



On the Radar

Issue 241

21 September 2015

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On the Radar

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Reports

Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020

National Palliative and End of Life Care Partnership

London: National Palliative and End of Life Care Partnership; 2015. p. 50.

URL	http://endoflifecareambitions.org.uk/
Notes	<p>This UK national framework urges health organisations and local authorities to act together to improve end of life care for people of all ages. It sets out six principles for how people near the end of their lives should be cared for. The six ‘ambitions’ for palliative and end of life care are:</p> <ul style="list-style-type: none">• Each person is seen as an individual• Each person gets fair access to care• Maximising comfort and wellbeing• Care is coordinated• All staff are prepared to care• Each community is prepared to help.

For information on the Commission’s work on End-of-Life Care in Acute Hospitals, see <http://www.safetyandquality.gov.au/our-work/recognising-and-responding-to-clinical-deterioration/end-of-life-care-in-acute-hospitals/>

Improving length of stay: what can hospitals do?

Lewis R, Edwards N

London: Nuffield Trust; 2015. p. 28.

URL	http://www.nuffieldtrust.org.uk/publications/improving-length-stay-what-can-hospitals-do
Notes	<p>The UK's Nuffield trust has produced this brief (28-page) report on what is something of a vexed issue. The Trust's website describes the report as focusing on "reducing length of hospital stay [rather than reducing emergency admissions], which may represent a more effective way to manage the growing demand for beds. There are significant opportunities to reduce length of hospital stay through improvements in internal processes and the development of alternative services. Even for patients with similar conditions, there are often differences in length of stay, and wide variations exist among patients who experience extended stays. This suggests that improvements could be made.</p> <p>Drawing evidence from the literature together with insights from a number of senior clinicians, managers and case studies, this report explores what approaches to reducing length of stay have been (and could be) effective, providing a set of measures for improving length of stay that are within the control of the hospital itself."</p> <p>The report's authors noted that various principles of good practice emerged:</p> <ul style="list-style-type: none">• Focus on flow• Get the basics right• 'Bundle' approaches together• Maintain a rapid pace for decision-making and patient progress in the hospital• Ensure active support for discharge seven days a week• Large-scale top-down change is often not required.

A systematic review and meta-analysis assessing the effectiveness of pragmatic lifestyle interventions for the prevention of type 2 diabetes mellitus in routine practice

Ashra NB, Spong R, Carter P, Davies MJ, Dunkley A, Gillies C, et al

London: Public Health England; 2015. p. 173.

URL	https://www.gov.uk/government/publications/diabetes-prevention-programmes-evidence-review
Notes	<p>Public Health England has released this report updating and extending a systematic review and meta-analysis assessing the effectiveness of 'real-world' interventions for the prevention of type 2 diabetes mellitus (T2DM) in high risk populations. The review identified that diabetes prevention programmes can significantly reduce the progression to T2DM and lead to reductions in weight and glucose compared with usual care. It is recommended that anyone developing prevention programmes for T2DM should adhere to the available guidelines to increase efficacy.</p>

Journal articles

Establishing and implementing best practice to reduce unplanned admissions in those aged 85 years and over through system change [Establishing System Change for Admissions of People 85+ (ESCAPE 85+)]: a mixed-methods case study approach

Wilson A, Baker R, Bankart J, Banerjee J, Bhamra R, Conroy S, et al

Health Services and Delivery Research. 2015;3(37):161.

DOI	http://dx.doi.org/10.3310/hsdr03370
Notes	<p>Unplanned readmissions are considered an important indication of potential lapses in care or of risk to patient. This study examined ways of reducing readmission, particularly in the older population (85 and older). In England In England, between 2007/8 and 2009/10, this group had seen their rate of unplanned hospital admissions increase from 48 to 52 per 100.</p> <p>This study sought to identify system characteristics associated with higher and lower increases in unplanned admission rates in this population and to develop recommendations about best practice.</p> <p>Changes in the rate of unplanned readmissions for these patients reflected the state of the health facility more generally; “the most striking difference between improving and deteriorating sites was not the presence or absence of specific services, but the extent to which integration within and between types of service had been achieved. There were also overwhelming differences in leadership, culture and strategic development at the system level. The final list of recommendations emphasises the importance of issues such as maximising integration of services, strategic leadership and adopting a system-wide approach to reconfiguration.”</p>

A systematic review and metaethnography to identify how effective, cost-effective, accessible and acceptable self-management support interventions are for men with long-term conditions (SELF-MAN)

Galdas P, Darwin Z, Fell J, Kidd L, Bower P, Blickem C, et al

Health Services and Delivery Research. 2015;3(34).

DOI	http://dx.doi.org/10.3310/hsdr03340
Notes	<p>With the apparently inexorable rise in chronic or long-term conditions (LTCs according to this study) there is interest in how self-care or self-management (by the patient and/or their family/carer) can effectively manage or address these conditions. This study sought to assess the effectiveness, cost-effectiveness, accessibility and acceptability of self-management support interventions in men with LTCs. The study combines a quantitative systematic review (including 40 randomised control trials (RCTs) of self-management support interventions in male-only samples, and 20 RCTs where an analysis by gender was reported) with meta-analysis and a qualitative review (using 38 studies relevant to men’s experiences of, and perceptions of, self-management support) using a metaethnography approach. The findings of the two reviews were integrated in parallel synthesis.</p> <p>The authors report “Findings indicated that men may feel less comfortable engaging in support if it is perceived to be incongruous with valued aspects of masculine identities. Men may find support interventions more attractive when they have a clear purpose, are action-oriented and offer practical strategies that can be integrated into daily life. Support delivered in an environment that offers a sense of shared understanding can be particularly appealing to some men.”</p>

Integration and continuity of primary care: polyclinics and alternatives - a patient-centred analysis of how organisation constrains care co-ordination

Sheaff R, Halliday J, Ovretveit J, Byng R, Exworthy M, Peckham S, et al
Health Services and Delivery Research. 2015;3(35):201.

DOI	http://dx.doi.org/10.3310/hsdr03350
Notes	Integration has emerged as a major theme. Co-ordination and continuity of care are important aspects of care and a clear target of integration and this study suggests integrated care organisations are “more likely to favour the development of care co-ordination and, therefore, continuities of care than a system of care networks”. The study examined (in the UK context) “(1) what differences the organisational integration of primary care makes, compared with network governance, to horizontal and vertical co-ordination of care; (2) what difference provider ownership (corporate, partnership, public) makes; (3) how much scope either structure allows for managerial discretion and ‘performance’; (4) differences between networked and hierarchical governance regarding the continuity and integration of primary care; and (5) the implications of the above for managerial practice in primary care.”

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"> • Safety culture in long-term care: a cross-sectional analysis of the Safety Attitudes Questionnaire in nursing and residential homes in the Netherlands (Martina Buljac-Samardzic, Jeroen D H van Wijngaarden, Connie M Dekker–van Doorn) • Measuring and improving patient safety through health information technology: The Health IT Safety Framework (Hardeep Singh, Dean F Sittig) • SQUIRE 2.0 (Standards for Quality Improvement Reporting Excellence): revised publication guidelines from a detailed consensus process (Greg Ogrinc, Louise Davies, Daisy Goodman, Paul Batalden, Frank Davidoff, David Stevens) • Impact of an electronic alert notification system embedded in radiologists’ workflow on closed-loop communication of critical results: a time series analysis (Ronilda Lacson, Stacy D O’Connor, V Anik Sahni, Christopher Roy, Anuj Dalal, Sonali Desai, Ramin Khorasani) • Missed nursing care is linked to patient satisfaction: a cross-sectional study of US hospitals (Eileen T Lake, Hayley D Germack, M K Viscardi) • Coproduction of healthcare service (Maren Batalden, Paul Batalden, Peter Margolis, Michael Seid, G Armstrong, L Opiari-Arrigan, H Hartung)

Online resources

[USA] Patient Safety Primers

<http://psnet.ahrq.gov/primerHome.aspx>

The Patient Safety Primers from the (US) Agency for Healthcare Research and Quality (AHRQ) discuss key concepts in patient safety. Each primer defines a topic, offers background information on its epidemiology and context, and provides links to relevant materials. AHRQ have released a new primer:

- *High Reliability* – High reliability organisations are those that operate in complex, high-hazard domains for extended periods without serious accidents or catastrophic failures. High reliability is an ongoing process of cultivating organisational mindfulness; standardisation is necessary but not sufficient for achieving resilient and reliable health care systems.

<http://psnet.ahrq.gov/primer.aspx?primerID=31>

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