



On the Radar

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On the Radar

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Antimicrobial Stewardship Clinical Care Standard

Australian Commission on Safety and Quality in Health Care

Sydney: ACSQHC; 2014

URL	http://www.safetyandquality.gov.au/our-work/clinical-care-standards/antimicrobial-stewardship-clinical-care-standard/
Notes	<p>Antibiotic resistance poses a significant threat to public health because antibiotics underpin routine clinical practice in a variety of healthcare settings. Bacteria can develop resistance to specific antibiotics, meaning that the antibiotic is no longer effective against those bacteria. Although antibiotic resistance is a natural feature of bacterial evolution, the inappropriate use of antibiotics has increased the development of antibiotic-resistant bacteria, not only in hospitals and healthcare facilities but also in the community.</p> <p>To help prevent the development of current and future bacterial resistance, it is important to prescribe antibiotics according to the principles of antimicrobial stewardship, such as prescribing antibiotics only when needed.</p> <p>The Australian Commission on Safety and Quality in Health Care, in collaboration with consumers, clinicians, researchers and health organisations, has developed the <i>Antimicrobial Stewardship Clinical Care Standard</i> and resources to guide and support its implementation.</p>

A better way to care: Safe and high-quality care for patients with cognitive impairment (dementia and delirium) in hospital

Australian Commission on Safety and Quality in Health Care
 Sydney: ACSQHC; 2014

URL	http://www.safetyandquality.gov.au/our-work/cognitive-impairment/better-way-to-care/
Notes	<p>The Australian Commission on Safety and Quality in Health Care has released three resources to guide health service managers, clinicians and consumers in improving care of people with cognitive impairment in hospital. Through funding from the Department of Social Services, these resources were developed in recognition that cognitive impairment (dementia and delirium) is common among older people admitted to hospital and patients with cognitive impairment are at greater risk of preventable complications, and adverse outcomes, including falls, pressure injuries, functional decline and mortality. They are more likely to stay in hospital longer, be re-admitted or enter residential care. Cognitive impairment and its risks are currently under-recognised in Australian hospitals, leading to significant safety and quality issues. However, harm can be minimised if cognitive impairment is recognised and care is tailored to the needs of the patient.</p> <p>The resources follow a pathway, describing strategies that reflect evidence-based practice and existing models of care. In the resource for health service managers, the strategies are linked to the existing National Safety and Quality Health Service (NSQHS) Standards.</p> <p>The three resources are:</p> <ul style="list-style-type: none"> • <i>Action for health service managers</i> • <i>Action for clinicians</i> • <i>Action for consumers</i> <p>In addition to developing the resources, the Commission has commenced the development of a <i>Delirium Clinical Care Standard</i> and will make recommendations for strengthening the current NSQHS Standards as part of the Commission’s review process.</p>

Journal articles

Learning from failure: the need for independent safety investigation in healthcare

Macrae C, Vincent C

Journal of the Royal Society of Medicine. 2014;107(11):439-43.

DOI	http://dx.doi.org/10.1177/0141076814555939
Notes	<p>In this commentary piece Macrae and Vincent advocate for the establishment of an independent investigator with a dedicated role of leading investigations into medical errors and system failures. Such an entity, similar to the transport accident investigators or may adapt practices from aviation and other high –risk industries or where high reliability operations are sought as well as offering guidance in incident investigation and high reliability operation.</p>

International Survey Of Older Adults Finds Shortcomings In Access, Coordination, And Patient-Centered Care

Osborn R, Moulds D, Squires D, Doty MM, Anderson C

Health Affairs. 2014 [epub].

DOI	http://dx.doi.org/10.1377/hlthaff.2014.0947 http://www.commonwealthfund.org/publications/in-the-literature/2014/nov/international-survey-of-older-adults (Commonwealth Fund page)
Notes	<p>This article reports the findings of this year’s international survey by the (US) Commonwealth Fund. This iteration of their annual survey of health care in a group of 11 comparable developed nations surveyed older adults (≥ 65) to understand how well health systems are caring for older adults, where the gaps in performance are, and how policy reforms can make a difference.</p> <p>This article, and much of the Commonwealth Funds related resources, focus on the US perspective. The authors report that “US older adults were sicker than their counterparts abroad. Out-of-pocket expenses posed greater problems in the United States than elsewhere. Accessing primary care and avoiding the emergency department tended to be more difficult in the United States, Canada, and Sweden than in other surveyed countries. One-fifth or more of older adults reported receiving uncoordinated care in all countries except France. US respondents were among the most likely to have discussed health-promoting behaviors with a clinician, to have a chronic care plan tailored to their daily life, and to have engaged in end-of-life care planning. Finally, in half of the countries, one-fifth or more of chronically ill adults were caregivers themselves.”</p> <p>As tends to be the way with these surveys, Australia generally rates fairly well in terms of care delivery and overall costs, but less well in terms of out-of-pocket costs for consumers. 82% of Australian respondents reported a having a chronic condition (54% had 2 or more), 71% reported they were able to get same or next day primary care appointments and 13% reported out-of-pocket expenses of ≥\$2000 in the past year.</p>

An Internal Quality Improvement Collaborative Significantly Reduces Hospital-Wide Medication Error Related Adverse Drug Events

McClead Jr RE, Catt C, Davis JT, Morvay S, Merandi J, Lewe D, et al.

The Journal of Pediatrics. 2014;165(6):1222-9.e1.

DOI	http://dx.doi.org/10.1016/j.jpeds.2014.08.063
Notes	<p>Article describing how a US hospital implemented a hospital-wide, quasi-experimental time series quality improvement initiative to reduce adverse drug events (ADEs). ADEs were detected through a combination of voluntary reporting, trigger tool analysis, reversal agent review, and pharmacy interventions. The rate of harmful ADEs initially increased by >65% which the authors attribute to increased error reporting, “temporally associated with the implementation of a program focused on high reliability and an improved safety culture.”</p> <p>A multidisciplinary ADE Quality Collaborative focused on medication use processes, not on specific classes of medications. Effective interventions included huddles and an ADE prevention bundle. The authors report that “harmful ADEs were reduced hospital-wide by 76.5%”. They also regard the “concurrent implementation of a high-reliability, safety-focused program was important as well.”</p>

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

How Patients Can Improve the Accuracy of their Medical Records

Dullabh P, Sondheimer N, Katsh E, Evans MA

eGEMs (Generating Evidence & Methods to improve patient outcomes). 2014;2(3):10.

DOI	http://dx.doi.org/10.13063/2327-9214.1080
Notes	<p>Paper reporting on patient/consumer feedback can enhance electronic medical records. The paper describes how a US health system developed an online process for patients to provide electronic feedback on their medication lists’ accuracy before a doctor visit. The patient’s feedback was reviewed by a pharmacist, who also followed up with the patient before changing the medication list shared by the patient and the clinicians.</p> <p>The authors report that patients were eager to provide feedback and that their feedback was useful and accurate. The authors conclude that “Patient feedback, placed in a useful workflow, can improve medical record accuracy. Electronic health record (EHR) vendors and developers need to build appropriate capabilities into applications.”</p>

BMJ Quality and Safety

December 2014, Vol. 23, Issue 12

URL	http://qualitysafety.bmj.com/content/23/12
Notes	<p>A new issue of <i>BMJ Quality and Safety</i> has been published. Many of the papers in this issue have been referred to in previous editions of <i>On the Radar</i> (when they were released online). Articles in this issue of <i>BMJ Quality and Safety</i> include:</p> <ul style="list-style-type: none"> • Editorial: The Hawthorne effect in measurements of hand hygiene compliance: a definite problem, but also an opportunity (Sarah Haessler) • Editorial: Less is not always more: embracing (appropriate) medical intensity (Laura G Burke, Ashish K Jha) • Viewpoint: Why Lean doesn't work for everyone (Gary S Kaplan, Sarah H Patterson, Joan M Ching, C Craig Blackmore) • Quantification of the Hawthorne effect in hand hygiene compliance monitoring using an electronic monitoring system: a retrospective cohort study (Jocelyn A Srigley, Colin D Furness, G Ross Baker, M Gardam) • Outcomes in patients with heart failure treated in hospitals with varying admission rates: population-based cohort study (R Sacha Bhatia, Peter C Austin, Therese A Stukel, Michael J Schull, Alice Chong, J V Tu, D S Lee) • Read-back improves information transfer in simulated clinical crises (Matt Boyd, David Cumin, Braam Lombard, Jane Torrie, N Civil, J Weller) • Cost and turn-around time display decreases inpatient ordering of reference laboratory tests: a time series (Daniel Z Fang, Gurmeet Sran, Daniel Gessner, Pooja D Loftus, Ann Folkins, J Y Christopher III, L Shieh) • 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) • Creating spaces in intensive care for safe communication: a video-reflexive ethnographic study (Su-yin Hor, Rick Iedema, Elizabeth Manias) • Personalised physician learning intervention to improve hypertension and lipid control: randomised trial comparing two methods of physician

	<p>profiling (Patrick J O'Connor, David J Magid, JoAnn M Sperl-Hillen, David W Price, Stephen E Asche, William A Rush, Heidi L Ekstrom, David W Brand, Heather M Tavel, Olga V Godlevsky, Paul E Johnson, K L Margolis</p> <ul style="list-style-type: none"> • Exploring new avenues to assess the sharp end of patient safety: an analysis of nationally aggregated peer review data (Derek W Meeks, Ashley N D Meyer, Barbara Rose, Yuri N Walker, Hardeep Singh) • A systematic review of behavioural marker systems in healthcare: what do we know about their attributes, validity and application? (Aaron S Dietz, Peter J Pronovost, Kari N Benson, Pedro Alejandro Mendez-Tellez, Cynthia Dwyer, Rhonda Wyskiel, Michael A Rosen) • Designing quality improvement initiatives: the action effect method, a structured approach to identifying and articulating programme theory (Julie E Reed, Christopher McNicholas, Thomas Woodcock, Laurel Issen, D Bell) • Correspondence: The bad apple theory won't work: response to 'Challenging the systems approach: why adverse event rates are not improving' by Dr Levitt (Sidney W A Dekker, Nancy G Leveson) • Correspondence: Challenging the systems approach: why adverse event rates are not improving (Philip Levitt) • A multifaceted intervention to improve sepsis management in general hospital wards with evaluation using segmented regression of interrupted time series (Charis A Marwick, Bruce Guthrie, Jan E C Pringle, Josie M M Evans, Dilip Nathwani, Peter T Donnan, Peter G Davey) • An intervention to improve transitions from NICU to ambulatory care: quasi-experimental study (Virginia A Moyer, Lu-Ann Papile, Eric Eichenwald, Angelo P Giardino, Myrna M Khan, Hardeep Singh)
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Patient Experience Journal

Volume 1, Issue 2 (2014)

URL	http://pxjournal.org/journal/vol1/iss2/
Notes	<p>The second issue of <i>Patient Experience Journal</i> has been published. Articles in this issue of <i>Patient Experience Journal</i> include:</p> <ul style="list-style-type: none"> • A gathering place for patient experience research: The power of community (Jason A Wolf) • To serve patients is our greatest privilege (David T Feinberg) • Customer service vs. Patient care (Kathy Torpie) • The patient experience movement moment (William Lehrman, Geoffrey Silvera, and Jason A Wolf) • Hindsight is 20/20: Lessons learned after implementing experience based design (Kate Bak, Laura Macdougall, Esther Green, Lesley Moody, Genevieve Obarski, Lori Hale, Susan Boyko, and Deborah Devitt) • Patient experience of care in a student-faculty collaborative practice (Rebecca A Berman, Scott Elman, Pratyaksh Kumar Srivastava, Janine Knudsen, Laura Huppert, K Dempsey, M Barnett, C Powe, and K Donelan) • Beyond credentialing in physician selection: Application of an instrument that measures behavioral aptitude (Edgar Staren, Susan Hirt and D Rath) • Enhancing patient experience by training local trainers in fundamental communication skills (Calvin L. Chou, Laura Cooley, Ellen Pearlman, and Maysel Kemp White) • Creating and sustaining a culture of accountability for patient experience (Denise M Kennedy, Roshanak Didehban, and John P Fasolino)

	<ul style="list-style-type: none"> • Improving the patient experience through nurse leader rounds (Judy C Morton, Jodi Brekhus, Megan Reynolds, and Anna Kay Dykes) • Evaluation of an advisory committee as a model for patient engagement (Cynthia Kendell, R Urquhart, J Petrella, S MacDonald, and M McCallum) • The relationships between HCAHPS communication and discharge satisfaction items and hospital readmissions (Fadi Hachem, Jeff Canar, Francis Fullam, Andrew S. Gallan, Samuel Hohmann, and C Johnson) • Feasibility of using emergency department patient experience surveys as a proxy for equity of care (Helen Chiu, Nadia Batara, Robert Stenstrom, Lianne Carley, Catherine Jones, Lena Cuthbertson, and Eric Grafstein) • Using a data-driven organizational improvement model to engage an interdisciplinary team in transforming a public women’s health clinic (Kenneth J Feldman, Molly Lopez, and Morris Gagliardi) • Are we providing patient-centered care? Preferences about paracentesis and thoracentesis procedures (Jeffrey H Barsuk, Sarah E Kozmic, Jordan Scher, Joe Feinglass, Aimee Hoyer, and Diane B Wayne) • Hearing the patient voice: Using video intervention/prevention assessment to understand teens with cystic fibrosis (Susan Horky, Laura E Sherman, Julie Polvinen, and Michael Rich) • Exploring the impact of an interprofessional care protocol on the patient experience and outcomes for seniors with diabetes (Linda J Mast, Ateequr Rahman, Diane Bridges and Neil L Horsley) • Learning what high quality compassionate care means for cancer patients and translating that into practice (Fiona McKenzie, Katherine Joel, Charlotte Williams, and Kathy Pritchard-Jones)
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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"> • Clinical user experiences of observation and response charts: focus group findings of using a new format chart incorporating a track and trigger system (Doug Elliott, Emily Allen, Lin Perry, Margaret Fry, Christine Duffield, Robyn Gallagher, Rick Iedema, Sharon McKinley, M Roche) • Point-counterpoint: Patient safety is not elective: a debate at the NPSF Patient Safety Congress (Patricia McTiernan, Robert M Wachter, Gregg S Meyer, Tejal K Gandhi)

International Journal for Quality in Health Care online first articles

URL	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"> • The association between patient-reported incidents in hospitals and estimated rates of patient harm (Oyvind Bjertnaes, Ellen Tveter Deilkås, Kjersti Eeg Skudal, Hilde Hestad Iversen, and Anne Mette Bjerkan) • Improving rates of cotrimoxazole prophylaxis in resource-limited settings: implementation of a quality improvement approach (J Bardfield, B Agins, M Palumbo, A L Wei, J Morris, and B Marston)

Online resources

[UK] *Person-centred care resource centre – Spotlight on renal care*

<http://personcentredcare.health.org.uk/renal>

The UK's Health Foundation has a major focus on 'person-centred care'. This microsite, within their *Person-centred care resource centre* allows them to share some examples of person-centred approaches in use in the UK, where people living with kidney disease reported greater control over their illness and greater confidence.

[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) publishes updates on their Evidence Updates site. The latest updates are on **psoriasis** and **lower limb peripheral arterial disease**.

The new Evidence Updates focus on a summary of selected new evidence relevant to NICE guideline C153 '**The assessment and management of psoriasis**' (2012)

(<http://www.evidence.nhs.uk/evidence-update-68>) and NICE guideline CG147 '**Lower limb peripheral arterial disease: diagnosis and management**' (2012)

(<http://www.evidence.nhs.uk/evidence-update-69>)

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