



On the Radar

Issue 177

Tuesday 10 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

Can we improve the health system with pay-for-performance? Deeble Institute Issues Brief No. 5 Partel K

Canberra. Australian Healthcare and Hospitals Association, 2014.

URL	http://ahha.asn.au/publication/health-policy-issue-briefs/can-we-improve-health-system-pay-performance
Notes	One of a pair of recent reports from the Deeble Institute looking at mechanisms that have been suggested for improving the health system, this one examining the issue of pay for performance. In the examination of the issue the report provides some recommendations on program design, data collection, incentives, stakeholders and so on. However, the author also notes how equivocal the evidence is and cautions that “The jury is still out on whether financial incentive mechanisms, such as pay-for-performance, work as intended and deliver value for money.”

Can we improve the health system with performance reporting? Deeble Institute Issues Brief No. 6 Partel K

Canberra. Australian Healthcare and Hospitals Association, 2014:22.

URL	http://ahha.asn.au/publication/health-policy-issue-briefs/can-we-improve-health-system-performance-reporting
Notes	This report from the Deeble Institute looks at reporting and how it may influence health system performance. The author notes how the view of the value and utility of (public) reporting has changed over time. As with the report on pay-for-performance described above, the author offers some lessons on program design, data collection, reporting, and stakeholders that help achieve the aims of performance reporting. The author recommends that “Australian policymakers...should embrace the positive benefits of setting and monitoring targets as well as reporting on their results, which are proving to increase efficiency, transparency, accountability, service delivery and improve patient outcomes.”

Journal articles

Barriers to the implementation of checklists in the office-based procedural setting

Shapiro FE, Fernando RJ, Urman RD

Journal of Healthcare Risk Management 2014;33(4):35-43.

DOI	http://dx.doi.org/10.1002/jhrm.21141
Notes	<p>The use of checklists has been widely reported and frequently associated with significant safety gains. This article notes that many of the checklist successes have been related to acute hospital care and looks at the question of introducing safety checklists into office-based procedural care.</p> <p>Surveying 25 offices performing procedures led the authors to report that less than 50% of those services used safety checklists in their practice. The barriers identified by the survey included no incentive to use a checklist (77.8%), no regulatory mandate (44.4%), being perceived as too time consuming (33.3%), and lack of training (33.3%). Reasons identified that would encourage providers to use checklists included a clear mandate and evidence-based research.</p>

Hospital deaths in patients with sepsis from 2 independent cohorts

Liu V, Escobar GJ, Greene JD, Soule J, Whippy A, Angus DC, et al

Journal of the American Medical Association 2014 [epub].

DOI	http://dx.doi.org/10.1001/jama.2014.5804
Notes	<p>It is known that sepsis is a dangerous complication, one that kills patients. This paper in <i>JAMA</i> used national databases to establish that as much as one-third of in-hospitality involved sepsis. The study examined two inpatient cohorts from Kaiser Permanente Northern California (482 828 adults (aged ≥ 18 years) with overnight, non-obstetrical hospitalizations at 21 between 2010 and 2012) and the US Healthcare Cost and Utilization Project Nationwide Inpatient Sample (nationally representative sample of 1051 hospitals, included 6.5 million unweighted adult hospitalizations in 2010)</p> <p>The authors report finding that “sepsis contributed to 1 in every 2 to 3 deaths, and most of these patients had sepsis at admission. Given the prominent role it plays in hospital mortality, improved treatment of sepsis (potentially a final hospital pathway for multiple other underlying conditions) could offer meaningful improvements in population mortality.”</p>

Involving patients in detecting quality gaps in a fragmented healthcare system: development of a questionnaire for Patients' Experiences Across Health Care Sectors (PEACS)

Noest S, Ludt S, Klingenberg A, Glassen K, Heiss F, Ose D, et al.

International Journal for Quality in Health Care 2014;26(3):240-249.

DOI	http://dx.doi.org/10.1093/intqhc/mzu044
Notes	<p>Understanding the patient experience is something many health organisations are striving to achieve. This paper reports on the development of a patient questionnaire to evaluate experiences and reported outcomes in patients who receive treatment across a range of healthcare sectors.</p> <p>The patient questionnaire was developed in the context of a nationwide program in Germany aimed at quality improvements across the healthcare sectors and involved a mixed-methods design including focus groups, pre-tests and field test. The work has led to the validated questionnaire (PEACS 1.0) being available to measure patients' experiences across healthcare sectors with a focus on quality improvement.</p>

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/>

Double Gloves: A Randomized Trial to Evaluate a Simple Strategy to Reduce Contamination in the Operating Room

Birnbach DJ, Rosen LF, Fitzpatrick M, Carling P, Arheart KL, Munoz-Price LS
Anesth Analg 2014 [epub].

DOI	http://dx.doi.org/10.1213/ANE.0000000000000230
Notes	Report of a simulation study that appeared to show the double gloving led to a “clinically and statistically significant” reduction in sites of contamination (and possibly transmission) on anaesthetist’s hands when conducting intubations. The authors suggest that were anaesthesiologists to wear 2 sets of gloves during laryngoscopy and intubation and then remove the outer set immediately after intubation, the contamination of the intraoperative environment is dramatically reduced.

Relationship between preventable hospital deaths and other measures of safety: an exploratory study

Hogan H, Healey F, Neale G, Thomson R, Vincent C, Black N
International Journal for Quality in Health Care 2014;26(3):298-307.

DOI	http://dx.doi.org/10.1093/intqhc/mzu049
Notes	UK study reporting on possible relationship between in-hospital mortality and 8 ‘patient safety’ measures. The measures used include hospital standardised mortality ratio (HSMR), Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bacteraemia reports, emergency readmissions within 28 days of discharge, patients’ views of hospital cleanliness and of nurses’ hand cleaning, staff views of safety culture, and staff sickness absence rates. The authors report that from their (earlier) retrospective case record review of 1,000 hospital deaths across 10 English acute hospital trusts that they found the proportion of preventable deaths varied between 3 and 8% . They then report finding only of their ‘patient safety’ measures—the MRSA rate—was “clinically and statistically significantly associated with preventable death proportion ($r=0.73$; $P<0.02$). While the patient safety measures may have their own use and value, the appear to have little value in predicting or reflecting in-hospital mortality. The authors suggest that “preventable deaths may be more strongly associated with some other measures of outcome than with process or with structure measures”.

Australian Health Review

Vol. 38, No. 3. 2014

URL	http://www.publish.csiro.au/nid/270/currentissueflag/1.htm
Notes	A new issue of <i>Australian Health Review</i> has been published. Articles in this issue of <i>Australian Health Review</i> include: <ul style="list-style-type: none"> • Electronic patient journey boards a vital piece of the puzzle in patient flow (Kevin W Clark, Susan Moller and Lauri O'Brien) • Effect of weekend physiotherapy provision on physiotherapy and hospital length of stay after total knee and total hip replacement (Zoe L Maidment, Brenton G Hordacre and Christopher J Barr) • Strength in unity: the power of redesign to align the hospital team (Anthony Bell, Alastair Cochrane, Sally Courtice, Kathy Flanigan, Mandeep Mathur and Daniel Wilckens)

	<ul style="list-style-type: none"> • Effect of a maternity consumer representative training program on participants' confidence and engagement (Bec M Jenkinson, Joanne Smethurst, Rhonda Boorman and Debra K Creedy) • Can monitoring consumer requests for opioid-replacement therapy improve access to treatment? (Warren Harlow, Brenda Happell, Graeme Browne and Matthew Browne) • Public sector residential aged care: identifying novel associations between quality indicators and other demographic and health-related factors (Kirsten J Moore, Colleen J Doyle, Trisha L Dunning, Ann T Hague, Lucas A Lloyd, Jo Bourke and Stephen D Gill) • Tracking the patient journey by combining multiple hospital database systems (Andy Wong, Erhan Kozan, M Sinnott, L Spencer and R Eley) • Intravascular device use, management, documentation and complications: a point prevalence survey (Karen A. New, Joan Webster, Nicole M. Marsh and Barbara Hewer on behalf of the Royal Brisbane and Women's Hospital Intravenous Access Research Council) • Examination of the perception of communication and collaboration in a neonatal intensive care unit: a decade on, has it changed? (Laurene Aydon, Kathy Martin and Elizabeth Nathan) • Factors associated with transfers from healthcare facilities among readmitted older adults with chronic illness (Tasneem Islam, Beverly O'Connell and Mary Hawkins)
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International Journal for Quality in Health Care
 Vol. 26, No. 3,
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URL	http://intqhc.oxfordjournals.org/content/26/3?etoc
Notes	<p>A new issue of <i>International Journal for Quality in Health Care</i> has been published. Many of the papers in this issue have been referred to in previous editions of On the Radar (when they released online). Articles in this issue of <i>International Journal for Quality in Health Care</i> include:</p> <ul style="list-style-type: none"> • Editor's choice: Is quality improvement sustainable? Findings of the American college of cardiology's guidelines applied in practice (Adesuwa B Olomu, Manfred Stommel, Margaret M Holmes-Rovner, Andrew R Prieto, William D Corser, Venu Gourineni, and Kim A Eagle) • Does public reporting improve the quality of hospital care for acute myocardial infarction? Results from a regional outcome evaluation program in Italy (Cristina Renzi, Federica Asta, Danilo Fusco, Nera Agabiti, Marina Davoli, and Carlo Alberto Perucci) • Is the implementation of quality improvement methods in hospitals subject to the neighbourhood effect? (Tsung-Hsien Yu and Kuo-Piao Chung) • Involving patients in detecting quality gaps in a fragmented healthcare system: development of a questionnaire for Patients' Experiences Across Health Care Sectors (PEACS) (Stefan Noest, Sabine Ludt, Anja Klingenberg, Katharina Glassen, Friederike Heiss, Dominik Ose, Justine Rochon, Kayvan Bozorgmehr, Michel Wensing, and Joachim Szecsenyi) • PACIC Instrument: disentangling dimensions using published validation models (K Iglesias, B Burnand, and I Peytremann-Bridevaux)

	<ul style="list-style-type: none"> • Evaluating quality indicators for physical therapy 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) • Derivation and validation of a formula to estimate risk for 30-day readmission in medical patients (Mohammad Taha, Aroop Pal, Jonathan D Mahnken, and Sally K Rigler) • Improved incident reporting following the implementation of a standardized emergency department peer review process (Martin A Reznick and Bruce A Barton) • Learning from the design and development of the NHS Safety Thermometer (Maxine Power, Matthew Fogarty, John Madsen, Katherine Fenton, Kevin Stewart, Ailsa Brotherton, Katherine Cheema, Abigail Harrison, and Lloyd 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) • 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) • Harnessing implementation science to improve care quality and patient safety: a systematic review of targeted literature (Jeffrey Braithwaite, Danielle Marks, and Natalie Taylor) • Does regulating private long-term care facilities lead to better care? A study from Quebec, Canada (Gina Bravo, Marie-France Dubois, Louis Demers, Nicole Dubuc, Danièle Blanchette, Karen Painter, Catherine Lestage, and Cinthia Corbin)
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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"> • Moving improvement research closer to practice: the Researcher-in-Residence model (Martin Marshall, Christina Pagel, Catherine French, Martin Utley, Dominique Allwood, Naomi Fulop, Catherine Pope, Victoria Banks, Allan Goldman) • From harm to hope and purposeful action: what could we do after Francis? (Tricia Woodhead, Peter Lachman, James Mountford, Laura Botwinick, Carol Peden, Kevin Stewart)U • Mitigating errors caused by interruptions during medication verification and administration: interventions in a simulated ambulatory chemotherapy setting (Varuna Prakash, Christine Koczmara, Pamela Savage, Katherine Trip, Janice Stewart, Tara McCurdie, Joseph A Cafazzo, Patricia Trbovich)

Online resources

[UK] *Patient and Family-Centred Care toolkit*

<http://www.kingsfund.org.uk/projects/pfcc>

The King's Fund in the UK has published this toolkit. According to the website, the toolkit is a "step-by-step guide to improving processes of care and staff–patient interactions, using a technique called Patient and Family-Centred Care (PFCC). It offers a simple way for health care organisations to show their commitment to patients' experience of the care they receive while also attending to the wellbeing of the staff who deliver that care."

[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 two updates on their Evidence Updates site. The new updates are on '**Sickle cell acute painful episode**' and '**Service user experience in adult mental health**'.

The new Evidence Updates focuses on a summary of selected new evidence relevant to NICE clinical guideline 143 'Sickle cell acute painful episode: management of an acute painful sickle cell episode in hospital' (2012) and clinical guideline 136 'Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services' (2011).

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