



On the Radar

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On the Radar

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Journal articles

6-PACK programme to decrease fall injuries in acute hospitals: cluster randomised controlled trial
Barker AL, Morello RT, Wolfe R, Brand CA, Haines TP, Hill KD, et al.
BMJ. 2016;352:h6781.

Preventing falls in hospitals

Healey F

BMJ. 2016; 352:i251

DOI	Barker et al http://dx.doi.org/10.1136/bmj.h6781 Healy http://dx.doi.org/10.1136/bmj.i251
Notes	Falls has long been – and remains – one of the most prevalent patient safety issues in hospitals. Barker and colleagues sought to evaluate the 6-PACK programme intervention (comprising ‘falls alert’ signs, walking aid within reach, toileting routine, bathroom supervision, low-low bed, and bed/chair alarms) with their cluster randomised control trial undertaken in 24 acute wards in six Australian hospitals involving 31,411 patients with 46,245 admissions. These patients experienced 1,831 falls and 613 fall injuries and the authors report that the rate of falls and fall injuries were similar in the intervention and control wards.

	The related editorial, by Frances Healey, notes that while this allows them to conclude that the 6-PACK approach was ineffective this does not mean that there is no evidence about what is and is now effective. Healy continues that “an adaptive approach to risk is often needed for more complex situations, such as preventing falls” and that the evidence base is sufficient for recommending “ assessment and intervention focused on identifying, treating, improving, or managing the risk factors most often found in patients who fall while in hospital” and that this “evidence base can be supplemented with local learning ”.
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For information on the Commission’s work on falls prevention, see <http://www.safetyandquality.gov.au/our-work/falls-prevention/>

Improved Safety Culture and Teamwork Climate Are Associated With Decreases in Patient Harm and Hospital Mortality Across a Hospital System

Berry JC, Davis JT, Bartman T, Hafer CC, Lieb LM, Khan N, et al. Journal of Patient Safety. 2016 [epub].

DOI	http://dx.doi.org/10.1097/PTS.0000000000000251
Notes	The importance of culture and teamwork to patient safety has been something of a tenet in recent years, particularly in the hospital setting. In this study all clinical personnel at a US paediatric hospital undertook the Safety Attitudes Questionnaire (SAQ) before, 2 years after, and 4 years after a comprehensive patient safety/high-reliability program was established. The authors report that safety attitude and teamwork attitude scores improved over the 3 surveys and “were accompanied by contemporaneous statistically significant decreases in all-hospital harm (P < 0.01), serious safety events (P < 0.001), and severity-adjusted hospital mortality (P < 0.001).”

Combining Systems and Teamwork Approaches to Enhance the Effectiveness of Safety Improvement Interventions in Surgery: The Safer Delivery of Surgical Services (S3) Program

McCulloch P, Morgan L, New S, Catchpole K, Roberston E, Hadi M, et al. Ann Surg. 2015 [epub].

DOI	http://dx.doi.org/10.1097/SLA.0000000000001589
Notes	This UK study sought to “compare improvement in surgical team performance after interventions addressing teamwork culture, work systems, or both” the project examined ways to improve adherence to the WHO surgical safety checklist and to enhance technical and nontechnical team performance using several safety interventions. One arm on improving safety culture, another was directed at the work system, while a combined approach was also tested. The authors report that both team training and system redesign demonstrated improvement. But as they conclude: “ Safety interventions combining teamwork training and systems rationalization are more effective than those adopting either approach alone. This has important implications for safety improvement strategies in hospital”.

Beyond clinical engagement: a pragmatic model for quality improvement interventions, aligning clinical and managerial priorities

Pannick S, Sevdalis N, Athanasiou T

BMJ Quality & Safety. 2015 [epub].

DOI	http://dx.doi.org/10.1136/bmjqs-2015-004453
Notes	<p>Safety and quality is everyone’s responsibility; but this often tends to focus more on the clinical side. This narrative review looks at the role that managers, particularly middle managers, can play in quality [and safety] improvement but also recognises that engagement of this group can be problematic. The authors describe a model of alignment drawing middle managers and frontline clinicians together in multidisciplinary teams to implement improvement interventions.</p> <p>The diagram illustrates a model for aligning clinical and managerial priorities. It starts with a blue box: 'Strategically selected QI target & intervention'. This leads to three columns representing different levels of the organization:</p> <ul style="list-style-type: none"> FRONTLINE CLINICAL STAFF: <ul style="list-style-type: none"> Barriers: QI intervention not adapted for the local context. Incentives: QI participation supported, recognised & rewarded. Actions: Co-design of new intervention; Local modification of existing intervention. Barriers: Initiative fatigue. MIDDLE MANAGERS: <ul style="list-style-type: none"> Barriers: Prioritisation of competing fiscal, statutory and service responsibilities. Incentives: Designated organisational focus on QI programme; QI implementation assessed in performance reviews. Actions: Coordinate frontline improvement efforts and organisational strategy; Leverage authority & resources to promote QI implementation; Broker frontline and senior attention to QI programme. Barriers: Operational costs of QI programme. SENIOR MANAGERS: <ul style="list-style-type: none"> Barriers: Care quality not rated as a leading priority. Incentives: Space for self-determined quality improvement strategy from regulators. Actions: Dedicate protected board time to clinical quality; Board level use of quality metrics; Emphasise focus on QI programme directly to middle managers. Barriers: Inattention to quality at board level. <p>Arrows indicate a flow from the initial target selection through the Frontline Clinical Staff level, then to Middle Managers, and finally to Senior Managers.</p>

Guideline for prevention of retained surgical items

Putnam, K

AORN Journal, 2015;102(6):P11-P3.

DOI	http://dx.doi.org/10.1016/S0001-2092(15)01014-5
Notes	<p>Item summarising the updated <i>Guideline for prevention of retained surgical items</i> from the (US) Association of periOperative Registered Nurses. The guideline provides guidance to perioperative team members regarding the accounting of surgical items before, during, and after invasive procedures. The updated guideline recommends incorporating formal training programs to support open communication among team members, limiting distractions to ensure accurate counting, using a systems approach to quality improvement, and accounting for countable items as well as device fragments.</p> <p>The full text of this item is also available free at http://www.aornjournal.org/article/S0001-2092(15)01014-5/pdf</p>

Economic Evaluation of Interventions for Prevention of Hospital Acquired Infections: A Systematic Review

Arefian H, Vogel M, Kwetkat A, Hartmann M
 PLoS ONE. 2016;11(1):e0146381.

DOI	http://dx.doi.org/10.1371/journal.pone.0146381
Notes	Paper reporting on a systematic review examining economic analyses of interventions to prevent hospital-acquired infections. The review focused on 27 articles published in the period 2009 to 2014 The authors report finding highly positive cost–benefit ratios and conclude that preventing hospital-acquired infections is a cost-effective patient safety strategy.

For information on the Commission’s work on healthcare associated infection, see <http://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/>

Health Expectations

Volume 19, Issue 1, February 2016

URL	http://onlinelibrary.wiley.com/doi/10.1111/hex.2016.19.issue-1/issuetoc
Notes	<p>A new issue of <i>Health Expectations</i> has been published. Articles in this issue of <i>Health Expectations</i> include:</p> <ul style="list-style-type: none"> • Patient satisfaction from two studies of collaborative doctor – pharmacist prescribing in Australia (Andrew Hale, Ian Coombes, Julie Stokes, Stuart Aitken, Fiona Clark and Lisa Nissen) • Making sense of change: patients’ views of diabetes and GP-led integrated diabetes care (Letitia H Burridge, Michele M Foster, Maria Donald, Jianzhen Zhang, Anthony W Russell and Claire L Jackson) • Social support and responsiveness in online patient communities: impact on service quality perceptions (Priya Nambisan, David H. Gustafson, Robert Hawkins and Suzanne Pingree) • ‘It was like he was in the room with us’: patients’ and carers’ perspectives of telemedicine in acute stroke (Josephine Gibson, Elizabeth Lightbody, Alison McLoughlin, Joanna McAdam, Alison Gibson, Elaine Day, Jane Fitzgerald, Carl May, Chris Price, H Emsley, G A Ford and C Watkins) • Patient–provider communication over social media: perspectives of adolescents with psychiatric illness (Samuel H. van Rensburg, Katherine Klingensmith, Paige McLaughlin, Zheala Qayyum and G I van Schalkwyk)

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"> • The Healthcare Complaints Analysis Tool: development and reliability testing of a method for service monitoring and organisational learning (Alex Gillespie, Tom W Reader) • Editorial: Safety climate strength: a promising construct for safety research and practice (Timothy J Vogus) • Reporting and design elements of audit and feedback interventions: a secondary review (Heather Colquhoun, Susan Michie, Anne Sales, Noah Ivers, J M Grimshaw, Kelly Carroll, Mathieu Chalifoux, K Eva, J Brehaut) • Doctors’ risks of formal patient complaints and the challenge of predicting complaint behaviour (Søren Birkeland)

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">• Patient assessment of diabetes care in a pay-for-performance program (Herng-Chia Chiu, Hui-Min Hsieh, Yi-Chieh Lin, Shou-Jen Kuo, Hao-Yun Kao, Shu-Chuan Jennifer Yeh, Wen-Hsin Chang, Pi-Jung Hsiao, Yao-Shen Chen, Shoei-Loong Lin, Gin-Ho Lo, Chen-Guo Ker, Yu-Han Hung, Hsien-An Cheng, Tiang-Hong Chou, Sze-Yuan Chou, J-H Wang, C-F Wang)• Lean interventions in healthcare—do they actually work? A systematic literature review (John Moraros, Mark Lemstra, Chijioke Nwankwo)• Patients' informational needs while undergoing brachytherapy for cervical cancer (Deirdré Long, Hester Sophia Friedrich-Nel, Georgina Joubert)• Applying the WHO conceptual framework for the International Classification for Patient Safety to a surgical population (L M McElroy, D M Woods, A F Yanes, A I Skaro, A Daud, T Curtis, E Wymore, J L Holl, M M Abecassis, D P Ladner)

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 Quality Standard QS112 **Gastro-oesophageal reflux** in children and young people
<https://www.nice.org.uk/guidance/qs112>

[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:

- *Improving **Antibiotic Prescribing** for Uncomplicated Acute Respiratory Tract Infections*
<http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2173>
- *Diagnosis of **Celiac Disease*** <http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2176>

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