AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

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On the Radar
Editor: Dr Niall Johnson niall.johnson@safetyandquality.gov.au
Contributors: Niall Johnson

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.

Journal articles

Investigating the long-term consequences of adverse medical events among older adults
Carter MW, Zhu M, Xiang J, Porell FW
Injury Prevention 2014 [epub].

DOI	http://dx.doi.org/10.1136/injuryprev-2013-041043
Notes	Adverse events are known to affect older patients and this study sought to examine the longer term effects of adverse medical events (AMEs) on these patients. Using nationally representative survey and claims data from the (US) Medicare Current Beneficiary Survey (1998–2004) with non-response files (1999–2005) and the Area Resource File, providing 12,541 beneficiaries with 428,373 person-months for analysis the authors that their analyses suggest: • Nearly **19%** of participants experienced **at least one AME**, with 62% from outpatient claims • The **risk of AMEs** is greater among participants in poorer health, and **increases with comorbidity** and **with impairment** in performing activities of daily living or instrumental activities of daily living. • Medicare **expenditures** during an AME episode **increased sharply** and **remained higher** than what would have otherwise been expected in quarters following an AME episode, and failed to return to pre-AME expenditure levels. • **Differences in survival rates** were observable long after the AME episode concluded, with only 55% of the patients sustaining an AME surviving to the end of the study. In contrast, nearly 80% of those without an AME were estimated to have survived. The authors conclude that "The impacts of AMEs are observable over extended periods of time and are associated with considerable excess mortality and cost."

Interventions employed to improve intrahospital handover: a systematic review
Robertson ER, Morgan L, Bird S, Catchpole K, McCulloch P
BMJ Quality & Safety 2014 [epub]

DOI	http://dx.doi.org/10.1136/bmjqs-2013-002309
Notes	This systematic review examined the recent (2002–2012) literature on intrahospital handover so as to evaluate the effectiveness of published interventions. The authors note that the information error rate on handovers has been estimated at 13% and that errors in handover are a well-recognised risk. The review did not find "any methodology reliably improves the outcomes of clinical handover" but noted that "information transfer may be increased".

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

BMJ Quality and Safety
July 2014, Vol 23, Issue 7

URL	http://qualitysafety.bmj.com/content/23/7
Notes	A new issue of *BMJ Quality and Safety* has been published. Many of the papers in this issue have been referred to in previous editions of *On the Radar* (when they were released online). Articles in this issue of *BMJ Quality and Safety* include: • Editorial: **Quality and the curate's egg** (Felix Greaves, Ashish K Jha) • The **limits of checklists**: handoff and narrative thinking (Brian Hilligoss, Susan D Moffatt-Bruce) • Relationship between **patient reported experience (PREMs)** and **patient reported outcomes (PROMs)** in elective surgery (Nick Black, Mira Varaganum, Andrew Hutchings) • The interpretability of **doctor identification badges** in UK hospitals: a survey of nurses and patients (Bethan C Hickerton, Daniel John Fitzgerald, Elizabeth Perry, Alan R De Bolla) • Promoting **engagement by patients and families** to reduce adverse events in acute care settings: a systematic review (Zackary Berger, Tabor E Flickinger, Elizabeth Pfoh, Kathryn A Martinez, Sydney M Dy) • **Patient safety culture in China**: a case study in an outpatient setting in Beijing (Chaojie Liu, Weiwei Liu, Yuanyuan Wang, Z Zhang, P Wang) • Developing a reliable and valid **patient measure of safety** in hospitals (PMOS): a validation study (Rosemary R C McEachan, Rebecca J Lawton, Jane K O'Hara, Gerry Armitage, Sally Giles, S Parveen, I S Watt, J Wright, on behalf of the Yorkshire Quality and Safety Research Group) • **Collaborative pharmaceutical care** in an Irish hospital: uncontrolled before-after study (Tamasine C Grimes, Evelyn Deasy, Ann Allen, John O'Byrne, Tim Delaney, John Barragry, Niall Breslin, E Moloney, C Wall) • We need to talk: an observational study of the impact of **electronic medical record implementation** on hospital communication (Stephanie Parks Taylor, Robert Ledford, Victoria Palmer, Erika Abel) • 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 (Melinda Maggard-Gibbons) • Interventions employed to improve **intrahospital handover**: a systematic review (E R Robertson, L Morgan, S Bird, K Catchpole, P McCulloch)

BMJ Quality and Safety online first articles

URL	http://qualitysafety.bmj.com/content/early/recent
Notes	*BMJ Quality and Safety* has published a number of 'online first' articles, including: • Determinants of **treatment plan implementation** in multidisciplinary team meetings for patients with **chronic diseases**: a mixed-methods study (Rosalind Raine, Penny Xanthopoulou, Isla Wallace, C Nic a' Bháird, A Lanceley, A Clarke, G Livingston, A Prentice, D Ardron, M Harris, M King, S Michie, J M Blazeby, N Austin-Parsons, S Gibbs, J Barber) • A multidisciplinary, multifaceted improvement initiative to eliminate **mislabelled laboratory specimens** at a large tertiary care hospital (Edward G Seferian, Salima Jamal, Kathleen Clark, Mary Cirricione, Linda Burnes-Bolton, Mahul Amin, Neil Romanoff, Ellen Klapper) • User-generated **quality standards for youth mental health** in primary care: a participatory research design using mixed methods (Tanya Graham, Diana Rose, Joanna Murray, Mark Ashworth, André Tylee)

International Journal for Quality in Health Care online first articles

DOI	http://intqhc.oxfordjournals.org/content/early/recent?papetoc
Notes	*International Journal for Quality in Health Care* has published a number of 'online first' articles, including: • The eCollaborative: using a quality improvement collaborative to implement the National **eHealth Record System** in Australian primary care practices (Andrew W Knight, Craig Szucs, Mia Dhillon, Tony Lembke, and Chris Mitchell)