



On the Radar

Issue 243

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On the Radar is a summary of some of the recent publications in the areas of safety and quality in health care. Inclusion in this document is not an endorsement or recommendation of any publication or provider. Access to particular documents may depend on whether they are Open Access or not, and/or your individual or institutional access to subscription sites/services. Material that may require subscription is included as it is considered relevant.

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On the Radar

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Books

Leading Change in Primary Care: Boards of Primary Health Networks can help improve the Australian health care system

Duckett SJ, Beaumont M, Bell G, Gunn J, Murphy A, Wilson R, et al

Canberra: Australian Healthcare and Hospitals Association 2015. 40p.

| URL | http://ahha.asn.au/leading-change-primary-care |
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| Notes | <p>The Australian Healthcare and Hospitals Association (AHHA) has published this short book that explores how Primary Health Network (PHN) boards may be able to drive reform in Australia's primary health system. According to the AHHA's website:</p> <ul style="list-style-type: none"> • The book examines how PHNs can structure their organisations and manage their resources to pursue significant reform. • The authors suggest PHNs can facilitate change by building positive and constructive relationships with and between health professionals, as well as engaging clinicians and the community during their decision-making processes. • The need to carefully target funding, commission for health outcomes, promote integration and encourage the delivery of important services is also emphasised. |

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| | <ul style="list-style-type: none"> • <i>Leading Change in Primary Care</i> urges PHN boards to “shape the health landscape” by commissioning for activities and outcomes that reflect the PHN’s vision for change. <p>The book is available free in two electronic formats – PDF and e-book epub file.</p> |
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Reports

Positive Disruption: Healthcare, Ageing and Participation in the Age of Technology

Perrier E

Sydney: McKell Institute; 2015. p. 56.

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| URL | http://mckellinstitute.org.au/wp-content/uploads/2015/09/McKell-Institute_Positive-Disruption.pdf |
| Notes | This report is a brief discussion of the collision of what the author describes as “two of the greatest disruptive transformations in history”, namely population ageing and a technological revolution. Hyperbole aside, this report takes an optimistic view of how technologies (and innovation more generally) may enhance ageing, health and the Australian economy. |

Journal articles

The future healthcare?

Charlesworth K, Jamieson M, Butler CD, Davey R

Australian Health Review. 2015;39(4):444-7.

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| DOI | http://dx.doi.org/10.1071/AH14243 |
| Notes | Some of the issues picked up in the McKell Institute report (above) are echoed in this thought piece <i>The future healthcare?</i> The authors of this piece speculate on a number of key trends that they suspect will characterise the future of (Australian) healthcare. They suggest that these, collectively, “are likely to be characterised by increasingly sophisticate technology, but at the same time greater personal and community responsibility for health and well-being, innovative use of social capital, and a new approach to ageing and end-of-life care.” One criticism could be is that all of these are continuations of current tends (some of which are long-standing trajectories). There is also little consideration of how these trends will come to bear on healthcare, for example whether these will be due to proactive approaches (undertaken by whom?) or more by accident and osmosis. |

Healthcare Utilizing Deliberate Discussion Linking Events (HUDDLE): A Systematic Review

Glymph DC, Olenick M, Barbera S, Brown EL, Prestianni L, Miller C

AANA J. 2015 Jun;83(3):183-8.

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| URL | http://www.aana.com/newsandjournal/20102019/060115hchuddle.pdf |
| Notes | This review looked at the ‘huddle’ concept with particular reference to anaesthesia. Huddles are small group briefings that have become quite widely adopted in healthcare as a means of attempting to ensure that all team members have a common understanding of the immediate task. Communication lapses lie at the heart of many safety and quality issues and devising communication solutions that prevent them is a logical step, but the solutions need to be appropriate for the context and participants. |

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

Bedside Shift-to-Shift Handoffs: A Systematic Review of the Literature

Mardis T, Mardis M, Davis J, Justice EM, Holdinsky SR, Donnelly J, et al
J Nurs Care Qual. 2015 [epub].

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| DOI | http://dx.doi.org/10.1097/NCQ.0000000000000142 |
| Notes | One of the key communication tools that has been adopted in recent years is the standardised handover/handoff. This review looked at the location of handovers, suggesting that doing them at the bedside may have benefits in terms of patient and staff satisfaction. |

A web-based, patient-centered toolkit to engage patients and caregivers in the acute care setting: a preliminary evaluation

Dalal AK, Dykes PC, Collins S, Lehmann LS, Ohashi K, Rozenblum R, et al
Journal of the American Medical Informatics Association. 2015 [epub].

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| DOI | http://dx.doi.org/10.1093/jamia/ocv093 |
| Notes | <p>Paper describing the initial experience with the implementation of a web-based system to allow patients (and their caregivers) to engage in their hospital care. The patient-centred toolkit (PCTK) offered patients and caregivers tools to participate in their plan of care during hospitalization. The PCTK was designed to facilitate collaborative decision making by providing access to tailored educational content and facilitating patient-provider communication. Using the system, patients and caregivers could:</p> <ul style="list-style-type: none"> • navigate their plan of care (diagnoses/problems, care team goals, schedule) • establish recovery goals, input preferences, and rate priorities • access their medications and test results • review validated educational content • identify care team members • submit questions directly to their care providers • complete a validated checklist that informs providers of their discharge preparedness; and • view tailored safety tips and reminders. <p>This study reports on the experience with 239 patients/caregivers. The authors believe that “such portals will become the norm as patients and care partners come to expect more interaction on a real-time basis.” They also suggest that it would be useful to “examine impact on clinical outcomes including patient/caregiver self-efficacy, care plan concordance, adverse events and preventable harm, resource utilization, and patient satisfaction.”</p> |

For information on the Commission’s work on patient and consumer centred care, see <http://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/>

Taking Patients’ Narratives about Clinicians from Anecdote to Science

Schlesinger M, Grob R, Shaller D, Martino SC, Parker AM, Finucane ML, et al
New England Journal of Medicine. 2015;373(7):675-9.

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| DOI | http://dx.doi.org/10.1056/NEJMs1502361 |
| Notes | This piece in the <i>New England Journal of Medicine</i> describes how patient experience and stories have traversed from ‘mere’ anecdote to data, to being an important resource in understanding and improving the safety and quality of care. |

Understanding nurses' and physicians' fear of repercussions for reporting errors: clinician characteristics, organization demographics, or leadership factors?

Castel ES, Ginsburg LR, Zaheer S, Tamim H
 BMC Health Services Research. 2015;15:326.

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| DOI | http://dx.doi.org/10.1186/s12913-015-0987-9 |
| Notes | <p>Paper reporting on a Canadian study of clinician concerns of the implications of reporting errors. Based on survey responses from 2319 nurse and 386 doctors in three Canadian provinces, the study sought to identify and understand the factors influencing fear of repercussions for reporting and discussing medical errors, particularly to disentangle the role of clinician characteristics from those of the organization-level and unit-level safety environments in which these clinicians work and learn.</p> <p>The authors report that “Age, gender, tenure, teaching status, and province [location] were not significantly associated with fear of repercussions for nurses or physicians. Mental health nurses had poorer fear responses than their peers outside of these areas, as did community physicians. Strong organization and unit leadership support for safety explained the most variance in fear for both nurses and physicians”.</p> |

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

Can consumers learn to ask three questions to improve shared decision making? A feasibility study of the ASK (AskShareKnow) Patient–Clinician Communication Model® intervention in a primary health-care setting

Shepherd HL, Barratt A, Jones A, Bateson D, Carey K, Trevena LJ, et al.
 Health Expectations. 2015 [epub].

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| DOI | http://dx.doi.org/10.1111/hex.12409 |
| Notes | <p>An avenue for addressing the challenge of widespread implementation of shared decision making by clinicians may be through encouraging consumers to initiate this process. Shepherd et al have developed three, generic questions to enable patients to elicit the minimum information needed for decision making under conditions of uncertainty:</p> <p>The AskShareKnow Questions are:</p> <ol style="list-style-type: none"> 1. What are my options? 2. What are the possible benefits and harms of those options? 3. How likely are each of those benefits and harms to happen to me? Including what will happen if I do nothing? <p>The study found that most patients who viewed a 4-minute video-clip in the waiting room went on to ask at least one of the questions during the consultation. This facilitated patient involvement in the consultation and improved the quality of the information provided.</p> <p>The AskShareKnow questions and resources can be accessed at www.askshareknow.com.au</p> |

For information on the Commission’s work on shared decision making, see <http://www.safetyandquality.gov.au/our-work/shared-decision-making/>

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| URL | http://intqhc.oxfordjournals.org/content/27/5?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"> • Editorial: Improving quality of care and patient safety as a priority (Usman Iqbal, Shabbir Syed-Abdul, and Yu-Chuan (Jack) Li) • Accreditation and improvement in process quality of care: a nationwide study (Søren Bie Bogh, Anne Mette Falstie-Jensen, Paul Bartels, Erik Hollnagel, and Søren Paaske Johnsen) • Differences between nurse- and physician-assessed ICU characteristics using a standardized survey (Deena Kelly Costa, Courtney Colonna Kuza, and Jeremy M. Kahn) • The burden of acute myocardial infarction after a regional cardiovascular center project in Korea (Arim Kim, Seok-Jun Yoon, Young-Ae Kim, and Eun Jung Kim) • The role of stable housing as a determinant of poverty-related quality of life in vulnerable individuals (Karine Baumstarck, Laurent Boyer, and Pascal Auquier) • Why do outcomes of CABG care vary between urban and rural areas in Taiwan? A perspective from quality of care (Tsung-Hsien Yu, Yu-Chang Hou, Yu-Chi Tung, and Kuo-Piao Chung) • Development and validation of patient-reported outcomes scale for hypertension (Li Zhi, Liu Qiaojun, and Zhang Yanbo) • Task shifting of mental health care services in Ghana: ease of referral, perception and concerns of stakeholders about quality of care (Vincent I O Agyapong, Akwasi Osei, Conor K. Farren, and Eilish McAuliffe) • Cancer patients' preferences of care within hospitals: a systematic literature review (Gitte Stentebjerg Petersen, Janne Lehmann Knudsen, and Mette Marianne Vinter) • Quality of primary care by advanced practice nurses: a systematic review (Melanie Swan, Sacha Ferguson, Alice Chang, Elaine Larson, and Arlene Smaldone) • Editor's choice: A multimodal intervention to improve hand hygiene in ICUs in Buenos Aires, Argentina: a stepped wedge trial (Viviana Rodriguez, Carolina Giuffre, Silvia Villa, Griselda Almada, Nittita Prasopa-Plaizier, Monica Gogna, Luz Gibbons, Ezequiel Garcia Elorrio, The Argentinian Group Hand Hygiene Improvement) • 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 Anna Pianetti) • Editor's choice: Resilient health care: turning patient safety on its head (Jeffrey Braithwaite, Robert L. Wears, and Erik Hollnagel) |

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| URL | http://www.tandfonline.com/toc/igen20/21/sup1 |
| Notes | <p>This supplement to the <i>European Journal of General Practice</i> focuses on patient safety in primary care. Articles in this supplement include:</p> <ul style="list-style-type: none"> • Editorial: Researching patient safety in primary care: Now and in the future (Charles Vincent & Aneez Esmail) • Developing a research agenda for patient safety in primary care. Background, aims and output of the LINNEAUS collaboration on patient safety in primary care (Aneez Esmail, Jose M Valderas, Wim Verstappen, Maciek Godycki-Cwirko & Michel Wensing) • Reducing diagnostic errors in primary care. A systematic meta-review of computerized diagnostic decision support systems by the LINNEAUS collaboration on patient safety in primary care (Martine Nurek, Olga Kostopoulou, Brendan C Delaney & Aneez Esmail) • Improving medication safety in primary care. A review and consensus procedure by the LINNEAUS collaboration on patient safety in primary care (Miriam Lainer, Anna Vögele, Michel Wensing & A Sönnichsen) • Good practice statements on safe laboratory testing: A mixed methods study by the LINNEAUS collaboration on patient safety in primary care (Paul Bowie, Eleanor Forrest, Julie Price, Wim Verstappen, David Cunningham, Lyn Halley, Suzanne Grant, Moya Kelly & John Mckay) • Measurement tools and process indicators of patient safety culture in primary care. A mixed methods study by the LINNEAUS collaboration on patient safety in primary care (Dianne Parker, Michel Wensing, Aneez Esmail & Jose M Valderas) • Quality indicators for patient safety in primary care. A review and Delphi-survey by the LINNEAUS collaboration on patient safety in primary care (Eva Frigola-Capell, Clara Pareja-Rossell, Montse Gens-Barber, Glòria Oliva-Oliva, Fernando Alava-Cano, Michel Wensing & J Davins-Miralles) • Developing a patient safety incident classification system for primary care. A literature review and Delphi-survey by the LINNEAUS collaboration on patient safety in primary care (Kerstin Klemp, Susan Dovey, Jose M Valderas, Julia Rohe, Maciek Godycki-Cwirko, Phillip Elliott, Martin Beyer, Ferdin M Gerlach & Barbara Hoffmann) • A safety incident reporting system for primary care. A systematic literature review and consensus procedure by the LINNEAUS collaboration on patient safety in primary care (Kerstin Klemp, Dorien Zwart, Jørgen Hansen, Torben Hellebek, Dagmar Luettel, Wim Verstappen, Martin Beyer, Ferdin M. Gerlach, Barbara Hoffmann & Aneez Esmail) • Patient safety and the control of time in primary care: A review of the French tempos framework by the LINNEAUS collaboration on patient safety in primary care (Jean Brami, René Amalberti & Michel Wensing) • Patient safety improvement programmes for primary care. Review of a Delphi procedure and pilot studies by the LINNEAUS collaboration on patient safety in primary care (Wim Verstappen, Sander Gaal, Aneez Esmail & Michel Wensing) • Involving patients in patient safety programmes: A scoping review and consensus procedure by the LINNEAUS collaboration on patient safety in primary care (Hans Trier, Jose M Valderas, Michel Wensing, Helle Max |

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| | <p>Martin & Jonas Egebart)</p> <ul style="list-style-type: none"> • Patient safety initiatives in Central and Eastern Europe: A mixed methods approach by the LINNEAUS collaboration on patient safety in primary care (Maciek Godycki-Cwirko, Aneez Esmail, Susan Dovey, Michel Wensing, Dianne Parker, Anna Kowalczyk, Honorata Błaszczyk & Katarzyna Kosiek) • First experiences with patient safety initiatives in Greek rural primary care. Action research by the LINNEAUS collaboration on patient safety in primary care (Yannis Skalkidis, Arezina Manoli, Drosos Evangelos, Trikoilis Nikolaos, Zafiria Sekeri, Fotini Dantsi, Michel Wensing & Aneez Esmail) • A research agenda on patient safety in primary care. Recommendations by the LINNEAUS collaboration on patient safety in primary care (Wim Verstappen, Sander Gaal, Paul Bowie, Diane Parker, Miriam Lainer, Jose M. Valderas, Michel Wensing & Aneez Esmail) |
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Public Health Research & Practice
September 2015, Volume 25, Issue 4

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| URL | http://www.phrp.com.au/issues/september-2015-volume-25-issue-4/ |
| Notes | <p>A new issue of quarterly online journal <i>Public Health Research & Practice</i> has been published with a theme of big data and how it can be harnessed to improve health service delivery and population health. Articles in this issue of <i>Public Health Research & Practice</i> include:</p> <ul style="list-style-type: none"> • Editorial: Getting the most from routinely collected data (S Thackway) • Routinely collected data as a strategic resource for research: priorities for methods and workforce (Louisa Jorm) • Unleashing the power of administrative health data: the Scottish model (Stephen Pavis, Andrew D Morris) • A feasibility study using geographic access to general practices and routinely collected data in public health and health services research (Shanley Chong, Roy Byun, Bin B Jalaludin) • Medicare Benefits Schedule data to monitor influenza immunisation in Australian adults (Amalie Dyda, C Raina MacIntyre, Emily Banks, John Kaldor, Anthony T Newall, Peter McIntyre, Bette Liu) • Ascertaining severe perineal trauma and associated risk factors by comparing birth data with multiple sources (Amanda J Ampt, Jane B Ford) • Comprehensive sector-wide strategies to prevent and control obesity: what are the potential health and broader societal benefits? A case study from Australia (James Kite, Debra Hector, Alexis St George, Zeljko Pedisic, Philayrath Phongsavan, Adrian Bauman, Jo Mitchell, Bill Bellew) • Using Australian Pharmaceutical Benefits Scheme data for pharmacoepidemiological research: challenges and approaches (Ellie Paige, Anna Kemp-Casey, Rosemary Korda, Emily Banks) • Linkage of routinely collected data in practice: the Centre for Health Record Linkage (Katie A Irvine, Elizabeth A Moore) |

BMJ Quality and Safety online first articles

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| 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"> • Guideline-based decision support has a small, non-sustained effect on transthoracic echocardiography ordering frequency (Joel C Boggan, Ryan D Schulteis, Mark Donahue, David L Simel) • One size fits all? Mixed methods evaluation of the impact of 100% single-room accommodation on staff and patient experience, safety and costs (Jill Maben, Peter Griffiths, Clarissa Penfold, Michael Simon, Janet E Anderson, Glenn Robert, Elena Pizzo, Jane Hughes, Trevor Murrells, James Barlow) • A systematic review of reliable and valid tools for the measurement of patient participation in healthcare (Nicole Margaret Phillips, Maryann Street, Emily Haesler) • Assessing patient-centred care through direct observation of clinical encounters (Jennifer N Stojan, Michael A Clay, Monica L Lypson) • Point-of-care decision support for reducing inappropriate test use: easier said than done (Kevin Levitt, Kaveh G Shojania, R Sacha Bhatia) • Observation for assessment of clinician performance: a narrative review (Arianna F Yanes, Lisa M McElroy, Zachary A Abecassis, Jane Holl, Donna Woods, Daniela P Ladner) |

International Journal for Quality in Health Care online first articles

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| URL | http://intqhc.oxfordjournals.org/content/early/recent?papetoc |
| Notes | <p><i>International Journal for Quality in Health Care</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • Is compliance with hospital accreditation associated with length of stay and acute readmission? A Danish nationwide population-based study (Anne Mette Falstie-Jensen, Mette Nørgaard, Erik Hollnagel, Heidi Larsson, and Søren Paaske Johnsen) • Is accreditation linked to hospital infection rates? A 4-year, data linkage study of <i>Staphylococcus aureus</i> rates and accreditation scores in 77 Australian acute hospitals (Virginia Mumford, Rebecca Reeve, David Greenfield, Kevin Forde, Johanna Westbrook, and Jeffrey Braithwaite) • Bradycardia as an early warning sign for cardiac arrest during routine laparoscopic surgery (Jonathan Yong, Peter Hibbert, William B. Runciman, and Brendon J. Coventry) • The missing evidence: a systematic review of patients' experiences of adverse events in health care (Reema Harrison, Merrilyn Walton, Elizabeth Manias, Jennifer Smith–Merry, Patrick Kelly, Rick Iedema, and Lauren Robinson) • Impact of working 48 h per week on opportunities for training and patient contact: the experience of Irish interns (Paul O'Connor, Sinéad Lydon, Gozie Offiah, Sean Ahern, Brian Moloney, and Dara Byrne) |

Online resources

[UK] NICE Guidelines and Quality Standards

<http://www.nice.org.uk>

The UK's National Institute for Health and Care Excellence (NICE) has published new (or updated) guidelines and quality standards. The latest updates are:

- NICE Guideline NG21 **Home care**: delivering personal care and practical support to older people living in their own homes <http://www.nice.org.uk/guidance/ng21>

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:

- *Behavioral Programs for Diabetes Mellitus* <http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2124>

Privacy policies for GPs

<http://www.oaic.gov.au/privacy/privacy-resources/training-resources/privacy-policies-for-gps>

The Office of the Australian Information Commissioner (OAIC) hosted a webinar on privacy policies for General Practitioners (GPs). A recording and transcript of the webinar are available on the OAIC website.

Being open and transparent with patients about how their personal information is handled by GP practices is one of the best ways to build trust and confidence with patients. It is also a requirement of the *Privacy Act*. An Australian Privacy Principle (APP) privacy policy is a key tool for meeting APP 1's objective of ensuring that entities manage personal information in an open and transparent way.

Consultation on health privacy guidance

<http://www.oaic.gov.au/privacy/privacy-engaging-with-you/current-privacy-consultations/health-privacy-guidance/>

The Office of the Australian Information Commissioner (OAIC) is seeking public comments on a series of new draft health privacy resources for health service providers and consumers.

The 11 new business resources aim to help health service providers understand and meet their obligations under the *Privacy Act 1988* when handling patient's health information. The two new consumer facts sheets aim to help consumers understand their rights in relation to the handling of their health information.

The OAIC is seeking comments from health industry groups, health service providers, individuals with an interest or expertise in the health industry, health consumers, or any other interested parties. The closing date for comments is Tuesday 20 October 2015.

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