



On the Radar

Issue 176
2 June 2014

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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 rconsultation@safetyandquality.gov.au.

Reports

Exploring Healthcare Variation in Australia: Analyses Resulting from an OECD Study
 Australian Commission on Safety and Quality in Health Care and Australian Institute for Health and Welfare
 Sydney: ACSHQC, 2014.

URL	http://www.safetyandquality.gov.au/publications/exploring-healthcare-variation-in-australia/
Notes	<p>The Australian results of an Organisation for Economic Co-operation and Development (OECD) study on healthcare variation were published in this discussion paper authored by the Australian Commission on Safety and Quality in Health Care (the Commission) and the Australian Institute of Health and Welfare. The paper examines variation in the rates of several common procedures, selected by the OECD, including: knee surgery (knee arthroscopy and knee replacement); cardiac procedures (cardiac catheterisation, percutaneous coronary interventions and coronary artery bypass grafting; caesarean section; and hysterectomy. The procedures measured were undertaken in hospitals and day procedure centres, both public and private, during 2010-11. Variation was measured according to the Medicare Local area where patients lived, but the approach can be applied to any desired geographic scale.</p> <p><i>Consultation now open</i> The Commission is inviting comment and feedback on the paper. Consultation is open until 20 July 2014. Details about how to make a submission are included in the paper.</p> <p>The contact person for this consultation is Mr Luke Slawomirski, Program Manager, Implementation Support. Mr Slawomirski can be contacted on (02) 9126 3600 or via email at medicalpracticevariation@safetyandquality.gov.au.</p>

Journal articles

Effect of Using a Safety Checklist on Patient Complications after Surgery: A Systematic Review and Meta-analysis

Gillespie BM, Chaboyer W, Thalib L, John M, Fairweather N, Slater K

Anesthesiology 2014;120(6):1380-1389

DOI	http://dx.doi.org/10.1097/ALN.000000000000232
Notes	<p>This paper reports on a review of studies on the impact of using the surgical safety checklist. The review found that there can be a significant reduction in post-operative complications when a surgical safety checklist is used.</p> <p>The study examined seven studies that tested the effect surgical safety checklists had on postoperative complications and conducted a meta-analysis incorporating the results of the studies, covering 37,339 surgical patients. The World Health Organization’s (WHO’s) Surgical Safety Checklist or a modified version was used in all the studies.</p> <p>The author’s report finding that found that use of a checklist in surgery significantly reduced overall postoperative complications (3.7%), wound infections (2.9%) and blood loss (3.8% reduction in patients who had blood loss greater than 500ml). However, they also found that the use of a checklist did not significantly reduce mortality rates, pneumonia or unplanned return to the operating room.</p>

Implementing quality initiatives in healthcare organizations: drivers and challenges

Abdallah A

International Journal of Health Care Quality Assurance 2014;27(3):166-181.

DOI	http://dx.doi.org/10.1108/IJHCQA-05-2012-0047
Notes	<p>The challenge of implementation (and sustaining implementation) is not to be understated. This paper discussed how contextual or internal factors related to leadership and employees can affect the success or failure of quality initiatives (QIs). Based on both a literature review and a survey of 60 professionals across 18 hospitals, the author argues that “When attempting to apply QIs], one should realise that healthcare organisations are unique in many ways; i.e. structure, employees and customers. Extra efforts are needed to educate managers and staff members on new QIs before implementation. Managers should follow a systematic implementation approach to guarantee success. Realising the successful drivers and barriers may furnish managers with efficient decision making process to ensure better results when applying any QI”</p>

Seeking high reliability in primary care: Leadership, tools, and organization

Weaver RR

Health Care Management Review 2014 [epub].

DOI	http://dx.doi.org/10.1097/HMR.000000000000022
Notes	<p>The goal of high reliability in health care has seen a growing literature. This has often tended to be more at the acute hospital scale whereas this paper describes a case study of a primary care clinic that suit to determine what mechanisms “might foster a reliability-seeking, system-oriented organizational culture”. The authors suggest that team huddles, decision support tools, process reviews, and reporting of adverse events and near misses are all elements that promote reliable patient care. The demonstrate the centrality of information, communication and coordination.</p>

Adverse events in hospitalized paediatric patients: a systematic review and a meta-regression analysis

Berchiolla P, Scaioli G, Passi S, Gianino MM

Journal of Evaluation in Clinical Practice 2014 [epub].

DOI	http://dx.doi.org/10.1111/jep.12141
Notes	This review pooled selected studies from 1970 onwards that evaluated the incidence of adverse events (AEs) in hospitalised paediatric patients and included a minimum of 1000 patient records. The authors report that the pooled incidence of AEs was 2.0% , with the pooled incidence of preventable AEs was 46.2% , albeit with a high variability among studies.

Interactive questioning in critical care during handovers: a transcript analysis of communication behaviours by physicians, nurses and nurse practitioners

Rayo MF, Mount-Campbell AF, O'Brien JM, White SE, Butz A, Evans K, et al

BMJ Quality & Safety 2014;23(6):483-489.

DOI	http://dx.doi.org/10.1136/bmjqs-2013-002341
Notes	Analysing 133 patient handovers in three intensive care units to ascertain the differences in clinician communication behaviours across levels of clinical training for physicians and nurses led the authors of this paper to record differences across clinician type and levels of clinical training. They suggest that training could help clinicians to learn the communication competencies, such as interactive questioning strategies to clarify understanding, and assertively question the appropriateness of diagnoses, treatment plans and prognoses. However, it is also suggested that “cultural change initiatives might be required to routinely employ these strategies in the clinical setting, particularly for nursing personnel.”

For information on the Commission’s work on clinical communications, including clinical handover, see <http://www.safetyandquality.gov.au/our-work/clinical-communications/>

Effects of patient-, environment- and medication-related factors on high-alert medication incidents

Manias E, Williams A, Liew D, Rixon S, Braaf S, Finch S

International Journal for Quality in Health Care 2014 [epub].

DOI	http://dx.doi.org/10.1093/intqhc/mzu037
Notes	This Australian study sought to examine a range of factors for their influence on medication incidents involving ‘high-alert medications’, including opioids, insulin, chemotherapeutic agents, parenteral electrolytes, and anticoagulants. The study was a retrospective chart audit conducted of medical records for patient admissions from 1 January 2010 to 31 December 2010 in five practice settings (cardiac care, emergency care, intensive care, oncology care and perioperative care) at a public teaching hospital in Melbourne. The study found in this audit that there had been 6984 opportunities for high-alert medication incidents with the medication incident rate being 1934/6984 (27.69%). These include 1176 prescribing incidents (16.84%) and 758 administering incidents (10.85%). Analyses showed that, in each of the five clinical settings, an increased number of ward transfers was associated with increased odds of prescribing incidents . In emergency care and perioperative care an increased number of ward transfers was associated with increased odds of administering incidents.

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

Banning the handshake from the health care setting

Sklansky M, Nadkarni N, Ramirez-Avila L

Journal of the American Medical Association 2014 [epub]

DOI	http://dx.doi.org/10.1001/jama.2014.4675
Notes	In this piece the authors suggest that the dangers of spreading infection outweigh social custom and expectations of politeness. The authors conclude that “Given the tremendous social and economic burden of hospital-acquired infections and antimicrobial resistance, and the variable success of current approaches to hand hygiene in the health care environment, it would be a mistake to dismiss, out of hand, such a promising, intuitive, and affordable ban.”

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

Healthcare Infection

Vol 19(2) 2014.

URL	http://www.publish.csiro.au/?nid=241
Notes	<p>A new issue of Healthcare Infection has been published. Articles in this issue include:</p> <ul style="list-style-type: none"> • Central line-associated bloodstream infection (CLABSI) rates: achieving the elusive goal of zero (Mary-Louise McLaws and William R Jarvis) • Mandatory seasonal influenza vaccination of health care workers: a way forward to improving influenza vaccination rates (Roy Chean, John K Ferguson and Rhonda L Stuart) • Knowledge and understanding of patients and health care workers about multi-resistant organisms (Nancy Santiano, Jennifer Caldwell, Emina Ryan, Arene Smuts and Heather-Marie Schmidt) • Repeated multimodal supervision programs to reduce the central line-associated bloodstream infection rates in an Indian corporate hospital (Namita Jaggi and Pushpa Sissodia) • ATP bioluminescence to validate the decontamination process of gastrointestinal endoscopes (Geethanie Fernando, Peter Collignon and Wendy Beckingham) • Nurses’ sharps, including needlestick, injuries in public and private healthcare facilities in New South Wales, Australia (Maya Guest, Ashley K. Kable, May M Boggess and Mark Friedewald) • Impact of a linerless, reusable, clinical wastebin system on costs, waste volumes and infection risk in an Australian acute-care hospital (Fiona De Sousa, Diana Martin and Terry Grimmond)

BMJ Quality and Safety online first articles

URL	http://qualitysafety.bmj.com/content/early/recent
Notes	<p><i>BMJ Quality and Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Patient complaints in healthcare systems: a systematic review and coding taxonomy (Tom W Reader, Alex Gillespie, Jane Roberts)

DOI	http://intqhc.oxfordjournals.org/content/early/recent?papetoc
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"> • Non-surgical care in patients with hip or knee osteoarthritis is modestly consistent with a stepped care strategy after its implementation (Agnes J Smink, Sita M A Bierma-Zeinstra, Henk J Schers, Bart A Swierstra, Joke H Kortland, Johannes W J Bijlsma, Steven Teerenstra, Theo B Voorn, Joost Dekker, Thea P M Vliet Vlieland, and Cornelia HM van den Ende) • Medication Safety: an audit of medication discrepancies in transferring type 2 diabetes mellitus (T2DM) patients from Australian primary care to tertiary ambulatory care (Madonna Azzi, Maria Constantino, Lisa Pont, Margaret McGill, Stephen Twigg, and Ines Krass) • Healthcare service problems reported in a national survey of South Africans (Takahiro Hasumi and Kathryn H. Jacobsen) • The impact of clinicians' personality and their interpersonal behaviors on the quality of patient care: a systematic review (Benjamin C M Boerebach, Renée A Scheepers, Renée M van der Leeuw, Maas Jan Heineman, Onyebuchi A Arah, and Kiki M J M H Lombarts)

Online resources

[UK] NICE Evidence Updates

<https://www.evidence.nhs.uk/about-evidence-services/bulletins-and-alerts/evidence-updates>

The UK’s National Institute for Health and Care Excellence (NICE) has published a pair of updates on their Evidence Updates site. The new updates are on ‘**Autism in adults**’ and ‘**Opioids in palliative care**’.

The new Evidence Updates focus on a summary of selected new evidence relevant to NICE clinical guideline 142 ‘Autism: recognition, referral, diagnosis and management of adults on the autism spectrum’ (2012) and NICE clinical guideline 140 ‘Opioids in palliative care: safe and effective prescribing of strong opioids for pain in palliative care of adults’ (2012).

[USA] Transitional Care Interventions To Prevent Readmissions for People With Heart Failure

<http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=1910>

The Effective Health Care Program of the Agency for Healthcare Research and Quality (AHRQ) has published this report. The report found that **home-visiting programs** and **multidisciplinary heart failure clinic interventions reduced all-cause readmission and mortality** and that **structured telephone support interventions reduced heart failure-specific readmission and mortality** but not all-cause readmission.

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