AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

# On the Radar

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**On the Radar**
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## Reports

*Shining A Light: Safer Health Care Through Transparency*. Report of the Roundtable on Transparency
Lucian Leape Institute, National Patient Safety Foundation
Boston, MA: National Patient Safety Foundation Lucian Leape Institute; 2015. p. 59.

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| URL | http://npsf.org/transparency |
| TRIM | D15-2280 |
| Notes | The Lucian Leape Institute of the (US) National Patient Safety Foundation has published this report from its Roundtable on Transparency. According to the Institute's website: "Defining transparency as "the free flow of information that is open to the scrutiny of others," this report offers sweeping recommendations to bring greater **transparency in four domains**: **between clinicians and patients**; **among clinicians** within an organization; **between organizations**; and **between organizations and the public**. It makes the case that true transparency will result in improved outcomes, fewer medical errors, more satisfied patients, and lowered costs of care."<br>The report includes case studies illustrating how transparency can be practiced in each of the domains. |

*Perioperative Medicine: The pathway to better surgical care*
The Royal College of Anaesthetists
London: RCoA; 2015. p. 28.

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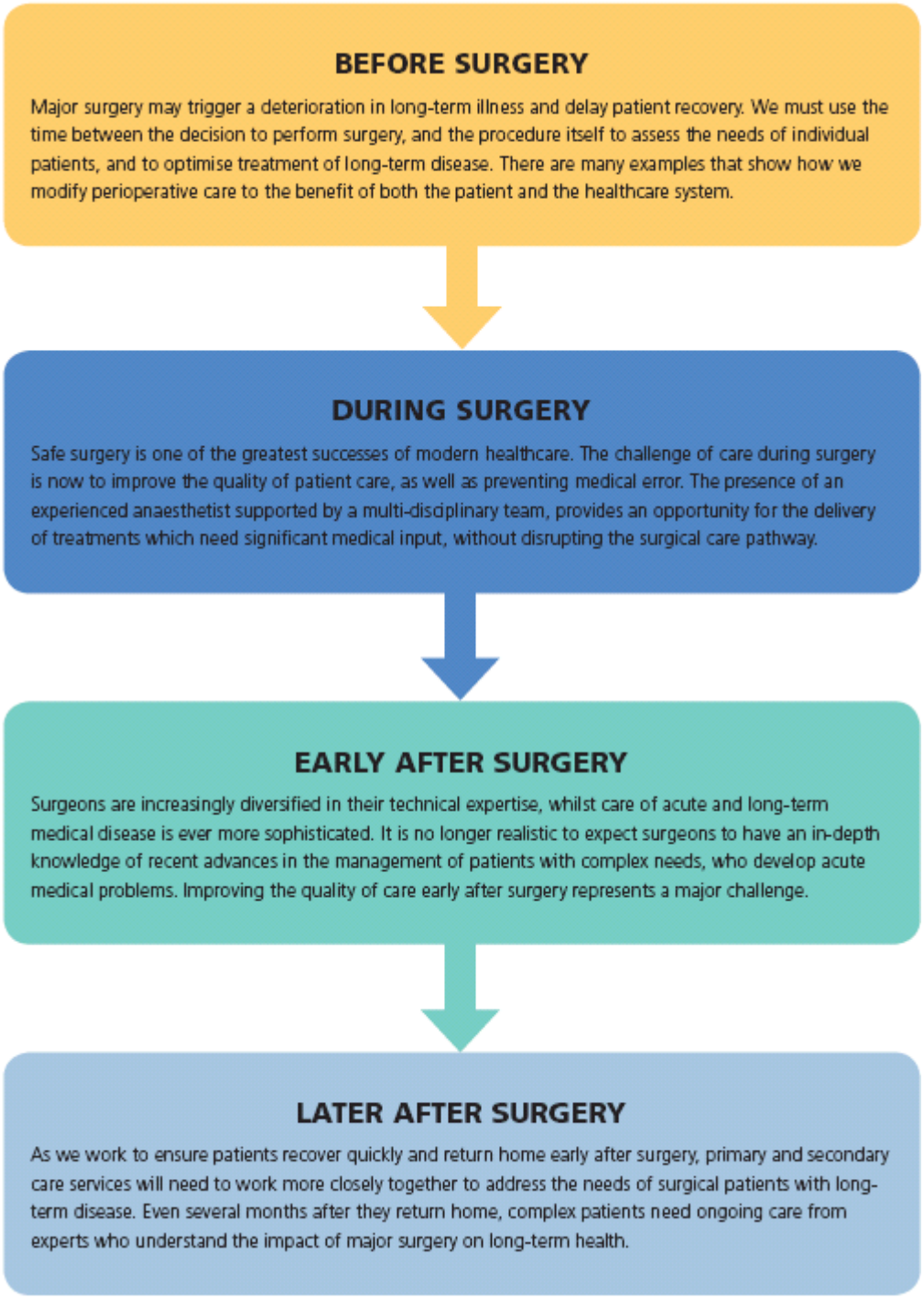
| URL | http://www.rcoa.ac.uk/perioperativemedicine |
| Notes | The (UK) Royal College of Anaesthetists has released this 'vision document' describing models of surgical care which aim to deliver more efficient healthcare and better outcomes for patients from contemplation of surgery until full recovery. It argues that multi-disciplinary perioperative care helps to provide a solution to the high demand for hospital beds in helping to enable faster recovery and prevent hospital re-admissions. The site includes other resources, including an animated film and case studies highlighting examples of good practice in this field. |



*International Profiles of Health Care Systems, 2014: Australia, Canada, Denmark, England, France, Germany, Italy, Japan, The Netherlands, New Zealand, Norway, Singapore, Sweden, Switzerland, and the United States*
Mossialos E, Wenzl M, Osborn R, Anderson C
New York: Commonwealth Fund; 2015. p. 164.

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| URL | http://www.commonwealthfund.org/publications/fund-reports/2015/jan/international-profiles-2014 |
| TRIM | D15-1911 |
| Notes | The (US) Commonwealth Fund has released its annual profile/review of health care systems. Each year's report looks at the state and performance of health care system in a number of more-or-less comparable developed nations. The chapter on Australia has been written by academics Paul Dugdale and Judith Healy.<br>As tends to the way of these reports Australia ranks in the higher end for most performance measures while being at or below average in terms of cost. |

**Journal articles**

*Should Health Care Providers Be Forced to Apologise After Things Go Wrong?*
McLennan S, Walker S, Rich L
Bioethical Inquiry. 2014 2014/12/01;11(4):431-5.

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| DOI | http://dx.doi.org/10.1007/s11673-014-9571-y |
| Notes | Apology, or expression of regret, including the word "I am/we are sorry" is a key part of the conversation that should take place between patients and providers following healthcare harm. Apology serves important social functions, and its value in the clinical setting is discussed in the Commission's review of open disclosure practice, and in the subsequent Australian Open Disclosure Framework (2013).<br>There is ongoing debate regarding the value of mandating apology in the clinical setting through legislative or disciplinary levers. This commentary discusses the issue, drawing on a recent case from New Zealand. The potential impact on clinicians' ability to make moral judgments is discussed. The authors state that "apologies that stem from external authorities' edicts rather than an offender's own self-criticism and moral reflection are inauthentic" and inhibit the "moral development of both individual providers and the medical profession". They conclude that compelled apologies ultimately undermine the underlying goals of saying sorry and advocate for promoting voluntary apologies through training, culture, and peer support. This accords with the Commission's guidance on apologies during open disclosure. |

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

*Mortality related to invasive infections, sepsis, and septic shock in critically ill children in Australia and New Zealand, 2002–13: a multicentre retrospective cohort study*
Schlapbach LJ, Straney L, Alexander J, MacLaren G, Festa M, Schibler A, et al.
The Lancet Infectious Diseases. 2015;15(1):46-54.

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| DOI | http://dx.doi.org/10.1016/s1473-3099(14)71003-5 |
| Notes | Sepsis is known to contribute significantly to morbidity and mortality. This paper puts some detail on the scale of the problem, at least within a vulnerable population – very sick children. |

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| | This paper reports on a retrospective multi-centre cohort study of children requiring intensive care in Australia and New Zealand between 2002 and 2013 in order to assess incidence and mortality in the intensive care unit for 2002–07 vs 2008–13. The authors report that during the study period, 97,127 children were admitted to ICUs, 11 574 (11·9%) had severe infections, including 6688 (6·9%) with invasive infections, 2847 (2·9%) with sepsis, and 2039 (2·1%) with septic shock. Age-standardised incidence increased each year. 260 (3·9%) of 6688 patients with invasive infection died, 159 (5·6%) of 2847 with sepsis died, and 346 (17·0%) of 2039 with septic shock died, compared with 2893 (3·0%) of all paediatric ICU admissions. Children admitted with invasive infections, sepsis, and septic shock accounted for 765 (26·4%) of 2893 paediatric deaths in ICUs. Comparing 2008–13 with 2002–07, risk-adjusted mortality decreased significantly for invasive infection, and for sepsis, but not significantly for septic shock. |

*Death Takes a Weekend*
Klass P
New England Journal of Medicine. 2015;372(5):402-5.

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| DOI | http://dx.doi.org/10.1056/NEJMp1413363 |
| Notes | Perspective piece reflecting on the hospital at the weekend—and the weekend effect—from both the clinician and patient perspectives. Again, once the clinician shifts to the patient (or carer) role  some of issues can become clearer.<br>As Klass notes, "From the physician's perspective, weekends in the hospital are all about coverage. … I guess I assumed that patients and families must understand the hurdles: weekends are harder and slower, things don't necessarily get done."<br>But for the patient, the "calendar is marked out in difficult days and sleepless nights, or in agonizing hours, but it takes no notice of days of the week, makes no distinction between time and overtime." Furthermore, "it feels like every time the weekend comes around, you relearn that the hospital is not actually about patients. It's about doctors and nurses, physical therapists and nutritionists — people who are busily living their normal lives, when from the patient's side, nothing is normal." |

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/

*Person-centred care for patients with chronic heart failure – a cost–utility analysis*
Hansson E, Ekman I, Swedberg K, Wolf A, Dudas K, Ehlers L, et al
European Journal of Cardiovascular Nursing. 2015 January 16, 2015.

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| DOI | http://dx.doi.org/10.1177/1474515114567035 |
| Notes | This Swedish study (a prospective clinical intervention study with a controlled before and after design from 2008 to 2010) examined the cost-utility for patients receiving person-centred care' (PCC) compared with conventional care in patients hospitalised for worsening chronic heart failure.<br>While ensuring that patients did receive PCC was problematic, the costs for patients that did receive PCC were significantly lower than for usual care, with an incremental cost-saving of 863 Euro. In the first three months after discharge, those who had received person-centred care had improved health-related quality of life whereas the usual care group had reduced health-related quality of life. |

*BMJ Quality and Safety* online first articles

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| URL | http://qualitysafety.bmj.com/content/early/recent |
| Notes | *BMJ Quality and Safety* has published a number of 'online first' articles, including:<br>• Demystifying **theory and its use in improvement** (Frank Davidoff, Mary Dixon-Woods, Laura Leviton, Susan Michie)<br>• Editorial: New SQUIRE publication guidelines: supporting nuanced **reporting and reflection on complex interventions** (Louise Davies, Greg Ogrinc)<br>• Editorial: But I told you she was ill! The role of **families** in **preventing avoidable harm in children** (Damian Roland)<br>• **Clinically led performance management in secondary healthcare**: evaluating the attitudes of medical and non-clinical managers (Timothy M Trebble, Maureen Paul, Peter M Hockey, Nicola Heyworth, Rachael Humphrey, Timothy Powell, Nicholas Clarke) |

**Online resources**

*Designing and writing standards for maximum impact on quality and patient safety*
http://isqua.org/education/webinars/january-2015-webinar-with-paul-vanostenberg
Webinar presented by Paul van Ostenberg, (Senior Advisor for Global Growth and Innovation, Joint Commission International) covering the process for developing standards for licensure, certification, accreditation or any other evaluation process, including discussion of key steps and examples.

*[UK] NICE Guidelines and Quality Standards*
http://www.nice.org.uk
The UK's National Institute for Health and Care Excellence (NICE) has published new guidelies and quality standards. The latest updates are:

- NICE Guideline NG1 **Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people** http://www.nice.org.uk/guidance/ng1
- NICE Quality Standard QS77 **Urinary incontinence in women** http://www.nice.org.uk/guidance/QS77
- Draft clinical guideline **Asthma: diagnosis and monitoring of asthma in adults, children and young people** http://www.nice.org.uk/guidance/gid-cgwave0640/resources/asthma-diagnosis-and-monitoring-draft-guideline2

*[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:

- *Treatments for Fibromyalgia in Adult Subgroups* http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2040

*Public Health Research & Practice*
http://www.phrp.com.au/
The *NSW Public Health Bulletin* has been given a new identity and a new home as the new online-only open access journal *Public Health Research & Practice*. The journal focuses on high-quality peer reviewed research meaningful to those working in public health. The journal aims to publish high-quality papers with a special focus on innovations, data and perspectives from policy and practice.
The first issue looks at systems thinking in chronic disease prevention and looking systemically at environmental and societal problems that harm health and cause lifestyle-related diseases.
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