ms Jennifer Hill, Senior Project Officer, Recognising and Responding to Clinical Deterioration Program. Ms Hill can be contacted on (02) 9126 3527 or via email at rrconsultation@safetyandquality.gov.au.

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/

Reports

Registries for Evaluating Patient Outcomes: A User's Guide. 3rd ed
Gliklich RE, Dreyer NA, Leavy M, editors
Rockville MD: Agency for Health Care Research and Quality, 2014.

Notes	The US Agency for Health Care Research and Quality (AHRQ) has published a third edition of their guide to registries. The original guide was a reference handbook with practical information on the design, operation, and analysis of patient registries. In 2010, the User's Guide was updated with a focus on collecting information to assess patient outcomes. This third edition expands the User's Guide to address 11 new topics in registry methodology and update the existing chapters to cover new (US) legislation and other changes in registry science. It also includes real-world contemporary case examples to illustrate key principles of registry design, operation, and evaluation and to demonstrate different strategies and perspectives to address common challenges. Volume 1 includes sections on creating registries, legal and ethical considerations for registries, and operating registries. Volume 2 includes sections on technical, legal, and analytical considerations for combining registry data with other data sources, and special applications in patient registries. The earlier editions figured in the development of the Australian *Operating Principles for Australian Clinical Quality Registries* published by the Commission.
URL	http://www.effectivehealthcare.ahrq.gov/registries-guide-3.cfm

For information on the Commission's work on clinical quality registries, see
http://www.safetyandquality.gov.au/our-work/information-strategy/clinical-quality-registries/

Journal articles

Safety measurement and monitoring in healthcare: a framework to guide clinical teams and healthcare organisations in maintaining safety
Vincent C, Burnett S, Carthey J
BMJ Quality & Safety 2014 [epub].

Notes	As the authors note "Patients, clinicians and managers all want to be reassured that their healthcare organisation is safe" but there is the question as "what exactly do we mean when we ask whether a healthcare organisation is safe?" This article summarises a Health Foundation report (discussed in *On the Radar* Issue 125) that report proposed a framework to guide clinical teams and healthcare organisations in the measurement and monitoring of safety and in reviewing progress against safety objectives. According to this article, the framework has been used "so far to promote self-reflection at both board and clinical team level, to stimulate an organisational check or analysis in the gaps of information and to promote discussion of 'what could we do differently." This framework highlights the following five dimensions: • **Past harm**: this encompasses both psychological and physical measures. • **Reliability**: this is defined as 'failure free operation over time' and applies to measures of behaviour, processes and systems. • **Sensitivity to operations**: the information and capacity to monitor safety on an hourly or daily basis. • **Anticipation and preparedness**: the ability to anticipate, and be prepared for, problems. • **Integration and learning**: the ability to respond to, and improve from, safety information. 
DOI	http://dx.doi.org/10.1136/bmjqs-2013-002757 Health Foundation report *The measurement and monitoring of safety* http://www.health.org.uk/publications/the-measurement-and-monitoring-of-safety/

'Between the flags': implementing a rapid response system at scale
Hughes C, Pain C, Braithwaite J, Hillman K
BMJ Quality & Safety 2014 [epub].

Notes	Short paper describing how a rapid response system was designed and implemented across more than 200 hospitals in a state health system. The project focussed on a standard adult general observation chart that has color-coded escalation zones. A yellow zone observation helps recognise patients "whose vital signs are out of the normal range… but not yet require an urgent response". Such patients are to be monitored, seen by their admitting or home team within 30 minutes or, if felt necessary, urgent assistance can be called. Observations that fall into the red zone require an immediate referral to the Rapid Response System team. The graded observations allows for deteriorating patients to be detected and responded to before their deterioration becomes pronounced.
DOI	http://dx.doi.org/10.1136/bmjqs-2014-002845

For information on the Commission's work on recognition and response to clinical deterioration, see http://www.safetyandquality.gov.au/our-work/recognition-and-response-to-clinical-deterioration/

The frequency of diagnostic errors in outpatient care: estimations from three large observational studies involving US adult populations
Singh H, Meyer AND, Thomas EJ
BMJ Quality & Safety 2014 [epub].

Notes	This paper reports on the result of a study combining three large data sets from the USA in order to derive an estimate of the frequency of diagnostic errors (in outpatient care in this instance). Combining the studies and performing a chart review ultimately led to "a **rate of outpatient diagnostic error of 5.08%**" or **1 in 20 US adult outpatients**, which then leads to an estimate of **12 million US adults every year**, of which past work suggests "about **half of these errors could potentially be harmful**".
DOI	http://dx.doi.org/10.1136/bmjqs-2013-002627

Community Factors and Hospital Readmission Rates
Herrin J, St. Andre J, Kenward K, Joshi MS, Audet A-MJ, Hines SC.
Health Services Research 2014 [epub].

Notes	Paper reporting on a study of 4,073 US hospitals in an attempt to understand the relationship between 30-day readmission rates and community factors. The study examined the 30-day readmission rates for patients discharged in the period 1 July 2007–30 June 2010 with acute myocardial infarction (AMI), heart failure or pneumonia along with county level data from the Census and other datasets. From their analyses the authors argue that the **majority** (58%) **of "national variation in hospital readmission rates was explained by the county** in which the hospital was located." Thus, individual hospital performance accounted for only some 40% of the readmission rate variation for these three conditions. The community **factors** more strongly **associated with lower hospital readmission rates** include **more general practitioners** and **fewer specialists** per capita and the presence of **high-quality nursing home care**.
DOI	http://dx.doi.org/10.1111/1475-6773.12177

Doctor, do you have a moment? National Hand Hygiene Initiative compliance in Australian hospitals
Azim S, McLaws M-L
Medical Journal of Australia 2014;200(9) [epub].

Notes	Reanalysing hand hygiene data, the researchers found that compliance rates for nurses were consistently higher than those of doctors for cleansing *before touching a patient* (Moment 1). A a difference of between 9 and 19% was found between these groups, across the 3 Australian states included and different sized hospitals. The authors suggest that the higher performance of nurses is responsible for hospitals meeting their national performance targets. A weak relationship with SAB rates was also described, although this aspect of the paper may not be very robust, according to an accompanying editorial. Practical strategies for moving beyond audit are suggested including that health care workers are encouraged to intervene by asking "Doctor, do you have a moment?", if they observe colleagues not cleaning their hands before they touch a patient.
DOI	http://dx.doi.org/10.5694/mja13.11203

For information on Hand Hygiene Australia, see http://www.hha.org.au/

The use of report cards and outcome measurements to improve the safety of surgical care: the American College of Surgeons National Surgical Quality Improvement Program
Maggard-Gibbons M
BMJ Quality & Safety 2014 [epub]

Notes	A paper describing the development and operation of the American College of Surgeons National Surgical Quality Improvement Program. The paper also "describes the evidence that **feeding outcomes back** to providers, along with real-time comparisons with other hospital rates, **leads to quality improvement, better patient outcomes, cost savings and overall improved patient safety**." This paper also adds to the literature on the use (and utility) of audits and registries and to the literature on learning systems and organisations. Both of these are based on the collation, analysis and timely dissemination of clinically relevant data about real world patients (and clinicians and facilities).
DOI	http://dx.doi.org/10.1136/bmjqs-2013-002223

Telemonitoring can assist in managing cardiovascular disease in primary care: a systematic review of systematic reviews
Purcell R, McInnes S, Halcomb EJ
BMC Family Practice 2014;15:43.

Notes	This Australian systematic review of systematic reviews of telemonitoring for cardiovascular disease [CVD] found 13 such reviews and found that they indicate that "telemonitoring can **contribute to significant reductions in blood pressure**, **decreased** all-cause and [heart failure] related **hospitalisations**, **reduced all-cause mortality** and **improved quality of life**. Telemonitoring was also demonstrated to **reduce health care costs** and appears **acceptable to patients**." Given this, they conclude that "Telemonitoring has the potential to enhance primary care management of CVD by improving patient outcomes and reducing health costs."
DOI	http://dx.doi.org/10.1186/1471-2296-15-43

Safer hours for doctors and improved safety for patients
Kevat DAS, Cameron PA, Davies AR, Landrigan CP, Rajaratnam SW
Medical Journal of Australia 2014;200(7):396-398.

Notes	Paper reflecting on the issue of sleep (deprivation) and its potential impact upon patients while also posing the question as to whether the increasing junior doctor workforce may provide an opportunity for workplace and roster reforms that could benefit both the clinician and patient populations.
DOI	http://dx.doi.org/10.5694/mja13.10412

International Journal for Quality in Health Care
Vol. 26, suppl 1
April 2014

Notes	A supplement to the *International Journal for Quality in Health Care* has been published. This supplement has the title 'How does Hospital Quality Management Drive Quality? Results from the Deepening our Understanding of Quality Improvement (DUQuE) project'. Articles in this supplement include: • **Hospital quality management**: a shape-shifting cornerstone in the for high-quality health care (Eric C Schneider) • The investigators reflect: what we have learned from the **Deepening our Understanding of Quality Improvement in Europe** (DUQuE) study (O Groene, R Sunol, and on behalf of the DUQuE Project Consortium) • Deepening our understanding of quality improvement in Europe (DUQuE): overview of a study of **hospital quality management** in seven countries (Mariona Secanell, Oliver Groene, Onyebuchi A. Arah, Maria Andrée Lopez, Basia Kutryba, Holger Pfaff, Niek Klazinga, Cordula Wagner, Solvejg Kristensen, P D Bartels, P Garel, C Bruneau, A Escoval, M França, N Mora, R Suñol, and on behalf of the DUQuE Project Consortium) • Development and validation of an **index to assess hospital quality management systems** (C Wagner, O Groene, C A Thompson, N S Klazinga, M Dersarkissian, O A Arah, R Suñol, and on behalf of the DUQuE Project Consortium) • The use of **on-site visits to assess compliance and implementation of quality management** at hospital level (C Wagner, O Groene, M Dersarkissian, C A Thompson, N S Klazinga, O A Arah, R Suñol, and on behalf of the DUQuE Project Consortium) • A **checklist for patient safety rounds** at the care pathway level (Cordula Wagner, Caroline A Thompson, O A Arah, O Groene, N S Klazinga, M Dersarkissian, R Suñol, and on behalf of the DUQuE Project Consortium) • Evidence-based **organization and patient safety strategies** in European hospitals (Rosa Suñol, Cordula Wagner, Onyebuchi A Arah, Charles D Shaw, Solvejg Kristensen, C A Thompson, M Dersarkissian, P D Bartels, H Pfaff, M Secanell, N Mora, F Vlcek, H Kutaj-Wasikowska, B Kutryba, P Michel, O Groene, and on behalf of the DUQuE Project Consortium) • **Measuring clinical management** by physicians and nurses in European hospitals: development and validation of two scales (Thomas Plochg, Onyebuchi A Arah, Daan Botje, C A Thompson, N S Klazinga, C Wagner, R Mannion, K Lombarts, and on behalf of the DUQuE Project Consortium) • DUQuE quality management measures: associations between **quality management at hospital and pathway levels** (Cordula Wagner, Oliver Groene, Caroline A Thompson, M Dersarkissian, N S Klazinga, O A Arah,

	R Suñol, and on behalf of the DUQuE Project Consortium) • The associations between **organizational culture, organizational structure and quality management** in European hospitals (C Wagner, R Mannion, A Hammer, O Groene, O A Arah, M Dersarkissian, R Suñol, and on behalf of the DUQuE Project Consortium) • **Involvement of patients** or their representatives **in quality management** functions in EU hospitals: implementation and impact on patient-centred care strategies (Oliver Groene, Rosa Suñol, Niek S Klazinga, Aolin Wang, Maral Dersarkissian, Caroline A Thompson, Andrew Thompson, Onyebuchi A Arah, and on behalf of the DUQuE Project Consortium • Is having **quality** as an item on the **executive board agenda** associated with the implementation of quality management systems in European hospitals: a quantitative analysis (Daan Botje, N S Klazinga, R Suñol, O Groene, H Pfaff, R Mannion, A Depaigne-Loth, O A Arah, M Dersarkissian, C Wagner, and on behalf of the DUQuE Project Consortium) • The **effect of certification and accreditation on quality management** in 4 clinical services in 73 European hospitals (Charles D Shaw, Oliver Groene, D Botje, R Suñol, B Kutryba, N Klazinga, C Bruneau, A Hammer, A Wang, O A Arah, C Wagner, and on behalf of the DUQuE Project Consortium) • Feasibility of **using administrative data to compare hospital performance** in the EU (O Groene, S Kristensen, O A Arah, C A Thompson, P Bartels, R Suñol, N Klazinga, and on behalf of the DUQuE Project Consortium)
URL	http://intqhc.oxfordjournals.org/content/26/suppl_1?etoc

International Journal for Quality in Health Care online first articles

Notes	*International Journal for Quality in Health Care* has published a number of 'online first' articles, including: • Learning from the design and development of the **NHS Safety Thermometer** (Maxine Power, Matthew Fogarty, John Madsen, K Fenton, K Stewart, A Brotherton, K Cheema, A Harrison, and L Provost) • Relationship between **preventable hospital deaths** and other measures of safety: an exploratory study (Helen Hogan, Frances Healey, Graham Neale, Richard Thomson, Charles Vincent, and Nick Black) • **Improved incident reporting** following the implementation of a standardized emergency department peer review process (Martin A Reznek and Bruce A Barton) • Effects of patient-, environment- and medication-related factors on **high-alert medication incidents** (Elizabeth Manias, Allison Williams, Danny Liew, Sascha Rixon, Sandy Braaf, and Sue Finch)
DOI	http://intqhc.oxfordjournals.org/content/early/recent?papetoc

Online resources

[UK] Quality Standard 61 Infection prevention and control
http://www.nice.org.uk/guidance/QS61
The UK National Institute for Health and Care Excellence (NICE) has released their latest Quality Standard, *QS61 Infection Prevention and Control.*
This quality standard covers the prevention and control of infection for people receiving healthcare in primary, community and secondary care settings. Settings include hospitals, general practices, dental clinics, health centres, care homes, the person's own home, schools and prisons providing healthcare, and care delivered by the ambulance service and mental health services.

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

[USA] Patient- and Family-Centered Care Innovations
http://innovations.ahrq.gov/issue.aspx?id=177
The latest version of the US Agency for Healthcare Research and Quality's (AHRQ) Innovation Exchange is on innovations in patient and family-centred care.
The featured Innovations describe three programs that integrated principles of patient- and family-centred care into the delivery of services, contributing to better outcomes and greater patient satisfaction.
The featured QualityTools include a toolbox to assist health care professionals in implementing and meeting patient- and family-centred care goals, a tool for providers to assess their own ability to integrate patients and family members into the care process, and evidence-based strategies for hospitals to implement patient- and family-centred care practices.

For information on the Commission's work on patient and consumer centred care, see
http://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/

Medication safety, and the introduction and evaluation of interventions
http://isqua.org/education/resource-centre/bryony-franklin
The International Society for Quality in Health Care (ISQua) has added this presentation to its online resource centre. This presentation highlights some key issues in developing, introducing evaluating and publishing on interventions to enhance medication safety. The presentation is given by Professor Bryony Dean Franklin. Professor Franklin is Director of the Centre for Medication Safety and Service Quality, a joint research unit between University College London (UCL) School of Pharmacy and Imperial College Healthcare NHS Trust.

For information on the Commission's work on medication safety, see
http://www.safetyandquality.gov.au/our-work/medication-safety/
