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On the Radar

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On the Radar
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Reports

Antimicrobial Resistance: Tackling a Crisis for the Health and Wealth of Nations
Review on Antimicrobial Resistance
London: Review on Antimicrobial Resistance; 2014.

Estimating the economic costs of antimicrobial resistance: Model and Results
Taylor J, Hafner M, Yerushalmi E, Smith R, Bellasio J, Vardavas R, et al.
Cambridge: RAND Europe; 2014.

The global economic impact of anti-microbial resistance
KPMG LLP.
London KPMG LLP; 2014.

UK 5 year antimicrobial resistance (AMR) strategy 2013 to 2018: annual progress report and implementation plan 2014
Department of Health (UK)
London: HM Government; 2014.

URL	http://amr-review.org/ http://www.rand.org/pubs/research_reports/RR911.html https://www.kpmg.com/UK/en/IssuesAndInsights/ArticlesPublications/Documents/PDF/Issues%20and%20Insights/amr-report-final.pdf https://www.gov.uk/government/publications/progress-report-on-the-uk-five-year-amr-strategy-2014
TRIM	D15-277 (Review) D15-278 (RAND Europe) D15-279 (KMPG) D15-280 (Department of Health)
Notes	The end of 2014 saw the release of a number of (related) reports on antimicrobial resistance. These included a number of reports taking a global view as well as the UK Government's first progress report on its 5-year antimicrobial resistance strategy. The UK Government established the Review on Antimicrobial Resistance. The Review's first paper, *Antimicrobial Resistance: Tackling a Crisis for the Health and Wealth of Nations*, has been published. In this brief paper it is suggested that as many as **10 million people per annum could die as a result of drug resistance and estimate GDP loss as much as USD100 trillion by 2050.** The parameters, assumptions and data in such modelling are not infallible – as the authors of this and the supporting reports acknowledge (*cf* reports produced by consultants/economists for the various lobbyists/rent seekers/interests reported with little scrutiny in mainstream media).The Review's paper draws on and summarises the longer reports commission from RAND Europe and KPMG. Despite this potential scale of the problem, the Review – and the UK progress report express some optimism that the issues can be addressed but will require coherent and co-ordinated actions at the national and international scale.

Safer Clinical Systems: evaluation findings. Learning from the independent evaluation of the second phase of the Safer Clinical Systems programme
Dixon-Woods M, Martin G, Tarrant C, Bion J, Goeschel C, Pronovost P, et al.
London: The Health Foundation; 2014.

URL	http://www.health.org.uk/publications/safer-clinical-systems-evaluation-findings/
Notes	This report from the UK's Health Foundation presents an evaluation on the Safer Clinical Systems approach. Safer Clinical Systems is an approach for improving safe and reliable health care. It is based on principles adapted from high-reliability organisations, established risk management techniques from hazardous industries, and quality improvement methods. The approach aims to improve patient safety not by imposing pre-defined solutions on organisations, but by developing their own capacity to detect and assess system-level weaknesses and introduce interventions to address them. The programme was evaluated independently and the evaluation concluded that much of the Safer Clinical Systems approach is ingenious, and well-grounded in established practices from hazardous industries. While it's difficult to demonstrate substantial progress on reliability over the course of the programme, there are suggested improvements relating to culture and capacity for problem-solving.

To your door: Factors that influence Aboriginal and Torres Strait Islander peoples seeking care.
Kanyini Qualitative Study Monograph Series: No. 1
Kanyini Qualitative Study Investigators.
Kanyini Vascular Collaborative; 2014.

The fork in the road: Exploring factors which influence whether Aboriginal and Torres Strait Islander peoples living with chronic disease remain engaged with health services. Kanyini Qualitative Study Monograph Series: No. 2
Kanyini Qualitative Study Investigators
Kanyini Vascular Collaborative; 2014.

Complex needs and limited resources: Influences on the provision of primary healthcare to Aboriginal and Torres Strait Islander peoples living with chronic disease. Kanyini Qualitative Study Monograph Series: No. 4
Kanyini Qualitative Study Investigators
Kanyini Vascular Collaborative; 2014.

URL	http://www.kvc.org.au/kqs-monograph-series/
Notes	The Kanyini Qualitative Study (KQS) was designed to explore principle barriers to and enablers of quality chronic disease care in order to better understand how systems of primary healthcare might better serve Aboriginal and Torres Strait Islander patients. The KQS Monograph Series explores determinants, outcomes and perceptions of chronic disease care for Aboriginal and Torres Strait Islander peoples from a range of angles. Three monographs in the series are now available: • *To your door: Factors that influence Aboriginal and Torres Strait Islander peoples seeking care* • *The fork in the road: Exploring factors which influence whether Aboriginal and Torres Strait Islander peoples living with chronic disease remain engaged with health services* • *Complex needs and limited resources: Influences on the provision of primary healthcare to Aboriginal and Torres Strait Islander peoples living with chronic disease*.

Journal articles

Essential Service Standards for Equitable National Cardiovascular Care for Aboriginal and Torres Strait Islander People
Brown A, O'Shea RL, Mott K, McBride KF, Lawson T, Jennings GLR, et al.
Heart, Lung and Circulation. 2014 [epub].

DOI	http://dx.doi.org/10.1016/j.hlc.2014.09.021
Notes	The ESSENCE (Essential Service Standards for Equitable National Cardiovascular carE for Aboriginal and Torres Strait Islander people) Project has developed, through expert consensus, a set of service standards in cardiovascular care that are essential to improving outcomes irrespective of where they live or what their ethnicity is. The ESSENCE Standards represent the best available evidence and articulate what elements of care are necessary to reduce disparity in access and outcomes for five critical cardiovascular conditions: Coronary Heart Disease; Chronic Heart Failure; Stroke; Rheumatic Heart Disease; and Hypertension, the leading causes of death and disability within the Australian population. Sixty-one service standards were identified.

Explaining variation in emergency admissions: a mixed-methods study of emergency and urgent care systems
O'Cathain A, Knowles E, Turner J, Maheswaran R, Goodacre S, Hirst E, et al.
Health Services and Delivery Research. 2014;2(48).

DOI	http://dx.doi.org/10.3310/hsdr02480
Notes	Paper reporting on a study of variation in emergency admissions in England. The study focussed on 14 conditions thought to be "rich in avoidable emergency admissions", as identified by expert consensus. These 14 conditions accounted for 3,273,395 admissions in 2008–2011 (22% of all emergency admissions) in the 150 care systems examined. In those systems the **admission rate varied threefold** (1268 to 4359 per 100,000 population per annum). The authors suggest that **deprivation** accounts for the bulk of this variation. They also found that "Systems with high, potentially avoidable, admission rates had high rates of acute beds (suggesting supply-induced demand), high rates of attendance at EDs (which have been associated with poor perceived access to general practice), high rates of conversion from ED attendances to admissions, and low rates of non-transport to emergency departments by emergency ambulances."

For information on the Commission's work on variation in health care, see http://www.safetyandquality.gov.au/our-work/variation-in-health-care/

The Antidote to Fragmented Health Care
Mate KS, Compton-Phillips AL
Harvard Business Review. 2014.

URL	https://hbr.org/2014/12/the-antidote-to-fragmented-health-care
Notes	This piece in the *Harvard Business Review* was penned by two people who are engaged in both clinical work and health improvement. Using the unfortunate story of one author's mother-in-law to illustrate how despite a series of individuals each doing their job the overall care was not sufficient. As they write, "her experience is still the rule rather than the exception … This is the result of a system that's still largely focused on the historic way clinicians deliver care (by sites of care and by specialty) rather than by how people should receive care (centered around each person, their individual conditions, where and how they live, and the family and friends who support them)." Advocating a move to better integrated care they identify a number of measures that are needed to enable integrated care. These include: • Aligning payments with integrated care • Re-engineering processes • Creating universal electronic health records • Reducing dependence on speciality care. They also argue that health systems need to change, specifically: • Recognising and respecting caregivers • Making the journey clear • Minimising disruption to the patient's life • Aiming for health.

Being open about unanticipated problems in health care: the challenges of uncertainties
Birks Y, Entwistle V, Harrison R, Bosanquet K, Watt I, Iedema R
Journal of Health Services & Research Policy. 2015 Jan;20(1 Suppl):54-60.

DOI	http://dx.doi.org/10.1177/1355819614558100
Notes	Open disclosure—the open discussion of unanticipated events in health care with patients, carers and families—is now widely supported and advocated. Yet the expectation that open disclosure is a routine part of clinical practice is not matched in practice, and a considerable 'disclosure gap' remains. Using interviews with healthcare professionals, managers and patients, this paper examines some of the reasons for this shortfall in the UK, where the 2005 *Being Open* policy framework was relaunched in 2009. The paper's findings concord strongly with the existing literature, including the Commission's 2012 review of open disclosure (http://www.safetyandquality.gov.au/publications/open-disclosure-standard-review-report/). While providers are supportive of open disclosure in principle, a complex mix of factors influences their reaction and behaviour when engaging in these, often sensitive and difficult, discussions with patients. The paper identifies several uncertainties that create difficulty in decision making in this space, including: • Assessment of harm associated with the incident, and the likely benefit/harm trade-off of disclosure • Communication of uncertainty in a situation that may be in considerable flux. • Anticipating the reaction of patients and loved ones to the disclosure. Three clinical scenarios are discussed: a fall from an operating table; a no-harm medication error; and a retrospective review identifying an error in a now deceased patient. These are useful illustrations of 'should we/shouldn't we' situations. As outlined and discussed in the Commission's *Australian Open Disclosure Framework 2013*, in order to participate effectively in open disclosure, manage uncertainty in the inter-personal dimension, and normalise this important practice, providers must be: • furnished with the requisite 'soft' skills to engage in difficult discussions, which includes specific training in the practice of open disclosure, and • explicitly supported by their peers and professional organisations, health service management, and their indemnity insurance providers to do so without fear of reprisals and reputational damage.

For more information on the Commission's open disclosure program please visit
http://www.safetyandquality.gov.au/our-work/open-disclosure/

Pharmacist-managed inpatient discharge medication reconciliation: A combined onsite and telepharmacy model
Keeys C, Kalejaiye B, Skinner M, Eimen M, Neufer J, Sidbury G, et al.
American Journal of Health-System Pharmacy. 2014 December 15, 2014;71(24):2159-66.

DOI	http://dx.doi.org/10.2146/ajhp130650
Notes	Paper reporting on the development, implementation, and initial operation and testing of a service – managed by pharmacists – using telepharmacy support to enhance medication reconciliation at discharge in a 324-bed community hospital. The quality of final medication lists and documentation given to patients at discharge was found to have improved over the 19-month pilot project.

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

Patient safety risks associated with telecare: a systematic review and narrative synthesis of the literature
Guise V, Anderson J, Wiig S
BMC Health Services Research. 2014 Nov 25;14(1):588.

DOI	http://dx.doi.org/10.1186/s12913-014-0588-z
Notes	New systems, processes and technologies can enhance care and its delivery. However, they can also be a potential source of risks. This review article examined the literature on telecare for proving remote services for patients at home for patient safety issues .From the 22 items included in the review 11 types of patient safety risks associated with telecare use in homecare services were identified. According to the authors, these "in the main related to the nature of homecare tasks and practices, and person-centred characteristics and capabilities, and to a lesser extent, problems with the technology and devices, organisational issues, and environmental factors." The 11 types of risk included: Change in the nature of clinical work; Lack of patient and/or staff knowledge and understanding; Technology issues; Changes to staff workload; Accessibility issues; Lack of guidelines; Patient dependency; Patient anxiety; Poor system integration; Poor patient compliance; and nature of homecare environment.

A patient safety checklist for the cardiac catheterisation laboratory
Cahill TJ, Clarke SC, Simpson IA, Stables RH
Heart. 2015 January 15, 2015;101(2):91-3.

DOI	http://dx.doi.org/10.1136/heartjnl-2014-306927
Notes	Recent years have seen the proliferation of checklists. This editorial describes the development of a checklist created to improve the safety and reliability of invasive cardiac procedures.

Journal of Health Services Research & Policy
January 2015: 20(1)

URL	http://hsr.sagepub.com/content/20/1.toc
Notes	A new issue of the *Journal of Health Services Research & Policy* has been published. Articles in this issue of *Journal of Health Services Research & Policy* include: • Editorial: The evidence, ethics and politics of **mandatory health care worker vaccination** (Karen Born, Sophia Ikura, and Andreas Laupacis) • Influence of patients' age and sex and the mode of administration on results from the **NHS Friends and Family Test of patient experience** (Steve Sizmur, Chris Graham, and Joan Walsh) • Association between market concentration of hospitals and patient health gain following **hip replacement surgery** (Yan Feng, Michele Pistollato, Anita Charlesworth, Nancy Devlin, Carol Propper, and Jon Sussex) • Comparison of **rehospitalization rates** in France and the United States (Michael Gusmano, Victor Rodwin, Daniel Weisz, Jonathan Cottenet, and Catherine Quantin) • Knowledge, attitudes, experience and behaviour of frontline health care workers during the early phase of **2009 influenza A(H1N1) pandemic**,

	Birmingham, UK (Obaghe Edeghere, Tom Fowler, Fay Wilson, Richard Caspa, Smitri Raichand, Edna Kara, Sumi Janmohamed Rampling, and Babatunde Olowokure) • What do **nurses and midwives value** about their jobs? Results from a discrete choice experiment (Anthony Scott, Julia Witt, Christine Duffield, and Guyonne Kalb) • International experience in **controlling pharmaceutical expenditure**: influencing patients and providers and regulating industry – a systematic review (Iyn-Hyang Lee, Karen Bloor, Catherine Hewitt, and Alan Maynard) • Why **public trust in health care systems** matters and deserves greater research attention (Felix Gille, Sarah Smith, and Nicholas Mays)

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: • Developing and evaluating the success of a **family activated medical emergency team**: a quality improvement report (Patrick W Brady, Julie Zix, Richard Brilli, Derek S Wheeler, Kristie Griffith, Mary Jo Giaccone, Kathy Dressman, Uma Kotagal, Stephen Muething, Ken Tegtmeyer) • **A 'work smarter, not harder' approach** to improving healthcare quality (Christopher William Hayes, Paul B Batalden, Donald Goldmann) • **Adverse events** in patients with **return emergency department visits** (Lisa Calder, Anita Pozgay, Shena Riff, David Rothwell, Erik Youngson, Naghmeh Mojaverian, Adam Cwinn, Alan Forster) • **'Choosing Wisely'**: a growing international campaign (Wendy Levinson, Marjon Kallewaard, R Sacha Bhatia, Daniel Wolfson, S Shortt, E A Kerr) • **Real-time information on preventable death** provided by email from frontline intensivists: results in high response rates with useful information (L Marjon Dijkema, Eric Keus, W Dieperink, I van der Horst, J Zijlstra)

International Journal for Quality in Health Care online first articles

URL	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: • Improving the identification and management of **chronic kidney disease in primary care**: lessons from a staged improvement collaborative (Gill Harvey, Kathryn Oliver, John Humphreys, Katy Rothwell, and J Hegarty) • **Patient experiences of inpatient hospital care**: a department matter and a hospital matter (Maarten W. Krol, Dolf De Boer, Herman Sixma, Lucas Van Der Hoek, Jany J.D.J.M. Rademakers, and Diana M. Delnoij) • Organizational culture affecting quality of care: **guideline adherence in perioperative antibiotic use** (Naoto Ukawa, Masayuki Tanaka, Toshitaka Morishima, and Yuichi Imanaka) • Quality and extent of **informed consent for invasive procedures**: a pilot study at the institutional level in Turkey (H. Hanzade Dogan, Elif Işik, Ezgi Vural, Hayriye Vehid, and Mayer Brezis)

Online resources

[USA] Improving the Emergency Department Discharge Process: Environmental Scan Report
http://www.ahrq.gov/professionals/systems/hospital/edenvironmentalscan/index.html
The US Agency for Healthcare Research and Quality (AHRQ) has published this report developed by researchers at the Johns Hopkins University Armstrong Institute for Patient Safety and Quality. The report outlines a conceptual framework of the emergency department discharge process and identifies elements of a high-quality ED discharge process. It also identifies best practices, tools, strategies or approaches for addressing problem areas and criteria/outcomes for assessing their effectiveness.
The report defines a high-quality ED discharge as one that contains the following:

- Informs and educates patients on their diagnosis, prognosis, treatment plan, and expected course of illness, including treatments, tests and procedures.
- Supports patients in receiving post-ED discharge care including medications, home care and/or further evaluation among others.
- Coordinates the ED care within the context of the wider healthcare system (other healthcare providers, social services, etc.).

The report can be used by hospital EDs to identify:

- What constitutes an effective discharge process and what constitutes discharge failures
- Socioeconomic or medical factors that increase a patient's risk for a discharge failure
- Intervention tools or strategies that have been shown to improve the discharge process and evaluate them
- Screening tools that have been used to predict hospital readmission and ED revisits and evaluate them.

[USA] Facilitating Patient Understanding of Discharge Instructions - Workshop Summary
http://www.iom.edu/Reports/2014/Facilitating-Patient-Understanding-of-Discharge-Instructions.aspx
TRIM D15-148
Also from the USA and looking at the issue of discharge, the Institute of Medicine (IoM) has published this summary of a workshop conducted by the Roundtable on Health Literacy. The workshop participants met to explore aspects of health literacy that impact the ability of patients to understand and follow discharge instructions and to learn from examples of how discharge instructions can be written to improve patient understanding of—and hence compliance with—discharge instructions.

[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 **Spasticity in children and young people with non-progressive brain disorders**, **Hyperphosphataemia in chronic kidney disease** and **Ectopic pregnancy and miscarriage**.
The new Evidence Updates focus on a summary of selected new evidence relevant to NICE guidelines

- *'Spasticity in children and young people with non-progressive brain disorders: management of spasticity and co-existing motor disorders and their early musculoskeletal complications' (2012)* (https://www.evidence.nhs.uk/evidence-update-70)
- *'Management of hyperphosphataemia in patients with stage 4 or 5 chronic kidney disease' (2013)* (http://www.evidence.nhs.uk/evidence-update-72) and

- *Diagnosis and initial management in early pregnancy of ectopic pregnancy and miscarriage' (2012)* (http://www.evidence.nhs.uk/evidence-update-71).

[USA] Effective Health Care Program reports
http://effectivehealthcare.ahrq.gov/
The US Agency for Healthcare Research and Quality (AHRQ) has an Effective Health Care (EHC) Program. The EHC has released the following final reports and updates:

- *Decision Aids for Cancer Screening and Treatment*
  http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2029
- *Radiotherapy Treatments for Head and Neck Cancer Update*
  http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2018
- *Diagnosis and Treatment of Myalgic Encephalomyelitis/ Chronic Fatigue Syndrome*
  http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayProduct&productID=2004
- *Therapies for Clinically Localized Prostate Cancer: Update of a 2008 Systematic Review*
  http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2023

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