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On the Radar

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On the Radar
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Reports
Celebrating good care, championing outstanding care
Care Quality Commission
Newcastle Upon Tyne: Care Quality Commission; 2015. p. 44.

URL	http://www.cqc.org.uk/content/celebrating-good-care-championing-outstanding-care-1
Notes	This report from the English Care Quality Commission (CQC) examines what underpins high quality care. It includes short case studies illustrating some of the qualities shown by care providers that have been rated good or outstanding overall. It also shares the views of some people responsible for care quality and what they have done to drive improvement. The CQC note that **three themes** have emerged as **drivers of better quality of care**: • Care is **person-centred**, designed around the individual and includes their involvement. • The importance of the **line-of-sight** from senior leadership to the frontline staff and services. • Good care includes the provider checking on **how well they are doing**. It is also noted that better care tends to be found in services that "acknowledge there is **always room for improvement** – they are proactive, seeking feedback on their services and learning from concerns and complaints".

National Action Plan For Combating Antibiotic-Resistant Bacteria
Washington D.C.: The White House,; 2015. p. 63.

URL	https://www.whitehouse.gov/sites/default/files/docs/national_action_plan_for_combating_antibotic-resistant_bacteria.pdf
Notes	The US Government has released this latest element in its approach to antibiotic resistance. It is noted that while the document's "primary purpose is to guide activities by the U.S. Government", it is also "designed to guide action by public health, healthcare, and veterinary partners in a common effort to address urgent and serious drug-resistant threats that affect people" everywhere. The Plan also "supports the World Health Assembly resolution 67.25 (Antimicrobial Resistance), which urges countries to take urgent action at the national, regional, and local levels to combat resistance." The goals of the National Action Plan include: - Slow the Emergence of Resistant Bacteria and Prevent the Spread of Resistant Infections - Strengthen National One-Health Surveillance Efforts to Combat Resistance - Advance Development and Use of Rapid and Innovative Diagnostic Tests for Identification and Characterization of Resistant Bacteria - Accelerate Basic and Applied Research and Development for New Antibiotics, Other Therapeutics, and Vaccines - Improve International Collaboration and Capacities for Antibiotic-resistance Prevention, Surveillance, Control, and Antibiotic Research and Development

For information on the Commission's work on healthcare associated infection, see
www.safetyandquality.gov.au/our-work/healthcare-associated-infection/

Combating Antibiotic Resistance: Polices to Promote Antimicrobial Stewardship Programs
Association of State and Territorial Health Officials
Arlington, VA: ASTHO; 2015. p. 32.

URL	http://www.astho.org/Antimicrobial-Stewardship/
Notes	Also recently published is this report from the (US) Association of State and Territorial Health Officials. This report describes current activities in the antimicrobial stewardship area being undertaken in the USA. The report describes a range of options for engagement, giving health agencies at all levels of capacity opportunities to develop or enhance stewardship policy and activities.

Journal articles

Impact of Inpatient Harms on Hospital Finances and Patient Clinical Outcomes
Adler L, Yi D, Li M, McBroom B, Hauck L, Sammer C, et al.
Journal of Patient Safety. 2015 [epub]

DOI	http://dx.doi.org/10.1097/PTS.0000000000000171
Notes	The question of the costs of errors and harm to patients is oft raised. This study focused on a US health system and suggests that a culture of patient safety can deliver patient and financial benefits. In some ways it seems obvious that a health system that minimises patient harm and errors will have reduced costs (from shorter length of stay, from not having to treat the consequences of errors, through the more efficient movement and increased patient throughput, etc.).

The reported study covered more than 21,000 patients treated in the 24 hospitals of a US health system between 2009 and 2012. The authors report 15,610 (74.3%) experienced no harm, 2818 (13.4%) experienced temporary harm, and 2579 **(12.3%) experienced harm**.

Their analysis suggests that:

- A patient with harm was estimated to have higher total cost ($4617), higher variable cost ($1774), lower contribution margin (-$1112), longer length of stay (2.6 d), higher mortality probability (59%), and higher 30-day readmission probability (74.4%).
- A patient with temporary harm was estimated to have higher total cost ($2187), higher variable cost ($800), lower contribution margin (-$669), longer length of stay (1.3 d), mortality probability not statistically different, and higher 30-day readmission probability (54.6%).
- Total health system reduction of harm was associated with a decrease of $108 million in total cost, $48 million in variable cost, an increase of contribution margin by $18 million, and savings of 60,000 inpatient care days.

The authors conclude that their "all-cause harm safety study indicates that inpatient harm has negative financial outcomes for hospitals and negative clinical outcomes for patients".

Reducing inappropriate polypharmacy: The process of deprescribing
Scott IA, Hilmer SN, Reeve E, Potter KP, Le Couteur D, Rigby D, et al.
JAMA Internal Medicine. 2015.

DOI	http://dx.doi.org/10.1001/jamainternmed.2015.0324
Notes	Paper from a group of Australian clinicians/researchers on the issue of inappropriate (and potentially harmful) polypharmacy. Polypharmacy has been gaining recognition as a potential and real cause of harm in patients, particularly older patients. However, deprescribing itself can led to harms and thus needs to be undertaken judiciously. The authors propose a deprescribing protocol to aid in reducing polypharmacy and improving patient outcomes. The protocol comprises 5 steps: 1. ascertain all drugs the patient is currently taking and the reasons for each one; 2. consider overall risk of drug-induced harm in individual patients in determining the required intensity of deprescribing intervention; 3. assess each drug in regard to its current or future benefit potential compared with current or future harm or burden potential; 4. prioritize drugs for discontinuation that have the lowest benefit-harm ratio and lowest likelihood of adverse withdrawal reactions or disease rebound syndromes; and 5. implement a discontinuation regimen and monitor patients closely for improvement in outcomes or onset of adverse effects.

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

Australian Health Review
Volume 39 Number 2. 2015

URL	http://www.publish.csiro.au/nid/270/issue/7467.htm
Notes	A new issue of *Australian Health Review* has been published. Articles in this issue of *Australian Health Review* include: • Which **dimensions of access** are most important when rural residents decide to visit a general practitioner for non-emergency care? (Bernadette Ward, John Humphreys, Matthew McGrail, J Wakerman and M Chisholm) • **Organisational development** in a rural hospital in Australia (Suzanne Young, Sandra Leggat, Pauline Stanton and Tim Bartram) • Relationship between **socioeconomic status and general practitioner visits** for children in the first 12 months of life: an Australian study (Xanthe A Golenko, Rania Shibl, Paul A Scuffham and Cate M Cameron) • **Advance care planning in palliative care**: a national survey of health professionals and service managers (Marcus Sellars, William Silvester, Malcolm Masso and Claire E Johnson) • **Palliative care** health professionals' experiences of caring for patients with **advance care directives** (Claire E Johnson, Rachel Singer, Malcolm Masso, Marcus Sellars and William Silvester) • **Whiteboards and discharge traffic lights**: visual management in acute care (Lauri O'Brien, Jane Bassham and Melissa Lewis) • Effectiveness of **clinical supervision** of physiotherapists: a survey (David A Snowdon, Geraldine Millard and Nicholas F Taylor) • **Discharge communication** from inpatient care: an audit of written medical discharge summary procedure against the new **National Health Service Standard** for clinical handover (Daniel Brooks Reid, Shaun R Parsons, Stephen D Gill and Andrew J Hughes) • Dying in Australian hospitals: will a separate **national clinical standard** improve the delivery of **quality care**? (Katherine Clark, Aileen Collier and David C Currow) • A better way to do this? Views of mental health nursing directors about preparation for **mental health nursing practice** (Brenda Happell)

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 **person-centred analysis of harm** in a **paediatric hospital**: a quality improvement report (Peter Lachman, Lynette Linkson, Trish Evans, Henning Clausen, Daljit Hothi) • What to expect when you're **evaluating healthcare improvement**: a concordat approach to managing collaboration and uncomfortable realities (Liz Brewster, Emma-Louise Aveling, Graham Martin, Carolyn Tarrant, Mary Dixon-Woods, The Safer Clinical Systems Phase 2 Core Group Collaboration & Writing Committee)

Online resources

[UK] The code: professional standards of practice and behaviour for nurses and midwives
http://www.nmc-uk.org/The-Code/
The UK Nursing & Midwifery Council has released their updated code of conduct. The code has been updated to reflect changes in contemporary professional nursing and midwifery practice and to reflect the public expectations of care.

[UK] NICE 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 '**Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care**' and '**Promoting physical activity for children and young people**'.

- *Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care*
  http://arms.evidence.nhs.uk/resources/hub/1043082/attachment
- *'Promoting physical activity for children and young people*
  http://www.nice.org.uk/guidance/ph17/evidence/promoting-physical-activity-for-children-and-young-people-evidence-update-march-20152

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