



On the Radar

Issue 222
11 May 2015

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On the Radar

Editor: Dr Niall Johnson niall.johnson@safetyandquality.gov.au

Contributors: Niall Johnson, Alice Bhasale

Journal articles

Methods for Reducing Sepsis Mortality in Emergency Departments and Inpatient Units
Doerfler ME, D'Angelo J, Jacobsen D, Jarrett MP, Kabcenell AI, Masick KD, et al.
Joint Commission Journal on Quality and Patient Safety. 2015;41(5).

URL	http://www.ingentaconnect.com/content/jcaho/jcqs/2015/00000041/00000005/art0003
Notes	Paper describing the experience and impact of implementing an initiative to drive down sepsis mortality in a US health system incorporating 10 (later 11) acute hospitals. The authors report reduced overall sepsis mortality by approximately 50% in a six-year period (2008–2013; sustained through 2014) and increased compliance with sepsis resuscitation bundle elements in the emergency departments and inpatient units in the 11 acute care hospitals. Factors identified as important were engaging leadership ; fostering inter-professional collaboration , collaborating with other leading health care organisations; and developing meaningful, real-time metrics for all levels of staff.

Cost and outcomes of assessing patients with chest pain in an Australian emergency department
 Cullen L, Greenslade J, Merollini K, Graves N, Hammett CJK, Hawkins T, et al.
 Medical Journal of Australia. 2015;202(8):427-32.

DOI	http://dx.doi.org/10.5694/mja14.00472
Notes	<p>Patients with chest pain make up a large proportion of Emergency Department (ED) visitors. This study looked at characterise the demographics, length of hospital stay (LOS), final diagnoses, long-term outcome and costs associated with the population who presented to an Australian ED with symptoms of possible acute coronary syndrome (ACS). Consistent with other studies, the final proportion of chest pain patients with a diagnosis of ACS was 11.1%, with 20.8% of patients having other cardiovascular causes diagnosed. Non-cardiac chest pain was diagnosed in 622 (67.2%) of the 926 patients.</p> <p>Current guidelines categorise patients with suspected ACS as high, intermediate and low risk. In this study, the high-risk group incurred the highest cost per patient, but also had the highest rate of ACS events. In contrast, the intermediate-risk group was the most resource-intensive, yet these costs were expended to diagnose a very small proportion (1.9%) of patients with ACS. The overall costs per event in the intermediate group were high (\$174 191 per ACS event). The authors acknowledge that intermediate risk patients cannot currently be discharged unless their risk of an ACS event can be better categorised. Accelerated diagnostic protocols have been tested in clinical trials by Cullen and others, however these are not currently accepted practice. The authors argue that “investigation of strategies to shorten this process or safely reduce the need for objective cardiac testing in patients at intermediate risk according to the NHF/CSANZ guidelines is required.”</p>

For information on the Commission’s work on clinical care standards, including the *Acute Coronary Syndromes Clinical Care Standard*, see <http://www.safetyandquality.gov.au/our-work/clinical-care-standards/>

New surgical technology: do we know what we are doing?

Maddern GJ

Medical Journal of Australia. 2015;202(8):400-1.

DOI	http://dx.doi.org/10.5694/mja15.00329
Notes	<p>New is not always better when it comes to medical innovation, including surgery. The author points out that new surgical procedures and technologies can be rapidly introduced into hospitals with relatively little assessment of their evidence base. Robotic procedures for thyroid surgery is an example. Surgeons are advised to embrace guidelines, processes and regulations to ensure patients are not exposed to new procedures with inadequate evidence of benefit.</p> <p>The recent Productivity Commission report Efficiency in Health echoes some of this in suggesting that improving health technology assessment (HTA) is one of eight areas for quick efficiency gains in the health system.</p>

Factors that influence the recognition, reporting and resolution of incidents related to medical devices and other healthcare technologies: a systematic review

Polisena J, Gagliardi A, Urbach D, Clifford T, Fiander M
 Systematic Reviews. 2015;4(1):37.

DOI	http://dx.doi.org/10.1186/s13643-015-0028-0
Notes	Incident reporting is widely understood to be an understatement of the reality of the incidence of a given phenomenon. This paper discusses some of these issues in relation to medical devices and technologies in reporting on a systematic review of the literature on incident reporting for adverse events related to devices and technologies. Focusing on thirty studies, the authors report that “ fear of punishment, uncertainty of what should be reported and how incident reports will be used and time constraints to incident reporting are common barriers to incident recognition and reporting”.

Nurses’ Use of Computerized Clinical Guidelines to Improve Patient Safety in Hospitals

Hovde B, Jensen KH, Alexander GL, Fossum M
 Western Journal of Nursing Research. 2015 March 27, 2015.

DOI	http://dx.doi.org/10.1177/0193945915577430
Notes	Guidelines and other forms of guidance are hoped to help ameliorate variation in care, among other goals. However, the usage of such guidance is itself variable. This paper reports on a review of recent literature (covering 16 studies) of the use of computerised guidelines by nurses. The review suggests that “ nurses’ use of computerized clinical guidelines demonstrated improvements in care processes ”, but concedes that the evidence is limited.

Health Affairs

May 2015; Vol. 34, No. 5

URL	http://content.healthaffairs.org/content/34/5.toc
Notes	<p>A new issue of <i>Health Affairs</i> has been published, with the theme ‘Variety’.</p> <p>Articles in this issue of <i>Health Affairs</i> include:</p> <ul style="list-style-type: none"> • Among The Elderly, Many Mental Illnesses Go Undiagnosed (Jonathan S Bor) • Eliminating Medicaid Adult Dental Coverage In California Led To Increased Dental Emergency Visits And Associated Costs (Astha Singhal, Daniel J Caplan, Michael P Jones, Elizabeth T Momany, Raymond A Kuthy, Christopher T Buresh, Robert Isman, and Peter C Damiano) • Hospital Closures Had No Measurable Impact On Local Hospitalization Rates Or Mortality Rates, 2003–11 (Karen E Joynt, Paula Chatterjee, E John Orav, and Ashish K Jha) • Redesigned Geriatric Emergency Care May Have Helped Reduce Admissions Of Older Adults To Intensive Care Units (Corita Grudzen, Lynne D Richardson, Kevin M Baumlin, Gary Winkel, Carine Davila, Kristen Ng, Ula Hwang, and the GEDI WISE investigators) • Linking Uninsured Patients Treated In The Emergency Department To Primary Care Shows Some Promise In Maryland (Theresa Y Kim, Karoline Mortensen, and Barbara Eldridge) • Comparative Effectiveness And Cost-Effectiveness Analyses Frequently Agree On Value (Henry A Glick, Sean McElligott, Mark V Pauly, Richard J Willke, Henry Bergquist, Jalpa Doshi, Lee A Fleisher, Bruce Kinoshian, Eleanor Perfetto, Daniel E Polsky, and J Sanford Schwartz)

	<ul style="list-style-type: none"> • Most Routine Laboratory Testing Of Pediatric Psychiatric Patients In The Emergency Department Is Not Medically Necessary (J Joelle Donofrio, Timothy Horeczko, Amy Kaji, Genevieve Santillanes, and Ilene Claudius) • Nursing Home 5-Star Rating System Exacerbates Disparities In Quality, By Payer Source (R Tamara Konetzka, David C Grabowski, Marcelo Coca Perrillon, and Rachel M Werner) • Geographic Variation In Potentially Avoidable Hospitalizations In France (Gregoire Mercier, Vera Georgescu, and Jean Bousquet) • Risky Business: New York City’s Experience With Fear-Based Public Health Campaigns (Amy L Fairchild, Ronald Bayer, and James Colgrove) • The Fall: Aligning The Best Care With Standards Of Care At The End Of Life (Patricia Gabow)
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Public Health Research & Practice
March 2015, Volume 25, Issue 2

URL	http://www.phrp.com.au/issues/march-2015-volume-25-issue-2/
Notes	<p>A new issue of <i>Public Health Research & Practice</i> has been published with a focus on communicating messages in public health and how to get the attention of a public that is inundated 24/7 with health and other lifestyle messages. Articles in this issue of <i>Public Health Research & Practice</i> include:</p> <ul style="list-style-type: none"> • Editorial: Communicating public health messages (Sally Redman) • Reflections on a 38-year career in public health advocacy: 10 pieces of advice to early career researchers and advocates (Simon Chapman) • Should we do battle with antivaccination activists? (Julie Leask) • Fetal alcohol spectrum disorders in Australia – the future is prevention (Elizabeth J Elliott) • Social media campaigns that make a difference: what can public health learn from the corporate sector and other social change marketers? (Becky Freeman, Sofia Potente, Vanessa Rock, Jacqueline McIver) • Manual versus automated coding of free-text self-reported medication data in the 45 and Up Study: a validation study (Danijela Gnjidic, Sallie-Anne Pearson, S N Hilmer, J Basilakis, A L Schaffer, F M Blyth, E Banks) • Reliability study of clinical electronic records with paper records in the NSW Public Oral Health Service (Angela V Masoe, Anthony S Blinkhorn, Kim Colyvas, Jane Taylor, Fiona A Blinkhorn) • Hepatitis C enhanced surveillance: results from a southeastern Sydney pilot program (C R Bateman-Steel, E J Smedley, M Kong, M J Ferson) • Piloting proactive marketing to recruit disadvantaged adults to a community-wide obesity prevention program (Blythe J O’Hara, Dianne Eggins, Philayrath Phongsavan, Andrew J Milat, A E Bauman, J Wiggers) • Health promotion ‘on steroids’: the value of an experiential approach to promote rapid HIV testing in NSW, Australia (Nick Roberts, Jo Holden, Timothy Duck, Samara Kitchener)

BMJ Quality and Safety online first articles

URL	http://qualitysafety.bmj.com/content/early/recent
Notes	<p><i>BMJ Quality and Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Characterising ‘near miss’ events in complex laparoscopic surgery through video analysis (Esther M Bonrath, Lauren E Gordon, T P Grantcharov)

Online resources

[USA] AHRQ Patient Safety YouTube channel

<https://www.youtube.com/user/ahrqpatientsafety>

The US Agency for Healthcare Research and Quality (AHRQ) has developed their new Patient Safety Channel on YouTube. The channel features videos of evidence-based training programs used by U.S. hospitals to improve care quality through effective communications and teamwork. The new channel includes nearly 50 videos that describe key elements of the Comprehensive Unit-based Safety Toolkit (CUSP), a patient safety protocol used successfully by hospital intensive care units to reduce potentially deadly healthcare-acquired infections. The Patient Safety Channel also includes more than 50 videos on TeamSTEPPS®, a patient safety protocol developed by AHRQ and the Department of Defense that lowers the risk of adverse events through better communications and teamwork skills. Both training programs can be customized to the individual training needs of hospitals, hospital units, and clinicians.

[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:

- *Core Functionality in Pediatric Electronic Health Records*
<http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2070>
- *Treatments for Ankyloglossia and Ankyloglossia with Concomitant Lip-tie*
<http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2074>

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