AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

# On the Radar

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**On the Radar**
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*Promoting excellence: Standards for medical education and training*
General Medical Council
London: General Medical Council; 2015. p. 51.

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| URL | http://www.gmc-uk.org/education/standards.asp |
| Notes | The UK's General Medical Council has launched new standards for medical education and training. Covering undergraduate and postgraduate medical education, the standards are intended to put patient safety, quality of care, and fairness at the heart of the training received by both medical students and doctors. The standards delineate the roles and responsibilities of organisations delivering medical education as well as the requirements for teaching, supervision and support. To meet the GMC's standards, organisations will need to demonstrate they have a culture where concerns about patient safety and standards of care or training can be raised without fear of adverse consequences. The standards also highlight the importance of leadership and governance, ensuring those providing medical education are accountable for the quality of training they provide. |

*The future of primary care: Creating teams for tomorrow*
Primary Care Workforce Commission
London: Health Education England; 2015. p. 62.

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| URL | http://hee.nhs.uk/work-programmes/primary-and-community-care-programme/primary-care-workforce-commission/ |
| Notes | Health Education England was compelled to establish the Independent Primary Care Workforce Commission. The Commission has sought to identify and highlight innovative models of primary care that could the future needs of patients and the NHS. This review also presents some examples of communication/information technology used in primary care and examines recruitment and retention challenges facing health professionals in general practice. |

*Better Outcomes for People with Chronic and Complex Health Conditions through Primary Health Care*
Primary Health Care Advisory Group
Canberra: Department of Health; 2015. p. 24.

*How can Australia improve its primary health care system to better deal with chronic disease? Background paper*
McKinsey and Company
2015. p. 124.

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| URL | http://www.health.gov.au/internet/main/publishing.nsf/Content/PrimaryHealthCareAdvisoryGroup-1 |
| Notes | As in the UK, the role and future structure and function of primary care are topics of debate in Australia. The Australian government has established the Primary Health Care Advisory Group to investigate options into the reform of primary health care to support patients with complex and chronic illness, and the treatment of mental health conditions. The Advisory Group have released a number of resources, including a brief Discussion Paper and a longer Background paper. |

**Journal articles**

*Partnering with consumers: national standards and lessons from other countries*
Gill SD, Gill M
Medical Journal of Australia. 2015;203(3):134-6.

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| DOI | http://dx.doi.org/10.5694/mja14.01656 |
| Notes | This Perspectives article highlights the importance of meaningful partnerships with consumers in the context of the National Safety and Quality Health Service Standards as well as global health care reform. Opportunities to learn from community participation examples from both Australia and overseas are discussed which suggest that effective consumer participation requires both consumers and healthcare providers to redefine their roles and responsibilities. The authors suggest that broad community engagement as well as research and evaluation regarding the nature and outcomes of consumer participation is needed, to support high quality consumer participation. |

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/

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

*Emotional harm from disrespect: the neglected preventable harm*
Sokol-Hessner L, Folcarelli PH, Sands KEF
BMJ Quality & Safety. 2015 June 17, 2015.

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| DOI | http://dx.doi.org/10.1136/bmjqs-2015-004034 |
| Notes | Although the focus of the patient safety movement has primarily been on physical injury, definitions of harm in health care also comprise emotional harms. This paper highlights the importance of emotional harms which can be understood as "harms to a patient's 'dignity', which can be caused by a failure to demonstrate adequate 'respect' for the patient". Emotional harms may be severe and protracted, which can erode trust, leave patients feeling violated, damage patient-provider relationships and have adverse effects on physical health.<br>The authors suggest that what is lacking is a systematic approach to capture, categorise and assess the severity of emotional harms. This impedes an understanding of how and why emotional harms occur and the ability to take corrective action and prevent future events. The proposed response is the conceptualisation of emotional harms within the existing preventable harm framework which would allow for their investigation using existing processes, and for them to be addressed with the same rigour and accountability that is applied to physical harm. |

*Care and communication between health professionals and patients affected by severe or chronic illness in community care settings: a qualitative study of care at the end of life*
Pollock K, Wilson E
Health Services and Delivery Research. 2015 2015/07/30;3(31):172.

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| DOI | http://dx.doi.org/10.3310/hsdr03310 |
| Notes | Paper reporting on a British qualitative study of when and how patients, family carers and health professionals communicate with each other about advanced care planning (ACP) for patients who are seen to be approaching the end of their life. The study involved including 37 health professionals and 21 case study patients who were interviewed several times during a period of approximately 6 months. Thirteen family carers and 14 health professionals were also involved in the case studies.<br>The authors report that just over half (12 of 21) of the patients in the study had been involved in ACP. They also report that "considerable uncertainty of prognosis made timing of ACP discussions difficult. Professionals often faced difficulties in raising the topic and recognising when patients were ready to talk about the future. Discussion was usually limited to decisions about specific issues, including where the patient wished to die, or if resuscitation should be attempted. The difficulty and complexity of decision-making about preferences for future care, combined with the volatility of illness, frequently prompted a change of plan. Those who wished to consider ACP often preferred to leave discussion until they had become severely ill, rather than create plans in advance of a time when they might become unable to make decisions for themselves. The study findings highlight the complexity of decisions about end of life care, and the diversity of patient and family responses. In particular, they challenge the basic assumptions underlying current formulations of ACP: that patients do (or should) wish for open awareness of death, that home is always the best and preferred place to die and that place of death is a matter of over-riding importance for the majority of patients." |

*International Journal for Quality in Health Care*
Vol. 27, No. 4, August 2015

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| URL | http://intqhc.oxfordjournals.org/content/27/4?etoc |
| Notes | A new issue of the *International Journal for Quality in Health Care* has been published. Many of the papers in this issue have been referred to in previous editions of *On the Radar* (when they released online). Articles in this issue of the *International Journal for Quality in Health Care* include:<br>• Editorial: **Healthcare quality and safety in developing countries** (Shabbir Syed-Abdul, Usman Iqbal, and Yu-Chuan (Jack) Li)<br>• **Patient safety and quality of care in developing countries** in Southeast Asia: a systematic literature review (Reema Harrison, Adrienne Wai Seung COHEN, and Merrilyn Walton)<br>• Editor's choice: Towards **excellence in cardiac surgery**: experience from a developing country (Aamir Saifuddin, Syed Shahabuddin, Shazia Perveen, Shumaila Furnaz, and Hasanat Sharif)<br>• Processes and outcomes of **ischemic stroke care**: the influence of hospital level of care (Yu-Chi Tung, Jiann-Shing Jeng, Guann-Ming Chang, and Kuo-Piao Chung)<br>• Validity of the clinical and administrative databases in detecting **post-operative adverse events** (Isabel Rodrigo-Rincon, Marta P. Martin-Vizcaino, Belen Tirapu-Leon, Pedro Zabalza-Lopez, Francisco J. Abad-Vicente, and Asuncion Merino-Peralta)<br>• Perceptions regarding **medication administration errors** among hospital staff nurses of South Korea (Mi-Ae You, Mi-Hyeon Choe, Geun-Ok Park, Sang-Hee Kim, and Youn-Jung Son)<br>• **SEQUenCE**: a service **user-centred quality of care instrument** for mental health services (Lorraine Hester, Lorna Jane O' Doherty, Rebecca Schnittger, Niamh Skelly, Muireann O' Donnell, Lisa Butterly, Robert Browne, Charlotte Frorath, Craig Morgan, D M McLoughlin, and P Fearon)<br>• Developing a set of quality indicators for **breast cancer care** in China (Han Bao, Fengjuan Yang, Xinyu Wang, Shaofei Su, Dan Liu, Rong Fu, Huimin Zhang, and Meina Liu)<br>• Examining the attitudes of **hospital pharmacists** to **reporting medication safety incidents** using the theory of planned behaviour (Steven David Williams, Denham L Phipps, and Darren Ashcroft)<br>• Are **administrative data** valid when **measuring patient safety** in hospitals? A comparison of data collection methods using a chart review and administrative data (Christina Maass, Silke Kuske, Constanze Lessing, and Matthias Schrappe)<br>• **Electronic medication reconciliation** and **medication errors** (Jonathan D. Hron, Shannon Manzi, Roger Dionne, Vincent W. Chiang, Marcie Brostoff, Stephanie A. Altavilla, AL Patterson, and marvin B. Harper)<br>• Editor's choice: **Engaging staff to improve quality and safety** in an austere medical environment: a case–control study in two Sierra Leonean hospitals (Michael A Rosen, Adaora M Chima, John B Sampson, Eric V Jackson, Jr, R Koka, M K Marx, T B Kamara, O U Ogbuagu, and B H Lee)<br>• Capturing **diagnosis-timing in ICD-coded hospital data**: recommendations from the WHO ICD-11 topic advisory group on quality and safety (V Sundararajan, P S Romano, H Quan, B Burnand, S E Drösler, S Brien, H A Pincus, and W A Ghali) |

*BMJ Quality and Safety* online first articles

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| URL | http://qualitysafety.bmj.com/content/early/recent |
| Notes | *BMJ Quality and Safety* has published a number of 'online first' articles, including:<br>• **Test result communication in primary care**: a survey of current practice (Ian Litchfield, Louise Bentham, Richard Lilford, Richard J McManus, Ann Hill, Sheila Greenfield)<br>• **Venous thromboembolism** prophylaxis: a path toward more appropriate use (Paul J Grant, Scott A Flanders)<br>• Routine failures in the process for **blood testing** and the **communication of results** to patients in primary care in the UK: a qualitative exploration of patient and provider perspectives (Ian Litchfield, Louise Bentham, Ann Hill, Richard J McManus, Richard Lilford, Sheila Greenfield)<br>• A quality improvement project to improve early **sepsis care** in the **emergency department** (Medley O'Keefe Gatewood, Matthew Wemple, Sheryl Greco, Patricia A Kritek, Raghu Durvasula)<br>• Physician and other healthcare personnel responses to **hospital stroke quality of care performance feedback**: a qualitative study (Joseph S Ross, Linda Williams, Teresa M Damush, Marianne Matthias) |

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

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| URL | http://intqhc.oxfordjournals.org/content/early/recent?papetoc |
| Notes | *International Journal for Quality in Health Care* has published a number of 'online first' articles, including:<br>• Evaluation of ultraviolet irradiation efficacy in an automated system for the **aseptic compounding** using challenge test (Francesca Bruscolini, Demis Paolucci, Valeria Rosini, Luigia Sabatini, Elisa Andreozzi, and A Pianetti) |

**Online resources**

*[USA] Vital Signs*
http://www.cdc.gov/vitalsigns/
The latest editions of *Vital Signs* from the USA's CDC (Centers for Disease Control and Prevention) reports on mathematical modelling that projects increases in drug-resistant infections and *Clostridium difficile* (*C. difficile*) without immediate improvements in infection control and antibiotic prescribing. According to the CDC, **antibiotic-resistant organisms cause** more than **2 million illnesses** and at least **23,000 deaths** each year in the United States. In the USA, *C. difficile* alone caused nearly half a million illnesses in 2011, and an estimated 15,000 deaths a year are directly attributable to *C. difficile* infections

For information on the Commission's Antimicrobial Use and Resistance in Australia Project
http://www.safetyandquality.gov.au/national-priorities/amr-and-au-surveillance-project/
For information on the Commission's work on healthcare associated infections, see
http://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/