



## On the Radar

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### On the Radar

Editor: Dr Niall Johnson [niall.johnson@safetyandquality.gov.au](mailto:niall.johnson@safetyandquality.gov.au)

Contributors: Niall Johnson, Anne Cumming, Amanda Mulcahy, Alice Bhasale

### Reports

*Focus on: Hospital admissions from care homes*

Smith P, Sherlaw-Johnson C, Ariti C, Bardsley M.

London: QualityWatch; 2015 January 2015.

URL	<a href="http://www.health.org.uk/publications/focus-on-hospital-admissions-from-care-homes/">http://www.health.org.uk/publications/focus-on-hospital-admissions-from-care-homes/</a>
Notes	<p>The UK's QualityWatch is a joint Health Foundation and Nuffield Trust research programme. This report explores how care home residents use hospital services, and how this information could prompt improvement in the way care is provided. The authors note that care home residents are among the frailest in society and depend on good integration between health and social care services. This means they are particularly at risk of emergency hospital admissions. They report finding that in the UK:</p> <ul style="list-style-type: none"> <li>Older people living in a care home postcode [In the UK individual organisations such as university colleges, large companies, etc. can have a unique postcode] had <b>40-50% more emergency admissions and A&amp;E attendances</b> than the general population of the same age, but significantly <b>fewer planned admissions and outpatient appointments</b>.</li> </ul>

	<ul style="list-style-type: none"> <li>• Patterns of hospital admissions from areas containing care homes were often linked with people who were in the last few months of their life. However, care homes appear to help prevent emergency admissions in the final two months of life.</li> <li>• <b>Certain conditions</b> were over three times <b>more common</b> in areas that had more care home residents. These include: pneumonia, pneumonitis, Alzheimer’s disease, dementia and epilepsy. Care home patients were also <b>less likely</b> to be admitted for <b>heart disease</b> and <b>circulatory system</b> problems.</li> <li>• Areas containing a care home showed <b>significant variation</b> in hospital admission rates. This suggests that intelligent monitoring of hospital activity could provide a useful measure of care home quality.</li> </ul>
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## Journal articles

### *Patient safety in primary care: more data and more action needed*

Russell LM, Dawda P

Medical Journal of Australia. 2015;202(2):72-3.

DOI	<a href="http://dx.doi.org/10.5694/mja14.00964">http://dx.doi.org/10.5694/mja14.00964</a>
Notes	<p>The authors of this paper call for action on patient safety in primary care, pointing out the complexity involved in measuring patient safety outcomes in general practice. Lack of data is obviously a key issue, described by the authors as “Australia’s lack of system-wide reporting on patient safety is a black hole that means there are no data and no contextual information for patient safety improvements”.</p> <p>Monitoring of patient harm in general practice certainly has different challenges to the acute health care sector, including its individual practitioner base, its inter-relatedness with other health care (and related clinical communication issues) and the difficulties of collecting data on a mobile patient population.</p> <p>In acute health services, local monitoring of patient harm, using safety incidents as learning opportunities, acting locally and a positive safety culture are all essential to improving patient safety.</p> <p>In the context of incident monitoring, the distinction between ‘GP error’ and patient safety incidents is not always clear in this piece. An error may be the cause of an incident but there may also be other contributing factors, and incident rates do not equate to error rates.</p>

### *Experiencing health care service quality: through patients’ eyes*

Schembri S

Australian Health Review. 2015;39:109-116.

DOI	<a href="http://dx.doi.org/10.1071/AH14079">http://dx.doi.org/10.1071/AH14079</a>
Notes	<p>As this article states, “the question of quality is a complex phenomenon that is compounded in the context of healthcare”. Quality of service and care is often measured by patient satisfaction. However, these may not be an accurate reflection of what and how patients experience healthcare. This article analyses 300 patient stories with a narrative approach. It reveals an authentic view of the complexity in how patients experience health care service quality.</p>

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/>

*Rethinking Critical Care: Decreasing Sedation, Increasing Delirium Monitoring, and Increasing Patient Mobility*

Bassett R, Adams KM, Danesh V, Groat PM, Haugen A, Kiewel A, et al  
 Joint Commission Journal on Quality and Patient Safety. 2015;41(2):62-74.

URL	<a href="http://www.ingentaconnect.com/content/jcaho/jcjqqs/2015/00000041/00000002/art00003">http://www.ingentaconnect.com/content/jcaho/jcjqqs/2015/00000041/00000002/art00003</a>
Notes	<p>This paper reports on the (US) Institute for Healthcare Improvement’s Rethinking Critical Care ( IHI-RCC) Program, aimed at reducing harm and improving outcomes of critically ill patients by <b>decreasing sedation, increasing delirium monitoring and management</b> and <b>increasing patient mobility</b>. The paper describes the process improvements made in five “early adopter” US case study sites that resulted in <b>improvements in ICU length of stay and length of stay on a ventilator</b>. The case studies provide insight into key success factors for implementing change. These include:</p> <ul style="list-style-type: none"> <li>• Testing changes on a small scale</li> <li>• Feeding back data and providing sufficient education</li> <li>• Building will through seeing work in action – “seeing is believing”.</li> </ul> <p>The case studies also highlight the importance of an interdisciplinary approach that addresses cultural, psychological and practical issues.</p>

For information on the Commission’s work on cognitive impairment (dementia and delirium), see <http://www.safetyandquality.gov.au/our-work/cognitive-impairment/>

*Identifying risk factors and patterns for unplanned readmission to a general medical service*

Li JYZ, Yong T, Hakendorf P, Ben-Tovim DI, Thompson CH  
 Australian Health Review. 2015;39:56-62.

DOI	<a href="http://dx.doi.org/10.1071/AH14025">http://dx.doi.org/10.1071/AH14025</a>
Notes	<p>Readmission rates following hospitalisation present a complex, costly problem. This five year observational study identified factors and patterns associated with 7 and 28 day readmission for general medical patients at an Australian tertiary public hospital. It found in multivariate analysis that five factors were independently associated with increased risk of 28 day readmission – <b>discharge against medical advice, longer hospital stay</b> of the index admission, <b>active malignancy, cardiac failure</b> and <b>incomplete discharge summaries</b>. Identifying these risk factors can enable strategies to be developed to reduce potentially preventable readmissions.</p>

*Australian Health Review*

Volume 39 Number 1 2015

URL	<a href="http://www.publish.csiro.au/nid/271/issue/7465.htm">http://www.publish.csiro.au/nid/271/issue/7465.htm</a>
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"> <li>• Evaluation of a nurse practitioner-led extended hours <b>mental health liaison nurse service</b> based in the emergency department (Timothy Wand, Natalie D’Abrew, Catherine Barnett, Louise Acret and Kathryn White)</li> <li>• HealthPathways: creating a pathway for <b>health systems reform</b> (Suzanne Robinson, Richard Varhol, Colin Bell, Frances Quirk and L Durrington)</li> <li>• Experiences and views of a <b>brokerage model for primary care for Aboriginal people</b> (Sarah Dennis, Iqbal Hasan, Lisa Jackson Pulver, Ian Wilson and Nicholas Zwar)</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Co-payments for health care:</b> what is their real cost? (Tracey-Lea Laba, Tim Usherwood, Stephen Leeder, Farhat Yusuf, James Gillespie, Vlado Perkovic, Andrew Wilson, Stephen Jan and Beverley Essue)</li> <li>• <b>Healthcare-associated infections in Australia:</b> time for national surveillance (Philip L Russo, Allen C Cheng, Michael Richards, Nicholas Graves and Lisa Hall)</li> <li>• Managing <b>ethical issues in patient care</b> and the need for clinical ethics support (Evan Doran, Jennifer Fleming, Christopher Jordens, Cameron L Stewart, Julie Letts and Ian H Kerridge)</li> <li>• Is <b>mix of care</b> influenced by the provider environment? A comparison of four care pathways in oral health (Yevgeni Dudko, Estie Kruger and Marc Tennant)</li> <li>• Identifying risk factors and patterns for <b>unplanned readmission</b> to a general medical service (Jordan Y Z Li, Tuck Y Yong, Paul Hakendorf, David I Ben-Tovim and Campbell H Thompson)</li> <li>• Quantitative analysis of <b>bariatric procedure</b> trends 2001–13 in South Australia: implications for equity in access and public healthcare expenditure (Samantha B Meyer, Sue Booth, John Gray, Paul Hakendorf, Darlene McNaughton, Lillian Mwanri, Campbell Thompson and P R Ward)</li> <li>• A theoretical framework to support research of <b>health service innovation</b> (Amanda Fox, Glenn Gardner and Sonya Osborne)</li> <li>• Evaluation of pharmacy students' rural placement program: <b>preparation for interprofessional practice</b> (H Khalil, A Leversha and J Walker)</li> <li>• <b>Experiencing health care service quality:</b> through patient's eyes (Sharon Schembri)</li> </ul>
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*Health Affairs*

February 2015; Vol. 34, No. 2

URL	<a href="http://content.healthaffairs.org/content/34/2.toc">http://content.healthaffairs.org/content/34/2.toc</a>
Notes	<p>A new issue of <i>Health Affairs</i>, with the theme of <b>Biomedical Innovation</b>, has been published. Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> <li>• The <b>Promise Of Biomedical Innovation</b> (Alan R Weil)</li> <li>• <b>Biomedical Innovation</b> In The Era Of Health Care Spending Constraints</li> <li>• The Evolution Of <b>Biotechnology</b> And Its <b>Impact On Health Care</b> (Ronald Evens and Kenneth Kaitin)</li> <li>• <b>Robot-Assisted Surgery For Kidney Cancer</b> Increased Access To A Procedure That Can Reduce Mortality And Renal Failure (Amitabh Chandra, Julia T Snider, Yanyu Wu, Anupam Jena, and D P Goldman)</li> <li>• Treating <b>Age-Related Macular Degeneration:</b> Comparing The Use Of Two Drugs Among Medicare And Veterans Affairs Populations (Suzann Pershing, Christine Pal Chee, Steven M Asch, Laurence C Baker, Derek Boothroyd, Todd H Wagner, and M Kate Bundorf)</li> <li>• <b>Creating Value</b> In Health By Understanding And Overcoming Resistance To <b>De-Innovation</b> (Peter A Ubel and David A Asch)</li> <li>• Repairing The Broken Market For <b>Antibiotic Innovation</b> (Kevin Outterson, John H Powers, Gregory W Daniel, and Mark B McClellan)</li> <li>• Transcatheter Valve Therapy <b>Registry</b> Is A Model For Medical Device <b>Innovation And Surveillance</b> (John D Carroll, Jeff Shuren, Tamara Syrek Jensen, John Hernandez, David Holmes, Danica Marinac-Dabic, Fred H Edwards, Bram D Zuckerman, Larry L Wood, R E Kuntz, and M J Mack)</li> </ul>

	<ul style="list-style-type: none"> <li>• Navigating Veronika: How <b>Access, Knowledge, And Attitudes Shaped My Sister’s Care</b> (Elizabeth Piatt)</li> </ul>
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*BMJ Quality and Safety* online first articles

URL	<a href="http://qualitysafety.bmj.com/content/early/recent">http://qualitysafety.bmj.com/content/early/recent</a>
Notes	<p><i>BMJ Quality and Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> <li>• Editorial: <b>Parent-activated medical emergency teams</b>: a parent's perspective (James Titcombe)</li> <li>• <b>Influenza vaccination</b> rates for <b>hospitalised patients</b>: a multiyear quality improvement effort (Emily Suzanne Cohen, Greg Ogrinc, Tom Taylor, Christine Brown, James Geiling)</li> </ul>

*International Journal for Quality in Health Care* online first articles

URL	<a href="http://intqhc.oxfordjournals.org/content/early/recent?papetoc">http://intqhc.oxfordjournals.org/content/early/recent?papetoc</a>
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"> <li>• Observation of <b>handover process</b> in an <b>intensive care unit (ICU)</b>: barriers and quality improvement strategy (Yanika Kowitlawakul, Benjamin S. H. Leong, Adela Lua, Rana Aroos, Jie Jun Wong, Nicola Koh, Nicholette Goh, Kay Choong See, Jason Phua, and Amartya Mukhopadhyay)</li> <li>• Developing <b>performance indicators for clinical governance</b> in dimensions of risk management and clinical effectiveness (Saber Azami-Aghdash, Jafar Sadegh Tabrizi, Homayoun Sadeghi-Bazargani, Sakineh Hajebrahimi, and Mohammad Naghavi-Behzad)</li> </ul>

**Online resources**

[UK] *Acute care toolkit 11: Using data to improve care*

<https://www.rcplondon.ac.uk/resources/acute-care-toolkit-11-using-data-improve-care>

The UK Royal College of Physicians has produced this toolkit as a starting point for clinicians on how to collect and interpret data to improve patient care. The aim of the toolkit is to help physicians to draw together the information that is necessary to understand the quality of care provided by their team, and to work to improve it. The toolkit includes:

- a description of the main types of data
- considerations of how they should (or should not) be interpreted
- how data can be used to help improve healthcare quality.

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