



On the Radar

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On the Radar

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Reports

National Statement on Health Literacy

Sydney, Australian Commission on Safety and Quality in Health Care, 2014.

| URL | |
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| | http://www.safetyandquality.gov.au/publications/health-literacy-national-statement/ |
| Notes | <p>The Australian Commission on Safety and Quality in Health Care has released the <i>National Statement on Health Literacy</i>. Almost 60% of Australians have a low level of individual health literacy. This is important to the safety, quality and effectiveness of health care. Low levels of individual health literacy contribute to poorer health outcomes, increased risk of an adverse event and higher healthcare costs. People with low levels of health literacy may not understand their medication instructions, be able to interpret nutrition labels on food, or be able to understand the risks associated with different treatment options enough to make an informed choice.</p> <p>The Commission has been working with healthcare professionals, consumers, policy makers and researchers to explore the role that health literacy plays in safe and high-quality care and to develop a national approach as a basis for coordinated and collaborative action.</p> |

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| | <p>The National Statement on Health Literacy proposes a coordinated approach to health literacy based on:</p> <ul style="list-style-type: none"> • embedding health literacy into systems • ensuring effective communication • integrating health literacy into education. <p>This has now been endorsed by Australian, state and territory Health Ministers as the national approach to health literacy.</p> |
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Journal articles

Adverse events in healthcare: learning from mistakes

Rafter N, Hickey A, Condell S, Conroy R, O'Connor P, Vaughan D, et al
QJM. 2014 [epub]

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| DOI | http://dx.doi.org/10.1093/qjmed/hcu145 |
| Notes | <p>In this review article the authors remind us that it is estimated that approximately 10% of hospital admissions are associated with an adverse event (an injury resulting in prolonged hospitalisation, disability or death, caused by healthcare management). Also noting that many of these are preventable, they discuss how identification and reporting of events is an important step in addressing them. In discussing various ways of measuring events, they also cover some of the limitations.</p> <p>The authors also discuss the need for a learning safety culture, describe ways to measure adverse events, and comment on why current adverse event monitoring is limited in showing trends in patient safety.</p> |

Older folks in hospitals: the contributing factors and recommendations for incident prevention

Mansah M, Griffiths R, Fernandez R, Chang E, Thuy Tran D
Journal of Patient Safety. 2014 Sep;10(3):146-53.

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| DOI | http://dx.doi.org/10.1097/PTS.0b013e31829954fd |
| Notes | <p>This paper offers a retrospective review of incident reports at a tertiary care hospital in Sydney relating to older patients. The study examined the Incident Information Management System and Root Cause Analysis databases covering the period 1 July 2005 to 30 June 2006,</p> <p>The most common adverse events in the 643 reported incidents were, unsurprisingly, related to falls (309), medication errors (136), and clinical management (104). The authors note “the failure of clinicians to follow policies and procedures and poor communication between clinicians contributed to these incidents”.</p> |

Australian Health Review

Vol. 38, No. 4. 2014

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| URL | http://www.publish.csiro.au/nid/270/issue/7057.htm |
| Notes | <p>A new issue of <i>Australian Health Review</i> has been published. Articles in this issue of <i>Australian Health Review</i> include:</p> <ul style="list-style-type: none"> • Synthesised Geriatric Assessment in the Emergency Department setting: is it NEAT? (Alan Nguyen, Lahn Straney, Peter Cameron and Judy Lowthian) |

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| | <ul style="list-style-type: none"> • Predicting unplanned readmission after myocardial infarction from routinely collected administrative hospital data (Santu Rana, Truyen Tran, Wei Luo, Dinh Phung, Richard L Kennedy and Svetha Venkatesh) • A case study in the use of evidence in a changing political context: an Aboriginal and Torres Strait Islander health service re-examines practice models, governance and financing (Deepa Gajjar, Anthony B Zwi, Peter S Hill and Cindy Shannon) • Does delivery of a training program for healthcare professionals increase access to pulmonary rehabilitation and improve outcomes for people with chronic lung disease in rural and remote Australia? (Catherine L Johnston, Lyndal J Maxwell, Graeme P Maguire and Jennifer A Alison) • Impact of care coordination on Australia's mental health service delivery system (Lisa Brophy, Craig Hodges, Kieran Halloran, Margaret Grigg and Mary Swift) • Models of care for musculoskeletal health in Australia: now more than ever to drive evidence into health policy and practice (Andrew M Briggs, Simon C B Towler, Robyn Speerin and Lyn M March) • Orthopaedic triaging by podiatrists: a prospective study of patient satisfaction and service efficiency (Tom P Walsh, Dolores C Pilkington, Esther J Wong, Christopher H Brown and Graham E Mercer) • Rural general physicians: improving access and reducing costs of health care in the bush (Simon Quilty, Danielle Valler and John Attia) • Walan Girri: developing a culturally mediated case management model for problematic alcohol use among urban Indigenous people (Ray Lovett, Phyll Dance, Jill Guthrie, Roxie Brown and Julie Tongs) • Indigenous Respiratory Outreach Care: the first 18 months of a specialist respiratory outreach service to rural and remote Indigenous communities in Queensland, Australia (Linda G Medlin, Anne B Chang, Kwun Fong, R Jackson, P Bishop, A Dent, D C Hill, S Vincent and K-A F O'Grady) • Exploring in-hospital adverse drug events using ICD-10 codes (Sumit Parikh, Donna Christensen, Peter Stuchbery, Jenny Peterson, Anastasia Hutchinson and Terri Jackson) • Development of nutrition standards and therapeutic diet specifications for public hospitals in New South Wales (Peter Williams, Tanya Hazlewood and Glen Pang) |
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Healthcare Infection

Vol 19(3) 2014.

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| URL | http://www.publish.csiro.au/nid/242/issue/7115.htm |
| Notes | <p>A new issue of Healthcare Infection has been published. Articles in this issue include:</p> <ul style="list-style-type: none"> • How can implementing an infection prevention and control (IPC) technology transform healthcare practices and outcomes for patients? (Randa Attieh, Marie-Pierre Gagnon and Sarah L. Krein) • Attitudes towards antimicrobial stewardship: results from a large private hospital in Australia (Menino O. Cotta, Megan S Robertson, Mark Tacey, Caroline Marshall, Karin A Thursky, Danny Liew and Kirsty L Buising) • Frequency of use and activation of safety-engineered sharps devices: a sharps container audit in five Australian capital cities (Terry Grimmond) |

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| | <ul style="list-style-type: none"> • Evaluation of the relationship between ATP bioluminescence assay and the presence of organisms associated with healthcare-associated infections (Shawn G Gibbs, Harlan Sayles, Oleg Chaika, Angela Hewlett, Erica M Colbert and Philip W Smith) • Improving hand hygiene compliance: harnessing the effect of advertised auditing (Siong Hui, John Ng, Nancy Santiano, Heather-Marie Schmidt, Jennifer Caldwell, Emina Ryan and Michael Maley) • Mandatory influenza vaccination of healthcare workers: is it necessary or sufficient to protect patients? (Allen C Cheng and Leon J Worth) |
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For information on the Commission’s work on healthcare associated infection, see <http://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/>

BMJ Quality and Safety online first articles

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| 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"> • Insights from staff nurses and managers on unit-specific nursing performance dashboards: a qualitative study (Lianne Jeffs, Susan Beswick, Joyce Lo, Yonda Lai, Aline Chhun, Heather Campbell) |

International Journal for Quality in Health Care online first articles

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| 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"> • Influence of adverse drug events on morbidity and mortality in intensive care units: the JADE study (Yoshinori Ohta, Mio Sakuma, Kaoru Koike, David W. Bates, and Takeshi Morimoto) |

Online resources

Medical Devices Safety Update

Volume 2, Number 5, September 2014

<http://www.tga.gov.au/hp/mdsu-2014-05.htm>

The Therapeutic Goods Administration (TGA) has released the latest edition of its medical device safety bulletin. Topics covered in this issue include:

- Risk of electric shock during defibrillator check
- Endoscopes reprocessing procedures
- Recent safety alerts
- Following Instructions for Use and maintenance key to safe use of slings and patient lifters

[Ireland] ‘Sorry’ — the hardest word?

http://www.medicalindependent.ie/52646/sorry_%E2%80%94_the_hardest_word

This feature article in the (Irish) *Medical Independent* examines open disclosure in light of the (Irish) Health Services Executive release of its Open Disclosure Policy and Guidelines, focusing on the legal aspects of open disclosure. The article contains reflections of the Australian Commission on Safety and Quality in Health Care CEO, Professor Debora Picone AM, on the Australian experience with open disclosure and the development of the [Australian Open Disclosure Framework](#).

[UK] *Good Surgical Practice*

<http://www.rcseng.ac.uk/surgeons/surgical-standards/professionalism-surgery/gsp>

The Royal College of Surgeons of England has launched *Good Surgical Practice* outlining clear standards expected of all English surgeons. The guide outlines the skills, values and attitudes that underpin the profession and has been developed with surgeons and patient groups. *Good Surgical Practice* has been updated following the recent release of the General Medical Council's re-working of *Good Medical Practice* and addresses some of the key challenges facing the profession. **Collaborative working** and **patient safety** are a core message in the guide. The guide recommends surgeons should ensure they are effectively working in multidisciplinary teams to improve **communication** with patients and the decision making process. Surgical **leadership** and **teamwork** are crucial for achieving high-quality patient care and this guide provides surgeons with a model that they should aspire to in day to day practice.

Building a Curriculum in Quality and Safety Education

<http://www.isqua.org/education/resource-centre/building-a-curriculum-in-quality-and-safety-education-with-kim-oates>

Webinar presented by Kim Oates (Director of Undergraduate Quality and Safety at the NSW Clinical Excellence Commission, Sydney) for ISQua covering quality and safety education in the medical curriculum, including:

- What resources are available to incorporate into a patient safety curriculum?
- Effective teaching requires students to be involved as active learners rather than as passive recipients. How can this be done?
- Should teaching be on-line or face-to-face?
- How can we evaluate the impact of patient safety teaching?
- Should patient safety teaching be available to all or kept as an elective area for interested students?
- How can multidisciplinary teaching be achieved in patient safety?

Why applying human factors and ergonomics is important to patient safety

<http://isqua.org/education/webinars/agnes-leotsakos>

Webinar presented by Agnès Leotsakos (Programme Lead, Education and Global Capacity Building, Safety and Quality of Care in Service Delivery, World Health Organization) for ISQua covering how human factors and ergonomics can address patient safety issues.

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