



On the Radar

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On the Radar

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Reports

2014 National Healthcare Quality and Disparities Report

Agency for Healthcare Quality and Research

Rockville, MD: Agency for Healthcare Research and Quality; 2015.

URL	http://www.ahrq.gov/research/findings/nhqrdr/index.html
Notes	<p>The (US) Agency for Healthcare Research and Quality (AHRQ) has released its latest annual national (US) report on healthcare quality and disparities. These reports measure trends in effectiveness of care, patient safety, timeliness of care, patient centeredness, and efficiency of care. The report provides a snapshot of health care quality and disparities based on trend analyses from 2000–2002 to 2011–2012. As most of the data predate the implementation of most of the changes to health insurance stemming from the Affordable Care Act, the report also serves as a baseline for measuring progress in future years.</p> <p>AHRQ note that:</p> <ul style="list-style-type: none"> • US hospital care was safer in 2013 than in 2010, with 17 percent fewer harms to patients and an estimated 1.3 million fewer hospital-acquired conditions, 50,000 fewer deaths, and \$12 billion in cost savings over three years (2011, 2012, 2013). However, quality is still far from optimal, with millions of patients harmed by the care they receive, and only 70 percent of recommended care being delivered across a broad array of quality measures.

	<ul style="list-style-type: none"> • A few disparities among racial groups for services such as childhood vaccinations have been reduced to zero; however, much additional work remains to address a broad range of other disparities affecting quality of care.
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Journal articles

Using clinical practice variations as a method for commissioners and clinicians to identify and prioritise opportunities for disinvestment in health care: a cross-sectional study, systematic reviews and qualitative study

Beynon C, Hollingworth W, Rooshenas L, Busby J, Hine C, Badrinath P, et al.

Health Services and Delivery Research. 2015; 3(13).

DOI	http://dx.doi.org/10.3310/hsdr03130
Notes	<p>Detailed paper (full paper is 202 pages) discussing geographical variation in procedure rates may be a marker of clinical uncertainty and could also be used by to identify procedures that are potential candidates for disinvestment. Using hospital episode statistics the study examined geographical variation in procedure rates from 2007/8 to 2011/12 for 154 commonly used procedures in 151 English Primary Care Trusts.</p> <p>The authors report finding “a high degree of geographical variation in many procedures that cannot be explained by proxies of clinical need. Many procedures with the highest variability are not on the usual list of ‘low value’ procedures, underlining the potential of this approach to identify emerging areas of uncertainty.”</p> <p>Their conclusions suggest that that this is an area with much utility but also contention: “Policy-makers could use geographical variation as a starting point to identify procedures where health technology reassessment or RCTs might be needed to inform policy. Commissioners can use benchmarking to identify procedures with high local use, possibly indicating overtreatment. However, coding inconsistency and limited evidence are major barriers to achieving disinvestment through benchmarking. Increased central support for commissioners to tackle disinvestment is needed, including tools, accurate data and relevant evidence. Early engagement with patients and clinicians is essential for successful local disinvestment.”</p>

For information on the Commission’s work on variation in health care, see

www.safetyandquality.gov.au/our-work/variation-in-health-care/

ASHP Guidelines on Preventing Medication Errors with Chemotherapy and Biotherapy

Goldspiel B, Hoffman JM, Griffith NL, Goodin S, DeChristoforo R, Montello CM, et al

American Journal of Health-System Pharmacy. 2015 April 15, 2015;72(8):e6-e35.

DOI	http://dx.doi.org/10.2146/sp150001
Notes	<p>Many of the agents using in chemotherapy are highly toxic and need to be administered with care and diligence. These guidelines have been developed by the American Society of Health-Systems Pharmacists to help ensure best medication safety practices are applied to the delivery of chemotherapy and biotherapy agents. The recommendations include sets of specific actions for the health care system and for frontline providers.</p>

Polypharmacy among inpatients aged 70 years or older in Australia
 Hubbard RE, Peel NM, Scott IA, Martin JH, Smith A, Pillans PI, et al.
 Medical Journal of Australia. 2015;202(7):373-7.

DOI	http://dx.doi.org/10.5694/mja13.00172
Notes	<p>Around 24% of patients aged 70 years or more in this study had 10 or more medicines routinely prescribed medicines on hospital admission. Hubbard et al compared the number of medicines recorded at hospital admission to the number recorded at hospital discharge and found there was no change in either the number or type of medicines prescribed to the patient. The authors infer that treating clinicians could be doing more to rationalise the number of drugs prescribed (deprescribing), whilst the older patient is in hospital. Use of specific types of drugs that are potentially targets for deprescribing in older people did not change (e.g. benzodiazepines, antipsychotics).</p> <p>As noted, the study did not look into the appropriateness of medications on an individual level, nor whether medicines reconciliation was formally undertaken or not. Records were examined for the period 2005 to 2010. Medicines reconciliation and development of a medication management plan are currently developmental actions within the National Safety and Quality Health Service Standards— it would be interesting to repeat the study in future to see whether medicines reconciliation has any effect on polypharmacy rates.</p>

For information on the National Safety and Quality Health Service Standards, see <http://www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-standards/>

How to make medication error reporting systems work – Factors associated with their successful development and implementation

Holmström A-R, Laaksonen R, Airaksinen M
 Health Policy. 2015 [epub].

DOI	http://dx.doi.org/10.1016/j.healthpol.2015.03.002
Notes	<p>Paper reporting on a study surveying the views of medication safety experts in 16 countries on factors associated with successful development and implementation of medication error reporting (MER) systems in different healthcare settings. The authors report:</p> <ul style="list-style-type: none"> • Several factors at national and local levels impact functionality of MER systems (including awareness of deficiencies in medication safety at local and national levels; gaining political will for the development and implementation actions together with international and governmental support; creating or reforming legislation and national regulations, guidelines and strategies to support MER; allocation of adequate human and financial resources; establishment of an organisation or centre to coordinate and lead MER; and extending systems approach and safety culture to all parts of the operational environment to facilitate openness on and learning from medication errors). • These factors should be considered when developing and implementing MER systems. • National recognition of deficiencies in medication safety needs to precede actions. • Political will and adequate resources are crucial.

The nurse's role in medication safety

Durham B

Nursing. 2015 Apr;45(4):1-4.

DOI	http://dx.doi.org/10.1097/01.NURSE.0000461850.24153.8b
Notes	This commentary piece discusses the vital role nurses play in the safe delivery of medication. The authors briefly examines systems, human, and environmental factors in medication administration errors and near misses before suggesting changes in nursing practice that could make medication delivery safer.

For information on the Commission's work on medication safety, see

www.safetyandquality.gov.au/our-work/medication-safety/

An enhanced recovery after surgery program for hip and knee arthroplasty

Christelis N, Wallace S, Sage CE, Babitu U, Liew S, Dugal J, et al.

Medical Journal of Australia. 2015;202(7):363-8.

DOI	http://dx.doi.org/10.5694/mja14.00601
Notes	This study evaluated a multi-modal program to enhance recovery and reduce hospital stay after hip and knee replacement surgery, in three Victorian hospitals. A pre-defined program of 16 items including peri- and post-operative analgesia, fluid management, mobilisation and pre-admission assessment achieved a small but statistically significant reduction in length of hospital stay. Hospital stay was reduced by an average of 0.4 days overall and 0.8 days for knee surgery. There was no significant difference for hip surgery patients. A greater proportion of patients were discharged by day 3 after surgery compared with those receiving usual care.

Can staff and patient perspectives on hospital safety predict harm-free care? An analysis of staff and patient survey data and routinely collected outcomes

Lawton R, O'Hara JK, Sheard L, Reynolds C, Cocks K, Armitage G, et al.

BMJ Quality & Safety. 2015 [epub].

DOI	http://dx.doi.org/10.1136/bmjqs-2014-003691
Notes	This British study compared patient and staff perceptions on safety (and with other data). Surveying in 33 hospital wards across 3 acute hospital Trusts in the UK, staff were asked to complete the four outcome measures of the Hospital Survey of Patient Safety Culture, while patients were asked to complete the Patient Measure of Safety and the 'friends and family test'. These were collated with publicly reported safety outcome data for 'harm-free care' on each ward. The authors report that the while "views of patients and staff predict some overlapping variance in patient safety outcomes, both also offer a unique perspective on patient safety , contributing independently to the prediction of safety outcomes. These findings suggest that feedback from patients about the safety of the care that they receive can be used, in addition to data from staff to drive safety improvements in healthcare."

Communication of Vital Signs at Emergency Department Handoff: Opportunities for Improvement
 Venkatesh AK, Curley D, Chang Y, Liu SW
 Annals of Emergency Medicine. 2015.

DOI	http://dx.doi.org/10.1016/j.annemergmed.2015.02.025
Notes	<p>Paper reporting an prospective observational study of emergency department (ED) handovers/handoffs at a US urban academic hospital. From the observation of 1,163 patient handovers during 130 ED shift rounds it is reported that of “117 patients with episodes of hypotension and 156 patients with hypoxia, 66 (42%) and 116 (74%) were not communicated at rounds, respectively. One hundred sixty-six handoffs (14%) included a vital sign communication error of omission.”</p> <p>Omissions of significant information are a known issue with handover. A range of tools or approaches of ‘flexible standardisation’ to assist clinicians in identifying the necessary information for handover in various contexts have been developed.</p>

For information on the Commission’s work on clinical communications, including clinical handover, see www.safetyandquality.gov.au/our-work/clinical-communications/

International Journal for Quality in Health Care
 Vol. 27, No. 2, April 2015

URL	http://intqhc.oxfordjournals.org/content/27/2?etoc
Notes	<p>A new issue of the <i>International Journal for Quality in Health Care</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 released online). Articles in this issue of the <i>International Journal for Quality in Health Care</i> include:</p> <ul style="list-style-type: none"> • Editor's choice: Quality of care in primary health care settings in the Eastern Mediterranean region: a systematic review of the literature (Shadi Saleh, Mohamad Alameddine, Yara Mourad, and Nabil Natafgi) • Interventions to improve cultural competency in health care for Indigenous peoples of Australia, New Zealand, Canada and the USA: a systematic review (Anton Clifford, Janya McCalman, Roxanne Bainbridge, and Komla Tsey) • Editor's choice: Observation of handover process in an intensive care unit (ICU): 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 A Mukhopadhyay) • A feasibility study of the provision of a personalized interdisciplinary audiovisual summary to facilitate care transfer care at hospital discharge: Care Transfer Video (CareTV) (Harvey H. Newnham, Harry H. Gibbs, Edward S. Ritchie, Karen I. Hitchcock, Vathy Nagalingam, Andrew Hoiles, Ed Wallace, Elizabeth Georgeson, and Sara Holton) • Developing performance indicators for clinical governance in dimensions of risk management and clinical effectiveness (Saber Azami-Aghdash, Jafar Sadegh Tabrizi, Homayoun Sadeghi-Bazargani, Sakineh Hajebrahimi, and Mohammad Naghavi-Behzad) • Joint influence of patient-assessed chronic illness care and patient activation on glycaemic control in type 2 diabetes (Eindra Aung, Maria Donald, Gail M Williams, Joseph R Coll, and Suhail A R Doi) • Quality of care for hip and knee osteoarthritis at family medicine clinics: lessons from Mexico (Svetlana V Doubova and Ricardo Perez-Cuevas)

	<ul style="list-style-type: none"> • Results of a fast-track referral system for urgent outpatient hepatology visits (Martina Milana, Francesco Santopaolo, Ilaria Lenci, Simona Francioso, and Leonardo Baiocchi) • Towards actionable international comparisons of health system performance: expert revision of the OECD framework and quality indicators (F Carinci, K Van Gool, . Mainz, J Veillard, E C Pichora, J M Januel, I Arispe, S M Kim, NS Klazinga, on Behalf of The OECD Health Care Quality Indicators Expert Group) • Interoperability after deployment: persistent challenges and regional strategies in Denmark (Patrick Kierkegaard) • Appropriateness of requests for human serum albumin at the University Hospital of Palermo, Italy: a prospective study (Alessandra Casuccio, Eliana Nalbone, Palmira Immordino, Concetta La Seta, Paola Sanfilippo, Antonino Tuttolomondo, and Francesco Vitale)
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