AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

On the Radar

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On the Radar
Editor: Dr Niall Johnson niall.johnson@safetyandquality.gov.au
Contributors: Niall Johnson, Alice Bhasale

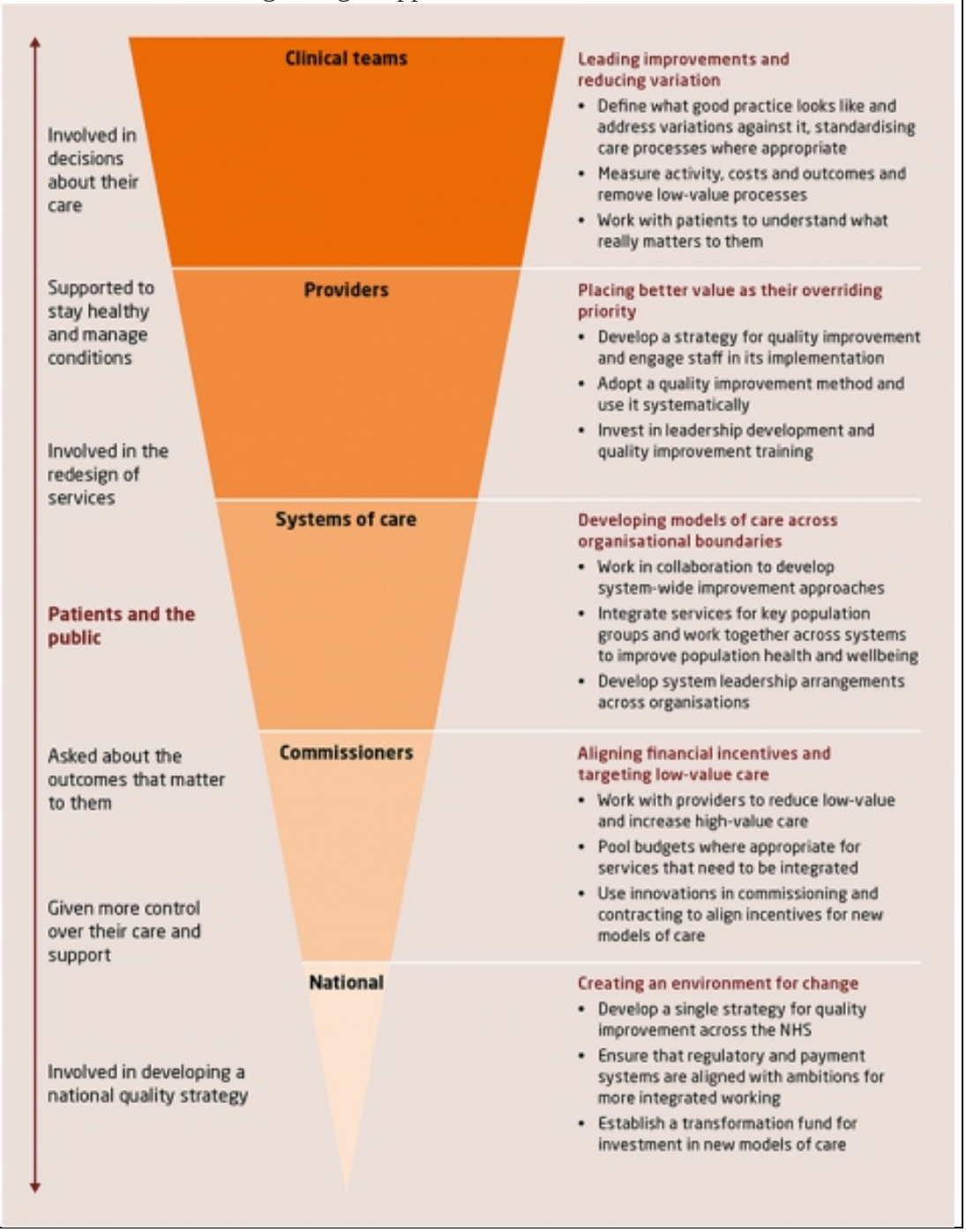
Books

Better value in the NHS: The role of changes in clinical practice
Alderwick H, Robertson R, Appleby J, Dunn P, Maguire D
London: The King's Fund; 2015 July 2015. 158 p.

URL	http://www.kingsfund.org.uk/publications/better-value-nhs/summary
TRIM	TRIM D15-19945
Notes	Value has become one of the motifs of contemporary healthcare debate. But value can mean different things to different people. One of the possible pitfalls in discussing 'value' is that it is sometimes seen as focussing on costs and savings (and thus cuts or rationing). Thus, perhaps particularly so for clinicians and patients, it can be important that it is seen as more about appropriate care, providing the right care at the right time for the right patient (and that sometimes this means not doing things that are of limited use) and understanding patient's values (and not simply the monetary value). This report from The King's Fund in the UK goes into some of the clinically interesting aspects of value, including appropriateness of care and variation. As they note, inappropriate care can include: • care is delivered even though the potential for harm outweighs the benefits (overuse) • effective care is not delivered but should be to provide a better outcome (underuse)

- care is poorly delivered (or not at all) leading to preventable complications or harm (misuse).

The importance of clinicians and clinical practice in improving healthcare is recognised and a focus for this report. As the King's Fund website notes "The challenge facing [health systems]… over the coming years is fundamentally about improving value rather than reducing costs. Framing the debate in these terms emphasises the role of quality and outcomes in meeting the challenges facing the health system, as well as providing the right language to engage clinicians and frontline staff in making change happen."



For information on the Commission's work on variation in healthcare, see http://www.safetyandquality.gov.au/our-work/variation-in-health-care/

Reports

Openness and honesty when things go wrong: the professional duty of candour
Nursing and Midwifery Council, General Medical Council
London: Nursing and Midwifery Council and General Medical Council; 2015. p. 14.

URL	http://www.nmc.org.uk/standards/guidance/the-professional-duty-of-candour/
Notes	The UK's Nursing and Midwifery Council and General Medical Council have produced this joint guidance document. The guidance focuses on the professional duty of candour and the need for nurses and midwives to be open and honest when things go wrong. The guidance focuses not only on the duty to be open and honest with patients, but also on the need to be open and honest within organisations in reporting adverse incidents or near misses that may have led to harm.

For information on the Commission's work on open disclosure, including the *Australian Open Disclosure Framework*, see www.safetyandquality.gov.au/our-work/open-disclosure/

The Insights Series: Return to acute care following hospitalisation, Insights into readmissions, NSW public hospitals, July 2009 – June 2012
Bureau of Health Information
Sydney: BHI; 2015.

URL	http://bhi.nsw.gov.au/publications/the_insights_series/return_to_acute_care_following_hospitalisation
Notes	The New South Wales Bureau of Health Information has published this report on re-admissions to the state's public hospitals. The report examines the rate of return to acute care within 30 days for five clinical conditions (acute myocardial infarction, ischaemic stroke, congestive heart failure, pneumonia and hip fracture surgery) and within 60 days for two elective surgeries (total hip or total knee replacement) across 78 NSW public hospitals between July 2009 and June 2012. The report shows that: • 73% of hospital had no conditions or procedures for which their returns to acute care were higher than expected • 21 hospitals had higher than expected returns to acute care for one or more condition or procedure • 13 hospitals had lower than expected returns to acute care • About 80% of returns to acute care were for the same principal diagnosis as for the initial hospital admission, a related condition, or for a condition potentially related to the hospital stay. One of the notable features of the report is the BHI's novel new measure of hospital readmissions. The reports risk-standardised readmission ratio (RSRR) is a variation of a method measuring readmissions that allows for measuring a return to any NSW (public) hospital (rather than only the same hospital).

Journal articles

Coordinated care versus standard care in hospital admissions of people with chronic illness: a randomised controlled trial
Plant NA, Kelly PJ, Leeder SR, D'Souza M, Mallitt K-A, Usherwood T, et al.
Medical Journal of Australia. 2015;203(1):33-9.

In California, Primary Care Continuity Was Associated With Reduced Emergency Department Use And Fewer Hospitalizations
Pourat N, Davis AC, Chen X, Vrungos S, Kominski GF
Health Affairs. 2015 July 1, 2015;34(7):1113-20.

DOI	Plant et al http://dx.doi.org/10.5694/mja14.01049 Pourat et al http://dx.doi.org/10.1377/hlthaff.2014.1165
Notes	The discontinuity between hospital and community care is one of health care's thorny problems. These two articles assess the impact of policy changes aimed at improving community care to reduce the use of hospital services. The Australian study (Plant et al) was a randomised controlled trial involving nurse led co-ordination of care for patients with multiple unplanned hospital admissions to Nepean hospital in western Sydney (Care Navigation). In 500 patients over a period of 2 years, there was no change in unplanned hospital emergency department (ED) presentations or admissions, quality of life or mortality, although use of allied health community services significantly increased compared to standard care. The second study (Pourat et al), conducted in California's Orange County, involved financial and program incentives to increase use of primary care in preference to the ED, and did significantly reduce ED presentations and hospital admissions. Differences between the two studies are considerable. Patients in the Australian study were selected for their complexity—chronic cardiac and respiratory illnesses, a recent history of unplanned admissions, and were mostly aged 70 and older. The Orange County patients had previously been without subsidised health care, and pre-intervention "received sporadic primary or urgent care from a variety of safety-net providers". The 3 year program funded access to services for the study population of around 8000 people. Better use of primary care was expected to mitigate the possible increased demand for hospital services from these patients. The Australian study suffered a number of 'real-world variations' such as staffing losses and higher service priorities. Co-ordination of care extended only to the needs identified at the initial hospital admission—after which care was routinely co-ordinated through the community. It may be that more ongoing integration may be required to change outcomes for this complex group.

Checklists to prevent diagnostic errors: a pilot randomized controlled trial
Ely JW, Graber MA
Diagnosis. 2015 [epub].

DOI	http://dx.doi.org/10.1515/dx-2015-0008
Notes	Checklists have proliferated across health care as a means of helping standardise practice or ensure key elements are considered. This has now spread to the question of diagnosis. This paper describes the development and testing (in pilot randomised controlled trial) of a checklist to aid diagnosis of common symptoms in emergency department (ED) or urgent care clinic visits. The paper reports that this checklist did not significantly reduce diagnostic errors as compared to usual care. However, this was not a particularly large scale trial (14 primary care physicians—5 in an ED and 9 in same-day access clinic—and 100 patients) and, as the authors suggest, "further development and testing of checklists in larger studies may be warranted."

Concepts for the Development of a Customizable Checklist for Use by Patients
Fernando RJ, Shapiro FE, Rosenberg NM, Bader AM, Urman RD
Journal of Patient Safety. 2015.

DOI	http://dx.doi.org/10.1097/PTS.0000000000000203
Notes	On the subject of checklists…. The vast majority have been developed for (and often by) clinicians. This paper discusses the concept and development of a checklist template for allowing patients to engage in their care and safety. The template is customisable to a given context or setting. The authors argue that "this relatively novel concept of a patient's checklist creates a role for the patient to ensure their own safety. … Providers can use these checklists as a method to gauge a patient's understanding of an intervention, solidify the patient-doctor relationship, and improve patient safety."

For information on the Commission's work on patient and consumer centred care, see www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/

Just-in-Time Training for High-Risk Low-Volume Therapies: An Approach to Ensure Patient Safety
Helman S, Lisanti AJ, Adams A, Field C, Davis KF
J Nurs Care Qual. 2015 [epub].

DOI	http://dx.doi.org/10.1097/NCQ.0000000000000131
Notes	This commentary piece considers how training for practices or procedures that are rarely done (and thus may be more risky) could potentially be delivered using a 'just in time' approach. This may be particularly applicable for those 'high-risk low-volume therapies' that are practiced infrequently and carry an increased risk to patients because of their complexity. Maintaining competence in these can be challenging. This linking of training temporally closer to when the action needs to be carried out through "validation of minimum competency of bedside nurses managing high-risk low-volume therapies through direct observation of a return-demonstration competency checklist" may be a means of improving the safety of care in such occurrences..

American Journal of Medical Quality
July/August 2015; 30 (4)

URL	http://ajm.sagepub.com/content/30/4?etoc
Notes	A new issue of the *American Journal of Medical Quality* has been published. Articles in this issue of the *American Journal of Medical Quality* include: • The Effect of Organizational Climate on **Patient-Centered Medical Home** Implementation (Ashok Reddy, J A Shea, A Canamucio, and R M Werner) • Impact of Throughput Optimization on **Intensive Care Unit Occupancy** (Anita J Reddy, Rita Pappas, Sanjeev Suri, Christopher Whinney, Lisa Yerian, and Jorge A Guzman) • The Power of **Involving House Staff in Quality Improvement**: An Interdisciplinary House Staff–Driven Vaccination Initiative (Susan Peterson, Ryan Taylor, Melinda Sawyer, Paul Nagy, Lori Paine, Sean Berenholtz, Redonda Miller, and Brent Petty) • Hospital Variations in **Severe Sepsis Mortality** (Henry E Wang, John P Donnelly, Nathan I Shapiro, Samuel F Hohmann, and Emily B Levitan) • Organizational Factors and Change Strategies Associated With **Medical Home Transformation** (Leif I Solberg, Logan H Stuck, A Lauren Crain, Juliana O Tillema, Thom J Flottemesch, R R Whitebird, and P L Fontaine) • **Enhanced Assessment of Chest Pain** and Related Symptoms in the Primary Care Setting Through the Use of a Novel Personalized Medicine Genomic Test: Results From a Prospective Registry Study (Joseph A Ladapo, Heather Lyons, May Yau, Paul Rich, Dedra Newton, Kofi Bruce-Mensah, Andrea Johnson, Yunping Zhou, S Stemkowski, and M Monane) • Feedback to Achieve Improved **Sign-out Technique** (Matthew E Doers, Poonam Beniwal-Patel, Jessica Kuester, and Kathlyn E Fletcher) • Evaluation of the Role of Training in the Implementation of a **Depression Screening and Treatment** Protocol in 2 Academic Outpatient Internal Medicine Clinics Utilizing the Electronic Medical Record (Danielle Loeb, Amber Sieja, Janet Corral, Nichole G Zehnder, G Guiton, and D E Nease) • Consumers' Understanding of and Interest in **Provider- Versus Practice-Level Quality Characteristics**: Findings From a Focus Group Study (Brad Smith, Wendy D Lynch, Cathie Markow, Sarah Lifsey, and Michael Slover) • **Technology Integration** Performance Assessment Using Lean Principles in Health Care (Florentino Rico, Ali Yalcin, and Edward A Eikman) • **Patients' Perceptions of Care** Are Associated With Quality of Hospital Care: A Survey of 4605 Hospitals (Spencer M Stein, Michael Day, Raj Karia, Lorraine Hutzler, and Joseph A Bosco III) • Reconceptualizing Continuing Professional Development to Close Long-Standing Quality Gaps in **Palliative Care** (Forest Plourde-Cole, David A Davis, and Nancy L Davis) • Can **Medical Students** Identify Problems in Patient Safety? (Andrew Doering, Jeremy Stueven, Summers Kalishman, S Wayne, and D Sklar)

Journal of Healthcare Quality
July/August 2015 - Volume 37 - Issue 4

URL	http://journals.lww.com/jhqonline/pages/currenttoc.aspx
Notes	A new issue of the *Journal of Healthcare Quality* has been published. Articles in this issue of the *Journal of Healthcare Quality* include: • Medical **Inpatients' Use of Information Technology**: Characterizing the Potential to Share Information Electronically (O'Leary, Kevin J.; Balabanova, Anna; Patyk, Magdalyn; et al) • **Computerized Clinical Decision Support** to Prevent **Venous Thromboembolism** Among Hospitalized Patients: Proximal Outcomes from a Multiyear Quality Improvement Project (Amland, Robert C.; Dean, Bonnie B.; Yu, HsingTing; et al) • Assessing Compliance With Established **Pneumonia Core Measures** at a Comprehensive Cancer Center (Gonzalez, Carmen Esther; Johnson, Tami N.; Evans, Scott; et al) • Working With Socially and Medically **Complex Patients**: When **Care Transitions Are Circular, Overlapping, and Continual** Rather Than Linear and Finite (Roberts, Shauna R.; Crigler, Jane; Ramirez, C; et al)

AIDS
July 2015 - Volume 29 - Supplement 2

URL	http://journals.lww.com/aidsonline/toc/2015/07002
Notes	This supplement to *AIDS*, the official journal of the International AIDS society, focuses on quality in HIV/AIDS care. Articles in this supplement include: • **Putting quality at the heart** of HIV programs (El-Sadr, Wafaa M.; Barker, Pierre; Rabkin, Miriam; et al) • The **leadership of communities** in HIV service delivery (Barr, David; Odetoyinbo, Morolake; Mworeko, Lillian; et al) • **Monitoring quality at scale**: implementing quality assurance in a diverse, multicountry HIV program (Saito, Suzue; Howard, Andrea A.; Chege, Duncan; et al) • The role of **quality improvement** in achieving effective large-scale prevention of mother-to-child transmission of HIV in South Africa (Barker, Pierre; Barron, Peter; Bhardwaj, Sanjana; et al) • A **standards-based approach to quality improvement** for HIV services at Zambia Defence Force facilities: results and lessons learned (Kols, Adrienne; Kim, Young-Mi; Bazant, Eva; et al) • Using adapted **quality-improvement approaches** to strengthen **community-based health** systems and improve care in high HIV-burden sub-Saharan African countries (Horwood, Christiane M.; Youngleson, Michele S.; Moses, Edward; et al) • Going beyond the vertical: **leveraging a national HIV quality improvement programme to address other health priorities** in Haiti (Joseph, Jean Paul; Jerome, Gregory; Lambert, Wesler; et al) • Creating a **national culture of quality**: the Tanzania experience (Mwidunda, Patrick E.; Eliakimu, Eliudi) • A quality improvement approach to **capacity building** in low- and middle-income countries (Bardfield, Joshua; Agins, Bruce; Akiyama, M; et al) • **Improving care** for patients on antiretroviral therapy through a **gap analysis** framework (Massoud, M. Rashad; Shakir, F; Livesley, N; et al)

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: • Editorial: Temporal trends in patient safety in the Netherlands: reductions in **preventable adverse events** or the end of adverse events as a useful metric? (Kaveh G Shojania, Perla J Marang-van de Mheen) • Editorial: **Safety in healthcare** is a moving target (Charles Vincent, Rene Amalberti) • The Global Comparators project: international comparison of **30-day in-hospital mortality** by day of the week (Milagros Ruiz, A Bottle, P P Aylin) • How effective are **patient safety initiatives**? A retrospective patient record review study of changes to patient safety over time (Rebecca Baines, Maaike Langelaan, Martine de Bruijne, Peter Spreeuwenberg, C Wagner) • The problem with eliminating '**low-value care**' (Alan Willson) • Why even good physicians do not **wash their hands** (Donald A Redelmeier, Eldar Shafir)