



## On the Radar

Issue 250

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### On the Radar

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### Books

*OECD Reviews of Health Care Quality: Australia 2015: Raising Standards*  
Organisation for Economic Cooperation and Development  
Paris: OECD Publishing; 2015. p. 223.

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| DOI   | <a href="http://dx.doi.org/10.1787/9789264233836-en">http://dx.doi.org/10.1787/9789264233836-en</a>  |
| TRIM  | TRIM D15-41192   |
| Notes | <p>The latest in the OECD's series of reviews of health care quality in member countries examines the quality of health care in Australia. Noting that the Australian system is a generally high performing one at moderate cost, the report describes many of the quality activities being undertaken and suggests further approaches to improvement.</p> <p>The abstract on the OECD website states:<br/>         "Australia's health system functions remarkably well, despite operating under a complex set of institutions that make coordinating patient care difficult. Complications arising from a split in federal and state government funding and responsibilities are central to these challenges. This fragmented health care system can disrupt the continuity of patient care, lead to a duplication of services and leave gaps in care provision. Supervision of these health services by different levels of government can manifest in avoidable impediments such as the poor transfer of</p> |

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|  | <p>health information, and pose difficulties for patients navigating the health system. Adding to the Australian system’s complexity is a mix of services delivered through both the public and private sectors. To ease health system fragmentation and promote more integrated services, Australia should adopt a national approach to quality and performance through an enhanced federal government role in steering policy, funding and priority setting. The states, in turn, should take on a strengthened role as health service providers, with responsibility for primary care devolved to the states to better align it with hospital services and community care. A more strategic role for the centre should also leave room for the strategic development of health services at the regional level, encouraging innovation that is responsive to local population need, particularly in rural and remote areas.”</p> |
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## Reports

*Snapshot Report: Admitted Children and Young Patients Survey Results 2014*

Bureau of Health Information

Chatswood: Bureau of Health Information; 2015. p.18.

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| URL   | <a href="http://bhi.nsw.gov.au/nsw_patient_survey_program/admitted_child_and_young_patient_survey">http://bhi.nsw.gov.au/nsw_patient_survey_program/admitted_child_and_young_patient_survey</a>   |
| Notes | <p>The New South Wales Bureau of Health Information (BHI) has released the results of the NSW Admitted Children and Young Patients Survey examining the experiences of more than 8,000 children and young patients who were admitted to a NSW public hospital in 2014. This is the first time in NSW that a survey has asked children to reflect on the care they received, while also capturing parents’ experiences during their child’s stay in hospital.</p> <p>The Snapshot Report shows that overall, 31% of respondents said the care children received in hospital was good and 63% said it was very good. It also shows 76% would speak highly of the hospital to friends and family.</p> <p>Full data from the 2014 Admitted Children and Young Patients Survey is available on BHI’s interactive portal Healthcare Observer at <a href="http://bhi.nsw.gov.au/healthcare_observer">http://bhi.nsw.gov.au/healthcare_observer</a></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/>

*Closer to critical? QualityWatch annual statement 2015*

QualityWatch

London: The Health Foundation and Nuffield Trust; 2015 November 2015.

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| URL   | <a href="http://www.qualitywatch.org.uk/annual-statement/2015-closer-critical">http://www.qualitywatch.org.uk/annual-statement/2015-closer-critical</a>  |
| Notes | <p>The UK’s Quality Watch has published its third annual ‘statement’ reporting on the state of health and social care in England. The statement is intended to aid policy-makers, healthcare leaders, patient groups and others make sense of quality across health and social care, primarily in England.</p> <p>The authors note that while there are many areas of excellent care, there are also increasingly clear signals that in some areas quality is deteriorating.</p> <p>This report focused on three areas of concern:</p> <ol style="list-style-type: none"> <li>1. how easily patients can access care;</li> <li>2. how engaged and motivated the workforce is; and</li> <li>3. how well we look after the health needs of children and young people.</li> </ol> |

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|  | <p>The report concludes that:</p> <ul style="list-style-type: none"> <li>• Care services are improving in many areas, with reduction of harm to children, a fall in unplanned admissions for children and young people with chronic conditions, and high vaccination and screening rates. In addition, there have been continued improvements in the measurement and delivery of safety in hospital settings.</li> <li>• There are clear signals that quality in some areas is declining and access to hospital, mental health and social care services continues to deteriorate.</li> <li>• Given the relationship between engaged staff and good quality care, there is a substantial risk that the current staffing situation in health and social care may be affecting the care received by patients.</li> <li>• The NHS still lacks vital information to provide a full picture of the quality of its services. Improving the visibility of quality is crucial.</li> </ul> |
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## Journal articles

### *Acting on incidental findings in research imaging*

Wardlaw JM, Davies H, Booth TC, Laurie G, Compston A, Freeman C, et al  
 BMJ. 2015;351:h5190.

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| DOI   | <a href="http://dx.doi.org/10.1136/bmj.h5190">http://dx.doi.org/10.1136/bmj.h5190</a>   |
| Notes | While this paper examines the issue in the research context the issue of what is the appropriate response to incidental findings in diagnosis goes beyond that context. Such incidental findings can range from being potentially life-saving to potentially exposing the patient to harm and distress in investigating and treating what may otherwise be trivial matters. |

### *Interventions to facilitate shared decision making to address antibiotic use for acute respiratory infections in primary care*

Coxeter P, Del Mar CB, McGregor L, Beller EM, Hoffmann TC  
 Cochrane Database of Systematic Reviews. 2015.

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| DOI   | <a href="http://dx.doi.org/10.1002/14651858.CD010907.pub2">http://dx.doi.org/10.1002/14651858.CD010907.pub2</a>  |
| Notes | <p>This review found that interventions that aim to facilitate shared decision making significantly <b>reduced antibiotic prescribing for acute respiratory infections (ARIs) in primary care compared with usual care from 47% to 29%</b>. Reduced antibiotic prescribing occurred without an increase in re-consultations or a decrease in patient satisfaction.</p> <p>The studies included in this review involved over 1100 primary care doctors and around 492,000 patients. The trials involved shared decision making interventions which: trained clinicians in communication skills needed to facilitate shared decision making; and provided patients with written information about antibiotics for ARIs.</p> <p>As antibiotics are commonly prescribed for ARIs, despite good evidence that they have little benefit for these conditions, greater consideration about the trade-off between benefits and harms of antibiotics for ARIs is needed. The authors present that shared decision provides an ideal opportunity for patients to partner with clinicians to make more informed decisions which may result in decreased antibiotic prescribing.</p> |

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

*State of origin: Australian states use widely different resources for hospital management of hip fracture, but achieve similar outcomes*

Ireland AW, Kelly PJ, Cumming RG

Australian Health Review. 2015; 3 August 2015.

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| DOI   | <a href="http://dx.doi.org/10.1071/AH14181">http://dx.doi.org/10.1071/AH14181</a>   |
| Notes | This retrospective cohort study used Australian Department of Veteran’s Affairs data on hospitalisations for hip fracture to examine resources and patient outcomes. It found that there were no significant differences in outcomes (such as mortality rates and occupation of aged care facilities) one year after fracture between states. Furthermore, there were substantial differences in length of stay and cost for both acute and rehabilitation episodes of care. The study reinforces the issues with the use of administrative hospital datasets and the variation in practice seen around Australia in hip fracture care. |

*Patient Experience Journal*

Volume 2, Issue 2

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| URL   | <a href="http://pxjournal.org/journal/vol2/iss2/">http://pxjournal.org/journal/vol2/iss2/</a>   |
| Notes | <p>A new issue of <i>Patient Experience Journal</i> has been published. Articles in this issue of <i>Patient Experience Journal</i> include:</p> <ul style="list-style-type: none"> <li>• The <b>State of Patient Experience</b> (Jason A Wolf)</li> <li>• The critical <b>role of family in patient experience</b> (Brian Boyle)</li> <li>• <b>Patient leadership</b>: Taking patient experience to the next level? (David McNally; Steve Sharples; Georgina Craig; Anita Goraya)</li> <li>• Bringing <b>patient advisors to the bedside</b>: a promising avenue for improving partnership between patients and their care team (Karine Vigneault, Johanne Higgins, Marie-Pascale Pomey, Josée Arsenault, Valérie Lahaie, Audrey-Maude Mercier, Olivier Fortin, and A M Danino)</li> <li>• <b>Patient and family partner involvement in staff interviews</b>: Designing, implementing, and evaluating a new hiring process (Sara-Grey M Charlton, Shannon Parsons, Kimberly Strain, A T Black, C Garossino, and L Heppell)</li> <li>• Managing <b>patient expectations at emergency department triage</b> (Shital Shah, Anay Patel, Dino P. Rumoro, Samuel Hohmann, and Francis Fullam)</li> <li>• <b>Parents’ experiences of neonatal care</b> in England (Sarah-Ann Burge, Jenny King, and Amy Tallett)</li> <li>• The effect of <b>soothing sound machines and meditation</b> using CD players on relaxation in acute care orthopedic patients (Barbara Ellen Bauer, Carolyn Mitchell, and Erin Salmon)</li> <li>• Should I stay or should I go? <b>Patient understandings</b> of and responses to <b>source-isolation practices</b> (Mary Wyer, Rick Iedema, Christine Jorm, Gary Armstrong, Su-Yin Hor, Claire Hooker, Debra Jackson, Clarissa Hughes, Matthew V N O’Sullivan, and Gwendolyn L Gilbert)</li> <li>• Conceptualising multiple conditions in Australia: First steps to systemic change to meet the <b>needs of people with serious long-term illnesses</b> (Christine F Walker)</li> <li>• Instruments to <b>measure the inpatient hospital experience</b>: A literature review (Kelly J Edwards, Kim Walker, and Jed Duff)</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>• <b>The patient patient:</b> The importance of knowing your navigator (Sarah M Wheeler, Julie E Gilbert, Melissa Kaan, Eric Klonikowski, and Claire M B Holloway)</li> <li>• Improving process and enhancing <b>parent and therapist satisfaction</b> through a coordinated intake approach (Sharla Piecowye, Devona Gibson, Janis Carscadden, Kayla Ueland, Gregory Wells, and Scott Oddie)</li> <li>• Using a process improvement tool to improve staff skills &amp; enhance the urgent needs <b>patient experience in a women’s health center</b> (Kenneth J Feldman, Molly Lopez, and Morris Gagliardi)</li> <li>• Impact of hospital characteristics on <b>patients’ experience of hospital care:</b> Evidence from 14 states, 2009-2011 (Emily M Johnston; Kenton J Johnston; Jaeyong Bae; Jason M Hockenberry; Ariel C Avgar; Arnold Milstein; Sandra S Liu; Ira Wilson; and Edmund Becker)</li> <li>• A vision for using <b>online portals</b> for surveillance of <b>patient-centered communication</b> in cancer care (Hardeep Singh, Neeraj K Arora, Kathleen M Mazor, and Richard L Street Jr)</li> <li>• The comparative impact of different <b>patient-centered medical home</b> domains on satisfaction among individuals living with <b>type II diabetes</b> (Jon Mills, Allyson Hall, Rebecca Tanner, J Harman, D L Wood, and C Lorbeer)</li> <li>• <b>Patient needs</b> in advanced <b>Renal Cell Carcinoma:</b> What are patients’ priorities and how well are we meeting them? (Rick Harris, Kate Oake, Robert E Hawkins, Robert J Jones, Thomas Powles, and D A Montgomery)</li> <li>• Randomized clinical trial comparing <b>perioperative care</b> for <b>breast cancer patients</b> at a patient hotel versus a general surgical ward (Madleen Anna Camilla Huzell, Johan Frisack, and Kristina Dalberg)</li> <li>• A single, complete touch: <b>Population health, the health contact center, and the patient experience</b> (Fran Horner and Susan Marks)</li> <li>• <b>Vision, mission, and values:</b> From concept to execution at Mayo Clinic (Sandhya Pruthi, Dawn Marie R Davis, Dawn L Hucke, Francesca B Ripple, Barbara S Tatzel, James A Dilling, Paula J Santrach, Jeffrey W Bolton, and John H Noseworthy)</li> </ul> |
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*BMJ Quality and Safety*

December 2015, Vol. 24, Issue 12

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| URL   | <a href="http://qualitysafety.bmj.com/content/24/12">http://qualitysafety.bmj.com/content/24/12</a>   |
| Notes | <p>A new issue of <i>BMJ Quality and Safety</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 were released online). Articles in this issue of <i>BMJ Quality and Safety</i> include:</p> <ul style="list-style-type: none"> <li>• Editorial: <b>Identifying preventable readmissions:</b> an achievable goal or waiting for Godot? (Christine Soong, Chaim Bell)</li> <li>• Why even good <b>physicians do not wash their hands</b> (Donald A Redelmeier, Eldar Shafir)</li> <li>• Statistical process control and interrupted time series: a golden opportunity for <b>impact evaluation in quality improvement</b> (Atle Fretheim, O Tomic)</li> <li>• Do <b>pneumonia readmissions</b> flagged as potentially preventable by the 3M PPR software have more process of care problems? A cross-sectional observational study (Ann M Borzecki, Qi Chen, Joseph Restuccia, Hillary J Mull, Michael Shwartz, Kalpana Gupta, A Hanchate, J Strymish, A Rosen)</li> <li>• Expanding the scope of <b>Critical Care Rapid Response Teams:</b> a feasible approach to identify <b>adverse events</b>. A prospective observational cohort</li> </ul> |

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|  | <p>(Andre Carlos Kajdacsy-Balla Amaral, Andrew McDonald, Natalie G Coburn, Wei Xiong, Kaveh G Shojania, Robert A Fowler, Martin Chapman, Neill K J Adhikari)</p> <ul style="list-style-type: none"> <li>• The <b>SQUIRE Guidelines</b>: an evaluation from the field, 5 years post release (Louise Davies, Paul Batalden, Frank Davidoff, David Stevens, G Ogrinc)</li> <li>• Barriers and facilitators related to the implementation of <b>surgical safety checklists</b>: a systematic review of the qualitative evidence (Jochen Berge, Frank Lambrechts, Pascale Simons, Annemie Vlayen, Wim Marneffe, Johan Hellings, Irina Cleemput, Dominique Vandijck)</li> <li>• A quality improvement project to improve <b>early sepsis care</b> in the emergency department (Medley O'Keefe Gatewood, Matthew Wemple, Sheryl Greco, Patricia A Kritek, Raghu Durvasula)</li> <li>• Development of the <b>Quality Improvement Minimum Quality Criteria Set (QI-MQCS)</b>: a tool for critical appraisal of quality improvement intervention publications (Susanne Hempel, Paul G Shekelle, Jodi L Liu, Margie Sherwood Danz, Robbie Foy, Yee-Wei Lim, Aneesa Motala, Lisa V Rubenstein)</li> </ul> |
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*BMJ Quality and Safety* online first articles

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| URL   | <a href="http://qualitysafety.bmj.com/content/early/recent">http://qualitysafety.bmj.com/content/early/recent</a>  |
| Notes | <p><i>BMJ Quality and Safety</i> has published a number of 'online first' articles, including:</p> <ul style="list-style-type: none"> <li>• Differentiating between <b>detrimental and beneficial interruptions</b>: a mixed-methods study (Robert A Myers, Mary C McCarthy, Amelia Whitlatch, Pratik J Parikh)</li> <li>• The <b>health information technology safety</b> framework: building great structures on vast voids (Ross Koppel)</li> </ul> |

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

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| URL   | <a href="http://intqhc.oxfordjournals.org/content/early/recent?papetoc">http://intqhc.oxfordjournals.org/content/early/recent?papetoc</a>  |
| 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"> <li>• <b>Reducing excess readmissions</b>: promising effect of hospital readmissions reduction program in US hospitals (Ning Lu, Kuo-Cherh Huang, and James A Johnson)</li> <li>• A retrospective review of <b>medical errors adjudicated in court</b> between 2002 and 2012 in Spain (Priscila Giraldo, Luke Sato, María Sala, Merce Comas, Kathy Dywer, and Xavier Castells)</li> <li>• Patient safety's missing link: using <b>clinical expertise to recognize, respond to and reduce risks</b> at a population level (Peter D Hibbert, Frances Healey, Tara Lamont, William M Marela, Bruce Warner, and William B Runciman)</li> </ul> |

**Online resources**

*Antimicrobial Use & Resistance in Australia Surveillance System*

<https://youtu.be/2cqkdfVvZcI>

In this short video Professor John Turnidge, Senior Medical Adviser at the Australian Commission on Safety and Quality in Health Care, explains the causes and dangers of antimicrobial resistance, inappropriate antimicrobial usage, and what the Commission is doing about it.

*Consultation on the production and publication of trustworthy clinical practice guidelines in Australia*

[http://consultations.nhmrc.gov.au/public\\_consultations/trustworthy-cp-guidelines](http://consultations.nhmrc.gov.au/public_consultations/trustworthy-cp-guidelines)

The National Health and Medical Research Council (NHMRC) have been working towards a national, priority-driven framework for producing trustworthy clinical practice guidelines in Australia. The vision is for Australia to have a world-leading, priority-driven program for the production, publication and implementation of trustworthy, accessible clinical practice guidelines. The NHMRC's discussion paper *Better informed health care through better clinical guidelines* identifies the key challenges facing guideline development in Australia; specifically inefficiency, poor quality, lack of capacity, lack of investment in information technology, inaccessibility and obsolescence.

Central to a guideline's trustworthiness is its quality. In 1999 NHMRC published *Standards for Externally Developed Guidelines*, which have remained unchanged since their original publication. Appendix 1 of the discussion paper presents the draft 2015 *Standards for Guidelines* which will bring Australia's Standards into line with similar standards internationally, and will form the basis for NHMRC approval processes for guidelines into the future.

*[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 NG24 **Blood transfusion** <https://www.nice.org.uk/guidance/ng24>

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